A review of practices in delivering targeted education messages in developing countries

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Executive Summary

Royal National Lifeboat Institution’s (RNLI) Aquatic Survival Programme (ASP) is designed for implementation in low resource settings. The ASP targets young people, aged 7-14, to teach them how to save themselves and to teach people how to save others in the water. The ASP is made up of two modules; community awareness, Module 1; and self-survival and rescue, Module 2. Module 1 aims to save lives by teaching important water safety messages to young people. The module is made up of ten key water-safety messages and is delivered through a set of picture-based flashcards. Module 1 is currently being implemented in Bangladesh, Ghana and Tanzania through local non-government organisations (NGOs).

The purpose of this desk-based review is to provide a stock-take of Module 1 of the ASP, and to identify good practices from developing countries in delivering target education messages in water safety, health promotion, water, sanitation and hygiene (WASH). The review was conducted between May and July 2017 and questions were based on three of the evaluation criteria defined by the Organisation for Economic Co-operation and Development. 49 documents were identified and passed the quality assessment criteria, and 20 key informant interviews were conducted. The questions were:

Relevance/design
1. How is safety and health promotion education best delivered to children?
2. How do current guidance and implementation of water-safety education, in particular in terms of pedagogy and approach, relate to these findings?

Effectiveness
3. What effective approaches in behaviour change theory exist in safety and health promotion?
4. How are learning outcomes monitored (for this and similar programmes)?

Equity
5. What good practices exist in making children’s education messages accessible and inclusive?

Relevance

Health promotion, WASH and safety education are best delivered to children using integrated approaches. This review identified seven strategic approaches for delivering targeted education to children. Interventions often combine several approaches to achieve scale and sustainability and maintain suitability to the context.

Module 1 resources are picture-based, simple and easy for students and teachers to understand. The content is not reported to have challenges; however the approach and methods have opportunities for revision compared to other target education messages at schools. The review found that the Module 1 uses two out of the seven identified good practice approaches for education programmes, the use of these two approaches differ across the countries. Module 1 is delivered through school teachers (Ghana and Tanzania), directly by a partner in Bangladesh; and has different activities with communities. Comparing to the literature and good practices identified by experts, the implementation does not comprehensively make use of existing structures within/linked to the school or involve parents. Implementation does not use pilot schools to test new ideas and innovate, integrate with other educational topics or combine environmental and individual behaviour change.

In terms of delivery methods, the review found that integrating methods of delivery yields the best results for the learner. This review categorised the methods or techniques identified into three groups: information products, participatory activities and peer-to-peer learning. The review found few examples of programmes using just one method of delivery, with most examples demonstrating an integrated strategy.
Module 1 is delivered using two out of the three categories of education methods to varying degrees. The programme uses picture-based flashcards as an information product. Partners report some use of participatory activities in the form of songs and drama, but this is not coherently applied. The programme does not use peer-to-peer learning as a tool for delivering targeted education messages.

**Effectiveness**

Behaviour change interventions are most effective when they go beyond increasing knowledge. Interventions are effective when they understand complexities of behaviour. Theories show that internal, environmental and social factors influence behaviour. Internal factors include a person’s motivation, perceived ability to change and readiness to do so. Examples of environmental and social factors that influence behaviour are the society a person lives in, the social norms that surround them and the environmental barriers they face. Therefore, behaviour change is achievable when an intervention understands the individuals and community it is working with.

The Easy, Attractive, Social and Timely framework was identified as a useful tool for applying behavioural insights to an intervention. The framework provides practical recommendations for incorporating the complexities of behavioural insights and using influencing factors from personal, social and environmental settings to guide health-related behaviours.

Learning outcomes are best monitored by starting with a clear theory of change and logframe. Programmatic experts indicate that to develop a behaviour change programme it is common practice to produce a theory of change. Many external programmes have iteratively improved on their project design based on pilots, research and internal lessons, which in turn improve a specific project’s theory of change. By having a clear logframe with baselines, milestones and targets it provides transparency to project plans and sets out a clear way forward. Although the impact level is difficult to measure, the theory of change and logframe will outline outcomes and outputs that contribute to the impact. The measurement of the outputs and outcomes are therefore evidence for reaching the impact.

**Equity**

Module 1 demonstrates that child education messages can be accessible and inclusive. Module 1 is accessible and adaptable due to its simplicity. The country interventions have addressed all areas of equity as defined by this review (gender, affordability, access, social inclusion and contextualisation). It has achieved high coverage in terms of the number of countries it is being implemented in, the simple adaptations made to the pictures and the four languages the resource has been translated into. However, the number of children accessing the messages, who are out-of-school children, is unknown. There may also be opportunities to expand messages to parents, particularly mothers.

**Recommendations**

- **Improving the standardised approach and methods to water safety messages**
  - Broaden the number of approaches used to implement water safety messages
  - Increase the methods used to disseminate learning

- **Strengthening the programme management and oversight**
  - Explore wider partnerships
  - Strengthen and standardise monitoring systems
  - Upload module resources online, and follow-up with those who use it
  - Review behaviour change theories and incorporate them into the implementation strategy
  - Document and strengthen Module 1’s equitable approach
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<table>
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<th>Acronym</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>ASP</td>
<td>Aquatic Survival Programme</td>
</tr>
<tr>
<td>CAWST</td>
<td>Centre for Affordable Water and Sanitation Technology</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Care</td>
</tr>
<tr>
<td>CIPRB</td>
<td>Centre for Injury Prevention and Research in Bangladesh</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>EAST</td>
<td>Easy, Attractive, Social and Timely</td>
</tr>
<tr>
<td>HBM</td>
<td>Health Belief Model</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>LMIC</td>
<td>Low- and Middle-Income Country</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>RNLI</td>
<td>Royal National Lifeboat Institution</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Teachers</td>
</tr>
<tr>
<td>TPB</td>
<td>Theory of Planned Behaviour</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
1. Overview

1.1. Background

More than 90 per cent of drowning deaths occur in low- and middle-income countries (LMICs) where daily life brings men, women and children into contact with open water hazards. Drowning is among the ten leading causes of death of young people in every region of the world and the World Health Organization (WHO) acknowledges that prevention and community initiatives are vital. WHO describes drowning as a serious and neglected public health threat. It also states that data collection in many developing countries is limited, hampering the planning, implementation and monitoring of drowning-prevention measures.

The WHO's Global Report on Drowning (2014) outlines 10 actions that can help prevent drowning. These actions cover three themes; community based action, effective policies and legislation and further research. (See figure for details). Further research has identified the importance of community engagement and involvement in drowning-prevention activities.

Promoting health and personal safety through school-based initiatives has been widely successful, in part because such initiatives can have their greatest impact reaching students at influential stages in their lives. Health promotion research has documented the importance of a mixed approach of lecture-style activities and practical participatory activities to provide students with knowledge of behavioural change. It is also well documented that knowing one's audience when planning and implementing a programme is critical to ensuring realistic expectations of behaviour change.

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1 World Health Organization (WHO) (2014) Global Report on Drowning – Preventing a leading killer
2 Ibid.
3 WHO (2014) Global Report on Drowning – Preventing a leading killer
5 WHO (1999) Improving Health Through Schools National and International Strategies
1.2. The Aquatic Survival Programme

**RNLI**

The Royal National Lifeboat Institution (RNLI) provides a 24-hour lifeboat search and rescue service, seasonal lifeguards, water safety education and initiatives, and flood rescue response in the United Kingdom (UK) and Ireland. Internationally, the RNLI works in partnership with others to make drowning a global priority, delivering drowning interventions and supporting drowning-prevention projects at global, national and local levels.

The RNLI’s international programmes include direct funding of a number of local non-governmental organisations:

- Tanzania: The Panje Project
- Ghana: The Felix Foundation
- Bangladesh: The Centre for Injury Prevention and Research – Bangladesh (CIPRB)

**Aquatic Survival Programme**

The Aquatic Survival Programme (ASP) is one of the RNLI’s drowning prevention interventions and is the focus of this review. In 2012 the RNLI began to develop the ASP with partner organisations. The ASP is designed specifically for implementation in low-resource areas, modifying key water safety messages developed by the International Task Force on Water Safety Messages.

The ASP aims to:

- Provide water-safety messages;
- Teach people how to save themselves in the water; and
- Teach people how to save someone else in the water.

The ASP consists of two modules, which can be taught independently or in combination in a community setting (schools, village meetings or community groups). Module 1 (Community Awareness) consists of ten key water-safety messages and skills. The module and its picture-based resources have been translated and into four languages – Arabic, Bangla, Khmer and Swahili – and adapted for different settings. Module 1 can be taught without the need to enter the water, whereas Module 2 (Self-Survival and Rescue) requires access to a safe body of water.

This review focuses on Module 1 of the ASP in Ghana and Tanzania, and in Bangladesh where the Module is part of the SeaSafe lifeguarding programme. The RNLI delivers Module 1:

- Through local NGOs (Felix Foundation, Panje Project and CIPRB);
- By training school teachers identified by the Ministry of Education in each Ghana and Tanzania; and
- By training school teachers identified by the local NGO.

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9 Aid Works (2017) *Inception Meeting Minutes*, 18 April 2017
11 RNLI (2016) *Analysis of Data and Recommendations from the Aquatic Survival Module 1, Ghana*
The Felix Fitness Foundation is a social enterprise that works to make changes in communities through sport. The Felix Foundation promotes water safety in Accra, Ghana, and delivers Module 1 to schools and communities in the region. In Tanzania, since 2013 the RNLI has been working with the Panje Project, an NGO based in the Zanzibar archipelago, to provide water-safety education and self-survival and land-based rescue (Module 2) to children aged 7–16 years. This review refers to the countries delivering Module 1 (Bangladesh, Ghana and Tanzania) throughout.

2. Introduction

2.1. Objectives of the review

The objectives of the review were to:

- Provide a stock-take of Module 1 of the ASP;
- Identify good practices in delivering education messages in stakeholder areas (water safety, health promotion, water, sanitation and hygiene (WASH));
- Review relevant literature that meets the criteria of a quality assessment.

The review was undertaken to inform the RNLI on how the current delivery of Module 1 relates to theory and good practice in delivering targeted education messages in developing countries. We used the Organisation for Economic Co-operation and Development (OECD)’s evaluation criteria of relevance, effectiveness and equity for this research. 15 We did not use the additional OECD criteria of impact, efficiency and sustainability – these would become part of a fuller performance evaluation.

Good practices were specific examples identified by experts as having worked well in their sectors to bring about changes in knowledge, attitudes, beliefs or practices. Such examples were in approaches, methods, application of theory, monitoring and equity. All examples have been referenced throughout this report. Experts were also asked to consider innovation, cost-effectiveness and equitability when discussing good practice examples. The interview guide used can be found in Appendix 1: Interview guide explicitly outlines the line of enquiry.

15 Definitions come from: www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm
## 2.2. Review questions

### Table 1 Review questions and criteria

<table>
<thead>
<tr>
<th>Question area</th>
<th>Research questions</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>1. How is safety and health promotion education best delivered to children?</td>
<td>Describe the approach and methods of teaching Module 1 of the Aquatic Survival Programme (ASP)</td>
</tr>
<tr>
<td></td>
<td>2. How do current guidance and implementation of water-safety education, in particular in terms of pedagogy and approach, relate to these findings?</td>
<td>Identify good practices and approaches of external projects (^{17})</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify methods of teaching used in external projects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compare external projects to Module 1 of the programme, identifying gaps</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>3. What effective approaches in behaviour change theory exist in safety and health promotion</td>
<td>Describe behaviour change theory for children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify behaviour change theory applied in relevant health promotion programmes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify behaviour change theory applied in relevant WASH programmes</td>
</tr>
<tr>
<td></td>
<td>4. How are learning outcomes monitored (for this and similar programmes)?</td>
<td>Describe the monitoring methods of Module 1 of the ASP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify the monitoring methods in other child education programmes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Describe how external projects identify and set realistic learning outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compare external projects to Module 1 of the programme</td>
</tr>
<tr>
<td>Equity</td>
<td>5. What good practices exist in making children’s education messages accessible and inclusive?</td>
<td>Identify relevant good practices in: Gender, Affordability, Access, Social inclusion, Contextualisation</td>
</tr>
</tbody>
</table>

Five assessment questions cover the three evaluation criteria: relevance, effectiveness and equity. This review researched the approaches of similar programmes and relevant theory, and compared them to the approach of Module 1 of the ASP.

\(^{16}\) Ibid.

\(^{17}\) External projects are defined as those related to health promotion and WASH messaging, and if applicable, others delivering water safety education
3. Approach and methodology

3.1. Data collection methods

The process of this review consisted of a systematised literature review (academic and NGO reports, evaluations) and collection of primary data through key informant interviews (KIIs). A detailed methodology was developed for the inception report. This chapter summarises the overall approach and methodology.

3.2. Literature search strategy

The literature review drew on academic theory, available practical examples and action research.18 A document search was conducted to locate articles in journals and in grey or non-peer-reviewed literature using a wide variety of academic and grey literature databases, targeted web-based searches and active networking.

A detailed literature search strategy was applied to the first three research questions only, as Questions 4 and 5 were predominantly collected from primary data, as agreed in the inception meeting.19 See Appendix 2: Literature search strategy for an in-depth look at the search strategy and synonyms used to develop a keyword search.

3.3. Literature selection

We reviewed grey literature (e.g. NGO reports) and peer-reviewed articles in journals and assessed them against six quality assessment criteria, where inclusion was based on a four out of six score. 49 documents were identified and passed the quality assessment criteria (see Appendix 3: Literature search results).

3.4. Key informant interviews

We collected primary data from the stakeholder groups identified (see Figure 2). The stakeholder groups included RNLI programme staff, project partners, experts in health promotion, WASH, education theory and water safety. Sampling of interviewees was both purposive and snowball, based on the shortlist the RNLI prepared, those our experts identified and those signposted during KIIs. Interviews were balanced between the RNLI and partners and external experts, and covered 11 countries. Figure 2 outlines the stakeholder groups and country locations covered.

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18 Action research is research into practice, which is undertaken by those involved in that practice. The research has the aim to change and improve the practice (Source Open University (2005) Action Research A Guide for Associate Lecturers)

19 Aid Works (2017) Inception Meeting Minutes, 18 April 2017
KIIs consisted of one-to-one, semi-structured meetings between the research team and interviewees, and lasted around 30–60 minutes. A semi-structured interview guide, consisting of key questions and topic areas for discussion was used to guide these interviews. For in-country stakeholders an interview prompt was sent to mitigate any communication or translation challenges in conducting interviews over Skype.

3.5. **Analysis and reporting**

The review followed the Aid Works standard assessment process. The data collection focused on obtaining qualitative data through the KIIs and literature review. On completion of the data collection and literature review, Aid Works held a validation workshop with the RNLI to outline the main findings and preliminary conclusions. Following on from the validation workshop Aid Works produced a draft report outlining the evaluation’s conclusions and recommendations, prior to finalisation.
3.6. Limitations

Table 2 Limitations

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy reliance on qualitative data and memory of past experiences, potentially leading to recall bias.</td>
<td>The review took responses from a wide range of expert stakeholders and triangulated findings.</td>
</tr>
<tr>
<td>Desk review and data collection conducted remotely so the team were unable to visit the RNLI programmes to validate findings.</td>
<td>The review was relating to the approach, design and methods of implementation of Module 1. It was not a review of the implementation and visits were not needed.</td>
</tr>
<tr>
<td>Examples provided by experts could be perceived as biased.</td>
<td>Literature and examples have been triangulated throughout the review. It was not a purpose of the review to validate other programmes identified. Experts were chosen based on their substantial practical experience or academic knowledge.</td>
</tr>
<tr>
<td>There were also no interactions with the teachers or students participating in Module 1 planned in the inception report design.</td>
<td>The team’s technical experts listed in the next section have vast experience of working in Tanzania and Ghana. The inception report outlined that data collection focus was more on external programmes, therefore did not include remote inputs from Module 1 teachers or students.</td>
</tr>
</tbody>
</table>

3.7. Team composition and roles

The consultancy team consisted of four members, two researchers, and two technical experts with relevant country experience. A summary of the team is below:

- Mo Ali - Lead consultant and project supervisor
- Hannah Edge - Lead for literature review and collecting findings
- Geertruid Kortmann - Public health expert and Tanzania country specialist, with particular focus on community education and
- Gumah Tiah – Community monitoring and evaluation expert based in Ghana
4. Findings

4.1. Relevance

The criteria for this question focus on the approach and methods of the RNLI and other external programmes:

- ‘Approach’ here is defined as an overall strategy undertaken to implement a learning project.
- ‘Methods’ refers to the activities, techniques and tools used to implement a learning project.

**RNLI approach to teaching Module 1**

Module 1 of the ASP, the community education module, aims to save lives by teaching important water-safety messages to young people in low-resource settings. The module is made up of ten key water-safety messages and is delivered through a set of picture-based flashcards. The ASP Module 1 is being implemented across Ghana and Tanzania, and is a component of a lifeguarding programme in Bangladesh. The RNLI delivers Module 1 through local partners. This section compares the approaches of the country programmes.

**School identification and delivery**

In Bangladesh, the partner organisation directly delivers Module 1 in schools. The schools are identified through a risk-mapping process and sessions are conducted between regular school lessons. However, in Ghana and Tanzania the partners have moved away from direct-delivery of sessions and have adopted a training of teachers (ToT) approach. The partners identify the schools and train teachers with the support of the country education services. In Ghana, the education service conducts a scoping visit to assess which teachers want to be trained in Module 1. In Tanzania, the Ministry of Education coordinates teacher-training workshops for the partner.

Following the teacher training in Ghana and Tanzania, all teachers receive a copy of the printed flashcard resource and are provided with ASP t-shirts as incentives to encourage them to deliver the sessions. In Tanzania, they have also created wall stickers of the key water-safety messages to leave at the schools. Where the partner delivers Module 1 (Bangladesh), no materials are left with the schools or teachers.

**Post-training follow-up**

Following the adoption of a ToT approach there is some variation between post-training follow-up with the teachers and schools. In Ghana, the partner revisits the schools 1–2 weeks after completion of the teacher training of Module 1. The partner observes a teacher-led session and provides feedback. The partner then follows up with a sample of teachers, either in person or by phone, one month after the training to see whether the sessions have been delivered. In Tanzania the partner does not complete a formal follow-up visit with the teachers. The partner’s focus is on

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21 RNLI (2017) *How we are helping: Bangladesh*, [www.rnli.org/what-we-do/international/how-we-are-helping/bangladesh](http://www.rnli.org/what-we-do/international/how-we-are-helping/bangladesh)
22 KII with RNLI (2)
23 KII with RNLI (3)
24 Ibid.
25 RNLI (2017) Validation meeting feedback, 14 June
26 KII with RNLI
27 RNLI (2017) Validation meeting feedback, 14 June
encouraging the Ministry of Education to follow up with the schools.\textsuperscript{28} The partner reported leaving its contact details for the teachers in case they have any questions. In Bangladesh, the partner visiting the schools delivers Module 1. It does not follow up with the schools to see if the messages are being repeated, but reported that it returns to the same schools annually to redeliver the session.\textsuperscript{29}

**National curriculum**

Water-safety messaging and awareness is not a formal part of the education system across the three countries and is not directly part of the national curriculum.\textsuperscript{30} It was noted that this causes difficulties in facilitating sessions.

- Module 1, in Bangladesh, is taught between regular school lessons which limits the time available for sessions.\textsuperscript{31}
- In Ghana, the partner recorded a lack of incentives for teachers to deliver Module 1 and noted that putting water-safety education on the curriculum would make it compulsory to teach and would remove this problem.\textsuperscript{32}
- In Tanzania, Module 1 is being used as a pilot for the Ministry of Education and is an extracurricular activity linked to sports and physical education.\textsuperscript{33}
- Other water-safety experts who use the ASP flashcards\textsuperscript{34} noted the importance of putting water-safety messaging on the curriculum to ensure its sustainability.\textsuperscript{35}

**Additional activities**

Module 1 of the ASP is predominantly focused on schools. However, the partners across the three countries conduct additional activities outside of school settings as Table 3 outlines.

**Table 3 Additional ASP Module 1 activities**

<table>
<thead>
<tr>
<th>Bangladesh</th>
<th>Ghana</th>
<th>Tanzania\textsuperscript{36}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in madrasas (Islamic schools)</td>
<td>Establishing Aquatic Survival Ambassadors in the community ToT sessions to:</td>
<td>Training in madrasas</td>
</tr>
<tr>
<td>Social autopsy in communities affected by drownings</td>
<td>- Local organisations (Cadets, Red Cross)</td>
<td>Community awareness-raising activities (e.g. village meetings, women’s groups) to introduce swimming discussions.</td>
</tr>
<tr>
<td></td>
<td>- Government institutions (National Disaster Management Organisation)</td>
<td>Sessions linked with sports and physical education in schools</td>
</tr>
<tr>
<td></td>
<td>- Fishing communities</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{28} Ibid.

\textsuperscript{29} KII with RNLI

\textsuperscript{30} KII with RNLI (4)

\textsuperscript{31} KII with RNLI

\textsuperscript{32} Ibid.

\textsuperscript{33} Ibid.

\textsuperscript{34} The ASP flashcards were made publicly available and other water-safety organisations are using them; for example, Nile Swimmers, Sudan.

\textsuperscript{35} KII with other water-safety expert

\textsuperscript{36} Exploring delivering sessions within other networks, RNLI (2017) Validation meeting feedback, 14 June
Across the three programmes there are some variations in who the partners reach with Module 1 and the approach they take. In Bangladesh, the partner responds to the news of a person drowning and visits the community where it happened. It carries out a ‘social autopsy’, which allows the partner to gather environmental information about the drowning and to open communication with the community to explore water-safety messaging. 37

Extra activities in Ghana include delivering Module 1 to local organisations and government institutions, as well as at-risk communities such as fishing communities. The partner reported that it could not leave flashcards with these stakeholders and noted that they were therefore unlikely to pass on the training and messages. 38

Across all programmes the partners reported making use of the flashcards outside of school settings. However, all three country partners explained in interviews that when working with adults the flashcards were not the main focus and the sessions involved more discussion. 39

**RNLI methods of teaching Module 1**

Module 1 of the ASP is taught using a set of flashcards as the main resource for lessons. The flashcards are picture based and reported to be simple and easy to use. 40 The flashcards focus on ten key messages across three themes:

- Theme 1: Spot the dangers
- Theme 2: Keep yourself safe
- Theme 3: Keep others safe.

The flashcards are easily adaptable, with partners and external water safety organisations adjusting them to be contextual and applicable for their setting. 41

The ASP manual advises that Module 1 can be introduced into an existing curriculum or taught as a separate lesson. The manual suggests that the facilitator should encourage students to recall the messages using a creative exercise such as creating a poster, song or drama. 42 In practice, the programmes differ in their methods of teaching. Interviews with RNLI programme managers identified that the creative aspect to teaching the module is often overlooked due to time restrictions (Bangladesh, Ghana, Tanzania) or cultural barriers and teaching styles (Bangladesh). However, partners stated in interviews that they employ different methods and these vary across the programmes.

Demonstrations are used to support the flashcards in school sessions. Partners use lifejackets (Bangladesh, Ghana, Tanzania), bamboo sticks and floating objects (Bangladesh) to demonstrate the various themes of the ASP. In Ghana and Tanzania lifejackets are left with teachers for future demonstrations. 43

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37 KII with RNLI
38 KII with RNLI (2)
39 KII with RNLI (3)
40 KII with RNLI (5)
41 KII with RNLI (4) KII with water-safety expert (1)
43 RNLI (2017) Validation meeting feedback, 14 June
The sessions are made interactive and engaging by allowing time for questions and answers with the pupils. Educators have improved over the programme and know the messages well, so are more able to move away from a lecture style of teaching to an interactive approach.

The partners across Ghana and Tanzania reported their methods of teaching and facilitating the creative exercise. In Ghana, the partner has created an additional flashcard based around community survival, and enhances the flashcards by incorporating stories and games about water-safety to the sessions. The partner in Ghana has carried out a water safety quiz across the schools that it works with.

In Tanzania, the partner reported that using local songs and drama was a key aspect of the ASP. It has also recently worked with a local drama group to create a film based around the ten key water-safety messages.

The methods of teaching Module 1 of the ASP are strongly linked to the flashcards and any activity the partners or programme managers record is linked directly to one of the key themes. The activities and sessions conducted across the programmes are delivered as single sessions and are not repeated regularly.

**External project approaches**

Good practices in education programmes in low-resource settings identified by expert informants and the literature, can be grouped into seven approaches. The approaches are ordered according to the number of countries informants had experience of them occurring:

1. Deliver programmes through school teachers (6 countries);
2. Involve communities throughout the whole process. (4 countries);
3. Use existing structures (e.g. student leader groups, afterschool clubs or parent-teacher groups) (3 countries);
4. Involve parents with the programmes (e.g. parent groups, assemblies, termly events) (3 countries);
5. Use pilot schools to develop and innovate (3 countries);
6. Incorporate topics through other lessons (2 countries); and
7. Combine behaviour change and environmental change (2 countries).

The review indicated that programmes often combine several approaches to ensure their approach is applicable, suitable and effective. This is demonstrated through the examples below and detailed in Appendix 6: Approaches - key examples.

**Deliver programmes through school teachers**

Delivering education programmes through school teachers rather than running the sessions as an outsider was explicitly discussed as being good practice by six experts interviewed and examples provided across six countries. In total, ten informants discussed working on or with programmes...
where children were reached through school teachers. Common themes that emerged from the interviews were that delivering programmes through school teachers increases the scale of the programme in an affordable way. This approach can also increase the regularity of education sessions and increase the initiative’s sustainability, as the teachers are able to continue to deliver the initiative even if the programme ends.

Two informants discussed the effect of having external people deliver sessions in schools as being a distraction for the children and that the students’ focus might be on the visitor and not the content of the session.

**Involve communities**

Involving communities throughout the design, development and implementation of a programme was reported as good practice across interviews and occurs within the literature. The WHO ‘Global School Health Initiative’ encourages schools to collaborate with communities and health officials to improve school health. Research also suggests that collaborating with community leaders, parents and other actors in a school-based intervention ensures the sustainability of the programme.

Other water-safety organisations noted their efforts to engage and involve communities throughout delivery of their programmes. Informants discussed the need to understand and make use of different authority figures and power dynamics in a community to implement a successful programme. ‘Any programme has to have community ownership and involvement, there has to be a local drive.’

**Use existing structures**

The use of existing structures within and around the school system was noted in interviews as being an effective approach to delivering a programme and spreading education messages. Examples given included using student leaders to be role models, student health groups and afterschool clubs.

**Involve parents**

Parents’ attitudes towards health and health-related behaviours are among the most powerful influences on young people’s health and behaviours. Research demonstrates the potential for diffusing knowledge and skills throughout a community by engaging parents. Parents can be trained to reinforce a health behaviour with their children at home, and research has indicated the

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50 KII with health promotion and WASH expert (5); KII with behaviour change/education expert (4); KII with gender and education expert (1)  
51 KII with health promotion/WASH expert  
52 Ibid.  
53 KII with health promotion/WASH expert (2)  
56 KII with Other water safety expert  
57 Ibid.  
58 KII with health promotion/WASH expert (2)  
59 Booth, M. and Samdal, O. (1997) *Health-promoting schools in Australia: models and measurement*  

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potential for reverse diffusion of knowledge. One study recognised the potential of children as agents of change in their communities and that children could have a greater role in disseminating information to their parents. The study reported methods of dissemination that children used; after receiving WASH education in school, children altered their home environment, reminded their family regularly about WASH practices and showed their family WASH educational materials. In addition, having children simply model good WASH behaviours influenced change at home.62

Health promotion experts and RNLI key informants identified examples of this happening through children being eager to share what they have learnt and done in schools with their families. 63

Interviews indicated that teachers were involving parents with school-based education programmes. Examples included establishing parent-teacher groups, putting on assemblies and organising termly events to include parents in programmes.64 One informant reported the involvement of parents in helping to finance sanitation and hygiene products in schools to assist the programme in an innovative way.65

**Use pilot schemes**

Three key informants discussed the role of pilot projects to develop ideas, evaluate programmes and to innovate. The pilot programmes allowed the organisations to document lessons learnt and share good practices before scaling them up.66 A small health-promotion NGO reported using pilot schools to test new ideas and then teachers would share good practice with other schools in the area.67

**Incorporate topics in other lessons**

This approach was discussed predominantly by the WASH experts interviewed. Integrating key hygiene themes into the curriculum is supported and explored in literature including a USAID teachers’ guide, providing ideas and lesson support for incorporating WASH through subjects such as science (e.g. studying germ theory and disease transmission).68

**Combine behavioural change with environmental change**

Two experts interviewed had implemented this approach.69 Programmes that impart knowledge, develop skills and change attitudes of children in schools were reinforced by ensuring the school and home environment enabled and encouraged the desired behaviours. Examples include an injury prevention programme that encouraged parents to mark a safe boundary around the cooking area at home to prevent burns, and to store medicines out of sight and reach of children.70 Irise International (Irise) also works within the home and school environment to ensure girls can use sanitary items after learning about them in school session. The behaviour change theory that

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63 KII with the RNLI (2); KII with health promotion expert (1)

64 KII with health promotion/WASH expert (2)

65 KII with health promotion/WASH expert

66 KII with health promotion/WASH (2); KII with gender and education expert (1)

67 KII with health promotion/WASH expert


69 KII with health promotion expert (1); KII with other water safety expert (1)

70 KII with health promotion/WASH expert
explores the effects of combining behavioural change with environmental change is discussed in
greater detail below (see Effectiveness). External project methods

Various methods and tools were identified throughout the literature and interviews. This review
categorised the methods or techniques identified into three groups: information products,
participatory activities and peer-to-peer learning.

Information products

Information products include print materials, information, education and communication (IEC)
materials, community-produced materials and mass media. Health promotion and WASH initiatives
often use posters, flyers, leaflets, etc. to deliver messages for health education sessions. Information
materials are used as a means of promoting desired, positive behaviours in the community. In some
cases, these activities are part of a communication plan within a comprehensive strategy, while in
many others they are isolated actions. These initiatives are commonly referred to as IEC activities.71

IEC initiatives need to have a clear objective (the specific behaviour to change or reinforce) and a
target audience. The materials usually address a specific problem within a set timeframe.72

The most important lesson learned in IEC is that it works. It creates awareness, increases
knowledge, changes attitudes and moves people to change or continue their behaviour or to
adopt an innovation.73

Participatory activities

Participatory and interactive activities were noted to be an effective method of delivering education
messages across all stakeholder sectors (health, WASH, and water safety). Examples included

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71 WHO (2017) Information, education and communication. Child health and development,
www.emro.who.int/child-health/community/information-education-communication.html
72 WHO (2001) Information, Education and Communication. Lessons from the past: Perspectives for the Future,
Department of Reproductive Health and Research
73 Ibid.
teaching through games, problem-solving activities, interactive theatre, songs and dance. One informant expressed the importance of using voice (e.g. singing or questions and answer sessions), body (dance or movements and actions) and space (moving around the classroom, using different areas) to engage young people and facilitate their learning.74

Peer-to-peer learning

Several informants discussed peer-to-peer learning, with some giving examples of student groups as a way of sharing education messages.75 Others gave examples of the effects of using ‘champions’ and role models to influence a behaviour.76

Appendix 7: Methods - key examples provides examples of teaching methods identified during KIIs. Our findings suggest that a holistic approach is commonly implemented, with informants identifying all three categories as being developed and implemented together. Research conducted by Briscoe and Aboud (2012) showed that the most successful health behaviour change interventions use three or even four categories of techniques (methods), engaging participants on behavioural, social, sensory and cognitive levels. The research proposes that programme development would be more systematic if a ‘menu’ of technique categories that are appropriate for the targeted behaviour and audience were considered during the design stage.77

74 KII with education and behaviour change expert
75 KII with health promotion/WASH experts (2); KII with education/behaviour change expert (1)
76 KII with education/behaviour change expert (1); KII with gender and education expert (1)
4.2. Effectiveness

Behaviour change theory

The literature review identified a wide range of behaviour change theories and evidence about what influences people’s behaviour. For the purpose of this review we have selected specific models that are prominent in the literature, were highlighted through interviews and are relevant to the programme.

Increasing knowledge alone does not lead to behaviour change. This is considered a simplistic assumption about behaviour. Increasing knowledge is an aspect of bringing about behaviour change, but is not sufficient on its own. To better achieve behaviour change, changes in knowledge must be supported by improved skill, changes in social norms, a supportive environment and reinforcement that encourages behaviour change. These findings were corroborated by KIIIs with behaviour change/education experts.

We assume that if someone knows how to do something, and they are able to do it then they will. Take for example smoking cessation: if you go to the GP [doctor] and they give you information on how to stop smoking, the assumption is that now you know about stopping smoking you will. This doesn’t take into account our motivations or our perceived control over our behaviour (KII Behaviour change expert)

Behaviour change involves more complexities than just changing a person’s knowledge. Research suggests that we weigh up the pros and cons of a behaviour before making decisions and that our automatic or instinctual response is a factor in our actions. For example, asking questions such as: What is the simplest option to take? What have I done before? What does everyone else do?

Active and passive approaches to behaviour change

The literature explores how the environment affects our behaviour and can be manipulated to change it. Evidence shows how environmental factors can motivate behaviours that promote good health and wellbeing. This is termed ‘nudging’ and is a method of triggering a desired behavioural outcome. Instead of changing the conscious decision-making process, nudges alter the environmental context in which a decision or behaviour is completed.

The literature reviewed identified tension between the use of active approaches (interventions that require individual action) and passive approaches (environmental or structural strategies) in

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80 Ibid.
81 Ibid with behaviour change expert
82 Ibid.
behaviour change interventions. An example of a successful passive public health intervention is the fluoridation of water, which requires no behavioural change by individuals.\textsuperscript{85}

However, an integrated (active and passive) response is considered to be more effective. It has been argued that passive environmental changes always require some level of behavioural adaptation to be effective; for example, smoke alarms need to have the batteries changed and gates around swimming pools need to be kept closed.\textsuperscript{86} An integrated approach recognises that individual behaviours react to and interact with the environment.

The literature review suggests that we can affect behaviour change if we recognise that our decisions are often not deliberate and considered, but can be habitual, automatic and heavily influenced by the environment in which they are made.

**Behaviour change models**

Two widely used theories of health behaviour are the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB). Both theories occur within the literature and research describes their use for predicting and changing behaviour.\textsuperscript{87} The Social Cognitive Theory and Community Organisation Approach have been presented to provide an alternative to the individual approach of the HBM and TPB. The HBM and TPB focus on individuals’ internal motivations for behaviours, whereas the latter theories are focused on the social and environmental influences of behaviour.

Interviews with behaviour change experts showed that behaviour change theories are not explicitly applied in practice or have been slow to be absorbed outside of academic institutes.\textsuperscript{88} During interviews there was a distinct split between behaviour change theorists and programmatic experts.

Behaviour change theorists quoted the TBP and HBM as two models of behaviour that are applicable to health, injury prevention and health-related programmes,\textsuperscript{89} whereas programmatic experts working in health, WASH and education focused more on a range of approaches using their own evidence and creating their own specific theory of change.\textsuperscript{90} The four behaviour change models are summarised below.

**Theory of Planned Behaviour** – This model suggests that three major constructs drive intention: attitude, subjective norms and perceived behavioural control, which is the perceived ease or difficulty with which the individual will be able to perform or carry out a behaviour. The stronger the intention, the more likely an individual is to perform the behaviour.\textsuperscript{91}

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\textsuperscript{86} Ibid.


\textsuperscript{88} KII with behaviour change/education experts (2)

\textsuperscript{89} Ibid.

\textsuperscript{90} KII with health promotion/WASH expert (5) KII with gender and education specialist (1); KII with education expert (2)

**Health Belief Model**—This model states that a number of beliefs about threats to an individual’s wellbeing and the effectiveness and outcomes of particular actions determine behaviour. Perceived threat is at the core of the HBM because it is linked to a person’s readiness to take action.92

**Social Cognitive Theory**—This proposes that people are driven not by inner forces but by external factors. The model suggests that an interaction of behaviour, personal and environmental factors explain human functioning.93

**Community Organisation Approach**—This focuses on the active participation and development of communities to enable them to better evaluate and solve health and social problems. It treats the community as the source and not simply the site of a prevention programme.94

These theories are four relevant examples for health-promotion and injury-prevention initiatives. They help to predict behaviour and provide a framework for retrospective analysis of behaviours.95

**EAST framework**

The Easy, Attractive, Social and Timely (EAST) framework is a simple way of applying behavioural insights to a programme or policy to make a behaviour change more likely.96 The EAST framework provides four simple principles for applying behavioural insights to policy and interventions. It was developed by the Behavioural Insights Team (BIT), a UK-based social purpose company.97 The framework is based on BIT’s own work and wider academic literature.98 The EAST framework was reported in interviews with behaviour change experts and was identified through the literature review as a practical tool for applying behaviour change theory.

The EAST framework must be applied with a good understanding of the nature and context of the problem to be addressed. BIT has created a method for developing a project with the EAST framework to ensure that the outcome is clearly defined and the context understood, and that there is scope to iteratively build the intervention by testing and learning.

The EAST framework aligns with the findings of this review: that many factors influence behaviours and many different theories attempt to predict it. It also recognises that context is important and what might work in one place might not in another,99 reiterating that to be effective an approach must be flexible and holistic.

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95 Morris, J. et al. (2012) *Theories and models of behaviour and behaviour change*


97 Behavioural Insights Team (2017), [www.behaviouralinsights.co.uk](http://www.behaviouralinsights.co.uk)

98 Ibid.

99 Ibid.
## Table 4 EAST framework with examples

<table>
<thead>
<tr>
<th></th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td><em>Make a healthy behaviour easier than an unhealthy one</em></td>
<td>Auto-enrolment into pension schemes increased participation compared to ‘opt-out’ schemes (UK)</td>
</tr>
<tr>
<td></td>
<td>Behavioural insights recognise that we tend to act in line with a default option and will often choose the easier behaviour available as opposed to one with more costs attached (either financial, time or costs in terms of effort)</td>
<td></td>
</tr>
<tr>
<td>Attractive</td>
<td><em>Attract attention to an idea or behaviour</em></td>
<td>Using spatial and visual design to grab attention to oncoming trains reduces train accidents (India)</td>
</tr>
<tr>
<td></td>
<td>Behavioural science uses the term ‘salience’ to describe the way in which people are more likely to respond to stimuli that are novel, simple and accessible; the assumption is that we are more likely to do something that grabs our attention</td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td><em>Allow people to see others performing the desired behaviour</em></td>
<td>Automated chlorine dispensers were installed in public to make the behaviour visible, increasing their use (Kenya)</td>
</tr>
<tr>
<td></td>
<td>Behaviour change theory indicates that we are strongly influenced by what we observe and what those around us say and do (social influences)</td>
<td></td>
</tr>
<tr>
<td>Timely</td>
<td><em>Carry out the intervention at a time that is close to when the target behaviours is close to being performed</em></td>
<td>Seatbelt reminders immediately before driving are much more effective than five minutes before (UK)</td>
</tr>
<tr>
<td></td>
<td>Additionally, people are more receptive to making changes in moments that seem significant to them, cultural holidays or becoming a parent (e.g. healthier behaviours started in a new year)</td>
<td>Ramadan was found to be a particularly timely moment to ask Muslims to join a smoking cessation programme (Singapore)</td>
</tr>
</tbody>
</table>

The examples in Appendix 8: Behaviour change - key examples, were identified through KII. They highlight the different approaches being implemented to achieve behaviour change and the cross-over with the theories defined above.

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RNLI Module 1 monitoring methods

Monitoring of Module 1 is integrated into that of the overall ASP programme. Each country programme has a separate logframe, which describes statements on impact, outcomes, outputs and activities. All logframes also have indicators, targets, means of verification and assumptions. Comparing the country programme logframes:

- Bangladesh and Tanzania have a detailed theory of change (the Tanzania project calls it an ‘outcome hierarchy’);
- No baselines are set for indicators;
- In terms of targets, Bangladesh has set some targets for indicators, Ghana has set all targets apart from impact level and Tanzania has no targets;
- No targets have a date for achievement;
- Ghana and Tanzania have very similar impact statements, but outcomes and outputs are very different; and
- There are also very few comparable indicators.

In Bangladesh, Ghana and Tanzania the RNLI has a baseline/endline tool. The tool has been trailed, and the RNLI is in the process of developing a new version that will be easier to implement and analyse. This new tool will be tested in Ghana first.

The means of verification (i.e. sources of data) linked to Module 1 are listed below. They differ across the countries in terms of the tools described and number of tools.

Table 5 List of logframe data sources

<table>
<thead>
<tr>
<th>Bangladesh</th>
<th>Ghana</th>
<th>Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre- and post-lesson and follow-up</td>
<td>Focus group discussions</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>Evaluation/survey</td>
<td>Lessons learnt checklist</td>
<td>Hard-copy forms/online database</td>
</tr>
<tr>
<td>Assessment record</td>
<td>Interviews</td>
<td>Sample survey</td>
</tr>
<tr>
<td>School education report</td>
<td>Meetings</td>
<td>Community engagement activity form</td>
</tr>
<tr>
<td>Record of schools approached</td>
<td>Training assessment records</td>
<td>Panje trainer meetings</td>
</tr>
<tr>
<td>Community awareness-raising checklist</td>
<td>Lesson delivery observation record</td>
<td>Feedback from teachers and safety checklist</td>
</tr>
<tr>
<td>Qualitative sample</td>
<td>List of schools and signed agreements</td>
<td>Periodic meetings with management and teachers</td>
</tr>
<tr>
<td>Observations by CIPRB community educators</td>
<td>Event monitoring checklist</td>
<td>Visit reports</td>
</tr>
<tr>
<td>Training and attendance record</td>
<td>Process evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quarterly report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periodic visits to selected schools by area coordinator</td>
<td></td>
</tr>
</tbody>
</table>

102 RNLI (2017) Logframes
103 RNLI (2017) Validation meeting feedback, 14 June
External project monitoring methods

External projects use a variety of methods to monitor performance. Methods include:

1. Baseline and endline data collection, using the same tools and user groups – the baselines help to set clear targets;\(^{104}\)
2. Observation of behaviour and environmental factors that change due to learning, using standardised checklists;\(^{105}\)
3. Knowledge, attitudes, practices, beliefs surveys/questionnaires;\(^{106}\)
4. Partner self-reporting for routine reporting;
5. Independent verification of data to check data quality or collect routine data independent of the partner;\(^{107}\) and
6. Quizzes, tests or role plays to monitor immediate reactions and learning.\(^{108}\)

Project experts acknowledged the difficulties in measuring behaviour and results. However, they measured learning and reaction of participants easily. The figure below shows how different external project monitoring methods relate to the Kirkpatrick Model, a worldwide standard for evaluating the effectiveness of training.\(^{109}\)

Figure 4 Kirkpatrick Model

Several external projects used technology to capture and share data.\(^{110}\) UNICEF uses mobile phones to connect teachers from New York to students in the country programme to discuss and brainstorm solutions to projects and provide real-time feedback. Two external groups are using WhatsApp groups to provide routine monitoring information and share project implementation photos.\(^{111}\)

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\(^{104}\) KII with RNLI (2); KII with other water-safety expert (3); KII with education/behaviour change expert (2)

\(^{105}\) KII with health promotion/WASH expert (2); KII with education/behaviour change expert; (1) KII with other water-safety expert (1)

\(^{106}\) KII with health promotion/WASH expert (2)

\(^{107}\) Ibid.; KII with education/behaviour change expert (1)

\(^{108}\) KII with health promotion/WASH expert (2); KII with education/behaviour change expert (2)

\(^{109}\) The Kirkpatrick Model, [www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model](http://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model), 16 June 2017

\(^{110}\) KII with health promotion/WASH expert (1); KII with education/behaviour change expert (1)

\(^{111}\) Ibid.
Several projects also noted the use of existing monitoring systems to collect project data. For example, as part of government officials’ conducting routine monitoring visits.112

**Lessons from Aid Works monitoring projects**

Aid Works has previously supported monitoring-system development for projects in Sierra Leone, Sudan, South Sudan, Uganda and the UK. Some of the lessons we have learnt in developing monitoring systems, are listed below. These have been segmented into general monitoring processes and logframe design. For general monitoring processes:

- Have a clear set of tools that are standardised, with clear instructions – pilot and adapt any new tools before rolling them out;113
- Minimise the number of data collection tools to try and make it easier to collect data rapidly;
- Focus groups can collect quantitative and qualitative data, but voting using a show of hands can be biased and difficult to count accurately – use methods such as Participatory Ranking Methodology;114
- Data analysis may be better done by the funder or project managers, rather than local implementing partners, as it often requires a greater level of skill, time and understanding of its importance – data analysis should have a clear plan of how it will be interpreted;115
- Ensure you train partners on the importance of monitoring and how it can be useful for them – often monitoring can be seen as a burden, rather than a resource;116 and
- If it is difficult for partners to collect data, it is straightforward to train enumerators to collect basic data for periodic surveys or evaluations – this is very useful where capacity of implementers may be low, if partners are busy or if an independent view is required.117

The logframe of a project, is usually based on a clear theory of change, which should be a ‘flexible description of a sequence of events that is expected to lead to a particular desired outcome.’118 Aid Works usually works with the Department for International Development (DFID) logframe template, due to the clear guidance available and its widespread use in development projects.119 Lessons from using this format are:

- It is difficult to measure impact over a two/three year period – impact is often seen over five years, therefore ensure you are able to measure all of the project’s outputs and outcomes;
- Use clear definitions of impact, outcome and outputs using DFID’s definitions;120
- State sources clearly and only have one source per indicator – the baseline, milestone and target for an indicator should be measured using the same source;
- Ensure there is one clear outcome from multiple outputs;

113 Project Name: OFDA Sudan, Sudan Monitoring Project
114 Project Name: USAID Community Connector Review, Uganda
115 Project Name: OFDA Sudan, Sudan Monitoring Project
116 Project Name: Liverpool School of Tropical Medicine Monitoring Project, South Sudan
117 Project Name: OFDA Sudan, Sudan Monitoring Project
120 *Ibid*
• Measure indicators over time and are not one-off events (e.g. pilot completed);
• Indicators should have baselines, milestones and targets which all have dates as shown in Figure 5;
• Disaggregate gender and age where it is useful to do so – this can be difficult to measure accurately when dealing with multiple age ranges and big groups;
• Include finance-based indicators to measure economy/efficiency areas (e.g. cost/school, cost/participant);
• Use the logframe for forward planning – measure what is planned to change rather than what the project currently does;
• Review the project logframe regularly against milestones set;
• Review the indicators and design annually, and adapt if the activities or theory of change evolve; and
• Design projects to be able to incorporate other data collection outside of the logframe that measures internal key performance areas (e.g. management areas, work plan progress, gender, disability or age surveys).

Figure 5 Example output indicator in DFID logframe format

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2008</th>
<th>Milestone 1</th>
<th>Milestone 2</th>
<th>Target (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of health professionals at selected Central and District Hospitals trained on revised curriculum for patient-centred clinical care</td>
<td>0 Doctors (0 M; 0 F) 4 Nurses (0 M; 4 F)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.3. Equity

Gender

RNLI implementing partners reported that some of the communities they worked with requested early in the programme that they would like female educators.\footnote{KII with RNLI (3)} This was noted as being of importance to Muslim women and girls who wanted female swim teachers and community educators (Bangladesh, Tanzania). The partners responded to these requests and have recruited female teachers and volunteers.\footnote{KII with RNLI (2)}

Interviews with external health/WASH and education experts identified the need for and benefits of involving mothers in education programmes.\footnote{KII with health promotion/WASH expert (2); KII with behaviour change/education expert (1)} Mothers can help to establish healthy behaviours and habits in children early on; for example, with handwashing practices. The literature supports this.\footnote{Newson, R.S.; Lion, R. and Crawford, R.J. et al. (2013) ‘Behaviour change for better health: nutrition, hygiene and sustainability’, BMC Public Health 13:S1, doi:10.1186/1471-2458-13-S1-S1}
Interviewees also identified the importance of making a conscious effort to involve men, in particular in areas where they might not normally be engaged. IRiSE purposefully involves boys and men in discussions and activities about menstruation; and UNICEF’s Community Cares programme takes a whole-community approach to tackling social norms around gender-based violence, bringing male and female voices and beliefs together.

Affordability
Module 1 of the ASP is being implemented in schools and other groups across the three programmes. Discussions with partners identified that the schools involved are a mix of government and fee-paying schools. ASP resources are given to teachers who are trained at no cost to the school.

Expert key informants in health, wash and education identified a cascade method of teacher training as being more affordable and scalable than delivering the programme directly.

Affordable support and monitoring initiatives were also identified throughout the review. Two programmes report supporting teachers through low-cost initiatives such as text messaging and WhatsApp groups.

Access
All RNLI implementing partners reported working with children outside of school settings and working with adults in the community, although in an informal way. These activities are summarised in Table 3. Two of the partners (Bangladesh and Ghana) reported working with fishing communities, which were identified as a group with lower school attendance and at higher risk because they work around water.

Module 1 resources are picture based, simple and easy for students and teachers to understand. The flashcard resources have been applied across different settings and used by external water-safety organisations. One water-safety expert reported that they were used effectively in refugee camps, despite many language barriers.

Two informants discussed a method to ensure access to their education programmes by developing a cluster schools approach and encouraged a lead teacher to take on the role of disseminating information. This allowed them to reach more schools and led to greater coverage of the programme without having to facilitate large-scale training. This approach used a peer-to-peer teaching method.

Social Inclusion
Module 1 predominantly focuses on bringing water-safety education to schools. The countries where the programme is being implemented have varying levels of school attendance. In

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125 KII with health promotion/WASH expert (1); KII with gender and education expert (1)
126 KII with RNLI (2)
127 KII with RNLI (3)
128 KII with health promotion/WASH expert (3); KII with behaviour change/education expert (1)
129 KII with health promotion/WASH expert (2); KII with behaviour change expert (1)
130 KII with RNLI (2)
131 KII with RNLI (4)
132 KII with water-safety expert
133 KII with health promotion/WASH expert (2)
Bangladesh, 9 per cent of out-of-school children are of primary-school age, in Ghana 30 per cent and in Tanzania 19 per cent.\textsuperscript{134}

The consideration of whether the ASP is targeting the right groups arose through interviews. The partners identified that children who do not attend schools are likely to be unsupervised for a large part of the day and therefore at greater risk.\textsuperscript{135} The implementation of the module is reaching different groups within the communities by working with madrasas (Ghana and Tanzania) and fishing communities (Bangladesh and Ghana). However, there were no reports of targeted work to reach out-of-school children. All partners report working with communities in different ways. Module 1 implementation does not directly work with or involve parents.\textsuperscript{136}

**Contextualisation**

Module 1 is designed for low-literacy settings and has clear and simple messaging. The module is easy to adapt to any environment. Examples include changing a shark to a crocodile on the ‘Spot the dangers’ card; and external water-safety experts also reported changing the images of water storage containers to be more context applicable.\textsuperscript{137}

Interviews showed that contextualisation is achieved through knowing the community and local setting well. It includes understanding the problems a community faces, identifying the problems that the community wants to address, and observing the barriers that the community faces to bring about change’.\textsuperscript{138}


\textsuperscript{135} KII with RNLI (3); KII with other water-safety expert (1)

\textsuperscript{136} KII with RNLI (3)

\textsuperscript{137} KII with other water-safety expert

\textsuperscript{138} KII with health promotion/WASH expert (2); KII with other water-safety expert (1)
5. Conclusions and recommendations

5.1. Conclusions

Relevance

Health promotion, WASH and safety education are best delivered to children using integrated approaches. Programmes often combine several approaches to achieve scale and sustainability and maintain suitability to the context.

Module 1 resources are picture based, simple and easy for students and teachers to understand. The content has not shown to have challenges; the approach and methods have opportunities for revision compared to the literature and key informant examples. The review found that the Module 1 uses two out of the seven identified good practice approaches for education programmes, the use of these two approaches differ across the countries. The programme is delivered through school teachers (Ghana and Tanzania), directly by a partner in Bangladesh; and has different activities with communities. The programme does not comprehensively make use of existing local structures or involve parents. For Module 1, the programme does not use pilot schools to test new ideas and innovate, integrate with other education topics or focus on changing the environment as well as individuals’ behaviour – all noted as successful approaches in the literature or by key informants.

In terms of methods, the review found that Integrating methods of delivery yields the best results for the learner. The review found few examples of programmes using just one method of delivery, with most examples demonstrating an integrated strategy.

Module 1 is delivered using two out of the three categories of education methods to varying degrees. The programme uses picture-based flashcards as an information product. Partners report some use of participatory activities in the form of songs and drama, but this is not coherently applied. The programme does not use peer-to-peer learning as a tool for delivering targeted education messages.

Effectiveness

Behaviour change interventions are most effective when they go beyond increasing knowledge. Interventions are effective when they understand complexities of behaviour. Theories show that internal, environmental and social factors influence behaviour. Internal factors include a person’s motivation, perceived ability to change and readiness to do so. Examples of environmental and social factors that influence behaviour are the society a person lives in, the social norms that surround them and the environmental barriers they face. Therefore, behaviour change is achievable when an intervention understands the individuals and community it is working with.

The EAST framework was identified as a useful tool for applying behavioural insights to an intervention. The framework provides practical recommendations for incorporating the complexities of behavioural insights and using influencing factors from personal, social and environmental settings to guide health-related behaviours.

Learning outcomes are best monitored by starting with a clear theory of change and logframe. Programmatic experts indicate that to develop a behaviour change programme it is common practice to produce a theory of change. External projects have iteratively improved on their project design based on pilots, research and internal lessons, which in turn improve a specific project’s theory of change. By having a clear logframe with baselines, milestones and targets it provides transparency to project plans and sets out a clear way forward. Although impact level is difficult to measure, the theory of change and logframe will outline outcomes and outputs that contribute to
the impact. The measurement of the outputs and outcomes are therefore evidence for reaching the impact.

**Equity**

Module 1 demonstrates that child education messages can be accessible and inclusive. The country implementation has addressed all areas of equity as defined by this review (gender, affordability, access, social inclusion and contextualisation). Module 1 is accessible and adaptable due to its simplicity. It has achieved high coverage in terms of the number of countries it is being implemented in, the simple adaptations made to the pictures and the four languages the resource has been translated into. However, the number of children accessing the messages, who are out-of-school children, is unknown.

5.2. **Recommendations**

There are no specific recommendations for the content of the messages, as these were seen to be very clear and usable. We have framed the recommendations to focus on developing an improved standardised approach to delivering water safety messages. These recommendations describe a need to broaden the implementation of the messages, rather than to change the learning points or messages. It could be useful to add sections to the manual that explain additional guidance on implementation. We have also listed programmatic changes we believe are needed for improved management and oversight. The second set of recommendations may have overlap with Module 2, hence the degree to which they should be implemented should be decided by RNLI.

**Improving the standardised approach and methods to water safety messages**

1. **Broaden the number of approaches used to implement water safety messages**
   - Build on existing efforts to put Module 1 of the ASP on the national curriculum, include this as a key recommendation in the manual;
   - Include approaches identified in this research used by external programmes in the manual, particularly approaches on involving communities, using existing structures, involving parents, and incorporating the topic into other lessons;
   - Consider developing examples on how to incorporate messages into other lessons in the manual. Such messages could be piloted in a few schools before rolling out/including in the manual;
   - Consider providing more detailed information on participatory approaches currently used by RNLI in the manual;
   - Continue support for a ToT delivery approach, and potentially outline such delivery approach in the manual; and
   - Advocate that teachers (or implementing partners) should also engage with parents, particularly mothers.

2. **Increase the methods used to disseminate learning**
   - Provide additional support (such as mentoring) or additional guidance to teachers, in using participatory methods;
   - Consider how to creatively increase involvement of children in participating in the learning; and
   - Pilot using peer-to-peer methods and use feedback to update the manual.
Strengthening the programme management and oversight

1. Explore wider partnerships
   • Explore working with complementary partners, such as charities that are working in schools in the local area.
   • Make greater use of teachers cascading training to other teachers, if rapid scale-up is planned; and
   • Involve existing community groups and build on these to create stronger networks, especially targeting out-of-school children.

2. Strengthen and standardise monitoring systems
   • Develop one theory of change for all country programmes, which will then drive the logframe and monitoring – RNLI should decide if one theory of change is possible for both Module 1 and Module 2
   • Improve the logframe template to include clear baselines, milestones, targets – potentially using DFID’s template;
   • Use some common indicators across country programmes to monitor performance; and
   • Use the list of lessons learnt in the findings to improve monitoring.

3. Upload module resources online, and follow-up with those who use it
   • Make flashcards available to download online; and
   • Track downloads to see where they are being used (e.g. taking name, country and email address before download), to provide more evidence of the coverage of the materials.
   Follow-up with those who download of the manual to provide support on implementation, sharing RNLI’s lessons learnt

4. Review behaviour change theories and incorporate them into the implementation strategy
   • Consult behaviour change experts about the relevance of the theories; and
   • Use the most relevant theories identified in this review, to support development of the programme’s theory of change.

5. Document and strengthen Module 1’s equitable approach
   • Further detail the examples of equity identified in this review implemented via Module 1, include in the manual or a separate guidance note;
   • Explore if out-of-school children are a target population that requires greater emphasis; and
   formalise the equitable approach for each country (e.g. development an equity strategy) using an expert in the subject matter.
6. Appendices

List of appendices available on request

6.1. Appendix 1: Interview guide
6.2. Appendix 2: Literature search strategy
6.3. Appendix 3: Literature search results
6.4. Appendix 4: Data collection methods and tools
6.5. Appendix 5: Example flashcard from ASP Module 1
6.6. Appendix 6: Approaches - key examples
6.7. Appendix 7: Methods - key examples
6.8. Appendix 8: Behaviour change - key examples