Viet Nam - Global Scaling up Handwashing Behaviour Impact Evaluation - WSP, 2009-2011

Water and Sanitation Program

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Overview

Identification

ID NUMBER
VNM_2009-2011_GSHBIE_v01_EN_M_v01_A_OCS

Overview

ABSTRACT
In December 2006, in response to the preventable threats posed by poor sanitation and hygiene, the Water and Sanitation Program (WSP) launched Global Scaling Up Handwashing and Global Scaling Up Rural Sanitation1 to improve the health and welfare outcomes for millions of poor people. Local and national governments implement these large-scale projects with technical support from WSP. Handwashing with soap at critical times-such as after contact with faeces and before handling food-has been shown to substantially reduce the incidence of diarrhoea. It reduces health risks even when families do not have access to basic sanitation and water supply. Despite this benefit, rates of handwashing with soap at critical times are very low throughout the developing world. Global Scaling Up Handwashing aims to test whether handwashing with soap behaviour can be generated and sustained among the poor and vulnerable using innovative promotional approaches. The goal of Global Scaling Up Handwashing is to reduce the risk of diarrhoea and therefore increase household productivity by stimulating and sustaining the behaviour of handwashing with soap at critical times in the lives of 5.4 million people in Peru, Senegal, Tanzania, and Vietnam, where the project has been implemented to date. In an effort to induce improved handwashing behaviour, the intervention borrows from both commercial and social marketing fields. This entails the design of communications campaigns and messages likely to bring about desired behaviour changes and delivering them strategically so that the target audiences are “surrounded” by handwashing promotion via multiple channels. One of the handwashing project's global objectives is to learn about and document the long-term health and welfare impacts of the project intervention. To measure magnitude of these impacts, the project is implementing a randomized-controlled impact evaluation (IE) in each of the four countries to establish causal linkages between the intervention and key outcomes. The IE uses household surveys to gather data on characteristics of the population exposed to the intervention and to track changes in key outcomes that can be causally attributed to the intervention.

The objective of the IE is to assess the effects of the handwashing project on individual-level handwashing behaviour and practices of caregivers. By introducing exogenous variation in handwashing promotion (through randomized exposure to the project), the IE will also address important issues related to the effect of intended behavioural change on child development outcomes. In particular, it will provide information on the extent to which improved handwashing behaviour contributes to child health and welfare. The primary hypothesis of the study is that improved handwashing behaviour leads to reductions in disease incidence, and results in direct and indirect health, developmental, and economic benefits by breaking the faecal-oral transmission route. The IE aims to address the following research questions and associated hypotheses:

1. What is the effect of handwashing promotion on handwashing behaviour?

2. What is the effect of improved handwashing behaviour on health and welfare?

3. Which promotion strategies are more cost-effective in achieving desired outcomes?

KIND OF DATA
Sample survey data [ssd]

UNITS OF ANALYSIS
Households

Scope

NOTES
The survey covered the following topics:

HOUSEHOLD

- Geographic Identification/Location and Administrative/Supervision Information

- Household Roster

- Education

- Labour (for members 15 years and above)

o Labour Force Participation

o Primary Work

o Secondary Work

o Sources of Income

- Household Income

- Assets

o Household Durable Goods

o Land and Agricultural Equipment

o Animals

- Dwelling Characteristics

- Drinking Water Sources

- Drinking Water Storage and Treatment

- Sanitation Facilities

- Program Exposure

o Exposure through personal visits

o Exposure through community events

o Preference for media

- Knowledge and Access to Toilet technology

- Mortality

OBSERVATION OF HOUSEHOLD

- Observations of Dwelling Characteristics

- Observations of Food Storage

- Observations of Handwashing Facilities

- Observations of Toilet Facility

- Observations of Animals and Faeces

PRIMARY CARE GIVER

- Perceptions of Illness (each primary caregiver of children under 5)

- Child Health Calendar (each primary caregiver of children under 5)

- Breastfeeding (each primary caregiver of children under 5)

- Infant/Young Child Feeding (each primary caregiver of children under 5)

- Self - Reported Handwashing Behaviour

- Latrine/Sanitation Determinants (JD/JM)

- Caregiver Time Use

- Support for Learning / Stimulating Environment

ANTHROPOMETRY (only for children under 5 years)

- Geographic Identification and Administrative/Supervision Information

- Observations of Children (JC, LF/TK)

- Anthropometry and Anaemia

WATER AND STOOL SAMPLES

- Geographic Identification and Administrative/Supervision Information

- Faecal Sampling

- Household Drinking Water Sample

- Water Collection Point and Source Sample

COMMUNITY

- Geographic Identification and Administrative/Supervision Information

- List of Villages

- Access to Facilities and Service

- Water Supply in GP

- Schemes

- Sanitation Program Related

- Public Toilets

TOPICS

Topic	Vocabulary	URI
Agriculture & Rural Development	FAO	
Land (policy, resource management)	FAO	
Health	FAO	
Nutrition	FAO	
Population & Reproductive Health	FAO	
Children & Youth	FAO	
Gender	FAO	
Labor	FAO	

Impact evaluation	FAO	
Infrastructure	FAO	
Water	FAO	

Coverage

GEOGRAPHIC COVERAGE
Regional

UNIVERSE
The Vietnam Scaling Up Handwashing IE baseline survey collected information from a representative sample of the population targeted by the intervention. The survey was conducted between September and November 2009 in a total of 3,150 households containing 3,751 children under the age of five.

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
Water and Sanitation Program	The World Bank

OTHER PRODUCER(S)

Name	Affiliation	Role
National Institute of Hygiene and Epidemiology		Implemented the baseline survey
Mekong Economics		Implemented the endline survey
Kimetrica International		Data reduction - endline

FUNDING

Name	Abbreviation	Role
Bill & Melinda Gates Foundation		Primary funding source for the Impact evaluation

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Office of Chief Statistician	OCS	Food and Agriculture Organization	Adoption of the metadata for FAM
Water and Sanitation Project	WSP	World Bank	Reviewed content of the DDI
Kimetrica International			Compiled the DDI

DDI DOCUMENT VERSION
VNM_2009-2011_GSHBIE_v01_EN_M_v01_A_OCS_v01

DDI DOCUMENT ID
DDI_VNM_2009-2011_GSHBIE_v01_EN_M_v01_A_OCS_FAO

Sampling

Sampling Procedure

The primary objective of the handwashing project is to improve the health and welfare of young children. Thus, a sufficient sample size was calculated to capture a minimum effect size of 20 percent on the key outcome indicator of diarrhoea prevalence among children under two years old at the time of the baseline. By focusing on households with children under two, the evaluation aims to capture changes in outcomes for the age range during which children are most sensitive to changes in hygiene in the environment. Power calculations indicated that approximately 1,050 households per treatment arm would need to be surveyed in order to capture a 20 percent reduction in diarrhoea prevalence, and in order to account for the possibility of household attrition during the project study phase. Therefore, since the evaluation consists of two treatment groups and one control group, the total sample incorporates 3,150 households, each of which has at least one child under two years of age at the time of the survey. Rather than using simple random sampling, which is much more costly, the study randomly sampled households in clusters at the commune administrative level. Households were randomly selected from a sampling frame of 210 communes randomly selected from 15 districts in three provinces. Data were collected using structured questionnaires in all 3,150 households and in each of the 210 communes (one per commune).

Response Rate

Approximately 87% of the persons interviewed in the baseline were re-interviewed in the endline.

Questionnaires

No content available

Data Collection

Data Collection Dates

Start	End	Cycle
2009-09	2009-11	Beseline
2010-11	2011-01	Endline

Data Collection Mode

Face-to-face [f2f]

Data Processing

Data Editing

1. Baseline: The baseline survey was processed using the assistance of Sistemas Integrales in Chile. A manual for the data entry system is attached under the title of: Data Entry Manual: Baseline.

2. Endline: Kimetrica International was contracted to design the data reduction system to be used during the endline. The data entry system was designed in CSPro (Version 4.1) using the DHS file management system as a standard for file management. Details of the system can be found in the attached manual entitled: Data Entry Manual for the Endline Survey.

The data entry system was based on a full double data entry (independent verification) of the various questionnaires. CSPro supports both dependent and independent verification (double keying) to ensure the accuracy of the data entry operation. Using independent verification, operators can key data into separate data files and use CSPro utilities to compare them and produce a report that indicates discrepancies in data entry. The DHS system uses a fully integrated tracking system to follow the stages in the data entry process. This includes the checking in of questionnaires; the programming of logic in what is known as a system controlled environment. System controlled applications generally place more restrictions on the data entry operator. This is typically used for complex survey applications. The behaviour of these applications at data entry time has the following characteristics:

- Some special data entry keys are not active during data entry.
- CSEntry will keep track of the path.
- 'Not applicable' or blanks values will not be allowed. Missing values have to be coded.
- More appropriate to the heads up methodology of data capture.
- Logic in the application is strictly enforced; operator cannot bypass or override.

Files were processed using the unique cluster number and then concatenated after a final stage of editing and output to both SPSS and STATA. Furthermore, attempts were made to respect the values and the naming conventions as provided in the baseline. This required using non-conventional values for “missing” such as -99. In most cases the same value sets were applied or during the questionnaire review process the WSP was alerted to such discrepancies.

Data Appraisal

Other forms of Data Appraisal

The data files as they are output in CSPro follow the hierarchical structure as established in the data dictionary. These however may not be convenient for the analyst. The WSP requested that the files be integrated into various record level files. The files that are included in the final data base reflect this structure. However, some analysts may still want the hierarchical level data available in its original record form (as it was during data entry). For that reason, these files are also zipped together and provided in the event that they are desired. The final data files are provided in STATA format as requested by the WSP. Although there was no formal or independent appraisal of the data, an appraisal was undertaken when the data files for: Peru, India and Vietnam were prepared for a WSP presentation in Mexico. These data were presented in a public forum and scrutinized by various analysts. There was a process of feeding back information which helped correct or format or revise the data.