Part 1, Module 2: Orientation to the Positive Deviance Approach and its application to Maternal & Newborn Care

General objective: To orient participants to the use of the PD approach in maternal & newborn care practices in order to improve newborn survival

Module 2: Orientation to the Positive Deviance Approach and its application to Maternal & Newborn Care
Session 1: Introduction to the PD Approach
Session 2: The Positive Deviant Individual & PD Behaviors
Session 3: The "4 Ds" of the PD Process

Appendices

Appendix 1: Nasserudin story
Appendix 2: PD approach background
Appendix 3: Village Building game
Appendix 4: Building to the sky game
Appendix 5: Example of local and religious expressions
Appendix 6: Examples of PD behaviors
Appendix 7: Coping strategy game
Appendix 8: The "4 Ds" of the Positive Deviance Process
Appendix 9: Standard Flow chart PD Maternal & Newborn Care

Session 1: Introduction to the PD Approach

Competency At the end of this session participants will be able to explain what is the PD approach in an interactive way

🕮Material Flip charts, markers , slides or transparencies on PD (history, 4 Ds), Pictures weak/healthy babies, conceptual game
Candles Handouts: PD steps-general, Case studies from previous PDI,

Method Storytelling, brainstorming , PLA tool (Village building), games

Process

1. Trainer says the following to participants:

” *We have just reviewed the maternal and newborn care situation in….. and have explored the complexity of the problem faced by families and health providers who want to have healthy newborns and mothers. The challenge before us can be summarized by the following questions and statement: “How can we improve the household practices regarding maternal and newborn care to ensure a better outcome for the newborn and its mother?. What tool can we use to alleviate the current newborn situation quickly, affordably and sustainably, in a culturally acceptable manner?”*
“ *The PD approach is such a tool and the subject of this session*”.

2. Trainer tells the story of Nasserudin (See Appendix 1)

3. Trainer tells participants that solutions or answers to complex problems often lies before our very eyes.

The Positive Deviance approach is based on the premise that some solutions to complex problems often lie in front of our eyes.
PD highlights, values and builds on the positive behaviors and successful strategies of some individuals in the community to overcome a common problem such as maternal and newborn morbidity and mortality.

4. Trainer read flip chart on the Definition of PD approach

> ***“The Positive Deviance is based upon the belief that in communities throughout the world, there are a few individuals/entities whose uncommon behaviors or practices and strategies enable them to find better solutions to pervasive problems than their neighbors with whom they share the same resource base”.***

5. Trainer gives a brief history of the approach and its applications to date (see Appendix 2)

Helpful Hints

Try to be interactive by asking participants who would be PD individuals for each of the topics where the PD approach has been used.

6. Trainer invites participants to create a village and facilitates a demonstration of the PD concept applied to nutrition with the game . (See appendix. 3 for details on this exercise)

7. In the feedback session, trainer asks the following questions:

- What has this game to do with the PD approach?
- Who discovered the solutions to the malnutrition problem?
- In your opinion what effect would this process have on the community?, on individual villagers?

Trainer writes on flipchart participants' answers i.e. sense of empowerment, pride, ownership, community mobilization, willingness to change, etc.

8. Trainer engage participants in the game on sustainability "Building to the sky". (See Appendix 4)

Helpful Hints

After the game is over, make sure to ask participants what they think is the link between this game and the PD approach.

9. Trainer and participants explore local proverbs, stories and expressions regarding pregnant women, mothers and fathers of newborn and newborns. (See Appendix 5 for examples)

Helpful Hints

Keep the information generated by the group on the wall of training and explain that they will be useful as introduction to FGD activities

SESSION 2: THE POSITIVE DEVIANT INDIVIDUAL & BEHAVIORS

Competency	At the end of this lesson, participants will be able to 1. Explain who are the PD individuals and what could be PD behaviors in the context of M& N care in Pakistan/Hariour
Methods	Brainstorming, group activity, games
Process	**1.** The trainer introduces the definition of **Misali Kirdar** (Positive Deviants) with flip chart. "Misali Kirdar" are individual whose uncommon practices and strategies have enabled them to find solutions to problems, today, **without access to special resources" .** "Identifying these "Misali Kirdar" or "positive deviants" and their uncommon, but demonstrably successful practices or strategies, can reveal hidden resources already present in the community **today".** 2. Trainer asks participants : Who were the PD people in the nutrition example ? What happens if we discover that the poor mother of a well-nourished child has an uncle in the next village who owns a pharmacy and sends her free medicine every time her child is sick? Is the child still a PD child? Why ? 3. Trainer tells participants*:" It is true, that she is well nourished, despite poverty, but she has access to a special resource (free medicine) that others in the community do not have!".* *Similarly, one can discover a very good behavior but it is not accessible to all. We say this behavior is True But Useless (TBU)*
Helpful hints	This point cannot be overemphasized, as it is critical to identify a demonstrably successful behavior or strategy, **which is <u>accessible to everybody</u> in the community because the objective of the project is to enable all the stakeholders to practice positive behaviors to ensure a healthy mother and baby.** Give examples of PD behaviors from pilot project. (See Appendix 6 for details). 4. Trainer says*: PD is based on a **"worst case scenario**"…we find those who are at highest risk, most vulnerable, "least likely to succeed", who despite all odds **have succeeded because*** **if they can do it, anyone can***".*
Helpful Hints	Discuss with participants the fact that although the PD tool allows us to identify PD individuals, we are more interested in discovering the PD behavior, practice or strategy which has led to a successful outcome, as well as finding out the determinants for such unusual or uncommon practice.

5. Discovering Positive Deviants in our own life
Trainer divides participants into groups of 5 and ask them to discuss and answer the following question
a) Have you ever personally known a "positive deviant"?
b) In the context of what problem was she/he a PD individual ? (remember someone is only a PD in the context of a specific problem!)
c) What were some of the strategies that enabled him/her to find a better solution to the problem than their neighbors who had access to the same resources?

Helpful hints

Trainer needs to emphasize that the most important aspect of PD is the **behaviors and strategies which result in a good outcome.**

6. Trainer direct participants in a conceptual game on coping strategies and PD behaviors. (See Appendix 7 for details.)

7. Trainer invites participants to apply this concept to maternal & newborn care and asks:
" In this context who would be PD newborns?"
" Who would be a non-PD newborn?"
" Who could be a PD individual?"

8. Trainer introduces the flip chart:

Positive Deviant: Case Definitions	Non-Positive Deviant: Case Definition
Healthy 7- to 40 day old newborn: vigorous exclusively breast-fed, good color, alert, clear cord & skin, gaining weight	7 to 40 day old newborn with trouble breast-feeding, jaundice, not gaining or losing weight
Thriving < 40 day old who did not breathe after birth	Non-breathing baby who died
Thriving 40-day old who was premature and/or low birth weight	Sickly low birth weight baby, not growing well, not breast feeding well
Thriving < 40 day old who suffered some infection in the first few weeks	Weakly and feverish < 40days infant

9. Trainer asks participants to provide examples of some possible PD behaviors in the context of maternal & newborn care with the help of the flip chart developed in the previous session on common practices.

Helpful hints

Share some of the real-life examples from past experience using the PD approach to clarity the concept.

Session 3:   *The 4 "Ds" of the PD Process*

Competency	At the end of session, participants will be able to explain the 4 “D” of the PD process
Materials **Methods**	Flip chart & handouts Brainstorming, group activities
Process	1. Trainer asks participants how can we discover the PD individuals and most importantly PD behaviors and strategies? 2. Trainer presents the flip chart on the 4 “D” (See Appendix 8) **DEFINE** the problem with community members • What is the problem with newborn in the community • What do they want to achieve (goals) • What are the current maternal & newborn care practices in the household **DETERMINE** with community members the presence of any individuals or families in the community who **ALREADY** exhibit desired behavior or status **DISCOVER** through a **Positive Deviance Inquiry** (PDI) uncommon practices or behaviors enabling the PD’s to outperform or to find better solutions to problems than others in their community. **DESIGN** with community membersan initiative enabling others in community to access and practice these uncommon and other beneficial practices (focus on doing, rather than transferring knowledge) 3. Trainer asks participants to divide in 3 groups to apply the 4 “D” process to address maternal & newborn care (antenatal, delivery, immediate care and post-partum care). Participants write a scenario showing how they would apply all 4 steps to a specific problem such as cutting the umbilical cord or keeping the newborn warm. 4. In the feedback session, review the process with a flow chart Give Example from previous PD processes and explain that the steps are going to be reviewed and practiced in details in the next few days. (See Appendix 9 for a sample flow chart) 5. Introduce the different phases of a PD informed M & C care project and explain how the different phases will be covered during the training. Make sure that each stages of the program is clearly outline with different colors.
Helpful Hints	6. Time frame for each phase of the project. Provide a tentative time frame for each phase of the project. Note that the PD process takes place within a week and that PD

facilitators may have to stay in the village to carry out the various activities and the 4 steps of the PD process

Helpful Hints

7. Lead a Q & A session with participants on the diagram.
Keep this flip chart in a very visible place on the training room wall, since you will get back to it throughout the training

8. As a conclusion, ask participants to divide into 3 groups and design a 3 minutes presentation to illustrate the PD concept.

Appendix 1: Nasserudin Story

"Nasirudin, the great Sufi mystic, appears in different guises in different stories. In one story, he is an acknowledged smuggler. Every evening when Nasirudin arrives at the customs house, the inspectors feverishly search the contents of his donkey baskets to discover what he is smuggling. But, each day their efforts go unrewarded. No matthow thoroughly they inspect, they find nothing but straw.

The years go by and Nasirudin grows richer and richer. The customs officials vainly continue their daily search, more out of habit than hope of actually discovering the source of his wealth. Finally, Nasirudin, now an old mans, retires from his smuggling trade. One day he happens to meet the customs chief, who has now retired as well. "Tell me, Nasirudin," pleads his former adversary, "now that you have nothing to hide, and me, nothing to find, what was it that you were smuggling all those years?" Nasirudin looks the customs chief in the eye, shrugs his shoulders, and replies, "Donkeys, of course!"

Appendix 2: PD Approach Brief History.

1970s PD appears in nutrition literature with the article on "The Use of Nutritional "Positive Deviants" to Identify Approaches for Modification of Dietary Practices" AJPH Janaury, 1976, vol.66, No 1

1992s Publication of a final report on "the Positive Deviance in Nutrition Research Project written by Professor. M. Zeitlin from Tuft university, which compiled over 80 different nutrition research projects Conclusion of the article: the methodology should be applied to the development field.

1991. PD applied to nutrition in field in VNFO. Model is demonstrably successful and scaled up internally with the Living University (LU) and internationally via the Save the Children alliance. Using PD approach SC in Viet Nam has enabled communities with population of over 2.2 million to address problem of malnutrition.
Same PD approach to Nutrition has been replicated in more than 20 countries in Asia, ME, Latin America, and Africa by more than 20 local and international NGOs

1997. In Egypt, The PD approach is applied to Ending Female Genital Mutilation (FGM) Advocacy in collaboration with CEDPA in Egypt .
Various new fields, including Maternal & Newborn Care and condom use, begin to be explored.

International Examples.

Egypt: FGM
90+% of all Egyptian women are circumcised. NGOs working to eradicate the practice were demoralized by enormity of their task. "How is it possible to change a tradition are practiced by 90+% of the population for more than 3,000 years!"

PD set the question on its head! "How is it possible for 300,000-500,000 women (the remaining 10%) and their families, to resist the tremendous social/religious pressure to undergo the procedure? What were there special strategies?
Utilizing the PD approach, local NGOs were able to identify PDs (mothers, fathers of uncircumcised girls, priests, sheiks who advocated against the practice, husbands married to uncircumcised women etc) and learn from them the turning points/critical incidents which made them decide to deviate from the near-universal practice. Based on discovery of these turning points/critical events, NGOs totally revised their behaviour change messages to coincide with those which were demonstrably successful. The approach not only had very empowering affect on the NGOs, but resulted on dramatic reduction of the practice in pilot communities.

Myanmar: Condom usage
The vast majority of Commercial Sex Workers (CSW) working in hotels/bars are unable to get clients to use condoms. In context of HIV/AIDS they are at great risk as result of unprotected sex. The PSI social marketing group used the PD approach to see if it could provide a key to reducing the HIV/AIDS risk among CSW.

Through a PD Inquiry, it was discovered that a few CSW could always negotiate to get their clients to use condoms! These CSWs worked in the same hotel/bar, charged the same price, were the same age! (i.e. they had access to no special resources!!).

By discovering the special strategies enabling the successful PD CSWs to always negotiate condom use, PSI designed a peer training intervention enabling other CSWs working in the same bars/hotels to learn and practice (via peer training, role plays, etc.) the demonstrably successful strategies.

Appendix 3: VILLAGE BUILDING (Conceptual game contributed by Dr. Tariq),

Purpose:	To illustrate the concept of Positive Deviance using a "3 dimensional tool" and to generate a discussion among the group
With whom:	participants in training
When	training of facilitators, community meetings
Time frame:	20 to 30 minutes
Materials:	For houses (match boxes, stones, pencils, etc); small pictures of healthy children (between 3 to 5) and unhealthy children (between 10 and 15), chalk or stick, magic markers, etc.

STEPS

1. Draw a boundary of a fictitious village, tell participants that they are villagers and ask them to place their homes using whatever materials is at hand, and draw other significant landmarks (road, river, bridge, religious building, school, etc.

2. Place pictures of children face down under some "houses"

3. Explain to the community members that this is a village where most people share similar socio-economic conditions. Say that in each of these houses (pointing to the one with a piece of paper) children under 3 years live. Because the children are sick, the villagers had them all weighed. So invite the participants to find out the result of weighing.

4. Ask volunteers to pick-up the stones or bricks to see what they find there.

5. Ask each one what they have found in this house. They will say a well-nourished or malnourished child.

6. Have the volunteer count the number of malnourished children and the number of well-nourished ones. Then say: "In this village we have many malnourished children. How can we solve this problem?".

7. Listen to participants' suggestions to solve the problem and highlight if the answer comes from them or suggest it if they don't this way: :"We can learn from the families who have well-nourished children what they do **TODAY** to keep their children healthy to make the other malnourished children healthy as well"!.

8. Invite participants to make up what uncommon practices they would have discovered by visiting the families of well-nourished children,

9. Ask participants what they think should be done with this information to rehabilitate the malnourished children in the village and prevent malnutrition.

APPENDIX 4: BUILDING TO THE SKY (CONCEPTUAL GAME)

Purpose	To illustrate the concept of sustainability
With whom	Group of community members (leaders, teachers, decision makers and other men , women), trainees
When	At feedback session on PDI findings and action planning session; TOT in PD concept
Materials	Bricks, books of the same size, or similar objects, telephone books or dictionaries at least 4 of the same category
Time frame	10 minutes

STEPS

1. Facilitator divides the audience in a minimum of 3 teams, ask each team to stand together away for other teams.

2. Facilitator explain the assignment: each team needs to build the highest structure using objects available in the room in the shortest time. The team that builds the highest structure wins

3. To make it difficult the facilitator hands out to each team an object of the same size (a brick or book) and ask them to build on this base.

4. The facilitator sets the time : 3 minutes for the construction

5. After the time limit, facilitator congratulates the winner team. THEN TAKE A PAUSE.

6. Then facilitator proceeds to remove the bases provided to build the structures, they tumble down.

7. Facilitator ask the participants what happened and what this game has to do with the use of the PD approach (to mobilize the community around existing resources within the community to ensure that the outcomes will be sustained, whereas using outside inputs only as the base for development is bound to fail)

8. After the game, participants are asked what that game has to do with the PD approach

<u>Appendix 5 #: Example of local and religious expressions</u>

Use of the Koran. Use of story telling, metaphors, proverbs

Examples:

"God will not help the situation of those who do not want to help themselves"

"I hate those who make troubles for pregnant women" (Prophet Mohammed)

"Best among all men all those who are best with their wives (Prophet Mohammed)

"Paradise lies below the soles of the mothers"

"Grave waits for the mother and child for 40 days after childbirth"Handout for group activity Session 3

Appendix 6: Examples of PD practices from Haripur

PD Behaviors from Banda Munir Khan village

Antenatal care Tetanus vaccination Antenatal care Maternal diet and workload Recognition of danger sign and care seeking Birth preparedness	• During pregnancy, woman was taken to health center for vaccination with tetanus toxoid • During pregnancy woman was taken to LHV for check up. • During pregnancy, husband and mother-in-law took special care of mother regarding her diet and rest. • During pregnancy dangers signs, like swelling of hands & feet and bleeding, were recognized and woman was taken to the doctor. Husband arranged transport before time of delivery to cope with any emergency. • Husband arranged money before delivery to be used for complication. • Lady Health Worker was contacted consistently during pregnancy.
Delivery period	• The scissors and blade washed with Dettol before cutting the cord of the baby. • Clean, new thread was used to tie the cord. • A clean surface was used for the delivery.
Immediate newborn care after delivery	• Dai successfully provided mouth-to-mouth resuscitation to non-breathing baby • Room was kept warm by fire during the delivery. • Colostrum was given to the baby soon after the delivery
Daily care of newborn after delivery	• Doctor contacted as precaution for the health of newborn and mother. • Danger signs of "ARI needing assessment (possible pneumonia) were recognized and baby was taken to the doctor

Summary Positive Deviance Behaviors Bagra village (2/2/2001)

ANC & Delivery preparedness	• Mother went for ANC and TT injection. • Husband (unemployed for the past 5 months) collected 10,000 rupees during pregnancy, in case of a delivery emergency. • Husband asked the dai to go & see his healthy pregnant wife in the 9th month. • Husband increased the food of the mother during pregnancy, especially in the last 2 months. • The family hand-stitched a small mattress (*gadeila*) for the baby to have a clean and warm surface immediately following delivery. Gadeila is also used for other births.
Delivery	• Husband gave the dai a clean new razor blade
immediate post-delivery care	• .Family placed the baby on a clean and warm mattress immediately following birth. • Family placed plastic under the mother for delivery. • Husband said that nothing was applied on the cord after it was cut.
Post partum care Special care of newborn	• A sick and premature baby was continuously exclusively breast-fed with no supplements. • Two weak and small newborns were exclusively breast-fed. (Exclusive breast-feeding in this cultural context permits giving ghutti in the first hours after birth). • A MIL promoted breast-feeding by saying: "The baby has no disease in the mother's womb, so milk is safe because it comes from the mother's body ." • Husband says that to give other food to baby via a bottle might make the baby sick.
Recognition of danger signs & care seeking Father's involvement in M & N	• Family recognized some danger signs of pneumonia in a premature baby (baby stopped sucking, could not lay down, and painful to touch rib-cage) and took the baby to a private doctor. • Father realized that his son was weak and small (khas batche). Special care for this child included keeping the baby warm & wrapped, and changing its nappies frequently to keep it dry; increasing the quality and quantity of food for the mother, relieving her of many household chores to that she could pay attention to the baby.
Warmth	• Husband took special measures to keep his baby warm. • Husband played with his baby girl for one hour in the evening.

Appendix 7: Coping mechanism/PD behaviors & strategies (Conceptual Game)

Purpose: To illustrate that some people are better at coping in situations with little (or decreasing resources) than their neighbors may be.

Length: Approximately 10 minutes.

Materials: Several large pieces of paper / cloth.

Steps:

1. Participants are divided into groups of 3-4. Ideally there should be a minimum of 3 groups.

2. The facilitator explains that each team will have to stand on their paper, with no part of their body touching the floor. Whichever team manages to do so where the others fail wins.

3. Once the teams stand successfully on the paper, the facilitator congratulates them. Asking them to step off, the facilitator folds each of the papers in half and repeats the exercise. This step is repeated until the papers grow so small that only 1 group is able to stay within the bounds of their paper.

4. The facilitator congratulates that group, and asks the participants to explain the relevance of the exercise to the topic under discussion. For example: how people manage when resources are dwindling, what coping skills some individuals or group develop to face a crisis , characteristic of a PD behavior.

Appendix 8: THE 4 D'S OF THE POSITIVE DEVIANCE PROCESS

DEFINE with community members

- What is the problem? Maternal & Newborns poor health & survival
- What do they want to achieve? (goals)
- How can we achieve it (PD concept a new way of thinking)
- What are the current maternal & care practices and their determinants

Example of tools: community meeting and setting of objectives, community selection of VHC members, their role community meeting, explanation of PD concept, FGD, PLA tools (Community mapping, transect, Venn diagrams, etc),

DETERMINE with community members

- Are there any individuals/entities in "community" who **ALREADY** exhibit desired behavior or status , i.e. *Example of activities: Review pregnancy outcome with a visual aid (newborn mapping), wealth ranking, setting of PD criteria and identification of PDs children*

DISCOVER with community members

- Uncommon practices or behaviors enabling the PD's to outperform or to find better solutions to problems than others in their "community" (PDI)

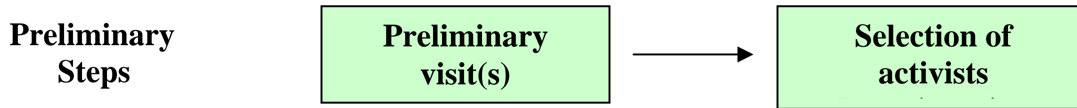
Example of activities: facilitate PDI, carry out home visits ,analyze findings with local people, provide feedback to community on findings and

1. DESIGN with community members

- An initiative enabling others in "community" to access and **PRACTICE these uncommon and other** good practices (focus on doing, rather than transfer of knowledge)

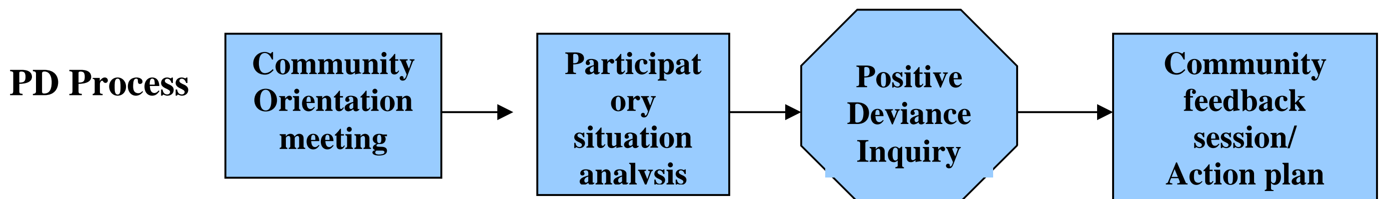
  Characteristics of activities: include PD practices, generated by the community, involvement of decision makers, multi channels, multi target, community members are actors not beneficiaries
  Example of activities: Develop with village volunteers and others an activity with a focus on learning through practice, include PD mother as peer educators, involve other community members.

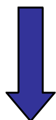
Appendix 9: Standard Flow chart PD Maternal & Newborn Care



PD Process: Community Dialogue

4 "D" Define the Problem Determine PD Discover PD behaviors Design





PD Informed Project Implementation: Collective Action