

Positive Deviance Cases: Their Value for Development Research, Policy, and Practice

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10.1 Introduction

Case studies can contribute valuably to the study of development generally and to the implementation of development policy in particular. Case studies are uniquely well situated to identify and disentangle causal complexity and to interrogate the role of contextual factors in shaping outcomes, among other strengths. In this chapter, I focus on the potential insights that can be derived from the study of a particular kind of case – the deviant case – and, more specifically, on anomalies that exceed expectations, or “positive deviant” cases. I argue that the study of positive deviance can offer two distinct types of benefits for development policy. The first is methodological: Building on the literature on case selection in the social sciences, I emphasize the value of deviant cases for hypothesis generation and for the analysis of causal heterogeneity. The second potential contribution is less technical. Deviant cases can play an important inspirational role, signaling to practitioners, policy-makers, and local development actors that improvement is possible, even in resource-constrained environments. At the same time, the celebration of positive deviant cases must proceed with caution, not only because idiosyncratic factors may deter the replication of their experiences to other units or contexts, but also because other actors operating in the same sectors or communities may feel undermined if they are implicitly judged vis-à-vis similar institutions or actors deemed to be more successful.

In Section 10.2, I elaborate on the concept of positive deviance and highlight the potential value of positive deviant cases for development policy.

The discussion focuses on both the methodological strengths and limits of positive outliers and on the value and risks of using such cases as sources of inspiration for local actors and development practitioners. The section identifies ways of selecting positive deviant cases in systematic and less systematic ways. In the subsequent section of the chapter, I illustrate the value of positive deviant cases for several projects on the quality of social service delivery in the Middle East and North Africa to which I have contributed. Section 10.3 summarizes the main arguments and raises additional issues related to the pros and cons of using positive deviance as a way to formulate and propel beneficial reforms in development policy.

10.2 What Can Development Policy Learn From Positive Deviance?

The analysis of high-performing outliers is a promising approach for the formulation and implementation of development policy on both technical and nontechnical grounds. The literature on case studies in the social sciences highlights the methodological value-added of positive deviant cases in research designs. An additional, nontechnical merit of the approach emphasizes the role of such cases in encouraging greater performance from other actors and institutions operating in the same field. In this section, I define positive deviance and review these distinct justifications for the study of positive deviance.

10.2.1 What are Positive Deviant Cases?

Positive deviant cases are outliers that exhibit superior performance than the predictions of a model would hold. In technical terms, this refers to cases selected to maximize $|Y_i - \hat{Y}_i|$, or the difference between the actual value and the fitted value in a regression (Gerring, 2007: 89; Seawright, 2016: 16). In order to qualify as cases of positive deviance, however, cases must be more than ephemeral outliers operating in an environment conducive to good performance. Rather, examples of positive deviant organizations or other types of collective actors must exhibit sustained high performance in a context in which good results are uncommon.

Writing from the perspective of organizational behavior in the management literature, Spreitzer and Sonenshein (2004) present a somewhat distinct definition and operationalization of positive deviance that is especially useful when thinking about the role that deviant cases can play in the formulation

and implementation of development policy. Their definition emphasizes a normative component of positive deviance, depicting the construct as behavior that departs from established norms in a referent group “in honorable ways” (Spreitzer and Sonenshein, 2004: 832). This understanding differs from the more neutral statistical perspective in which deviance – whether positive or negative – represents behavior that diverges from average or normal experiences (Spreitzer and Sonenshein, 2004: 830). In their analysis of positive deviance in agricultural development, Pant and Hambly Odame (2009: 160), too, describe positive deviants as those who break from prevailing norms to promote positive change, which in their study is measured by the facilitation of agricultural knowledge creation and application in the instances they highlight. As I hope to show, an understanding of positive deviance that incorporates a technical, statistical definition while including attention to deviation from prevailing norms and practices in a given socio-political context is essential if we view positive deviant cases in both methodological and inspirational terms.¹

10.2.2 Methodological Justifications

The literature on research design in the social sciences identifies a range of case selection strategies and highlights the pros and cons of each type for distinct research goals (Collier and Mahoney, 1996; Eckstein, 2009; Geddes, 1990; Gerring, 2007; Przeworski and Teune, 1970; Seawright, 2016; Seawright and Gerring, 2008). What, if anything, can be learned from positive deviance in the context of development policy?

The consensus view on the role of deviant cases is that they are most useful for exploratory purposes or discovery. Anomalous cases, whether positive or negative, are valuable for theory building exercises and to search for new but as yet unspecified explanations (Odell, 2001: 166; Seawright, 2016; Seawright and Gerring, 2008: 302). They can also generate insights into the identification and operation of causal mechanisms not examined in the existing literature (George and Bennett, 2005: 20; Gerring, 2007: 89; Seawright and Gerring, 2008: 303). In the case of positive deviance, then, these outliers can show how specific causal mechanisms propelled high performance, indicating how specific values on a previously unexplored variable propel superior outcomes.²

¹ Put differently: the ends do not justify the means. A case that is a positive deviant in an empirical sense is not ‘positive’ if it became so as a result of unscrupulous processes.

² Seawright (2016: 23) also shows how deviant cases can be used to illuminate the sources of measurement error in the outcome variable.

Deviant cases are well suited to pinpoint sources of causal heterogeneity (Seawright, 2016: 21, 25). This goal is particularly relevant for development policy because it is increasingly recognized that social context affects the implementation and results of the same types of interventions and policies (Pritchett and Sandefur, 2013). Policy interventions that have been validated through experimental research in one country or subnational unit often do not yield the same results in another place, limiting the broader value of studies based on experimental designs for development policy (Pritchett and Sandefur, 2013; Rodrik, 2008: 26–27). An advantage of a qualitative approach to studying positive deviance is that contextual factors can be identified and integrated into an analysis of what has or has not worked in a given unit (Bradley et al., 2009: 3). As a result, it is possible to study the way that social norms within an organization or in the community where it is embedded may affect the behavior of relevant actors and, hence, the performance of the organization as a whole.

At the same time, deviant cases have inbuilt limitations. By virtue of their status as outliers, they are obviously not useful for identifying the causal pathways of average or on-the-line cases. In addition, as Seawright (2016: 21) argues, they may not be as useful for identifying omitted variables as some have suggested (Bennett and Elman, 2006). Furthermore, as is true for other types of case studies, deviant cases cannot on their own refute a theory. However, when a theory is based on a deterministic proposition, deviant cases can also be used to disconfirm a theory (Seawright and Gerring, 2008: 302), although this is a less common causal premise in mainstream social science research.

It is also important to stress that identifying cases of positive deviance by selecting cases with exceptionally high values on the outcome of interest is subject to the usual pitfalls of selecting on the dependent variable (King, Keohane, and Verba, 1994). If we only study cases of high performers, we are liable to falsely ascribe their success to factors that may also be present in less successful cases as well. For this reason, the convention in qualitative research is to select on the independent variable whenever possible. But analyses of positive deviant cases among a field of otherwise similar cases that operate in the same context or area can be a valuable way to identify potential explanatory variables for exceptional performance. The hypothesized explanatory variables can then be incorporated in subsequent quantitative or qualitative studies in which their effects are evaluated more generally.

Despite these words of caution, taking a positive deviance approach has the potential to change the way researchers or development practitioners

think about the phenomenon or outcome in question because the goal of analyzing outliers is to identify factors that explain why it does not fit the general pattern. From a statistical perspective, the ultimate goal of analyzing deviant cases is to aid in the development of a new model or the revision of an existing model so that the variable responsible for the anomalous value of a case is incorporated. The insights generated from a close analysis of the positive (or negative) deviant case can then be tested more generally in a broader set of cases. To the extent that this model works, the deviant case is no longer deviant (Seawright and Gerring, 2008: 302–303). Deviant cases, then, can play an important role in revising the conventional wisdom on the determinants of a particular development outcome.

Positive deviant cases can yield especially valuable insights when situated in a larger mixed methods approach. In particular, if a qualitative analysis of high performers precedes a quantitative study, this affords the possibility of identifying previously unconsidered hypotheses or of devising measures that can tap into potentially important constructs. Process tracing is a valuable technique for identifying the factors that explain deviant performance (George and Bennett, 2005, p. 215), which can then be assessed in a larger sample. For example, in their discussion of learning from positive deviance in health care delivery, Bradley et al. (2009) present an approach that entails (a) the identification of organizations that have consistently demonstrated high performance on a clear set of indicators, (b) intensive analysis using qualitative methods to generate hypotheses about the specific practices and policies that led to exceptional performance, (c) the use of statistical tests in a larger, representative sample of organizations to assess the broader applicability of the hypothesized explanatory factors, and (d) the dissemination of best practices to other organizations operating in the same field. The discussion of a multistep research project on the determinants of quality in social service provision in Jordan, which was led by the World Bank, is another example of this approach (see Section 10.3.1).

10.2.3 Inspirational Justifications

A less technical perspective highlights a distinct potential benefit of focusing on deviant cases, and especially positive deviant cases, with notable benefits for development policy. The identification and exploration of high performers can be motivating in and of itself through a signaling effect. In the context of low-resource environments, which development policy tends to target, cases of success against the odds indicate to others that there is hope. When

the prospects for advancement seem dim, examples of high performers signal that it is possible to break, or at least start to weaken, development traps.

Actors embedded within resource-constrained communities may regard the experiences of other actors or organizations in similar contexts as applicable to their own circumstances, increasing the probability that they will seek to emulate their practices. This dynamic may facilitate the diffusion of best practices, in the same way that activists in the Arab region or in other regional waves of mass mobilization emulated the strategies and tactics of first movers because they perceived that they faced similar opportunities and constraints in their own countries (Patel, Bunce, and Wolchik, 2014). In this sense, positive outliers can help to stimulate a sense of “cognitive liberation” (McAdam, 1999), whereby practitioners and policy-makers come to believe that change is not only desirable, but possible. The mere act of shedding feelings of resignation and hopelessness can propel positive change by motivating greater effort and stimulating collaboration toward shared community goals.³

In the day-to-day design and implementation of development policy, highlighting examples of positive deviance is likely to play a far more constructive role than pinpointing instances of underperformance or negative deviance. Positive incentives can be a source of motivation, potentially inducing greater effort and commitment to problem-solving among stakeholders, whereas sanctions may have a deterrent effect by increasing the sense of resentment and hostility to change (Ryan and Deci, 2000). Thus, just as emphasizing instances of success may galvanize positive change, policy-makers and development practitioners must tread lightly when advertising success stories lest others in the community resent the fact that they, too, were not the objects of praise. As I note below, this is precisely the reason why Moroccan officials were hesitant to include identifying information in a short case study of high-performing public health centers included in a World Bank report (Belkâab and Cammett, 2014; Brix, Lust, and Woolcock, 2015). For these reasons, *how* the lessons of positive deviance are shared can affect the probability that other organizations will adopt them. If the management of organizations with less-distinguished records feels threatened or marginalized when learning of the exceptional performance of others, then it will be difficult to foster acceptance of the identified best practices. If, on the other

³ Of course, the results of diffusion are not foreordained and activists can easily overestimate the potential for success in their own contexts of strategies implemented elsewhere (Weyland, 2012). This point is relevant for the questions at hand because it underscores the importance of ensuring that similar underlying conditions operate in contexts or organizations to which best practices may be disseminated.

hand, others can be made to feel as if they are partners in the identification and scale-up of effective strategies, then dissemination may be more likely.

In short, in development practice it is imperative to distinguish between the empirical identification of positive deviant behavior for methodological purposes and the inspirational role of positive deviant actors or organizations in driving beneficial outcomes. Positive deviants in the context of development policy and outcomes may be more than statistically anomalous cases. From the standpoint of effecting tangible change in public goods provision or other development policy goals, they may be actors or groups who drive innovation and bring about solutions to problems that are not well addressed under the status quo; alternatively, they may just be those who, on an everyday basis, seek to find ways to manage existing resources in a way that yields strong performance against the odds. As such, an analysis of deviant cases can serve at least two roles. First, a close analysis of the actions and behaviors of deviant actors, and especially the identification of causal pathways linking these to outcomes, provides explanations for why a handful of cases exceeded expectations. Second, in the design and implementation of development policies and programs, positive deviants can play an important signaling role by demonstrating to others who toil under equally challenging circumstances that success (or at least improvement) is possible.

10.2.4 Selecting Cases of Positive Deviance

A systematic approach to the selection of positive deviance cases is important to avoid biases that can result in missed lessons or misleading interpretations of the causal factors leading to exceptional performance. Under ideal circumstances, case selection must occur with reference to a broader population of cases that are identified based on a general causal model. This approach, however, is contingent on the availability and validity of information on the population – a condition that is often hard to meet in some countries, whether due to lack of information or lack of transparency – and on the quality and nature of the model (Gerring, 2007: 106; Seawright, 2016).

Given a conventional understanding of the determinants of the outcome of interest, then, positive deviant cases can be selected because they are off the regression line in the direction corresponding to high performance, or outcomes that imply beneficial or honorable behavior or outcomes (Spreitzer and Sonenshein, 2004). Yet positive deviant cases are more than just outliers. Rather, to qualify as examples of positive deviance, high performers must excel in a context in which most other comparable units do not

perform well. To pinpoint such cases, case selection might proceed in a two-stage process in which the research first highlights low performers in a high-deviance region and then identifies high performers in an area characterized by low overall results (Woolcock, 1998). At the same time, such exceptional performance in a field of otherwise poor results must be sustained lest it arises due to chance, ephemeral factors, or particular circumstances.

As with any model, the utility of a regression line approach to selecting positive deviant cases also depends on the ways in which the outcome of interest is conceptualized and measured. Many goals central to development policy are multidimensional. A case or unit may perform exceptionally well with regard to some aspects of an outcome but may exhibit average or inferior values with respect to others. For example, in analyses of the quality of health care, the empirical focus of the examples discussed in the next section, dependent variables can focus on the infrastructural, process-oriented, or health outcome aspects of quality (Donabedian, 1988). Which aspects of quality are emphasized may be self-evident if there is a professional consensus on which dimensions are the key drivers of human development outcomes, or the choice may depend on the objectives of the researcher or development program.

In practice, it may be impossible to employ such a systematic approach to case selection due to a lack of data or restrictions on access to data. Should case studies of positive deviance then be abandoned? Not necessarily. It may be possible to identify actors or organizations that are deemed to be high performers in a less rigorous way by drawing on insights from local officials or community members. These actors know the terrain exceptionally well because they are embedded in the communities where policies or programs are implemented and have implicit or explicit rankings of local actors with respect to performance on development outcomes. Feedback from local actors can be elicited through interviews or by the administration of a survey, depending on resource availability.

That said, the measurement of positive deviance based on the reports of key informants is obviously vulnerable to a host of biases, even when respondents have the best of intentions. For example, officials or other stakeholders may inadvertently provide invalid information due to recall biases or because they wish to highlight favored actors or organizations at the expense of others. At a minimum, when cases are selected purposively, it is important to choose cases for in-depth analysis from a diverse sample that includes organizations varying in size, resource endowments, geographic location, and other factors that might affect performance (Bradley et al.,

2009: 3). As an alternative or supplemental approach, researchers may draw on findings and insights derived from studies in other, comparable settings to use as a benchmark for the determination of high-performing organizations or actors.

10.3 Examples: What Explains High-Performance Service Delivery in Jordan and Morocco?

In this section, I aim to flesh out the potential contributions and limitations of case studies of apparent positive deviance with reference to two studies carried out in preparation for a World Bank report highlighting local success stories in service delivery in the Middle East and North Africa (Belkâab and Cammett, 2014; Brixii et al., 2015; Rabie et al., 2014). The first entailed a case study of high-performing public health centers in Jordan and evolved in two stages. The first part of the study was based on in-depth, qualitative analyses of the drivers of high performance at the facility level. The second stage of the research built on the findings of the case study to design a quantitative study based on a nationally representative sample. The Jordanian case therefore shows how a case study of positive deviance can fit into a larger mixed methods research design. The second study also focused on the drivers of high-quality health care through a case study of high-performing public health centers in provincial and semirural areas of Morocco. By describing the methods and findings of case studies of positive deviance in Jordan and Morocco, and detailing how they have contributed to larger-scale projects in the two countries, I hope to illustrate the value and limitations of this approach for development policy.

10.3.1 Jordan

In March 2014, I was part of a team of researchers that visited six health centers in four of Jordan's twelve governorates, collecting data for a case study of positive deviance in the delivery of primary health care in the Jordanian public health system. The first order of business was to identify a set of indicators against which high performance would be assessed. A growing body of research emphasizes that several process-oriented aspects of health care quality, such as provider effort and human resource management at the facility level, are key factors contributing to the poor quality of

health care in developing countries, with consequences for health outcomes (Das and Hammer, 2014; Dieleman, Gerretsen, and van der Wilt, 2009; Harris, Cortvriend, and Hyde, 2007: 450–452). At the same time, the quality of physical infrastructure may enhance or inhibit the ability of health workers to fulfill their professional obligations, and therefore it was also imperative to collect data on the availability and condition of medical equipment and supplies.⁴

In order to identify appropriate cases, we aimed to benchmark the performance of the selected centers in the past three to five years against others *within the same urban or rural region* with similar socioeconomic profiles. Given the limitations of time, resources, and existing data on service quality, case selection faced significant challenges. In the end, the choice of facilities relied heavily on insights provided by the Ministry of Health and referrals made by the Health Care Accreditation Council (HCAC),⁵ a nonprofit organization in Jordan that implemented an accreditation program funded by USAID. As a result of its role in identifying appropriate health centers to undergo the accreditation process, HCAC staff members had collected a database on a sample of high-performing facilities in the public health system and were willing to advise us on case selection even though they were not permitted to share the full database with us. Input from the HCAC was especially valuable for the purposes of carrying out case studies of positive deviance because the participating facilities had been selected in the first place due to a longer record of high performance, which was enhanced after completing the accreditation program.

During site visits, the team carried out a series of open-ended interviews with the chief medical officers, doctors, nurses, administrative staff, and, where applicable, the members of local health councils to gather information on multiple indicators of health care quality and to probe the underlying drivers of the quality of care. In conjunction with administrative data provided by the Ministry of Health and the centers themselves and with interviews with local, regional, and national government officials, the data collected during these visits provided the information used to write the case studies. Given that the accreditation process itself was an important driver of quality, the team was careful to collect data illuminating

⁴ We did not focus on health outcomes, in part because it is difficult to isolate the impact of health care as opposed to an array of social determinants on health indicators (Marmot and Wilkinson, 2005).

⁵ The HCAC was established in 2007 as a private, not-for-profit organization that oversees and implements the accreditation of health care facilities in Jordan (see www.hcac.jo).

performance on quality indicators prior to and following participation in the program.

The findings of in-depth studies of the selected health centers yielded a variety of insights about the determinants of high performance in the delivery of primary health services in Jordan. The fact that the accreditation program was implemented in a nonrandom fashion and the design of the study prevented an analysis of the independent effects of participation in the program. However, in-depth interviews at the facility level clearly demonstrated that the act of preparing for and undergoing the evaluation for accreditation drove major improvements in the quality of care, even at facilities that already performed above their peers. In particular, the findings indicated that preparation for accreditation in and of itself provides one mechanism for improving administrative procedures and the quality of service delivery. The procedures and requirements of the accreditation process helped to establish clear rules and regulations, increase transparency to clients and staff, develop more effective staff monitoring, and give greater voice to and participation for staff within facilities as well as communities.

Beyond adherence to externally imposed standards and practices, leadership emerged as a key factor improving the operation of facilities. Indeed, strong, proactive chief medical officers at the health centers multiplied the positive outcomes from reforms implemented for accreditation or for other purposes. The head of one health center emphasized that he set clear expectations for his employees, fostered a collaborative work environment, and ensured that adequate feedback mechanisms existed for staff members to convey their concerns. Conversely, administrative reforms were less effective under weak leaders. For instance, the chief medical officer in one center noted that staff meetings were not held, since people came on different days and the assumption was that “everyone knows their job.”

A third finding pointed to the role of social networks in facilitating voice and participation and potentially for improving the extent and quality of service provision. Personal ties, whether among family or friends and neighbors, are particularly valuable for establishing priorities, extending public health outreach in the community, and mobilizing resources to support the activities and development of health centers. Interviews with staff and members of local committees at the selected facilities indicated that shared identity, especially a common tribal affiliation, was especially valuable in rural areas but somewhat less relevant in urban centers, where people from diverse regions and backgrounds intermingle and many residents do not come from the major Transjordanian tribal families. In particular, when

members of local health committees and local residents hail from the same tribes, the staff and governing board of a given center had an inbuilt channel through which to reach the community with vaccination and other health campaigns and to encourage greater compliance with medical advice. At one center, members of the local health committee claimed that the center's public outreach initiatives are relatively successful because they come from the same families as the targeted beneficiaries.⁶ Beyond family ties, we also found that social networks and linkages to important local social institutions such as mosques, youth centers, and local schools also assist health workers to accomplish their tasks. This insight provides a clear example of the ways in which case studies of positive deviance can generate new variables and causal pathways.

The information gathered through the case study of successful facilities helped to inform a subsequent quantitative study that the team undertook in Jordan. Based on a national sample of 100 health centers, the analysis aimed to explain variation in standard measures of provider effort, including absenteeism, adherence to clinical practice guidelines, rights-based practice, and time spent with provider. The main independent variables captured various aspects of within-facility governance, a neglected variable in the public health literature on quality and, more generally, in research on governance and the quality of service delivery. These included indicators to capture the presence of various management practices at the health center, including monitoring of professional staff, sanctions for underperformance, and financial and nonfinancial rewards for good performance. The main control variables tried to address both top-down monitoring and a limited component of citizen engagement, notably the presence of a community health committee within the local primary health center (PHC). Many other factors were not measured, however, due to a lack of resources and time. The findings indicated that monitoring is the most consistent predictor of improved provider effort, including adherence to clinical practice guidelines, the provision of rights-based and responsive care, and time spent with patients in clinical examinations. When considered independently, sanctions were either not associated with provider effort or were associated with worse provider effort, a finding that fits with existing studies in the management

⁶ Strong social ties may also complicate the work of the health center. For example, it may make sensitive issues such as domestic violence more difficult to address and, where strong social ties largely consist of blood ties, and where they promote intermarriage and consanguinity, they can also increase the prevalence of chronic diseases.

literature on the importance of positive work environments (Edmondson, 2003) and accords with what we saw at high-performing facilities in the case studies. The use of nonfinancial rewards to recognize good performance was not associated with provider effort, but this result likely obtained because the usage of this approach was too infrequent to be able to detect an effect.

Due to resource constraints, the study could not incorporate much attention to the impact of social context on the quality of service delivery. However, insights on the role of social ties in driving higher-quality health care derived from the case study of positive deviance facilities in Jordan have informed subsequent projects that my collaborators and I have undertaken. Thus, while we were not able to fully capitalize on the findings from deviant cases in the quantitative study in Jordan in order to build a new, more comprehensive model, we aim to do so in future research in relevant contexts.

10.3.2 Morocco

In May 2014, I traveled to Morocco to carry out a parallel case study of positive deviance primary health centers for the aforementioned World Bank report (Brix et al., 2015). Initially, the strategy for case selection adopted a systematic approach by identifying positive outliers from data collected through a quantitative, nationally representative sample of the quality of primary health care in public centers carried out by the World Bank and the Ministry of Health (MOH). Given time constraints, it was not possible to visit all the centers I initially requested and, instead, I selected centers in several provinces with guidance from national and regional MOH officials. Although the sampling procedures were nonrandom, several systematic criteria guided the choice of facilities. First, half of the facilities participated in the *Concours Qualité* (CQ), a program introduced by the MOH to set up province-level competitions between public health facilities to be recognized for exceptional performance.⁷ Second, they exhibited notable and sustained improvements in one or more key dimensions of the quality of health care

⁷ Launched in 2007 and now in its sixth round, the CQ aims to improve quality based on the logic that competition and recognition of good work motivate people to seek improvement. Provincial MOH officials select centers to participate based on the motivation of the team, their openness to change and willingness to adopt new procedures, and their prospects for winning. In return for enrolling in the CQ, employees have greater access to supplemental training programs, and centers may become eligible to receive new equipment or even to receive funds for renovation.

provision in the last five years. Third, the centers were not located in major urban areas, where quality tends to be somewhat higher.

A consistent array of factors was observed at well-performing Moroccan public health centers, including larger patient loads; reasonable wait times despite high demand; good management and availability of stocks, consumables, and equipment; and detailed and regular maintenance of patient medical records, among other factors. Based on interviews with staff members at the facilities and MOH officials from multiple administrative jurisdictions, at least five factors seemed to be associated with improvements in the quality of care. First, the presence of dynamic, energetic, and visionary leadership helped to motivate staff members to carry out their duties competently and thoroughly, introduce new procedures and management systems, institute a “culture of quality” among staff members, inspire confidence in the community and local government officials, and attract additional resources to the facility. Second, a sense of a shared mission and collaborative ethic helped to motivate the staff and ensure that all staff members know and fulfill their responsibilities. Like leadership, a team spirit and a relatively flat organizational culture are especially important in the context of resource scarcity, in which staff members are required to make do with less.

Third, meetings with staff members from facilities that had and had not previously competed in the national CQ program demonstrated that the initiative has had a clear, positive effect on the management and administration of participating centers. The mere act of enrolling in the program generates significant transfer of knowledge and the adoption of new procedures within participating health centers. At the same time, it became clear that the program may be unsustainable because it requires a major investment on the part of staff members, taking them away from their primary professional duties, and has the paradoxical effect of increasing pressures on the successful facilities by boosting their patient load.

Fourth, effective coordination between the head doctor and local health officials was critical for the health centers to meet the needs of the populations in their catchment areas. Regular exchanges between the administrators of facilities and officials from the provincial delegation help to ensure that stock-outs of medications and equipment do not occur, that facilities receive resources when available, that local solutions are developed for local problems, and that good administrative and management practices are

disseminated. Finally, partnerships with nearby groups, organizations, and prominent individuals help health centers to meet the needs of their surrounding communities more effectively. These findings were elaborated in a case study of positive deviance in the Moroccan primary health sector (Belkâab and Cammett, 2014). It is important to note that MOH officials explicitly requested that we refrain from naming specific health centers that performed exceptionally well in order to avoid resentment among staff members at other facilities not featured in the case study.

10.3.3 The Contributions of Positive Deviance Case Studies in Jordan and Morocco for Mixed Methods Research Designs

Case studies of high-performing health centers in two countries in the Middle East and North Africa suggest that, even in different sociopolitical contexts, some common factors at the facility and community levels affect the quality of service delivery. For example, leadership and management practices were important proximate determinants of quality in both contexts. This finding helped to inform a subsequent quantitative study in Jordan centered on the factors within facilities that incentivize greater provider effort.

Perhaps more interesting are the findings that facility health committees composed of elites, who hold either formal or informal positions of influence at the local level, and the extent and nature of social ties may have important causal effects on the quality of social services. From the perspective of the large body of social science research on clientelism and elite capture (Bardhan and Mookherjee, 2012; Dasgupta and Beard, 2007; Khemani, 2015; Platteau, 2004), the potentially constructive role of elites in driving improved process and outcome-based measures of health care quality may be surprising and deserves greater investigation. This finding raises questions about the conditions under which elites are likely to exert efforts to improve the quality of services and, more generally, to play a positive role in promoting inclusive access to services for local communities and to encourage citizens to adopt more health-seeking behavior. They also call for additional research into the nature of social ties and how they may mediate the effects of different types of interventions on the quality of social services. In both Jordan and Morocco, at least some local elites appear to have leveraged their influence to improve the quality of care delivered and to ensure that nonelites take greater responsibility for their own well-being.

10.4 Conclusion: Can Positive Deviance Inform Development Policy?

In this chapter, I have argued that positive deviant cases have the potential to contribute in important ways to the formulation and execution of development policy in at least two overarching ways. First, building on insights from the methodological literature on case selection in the social sciences, I reiterate the value of deviant cases – whether positive or negative – for identifying previously overlooked factors that may help to explain a phenomenon and distinct causal pathways that account for causal heterogeneity. At the same time, it is critical to add the caution that potential causal factors identified through small-N research based on selection on the dependent variable must be assessed more broadly before informing development policy and practice. In particular, follow-up studies, whether qualitative or quantitative, which select on the hypothesized explanatory variable would be a valuable complementary component of a larger research strategy.

Second, deviant cases, and especially *positive* deviant cases, can serve an important inspirational function for multiple audiences, whether development practitioners, policy-makers, or organizational staff and citizens who experience and shape development policy on a quotidian basis. By signaling that beneficial reforms or outcomes are possible, even in a resource-constrained environment, positive deviant cases can provide hope, empowering others to pursue similar approaches or outcomes. At the same time, the depiction and dissemination of lessons from positive deviant cases must proceed with caution in order to avoid inducing resentment on the part of similar actors or organizations that were not singled out for commendation.

Ultimately, the potential value of the study of positive deviant cases for development policy is contingent on a number of factors, only some of which are in the control of the researchers. Given data availability and consensus over the indicators that enable the classification of high performance, researchers can and should follow systematic principles of case selection by identifying and choosing positive outliers in carefully specified models that build on the state of knowledge on the outcome of interest.

In practice, however, many real-world factors, which are largely out of the control of researchers, may impede adherence to best practices in case

selection. First and foremost, officials or other gatekeepers must be willing to share data or facilitate the collection of data that enables the identification of positive deviance. Once the cases have been identified and the lessons extracted from their experiences, other conditions must be in place to ensure that these examples spur reforms or constructive outcomes. In particular, other actors or organizations that have not distinguished themselves must be ready to experiment with new approaches or systems. If they are resistant to adopting lessons generated from more successful peer institutions, then the dissemination of best practices based on positive deviance will be hindered. Furthermore, government officials and other stakeholders must exhibit the political will to promote the dissemination of such practices.

The very fact that the lessons of positive deviance are derived from outlier cases raises the question of whether their experiences are idiosyncratic or can be generalized. For example, case studies of high-performing health centers in Jordan and Morocco underscored the value of strong and effective leadership at the facility level for high-quality service provision. If leaders are born and not made, or at least not easily cultivated, then this finding is less useful for generating policy prescriptions. In this case, the best that development practitioners and government officials can hope for is to recruit and retain employees with demonstrated and appropriate leadership skills. In most cases, however, policy lessons will not be so specific to individual personality traits or other idiosyncratic factors. Furthermore, factors that seem difficult to replicate may be less idiosyncratic than they appear; as studies of leadership attest (Nohria and Kurana, 2011), even this quality can be fostered.

To the extent that context matters, the same practices often do not have the same effects in different places, potentially limiting the generalizability of the lessons of positive deviance for development policy. Fortunately, the case study method itself may compensate for this potential drawback. Because case studies enable deep attention to context, it is possible to identify the factors that facilitated success and to adapt the lessons to other contexts or to identify similar contexts where the lessons may apply more readily. Attention to context also avoids a cookie-cutter or “best practices” approach to development policy by pointing to the ways in which local factors may moderate or completely alter the effects of a particular policy prescription and must be harnessed to design appropriate policy interventions.

References

- Bardhan, P. and Mookherjee, D. (2012) Political clientelism and capture: Theory and evidence from West Bengal, India. Helsinki: UNU-WIDER Working Paper No. 2012/97.
- Belkâab, N. and Cammett, M. (2014) *Mission report: Governance and the quality of primary health care in Morocco*. Washington, DC: The World Bank.
- Bennett, A. and Elman, C. (2006) "Complex causal relations and case study methods: The example of path dependence," *Political Analysis*, 14(3), 250–267.
- Bradley, E. H., Curry, L. A., Ramanadhan, S., Rowe, L., Nembhard, I. M., and Krumholz, H. M. (2009) "Research in action: Using positive deviance to improve quality of health care," *Implementation Science*, 4(1), 25.
- Brixi, H., Lust, E., and Woolcock, M. (2015) *Trust, voice and incentives: Learning from local success stories in service delivery in the Middle East and North Africa*. Washington, DC: The World Bank.
- Collier, D. and Mahoney, J. (1996) "Insights and pitfalls: Selection bias in qualitative research," *World Politics*, 49(1), 56–91.
- Das, J. and Hammer, J. (2014) "Quality of primary care in low-income countries: Facts and economics," *Annual Review of Economics*, 6(1), 525–553.
- Dasgupta, A. and Beard, V. A. (2007) "Community driven development, collective action and elite capture in Indonesia," *Development and Change*, 38(2), 229–249.
- Dieleman, M., Gerretsen, B., and van der Wilt, G. J. (2009) "Human resource management interventions to improve health workers' performance in low and middle income countries: A realist review," *Health Research Policy and Systems*, 7(7), 1–13.
- Donabedian, A. (1988) "The quality of care: How can it be assessed?" *Journal of the American Medical Association*, 26(12), 1743–1748.
- Eckstein, H. (2009) "Case study and theory in political science" in Gomm, R., Hammersley, M., and Foster, P. (eds.) *Case study method*. Thousand Oaks, CA: Sage Publications, pp. 79–137.
- Edmondson, A. C. (2003) "Speaking up in the operating room: How team leaders promote learning in interdisciplinary action teams," *Journal of Management Studies*, 40(6), 1419–1452.
- Geddes, B. (1990) "How the cases you choose affect the answers you get: Selection bias in comparative politics," *Political Analysis*, 2(1), 131–150.
- George, A. L. and Bennett, A. (2005) *Case studies and theory development in the social sciences*. Cambridge, MA: MIT Press.
- Gerring, J. (2007) *Case study research: Principles and practices*. Cambridge: Cambridge University Press.
- Harris, C., Cortvriend, P., and Hyde, P. (2007) "Human resource management and performance in healthcare organisations," *Journal of Health Organization and Management*, 21(4–5), 448–459.

- Khemani, S. (2015) "Buying votes vs. supplying public services: Political incentives to under-invest in pro-poor policies," *Journal of Development Economics*, 117 (November): 84–93.
- King, G., Keohane, R. O., and Verba, S. (1994). *Designing social inquiry: Scientific inference in qualitative research*. Princeton, NJ: Princeton University Press.
- Marmot, M. and Wilkinson, R. (eds.) (2005) *Social determinants of health* (2nd ed.). Oxford: Oxford University Press.
- McAdam, D. (1999) *Political process and the development of black insurgency, 1930–1970* (2nd ed.). Chicago, IL: University of Chicago.
- Nohria, N. and Kurana, R. (eds.) (2011) *The handbook for teaching leadership*. New York: Sage Publications.
- Odell, J. S. (2001) "Case study methods in international political economy," *International Studies Perspectives*, 2(2), 161–176.
- Pant, L. P. and Odame, H. H. (2009) "The promise of positive deviants: Bridging divides between scientific research and local practices in smallholder agriculture," *Knowledge Management for Development Journal*, 5(2), 160–172.
- Patel, D., Bunce, V., and Wolchik, S. (2014) "Diffusion and demonstration" in Lynch, M. (ed.) *The Arab uprisings explained: New contentious politics in the Middle East*. New York: Columbia University Press, pp. 57–74.
- Platteau, J-P. (2004) "Monitoring elite capture in community-driven development," *Development and Change*, 35(2), 223–246.
- Pritchett, L. and Sandefur, J. (2013) "Context matters for size: Why external validity claims and development practice do not mix," *Journal of Globalization and Development*, 4(2), 161–197.
- Przeworski, A. and Teune, H. (1970) *The logic of comparative social inquiry*. New York: Wiley-Interscience.
- Rabie, T. S., Lust, E., Clark, C., Cammett, M., and Linnemann, H. (2014) Improving quality of care against all odds: A local success story in Jordan. *Voices and Views: Middle East and North Africa*, July 22 [online]. Available at: <http://blogs.worldbank.org/arabvoices/improving-quality-care-against-all-odds-local-success-story-jordan>.
- Rodrik, D. (2008) "The new development economics: We shall experiment, but how shall we learn?" in Cohen, J. and Easterly, W. (eds.) *What works in development? Thinking big and thinking small*. Washington, DC: The Brookings Institution, pp. 24–54.
- Ryan, R. M. and Deci, E. L. (2000) "Intrinsic and extrinsic motivations: Classic definitions and new directions," *Contemporary Educational Psychology*, 25(1), 54–67.
- Seawright, J. (2016) "The case for selecting cases that are deviant or extreme on the independent variable," *Sociological Methods & Research*, 45(3), 493–525.
- Seawright, J. and Gerring, J. (2008) "Case selection techniques in case study research: A menu of qualitative and quantitative options," *Political Research Quarterly*, 61(2), 294–308.
- Spreitzer, G. M. and Sonenshein, S. (2004) "Toward the construct definition of positive deviance," *American Behavioral Scientist*, 47(6), 828–847.

Weyland, K. (2012) "The Arab Spring: Why the surprising similarities with the revolutionary wave of 1848?" *Perspectives on Politics*, 10(4), 917–934.

Woolcock, M. (1998) *Social theory, development policy and poverty alleviation: A historical-comparative analysis of group-based banking in developing economies* (Published PhD dissertation, Sociology), Brown University. Available at www.proquest.com/docview/304434170?pq-origsite=gscholar&fromopenview=true.