

## **How Does PD/Hearth Complement Ministry of Health Essential Nutrition Services?**

Several donors, including USAID, have funded the development or refinement of various interventions to improve child nutritional status during the past decade at both the facility and community level. The CORE Group sees these various interventions or approaches as being complementary and that there is great potential to improve global nutritional status if the approaches are implemented in an integrated manner, and facility-based services are linked with a sound community component.

### **Essential Nutrition Actions<sup>1</sup>**

The Essential Nutrition Actions framework includes the technical interventions which have shown the most efficacy in improving nutritional status. The six interventions include exclusive breastfeeding for six months, adequate complementary feeding from six to 24 months, feeding of the sick child, control of Vitamin A deficiency, iron supplementation for pregnant women, and control of iodine deficiency. Maternal nutrition is sometimes added as a seventh intervention. ENA stresses using contacts with health workers at six critical stages in the life cycle to implement the nutrition interventions. The six points include pregnancy, delivery, post-partum, immunizations, well-baby contacts, and sick child visits. Besides integrating better quality nutrition interventions into health and social service delivery, ENA has two other delivery strategies which include a) using multiple channels to deliver clear, focused messages and, b) capacity building and mobilization at the community level. The actions proposed for the latter include engaging community leaders, using local data to prompt mobilization, recruiting and training change agents in communities, and conducting social mapping and outreach to draw in the marginal groups who often don't frequent health services. ENA does not prescribe any one approach to community level action.

### **Community Approaches**

In many areas of the world, families cannot easily access routine health services, thus, health outcome is dependent on community-based services and norms. Successful community programs employ multiple behavioral change strategies that provide easy and affordable behavioral options for families to adopt while also addressing other community priorities such as water and sanitation and food security. Behavior change theories acknowledge that individuals need differing and multiple approaches depending on their personal traits, self efficacy, social support, current awareness, and learning styles. A minority of people adopt new practices readily, proactively seeking information and services. All others need varying degrees of reinforcement and social support, differing learning experiences, opportunities to practice new behaviors and skills, and both internal and external motivation. Mutually reinforcing messages and learning opportunities from various channels such as health personnel, peers, community leaders, and media are often needed.

There are a number of different approaches to improving community nutrition. One approach is Positive Deviance/Hearth. Recent documents by BASICS II as well as several other publications<sup>3</sup> demonstrate that PD/Hearth can effect significant positive behavior changes at the community level in communities with high levels of poverty and malnutrition.

## How PD/H Complements Ministry of Health Essential Nutrition Services

<b>MOH Essential Nutrition Services</b>	<b>Positive Deviance / Hearth</b>
MOH Facility-Managed Services	Community-managed activity with PVO and MOH support
Ongoing services	Time-limited intervention (self-limiting)
Targets all children under five	Focuses on malnourished children under 2 or 3 years
Provides basic package of health services	Provides referral to MOH for services
Uses growth monitoring / promotion	Uses growth monitoring / promotion
Client-centered approach	Neighborhood-centered approach
Provides key messages	Incorporates local wisdom with key health and nutrition messages
Client seeks services	Intensive identification and recruitment of clients with malnourished children
Provides individual counseling / support	Provides individual and group counseling plus peer support
May provide food supplements for malnourished children	Relies on locally available foods affordable to families of malnourished children
½ hour visit with short time spent on counseling	2 week participatory adult education intervention with intensive time spent on practice of new behaviors (2-3 hours/day)
Follow-up usually only when child returns for other services.	Frequent support visits in household for 2 weeks following Hearth intervention
Service orientation	Behavior change orientation
Provides services for 6 priority interventions	Enables caregivers to practice complementary feeding, breastfeeding, care for malnourished; supports referral for other services
Focuses on 6 critical lifecycle stages	Focuses on young children aged 6 mos. to 3 years
Impact on child	Impact on child and on future siblings
Focus on individual change	Focus on individual change and on changing community norms

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### References:

<sup>1</sup> Karabi Acharya, Tina Sanghvi, Serigne Diene Vandana Stapleton, Eleonore Seumo, Sridhar Srikantiah, Francis, Aminu, Coudy Ly, and Victor Dossou. BASICS II. 2004. *Using 'Essential Nutrition Actions' to Accelerate Coverage with Nutrition Interventions in High Mortality Settings*. Published by the Basic Support for Institutionalizing Child Survival Project (BASICS II) for the United States Agency for International Development. Arlington, Virginia, 2004.

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<sup>2</sup> Zeitlin MF, Ghassemi H, Mansour M, Levine RA Dillanneva M, Carballo M and Sockalingam S. 1990. *Positive Deviance in Child Nutrition: With Emphasis on Psychosocial and Behavioral Aspects and Implications for Development*. Tokyo: United Nations University.

<sup>3</sup> Marsh, DR, Schroeder DG eds, *The Positive Deviance Approach to Improve Health Outcomes: Experience and Evidence from the Field*, Supplement to Food and Nutrition Bulletin, Vol. 23, No. 4, December 2002.