Ongoing Impact Evaluation of CBEHPP in Rusizi District

Kris Cox
Country Director
Innovations for Poverty Action







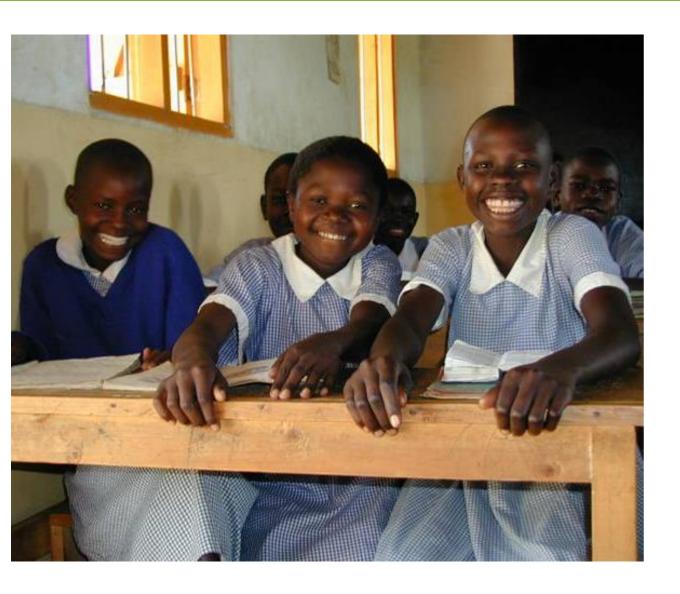


3,000 RWF

3,000 RWF

Which would you buy?





100,000 RWF School Uniforms

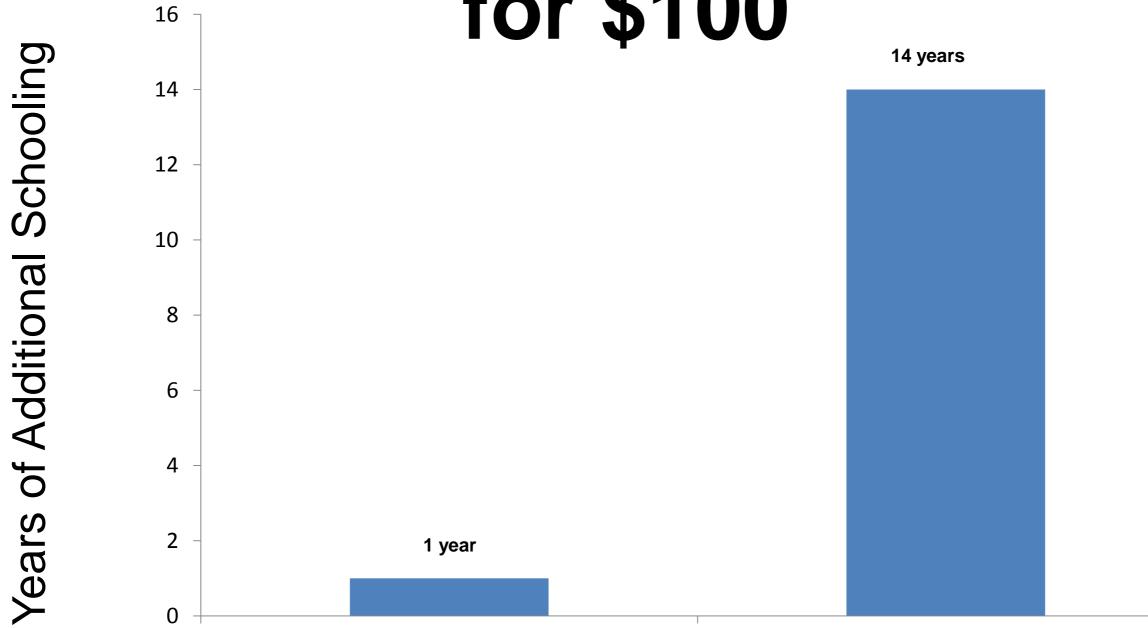


Deworming Children

Which would you buy?



Additional Years of Schooling for \$100



School Uniforms Kenya School-based Deworming -Kenya





Research Question

 Are Community Hygiene Clubs an effective way to change behavior and improve hygiene and sanitation?

- -If yes, under which conditions are they effective?
- -Which attributes/activities predict their success? ASOCs, materials, membership cards, etc.?
- With limited resources, how should we design & implement CHCs?



Justification of Selection of Rusizi District

Selected in Collaboration by all partners (MOH, IPA, GU, LSHTM)

-Eligibility Criteria:

- No existing donor support for environmental health
- Disease burden

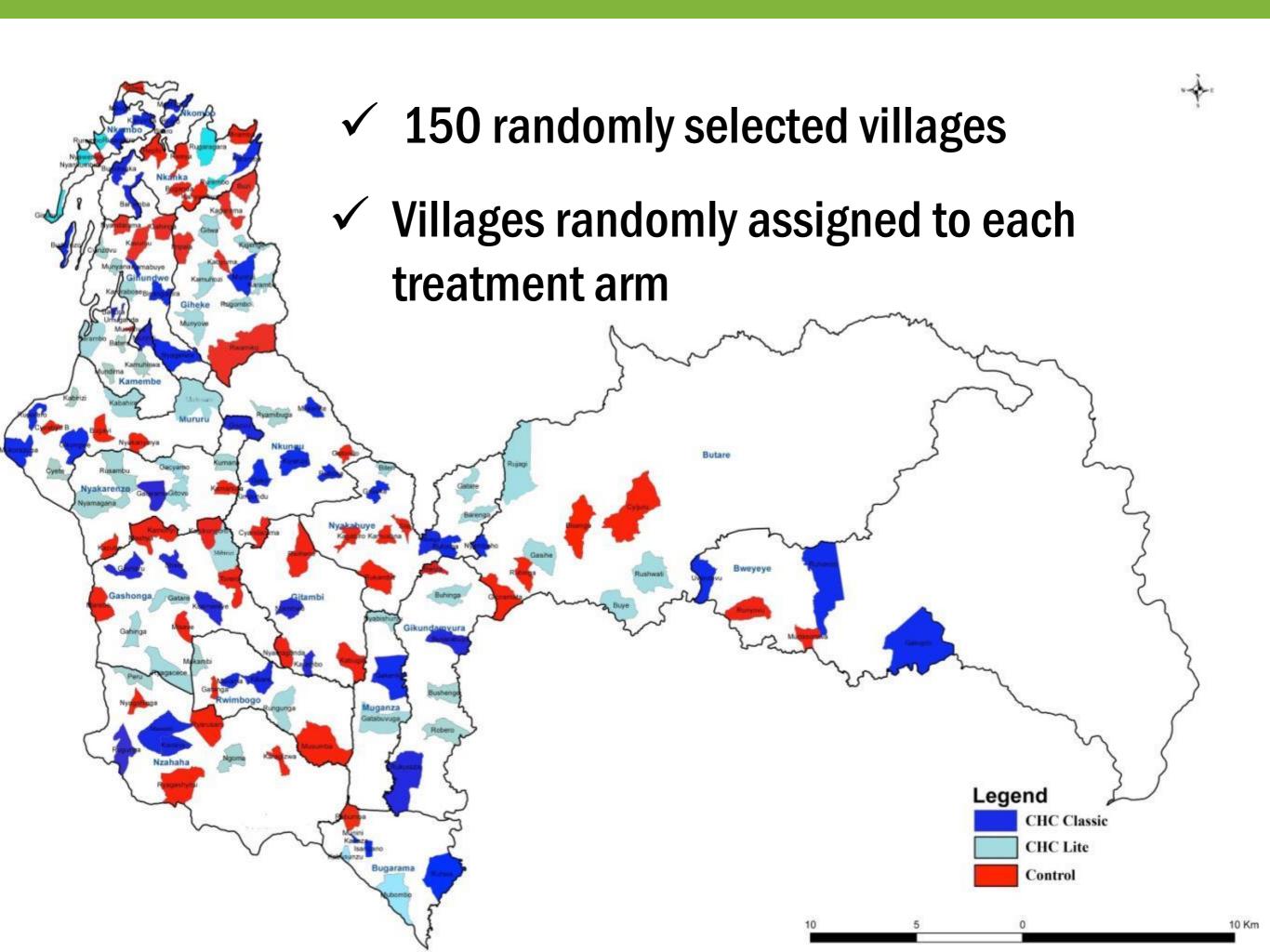




Research Design

- We will examine the impact of CHCs through 3 randomly-assigned study arms in 150 villages total:
 - -Classic CHC (50 villages)
 - 20 sessions, full Africa AHEAD clubs
 - –Lite CHC (50 villages)
 - 8 sessions, limited club model
 - —Phased-in CHC (50 villages)
 - 20 sessions, full clubs, phased-in 2016





CBEHPP Evaluation Timeline

Baseline Data Collection

CBEHPP Implementation Data Collection of Outcomes



Impact Evaluation Components

A. Socioeconomic Survey B. Anthropogenic Measures

C. Analysis of Water Samples

D.
Economic
Contributior
Activity



Socio-Economic Survey

- Collecting digital survey data on:
 - -Household assets
 - —Housing
 - -Education
 - -Health



Anthropogenic Measures

 Measuring height and weight of children under 2

 Measuring weight of children under 5





Household Drinking Water Samples

 Testing water quality in 10% of eligible village households by counting thermo-tolerant coliforms



Economic Contribution Activity

- To measure village cooperation
- 12 participants per village
- Randomly selected from survey respondents





CBEHPP Evaluation Timeline

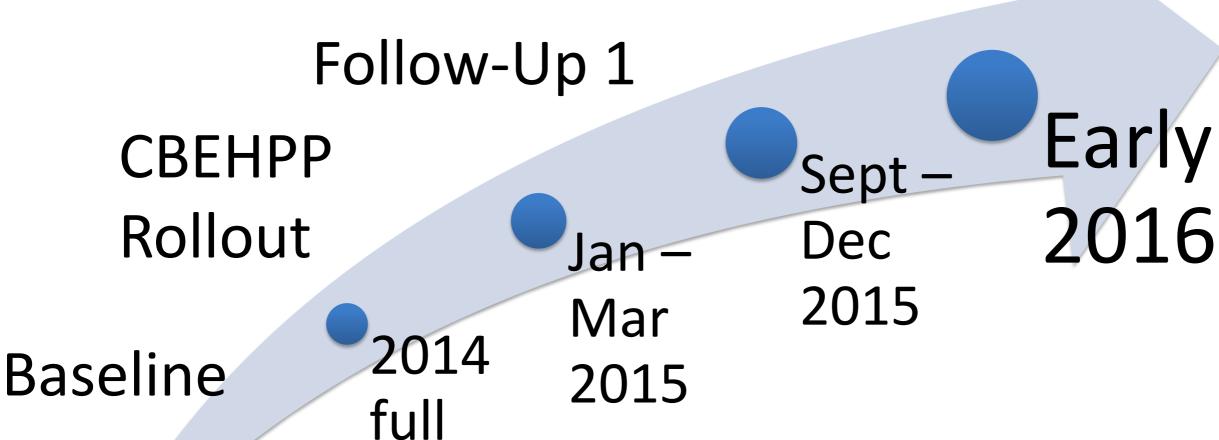
year

Mid

2013

Results

Follow-Up 2





Research Objective

We want to learn from Rusizi

Are Community Hygiene Clubs an effective way to change behavior and improve hygiene and sanitation?

to get valid recommendations guiding policy makers, donors, and partners on what works in CHCs, at which cost, for future implementation in Rusizi, and Rwanda



Thank You!

For more information:

Kris Cox (kcox@poverty-action.org)

Ron Wendt (rwendt@poverty-action.org)

Innovations for Poverty Action (IPA)

Rwanda

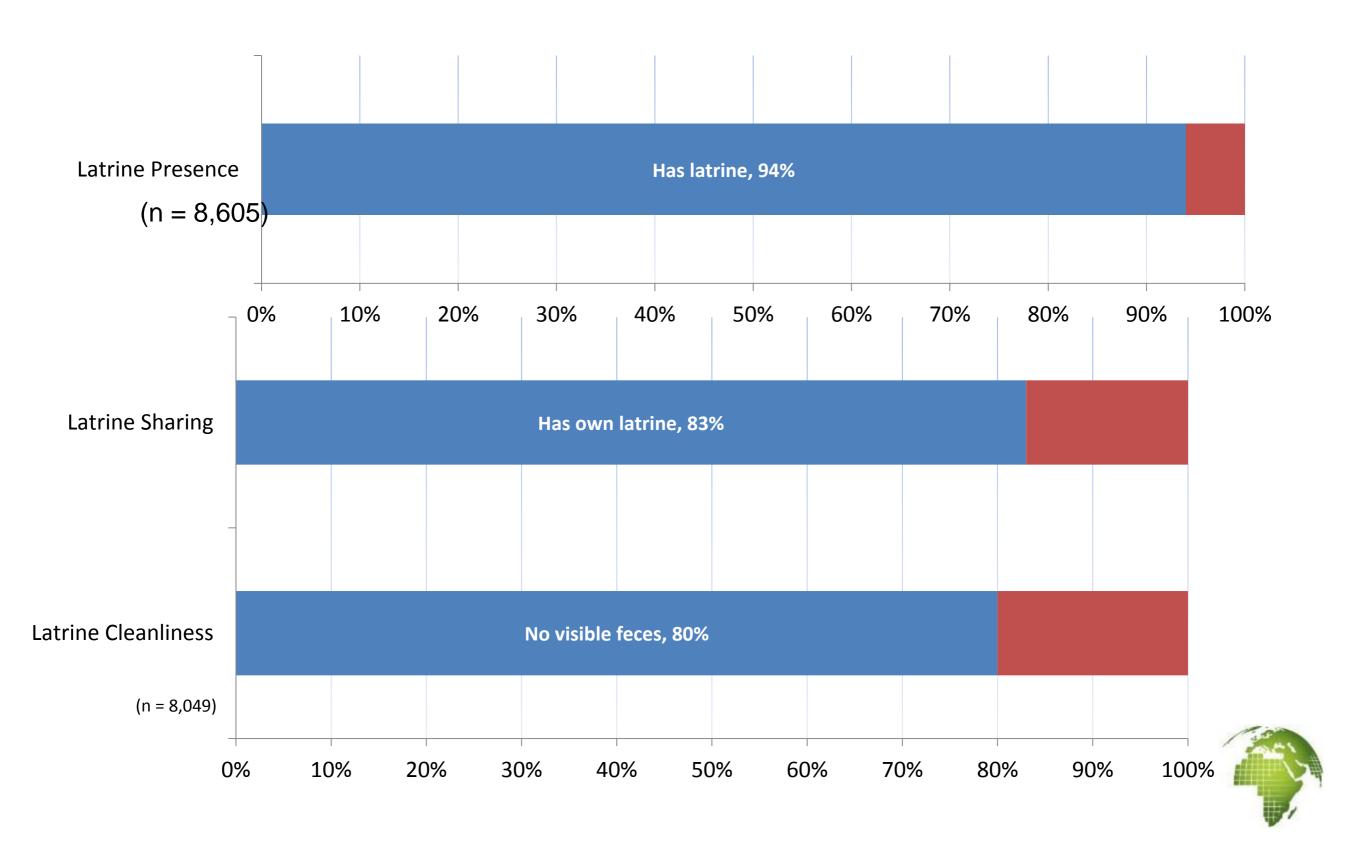




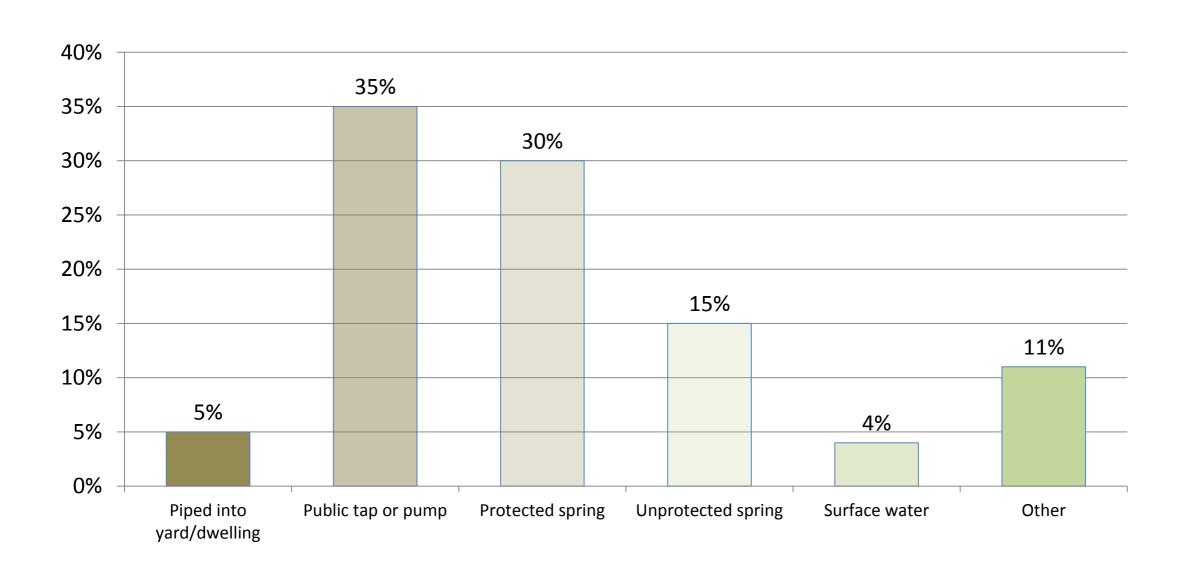
Baseline Results



REACH – Latrine Presence

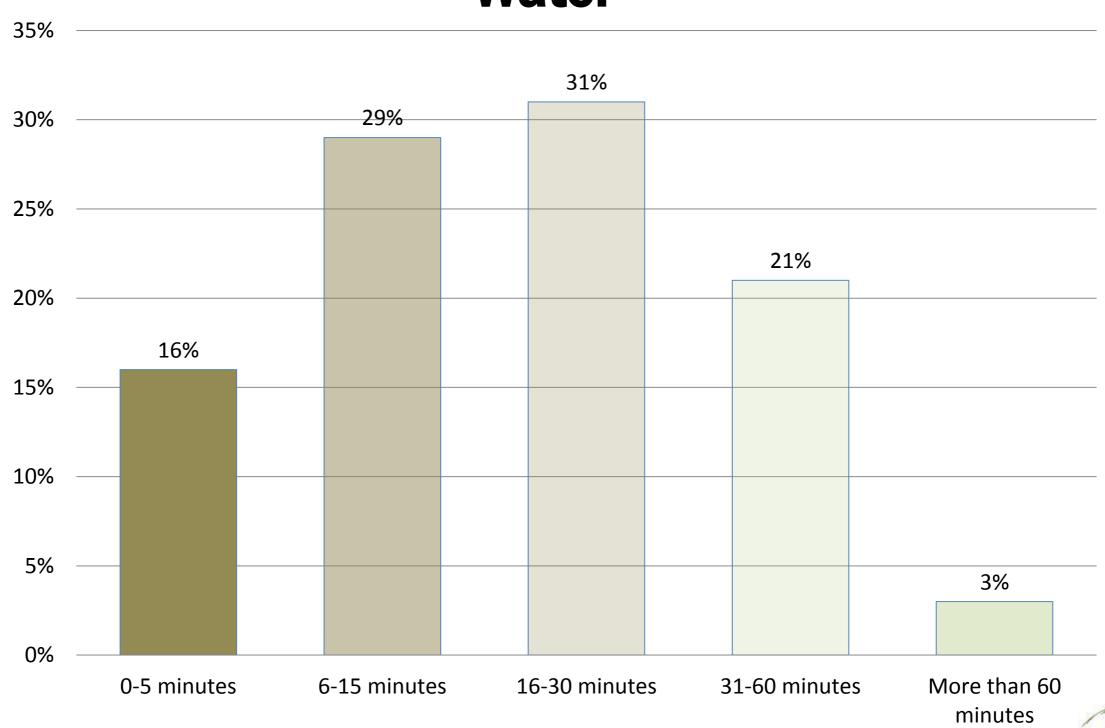


REACH – Main Source of Household Drinking Water



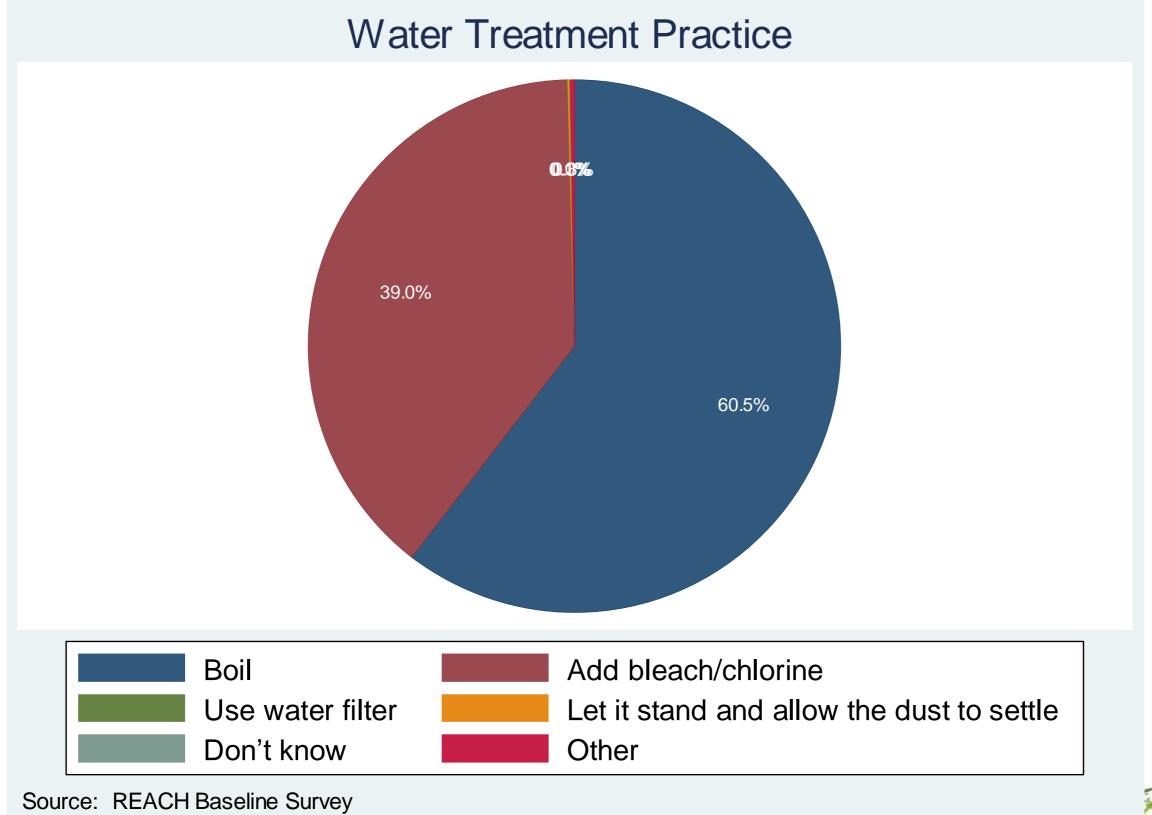


REACH – Time Required to Collect Household Water

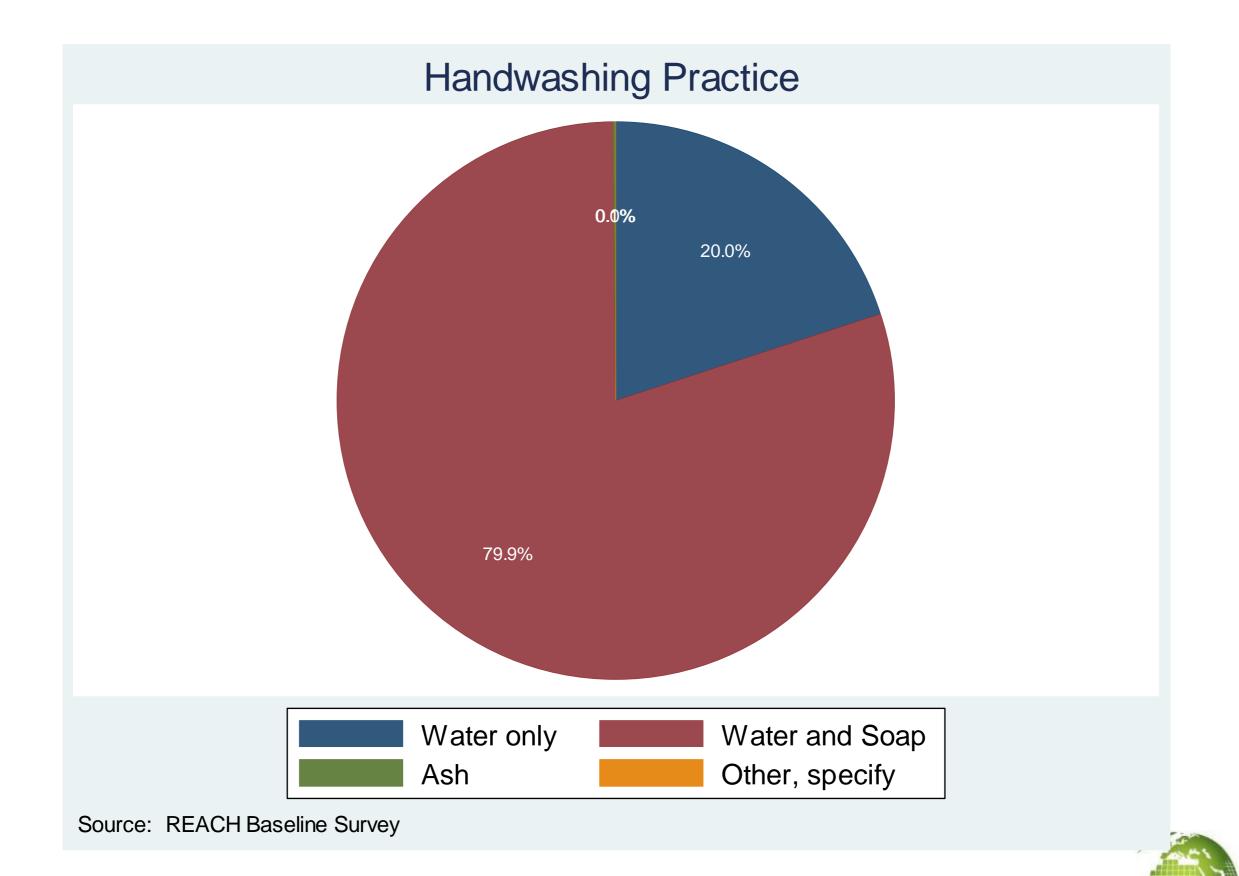


(n = 8,348)



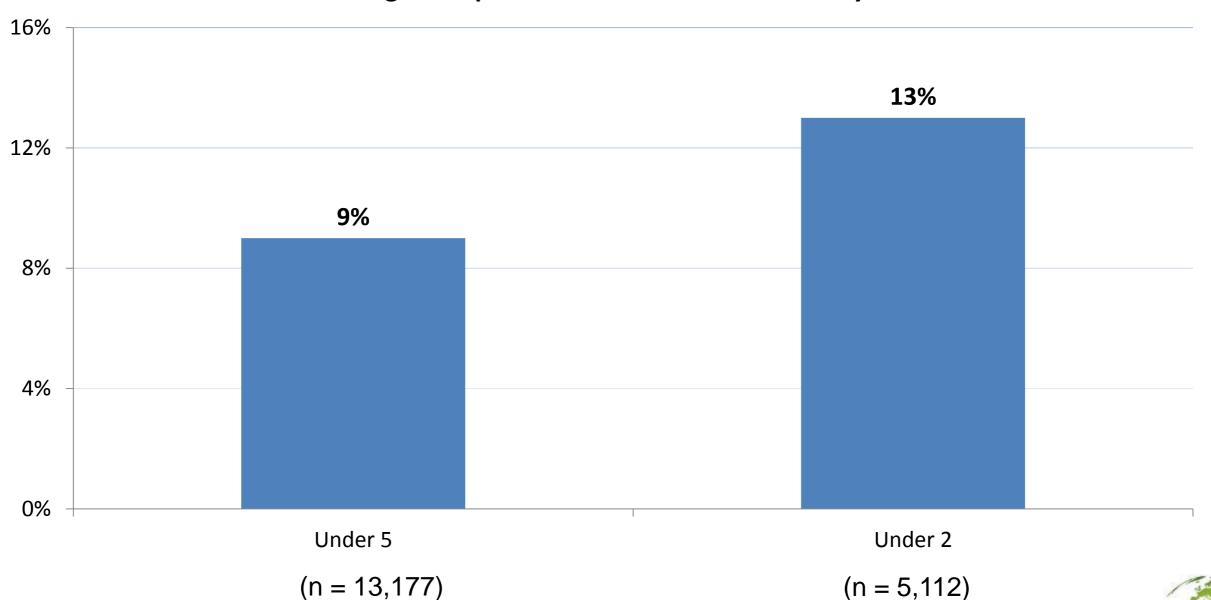






REACH – Reported Diarrhea Prevalence

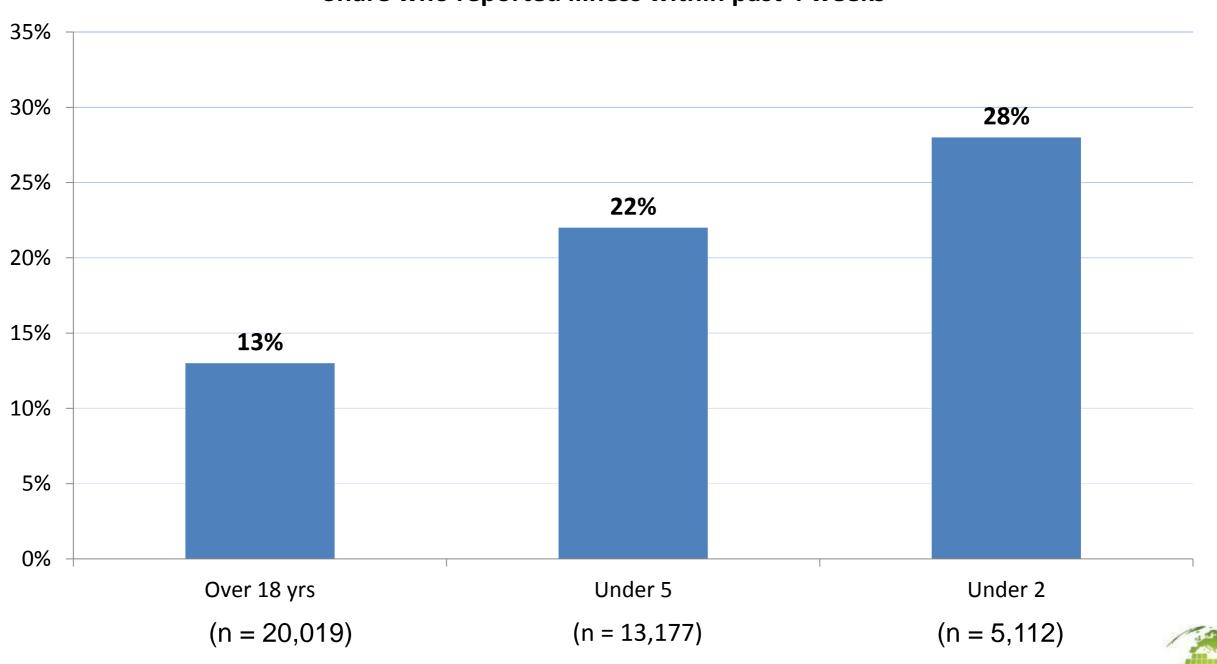
Caregiver reported diarrhea within last 7 days





REACH – Morbidity

Share who reported illness within past 4 weeks



Balance Test of Assignment

SUMMARY STATS BY ASSIGNMENT							
	CONTROL		CHC LITE		CHC CLASSIC		
	mean	sd	mean	sd	mean	sd	p-value
Fraction of Adults that have completed primary school of higher	0.04	0.07	0.06	0.11	0.04	0.06	0.61
Total Population of households with children<5	339.86	106.34	319.66	122.54	326.48	125.67	0.66
Fraction of children u5_with diarrhea	0.09	0.04	0.08	0.04	0.08	0.04	0.81
Fraction of children u2_with diarrhea	0.13	0.07	0.13	0.07	0.13	0.07	0.98
Fraction of children u5_reporting any illness	0.21	0.06	0.22	0.07	0.22	0.07	0.67
Number of children under 5_LSMS	91.86	30.59	85.38	33.53	87.50	32.52	0.58
Topographical dispersion of community, meters	139.12	61.23	147.05	66.57	151.71	85.15	0.66
WHO_Share_underWeight_u5	0.12	0.05	0.12	0.07	0.12	0.07	0.93
WHO_Share_underHeight_u5	0.14	0.04	0.14	0.05	0.14	0.06	0.72
WHO_Share_underWeight_u2	0.10	0.06	0.09	0.06	0.11	0.06	0.26
WHO_Share_underHeight_u2	0.35	0.11	0.34	0.13	0.34	0.13	0.77
Fraction of households with large livestock	0.33	0.12	0.35	0.12	0.34	0.11	0.56
Wealth index	0.03	0.54	0.11	0.91	-0.01	0.50	0.71

Timeline

Dates	Activity	Partner responsible
Mar, Apr. – Aug. 2013	Baseline data collection	IPA
Nov. – Dec. 2013	Training of EHOs, ASOCs	Rusizi District/MOH Africa AHEAD
Jan. – Aug. 2014	Implementation of CBEHPP in 100 villages (CHC Classic, CHC Lite)	Rusizi District/MOH Africa AHEAD
Feb. – Mar. 2014	Dissemination of comprehensive baseline report and findings	IPA
Jan. – Mar. 2015	Follow-up survey examining health outcomes	IPA
Sept. – Dec. 2015	Endline survey comparing CHC Classic and CHC Lite with the Phased- In	IPA
Jan. – Aug. 2016	Implementation of CBEHPP in 50 Phased-In villages	Rusizi District/MOH Africa AHEAD