**Mum’s Magic Hands**

**Sample Evaluation Protocol**

**Final Evaluation Protocol, Kathmandu, Nepal**

**1 INTRODUCTION**

**1.1 Purpose**

The objective of the project was to develop and pilot test a hand washing with soap (HWWS) behavior change program targeting mothers in emergency contexts in partnership with the Unilever Foundation and Lifebuoy Social Mission. Formative research was conducted with mothers in Nepal, Pakistan and the Philippines to determine crosscutting motivators and barriers around hand washing with soap in emergencies. Findings of this research fed into the development of a behaviour change communications program known as a Mum’s Magic Hands. The Mum’s Magic Hands program will be implemented in Nepal over a 3-week period. The purpose of this evaluation is to determine the acceptance and short term impact of a Mum’s Magic Hands among mothers affected by the earthquake in Nepal, keeping in mind that Nepal is no longer a first phase emergency context.

**1.2 Background**

Diarrhoeal-diseases and respiratory infections are among the most prevalent illnesses during emergencies and account for nearly 30% of deaths in children displaced by crises (Hershey et al, 2011). In the acute phase of an emergency, diarrhoea alone accounts for 40% of child deaths (Connolly et al, 2004).

Hand washing with soap (HWWS) is recognised as the do-it-yourself vaccination and has a greater impact on morbidity from diarrhoeal disease than any other single intervention. In non-emergency conditions, hand washing with soap can reduce the incidence of diarrhoeal diseases by 48% (Cairncross et al., 2010) and that of lower respiratory tract infections like pneumonia by 27% (Aiello et al., 2008). Hand washing with soap is also a critical practice to promote in humanitarian emergencies where people are more vulnerable to disease due to unhygienic conditions, lack of access to safe water and sanitation and overcrowding in informal settlements and camps. Research has shown that in emergency settings, the distribution of soap has been shown to reduce the incidence of diarrhoeal disease by 27% (Peterson et al., 1998).

Although studies have been carried out in development settings, there is little documented evidence related to motivators and barriers around hand washing in emergency contexts. Traditionally, emergency programs focus on the health benefits of hand washing as a key motivator, an approach that has been found to be much less effective (in development contexts) than those which also consider emotional motivators.

Oxfam with Unilever and its Lifebuoy brand recognise the importance of decreasing the incidence of diarrhoeal disease and acute respiratory infections in emergencies and have been working in partnership to develop and pilot test a Mum’s Magic Hands; a HWWS promotion program based on crosscutting emotional motivators targeting mothers in emergency contexts.

**2. PHASE 3: Final Endline Evaluation**

**2.1 Objectives**

* To determine reach/extent of program exposure among intended audience
* To determine perception and acceptance of the Mum’s Magic Hands Program among the target group
* To determine post intervention levels of HWWS knowledge and practice among mothers
* To determine key factors and messages that have a positive short term impact on hand washing behaviour

**3 RESEARCH METHODOLOGY**

To achieve the evaluation objectives, quantitative and qualitative methods will be used. The research tools will be adapted from the tools used at baseline will be pre-tested with the target audience.

**3.1 Intervention and control groups**

The intervention group will be comprised of the Mum’s Magic Hands target group as well as a control group which was identified at the time of baseline. The selection criteria for both intervention and control groups include:

1. Women; with particular focus on mothers and caregivers of young children
2. Displaced by the earthquake i.e. living in tents, transitional shelters, or partially damaged houses
3. Moderate to high rates of diarrhoea in the community
4. Low levels of HWWS practice

**3.2 In-depth/key informant interviews (Annex 1)**

In-depth interviews with 6 key informants will be conducted. Key informants will include female community health workers (FCHVs), partner agency public health promoters, health post personnel, and teachers.

The objectives are:

1. To understand key informant’s perceptions of the program
2. To understand its perceived efficacy among the target group
3. To understand the extent of program reach beyond target group (secondary targets such as children and men)
4. Recommendations

**3.3 Structured observation (Annex 2)**

Measurement of HWWS practice can be challenging, particularly in contexts where people have had previous exposure to hand washing campaigns and as a result have high levels of knowledge and self-reported practice. Direct observation can provide a more accurate measurement of behaviour and was used at the time of baseline and during the recent rapid assessment to better understand HWWS practice. People living in temporary settlements will be observed at key junctures (before handling food, after handling faces) to better understand post intervention practice. Given that observation is labour intensive, the sample size will not be scientific but rather a “good enough” representation of the target population.

Structured observation will be conducted in both intervention and control locations over a period of 4 days. The observers will be discreet and not disclose that HWWS behaviour is being observed.

The objectives are:

1. To understand HWWS practice before handling food (before eating, before feeding children, before breastfeeding) and after handling faeces (after defecation, after handling child faeces)
2. To measure any changes in practice from time of baseline among target group (women) and secondary target group (children, men)

**3.4 Baseline Focus Group Discussions (Annex 3)**

Baseline Focus group discussions (FGDs) will be conducted with the both intervention and control groups. Focus groups will consist of 8-10 randomly selected participants and will focus on HWWS at key times with the following objectives:

1. Understand target group’s perception and acceptance of a Mum’s Magic Hands program
2. Understand target group’s retention of key messages
3. Understand gaps and challenges
4. Recommendations
5. Understand any changes in practice in control group and reasons for this change

Additional focus groups will be conducted with program drop outs, men and children to determine:

1. Program reach (secondary targets)
2. Reasons for dropping out of the program and suggestions to improve retention rates

**3.5 Household Survey/picture card exercise (Annex 4, 5)**

Household survey and picture card exercise will be conducted in 160 randomly selected households in both intervention and control groups. Stratified random sampling will be used based on the size of the affected population in each site. Sample size was calculated based on an 8% margin of error and 95% confidence interval. Survey data will be collected using Mobenzi mobile technology. The picture card exercise data will be collected manually using format provided.

The objectives of the survey and picture card exercise are to:

1. Measure HWWS knowledge and practice at critical occasions
2. Measure extent of program exposure among target group

**4. Analysis**

Survey data will be analysed by the Mum’s Magic Hands program manager using Mobenzi technology. Nielson, an evaluation firm commissioned by Lifebuoy, will analyse the picture card exercise data. Focus group discussions, in-depth interviews and structured observation will be collated and analysed by the evaluation consultant.

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| **Table 1: Sample size** |  |  |
| **Tool** | **Total Sample Size** | **Details/Location** |
| In-depth interviews/key informant interviews | 2  1  1  1 | FCHVs[[1]](#footnote-1)  Kirtipur health post doctor  Teacher  Community leader |
| FGDs | 20  5 | Intervention (4 per ward - program participants, drop outs, men, children)  Control |
| KAP Survey | 160  160 | Intervention  Control |
| Structured Observation | ±50  ±50 | Intervention  Control |

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| **Table 2: Research schedule** | | | | | | | | | | | | | | | |
| **Activity** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** | **Day 8** | **Day 9** | **Day 10** | **Day**  **11** | **Day**  **12** | **Day**  **13** | **Day**  **14** | **Day**  **15** |
| Pre-test tools  Trial run | X |  |  |  |  |  |  |  | X |  |  |  |  |  |  |
| FGDs |  |  |  | X | X | X | X | X |  |  |  |  |  |  |  |
| Key informant interviews |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |
| Structured  Observation |  |  |  |  |  |  |  |  |  | X | X | X | X | X |  |
| Household survey/picture card |  |  |  |  |  |  |  |  |  | X | X | X | X | X | X |

1. Female community health volunteers [↑](#footnote-ref-1)