



# POSITIVE DEVIANCE INQUIRY

## Purpose

The Positive Deviance Inquiry (PDI) seeks to identify local solutions to the major challenges identified through the situational analysis. These local solutions may be unusual, successful and culturally acceptable behaviours and strategies practised by very poor families which can be more widely practised by others in the community who have similar resources. For example, saving for health expenses is a positive but uncommon practice. The PDI should answer the question: How are Positive Deviant (PD) families able to save money when others do not?

This table below describes the classification of PD, Non-Positive Deviant (Non-PD), and Negative Deviants (ND) for Positive Deviance Hearth (PDH).

Wealth Ranking	Underweight Status	
	Healthy	Malnourished
Poor or Very Poor	Positive Deviant	Non-Positive Deviant
Rich	Non-Positive Deviant	Negative Deviant

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**PD** are well-nourished children from poor families.

**Non-PD** are well-nourished children from non-poor families or malnourished children from poor families.

**ND** are malnourished children from non-poor families.

Who cannot be positive deviants?

- An only child or first-born child
- A well-nourished child with malnourished siblings
- Children with atypical social or health problems
- Children from families receiving food aid in contexts that are not blanket food-aid areas
- A child younger than seven months (the child's nutritional status is most likely due to breastfeeding)
- Children from non-poor families.

**The PDI process can be very helpful for any discovery process conducted for a community programme, not only Positive Deviance Hearth.**

Through situational analysis (market survey, seasonal calendar, transect walk and community mapping), we now know what resources are available in the community and understand the common feeding, hygiene, caring, and health seeking practices. Overall, the findings provide us with a better knowledge of what the 'norm' is in the community.

By conducting a PDI in non-PD households, we can further identify:

- Common practices, both good and poor behaviours;
- Barriers and challenges households face in practicing positive behaviours;
- Reasons for some of their behavioural or food choices.

Once the reasoning, challenges and barriers are identified and understood, the PDI in PD households is used to observe and identify how the PD households overcome those very challenges and barriers that everyone else in their community cannot overcome. It is also an opportunity to understand the PD caregivers' thinking and reasoning behind the practices. Sometimes the PD caregivers will be practicing positive practices without any knowledge of them being positive behaviours; the practices may just be a decision made because of family circumstances.

## Preparation

### Materials:

- Flip chart with definition of positive deviants:
    - o Positive deviants are individuals or groups (families, clans) whose special or uncommon practices and behaviours enable them to find better ways to prevent a community problem, such as child malnutrition, than neighbours who share the same resources and face the same risks.
  - Annex 1: Initial Assessment Template
1. Brief the participants on the PDI process: 'We will be visiting families in our community to learn from them how they feed and care for their children who are under three years old. We will visit during the time that the caregivers feed their children. That way we can observe how they feed them, the care they give them and the relationship between the caregiver and

other members of the family. We want to talk to the caregivers and observe what they do. But we will not make any comments directly to the caregivers. We need to have open minds and look for unexpected practices or ways addressing the major challenges identified through the situational analysis and visiting the non-PD households. The positive deviance inquiry is intended to help discover that which is right in front of us. We expect to find something positive; we are like detectives looking for clues, and we need to get rid of any preconceived notions.' (Note: Volunteers may not be able to lead the PDI visit but will be valuable observers on the team.)

2. Discuss the kinds of information that will help us learn about feeding and caring practices. We will discover with community members foods which poor families use to keep their children healthy and strong. These foods are 'good foods'. We will discover the 'good care' these families give to their children. In the same way we will discover 'good health care' and 'good hygiene'. By learning about these 'good' things from poor families with healthy children, we will be helping address the community's nutrition problems with solutions from its own people. These solutions will help other families in the community learn and understand how to help their children to be healthy and strong.
  - If using data from a local village, be sure it is correct and that there are positive deviants.
  - Write the definition of positive deviants on flip chart.
    - o **Positive deviants** are individuals or groups (families, clans) whose special or uncommon practices and behaviours enable them to find better ways to prevent malnutrition than neighbours who share the same resources and face the same risks.

The volunteers and supervisors must be on the team. Additional participants might include Village Health Committee members or Ministry of Health staff. It is very important that volunteers be part of the PDI team because they are most familiar with the community. Some of them may not be comfortable or have the skills to lead the interviews. With good training, however, they will become valuable team members who help us understand important community information. When selecting personnel, look for the following characteristics: belief in the approach, openness to learning from one less educated, and willingness to be led instead of leading.

## Conducting the Activity

### 1. Review Annex 1 to create a plan for conducting the PDI.

Ensure each PDI team has an interviewer, observer, notetaker. A local translator may be needed if there are limited staff with local dialects/languages available to support PDI team as the interviewer. Materials needed for each PDI team include a weighing scale; Mid-Upper Arm Circumference (MUAC) tape; wealth ranking questions; location and name of caregivers and children in household that were selected; Observation Checklist (Annex 3); 24-Hour Dietary Recall Question Guide (Annex 4); and Household Interview Guide (Annex 5); paper; pens; and clipboard.

#### Selecting households to visit for the PDI:

- Divide groups into groups of 3-4 (at least one person must speak the local language)
- Each group must be assigned 1-2 Non-PDs or one Non-PD and/or one ND + 1-2 PD Households per group (assign households that are close in distance if possible per group)

- Provide 1 Non-PD and 1 PD back-up households per group in case caregivers are not home during the PDI visit
- Households with children 9-35 months are priority for the household interviews
- Using the initial assessment data (Annex 2), select sufficient PD, Non-PD, and ND households to visit for the PDI field visit using the criteria below:
  - o PD Households should meet the below criteria:
    - Children aged 9-35 months
    - Poor or Very Poor Wealth Status
    - 'healthy'/'green' underweight; if you do not have enough households, then select 'At Risk' underweight children
  - o Non-PD Households should meet the below criteria:
    - Children aged 9-35 months
    - Moderately wasted children
    - Poor or Very Poor Wealth Status
    - 'Moderate' and/or 'Severe' underweight children
  - o Negative Deviant Households should meet the below criteria:
    - Children aged 9-35 months
    - Non-Poor Wealth Status
    - 'Moderate' and/or 'Severe' underweight children
    - If disability inclusion is a priority for your programme, you should also conduct PDIs in one or two households with children with disability to learn about their feeding, caring, health-seeking and hygiene practices and any barriers they face in practicing positive behaviours.
- Ask the group to first visit the non-PD household(s). By visiting the non-PD household first, each group will be able to verify and to the list of major challenges contributing to malnutrition that were identified through the situational analysis and understand what the 'norm' is in the community. By visiting the PD household after the non-PD household, the groups will be able to better identify the Positive Deviant behaviours by asking questions of how the PD household overcomes the challenges that the non-PD households face. The positive practices that address these challenges will become key Positive Practices that need to be promoted during the Hearth session. In addition, the interviewers and observers could look out for PD foods (low cost and nutrient dense) that are being fed only in the PD households, that were not being fed in the non-PD or negative deviant households. These foods should be included in the Hearth menu and promoted during the Hearth sessions.

## 2. Household Visits

- Be wise; respect the family.
- Don't ask why they are poor.
- Point out that you are here to learn, not to criticise.
- Introduce yourself, congratulate the family on its good work, and ask permission to observe.
- Make sure the information collected regarding child information (e.g. age, birth order, wealth ranking, etc.) is correct to ensure the child is a PD child.
- Spend two to three hours in each PD house. It is good to go during a meal time to observe the child's feeding practices, but ensure you do not disturb the family. Use the Observation Checklist in Annex 3 to support the household observations.
- Try to engage both the caregiver and grandmother (if present) while conducting the visit.



- Conduct a 24-hour diet recall on the food the child ate yesterday using the 24-Hour Dietary Recall Question Guide in Annex 4. Record notes from the dietary recall.
- Use the Household Interview Guide (Annex 5) to discuss good feeding, childcare, health care and hygiene practices with the caregiver and grandmother. Take notes and record any observations.

**3. Review notes from all houses visited during the PDI and fill out Annex 6.**



## Annexes

### Annex 1. PDI Checklist

- ☐ Make a list of major challenges that may be contributing to high rates of malnutrition in community through the situation analysis findings (e.g. behaviours, lack of services, poor access to water, etc.) to use as a guide for PDI.
- ☐ Include community members, CHWs, volunteers, or mother leaders in the PDI process.
- ☐ Ensure a PDI team consists of 2-3 people and a team leader must be a WV staff. If multiple teams are used in the PDI process, every team must be led by a trained WV staff.
- ☐ Optional: If the Coping Strategy Index (CSI) tool was used during the situational analysis, and Food Security questions were identified, include the food security guiding questions in the PDI list of questions to identify coping strategies for food insecure periods/seasons in the PD households.
- ☐ Take the list of major challenges (and food coping strategy questions) as a guide for identifying local solutions in PDI process.
- ☐ Take child weighing scale, MUAC tape, and wealth ranking criteria to PDI households.
- ☐ Take and use PDI observation checklist during PDI.
- ☐ Re-weigh and check the MUAC of the child of interest, along with their siblings between 6-59 months of age to ensure all children are healthy if it is a PD household as all children must be healthy and/or 'mildly' underweight is also acceptable. Only check the weight and MUAC of the child of interest if it is a Non-PD or ND household.
- ☐ Re-check the wealth ranking of household before starting PDI to ensure all data is accurate.
- ☐ Visit 2-3 Non-PD households and 1 ND household in a community first, before visiting PD households – verify that the list of major challenges are really the major challenges in the non-PD and ND households.
- ☐ Visit at least 3-4 PD households to identify how they are addressing the list of major challenges identified through the situation analysis and for food coping strategies during food insecure periods.
- ☐ Analyse the PDI data using Annex 6.
- ☐ Share the PDI findings with the larger community and/or through other platforms such as Mother Support Groups or Care Groups.

## Annex 2. Initial Assessment Template

[illegible]

### Annex 3. Observation Checklist

Questions	Remarks
<b>Personal Hygiene</b>	
Wash hands before/after?	
Plates washed	
Nails	
Shoes	
Clothes	
<b>Food preparation</b>	
Handwashing (Check for soap and running water)	
Handwashing the food before cutting or cooking	
Food/water covered (before and after cooking)	
Household measures used (e.g. size of cup, spoon size, do they use fist sizes?)	
<b>Home environment</b>	
Food availability (gardens)	
Animals present (cage, play with children?)	
Storage facilities (for water, food)	
Household waste management	
Toilets (cleanliness, distance, type)	
Water (boiled/filtered, distance, source)	
<b>Interaction between caregiver and child</b>	
Loving and caring behaviour	
Playing with the child	
<b>Feeding practices</b>	
Does child pick up food from ground and eat it?	
Do you help the child to eat and watch the child eating?	
Amount of food the child is eating?	
How many times do you feed per day?	
<b>Feeding practices Health seeking practices</b>	
Do you see any ORS packets	
Do you see an ITN? Is it in good condition?	
Do you feed the child differently when the child is sick (e.g. more or less food; more or less liquid; feed more frequently)?	



#### Annex 4. 24-Hour Dietary Recall Question Guide

- What is the first thing the child ate yesterday after waking up?
- How much did you give (of each feed)? How much of it did the child eat? Can you show me the bowl the child used?
- How did you prepare the food? Fried? Boiled? Steamed?
- What did you add? Any oil? Vegetables?
- Did the child eat anything else?
- Did the child drink anything?
- What is the next time the child ate? What? How much? How prepared? What else did the child eat?
- Did the child get anything else between first and second meal? And between second and last meal? (Note: food quantity, frequency and consistency).



## **Annex 5. Household Interview Guide**

### **Good Food/Feeding**

- Is the child breastfeeding? If not, at what age did the mother wean the child?
- What foods is the child being fed today?
- Who decides what the child will eat? What role do other family members play in child feeding decisions?
- How many times did you see the child eat or drink?
- Where does the family buy food? Who buys the food? How much money is spent on food each day?
- How many meals and snacks does the child eat a day?
- Are there any foods the caregiver does not give the child?
- Does your child have difficulty eating or drinking? If so, what challenges are you facing?

### **Good Child Care (try to observe without asking)**

- Who is the primary caregiver of the child?
- What roles do other family members play in caring for the child?
- Who is in the house during the day?
- Does the caregiver take the child to the vaccination post? How often? Is the child on schedule?
- Does the caregiver or others play with the child? How? How often?
- How is the child disciplined? By whom?
- What does the caregiver do to encourage the child to eat if he or she doesn't want to?
- Does the caregiver have toys and dolls for child to play with at home?
- Is the home or room a safe environment for the child to freely play in?

### **Good Health Care (ask for health card, ask caregiver questions)**

- How do you know when your child is sick?
- Was the child sick in the past six months? If so, how many times?
- What illnesses has the child had?
- When the child was sick, what did you do? Did you feed the child anything differently?
- What steps do you take to prevent illnesses?
- (Optional) If your child has a disability, do you participate or take your child to a disability service or therapy? If so, which service and for how long? Probe about the service and who provides the service, how long the child has been attending, etc.

### **Good Hygiene (observe body, food and environment)**

- Is the house clean? Is the kitchen clean?
- Are the people clean?
- If there is a latrine, how does it look?
- Make observations about the water source.
- Do pigs, mules, dogs or other animals go in and out of the house?
- Do family members sing with the child while washing their hands?
- Use Annex 3 at each house and ensure that you write down additional notes as needed.

## Annex 6. Results and Observations from PDI Chart

PD Food/Feeding	PD Caring	PD Hygiene	PD Health Seeking
Non-PD Food/Feeding	Non-PD Caring	Non-PD Hygiene	Non-PD Health Seeking