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Evaluating the impact of COVID-19 response in the WOBA Vietnam project

Covid-19 & WASH Behavioural Change

WASH & The COVID-19 Pandemic Virtual Symposium

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Presented by Matt Bond, GHD



THRIVE
NETWORKS

Covid-19 response of WOBA Vietnam project

- May - July 2020
- 5 provinces (Hoa Binh, Thanh Hoa, Nghe An, Ha Tinh, Ben Tre)
- Distribution of 1,672 sets of portable handwashing devices to 173 commune health stations, 173 kindergartens, 980 GESI households in 5 provinces
- Distribution of water tanks to 200 poor GESI households in Ben Tre province to store clean water and harvest rainwater for hygienic practices.
- Vietnamese Women's Union produced and distributed promotional materials (banners, hand fans, and leaflets) and organised events to promote handwashing practices.



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ĐÔNG TÂY HỢP NGỘ



01 BIỂU HIỆN



PHỤ NỮ HÒA BÌNH CHUNG TAY PHÒNG CHỐNG DỊCH COVID-19

02 CÁCH PHÒNG TRÁNH



Evaluative study on impact of Covid-19 response

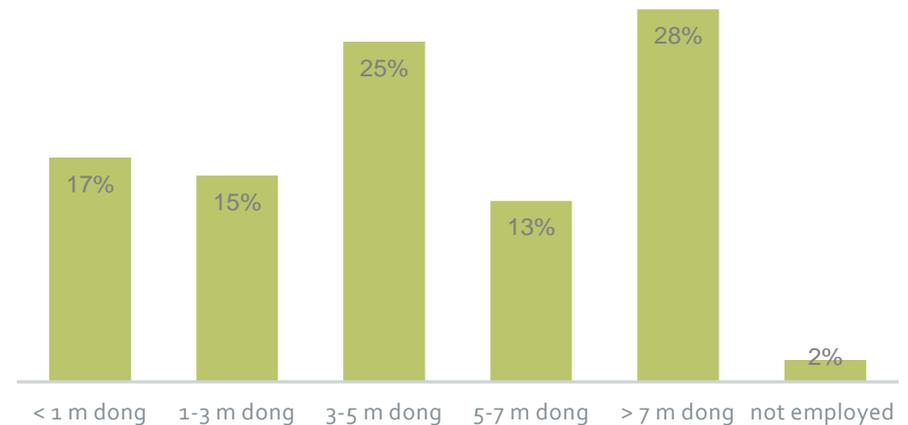
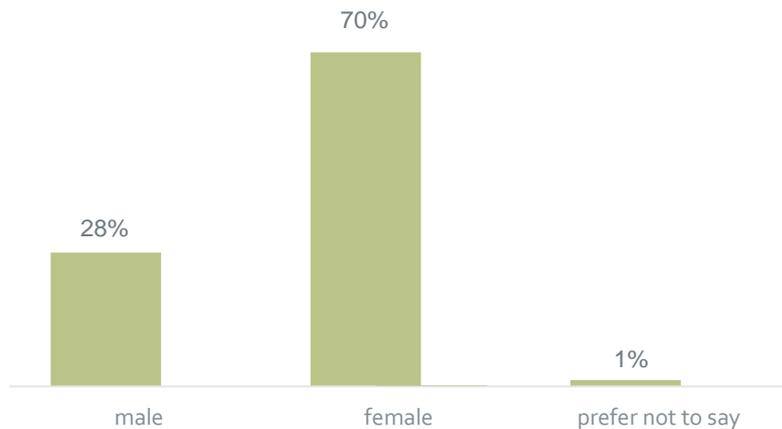
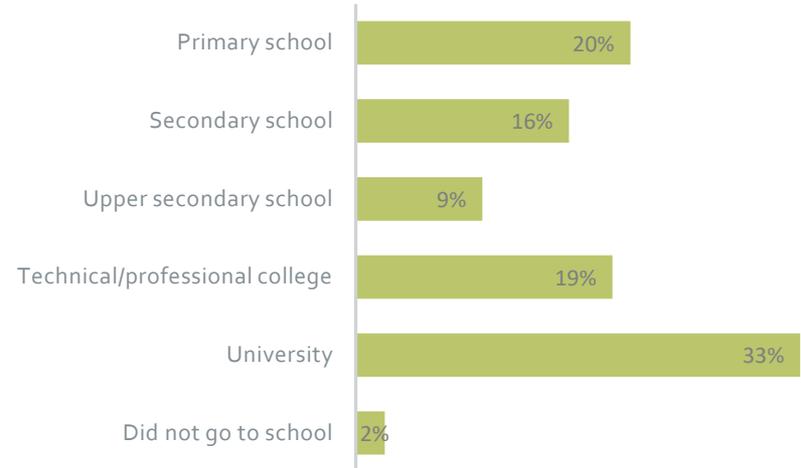
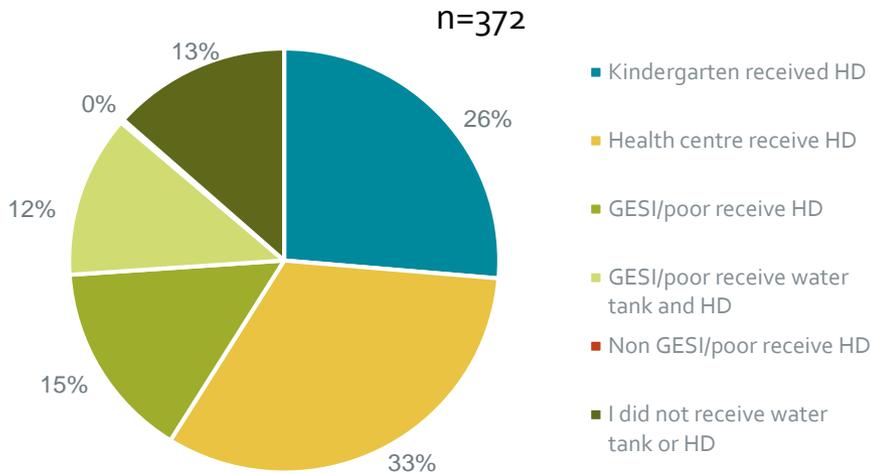
Research question

What is the extent to which the WU's promotional (BCC) activities on handwashing practices raise awareness about handwashing practices for COVID-19 pandemic?

Preliminary findings

- Level of awareness and engagement in WU's promotional activities on handwashing practices
- Types of communication materials that promote good handwashing practices
- Extent to which socio-demographic attributes influence these two aspects of BCC

Demographic information of survey respondents

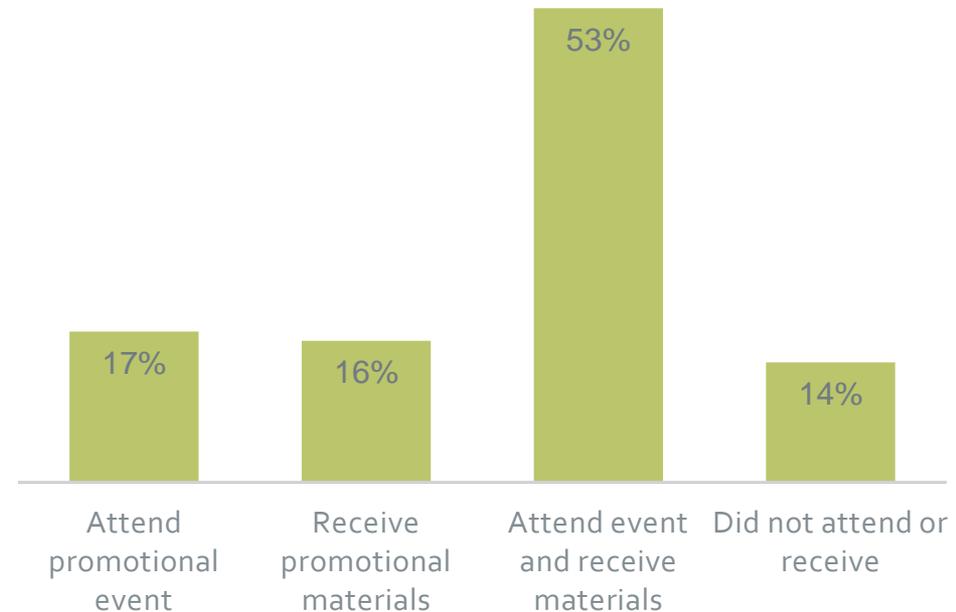


Awareness and engagement with BCC activities

288 respondents (77%) were aware of WU's BCC activities; 84 (23%) were not

Differences between groups, income levels, and education levels in terms of engagement with promotional activities

- respondents from orgs attend & receive communication events and materials more than hh ($p=0.000$, effect size=0.308)
- lower income respondents tend not to attend or receive communication materials while higher income respondents tend do both. ($p=0.000$, effect size =0.281)
- majority of low education group only received materials while the majority of those with upper secondary education and higher attended event and received materials ($p=0.000$, effect size=0.291)

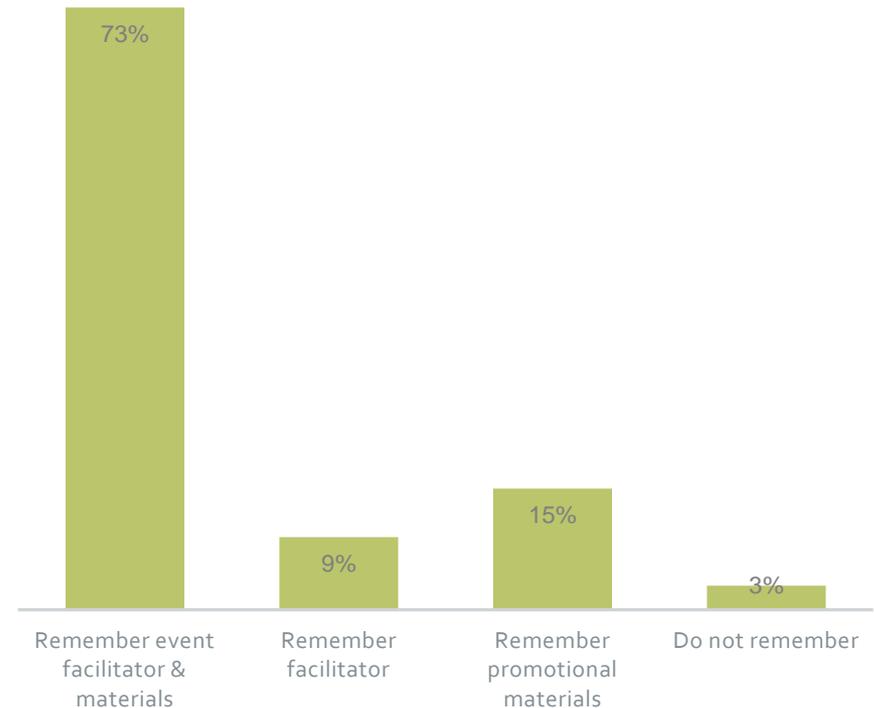


n=288

Awareness & engagement with BCC activities

Differences between groups

- Majority of respondents in the HCF and kindergartens remembered the event and materials while there was even distribution of hhs in remembering either the event facilitator, materials, or both (p=000, effect size=0.435)

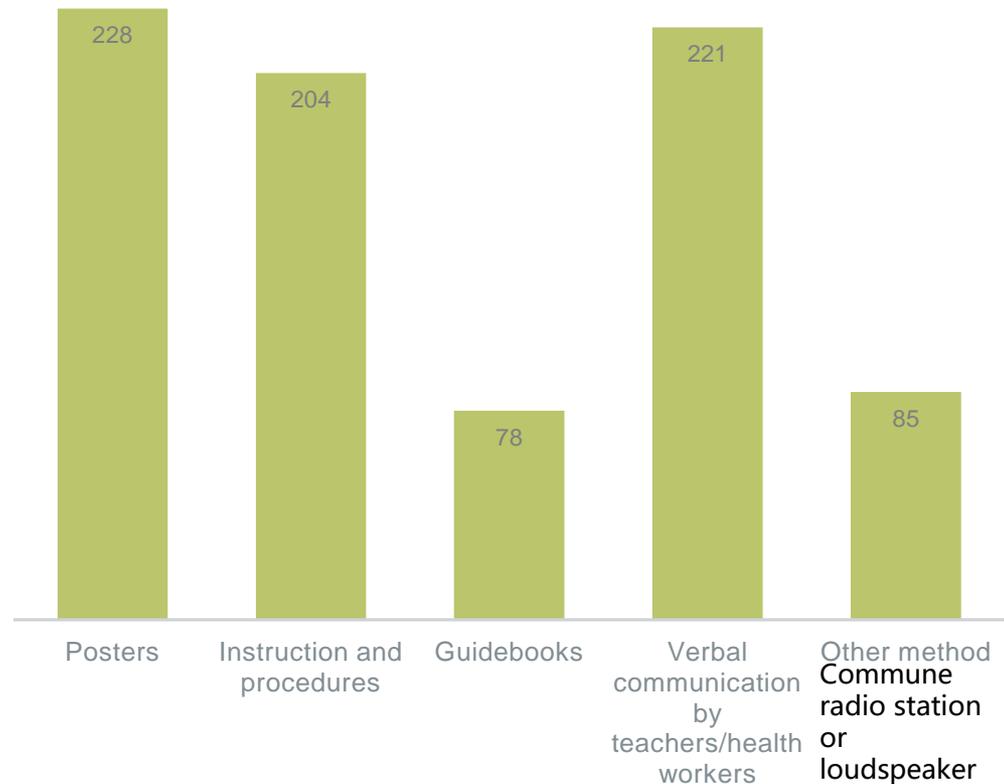


Communication methods

Differences between education and income levels

- commune radio preferred by those without school education and with low income (< 3m)
- first four methods preferred by college & university qualified, & middle-high income groups
- posters, instructions procedures preferred by those with primary and lower secondary school, and not employed

Communication methods to promote good handwashing practices, n=372



Communication methods

	Number of respondents	Most popular method	Respondent
1 method	92	Verbal communication by teacher/health workers	45 hh, 47 orgs
2 methods	126	Posters and instructions/procedures	73 hh, 50 orgs
3 methods	73	Posters, instructions/procedures, guidebooks, verbal communication	7 hh, 66 orgs
4 methods	53	Posters, instructions/procedures, verbal communication, guidebooks	3 hh, 50 orgs
5 methods	7	Posters, instructions/procedures, verbal communication, guidebooks, commune radio station	1 hh, 6 orgs

Summary and questions for discussion

- WU's promotional activities targeted specific groups (GESI/poor households, and health centers and kindergartens).
- They used a community-based approach leveraging the WU's respected positions in the community and communication modes familiar to Vietnam's mass mobilization strategy in rural communities.
- The extent to which the communities and organizations were aware, engaged with, remembered these promotional activities, and their perceptions of BCC modalities to promote good handwashing practices vary depending on groups, income levels, and education levels.

Discussion questions

- Whose behaviour did your BCC initiatives prioritise during COVID-19?
- Who benefitted most and who may have missed out?
- How did you ensure your messages were inclusive?