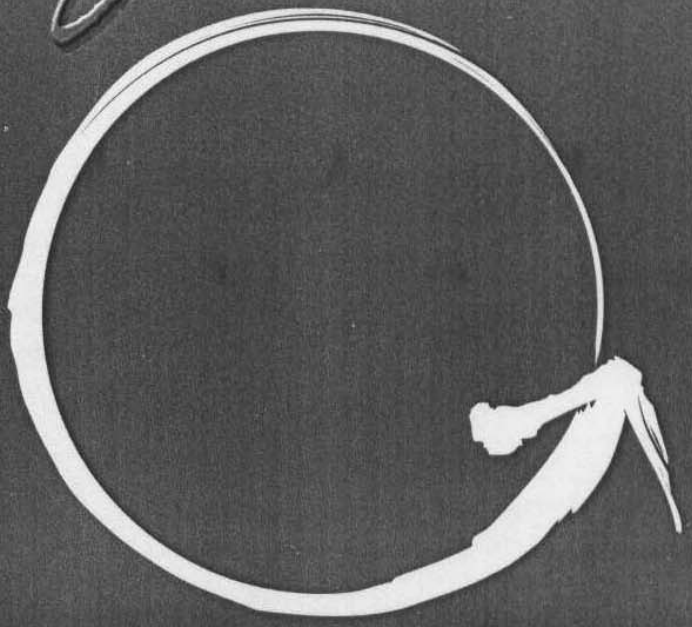
THE CHANGE CHAMPION'S *Fieldguide*

STRATEGIES AND TOOLS FOR LEADING CHANGE IN YOUR ORGANIZATION



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CHAPTER 3

PRACTICE POSITIVE DEVIANCE FOR EXTRAORDINARY SOCIAL AND ORGANIZATIONAL CHANGE

Jerry Sternin

ABSTRACT

In his own words, Jerry Sternin, widely known as "the father of applied Positive Deviance, " explains the story of how an acute crisis led him to the practice of Positive Deviance (PD). He tells how he was propelled, over a twelve-year period to develop and amplify the approach which has enabled communities of more than 2.2 million people in Vietnam to sustain the reduction of childhood malnutrition and has been replicated in 24 other countries around the world.
The chapter includes a step-by step approach to positive deviance, a formula for positive deviance, exceptional stories of change within societies, and a "how to" and "what-to-do" approach to positive deviance that could be applied within organizations, institutions, or your own society.

SUMMARY

Positive Deviance (PD) is based on the belief that in every community there are certain individuals/entities whose **special practices or strategies** enable them to find a better solution to a pervasive problem than their neighbors who have **access to exactly the same resources.** We call these individuals "positive deviants". The PD design provides a tool to enable the community to discover the positive deviants' uncommon, but demonstrably successful strategies. The community then analyzes those strategies retaining only those that are accessible to all its members. Finally, the community designs an intervention, enabling all its members to access and **practice** the newly discovered PD strategies.

INTRODUCTION

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 un-rewarded. No matter how 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!"

In December of 1990, the confluence of a remarkable set of opportunities and potentially disastrous challenges compelled me to find the "donkeys" among the straw or risk professional ruin.

POSITIVE DEVIANCE DEFINED

"It's easier to ACT your way into a new way of THINKING, than to THINK your way into a new way of ACTING "

"IS POSITIVE DEVIANCE JUST 'BENCHMARKING' AND `BEST PRACTICES' IN DISGUISE?" is a question I often hear when talking with people at corporations.

The simple answer is "no". Best practices and benchmarking build off a proven success formula. There is nothing wrong with that except that onlookers often view the circumstances that foster the success as quite different from their own. The examples of highly successful development models that have not made it past the pilot phase, or have failed during attempts to reach scale, are all too numerous.

Given sufficient time, funding, technical expertise and control over inputs, it doesn't take a rocket scientist to create a successful prototype, be it a community development model, a car, or an efficient production team. Building on best practices and customizing the prototype to meet the particular needs, climate and culture of the intended beneficiary/client virtually assures its success.

Try replicating the model, however and in more cases than not, you are greeted with cries of "Not invented here;" "We're not them;" "Our cultural, religious, socio-economic climate is radically different from theirs;" or "It just won't work here."

Why all the resistance? Because you are attempting to impose a model whose best-practice status was conceived and nurtured within the context of a foreign, carefully constructed, and controlled best-case scenario. The very kernel of its success, its sensitivity to the idiosyncratic climate and culture of the intended beneficiary/client, renders it sterile in less hospitable soil. I think that communities and corporations alike mirror the body's immune defense response to what is perceived as the threat of foreign matter.

Building upon a best-case scenario may ensure the *success of the prototype*, but usually spells the death knell for efforts at replication or scale. PD begins, therefore, with a "worst-case scenario." It identifies those individuals who should be the least likely to succeed, but somehow or other have managed to do just that!

By choosing those least advantaged, who have no access to special resources, but yet have succeeded against all odds, PD guarantees the accessibility of their successful strategies. If they can do it, anyone can. And because the selection of the PDs comes from within a given community, PD ensures that "it is invented here;" "They are us, so if they can do it so can we;" and most convincingly, "it **can** work here, because it **does**!"

POSITIVE DEVIANCE PROCESS

1. **DEFINE** the problem and what the outcome of a successful program to address it would look like. (This is usually stated in terms of behavior or a state of being.)

   Example:
   Define Problem: Poor children are malnourished (a state), or employees do not participate in company community projects (a behavior).
   Define Successful Program Outcome: Poor children would be well nourished or employees would participate in community projects.

2. **DETERMINE** if there are individuals with the community who already exhibit the desired behavior (i.e,. identify the presence of Positive Deviants).

   Example:
   There are already today poor families in the community who have well nourished children or there are employees outside of the Corporate Responsibility office, who actively participate in corporate community projects.

3. **DISCOVER** their uncommon practices or strategies that enable the Positive Deviants to succeed when their neighbors do not.

Example:
Poor families with well-nourished children add shrimps, crabs, and greens to their children's diet and feed them four times a day rather than twice. Or, employees who participate in community projects, tutor students online from their desks. They choose weekend projects which are targeted for families and enable them to participate while spending quality time with their wives and kids.

4. **DESIGN** an intervention enabling others in the community to access and practice the PD behaviors.

Example:
Bring mothers of malnourished children together to cook and feed the identified PD foods to their children. Require all moms to actually bring a handful of the new PD foods (shrimps, crabs, greens) everyday, thus creating a new habit.
Create a roster of volunteer activities which can be done online from the employee's desk. Hold an online volunteer workshop for all employees. Encourage employees to volunteer by providing an extra one-half hour at lunchtime for those who volunteer for office-based community activities.

BACKGROUND: DESPERATE TIMES LEAD TO DESPERATE ACTIONS

In 1990, the US Save the Children (USSC) received an unprecedented invitation from the Government of Vietnam to create a program that would enable poor villages to solve the all-pervasive problem of childhood malnutrition. What was unprecedented about the invitation was that at that time the US government had a full embargo against Vietnam and had no diplomatic presence in the country.

Save the Children asked me if I would leave my post as director of their Philippines program and go to Hanoi to open the Vietnam program. Although, (or was it because?) the challenge was so formidable, I eagerly accepted, and in December of 1990, I left for Hanoi along with my wife, Monique, and son, Sam, to become the thirteenth, fourteenth, and fifteenth American residents in that city. The challenges facing me as country director were overwhelming and had a programmatic as well as political nature.

THE CHALLENGE

In 1990, between sixty and seventy percent of all Vietnamese children under the age of 5 suffered from some degree of malnutrition. It was clear to the government that traditional supplemental feeding programs (implemented by indigenous and international development organizations) provided temporary solutions at best and

were dramatically 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 the 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 the program's implementation were completely based on *external* food resources which were no longer accessible to villagers after the implementing agency departed; and 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 had changed.

On the political front, many officials were not at all happy to have Save the Children; an American non-governmental organization (NGO) working in Vietnam at the very time the US government was actively trying to punish the country through its embargo. The depths of those feelings were made clear to me at a meeting with a friend from the Ministry of Foreign Affairs. Mr. X had been very supportive of Save the Children from our very first meeting and could be counted on to pull no punches. "There are many officials who do not want you in this country," he warned during my first month in country. "You have six months to demonstrate impact, or I'm afraid my ministry will be unable to extend your visa."

Six months! It usually takes a year to just begin to set-up an office in a new country. Staff has to be identified and trained, office space found, potential development partners identified, meetings held with potential program communities, etc. But here we were with six months to actually demonstrate program impact. I was clearly stunned by the enormity of the challenge, and only minimally reassured by my recollection of the fact that the Chinese character for the word crisis is made up of two ideograms, *danger* over *opportunity.*

The Government of Vietnam did not, and never would have, the resources to address the problem of ongoing malnutrition in 10,000 villagers. A strategy had to be identified to enable the villagers themselves to sustainably solve the problem. The focus clearly had to be preventive as well as curative. Given our six-month deadline, as well as my concern for sustainability, I knew that this couldn't be "business as usual." A radical new approach would have to be developed: the solution to community malnutrition would have to be based on resources already available within the community. It was the search for such a strategy that led me to Positive Deviance (PD).

Although the PD concept had been around for many years, it had been used primarily as a research tool to answer questions such as "What enables some malnourished children (the positive deviants) to be rehabilitated more quickly than others receiving the same treatment in the same medical facility." The research

identified the factors that led the positive deviants to better outcomes than other members of their cohort. However, it stopped at that and didn't use that knowledge to actually build a program. The PD idea intrigued me. If it were true that some individuals in a community were better able to solve problems than others with access to exactly the same resources, could we use that simple truth to build a sustainable national nutrition program? With less than five months left until our visa renewal deadline, I was more than eager to test the hypothesis.

TESTING THE HYPOTHESIS

After discussions with Hanoi-based officials, my wife, Monique, our Vietnamese counterpart, Mrs. Hien, and I identified Quong Xuong District in Than Hoa Province, some four hours south of Hanoi, to test the PD approach. We were eager to choose a location close enough to the capitol so that if successful, the pilot site could be easily reached by government officials and other visitors, thus facilitating program replication.

In late January 1991, with only 14 weeks left until "impact,-or-no-visa" time, our gang of three rented a black 1970 Russian Volga and made the first of what was to be hundreds of visits from Hanoi to Quang Xuong, 120 kilometers south on Highway number 1.

Over the next week we met with members of the People's Committee, Women's Union, and Provincial Health Cadre to discuss the proposed project. We emphasized our commitment to collaborating with villagers to identify solutions to the problem of malnutrition from within the communities. The independent and proud Vietnamese officials, all of whom had suffered greatly during the "American War," warmed to the idea that solutions would be Vietnamese rather than foreign and that the project would not cause dependency. They were also, however; clearly skeptical that it would work.

The deputy chairman of the province asked how much money and what kind of material inputs the project would provide. I explained that in order to create a sustainable model most of the inputs would have to come from the villagers themselves. We would, of course, provide some material input, but would focus attention on training and developing the capacity of the villagers to address their own problems. The deputy chairman, (responsible for development of an extremely resource-poor province), reluctantly gave the go-ahead to the "rich American NGO" which promised nothing more than "capacity building" and "self reliance" instead of medical equipment or supplemental food, the stuff of "real assistance" in his estimation.

Next, we conducted a sample nutritional baseline survey in four villages proposed by the local leaders as potential pilot sites. The good news was that the villages definitely needed help and provided a most appropriate choice for the first PD trial.

The bad news was that between sixty and seventy percent of the children under the age of three were malnourished!

Immediately after the survey, we met with the People's Committee, Women's Union and Farmer's Union members and leaders to discuss the proposed project. Villagers shared their beliefs about the causes of malnutrition as well as their aspirations for future improvements. We explained the PD approach and how it might help the community realize its objectives.

Fortunately the villages had previously had supplementary food programs initiated by an international development agency. Their experience provided an excellent backdrop against which to explain and contrast the Positive Deviance approach:

SC: Have you ever had a Supplementary Feeding Program here before?
Villagers: Yes
SC: What was the result of the program?
Villagers: Our children got healthier and put on weight.
SC: What happened after the program was over?
Villagers: Our children became malnourished again.
SC: Why?
Villagers: Because the (agency name) project was over and there was no one to give us those foods (supplemental oil, milk powder, wheat, high protein biscuits, etc) which made our children better.
SC: Well, what would you like to see different in the future then?
Villagers: We want to see our children get better, and stay better.
SC: Do you think it would be better if you could do that on your own, rather than be dependent on outside help?
Villagers: Of course, but how is that possible, we are a poor village?

With more faith at this point than proof, I crossed my fingers behind my back and explained that PD could help them address the problem of malnutrition through the identification of **solutions, which already existed within their community**. They would require some initial help with those children who were **already malnourished**, but PD would show them how to **independently sustain** their children's improved nutritional status once they had been rehabilitated. In order to do so, however, the village would have to assume major responsibility for the program.

The first step towards community assumption of program responsibility was the creation of village health committees (VHCs), comprised of members from the Women's and Farmer's Union, People's Committee, and village health cadre. Next, the VHC chose health volunteers (HVs) from among those women in the community willing to serve in that capacity.

COMMUNITY OWNERSHIP OF THE SOLUTION: DISCOVERING THE POSITIVE DEVIANTS

The newly selected health volunteers were taught to weigh children and chart their nutritional status by placing a dot on a simple card with two axes, one for age, and the other for weight. Although some children had been previously weighed during the sample nutritional baseline survey, the GMP held in late February 1991 was the first universal weighing of all children under three in the communities. After the children had been weighed, we met with the health volunteers to review the findings. Consistent with findings from the sample survey, sixty to seventy percent of the children suffered from some degree of malnutrition.

We asked the volunteers to study their lists to see if any of the **well-nourished** children came from **very poor families.** Volunteers reviewed their lists and noted "Co, co vay chao rat ngheo nhunhg khong suy dinh duong." (Yes, yes there are some children from **very poor families** who are **well nourished!**) "Do you mean," we asked, "that it's possible **today** for a **very poor child** in this village **to be well - nourished?**" "Co!" came the reply, "it is!"

It is important to stop the narrative here to note how important it was that it was the health volunteers who identified the positive deviants. As a result; from the very onset of the program the community felt ownership for discovering the solution to their own problem. As the Positive Deviance Approach became refuted over the next years, the importance of the "aha," the self-discovery that a solution was already present within the community, took on every increasing importance. As we will later see, the discovery step became a central component of the PD design.

Having established the possibility of being well nourished despite poverty, the group explored the implication of the discovery. If some very poor families in the village had well-nourished children, it was probably possible for their poor neighbors to do so as well. This realization set the stage for what would become the Positive Deviance Inquiry, the process that would identify how some very poor families were able to adequately nourish their children, while their neighbors of the same economic status, were not.

The newly selected HVs and SC staff held several focus group discussions in each of the program villages. Meeting informally with mothers, grandmothers and community health providers, they discussed the **conventional** behaviors, beliefs regarding feeding, caring, and health-seeking practices in the community.

It is important to note that positive deviants, are only deviant within the context of their **divergence from the norm**, (in this case, the traditional feeding, caring and health-seeking behaviors practiced by the majority of the community). We needed then to first identify those prevalent practices and behaviors before discovering what the positive deviants were doing differently.

One of the distinctive characteristics of the PD approach is that it helps people learn by use of contrast. Trying to identify PD behaviors, without looking at how they contrast with the norm, would be a much less powerful behavioral-change motivator.

POSITIVE DEVIANCE INQUIRY

In early March 1991, the moment of truth was at hand. We had identified those poor families who had well nourished children. Now the challenge was to see if we could actually identify some uncommon strategies or behaviors that would account for their kids' superior nutritional status.

Choosing six of the poorest families with well-nourished kids, Mrs. Hien, (our SC counterpart), several health volunteers, a few village leaders and I divided into teams and went to see if this PD hypothesis would actually work. Over a two-day period we visited the six households, asked questions, and most importantly, observed how moms and other family members fed and cared for their PD kids.

Pay dirt! We met back together after visiting the positive deviants' homes and were ecstatic. Each team had discovered that in every instance of a poor family with a well-nourished child, the mother (or caretaker) was collecting tiny shrimps and crabs (the size of one joint of one finger) from the rice paddies and adding these to the child's diet along with the greens from sweet potato tops. Although readily available and free for the taking, the conventional wisdom held these foods to be inappropriate, or even dangerous, for young children.

Along with the addition of the shrimps/crabs and greens, we discovered other positive deviant practices involving frequency and method of feeding and quality of care and health-seeking behaviors. For example, most families fed their children only twice a day. Because these children under three years old had small stomachs, they could only eat a small percent of the available rice at each sitting. The PD families, however, were feeding their kids four or even five times a day. Therefore, using exactly the same amount of rice, spread out over an additional two or three meals, the PD kids were getting twice the calories as their neighbors who had access to exactly the same resource!

This first working experience with PD was invaluable to me in beginning to develop a conceptual framework. Although the approach has undergone many iterations and refinements over the past 12 years, the definition of a positive deviant emerging from these first 6 household visits has remained remarkably constant over the past 12 years: *A positive deviant is one whose special practices or behaviors enables him to outperform or find a better solution to a problem than his neighbor who has access to the same resources.*

DESIGNING THE INTERVENTION

Within the context of those first villages we had discovered what it took for a poor family to have a well-nourished child. The challenge now was to design an intervention that would enable the villagers to actually access and **practice** those demonstrably successful behaviors.

Our first objective was to rehabilitate the malnourished kids, who only required the provision of sufficient additional nutritious food. The real challenge, however, was to enable the parents to **sustain** their kids enhanced nutritional status at home after rehabilitation.

To address the issue of sustainability, the program would have to avoid the pitfalls the villagers had previously experienced with the supplemental feeding programs. It would require an intervention that would provide parents an opportunity to practice the new behaviors needed to sustain their child's enhanced nutritional status at home **after** rehabilitation.

The newly identified and **demonstrably successful** PD behaviors provided the answer to the challenge. The addition of a small handful of shrimps/crabs and greens, in combination with increased frequency of feeding and other uncommon caring practices, was clearly sufficient to keep a child well nourished in the pilot communities. Moreover, as we had learned during the Positive Deviance Inquiry, these foods and practices were accessible even to the poorest families in the village. Getting parents and caretakers of malnourished children to adopt these new foods and practices was another question!

Given the program objectives, and very mindful of the approaching visa deadline, we wasted little time in designing, with our community partners, a Nutrition Education and Rehabilitation Program (NERP) which incorporated the lessons learned from the Positive Deviance Inquiry. For two weeks every month, mothers/caretakers brought their malnourished children to a neighbor's house for a few hours every day. Together with the health volunteers, they prepared and fed a nutritious, **supplemental** meal to their children. The mothers/caretakers practiced cooking new recipes with the health volunteers and also learned and applied basic health and childcare practices. The sessions provided an opportunity to practice the other successful behaviors identified during the Positive Deviance Inquiry.

Great! We could get moms to practice these new behaviors during the monthly two-week NERP sessions. But I was plagued by how to ensure that they continue those practices at home **after** the sessions. I had seen so many examples of failed programs that relied on **teaching** people what to do, as though that knowledge would necessarily change their behavior.

If we were going to meet the government's request to create a model that would enable villagers to address their own nutrition problems, we had to be certain that

the newly discovered, demonstrably successful behaviors be practiced and internalized rather than perfunctorily performed during the Nutrition Sessions. Although it would be another ten years before I came across the phrase, I was struggling with an intuitive awareness that it's easier to act your way into a new way of thinking, than to think your way into a new way of acting.

It was the concern for the sustainability of behavioral change that led to the mandatory "daily contribution" component of the nutrition sessions. Every day, each mother/caretaker was required to bring a handful of shrimps/crabs and greens as the price of admission to the sessions.

Although, I didn't know it at the time, the daily contribution established the precedent for another of the critical PD principles: *Once the PD behaviors have been discovered, an intervention must be designed which gives others in the community the opportunity to access and **practice** the new behavior.* (In this case, going out to the rice paddies every day and collecting the small shrimps and crabs.) This focus on practice rather than knowledge has proven to be the successful key element in the PD approach that brings about lasting behavioral change across a range of issues.

All children were weighed on the first and last day of the nutrition session. Their mothers/caretakers and health volunteers anxiously awaited the hands of the scale to come to rest a few hundred grams higher than at the previous weighing. After the two-week session was over, the mothers/caretakers returned home to continue practicing their newly acquired feeding, caring and health-seeking behaviors. (Having gone out to the rice paddies every day for two weeks to get shrimps and crabs and encouraged by the visible changes these brought about in their children, it was quite natural for the mothers/caretakers to continue the new habit for the rest of the month.) Those children who reached normal nutritional status during the nutrition sessions "graduated" and those who remained malnourished were signed up for the next session to be held the following month.

DISCERNING AND DISSEMINATING

Keeping Score and Scoring Another 6-Month Visa

By June of 1991 just over six hundred children had participated in the first four two-week nutrition sessions. On the last day of Session 4, we anxiously awaited for the final results of the weighing. The very encouraging trend of the first three sessions continued, and a total of 183 kids, (more than 30 percent) had been rehabilitated. It's difficult to say who was more excited: the moms of the newly rehabilitated kids; the health volunteers who saw themselves as an integral part of that success; the

district health personnel (who scrupulously monitored our every move and reported back to the higher officials); or our Save the Children team who had just received a reprieve and another six-month visa.

By the end of the first year of the program more than 1,000 children were enrolled in the nutrition sessions and more than 90 percent of them had "graduated."

The swift and visible improvement in the health status of the kids who participated in the nutrition session was to have a dramatic impact on the nutritional status of children born into program communities in the future.

As families witnessed first hand, the extraordinary improvement in their children's and their neighbors' children's health status, brought about through the adoption of the new Positive Deviance feeding, caring and health seeking behaviors, these practices became the new conventional wisdom. When babies were born in the community, families would continue to practice the newly adopted behaviors that had been so successful with their older children.

An external evaluation of the program in 1994 by a consultant from Harvard School of Public Health found that "younger siblings, not yet born at the time of the nutrition program implementation, [were] benefiting from the same levels of enhanced nutritional status" [as their older siblings].

In December 1992 1 decided that the model had proven its efficacy and it was time to demonstrate that the success could be replicated elsewhere as well. We expanded to an additional 10 villages, bringing the total number to 14. It took just over a year to realize the same dramatic results in the new villages as in the original four pilot villages.

It is important to note that although the new villages were adjacent to the original ones, and the resource base was almost identical, we insisted that the Positive Deviance Inquiry be carried out in each new viIlage. By now it was clear to me that the **process** of self-discovery was every bit as important as the actual uncovered behaviors. This focus on self-discovery would continue over the next decade to be a key element of the PD approach and one that separates it from many other expert driven approaches.

Although working on issues of program quality was a major priority, I also spent a lot of time making sure that people in the development community, (other non-governmental organizations, UN agencies, and the Vietnamese Health and Foreign Affairs Ministries) knew about the success of the program. I met with various groups and made many presentations, always focusing on the success achieved by the Vietnamese villagers and health volunteers in solving their own problem. The latter was not only true, it was also extremely important to emphasize in the context of the extremely proud Vietnamese social and political milieu.

Because the program site was only 4 hours from Hanoi, dozens of delegations came to visit, and soon there were numerous requests for help in accessing the

model to use in other parts of the country. In keeping with the essence of the PD approach, I was committed to ensuring that people learned by doing.

Enter serendipity. During the time our Save the Children team was struggling to create an intervention that would enable interested parties to access and practice the PD approach, I brought the UNICEF representative, Steve Woodhouse, to the field to visit one of the pilot nutrition program communities.

It was a rainy day, and we sat together in a dark, thatched roofed hut with a group of local moms whose kids had participated in the nutrition program. The moms were animatedly explaining to Steve, how **they** had rehabilitated their children, and how it was possible for any poor family to have a well-nourished child if they only did things the right way. After an hour or so, we thanked the women and left the hut. Steve, standing in the pouring rain, said, "That was amazing, I've never learned so much so quickly. It was really a ... a ... a `Living University.'" A name and a concept were born.

The Living University was comprised of the 14 program villages, which provided a "social laboratory" for the study of the nutrition model at different phases of implementation. Groups wishing to replicate the model came to Than Hoa to learn the conceptual framework as well as to make field visits to the 14 program villages for first hand observation and hands-on participation in different program components.

Upon graduation, Living University participants returned home to implement the PD Nutrition Program in a single site, which they then used as their own "Mini-Living University" for further program expansion in adjacent areas. Using this strategy an estimated 50,000 children had been rehabilitated through the efforts of more than 400 Living University graduates who have replicated the program in 250 communities with a population of over 2.2 million.

Because the PD Nutrition Program is based on the successful behaviors of individuals within the **socio-cultural** context of **each** program community, it is always, by definition, "culturally appropriate." This unique feature of Positive Deviance has led to a replication of the nutrition program by 20 national and international NGOs in some 25 countries in Africa, Asia, Latin America, and the Middle East.

Same Paradigm, New Applications

After the success of PD in the field of nutrition, I was eager to try out the approach in other sectors. As the PD conceptual framework continued to take form, I realized that it should work to address any problem requiring social or behavioral change if there were some individuals (the positive deviants) who **already exhibited the desired behavior.** Rather like a mathematical formula: bc > db = eb = (PD)

where be = Behavioral Change, db = Desired Behavior, eb = Exhibiting Behavior (already) = appropriate to use PD.

The next opportunity to test out the hypothesis came when I left Vietnam in 1996 to take over the Save the Children Director position in Egypt. We had been there for little over a few months when the Egyptian Female Genital Mutilation (FGM) Task Force, working through CEDPA, an American INGO, contacted Monique. They wondered if PD could be used to help them in their work, advocating for the elimination of female circumcision (labeled Female Genital Mutilation by the task force).

Female circumcision constitutes an enormous challenge for those who advocate against the practice. It goes back more than 3,000 years to Pharaonic times and is practiced by an estimated ninety to ninety-five percent of all women. How does one begin to attempt to change a practice so deeply ingrained into the very fabric of Egyptian culture for three millennia?

As you might imagine, the local NGOs advocating against the practice were quite demoralized. Their focus, typical of most traditional development perspectives, was on the problem. PD provided a dramatically different worldview. Rather than dwelling on the enormity of trying to end a custom practiced by ninety to ninety-five percent of the female population, PD turned the proposition on its head: How is it possible today for the families of the 300,000-500,000 women who are not circumcised to withstand the enormous social and religious pressures to undergo the procedure?

Working with Monique several of the collaborating local NGOs began to identify the first few positive deviants. In this case, the deviant was not the uncircumcised girl or woman, but rather the parent who had decided against the procedure, the sheik or Coptic priest who spoke out against the practice, or the husband who knowingly married an uncircumcised woman.

It was an extremely difficult and sensitive process, but gradually the first few positive deviants helped identify others, who helped identify still others. The Positive Deviance Inquiry was directed at discovering the precise factors that led to the decision to abandon the millennia-old tradition as well as the strategies enabling the positive deviants to actually act on that decision.

The PD approach provided the local NGOs with a crack in the wall of silence stirrounding FGM and an entry to begin a dialogue that had previously been strictly taboo. Once the process began, the community equilibrium was disturbed, unleashing a series of powerful and unanticipated outcomes.

A circumcised teen-age girl emboldened by the breach in the taboo, gathered together a group of girls from her village circumcised the same year as she. She had them relive the fear and trauma they experienced, and asked them if they wanted the same to happen to their younger sisters. Circumcised daughters began talking to their mothers about their trauma and sense of betrayal at the time of their circumcision. A

PD father who had circumcised his oldest daughter but refused to do so with his other daughters, poignantly recalled, "Ever since the day I had my eldest daughter circumcised, she has been lost to me. She will no longer look me in the eye. I will not do the same with my other girls."

Some of the positive deviants were not only willing to give testimony, but also eager to assume a more active role in advocating against the practice. Through the positive deviants' testimony, which revealed the reasons they did not circumcise their daughters, or in other cases, why they disagreed with the practice, local NGO staff and community members were able to design more effective, demonstrably successful ways of combating the practice in their communities.

Last month, Monique received e-mail from her former colleagues in Egypt sharing some great news with her: "There have been no reported circumcisions in the first four pilot villages in the past year," Although this represents an infinitesimal percent of the Egyptian population, it proves that change is possible and that the identification of positive deviants can be leveraged to bring it about. For those local NGOs working on the problem the experience has been profoundly empowering. They have expanded the approach to other villages and instead of going through the motions, while doubting the potential for change, they now know it is possible.

From Condoms to Corporations-PD Amplified

After Monique's Egyptian experience, I had my next opportunity to try PD in the context of HIV/AIDS risk reduction. An international NGO working with commercial sex workers in the North of Vietnam was eager to apply PD to help in their work. The vast majority of commercial sex workers (CSW) are unable to negotiate with their clients to use condoms. In the context of their high exposure to HIV/AIDS this constitutes a life threatening risk.

Working with the local partners of the INGO, I met with a group of CSWs who had been trained and employed as peer educators to advocate for condom use among their sister workers. They acknowledged that they knew for sure there were a few CSWs who could always negotiate to get their clients to use condoms. These women charged the same amount of money, were the same age, worked in the same establishments, but yet were obviously doing something different from the majority.

Using the PD Inquiry, the peer educators identified and then interviewed the positive deviant CSWs to discover their uncommon strategies. They returned to the room where we were holding our workshop, genuinely excited by their discoveries. It seemed that the only difference between those CSWs who could and couldn't get their clients to use condoms, was merely having the right negotiation strategy. The right words were the only resource that stood between success and failure.

One of the CSWs reporting on her PD Inquiry said, "I can't believe how simple it is. We usually plead with our clients to use condoms because our children would be helpless if anything happened to us. She (the PD) turns it around and says. "I know you are a good and honorable man, and I'm not worried about you. But I have so many clients every day that I may have a disease. Please don't risk your health and your family's good name for a moment's pleasure. Put on a condom and then we don't have to worry about you catching a bad disease from me."

The PD negotiation strategies were analyzed by the CSWs and by their partner NGO and then a plan was implemented to enable the wider CSW community to access and practice the newly discovered strategies. We began by having the CSWs role-play the successful PD dialogue for getting clients to use condoms. They next practiced the successful lines used to convince drunken clients, old clients, young clients, and foreign and local clients to use condoms.

The CSWs then set up a schedule for group support meetings where they will continue practicing successful negotiating strategies and share new ones. In addition, the local NGO realized that their former strategy of **telling** CSWs to use condoms or risk getting HIV/AIDS was much less effective then designing a program that would enable them to **practice how** to get their clients to comply. The CSW pilot is also informing similar programs in Burma and is being networked elsewhere as well.

Here again, the success of the PD approach in bringing about behavioral change was based on creating an intervention to enable people to **practice**, rather than learn about the successful, uncommon strategies. This last example is also illustrative of the importance of enabling the very people whose behavior has to change to be the ones to discover the solutions already present in the community. In addition to the HIV/AIDS, female circumcision, and nutrition applications which I've described, the PD approach is now being used to look at other problems requiring social or behavioral change as diverse as asthma management, obesity, education performance, malaria, anemia, and street children.

FROM PD PRACTITIONER To "AMPLIFIER"

In June of 2001, after 16 years overseas with Save the Children, Monique and I decided the time was right to return to the US to try to take PD to another level. My years as a PD practitioner had been among the most exciting in my life, but I wanted to figure out a way to make PD accessible to a wider audience of development workers, social entrepreneurs and particularly those individuals responsible for setting policy.

Because of the demonstrated success of PD in countries throughout the developing world, and in a growing number of sectors, I was able to get a grant from the Ford Foundation to amplify the positive deviance approach in the US and internationally. The grant, funded through Tufts University where Monique and I are visiting scholars, has provided an excellent launching pad for a whole new spectrum of PD activities.

Among the most exciting has been the foray into the corporate world. In 1998 I had made a presentation at the State of the World Forum in San Francisco. Unbeknownst to me, in the audience was a women named Barbara Waugh whose title at HP "Worldwide Change Manager" pretty well describes her mandate. Barbara got really turned on by the idea of PD and created a PD initiative within HP, trying to amplify the work of those special individuals in the company who make uncommon contributions beyond their job responsibilities, but who have access to no special resources. I have had the opportunity, at Barb's invitation, to run PD workshops at HP. Barb has authored several books where she has written extensively on her PD experience. The network continues to grow.

As my interest in the use of PD in the corporate world grew, I was able to find ways to reach a wider audience. During 2000 and 2001, my keynote addresses at corporate responsibility conferences at Warwick University in England and Boston College's Center for Corporate Responsibility in Miami seemed to evoke real interest from a whole new set of players. My focus at these workshops was to orient corporate participants to the use of PD not only as a means of maximizing their returns on investments in community projects, but also as an internal tool to enhance corporate productivity.

The head of corporate responsibility at a large U5 corporation lamented that the only people who lived the corporate good community *citizenship* mandate were the people working within his department. A PD exercise revealed that that was not completely true. A few PD outliers within other branches of the company were heavily involved in community activities. What enabled these positive deviants, working within the same work time and family responsibility constraints, to tutor students and take active roles in other company-sponsored community activities, when their workplace neighbors did not?

The exercise PD Inquiry revealed that the PDs addressed the time constraint issue by tutoring students online, thus saving the hour round trip to the local high school. The need to spend time with their wives and kids on weekends was cited by the majority of employees as a prime reason preventing their participation in community activities. The PDs with the same concern chose corporate community activities that were specifically targeted for families, thus enabling them to have quality time with their families at the same time they participated in activities that benefited the community.

Other examples of corporate problems got workshop participants thinking out of the box and identifying solutions that already existed within the corporation. The shift from focus on the problem and its causes to discovering existing solutions and building on what was going right was empowering for many of the participants.

CONCLUSION

The more I talk to people about PD, the more I am convinced of its power and utility. There is an exquisite simplicity about the approach that makes it intuitively accessible to most people. Simply stated: Identify what is going right within the community and build on it. A typical reply to my description of the PD approach is, "Oh yeah, I often try to do that in my work, but never really had a name for it."

The PD approach provides a conceptual framework and a specific design for what many leaders and innovators intuitively do. However, providing the name and concept is very important. It's like the 40 words that Eskimos are reported to have for snow. The expanded vocabulary actually enables them to see qualities of snow that those of us without the vocabulary can't. Similarly having the PD concept, vocabulary and design enables us to more effectively harness its power.

I hope that the case studies and PD design described in this chapter are sufficient to get you to consider how you can use the approach in your own work. The possible applications are as broad as the number of problems that require some kind of social or behavioral change.

Solutions don't have to be complicated and externally identified to work. The answer does exist at this very moment. PD provides a demonstrably successful approach to solving problems while valuing the wisdom that already exists within your community. In that sense; it is an unusually empowering and respectful approach. Look no further than your own community, and when faced with a seemingly insoluble problem-think donkeys.