WASH Midterm Evaluation

Contents

1. INTRODUCTION

BRC-FL and the National Societies are currently implementing a five-year Development Program (Action Plan) *"Rode Kruis Vlaanderen helpt helpen: duurzame impact door inzet op zelfredzaamheid"* (2017-2021), financed by the Belgian government in Rwanda and Tanzania.

The two specific action plans being reviewed are:

- Rwanda: Improved community resilience (WASH) in Karongi and Rutsiro district and enhanced organizational first aid capacity (2017-2021)
- Tanzania: Improving institutional and community capacity to meet the own health needs (2017-2021)

These projects are realized with funding from the Directie-Generaal Ontwikkelingssamenwerking (DGD).

This midterm evaluation track consisted of three parts: a workshop at BRC-Fl HQ in November 2019, a field visit in Tanzania and Rwanda in January 2020 and this report, where the final version was submitted on Monday, the 25th of May 2020.

The **output** of this midterm evaluation is a strategy document containing an **analysis of the current learning components**, a **roadmap towards increased learning outcomes and cost-effectiveness,** and an **assessment of the options for innovative and digital learning**.

In this introduction, the purpose and structure of the document is explained.

In chapter 2, an overview is given of the observations and interviews that were conducted in Tanzania (Kigoma region) and in Rwanda (HQ in Kigali and Karongi and Kamonyi districts).

Chapter 3 contains the main analysis, where the 8 objectives that were chosen for this evaluation are explored. First, we look at the current situation, as could be observed during the field visit. After, possible improvements are presented, linked to didactical and pedagogical concepts.

Chapter 4 is based on the 5 moments of need when volunteers and beneficiaries are in their daily reality and will need support to learn. This approach to learning is different from the standard classroom training that expects trainees to follow one training and learn all necessary knowledge, skills and attitudes. We analyze how these 2 target groups need to be supported not only through the initial training or sensitization but also through performance support as they start facilitating and applying the knowledge they have acquired.

In chapter 5, the High Impact Learning that Lasts model is used to analyze if the necessary building blocks for impactful learning are integrated in the program design.

In chapter 6, a roadmap gives an overview of the most impactful possible improvements. They are in a logical chronological order, with an indication on cost effectiveness.

Finally, chapter 7 will provide a general conclusion to this report.

3. FOCUS ON THE OBJECTIVES

After the workshop with the BRC-Fl stakeholders back in November, a MoSCoW[12] analysis (distributing the priorities in the following categories: Must have, Should have, Could have, Won't have) was made to determine the focus of the field visit. For the WASH project, 8 priorities were selected. In this segment of the report, we will look at these priorities, describe the current situation in the field and give some suggestions on how to improve, if possible. After every objective will be a clear indication of the current situation through a coding system and a short explanation:

Very good	Good	Partially OK	Insufficient	Absent

3.1 Improve the capturing of feedback

Current situation

Data collection

In general, a lot of data is collected on the parameters the WASH project wants to improve: percentage improved latrines and tippy taps, measure if the behavior has changed and so on. Every different method has a separate way of data collection. No data is collected on how the beneficiaries experience the sessions, what could be improved about the facilitation or the content of the session.

CBHEPP (Rwanda)

Based on their experiences with the beneficiaries, the volunteers will fill in a checklist per village. This checklist doesn't allow for much qualitative data to be added. The beneficiaries can give feedback through the Community Solidarity Group (CSG) or through community meetings in general.

RANAS (Tanzania)

The **KOBO app** is used by volunteers to collect data on the knowledge, behavior and hardware of the community members. The KOBO app works as a reporting device of the visit: does the household have latrine yes/no,… The questions are in constant evolvement to fit the needs of the researchers but also the community. Only a very small percentage of the volunteers has their own smartphone, so in Tanzania, smartphones were distributed for the data collection. All volunteers are very enthusiastic about the general user experience of KOBO. The only problem with the app can be data connection in remote villages.

CLTS/PHAST (Tanzania)

The CLTS/PHAST interventions which are used as a control condition in the RANAS research follow the same data collection as the RANAS interventions. However, the CLTS method is also coordinated by the government. TRCS uses KOBO report data, but for the national monitoring system, the volunteer must fill in a "hard copy" of a document. Once the volunteer has seen all households, he or she goes to the local government office and writes the data into a ledger.

Feedback on facilitation and content of the sensitization

There are no feedback mechanisms in place on the quality of facilitation, the set-up of the sessions, and so on. Usually, the volunteers do ask if everything was clear and if the beneficiaries have any suggestions. It's difficult to collect reflective and critical data from the households because the average level of schooling is very low. They are not used to giving feedback. Also, the volunteers are members of the local community so for the most part, they have had the same access to schooling and opportunities. Often, the beneficiaries are content with the messages they receive through CLTS/PHAST, CBHEPP or RANAS.

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[1] https://www.productplan.com/glossary/moscow-prioritization/?ref=https%3A%2F%2Fproductframeworks.com
[2] https://www.agilebusiness.org/page/ProjectFramework_10_MoSCoWPrioritisation

An extra barrier is the fact that in the rural districts, the **illiteracy rates** are higher than the national average, so using (anonymous) feedback slips or different methods with reading and writing wouldn't be inclusive.

The feedback from the community is mostly about **practical things:** the fact they are busy farmers so visits during the day are difficult and the fact they don't like it when the hardware delivery is delayed but the volunteer still delivers the messages: *"You want us to use something that is not here?!"*.

The only **feedback** that is collected on the quality of the interventions, is done through field visits from local or HQ management, but this is not standardized.

Possible improvements

Monitoring on PM level

If creating feedback tools for the beneficiaries isn't a convenient option, monitoring the quality of the session could be done by monitoring the volunteers during the sessions. However, this implies that the person monitoring on branch level has the didactical and critical competences to bring the facilitation to a higher level. Not every district coordinator, local WASH engineer or local WASH PM will have the same critical outlook on the facilitation of trainings. Often monitoring the "software" of the WASH project isn't their main focus, so providing clear actionable tools for them to use is vital. To offer some support and standardization, a competence profile of a WASH volunteer in general (CLTS/PHAST, RANAS, CBHEPP,...) needs to be created. If the collection of the feedback would be based on one competence profile, this standardized feedback could be a tool to adapt the training of the volunteers and steer the project in general.

Competence profile for volunteers

The competence profile won't function as a personal development plan on an individual level for the volunteer, as this is logistically not feasible with the high turnover of volunteers at the community level. It is a tool for the monitoring staff to **help assess the strengths and weaknesses** of the volunteer during the **observation**, **guide** the **feedback conversation** with the volunteer afterwards and formulate some **actionable take-aways** to the volunteer. This feedback that is given based on the competence profile would be standardized so it provides an opportunity to synthesize and analyze the data on project level to steer the project based on information from the field.

There are some selection criteria for volunteers, and there is a task description available, but no clear competences are defined. The **competence profile for First Aid volunteers could be an inspiration,** but the difference in level of schooling and reasoning must be taken into account. An adapted version of the First Aid competence profile could look like this:

Planner-organizer

- **Prepared the content**
  - o Masters the learning content
  - o Respects the content/manual (lesson structure)
  - o Masters the skills of the course (tippy tap use,…)
- **Prepared the organization of the session**
  - o Communicates clearly with the households when the visit will take place.
  - o Keeps time: begins on time and doesn't let the session run out.
  - o Has all the necessary tools with them
    - ▪ RANAS flipchart/CBHEPP bundle,…
    - ▪ Charged phone with KOBO app (if needed)
- **Didactically well prepared**
  - o Takes previous feedback into account

Strong communicator

- **Speaks fluently and clearly**
  - o Knows local language (if applicable) and the national language (Swahili/Kinyarwanda)
  - o With confidence: clear and loud enough, at a good pace
  - o Uses intonation to keep attention of beneficiaries
- **Adjusts the communication to the target group**
  - o Translates difficult words
  - o Uses examples in the interest of the target group
  - o Asks for examples from the beneficiaries

Effective facilitator

- **Uses teaching methods correctly**
  - o Uses standardized kit from CBHEPP/RANAS/CLTS/PHAST
  - o Formulates clear questions
  - o Works with all answers (good or bad)
  - o Facilitates group discussions (when intervention is community meeting)
  - o Motivates everyone to speak out
- **Respects didactical principles**

Focused	Keep trainees on track	*Step by step*	Builds up from easy to difficult
Structured	Monitors the structure of the session	*Phasing*	Segments clear stages during the session
Active trainee	Activates the trainees constantly	*Flexibility*	Adapts to unexpected situations
Repeating	Foresees rehearsal moments	*Personalization*	Has attention for individual needs of the learners
Visuality	Supports the topic visually	*Motivation*	Motivates students continually and is enthusiastic

- **Demonstrates professional competence**
  - o Can correctly answer unexpected questions
  - o Uses examples from reality
  - o Is an ambassador for the Red Cross

Active listener

- **Regularly assesses whether the message is understood by review questions**
- **Takes a listening attitude**
  - o Takes time
  - o Eye contact
  - o Open posture
  - o Leaves space for comments

• **Creates an atmosphere of trust**		
	o Is a real point of contact for the group	
	o Has respect for every beneficiary	
	o Focusses on respect between beneficiaries	
	o Addresses behavior not personal characteristics	

Adaptability

- **Responds to unexpected changes**
  - o Adjust schedule in function of the group needs (occupational timetable)
  - o Adjust session to changing circumstances (number of trainees, broken hardware,…)
- **Adjusts the teaching when the message is not understood**
  - o Rephrase question if not clear
  - o Clarifies/explains if not clear
  - o Remains patient

Empathy

- **Responds supportively on implicit/explicit signals**
  - o Responds to non-verbal behavior
  - o Involves all beneficiaries in the session
  - o Provides feedback on disruptive behavior
  - o Starts feedback with an I-statement[3]
  - o Spends extra attention on people who have trouble keeping up

A system can be set up where the supervisor accompanies the volunteer periodically (once every month or once every 50 household visits) dependent on what is feasible and the needs of the volunteer. A finalized competence profile can be used as a tool to evaluate the facilitation, and as a guide to talk to the volunteer about the session afterwards. In combination with the supervisor asking questions to the beneficiaries, enough feedback should be collected.

Community meetings

However, there is still a practical problem because some regions and districts are remote or don't have a lot of staff on branch level to take up the supervision and feedback role. To make sure beneficiaries always have a voice, it's important to also build in a feedback component into the community meeting/CSG/Hygiene Club (HC).

	Current situation	Explanation
Tanzania	Good	Because of the RANAS comparative research, the data collection and analysis (through the KOBO-app) is done rigorously. Question: can the quality be assured after the primary research ends? Points of improvements: include questions on how the training and volunteer were perceived to improve the training itself. Also, try to calibrate the data collection with government, include more community aspect after research.
Rwanda	Good	Feedback can be given through CSC and community meetings, and there is a checklist per village. Beneficiaries have different channels to give feedback. However, the checklist and group sessions don't always allow for in depth, qualitative data collection. Points of improvement: digitalize the collection to improve quality of data and add more qualitative questions.

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[3] Schartel, S. A. (2012). Giving feedback-An integral part of education. *Best practice & research Clinical anaesthesiology*, 26(1), 77-87.

3.2 Close the feedback loop: implement the feedback into the project

Current situation

CBHEPP (Rwanda)
Per 10 volunteers, there is a team leader who organizes all the input from everyone during the monthly meeting. Based on their individual checklists, a **monthly report** is written together. Extra reports can be written when needed. The reports are sent from the branch to HQ. How the data gets processed by HQ and implemented back into the project is quite vague.

RANAS (Tanzania)
The KOBO data is "raw data" that can be accessed by local researchers, HQ, and the focal points and CEBaP in Belgium. Mohammed Fundi (research assistant) uses excel to summarize and report on the data. In Belgium, more elaborate statistic research is done. After the data is processed, the conclusion is used to create the new RANAS session and the new questions for KOBO.

CLTS/PHAST (Tanzania)
The CLTS/PHAST interventions which are used as a control condition in the RANAS research follow the same data collection as the RANAS interventions. The local WASH engineer writes a monthly report based on the KOBO data, and shares this with HQ and BRC-Fl. As the government also manages the CLTS project, they want to process the data as well. Every quarter, through a few steps, the data gets added to the National Sanitation Information System. The district gets feedback on their performance which challenges them to do better. Because the volunteers receive a per diem from TRCS, they focus on the data collection for TRCS. Now the district health officer gets less feedback which doesn't sit well with the local government. The local government would like the harmonization of the feedback collection.

Possible improvements

Qualitative data collection and processing through KOBO
The KOBO tool is already well established within the WASH project. The suggestions made in segment "3.1 improve the capturing of feedback", the monitoring of volunteers based on a competence profile, can be processed through the KOBO app. The WASH engineers and PM's can make a KOBO form, based on the competence profile to fill in during and after the monitoring session. This way, more in depth data on the sensitizations can be collected and processed without putting more responsibility on the volunteers. The aim is not to collect data on the individual level of the volunteer, but to get a better view on how the average intervention is facilitated. Currently, PM's, WASH engineers and district coordinators do regularly go to the field, observe, and check up on the sensitizations and progress in general, but no collective data processing is done, so no broader conclusions can be made to put into action. This can change when the data collection and processing on the quality of sensitizations is standardized through the competence profile and KOBO.

	Current situation	Explanation
Tanzania	Good	Based on the nature of the RANAS methodology, the data analysis is directly connected to constructing the new RANAS sessions. However, some changes to the project aren't possible because the conditions within the primary research need to stay the same. Therefore, the feedback loop will probably change after the research.
Rwanda	Insufficient	The feedback collected through volunteers and CSC is send to HQ. There is however no clear process in place how this input is discussed and implemented back into the project.

3.3 Accelerate digitalization

Current situation

In the communities it is rare to have a smartphone, +- 80% of people have a normal phone, other 20% don't have a phone at all. Digital didactical materials can be used, but for now, always through the volunteer or through the community. For example, during the RANAS sensitizations in Tanzania, a video was shown of the local district commissioner using a latrine and a tippy tap. This video was shown through the phones belonging to Red Cross, which are in use by the volunteers who use KOBO. In Rwanda, a mobile cinema was observed in the community, which was very impactful. These current constraints were kept in mind while formulating the possible improvements. First, the "quick wins" are explained, the possible improvements that are actionable right now without major investments or structural changes. When you go down the list, you will see the suggestions get more ambitious. These are explained to shine a light on what could be possible in the future, if budget is available, and as the average digital literacy and ownership of digital devices increases in Tanzania and Rwanda.

Possible improvements

At this point in time, it wouldn't be inclusive to digitalize (part) of the WASH sensitization if it is the responsibility of the beneficiaries to own a device. The only way to spread the sensitizations digitally right now, is through the volunteer, through mobile cinema or through targeting certain groups like FABL is doing with companies and university students.

Mobile cinema

Household visits only engage parents, digital games in schools only engage children, but mobile cinema engages everyone. During the observation, it became clear that mobile cinema works in the communities: everyone is attracted by the music, there are quizzes with hygiene questions where you can win prizes, parents and children are watching the cartoon which makes the spreading of bacteria visual (which is not possible through regular community meetings or household visits). In summary, it brings a very impactful hygiene message but lightens the tone compared to the household visits.

Topics that could be added:

- How to build a latrine
- How to build a tippy tap
- How to keep your latrine & tippy tap clean and working
- What water is OK for drinking? How do we treat water that is not OK for drinking?
- Crucial moments for handwashing: day-in-the-life vlog style video with important person in the community like the video of the district commissioner was used in the RANAS session. Including someone with prestige helps to create urgency about adopting the behavior.

Targeting children through school

For WASH, children who go to school would be a relevant and impactful target group[4][5][6][7][8]:

- Children are often the biggest victims from poor hygiene (e.g. high mortality rate below 5 because of diarrhea).
- Children will be automatically engaged because of initial "pull effect" from digital devices and gamification.
- Changing habits of children is easier than adults who had their habits engrained for decades, who will feel more shame and who have their own elaborated belief system.
- Children can be agents of change in their households and communities[9].
- You have a location where you can reach them all at once.
- The school can act as an intermediary to manage the digital devices.

However, no conclusive meta studies have been done about the impact of hygiene promotion in schools. The studies are scarce, and some suffer from methodological limitations[10].

Hygiene game (on tablet)[11]

At BRC-FL HQ, there was mention of a hygiene game that would be implemented on site. However, no more information was given in which stage this project was and in which regions it was implemented. As targeting the community through children going to school would be very impactful, here we give you an example how we would structure such a game.

Build a **first-person game** where the student goes on an adventure, but don't rely solely on the learning impact of gamification. **Make sure you incorporate didactical principles to maximize the learning impact.** These principles are also explained in chapter 5 of this document.

- **Create learning experiences that are in the zone of proximal development**

Type in age so the **game can adjust in difficulty.**

- **Authenticity will enable students to develop contextualized problem-solving strategies**

Choose an **avatar** that looks like him or her. Click on his district/region/country so the game can be **adapted to his (type of) surroundings** and focus on the challenges of that country/region/district.

- **Learner agency**

Use branching to create a "choose your own adventure" game: users make their own choices in the game and end up in different scenario's. They take control of their own learning experience and make "mistakes" so meaningful learning can occur, which is lacking in the education system.

- **Create urgency**

Users click on a picture of their latrine (no latrine/ no improved latrine/ improved latrine) and on a picture of their water source (tab/river). The branching in the game can make sure they encounter scenario's where the hardware that isn't up to date in their home causes problems. They feel involved because the situation is very realistic to them.

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[4] http://158.232.12.119/oral_health/action/groups/en/
[5] https://www.who.int/school_youth_health/gshi/en/
[6] https://www.unicef.org/wash/schools/files/rch_cta_com_strat_2010.pdf
[7] http://washinschoolsmapping.com/wengine/wp-content/uploads/2015/10/SriLankaManual-FINAL.pdf
[8] http://www.schoolsandhealth.org/Shared%20Documents/Downloads/Bangladesh%20Successes%20and%20lessons%20learned%20from%20Nasirnaga%20Changing%20hygiene%20behavior%20in%20schools.pdf
[9] https://www.wsp.org/sites/wsp/files/publications/WSP-handwashing-schools-vietnam-peru.pdf
[10] https://doi.org/10.1111/tmi.12861
[11] https://doi.org/10.1007/978-3-642-45037-2_35

Digital tool for the Community Solidarity Groups

If there is budget to keep initiatives in place after the project ends, an application with an online database could be set up, with a screen (e.g. tablet) for every Community Solidarity Group. There would be an easy to navigate, dashboard interface with a few functionalities available:

- **Register your house:** every community member can put their house in the system with the type of latrine, tippy tap and water source they have available. (different pictures would be included to choose from, to limit text).
- **Informational video's:** all the elements of the mobile cinema could be included to be accessed when needed, following the concept of just-in-time[12] information.
  - How to build a latrine
  - How to build a tippy tap
  - The different methods to clean drinking water,…
- **Material checklist**
  - What do you need to build a new latrine following the national guidelines?
  - What do you need to build a tippy tap?
  - What do you need to clean water?
- **Report a defect:** Did heavy rain damage any of your hardware? Is the tab broken in the village? Putting this all in the system has a few advantages: the local branch has a clear overview of which communities are battling which problems, it is easy for them to quickly report on these problems and structure a priority list. For smaller defects, the locals in the CSG groups can make their own priority list which problems will be fixed first and the defect can be "solved" in the system, so the local branch and HQ always have an up-to-date view on the situation in the local communities.

All the different functionalities should be focused on ease of use and avoid written text as much as possible. Work with a lot of examples, pictures and symbols.

	Current situation	Explanation
Tanzania	Good	Considering the current circumstances, using the phones in the RANAS research with the KOBO app and the video is impactful. More opportunities should be investigated.
Rwanda	Good	Considering the current circumstances, using the mobile cinema is very impactful. More opportunities should be investigated.

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[12] Riel, M. (2000) Education in the 21st Century: Just-in-Time Learning or Learning Communities in Emirates Center for Strategic Studies and Research (Ed) *Education and the Arab World: Challenges of the next millennium.* Abu Dhabi: Emirates Center for Strategic Studies and Research, p137-160.

3.4 Go beyond participation: measuring the adoption rate

Current situation

When asking knowledge questions, it is easy to get a straight answer: "Do you know the key moments of handwashing?" You either know them, or you don't.

During an interview one of the volunteers told us:

"In the Buhigwe community, most of the people are honest enough, they are not ashamed. They just don't know, so if someone gives them info that will better their life and community, they are happy about it."

However, hygiene is a sensitive topic so beneficiaries might hide the truth because they are embarrassed. Nonetheless, the **volunteer builds a relationship with** the beneficiaries through many household visits and/or community meetings so the beneficiaries might open up and be more honest.

Also, volunteers mentioned that often beneficiaries aren't ashamed to admit they don't wash their hands on certain occasions because **they don't understand the use of it** (for example, before feeding a baby). However, when it comes to questions of opinion, they might be too polite to answer honestly: "Do you think people in the village are clean?"

Volunteers are part of the community too, so they know the beneficiaries as their neighbors and childhood friends, which gives them a good perspective on their true day-to-day habits.

The consensus between volunteers was, that beneficiaries do feel free to say the truth but there are still some roadblocks. Elders are very much respected in African culture. Volunteers are often younger than the beneficiaries, so they might not want to disagree on certain topics or ask too pervasive questions. Second, the average level of schooling of the WASH volunteers is quite low which translates to a lack of critical thinking skills. When the beneficiaries give a superficial answer to a question, they don't use many follow up questions to find out what is going on beneath the surface or what is the reasoning behind the answer. These 2 factors make it especially difficult to get a perspective on the real adoption rate.

Possible improvements

Make the kits more critical
As mentioned before, the average low level of schooling and little emphasis on critical thinking skills in the education system make it difficult to expect the volunteers to ask in-depth critical questions to the volunteers. The next best thing is to integrate these critical questions in the kit itself. The kits of CBHEPP and CLTS are set, but the RANAS sessions still must be adapted for use in Rwanda. One of the ways to integrate these critical components in the RANAS sessions, is by providing a few critical follow-up questions on the initial question. Why do you xxx ? How come xxx happened? Let's explain with a case that happened during the observation.

During a household visit, the volunteer asked if they washed their hands with soap. The beneficiaries responded that they didn't because the water source (river) was very far away, and they didn't have any money to buy soap. The volunteer didn't ask further questions, but the observing country delegate did:

- The volunteer didn't talk about the wanted behaviors anymore because the beneficiaries shut her down with the "no water" response. "Why is there no water?" asked the country delegate. It turned out they did have taps, but the source was under construction for two weeks.
- "Don't you use soap to wash your clothes?" It turned out the people did have soap to clean their clothes so suggesting cutting of a piece of the soap to keep at the tippy tap could send them of in the right direction and increase adoption of the wanted behaviors.

Adding these questions won't completely solve this question of participation vs. adoption, but it will get you closer to qualitative input on the adoption rate.

Educate volunteers

Develop strategies to handle roadblocks in conversations and develop sensitivity about the stigma during the training sessions.

In the training before the RANAS session, teach the volunteers some common roadblocks in the conversation, based on the specific content of the session. Play the difficult/ashamed/ shy/uninterested beneficiary and let them practice and discuss in group on how to react.

Sensitize them to the stigma that can come with talking about (personal) hygiene. Don't just talk about it, teach them with role play, put them in a similar position so they experience it. They must feel themselves why being polite, respectable, and patient is so important if you want to get to the bottom of a situation.

	Current situation	Explanation
Tanzania	Partially OK	Because of the static educational background and the lack of critical questioning, it is unlikely that the volunteer gets to the bottom of the situation of every beneficiary. However, the volunteers are very eager to learn so there are opportunities to work on this.
Rwanda		

3.5 Add follow-up moments

Current situation

Behavior change isn't a linear curve, there will be people who fall back in their old routine, there will be people who resist change and some of the hardware will break when there is no money to fix it. In those moments, follow-ups are needed. Beneficiaries need to have a point of contact, someone who can give advice, encourage or maybe lend a helping hand.

Adding follow-up interventions in the WASH project can be challenging. It is difficult to target the beneficiaries in rural areas directly with **digital** refreshers and interventions because of the lack of digital devices. **Motivating the volunteers** to take their household visits and messages during the community meetings as seriously without the support, and per diem, provided by Red Cross is difficult. Some volunteers stay as motivated and driven, but others move to different villages, get full-time jobs and so on. In Tanzania, no specific follow-up trajectories have been launched.

In Rwanda, the government started **"Hygiene Clubs"** (HC), the CBHEPP sensitizations ran mostly through these meetings and the volunteers need to keep up their meetings and household visits through these HC's after the WASH project ends. During the field visit in a village in the Kamonyi district, where the WASH project has ended and the HC is still running, an interview was conducted with two volunteers. Even though the district coordinator was motivated and proud of their efforts, it was clear that the volunteers were less engaged now the presence of the Red Cross decreased in their district. They still held the HC's, but the reports didn't get filled in, and generally, the enthusiasm and involvement had gone down.

The HC's were focus on one topic, but in the community, there are many other activities: saving and lending, livestock rotation (community resilience program), environmental issues, and so on. **They needed one supporting structure per community to support all the activities, so they founded the Community Solidarity Groups (CSG). Now they have one central group** talking about all these important issues, and within the group they have experts on the different topics. So far, the reaction has been very positive, especially because there are synergies between the topics. For example:

beneficiary wants improved latrine but doesn't have the money, he can ask about the life stock rotation to create some income and participate in the saving and lending group to be able to afford the iron sheet for the latrine.

Possible improvements

Spread CSG's to the rest of Rwanda and Tanzania

As mentioned, it gives the community a purpose to keep meeting when the project is done. They not only learn about hygiene; they strengthen their community by helping and learning from each other. There should be a planned phase out to make the CSG self-sufficient and independent at the end of the project. After the project, the local government will keep monitoring them.

Training and monitoring of the volunteers

The lack of monitoring and training of the volunteers can be a problem. In the RANAS research project, the volunteers receive training before every new session they are facilitating. In CBHEPP, the volunteers only get one training at HQ, which is not only very decontextualized, but also not enough to assure the quality of the message that is being provided to the beneficiaries maybe one year later. A similar framework like the training of volunteers for RANAS should be set up for methodologies like CBHEPP. As mentioned in the First Aid report, the forgetting curve from Ebbinghaus[13] clearly shows that spaced repetition is key to increase retention.
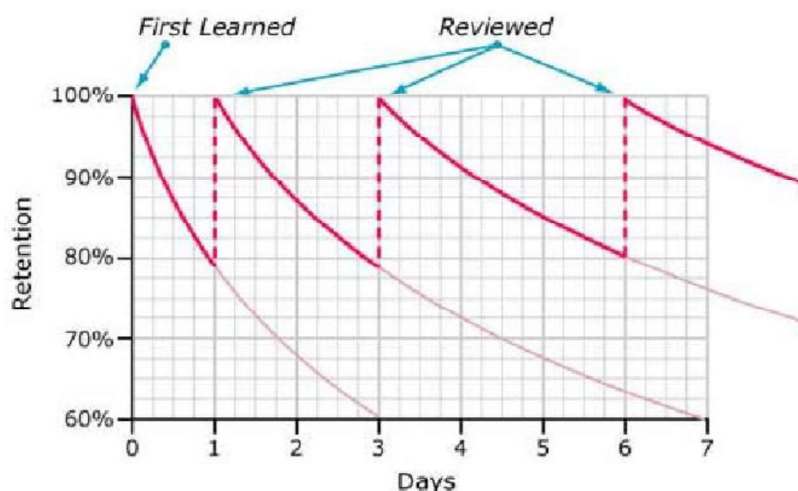
The knowledge and skills of volunteers could be at a higher standard if they had more contact points to review the content, ask questions and share experiences. The continued monitoring and involvement of Red Cross will also show the volunteers that they still get opportunities through Red Cross, even though there is no per diem anymore after the project finishes.

	Current situation	Explanation
Tanzania	Insufficient	There is no anchoring in place to keep the hardware up-to-date and the software top-of-mind after the end of the projects.
Rwanda	Very Good	Community Solidarity Clubs anchor the WASH project in the communities and should be scaled up. They provide a place to discuss the software, but also a community to help with the hardware maintenance.

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[13] Ebbinghaus, H. 1964. *Memory: A contribution to experimental psychology*. Oxford, England: Dover

3.6 Determining useful extra tools

Current situation

Most methodologies have a standardized training kit. RANAS is the only one that is customized to the specific community. Here only key training materials are mentioned.

CBHEPP
20 lessons about (personal) hygiene, balanced nutrition, latrine use, and so on. The kit includes cards with drawings to show during the meetings.

CLTS/PHAST
Map that is created of the subvillage with the water sources, possible threats, and so on.

RANAS
Lesson plan is adjusted to the local community.

Possible improvements

Competence profile of volunteer
To give to the local management as a tool to monitor them in their facilitating skills. This was discussed in segment "3.1 improve the capturing of feedback".

Include more (creative) modalities in the training to blur formal and informal learning
Singing and dancing to music before the mobile cinema gets the community involved, this could be incorporated in different interventions to activate everyone and get them out of the "static" educational setting. During the observations, there seemed to be a divide: the educational setting, where everyone listens to the teacher and doesn't ask too many questions, and the informal learning moments like the informal quiz during the mobile cinema where everyone was participating, laughing and dancing. Blending these two occasions makes the interventions more dynamic and more attractive.

More mobile cinema
The reasons why mobile cinema should be increased were already mentioned in both reports.

More Quick Reference Cards (QRC)
The QRC's we heard a lot about in interviews, were laminated posters with instructions (illustrated and pictures) to hand out to the beneficiaries. However, during the field visit, we didn't see a lot of them hanging up around the houses.

Adapt the CBHEPP tools
This will be discussed in "segment 3.7 ensuring behavior change through learning".

Adapt the content of the RANAS sessions
This will be discussed in "segment 3.7 ensuring behavior change through learning".

	Current situation	Explanation
Tanzania	Good	RANAS has a lot of developed tools. Points of improvement: add a more critical note to the sessions and add mobile cinema.
Rwanda	Partially OK	Tools of CBHEPP are too broad. Should focus on a few key messages. Also, the sessions always use the same didactical method (discussion of the images), there should be more differentiation. Mobile cinema is used which is impactful.

3.7 Ensuring behavior change through learning

Current situation

Monitoring the hardware
During the field visit, a Rwandan village was visited where there was **no direct water source**. The taps installed by the government didn't work and the people had to walk down to the river to get (dirty) water. Spreading messages about all the **important moments to wash your hands** with water while you must **get every bucket by hand is just not realistic.** You can't expect messages of behavior change to work when the necessary preconditions aren't (yet) in place. This seems evident, but this example showed that those contradictions still exist in the field. We are not suggesting cutting out the messages to those communities entirely, but to adjust them to what is possible within the context, to not waste any resource which won't create impact.

Another roadblock is **heavy rain in Rwanda** (outside rain season). New improved **latrines are starting to collapse**. If people don't have the hardware, you can't expect behavior change to take place. Adjustments to the current hardware model for changing climate patterns might be necessary.

RANAS (Tanzania)
The RANAS sessions in Tanzania have a **very clear lesson plan** the volunteers must follow. This gives them structure and makes sure that the message is delivered in the correct way. Only downside, is that the lesson plan can be quite **monotonous and volunteer-directed**, with the volunteer asking a lot of questions to the beneficiaries, which makes **it feel like one big Q&A or assessment: what do you see? Why is this not good?,...** The key is, to initiate the conversation from the past experiences of the beneficiaries and lead those conversations to the same central messages. The fact that RANAS is repetitive in its message is great, as the previously mentioned Ebbinghaus forgetting curve explains that this increases retention with the beneficiaries. However, there could be more variation in the approach, delivery method, and design of the session to keep the beneficiaries engaged.

CBHEPP (Rwanda)
CBHEPP is very **broad: 20 lessons focused on divergent topics (**hygiene, balanced nutrition, latrine use, washing of the house & houseware,...). This makes it **hard to monitor what messages have been internalized** by the beneficiaries and which ones haven't because the volunteers must monitor all their households on all these parameters. The volunteers receive little training and refreshers to deliver quality sensitizations under all circumstances.

CLTS/PHAST (Tanzania)
No sessions were observed, and no volunteers could be interviewed so the practical application of this method can't be discussed.

Possible suggestions

Adapt RANAS sessions
Add different didactical techniques and delivery methods within the session
These are recommendations to improve the RANAS sessions in general, so these could be taken into consideration while making the sessions for Rwanda as a lot of these suggestions aren't possible during the primary research in Tanzania. These recommendations are made so the key messages can be repeated while switching up the delivery methods and didactical techniques, so it doesn't become monotonous for the beneficiaries. One of those other delivery methods is the "Digital tool for the Community Solidarity Groups" explained in segment "3.3 Accelerate digitalization".

- **Start with their own experiences**

The sessions often start with "what do you see in this picture?" while this can be a great exercise, starting from own experiences from the beneficiary is one of the keys to adult learning. While later

in the session, there are questions about their own experiences, using it as an ice breaker, you have their attention from the start. Also, they start connecting the new information to their existing knowledge and belief system immediately. If possible, **use these own experiences to build your bigger "story" throughout the session and reference back to their experiences.** This creates more **authenticity** and **learner agency.**

- **Include information on the "bad flow"**

Right now, the lesson plan is mainly Q&A based. Underneath most knowledge questions, the right answer is given. However, what if the beneficiaries are totally on another track? What if they interpret the question wrong? How do you respond to those situations? Facilitating a session when everything goes according to plan is smooth sailing. The **lesson plan should start from the good flow, and have that as the guideline, but also offer some extra questions or information for when beneficiaries aren't answering as expected.** Keeping the low level of schooling in mind, you can't expect the volunteers to quickly anticipate and ask the right critical questions. This is closely connected to the next recommendation.

- **Add critical follow-up questions in kit**

This gets explained in segment "3.4 go beyond participation: measuring the adoption rate".

- **Sorting exercises**

In session 4, the beneficiaries are asked to sort the pictures of good and bad latrines, interactive exercises like that should be included more.

- **Draw on map** where it would be (not) okay to …

- **This or that**

Present an authentic situation with two options, ask them which one they would choose and why. Because you already give 2 options, you can facilitate follow up questions in the lesson plan.

- **From moralizing to equal exchange**

Volunteers are there to deliver a message, but creating an impact is easier in an equal exchange of ideas and views. The narrative of the session should focus on learning from each other (even though the volunteer is the subject matter expert during the visit) instead of reducing the beneficiary to a passive receiver of knowledge. To quote the didactics manual from TRCS:

"Adults need to be treated with respect (as do all trainees). Facilitators must acknowledge the wealth of experiences that adult trainees bring to the program. These adults should be treated as equals in experience and knowledge and allowed to voice their opinions freely."

Adapt CBHEPP principles
Limit scope to focus on a few key messages
To be able to achieve and measure behavior change, the scope of the change needs to be smaller. **With 20 lessons, very diverse topics, it puts a lot of pressure on the volunteer to monitor a multitude of parameters.** Furthermore, it can **be overwhelming for the beneficiary** to be confronted with so much change, which can make them give up on changing things all together. Finally, **research shows that behavior change is only achieved through repetition of the same message** (in different ways). By focusing on so many messages in one program, it becomes impossible to repeat all the lessons enough to really make an impact.

Training of volunteers

As RANAS is going to be implemented in the same district, it is an interesting opportunity to retrain the volunteers but instead of the one-time training of CBHEPP (with one refresher up to now), to train them before every new session and compare the two different approaches.

Giving a training before every session has a lot of advantages:

- Cues are still top-of-mind for the volunteers.
- They have a platform to discuss difficulties during the facilitations with their peers.
- They can ask feedback on decisions they made during the previous session.
- If they need some extra guidance or advise they can ask the facilitator or their peers.
- Facilitator can monitor if all the volunteers are (still) confident and competent.
- More datapoints for the PM to make changes without waiting for the midline measurements.

	Current situation	Explanation
Tanzania	Partially OK	Volunteers follow the didactic material to detail (needed for research) but critical prompts are missing to steer the conversation away from the surface to an impactful in-depth discussion which can lead to behavior change. The volunteers get a lot of training so there is a platform to change this.
Rwanda	Insufficient	The scope of the CBHEPP didactic material is too wide to assure behavior change. CBHEPP volunteers don't receive enough training to get the quality of the sessions standardized.

3.8 Adapt the curriculum to illiteracy

Current situation

Both Tanzania and Rwanda have a literacy rate of around 80%. In Rwanda, the government is focused on free education, so the literacy rate of the people below 25 is rising quickly. Similarly, in Tanzania most illiteracy is found in the older demographics. In urban areas, the literacy rates are much higher than in rural areas.

In Tanzania, there are elders who are illiterate and have difficulty communicating in Swahili because their first language is the **local language of that region**. Usually the household visits are held in the local language, to make it as accessible as possible. If content is only available in Swahili, older people get assistance from their (grand)children.

The two sessions that were observed (RANAS and CBHEPP) **focused on drawings and pictures,** and the beneficiaries didn't have to digest any text. Also, the beneficiaries sign an attendance list but if they can't write, the volunteer fills it in, aand they can sign with their fingerprint in ink.

Possible improvements

In general, the sessions were completely developed around visual aids. If there would be one thing to improve on, it could be to develop more infographics with all the knowledge on handwashing, another one with all the components of an improved latrine,… without any text to hang around the household as a reminder.

	Current situation	Explanation
Tanzania	Very good	The didactic material consists almost entirely of images and pictures. In Tanzania, the local language is used in the rural districts to keep the barrier as low as possible.
Rwanda		

4. ARE ALL THE LEARNING NEEDS COVERED?[14]

There are 5 moments of need, when facilitators and beneficiaries will need to learn in their day to day life. This approach to learning is different from the standard classroom training that expects trainees to follow one training and learn all necessary knowledge, skills and attitudes at once, to then remember them forever. As mentioned in this report, learning can't be a 'one-time-thing', if you want real retention and behavior change, constant performance support is necessary. Let's look at these 5 crucial moments in the workflow:

NEW. Learning for the first time: When learning a big chunk of knowledge, skills and attitudes, Instructor Led Training (ILT) is still one of the most used practices.

MORE. Learning more: When expanding existing knowledge, scenario-based learning can teach people to position their knowledge in different contexts.

APPLY. Applying what you've learned: How are the learners supported when they are applying their new knowledge in reality? Quick Reference Cards, FAQ's,…

PROBLEM SOLVING. When things go wrong: When learners face problems while applying what they have learnt, where can they find support? Through a social platform and peer learning? Through instruction videos? Learning problem solving strategies in a training can feel quite artificial and difficult to remember. Therefore just-in-time information from a mentor can be vital.

CHANGE. When things change: Minimizing resistance when things change by providing clear and just-in-time information: newsletters, peer to peer information exchange, extra ILT,…

4.1 Volunteers

Learning for the first time

When starting as a volunteer, CBHEPP volunteers get 4-5 days of training in HQ in Kigali, Rwanda. RANAS volunteers (during primary research) get one day of training before every session (9 in total), in their own district. This was facilitated by the research assistant.

Possible improvements
It would be better to spread the CBHEPP training over a few sessions so volunteers can get feedback after facilitating, discuss difficult situations with peers and digest the information session per session to remember the cues.

For the RANAS training of volunteers, it would be valuable if someone with a didactical background would co-teach with the research assistant. He has a lot of knowledge about the project and the objectives, but it is difficult to teach people how to teach, when you don't have any experience with it yourself. For example, the country delegate made the timetable and lesson plan for the day, she added some different didactical techniques like statement games and presentations by volunteers to make it interactive. This worked really well but it is not a sustainable solution.

Learning more

The didactical packages that they use with the households can help them prepare more in depth for the facilitation.

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[14] Gottfredson, Conrad, & Mosher, Bob. (2011). *Innovative performance support: Strategies and practices for learning in the workflow.* New York: McGraw-Hill.

Possible improvements

Do the volunteers have a clear point of contact in case they have questions before they start their first facilitation? Is this the local WASH engineer or someone else? Especially in more remote villages, it might be a challenge to reach a mentor.

Applying what you've learned

The only available resource during the facilitation is the tool kit: for example, the RANAS lesson plan is very detailed and has clear symbols on what should be said, what should be put into KOBO, so it is easy to see at a glance. Also, the way the flipchart is used, the beneficiaries only see the image that is discussed, and the volunteers see the explanation and questions they can ask.

Possible improvements

The flipchart used for RANAS could be an improvement for different methodologies. One suggestion was given during an interview: put the picture that is seen by the beneficiaries in the corner of the explanation paper of the volunteer, so they also see the picture the beneficiaries are looking at.

When things go wrong

The message the volunteers have to deliver is often not written out into detail which doesn't give them much cues during the sensitization. The RANAS lesson plan does give very exact instructions but they focus on "the good flow".

Possible improvements

As mentioned, the volunteers often don't have a high level of critical thinking, so the kit has to have follow-up questions or cues to get you back into "the good flow" of the conversation when you were off track. For example, IF beneficiary gives "wrong" answer X THEN use argument Y to persuade him. This was explained in segment "3.6 determining useful extra tools".

When things change

In the RANAS research project, the research assistant can text them on their KOBO phones with updates or questions.

In Rwanda, there has been one CBHEPP refresher since the start of the project.

Possible improvements

As further digitalization is not yet possible, mass texting can be an option to distribute new information to all the volunteers at once.

4.2 Beneficiaries

Learning for the first time

Periodically, the volunteer facilitates a session.

Possible improvements

Give the beneficiaries a voice in what they are learning, so they become more of an active participant in their learning journey. Especially working with adults, learner agency is even more important.

Learning more

The volunteer, who is their point of contact, are part of the same community so they are always there to give information or advice.

Applying what you've learned

The volunteers give infographics on the key moments to wash your hands, so they can hang it up around their house.

Possible improvements
Make more infographics on different topics (pictures of components of an improved latrine,..) without using any text to keep it inclusive.

When things go wrong

- When extreme weather or other circumstances damage the hardware.

Is the community strong enough to get together and fix it? Do they still come together in a HC/CSG to discuss those issues and come up with an action plan?

- When beneficiaries slowly fall back into old habits

Does the volunteer do enough household visits or community meetings after the project to notice? Does he feel like it is his place to remind them? (especially when they are older respected members of the community).

Possible improvements
First, an interesting theory to take into account when trying to change habits is the nudging theory[15]. Second, a phase out needs to be planned carefully to determine if the structures in place (HC's, CSG's, district coordinator as monitor,…) are strong enough to be independent.

When things change

The nature of the message, wash your hands and use an improved latrine, won't change. However, the rules of what an improved latrine is, or when the key moments are to wash your hands can change when new research is published. When a CSG is in place in the community, the information can be distributed through that platform.

Possible improvements
As mentioned, up to now, the WASH project is difficult to digitalize and often the locations are remote. It is important to scale up the concept of the CSG to other regions and countries. This would create a network of platforms where information can be updated, people can learn from each other and in general, are working on community resilience.

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[15] http://documents.shihang.org/curated/zh/905011467990970572/pdf/104328-WP-PUBLIC-OD-Habit-and-Nudging-Catalyst-Behavioral-Sciences-022916.pdf

5. DO ALL LEARNING INTERVENTIONS GENERATE IMPACT?[16]

Planning the fitting learning interventions that generate impact can be a challenge. There are so many different criteria, "best practices", principles, that it can be challenging to keep an overview. However, the High Impact Learning that Lasts model (HILL) created by Dochy and colleagues, can provide a clear overview to look at the learning interventions in the WASH project.

5.1 Urgency

Learners must experience that they absolutely need this specific knowledge, at this specific time.

Current practice

One of the goals of the project is to reduce the child mortality rate under 5 because of diarrhea. However, during the field visit we gathered that this goal is created from a Western perspective and that diarrhea and the consequences are often perceived as part of life and people don't see it as something "abnormal". Also, there is no singular causal connection between hygiene (latrine and tippy tap use) and diarrhea. So many other factors like contaminated food, children playing outside in the dirt,… can cause diarrhea. Even if people change their behavior their children might still get diarrhea which will undermine the message. In general, "health" is often too vague and abstract to be a good motivator, if you look at smoking, alcohol, eating unhealthy and so on.

Possible improvements

Focus more on "hygiene marketing" and use marketing strategies instead of strictly educational ones. The message can be much lighter: "Do you run a modern household? Then you surely have: a TV and a latrine" Make it something desirable, something to strive towards instead of using directive (negative) messages "if you don't use a latrine, you might get diarrhea.

5.2 Learner agency

We must give ownership of the learning process to the learner so he or she feels in charge.

Current practice

During the interventions, a lot of questions are asked to the beneficiary. Often, the questions gauge the understanding of what they are seeing and what is right or wrong with the picture.

Possible improvements

During the intervention, there should be more room to talk about the beliefs and opinions of the beneficiary. This would help connect the new information with past experiences, give the beneficiary a more active role in the intervention, which would give them more control over the learning process.

5.3 Action & sharing

The more we learn-by-doing and share knowledge between peers, the stronger the impact of learning.

Current practice

Methodologies are used that combine community meetings and household visits, so beneficiaries are constantly learning from their peers.

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[16] Dochy, Filip, Berghmans, Inneke, Koenen, Anne-Katrien, & Segers, Mien. (2015). *Bouwstenen voor high impact learning: Het leren van de toekomst in onderwijs en organisaties.* Amsterdam: Boom Lemma uitgevers.

Possible improvements

Scale up the CSG's to different regions and different countries to increase the action & sharing in other areas as well.

5.4 Collaboration & coaching

If we work together in small teams and we have a competent coach who monitors the whole process, the stronger the learning impact.

Current practice

There is no standardized procedure to monitor the volunteers, it depends on when management from HQ does a field visit.

Possible improvements

Standardization of monitoring aided by the suggested competence profile of the volunteer.

5.5 Hybrid learning

Mixing online and offline learning will increase impact and will use resources more efficient.

Current practice

KOBO app to collect data.

Possible improvements

Digital tool for CSH and hygiene game for children explained on page 11-12.

5.6 Flexibility

Mixing formal and informal learning to increase learning moments without increasing resources.

Current practice

Because the volunteers live in the same village and are from the same community, they know the state of the hardware and habits even when they aren't officially doing a household visit.

Possible improvements

Promote informal activities together where the volunteer can lead by example.

5.7 Assessment as learning

Give feedback and feedforward throughout the learning process. Use pre-tests see where the gaps in knowledge are and evaluate constantly. Use assessment tools as learning opportunities.

Current practice

A big part of the RANAS session is a Q&A: "what do you see on the picture? What is wrong? What would have to change about the situation?" The volunteer constantly gets an insight into the learning process of the trainee.

Possible improvements

The assessment-as-learning could also be doing activities together: collecting water (does he boil it before drinking?), playing with the children (does she wash her hands before feeding her child?) instead of only asking knowledge questions.

6. ROADMAP WITH POSSIBLE IMPROVEMENTS

Throughout this document, a number of recommendations, big and small, are made per topic. This "roadmap" will give you a clear overview what The Learning Hub considers as the optimal order in which changes can be made. This list is based on two parameters: what is most urgent and what is most feasible to change.

To give an indication about cost effectiveness, the cost (perceived as direct monetary cost and/or work hours) and the impact of the improvement on the overall project are combined. The **cost** is coded: **low – medium – high**. The **impact** is coded: **medium – high – very high**, as "low impact" improvements aren't included in the road map. It is important to note that this division is solely an indicator, based on what was observed in the field visit. As an external company, TLH can't exactly estimate how expensive some interventions would be. The estimate of **cost effectiveness** is color-coded:

Cost: high Impact: medium	Cost: medium Impact: high
Cost: medium Impact: medium	OR
OR	Cost: low Impact: high
Cost: high Impact: high	OR
	Cost: medium Impact: very high

Cost: low Impact: medium	Cost: low Impact: very high
OR	
Cost: high Impact: very high	

Not all recommendations are listed in this roadmap to keep it actionable but do consult the other possible improvements in this document.

Possible improvements	Country	Objective	Explanation	Cost effectiveness	
First, the scope and content of the methodologies should be optimized where possible.					
Adapt RANAS sessions	Both	Ensuring behavior change through learning Determining useful extra tools Go beyond participation: measuring the adoption rate	When RANAS is implemented in different regions, a few improvements should be made. • more creative modalities and QRC's (page 14-15) • make the kit more critical (page 12 and 16) • educate volunteers on possible roadblocks and the stigma's around hygiene (page 13)	Cost: Medium	Impact: High
Adapt scope of CBHEPP and offer extra training to volunteers	Rwanda	Ensuring behavior change through learning Add follow-up moments Go beyond participation: measuring the adoption rate	Because the scope of CBHEPP is very broad (20 topics), it is difficult to follow up, especially as the volunteers get little training. Possible improvements are explained on page 17. The training set-up for RANAS volunteers in Tanzania (primary research) could be used as a "good practice" for the training of volunteers of CBHEPP. It wouldn't only help standardizing the quality of the sessions, it would also keep the volunteers more engaged as it provides them a platform to discuss successes and difficulties (page 13 and 14).	Cost: Medium	Impact: Very high

After optimizing the different methodologies, it is important to improve the content of the feedback that is collected and how it is processed.

Competence profile for volunteers	Both	Improve the capturing of feedback Determining useful extra tools	As there is a significant turnover in volunteers at the community level, it is important to professionalize the local PM and other HNS staff so they can monitor the quality of the session by periodically monitoring the volunteers in the field. However, this implies that the person monitoring on branch level also has the didactical and critical competences to bring the facilitation to a higher level. To offer support and standardization, a competence profile of a WASH volunteer needs to be created. This won't function as a personal development plan on an individual level for the volunteer, as this is difficult with the high turnover. It is a tool for the monitoring staff to guide the conversation with the volunteer and formulate some actionable feedback to the volunteer. A suggestion is made on page 6-7.	Cost: Low	Impact: Very high
Collect and process more qualitative data through KOBO	Both	Close the feedback loop	The tool currently used in Tanzania to collect data for the primary research, is suited to collect a broader scope of feedback. Introduce a KOBO form based on the competence profile to fill in during and after the monitoring session. This way, more in depth data on the sensitizations can be collected and processed without putting more responsibility on the volunteers. This data won't focus on the individual volunteer, but on general conclusions and quality of the sessions to synthesize next steps.	Cost: Low	Impact: High

After optimizing the current structure by improving feedback collection and processing; additions to the program can create even more impact.

Recommendation	Type	Category	Description	Cost	Impact
Introduce Community Solidarity Groups	Both	Add follow-up moments	When the WASH project wraps up, it is not easy to keep volunteers and beneficiaries motivated to spread the message and keep the hardware up-to-date. To anchor these practices in their daily lives, CSG's can play an important role. It provides a sustainable platform for the WASH message. TRCS should look at the CSG clubs in some regions in Rwanda as a "good practice". Further clarification on page 14-15.	Cost: medium	Impact: Very high
Add more mobile cinema	Both	Add follow-up moments / Accelerate digitalization	Household visits only engage parents, digital games in schools only engage children, but mobile cinema engages everyone. During the observation, it became clear that mobile cinema works in the communities. Topics that could be added can be found on page 10.	Cost: Medium	Impact: High
Digital tool for the Community Solidarity Groups	Both	Accelerate digitalization	An application with an online database could be set up, with a screen (tablet,...) for every Community Solidarity Group. There would be an easy to navigate, dashboard interface with a few functionalities available: register your house, informational video's, checklists and report a defect.	Cost: High	Impact: Very high
Hygiene game to target children through school		Accelerate digitalization	A gateway to digitalization is through targeting certain groups like FABL is doing with companies and university students. A proposition to target the community through children at school, is formulated on page 11.	Cost: High	Impact: High

7. GENERAL CONCLUSION

BRC-FL and the National Societies are currently implementing a five-year Development Program (Action Plan) *"Rode Kruis Vlaanderen helpt helpen: duurzame impact door inzet op zelfredzaamheid"* (2017-2021), financed by the Belgian government in Rwanda and Tanzania.

The Mid Term Evaluation of (the WASH project within) this action plan was conducted from an educational point of view. It analyses the structure of the project, the differences between the implementation in the countries that were chosen to do the field visits: Tanzania and Rwanda, and where there is room for growth.

After the introduction, all the observations and interviews are listed in chapter 2.

In chapter 3, the objectives determined after the workshop, are explored. First, **improvements of the feedback collection** are discussed. To not put too much pressure on the volunteers, a **competence profile of volunteers** is suggested, which can be used as a monitoring tool by branch level management. They can monitor and support the volunteers but also collect data on the facilitation. This data can be **submitted to KOBO** by the local staff and be processed and reported on **simultaneously with the data on beneficiaries collected by the volunteers**. Next, **digital learning** interventions are explained from **easy to implement right now**, to **ideas for the future** when the general IT infrastructure and digital literacy rates or more advanced. The mobile cinema concept should be expanded to different topics as it works extremely well in the community. An example of a "choose your own adventure" hygiene game for children at school is explained, as well as a digital tool for the Community Solidarity Groups. To measure **adoption instead of participation**, it is suggested to **include critical follow-up questions** in the guideline of the methodology. More **follow-up moments** are recommended for the volunteers, like the **training for volunteers before every new session** they are facilitating. Next, **a few tools** are recommended to reinforce the program design: one is the competence profile for volunteers, another one is more **infographics** to hang up around the participating households. Also, a few improvements can be done to the **program design** of CBHEPP and RANAS to improve behavior change. The scope of **CBHEPP should be narrowed** so profound behavior change can be assured on a few domains instead of a little bit of change on multiple domains that is not anchored in everyday practice. Lastly, the **methods of RANAS and CBHEPP are very well adapted to illiterate target groups**. A few small improvements could still be made like developing more infographics without any text.

In chapter 4, the 5 moments of need were applied to the volunteers and beneficiaries to check if all the learning needs were fulfilled by the program design. Most recommendations made were centered around **expanding the concept of CSG** to assure sustainability for the beneficiaries, and to create **extra monitoring structures for volunteers.**

In chapter 5, the program design was challenged by the building blocks of impactful learning. Many building blocks were already applied to the sensitization and some extra recommendations were made. Most recommendations were based on two concepts. First, **using the experiences of adult beneficiaries** as an didactical tool in your sensitization. Second, to increase **activity and participation** by **taking action together** on the topics of the sensitization instead of the session being mostly focused on the Q&A portion. Otherwise, this could get a bit repetitive after a few sessions.

In chapter 6, a roadmap gave an overview of the most impactful possible improvements. They are in a logical chronological order, with an indication on cost effectiveness. First, the **scope and content of the methodologies** should be optimized where possible. Next, it is important to optimize the **content of the feedback** that is collected and how it is **processed**. Lastly, **additions to the program** can create even more impact.