

PD HEARTH IN KENYA, The KILIFI EXPERIENCE

Organization: PLAN International

1. Location

The project works in Kilifi district, Coast Province Kenya. It Covers 357 villages in Ganze, Chonyi, Bahari and Vitengeni divisions of Kilifi district

2. Population being served

- Total population 257,522
- Children: 46,354
- WCBA: 64,381

3. Reports of what the project has achieved

In 2004, the project carried out KPC baseline survey where all children aged 0-2 years and their siblings aged less than five years were weighed. The results showed that villages surrounding Ganze health facility had the highest proportion of underweight children 0-23 months at 60%, Muryachakwe 30% and Jaribuni 28%. Ganze was therefore considered a priority area to start PD hearth for rehabilitation of malnourished children.

In January 2006 a consultant on PD hearth trained 27 TOTs on hearth process. The MOH had representation from the national, regional and district levels, while World Vision had staff from Tanzania, Malawi and Ethiopia, Catholic Relief services Kenya and Plan International staff from IH, Regional, Country and the project staff in Kilifi. Two pilot hearths were initiated during the TOT training in two villages of Ganze area (Tsangalaweni and Mwaeba) which had highest number of underweight children. Community Volunteers also participated in the hearth cycle. At the end of this first hearth cycle, the project team identified gaps that involved community volunteers (Community health workers) not fully comprehending the hearth process. It was decided they needed to be taken through the process at a slower pace to fully understand and be able to support more effectively. In partnership with the MOH at the district level and the project staff, a guideline was developed and used to train all the community volunteers on PD hearth. At the start of training, the community health workers weighed all children less than five years in their villages and identified the underweight and the well nourished children.

During the training, the community health workers carried out wealth ranking of all households in their villages. They identified households where there were underweight children from poor households, well nourished children from poor households and underweight children from rich households.



Community Health Workers and leaders conducting wealth ranking

The CHWs and project staff visited the homesteads to observe and inquire from the caregivers and the fathers of the children about Care giving practices, feeding practices and health-seeking practices for the children. The caregivers and fathers were not given prior notice about the visit. The following were the results:

PD Inquiry Results - KILIFI EXPERIENCE

Good feeding practices	Good Caring/hygiene practices	Good health Seeking practices
Mother Breastfeeding on demand	Father available and active	Caregiver Seeks health care almost immediately when child is sick
Mother practicing active feeding/supervised	Eating order -children come 1st	Caregiver gives increased food/fluid intake during and after illness
Porridge includes flour and sugar and milk Some mothers put vegetable or beans soup in baby's porridge	Secondary caregiver close and active with the child	Child completed immunization.

Bad feeding practices	Bad Caring/hygiene practices	Bad health Seeking practices
Mother not Breast feeding child	Child not kept clean: Body dirty, nails long and dirty	Giving less of fluids food during illness
Child receiving diet that is missing major diet components e.g. proteins	Father has no role in care giving	Closely spaced births/large families
Child is fed Less than 3 meals and 2 snacks a day	2nd care giver is an under-5	Use of magician/witch doctor

After training, the CHWs worked closely with Plan-Kenya staff, the village health committees and ministry of health staff at the local health facility, local administration and other community opinion leaders to initiate hearths in their villages. The good practices identified in the community formed the package for health messages shared with the mothers at the hearths.



Community Health Workers in training



A grand-mother actively feeds her grand-child during a hearth sessions.

Since initiation in 2006, 146 children with varying degrees of malnutrition in Ganze and Mryachakwe SAs have been successfully rehabilitated. Younger siblings to the children have also benefited from what the mothers learnt at the hearths.

4. THE POWER OF POSITIVE DEVIANCE

Riziki Kache is one of the living proofs of how the hearth/ *MARIANI* has brought back smiles and renewed hope among community members of Kilifi district, Kenya .

Riziki is a three year old baby girl who lives in Malomani village. Since birth, she seemed to have been welcomed harshly in the world. She was born with low weight for age and her weight never seemed to progress well. The harsh realities of culture demanded her mother get another child when she had just reached her first birth day. Due to this, she stopped breastfeeding and started eating from the same family pot. This meant that she would have to eat from the same plate with other children in the same homestead. Riziki couldn't cope with the competition for food with other children which aggravated her nutrition status. Riziki's health deteriorated and her mother was constantly visiting the nearby health facility for treatment of minor ailments.

With tears in her eyes, Riziki's mother recounts *"I can not count the number of days I had to visit the dispensary for Riziki's treatment. These were the most trying moments of my life."*

After the community health workers were trained, they approached Mrs Furaha, Riziki's mother and educated her on the importance of taking Riziki for growth monitoring being carried out in the village.

During this session, they were referred to the Hearth where she was rehabilitated and her mother learnt good feeding, caring and health-seeking practices. After attending the first cycle, Riziki's health started improving. She had added three hundred grams though she was still malnourished and was asked to continue with the next cycle. Furaha saw the benefits of the hearth and also invited the neighboring mothers whose children had similar problems. After

attending three cycles, Riziki's nutrition status improved to mild malnutrition. Other neighboring children also improved their nutrition status and graduated. Determined to retain the benefits, Furaha continued practicing what she had learnt at the hearth both to Riziki and her younger sister. Riziki and her sister are now healthy children. Furaha can not hide her joy as she thanks the community health workers for educating her.

"I am so happy that my children are healthy. I don't know what could have happened if it weren't for what I learnt during mariani (local name for hearth). My neighbours have also benefited because you can see how their children are healthy now."

5. PD beyond Nutrition

Not yet done.

6. Use of PD participants as role models in the community.

PDI can share with us PD updates and experiences from other countries.

Does PD have a place in the lives of children and adults who are HIV positive?

PD approaches to address other behaviors such as health-seeking, safe human waste disposal etc.