World Vision

BRIDGING GAPS, BUILDING STRENGTH: SCALING POSITIVE DEVIANCE/HEARTH IN ETHIOPIA'S NUTRITION, LIVELIHOODS, AND HUMANITARIAN PROGRAMMES

1. Background

The food and nutrition crisis in Ethiopia remains severe, with the 2023 National Food and Nutrition Strategy Baseline Survey showing that 39.0% of children under five are stunted, 6.8% are wasted, 22% are underweight, and over one-fifth of the population is undernourished. Contributing factors include rising food insecurity, limited access to nutrition rehabilitation services, insufficient technical capacity, and inadequate access to specially formulated foods. These complex challenges require an integrated, contextually appropriate response.

World Vision Ethiopia implements various programmes aimed at improving child well-being, including Positive Deviance/Hearth (PDH), livelihoods, and health and nutrition initiatives. However, several challenges persist. In area programmes (APs) where PDH is implemented, low screening and enrollment rates limit its impact, raising concerns about reach and coverage. Although World Vision's livelihoods and nutrition technical programme aims to improve children's nutrition, many development grants – particularly those focused on livelihoods and environmental resilience – fail to integrate nutrition-specific interventions at the output and activity levels, limiting their effectiveness in addressing child malnutrition. Additionally, Community Management of Acute Malnutrition (CMAM) programmes face challenges in providing sustainable, contextualized solutions in resource-limited settings, especially for moderate acute malnutrition (MAM). MAM is often managed in outpatient therapeutic programmes, which frequently lack follow-up supplementary feeding support, particularly where the distribution of supplementary food is absent, leading to high relapse rates.

2. Innovation implementation and results

To address low coverage, World Vision Ethiopia scaled up PDH across all 37 APs, integrating it into both development and humanitarian grant projects. Nutrition interventions were incorporated at all levels (outcome, output, activity) in livelihoods and environmental sustainability and climate action (ESCA) grants. To ensure the root causes of malnutrition were addressed, including inadequate care and feeding practices and food insecurity, costs for PDH activities and training of facilitators (ToF) were included in budgets for grants funded by World Food Programme (WFP) and Joint Emergency Operation Program (JEOP) (Figure 1). The target was to screen 654,554 children under five years (U5) and rehabilitate 133,049 children in 634 kebeles. Rehabilitation was defined as recovery from underweight or a 900 g weight gain within 90 days for at-risk children.

Overall goal:
Improve child well-being (nutrition outcomes) through improved feeding and child caring practices

Grant projects:
- ESCA
- Livelihoods
- Humanitarian

All 37 APs:
- Livelihoods and nutrition technical programme

PDH activities included:
- Conduct PDH training of facilitators for livelihoods specialists
- Train community volunteers to self-run Hearth sessions with limited supervision
- Purchase SECA scales
- Conduct screenings
- Integrate nutrition into all levels (outcome, output, activity) of implementation

Figure 1. Summary of PDH activities included in livelihoods, ESCA, and humanitarian grants and livelihoods technical programme

Results

- Between October 2023 and September 2024, 105,562 U5 children were screened and 11,164 malnourished children were rehabilitated within three months.
- Two active livelihoods and ESCA development grants incorporated PDH and nutrition interventions.
- In FY25, PDH was incorporated into WFP and JEOP humanitarian grants totalling $20,000, now awaiting donor approval.

Challenges

- Limited funding and resources, including the need for additional budget to train more volunteers for further scale-up. In FY25, all APs mobilised their available resources for volunteer training.
- Hearth sessions faced logistical challenges, particularly the lack of digital SECA weighing scales at most health posts. In FY25, 150 digital SECA scales were procured and distributed.
- Insufficient supervisory support for PDH volunteers, which is being addressed by involving health centre staff and training livelihood staff in PDH to increase supervision.

3. Lessons learned

While PDH has proven to be easy to implement across various programmes and contexts, community engagement fostering local ownership is critical. Capacity training of district-level staff and volunteers and community involvement during the preparation stage are examples of how this can be addressed and emphasised (Figure 2).

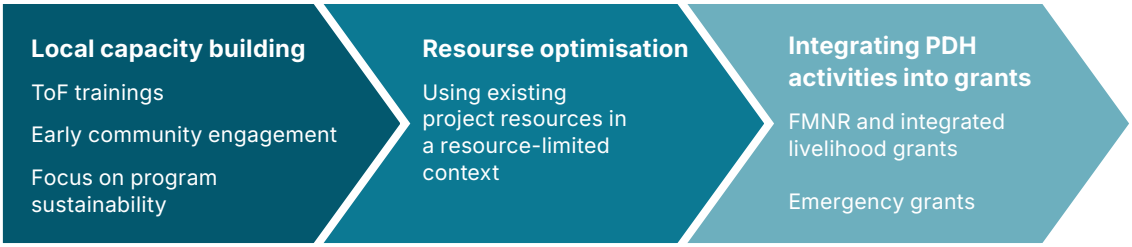

Figure 2. Summary of innovation

Key lessons demonstrating that PDH is easily implemented include:
- high uptake by caregivers, community leaders, health workers, and health extension workers
- effective skill transfer for child-care practices, leading to sustained behaviour changes at the household level.
- low cost and strong community participation, which promotes behavior change
- mothers quickly see visible improvements in their children's health and well-being, which increases their motivation to continue the practices at home.

4. Conclusion

The integration and scale-up of PDH in World Vision Ethiopia's development and emergency programming represents a significant step towards addressing child undernutrition across the country. By embedding PDH in both development and humanitarian grants, World Vision Ethiopia has created a more holistic and locally grounded response to undernutrition. Initial results indicate the approach's feasibility and effectiveness, though operational challenges remain, including resource limitations, equipment shortages, and human resource constraints. Despite these challenges, the programme's adaptability, cost-effectiveness, and community acceptance suggest strong potential for further scale-up. Strengthening local capacity and securing additional resources will be critical to sustaining and expanding these gains. Ultimately, PDH offers a scalable, community-driven solution to combat undernutrition that aligns with World Vision's mission to improve child well-being in Ethiopia's most vulnerable communities.