Breakthrough ACTION DRC

Design & Test Report

Using human-centered design to improve RECOs recognition and tools in the DRC

Submitted to: USAID

Submitted by: Breakthrough ACTION DRC

October 2021

Introduction

This document was developed as a result of several weeks of intensive Design & Test activities in the Democratic Republic of Congo (DRC), spread over February 2021 and September 2021 of Breakthrough ACTION (BA) DRC's third year. During that period, low to medium fidelity prototypes were co-created and / or tested in three regions: Kasaï Oriental, Haut Katanga and Sud Kivu. These prototypes aimed at solving the challenges discovered thanks to the insights developed during the Define phase that was conducted in September and November 2020.

This report includes an overview of the Define phase main findings, as well as describing the process of designing and testing a series of low to medium fidelity prototypes. This report also explains how the results from the two testing sprints led to recommendations for the implementation of new interventions to revitalize the role of Community Relays (RECOs) in the DRC during the 4th year of BA.

In this project, the Design & Test phase is structured into two Design Sprints that place an emphasis on continuous learning and rapid prototyping. Design Sprints ensure a highly action-oriented, evidence-based process in which users are placed at the center, and are able to give feedback on concrete design solutions as early as possible.

Contents

Acronyms

AC	Animateur Communautaire *(Community activities leader)*		**MCH**	Maternal and child health
AS	Aire de Santé *(Health district)*		**HMW**	How Might We
BA	Breakthrough ACTION		**MCZ**	Médecin Chef de Zone *(Head of Health Zone)*
CAC	Centre d'Action Communautaire *(Centre for community action)*		**MOH**	Ministry of Health
CODESA	Comité de Santé (Health committee)		**PNSR**	Programme National Pour la Santé Reproductive
DBC	Distributeur à Base Communautaire		**RECO**	Relais Communautaire *(Community Relay)*
DPS	Division Provinciale de la Santé *(Provincial Health Division)*		**SBC**	Social and Behavior Change
FP	Family Planning		**USAID**	United States Agency for International Development
HCD	Human-centered Design		**ZS**	Zone de santé *(Health zone)*

1

Background
& approach

Project background

*A key goal for the Breakthrough ACTION-Democratic Republic of Congo (BA-DRC) project is to improve individual and social determinants of health by encouraging adoption of priority behaviors. To improve the design of these activities, BA-DRC engaged ThinkPlace, the Human-centered Design (HCD) lead for Breakthrough ACTION to **refine and design health promotion tools and activities of community relays (RECOs). The purpose of this activity was to understand current challenges and opportunities of community relays and needs of promotion tools while ideating solutions with local partners.***

Context

RECOs are the main cadre of community health workers operating in the DRC. They are volunteers who provide a minimum package of reproductive, maternal, newborn, and child health services, including the provision of family planning; integrated community case management for malaria, diarrhea, and respiratory diseases; nutrition counseling; water, sanitation, and hygiene (WASH), HIV and AIDS education; and disease prevention. RECOs conduct home visits to approximately 50 households per month. They also provide referrals to health facilities and conduct community-based surveillance.
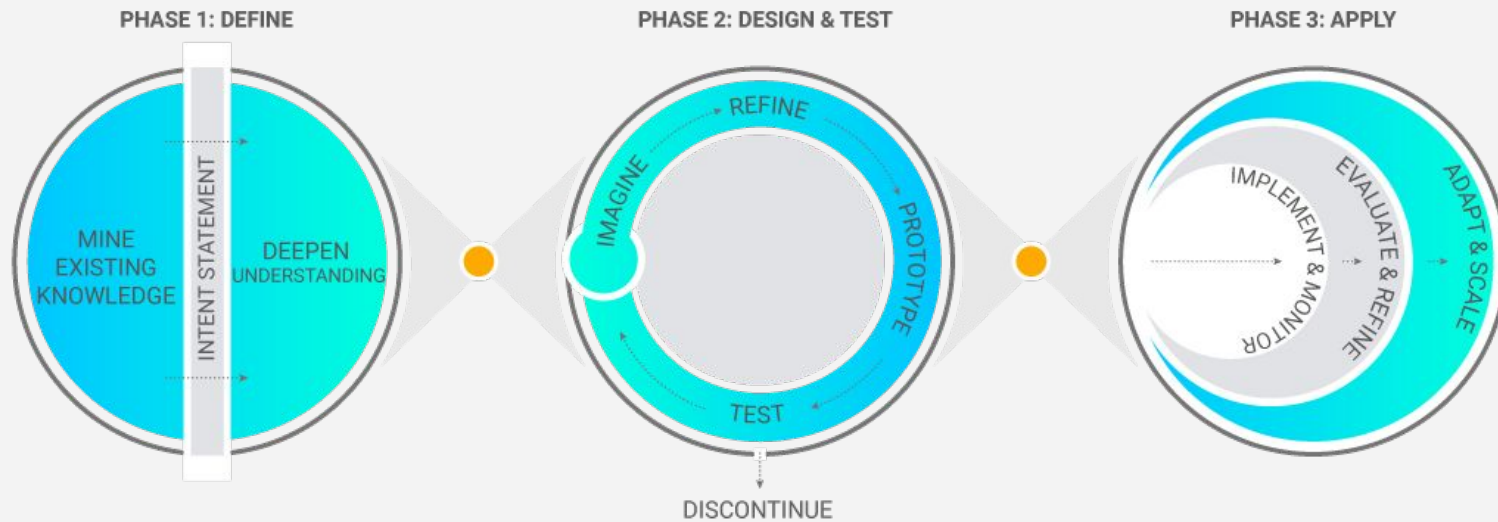
Project background

Methodology

HCD provides a deep, rich understanding of the behavioral determinants affecting people's capability to confidently, willingly and effectively affect social change. By following an HCD approach, BA looked to deeply understand and empathize with RECOs' realities and lived experiences, in order to encourage positive behavior change. This depth of understanding was then leveraged into systems-level interventions that have the most potential for bridging the gap between intention and action.

During Year 2, BA initiated an HCD process to refine the health promotion tools, activities, and recognition of RECOs. This included a review and assessment of existing RECO Information Education Communication (IEC) materials, exploration of RECO challenges using existing tools, audience exploration activities to examine the characteristics of community members that use RECO services, and to understand their perception of RECOs.

Over Year 3, BA facilitated a series of co-design workshops with in-country partners to generate ideas, and to prototype and test them within communities. Through the HCD capacity training activities in Years 1 and 2, BA built the capacity of multiple team members, representatives of the MOH and other partner organizations. This ensured that activities in country could be carried on confidently by those who were involved in the training workshops and were part of the HCD team for the past two years, despite the restrictions imposed by the COVID-19 pandemic.

Guiding process - The SBC FlowChart

PHASE 1: DEFINE

MINE EXISTING KNOWLEDGE

INTENT STATEMENT

DEEPEN UNDERSTANDING

PHASE 2: DESIGN & TEST

REFINE

IMAGINE

PROTOTYPE

TEST

DISCONTINUE

PHASE 3: APPLY

IMPLEMENT & MONITOR

EVALUATE & REFINE

ADAPT & SCALE

The SBC FlowChart is BA's design process for SBC activities to address health or development challenges.

It is comprised of three phases, which align various disciplines, integrate their methods and approaches, and draw on tools and techniques from BA partner organizations, resulting in a cohesive and flexible approach.

Disciplines such as SBC communication, marketing science, behavioral sciences, HCD, community capacity strengthening and community engagement bring together their strengths, methodologies, and techniques to create new opportunities for innovative SBC.
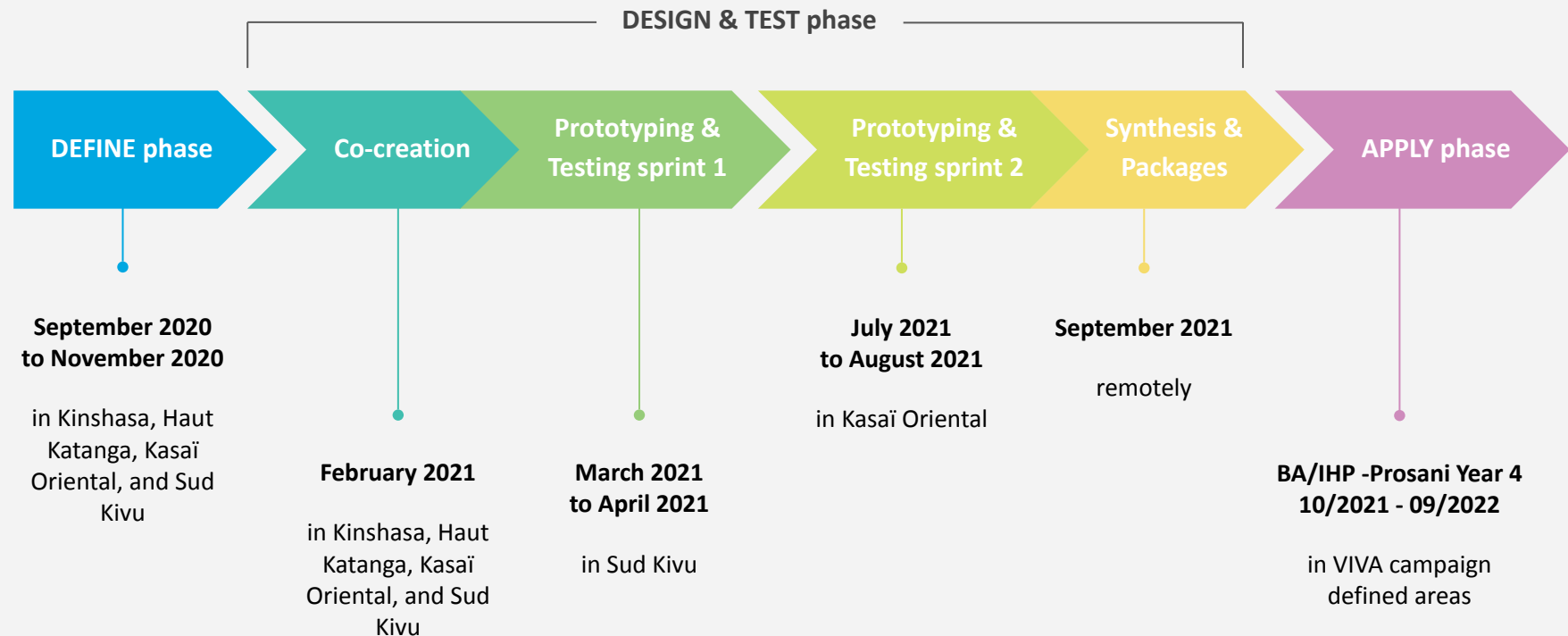
The SBC FlowChart process is one of divergence and convergence, iteratively exploring broadly, then deciding how to act in order to address a specific design challenge.

The implementation of the FlowChart is done through three key phases: (1) Define, (2) Design and Test, and (3) Apply. These phases are linked by transitional stages where the strategy is developed and refined.
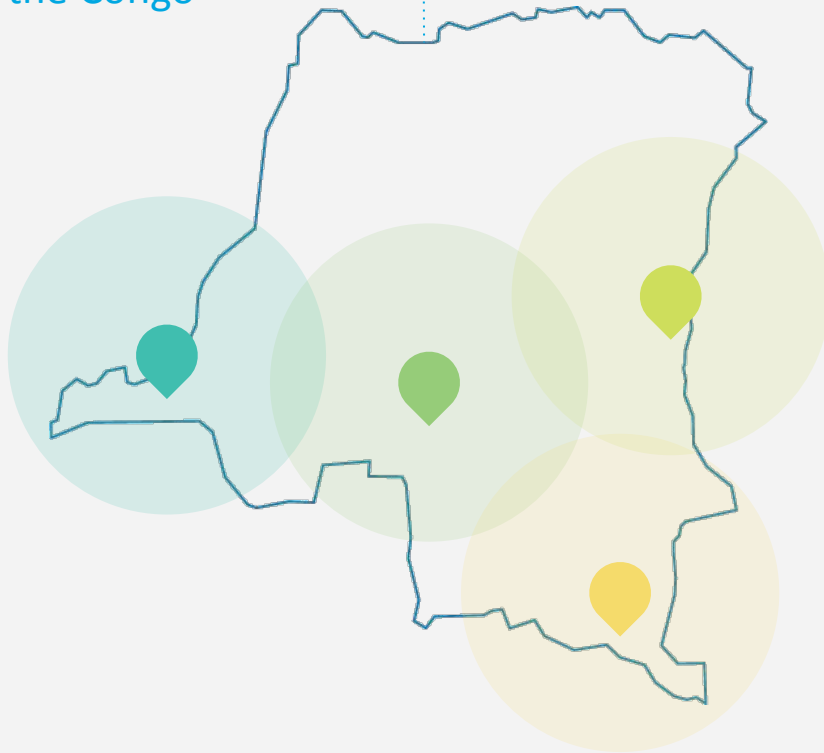
Timeline

Due to travel restrictions and other time zone constraints, the approach through the Design & Test phases focused on providing strong remote support to in-country core design teams. The ThinkPlace team took steps to ensure that the BA-DRC core design teams were well prepared and that they felt supported when they visited communities.

In addition, the teams took extra precautions to ensure that field procedures took into account measures related to COVID-19 (e.g. social distancing, avoiding signing forms and relying instead on verbal consent, carrying masks, etc.). In view of all this, the initial timeline was updated and some phases took longer than expected, extending the duration of the project to 12 months.

DESIGN & TEST phase

| DEFINE phase | Co-creation | Prototyping & Testing sprint 1 | Prototyping & Testing sprint 2 | Synthesis & Packages | APPLY phase |

September 2020 to November 2020

in Kinshasa, Haut Katanga, Kasaï Oriental, and Sud Kivu

February 2021

in Kinshasa, Haut Katanga, Kasaï Oriental, and Sud Kivu

March 2021 to April 2021

in Sud Kivu

July 2021 to August 2021

in Kasaï Oriental

September 2021

remotely

BA/IHP -Prosani Year 4 10/2021 - 09/2022

in VIVA campaign defined areas

Geographic scope

Democratic
Republic of
the Congo

Four teams made up of local, national, and international experts conducted activities in Kinshasa, Haut Katanga, Kasaï Oriental, and Sud Kivu. Due to the Covid-19 pandemic, Breakthrough ACTION (including ThinkPlace) team members based outside of the DRC were unable to travel and the entire process was conducted by Breakthrough ACTION DRC team members with the remote guidance of ThinkPlace HCD experts.

The entire Define Phase and the Co-creation activity (beginning of the Design & Test phase) were led in:

Kinshasa   **Haut Katanga**

Kasaï Oriental   **Sud Kivu**

The 1st sprint of Prototyping & Testing was led in:

Sud Kivu

The 2nd sprint of Prototyping & Testing was led in:

Kasaï Oriental

Audiences

The role of RECO presents challenges related to the quality of the information delivered to the community, their motivation to do their work in the long term, and the support they receive from the health authorities, among others. Therefore, this activity focused on understanding the perspectives towards the design challenge not only from RECOs, but the people who surround and influence them on a professional and personal level. The key audiences through the Define Phase and the Design & Test Phase I and II were as follows:

Community Relays (RECOs)

Professional level
CAC, CODESA Members, health providers, community workers, health authorities (MOH, DPS, health zone managers), partners, and NGOs.

Future parents and parents of children under 5

Community level
Community leaders, religious leaders, family members

2

Define phase : summary

Definition and objectives - Define Phase

During **this first phase of the process,** Breakthrough ACTION DRC collected qualitative information deepening their understanding of the role of RECOs while building empathy with key stakeholders through various research tools and techniques. The team analyzed the new research findings and learnings as "insights", which are significant shifts in perspective that help to uncover unthought-of opportunities.

Insights connect information and inspiration in new ways to perceive a situation in an unexpected way to gain an accurate and deep intuitive understanding of a person or a situation. This section of the report illustrates the insights that were distilled and prioritized in Sud Kivu and that formed the basis of the Design and Test phase's ideas, prototypes, and solutions. A detailed Define Phase report is available in French (appendix 1).

PHASE 1 | DEFINE

MINE EXISTING KNOWLEDGE

INTENT STATEMENT

DEEPEN UNDERSTANDING
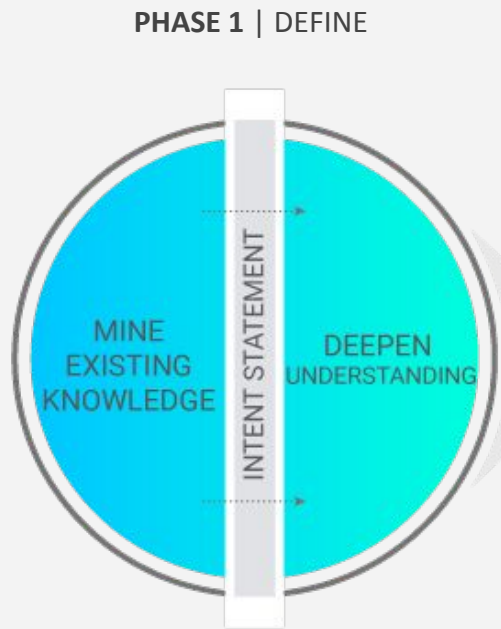
Goal

To have a deep understanding of the role of RECOs, of their experiences with communities, as well as their latent motivations, needs, values and influences.

1 Establish a shared vision of the **intent** of the activity, a common understanding of challenges and opportunities and collective action towards a shared solution.

2 Obtain in-depth **insights** into experiences, motivations, and opportunities to optimize and revitalize the role of RECOs.

3 Build the **capacities** of teams and partners in Human-centered Design (HCD).

Intent at-a-glance

Current situation

Analyses from a recent survey conducted in the nine provinces in which Breakthrough ACTION DRC works found that while just 3% of the women sampled reported they had used a RECO to care for themselves or for their children under the age of 5, women commonly cited 'community agents' in their top-5 sources for health information (USAID Integrated Health Program, Baseline survey 2019). This discrepancy may reflect a lack of recognition of RECOs as community agents. Surveyed women reported receiving information from community agents on a wide array of topics, from family planning (13% cited community agents as information sources), to handwashing (20%), to use of insecticide-treated nets to prevent malaria (28%), and decisions on treatment-seeking for babies with diarrhea or fever (23%) (USAID Integrated Health Program, Baseline survey 2019).

Challenge

To understand the role of RECOs in seeking care for pregnant women and children under 5 in the DRC, redesign their tools, their community approach, and ultimately increase their recognition as fundamental players in the country's health system.

Desired future

This activity followed an HCD approach which starts with an Intent workshop gathering health officials, RECOs, community members, and project partners. Together, they aligned on the following desired outcomes:

- *RECOs who contribute to the development and/or creation process of their own tools and to community engagement strategies.*

- *RECOs who are motivated, have the support from the authorities, and are trusted by their community.*

- *Tools and interventions that take into account the needs of both RECOs and community members.*

- *Better trained RECOs who are able to give better health recommendations.*

Scope

This project focused on understanding the experiences and perspectives surrounding RECOs' recognition systems and day-to-day activities in three DRC provinces. The project focused on the following target audiences:

- Community relays/RECOs (providers and promoters), community members and especially parents of children less than 5 years old.

- CAC, Members of CODESA, health providers, health authorities (Ministry of Health, DPS, health zone manager), partners (NGOs), community leaders and members.

Intent - Central design challenge

How might we **revitalize the role
of Community Relays (RECOs)**
in order to strengthen their impact
and value at the community level ?

_____

Discovery key themes

Lines of inquiry guided the Define Phase; they represented the key and strategic questions that guided how the team conducted the Discovery research on the field. **This section points to actionable insights drawn from this research, that were then** **used to provoke thinking about opportunity areas and ideas during the Design & Test phase.** The initial opportunities presented in this section were used to generate *"How Might We" (HMW)* questions, ideas, and trigger opportunities for co-design.

Motivation

Expectations of the role What are the expectations of this role within the community? What are the general attitudes and perceptions surrounding it? What are the expected strengths / weaknesses as well as the qualifications / skills of a RECO?

Reward Mechanisms What motivates RECOs in their work? What is the criteria for success, i.e. how do they know they have performed well? What drives RECOs to be successful in their work? Given that a RECO is elected by local leaders (CAC), what are the roles' advantages: is social status a gain or determining factor?

Partners & Coordination

Support network Who are the trusted people from the RECOs' point of view? Who do they turn to for different needs (e.g., access to information, support in communities, etc.)? How do the government, NGOs, and other organizations play a role in the RECO's support?

Mentoring Who, if any, are RECOs' mentors or who trains them? How do they learn or grow in their role? Is there professional mobility for RECOs? Do RECOs have professional development opportunities?

Tools & Training

Credibility How are tools, training, and credibility connected and how do they influence a RECO's role? How do RECOs gain the trust of the community? How important is trust to their role?

Tools and Engagement What role do tools play in the engagement of community members? Is their content relevant to community needs? Is their format appropriate for RECOs? What are the tools key design principles (e.g. durability, portability) What are the contact points within the health system and within the community?

Insights & *How Might We* questions

MOTIVATION

In the "Motivation" category, the team learned that there are many inconsistencies in the way RECOs are paid for their time. This can impact the reputation and attractiveness of the role. Due to the contradictions we observed from site to site, this remained an important categorization for insights.
Understanding the true motivations of a RECO is instrumental to the development of impactful and lasting interventions.

1

Social status and social recognition are key factors in becoming (and staying) a reputable RECO.

How might we develop empathy and recognition systems for RECOs on both community and governmental levels?

2

The longer a RECO can stay in a community, the more the RECO and the community benefit from his or her services.

How might we insure the longevity of RECOs in a community, and strengthen their role in health service delivery for its members ?

3

The incentive structures and forms of remuneration for RECOs are inconsistent and disparate in health areas, and this can be demotivating for RECOs.

How might we influence RECOs' compensation mechanisms to make them more stable, durable, and fair for all ?

Insights & *How Might We* questions

PARTNERS & COORDINATION

Another important discovery was that RECOs are not exactly supported by a network per se but rather by a disparate group of partners and institutions. The main opportunity here lay in the fact that there is no reliable coordination mechanism aimed specifically at RECOs and rather that the RECOs themselves navigate this landscape of partners.

4

The coordination mechanism that could maximize the role and impact of RECOs among partners is weak.

How might we foster an efficient communication between RECOs, government, and partners to maximize each actor's role and activities ?

5

Without consistent follow-up, RECOs feel neglected and unsupported.

How might we establish a follow-up system for the RECO's activities and allow them to easily seek support and supervision?

6

Having community trust is a source of satisfaction, but this trust can also create confusion about the exact role of RECOs (scope and service limitations).

How might we clarify a RECO's role on the community level, and facilitate trust and engagement?

Insights & *How Might We* questions

TOOLS & TRAINING

Regarding communication and engagement, the greatest opportunities lie in the tools and training that RECOs need to improve and optimize their work. In the context of engagement and their approach to the community, these were the two most frequently cited challenges. The key audience groups noted that without these two elements, RECOs are not as successful at engaging the community with accurate information and (therefore) with building trust with the community.

7

Most RECOs learn on the job and from a formal training, which, when it exists, is mostly provided by partners.

How might we guarantee that all RECOs can access tools and training in coherence with their needs?

8

When RECOs have the necessary tools, they are more efficient in their work.

How might we use RECOs' field experience to influence the production and design of their tools with key actors (NGOs, government, and other partners)?

9

Collaboration between RECOs is very limited.

How might we enable RECOs to combine their field experience with their formal training, and to transmit this knowledge to other RECOs and health professionals?

3

Design & Test phase :
Co-creation & Sprint 1

Definition and objectives - Design & Test Phase

PHASE 2 | DESIGN & TEST
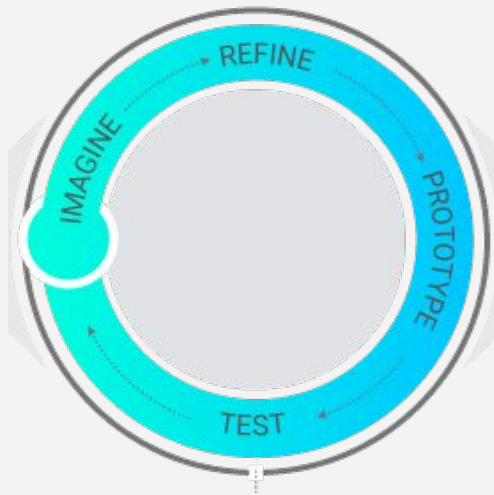
The Design and Test phase builds on the opportunities and design strategy identified during the Define phase to **generate ideas and test early prototypes with target audiences**. The second phase of the SBC Flow Chart is a cyclical and iterative process that focuses on generating and refining ideas to suit a specific target audience and context.

From low fidelity to progressively higher fidelity, **prototypes were iteratively tested and refined with users**. The higher the fidelity of the prototype, the closer it was to being implemented.

This was an iterative and fast-paced process to develop and test multiple designs to address the opportunity areas. Key activities that were undertaken during the Design and Test phase are described below.

Refine
Developed the ideas into something that can be built by identifying assumptions and designing the finer details of the concept.

Prototype
Built ideas into tangible prototypes that can be taken and tested with communities.

Test
Users interacted with the prototypes and provided feedback on the idea. At this stage, some concepts were identified as undesirable, unfeasible, or inappropriate, and were discontinued.

Capacity building

Following the finalization of the Define phase in September 2020, and considering the COVID-19 related travel restrictions, the design process started again in February 2021 with a **remote capacity building workshop spread over 3 days**.

A core design team was formed in each of the 3 selected provinces with BA, DPS, and NGO members, and trained with the "learning by doing" method, an approach inherent to HCD.

The teams were first presented with the theory behind each step in the Design & Test phase, and asked to go through a rapid version of these activities themselves, in real conditions.

Mock design challenges were given to each team, with several HMW questions around COVID-19 preventative measures.

The 3 days of capacity building trained the teams to transform insights into preliminary ideas, to brainstorm in groups, and to generate scenarios and hypotheses before prototyping and testing their ideas in the field with target audiences. The prototypes that were built during the workshop were tested with real users in the surrounding neighborhoods where the workshops were facilitated. This ensured that the core design team incorporated feedback from users and found opportunities of improvement for the tested prototypes.

Co-creation of ideas

The co-creation of ideas conveys all the voices relevant to our design challenge. **Three teams of participants, made up of RECOs, pregnant women, mothers, fathers, community and religious leaders, and local health actors went through a co-creation activity in Haut Katanga, Kasaï Oriental, and Sud Kivu**. Due to the COVID-19 pandemic, the core design teams previously trained in each region led the activities with the remote guidance of

ThinkPlace. Taking the HMW questions developed after each insight, the co-creation activities resulted in various concepts, which were then prioritized according to their potential for impact, their "freshness" or innovative nature, and their relevance for the DRC and our context of intervention (BA and USAID scope and existing structures). A first prioritization was done by the participants themselves, and then by the team remotely.

Mural Board: Co-creation and prioritization of ideas

Prototyping & testing sprint 1

Overview
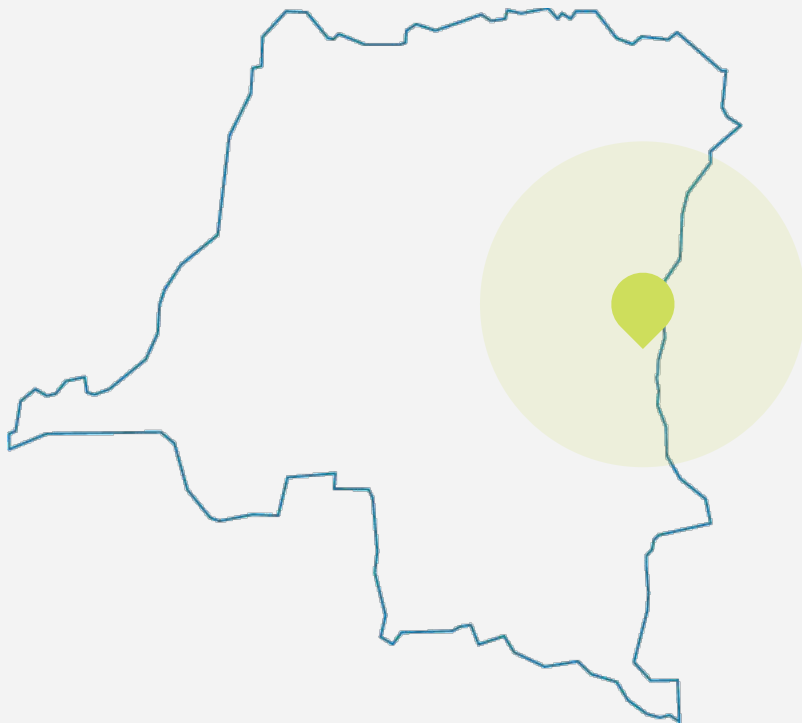
Sud Kivu

*The province of Sud Kivu was designated for our first sprint of prototyping and testing from April 6th to 22nd, 2021. The co-created ideas were developed into **8 prototypes tested with end users across selected urban, peri-urban and rural areas** by the local core design team, which split into 2 groups, with the remote support of ThinkPlace.*

125 end users tested the 8 prototypes during the 1st sprint of test: RECOs, community members, local leaders, and NGOs.

The core design team that led the testing on the field was composed of 8 people:

- **1 NGO member**
- **3 members of the DPS (MoH)**
- **4 members of BA**

Each of the 8 prototypes were tested across **4** health zones

- **Katana** (rural area)
- **Miti-Murhesa** (peri-urban area)
- **Ibanda and Kadutu** (urban areas)

Prototyping & testing sprint 1

Approach - under travel restrictions

While preparing the 1st test sprint, ThinkPlace developed an **interactive tool on Mural to ensure coherence throughout the the whole Design & Test phase but also with the previous phase key elements** (Intent, Insights, HMW questions).

This tool allowed the core design team, ThinkPlace, and other BA partners to visualize this activity and to follow its evolution as well as the results that came from each testing phase. This detailed Mural board can be found here (in French).
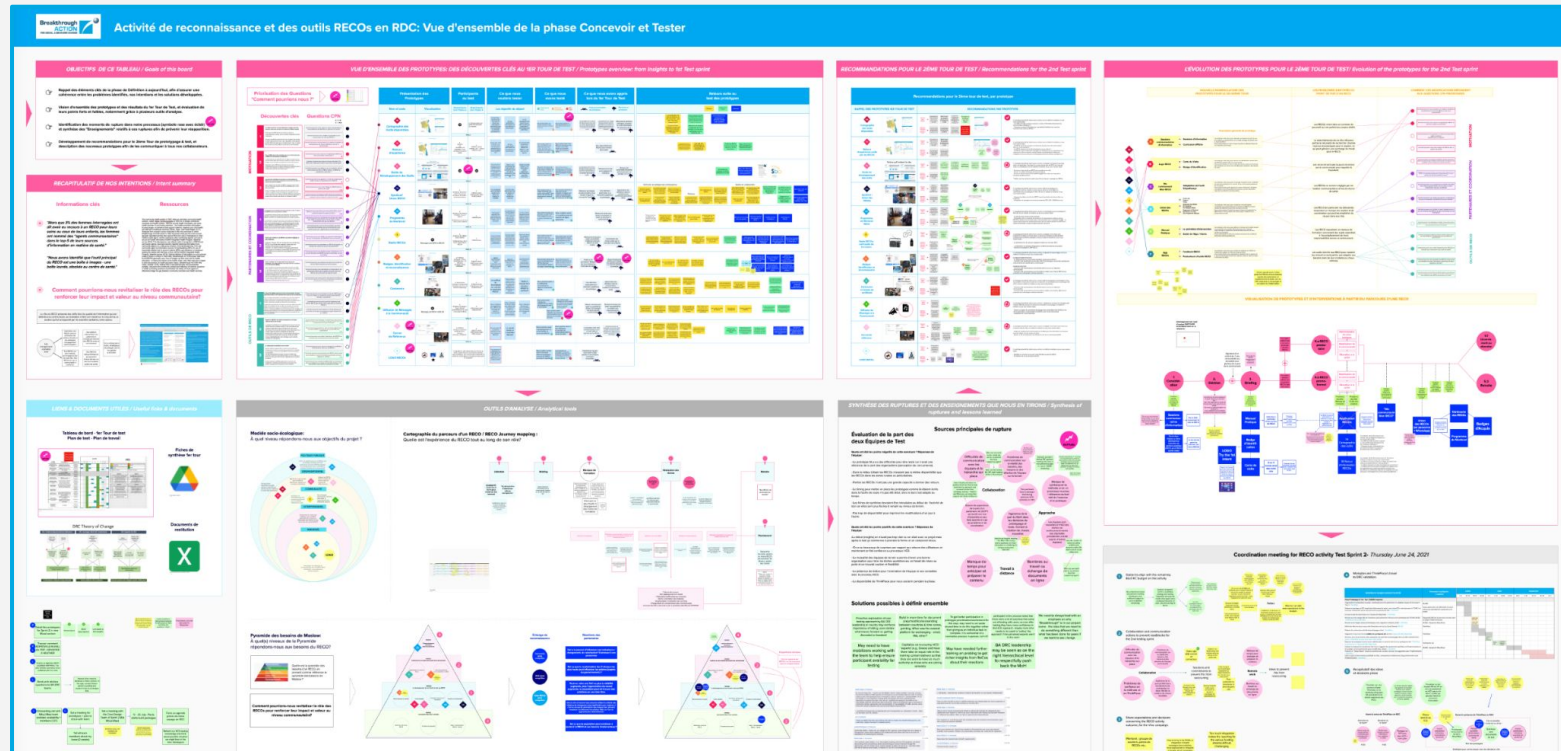
Prototyping & testing sprint 1

The table below shows an overview of the prototypes tested during the first sprint of test. Emerging prototypes responded to several of the insights and challenges from the Define phase.

The purpose of this phase was to assess the level of desirability among RECOs, communities, and other key stakeholders. Following this test, prototypes would be adjusted for a second sprint.

| PROTOTYPE	DESCRIPTION	MOTIVATION	PARTNERS & COORDINATION	TOOLS & TRAINING
1A Mapping of existing tools for RECOs	A co-created web-based repository designed for IPs and NGOs that rely on RECOs for their operations. The website intends to capture the needs of RECOs and provide guidelines and design principles for stakeholders when creating tools for RECOs.		✓	✓
1B RECOs feedback on existing tools				
1C Guide to develop tools for RECOs				
2A RECOs union	An in-person committee to exchange experiences and elect RECO representatives, who will then bring their area's concerns to the meetings of "key decision-makers". These frequent meetings serve also as a framework to facilitate mentoring.	✓	✓	✓
2B Mentorship program				
3 Radio RECOs	A concept that aims to provide access to formal training for RECOs through audio files on local radio stations.			✓
4 Identification badges for RECOs	Badges for RECOs, that represent the level of seniority and the soft skills held by the RECO to encourage a sense of belonging.	✓		
5 Ceremony and certificate	A prototype to promote the work of RECOs and to honor those who have served at least 3 years (one term) in a public ceremony in their communities.	✓		✓
6 Message diffusion (community level)	A concept to test the preferred communication mechanisms (e.g. megaphones, community dialogues, songs) to disseminate health information.			✓
7 Referral book	A referral booklet that allows the RECO to refer community members to health centers and to monitor their evolution.		✓	✓
8 Logo RECO	A graphic icon to distinctly identify RECOs on documents and on identification items, from a distance. The logo was placed on prototypes 4, 5, (certificate) and 7.	✓	✓	

Prototyping & testing sprint 1

Test results - report

A detailed report of the first testing sprint is available here (in French). It gathers the feedback of participants (RECOs, community members, and supervisors) as well as the project team members and partners' reviews and recommendations for the second sprint.
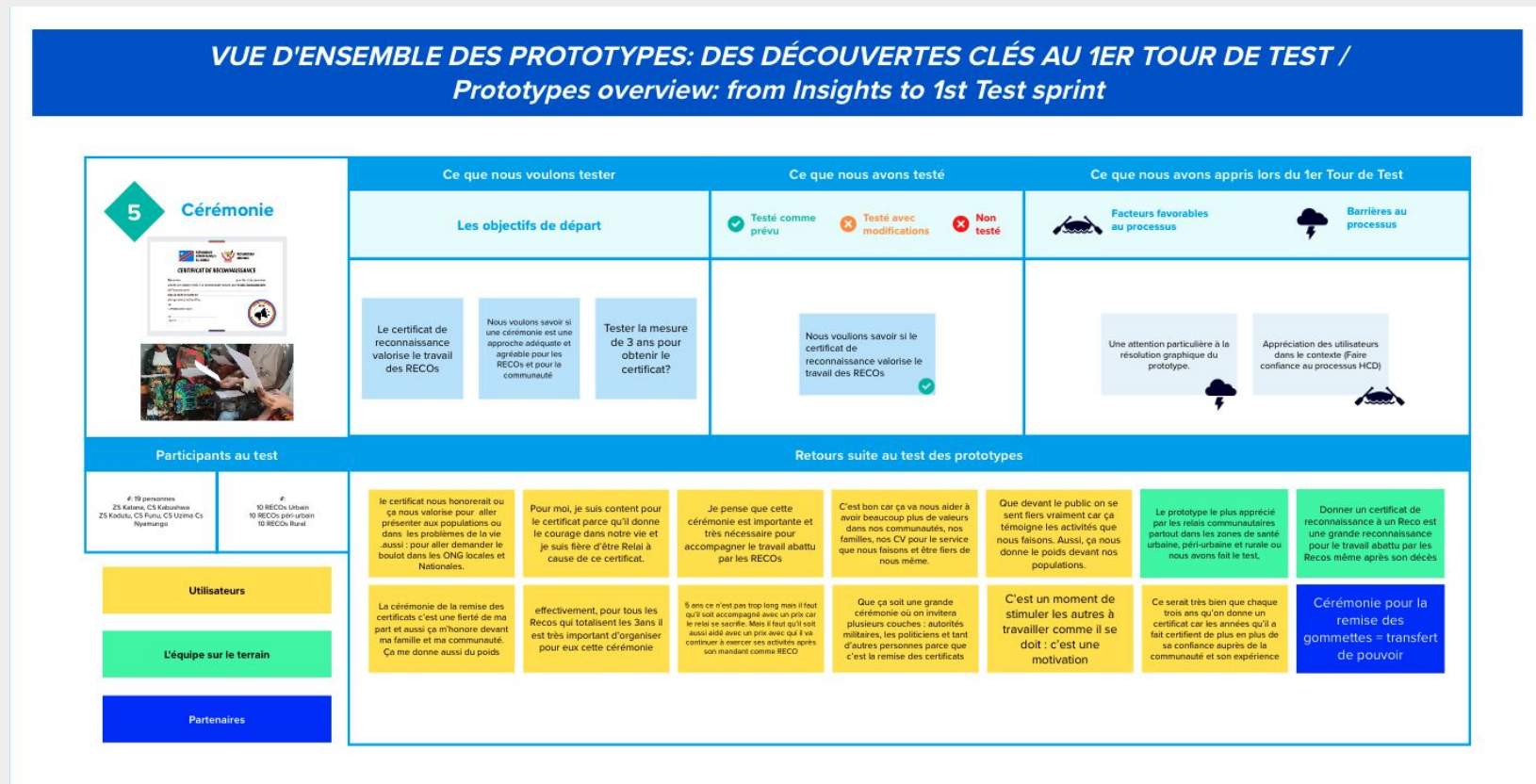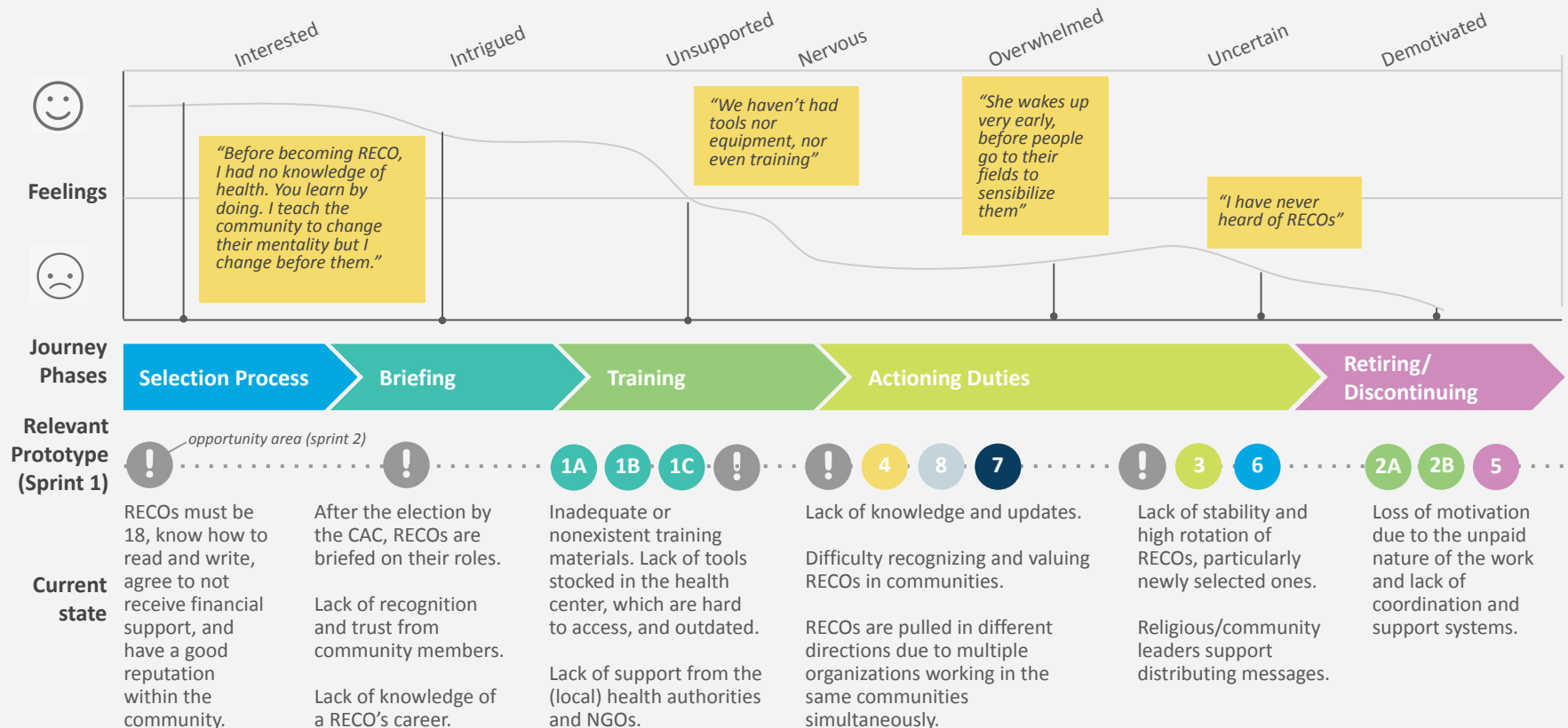
Prototyping & testing sprint 1

Analysis tool 1 - RECO journey mapping

At the end of the first test sprint, several tools were developed to analyze results and prioritize efforts moving forward. The map below shows an overview of a RECO's journey throughout his/her career. It includes the challenges that RECOs face at key points in their journey to ensure that the prototypes are solving actual needs and not centered around one phase of a RECO's experience.

Feelings

Interested — Intrigued — Unsupported — Nervous — Overwhelmed — Uncertain — Demotivated

"Before becoming RECO, I had no knowledge of health. You learn by doing. I teach the community to change their mentality but I change before them."

"We haven't had tools nor equipment, nor even training"

"She wakes up very early, before people go to their fields to sensibilize them"

"I have never heard of RECOs"

Journey Phases

| Selection Process | Briefing | Training | Actioning Duties | Retiring/ Discontinuing |

Relevant Prototype (Sprint 1)

opportunity area (sprint 2)

(!) | (!) | 1A 1B 1C (!) | (!) 4 8 7 | (!) 3 6 | 2A 2B 5

Current state

RECOs must be 18, know how to read and write, agree to not receive financial support, and have a good reputation within the community.

After the election by the CAC, RECOs are briefed on their roles.

Lack of recognition and trust from community members.

Lack of knowledge of a RECO's career.

Inadequate or nonexistent training materials. Lack of tools stocked in the health center, which are hard to access, and outdated.

Lack of support from the (local) health authorities and NGOs.

Lack of knowledge and updates.

Difficulty recognizing and valuing RECOs in communities.

RECOs are pulled in different directions due to multiple organizations working in the same communities simultaneously.

Lack of stability and high rotation of RECOs, particularly newly selected ones.

Religious/community leaders support distributing messages.

Loss of motivation due to the unpaid nature of the work and lack of coordination and support systems.
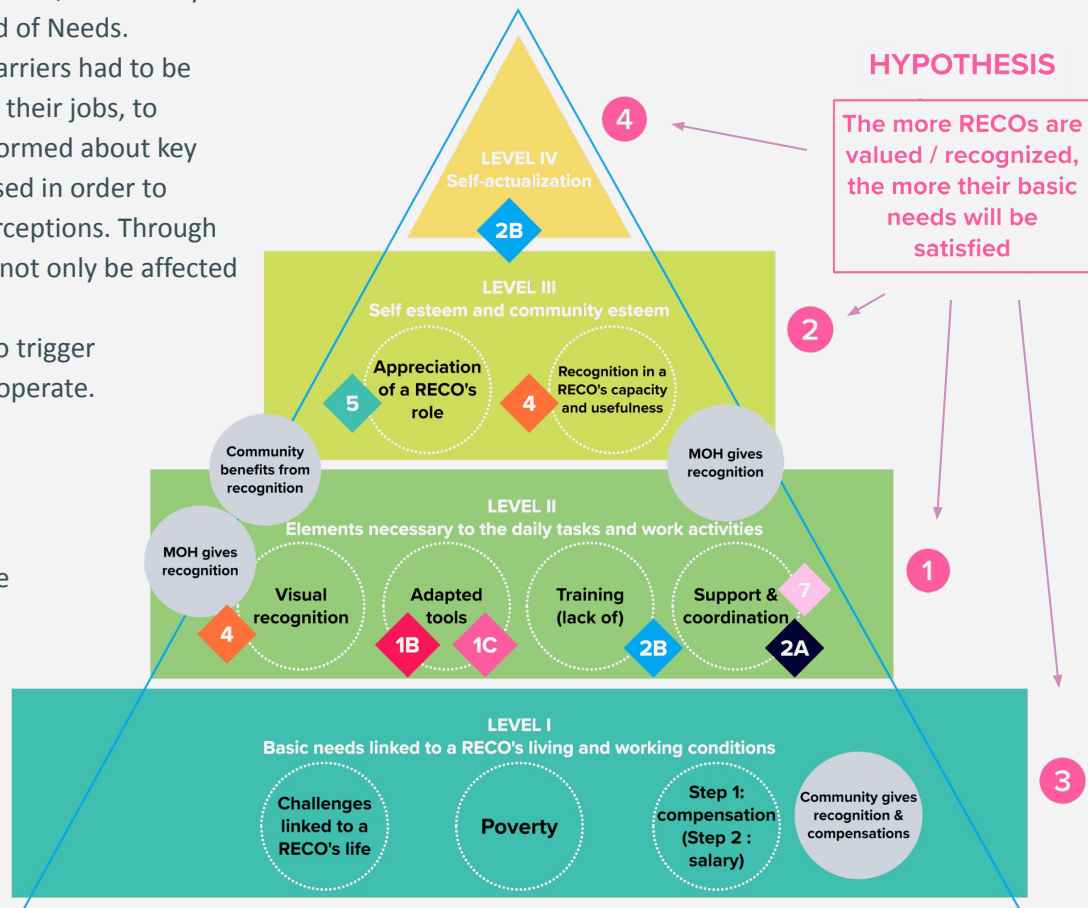
Prototyping & testing sprint 1

Analysis tool 2 - Pyramid of needs

Throughout the discovery research and prototyping process, a hierarchy of barriers was identified, inspired by the Maslow Pyramid of Needs. Informed by this model, it was proposed that certain barriers had to be addressed in order to increase RECOs' satisfaction with their jobs, to decrease high turnover and to keep the community informed about key health behaviors. A barrier-based approach was proposed in order to effectively change RECOs' behavior and community perceptions. Through the research, it became evident that this change could not only be affected through rational mechanisms such as incentives (e.g., getting paid for their work), but that it was necessary to trigger changes throughout the entire system in which RECOs operate.

Through the barrier prioritization approach, it was important to design and implement interventions that could effectively surpass barriers towards self-actualization, as seen in the image on the right. The proposed approach is based on the realization that all individuals have cognitive limitations that lead to the limitation of rationally processing large amounts of information, that emotions influence their decision making process, and that they require support from key players. It was important to acknowledge that in order to achieve change, a systemic approach to the problem was crucial.
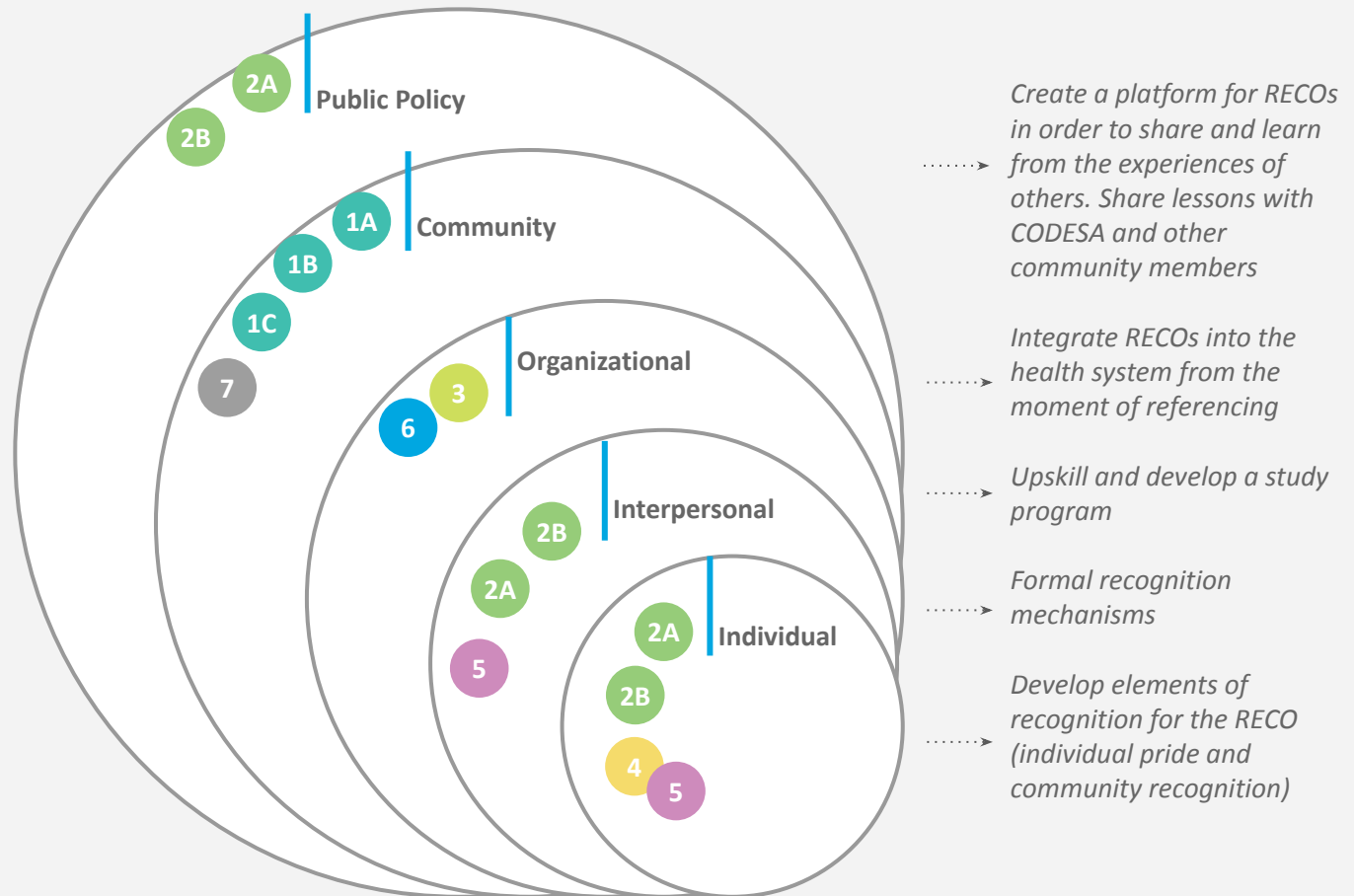

HYPOTHESIS

The more RECOs are valued / recognized, the more their basic needs will be satisfied

LEVEL IV
Self-actualization

LEVEL III
Self esteem and community esteem

Appreciation of a RECO's role

Recognition in a RECO's capacity and usefulness

Community benefits from recognition

MOH gives recognition

LEVEL II
Elements necessary to the daily tasks and work activities

MOH gives recognition

Visual recognition

Adapted tools

Training (lack of)

Support & coordination

LEVEL I
Basic needs linked to a RECO's living and working conditions

Challenges linked to a RECO's life

Poverty

Step 1: compensation (Step 2 : salary)

Community gives recognition & compensations

Prototyping & testing sprint 1

Analysis tool 3 - Socio Ecological Model

The insights and test results were finally analyzed through the lens of the Social Ecological Model (SEM).

The SEM provided framing to understand factors affecting behaviors and helped present the dynamic interrelations between environmental, social, personal, and intrinsic factors.
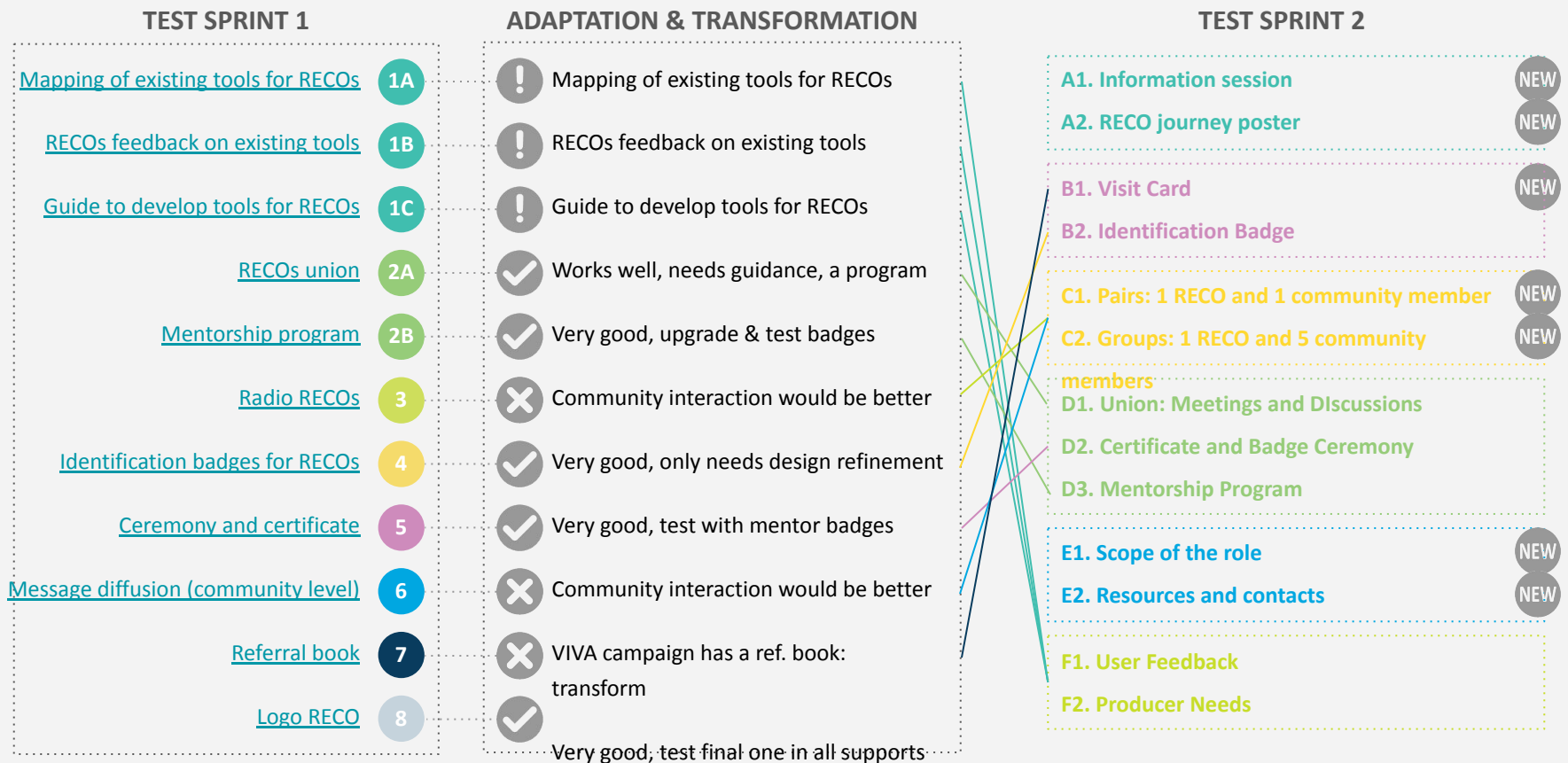

Create a platform for RECOs in order to share and learn from the experiences of others. Share lessons with CODESA and other community members

Integrate RECOs into the health system from the moment of referencing

Upskill and develop a study program

Formal recognition mechanisms

Develop elements of recognition for the RECO (individual pride and community recognition)

Prototyping & testing sprint 1

Adaptation - towards testing sprint 2

Thanks to the examination of the first test sprint results and to the three analysis tools, existing prototypes were adapted, new prototypes were created where opportunity areas were identified, and three prototypes were discontinued.

TEST SPRINT 1	ADAPTATION & TRANSFORMATION	TEST SPRINT 2
Mapping of existing tools for RECOs — 1A	⚠ Mapping of existing tools for RECOs	**A1. Information session** NEW
RECOs feedback on existing tools — 1B	⚠ RECOs feedback on existing tools	**A2. RECO journey poster** NEW
Guide to develop tools for RECOs — 1C	⚠ Guide to develop tools for RECOs	**B1. Visit Card** NEW
RECOs union — 2A	✓ Works well, needs guidance, a program	**B2. Identification Badge**
Mentorship program — 2B	✓ Very good, upgrade & test badges	**C1. Pairs: 1 RECO and 1 community member** NEW
Radio RECOs — 3	✗ Community interaction would be better	**C2. Groups: 1 RECO and 5 community members** NEW
Identification badges for RECOs — 4	✓ Very good, only needs design refinement	**D1. Union: Meetings and DIscussions**
Ceremony and certificate — 5	✓ Very good, test with mentor badges	**D2. Certificate and Badge Ceremony**
Message diffusion (community level) — 6	✗ Community interaction would be better	**D3. Mentorship Program**
Referral book — 7	✗ VIVA campaign has a ref. book: transform	**E1. Scope of the role** NEW
Logo RECO — 8	✓ Very good, test final one in all supports	**E2. Resources and contacts** NEW
		F1. User Feedback
		F2. Producer Needs

Prototyping & testing sprint 1

Testing phases - overview

The first testing sprint represented the start of a highly creative and action-oriented journey in which evidence towards different interventions in the DRC context was gathered. The purpose of the second testing sprint conducted in Kasaï Oriental was to ensure that the initial evidence collected in Sud Kivu was true to both the perception of community members as well as RECOs in the area.
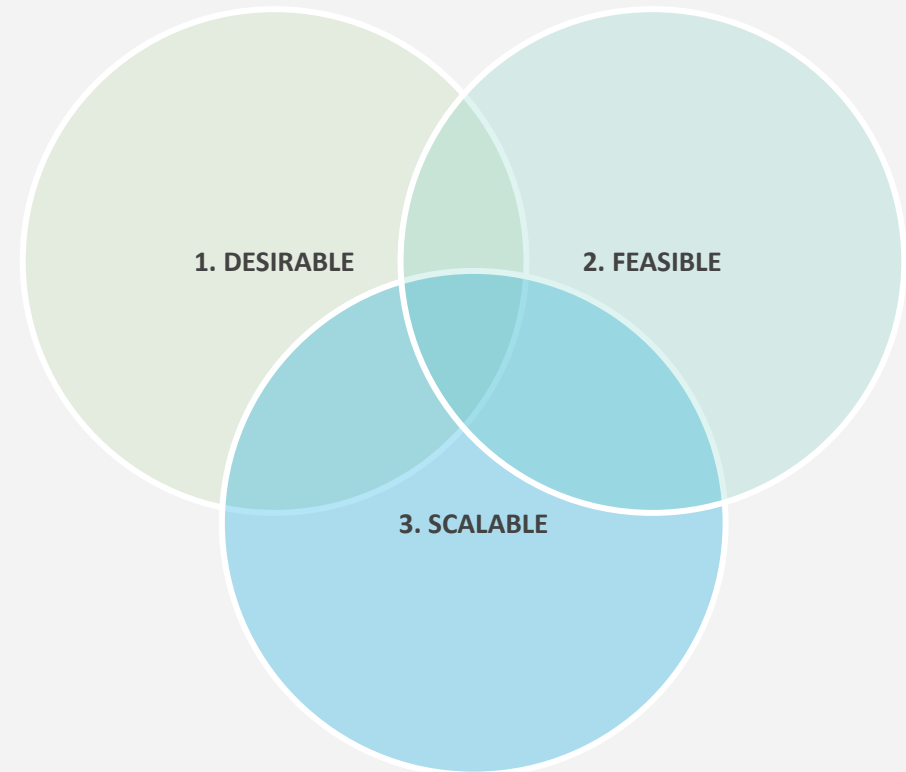

Design & Test Phase I: Desirability - To test whether the innovation is solving the right challenge

Design & Test Phase II: Feasibility - To ensure that the innovation makes operational sense, and that risks are managed

Piloting - Scalability - To ensure that the innovation reaches the maximum amount of users/clients

1. DESIRABLE

2. FEASIBLE

3. SCALABLE

4

Test sprint 2
& lessons learned

Prototyping & testing sprint 2

Approach

With the help of our analysis tools, and of several restitution sessions with the BA-DRC and CCP team involved in this activity, the designers of ThinkPlace translated the low fidelity prototypes into medium to high fidelity ones, closer to better defined needs.

The detailed board (link here) below describes the prototypes evolution and links them back to the Define phase insights. The 8 prototypes of the first test sprint became 13 prototypes gathered in 6 groups.
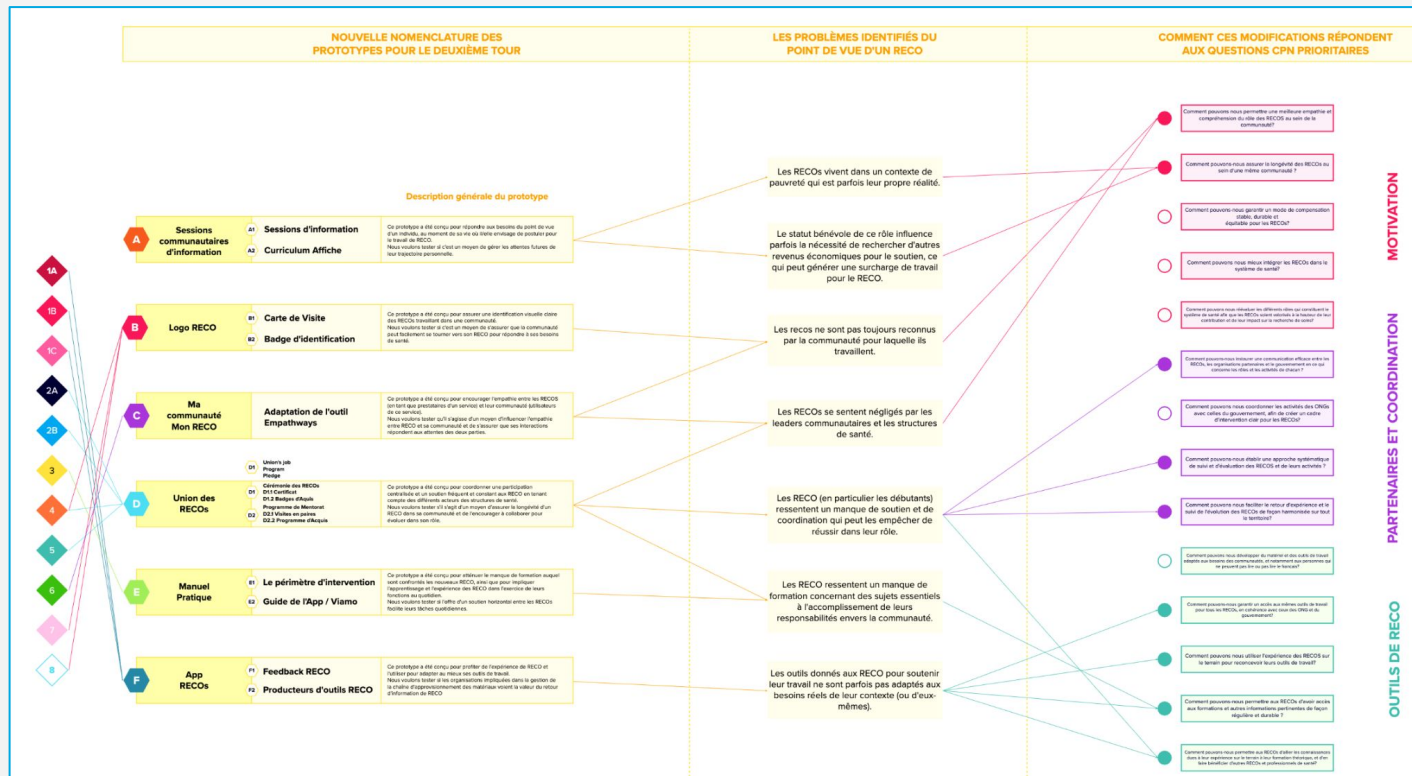
Prototyping & testing sprint 2

Overview
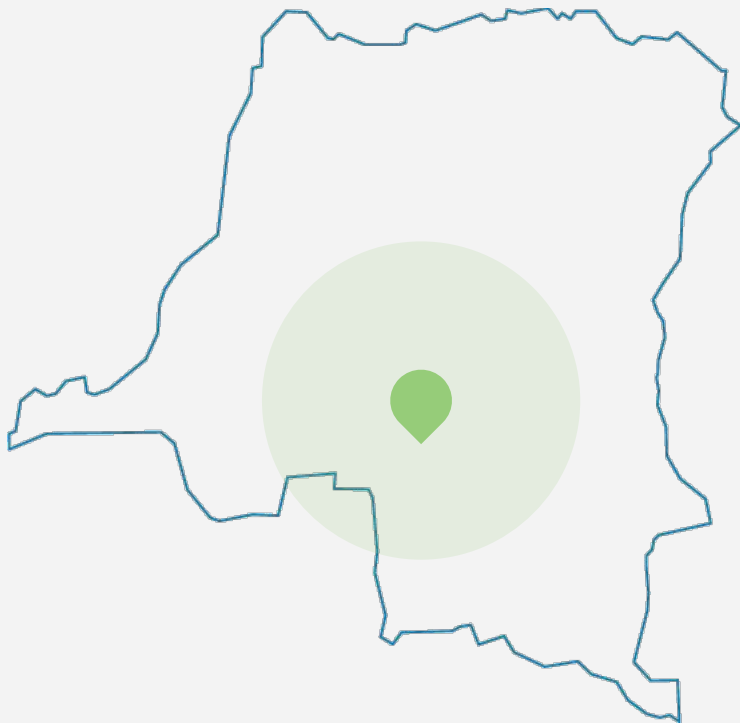
Kasaï Oriental

*The province of Kasaï Oriental was designated for our second sprint of prototyping and testing from August 9th to 28th, 2021. The co-created ideas were developed into **8 prototypes tested with end-users across selected urban, peri-urban, and rural areas** by the local core design team, which split into 2 groups, with the remote support of ThinkPlace.*

446 end users tested the 12 prototypes during the 2nd testing sprint : RECOs, community members, local leaders, and NGOs.

The core design team who led testing on the field was composed of 11 people:

- **1 NGO member**
- **3 members of the DPS and MOH**
- **7 members of BA**

Each of the 8 prototypes were tested across **6** **health zones**

- **Dibindi & BIpemba** (rural areas)
- **Tshishimbi & Tshitenga** (peri-urban)
- **Bibanga & Kasanga** (urban areas)

Prototyping & testing sprint 2

Group	Description	Tested With	Where
A. **Information Sessions**	Designed to meet the needs of an individual's perspective as he/she considers applying for Community Relay work. Design teams tested whether these prototypes are desirable ways to manage the future expectations of RECO job applicants, in line with their personal trajectory.	- 3 RECO candidates - 3 new or more experienced RECOs - 1 village chief and/or CAC member	3 Health Zones: -Urban: Bipemba -Peri-urban: Tshishimbi -Rural: Kasansa
B. **Visual Identity**	Designed to ensure clear visual recognition of RECOs by their community, and to test their usefulness in utilizing the services RECOs offer. The design team tested whether these two elements make it easy for community members to turn to their RECOs to meet their health needs, and to build loyalty.	- RECOs with differing levels of experience - Diverse community members	6 Health Zones: -Urban : Bipemba and Dibindi -Peri-Urban Tshishimbi and Tshitenge -Rural: Kasansa and Bibanga
C. **My Community, My RECO**	A dialogue-inducing card game designed to encourage empathy between RECOS (as providers of information and sometimes health care services) and their community: the users of that service.	- 3 RECOs and 3 community members (or influencers, or community leaders - C1) - 1 single RECO and 5 community members (or influencers, or community leaders -C2)	3 Health Zones : -Urban : Bipemba -Peri-Urban: Tshishimbi -Rural: Kasansa
D. **Union of RECOs**	Designed to centralize and transmit the knowledge of RECOs among themselves, and to coordinate their participation in activities that will enhance their role and experience. These prototypes are intended to ensure frequent and long-term support from RECO to RECO, including the different actors of the health structures during specific events.	**D1.:** All available RECOs with different levels of experience. **D2.:** - All available RECOs - CODESA members - CAC members - Registered Nurses - Community members **D3.:** 5 x RECO duos consisting of a novice and an experienced RECO.	3 Health Zones -Urban : Dibindi, -Peri-Urban: Tshitenge -Rural: Bibanga
E. **Practical Manual**	Designed to inform and guide new RECOs by briefing them on their role and mission. The two parts of the manual (scope of intervention and resources) will be provided to new RECOs and are intended to provide information that will bridge the training gap faced by new RECOs, as well as to develop the learning and experience of RECOs in the performance of their daily duties.	- 5 RECOs who are just starting out or with less than 1 year of experience - 5 RECOs with solid experience	6 Health Zones: -Urban : Bipemba and Dibindi, -Peri-urban: Tshishimbi and Tshitenge -Rural: Kasansa and Bibanga
F. **Directory of tools for RECOs**	Designed to take advantage of the experience of the RECOs in order to influence the design and production of their working tools to adapt them to their needs.	F1.: All RECOs encountered during this test phase F2.: A maximum of the NGOs who produce tools and are present in Kasai Oriental	6 Health Zones -Urban : Bipemba and Dibindi, -Peri-Urban: Tshishimbi and Tshitenge -Rural: Kasansa and Bibanga

Prototype A1 - Information Session

GROUP A includes the following prototypes:
A1. Information session
A2. RECO journey poster

What: A meeting with a set of flash cards to inform RECO candidates of the objectives and expectations of the role, and to help recruiting members understand if the candidate fits the job description.

Key elements: A set of large cards to lead the discussion during recruiting sessions and instructions about how to organize the 45-minute session or meeting between potential RECOs, community leaders in charge of recruitment (CAC), and other community members eager to learn about the role.

Test outcomes

"

We want to test if this is a way to manage future expectations of their personal trajectory.

-*Project team*

- Successfully attracted both provincial and national audiences, an important factor to create broader interest
- Awareness created among village chiefs who in turn passed the information on within their communities
- Participants were satisfied with level of detail of information provided in the sessions
- Encouraged intrinsic motivation among potential RECO candidates
- Helped to create a more objective recruitment process

PARTICIPANTS TOTAL 42

Potential for feasibility

Recommendations for adjustments

- **Add local languages (e.g. Tshiluba)**
- **Clarify reading/writing requirement**
- **Conduct the session on a consistent basis (e.g., weekly, monthly) in order to attract new participants**
- **Allow more space for participants to share their experience with others during the session**
- **Consider introducing activities for participants to conduct in pairs in order to encourage more learning and exchange**

Prototype A2 - RECO Journey Poster

GROUP A includes the following prototypes:

A1. Information session

A2. RECO journey poster

What: A poster that describes the process of selection and onboarding of RECOs, as well as their role.

Key elements: A3 posters with 3 color pages

Test outcomes

" *It gave me the desire to become a RECO.*

-*Participant*

● Community members were motivated to learn more about RECOs and to take on this role.

PARTICIPANTS TOTAL
37

Potential for feasibility

Recommendations for adjustments

● **Size adjustments: enlarge text and poster size to improve readability**
● **Durability: print on durable materials and place in locations that avoid sun/ rain to preserve poster.**
● **Leverage village chiefs to encourage uptake of message**
● **Improve understanding of which village chiefs are most appropriate to engage to amplify messaging**

Prototype B1 - Visit Card

GROUP B includes the following prototypes:
B1. Visit Card
B2. Identification Badge

What: A card for RECOs to give to their clients during each visit, or to distribute to community members during meetings, including the services, name, and contact of the RECO.

Key elements: Heavy duty paper cards with RECO identity information (name, address, phone, and schedule of home visits) printed in color, double sided.
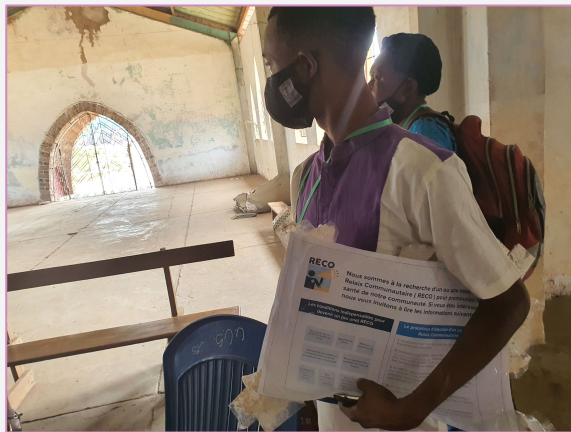
Test outcomes

> *We want to test if this is a way to ensure that the community can easily turn to their RECO to meet their health needs.*
>
> -Project team

- The card size is easy for RECOs to use and carry
- Urban-based RECOs in particular found this prototype very useful
- Facilitates connection between RECOs and community members

PARTICIPANTS TOTAL 102

Potential for feasibility

Recommendations for adjustments

- Consider that many rural areas do not use conventional addresses and adjust this element on the card to allow for alternative means of location identification.
- Adjust language to clarify role of RECOs in relation to community members
- Include gender category to help triage gender-sensitive cases (female RECOs could be chosen for sensitive FP topics, for example).
- Adapt to be more cost-effective for RECOs to print (e.g. black and white).
- Adapt for populations with reading and writing difficulties by, for example, including more visual prompts with the different elements.

Prototype B2 - Identification Badge

GROUP B includes the following prototypes:
B1. Visit Card
B2. Identification Badge

What: A badge that each RECO wears around their neck or on their jacket to be recognized by the community.

Key elements: A laminated badge attached to a rope, printed in color, double sided.

Test outcomes

"

The identification badge is a response to one of the major concerns of [RECOs] about their visibility.

-Testing team

- Responds to a need communicated by RECOs for greater visibility and respect within the community.
- Enables RECOs to be recognized by security guards in order to more efficiently enter into health facilities.
- One of the most appreciated solutions that was tested.

PARTICIPANTS TOTAL 70

Potential for feasibility

◄

Recommendations for adjustments

- **Add relevant authority logos (e.g., RAS)**
- **Although badges were desired by RECOs and community leaders, previous unsuccessful attempts to introduce such a solution (Dibindi HZ) pointed to the cost of production; consider exploring low-cost options to create buy-in among community leaders as well as clearly indicating who is responsible for making the final decision about implementation.**
- **Include explicit purposes of use (e.g., not valid for travel fare exemption, expires after 3-5 years) to encourage appropriate use.**

Prototype C1 - My Community, My RECO (pairs)

GROUP C includes the same prototype, tested in:
C1. Pairs: 1 RECO and 1 community member
C2. Groups: 1 RECO and 5 community members

What: A card game that encourages empathy between RECOs and community members. The game is played with pairs of RECOs and community members that asks questions about the realities of RECOs' roles, fears, and their successes; there are also cards that prompt community members to share their perspectives, likes, and fears around RECOs' roles and work.

Key elements: Cards with 3 rounds of questions and instructions, printed in color, double sided.

Test outcomes

" *This [prototype] allows community members to understand the joys and pain points of the RECOs.*

-Testing team

- Enables community members to better understand the roles and work of RECOs in their communities.
- Elicits empathy among RECOs towards community members and vice-versa.
- Appreciation among participants for real and authentic dialogue that the cards facilitate.

PARTICIPANTS TOTAL
45

Potential for feasibility

Recommendations for adjustments

- **Reduce the time it takes to complete the card deck.**
- **Consider sensitivities to pairing up players of different genders in order to facilitate open and honest dialogue.**
- **Explore ideal moments to introduce the cards to encourage their use beyond the scope of this project (e.g. community gatherings for health message dissemination, RECO consultations, RECO visits to his/her community households).**

Prototype C2 - My Community, My RECO (groups)

GROUP C includes the same prototype, tested in:
C1. Pairs: 1 RECO and 1 community member
C2. Groups: 1 RECO and 5 community members

What: Card game that aims to encourage empathy between RECOs and community members. It is played with larger groups of RECOs and community members that asks questions about the realities of RECOs' roles and work, their fears and their successes; there are also cards that prompt community members to share their perspectives, likes, and fears around RECOs' roles and work in the community.

Key elements: 5-page file with 3 sets of questions on cards.

Test outcomes

"
After the session, some members of the community expressed their wish to become community relays to serve the community.

-Testing team

- Sparked interest among community members to become RECOs themselves.
- Facilitates mutual bond between community members and RECOs around shared interest to improve their community.

PARTICIPANTS TOTAL
45

Potential for feasibility

Recommendations for adjustments

- **Reduce the time it takes to complete the card deck, taking availability of RECOs into consideration.**
- **Establish intentional moments to practice the cards (e.g., every 3 months as part of a RECO's message dissemination plan, during recruitment sessions, dedicated community gathering).**
- **Consider simplifying sessions to introduce and practice cards.**
- **Create enabling environment for people to feel comfortable expressing themselves.**

Prototype D1 - Union of RECOs

GROUP D includes the following prototypes:

D1. Union: Meetings and Discussions

D2. Certificate and Badge Ceremony

D3. Mentorship Program

What: A series of meetings between RECOs with discussion points about the activities of the Union (D1), the organization of ceremony to present badges and certificates (D2), and the mentoring program (D3).

Key elements: A questionnaire and the agenda for the meeting.

Test outcomes

" *This should be [held] within the framework already established by law. I do not recommend to create another structure.*

-Participant

- Was feasible to assemble between 25 and 50 households per RECO for the meeting.
- There were mixed results about the relevance of adding a new meeting on top of existing (sanctioned) meetings.

Test- Unión RECO

Union RECO- Ordre du jour

Durée	Activité	Responsable
10 min	Introduction à l'activité : Quel est le but de ce prototype ? Qui sommes-nous ? Pourquoi faisons-nous des tests avec vous ?	BA- Animateur du test
15 min	Présentation des RECOs invités à la réunion : Qui sont-ils, quelles sont leurs communautés, depuis combien de temps travaillent-ils comme RECOs ?	Tous
15 min	Le bénéfice d'une Union: Demander à chaque participant ce que représente pour lui l'Union RECO et comment il pourrait bénéficier de cet espace à titre individuel ?	Discussion ouverte
15 min	Cartographie des canaux de communication entre les RECO : Demandez aux participants quels sont les différents canaux de communication sur lesquels ils peuvent compter pour rester en contact en tant que RECO de l'Union : téléphone, voix à voix, whatsapp.... Trouvez un canal de communication qui convienne à tous.	Discussion ouverte

PARTICIPANTS TOTAL
11

Potential for feasibility

Recommendations for adjustments

Adjustments for piloting and scale up

- Consider integrating this meeting into existing RECO meetings to save time and to avoid the need for approval from authorities.
- Suggest more content (program and items to go over during the meetings) to get things started

Prototype D2 - Certificate & Badge Ceremony

GROUP D includes the following prototypes:

D1. Union: Meetings and DIscussions

D2. Certificate and Badge Ceremony

D3. Mentorship Program

What: An event to award the certificate and achievement badges to the RECOs involved, and an opportunity to invite healthcare professionals and community members.

Key elements: Ceremony site, invitations, invite list, certificates of merit and badges of acquired skills (see prototype D3).

Test outcomes

" *The certificate is a motivational tool that is highly appreciated by the relays and can even be used to crown the relays who are involved in the VIVA events.*

- Testing team

- Led to increased motivation among RECOs
- Participants cited a potential for scale throughout the country

PARTICIPANTS TOTAL 53

Potential for feasibility

Recommendations for adjustments

- **Develop objective criteria to evaluate RECOs based on merit.**
- **Consider applying intervention to award RECOs within VIVA activities.**
- **Consider printing challenges in more rural areas.**
- **Potential to integrate this ceremony into existing meetings.**
- **Require only two signatures: political and health authority figures.**
- **Clarify roles and responsibilities regarding organization of activity, and profile of participants.**
- **Be aware that RECOs who are now acknowledged in the ceremony could become de-motivated.**

Prototype D3 - Mentorship Program

GROUP D includes the following prototypes:
D1. Union: Meetings and DIscussions
D2. Certificate and Badge Ceremony
D3. Mentorship Program

What: A series of one-on-one mentorship meetings that bring together two RECOs (a new RECO and a RECO with experience) to share their experience and develop their mentorship program.

Key elements: Requires the participation of a new and experienced RECO per mentorship pairing.
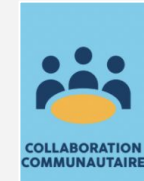
Test outcomes

> *Knowledge transfer and empathy between relays*

-Project team

- Mentorship seen as a low-investment, cost-effective means to build knowledge and competencies of newer RECOs
- Mentors play a role in training RECOs on both the theory and practice of the role

CAPACITÉ DE COMMUNICATION

COLLABORATION COMMUNAUTAIRE

INFLUENCE POSITIVE

CONNEXION AUX SERVICES DE SANTÉ

DYNAMISME ET PRISE D'INITIATIVE

PARTICIPANTS TOTAL 46

Potential for feasibility

Recommendations for adjustments

- Develop mentor criteria which can be used to assess competency of mentees.
- Develop selection criteria for RECO mentors.
- Determine the duration of mentoring per cohort.
- Set the criteria for the performance of new RECOs.
- Consider applying this intervention to award RECOs within VIVA activities.
- Nurture the potential of RECOs to become mentors.
- Consider gender sensitivities when assigning mentors to mentees.
- Develop concrete tools for mentors to use during their sessions to increase knowledge and empathy among newer RECOs.

Prototype E1 - Scope of the role

GROUP E includes the following prototypes:
E1. Scope of the role
E2. Resources and contacts

What: A part of the Practical Manual that informs RECOs about their roles and responsibilities.

Key elements: Regular printer paper

Test outcomes

"
The practical manual is a great response to the concern of the relays to have a manual that describes the life of a relay.

-Testing team

- Very appreciated by participants who noted that it fills a gap in RECO-specific manuals (at the time of testing, there are were only more general community dynamics manuals in use).
- Enables RECOs to better understand how to conduct their work.

PARTICIPANTS TOTAL **25**

Potential for feasibility

Recommendations for adjustments

- **Include more languages to improve accessibility.**
- **Include additional chapters to support RECOs with reporting needs.**

Prototype E2 - Resources and contacts

GROUP E includes the following prototypes:

E1. Scope of the role

E2. Resources and contacts

What: A second part of the Practical Manual, featuring important resources and contacts for the RECO

Key elements: Regular printer paper

Test outcomes

> *If we want a good change in behavior, the tools must be present.*
>
> *-Participant*

- Helpful resource / referral guide for RECOs.
- Participants had difficulties imagining the usefulness of the guide without the actual contacts and detailed resources (note that the prototype included a table of content and placeholder resources and contacts).

PARTICIPANTS TOTAL 25

Potential for feasibility

Recommendations for adjustments

- **This prototype did not generate significant feedback. Because of this, it is recommended that real resource and referral information is included to better gauge its desirability.**
- **Consider which content is constant on a regional or national level, and which content must leave room for local authorities to fill the information depending on context (e.g. local contacts, specific recommendations and/or ways of working).**
- **Keep room for updates or plan for renewable part(s).**

Prototype F1 - User Feedback

GROUP F includes the following prototypes:

F1. User Feedback

F2. Producer Needs

What: A directory that lists useful tools focusing on RECO feedback.

Key elements: A questionnaire for users to share their input on existing resources in order to inform the tools list.

Test outcomes

> *We want to test whether organizations involved in materials supply chain management see the value of RECO.*

-Project team

- RECOs had challenges finding ways to integrate tools into their work, due to issues with language and contextualization of messages for different tools.
- Prototype seen as a useful way to work towards behavior change.

Test - Répertoire des Outils RECO

Questionnaire destiné aux RECOs

Nom du participant :
_____

Date du test et zone / aire de santé :
_____

Merci de contribuer au développement d'interventions qui ont pour but de revitaliser le rôle et l'impact des Relais Communautaires (RECOs) au sein du système de santé en RDC.

L'une des interventions proposées est de créer un espace permettant aux RECO de partager des renseignements sur leurs outils, leurs besoins, les bonnes pratiques, les adaptations qui existent afin que les producteurs de ces outils puissent les rendre mieux adaptés à leurs besoins réels.. Dans ce cadre, merci de répondre aux questions suivantes:

1. Les outils dont vous disposez vous aident-ils dans votre travail de RECO ? Dans quelle mesure ?
_____
_____
_____

PARTICIPANTS TOTAL **15**

Potential for feasibility

Recommendations for adjustments

- **Simplify the images so that they are more relevant to the user groups.**
- **Develop the directory in different languages to increase accessibility.**
- **Involve members of PNCPS/Valentin/government throughout the process to ensure buy-in and approval.**

Prototype F2 - Producer Needs

GROUP F includes the following prototypes:

F1. User Feedback

F2. Producer Needs

What: A directory that lists useful tools focusing on 'producer' needs, and focusing on (NGO) technical and financial partners who support the intervention area according to their mandate in behavior change.

Key elements: A questionnaire addressed to technical and financial (NGO) partners and representatives within the Health Zones.

Test outcomes

> *We want to test if this prototype could help managing a RECO's expectations along his/her journey in the role.*

-Project team

- None of the NGOs contacted filled in the survey after using the prototype.

PARTICIPANTS TOTAL

0

Potential for feasibility

Recommendations for adjustments

- **If tested again: have local teams call the NGOs first and introduce the activity and prototype.**

- **integrate tools directory with tools used in other contexts that do not need to be re-developed/ created from scratch but instead contextualized to the context.**

Lessons learned - Design & Test

Throughout the Design & Test phase, the ThinkPlace team recorded lessons learned from all parties involved in this activity, thanks to the "rupture" sign on the [main Mural board](), to communicate and report on challenges for the benefit of future similar activities and collaborations.

	LESSON	ROOT CHALLENGE	OPPORTUNITY SPACE
Approach & Method	**1** **Trust and belief in the process**	Lack of understanding of HCD and buy-in among in-country teams.	As HCD process evolved, unexpected insights surfaced and results became clearer to some; there is an opportunity to explore how to create buy-in in Insights Meetings with broader BA stakeholders.
	2 **Quality over quantity**	Lack of clarity between field and HQ teams about quantity of testing locations and overall expectations for these activities.	Limiting scope to dive deeper into one province versus spreading too thin between several provinces can yield richer outcomes.
Capacity & Confidence	**3** **Building HCD capacity in-country is crucial, particularly when travel is not possible.**	COVID-19 and other unexpected circumstances meant that the testing activities were adapted at the last-minute to be guided remotely.	Build in more consistent trainer-of-trainer and coaching moments to build knowledge about HCD and capacity to facilitate remotely-guided testing activities early on. Capitalize on in-country HCD 'experts' and have them take on an equal role in the training content delivery so that they are seen to have as much authority as those who are joining remotely.

Lessons learned - Design & Test

	LESSON	ROOT CHALLENGE	OPPORTUNITY SPACE
Interpersonal and organizational dynamics **4**	**Consider the risk that organizations see testing activities as competitive, rather than complimentary.**	Participating organizations are unclear of their role and weight in the process versus that of other organizations.	Proactive explanation of user testing approach by BA DRC leadership in-country may reinforce importance of users' understanding of their inputs' value.
5	**Be aware and sensitive to inter-team dynamics and hierarchies**	Communication difficulties and hierarchies exist within field teams.	Use weekly meetings to encourage inclusive shareback.
6	**CCP has the potential to provide leadership when challenges arise or when coordination lacks**	Lack of MoH buy-in on HCD process creates barriers to efficient activities and lasting outcomes.	BA DRC leadership has the authority to respectfully push back against the MoH and lobby for this process. More time needs to be spent in 'selling' the approach if the perceived experts are not in the room, leading with an emphasis on why "Breakthrough" is in our project name - the idea that we need to do something different than what has been done for years if we want to see change.
Operations & Logistics **7**	**Rural and peri-urban RECOs have differing availabilities in testing or providing feedback**	Some RECOs have less capacity and thus less availability to participate in testing activities than others.	Engage mobilizers working with the in-country team to help ensure participant availability for testing.
8	**Consider operational limitations in the field, including limitations on printing materials as they evolve during the process**	Sharing materials and worksheets with in-country HCD teams during and after testing created some confusion and misunderstanding.	Prepare and share comprehensive field testing package in advance with everything field teams need before, during, *and* after testing and include testing tips & tricks on probing, facilitation and HCD mindsets.
9	**Consider and adapt to remote work barriers**	Lack of time to transform content to remote content once it was clear travel would not be possible; unstable internet connection created a barrier to sharing back testing data.	Build in more time for document preparation/modification/sending between countries and time zones (e.g., printing, making use of platforms that are familiar and accessible).

5

Recommendations & next steps

Piloting opportunity

VIVA Campaign

Due to a change of scope including fewer implementation phases by BA-DRC over project Year 4, the RECO activity outcome will reach its pilot phase under the umbrella of the VIVA campaign.

VIVA is an SBC campaign proposed to increase essential health practices and the uptake of health services for families. The campaign aims to reposition health as a key element in families' fulfilment and well-being. In project Year 4, the campaign will place emphasis on Malaria and Family Planning, so RECO tools should support the goal of helping to disseminate information on these topics

As stated during our intent, RECOs are instrumental to the dissemination of health information and practices on a community level across the territory. The findings of this activity constitute important opportunities for the VIVA campaign to strengthen this key element of the health promotion chain. As a result, several prototypes have been prioritized by the design team and VIVA CCP lead to be carried over by VIVA in Year 4.

Prioritization method

Approach and outcome

For our prototypes to be piloted with the VIVA campaign, several criteria are to be considered:
- provide information and/or promote health messages on Malaria or FP
- easy to produce and cost-efficient for scale up
- reach a large number of community members

During a meeting following the 2nd test sprint, the design team, the CCP lead for the VIVA campaign and ThinkPlace selected prototypes according the previously mentioned criteria and to their pertinence on key issues felt by RECOs along their journey, symbolized by the flags on the right hand side of this slide. The details of that prioritization can be found on this Mural board (Appendix 6).

In November 2021, implementation packages will be developed for each selected prototype. These packages will include the finalized elements composing the prototype, resources and outreach estimates, and instructions for the VIVA partners to pilot the prioritized interventions.

LACK TRAINING
strong potential to address the lack of training and training material identified by our Insights

LACK ADAPTED TOOLS
strong potential to address the lack of adapted tools and disparity of equipment throughout the territory

LACK COMMUNITY RECOGNITION
strong potential to address the lack of recognition for the RECO on the community level

LACK COORDINATION & SUPPORT
strong potential to address the lack of coordination and support from institutions and partners

FEEL NEGLECTED BY LEADERS
strong potential to address the negligence from community leaders felt by RECOs

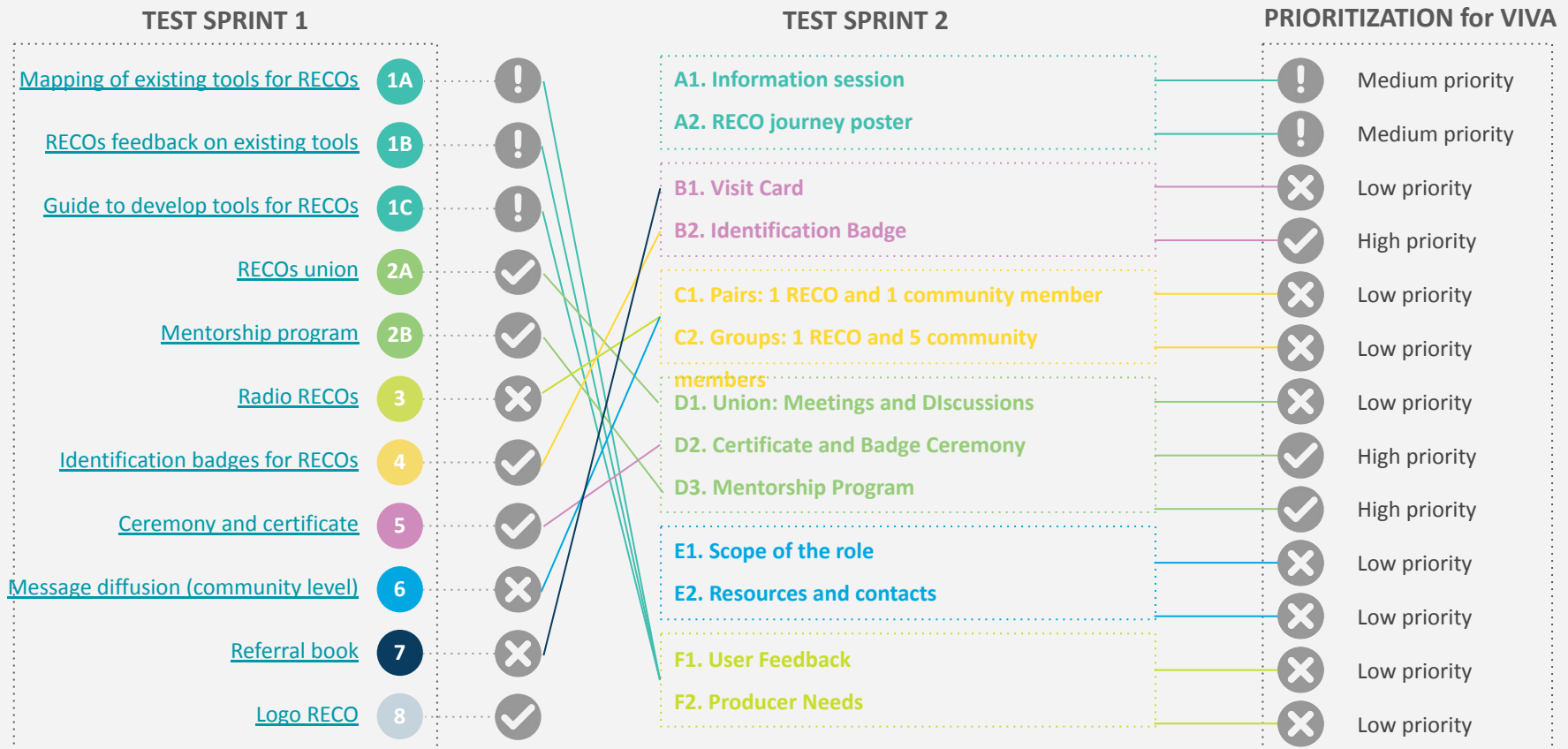**WORK OVERLOAD & POVERTY**
strong potential to address the RECOs' state of poverty and work overload identified by our Insights

Prioritization method

Overview

Below is an overview of the prioritization process across the 2 test sprints, towards piloting. Details and recommendations for the selected prototypes can be found in the next slides.
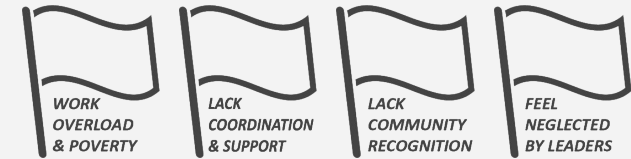
TEST SPRINT 1		TEST SPRINT 2	PRIORITIZATION for VIVA
Mapping of existing tools for RECOs	1A ⚠️	A1. Information session	⚠️ Medium priority
RECOs feedback on existing tools	1B ⚠️	A2. RECO journey poster	⚠️ Medium priority
Guide to develop tools for RECOs	1C ⚠️	B1. Visit Card	❌ Low priority
RECOs union	2A ✅	B2. Identification Badge	✅ High priority
Mentorship program	2B ✅	C1. Pairs: 1 RECO and 1 community member	❌ Low priority
Radio RECOs	3 ❌	C2. Groups: 1 RECO and 5 community members	❌ Low priority
Identification badges for RECOs	4 ✅	D1. Union: Meetings and DIscussions	❌ Low priority
Ceremony and certificate	5 ✅	D2. Certificate and Badge Ceremony	✅ High priority
Message diffusion (community level)	6 ❌	D3. Mentorship Program	✅ High priority
Referral book	7 ❌	E1. Scope of the role	❌ Low priority
Logo RECO	8 ✅	E2. Resources and contacts	❌ Low priority
		F1. User Feedback	❌ Low priority
		F2. Producer Needs	❌ Low priority

Selected prototypes

A1. Information session

What: A meeting with a set of flash cards to inform RECO candidates of the objectives and expectations of the role, and to help recruiting members understand if the candidate fits the job description.

WORK OVERLOAD & POVERTY

LACK COORDINATION & SUPPORT

LACK COMMUNITY RECOGNITION

FEEL NEGLECTED BY LEADERS

Recommendations for piloting

Does this prototype have potential to provide information and / or promote health messages about Malaria or FP ?

Is this prototype easy to produce and cost-efficient for scale up ?

Can this prototype reach a large number of community members ?

Will this prototype be piloted in the context of the VIVA Campaign ?

Information sessions are a mid-priority prototype for piloting, as they do not directly influence health dissemination but rather the underlying causes of RECOs stopping their career prematurely and being recognized by the community and local authorities. However, this prototype does help to recruit RECOs who are right for the job, and to explain the role.

If piloted, this prototype will need to be translated in different local languages, and to include messages or examples about Malaria and FP.

Selected prototypes

A2. RECO journey poster

What: A poster that describes the process of selection and onboarding of RECOs, as well as their role.

LACK COORDINATION & SUPPORT

LACK COMMUNITY RECOGNITION

FEEL NEGLECTED BY LEADERS

Recommendations for piloting

Does this prototype have potential to provide information and / or promote health messages about Malaria or FP ?	✖
Is this prototype easy to produce and cost-efficient for scale up ?	✔
Can this prototype reach a large number of community members ?	✔
Will this prototype be piloted in the context of the VIVA Campaign ?	❗

RECO journey posters are a mid-priority prototype for piloting, as they do not directly influence health dissemination but rather the underlying causes of RECOs stopping their career prematurely and being recognized by the community and local authorities. However, this prototype does help to inform candidates, RECOs, and stimulate recognition by informing community members about the role.

If piloted, this prototype will need to be bigger, laminated, and in different local languages.

Selected prototypes

B2. Identification badge

What: A badge that each RECO wears around their neck or on their jacket to be recognized by the community.

LACK COORDINATION & SUPPORT

FEEL NEGLECTED BY LEADERS

LACK COMMUNITY RECOGNITION

Recommendations for piloting

Does this prototype have potential to provide information and / or promote health messages about Malaria or FP ? ❗

Is this prototype easy to produce and cost-efficient for scale up ? ✓

Can this prototype reach a large number of community members ? ✓

Will this prototype be piloted in the context of the VIVA Campaign ? ✓

Identification badges respond to RECOs' need for greater visibility and respect within the community and from the authorities. Other badges have been identified in a few places, but not uniformly throughout the territory. Therefore the design team recommends for this identification badge to become a national norm; an objective to explore during piloting. One key element to normalization is for partners and authorities to validate the RECO logo and overall design (including the relevant authorities' logos).

The pilot will have to focus on monitoring the badge use, and to identify positive impact and negative behaviors (e.g. few RECOs used their badge to use public transports for free during testing in urban areas).

In the context of the VIVA Campaign, the team would like to explore the use of such badges for DBCs, to attract community members to FP uptake.

Selected prototypes

D2. Certificate and badge ceremony

LACK COORDINATION & SUPPORT | FEEL NEGLECTED BY LEADERS | LACK COMMUNITY RECOGNITION

What: An event to award the certificate and achievement badges to the RECOs involved, and an opportunity to invite healthcare professionals and community members.

Does this prototype have potential to provide information and / or promote health messages about Malaria or FP ? ✓

Is this prototype easy to produce and cost-efficient for scale up ? ❗

Can this prototype reach a large number of community members ? ✓

Will this prototype be piloted in the context of the VIVA Campaign ? ✓

Recommendations for piloting

The ceremony, which includes the delivery of certificates and skills-acquisition badges related to the mentorship (prototype D3) was met with great success among RECOs, who expressed a lack of recognition and support from local authorities and health structures. This formal event and tools enabled all actors to meet and talk and the celebratory aspect attracted community members as well, providing a unique stage for RECOs.
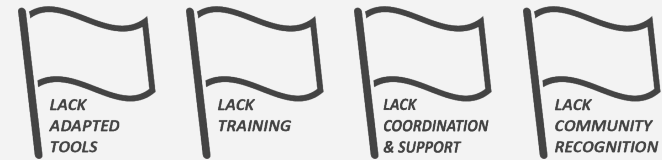
For piloting, the design team recommends to:

- think of the way these meetings will happen, the logistics behind it (actors, ideal time and recurrence) and follow ups
- integrate these meetings to existing ones and collaborate with relevant actors (CODESA, CAC etc.)
- be mindful of standardization of acquisition badges and certificates throughout the country and time (e. g. reference document to stay consistent with certificate or badges criteria)
- link the reward system to VIVA interventions (e.g. give a badge for an amount of references or give a badge at the end of a VIVA activity)

Selected prototypes

D3. Mentorship program

What: A series of one-on-one mentorship meetings that bring together two RECOs (a new RECO and a RECO with experience) to share their experience and develop their mentorship program.

LACK ADAPTED TOOLS   LACK TRAINING   LACK COORDINATION & SUPPORT   LACK COMMUNITY RECOGNITION

Does this prototype have potential to provide information and / or promote health messages about Malaria or FP ? ✓

Is this prototype easy to produce and cost-efficient for scale up ? ✓

Can this prototype reach a large number of community members ? ✓

Will this prototype be piloted in the context of the VIVA Campaign ? ✓

Recommendations for piloting

The mentorship program is seen as a low-investment, cost-effective mean to build knowledge and competencies of (more) new RECOs. It is the prototype which shows the highest potential for the development of technical knowledge.
For piloting purposes under the VIVA campaign, the design team recommends to:
- reward or value the role of mentors (e.g. during a ceremony, with a certificate or badge) to encourage RECOs to take this role
- use mentoring and the badges to encourage VIVA activities and follow up (e.g. for the "tickets de rappel")
- develop both qualitative and quantitative criteria for the badge program connected to mentorship
- define the logistics behind the mentorship program (actors, ideal time and recurrence) and follow ups
- strengthen the training on Malaria and FP during mentoring, and create dedicated badges
- include DBCs in this program

6 Appendices

Appendix 1 : ***Define phase Report (French)***
https://drive.google.com/file/d/1fcvp3qx8e_dF3gPOJzNOBtSrOGFVXrXr/view?usp=sharing

Appendix 2 : ***Intent Statement (French)***
https://drive.google.com/file/d/1v-pcckmA2O4pnYMKNmG0ENJyxl7AhfVC/view?usp=sharing

Appendix 3 : ***Mural board - developpement and co-creation of ideas***
https://app.mural.co/t/thinkplaceus8304/m/thinkplaceus8304/1613528285603/4bf0fd332b588c463004e61a1f8acead873e26dd?sender=uf04a6abc8e9259fc2c757940

Appendix 4 : ***Report of the 1st Design and Test phase***
https://docs.google.com/presentation/d/1tgm163h3B3nr_eLPHujUbNN8DPWi6DDeIWr129w3BxY/edit?usp=sharing

Appendix 5 : ***Mural board - overview of the entire activity key elements***
https://app.mural.co/t/thinkplaceus8304/m/thinkplaceus8304/1624467064811/03322f6dea31949a6b763f887f3f189358ed7e82?sender=uf04a6abc8e9259fc2c757940

Appendix 6 : ***Mural board - recommendations for pilot under the VIVA campaign***
https://app.mural.co/t/thinkplaceus8304/m/thinkplaceus8304/1630322444605/523bb28cceaef3a174929bb4eb297c208b2567df?sender=uf04a6abc8e9259fc2c757940

Connect with us!

---

www.breakthroughactionandresearch.org

f @BreakthroughAR

t @Breakthrough_AR

📍 999 North Capitol Street NE
Washington, DC 20002

✉ info@breakthroughaction.org