Positive deviance: an innovative approach to improve malaria outcomes

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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

<table>
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<tr>
<th>Programme Context</th>
<th>Country</th>
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<tbody>
<tr>
<td>Child Nutrition</td>
<td>Viet Nam, Mali, Haiti, Egypt</td>
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<td>Exclusive breastfeeding</td>
<td>Viet Nam</td>
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<td>Family planning</td>
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<td>HIV/AIDS</td>
<td>Indonesia, Viet Nam</td>
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<td>Maternal and newborn health</td>
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<td>Antenatal care</td>
<td>Egypt</td>
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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
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
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
**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 throughout 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.
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