



a decade in communicable disease control and child health

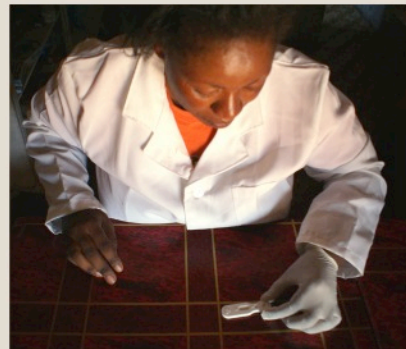
# Positive deviance: an innovative approach to improve malaria outcomes

Muhammad Shafique

2014 Malaria Consortium Symposium in Asia, Phnom Penh, Cambodia



PREVENTION



DIAGNOSIS



TREATMENT



RESEARCH

# Positive deviance

---

- ▶ Positive deviance is an asset based behaviour change approach which highlights, appreciates and build on the positive behaviours of the community

## Concept:

- ▶ In every community there are certain individuals whose **uncommon positive behaviours** enable them to find better solutions to problems than their neighbours who have access to the same resources

# Positive deviance programme experience

---

Programme Context	Country
Child Nutrition	Viet Nam, Mali, Haiti, Egypt
Exclusive breastfeeding	Viet Nam
Family planning	Guatemala
HIV/AIDs	Indonesia, Viet Nam
Maternal and newborn health	Pakistan
Girl trafficking	Indonesia
Antenatal care	Egypt

PREVENTION

DIAGNOSIS

TREATMENT

RESEARCH

# Why PD in Greater Mekong sub-Region

---

- ▶ Focus is from control to elimination
  - As the malaria programme strategy shifts from control to elimination, it requires more effective community engagement approaches to maintain the participation and enthusiasm of communities in the wake of disappearing disease
  - Innovative, local and focused approaches are required to engage and target the high risk mobile and migrant populations, ethnic groups and hotpops to control/eliminate malaria
  
- ▶ Interpersonal communication (IPC)
  - Surveys suggest IPC as the most preferred communication method
  - PD is the best IPC method as it engages community and expedite the process of behaviour change

# Objectives

---

- To describe the practical application of positive deviance informed pilot projects on high risk community members, i.e. migrant populations , rubber tappers and fishermen etc.
- To orient the National Malaria Control Programmes and partners on the PD approach
- To conduct evaluation of positive deviance approach using both quantitative and qualitative methods
- To document the process and lessons learned to share with national malaria programmes and key stakeholders/partners

# PD in Greater Mekong sub-Region

Malaria Consortium piloting PD in collaboration with National Malaria Control Programmes and partners in:

- ▶ Cambodia
  - Sampov Loun
- ▶ Myanmar
  - Kyun Su Township
- ▶ Thailand
  - Ratchaburi province





# PD process (1 week)

## 1. Community orientation

- Invite community members
- Explain PD concept with games and stories
- Promise to assemble again in 10 days with solution

## 2. Situation analysis

- Conduct focus group discussions
- Establish normative behaviours of community around malaria
- Identify potential positive deviants through FGDs



## PD process (1 week) cont...

### 3. PD inquiry:

- In-depth interviews with potential PD role models (male/female)
- Identify successful PD behaviours and strategies



### 4. Feedback session:

- Conduct at the end of PD process to share the identified PD behaviours
- Share PD findings through interactive role plays
- Identify volunteers





# Example of PD role model behaviours I

A female migrant worker Ms. Hun Srey, who has been visiting these villages for 3-4 years but never had malaria:

- She always **sleeps under insecticide treated net**
- **Wears long-sleeved clothes** in the evening and keeps her house and bed clean and tidy
- **Covers her legs and feet** with krama (checked scarf) to prevent mosquito bites when she watches TV
- Whenever she gets a fever, she always go to Village Malaria Worker to **get blood test**



# Example of PD role model behaviours II

A female rubber tapper who works in rubber farm for 15 years but never gets malaria:

- She always **wear long sleeved shirt, long trouser** and **rubber boots** when she works in rubber farm
- **Covers her head and face** with a cloth during rubber tapping to avoid mosquito bites
- When she is at home, she always **sleeps under the LLIN**
- Burns coil when cooking/TV
- Whenever gets sick, she always **contact the volunteer for blood test**



# PD implementation (1 year)

- ▶ Training of volunteers
  - Communication skills and PD behaviours
  - Monitoring
- ▶ PD sessions
  - Monthly/fortnightly interactive sessions conducted by volunteers to share PD behaviours





# PD implementation (1 year)

- ▶ Monthly volunteer meetings
  - Progress review
  - On-the-job training of volunteers
- ▶ Participatory monitoring
  - Using maps
- ▶ PD seminar
  - Acknowledgement of volunteers
  - Handing over the project to community



Community enjoying dances



# Evaluation methods

---

- ▶ Baseline and end line surveys in Myanmar
- ▶ Quantitative
  - Baseline survey conducted in March 2013
  - End line survey conducted in March 2014
    - ✓ Data entry is completed, analysis is in progress
- ▶ Qualitative
  - Focus group discussions
  - In-depth interviews

# Lessons learned

---

- ▶ Strong community mobilisation tool
  - Positive deviance engages community through out the process which develops strong sense of ownership.
- ▶ Effective interpersonal communication tool
  - PD is an effective interpersonal communication tool to better understand and reach out to at risk communities
- ▶ Fills in the formative research gap
  - PD process helps understand context, normative behaviours which enables us to develop tailored communication strategies
- ▶ Culturally appropriate(respect the local knowledge)
  - As PD behaviours and strategies are local hence easily accepted which expedite the process of behaviour change

# Lessons learned

---

- ▶ Build capacity and leadership in volunteers
  - PD approach provides on-the-job training opportunities to volunteers, which boosts their confidence, increases motivation and ensures their retention
- ▶ Require some basic facilitation skills
  - PD is human intensive (PD process) and requires some facilitation skills
- ▶ Require regular supportive supervision
  - PD requires regular monitoring and supervision (at least on a monthly basis)

# Key recommendations

---

- ▶ PD approach can be scaled up through capacity building of provincial, district malaria staff and volunteers
- ▶ Positive deviance role models and their behaviour can be leveraged through electronic media, such as provincial and national radio and TV
- ▶ PD approach could be applied in other areas, such as public health facilities, private clinics and private health providers, to improve the use of malaria services



# Acknowledgements

- ▶ National Malaria Control Programme, Cambodia, Myanmar and Thailand
  - Dr. Thar Tun Kyaw
  - Dr Bou Kheng Thavrin
- ▶ Myanmar Medical Association (MMA)
  - Dr. Myo Min
- ▶ Positive Deviance Initiative, Tufts University
  - Ms. Monique Sternin
- ▶ Department for International Development/UKaid
- ▶ Bill & Melinda Gates Foundation

Supported by:



**malaria  
consortium**

*disease control, better health*

[www.malariaconsortium.org](http://www.malariaconsortium.org)

Thank you



PREVENTION



DIAGNOSIS



TREATMENT



RESEARCH