

POSITIVE DEVIANCE AND ANTICIPATORY ACTION IN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT SOLUTION DESIGN

DISCUSSION PAPER



PART OF NORWEGIAN
REFUGEE COUNCIL



Norad

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ACRONYMS

AA	Anticipatory Action
AAP	Accountability to Affected People
CEA	Community Engagement and Accountability
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
KII / KI	Key informant interview / key informant
PD	Positive Deviance
PSA	Public Service Announcement
RCCE	Risk Communication and Community Engagement

About NORCAP

NORCAP works to improve aid to better protect and empower people affected by crisis and climate change. We do this by providing expertise and solutions to humanitarian, development and peacebuilding partners.

NORCAP works in two complementary ways to improve aid:

- We provide targeted expertise to strengthen our partners' response.
- We collaborate with partners to develop solutions to un-met gaps and challenges.

NORCAP is a part of the Norwegian Refugee Council.

KEY DEFINITIONS

This paper's core concepts may be interpreted differently across organisations. The following definitions are used throughout for consistency.

Anticipatory Action (AA)

Anticipatory action is a proactive strategy to address crises before they happen. It aims to reduce injury, loss of life, and additional health outbreaks, protect livelihoods, and reduce costs. AA enables assistance before a crisis through the distribution of aid, cash, or resources in advance.

Positive Deviance (PD)

In any community, some people or groups achieve better outcomes than others, even when facing the same challenges and using the same resources. These individuals are known as "positive deviants" or "outliers." The positive deviance approach identifies and learns from their strategies, on the basis that people learn more readily from peers than from outsiders. It demonstrates that change is possible without extra resources, simply by spreading effective existing behaviours through peer-to-peer learning.

Positive Deviance in Anticipatory Action

In a community at risk of hazards such as floods, cyclones, disease outbreaks, or droughts, some households or individuals are better prepared than others. Rather than relying solely on external frameworks or top-down methods, an anticipatory action plan can build on the community-based strategies already in use.

Risk Communication and Community Engagement (RCCE)

RCCE is the process of informing and involving communities in information flows before and during public health emergencies. Through RCCE, individuals at risk should be empowered to make informed decisions about how to mitigate threats and take protective measures. RCCE should use social science methods, two-way communication, rumour management, and participatory engagement to support communities during outbreaks and reduce their impact.

EXECUTIVE SUMMARY

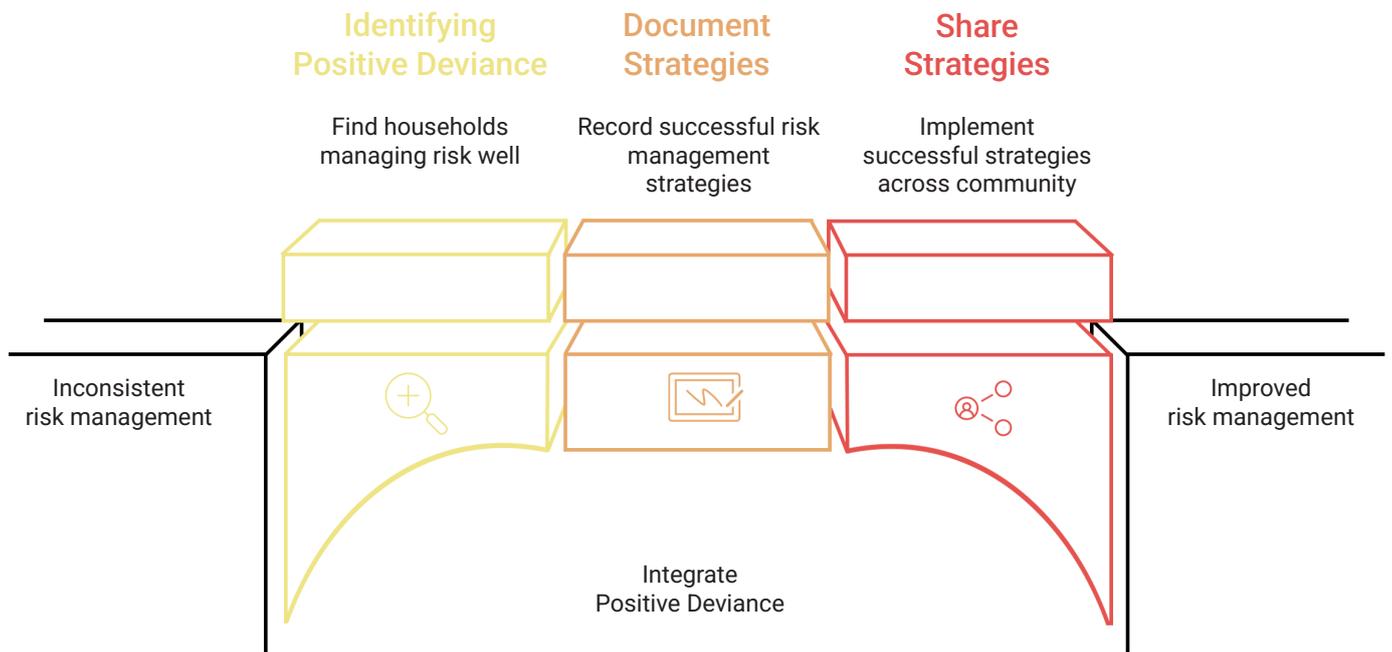
In every crisis-affected community, some households manage risk better than others, despite facing the same constraints and having access to the same resources. Positive Deviance (PD) is an approach that identifies these outliers and uses their strategies to improve outcomes for others. It is practical, low-cost, and grounded in what communities already know. This aligns closely with the humanitarian reset¹, localisation commitments, and NORCAP's strengths. Through this restructuring and the global move towards more streamlined funding approaches underscore the importance of heightened localisation. Positive Deviance can support this transition by helping to lighten the coordination load across agencies and by tapping into existing local knowledge, skills.

This discussion paper argues that NORCAP should integrate PD into its Community Engagement and Accountability (CEA) work, particularly in three areas: Anticipatory Action (AA), Risk Communication and Community Engagement (RCCE), and Cash and Voucher Programming. The paper draws on a review of existing literature, interviews with NORCAP experts, UN and INGO staff, and academics, and a PD retreat held in Nairobi in December 2025.

NORCAP has a strategic opportunity to strengthen Community Engagement and Accountability (CEA) in Anticipatory Action (AA) and Risk Communication and Community Engagement (RCCE), and cash programming by integrating Positive Deviance (PD) into its work.

1. Fletcher, T. (2025). The humanitarian reset - ERC letter to IASC principals.

Integrating Positive Deviance into NORCAP



What the paper found

Anticipatory Action relies heavily on technical forecasts and institutional triggers that often miss how communities actually perceive and respond to risk. PD can close this gap. Where households or groups have successfully reduced risk in previous crises, their strategies can be used to refine early warning triggers, improve the timing of interventions, and ground early action messaging in local realities rather than generic instructions.

Risk Communication and Community Engagement remains one of the weakest components of emergency response, despite being central to it. RCCE messaging is frequently top-down, repetitive, and disconnected from how people actually receive and act on information. PD offers a way to shift from broadcasting messages to learning from communities: identifying which communication practices already work, strengthening rumour tracking through local knowledge, and training community health workers as facilitators rather than simply messengers.

Cash programming gives recipients autonomy but reduces direct humanitarian presence. PD can reveal how certain households use cash effectively under shared constraints, generating peer-led learning on budgeting, asset protection, and financial decision-making that can be shared across communities.

NORCAP's CEA staff already see PD as a natural fit with their work that aligns with CEA principles². PD can be adapted flexibly in emergencies, complementing existing tools without requiring full development-style processes. NORCAP's CEA staff already see PD as a natural fit with their work. Several colleagues have direct PD experience and confirmed that elements of PD can be adapted for humanitarian timeframes without requiring the full development-style process.

Recommendations

NORCAP should:

1. Train experts in PD fundamentals and provide practical toolkits designed for humanitarian contexts.
2. Integrate PD into terms of reference for Anticipatory Action, RCCE, and cash assignments.
3. Document and share case studies that demonstrate PD impact, to build the evidence base for donors.
4. Embed PD into NORCAP's localisation commitments, including through RCCE frameworks and specialist roles.
5. Explore dedicated PD specialists, or develop PD capability within the pool of experts, to strengthen delivery and donor confidence.

“ Both development and humanitarian worlds NEED TO cultivate expertise in not being an expert”

**Arvind Singhal,
Director of the
Social Justice
Initiative,
University of
Texas at el Paso**

2. For a comprehensive overview of, and resources for CEA principles, visit the CHS Alliance <https://www.corehumanitarianstandard.org/> or visit the ICRC webpage - <https://shorturl.at/ko8fQ>

Positive Deviance Applications



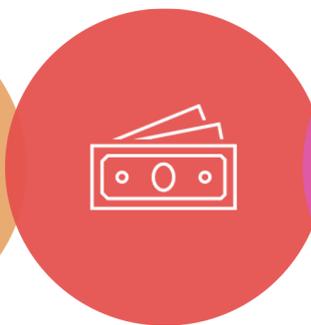
Anticipatory Action

PD strengthens AA by identifying successful risk reduction strategies and integrating them into early action planning. This supports localisation and improves relevance



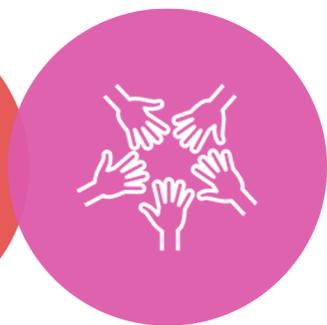
Risk Communication

PD shifts RCCE to participatory dialogue, enabling responders to identify effective communication practices within communities. It strengthens rumour tracking and community-centered feedback loops



Cash Programming

PD illuminates how households use cash effectively, generating peer-led learning on financial decision-making and resilience. These insights inform cash programme design.



NORCAP CEA Specialists

CEA specialists view PD as a value add that aligns with CEA principles. PD can be adapted flexibly in emergencies, complementing existing tools.

INTRODUCTION

Humanitarian actors increasingly recognise that communities are not passive recipients of aid but active agents who interpret, negotiate, and adapt to crises using their own knowledge, networks, and resourcefulness. Yet humanitarian systems continue to rely heavily on externally designed tools, technical forecasts, and institutional protocols that often overlook the strategies people already use to survive and protect their families. This gap between formal systems and lived realities is particularly visible in Anticipatory Action (AA), Risk Communication and Community Engagement (RCCE), and cash programming.

Positive Deviance (PD) offers a practical, community-centred approach to closing this gap. Rather than introducing new behaviours from outside, PD identifies individuals or groups within a community who achieve better outcomes than their peers despite facing the same constraints. These “outliers” demonstrate that solutions already exist locally, and that communities themselves hold the knowledge needed to reduce risk, strengthen preparedness, and improve wellbeing.

As Arvind Singhal, a leading PD scholar, has observed, humanitarian organisations often inadvertently hinder community-driven action. The challenge in applying PD is not the steps or resources required, but the willingness of practitioners to set aside their assumed expertise. Both development and humanitarian practitioners must “cultivate an expertise in not being an expert,” Singhal argues. The people facing the problem are the people who must control the process.

NORCAP is well positioned to lead this shift. Its experts work within UN agencies, governments, and coordination structures where they influence policy, design, and implementation. Many already apply participatory approaches, community listening, and behavioural insights. PD offers a coherent framework to strengthen these existing practices while aligning with NORCAP’s commitments to localisation, accountability, and community-driven action.

This paper explores the feasibility of integrating PD into NORCAP’s CEA work, with particular attention to AA and RCCE, two areas of humanitarian response that are often dominated by top-down models shaped by forecasts, institutional assumptions, and technical messaging. It draws on existing literature, interviews with experts and agency staff, and insights from a December 2025 PD retreat in Nairobi.

This paper does not serve as a policy statement or strategic plan, nor does it offer instructions on applying PD (for guidance documents, see the References section). Its aim is to demonstrate how PD principles can enhance existing systems by making them more participatory, locally led, and behaviourally grounded.

WHAT IS POSITIVE DEVIANCE?

Positive Deviance (PD) is based on a straightforward observation: in every community, some individuals or groups succeed against the odds. These “outliers” achieve better outcomes than their peers despite facing the same constraints and having access to the same resources. Their behaviours and strategies demonstrate that solutions to complex problems already exist within the community.

Rather than importing external expertise or prescribing new behaviours, PD focuses on discovering and amplifying what is already working. It shifts the role of humanitarian actors from problem-solvers to facilitators, enabling communities to identify, test, and scale practices that are culturally grounded, feasible, and sustainable. The core value of PD lies in this departure from deficit-based approaches. PD is a departure from traditional humanitarian problem-solving. Instead of importing external solutions to fix a perceived “deficit,” PD looks for the internal solution that has already been discovered by members of a community. It moves the focus from what is wrong to what is working, identifying the local experts who have already solved the problem using only the resources at hand.

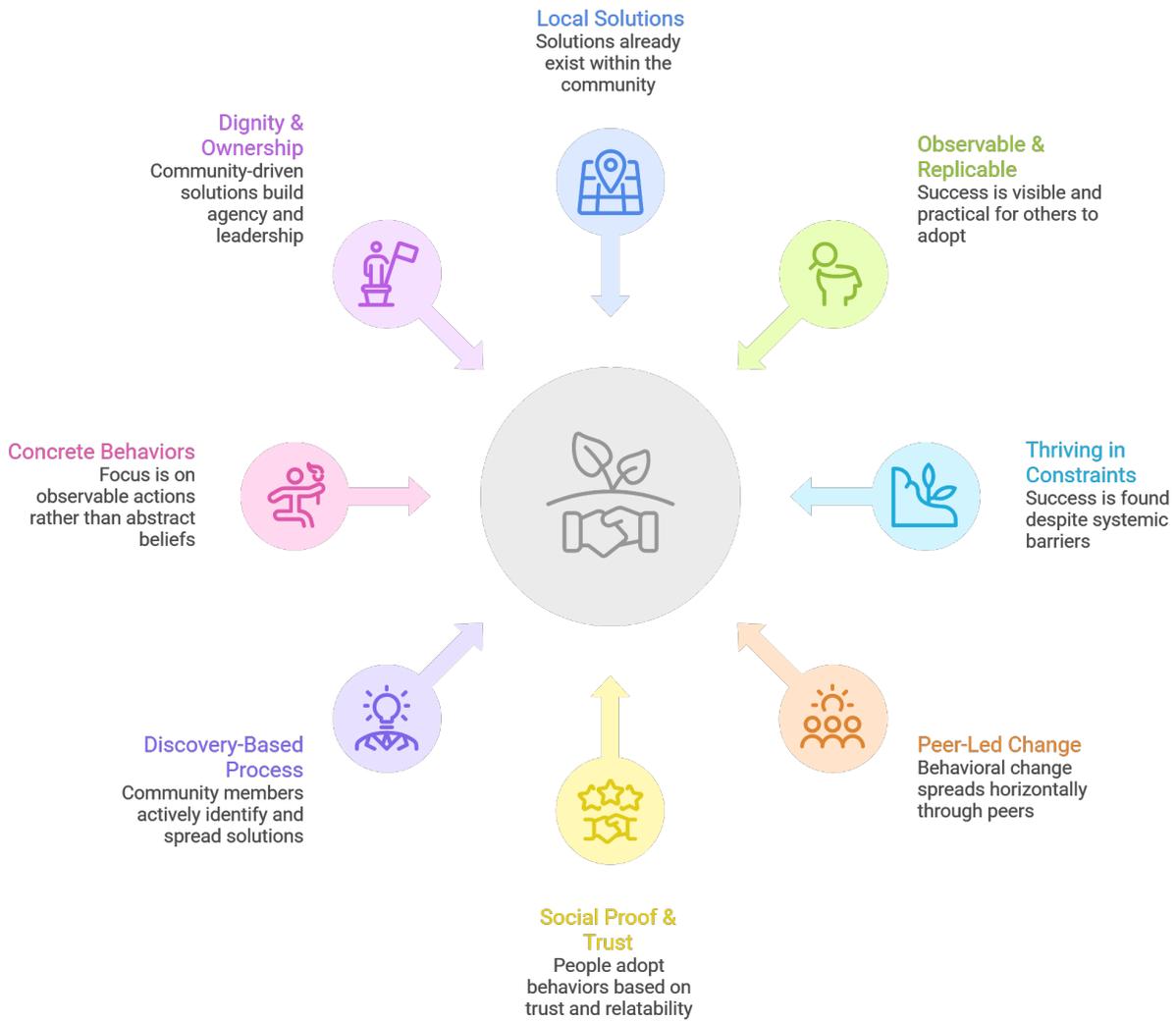
By elevating community knowledge, PD reinforces the idea that people are not passive recipients but active agents capable of shaping their own resilience and wellbeing.

“ PD is essentially working with what we have and acknowledging community strengths and knowledge... it is looking inside the box”

**Leobah
Mudungwe,
NORCAP CEA
specialist**

Figure 1: Positive deviance core principles

Adapted from UNICEF (2022). Data Must Speak Initiative



WHY POSITIVE DEVIANCE MATTERS FOR HUMANITARIAN ACTION

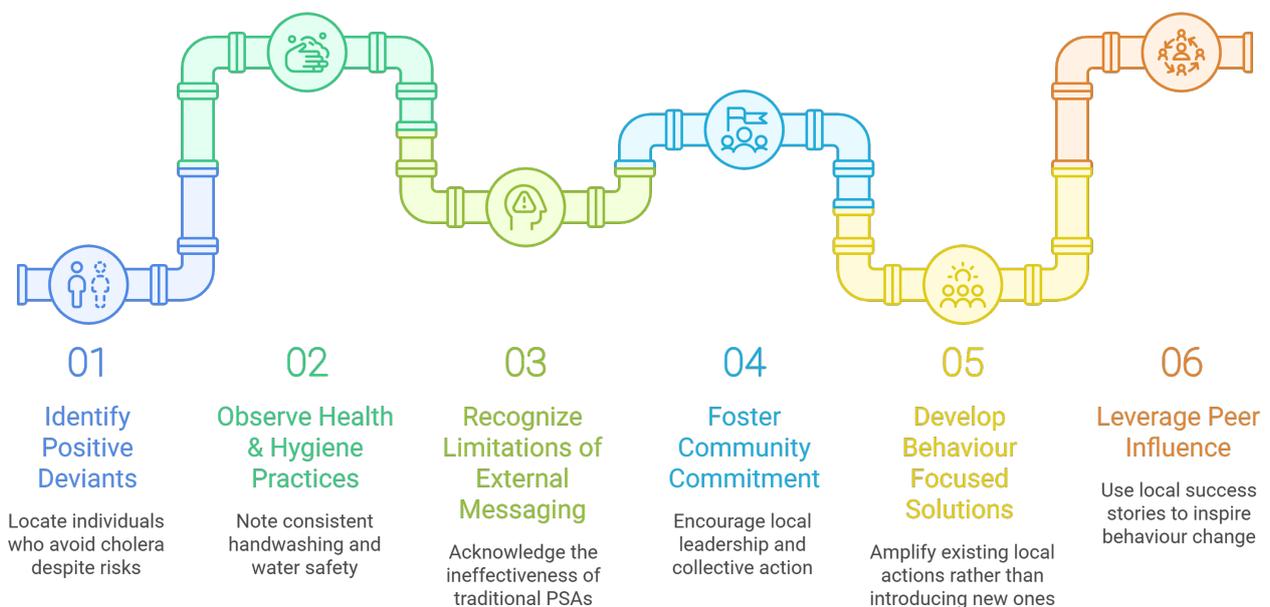
Humanitarian systems often rely on international staff expertise, technical models, donor reporting requirements, and institutional protocols. While these can be valuable, they frequently overlook the resilience and knowledge that people within communities use to navigate crises.

In contexts where time, resources, and access are limited, PD offers a practical and cost-effective way to uncover what works and scale it quickly.

The following sections explore how PD can be applied across three humanitarian domains where NORCAP experts are active: Anticipatory Action, RCCE, and cash programming.

Figure 2: Cholera hypothetical as “classic” Positive Deviance

Adapted from Singhal & Dura (2017) *Positive Deviance: A non-normative approach to health and risk messaging*. Oxford Research Encyclopedia, Oxford University Press.



POSITIVE DEVIANCE IN ANTICIPATORY ACTION

Anticipatory Action depends on understanding how people interpret risk and decide when to act. Yet formal AA systems often rely on technical forecasts and institutionally defined triggers that do not fully reflect community realities. PD offers a way to close this gap by grounding AA in the behaviours, decisions, and social cues that communities already use to navigate rising threats. By identifying individuals or groups who act earlier or protect assets more effectively than others, despite facing the same constraints, PD provides a community-centred lens for strengthening early warning and early action.

A gap persists between formal agency systems and community realities, reinforced by the way humanitarian actors organise themselves. Individual agencies often create silos based on their own mandates, designing AA strategies around child protection, trafficking, camp management, shelter, nutrition, education, food security, or health. Clusters coordinate these specialised outputs, and RCCE Working Groups attempt to harmonise information flows, but these remain exclusive platforms with limited community involvement in decision-making. Genuine commitment to community engagement in AA is still rare and is usually treated as a subcomponent of disaster preparedness. This may stem from AA guidelines that rely heavily on technical and institutional data. As one interviewee put it, “we think for them, we decide for them.”

PD offers a practical way to overcome these structural limitations. By identifying households or individuals who have managed to reduce risk or protect assets more effectively than their peers, despite facing the same hazards and having the same resources, PD uncovers strategies that are feasible, culturally grounded, and replicable. Integrating these insights into AA makes early warning systems more locally relevant by grounding them in the indicators, social norms, and lived experiences that communities understand and trust.

Strengthening triggers through community validation

Early warning triggers allowing for quicker intervention and are usually designed by humanitarian technical experts and validated institutionally. PD adds a missing layer: community validation.

By identifying what outliers actually do when they perceive risk rising, responders can:

- Refine triggers
- Align them with local decision-making
- Improve the timing of early action
- Reduce false starts and missed opportunities

Enhancing early action messaging

AA messaging often struggles to influence behaviour because it is generic, repetitive, or disconnected from local realities. PD strengthens messaging by grounding it in:

- Real behaviours and communication channels that people in the community already practise
- Culturally resonant examples
- Peer-led demonstrations
- Trusted local influencers

This increases uptake and reduces the gap between “what people are told to do” and “what people actually do.”

It should be noted that several countries in Africa and Asia have government mandated Anticipatory Action frameworks, which often define what international agencies can do in the event of an emergency. For details, see footnote³

Recommendations

- Train NORCAP experts involved in DRR / AA in the basics of PD to ensure that NORCAP and partners can include PD actions in AA programming.
- NORCAP to advocate for the inclusion of PD in AA frameworks
- Advocate for PD as a strong aspect of localisation in AA to reduce reliance on broad operational forecasts and often- irrelevant messaging

3. Anticipatory Action – government sources: [Asia Pacific](#), [East Africa](#), [Southern African region](#)

POSITIVE DEVIANCE IN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

RCCE is a critical pillar of emergency response, particularly in health-related crises, yet it remains one of the system's weakest components. Despite its centrality, RCCE is frequently under-funded, under-resourced, and treated as an add-on rather than a core operational function.

The problem is not the structure of RCCE itself, but the content and approach. RCCE is too often reduced to message production rather than genuine community engagement. As colleagues interviewed for this paper observed, traditional RCCE messaging is frequently top-down, repetitive, and disconnected from the lived realities of the people it aims to reach. Medical teams leading health responses often resist collaboration, and community engagement is sidelined. As a result, communities may not trust, understand, or act on the information provided, particularly during fast-moving outbreaks.

This is not just frustrating; it is dangerous. The life-saving potential of many messages is lost because what technical and medical teams produce is perceived as too remote and formulaic to have any effect.

RCCE should be integrated across all phases of the emergency management cycle (preparedness, response, recovery, and mitigation) to ensure that communities are not only informed but actively shaping the decisions that affect them. PD can help fill this gap by surfacing and amplifying community-led practices, shifting from a broadcast model to one built on genuine dialogue. When affected populations see their own practices validated rather than replaced, trust grows, and feedback becomes more meaningful.

Community Health Workers (CHWs) are vital to RCCE and are generally highly regarded within their communities. However, current models for mobilising CHWs often reproduce a top-down message delivery approach, which limits the sustainability that PD can bring. CHWs have significant potential to contribute to PD programming. By working within communities, they can observe instances of success and share what they learn. They could also be trained as PD facilitators, using their recognised position as trusted local figures to bridge the gap between formal health systems and community practice.

Moving from messaging to meaningful dialogue

Traditional RCCE often relies on one-way communication: posters, radio spots, megaphones, and social media posts. These tools can be useful, but they rarely change behaviour on their own. PD reframes RCCE as a process of listening, discovery, and co-creation, enabling responders to:

- Identify who communities trust
- Understand how information actually flows
- Uncover the practices that already work
- Design messages that reflect lived experience
- Allow communities to learn from each other and monitor programmes

Strengthening rumour tracking and community feedback

Rumours often emerge from uncertainty, fear, or gaps in information. Communities frequently prove their capacity to identify and discredit rumours and misinformation and determine reliable sources. However, cultural practices, superstitions and searching for meaning, especially within health, can still create believable rumours and misinformation. PD therefore can also provide responders understand:

- How truth and facts are interpreted within communities
- Which households or groups successfully navigate misinformation
- How households / communities verify information
- Which sources they trust
- How they counter harmful narratives within their networks
- These insights can strengthen early warning and rumour-tracking dashboards, community feedback systems, and communication strategies, helping to shift RCCE from a broadcast function to a genuinely community-driven process.

Behaviour change through community-led examples

People rarely change behaviour simply because an outsider tells them to. Change is more likely when they see people like themselves succeeding. PD strengthens behaviour change by closing the gap between official advice and what people actually do. This is especially effective during outbreaks, when fear, stigma, and misinformation can undermine public health measures, because it grounds messages in real examples of protective practices from within the community.

Recommendations

Positive Deviance offers a practical way to revitalise RCCE by shifting the focus from what responders want communities to do, to what communities are already doing successfully.

- Ensure that PD is included in RCCE Working Group coordinator or specialist TORs
- Train RCCE specialists in PD methods
- Mentor those who need it.
- Support staff and RCCE specialists to shift from one-way messaging to dialogue
- Mentor, leverage and train national CHWs as PD scouts and facilitators

POSITIVE DEVIANCE IN CASH AND VOUCHER PROGRAMMING

Cash transfers are now the preferred aid modality for many communities and agencies, including in anticipatory action. Cash is also the cheaper option for fast and efficient delivery. In the Asia Pacific region, at least 50% of AA assistance was delivered as cash.

The increasing use of cash means humanitarian staff have less direct presence in the lives of recipients. This can create space for communities to shape their own response, and it opens opportunities for PD.

PD in cash programming can generate wider effects: improved financial security, better health outcomes, higher school enrolment, and stronger community resilience and cohesion. Rather than prescribing how cash should be spent, PD allows communities to showcase strategies that work under shared constraints, reinforcing dignity and ownership.

Enhancing accountability and community feedback

Cash programmes often rely on digital systems, remote monitoring, and post-distribution monitoring. These tools are useful but can miss the nuance of how people actually experience assistance. PD strengthens accountability by:

- Grounding feedback in lived experience
- Identifying barriers that prevent households from using cash effectively
- Uncovering social norms that influence spending
- Highlighting PD practices that can be shared across the community

In cash programming, PD can help communities and households develop their capacity in:

- Budgeting
- Prioritising needs
- Protecting assets
- Managing debt
- Supporting vulnerable neighbours

Recommendations

- Document and share case studies (unusual PD cash stories)
- Facilitate peer to peer learning and leadership on financial literacy and practice
- Creating training and mentoring opportunities for experts and partners
- inclusion in the TORs of NORCAP cash specialists and WG coordinators

POSITIVE DEVIANCE IN ACTION: HOW PD CAN BE USED IN A CHOLERA OUTBREAK – AN EXAMPLE

2025 was the worst year for cholera in Africa for over quarter of a century. In November, the Africa Centres for Disease Control and Prevention (CDC) reported 300,000 confirmed and suspected cases of cholera so far in 2025, with more than 7,000 deaths⁴.

PD has proven impactful in cholera response. Although cholera thrives in areas that lack decent infrastructure (a problem PD cannot solve), the disease has persisted despite substantial financial investment in its eradication. Humanitarian and development agencies often perform poorly in cholera response, depending on the same campaign content and messaging in every outbreak, generally coordinated through RCCE working groups.

In cholera responses, standard messages such as “wash your hands” or “boil your water” are widely used, yet they often fail to change behaviour. These instructions are usually designed from the outside and assume that households have the time, resources, and flexibility to comply. In reality, many people understand the risks but make different choices because of cultural norms, economic pressure, and daily survival needs.

In some contexts, boiling water affects the taste of coffee or food in ways that are culturally unacceptable. In others, the cost of fuel makes boiling water unrealistic. Staff working within their own cultural and social context are often better placed to recognise these constraints than international experts, because they understand which practices are non-negotiable and where trade-offs are being made. This contextual knowledge is critical in supporting communities to surface realistic solutions rather than repeating messages that cannot be acted on.

A PD approach builds on this understanding by identifying community outliers: people living under the same conditions who have managed to avoid cholera or reduce risk despite facing the same constraints. Once identified, these outlier practices can be shared through peer-to-peer exchange. PD theory suggests that advice on handwashing, boiling water, or peeling produce is often dismissed when delivered by an external expert. In contrast, when an outlier mother whose household has avoided disease shares her lived experience and practices with other mothers in a women’s discussion group, the message resonates more deeply.

“ Many people hesitate to boil water because it affects the taste of coffee, an important cultural priority that cannot be understated ”

**Genene Kebede,
NORCAP CEA
specialist**

3. Africa experiencing worst outbreak of cholera in 25 years, Africa CDC says <https://shorturl.at/zTYiu>

Figure 3: Cholera hypothetical as 'classic' Positive Deviance

Adapted from Singhal & Dura (2017) Positive Deviance: A non-normative approach to health and risk messaging. Oxford Research Encyclopedia, Oxford University Press.

1. **Existence of Positive Deviants** We work on the proven assumption that "Positive Deviants" already exist, individuals who successfully avoid cholera despite facing the same risks as their neighbours.
2. **Health & Hygiene Commitment** Identified deviants demonstrate consistent handwashing and water safety. This proves the challenge is not just technical (lack of soap/water) but behavioural and social.
3. **Limited Impact of External Messaging** Traditional public service announcement (PSAs) and top-down messaging have reached their limit. Adherence remains inconsistent because the "voice" of the intervention is external, not local.
4. **Community Commitment to Action** There is an untapped collective willingness within the community to address cholera. We aim to channel this energy into local leadership rather than passive reception.
5. **Behaviour-Focused Solutions** We prioritize amplifying what is already working. By focusing on observable local actions rather than new technical inputs, we ensure the solutions are immediately feasible.
6. **Peer Influence & Readiness for Action** Local success stories create the perfect conditions for peer-led diffusion. When neighbours see neighbours succeeding, the barriers to sustained behaviour change drop.

POSITIVE DEVIANCE AND NORCAP

Interviews with NORCAP CEA staff revealed broad support for PD as a valuable addition to their work. Each interviewee emphasised that PD aligns with the spirit of Community Engagement and Accountability, reinforcing the principle that communities themselves hold the solutions to their challenges.

One colleague described PD as “working with what we have and acknowledging community strengths and knowledge,” or “looking inside the box” to use the tools and resources already available.

Staff also noted that PD in humanitarian contexts must be adapted from the longer-term, highly planned development versions, which require substantial set-up to achieve results.

Box 1: Positive Deviance in Ebola – West Africa

The 2013 Ebola outbreaks in Liberia and Sierra Leone demonstrate that when formal humanitarian or government systems are overburdened, community-led positive deviance can step in and become a primary driver of epidemic control.

In urban Liberia, communities divided up responsibilities, where women provided home-based care (using plastic raincoats and a variety of plastic bags as PPE) and men organised block watch teams for local surveillance. Families voluntarily lived apart to protect uninfected members.

Cultural burial practices were not abandoned for officially sanctioned mass burial but modifying the traditional ways of dealing with death.

In both countries Ebola survivors became “living testimonies,” rather than outcasts, bad luck or health threats. They were able to talk about how and why they survived and provided members of their community powerful narratives.

These were not technical innovations dictated by external actors, they were social adjustments based on family ties and a sense of responsibility within the community.

Abramowitz S.A, M. K. E., McKune S.L. . (2015). Community-centered responses to Ebola in urban Liberia: The view from below.

Gray, N., Stringer, B., Bark, G. Heller Perache, A., Jephcott, F., Broeder, R., Kremer, R., Jimissa, A. S., Samba, T. T. (2018). When Ebola enters a home, a family, a community: A qualitative study of population perspectives on Ebola control measures in rural and urban areas of Sierra Leone.

This does not mean that humanitarian emergencies should lead to shortcuts or the bypassing of essential ethical steps. But emergency and crisis scenarios may lend themselves to the use of certain PD elements applied flexibly. These elements could assess community successes that might be replicated or scaled, and could produce strong results, as has been demonstrated in small-scale studies during cholera, Ebola, and other health outbreaks in Africa.

The Ebola examples (see Box 1) demonstrate that the value of these local strategies lies in shifting attention from technical public health messages to the deep social and emotional ties that bind families together, which are often the true drivers of community-based epidemic control.

However, more dynamic and engaged RCCE must be treated as a priority. As one senior agency staff member observed, using cholera as an example: “Cholera happens again and again, and we do the same RCCE messaging again and again, and then it keeps happening again and again.”

Another senior staff member put it plainly: “We have an inability to see what is going wrong and where we have failed.” They underlined that RCCE has significant potential if it could genuinely work with communities and be led by their needs and resources. “People really do change when they are asked to contribute. Control and dignity can do that.”

RCCE alone cannot prevent or resolve outbreaks across entire populations. But strengthening RCCE through more inclusive working groups and greater community ownership is an essential step in improving humanitarian response. A more participatory process would allow responders to better understand local practices, constraints, and motivations. PD builds on existing resources and ingenuity, offering a cost-effective and sustainable pathway across the emergency management cycle.

NORCAP staff can integrate PD into:

- Community listening and rapid qualitative assessments
- Rumour tracking and feedback analysis
- Message design and testing
- CHW training and support
- Outbreak response coordination
- Preparedness and anticipatory communication

Even a “light touch” version of PD could be used by experts in humanitarian settings. This would involve a shorter process: quickly identifying outliers in areas of concern through initial meetings with community leaders, women’s groups, and local government officials, then using the knowledge of those outliers to launch a hybrid approach.

Recommendations for NORCAP

To operationalise PD across its work, NORCAP should:

1. Pilot with strong documentation. Design a pilot with clear reporting frameworks and MEAL, requiring a robust After Action Review.
2. Formalise PD within CEA practice. Promote PD as a recognised tool within the CEA strategy, ensuring consistency across assignments.
3. Develop PD training and guidance. Create concise training modules and practical toolkits for CEA specialists, tailored to humanitarian contexts.
4. Capture and share case studies. Document best practice, lessons learned, and failures, as well as locally led solutions and accountability measures. Use case studies for donor and partner engagement.
5. Integrate PD into RCCE working groups. Encourage NORCAP staff on assignment to advocate within RCCE platforms for PD methods, moving beyond repetitive messaging to participatory dialogue.
6. Explore dedicated PD capacity. Consider dedicated PD specialists on the pool of experts, or develop PD capability within existing experts. Short-term availability of PD practitioners who can support colleagues would strengthen donor confidence.
7. Create monitoring and mentoring systems. Formalise arrangements for national staff to shadow and be mentored by NORCAP experts on assignment in their own countries or regions.
8. Be aware that mentoring works both ways. International staff can be mentored by national staff in important issues such as (and not limited to) culture, skills and local customs.
9. Develop PD guidelines for emergency settings. Create practical guidance for emergency and protracted crisis assignments, where time is limited but PD can still add value.

APPENDIX 1 – NAIROBI WORKSHOP

1-5 DECEMBER 2025

At a retreat in Nairobi, two half days were given over to exploring and discussing the elements of positive deviance that already exist in the “skill sets” of NORCAP CEA experts; how (and if) traditional development led positive deviance programming can be utilised and ways forward with developing or creating aspects of positive deviance that can be utilised by NORCAP experts. A full report of the workshop is available.

Session 1: Personal Deviance: an introduction and discussion

The first session introduced the term “positive deviance”. In discussions around its traditional use in development work, there was wide agreement that many PD elements of are similar to the way AAP/CEA specialists work.

Two group activities were held:

Group activity no 1: Presentations of previous PD work by was shared by experts who had done PD (Genene Kebede, Leobah Mudungwe, Yves Stephane Ngaleu, and Nicholas Njorge). The presenters were able to give a deeper dive into PD in practice – including content, process, what worked, what didn't work and where they found its value. Each presenter answered questions and led a discussion. Two examples are as follows:

Leobah Mudungwe's recent PD initiative with breastfeeding mothers in Zimbabwe sparked a quiet transformation. Through a local community clinic, women whose babies were thriving—thanks to successful breastfeeding practices—were identified and invited to support other mothers who were struggling. With guidance from a local nurse and nutritionist, the process remained community-led, creating a safe, culturally resonant space where women could “have the confidence to talk about their issues, and follow up with questions to women who shared their values and their culture,” Leobah said.

What emerged was a ripple effect: mothers who once faced challenges became confident caregivers, and in turn, were able to pass on their knowledge to others—building a self-sustaining cycle of support, trust, and shared wisdom.

Yves Stephane Ngaleu's background as an agricultural engineer proved invaluable when he began working with Cameroonian cocoa farmers struggling with declining yields. However, Yves did not tell the farmers where they were going wrong and how they could do better. Instead of introducing any external solutions, he looked within the community and identified a local farmer whose thriving crops and steady income stood out. This farmer's everyday practices—rooted in the same soil, climate, and constraints as everyone else—became an important source of learning. "Farmers could ask highly specific questions and get practical answers from someone who understood their reality," Yves explains. "And those answers translated directly into better production."

Group activity no. 2 was about PD in AA and RCCE. The groups worked as RCCE Working Group members during a health outbreak scenario. The current campaigns they had already launched were not hitting targets, and the crisis was growing. Their job was to review the current campaign and map out ways to improve the RCCE campaign content.

Session 2: Positive Deviance: How to become expert at not being expert.

This session looked at the development of the humanitarian as "the expert" and how that has prevented inclusion of communities in relief planning. PD encourages stepping back from our expert roles and learning how not to be the expert.

Two group activities were held:

Group activity no 1: Identifying and discussing when we have felt pressure to be experts.

Group activity no 2: In small groups, discuss areas where NORCAP may move towards including PD in their work answering one of these questions:

1. What actions NORCAP can do to meaningfully include PD (in RCCE) in the tool kit it offers donors?
2. What tools would be needed by both NORCAP HQ and fellow experts
3. What would PD look like in your current or next NORCAP assignment (think about RCCE if relevant)?

This activity brought forward creative but feasible ideas about PD inclusion in the NORCAP pool of experts.

1. What actions NORCAP can do to meaningfully include PD (in RCCE) in the tool kit it offers donors?
 - To be able to “sell” PD to donors would require specialist knowledge or training, in order for donors to feel secure in the skill set.
 - Having case studies and success stories would also be of value.
 - Have strong data-based process to show
 - Underline that locally led/involved responses are better responses
 - Underline NORCAP reputation for commitment to communities and how PD enhances engagement
 - Understand that within PD there are flexible areas that may be able to use without going through the entire PD process
 - Position NORCAP as the leader of PD

2. What tools would be needed by both NORCAP HQ and staff on assignment?
 - A strong definition so we are all on the same page
 - Concept note to define PD for both NORCAP HQ and staff on assignment
 - Essential tools are training and funding
 - Look at existing tools already within NORCAP – learn from them or utilise them
 - Connect with other areas within NORCAP (e.g.: climate people)
 - Mapping of partner needs, wants and capabilities before assignment
 - Look for private donors
 - Do more research – for e.g.: how do you scale up PD, is doing a very small non-scalable project worthwhile?
 - Work with development organisations and within the nexus process
 - Relevant TORs/deliverables

3. What would PD look like in your current or next NORCAP assignment (think about RCCE if relevant)?
 - Should maintain emphasis on CEA but if PD is to be included, make sure the TOR reflects that and both ends understand the deliverable.
 - If you are not a PD specialist, nor do you wish to become one, that should also be reflected in TORs (by omission)
 - Do not let it fragment or water down the CEA area of expertise
 - Research to see whether it can be folded broadly into the participation aspect of CEA
 - Maybe PD specialists (who do nothing but PD) could be found their own pool?

SUMMARY OF WORKSHOP

There was a positive response to heightened locally led solutions, and support for more exploration of how PD might fit into NORCAPs work. Most attendants felt that PD could become a useful tool in their skill set but underlined that the full process of development based PD was time intensive and possibly not viable in humanitarian settings as it seems too heavy and technical for humanitarian needs.

However, as several (if not all) participants indicated, there was a great deal of PD in the work that they are currently undertaking as CEA specialists and several of the participants who already have done PD projects testified to its success and their willingness and commitment to carry it forward.

There was some reticence expressed by a few participants that, just as some CEA people had specialty areas of interest (for e.g.: CFM creation or, more specifically, hotline creation), PD may fall into that category. They argued that it should not be a requirement for specialists (either as a retrofit or as a requirement for new expert members).

APPENDIX 2 – LIST OF INTERVIEWS

NORCAP Experts

Vlad Cozma – CashCAP Regional expert – Asia and Pacific
Genebe Kebede – AAP Working Group coordinator, Addis Ababa
Leobah Mudungwe – AAP Specialist / Public health emergencies
Yves Stephane Ngaleu – RCCE coordinator
Nicholas Njorge – RCCE specialist

AID AGENCIES

Anastasiia Atif – SBC / AAP, UNICEF Eastern and Southern Africa
Inger Brodal – Senior Advisor, NORAD Climate and Environment
Thiaba-Anais Fame – Senior AAP Adviser, IFRC Africa Region

ACADEMIA

Basma Albanna – Faculty of Computer and Information Sciences, Ain Shams University
Arvind Singhal – Director of the Social Justice Initiative, University of Texas at el Paso

APPENDIX 3 – METHODOLOGY

This study combines a desk review and consultations with key informants.

Literature review - A review of the literature was conducted, including academic publications and research, in addition to agency documents, position papers, policies, working papers, and other grey literature. Terms such as “positive deviance,” “RCCE,” “anticipatory action,” and “CEA,” along with their related terms, were included in the keyword searches that were conducted. The main literature review and search was done in November 2025.

Consultations – Key informant interviews (KIIs) were held with NORCAP staff currently assigned in a variety of positions and countries. Other interviews were conducted with agency specialists (ICRC, UNICEF and NORAD) while two academics were interviewed. The agency and NORCAP personnel were suggested and facilitated by the NORCAP CEA Thematic Manager. Some agency names have been redacted to ensure that people could talk freely.

Positive Deviance retreat – a retreat was held in Nairobi between 1-5 December 2025 with learning, group activities and discussion about PD. A separate report has been produced on the retreat.

Target audience - The target audience for this discussion is internal to NORCAP and partners.

Statement on use of AI

Artificial intelligence was utilised solely for the generation of visual components in this report, including illustrations, boxed elements, figures, and graphical representations. Its use was restricted to non-analytical, non-interpretive functions. All substantive research activities—including data collection, analysis, interpretation, and narrative development—were conducted independently by the author in full compliance with established research ethics and protocols. ProWritingAid was used for checking clarity, style conventions, spelling and grammar. Cude AI was used for editing of text. Napkin AI was used for the development of visuals.

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