

Positive Deviance and Nutrition in Viet Nam

The first successful large-scale field application of PD was initiated in Vietnam in early 1991 to address the problem of childhood malnutrition. Over the following decade, the PD approach to nutrition became a national model and today reaches a population of 2.2 million inhabitants in 250 Vietnamese communities. The program has sustainably rehabilitated an estimated 50,000 malnourished children under the age of 5. Of even greater significance, their younger siblings, many of whom were not yet born at the time of the nutrition program implementation, are benefiting from the same levels of enhanced nutritional status. Simply stated, positive deviance provided a tool for radically altering the conventional wisdom regarding child nutrition and caring practices in these communities.

In 1990 Save the Children (US) had received an unprecedented invitation from the Government of Vietnam to create a program to enable poor villages to address the pervasive problem of childhood malnutrition. At that time an estimated 60% of children under the age of 5 suffered from moderate or severe malnutrition.

It was clear to the Government of Vietnam that traditional supplemental feeding programs being implemented in the country were providing temporary solutions at best, and were demonstrably unsustainable. Although there were significant gains in children's nutritional status during the period of program implementation, they were all but lost after the programs ended.

The reasons for failure were not difficult to discern; a) villagers were passive program "beneficiaries" who were neither encouraged nor required to change any of the underlying behaviors/practices which led to their children's malnutrition, b) the nutritional gains which were realized during program implementation were based entirely on external food resources which were no longer accessible to villagers once the implementing agency departed, c) the major focus of the program was on providing additional food, with little or no attention paid to improving the all-important child caring, and health seeking behaviors associated with good nutritional status. In short, "they came, they fed, they left" and nothing changed.

Despite the high prevalence of malnutrition, SC observed that a small minority of poor families had children who were well nourished. SC centered its "positive deviant" (PD) approach on these resilient children. Strategically, a PD study asks the question: how do poor families have well nourished children when their neighbors with similar resource constraints do not? In other words, what is their "deviant" behavior? Through a PD inquiry, such "deviant" behaviors were identified. These households were feeding their children free or inexpensive tiny shrimps and crabs found in rice paddies (not traditionally fed to small children) plus sweet potato greens and were feeding their children more frequently during the day. Building on this indigenous wisdom, SC created a PD Nutrition Education and Rehabilitation Program (NERP) to enable villagers to take responsibility for their own nutritional development. Through this PD approach, villagers

not only have “learned” about successful practices, but also have had the opportunity to “practice” them. An essential element of the process, increasing the likelihood of sustained impact, has been ownership and management of the process by the community rather than by external experts.