Positive Deviance Approach –
Deep Dive Social Behaviour Change

Learn from GIZ projects and design your way to implement
the Positive Deviance Approach for improved development outcomes

"Act one's way into a new way of thinking rather than think one's way into a new way of acting."

SECTOR NETWORK
SNRD Africa

Rural Development Africa

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Abbreviations

CCFLS   Community Complementary Feeding and Learning Session

DPPD   Data Powered Positive Deviance

FANSER   Food and Nutrition Security, Enhanced Resilience

FIES   Food Insecurity Experience Scale

FNSP   Food and Nutrition Security Project

FNS   Food and Nutrition Security

GIZ   Deutsche Gesellschaft für internationale Zusammenarbeit (GmbH)

IDDS   Individual Dietary Diversity Score

MAD   Minimum Acceptable Diet

MDD-W   Minimum Dietary Diversity Women

MUAC   Mid Upper Arm Circumference

NPD   Non-Positive Deviance

ND   Negative Deviance

OD   Open Defecation

PD   Positive Deviance (the approach)

PDI   Positive Deviance Inquiry

SBC   Social and Behaviour Change

SENU   Securing Nutrition, Enhancing Resilience

SVG   Services for Vulnerable Groups

WDDS   Women Dietary Diversity Score

Foreword:
An Extension of the GIZ Social Behaviour Change Practitioner's Guide on Positive Deviance – why?

Social and Behaviour Change (SBC) is a process of involving individuals, communities, or societies that enables them to adopt and sustain positive behaviours. GIZ's is committed to motivate communities in rural development programmes it works with to adopt such positive behaviours to achieve better outcomes in the fields of health, nutrition, agriculture, livelihoods, and environment.

In 2019, GIZ published the SBC Practitioner's Guide to improve food and nutrition security programme outcomes, sustain programmes' impact, and to further achieve a reduction in the prevalence of malnutrition of children and women of reproductive age. The practitioner's guide provides insights on drivers of human behaviour and offers various tools which can be used and adjusted to the specific project context. It presents "Positive Deviance" as one of the approaches to promote SBC effectively.

The motto "people are not empty vessels" assumes that in every community, there are people who have found ways to overcome their challenges with their own solutions that do not require any additional resources. This is a shift in perspective from the paradigm of introducing expert solutions from outside. The traditional approach to SBC has been to 'educate' people about the benefits

of certain behaviours and 'teach' them how to practice these behaviours which is often limited in sustainable adoption of new behaviours. Traditional training methods might increase people's knowledge; however, knowledge increase is often not sufficient to also change behaviours. Consequently, programmes' impact will not achieve desired outcomes and be sustainable if we don't consider only knowledge increase as one component of an SBC process.

The Positive Deviance (PD) approach takes up this perspective and assumes that solutions to development challenges exist already within communities. Several GIZ projects have piloted the approach and many more could take it up. Hence, this handbook is an extension of the SBC Practitioner's Guide that dives deeper into the PD approach. It includes practical examples from various GIZ projects that shall provide food for thought, ideas, inspiration, and support to apply the PD approach in other programmes.
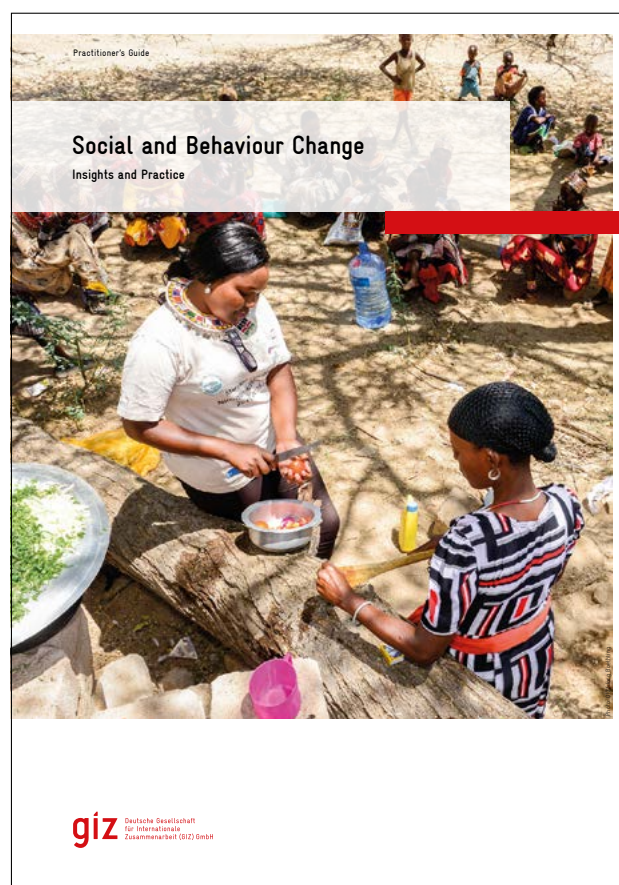
Mother feeds her child, Dezda, Malawi

What is the Positive Deviance Approach?

The Positive Deviance (PD) approach is "based on the observation that in every community there are certain individuals or groups whose uncommon behaviours and strategies enable them to find better solutions to problems than their peers, while having access to the same resources and facing similar or worse challenges." It is a community-driven process which intends to identify individuals, families, households or communities who achieve better development outcomes than their peers though they live in the same or similar socio-economic circumstances. Positive Deviants succeed against the odds as they often apply uncommon practices. They might be farmers with better yields than their neighbors; parents who keep their children well-nourished when most are fed; loggers who maintain carbon stocks when others are deforesting; or communities that perform significantly better in containing a pandemic such as Covid-19. The PD approach looks into available assets, expertise and innovations in and by the communities i.e., to be better nourished, healthier or more food secure than others at no extra cost. PD communities can be schools, hospitals, or districts. Discovering and identifying these practices has

an immense potential to bring about social and behaviour change in the communities towards a better situation because they are identified by them and practiced by peers. This is a unique feature of the PD approach which enables the community and all the stakeholders to have full ownership of the PD design.
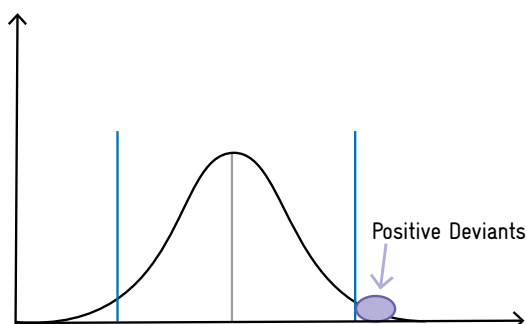
Figure 1: Positive Deviants are positive outliers (Bouman-Lubjuhn-Singhal 2014)

Why Apply a Positive Deviance Approach?

**Shift in perspective –
From a needs-based approach (top-down)
to an assets-based approach (bottom-up)**

So far, development cooperation has often focused on introducing expertise and solutions from outside a community. With a view on "what is missing?" rather than looking at "what are available solutions within the community?".

The latter includes the assumption that all communities possess strengths and assets that are untapped and can be leveraged for the development of the entire community. These solutions are sustainable, easy to adopt or replicate by peers and not costly. This increases the potential of bringing change as the process is guided and steered by the involved communities.

**Bridging Knowledge-Action Gaps:
An Example from India**

The GIZ Securing Nutrition, Enhancing Resilience (SENU) project in India learned through a midline survey about a knowledge-action gap in their target group: dietary diversity of women and young children has improved since the beginning of the project but not to the extent they could have compared to the assessed knowledge increase on nutrition and hygiene practices by women. Consequently, qualitative studies on barriers and enablers were undertaken by the project to understand what prevents women and their families from putting their knowledge into practice but also to understand what enables some women and their families to have a better nutrition situation than others with the same low socio-economic and environmental conditions (positive deviants). Key barriers were related to access to diverse food and household dynamics such as gender inequalities and time constraints while enablers were support of husbands or mothers-in-law in family nutrition and childcare.

The PD approach which aims at identifying uncommon practices within communities that enable a better nutrition situation has great potential to overcome such barriers towards better nutrition and bridge knowledge-action gaps because it involves communities for problem-solving instead of introducing solutions from outside.

Positive Deviance Family in Madhya Pradesh, India: Father is very knowledgeable and invested in mother's and child's wellbeing and plans expenditures well to ensure good nutrition of the family

The representation on the map does not reflect in every single case the position of the German Federal Government under international law. The representation of the map makes no statement about controversial territorial claims.

Positive Deviance Group Interview with frontline workers and adolescents, Madhya Pradesh, India

Examples of Success with the Positive Deviance Approach:

The prominent Vietnam (see Table 4) example on Positive Deviance implemented in 1990 by Save the Children has successfully implemented this approach to overcome malnutrition: In 5.5 months, 40 % of children were rehabilitated and another 20 % moved from severe malnutrition to moderate malnutrition. These children were rehabilitated and remained healthy up to two years of follow-up after the end of the PD informed rehabilitation project, which implies that the PD practices were internalised and adopted by the caregivers. Since then, the PD approach has shown positive outcomes on maternal and child nutrition in more than 40 countries and is being applied as a guide for social and behaviour change communication.

In Haiti, 68 % of program children gained weight after just one month (100 % gained weight in eight villages and 66 % in remaining five villages in six months after participating in a Hearth / PD program).

Apart from nutrition, the PD approach was also applied on female circumcision in Egypt, girl soldiers in Uganda, sustainable reduction of open defecation practice in rural, Ethiopia. In the Netherlands it was also used to analyse factors explaining enhanced psychological resilience of students at selected schools.

Dedza, Malawi

When to Use the Positive Deviance Approach?

Are you now wondering if a PD approach is useful for your project? Go through the following statements. If you can check more than one box of the following, a PD approach might be useful in your project context:

☐ Problem is not exclusively technical but also relational and requires behavioural or / and social change.

☐ Problem is complex, seemingly intractable, and other solutions haven't worked.

☐ Positive deviant individuals or groups exist.

☐ Sponsorship and local leadership commitment to address the issue.

General questions to ask yourself to get started:

● **Problem Definition:** What is the problem you're trying to address and what will be the desired outcome?

● **Suitability:** Is the positive deviance approach suitable to address this type of development problem?

● **Feasibility:** Is there access to data sources and capabilities that would make it feasible to reach the desired outcome using the Data Powered Positive Deviance (DPPD) method or does this require primary data collection (i.e. generate data by the community or researchers etc.)?

● **Desirability:** Who is likely to benefit from or be harmed by the project, including any potential unintended negative consequences from data analysis

A Step-By-Step Guidance to Apply the Positive Deviance Approach in Your Project Context[1]
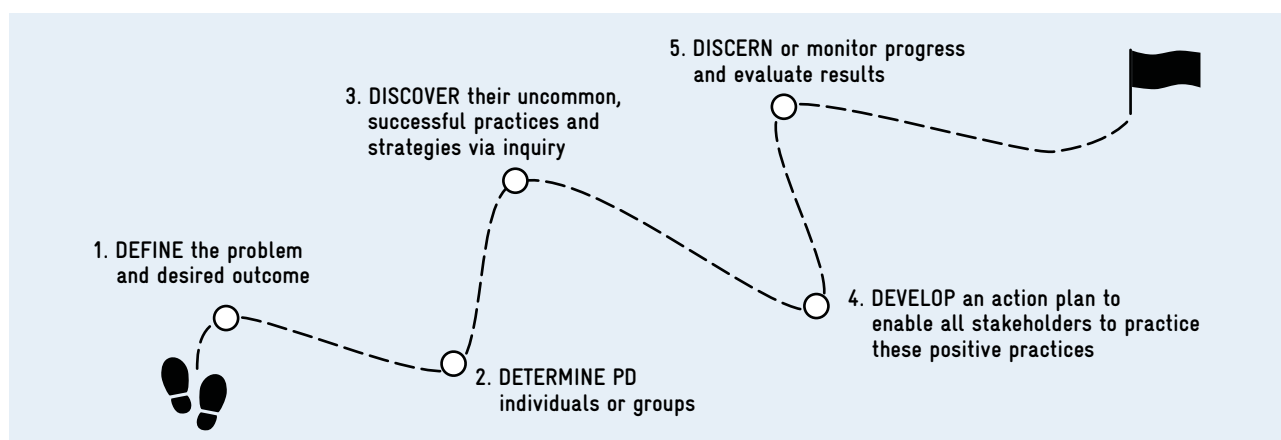
Table 1: Guiding questions for a PD process to be conducted jointly with the concerned target audience

Steps	Guiding Questions
1. DEFINE	• What is the problem? (not exclusively technical but also relational and requires behavioral or/and social change) • Why does the problem exist (causes)? • Who is negatively impacted by the problem and where? • Which stakeholders do we need to involve? (from project staff to policy level to frontline workers and community)

2. DETERMINE	• What is the unit you are going to analyse? (individual, community, institution etc.)
	• How do you define a positive deviant? Examples:
	  • Individual/group who adapt(s) training content well compared to others defined by XXX
	  • Farmer/group/village which produces more fish than others
	  • Individual/household/village who is better nourished than others as defined by nutrition and socio-economic indicators
	It is important to come up with a clear definition that also comprises inclusion and exclusion criteria developed with the community.

3. DISCOVER	• Clarify: What does a positive outcome look like? • What does farmer/group/village do different from the others without extra socio-economic resources? (Focus on observable practices) • How to validate the uncovered uncommon practices or strategies with the community?
4. DESIGN	• What would the concerned community do to promote the identified practices? • Are identified Positive Deviant groups or individuals willing to act as change agents to promote the identified practices? Who else could be a change agent? • What is the best medium or what are the best channels (e.g. formal or informal networks) to reach out to the target audience with the identified Positive Deviant practices? • How can the chosen approach be scaled? • How can local communities be empowered to identify uncommon practices by themselves? • How can you standardize a PD Inquiry in local structures?
5. DISCERN	• Develop indicators (jointly with concerned group/community/institution) to assess the behaviour change. • Make use of standardized, validated indicators as outcome indicators and monitor output closely during roll-out.

1   Based on the "Basic Field Guide to the Positive Deviance Approach" and lessons learned from the country packages in India, Zambia and Madagascar from the Global Programme Food and Nutrition Security, Enhanced Resilience, and the DPPD project

Overview of GIZ Programmes / Projects that Applied the Positive Deviance Approach

Programme / Project		Year	Approach	Objective	Contact
Global Programme Food and Nutrition Security, Enhanced Resilience Country Packages	Madagascar	2022	Mixed Method	To identify positive deviant mother–child pairs that achieve Minimum Dietary Diversity for Women (MDD–W) and Minimum Acceptable Diet (MAD), revisit them to identify uncommon practices and scale the same through various channels and activities to improve nutrition outcomes.	Rike Draeger Jonathan Steinke
	India	2021–2023			Nadine Bader Avani Verma
	Zambia	2022	Qualitative	To identify uncommon practices which are already successfully implemented in by households that lead to optimal nutrition of mothers and children. To use the outcomes of the first objective to tailor program activities to specifically target the context–specific barriers and enablers of social and behaviour change	Annette Roth
	Malawi	2022	Qualitative	To inform complementary feeding trainings and nutrition counselling (PD Hearth is a behavior change intervention used to rehabilitate underweight and wasted children without medical complications; sustain their rehabilitation; and prevent future malnutrition), formative research was conducted to identify the major contributing factors to malnutrition in the community and a 'positive deviant inquiry' is used to identify local solutions.	Anja Schmidt
Data Powered Positive Deviance		2020	Quantitative	To reduce the time and resources needed to identify local innovators and scale their solutions, the GIZ Data Lab leverages digital data to find Positive Deviants	GIZ Data Lab
Elderly at risk of violence	Serbia	2020–2022	Qualitative	To pilot innovative ways of supporting victims in coping with domestic violence and to improve municipalities' provision of services people who experienced domestic violence, in particular care–dependent elderly. The intervention targeted three municipalities, applying the PD approach combined with social innovation labs.	Dr Dragan Stanojević Dr Milana Ljubičić Lars Thuesen Mads Fly-Hansen Markus Maier

Now it's Your Turn!

We hope this short outline on why and how to use the PD approach in your project context was helpful and motivates you to take it up.

The following pages have a compilation of examples from GIZ projects worldwide and from different thematic areas to inspire and orient you about the diverse opportunities and potentials to apply the PD approach in your project. The structure is such that along the basic steps of the PD approach you find different options from GIZ projects

on how to apply and make use of the approach. Additionally, we provide on our **TOPIC** page a repository of materials from the different examples such as study tools, reports etc. We also offer an onboarding on the PD approach for interested GIZ projects.

Please feel free to reach out to us or the contact persons from the respective projects who have used the PD approach in their project context.

Figure 2: Positive Deviance projects in GIZ around the world

Districts in Germany that are better able to contain the spread of COVID-19 infections

Piloting innovative ways of supporting victims in coping with domestic violence in Serbia

Improving mother and child nutrition in India

Safer public spaces for women in Mexico City

Publication outperformance among Egyptian researchers

Cattle farmers in Ecuador who deforest less than their peers

Farmers who achieve higher than expected cereal crop productivity in Niger

Communities in Somalia that preserve their rangelands despite frequent droughts

Farmers who achieve higher than expected rice productivity in Indonesia

Improving mother and child nutrition in Madagascar, Malawi and Zambia

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Experiences from GIZ of Applying the Positive Deviance Approach to Inspire You

STEP 1: Define Challenges, Desired Outcomes, and Common Practices

Address the Knowledge-Action Gap for Improved Nutrition of Mothers and Young Children

Four country packages of the Global Programme Food and Nutrition Security, Enhanced Resilience have been working with the PD approach (Madagascar, Zambia, India, Malawi) over the past years. The common challenge that they seek to address is the following: Around the world, up to 828 million people are undernourished and another two billion are chronically malnourished, especially mothers and young children. The programme trains women about healthy diets and the production, storage, and preservation of nutritious food. The programme's success indicator is increased dietary diversity of women of reproductive age (15-49 years) (Minimum Dietary Diversity for Women, MDD-W) and their children (6-23 months) (Minimum Acceptable Diet, MAD). Parts of the programme measured improved knowledge but a stagnation in improved nutrition outcomes, like dietary diversity ("knowledge-action gap"). The PD approach has been applied to develop a Social and Behaviour Change driven training approach as much informed as possible by the local circumstances and solution.

Improve Health, Research, Agriculture & Gender Outcomes

The Data-Powered Positive Deviance (DPPD) Initiative sought to identify local innovators and scale their solutions by using existing digital data sources, as well as more traditional secondary data to control for potential confounds. A few examples of the DPPD pilots:

- Districts in Germany that are better able to contain the spread of COVID-19 infections
- Publication outperformance among Egyptian researchers
- Farmers who achieve higher than expected cereal crop productivity in Niger
- Communities in Somalia that preserve their rangelands despite frequent droughts
- Farmers who achieve higher than expected rice productivity in Indonesia
- Safer public spaces for women in Mexico City
- Cattle farmers in Ecuador who deforest less than their peers

Address Domestic Violence against the Elderly

The project focuses on finding positive behaviours among three groups of stakeholders: 1) among the elderly (potential victims of violence), 2) among geronto-housewives who provide direct care for the elderly, and 3) among professionals (social workers) who provide services for the elderly. Although the focus of the project was initially solely on the elderly, the potential of geronto-housewives and professionals has since been recognized as a reservoir of positive deviants that only need to be aware of and unleashed.

Define the challenge for your project context with the target audience

The problem to be addressed is [short description]

....

....

and caused by [root causes]. ....

....

It mainly affects [target group].

....

Solutions are most likely to be found at the level of [unit of analysis].

....

Successfully addressing the problem could result in [desired outcome]

....

To ensure the success of the pilot we should involve the following stakeholders [...]

....

STEP 2: Determine the Presence of Positive Deviants

After defining the problem and reflecting on the unit of analysis, stakeholder involvement, and possible positive outcomes (step 1), the second step is to decide how you would like to identify and determine the presence of Positive Deviants.
The following processes were taken up by different GIZ initiatives and may provide you with ideas that fit your context.

Identifying Positive Deviants through non-traditional data

The Data-Powered Positive Deviance (DPPD) method was piloted in several countries by a network of organizations including the GIZ Data Lab, the UNDP Accelerator Labs, and the University of Manchester. By using existing data, the initiative tried to find local innovators, the so-called Positive Deviants, to learn from them and to understand what makes their solutions effective in their specific context. This is a quantitative approach to identify positive deviants through non-traditional data at regional / country level (a handbook to DPPD with documentation of different examples is available. DPPD does not involve the community in the initial steps (from the outside-in) while the traditional PD approach involves the community from the get-go (inside-out). The difference may be that the PD approach is a programmatic approach whereas some use the PD concept as a study or research tool.

The following table from the DPPD handbook shows the difference of PD and DPPD.

Table 3: Difference between PD and DPPD from the DPPD handbook

		Positive Deviance	Data Powered Positive Deviance
	Data	Positive deviants and their practices are identified using primary data collected through direct oberservation, like interviews and surveys.	Positive deviants are identified using existing digital data sources as well as more traditional secondary data to control for potential confounds. Their practices are then identified using primary data collected during the field research phase.
	Coverage	Positive deviants are generally individuals identified within very specific areas that are largely homogeneous (e.g. an individual village).	Positive deviants can be individuals, communities, administrative units, or geographic areas that can be identified in large spatial areas and on temporal scales.
	Capabilities	Requires lacal knowledge, domain expertise, basic statistical analysis, appreciative inquiry, and ethnography skills.	Requires local knowledge, domain expertise, and a combination of domain-specific data knowledge, advanced statistical analysis, appreciative inquiry, and etnogrphy skills.
	Costs	The initial cost of positive deviant identifications is directly proportional to the sample size, as it relies mainly on primary data collection.	The initial cost of positive deviant identification can be low because it relies on readily available data. However, there can be significant additional costs associated with data access an analysis.

One of the pilot projects of the DPPD initiative set out to measure which rice-farming villages in Indonesia have higher rice productivity than others. To identify Positive Deviant rice farms, the project combined Earth Observation (EO) data with administrative data. While the EO data helped to identify rice fields in the same homologous environments (i.e., with similar, non-controllable factors, such as temperature and precipitation) and capture yields, the administrative data provided information on agricultural production and methods per household and socio-economic indicators. The methodology used by the project followed a three-step process of first creating a homologous environment, followed by Positive Deviants or outlier identification, and finally Positive Deviants or outlier validation.

Identifying Positive Deviants through project surveys

In the country package Madagascar of the Global Programme Food and Nutrition Security, Enhanced Resilience, positive deviants were defined as households with overall optimal performance across four aspects of food and nutrition security (FNS): household-level food security, women's diet quality, children's diet quality and low diarrhoea incidence. A baseline survey dataset, collected in February 2020 in the Atsimo Atsinanana region, provided relevant quantitative data on 413 households. Positive deviants were identified using a two-step procedure: First, the four performance scores for the four FNS dimensions mentioned above were adjusted by removing the average effect of household resources. Household resources, such as land, proximity to water resources, or the education level of the mother, can influence FNS outcomes. Statistically removing the influence of these resources helps to identify 'relative' positive deviants irrespective of their individual resource levels. For example, the project fit a regression model to calculate the average positive effect of an additional year of schooling on Women Dietary Diversity Score (WDDS). Then, it reduced each household's WDDS score by their respective 'schooling benefit'. The project did this for all four FNS scores and a number of resources. This resulted in four FNS scores per household, which were stripped of the influence of resources and more likely reflect differences between individual households' behaviours.

Second, households with Pareto-optimal performance regarding the four performance scores were identified. Pareto-optimality implies a strong overall performance that balances all four dimensions without giving normative preference to any of them. That is corrected for the average influence of resources. Positive deviants are the households that achieve strongest overall performance in the Food Insecurity Experience Scale (FIES), WDDS, diarrhoea incidence, and MAD.

To increase the number of positive deviants, rank-1, rank-2, and rank-3 pareto-optimal were included. Altogether, from 413 rural households (mother-child pairs), 22 positive deviants were identified.
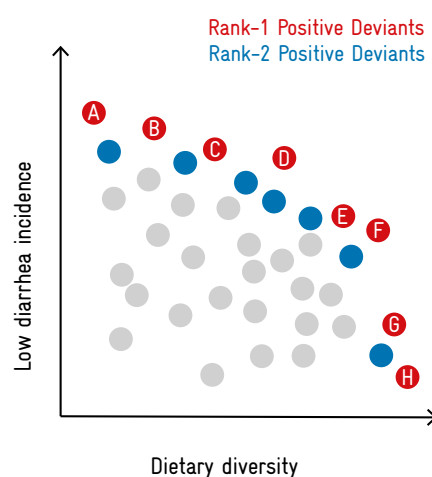
Figure 3: A simplified illustration of the Pareto-optimum concept by Steinke et al. using data from Madagascar. Household G has relatively high dietary diversity (positive), but also relatively high diarrhea incidence (not so positive). All households in rank-1 achieve the best possible overall outcome regard their resource levels – better than the non-positive deviants (grey).

Similar to Madagascar, the country package India identified Positive Deviants through a baseline household survey. The programme collected data on women's and children's diets, food security, childcare practices (e.g. breastfeeding and complementary feeding), agricultural activities, market access, and socio-economic household characteristics, including the Poverty Probability Index. In each of the two districts in Madhya Pradesh, 200 mother-child pairs were randomly sampled using a two-stage cluster sampling approach. In the first stage, 40 villages were randomly selected from each district. At the second sampling stage, five households were randomly selected per village. The selection criteria for households were: (1) one woman of reproductive age (15-49 years) and (2) at least one child aged 6-23 months.

In India, positive deviants were identified based on optimal performance of two indicators: women's dietary diversity score (WDDS) and minimum acceptable diet for children (MAD). To identify positive deviants, a two-step procedure suggested by Steinke et al. (2019) and based on the previously described Madagascar example was followed with the additional ability to control the achieved dietary diversity scores against the control factors based on the Poverty Probability Index questions that were included in the baseline survey questionnaire. 29 mother-child pairs out of 370 could be identified as Positive Deviant households.

Identifying Positive Deviants through anthropometric measurements

The country package Zambia of the Global Programme Food & Nutrition Security, Enhanced Resilience involved representatives from the Community Led Total Nutrition committee to identify Positive Deviants. They reviewed the most recent Community Led Total Nutrition anthropometric records for children between 6-24 months in the target villages. Using the World Health Organization (WHO) Standard Weight-for-Age Reference Table, they classified each child's nutrition status as normal, mild or moderate, or severe. After narrowing the list to children who were well-nourished (>1 weight-for-age Z-score), or severely malnourished

Measurement of arm circumference in Malawi

(≤ 2 weight-for-age Z-score), further information on the child's birth order and household wealth ranking was obtained by the project staff for 36 children. First-born and only children were eliminated due to the potential of additional care and resources being allocated to them. Based on the nutrition status and wealth ranking, the children were classified as positive deviant, negative deviant, or non-positive deviant. A total of eight households were selected for the inquiry—four positive deviant, two negative deviants, and two non-positive deviants. The nutritional status of children was confirmed by taking weight and height measurements at their homes.

The Positive Deviance Inquiry (PDI) in the country package Malawi involves anthropometric measurements (Mid-upper arm circumference, MUAC and weight screening) of children under 5 years of age (see photos).

Anthropometic measurements of small children for the Positive Deviant identification in Zambia.

Identifying Positive Deviants through community processes

Additional to the PD mother-child pairs that were identified through the baseline survey, the nutrition security project in India identified PD households with a well-nourished child through community meetings. These meetings were attended by health and social frontline workers, village council members, and primary school teachers. The guiding question to identify Positive Deviants was: "Are you aware of a low-income family in your village with a well-nourished child under two years of age?". In each community meeting one to four families were suggested. After the group meetings, the child growth monitoring data was jointly checked with the frontline workers to verify that the suggested family's young child is well-nourished. Criteria to ensure that the family is from a low socio-economic background was jointly discussed with the group: e.g., land ownership, livestock ownership, migration labour in the family, gas / fire stove, water source etc. In most cases, the suggested families from the group meeting turned out to be a Positive Deviant family.

Positive Deviance family in Madhya Pradesh, India, identified by frontline workers

Positive Deviance focus group interviews in the Social Protection Services for Vulnerable Groups project in Serbia

The Social Protection Services for Vulnerable Groups (SVG) project in Serbia, conducted a series of focus group interviews in three cities Užice, Valjevo, and Plandište. Through individual and focus group interviews, they identified individuals in each municipality who exhibit positive deviance in their behaviour among all stakeholders – the elderly, geronto-housewives, and professionals.

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STEP 3: Discover Uncommon Strategies and Practices

Household Visits

The country packages of the Global Programme Food & Nutrition Security, Enhanced Resilience identified uncommon practices of the selected Positive Deviants mostly through household visits. In Madagascar, 16 Positive Deviants were revisited for in-depth, semi-structured interviews. Interviews lasted between one and two hours, intending to identify potentially uncommon practices that offer plausible explanations for the households' superior FNS outcomes. The interviews included questions related to market access and market dynamics, dietary habits, livestock production, water and sanitation-related behaviour, agricultural practices, and income generating activities. In addition, the surroundings of the homestead and, where possible, at least one farming plot were visited together with the positive deviant. Observations were documented, particularly regarding farming practices. Data was analysed inductively, allowing the establishment of provisional categories of positive deviant practices. Eventually, a set of uncommon practices was validated through focus group discussions with local nutrition and agriculture experts. Positive deviant's practices include the adoption of agricultural innovation such as new cash crops, as well as nutrition-sensitive market behaviours and the reliance on off-farm activities. In addition, some ethno-cultural factors help to explain positive deviance. Rafanomezantsoa et al. (2022) provide a detailed account of the study methods and findings.

The country package in India used three tools during household visits to discover uncommon practices from identified Positive Deviant households: 1) semi-structured interviews that included major guiding questions across 10 topics that were identified from literature as promising areas to identify nutrition-related Positive Deviant practices, e.g., nutrition, childcare, gender, psychological resilience of the mother. 2) Participatory observations of cooking, feeding, family dynamics, childcare etc. 3) Participatory sketching with children (7-15 years) to elicit further uncommon Positive Deviant practices. The research team spent between half to full day with respective families. After completion of household visits, the research team summarised potential Positive Deviant practices as statements based on the research of Singhal et al. and verified which of them are common and uncommon during group validation meetings with Non-Positive Deviant families and frontline workers in villages.

Participatory sketching with children, adolescents and mothers to identify uncommon Positive Deviance practices during a household visit, Madhya Pradesh, India

Interview with young parents during household visit to identify uncommon Positive Deviance practices in Madhya Pradesh, India

Positive Deviance inquiry with mother in Zambia

In Zambia, the research team consisting of a village volunteer and the researchers visited each selected Positive Deviant, Non-Positive Deviant, and negative deviant household to observe the following practices: feeding (use of particularly nutritious foods, amount, and frequency), caring (the ways in which family members and children interact), hygiene and sanitation (body, food, safe drinking water, and environmental), and healthcare (preventative health practices, home management of illness, and use of health services). After each household visit, the teams met to compare and make note of reflections and observations. After completing all household visits, the research team reviewed the behaviours / practices that were discovered through this process. Behaviours were compared between Positive Deviant and negative deviant / Non-Positive Deviant households and were analysed for the feasibility of other households to adopt the behaviours with very limited resources. The full range of promising practices is available in the study report.

In Salima, Malawi, the country package's implementation partner CARE follows a strategic approach of Community led Complementary Feeding and Learning sessions (CCFLS) that includes Positive Deviance as a tool. To

discover successful or desired Child feeding and caring practices community members, volunteers and supervisors carry out observations during home visits. The following categories for potential Positive Deviant practices are observed:

1. Feeding Practices – FADDUAH
2. Caring practices – child interaction and stimulation
3. Hygiene practices – Body, food, and environment
4. Health care practices – preventive health and illness management

The findings are compiled and shared back to the community.

Expert Interviews / Workshops

The primary methods used to collect data and identify positive behaviours in the SVG project in Serbia included individual interviews, focus group discussions, and observations. Given the sensitivity of the topic (violence against the elderly) which is rarely publicly discussed in Serbian culture, individual interviews proved to be an effective way to open up and with trust to obtain various perspectives from senior individuals. Focus group discussions were found to be a good way of gathering information on positive practices by professionals (social workers) and geronto-housewives, who were able to more clearly recognize the significance of such behaviours in their work through conversations with one another. Observation proved to be a useful methodological tool during visits to elderly clients of social welfare services, as researchers had the opportunity to directly gain insight into the daily lives of the elderly. To gain insight into positive behaviour, the SVG team used a classic approach to positive deviance, where it is important for researchers to be humble, open to the interviewees, compassionate, and primarily listen to what the interviewees have to say. Using the "social life course backward" approach, interviewees were able to reconstruct their life paths and recognize the significance of some behaviours as positive or negative. After defining the problem, the key questions were: "Has anyone succeeded in overcoming this problem? What do they do differently?" Through peer workshops, the validity of these findings was tested and the usefulness of positive solutions was evaluated among other interviewees and / or in different contexts. After validation, a series of workshops was held with the aim of implementing the interventions among all stakeholders.

After conducting the individual interviews, focus groups, and observations the SVG project in Serbia disaggregated positive behaviours based on the stakeholder's inputs.

Some examples are:

- The elderly turned to community solidarity to combat material deprivation. By not sharing their property to heirs during their lifetime, elderlies protect against economic violence.

- **Geronto-housewives** identified in focus groups and interviews the key problems of the elderly: loneliness, neglect, self-neglect, and economic violence. The Geronto-housewives figured out small doable ways to alleviate whatever they could such as- using the advantages of modern technology (tablets, mobile phones) to enable the elderly to have accessible contact with children living abroad or with relatives to combat loneliness; to combat self-neglect, one housewife praised her client's appearance when she changed her clothes while another had a strategy of so-called white lies. She assured her client that someone important would visit her (boss from work, daughter), so she had to take a bath and change

- **The social workers** mapped the systemic issues that the elderly faced, namely violence (physical, psychological, and economic), poverty, loneliness, neglect, and self-neglect. While being focused on systemic answers to these issues, they also talked about the positive practices they used to alleviate some of the stated problems. For example, using personal acquaintances in order to promptly provide the necessary protection for an old person in need

Focus Group discussions/workshops in Serbia to identify uncommon positive deviance practices

SUMMARY OF STUDY TOOLS

The following study tools were used in the GIZ programmes/projects to discover uncommon practices:

In-depth/ semi-structured interviews

(participatory) observations

Participatory sketching with children/adolescents

Focus group discussions

Available interview guides from the examples are provided in TOPIC.

STEP 4: Design an Intervention based on the Findings to Scale the Uncommon Positive Deviant Practices

Based on the Positive Deviance findings, the country package Zambia came up with the following broad, multi-pronged, approach towards enhancing the reach and quality of its project activities:

● **Targeting Growth-Faltering Children** — In addition to community-wide behaviour change communication and activities, increasing the emphasis on identification and targeting of messages and services specifically for growth-faltering children.

● **Enhancing Quality of Nutrition Volunteer Activities** — Utilising Quality Improvement Verification Checklists (QIVC) and / or other quality assurance tools to provide regular supportive supervision to Nutrition Volunteers and other key project staff to identify and improve gaps in effectiveness.

● **Increasing Participatory, Practical Approaches** — Expanding the use of hands-on, workshop-style learning sessions in which caregivers can actively practice new behaviors under the support of peers and project personnel to embed learnings more deeply. Focus on experimental learning over didactic learning.

● **Identifying and Addressing Barriers** — Using a small-scale formal Barrier Analysis process or informal identification of household-specific challenges to adopting promoted behaviours to specifically address these concerns through problem solving and trouble shooting.

● Developing a strategy to incorporate Positive Deviance Inquiry into the Care group Approach — The inquiry will be implemented through health facilities with support from Growth Monitoring Promoters.

In India the following activities are envisaged based on the PD findings:

● **Develop stories** from the Positive Deviant families that will be promoted during nutrition trainings, gender community theatres, community radio app and other channels

● Some Positive Deviant family members have agreed to act as change agents and share their Positive Deviant practices with community members

● Community Nutrition Gardens of the project are promoted as "nutrition field schools" in a pilot to promote the identified practices

● The project develops with its state partner, Department of Women and Child Development, a tool for frontline workers to identify and promote Positive Deviant practices in their communities

The country package Malawi uses PD approaches in two districts Dedza and Salima, through United Purpose / Self Help Africa and CARE International, respectively. In Dedza, United Purpose integrates the identified uncommon practices in their PD HEARTH programme with the objective to improve nutritional status and resilience to food crises. The Positive Deviance Inquiry (PDI) provides the information needed to design the menus and health education content of the HEARTH Sessions.

PD HEARTH session in Dedza, Malawi

PD HEARTH is a behaviour change intervention used to rehabilitate underweight and wasted children without medical complications; sustain their rehabilitation; and prevent future malnutrition. The project works closely with village leaders, frontline workers and care group volunteers who conduct anthropometric measurements in advance, trainings and follow-up home visits. Those that are mild and / or moderately and severely underweight are the ones that are admitted in the program. However, also those that have normal weight are encouraged to participate in the session to learn the practices that the other caregivers with underweight / malnourished children will be learning, so that the caregivers with underweight children should not feel ashamed to take part in the sessions. In addition, the PDI involves identifying locally available food in the communities that can be used to develop recipes for children's meals throughout the 12 days and topics on beneficial practices to be delivered to the caregivers besides the meals during the sessions.

In Salima, the **Malawi** country package follows the Community-led Complementary Feeding and Learning Sessions (CCFLS) as a strategic approach. The discovered uncommon Positive Deviant practices through the PDI are integrated in the following consecutive steps of CCFLS:

1. Dialogue and Rehabilitation:
   a. Preparation at community level
   b. Identification of health needs
   c. Food availability and recipes
   d. Preparations by front line workers i.e., Government and partner NGO
   e. Food processing preparations
   f. Feeding session Preparation
   g. Other essential activities

2. Promote cultivation of high nutrient value crops in farming activities and other realted interventions such as efficient stoves, savings groups etc.

3. Follow-up visits

4. Sustaining CCFLS, M&E

LESSONS LEARNED AND RECOMMENDATIONS FOR DISSEMINATION ARE:

- Project support is vital in the implementation of HEARTH sessions especially during lean periods. The care group volunteers identify the food that is currently available and can be contributed. The project supports the community to manage food shortages, e.g., to buy milk.

- Involvement of local leaders to mobilise the caregivers leads to a high turn up of participants / caregivers during the sessions.

- Empowering care group volunteers to lead sessions will ensure sustainability.

RECOMMENDATIONS

- CCFLS should continue in all sites soon after harvesting

- Sensitisation meetings with community members

- Care groups should support with some food recipes during lean period

- Consistent follow-ups of graduated children and conduct quarterly reviewing meetings

Positive Deviance Workshop in SVG project, Serbia

In the SVG project in Serbia, a series of workshops was organised with the goal of presenting, sharing, and adopting positive behaviours as new solutions. The groups were split between homogenous: composed exclusively of elderly, members of associations of pensioners & disabled workers; and heterogenous: elderly, geronto-housewives, professional workers of centres for social work, activists of the Red Cross, non-governmental sector and local authorities. A special series of workshops included inter-municipal exchanges during which participants could share their experiences and solutions from different contexts and learn from each other.
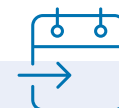
BASED ON THEIR RESEARCH, THE SVG PROJECT IN SERBIA PLANNED THE FOLLOWING INTERVENTIONS:

- Recommendations for different actors within municipalities (Centres for Social Work, Associations of Elderly, NGOs) on how to internalise and institutionalise positive behaviours in their provision of social services

- Work plan for future peer to peer trainers

- Recommendation and short guide for position papers for interested municipalities

- Distribution of 2 brochures detailing the experience and positive practices adopted by the elderly and the geronto-housewives to beneficiaries as well as the 2 PD manuals designed for the geronto-housewives and professionals working in Centres for social work.

STEP 5: Monitor and Evaluate the Resulting Activities

The three core elements that form the bedrock of how DPPD projects are monitored and evaluated are:

- **Measurement**
  What data is used to track the outcome measure?

- **Analysis**
  How is the monitoring data analysed?

- **Dissemination**
  How will the results be disseminated across various stakeholders?

The measurement of outcomes requires a comparison between an intervention group and a control group. Traditional data sources such as surveys or focus groups may be used at this stage to better track progress and chart impact.

Analysing the data is a crucial step to establishing a credible causal link to the intervention. This can be done through a Randomised Control Trial where both the intervention and control groups are randomly assigned to be able to compare their final outcomes post-intervention. Another method of comparison is the quasi-experiment which utilizes non-random assignment of treatment and control as per choice or convenience.

The country package **Zambia** in collaboration with the Community Resource Team, and District Advisory Team, plan to develop a guideline for the project to monitor and evaluate the priority activity modifications selected from the recommendations:

- Modify the existing FANSER Detailed Implementation Plan and Gantt chart to incorporate new activities and revise current activities according to recommendations

- Use household and child registration tracking forms to monitor attendance and coverage of services such as growth monitoring and promotion and cooking demonstrations.

- Monitor supportive supervision and health worker skills through quality assurance scores

- Utilise the rapid Knowledge, Practice, Coverage (KPC) survey tool to conduct small population household surveys to measure progress towards the programme objectives every 6 months. Customise module-specific questionnaires, indicators, and tabulation plans to the technical areas of the program as needed.

- Schedule a "check-in" with the community every three to six months to follow-up on progress made and to adapt strategies as needed.

In **Serbia, the SVG project** was impacted by the COVID-19 crisis, so various mitigation strategies were used to achieve the goals. This led to a more flexible approach to monitoring and evaluation procedures and a continuous adaptation process. Results from different stages of the project, as well as the effects of project activities, were measured using both quantitative indicators (such as the number of users, meetings, and workshops) and qualitative feedback from beneficiaries and researchers involved in the project. The team analysed these data throughout the project to gauge progress against established goals. Particular attention was paid to disseminating the positive outcomes, which was carried out in three ways: (1.) through a series of workshops where champions had the opportunity to share their experiences (2.) creation of two PD manuals and two brochures to expand the reach of these positive solutions beyond local communities (3.) through local media.

Annex: PD Examples from Organisations other than GIZ

Table 4: The Vietnam Example

Approach	Action oriented, Community driven
Identified stakeholders	Community, volunteers (from local people's committee, women's union, farmer's union, community health cadres)
Steps	1. Pilot site identified as 4 village communities in Quang Xuong district (Thanh Hóa province) with 2,000 children under the age of three. 2. Nutrition Baseline done by villagers, 64% found to be malnourished 3. Six or so poorest families with well-nourished children identified as positive deviance in each village by the community 4. Focus Group Discussions to identify common practices & behaviors 5. PD Inquiry – Uncommon PD practices were identified by making onsite visit (both what and how) 6. Two weeks nutrition program drawn up by the communities and carried out by them 7. PD practices were followed with emphasis on "doing" more than "seeing" or "hearing", with contribution of PD food by caregivers of malnourished children to the daily extra meal 8. Continued community monitoring with weighing first and last day of two weeks 9. After two weeks those who remained malnourished were signed up for the next session
Outcomes and Lessons Learnt	• Sustained rehabilitation of est. 50,000 malnourished children in 250 communities from 1991 to 2001 • In 5.5 months, 40% children rehabilitated and another 20% moved from severe malnutrition to moderate malnutrition • After pilot project which lasted for 2 years, malnutrition decreased by 85 percent in the intervention communities and remained so • Over the years, PD intervention became a nationwide program helping over 2.2 million people in Vietnam including over 50,000 children improve their nutritional status. • Sustainability is assured as the solution resides locally, PD approach believes that the wisdom to solve the problem is within the community • Change is led by internal change agents who present the social proof to their peers • The approach is process-oriented, iterative and highly participatory
Timeframe	Four two-week nutrition sessions done in a period of 5.5 months
Source	• Pascale, Sternin, Sternin (2010): The Power of Positive Deviance • Combating Malnutrition in the Land of a Thousand Rice Fields" by Arvind Singhal, Jerry Sternin, & Lucía Durá • Albanna/Heeks 2018: Positive Deviance, big data, and development: A systemic literature review

Table 5: Haiti Example „Ti Foyer"

Approach	Cascade – trained health workers driven, train volunteer mothers
Identified stakeholders	Community volunteer, Village health workers, nutrition educators, community leaders, local priest, school-teachers, respected merchants and mothers
Steps	1. Community Preparation (involving influencers) 2. Testing of Nutrition Educators (equivalent to AWW) 3. Village registration, creation of child register, data gathering, and analysis 4. Training of Nutrition Educators: PD inquiry (identification of PD practices in the village: good child-care, good health practices, and good foods), 24 hours diet recall 5. Volunteer mother with PD children training 6. Implementation with intensive session for 10 days with mothers (2 hours/day) 7. Follow up and Surveillance: After 2 weeks session, nutrition educators visit home to discuss the children's progress and observe meal preparation and good practices in the home 8. Hospital and Community integration
Outcomes and Lessons Learnt	• 68% of program children gained weight after one month only (100% gained weight in eight villages and 66% in remaining five villages in six months after participating in a Hearth/PD program) • Food contribution was an issue to sustain this program (one item by nutrition educators along with mothers to make the balanced menu) • Time commitment by mothers was addressed (adult/care givers participating thrice a week) • Economic strain to continue feeding practices at home upon program completion (Microcredit opportunity) • Paternal objections addressed considering local context/enablers to support program, e.g. wording: education is important for Haitians, so nutrition centre is called „school"
Timeframe	6 months – first cycle
Source	Bolles et al. 2002

Table 6: Jharkhand Example

Approach	Study on how to improve compliance to adolescent anemia control program in Jharkhand in 17 villages (tribal district of Khunti); government-led approach
Identified stakeholders	42 PD facilitators from department of Health, WCD, Education, medical colleges, local NGOs, UNICEF (9-10 people per village) 434 adolescent girls, 18 frontline workers, 15 teachers, 751 community leaders/parents/relatives were involved
Steps	• Defining the problem, its causes, and outcomes: hemoglobin testing • PD Inquiry: blocks that reported high IFA compliance as per the WIFS reporting system, PDs were selected according to hemoglobin >10 g/dL and from higher vulnerability households • Review the findings with the entire community with an emphasis on what works (positive behaviours) and to discuss possible community-generated activities to improve compliance to WIFS program
Outcomes and Lessons Learnt	• PD exist (26 out of 434 adolescent girls, 2 out of 17 villages, 2 out of 17 schools) • PD girls consumed variety of iron-rich foods (e.g. millets, green leafy veggies, seasonal fruits from nutrition garden/forest) and in higher frequency, consumed IFA tablets, practiced recommended personal hygiene behaviours • PD schools: distribution of sweets along with IFA tablets to address side effects such as nausea, taste, teachers emphasised on benefits on regular intake • PD villages/AWC: regular/adequate supply of IFA tablets • Community involvement is missing in the entire design of the WIFS programme
Timeframe	October to December 2014
Source	Sethi et al. 2017

Table 7: The Zambia Example

Approach	Action-oriented, community driven
Identified stakeholders	People In Need (PIN staff, Community Leaders, Health Workers, Community Members
Steps	• **Wealth ranking** of community by PIN staff, Community Leaders, Health Workers into rich, average, poor and very poor households • Identification of PD, ND, NPD households: Community Health Workers and Volunteers conduct **weight screening of under 5 children** every month in their community • PD = Positive Deviant = Poor/Very Poor households with a well-nourished child • ND = Negative Deviant = Average/Rich households with a malnourished child • 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. • **Household observations** (Feeding Practices, Caring Practices and Health Practices) to understand practices of Positive Deviant households that enables them to have well-nourished children and explore differences in practices between Positive and Negative Deviant households: Teams of 2-3 were composed of PIN staff, community leaders and community health workers/volunteers. Each team was allocated 3 households to visit: 2 Positive Deviant and 1 Negative Deviant. • **PD Hearth Sessions**: 12-day rehabilitation session including parents and other caregivers every 1-2 months • **Monitoring and Follow-up**
Outcomes and Lessons Learnt	• 16 PD/Hearth cycles convened by health volunteers in 13 months with no external subsidy • 200g weight gain was the rehabilitation criteria for the child to graduate after 12 days of PD/Hearth sessions • 132 underweight children participating in PD/Hearth sessions conducted by health volunteers in 13 months • 76 (58%) underweight children rehabilitated within 12 days • 57 (75%) of rehabilitated children not relapsing into MAM-status after 3 months of monitoring • 9.1 USD investment cost per child rehabilitated from MAM
Human Resources	(Small scale project working in 6 communities in 1 ward of 1 district) • Project Manager (full time – 100%) • Project officer (full time - 100%) • Senior supervision based in the country (Head of Programmes) (% of time depending on context) • Global Nutrition advisor (% of time depending on context)
Timeframe	
Source	• PIN (2018): Positive Deviance Inquiry: Identifying positive practices to empower communities to improve nutrition in Western Province, Zambia • PIN (2019): Positive Deviance for Nutrition: A grassroots approach to reduce and prevent malnutrition