

*The Power of*  
Positive  
Deviance

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Deviance

*How Unlikely Innovators Solve the  
World's Toughest Problems*

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*For Jerry*

*1938–2008*

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# Introduction

## *Against All Odds*

**I**N THE AMAZON DELTA OF BRAZIL, cash crops now grow in tidal wetlands previously regarded as unsuitable for agriculture. Rosario Costa Cobral is a diminutive woman with determined eyes and prominent cheekbones. Her family occupies a small homestead on the banks of the great muddy river. With barely enough dry land to eke out a subsistence living, she sought a way to harness the vast swaths of rich delta soil inundated by twice-daily flooding. Rosario questioned the orthodoxy that farming and floodplains don't mix. A close observer of the Amazon's daily rhythms and seasonal cycles, she noted that in any given year the contours of the river bottom were relatively stable. Higher patches drained quickly when waters receded. Could plants survive if submerged only a few hours a day?<sup>1</sup>

Her first experiments were with cassava, a vigorous, water-tolerant staple of the Amazonian diet. Selecting for mutations within the species that flourished in especially wet places, she planted rootstock in the dry season when the river was low. Seedlings gained a sustainable foothold. Success emboldened her to experiment with other crops—lemons and chile peppers. Today, the family not only feeds itself but also generates an

income, and Rosario is recognized by plant biologists and environmentalists for her pioneering discovery.

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Looking at satellite photos taken of the Sahel Desert of Niger thirty years apart (1975 and 2005), one's attention is drawn to the anomaly of vast swaths of former desert that turned green. On closer examination, it's evident that vegetation is densest in the most densely populated regions. Most remarkable of all, this transformation took place in a fragile ecosystem where only 12 percent of the land is arable and 90 percent of the 13 million who reside there live off agriculture.<sup>2</sup> How, against impossible odds, did the community turn back the tide of sand dunes that had been inundating their huts?

Farmer Ibrahim Donjjimo had realized that the worsening trend was more than a seasonal aberration. The long-prevailing practice of clearing all trees to maximize crop density on scarce land had given rise to a treeless landscape. In the mid-1980s, Ibrahim began setting an example for other farmers in Guidan Bakoye by taking a counterintuitive step. Instead of clearing the saplings that sprouted from the earth each year, he protected them. In particular, he nurtured the indigenous gao and baobab trees, which flourish in harsh conditions. Turns out he stumbled on a highly effective, resource-neutral strategy. Fallen leaves add nutrients to the soil. Roots fix nitrogen from the air and help prevent erosion when infrequent, torrential rains batter the brick-hard earth. Because the deciduous trees are bare during the rainy season, canopy is absent when crops densely planted below their branches most need sun. Ibrahim's experiment bore fruit. After several years of observing Ibrahim's better crop yields and cash flow, a few began to follow suit. Then more. Today, farmers sell branches for firewood, sell or eat the fruit, and use the pods for animal fodder. Revenue from twenty trees brings \$300 a year in additional income (a significant contribution to average per capita income). As tree planting

spread from one town to another, the region began to evolve a more benign microclimate that mitigates the impact of searing droughts and arid winds.

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These two stories of “positive deviants” share the common thread of *observable exceptions*. This is the unique point of entry for the positive deviance process: focus on the successful exceptions (i.e., positive deviants), not the failing norm. As a problem-solving process, this approach requires retraining ourselves to pay attention differently—awakening minds accustomed to overlooking outliers, and cultivating skepticism about the inevitable “that’s just the way it is.” Once this concept is grasped, attention to observable exceptions draws us naturally to the “who,” the “what,” and especially the “how.”

Positive deviance? An awkward, oxymoronic term. The concept is simple: look for outliers who succeed against all odds.

This book comes from years of hearing “We’ve tried everything and nothing works.” Positive deviance (PD) is founded on the premise that at least one person in a community, working with the same resources as everyone else, has already licked the problem that confounds others. This individual is an outlier in the statistical sense—an exception, someone whose outcome deviates in a positive way from the norm. In most cases this person does not know he or she is doing anything unusual. Yet once the unique solution is discovered and understood, it can be adopted by the wider community and transform many lives. From the PD perspective, *individual difference* is regarded as a community resource. Community engagement is essential to discovering noteworthy variants in their midst and adapting their practices and strategies.

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Along a continuum of change tools, the positive deviance approach is one among a broad set of participatory methods. The basic premise is

this: (1) Solutions to seemingly intractable problems already exist, (2) they have been discovered by members of the community itself, and (3) these innovators (individual positive deviants) have succeeded even though they share the same constraints and barriers as others.

The following chapters provide compelling evidence of a proven remedy for overcoming intractable problems. Its success in “impossible” situations demonstrates that we can make meaningful inroads against many of the seemingly insurmountable problems that confound the present and cast a shadow on our future (e.g., health care reform, tribal conflict, obesity, energy conservation). There is no shortage of places where PD could help.

Ours is a world of rising expectations: mass media allows anyone anywhere to evaluate his or her own material conditions relative to others. Against this backdrop of ubiquitous information on the comparative well-being of the many, there are glaring inequalities: 1.2 billion people live on less than \$1 a day, 800 million do not have enough to eat, 170 million children are malnourished, and 3 million will die this year as a direct or indirect result of this condition.<sup>3</sup> Close to 20 percent of the world’s population is functionally illiterate and lives under regimes that rank in the bottom quartile of nations with respect to human rights, rule of law, and representative government.<sup>4</sup> Approximately 27 million people are enslaved as the result of social bondage, onerous employment contracts, and human trafficking. India’s close to 200 million Dalits (Untouchables) are not included in this number—yet many exist in a system of de facto bondage.<sup>5</sup> There is much to be done.

### **The PD Approach: Working Around the World**

On December 14, 2008, the *New York Times Magazine* celebrated positive deviance as one of its annual “Year in Ideas” selections, devoting a full page and a half to the topic.<sup>6</sup> No ephemeral gimmick, clever rebranding of old ideas, or bogus claims of efficacy here. Piloted in Vietnam in

1990, proliferating at an exponential rate with diverse applications on all continents save Antarctica, the translation of this idea into practice has altered the lives of millions of people on the planet. Specifically, the process has been used in thirty-one nations in Africa, ten in Asia, five in Latin America, and in dozens of applications across the U.S. and Canada. Adaptations range from reducing gang violence in inner city schools in New Jersey and Pennsylvania to increasing the success rate of black entrepreneurs in South Africa; from providing access to markets across conflicted land on behalf of the Afar nomads of Ethiopia to improving smoking cessation among the 70 percent of inmates hooked on nicotine in the prisons of New South Wales; from reducing corruption in Kenya to improving the end-of-life experience and quality of death in Connecticut hospitals; from reducing the high dropout rates of minorities in California schools to the curtailment of sex trafficking of girls in Indonesia.<sup>7</sup> The Positive Deviance Initiative's Web site ([www.positivedeviance.org](http://www.positivedeviance.org)) receives three thousand unique visitors each month.<sup>8</sup> Applications are growing exponentially.

Positive deviance methods have achieved remarkable results around the world. Here are a few of the Positive Deviance Initiative success stories:

- A 65 to 80 percent reduction in childhood malnutrition in twenty-two Vietnamese provinces with a total population of 2.3 million.<sup>9</sup>
- A 30 to 50 percent reduction in childhood malnutrition in communities across forty-one countries worldwide.<sup>10</sup>
- A 30 to 62 percent reduction in transmissions of antibiotic resistant bacteria (MRSA) in three U.S. hospitals, and in the process, a bridging of the status divide in hospital hierarchies.<sup>11</sup>
- Dramatic reduction in neonatal mortality and morbidity in Pakistan, along with a blurring of defined gender roles and an increased voice for women.<sup>12</sup>

- A 50 percent increase in primary school student retention in participating schools in Misiones Province, Argentina, while reducing social barriers between teachers and illiterate parents.<sup>13</sup>
- A 30 percent reduction in girl trafficking affecting nine hundred children in poor villages in East Java by mobilizing all levels of the community toward vigilance of girls at risk.<sup>14</sup> In one district with reliable census data, thirty-three girls aged fourteen to seventeen were trafficked in 2004. Four years later, as a direct result of the Positive Deviance Initiative, that number had dropped to six. The initiative has been expanded to one hundred communities in East Java, encompassing 5,000 families and 19,500 at-risk children.<sup>15</sup>
- Thousands of female circumcisions (female genital mutilation, or FGM) averted in Egypt over the last eight years, resulting in the creation of dozens of FGM-free communities and a cadre of vocal women's advocates.<sup>16</sup>

## Deceptively Simple

The thirteenth-century Sufi mystic Nasrudin is a fixture of Middle Eastern folklore. His parables combine wisdom with irony, logic with the illogical, the superficial with the profound. In one, he is a notorious smuggler routinely crossing the frontier with his string of donkeys, saddle bags loaded with straw. Customs inspectors search in vain for the contraband that accounts for his steady accumulation of wealth. Years go by. Nasrudin retires. One day he encounters the former chief of customs in a local tea house. The retired official broaches a long-suppressed question:

“Nasrudin, as we are now old men who have ended our careers and are no longer a threat to each other, tell me, during all those years, what were you smuggling?”

Nasrudin replies: “Donkeys.”

Invisible in plain sight. As will be seen in the chapters that follow, invisible positive deviants often “don’t know what they know” (i.e., don’t realize they are doing anything unusual or noteworthy). Living alongside peers, they flourish while others struggle. Also invisible in plain sight is the community’s latent potential to self-organize, tap its own wisdom, and address problems long regarded with fatalistic acceptance. Once the community has discovered and leveraged existing solutions by drawing on its own resources, adaptive capacity extends beyond addressing the initial problem at hand, it enabled those involved to take control of their destiny and address future challenges.

The pragmatic Mocua tribe of Mozambique have a succinct adage: “The faraway stick does not kill the snake.” Positive deviants in your midst are the stick close at hand—readily accessible and successfully employed by people “just like us.” No need for outside experts or best-practice remedies that “may work over there but won’t work here.” No need for deep systemic analysis or a resource-intensive assault on root causes. Just discover the closest stick and use it.

### **More Complicated Than Meets the Eye**

The process seems straightforward: identify the PDs, discover their practices, and disseminate them to the broader community. Surely it can’t be all that hard. Once a winning idea is discovered, common sense should do the rest. And there’s the rub.

Harvard’s Ronald Heifetz has made important contributions to our understanding of leadership and change—contributions that are directly relevant to PD methods. Heifetz’s seminal insights begin with the distinction between formal and informal authority on the one hand, and leadership on the other.<sup>17</sup> As we will see, leadership can be an activity practiced without or beyond one’s authority. He also provides us with the useful distinction between “technical” and “adaptive” work. Adaptive problems are embedded

in social complexity, require behavior change, and are rife with unintended consequences. By way of contrast, technical problems (such as the polio virus) can be solved with a technical solution (the Salk vaccine) without having to disturb the underlying social structure, cultural norms, or behavior.

The PD process is a tool for adaptive work. Unfortunately, we are drawn instinctively to the “technical” stuff—the “what” (specific practices and tools that make the individual positive deviants successful). That’s the easy part—and only 20 percent of the work. What matters far more is the “how”—the very particular journey that each community must engage in to mobilize itself, overcome resignation and fatalism, discover its latent wisdom, and put this wisdom into practice. This bears repeating: *the community must make the discovery itself*. It alone determines how change can be disseminated through the *practice* of new behavior—not through explanation or edict.

The configuration of this journey is decisive. The “leader” must blend into the landscape, adopting the natural contours of the social topography in which the journey takes place. The path taken creates the context for self-discovery and alters attitudes and behavior. Surprising things emerge.

### The “How” and the “What”

The Altiplano of Bolivia rises a mile above the sea, a high plateau of searing emptiness and impoverished soil. Children of Ketchua Indian communities in this region suffer from high levels of stunting (short height for age). The invitation to conduct a positive deviance workshop seemed straightforward: mobilize the Ketchua to overcome stunting by identifying those not stunted, and discover what they are doing differently from everybody else.<sup>18</sup>

On one thing the NGO (nongovernmental organization) sponsors were clear: the PD inquiry would not find any nutritional practices of consequence. Experts (i.e., health specialists and nutritionists) had previously

studied food consumption carefully. Their conclusion: everyone feeds their children exactly the same thing. Accordingly, and in the interest of expedience, they counseled that the focus should be on other causal determinants—exercise, hygiene, and so forth.

So the village mobilized itself to ferret out whatever was enabling some poor Ketchua families to have children of normal height when their neighbors did not.

Groups from the community visited homes of the not-stunted, looking for clues. Fortuitously, their stay included mealtime. They noted, just as expected, that each household cooked the same food in exactly the same large black kettles, hung over tripods, positioned over simple brick hearths. When asked what was in the pot, hosts' responses were identical: soup, composed of five or six carrots, eight to ten potatoes, one-quarter kilo of dried fish, and a local green leafy vegetable, shared by all family members.

The observers then watched as mothers served their children from the pot. A large ladle was used, and in every hut the child was given the same amount of soup poured into a tin cup of uniform size. The “experts” were vindicated, their prognosis reaffirmed. *“You see, everyone does eat the same food, and every child gets the same amount. That is our custom!”*

A relative from La Paz was a member of the group. Not as deeply embedded in the community (and thus not as programmed to “see” what others “knew”), she noted an important difference in a family whose children were not stunted: although the pot, cooking method, and contents of the broth were identical, the PD mother, using the same kind of ladle, served the soup differently. Instead of dipping off the top of the kettle, as was the common practice, she very deliberately scooped down to the bottom of the pot and ladled the child's bowl full of solids—carrots, potatoes, and fish. In traditional homes, conventional wisdom held that the ingredients in the bottom of the kettle were reserved for adults to fuel their daily labor. Possible nutritional consequences for early childhood development went unnoticed.

Awakened by spotting the novel in the familiar, the team's antennae were reset to more accurately see what they were observing. After visiting the other six PD families, local leaders, mothers, grandmothers, and Save the Children staff all agreed that they witnessed the same feeding of solids at all PD families. Uniformity surrounding the preparation of a broth of water, carrots, potatoes, fish, and greens (i.e., the *what*) distracted attention from one facet of the *how* (scooping from the bottom of the kettle and feeding the solids to the child) and its relationship to stunting. This behavior was embedded in long-standing tradition that determined the *why* and the *how*: only those engaged in daily labor warranted the additional sugars, starch, and protein. This was the difference that made the difference. Having confirmed the consequences of customs and ladling practices, the members designed a visiting program with other parents in the community. All witnessed the approach firsthand and observed that the children of these households were not stunted. Ensuing discussion changed the minds of many. Solids at the bottom of the kettle became a shared family resource.

### When to Use the PD Approach

The positive deviance process is not suitable for everything. As noted earlier, it is unnecessary when a technical solution (e.g., drought-resistant corn; a vaccine for smallpox) exists. But the process excels over most alternatives when addressing problems that, to repeat, (1) are enmeshed in a complex social system, (2) require social and behavioral change, and (3) entail solutions that are rife with unforeseeable or unintended consequences. It provides a fresh alternative when problems are viewed as intractable (i.e., other solutions haven't worked). It redirects attention from "what's wrong" to "what's right"—observable exceptions who succeed against all odds.

It is also important that those in authority (e.g., village chiefs, funding NGOs, CEOs, etc.) be committed to giving the process a try. This often

unfolds in a circuitous manner. Seldom do sponsors fully fathom what they are getting themselves into. (They often turn to PD as the remedy of last resort.) Over the course of the journey, they are changed in ways they did not foresee. Leaders and the led become intertwined in a cogenerative process in which all are altered. Outcomes are more often multiplicative than additive.

### The Social System Is Key

The social fabric of each community has its own distinct pattern. This system holds intractable problems in place and must be unfrozen to allow new behaviors and mind-sets to evolve. The secret sauce of the PD process is how it engages and transforms the social dynamics that have kept things stuck. An analogy from behavioral biology makes the point:

In Britain in the late nineteenth century, certain birds gained notoriety for ingenuity displayed in pilfering cream from milk bottles. Underestimation of this wily species had the unintended consequence of cultivating its appetite for a convenient food source. Initially, dairymen delivered milk to the doorstep, dispensing it into customers' jugs. Cream floated to the top. Birds and other mammals gained unobstructed access to a tasty, high-protein dietary supplement. When, in 1894, caps were installed to thwart the raiders, the free lunch came to an abrupt end. Except, that is, for a few species of birds that figured out how to cope with the obstruction.

Pertinent to our story is *not* that a few clever individuals discovered that a well-placed peck could pierce the cap, but *how* the discovery was disseminated. The contrast between robins and magpies is instructive. Robins are highly territorial, live comparatively isolated lives, and vocalize primarily to demark their territory. The magpie, by way of contrast, is highly social and leverages its intelligence accordingly. Magpies, with a brain to overall body weight ratio only slightly lower than that of humans, exhibit unusual levels of social awareness. Rivaling chimpanzees, they can

(along with humans, dolphins, elephants, and great apes) recognize their own unique image in a mirror. Concept of self is common to advanced social systems.<sup>19</sup>

Magpies are gregarious in winter, gather to roost at night, and collect in rooks as large as sixty-five thousand birds in mating season. They team up in bands to tease cats and dive-bomb predators. Demonstrating empathy and social altruism, cooperative breeding occurs from time to time, with additional adults helping to raise nestlings. Young magpies play elaborate social games, including king of the mountain, passing sticks, and sliding down smooth surfaces. They can work collectively to lift garbage bin lids as members take turns feeding. One flock figured out how to crack nuts by placing them in crosswalks, letting passing cars break the husks, and waiting for the red light before safely retrieving the contents. Unsurprisingly, the magpie's social intelligence disseminated bottle cap piercing techniques to millions of birds throughout Britain within a few years. The robin, on the other hand, was destined to compartmentalized success. Cap piercings by isolated individuals were not coupled with social diffusion. The occasional robin might pick up the technique from its mate. Juveniles might observe the method from a parent if the nest was within sight of a milk bottle. But absence of an evolved social network deprived the species as a whole.

Isolated positive deviants coexist in communities that operate like robins. A few may discover successful strategies to cope with difficult problems. But in the absence of a social process to disseminate innovation and incorporate it into the group repertoire, discovery bears few progeny.

The essential precondition to give learning the best chance is for the community to "discover" the answer for itself. If this essential work of self-discovery is outsourced to experts, the likely result is no pain, no gain. From the vantage point of the PD approach, the community must decide it has a problem serious enough to warrant collective attention, opt in to the activity of addressing it, enroll individual members to invest time and

energy in the work of discovering the PDs and, later, disseminate discoveries through practice. As we shall see, these acts themselves transform the social system and behavioral change and learning take place. Paradoxically, while the PD process achieves all this by perturbing the social system, as compared to other approaches, it has the lowest perturbation to impact ratio. That's because it turns to solutions already proven *within* the system versus importing foreign solutions that arouse skepticism at best and outright sabotage at worst.

As will be noted throughout this book, PD works like nature works. (This isn't an analogy; it is the way it is.) Mutations in nature don't reinvent the whole genome of a species. Nature tinkers with a different shaped bird beak or slightly larger brain size that facilitates social intelligence. Natural selection does the rest, favoring variations that improve access to food and reproduction. Of course, in nature, this all plays out in evolutionary time scales of centuries or millennia. Employing identical principles, the PD process achieves this change within months or a few years.

### Invisible Barriers

The greatest barrier to the application of the positive deviance approach comes not from the members of the community themselves but from the "experts" who seek to help them and from the authorities who preside over them. The reason traces to deeply ingrained views that those at the top of a hierarchy know more than those below, and that change is most efficiently driven top down and outside in. We call this the standard model.<sup>20</sup> Pervasive throughout the world, it is the primary means through which most people tackle change. Many leaders, field workers, facilitators, and consultants tend to identify gaps, devise initiatives to fill them, and create institutions dependent on top-down premises. Even when done with good intent, this approach may be largely ineffectual, insofar as it ignores a great big elephant in the room: social complexity.

In brief, the standard model entails top-down change in which (1) expertise is located near the top, (2) control of the implementation process is assumed, and (3) rollout is driven through the ranks. Default to the standard model is a conditioned reflex. It preserves the existing power and authority structure. Accordingly, a process such as positive deviance is often brushed aside as “too slow,” “too problematic,” “unnecessarily indirect and complex.” People are assumed to be rational, and their social systems adaptable, and it is sufficient to “give them the answer and expect them to get on with it.” Involving the community in a process of self-discovery? Letting people decide to opt in or opt out? Using practice (rather than knowledge or information) to disseminate new opportunities? All premises are widely discounted as “inefficient.” Perhaps. But they are unbelievably effective.

As described in “The Standard Model at Genentech,” biopharmaceutical pioneer Genentech did not want for “positive deviants.” Its sales of a “miracle cure” for chronic asthma were twenty times higher than those of its peers. Yet the pervasive filter of the standard model largely diluted potential gains. Thus the conundrum: how could an enterprise as institutionally clever as Genentech so completely miss the golden opportunity within its group? More generally, why has the PD process, proven in forty countries as successful in tackling a wide variety of problems across a spectrum of organizations and social systems, had little or no uptake in for-profit companies? The answer: the standard model is so deeply socialized into companies that “it’s just common sense.” It acts like a lens that we see the world through. It distorts perception and limits choice without our knowing it.

The standard model is probably the best course of action for roughly 70 to 80 percent of change problems encountered. But when empirical experience leads us to conclude, “we’ve tried everything and nothing works,” harnessing local understanding may be the only way to break the impasse.

## The Standard Model at Genentech

In 2003, Genentech, the highly successful pioneer of genetically engineered drugs, introduced Xolair, a miracle cure for many chronic asthma sufferers.<sup>a</sup> Unlike standard treatments, which arrest asthma attacks after they occur, Xolair modulates the histamines in the immune system through periodic intravenous treatments in the doctor's office that address asthma preventatively. This allows the patient to lead a normal life, free of the fear of debilitating attacks. But despite Xolair's pharmacological superiority, sales remained well below expectations six months after launch.

As management wrestled to explain the disappointing results, analysts spotted an anomaly. Two otherwise ordinary salespeople among a national force of 242 were selling twenty times more Xolair than their peers. Here were classic positive deviants. Two women responsible for the Dallas and Fort Worth territories had successfully overcome resistance within the medical community and gained extraordinarily high rates of acceptance.

Investigation shed light on the breakthrough. Genentech's stronghold is cancer medicine. The clientele for its mainstream products—oncologists and pulmonary specialists—routinely administer chemotherapy, an infusion procedure performed in doctors' offices on an outpatient basis. Xolair's market, in contrast, is allergists and pediatricians—the primary source of care for asthma patients. Infusion protocols (delivering medication in the form of an IV drip) require infusion rooms, infusion couches, and infusion nurses. This is unfamiliar territory for allergists, pediatricians, and their nursing staffs.

The positive deviants from the Dallas and Fort Worth area grasped this stumbling block. Product acceptance could not be achieved through the standard information exchange between the Genentech

rep and the physician on a routine sales call (i.e., more convincing data demonstrating Xolair's pharmacological superiority was beside the point). The real obstacles were the doctors' fear of seemingly exotic procedures, concerns about time-consuming insurance approvals, and worries that patients would be exposed to unnecessary risks. The crux of the matter was mind-set and behavior. The challenge, therefore, was to expand the doctors' repertoire and transform the office culture.

So the salespeople redefined their role as on-the-court consultants, guiding doctors and nurses through the process of readying Xolair for infusion and administering it to patients. They taught administrators how to negotiate the labyrinth of paperwork to secure reimbursement from insurance companies. They pitched the drug's beneficial lifestyle impacts for the patients for whom it had received FDA approval (e.g., they could now own pets and participate in outdoor sports). Instead of applying force against force (i.e., overcoming resistance with persuasion), they used judo by engaging the doctors' teams in enlarging their practice repertoire and enriching the job content of nurses and administrators. They had discovered what armies of Genentech's market researchers had missed. They were successful because they had morphed from salespeople into change agents.

Our narrative seems destined for an upbeat ending. What actually unfolded testifies to both the persistence and perversity of the standard (top-down) model. Genentech prescribed a top-down protocol for its sales force that relied on data that demonstrated Xolair's superiority. The aberrant sales results evoked consternation and scrutiny because they did not adhere to this orthodoxy. Management's initial assumption was that the sales team was "cheating"—poaching other

territories or shortcutting safeguards, somehow encouraging the drug's use for age groups not authorized by the FDA, or overstocking doctors' drug inventories with a product with a short shelf life. Only when an external market research firm confirmed that the true source of success was the company's innovative employees (who were not violating ethical or procedural rules) did management consider the merits of their consultative strategy. But trusting in the power of "disseminated information" and cascading intention, they implemented a conventional best-practices rollout. Management insulated the two successful reps from their peers by doing the fact finding themselves. (The "positive deviants" debriefed their bosses on a conference call.) Next, management composed a broadcast e-mail followed up by a conference call directing other reps to consider a consultative approach to increase sales of Xolair. Result? Lukewarm acceptance and modest improvement in market penetration.

a. Richard Pascale interviews with Genetech, March 9, 2004; members of Xolair sales force and management teams (including Martin Babler), March 9, 2004; and Bob Mackey, May 18, 2005.

The following chapters present in-depth narratives illustrating the power of positive deviance in alleviating some of the world's toughest problems. Written in the voice of respective coauthors, these stories trace the evolution of the positive deviance process from its inception in Southeast Asia to the present. Jerry tackles malnutrition in Vietnam; Monique broaches the undiscussable issue of female genital circumcision in Egypt and the daunting cultural issues affecting infant mortality in the North-West Frontier Province of Pakistan. Jerry describes how the approach was used to address the life-threatening epidemic of antibiotic-resistant

bacteria in the complex setting of Veterans Administration hospitals. Richard provides an account of the highly successful (but circumscribed) attempts to apply PD in corporate settings and the challenges faced in Uganda of overcoming misconceptions about the positive deviance process that arise from learning about it in a book.

# Basic Field Guide to the Positive Deviance (PD) Approach

## Purpose of the Field Guide

This basic guide is intended to orient newcomers to the PD approach and provide the essential tools to get started. It includes a brief description of the guiding principles, methodology, and process that have made PD projects successful. It is recommended as a resource to enable facilitators and apprentices to quickly initiate the PD process using the four basic steps (the four D's: *define*, *determine*, *discover*, and *design*). These comprise an iterative road map for the process.

Its brevity and simplicity are meant to invite curious and intrepid implementers who face complex problems requiring behavioral and social change. It is suitable for those who seek solutions that exist today in their community and enables the practitioner to leverage those solutions for the benefit of all members of the community.

PD is best understood through action and is most effective through practice.

### When to Use Positive Deviance

Positive deviance should be considered as a possible approach when a concrete problem meets the following criteria:

- The problem is not exclusively technical and requires behavioral or/and social change.
- The problem is “intractable”—other solutions haven’t worked.
- Positive deviants are thought to exist.
- There is sponsorship and local leadership commitment to address the issue.

### Guiding Principles of the PD Approach

Remember these basic principles when initiating the PD process in a community:

- The community must own the entire process.
- The community discovers existing uncommon, successful behaviors and strategies (PD inquiry).
- The community reflects on these existing solutions and adapts them to their circumstances.
- The community designs ways to *practice* and amplify successful behaviors and strategies.
- Community members witness that “someone just like me is succeeding against all odds with the same resources that are available to me” (social proof).

- PD emphasizes *practice* instead of knowledge—the “how” instead of the “what” or “why.” The PD mantra is: “You are more likely to act your way into a new way of thinking than to think your way into a new way of acting”. Remember the wisdom of the villagers in Vietnam.
- Involve everyone; go to improbable places and to unlikely people to find solutions.
- “Don’t do anything about me without me.”
- The community creates its own criteria for success and monitors progress.

### Characteristics of the PD Process

The PD process promotes behavioral and social change because:

- It is generative(i.e., it is self-organizing and emergent).
- It is based on strengths and assets.
- It is not “expert” driven. Community members provide culturally appropriate expertise.
- It is embedded in the social context of the community.

The PD process:

- Combines relational and technical considerations.
- Leverages existing formal and informal networks.
- Generates new networks and bridges barriers created by gender, status, expertise and so forth.
- Promotes further change by inviting the community to monitor its own progress.

- Makes the invisible visible (i.e., calls attention to the PDs and the community's own hidden wisdom).
- Enables the community to translate its discoveries into immediate actions.

### Tips for PD Facilitators

Tap the expertise in the group (remember: the people in the community are the experts).

- Ensure the participants talk more than you do. Encourage them to exchange stories and information among themselves.
- Refrain from making suggestions or giving advice (unless *repeatedly asked*).
- Ask open-ended questions (e.g. what, how, what if?) (Avoid questions that elicit yes or no answers.)
- Don't try to exercise control; let the group guide the conversation.
- Invite participants to tell their stories or share their experiences about the issue at hand. Tap into emotions.
- Make the process personal and fun.
- Share relevant personal experience with participants to make them feel comfortable. Develop trust by admitting your own vulnerability.
- Let silence speak! (Pause for twenty seconds after asking a question. That's long enough to sing happy birthday!)
- Stay with the questions. Don't press for quick fixes. Insights often come when one is least expecting them.

- Support a climate where speaking the truth is OK, even when doing so may make the facilitator or a participant look foolish, confused, or unprepared.
- Believe that there will be enough time. “Go fast by going slow.”
- Commit to learn, to be influenced, to be personally changed by the experience.

## The Art of Asking Questions

For the most thoughtful and revealing responses, use open-ended questions that ask what, how, why, why now? Here are some examples of what you might ask or say in specific situations to facilitate or refocus discussions.

To spur continued reflection and thinking within the group, you might ask:

- To answer your question, let me ask a question.
- Can I ask you a question about your question?
- I have a question for you . . .

To generate more interactive discussion among the group:

- Who can answer this question?
- Who wants to answer this question?
- Who has any idea about this?
- How would anyone here answer this question?

To involve more stakeholders, ask:

- Whose problem is it?

- Who else should be involved?
- How might we involve them?

To uncover or identify PD individuals or groups:

- Are there any groups of individuals who have overcome (or prevented) the problem?

You can also use the somersault question:

- So if I understand correctly, nobody here is (or has achieved) *X*?
- So, there are no people in your community who have overcome this problem?

Once the group realizes that PDs actually exist in their own community, then follow up with some direct questions, such as:

- How can we learn from them?
- When is a good time to meet with them?

To discover PD behaviors and strategies, ask probing questions:

- You said that you did *X*; how were you able to do that?
- Most other people have had problems with *X* and *Y*; how have you been able to overcome them?
- Many people have explained to us how difficult it is to do *X* because of busy schedules, high costs, conflict with community customs or traditions, etc. I was wondering what you do to overcome these barriers or challenges encountered by others in your community?
- How are you able to overcome these common challenges and barriers?
- Can you show us how?
- What do you do when *X* problem happens or you are faced by the challenge of *Y*?

- Encourage participants to repeat what they've heard or understood to get more specificity: "So, if I understand correctly, you do *X* only during the day and you do not do *Y* at all during the day or night?"
- Do you know other individuals like you?

To help define or target actions to be taken, ask:

- What are our next steps?
- Who is going to do what?
- What will it take to accomplish this?

To ask permission to make a suggestion:

- Can I make a suggestion?
- Would it be possible for . . . ?
- You are the experts, but would it make sense if . . . ?

## Commitment of Leaders and Sponsors

Before the PD process can begin, the first step is to identify a sponsor as noted below. This leads to assembling those who might potentially be interested in tackling an intractable problem. To do this:

- Introduce the PD concept and approach to potential sponsors.
- Extend invitations for involvement beyond the "usual suspects."
- Once potential participants are assembled and the PD concept is described through examples, ask: "Does this make sense? If so, is there anyone here who would like to become involved?"
- It is essential that this initial orientation to PD authentically allows potential participants to opt in or opt out.

- Enroll a resource team of volunteers that is diverse and includes members of the community as well as local leaders.
- Allow the group to invent the forms of organization and work processes that best suit it.
- Invite others who are willing, and at times eager, to become involved. Each person is valuable to the process

Basic steps:

Step 1. *Define* the problem and desired outcome.

Step 2. *Determine* common practices.

Step 3. *Discover* uncommon but successful behaviors and strategies through inquiry and observation.

Step 4. *Design* an initiative based on the inquiry findings.

**STEP 1: THE COMMUNITY DEFINES OR  
REFRAMES THE PROBLEM BY:**

- Involving members of the community in generating or reviewing data that measures the magnitude of the problem
- Articulating a preferred future that is different from the past
- Exploring the issues impacting the problem and current behavioral norms
- Listing common barriers and challenges related to the problem
- Identifying all stakeholders who should be involved
- Sharing the group's findings in a community wide meeting

**TOOLS OR ACTIVITIES FOR DEFINING THE PROBLEM:**

- Creating or using baseline data (mapping, creating visual scoreboards)
- Establishing a time-framed goal known and agreed by all (e.g., eradicate childhood malnutrition in our community within two years)

**STEP 2: THE COMMUNITY DETERMINES  
COMMON PRACTICES BY:**

- Conducting discussions with various groups in the community to learn about common practices and normative behaviors
- Using participatory learning and action (PLA) activities such as mapping, improvisation, Venn diagrams, transects, prioritizing, and discovery and action dialogues (DAD) to engage various members of the community.

**STEP 3: THE COMMUNITY DISCOVERS THE  
PRESENCE OF POSITIVE DEVIANTS BY:**

- Identifying individuals, families, or entities in the community who exhibit desired outcomes.
- Establishing exclusion criteria. Select only those individuals or entities who face the same or worse challenges and barriers as others.
- Conducting in-depth interviews and observations by the community and PD facilitator(s).
- Identifying uncommon practices that correlate with better outcomes (having established common practices in step 2).
- Vetting the results with the whole community.

TOOLS OR ACTIVITIES TO IDENTIFY AND LEARN ABOUT COMMON BEHAVIORS (STEP 2) AND IDENTIFY BEHAVIORS AND STRATEGIES FROM POSITIVE DEVIANTS (STEP 3):

- In-depth interviews
- On-site visits for structured observations
- Discovery and action dialogues; as described in chapter 4, these brainstorming sessions serve to surface new, untried ideas once a community has been mobilized to address intractable problems
- Community feedback sessions on PD findings (see [www.positive-deviance.org](http://www.positive-deviance.org) for examples of PD inquiry tools)

STEP 4: THE COMMUNITY DESIGNS AND DEVELOPS ACTIVITIES TO EXPAND THE PD SOLUTIONS BY:

- Expanding the solution space by engaging multiple stakeholders in applying the discovered existing PD behaviors and strategies
- Starting small to demonstrate success
- Connecting people who haven't connected before
- Targeting the widest range of appropriate community members
- Creating opportunities to practice and “learn through doing” in a safe environment with peer support
- Using imaginative approaches to involve the community in the work (e.g., feeding workshops in Vietnam, Healthy Baby Fairs in Pakistan)

TOOLS OR ACTIVITIES FOR DESIGNING OPPORTUNITIES FOR  
COMMUNITY MEMBERS TO PRACTICE THE DISCOVERED  
BEHAVIORS AND STRATEGIES:

- Community meeting to share PD inquiry findings
- Creation of an action team involving the resource team and self-selected volunteers who have participated in the process
- Develop an action plan; pin down roles and responsibilities

The community measures, monitors, and evaluates the effectiveness of its initiatives based on the PD findings by:

- Developing a way to monitor progress of initiative (assess, analyze, and act on information)
- Making progress real by engaging the community in developing its own indicators to monitor progress (quantitative and qualitative indicators of behavioral and social change)
- Creating culturally appropriate ways to communicate the data to the community as a whole
- Evaluating initiatives at regular, frequent intervals

As the process evolves and has a successful impact on the problem, other communities and groups will hear about the process and may want to learn more. Suggestions for dissemination might include

- Documenting, evaluating, and sharing results
- Honoring and amplifying the success stories by storytelling
- Creating a living university for other communities to discover how the PD process could help them solve the same problem

## Useful Definitions for Practitioners

The *PD concept* is based on the observation that in every community or organization, there are a few individuals or groups who have found uncommon practices and behaviors that enable them to achieve better solutions to problems than their neighbors who face the same challenges and barriers.

The *PD approach* is grounded in the assumption that communities have assets or resources they haven't tapped. The PD process enables a community or organization to identify and amplify those practices and behaviors, measure outcomes, and share their successful strategies with others. The PD approach is used to bring about sustainable behavioral and social change by identifying solutions already existing in the system.

A *PD individual or group* demonstrates special or uncommon behaviors and strategies that enable the person or group to overcome a problem without special resources. However, a person is defined as a PD only in the context of a specific problem.

*PD design or methodology* consists of four basic steps (the four D's: *define, determine, discover, and design*). These comprise an iterative road map for the process.

*PD inquiry* refers to the stage in the process whereby the community seeks to discover demonstrably successful behaviors and strategies among its members.

*PD process* refers to the entire journey encompassing the skillful use of experiential learning methods and skilled facilitation applied to the four steps of the PD design. It results in community mobilization and ownership, discovery of existing solutions, and emergence of new solutions as a result of community initiatives.

The Positive Deviance Initiative (PDI) would love to hear about your project. Please send us the following information:

Name of your organization

Contact information

Name of the project

Location of the project

Problem statement

Project impact

Population impacted by the project

Special target group

Any documentation that might be shared on our web site  
(stories, videos, photos, reports, articles, etc.)

Send this information to [contact@positivedeviance.org](mailto:contact@positivedeviance.org), or The Positive Deviance Initiative, Tufts University Friedman School of Nutrition Science and Policy, 150 Harrison Avenue, Room 135, Boston, MA 01742, USA.

The Positive Deviance Initiative greatly appreciates your participation in documenting the ways the PD approach is being implemented worldwide.

This guide was developed by the Positive Deviance Initiative. For more information, go to our web site at [www.positivedeviance.org](http://www.positivedeviance.org).