

# The power of collaboration:

transforming hygiene behaviours in rural Tanzania



  
reckitt

 Raleigh  
International

 Raleigh  
Tanzania





### About Raleigh International.

Raleigh International is a youth-driven organisation supporting a global movement of young people to take action. We want a fair, inclusive, and green world where young people confront the planet's most urgent crises. We exist to ignite youth-led action that creates solutions to the world's most urgent problems. But while young people demand change now, they do not always know how to take action. We support young people by connecting them with the skills, networks, platforms and experiences to lead action on the change they demand.

We are creating a generation of young leaders who are taking action now. We work globally to promote the role of young people in decision making and civil society, creating meaningful youth employment and enterprise, protecting vulnerable environments and combating climate change, and ensuring the right to safe water and sanitation.



### About Raleigh International Tanzania.

Raleigh International's work in Tanzania is delivered through Raleigh International Tanzania (RIT), a non-profit organisation operating under a Memorandum of Understanding (MOU) with the Ministry of Information, Youth, Culture and Sport since 2012. RIT works in partnership with a range of international non-governmental organisations (NGOs) to tackle development challenges in rural communities. Our programmes in Tanzania are focused on providing access to safe water and sanitation, building resilient rural communities, and protecting vulnerable environments and natural resources. Additionally, through the engagement of young people in its programmes, Raleigh International aspires to create a generation of young global citizens whose impact and reach will continue long after their direct involvement with the programme has ended. In Tanzania, RIT holds substantial experience of working in the region of Morogoro where this project was based.



### About Reckitt.

Reckitt\* exists to protect, heal and nurture in the relentless pursuit of a cleaner, healthier world. We believe that access to the highest-quality hygiene, wellness and nourishment is a right, not a privilege.

Reckitt is the company behind some of the world's most recognisable and trusted consumer brands in hygiene, health and nutrition, including Air Wick, Calgon, Cillit Bang, Clearasil, Dettol, Durex, Enfamil, Finish, Gavison, Harpic, Lysol, Mortein, Mucinex, Nurofen, Nutramigen, Strepsils, Vanish, Veet, Woolite and more.

Every day, more than 20 million Reckitt products are bought globally. We always put consumers and people first, seek out new opportunities, strive for excellence in all that we do and build shared success with all our partners. We aim to do the right thing, always.

We are a diverse global team of more than 43,000 colleagues. We draw on our collective energy to meet our ambitions of purpose-led brands, a healthier planet and a fairer society. Find out more, or get in touch with us at [www.reckitt.com](http://www.reckitt.com)

\* Reckitt is the trading name of the Reckitt Benckiser group of companies



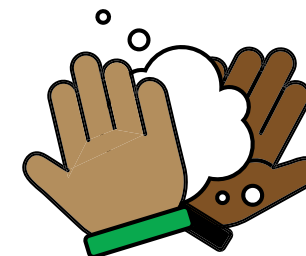


# Executive Summary.

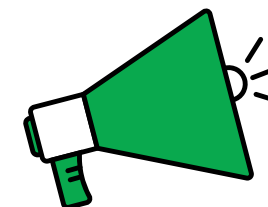
**In the summer of 2019, Raleigh International and health, hygiene and nutrition leader Reckitt set out to respond to the Tanzanian-wide call to tackle hygiene behaviours and prevent diseases and illnesses such as cholera and diarrhoea through co-designing a new set of behaviour change interventions.**

Using key insights from research conducted by young Tanzanians, 30 volunteers from Reckitt collaborated with 30 Tanzanian youth to create two innovative and engaging interventions. These centred around school water, sanitation and hygiene (SWASH) Heroes and Babas (fathers or male heads of household) which aimed to encourage the increased and sustained practice of effective water, sanitation and hygiene (WASH) behaviours. These were supported by a third intervention, Participatory Market Systems Development (PMSD), which focused on access to hygiene products as a means to support healthier communities. Delivered by youth volunteers, the innovative methodologies were rolled out across 20 communities in the Kilombero District of Morogoro Region.

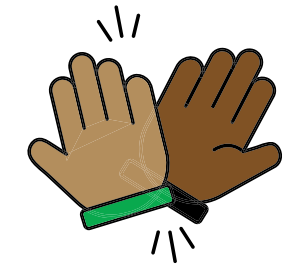
The final evaluation identified positive changes in the practice of sanitation and hygiene behaviours as a result of the project and a reduction in diarrheal diseases within the target communities.



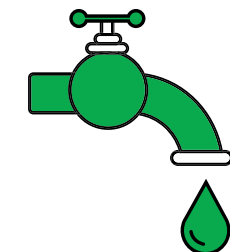
**15,340 people practise safe sanitation and hygiene behaviours as a result of the project, which has reduced incidents of diarrhoea and other preventable diseases.**



**Up to 6 million people were reached by a communications campaign about effective sanitation and hygiene behaviours.**



**The combination of corporate experience from the Reckitt volunteers and cultural knowledge from the young Tanzanian volunteers was key to the generation of the successful interventions delivered.**



**645 school children and Babas were trained and equipped to become sanitation and hygiene ambassadors spearheading positive change around hygiene practises.**



**105 businesses were supported to analyse the WASH products they offer versus the market needs and understand how to adjust their stock and marketing approaches accordingly.**

# Context.

In Kilombero District of Morogoro Region, Tanzania, a high proportion of adults and children lack an understanding of the importance of practising hygiene behaviours that can keep them safe from water- and faecal-borne illnesses.<sup>1</sup>



Since 2015, RIT has worked with SWASH clubs and School Management Committees to encourage the uptake of healthy hygiene behaviours among school children and support them to disseminate hygiene messages to their peers and families. Despite some successes, a Raleigh International evaluation into the impact of our SWASH programmes revealed that whilst positive hygiene was improving in the home, this was not reflected in the wider community.<sup>2</sup>

At the same time, in 2018 many organisations were seeking to develop national behaviour change strategies to impactfully promote effective sanitation and hygiene.<sup>3</sup> As part of this process, Raleigh International joined forces with Reckitt to design, trial and assess new WASH behaviour change interventions. These collectively formed a project known locally as Healthier Lives, Happier Homes, which aimed to **increase the adoption**

**of safe WASH practices among 26,000 community members in the Kilombero District of Tanzania.**

To ensure impartiality, the final project evaluation was led by an external consultant with the support of 12 Tanzania youth volunteers. Data collection took place between June and August 2021 and the consultant produced a detailed report sharing insights into the impact of the three interventions and their effectiveness in increasing the uptake of positive hygiene behaviours. A conference was held in early September to share information on the interventions and the evaluation findings with actors from across the Tanzanian WASH sector.

This report provides an overview of the project, the interventions delivered, and the evaluation findings.

<sup>1</sup> Survey Reports C4 and C5 – ICS Raleigh Tanzania

<sup>2</sup> Raleigh International Internal ICS Evaluation, 2018

<sup>3</sup> Water, Sanitation and Hygiene. UNICEF 2018



# Collaboration: Reckitt volunteers and Tanzanian youth.

**Young people are ambitious changemakers, who inspire ownership and enthusiasm in communities; they know exactly the world they want to live in and the change that must happen to create it. This project leveraged that energy, open-mindedness and knowledge of youth volunteers to build innovative solutions and healthier communities.**

**By utilising Raleigh International's peer-to-peer approach to behaviour change, this project equipped youth with skills and experience to undertake research, deliver interventions and evaluate the outcomes.**

## **Tanzanian youth volunteers:**

We knew we would need to lean on the knowledge of previous WASH volunteers who have delivered sanitation and hygiene behaviour change and awareness-raising activities, in order to help guide the creation of new interventions. The Tanzanian youth also brought the local cultural context and background that would ultimately determine how to best shape the behaviour change ideas to maximise their chances of uptake.

## **Reckitt skills-based volunteers:**

The project was designed to leverage the skills, knowledge and expertise of Reckitt's health and hygiene professionals as well as Reckitt's purpose of a cleaner, healthier world for all. The project was designed to leverage the skills, knowledge and expertise of Reckitt's health and hygiene professionals as well as Reckitt's purpose of a cleaner, healthier world for all. Pioneering true skills-based volunteering, Reckitt volunteers worked alongside Tanzanian volunteers building an impactful partnership and delivering innovative behaviour change. The Reckitt volunteers worked alongside the young volunteers in Tanzania, creating an impactful partnership and delivering innovative behaviour change.

The 30 volunteers recruited to the project contributed expertise in:

- Research and development in hygiene and hygiene behaviours
- Market research
- Consumer marketing insights
- Innovation and design
- Social marketing / behaviour change
- Training and facilitation
- Project management

**"They helped us learn how to break down information and make it into something that is easily digestible."**

## **Tanzanian youth volunteer.**

**"It fundamentally was a life changing experience for me and would stress the importance of continuing to prioritise these in the future. Skills based volunteering was fantastic...I was actually using my skills generated to drive positive change."**

## **Reckitt skills-based volunteer.**

## The project.

### Formative research:

The behaviour-centred formative research led by 12 Tanzanian volunteers, looked at the challenges to practising effective hygiene and the barriers to children cascading WASH knowledge. The research indicated that:

- Most communities had low uptake of key WASH practices and limited ability to pay for sanitary supplies or access hygiene facilities.
- There was general scepticism that adults would be willing to adapt their hygiene behaviours following advice from children.
- There was overarching support for young people giving back to their community, improving their health, applying their knowledge, and gaining leadership experience.
- By identifying and building relationships with key stakeholders and designing more creative ways to disseminate information, the impact of youth in improving village hygiene can be maximised.

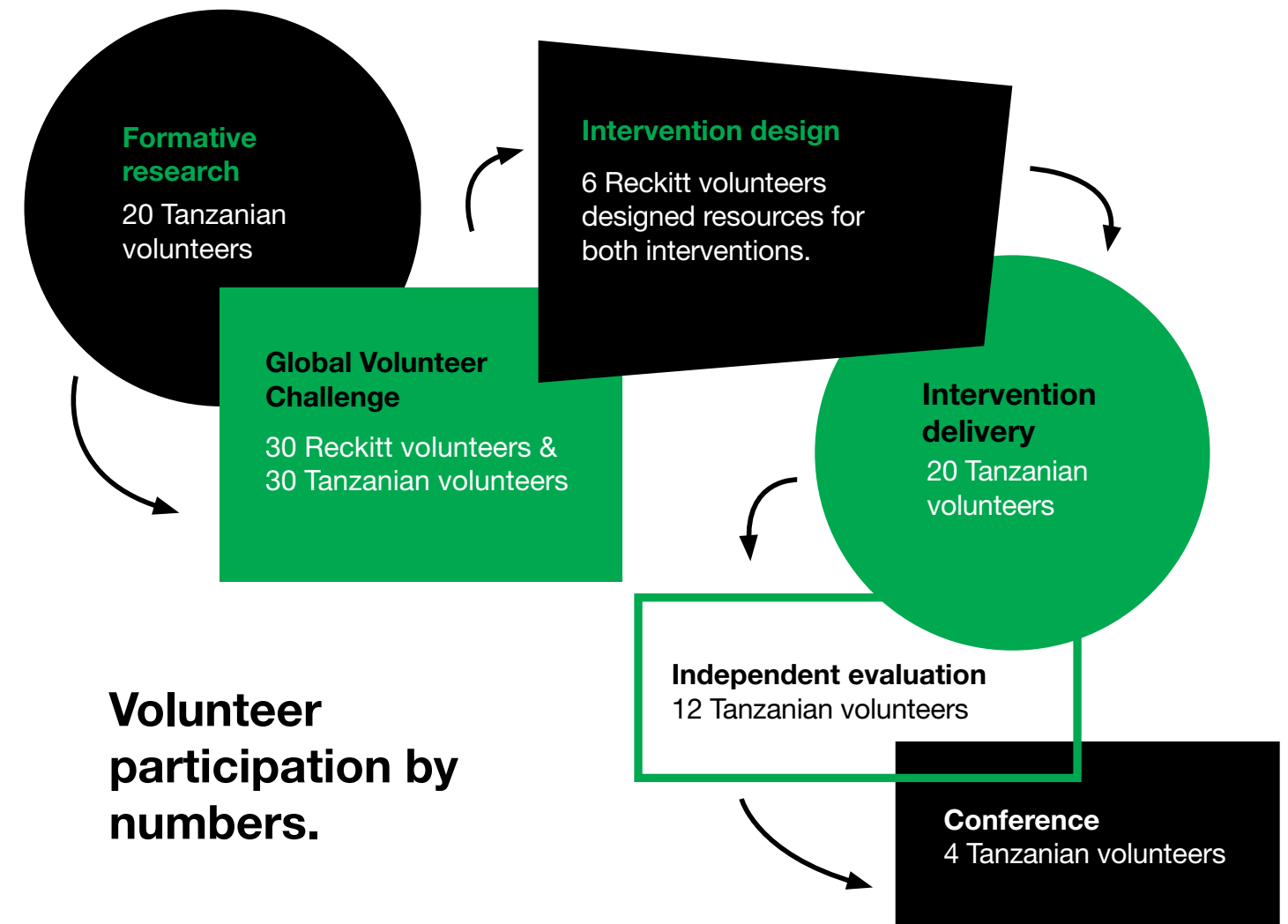
**In total, 30 Reckitt volunteers from across 23 global offices contributed their skills and expertise across 3,286 hours.**

### Global volunteer challenge (Intervention design phase):

In June 2019, 30 Reckitt volunteers joined with 30 young Tanzanians to devise interventions that support the increased uptake of positive hygiene and sanitation behaviours. Across two weeks, ten teams delved into the formative research and joined workshops to develop intervention ideas. Each team spent three days in a community to determine the feasibility of the approach they designed. At the end of the two weeks, each team presented their top idea and suggested delivery and evaluation methods to a panel of Raleigh International and Reckitt volunteers.

### The project aims:

1. To improve the understanding of Raleigh International Tanzania around the barriers to school children effectively cascading hygiene behaviours to their families.
2. To improve commitment among 3,250 male heads of households to promote positive hygiene behaviours in the home.
3. To increase participation among 9,000 children and 6,500 women for ensuring the sustained uptake of safe hygiene behaviours among 6,500 households.
4. To ensure that access to safe hygiene resources was improved for 6,500 households.
5. To increase understanding of best practice hygiene methodologies for supporting children to cascade hygiene messages in the home among 30 WASH stakeholders within the wider WASH network.



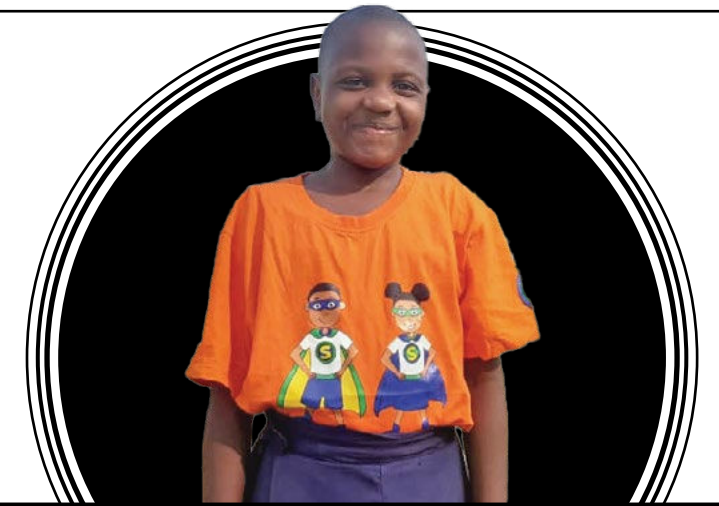


## The interventions.

Out of the ten ideas generated during the Global Volunteer Challenge, three were selected and further developed into practical approaches. Two focused on behaviour change and the third on the wider community environment.



## SWASH Heroes.



The **SWASH Heroes** approach is a school-to-home training programme that enables students to improve their knowledge of certain aspects of WASH and to cascade this learning to their peers, families and the wider community to increase adoption of hygiene behaviours in the home.

Activities under the SWASH Heroes intervention include:

- **Recruiting SWASH Heroes and SWASH teachers** in the target schools and training them on key hygiene behaviours, including effective handwashing, water safety and food hygiene.
- **Building knowledge** among the SWASH heroes on effective techniques for cascading hygiene messaging to their families and other students.
- Supporting SWASH Heroes to **communicate hygiene messaging** to their families and the wider communities through targeted activities including launch ceremonies to introduce the SWASH Heroes to their communities and action days to increase the adoption of positive hygiene behaviours.
- Establishing a SWASH club in each target school and recruiting students as members to work alongside the SWASH Heroes as **role models of good hygiene behaviours**.



## Engaging babas in WASH.



Few WASH programmes have targeted men in their drive to support positive hygiene in the home. This approach encouraged Babas to view themselves as protectors of their families' health and wellbeing and therefore to promote positive hygiene behaviours in their homes and allocate sufficient financial resources toward purchasing hygiene and sanitation products.

Activities under the babas intervention include:

- Recruiting babas to act as **WASH ambassadors** for their families and communities, helping them understand WASH issues and the role they can play in promoting positive hygiene behaviours.
- Facilitating training sessions with babas on good hygiene practices including hand hygiene, water safety and food hygiene and sharing effective mechanisms babas can use to **cascade messaging on WASH behaviours** to their families and friends.
- Providing grants to babas that successfully complete the training and assisting them to use the funds to purchase hygiene products such as soap and cleaning materials.
- Holding community events, often led by the babas themselves, to create awareness about the intervention, the role the selected babas are playing in championing effective WASH behaviours and sharing **information on hygiene practices** with participants.
- Delivering a media campaign of posters, radio jingles and a WASH-based short film persuading babas and the wider community to **adopt and encourage positive hygiene behaviours**.

## Working with local vendors (Participatory Market Systems Development or PMSD).



If knowledge and practice of effective hygiene behaviours are improved but products such as soap, washing powder and cleaning materials are not available, positive impacts on health and wellbeing will be limited. The final intervention designed and delivered therefore centred around collaborating with local vendors that sell hygiene products to their communities and supporting them to analyse what they offer vs the market needs and to adjust their stock accordingly.

Activities under the vendors PMSD intervention include:

- **Identifying vendors** selling hygiene products and recruiting them to participate in the intervention through clarifying the benefits it can bring for both their business and the wider community.
- Training the vendors to **build knowledge** on product analysis, market research and value chains.
- Supporting the vendors to **develop action plans and campaigns** that address the findings of the research and meet the needs of their customers.
- Assisting the vendors to **review and modify their products** in accordance with their action plans and providing support to assess positive changes in sales and customer interactions.



Intervention delivery.

The SWASH Heroes, Babas and vendors interventions were each implemented in three phases across up to 20 communities, led by 20 young Tanzanian volunteers. In half of the communities, both behaviour change interventions were trialled, and in the other half, only SWASH Heroes was delivered.

Phase 1

August - December 2019

Building engagement and relationships with community members, increasing awareness of hygiene and sanitation issues, introducing stakeholders to the interventions and securing buy-in.

Phase 2

February - March 2020

Behaviour started to shift and change as community members became more involved in the WASH activities and practices rolled out through each intervention.

The planned activities were only implemented in four of the 20 target communities due to safety concerns and the Covid-19 outbreak halting delivery.

Maintaining Community Relations

June - August 2020

During Covid-19 light-touch remote activities to sustain understanding and knowledge of safe hygiene behaviours e.g sanitation and hygiene messaging was broadcast on two local radio stations over 190 times

Community survey assessed knowledge and attitudes to gauge if any changes to delivery plans were required.

Phase 2 continued

August 2020

Once pandemic restrictions had sufficiently eased, phase two recommenced in late August 2020. The activities under each intervention were tweaked to reflect the findings of the KAP surveys.

Phase 3

November - December 2020

Activities to deepen the WASH knowledge of the target stakeholders and cascade positive hygiene behaviour messages to a wider community.

Evaluation

July 2021

After six months the final independent evaluation took place in July 2021 to assess the overall impact of the project.

Conference

September 2021

Sector wide learning conference was held on in Dar es Salaam to introduce actors from across the Tanzanian WASH sector to the project and the behaviour change interventions trialled and to share the findings from the final evaluation.





# Evaluation overview.





## Snapshot of key accomplishments.

# 400

young people across 20 communities were recruited and trained as SWASH Heroes.

Over 4,000 people attended 30 community-based presentations, many led by Babas themselves, to encourage the uptake of positive hygiene behaviours.

Interactive and engaging action days to build knowledge of, and motivate people to follow, effective hygiene practice reached 16,512 adults and children.

20 SWASH clubs were set up in different schools and 40 SWASH teachers were trained to assist them.



# 245

babas across 10 communities attended WASH training sessions and became ambassadors promoting positive hygiene behaviour change in their families and communities.

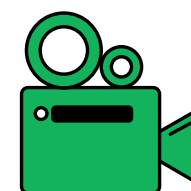
10 WASH murals were painted, one in each community.

289 signs encouraging safe WASH behaviour were placed in strategic locations around the communities e.g. at markets, hospitals and outside shops.

# 30

sessions led by the babas to discuss and demonstrate effective hygiene practices reached 4,423 adults and children.

Radio jingles messaging positive hygiene behaviours were heard by up to 6 million people across Tanzania.



Over 11,000 people attended 20 community cinema events that screened WASH-related films.

105 WASH product vendors from 20 communities were recruited and participated in training sessions covering product analysis, market research and value chains.

15 vendors had created marketing plans based on findings from the market research and product analysis they had conducted.



## Increased participation of children and women in supporting hygiene practices.

**SWASH Heroes' families supported them in their role as WASH ambassadors and engaged with the messages they were cascading.**

The 20 SWASH clubs that were set up in each of the 20 target communities were effective at engaging a large number of community members. 400 SWASH Heroes and an additional 396 children were recruited and became WASH leaders at their schools, encouraged other students to follow effective hygiene practices and oversee the cleaning of their toilet blocks. An additional 39 teachers were recruited and trained to support them build their knowledge of effective sanitation and hygiene practices and increase their confidence in cascading WASH messaging to their peers and families.

The SWASH Heroes delivered 40 community action days during which they rolled out WASH training and helped participants understand the WASH techniques and

practices that can help keep them safe from illness and disease. The events reached 16,512 people (1,875 men, 2,720 women and 11,917 children).

The project evaluation found that most families embraced their child's role as a SWASH Hero and accepted their promotion of better hygiene practices. Some of the SWASH Heroes reported facing challenges in disseminating WASH messages, but overall, across the communities there was support for the role they played in generating positive changes around hygiene behaviours.

At the end of the project 60% of women reported that they ensure their children practise effective hygiene behaviours compared to 48% at the start of delivery, indicating a 12% increase. Across the course of the project there was also a 13% increase in the number of women advocating at the family level for well-functioning WASH infrastructure and / or supplies for their households.



**“This project has somehow brought some gender balance because currently, you may find a husband waking up in the morning before the wife and deciding to take a broom and sweep around the house. In the past he would have said ‘how can I sweep while I have so many children?’ or ‘Why did I marry you if I have to sweep?’ Now things have changed...”**

**Female from Mkula Village.**

## Knowledge and adoption of practices among males.

**The project resulted in sustained good WASH practices by fathers who were part of the Babas intervention.**

Across the ten target communities, 245 Babas (against a target of 200) attended ‘healthy homes’ training sessions, giving them the knowledge, skills and confidence to act as WASH ambassadors promoting positive hygiene behaviours in their homes and amongst their peers. On completion of the training, 199 of the Babas were awarded a grant to purchase WASH supplies. The volunteers made 262 follow up visits to the Babas to provide hands-on support and advice.

The final evaluation showed that there has been ‘an obvious shift’ in perceived responsibilities related to WASH, with it no longer being

seen solely as women's duty to manage WASH at the household and family level but rather the responsibility of both women and men. Many of the fathers involved in the Babas intervention have continued to promote good WASH practices within their communities.

Overall, male heads of household who took part in the project demonstrated a very positive commitment to promoting hygiene behaviours in the home with 89% of those involved in the project reported that they provided finance for hygiene products compared to 75% in non-baba intervention communities. Furthermore, in intervention communities, 74% of Babas reported discussing hygiene practices and their importance with other men compared to just 58% in non-baba communities.

Improving personal hygiene practice of Babas was more challenging with only 51% (intervention communities) and 48% (non-intervention communities) of Babas reporting that they always practised positive hygiene behaviours themselves (washing hands with soap and water). The inability to practise good WASH more frequently was linked to the limited availability of hygiene facilities when working in the fields or when away from home. Another challenge mentioned both for the Babas and more broadly across the project was financial constraints, which prevented households from replacing worn out or used up WASH equipment or supplies despite the knowledge that safe WASH behaviours would protect their households from ill health.



**“We trained our parents after getting this training. Now they observe good sanitation and hygiene.”**

**SWASH Hero from Mkula Village.**



## Access to sanitation and hygiene resources.

**Engaging Babas led to increased availability of WASH products in some households but other families struggled to replenish their supplies and replace worn out WASH equipment.**

Sensitising fathers and securing their buy-in through the Babas intervention not only led to improved uptake of effective WASH practices but also resulted in the increased purchase of WASH supplies, such as soap, by many families. However, a lack of financial capacity to buy sanitation and hygiene products and supplies was also flagged by some families.

103 local vendors selling WASH products were recruited to participate in the PMSD intervention. A series of meetings and training sessions were held to discuss and upskill the vendors on product analysis, gain insights into hygiene product value chains and reflect on customer needs vs business offerings. While a high number of vendors attended training sessions, by the end of the project only 15 had developed marketing campaigns following the training received. Many were too busy with their businesses to find the time needed to develop and enact business plans. As hygiene behaviours improved, demand

for WASH products grew. This, coupled with increased understanding of market needs, led to some vendors being more willing and able to replenish supplies when they ran out. However, a lack of access to finance affected the extent to which other vendors could adjust their business model or the products they offer. Vendors reported having insufficient capital to sustain and grow their businesses.

**77% of community members reported that at the end of the project they could easily reach a store that sells hygiene products and they were readily available to them.**

**“Before it used to be you are making soap, but it will stay in the market for a long time because customers were few but now people have been educated, customer needs have increased as a result, people are using more soaps than before.”**

**Vendor from Mkula Village.**



**“It helped us Mkula people to prevent ourselves from [getting] Corona. This was facilitated by sanitation equipment they had brought to the village.”**

**Baba from Mkula Village.**

## Sustained behaviour change.

Feedback gathered from community members through the formative research conducted at the start of the project indicated that people were unwilling to adapt the WASH behaviours to which they are accustomed (mentioned by 13% of respondents) and they were averse to being counselled by youth (mentioned by 29% of respondents). There was uncertainty that adults would be willing to adapt their hygiene behaviours as a result of advice given by children and concern that children would not have the confidence to be leaders of change in hygiene practices.

There was a marked difference by the end of the project, with scepticism being dispelled and the final evaluation noting that ‘the project has unquestionably led to observed changes in

behaviours and practices in the targeted beneficiaries’ and that it ‘has significantly raised awareness and improved WASH practices within the project sites’.

This is backed up by data collected during the course of delivery and through the evaluation. This indicates that following implementation of the interventions, 69% of community members demonstrated positive attitudes towards the adoption of safe WASH practices while an average of 59% reported they always practise safe WASH. This is a 6% increase compared to the number of people that reported practising safe WASH during the first phase of delivery, indicating positive change over the course of project implementation.

The evaluation also found that effective hygiene behaviours became more prevalent as the interventions became increasingly embedded: ‘the SWASH Heroes were accepted [by their communities] and allowed to impart their trainings to their peers, family, and community members at large’. A community member in Mkula Village also commented “Before, a child could not correct his parents; but after getting education the child was empowered to teach his parents”.

Furthermore, qualitative feedback from stakeholders including teachers and health officials at the community level coupled with analysis of open-source healthcare data at the Town Council level during the evaluation indicated that the interventions delivered by



## 69% of community members demonstrated positive attitudes towards the adoption of safe WASH practices.

the project contributed to a decrease in cases of diarrhoea in the target communities. At the end of the project delivery period, the mean number of diarrhoea cases in the intervention communities within Ifakara Council had fallen by 34 compared to the number of cases at the start. In non-intervention communities, there was a mean reduction of 10 cases in this same period. The decline in diarrhoea was significantly more pronounced in Mlimba, with a reduction of 177 cases in intervention communities compared to a reduction of nine cases in communities where the project did not take place.

Overall, this indicates that the project contributed to a decrease in cases of diarrhoea in the target communities. It also suggests that there was a higher reduction in the incidence of diarrhoea in intervention communities vs non-intervention communities. Almost every stakeholder interviewed across the two councils concurred with these findings, stating that they had observed a decrease in cases of diarrhoea in their community.

With regard to the delivery model, the evaluation noted that the collaborative efforts of the Reckitt volunteers and young Tanzanian volunteers were instrumental in the generation of successful project interventions.

The combination of expertise in health and hygiene from Reckitt volunteers and cultural knowledge of the young Tanzanian volunteers was key to the generation of the successful interventions delivered.

The presence of the charismatic and energetic Tanzanian volunteers helped to sustain understanding and knowledge of safe hygiene behaviours and engagement with safe WASH messaging amongst community members, while planned activities were paused due to Covid-19. This ongoing presence of youth volunteers leading on delivery had a positive impact on the project outcomes, helped gain the trust of the communities and encouraged community members to participate in the activities delivered. The volunteers also acted as WASH role models and were embraced by the communities.

“The project has helped to decrease avoidable diseases. It has shown us that we can invest in prevention rather than treatment of diseases.”

Lab Technician, Mang'ula Village.



**The evaluation noted that the collaborative efforts of the Reckitt volunteers and young Tanzanian volunteers were instrumental in the generation of successful project interventions.**

# Learnings.

**The independent evaluation indicates that all three interventions led to positive changes in the target communities. The combination of three interventions proved to be more successful than two, demonstrating that a multi-intervention approach leads to greater changes in WASH behaviours and increased impact for the target communities. The results suggest that engaging adults as leaders in WASH behaviour change approaches generate greater success than when children alone act as champions.**

**It is encouraging that the evaluation revealed these approaches had a tangible impact in all of the target communities. However, it is apparent that if they are to be repeated, all three interventions require specific and targeted amendments to build effectiveness and increase their overall efficacy. Some recommendations to support this are mapped out below.**

**Adjust training content and delivery based on stakeholder feedback to increase participation and impact.**

Both Babas and vendors suggested that practical training on making WASH products and repairing WASH tools would be beneficial alongside training on positive hygiene behaviours and may increase sustainability as many struggled to replace broken, worn-out, and used-up items. Feedback from vendors indicated that they would not have been able to run their businesses during the hours they were attending training, and this would have resulted in a loss of earnings. They suggested that holding training sessions outside of business hours would increase engagement.

**Improving collaboration efforts with health facilities and health facility staff may increase success and support sustainability.**

Environmental Health Officers and health facility staff consulted during the final evaluation suggested that involving them in the delivery of the project may have increased the reach and success of the interventions. The facilities are mandated to plan and budget for priority health issues in their catchment area, and had they been looped into implementation they could have incorporated project activities into the facilities' plans, even beyond the end of the project. Furthermore, staff shared that as so many people pass through the health facilities, had WASH behaviour change messaging been rolled out through them the reach and impact of the interventions may have been extended.

**The effectiveness of behaviour change intervention is optimised by WASH infrastructure.**

Observations during the evaluation indicated that school WASH facilities differed across communities, with some having poor handwashing facilities and / or lacking running water and soap. The lack of WASH facilities near farms

and fields was also raised by community members as inhibiting the extent to which they can practise good hygiene. Construction of WASH infrastructure to increase access to appropriate facilities alongside the delivery of WASH behaviour change activities would assist the uptake of effective hygiene practices.

**More actions related to SWASH teachers could increase success and sustainability.**

Two teachers in each school were trained to spearhead and support SWASH clubs and their activities. The evaluation found that in some villages the teachers were not willing or able to fulfil their role as intended and in other instances when SWASH teachers moved on from one school to another they were not replaced, leaving SWASH clubs without the necessary support to continue their activities effectively. The evaluators recommend training more than two teachers per school to increase support for SWASH clubs and reduce the chances of SWASH clubs being left without a leading figure when teachers move on. They also suggested that if a SWASH teacher leaves, the school should take steps to replace them.



# Summary.

**The findings were very clear – the behaviour change interventions have worked. This is testament to the incredible combination of skills and experience that resulted from the Reckitt volunteers collaborating with the young Tanzanian WASH volunteers. The unique combination of health and hygiene professionals with local youth volunteers who are experts in local culture has led to the inception of these innovative approaches. Together they were able to create new ways to deliver WASH messages effectively and influence positive behaviour change.**

The power behind this project and its success lies in the skills, knowledge, and collaboration of the volunteers, both Tanzanian volunteers and Reckitt volunteers. The project team and the two-week innovation sprint (Global Volunteer Challenge) built a group of committed volunteers who were instrumental to the project's success and without their commitment and unique combination of skills and experience, the innovations would likely not have been as successful. Furthermore, returning volunteers bolstered the organisation's capacity and leveraged additional skills to help develop resources for the roll-out of the interventions, and also for data analytics at the end of the project.

There were challenges that should be addressed in future. We know that access to WASH services (and safe water) will always help optimise uptake of the behaviour change interventions. We know that access to sanitation and hygiene products may be constrained by overall household finances. And furthermore, we know that if we were to run the PMSD intervention again, that there are course corrections required for improved delivery. These elements aside, the findings reveal that the project has achieved its overall objective of sustained practice of safe sanitation and hygiene behaviours across Kilombero District in the Morogoro Region with an overall reduction in incidence of diarrhoea, and it is our shared hope that these learnings inspire others in the sector for improved effectiveness in the delivery of their WASH programming as we collectively seek to address this vital global problem.



## A special thank you

**We could not have accomplished this project without the Tanzanian volunteers and Reckitt volunteers. Thanks to their commitment and energy, this youth-led project created cleaner, healthier communities.**