Positive Deviance Step-by-Step Guide

Food and Nutrition Security, Enhanced Resilience (FANSER) Zambia

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Step 1: Community Mobilization

Target Dates:_____ Lead Personnel: _____

☐ **Engage District Stakeholders**

Meet with district-level leaders to build trust and buy-in among all stakeholders and to gain important insights. Sensitize the district level stakeholders with local malnutrition data from the targeted area and encourage them to define the current problem of malnutrition within the district, their perceptions of its causes, and common challenges and constraints in the area. Ask about and take note of common practices and normative behaviors related to nutrition. Introduce the Positive Deviance (PD) approach and its role in the broader project context. Explain how the PD approach is a self-discovery, community-led, strength-based approach grounded in the fact that there are individuals and groups in every community whose uncommon but successful behaviors and strategies have enabled them to overcome malnutrition while facing the same challenges and having access to the same resources as their neighbors.

☐ **Form a District Advisory Team**

Invite a small group of the district stakeholders to be a part of an informal “District Advisory Team” who can provide insights into the local context, help inform pieces of the PD process, serve as a network among community leaders, and serve as advocates for broad adoption of the recommendations that result from the PD inquiry.

☐ **Select Target Communities**

Through a collaborative review of existing nutrition/growth monitoring data, geographic maps, population statistics, and socioeconomic or wealth data, facilitate a process in consultation with the District Advisory Team to identify the target area(s) needed for the PD process that meet the following criteria:

- Strong presence of committed community leadership
- Population of at least 200 children under age two years
- Data indicating high rates of maternal and child malnutrition along with the presence of potential positive deviance, verified through secondary data
- Largely disadvantaged in terms of socio-economic status/wealth
- Geography feasible to navigate by consultants and volunteers

Engage Community Stakeholders

Based on the community(ies) selected by the District Advisory Team, meet with relevant community-level leaders to build trust and buy-in among all stakeholders. Similar to the district-level engagement, sensitize the community-level stakeholders with local malnutrition data from the targeted area and encourage them to define the current problem of malnutrition within the community, their perceptions of its causes, and common challenges and constraints in the area. Ask about and take note of common practices and normative behaviors related to nutrition that result in good nutrition or malnutrition. Introduce the PD approach and its role in the broader project context. Explain how the PD approach is a self-discovery, community-led, strength-based approach grounded in the fact that there are individuals and groups in every community whose uncommon but successful behaviors and strategies have enabled them to overcome maternal and child malnutrition among their neighbors while facing the same challenges and having access to the same resources.

Form a Community Resource Team

In each community selected, identify local stakeholders that should be involved in the PD process—to establish a village-level Community Resource Team. Similar to the formation of a District Advisory Team, invite a small group of local community representatives—including local leaders, community health workers, influential political or traditional leaders, and male and female community members—to be a part of this team who can help: (a) define the problem of malnutrition and the desired outcome to have a community free of child malnutrition, (b) determine PD households, (c) discover their uncommon, successful behaviors and strategies via inquiry, (d) develop an action plan to enable all stakeholders to practice these positive behaviors, and (3) discern or monitor progress and evaluate results.

Hold a Community-Wide Sensitization Meeting

Build upon community engagement that has already occurred in the target area and coordinate with the Community Resource Team to carry out a meeting with the larger community to discuss the issue of malnutrition. Use culturally appropriate participatory media such as illustrations, visuals, drama, or song to indicate the magnitude of the problem in the local area, drawing from findings of recent studies. Solicit the perspectives of community members on the issue of malnutrition, its short- and long-term impact, common challenges and constraints, and potential suggestions for solutions. Take note of comments made by community members.

At the community gathering, introduce the PD concept with culturally appropriate terminology and share real-life stories of its impact in other settings. Propose the use of

the PD to address childhood malnutrition and request the community's permission to use this approach. Emphasize that the PD process is founded on deep respect for the community, its members, its culture, and the solutions that have already been developed with the community. Visually display the PD inquiry steps and a simple timeline for determining the presence of PD individuals, discovering uncommon but effective practices through inquiry and observation, and designing activities that will promote and allow community members to practice these successful practices.

Conduct Supplemental Community-Based Participatory Research Activities

As much as is feasible within the time and resource constraints of the project, consider conducting the following community-based participatory research approaches to complement the PD approach. These activities can precede the PD inquiry process or occur in tandem. Creating spaces for the community at large to elicit knowledge and experiences can inform the PD inquiry and the interpretation and application of results.

Discovery and Action Dialogues aim to help community members themselves, with the support of a facilitator, identify positively-deviant practices in their community through a semi-structured group conversation. This exercise mobilizes communities and encourages local ownership of solutions. These group dialogues also stimulate creativity in the adaptation of effective household practices that can positively impact nutrition outcomes for broad audiences. A guide for conducting Discovery and Action Dialogues is available.[1]

Participatory Sketching is a method of collective drawing in a group dynamic to solicit detailed narratives of positive nutrition practices. Participants are divided into a small groups with a large paper and drawing materials and are instructed to jointly sketch what they envision as positive nutrition practices ideally modelled in a physical space. Drawings are then shared with the larger group to reflect on what practices and solutions exist in the community for overcoming malnutrition.

Community Mapping invites a group to draw a map—using natural materials such as sticks and stones or flipchart paper and markers—of the community's resources, infrastructures, and layout of any components that may impact a household's nutrition behaviors and outcomes. Encourage as much detail as possible to document where the most vulnerable families live, where children play, and resources like water, schools, health facilities, important buildings, roads, and markets and crops. Invite the group to discuss what components of the community enhance the nutrition of a child (e.g., proximity to clean water, nutrient-rich crops, and health facilities) and what components are barriers to optimal nutrition (e.g., lack of road access for households on the periphery of the community, presence of unhealthy snack shops, etc.).

[1] https://www.liberatingstructures.com/10-discovery-action-dialogue/

Seasonal Calendar is a visual representation of food availability, workload, and disease prevalence due to seasonal changes. With input from the Community Resource Team, project staff facilitate a mapping activity using large flip chart paper and writing materials to pictorially record a month-by-month grid depiction of the following areas:

- Food—What seasons do different fruits and vegetables grow? Be specific and list as many as possible. How long do the seasons last? When do plants grow and when are they harvested? What are the seasons for eating meat or various protein foods? How does food availability change throughout the year?
- Weather—What is the weather like at different times of the year? When are rainy and dry periods and how do they affect food availability?
- Events—When are major community or religious events/festivals?
- Migration—Is there any seasons migration of people or animals?
- School—When are children in school?
- Disease—What diseases do children get at different times of the year.

Step 2: Positive Deviant Identification

Target Dates:_____ Lead Personnel: _____

☐ **Collect Anthropometric Data**

Review the most current anthropometric records for children in the target age bracket based on recently collected data such as growth monitoring promotion records in the selected communities. If anthropometric data is unknown or not current, collect weight, height/length, and age data for children in the target age bracket. Using the World Health Organization (WHO) Standard Weight-for-Age Reference Table, classify each child's nutrition status as normal, mild or moderate, or severe. Record data in the accompanying *Positive Deviant Identification Worksheet* included as Annex A. The weight-for-age nutrition classification will identify *possible* positive deviants. Further information will need to be gathered to identify wealth ranking, the child's birth order, and maternal positive deviance status.

☐ **Establish Wealth Ranking Criteria**

With input from the Community Resource Team, define wealth categories of "poor" or "non-poor" through discussion and group consensus, using the template provided as Annex B. Make simple, culturally appropriate quantifiable criteria (ideally 3-5 criteria) that will be easy to observe or learn through casual conversation without labelling a family as poor or non-poor in their presence. Ask the team, "In this community, what makes a family well off? What makes a family poor?" *Example: to be classified as poor, a family must meet at least three of the following criteria: live in a one-room house, house made*

of bamboo, house has dirt floor, no regular salary, no more than one person in the family working.

a. Review the WHO Standard Table Nutrition Status column of the *Positive Deviant Identification Worksheet* and highlight the children with a normal/green weight-for age who could be possible positive deviants. With the support of the Community Resource Team and Nutrition Volunteers, find out the child's birth order and the household's wealth ranking (poor or non-poor). If the family is well known by the Community Resource Team or Nutrition Volunteer, this information may be known. If not, the team can engage with the family to determine this information. Repeat this process for at least two negative deviant children and at least four non-positive deviant children. Based on the information obtained and the criteria of positive deviants, classify the children under review as a positive deviant, a non-positive deviant, or a negative deviant.

Positive Deviant Criteria

- Well nourished (i.e., normal/green according to WHO Standard Table of Nutrition Status)
- Not an only child or first-born child
- Siblings are not malnourished
- Household is not enrolled in a supplementary feeding program or cash transfer program
- Household is considered "poor" according to wealth criteria

<u>Positive Deviance Classifications:</u>

- PD = Positive Deviant = Poor/Very Poor households with a child with a well-nourished child (>-1 Weight for Age z-score)
- ND = Negative Deviant = Average/Rich households with a malnourished child (<-2 Weight for Age z-score)
- NPD = Non-Positive Deviant = Poor/Very Poor households with a malnourished child (≤-2 Weight for Age z-score). In case we can't find enough NDs for the survey, we also can use NPDs.

Ideally, the nutritional status of children who are identified as positive deviants should also be confirmed by looking at the child's growth charts, which can be reviewed by the Nutrition Volunteers supporting the PD process. If a child's growth card shows that he or she only recently became well-nourished or is not consistently growing well, this child will not be considered a PD.

b. After the completion of data collection, review the list of positive deviant, non-positive deviant, and negative deviant children with the Community Resource Team. Reinforce that this information should be held in confidence and not shared outside the team to prevent stigma. Select at least four positive deviant children, four negative deviant households, and at least two non-positive deviants. For positive deviants, select children who are best nourished in a poor household; for negative deviants, select children who are most poorly nourished in a non-poor household. Non-positive deviants selected should represent malnourished children from poor households. Inquire who knows the selected families and assign one local consultant and one Nutrition Volunteer to make the

household inquiry visit for each household. Visits to the non-positive deviant households will help the PDI team understand what the “norm” is in the community and to identify the common challenges families face in staying healthy and well-nourished. The unique behaviors of the negative deviant households will provide a contrast to the behaviors of the positive deviant households. Maternal BMI and positive deviant status will be obtained during the household visit PD inquiry process.

? *What if there are no PD children in the community?*
At least one PD child is needed. If none are identified, it will be necessary to repeat the PD process in an adjacent community using the team from the originally targeted community.

? *What if there are many PD children identified?*
If there are many PD individuals discovered, select those that are most appropriate for conducing the PD inquiry based on the PD criteria and that are feasible based on available time and resources. Conduct the PD inquiry household visits for as many PD households as time and resources allow.

Step 3: Positive Deviant Inquiry

Target Dates:_____ Lead Personnel: _____

☐ **Prepare for the Household Visits**

Coordinate with the Community Resource Team to arrange a visit to each selected PD, non-PD, and ND household, planning for a full day in each household and capturing the times that caregivers prepare meals and feed their children. Begin with the non-PD households to best understand common norms. Assign one team member to facilitate the visit and ask questions and another member to be observer and notetaker during the visit. Review the purpose of the household visit—to observe and document what is seen rather than to make comments or recommendations.

☐ **Initiate the Household Visits**

Plan to start the visit early in the day to capture the entire daily routine. Greet the family and introduce yourselves. State the purpose of your visit and the length of time you wish to stay. Inform the family that you are visiting several families in the community to observe and learn from them how they feed and care for themselves and their children. Families need not be informed of their PD status, but rather the visit should be presented simply as an information gathering observational visit. Share that you hope these observations will inform recommendations for other families to prevent malnutrition.

Request the family's permission to join their daily routine. As an act of gratitude, offer to join the household in any chores or small helpful acts when possible (e.g., befriend and play with young children or stir a pot of food while you chat). The team should make sure household members feel relaxed and free to engage in their usual routine. Plan to visit the kitchen latrine, sleeping quarters, eating areas, and outdoor spaces. The PDI team should look through the lens of the local culture, taking note of family structure, socio-cultural norms, food taboos, patterns of decision making, traditional feeding and caretaking practices or customs, religious and traditional beliefs, and gender dynamics.

Complete the PD Inquiry Questionnaire(s)

Use the *Guided Child PDI Questionnaire*, included in Annex C, to talk with caregivers about their household practices. While the questionnaire is intended to help the interviewer thoroughly investigate various aspects of household behaviors, the conversation should be informal and conversational as much as possible. Aim to involve the primary caregiver as well as other influential family members such as a spouse or mother-in-law. The PDI team should be polite, positive, respectful, and friendly and use open-ended questions to invite open dialogue with the household members.

Obtain Maternal Anthropometrics

For all PD inquiry households, ask to take the mother's height and weight to determine her body mass index (BMI) and potential positive deviance status during the visit. BMI is an index defined as weight in kilograms divided by the square of the height in meters (kg/m2). Record results in the corresponding columns in the *Positive Deviance Identification Worksheet*. If the mother's BMI is 18.5-25 she is considered normal weight and a positive deviant. For these positive deviant mothers, administer the *Guided Maternal PDI Questionnaire*, included in Annex D, in addition to the child questionnaire to understand her own uncommon practices for maintaining her own nutrition. Caregivers of a positive deviant child may or may not be positive deviants themselves.

Document PD Inquiry Reflections

After each PD inquiry household visit, meet as a PD inquiry team to compare reflections, observations, and notes. Make as many detailed comments as you can for each observation area. Using the Observation Worksheet, record positive practices (or unique negative practices for ND households) observed in the following categories: feeding practices (use of particularly nutritious foods, amount, and frequency), caring practices (the ways in which family members and children interact), hygiene and sanitation practices (body, food, safe drinking water, and environmental), and health care practices (preventative health practices, home management of illness and use of health services).

Step 4: Inquiry Data Interpretation

Target Dates:_____ Lead Personnel: _____

☐ **Review PD Inquiry Data**

After completion of all PDI household visits, invite the Community Resource Team to join the local consultants and Nutrition Volunteers to review the behaviors/practices that were discovered through the PDI processes. Notes can be shared by orally sharing a summary of each household visit for the rest of the group or by posting notes from the household observation summary sheets around a room on the walls and inviting members to circulate around the room as they read and digest the information.

☐ **Classify and Interpret PD Inquiry Data**

After collective review of the PD inquiry data, invite participants to discuss in small groups each "unique" behavior and place it in the *Matrix for Analyzing Positive Deviance Inquiry Data*, provided in Annex F, under the appropriate column for the PD families and non-PD/ND families for contrast. If a behavior is repeated by more than one family, note how many times that behavior was observed. Do not include positive practices that non-PD/ND households also engage in or common practices that both groups practice. The goal is to identify the unique positive practices that *only* PD households are practicing that allow the child or woman to be healthy.

Ask each small group to explain their interpretation of the PD data to the larger group. Record on a large, posted piece of paper the collective, consensus list of what behaviors were found in the PD families' homes and what behaviors were found in the non-PD/ND homes. Ask the group the following questions and record responses:

- What are the different practices between PD and non-PD/ND homes?
- What are some of the challenges faced in the community regarding the adoption of positive nutrition behaviors?
- What is the local solution that the PD household doing to address these challenges at home?

Next, for the unique PD behaviors and strategies, use the *Comparison Interpretation of Positive Deviance Inquiry Data* template (Annex G) categorize the behaviors according to following classifications:

- Could the behavior be practiced by a poor family with very limited resources, rather than only by a well-off family?
- Is the behavior relatively feasible/easy to adopt?
- Is the behavior critical for addressing malnutrition?
- Can the behavior be sustained by caregivers at home?

- Are there any cultural or structural barriers that would prevent others from adopting the behavior?

Highlight or circle the behaviors that are classified with positive (i.e., “yes”) responses to the majority of these questions. Then make additional notes to classify the selected behaviors as “widely scalable,” “only applicable in this community,” or “only applicable for a particular household.” Eliminate the behaviors that are only pertinent for the adopting household. Make a summary list of the behaviors that were interpreted by the group to be uniquely positive deviant and promising for community-wide promotion.

Step 5: Feedback to the Community

Target Dates:_____ Lead Personnel: _____

☐ **Present PD Inquiry Findings to the Larger Community**

Work with the Community Resource Team to plan a time for presenting the PDI findings to the larger community to develop community ownership and to enable community members to immediately access malnutrition solutions that are already at work in their village. Allow the Community Resource Team to determine the best time, place, and approach for presenting the findings to the community, but consider the following guidance:

- Summarize the values of the PD approach again, particularly local community ownership and leveraging existing solutions that exist in the community.
- Share the basic steps of the PD inquiry process that were conducted without giving any names or personal details of the households who were visited.
- Highlight the behaviors/strategies that were identified as being unique to the positive deviants (or alternate culturally-appropriate term decided on by the Community Resource Team), who are distinct in their ability to overcome malnutrition despite facing the same challenges as other community members.
- Invite suggestions from the community on how these behaviors can be promoted and practiced by others and how the community can monitor progress made.

Step 6: Applying PD Inquiry Findings

Target Dates:_____ Lead Personnel: _____

☐ **Design or Adapt Project Activities**

After the community feedback session, invite the PD inquiry team and Community Resource Team to meet with key project staff to discuss the results of the community-based participatory qualitative research activities and the PDI process and how project activities can be designed or adapted to promote the identified behaviors. Identify ways in which community members can first be introduced to the behaviors and practice them in a supportive “learn through doing” environment with peer support. This may include “community health days,” enlisting positive deviants or other motivated community members as change agents, or establishing tailored behavior change communication and education approaches.

When planning for PD solution activities, make detailed plans to address questions of what, whom, with whom, how, for how long, and where? Consider activities that are multi-targeted (e.g., involve various stakeholders) and multi-level (e.g., include household and community-level changes). Make a clear action plan with designated roles and responsibilities and an activity timeline. Aim to integrate activities into existing project or community activities that utilize existing resources found in the community.

☐ Establish a Monitoring Mechanism

In collaboration with project leadership, the PD team, the Community Resource Team, and District Advisory Team, develop a guideline for the project to monitor and evaluate the resulting activities. Make data relevant and accessible to community members by engaging the community in developing the most appropriate quantitative and qualitative indicators to assess individual and community changes. Create culturally appropriate, visual ways to communicate data to the community in regular, frequent intervals. Include amplifying the voices of positive deviants and the success stories of those who newly adopt these behaviors through storytelling. Schedule a “check-in” with the community to follow-up on progress made and to adapt strategies as needed.

Annexes:

A. Positive Deviance Identification Worksheet
B. Wealth Classification Criteria Table
C. Guided Positive Deviance Inquiry Questionnaire—Child
D. Guided Positive Deviance Inquiry Questionnaire—Mother
E. Positive Deviance Observation Worksheet
F. Matrix for Interpreting Positive Deviance Inquiry Data
G. Comparison Interpretation of Positive Deviance Inquiry Data