Review of good practices in delivering targeted education messages in low-to-middle-income countries

The RNLI delivers water safety education in three low-to-middle-income countries; Ghana, Tanzania and Bangladesh. Before scaling up our efforts, we reviewed the extent to which the current design and approach to delivery aligns with good practice identified and documented by others delivering education messages to school children in similar contexts. The review provided recommendations, including broadening the guidance in our manual to explicitly document our approach to equity, adding to our teaching approaches, and increasingly and more purposefully engage with the wider community to enable and reinforce safe behaviours.

The RNLI has developed a manual for delivery of water safety education in low-to-middle-income countries in partnership with other lifesaving organisations in the UK. The RNLI and in-country partners are delivering this education in Tanzania, Ghana and Bangladesh. The water safety education includes 10 water safety messages considered universal by water safety experts and these are delivered in the form of 1 hour lessons to school classes. The RNLI utilises two approaches to implementation: delivery by in-country NGOs (non-governmental organisations), or delivery by school teachers trained by partner NGOs. Due to its simplicity, this education has a high potential to be delivered at large scale. However, data on its effectiveness to date is limited and challenging to collect. Therefore, we reviewed our approach to water safety education by relating it to similar education programmes aimed at school children with behaviour change as the intended outcome. The study drew from good practices cited by experts in the fields of health promotion, water, sanitation and hygiene (WASH), and water safety education. It also included review of literature in these areas of practices and relevant behaviour change theory.

All relevant behaviour change theories identified in the review argue that an increase in knowledge is not sufficient for behaviour change to occur. This is supported by good practice cited by health promotion and WASH practitioners, who also highlight the importance of including key stakeholders, in particular teachers and parents, to change social norms in order to enable and reinforce safe behaviour. RNLI’s current practice, to deliver one-off short lessons as a stand-alone intervention, is therefore unlikely to lead to sustained behaviour change at scale. Therefore, the RNLI will review this approach to address the other elements (community actors and environment) that support and enable sustained behaviour change.

The review identified participatory methods as most effective way to deliver educational messages to children. For example, through song and drama. Other effective methods of delivery include teachers, peer-to-peer teaching, and integration of messages into existing lesson content. Currently the RNLI and partners utilise participatory methods to deliver the lessons, though not always consistently. Therefore, the RNLI will provide additional support to partners to utilise participatory methods. The RNLI will also explore and explicitly document use of other suggested delivery methods in the manual, after piloting these in existing projects. The RNLI’s and partners’ approach to equity was commended in the review and will be documented for inclusion in the manual. The approach to measuring outcomes was found inconsistent and will also be reviewed and standardised alongside other revisions.
Research aims and objectives

This review informed the RNLI on how the current delivery of the water safety education compares to good practice and relevant literature in health promotion, water safety, the sanitation and hygiene sector, and behaviour change theory. The intention is to improve the water safety education module to further enhance its potential to lead to behaviour change before scaling up delivery.

Method and approach

The research questions were categorised to align with the Organisation for Economic Co-operation and Development (OECD)’s evaluation criteria of relevance, effectiveness and equity. The additional OECD criteria of impact, efficiency and sustainability, were left out as the review focused on the water safety education design rather than full review of implementation approaches in-country. As part of the relevance criteria, the consultants reviewed how safety and health promotion education is best delivered to children. Relevant approaches in behaviour change theory were considered as part of effectiveness, and equity included review of good practices related to accessibility and inclusion.

The consultants utilised a systematised literature review of academic publications and an array of grey (non-peer reviewed) literature, including NGO reports and evaluations. The literature search strategy included key search terms and synonyms, which were entered into a variety of academic and grey literature databases, targeted web-based searches, and active networking. Literature was assessed against six quality criteria and inclusion was based on meeting four out of six criteria. 49 documents were included.

This was supplemented by key informant interviews with RNLI programme staff, project partners, experts in health promotion, WASH, education theory, behaviour change theory, and water safety. Sampling was purposive and snowball, based on the initial shortlist provided by the RNLI, experts identified from within the consultants’ networks and those signposted through interviews. During the interviews, semi-structured interview guidelines were used and discussions lasted between 30 and 60 minutes. Since the purpose of the review was to draw from external expertise, the consultants balanced the interviews between RNLI staff and partners, and external experts.

The review considered a wide range of evidence sources as relevant, with the drawback that the practitioner-led evidence in particular is not always underpinned by robust evidence of behaviour change linked to the good practice identified. The examples quoted were often anecdotal, or drew from broad project evaluations rather than specific investigation of behaviour change outcomes. The consultants mitigated this through triangulation and transparency in the analysis about where approaches were more or less often quoted as effective and therefore to be interpreted with caution.

*Definitions come from: www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm
Key findings

Alignment with behaviour change theory
The relevant behaviour change theory indicates that increasing knowledge alone does not change behaviour. There is general agreement that an integrated approach is required to change behaviour, which means considering ‘active’ and ‘passive’ behaviour change motivations and the external environment.

This refers to an individual’s conscious and unconscious choices in how they behave, and the influence of the external environment on these choices. External environment includes the physical environment as well as social norms about what is considered acceptable or normal behaviour.

Table 1: Behaviour change theories identified as relevant to water safety education

<table>
<thead>
<tr>
<th>Behaviour Change Model</th>
<th>Premise</th>
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<tbody>
<tr>
<td>Theory of Planned Behaviour</td>
<td>Three major components drive individual intent: attitude, subjective norms, and perceived behaviour control (perceived ease or difficulty to perform the behaviour). The stronger the intention (made up of those three dimensions), the more likely it is that the individual will perform the behaviour.</td>
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<tr>
<td>Health Behaviour Model</td>
<td>Uses perceived threat to the person’s well-being as the route to influence their willingness to take action.</td>
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<tr>
<td>Social Cognitive Theory</td>
<td>People are driven not only by inner motivations but also external factors such as people, environment, and the behaviours of others.</td>
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<tr>
<td>Community Organisation Approach</td>
<td>This approach focuses on enabling active participation and development of communities to enable them to better evaluate and solve health and social problems. The community is seen as a source rather than only a site of prevention.</td>
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<tr>
<td>EAST framework</td>
<td>This framework can be used as a tool to include behaviour change features into interventions. It touches upon elements of the theories and approach mentioned above. To apply the framework appropriately, a deep understanding of the nature and context of the problem is essential. The intended behavioural change outcome should be clearly defined and there should be scope to iteratively build the intervention through testing and learning.</td>
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As it is currently designed, the water safety education for low-to-middle-income countries addresses the conscious (active) element of behaviour by raising awareness of dangers and appropriate behaviours around open water. However, this is limited to increasing knowledge, which is only one of the elements enabling sustained behaviour change. ‘Passive’ motivations, social norms and physical environment, often the roots of habitual behaviour, are currently not deliberately considered. Therefore, the current design of water safety education as a stand-alone intervention is unlikely to lead to sustained behaviour change at scale. More emphasis should be placed on addressing the social norms, habitual behaviour and physical environment which support children’s active motivations for behaviour change.
Implementation approach

The approaches below were most mentioned or documented. These good practice approaches to implementation are not meant to be implemented stand-alone, but rather as a mix in order to achieve lasting change:

- Teaching through school teachers: an easy and affordable way to scale up educational interventions with potential to increase regularity of the sessions. It also increases sustainability if teachers carry on teaching after the programme has ended.

- Community involvement: collaborating with community leaders, parents and others as part of school-based interventions to enable and reinforce desired behaviour change. In particular, parents’ attitudes towards health and health-related behaviours have strong potential to influence children and to reinforce safe behaviour.

- Using existing community structures: working with existing student leader groups, after school clubs or parent-teacher groups.

Current implementation of water safety education incorporates two to three out of seven approaches identified as good practice, depending on the country in which it is implemented.

However, implementation of approaches is not always consistent. Therefore, the review recommends addressing these inconsistencies and taking a more deliberate approach to ensure effective implementation.

It suggests to:

- Consider in a systematic manner other approaches that would increase exposure, repetition, changes to the environment and reinforcement, in particular involvement of communities, parents and existing structures, like community groups.

- Explore working with complementary partners.

- Document good practices in the manual related to gender, inclusion and contextualisation, which are already good practices occurring in-country.
Teaching Practice

The review shows that similar interventions used multiple methods to engage with participants. Three key methods are identified as good practice if applied in an integrated manner:

- Information products: a passive way (for example through leaflets, posters, videos etc.) to promote desired positive behaviours within a community. To be effective, these require a clear objective and target audience.
- Participatory means of teaching: this is considered good practice across the board and includes teaching through games, interactive theatre, problem-solving activities etc.
- Peer-to-peer learning: this includes use of peer-champions and role-models to influence good behaviour.

The current delivery of water safety education includes at least two of the methods proposed. Peer-learning is not considered, except from one particular example in Ghana where student leaders delivered messages at a community event. However, the review has shown that none of the methods, aside from the use of flashcards, are coherently applied.

Therefore the review suggests to:

- provide additional support to teachers and partners in using participatory methods
- consider how to creatively increase involvement of children to participate in learning
- update the manual after trialling these methods.

How the RNLI is using the evidence

The RNLI would like to achieve lasting behaviour change through school education as a stand-alone intervention. Therefore, we will review our approach to delivering this education and document existing good practices and options for delivery in the manual. We will consider in particular:

- the audience of the messages and whether this should be more comprehensive, i.e. including parents in particular, to enable and reinforce behaviour change
- the means of delivering the messages, i.e. more emphasis on participatory delivery and peer-to-peer teaching and document guidance to apply these teaching methods
- the approach to delivery: in particular we will review how we can make better use of existing community networks and the education system to deliver water safety education
- documenting current good practice related to inclusion, accessibility and contextualisation of the messages in the manual.

The RNLI will review and explicitly document any changes to the design of the water safety education as part of piloting these changes in future and existing projects. The approach to measuring outcomes will also be reviewed and standardised alongside other revisions to ensure consistency.

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