



Positive Deviance/Hearth Consultant's Guide

Guidance for the Effective Use
of Consultants to Start up
PD/Hearth Initiatives.



**The Child Survival Collaborations and Resource Group
Nutrition Working Group
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The Child Survival Collaborations and Resources Group (The CORE Group) is a membership association of more than 35 U.S. Private Voluntary Organizations that work together to promote and improve primary health care programs for women and children and the communities in which they live. The CORE Group's mission is to strengthen local capacity on a global scale to measurably improve the health and well being of children and women in developing countries through collaborative NGO action and learning. Collectively, its member organizations work in over 140 countries, supporting health and development programs.



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PD/HEARTH CONSULTANT'S GUIDE

I. INTRODUCTION

Positive Deviance/ Hearth Consultant's Guide

Many organizations use consultants to initiate, strengthen, scale up or evaluate Positive Deviance (PD)/Hearth activities. The PD/Hearth Consultant's Guide provides guidance on how to effectively utilize a consultant's time and skills during the start up of a PD/Hearth program. This short guide combines the expertise of NGOs utilizing consultants for starting up PD/Hearth activities and PD/Hearth consultants themselves. The guide covers the following:

- Assessment checklist to determine if PD/Hearth is feasible for the proposed project area
- Two week PD/Hearth Consultant Activity Plan for supporting the start up of a PD/Hearth Program.
- Organization/ Project Area preparations to complete prior to a consultant's arrival
- Sample Consultant Scope of Work

Positive Deviance / Hearth Approach

The Positive Deviance/ Hearth Approach is a proven community based nutrition rehabilitation program that sustainably addresses childhood malnutrition in resource poor settings. The approach identifies and shares solutions (practices) already being used by community members with well nourished children who have no access to special resources (positive deviants). Through identifying and using demonstrably successful local practices and resources and promoting behavior change by doing, caregivers and communities are empowered to take responsibility for nutritionally rehabilitating and maintaining good growth and health in their children. The PD/Hearth Approach can be implemented as a stand alone program but benefits greatly from established relationships and strengthened community and health structures when integrated into ongoing child survival or multi-sectoral development initiatives. The PD/ Hearth Approach can be summed up by its three goals:

- To quickly rehabilitate malnourished children identified in the community.
- To enable families to sustain the rehabilitation of these children at home on their own.
- To prevent future malnutrition among all children born in the community by changing community norms in childcare, feeding and health-seeking practices.

CORE Group's commitment to expand initiatives that sustainably reduce child malnutrition

Given that malnutrition is the underlying cause of death in 60% of the 11 million deaths among children under five that occur each year in developing countries, the CORE Group seeks to support and expand initiatives that effectively target the sustainable reduction of child malnutrition. The PD /Hearth Approach is one such initiative. As of 2003, 14 CORE PVO members are implementing PD/Hearth programs in over 35 countries. The CORE Group seeks to support and expand capacity to implement, evaluate and scale up PD/Hearth initiatives where appropriate. Other resources on PD/Hearth available from CORE include:

- A step-by-step manual providing guidance for the implementation of PD/Hearth programs. [Positive Deviance/ Hearth: A Resource Guide for Sustainably Rehabilitating Malnourished Children](#), Nutrition Working Group, Child Survival Collaborations and Resources Group (CORE), Washington, DC: December 2002 (available at www.coregroup.org/working_groups/nutrition.cfm in Spanish, French and English)
- Training of Trainer Workshops for both headquarters and field staff
- Periodic Technical Advisory Group Meetings for PD/Hearth practitioners
- PD/Hearth Workshop Facilitator's Guide

II. IS PD/HEARTH THE RIGHT INTERVENTION FOR ADDRESSING MALNUTRITION IN THE PROJECT AREA?

Before arranging for a consultant, assess if the PD/Hearth approach is feasible for the proposed project area. PD/Hearth activities are labor intensive and a decision to implement the intervention should involve careful consideration of several variables including general project area conditions, community commitment and implementing agency commitment. Following is a table that summarizes the key variables and relevant factors that should be present in the project area before starting PD/Hearth activities.

PD/Hearth Project Area Feasibility Checklist

VARIABLES	Relevant factors	Considerations/Notes	Feasible? Yes or No
I. General Conditions	Childhood Malnutrition Prevalence of 30% or Greater	There should be a critical mass of malnourished children in order to justify the PD/Hearth effort. This includes mild, moderate and severe malnutrition using weight-for-age measurements. A project may also want to consider PD/Hearth programs where there are high levels of growth faltering (weight loss for more than two months). The target group is ALL children ages six months to three years.	
	Availability of Affordable Local Foods	Local, affordable food must be available in order for the community to sustain the feeding behaviors. The food can be either grown or purchased. PD/Hearth is difficult to implement in areas suffering from extended drought or with prolonged periods (more than three months) of household food insecurity.	
	Geographical Proximity of Houses	PD/Hearth works best when houses are relatively close together because caregivers will be able to attend daily sessions without spending additional hours walking and volunteers will be able to conduct follow-up visits.	
	Presence of Existing Public Health Programs	Deworming, micronutrient supplementation, and immunization are integral parts of a PD/Hearth Program. Referral for children with severe acute malnutrition or complicating illness is also important. If these health services do not already exist, an organization will need to consider implementing these activities or partnering with an organization who can.	
	System for the Identification and Tracking of Malnourished Children (Growth Monitoring)	The extent and quality of existing growth monitoring services or the potential for initiating growth monitoring needs to be assessed along with the existing or potential capacity for vital events reporting (birth, deaths, and migration).	
	Existence of Food Aid Interventions	The PD/Hearth approach focuses on the use of local knowledge and resources to reduce malnutrition. While it is possible to do PD/Hearth activities in the presence of food aid, it is more complicated and requires careful consideration and creativity.	

	Internally Displaced Populations (IDPs) and Refugees	In this setting, using the Positive Deviance approach without the Hearth component may be useful to identify effective coping strategies and skills for various nutrition and health interventions. However, implementing PD/Hearth in the absence of a sense of community or with a transient population is not feasible.	
	Landless Populations or Squatter Communities	The issues are the same as for the group above. A combined strategy with an income-generating component to support household food security would be necessary.	
II. Community Commitment	Committed Community Leadership	Formal and informal leaders should have concern for health issues and recognize the need for and importance of reducing malnutrition. If community leaders are not invested in the PD/Hearth process, the effort should not be undertaken.	
	Committed Village Health Committee	The village health committee manages and coordinates health activities at the local level including setting the criteria for, selecting and supervising community volunteers. A committee can be formed if it does not exist, or can be built from other community committees/social groups that may exist (water committee, women's group, etc).	
	Availability of Potential Community Volunteers	One to two volunteer women are needed from each Hearth site. Their commitment to the project is for a minimum of two months and during that time, they are expected to provide significant time and effort. Ideally, the volunteers are dedicated to work solely on PD/Hearth. If the PD/Hearth activity is added to an existing community volunteer program, it is important to be vigilant that volunteers are not overloaded.	
III. Implementing Agency Commitment	Leadership Commitment	Includes commitment at National (field office) level and International (headquarter) level if appropriate. Need to ensure adequate staff and support will be made available.	
	Designation of a Hearth Project Manager /Lead Trainer	Requires 50% time of a project manager for this specific program (100% if it is a "scale up" initiative)	
	Designation of Supervisor/ Trainer per 10 to 20 volunteers	These are project paid staff dedicated to PD/Hearth that will train and supervise community volunteers and mobilize and monitor PD/Hearth activities.	
	Food Resources	This includes food and food preparation materials (pots, pans, cooking fuel). These costs/contributions will be shared with the community and should be minimal.	
	Project Costs	Costs to be considered in the program budget include staff, transportation, materials, equipment, communication, office space, training, possibly housing, etc.	

III. WHAT CAN A CONSULTANT DO FOR YOU?

Once an organization has determined that the PD/Hearth approach is feasible in the project area, finding a consultant to assist with the start up of the PD/Hearth program is the next step. When choosing a consultant, an organization should consider the existing skills of their staff and how those skills might be best complemented by the skills and experience a consultant will bring. PD/Hearth consultants ideally have:

- A strong background and experience in nutrition and community based / participatory initiatives and in PD/Hearth programs specifically.
- Previous experience working in the country or region of interest. This is a plus particularly if relevant language skills exist, but also given the additional understanding of cultural norms, and maternal and child nutrition and health practices and services in a specific context.
- Positive reference(s) from other organizations who have utilized the consultant’s services for a similar type of activity.

Following is a two-week sample activity plan for a consultancy to assist with the start up of a PD/Hearth program. This plan is based on the assumption that an organization has done the preparatory work discussed in the sections that follow. Additional time needs to be considered for: travel to and from the country; preparation / adaptation of training materials to be used during the consultancy; review of provided core country/ project area documents; as well as other identified organization or project specific needs (for example, strengthening the growth monitoring component). In summary, the actual consultancy time given consultant preparation, travel, and feedback reporting may easily extend to a three week period.

TWO-WEEK SAMPLE ACTIVITY PLAN FOR A PD/HEARTH CONSULTANT

Day 1	-Facilitate orientation / meeting with organization field office leadership and key staff: clarify expectations and desired outcomes, review and confirm activity and logistics plan, etc. -Prepare with project health/ PD/Hearth key staff for the <i>Orientation Workshop</i> with stakeholders.
Day 2	-Facilitate stakeholder/ partner <i>Orientation Workshop</i> on introduction to Positive Deviance approach and Positive Deviance/ Hearth approach for sustainable reduction of malnutrition (for invitees consider: MOH, UNICEF Nutrition Unit, USAID PHN or CS Technical Officers, other PVOs/NGOs/CBOs interested in implementing PD/Hearth, etc)
Day 3-4	-Travel to project area for training preparations. -Receive orientation from project staff regarding training participant profile, project area characteristics, ongoing child survival/ nutrition interventions to date, pilot community preparations/readiness, situational analysis findings, wealth ranking findings, baseline nutrition results, etc. -In collaboration with project staff, review and adapt training curriculum as needed. -With project staff, prepare training facility, handouts, materials required and confirm workshop logistics plan.
Day 5-9 (5 days)	-Conduct Positive Deviance/Hearth training* for project staff and partners to include: <ul style="list-style-type: none"> • Conducting positive deviance inquiry (PDI) in 1- 2 pilot communities • Planning for PDI results presentation to community • Designing Hearth sessions (market survey, menu preparation, health education schedule, determining protocol, etc) • Setting up and operating Hearth sessions • Conducting home visits and providing community feedback

	<ul style="list-style-type: none"> • Involving the community in management of PD/Hearth • Using monitoring tools • Establishing indicators to track program results • Developing 6 to 12 month action plan for PD/Hearth implementation <p>(*Depending on the context, some of the training topics will actually be completed in the pilot community - for example, the PDI - while others will be “how to” training - for example, conducting home visits or using monitoring tools.)</p>
Day 10	Work with project staff to design training curriculum for PD/Hearth volunteers.
Day 11-12	<ul style="list-style-type: none"> -Facilitate debriefing meeting with stakeholders/ partners (report on the training, recommendations for moving PD/Hearth forward, Networks/Resources available, etc) -Facilitate debriefing meeting with organization field office leadership and key PD/Hearth project staff. -Prepare consultant report outlining workshop outcomes, achievements, constraints, lessons learned, recommendations, next steps and action plan.

Note: The ideal time period for scheduling training is when the project team can begin PD/Hearth activities immediately following or within a six-week period of the consultancy. The training can include a PDI and menu planning for one of the actual target communities, which could then start the PD/Hearth session right away.

IV. WHAT TO DO BEFORE THE CONSULTANT ARRIVES

In order to benefit the most from the consultancy, as well as ensure that activities proceed smoothly, the following tasks should be conducted prior to the consultant’s arrival:

- Establish an agreement with the Ministry of Health to initiate PD/Hearth activities if this is not covered under existing memorandums of understanding.
- Determine potential for interagency collaboration. Identify donors and or multilateral agencies supporting or interested in learning more about the PD/Hearth approach. Identify other PVOs/ NGOs / local CBOs conducting or interested in initiating PD/Hearth programs that might want to be included in the orientation workshop or field training.
- Complete a situational analysis of the project area (identify levels and provoking factors of existing malnutrition, community norms for child care including nutrition, existence of community development committee/ groups, etc)
- Determine capacity of local health services to absorb referrals of sick children or severely malnourished children, and provide them training and/or other support needed to improve capacity.
- Select and employ PD/Hearth manager and supervisors/trainers.
- Confirm site and time for PD/Hearth stakeholder *Orientation Workshop*.
- Prepare invitation list and send out invitations for PD/Hearth stakeholder *Orientation Workshop* (for invitees consider: MOH, UNICEF Nutrition Unit, USAID PHN or CS Technical Officers, other PVOs/ NGOs/ CBOs interested in implementing PD/Hearth, etc).
- Select and confirm availability of training site for PD/Hearth workshop for project and partner staff.
- Prepare participant list and send out invitations for PD/Hearth workshop for project staff and partners. Send participant profile information to consultant to guide training material preparations.
- Select one to two pilot sites in communities in the project area for the initiation of PD/Hearth activities. Choose sites that can be reached within one hour of the training facility.
- Mobilize one to two pilot communities for PD/Hearth program start up.

- Guide pilot communities in the selection of volunteers who will facilitate PD/Hearth activities.
- Conduct wealth ranking exercise and nutrition baseline assessment (weight-for-age) in the two pilot sites within the two to three week period prior to consultant's arrival.*
- Consolidate wealth ranking and nutrition baseline results.
- Send consultant core program documents that are available (consider: relevant program proposals or detailed implementation plans; the organization's development framework; multilateral, donor or major national program or strategy documents that are relevant to child nutrition or health – for example, Country UNICEF document "Situation of Women and Children"; etc.)
- Send consultant or have ready on arrival the following information: local food composition tables; list of taboo foods; local growth chart; MOH nutrition/ child health related behavior change messages, policies, and major program initiatives; MOH or WHO protocol for management of severe acute malnutrition, etc.
- Translate key documents provided by consultant to be used during the stakeholder orientation workshop and or PD/Hearth workshop for project and partner staff.
- Select and hire translator for training activities.
- Prepare training materials needed for workshop – flip charts, markers, photocopies of handouts, transport, meals, snacks, gram scales to weigh food/ local measuring devices, Hearth session supplies, etc.

**Note:* If the organization does not have the knowledge or experience to conduct a wealth ranking or nutrition baseline, then these activities will be added onto the consultancy but will extend the time period another one to two weeks. Alternatively, local consultants might be hired to lead these activities.

V. SAMPLE CONSULTANT SCOPE of WORK

The Consultant Scope of Work (SOW) is an excellent tool for the organization and consultant to clarify expectations and deliverables. The Scope of Work provides the consultant with an orientation to the program area and what is to be accomplished. A consultant, in turn, can use the SOW to assess the feasibility of the assignment given the amount of time and resources being committed and evaluate if PD/Hearth is understood by the organization making the request. In summary, the Scope of Work provides a blueprint for what is to happen, how it is to happen, and expected outcomes for the period of consultancy including who will be responsible for the various inputs, activities, and outcomes planned.

The Scope of Work should include the following:

- Background including a description of the project area/ context where PD/Hearth activities will be implemented providing a justification or rationale for initiating PD/Hearth activities and the need for the consultancy. Background information should explain whether PD/Hearth will be a stand-alone activity or integrated into an ongoing program.
- Purpose/ objectives of consultancy.
- Location of the project site where PD/Hearth Activities will take place.
- Period of Implementation including time for preparatory work such as document review, meeting with headquarters backstop, preparation of training materials, travel, etc.
- Specific tasks to be completed and an activity schedule if desired. The schedule can help with organizing logistics as well as ensure that the consultant and organization are in agreement regarding the sequencing and number of days allotted for each of the key tasks/ activities to be completed.
- Deliverables or the tangible outcomes expected by the end of the consultancy.

- Responsibilities of the host organization such as providing office space, training space and supplies; arranging travel; supporting lodging and food; and conducting preparation tasks.
- Terms and Conditions itemizing the consultant compensation at a fixed fee or an hourly or daily rate and stating covered project/ consultancy-related costs, the estimated dollar value, and terms of payment. This section may also mention who in the organization will be the key contact person for the consultant.

A sample Scope of Work for a consultant hired to assist an organization with the start up a PD/Hearth program is attached below. A Scope of Work for a consultancy to provide a follow up visit at six or twelve months to monitor the quality or evaluate the program would follow the same format but differ in purpose, activities and deliverables.

***Sample Consultant Scope of Work
Consultancy for Start up of PD/Hearth Program***

I. Background

The NGO has been operating in Country X since 1995, implementing multi-sectoral initiatives including agriculture, micro-enterprise development, maternal and child health, primary education and water and sanitation activities in eight districts across two provinces. In 2002, a USAID Child Survival Grant was awarded to implement maternal and child health activities in District X which covers a total population of xxx,xxx settled across X villages. The district includes both peri-urban and semi-rural villages with small businesses, agriculture subsistence and cash crop production being the main livelihoods. The infant mortality rate is 109 per 1,000, and under five mortality rate 197 per 1,000 with malaria, diarrhea, and pneumonia being the major causes of morbidity and mortality in infants and children. Key partners for the Child Survival program are the MOH District Health Management team, a local community based organization, and the community. Program interventions include the prevention and management of diarrhea, malaria and ARI in the context of IMCI and community IMCI. Program strategies include: strengthening district health management planning and supervision capacity; improving the quality of health facility services and their relationship with the community; and training and supporting community agents and community health committees for the delivery of first line treatment of common childhood illnesses and the promotion of key household family practices.

As project implementation has progressed, surveys and community interactions have highlighted the problem of malnutrition among children in the one to three year age group. District nutrition surveys have measured stunting levels at 45%, while growth monitoring data reveal underweight levels of 35%. Dialogue and collaboration with UNICEF regarding nutrition concerns in the district have resulted in the funding of a two-year program to implement PD/Hearth activities to begin in mm/dd/yy. Currently there are no organizations implementing PD/Hearth in Country X. UNICEF and the NGO would like to use this program as a model to share with both government and non-governmental organizations seeking to reduce child malnutrition in neighboring districts, in the province, as well as the country at large.

II. Purpose

- To introduce, raise awareness and advocate with key stakeholders regarding the potential and benefits of the Positive Deviance approach and PD/Hearth Nutrition model for the sustainable reduction of child malnutrition.
- To equip the PD/ Hearth project team (adapt accordingly) and its partner organizations (district MOH, local CBO, NGO in neighboring district) with the skills and tools needed to initiate, implement and monitor PD/Hearth activities.

III. Location

The PD/Hearth program will be initiated in the pilot villages of X and X, in the district of X, in Country X. The project site is located X km from the capitol city, a six-hour trip by vehicle or one-hour flight.

IV. Period of Implementation

The consultancy will include 16 days of work to take place during the timeframe mm/dd/yy to mm/dd/yy including preparatory work and submission of report. The consultant will arrive in country to begin work on mm/dd/yy, spending 12 days in-country, mostly in the field.

V. Tasks and Proposed Schedule of Activities

Key Tasks to be completed by the consultant are as follows:

- Meet with organization’s management and key health/ PD/Hearth staff to discuss objectives and expectations of the consultancy as well as confirm key tasks to be accomplished, activity schedule and logistics.
- Conduct PD/Hearth *Orientation Workshop* with stakeholders/ partners.
- Conduct PD/Hearth workshop for field staff and partners including:
 - Conducting PDI in two pilot communities
 - Using PDI analysis to design Hearth sessions
 - Designing of Hearth sessions (protocols, market surveys, menus, health education, etc)
 - Conducting Hearth sessions in two pilot communities (registering, weighing, caregiver contributions, cooking, feeding, health education, etc)
 - Conducting home visiting activities
 - Involving the community in managing PD/Hearth.
 - Setting of program objectives and related indicators and tools for tracking progress
 - Use of monitoring tools
 - Developing a six to twelve month action plan for PD/Hearth implementation
- Work with project staff to develop/adapt training curriculum outline for local volunteers
- Conduct debriefing with organization management and key health/ PD/Hearth staff
- Conduct debriefing with stakeholders/ partners

Proposed Schedule of Activities

mm/dd/yy- mm/dd/yy	-Review core program documents provided -Prepare and adapt training materials for in country workshops
mm/dd/yy (day 1 in country)	-Facilitate orientation / meeting with organization’s field office leadership and key staff: clarify expectations and desired outcomes, review and confirm activity and logistics plan, etc. -Prepare with project health and PD/Hearth key staff for <i>Orientation Workshop</i> with stakeholders.
mm/dd/yy (day 2 in country)	-Facilitate Stakeholder/ Partner <i>Orientation Workshop</i> on introduction to Positive Deviance approach and Positive Deviance/ Hearth approach for sustainable reduction of malnutrition
mm/dd/yy- mm/dd/yy (day 3 -4 in country)	-Travel to project area for training preparations. -Participate in orientation from project staff regarding training participant profile, project area characteristics, ongoing child survival/ nutrition interventions to date, pilot community preparations/readiness, situational analysis findings, wealth ranking findings, baseline nutrition results, etc. -Review and further adapt training curriculum in collaboration with project staff. -Prepare training facility, handouts, materials required and confirm workshop logistics plan.
mm/dd/yy- mm/dd/yy (day 5-10 in country)	-Conduct Positive Deviance/Hearth training for project staff and partners. -Guide setting of program objectives, related indicators and tools for tracking progress. -Guide development of 6 to 12 month action plan for PD/Hearth program implementation. -Lead staff in developing a training curriculum for the PD/Hearth volunteers.
Mm/dd/yy- mm/dd/yy (day 11-12 in	-Conduct debrief meeting with stakeholders/ partners (report on the training, recommendations for moving PD/Hearth forward, Networks/Resources available, etc)

country)	-Conduct meeting with organization field office leadership and key PD/Hearth project staff. -Prepare draft consultant report outlining workshop, achievements, constraints, lessons learned, recommendations, next steps/ action plan.
mm/dd/yy	-Submit final consultancy report.

VI. Deliverables

- One to two operational Hearths set up and running
- Twelve month project plan for PD/Hearth activities
- Training curriculum outline for local volunteers
- Report of consultancy including: workshop, achievements, constraints, recommendations, and next steps.

VII. Responsibilities of Host Organization

The Host Organization (X) will be responsible for:

- Purchase of international airline ticket to travel to and from project site.
- Payment of lodging, food and transport while in country of operation.
- Arranging logistics and invitations for in country meetings and workshops.
- Provision of meeting and training sites and supplies.
- Translation of core workshop documents provided by consultant
- Provision of translator for workshop sessions
- Provision of relevant program related, country context documents, and PD/Hearth specific resources as required (growth monitoring cards, food composition tables, etc.)

The Host Organization will also be responsible for completing the following preparatory work prior to the consultant’s arrival:

- Complete situational analysis in one to two pilot communities.
- Complete wealth ranking exercise and nutrition baseline assessment in one to two pilot communities within two to three week period before consultant’s arrival.
- Complete mobilization / socialization of one to two pilot communities for PD/Hearth activities.
- Select PD/Hearth manager, supervisors/ trainers and volunteers who will also participate in training.

VIII. Terms and Conditions

The consultant will be compensated at the daily rate of \$X for a maximum of X days. Other project related costs and materials such as phone calls, travel to and from airport, (etc.) will be reimbursed at actual costs not to exceed \$X. The consultant will be compensated within X day period upon presentation of an invoice after the work is completed. The contact person for the consultant is: name, title, phone number, fax number, email address.