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ORIGINAL RESEARCH

Integrating maternal health and Positive Deviance (PD) Hearth interventions in Samburu Sub-County, Kwale County: Strengthening community solutions to combat malnutrition

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Abstract

Malnutrition in particular remains a huge challenge in Kwale County, with 22.7% of children under five years being stunted, 13.7% being underweight, and 6.2% wasted. The 2022 SMART Survey also showed malnutrition prevalence among sub-counties in Kwale County, with Samburu sub-county having 39.2% and 19.9% stunting and underweight prevalence, respectively. The same survey established that Infant and Young Child Feeding Practices were low (Minimum Dietary Diversity (MDD) 40.6%; Minimum Meal Frequency (MMF) 31.7%; Minimum Acceptable Diet (MAD) 16.2%). This is mainly attributed to a lack of information on maternal, Infant and Young Child feeding practices, poverty, food insecurity and poor hygiene and sanitation. **Methodology:** Kwale County, in partnership with USAID Stawisha Pwani, trained 12 healthcare workers on the PD Hearth Model for malnutrition rehabilitation in Samburu Sub-County. Two villages (Shika Rako and Birikani) were mapped, and a rapid nutrition assessment was conducted. The assessment established that 25 children (Birikani, 14, and Shika Rako, 11) were moderately underweight and prioritized for intervention. A PD Hearth Inquiry was then conducted in households with well-nourished children. The project supported 14-day Hearth sessions whereby caregivers were educated on care practices, including Maternal Infant and Young Child Nutrition, healthcare and affordable, sustainable dietary solutions that are locally available and culturally accepted, while identifying nutrient-rich ingredients. The children were followed up on a monthly basis for one year. **Results:** After 14 days, 22 children (88%) gained between 100 and 1400g, one child (4.0%) maintained, while two children (8.0%) lost between 100 and 300g. The average weight gain after one year was 1,632g, with 16 children having attained normal nutrition status. The group approach ensured caregivers set up kitchen gardens and other maintained other healthy practices at home. **Conclusion:** The PD Hearth model has the potential to strengthen community solutions to combat malnutrition, build resilience in nutrition practices, reduce reliance on external resources and empower communities to address malnutrition independently.

Key words: Positive Deviance Hearth Model, nutrition status, underweight, community-based intervention.