wsp
water and
sanitation program

Report

Enabling Environment Assessment and Baseline for Scaling Up Handwashing Programs:

Vietnam

Lynne Cogswell and Le Thi Anh Thu

Global Scaling Up Handwashing Project

April 2008

This report is one in a series of products of the Water and Sanitation Program's Scaling Up Handwashing Project funded by the Bill and Melinda Gates Foundation. The aim of the project is to test whether innovative promotional approaches can generate widespread and sustained increases in handwashing with soap at critical times among the poor and vulnerable.

This series of reports documents the findings of work in progress about handwashing with soap in order to encourage the exchange of ideas and information and to promote learning. Please send your feedback to: wsp@worldbank.org .

The Water and Sanitation Program (WSP) is a multi-donor partnership of the World Bank. For more than 30 years, WSP has helped the poor gain sustained access to improved water supply and sanitation services (WSS). WSP works with governments at the local and national level in 25 countries. For more information, please visit: www.wsp.org .

CREDITS

Photo Credits: The World Bank Photo Library
Editorial Support: Hope Steele
Production Coordination: Paula Carazo
This report was reviewed by by Nga Nguyen, Eduardo Perez, Lene Jensen, and Jacqueline Devine.

ABOUT THE AUTHORS

Lynne Cogswell

Lynne Cogswell has worked internationally for more than 30 years. In 1995, she received her PhD in International Relations, focusing on Communication and Behavior Change. Her work experience includes water, sanitation, and hygiene; women and gender; reproductive health; and HIV/AIDS among others and extensive working experience in more than 30 countries in Africa and Asia. Some of her work includes the design and conduct of enabling environment and organizational capacity assessments; research, design, and development of behavior change strategies; and evaluation of technical assistance/cooperative agreement programs.

Le Thi Anh Thu

Le Thi Anh Thu is currently the Director of the Department of Infection Control, Cho Ray Hospital, Ho Chi Minh City, Vietnam. From 1990 to 1999 she was a senior physician in the Department of Infectious Diseases at Cho Ray Hospital; prior to that she worked as a physician at Da Nang Hospital. She has coauthored nearly two dozen papers in English and Vietnamese, as well as two books—one on infection control and one on the prevention of bloodborne occupational exposures in health care workers, both in Vietnamese.

The findings, interpretations, and conclusions expressed in this report are entirely those of the author. They do not necessarily represent the views of the International Bank for Reconstruction and Development/World Bank and its affiliated organizations or those of the Executive Directors of the World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this publication and accepts no responsibility whatsoever for any consequence of their use. The boundaries, colors, denominations and other information shown on any map in the document do not imply any judgement on the part of the World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.

TABLE OF CONTENTS

ACKNOWLEDGMENTS v
LIST OF ACRONYMS AND ABBREVIATIONS vi
SUMMARY 1

1. BACKGROUND 6
- The Scaling Up Handwashing Project 6
- Country Context: Vietnam 7
- Handwashing Context 7
- Vietnam Handwashing Initiatives 9
- Rationale for Enabling Environment Assessment 10

2. SCALABILITY AND SUSTAINABILITY 11

3. ASSESSMENT METHODOLOGY 12
- Dimension Descriptions 12
- Characteristics for Scalability and Sustainability 13

4. ASSESSMENT DESIGN AND PURPOSE 17
- Data Collection: Methodology 17
- Data Collection: Sources and Selection 17

5. FINDINGS AND CONCLUSIONS 20
- Policy, Strategy, and Direction: Findings 21
- Conclusions 22
- Partnerships: Findings 23
- Conclusions 25
- Institutional Arrangements: Findings 26
- Conclusions 27
- Program Methodology: Findings 28
- Conclusions 29
- Implementation Capacity: Findings 29
- Conclusions 31
- Availability of Products and Tools: Findings 31
- Conclusions 32
- Financing: Findings 32
- Conclusions 33
- Cost-Effective Implementation: Findings 33
- Conclusions 33
- Monitoring and Evaluation (M&E): Findings 33
- Conclusions 34

6. RECOMMENDATIONS 35

7. PLAN OF ACTION 37
- Overview of Plan of Action 37
- Budget for Short- and Medium-Term Activities 37
- Implementation Challenges 37
- Use of Short-Term Consultants 38

LIST OF BOXES

Box 1. Vietnam Handwashing Organizations Interviewed……………………………………...19

LIST OF TABLES

Table 1. Opportunities, Limitations, and Recommendations for the Vietnam Handwashing Initiative…………………………………………………………………………………...3
Table 2. Handwashing Targets by Country……………………………………………………7
Table 3. Characteristics of an Enabling Environment for Scalability and Sustainability………..14
Table 4: Dimension Questioning by Stakeholder Type…………………………………………18
Table 5: Key Findings by Dimension ……………………………………………………....20
Table 6: Overarching Recommendations by Dimension……………………………………...35
Table 7: Detailed Plan of Action…………………………………………………………...39

Acknowledgments

The authors would like to thank all handwashing players in Vietnam for their time and willingness to participate in this assessment; and thank the World Bank/WSP for funding such an endeavor so important to the success and sustainability of handwashing with soap in Vietnam.

We would particularly like to thank the staff of the Ministry of Health at the national, provincial, district, and local levels for their assistance, support, and patience. The magnitude of the information gathered would not have been possible without this support.

We hope that this report will facilitate the next steps to be taken, assist in strengthening an eventual Vietnam Handwashing with Soap Initiative, and ultimately aid in having the desired impact on handwashing practices with soap, thus reducing diarrheal disease in Vietnam.

LIST OF ACRONYMS AND ABBREVIATIONS

AusAid	Australian Development Aid
CBOs	Community-Based Organizations
CERWASS	Center for Rural Water Supply and Environmental Sanitation
CWS	Church World Services
DE	Danish Embassy
DfID	Department for International Development
DHCE	Department of Health Communication and Education
DPM	Department of Preventive Medicine
EU	European Union
FOAM	Focus, Opportunity, Ability, and Motivation
GOV	Government of Vietnam
HWC	Handwashing Committee
HWWS	Handwashing with soap
M&E	Monitoring and evaluation
MARD	Ministry for Agriculture and Development
MDGs	Millennium Development Goals
MOET	Ministry of Education and Training
MOH	Ministry of Health
NGOs	Nongovernmental Organizations
NIHE	National Institute of Health Education
NTP II	National Target Program II (for water and sanitation)
PC	People's Committee
PHAST	Participatory Hygiene and Sanitation Transformation
PPPHW	Public Private Partnership for Handwashing
PSI	Population Services International
PSP	Private-Sector Partners
RWSS	Rural Water Supply and Sanitation
STC	Short-Term Consultant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WSP	Water and Sanitation Program
WSS	Water Supply and Sanitation
WU	Women's Union

SUMMARY

To follow up country work supported by the Public-Private Partnership for Handwashing (PPPHW), the World Bank Water and Sanitation Program (WSP) received funding from the Bill & Melinda Gates Foundation to support projects to scale up the promotion of handwashing with soap (HWWS) in Peru, Senegal, Tanzania, and Vietnam. The major project objectives of the Handwashing Initiative are:

- inculcate the HWWS habit among millions of mothers and children in these countries,
- use a strong monitoring and evaluation (M&E) component to enhance the conceptualizing and management of such programs,
- establish sustainable programs that will continue and expand after this four-year grant ends.

Enabling environment assessments are being carried out in all four countries to assess current conditions for scalability and sustainability and to make recommendations for improving conditions that are not supportive. This report summarizes the study in Vietnam. All four county studies are following a similar methodology, developed by WSP, to examine nine dimensions of scalability/sustainability through individual and group in-depth interviews and an electronic survey in which respondents are asked to score various statements.

The project is designed to achieve key targets in Vietnam of changing the handwashing with soap (HWWS) behavior of 2.3 million poor women of fertile age (15–49) and poor children ages 5–9 by the end of two years of project implementation.

There are presently two handwashing initiatives ongoing in Vietnam:

1. The National Handwashing Initiative supported by WSP with funding from the Danish Embassy (US$1 million) and the Gates Foundation ($1.6 million) has been active since January 2006. This Initiative is in the pilot stage. Under Ministry of Health (MOH) leadership, with participation from the Women's Union, soap manufacturers, and other handwashing players, this Initiative plans to utilize national- and community-level behavior change communication techniques to influence the behavior of mothers of children under five and primary school children in an estimated 250 communes of roughly 25 districts within eight provinces of Vietnam. The Initiative has conducted formative, behavioral research; has hosted several discussion workshops; and is in the process of selecting a communications agency to develop and implement its communication campaign.
2. The Unilever-supported "Share Love Not Germs" campaign has been ongoing since 2006 in conjunction with the MOH Department of Preventive Medicine (DPM). This Initiative is in the implementation phase. Total funding for the Unilever-supported campaign is US$2.6 million for five years (2006–10) starting in 10 pilot provinces. This campaign is also designed to change the HWWS rates in project areas. Since May 2006, mass media presentations have been aired and disseminated, and road shows and other community communication activities have been conducted. A social marketing approach has been employed, as well as creative behavior change techniques.

This enabling environment baseline assessment examined a conceptual framework encompassing nine dimensions of sustainability and scalability: (1) Policy, Strategy, and Direction; (2) Partnerships; (3) Institutional Arrangements; (4) Program Methodology; (5) Implementation Capacity; (6) Availability of Products and Tools; (7) Financing; (8) Cost-Effective Implementation; and (9) Monitoring and Evaluation.

The political will is evident and can provide the springboard for moving HWWS forward. The potential to create a stable enabling environment for HWWS in Vietnam is high. However, although willingness exists, much of the foundation still needs to be laid. Table 1 provides an overview of opportunities and potential limitations for the Vietnam Handwashing Initiative as well as overarching recommendations for laying this foundation.

Table 1. Opportunities, Limitations, and Recommendations for the Vietnam Handwashing Initiative

Dimensions	Opportunities	Limitations	Recommendation
Policy, Strategy, Direction	Favorable political environment HWWS integration opportunities into ongoing programs and activities	Lack of shared vision No national handwashing strategy	Develop and share same national strategy Move handwashing policy to parliamentary levels, integrated as part of the larger water and sanitation context, encouraging some handwashing priorities Integrate handwashing into other sectors and ongoing programs
Partnerships	Strong interest in cooperation and collaboration Established value of partnerships in program implementation	Insufficient accent on and understanding of partnership concept for handwashing	Develop a clear protocol for each present handwashing stakeholder to avoid overlaps Assign different sectors, audiences, and levels to participating handwashing players Ensure buy-in and ownership of all handwashing stakeholders in program and activities
Institutional Arrangements	Clear government networks exist with defined roles and responsibilities	Handwashing Initiative still vague for most potential partners	Promote Ministry of Health's leadership role Work within existing government structures, such as the Women's Union and the People's Committee, to enhance capabilities and ensure sustainability, cooperation, and collaboration at all levels Delineate stakeholder map – who does what where Organize seven-person, short-term task force to identify initial Handwashing Initiative tasks, roles, and responsibilities (including review of this assessment and plan of action)
Program Methodology	Handwashing player interest in learning and applying new techniques to behavior change	Potential shared program methodology is unclear for potential partners Most handwashing communication activities still rely on traditional methods	Conduct BC workshop on new techniques and BC model Provide opportunities to practice and implement BC techniques Examine existing handwashing BC campaigns/strategies
Implementation Capacity	Reported capacity to implement in initial eight provinces, though behavior change communication	Present capacity to go to scale limited	Map existing staffing structures for each handwashing stakeholder at each level Develop a distribution and dissemination system that can be tested in the eight pilot provinces

Dimensions	Opportunities	Limitations	Recommendation
	training needed Existing handwashing sessions in curriculum and capacity for handwashing in schools Adequate technology and capacity for evaluation and pilot program implementation		Map existing skills and develop a training and capacity-building plan
Availability of Products and Tools	Soap of any kind is reportedly not a barrier	Access to clean water not always available No evidence of handwashing facilities near latrines Limited or ill-equipped handwashing stations in schools Lack of cleanliness of existing school handwashing stations	Reexamine existing, available market and conditions research to identify gaps to be filled and existing, additional information to apply Reconsider selection criteria for HW work, perhaps incorporating it into ongoing water programs Assess and, as needed, appropriate, develop a plan to ensure necessary conditions-that is, water, handwashing facilities, and so on in eight pilot provinces Investigate, design, and test innovative solutions to ensure necessary handwashing conditions in two of the provinces-that is, keep soap, conserve water, keep cost low, and so on.
Financing	Sufficient for eight provinces and possibly nationwide promotion	Insufficient attention paid to financing for/provision of products, such as handwashing facilities, water provision, and so on.	Investigate additional sources of funding, i.e., AusAid, etc. to fund necessary conditions Encourage each partner to establish a handwashing promotion and/or product line item in their organizational budget, including the government of Vietnam Develop budget format to ensure that budgeting is directed and focused Establish increased, additional private sector investments in handwashing programs
Cost-Effective Implementation	Existing capacity and expertise to conduct a cost-effectiveness study	Study is required	The cost-effectiveness study will be included in the impact evaluation.
Monitoring and	Capability to develop, maintain,	Lack of consistent handwashing	Develop three to five behavioral handwashing indicators with corresponding

Dimensions	Opportunities	Limitations	Recommendation
Evaluation	and use/apply monitoring system exists	behavior change indicators among potential players Insufficiently established handwashing behavior change measurement methodologies	measurement methods for all handwashing players to use Establish a handwashing monitoring and evaluation working group

Vietnam has the vitality, the expertise, and the drive to create an enabling environment for a successful HWWS program that not only can be sustained and scaled up, but that can be a model for other programs in the regions.

1. Background

Funded by the Bill & Melinda Gates Foundation, the WSP Scaling Up Handwashing Project will follow the basic approach of the Public-Private Partnership for Handwashing (PPPHW), a global initiative established in 2001 to promote handwashing with soap at scale to reduce diarrheal and respiratory infections.[1] This approach draws extensively on lessons learned from two large-scale handwashing promotion programs. Programma Saniya, implemented in Bobo-Dioulasso, Burkina Faso, showed the importance of undertaking careful consumer research at the outset of a handwashing promotion program. The Central American Handwashing for Diarrheal Disease Prevention Program showed that an effective approach to changing hygiene behaviors at large scale was to work with a broad partnership of public and private sector stakeholders that have a mutual interest in increasing handwashing with soap, to focus on the one behavior with largest potential health impact (handwashing with soap), and to promote it with cost-effective, consumer-centered marketing.

The Scaling Up Handwashing Project

In hopes of facilitating effective replication and scaling-up of future handwashing-with-soap behavior change programs, the new project will carry out a structured learning and dissemination process to develop and share evidence, practical knowledge, and tools.

Specific project objectives are to:

1. design and support the implementation of innovative, large-scale, sustainable handwashing programs in four diverse countries (Peru, Senegal, Tanzania, and Vietnam);
2. document and learn about the impact and sustainability of innovative, large-scale handwashing programs;
3. learn about the most effective and sustainable approaches to triggering, scaling-up, and sustaining handwashing behaviors;
4. promote and enable the adoption of effective handwashing programs in other countries and position handwashing as a global public health priority through the translation of results and lessons learned into effective advocacy and applied knowledge and communication products.

The project is designed to achieve key targets in each country at the end of two years of implementation. The specific handwashing targets for each country can be found in Table 2. The target audience is defined as poor women of childbearing age (15–49) and poor children ages 5–9.

[1] Global PPPHW partners include the Water and Sanitation Program, USAID, World Bank, UNICEF, London School of Hygiene and Tropical Medicine, Centers for Disease Control, Academy for Educational Development, Water Supply and Sanitation Collaborative Council, Colgate-Palmolive, Procter & Gamble, and Unilever.

Table 2. Handwashing Targets by Country

Country (population)	Target population (millions)	Estimate target population adopting HWWS at critical times
Peru (28 million)	5.10	1.30
Senegal (11 million)	1.97	0.49
Tanzania (37 million)	5.20	1.30
Vietnam (84 million)	9.20	2.30

Source: World Bank (Water and Sanitation Program). 2007. "Terms of Reference. Enabling Environment Assessment and Baseline to Scale up, Sustain and Replicate Handwashing with Soap Behavior Change Programs." March 9.

Country Context: Vietnam

Vietnam is a fast-developing country with a total population of 84 million.[2] More than 25 percent of this population is under 14 years old. Growth is continuing to fuel a rapid transition toward a market economy with progressive adoption of demand-responsive approaches and decentralized governance.[3]

Vietnam's geography is rather complex, with four geographic areas ranging from rugged mountains to marshy fertile flatlands. About 73 percent of the population live in the rural areas. The country is home to over 54 ethnic minorities, accounting for 12.7 percent of the national population and more than a dozen distinct languages and numerous dialects, reflecting the country's ethnic complexity. 87 percent of the population are of the same ethnic group and speak the same language.[4] The ethnic minorities are concentrated in certain geographic regions including rural, mountainous areas.[5]

The number of deaths due to diarrhea and acute respiratory infections per 100,000 people are 1.16 and 0.2, respectively.[6] Diarrhea-caused diseases and acute respiratory infections have not reduced in recent years, suggesting a need to improve both hygiene and the water supply in Vietnam.[7] Knowledge of oral rehydration salts is high in Vietnam.[8] This can contribute to the low diarrheal mortality. The rate of malnutrition of children under five in 2006 reduced countrywide by 1.8 percent from 2005, but was still at high at 23.4 percent, with an estimated 1.8 million children who were malnourished.[9] Sustainable access to improved sanitation is estimated to be 88 percent in urban areas and 51 percent in rural areas, with an average five-year increase

[2] Vietnam Statistic Office, December 2006.

[3] See WSP/World Bank Vietnam document, May 2007.

[4] 2002 DHS.

[5] Reported by Vietnam Handwashing Initiative Country Coordinator.

[6] 2002 DHS.

[7] MOH, 2003.

[8] 2002 DHS.

[9] National Nutrition Institute, March 2007.

of approximately 10 percent and 15 percent, respectively.[10] Sustainable access to improved drinking water sources is estimated to be 97 percent in urban areas and 75 percent in rural areas, with an average five-year increase of approximately 4 percent and 8 percent, respectively.[11]

Handwashing Context

Several studies on handwashing in Vietnam reveal that handwashing with soap is not a habit. A December 2006 Ministry of Health (MOH) study in 10 villages in North Vietnam to observe the rate of handwashing with soap of 1,170 people showed that only 6.1 percent of observed people wash their hand with soap before eating, 0.8 percent after urinating, and 14.6 percent after defecating. Rates of mothers and caregivers with children under five who wash their hands with soap are also very low: 2.6 percent before feeding a child and 16.1 percent after disposing of a child's fecal matter. In public areas such as schools and village health stations, the study observed that 2.5 percent wash their hands after using the toilet: 2.3 percent in kindergarten, 15 percent at village heath stations, and 0 percent in school, most wash their hands with water only. A 2006 WSP study revealed limited knowledge of the benefits and negative attitude toward handwashing with soap. According to this study, handwashing with soap is considered time consuming and inconvenient. Reportedly, soap is only necessary when hands are visibly dirty or smell bad, and using soap gets rid of unpleasant odors but does little else.

These same studies show that knowledge of handwashing *with soap* is still limited for the majority of poor people. Moreover, even people who know about the benefits of handwashing with soap do not appear to have the habit of washing their hands.

Furthermore, a 2005 United Nations Children's Fund (UNICEF) study showed that 58 percent of rural people have access to clean water. [12] Of the 35,000 main schools in Vietnam, 65 percent have access to clean water and 41 percent have sanitation facilities. Handwashing facilities were not commonly provided in schools. Although handwashing training has been included in the school education curriculum for kindergarten and years 1 through 5, reportedly, handwashing has still been limited because of the lack of handwashing facilities in schools. Current school training programs on handwashing have not been shown to effectively change handwashing practices in students.

In communities, government agencies report that the promotion of handwashing has been incorporated into the curricula of many other health programs, such as those concerned with the prevention of malnutrition, with water and sanitation, with prevention of SARS, and so on. Also observed households had soap placed where it could not be easily accessed for handwashing after defecation.

A recent study on HWWS in 10 northern villages carried out by Unilever discovered that 0.8 percent of persons interviewed wash their hands with soap after urinating; 14.6 percent wash their hands with soap after defecating; 2.6 percent, 10.5 percent and 16.1 percent of mothers with children under 5 wash their hands with soap before feeding their children, after help children

---

[10] WHO/UNICEF JMP Improved Sanitation Coverage Estimates, June 2006.

[11] WHO/UNICEF JMP Improved Sanitation Coverage Estimates, June 2006.

[12] UNICEF, Handwashing Habits, 2005.

with urinating/defecating, and after disposing of feces, respectively.[13] Furthermore, at schools, health posts, and People's Committee offices, it was revealed that 2.5 percent of people wash their hands with soap after defecating (2.3 percent of whom were kindergarten students) and 6.3 percent wash their hands with soap after urinating at health posts. This study also indicates that access to soap and water is lacking in schools, but not in households: 90 percent of households in the study village had access to water; about 50 percent of the households had handwashing stations that were less than 5 meters from the toilet. A higher rate of handwashing related to a higher level of education, higher family income, and closer location of soap to the toilet. The easy availability of soap significantly increased the rate of handwashing. Good knowledge of handwashing also played an important part in increasing handwashing compliance. At schools, HWWS was low because of a lack of soap and water and also because of the students' attitude toward handwashing. In households, the rate of handwashing in students was still low although soap and water was available; reasons for this could include lack of habit and inconvenience.

Vietnam Handwashing Initiatives

There are presently two Handwashing Initiatives ongoing in Vietnam: The National Handwashing Initiative supported by WSP with funding from the Danish Embassy and the Gates Foundation and the "Share Love Not Germs" campaign supported by Unilever.

The WSP-supported Handwashing Initiative has been active since January 2006. This program is in the pilot stage. It is a coordinated effort under MOH leadership and with collaboration from the Women's Union, soap manufacturers, and other handwashing players. Funding for this WSP-supported Handwashing Initiative comes from two main sources: US$1 million for project implementation from December 2006 to December 2008 from the Danish Embassy, and US$1.6 million from the Gates Foundation Scaling Up Handwashing Project from December 2006 to December 2009.

The WSP Handwashing Initiative plans to utilize national- and community-level behavior change communication techniques to influence the behavior of mothers of children under five years old and primary school children.

The WSP Handwashing Initiative hosted a workshop in January 2007 to discuss the research conducted from two studies: one supported by WSP on the demand for HWWS, and another study supported by a PPP partner to examine the supply side of soap access in Vietnam. This workshop provided the first opportunity for initial handwashing players to work collaboratively. These players included the WSP/World Bank, the MOH, the Women's Union, International Development Enterprise, other international nongovernmental organizations (INGOs), Unilever, the Asian Development Bank, UNICEF, and DANIDA.

Under Danish funding, activities will be carried out in 40 communes of eight districts in eight provinces: four in the north—Son La, Phu Tho, Hung Yen, and Nghe An; two in the center—Binh Dinh and Ninh Thuan; and two in the south—Vinh Long and Dong Thap. Project implementation site selection criteria included provinces that (1) represent the eight ecological regions in Vietnam, (2) have high diarrheal disease rate, (3) have unimproved environmental

[13] UNILEVER Report on Launching Study Provinces, 2007.

sanitation conditions, and (4) where Provincial and District Departments of Preventive Medicine systems had prior experience in implementing community health programs. Each province selected one district, and within each district, five communes were selected for the Danish Embassy–supported activities. At the time of this report, specifics for the Gates Foundation portion of funding had not been finalized, but there was support from the MOH and WSP to scale up handwashing activities in the same eight provinces listed above.

The Unilever-supported "Share Love Not Germs" campaign has been designed and carried out in conjunction with the MOH Department of Preventive Medicine (DPM). This program is in the implementation stage. Total funding for the Unilever-supported campaign is US$2.6 million for five years (2006–10), of which $1.5 million is spent directly on MOH activities. This campaign is also focused on changing HWWS rates in project areas. Since May 2006, HWWS messages have been aired via mass media through national television, Voice of Viet Nam Radio and the Viet Nam News Agency. HWWS messages transmitted via interpersonal communications have been included in road shows and other community communication activities. The Unilever team cooperated with the MOH to offer advice on marketing, new handwashing products, and advertisements, as well as material development and production, provincial and district launches, private events, and other mechanisms in the 10 pilot provinces. Program work in the field is still in its infancy, so no studies have yet been conducted. The WSP-supported Handwashing Initiative pilot provinces are using the same social marketing approaches to change behavior as the Unilever-supported work.

In 2006, two studies were conducted on HWWS. The first study, funded by WSP, recorded current rates of observed and reported handwashing, explored barriers and motivations to handwashing, and examined channels of communication among mothers of children under five. The second study, supported by the Asian Development Bank with funding from the United Kingdom's Department for International Development (DFID), examined to what extent (1) the lack of access to soap was a barrier to handwashing, and (2) if and how the poor could participate in the soap distribution system.

Rationale for Enabling Environment Assessment

It is essential that certain factors and elements be in place to facilitate the success of the sustainability and scalability of the WSP Vietnam Handwashing Initiative. These enabling environment factors can ensure that the Handwashing Initiative has the desired impact, achieves the desired outcomes, follows an efficient and effective process, and can be scaled up and sustained. This assessment has been designed and carried out, therefore, to examine the extent to which these factors and elements are in place and what might need to be put in place.

2. Scalability and Sustainability

The ultimate question in any health practice program is how can the health behavior—in this case HWWS—be sustained and scaled up once a project is over? It should be clearly noted that scalability and sustainability have not, historically, been possible without some initial investments in products, training, capacity-building, structure reinforcement, communication skills, and so on. Ensuring and promoting scalability and sustainability requires an examination of the contextual setting—that is, recent decentralization of the regions and districts, political course, networks, and existing structures, as well as programmatic conditions such as institutional capacity, availability of financing, and behavioral requisites such as availability of all the needed products and materials to practice the behavior, and the ability and willingness of the population to use these. [14] It should also be kept in mind that sustainability should be the first goal of any project or program, and then scalability can be sought. If structures, capacity, or health practices cannot be sustained even on a small scale, there is no point in considering scaling up those same structures, capacities, or practices.

To place this enabling environment baseline assessment in context, it is important to understand the use of the terms *scalability* and *sustainability* as they relate to creating, supporting, and maintaining a programmatic and behavioral enabling environment. For purposes of this assessment, the following definitions have been used:

Sustainability is the ability of a country, with minimal or no outside financial or technical assistance, to continue the work needed to (1) encourage and maintain a health concept/practice, (2) increase and maintain the number of people using or practicing promoted program behaviors, and (3) implement the program(s) needed to encourage, maintain, and increase the behavior.[15]

Scalability is increasing the present scale and rate of behavior change. It is moving a program, practice, or methodology use and application from a small scale—that is, a few regions, a few villages, or several districts, reaching a small portion of the population/potential target audience, to large scale—that is, national coverage, the majority of the districts or villages, reaching the majority of the population/potential target audience.[16]

---

[14] This section on "Scalability and Sustainability" has been adapted from Dr. Cogswell's work "Organizational Effectiveness-Development, Environment, and Outcomes" with Fannie Mae, Ford, and Rockefeller Foundations and USAID from 1998 to 2005 for purposes of this enabling environment baseline assessment.

[15] Adapted from USAID's definition of sustainable development.

[16] Adapted from the European Union's definition of scalability.

3. Assessment Methodology

In order to ensure consistency in the assessment findings, the WSP has developed a conceptual framework for assessing scalability and sustainability. This framework was developed based on a review of relevant literature and discussions with key individuals.

Dimension Descriptions

The framework comprises nine dimensions that are considered essential to scaling up a handwashing-with-soap behavior change program.

Policy, Strategy, and Direction: Establishing a shared vision and strategy and ensuring the political will to implement them is the starting point for scale up. Without political will and a shared vision and strategy among stakeholders at all levels, scale up will remain an elusive goal. Developing this shared vision and strategy in a collaborative manner is also the foundation for coordination and for creating motivation all levels.

Partnerships: This handwashing-with-soap program model is based on a establishing a public-private partnership. A partnership is a relationship where two or more parties, having compatible goals, form an agreement to share the work, share the risk, share the power, and share the results or proceeds. Partnerships need to be built at all levels among public, private, and NGO sectors and between communities and local governments.

Institutional Arrangements: Institutions at all levels must clearly understand their roles, responsibilities, and authority. They must also have the resources to carry out their roles. In addition to clear roles and responsibilities, institutional arrangements must include the mechanisms for actors at all levels to coordinate their activities.

Program Methodology: Handwashing-with-soap programs have a seven-step program methodology. This methodology, adapted to each country context, should be clear and agreed upon by all key stakeholders.

Implementation Capacity: In addition to clearly defined institutional roles and responsibilities, institutions at all levels must have the capacity to carry out their roles and responsibilities. Institutional capacity includes adequate human resources with the full range of skills required to carry out their functions; an “organizational home” within the institution that has the assigned responsibility; mastery of the agreed-upon program methodology, systems, and procedures required for implementation; and the ability to monitor program effectiveness and make adjustments.

Availability of Products and Tools: A handwashing-with-soap behavior-change program is predicated on the existence of the soap that responds to consumer preferences and their willingness and ability to pay for them. In addition, handwashing station supplies—that is, plastic basins, towels, and so on—need to be easily available.

Financing: This dimension is aimed at assessing the adequacy of arrangements for financing the programmatic costs. These costs include training, staff salaries, transportation, office equipment and supplies, and the development of communication and educational materials as well as programmatic line items in budgets for handwashing-promotion activities.

Cost-Effective Implementation: The potentially high costs of promoting handwashing-with-soap behavior at scale make cost-effective implementation a key element. It is essential to understand how the unit costs change as activities are scaled up. Although it will not be possible to assess the cost-effectiveness of the approach and how best to achieve economies of scale until the end of the project, data must still be collected during implementation to make this determination at the end of the project. Therefore, this assessment will try to ensure that information will be collected from the outset and that the capacity to collect the information is in place.

Monitoring and Evaluation: A large-scale handwashing-with-soap behavior-change program requires regular monitoring and, perhaps more importantly, the willingness and ability to use the monitoring process to make adjustments in the program. Effective monitoring will identify strengths and weaknesses in the program methodology, implementation arrangements, and cost efficiencies. Overall monitoring responsibility must be at the highest level of the program, but must be based on information collected at the local government or district level.

Characteristics for Scalability and Sustainability

When assessing the status of and changes needed to an enabling environment, it is equally useful to look at these dimensions from a scalability and sustainability perspective. Table 3 broadly delineates the characteristics for scalability and sustainability by enabling environment dimension.[17] The characteristics and qualities listed in the table represent the "ideal" conditions required to scale up a program and ensure its sustainability. [18] Several of the characteristics also include an explanation of the usefulness of the characteristic when deemed necessary to overall comprehension of the characteristic; that is, the characteristic—partnership of major governmental, international, indigenous, commercial/private, and NGOs/agencies has been formed; usefulness—extending reach and increasing resources.[19] In addition to the characteristics listed in Table 3, research has shown that several qualities have proven to increase the effectiveness of developing, managing, implementing, and monitoring and evaluating programs to ensure scale is possible and programs and practices are sustained.[20] These qualities include ownership, participatory decision-making, openness and inclusiveness, and valuing and respect.

---

[17] Adapted from Dr. Cogswell's materials on organizational effectiveness.

[18] Characteristics refer to/connote the distinctiveness, identifiers, traits of each of the nine dimensions of an enabling environment that if in place will promote and ensure that a program, practice, effective behavior change methodology can and will be sustained and scaled up.

[19] While some characteristics can overlap in both scalability and sustainability, e.g., *"Health practice has been designated a priority by the government,"* each characteristic has been placed in only one column to facilitate presentation here.

[20] Adapted from Dr. Cogswell's materials on organizational effectiveness.

Table 3. Characteristics of an Enabling Environment for Scalability and Sustainability

Dimension	Scalability	Sustainability
Policy, Strategy, and Direction	National strategy is in place providing a large-scale goal, objectives, and methodology. Business plan reflects national-level implementation, through phased approach, that is, maintenance of old and continual implementation of new until all activities involve maintenance of old, ensuring quality of outcomes. Legitimacy of HWWS impact on population has been established with leaders and implementers ensuring that both will work to affect "practice" at all levels in multiple sectors. Regulatory and legislative power is in place at the national level and clearly understood and practiced by local governments.	Business plan and plan model is in place. Plan and model was developed in conjunction with and understood by implementers. Leadership for the HWWS Initiative has been established at the parliamentary level. Health practice has been designated a priority by the government. A coherent, common vision has been developed so that all are working toward a common goal. Policy dialogue on "best" health practices includes HWWS. Government policy on HWWS has been put into law and is supported by budgets (including official presidential decree and policy statement). National programs, such as education and agriculture, incorporate training and behavioral communication on "health practice."
Partnerships	Partnership of major governmental, international, indigenous, commercial/private and NGOs/agencies has been formed, extending reach and increasing resources. Appropriate contacts have been established at all levels across multiple sectors.	Partnership has been structured and a two- to three-year rotating directing body has been established. Partner roles and responsibilities have been detailed and instituted to avoid overlaps and to ensure coverage. Networks have been institutionalized and are functioning. A nationwide HWWS informal network has been created to increase reach and information dissemination.

Dimension	Scalability	Sustainability
Institutional Arrangements	Partner organizations/agencies take ownership and responsibility for problem solving. Decision making is participatory and inclusive increasing the range of involvement by players. HWWS has been integrated at many levels across and in many sectors. Activities have been decentralized to local governments as implementers, working with and through local partners.	Ministerial home has been identified and takes ownership of HWWS. [21] Implementing team (this includes staff from all partner organizations/agencies) has clear roles and responsibilities in conceptualization, development, implementation, monitoring, and evaluation of program and behavioral activities and outcomes. System for identifying and solving program problems and behavioral obstacles has been created and institutionalized. Coordination mechanisms have been established and are utilized. Lead executing and implementing government agency has been designated.
Program Methodology	Methodology advocated is agreed upon by the HWWS organizations and agencies as the best method or method mix to change the health practice. Methodology has been integrated into ongoing, existing programs across sectors at village to national levels. Methodology is adapted and practiced by implementers at all levels.	Methodology is understood by implementers at all levels. Methodology encourages contextual adaptations and builds a package that assists with quality control of this process.
Implementation Capacity	Needed staffing patterns are mapped and understood by participating organizations/agencies. Staff skills have been assessed and reinforced at multiple levels across multiple sectors. Existing structures and government programs are reinforced and utilized in implementation. Technology for communication is in place and systems for use exist.	Existing, in-country participating program staff has been trained. Technology necessary to implement, track, and monitor activities and results have been put in place; this includes computer, communications, and so on. Information-sharing modalities have been developed based on partner needs.
Availability of Products and Tools	Distribution and dissemination systems to products and tools have been created tested and shared ensuring access at all levels by target audience(s). Target audience willingness to pay to continue HWWS (and this includes primary and secondary audiences) is	Access to HWWS needed products, including water, is widely available. Local production of all products and tools has been ensured. Buying power of target audience is fully understood and used in making product and

[21] Cogswell's "Organization Effectiveness" defines *ownership* as "clear rhetoric and decision making that internalizes HWWS as 'their own' and not externally imposed or driven."

	understood and used in making decisions.	tool decisions.
Dimension	Scalability	Sustainability
Financing	National expansion budget has been detailed for at least a five-year period. Fundraising plans have been delineated and roles and responsibilities assigned to participating organizations/agencies. National strategy and business plan specifics clearly guide budget and fund raising plans.	Participating players have included HWWS budget line items in their organizational budgets, including government health budget. Plans are in place to cover costs for program maintenance and expansion for at least a five-year period. Requisite initial investments and coverage of these as continuing costs (as appropriate) have been clearly budgeted by all players including government.
Cost-Effective Implementation	Overlaps are minimized through effective partnership functioning. Health practice work is fully mapped—that is, who is doing what where, with what, and with whom to minimize wastage and redundancies.	Resources are shared and applied to this HWWS in conjunction with and/or integrated with other practices across sectors. Capacity to collect and to use cost-effectiveness data is in place within existing structures and staffing. Collective systems and procedures are in place with clear responsibility for data collection designated within one existing agency, organization, or structure.
Monitoring and Evaluation	Indicators and methods are developed, agreed upon and used by all involved in promoting health practice. Staff training and capacity building has taken place within majority of HWWS players.	M&E procedures have been developed and institutionalized. System for tracking collection and use of information is in place. Process for using information to make calculated changes and improvements is in place.

Source: Adapted from Cogswell's work on "Organizational Effectiveness: Development, Environment, and Outcomes" (November 2005).

4. Assessment Design and Purpose

To assess to what extent the conditions for scale up and sustainability are in place at the beginning of this Vietnam Handwashing Initiative and, based on these baseline assessment findings, recommend what should be done to address the gaps during project implementation, the assessment applied these specific assessment objectives:

1. determine what is presently in place/happening under each dimension;
2. detail the level of the program to be carried out, that is, pilot, expansion, national, and so on;
3. identify strengths and weaknesses of each dimension, with a focus on deficiencies;
4. establish the baseline against which the enabling environment will be assessed at the end of this project;
5. make recommendations for improvements to the enabling environment over the life of the project to the country task manager, WSP headquarters staff, and main in-country partners;
6. obtain consensus among current partnering organizations for recommendations and next steps.

Data Collection: Methodology

Qualitative in-depth interviews were designed around the nine dimensions. Project documents were reviewed and discussed with selected handwashing players and program staff. Site field visits were also conducted. Analysis of results and presentation of findings identified trends in the qualitative data. Quantitative surveys were not used, because the infancy of the WSP-supported Handwashing Initiative did not provide sufficient experience for organizations to complete the survey and there was repeated confusion between the two different "Initiatives" so that respondents were unsure which initiative they were assessing. [22]

Data Collection: Sources and Selection

Data sources comprised government agencies, international agencies, international NGOs, and private sector businesses. All sources were selected based on availability and convenience to interview, interviewing at least 25 percent of each stakeholder type. When possible, national-, provincial-, district-, and communal-level staff and personnel were interviewed.

Table 4 indicates which type of stakeholder was interviewed on which dimensions.

[22] The Handwashing Initiative could consider administering these quantitative surveys mid-project.

Table 4: Dimension Questioning by Stakeholder Type

Dimension	Stakeholder Type: Government agencies	International agencies	International NGOs & FBOs	Local NGOs & FBOs	Private sector	CBOs	Media	Advocacy groups	Bi-lateral projects
Policy, Strategy, and Direction	X	X	X	—	X	—	—	—	—
Partnerships	X	X	X	—	X	—	—	—	—
Institutional Arrangements	X	X	X	—	—	—	—	—	—
Program Methodology	X	X	X	—	X	—	—	—	—
Implementation Capacity	N,P,D	D,L	X	—	X	—	—	—	—
Availability of Products and Tools	X	D,L	X	—	X	—	—	—	—
Financing	X	—	X	—	N, P	—	—	—	—
Cost-Effective Implementation	N,P,D	—	X	—	—	—	—	—	v
Monitoring and Evaluation	N,P	D,L	X	—	X	—	—	—	—

Note: Unless otherwise noted, an X indicates that it was appropriate to discuss this dimension at all levels: national, regional, district, local; - indicates that this stakeholder type was not questioned on this dimension; N = national; D = district; P=provincial; V=village; L=local.

The assessment was carried out from July 2 to July 27, 2007 by the two-person WSP consultant team of Lynne Cogswell and Le Thi Anh Thu. They performed the following tasks:

1. They conducted 33 group or individual interviews with stakeholders at national, provincial, district, village, and household levels. Box 1 lists the 19 handwashing organizations and agencies in Vietnam that were interviewed during this assessment.
2. They conducted field visits to Dong Thap and Binh Dinh (two of the program provinces).
3. They held a partner debriefing with 32 representatives of handwashing players in Vietnam, reached understanding on preliminary findings and recommendations, formed a seven-person handwashing task force, and discussed and agreed upon immediate next steps (from August 1 to September 30, 2007).

Box 1: Vietnam Handwashing Organizations Interviewed

Government Partners

Ministry of Health (MOH) Department of Preventive Medicine (DPM)

MOH Department of Health Communication and Education (DHCE)

People's Committee (PC)

Women's Union (WU)

National Institute of Health Education (NIHE)

Ministry of Education and Training (MOET)

Ministry of Agriculture and Rural Development (MARD)

MARD Center for Rural Water Supply and Environment Sanitation (CERWASS)

Ministry of Construction (MOC)

Urban Forum (for Water, Sanitation and Hygiene)

Rural Water Supply and Sanitation Partnership (RWSS)

International Agencies

Danish Embassy (DE)

WSP/World Bank

UNICEF

International NGOs and FBOs

Plan International

Church World Services (CWS)

Population Services International (PSI)

Private Sector Partners (PSP)

Colgate-Palmolive

Unilever

Lixco Industries

5. Findings and Conclusions

This assessment identified several opportunities and limitations of the enabling environment for HWWS in Vietnam. Vietnam has a model of an effectively functioning partnership—the Rural Water Supply and Sanitation (RWSS) Partnership—that involves most of the potential partners for a Handwashing Initiative, which we can learn and benefit from.[23] The political will is evident and can provide the springboard for moving HWWS forward. Table 5 provides a synthesis of key findings by dimension.

Table 5: Key Findings by Dimension

Dimension	Opportunities	Limitations
Policy, Strategy, Direction	Favorable political environment HWWS integration opportunities into ongoing programs and activities	Lack of shared vision No national handwashing strategy
Partnership	Strong interest in cooperation and collaboration Established value of partnerships in program implementation	Insufficient accent on and understanding of partnership concept for handwashing
Institutional Arrangements	Clear government networks exist with defined roles and responsibilities	Handwashing Initiative is still vague for most potential partners
Program Methodology	Handwashing player interest in learning and applying new techniques to behavior change	Potential shared program methodology is unclear for potential partners Most handwashing communication activities still rely on traditional methods
Implementation Capacity	Reported capacity to implement in initial eight provinces, though behavior change communication training needed Existing handwashing sessions in curriculum and capacity for handwashing in schools Adequate technology and capacity for evaluation and pilot program implementation	Present capacity to go to scale limited
Availability of Products and Tools	Soap of any kind is reportedly not a barrier	Access to clean water not always available No evidence of handwashing facilities near latrines Limited or ill-equipped handwashing

[23] RWSS Lessons Learned, June 2005.

Dimension	Opportunities	Limitations
		stations in schools
		Lack of cleanliness of existing school handwashing stations
Financing	Sufficient for eight provinces and possibly nationwide promotion	Insufficient attention paid to financing for and provision of products—for example, handwashing facilities, water provision, and so on
Cost-Effective Implementation	Existing capacity and expertise to conduct a cost-effectiveness study	Study is required
Monitoring and Evaluation	Capability to develop, maintain, and use or apply monitoring system exists	Lack of consistent handwashing behavior change indicators among potential players
		Insufficiently established handwashing behavior change measurement methodologies

Policy, Strategy, and Direction: Findings

Interviews with government agencies, NGOs, and private sector players indicate that political will to promote HWWS at the national, provincial, district, and communal level exists. A model of no-subsidy exists in Vietnam through the Population Services International's (PSI) program, SafeWat product, though the assessment team identified no formal policy position on handwashing subsidies.

The Government of Vietnam (GOV) approved the Danish Embassy portion of the WSP-supported Handwashing Initiative in July 2007 and gave approval for work to move forward. Furthermore, data indicates that rural areas,[24] site of apparently more than 50 percent of the present Handwashing Initiative work, have the fastest-growing populations and have the most-neglected policy formulation. The team was unable to identify significant information on handwashing policy and identified insufficient data to prepare a position paper.

The MOH reported that it is in the process of developing national guidelines for medical handwashing and for handwashing in communities. No clear idea on when these guidelines would be completed and provided to all levels was given, but the MOH stated that these guidelines would include how to wash hands, when to wash hands, and why to wash hands.

The team identified no legal frameworks or existing government mechanisms to research and find answers concerning new issues such as HWWS. In an interview, NGO "representatives stated that most policy position papers are prepared by individuals or quasi-private-sector agencies such as research firms upon their own initiative or at the request of an international agency and generally not at the request of government ministries."

---

[24] UNICEF Country Overview, 2006.

The assessment team reviewed the project implementation plan**,** and the MOH noted that a project implementation plan for the use of Danish Embassy funds, a separate proposal for the use of Gates Foundation funds, and a WSP project implementation plan combining activities are in place. Most interviewees stated that the development of a national, unifying HWWS strategy has not been discussed. The majority of interviewees, in particular the NGOs, stated that most handwashing work being conducted is based on individual organizational agency and department plans and strategies. The WSP-supported Handwashing Initiative handwashing coordinator noted that the Gates-funded portion of the work had not yet been approved by the GOV, slowing the start up of activities. The MOH confirmed that GOV approval is required for each project or proposal, and minimal work takes place without it or while waiting for this approval, particularly for activities that are GOV-lead—as with the Handwashing Initiative.

No government agencies, NGOs, or private sector respondents identified a common vision beyond increasing the rates of handwashing in the population of Vietnam. Most stated that the idea of a common vision had not been discussed individually or collectively. Government agencies reported that WSP- Handwashing Initiative project objectives had been established, but that they felt these objectives were not necessarily based on the realities of the country context and present behavior status of HWWS, nor were they developed in conjunction with other implementing handwashing organizations or agencies. Most NGOs and several government agencies also expressed disappointment that the WSP-Handwashing Initiative was not focusing on or including work with schools and schoolchildren. The MOH reported being unsure when or if schoolchildren would be considered, even though the WSP-supported project implementation plan states that the Handwashing Initiative will target schoolchildren in 2008.

The Ministry of Education and Training (MOET) reported that it had included handwashing in its Life Skills curricula for schoolchildren aged 7 to 12. Several other agencies—such as the Center for Rural Water Supply and Environmental Sanitation (CERWASS), Plan International, and Church World Services (CWS) also stated that handwashing had been integrated into their ongoing water, sanitation, and hygiene promotion work.

Many NGOs felt that HWWS should be integrated into other activities, such as nutrition, as well as across sectors, such as literacy and agriculture, expressing the concern that as a stand-alone program or set of activities—although it might in the initial six months to one year have some impact on behavior—it could not be sustained, behaviorally or programmatically, Also, based on discussions with WSP Vietnam, integration of water, sanitation, and hygiene programs appears to be the operational norm—that is, none of these activities are carried out as stand-alone or single activities, either in Vietnam or regionally. It is clear that**;** that water, sanitation, and hygiene activities—including handwashing—are an integrated, larger portfolio of activities within WSP Vietnam.

Policy, Strategy, and Direction: Conclusions

The Policy, Strategy, and Direction of a Vietnam HWWS Initiative as an eventual national program are not clear to present and potential handwashing players. There is a lack of understanding that the WSP-Handwashing Initiative is intended to be more than a two-year project. There was no clear vision that HWWS is to be sustained and scaled up. No national strategy or plan of action is being discussed. No HWWS policies are in place, though handwashing guidelines are being developed by the MOH. Limited integration is taking place.

There is a willingness to conduct and/or include handwashing activities among different organizations and agencies and at different levels.

There is a perceived need for this national strategy to both sustain and scale up HWWS. However, the misunderstanding of the WSP- Handwashing Initiative project intent—that is, the project's goal of being a sustainable, scalable part of a larger water and sanitation program—has limited discussion among handwashing players of the need for and the development of an overarching, national HWWS strategy.

There is insufficient data to write a handwashing position paper at this time. And although the paper alone would be insufficient to constitute an advocacy strategy, with the partnership of a handwashing coordinating committee, this position paper could lay the groundwork for a handwashing policy that is integrated into a larger water and sanitation policy.

HWWS needs to become part of the established GOV policy on water and sanitation. To influence handwashing policy in Vietnam requires:

1. a study supporting the value and importance of handwashing as a public health priority;
2. a written policy position—particularly one demonstrating the integration of handwashing into a larger water and sanitation program—that suggests a policy and national strategy presented to parliament;
3. review and approval by parliament; and
4. a parliamentary decree stating that handwashing is to be integrated into the larger water and sanitation work, budgeted for, and viewed as a public health priority. This final decree would ensure sustainability of integrated handwashing activities and program and would facilitate scale up.

Present ongoing initiatives need to come together around a common vision and common objectives, and to express a common key message. Research and policy reform needs to be initiated by the MOH. This will not only demonstrate ownership of the work to be done, but will demonstrate an understanding of the need for written policy to sustain a public health priority. An approved national HWWS strategy into which donors could inject funds to accomplish collaboratively agreed upon objectives and activities could increase the likelihood of sustained and scalable activities and behaviors. Handwashing should be part of an overall policy on water and sanitation, since the successful and sustained behavior change depend on water and sanitation. This can occur as part of WSP Vietnam support to update the RWSS and the development of a Unified Sanitation Strategy. In this way, handwashing can reach parliamentary levels as part of the larger context of water and sanitation.

Partnerships: Findings

All government agencies and NGOs stated that there was a loose grouping of coordinating agencies for the WSP Handwashing Initiative; none of them felt they had played a significant part in providing program advice. Key coordinating agencies indicated that *"no partnership presently exists"* and that they felt the WSP Handwashing Initiative is *"a one-shot, two-year project,"* neither an ongoing program to be sustained and expanded nor a partnership.

Discussions with the Handwashing Initiative country coordinator indicated that Vietnam as a social government relies on consensus-based decision-making, which makes it impossible for

both domestic, including government agencies, and international institutions to carry out activities without proper protocol and agreement from all sides. To lead the handwashing program, the MOH required approval from the prime minister's office to carry out the handwashing activities funded by the Danish Embassy, since funds are directly managed by the GOV. No formal governmental approval was required for the Gates-supported activities, since WSP will manage these activities. The approval from the prime minister's office came in July 2007; the approval from the MOH for the Center for Environment and Community Health (CECH) to lead this program came in early September 2007. Most activities were therefore delayed until that time, including the development of a partnership, because without this mandate, as stated in an interview, "the MOH would have refused to lead a partnership and other government and NGO players would not have been bold enough to form a partnership and lead without official government approval."

All respondents noted that there exists a functioning partnership—the RWSS Partnership—of which many are members. The Ministry of Agriculture and Development (MARD), in conjunction with more than 75 percent of those organizations and agencies interviewed, formed a RWSS Partnership in 2006 to implement the GOV water and sanitation National Target Program II (NTP II) goals and objectives.[25] Partnership documents indicate that this partnership has been successful in fundraising, expanding its reach, and coordinating directed actions to meet specific targets and achieve defined outcomes. [26] The majority of member organizations and agencies interviewed substantiated this documentation claim. Furthermore, those interviewed—who were also members of this partnership—indicated that it had pulled together all players under one umbrella and provide a structured funding mechanism for donors, ensuring that all donors fund a strategy agreed upon by the partnership and already approved by the GOV, thus "not slowing down implementation or moving forward." Documentation further indicated that it took two years for this partnership to be organized and formed, and that the partnership is managed and directed by a four-person staff contracted by and housed in MARD. Many NGOs and several government agencies felt that the Handwashing Initiative should consider using the RWSS Partnership as a possible model for a handwashing partnership or as a possible vehicle for HWWS activities.

Most government agencies reported a history of collaboration when carrying out health activities among levels and sectors, and the assessment team experienced this collaboration in the efficient, coordinated organization of field interviews and visits by government agencies. Provincial-, district- and commune-level government agencies stated that there is also a collaboration and cooperation in carrying out communication activities—such as mobilization, community events, and so on—among unions, People's Committee Medical Offices, the MOH DPM, and Department of Health Communication and Education (DHCE). They reported that this collaboration included developing health messages and contextually appropriate materials as well as training motivators and village volunteers and conducting activities. The majority of NGOs interviewed stated that this level of participation and activity varied by district and commune depending on the commitment and the capacity of the government agency staff involved.

---

[25] RWSS Partnership Creation Document, December 2006

[26] RWSS Partnership Progress Report, May 2007.

Most interviewed organizations and agencies stated they felt there had been minimal participation in handwashing discussion and decisions. Furthermore, most reported that they felt a need for a common focus and defined roles and responsibilities to *"avoid turf battles."* Government agencies indicated that this is the way in which the ministries, the People's Committee, and the unions function on a normal basis with other health issues and programs. A few indicated that this is not always successful, but that they felt that no clear delineation of roles *"could only further confuse the issues, and subsequently reduce the impact of activities."* However, it was acknowledged by all interviewed that *"partnerships, while useful, can, in reality, prove as challenging to organize and manage as the actual programs themselves."*

Interviews identified common values of partnerships as cited by government agencies, NGOs, and private sector players. The most commonly cited value of a partnership was behavior change mind sharing; others included accumulated critical mass of sector knowledge, increased efficiency, reduction of duplication and redundancies, enhanced knowledge, improved practice, and promotion of wider collaboration. According to most sources interviewed, "a partnership can effectively and efficiently provide promotion, product, place, and price."

The majority of organizations and agencies interviewed felt that the MOH should appropriately continue as the lead agency with a strong role in training, capacity-building, and communication being played by the Women's Union because of "its reach, capacity, and influence in the field." Many interviewed NGOs stated they would be unable to take a major role because their staffing and capacity was limited, but that they would be willing to assist with the development, integration, and utilization of strategy-defined materials and messages. Documentation indicated that contacts among the handwashing community were strong,[27] though not utilized on a regular, ongoing basis. Most NGOs felt that a Handwashing Initiative needs to be brought closer to the NGO community and "viewed as a GOV program." They also reported that, as a strong network around other health issues, the NGO community could be used effectively in promoting, sustaining, and scaling up HWWS through combined efforts and increased applied resources. Extensive interviews with the Women's Union at the national, provincial, district, and commune levels revealed that the Union—with its 13 million members—has organized functioning networks at all levels, networks that perform across sectors and work to integrate all activities. The assessment team was unable to interview any representatives from the Farmers' or Youth Unions, but reportedly these unions have equally organized multilevel networks, although memberships are less and participation may vary depending on the district or commune.

Partnerships: Conclusions

Though there is an acknowledged value to a partnership working together collaboratively to coordinate activities, no partnership around HWWS has yet been formed. A partnership model is in keeping with the manner of functioning in Vietnam and in the region. There exists a strong, well-regarded RWSS Partnership. This partnership could possibly serve as the vehicle for handwashing activities. The infancy of the WSP-Handwashing Initiative has limited what partnership-building could yet have taken place.

Roles and responsibilities for handwashing government and NGO players need to be detailed to reduce potential overlaps in activities and maximize use of resources. The ongoing WSP-

[27] As reported by the Water and Sanitation Communication Meeting notes, March 2007.

supported and Unilever handwashing initiatives need to come together to share experiences, expertise, and lessons learned and to reduce potential confusion for handwashing players and communication target audiences. Historical government agency collaboration and cooperation need to be accessed and maximized.

Institutional Arrangements: Findings

The MOH representatives interviewed felt that they have no clear leadership role in the WSP-Handwashing Initiative: "WSP makes all the decisions and those decisions are given to us." The MOH reported the need for GOV written approval for official work to be conducted as slowed down the work and "admittedly also affects our leadership role at this time." However, government representatives also report that "tight control by WSP" has limited their ability to assume leadership. Most other government agencies and NGOs interviewed also felt a lack of ownership by the MOH as well as by other coordinating agencies and other possible handwashing players. The majority of organizations and agencies interviewed stated that "the MOH needs to be visible in all work conducted and decisions made and maintain the face of the HW work as its leader and enabler."

Most government agencies, including the People's Committee, as well as NGOs interviewed felt that many decisions—for example, roles, objectives, budget, and so on—had been made unilaterally, that is, only by the WSP- Handwashing Initiative staff. A few reported that although limited discussions have taken place—for example, discussions on the selection of research firms and communication agencies and so on—they often feel "that their advice is neither respected or followed and that the HWI is 'going through the motions'…." One cited example included the formative research that the majority of organizations and NGOs familiar with this work (which were most of them, as most attended the presentation seminar), including the Handwashing Initiative Country Coordinator, reported being dissatisfied with the results. Many stated that, had discussions been held on how to present and appropriately utilize the resulting formative research findings, there would be more willingness to use these results. Many NGOs also felt that audiences who should be involved in program decision making, such as teachers, students, mothers, and health workers, had been insufficiently involved to date. The majority of government agencies and NGOs, including the MOH, stated that they had not reviewed, discussed, or approved the present program objectives under the Scaling Up Handwashing Project though they would be "expected to implement it in Vietnam."

Written feedback from the Handwashing Initiative Country Coordinator provides an additional perspective on the MOH's program leadership to date. [28] The Coordinator reports that from July to December 2006, the WSP Handwashing Initiative went from minimal seed funding to a duel donor–funded program with two donors investing almost US$3 million for program activities, with each donor utilizing different modes of operation and disbursement. In July, the Danish Embassy agreed that WSP and the MOH should split the Embassy-provided US$1 million to ensure completion of originally agreed upon activities—that is, one-third to be WSP-managed and two-thirds to be MOH-managed. In November, the Gates Foundation provided an additional US$2 million, but requested that WSP manage 100 percent of these funds. MOH counterparts, who have limited experience with World Bank/WSP operations and disbursements, are now

[28] Feedback provided by email on October 15, 2007.

dealing with two donors (WSP/World Bank and the Danish Embassy). The WSP-supported program brought the new technical approach of social marketing, and a new partnership (PPP) way of working, with the result that "all of this combined, has been a huge learning curve for both the MOH and WSP."

Furthermore, the Handwashing Initiative Country Coordinator reported that, historically, WSP Vietnam has supported activities through the Ministry of Construction (MOC) and, more recently, through the Ministry of Agriculture and Rural Development (MARD), both of which are the ministries primarily responsible water and sanitation. The WSP had not worked with the MOH, who is responsible for hygiene promotion, as the WSP did not have any hygiene promotion activities until the Handwashing Initiative began. WSP familiarity with the MOH and vice versa has been limited on operations, disbursements, structures, and functioning of both the WSP and the MOH.

According to project plans, the MOH is to hire, for HWWS, a technical officer, a financial management/procurement assistant, and a monitoring and evaluation (M&E) officer. [29] The assessment team was unable to determine from the project plans whether these posts were to be sustainable within the MOH or whether they are life-of-the-project positions. Documentation indicated a detailed functioning institutional structure, but the MOH reports that this structure has not been established. This structuring includes three levels of interdisciplinary coordination: a project management board/MOH and provincial, district, and communal project steering committees. These management committees are set up to oversee activities. The Danish Embassy, however, reports that this structuring is a direct result of the Danish Embassy–funded portion of the WSP-supported Handwashing Initiative, not a result of a perceived need by the MOH.

The assessment team identified no mechanisms for national-level coordination of HWWS activities or programs. No organizations or agencies interviewed, including government entities and NGOs, identified any formal or informal interagency or intersector coordination for the Handwashing Initiative. Agencies interviewed felt they had been inadequately involved and informed, and as such felt unable to sufficiently participate in a handwashing effort at any level. It should be noted that all agencies acknowledged the challenges of working within the Vietnam approval process; none felt that this was sufficient reason to minimize involvement in planning and challenges discussions, but rather "a good reason to involve us, as we have all experienced similar challenges and could provide advice or at least moral support.…"

Institutional Arrangements: Conclusions

MOH leadership has been inadequate. This is because of both the lack of delayed GOV approval for HWWS activities and the mode of operation that the WSP/World Bank utilizes. The MOH has been insufficiently involved in decision making, as have most of the designated coordinating agencies, again primarily due to WSP procedures. No formal structure has yet been put in place, and MOH coordinating staff has not yet been hired. Although there is a consistency that is required under the assumed rigor of the Scaling Up Handwashing Project work, it will be equally important to ensure that the objectives and targets are contextually appropriate, feasible, realistic, and agreed upon by those expected to achieve them.

---

[29] WSP-Supported Project Implementation Plan for Danish Embassy portion of the funding, November 2006.

Lack of understanding on how the WSP functions has brought the Handwashing Initiative credibility into question. Institutional arrangements and coordination have been minimal, taxing the validity and feasibility of an eventual Vietnam HWWS effort. The work needs to be stepped up to national-level, moving beyond project implementation and a single organizational focus. Now that GOV approval has been received, the MOH leadership role and decision-making involvement opportunities need to be created.

It is evident that there are differing perceptions about what is happening and why; however, ultimately all involved parties need to place greater emphasis on communicating concerns and reaching agreement. Opportunities need to be created for handwashing players to come together and provide advice for a national HWWS effort if the Handwashing Initiative is to move forward effectively.

Program Methodology: Findings

Handwashing Initiative project documents indicate—and this was confirmed by the Handwashing Initiative Country Coordinator—that the WSP-supported approach advocated includes applying social marketing techniques, focusing on behavior change not just communication, and building partnerships to carry out and sustain work being done. [30] Most organizations and agencies interviewed, with the exception of selected private sector agencies, did not understand the social marketing approach or new creative techniques for behavior change. Most were unaware, including private sector agencies that the WSP Handwashing Initiative was, in theory, meant to be using both social marketing and partnering. [31] Documentation on the Unilever-supported Handwashing Initiative also indicates that it employs social marketing techniques focused on behavior change, but there was no mention of partnership-building in those documents. [32]

Organizations and agencies interviewed stated that no formal examination of approaches and techniques used at present in Vietnam has been discussed or carried out. Based on the assessment team review of selected activities and materials developed, however, in most cases, these activities and materials have utilized traditional health education techniques—that is, the use of health fear as message, talks not dialogue, and so on, rather than incorporating any new behavior change techniques or approaches. Most of these same agencies report that they feel their "impact on handwashing has been minimal using these approaches." Government agencies and selected private sector agencies' interviews indicated that only limited anecdotal information has been gathered, and that no analysis of this information has been conducted. The majority of interviewees questioned the Handwashing Initiative approach and felt that the sustainability and scalability through this approach should be discussed or debated among handwashing players so that "all can benefit for the learning process." Following several interviews, the assessment team took advantage of the opportunity to present and discuss the PPPHW approach more fully, at the request of WSP Vietnam, and most interviewed stated they were eager to learn, share, and apply new techniques and establish Vietnam best practices for HWWS. Most interviewed reported

[30] 2007 Handwashing Initiative PIP.

[31] Global PPPHW Handwashing Handbook, 2004.

[32] Unilever Communication DVD, 2007.

being ready to try something new and be more creative and progressive. In Ho Chi Minh province, the DHCE has already been observably creative in its development and use of HWWS activities and messages, from using Chinese fans to pass messages to developing a complete Ho Chi Minh province map of handwashing partners and enlisting investments from local private-sector manufacturers for in-kind support to share HWWS messages.

Many government agencies, all NGOs, and several private sector agencies expressed concern over the fact that more than one Handwashing Initiative was taking place. The majority felt that the target audiences would be confused once the WSP Handwashing Initiative began, especially "if messages are different, as TV spots are aired nationally, if road shows are taking place in some of the same districts, though not the same communes, and if different HWI materials are being used in some of the same areas…." (It should be noted that it was because more than one Handwashing Initiative was taking place that the assessment team was unable to administer the quantitative survey—that is, interviewees were confused as to which Handwashing Initiative they were to evaluate. When asked which one they were most familiar with and whether they felt they could evaluate the initiative, they distinguished between them as "Unilever's" or "the World Bank's.") Also many government agencies and a few NGOs expressed some confusion over the idea of "one message"—many construed this as "one message per province" or per district as opposed to an overarching key message and effort for the country.

Program Methodology: Conclusions

The Vietnam Handwashing Initiatives employ social marketing and behavior change techniques, but these techniques are insufficiently understood by involved handwashing players. Program methodology employed by government agencies and other NGOs has been traditional and inconsistent, with minimal application of new techniques and approaches. Handwashing players need to understand the approaches being used, the new techniques and approaches available, and how each potentially impacts on changing and sustaining behavior in Vietnam so that a Vietnam approach can be developed for use by handwashing players and employed as a key part of a national HWWS strategy. Capacity needs to be built in social marketing and behavior change so that handwashing players can effectively employ these techniques. An effort needs to be made to coordinate the Handwashing Initiatives and reduce confusion among handwashing players.

Implementation Capacity: Findings

Existing documentation indicates that "capacity to manage large-scale initiatives remains weak."[33] Most agencies interviewed stated that handwashing programs rely primarily on outside, international expertise and the skills have not been sufficiently internalized. Also all organizations and agencies interviewed indicated that, although skills might exist, sufficient staff did not. Many felt that if HWWS activities were integrated into their ongoing activities, it would "help us actually participate and carry out HWWS activities." Based on content discussions with the assessment team, expertise exists in evaluation and monitoring at the National Institute of Health Education (NIHE); expertise in training, communication, and behavior change exists at CERWASS, CWS, Plan International, and UNICEF; and mobilization and motivation skills exist at the Women's Union. [34] MARD representatives reported that its village volunteer program is a

[33] Vietnam WSP Water Sector issues paper, 2007.

[34] The assessment team was unable to hold "content" discussions with all organizations and agencies.

sustained effort by national agencies and international organizations in water and sanitation to put skilled, trained volunteers in place. The assessment team was unable to assess the technology capacity.

Most organizations and agencies interviewed questioned the credibility and appropriateness of a national Handwashing Initiative. Government agencies reported that programs had been decentralized: (1) the national level provides policy, guidelines, and basic direction—that is, "promote HWWS"; then (2) the provincial level, in collaboration with district- and communal-levels, interprets the direction and develops messages, materials, and activities and implements, monitors, and evaluates same. Most agencies interviewed felt that posed a challenge in developing a "national" handwashing communication package, utilizing the same key message and materials. Most staff interviewed at the provincial, district, and communal levels felt that significant adaptation would be required to effectively use a nationally developed key message and materials.

Provincial and district government representatives detailed the government operational five-level structure: national, provincial, district, commune, and village. Furthermore, they described how this structure functions. Each level, while following a national policy when available, appears to have autonomy in implementation of this policy, though often following the provincial-level lead. Department of Health (DOH) staff in the provinces stated that, while they had been informed of their participation in the pilot activities from the MOH, since they are organized and staffed by the People's Committee in each province, they also needed permission from them before they could proceed, and that "we will not follow the MOH if the People's Committee in the province does not agree."

Government agencies stated that surveillance and disease prevention activities are conducted by the MOH network of preventive medicine through the DPM at national, provincial, district, and communal levels. Also they noted that the grassroots medical network is implemented by the Medical Office of the People's Committee to guarantee that prevention activities reach local people. Government agencies did, however, report that even though the government network covers from the central to the local level, there is insufficient organization of the system and overlapping roles and responsibilities of government agencies at different levels and in multiple sectors.

All organizations and agencies interviewed reported that training in social marketing, behavior change communication, HWWS essentials, and so on has been insufficient or nonexistent to date. The assessment team was unable to identify any guidelines specific to training, to M&E, or to behavior change communication techniques. The team did identify some limited training materials through the DOH covering traditional health education principles and techniques. The MOET also stated that, though it works regularly with children, its staff felt "inadequate to incorporate new techniques and uncomfortable moving beyond the traditional."

In 2006, AusAid conducted a water, sanitation, and hygiene materials audit, examining what materials existed and investigating the distribution, dissemination, and storage systems for these same materials.[35] This study demonstrated the lack of systems for the effective use of materials,

[35] Dinh Thi Hai An and Ben Cole, "Report on Collation, Assessment, and Dissemination of WES-related Materials," February 2007.

stating that in many cases materials were stockpiled in the provincial storage depots, never going out further as most had no clear idea what they were expected to do with these materials. The report also stated that no instructions were found on how to display or use these materials with clients.

Implementation Capacity: Conclusions

Implementation capacity is weak. Human resources are insufficient and training in needed topics, such as behavior change communication has been limited. Capacity-building is required at all levels. More involvement needs to be created to ensure provincial- and district-level buy-in. Participation needs to be established at all levels to ensure successful sustainability and scalability of HWWS. All levels need to understand the purpose of a "national handwashing initiative" and their respective roles, and then they need to be trained to effectively fulfill those roles and how to make the best use of a national strategy.

A full mapping of existing skills needs to be completed, after which an appropriate capacity-building plan can be developed for all levels. The extent to which existing expertise, volunteer networks, and behavior change communication experience can be utilized is limited by the staff available. In this initial start-up stage, significant technical assistance will be required, but it needs to be coupled with handwashing partner staff capacity-building when possible. Local short-term consultants will be needed to assist in areas such as policy formulation, school development programs, behavior change communication, and progressive training and teaching techniques. Sustainability will depend on the skills in place—that is, it will depend on effectively trained staff. Ability to scale up will depend on the actual number of staff accessed—that is, existing staffing structures through which the HWWS activities can occur, taking advantage of existing opportunities and minimizing the effort required by staff.

Availability of Products and Tools: Findings

The majority of handwashing organizations interviewed felt strongly that handwashing needs to be included in clean water programs and that handwashing should not be promoted in areas where lack of access has been demonstrated. Equally, they felt that handwashing should accompany sanitation projects, thus increasing access threefold: to latrines, to water, and to handwashing products and tools. Several studies indicate that soap of some sort is accessible to most households;[36] the assessment team also observed some sort of soap in all households visited.

These same studies did not identify any significant constraints to producing HWWS products such as soap or handwashing facilities. Private sector agencies interviewed indicated that no significant taxes have been imposed. Several NGOs and district-level government agencies stated that some programs offer low- to no-interest sanitation facility loans encouraging the inclusion of handwashing facilities as part of the construction package—for example, water basin, pipes and drainage pit, built-in soap dish, and so on. They also reported, however, that although HWWS facilities are encouraged, they have seldom been included in the construction done.

---

[36] WSP-Supported Handwashing Initiative Formative Research, 2006 and AC Nielsen, 2006.

The assessment team uncovered limited data on buying power and on willingness to pay. Interviews with PSI revealed that the PSI-SafeWat project has reported a 100 percent cost recovery in rural areas of water purification at a cost of approximately 15 cents/week.[37] The PSI Safe-Wat experience also indicated that people are willing to pay for a health product that has not traditionally been used or been a habit.

Availability of Products and Tools: Conclusions

There has been insufficient attention given to products and tools. It is unclear what access is available, what the buying power is, and what willingness to pay exists. The availability of products and tools has been insufficiently audited. Additional examination of existing products and tools research and market surveys is required. Because the success of a Vietnam HWWS Initiative will also depend on the success of water supply and sanitation programs, Handwashing Initiative activities need to be established at the same time in the same areas.

Financing: Findings

The allocated budgets of the WSP-supported Handwashing Initiative of about US$3 million and the Unilever-supported Handwashing Initiative of US$2.6 million indicate that the trend for financing HWWS opportunities and willingness is positive. A 3 percent increase in money allocated to hygiene promotion as well as communication and handwashing has been seen over the last five years.[38]

Interviews and a document review indicate that there has been insufficient consideration and thought given to developing a budget for (1) initial required investment costs—that is, capacity-building, market reinforcement, and so on; (2) recurrent costs; and (3) sustainability costs. Most government agencies report that capacity-building is seldom included in budgets. The majority of NGOs stated that materials for distribution are generally underbudgeted and, as a result, underdistributed. Also no organizations or agencies interviewed indicated that they had specific budget line items for handwashing activities in their organizational budgets.

In 2000, GOV endorsed a national RWSS strategy and action plan.[39] Government agencies and several NGOs report that this has provided a reasonable framework for large-scale investments.

Provincial- and district-level government agencies stated that budget decision making is made at the national level. Once budgeted, monies are passed to the provincial level for use and implementation. They report that because they are not involved in establishing budgets, and still expected to fulfill programs based on what budget is given to them, that “budgets are not based on activities to be carried out, but activities are determined based on how much money is received.” They felt that this not only compromised their ability to effectively plan and implement, but that often it also meant that essential activities could not take place.

---

[37] This is not handwashing, but it does demonstrate the buying power for health-related products.

[38] DANIDA Funding Allocations, 2006.

[39] RWSSP Partnership Creation Document, December 2006.

Financing: Conclusions

There is insufficient funding to both sustain and expand. Financing is sufficient for full coverage of the eight pilot provinces, but only if expansion to other provinces or an increase in mass media and other target audience communication activities is curtailed. Or financing is sufficient to establish a foundation for sustainability, but only if provincial expansion and pilot province coverage is minimized.

The lack of deliberate budgeting—that is, clearly identifying investment costs and recurrent costs—will hamper budgetary planning for scaling up because one-time investment costs might be included repeatedly and unnecessarily, raising the final budget amount for scale up beyond what is actually needed and what can actually be raised. Involved handwashing players, including the GOV, need to be encouraged to create a handwashing line item in their budgets.

An increase in funding and/or in-kind investments from numerous funding sources is needed to increase the likelihood of sustainability and scalability. This would reduce dependence or control of one investor, through proven visibility opportunities and identified social responsibility efforts.

Cost-Effective Implementation: Findings

No organization or agency interviewed reported systems or procedures to examine or assess cost-effectiveness. They did, however, feel that sufficient expertise to gather and assess data was in place. Furthermore, they indicated that if data collection were combined with other supervisory visits or monitoring work, sufficient staff exists to carry out this work.

Cost-Effective Implementation: Conclusions

A cost-effectiveness study will be included in the WSP-supported Handwashing Initiative impact evaluation. No consideration has been given to reducing wastage through combined partnering efforts, nor to examining the costs of methods, such as the use of "labor-intensive" interpersonal communications versus the use of "high-cost" television advertisements; this type of examination could be an important contribution to a country's ability to both sustain and scale up.

Monitoring and Evaluation (M&E): Findings

No organizations or agencies interviewed noted that any indicators were in place for handwashing rates or for HWWS behavior change assessment. Most interviewed mentioned traditional self-report and observation as the methods being considered to gather data.

Government agencies report that, historically, there has been little or no funding for M&E activities at the national level. However, the provincial- and district-level staff report that they have developed systems, in conjunction with the People's Committee and the unions, to monitor and gather traditional epidemiological data such as number of diarrheal disease cases and so on. Also NIHE, a parastatal research agency, reported that it has significant expertise in protocol development; program use—that is, Statistical Program for Social Sciences and so on; surveillance; and report-writing. However, they also reported that they have limited staff to participate in M&E outside of their own work. CERWASS and CWS reported that a Vietnam handwashing bulletin is disseminated, albeit irregularly, on handwashing activities, behavior change techniques, and study findings through the handwashing working group that has existed since 2000, but which is presently "un"-chaired and as a result is nonfunctioning.

All government agencies, most NGOs, and several private sector agencies interviewed felt that because of differing statistics on the rates of HWWS, no agreement could be reached on the baseline to use. Most felt that to effectively evaluate the impact of an approach on HWWS rates, they needed to agree on baseline figures. As stated by one NGO, "how do you double the rate of HWWS when you haven't established an agreed upon starting point?"

Monitoring and Evaluation (M&E): Conclusions

There are limited skills and staff to conduct M&E. Capacity needs to be strengthened through directed training. Agreement needs to be reached on baseline figures. Core indicators need to be developed and training needs to be conducted in recommended data collection methods. The Handwashing Initiative needs to examine existing, ongoing M&E activities and explore ways to include HWWS, thus making best use of existing resources and staff. Existing epidemiological data collection systems need to be investigated and utilized as appropriate. The organization of an M&E working group could aid in accomplishing these tasks and in establishing an agreed-upon baseline.

6. Recommendations

General consensus was reached on each of the following overarching recommendations during the WSP-supported Handwashing Initiative debriefing held following the baseline assessment. Table 7 provides a synopsis of recommendations agreed upon by participants. More specifics steps have been presented in the Plan of Action (Table 8) to facilitate the use of these broad recommendations.

Table 6: Overarching Recommendations by Dimension

Dimension	Recommendation
Policy, Strategy, and Direction	Develop and share same national strategy Move handwashing policy to parliamentary levels integrated as part of the larger water and sanitation context, encouraging some handwashing priorities Integrate handwashing into other sectors and ongoing programs
Partnership	Develop the clear protocol for each present handwashing stakeholders to avoid overlaps Assign different sectors, audiences, and levels to participating handwashing players Ensure buy-in and ownership of all handwashing stakeholders in program and activities
Institutional Arrangements	Promote Ministry of Health's leadership role Work within existing government structures, such as the Women's Union and the People's Committee, to enhance capabilities and ensure sustainability, cooperation, and collaboration at all levels Delineate stakeholder map—who does what where Organize seven-person, short-term task force to identify initial Handwashing Initiative tasks, roles, and responsibilities (including review of this assessment and plan of action)
Program Methodology	Conduct behavior change workshop on new techniques and behavior change model Provide opportunities to practice and implement behavior change techniques Examine existing handwashing behavior change campaigns/strategies
Implementation Capacity	Map existing staffing structures for each handwashing stakeholder at each level Develop a distribution and dissemination system that can be tested in the eight pilot provinces Map existing skills and develop a training and capacity-building plan
Availability of Products and Tools	Reexamine existing, available market and conditions research to identify gaps to filled and existing, additional information to apply Reconsider selection criteria for handwashing work, e.g., combine some handwashing activities with an ongoing water program

Dimension	Recommendation
	Assess and, as needed, appropriate, develop a plan to ensure necessary conditions—that is, water, handwashing facilities, and so on in eight pilot provinces Investigate, design, and test innovative solutions to ensure necessary handwashing conditions in two of the provinces—that is, keep soap, conserve water, keep cost low, and so on
Financing	Investigate additional sources of funding—such as AusAid and so on—to fund necessary conditions (product) Encourage each partner, including the Government of Vietnam, to establish a handwashing promotion and/or product line item in their organizational budget Develop budget format to ensure that budgeting is directed and focused Establish increased, additional private sector investments in handwashing programs
Cost-Effectiveness	The cost-effectiveness study will be included in the impact evaluation.
Monitoring	Develop 3 to 5 behavioral handwashing indicators with corresponding measurement methods for all handwashing players to use Establish handwashing M&E working group

7. Plan of Action

The Plan of Action has been designed so that the program in Vietnam can review and pull those actions that it feels are appropriate and insert them into a revised Handwashing Initiative Plan of Action. Items are presented in order of priority and each builds on the actions that precede it.

Overview of Plan of Action

The Plan provides suggested short-term and medium-term actions only. It provides suggestions for the player/partner to take responsibility for the completion of action ("Responsible Agent" in Table 8). Actions recommended in the Plan will (1) strengthen sustainability efforts of the handwashing program required to continue the work, (2) enhance the likelihood of sustainability of HWWS practices, and (3) put in place requisite conditions, whether programmatic or behavioral, for scalability. The actions have been marked indicating which of the following they expected to influence:

- PS – programmatic sustainability
- BS – behavioral sustainability
- SC – scalability

Budget for Short- and Medium-Term Activities

Short-term activities are projected for a six-month period, from October 2007 to March 2008. Medium-term activities are projected for a nine-month period, from April 2008 to December 2008. The budget does not include money to carry out any actual project activities. It provides a budget for enabling environment strengthening activities only. Budgets for each term are listed below. **Total estimated budget amount is $474,500:** the short-term budget is $185,100; the medium-term budget is $289,400.

Implementation Challenges

Implementations challenges will include:

- involving all levels and multiple sectors in the decision-making process;
- moving from the perception, in thought and in action, of a handwashing initiative/project to national strategy/program;
- informing multiple audiences at multiple levels of HWWS work, and purpose, and gaining support;
- identifying skilled local consultants—that is, those who understand the topic and the government system, and have the cooperation, collaboration and coordination skills—to carry out proposed short-term work; and
- achieving characteristics for sustainability and scalability under the present proposed project targets and within the four-year timeframe designated.

Use of Short-Term Consultants

When it is possible, a partnering organization should supply staff to work on the tasks delineated in the Plan of Action—that is, the Handwashing Initiative should make the best use of its resources as it can and as appropriate. When not possible, it is suggested that local short-term consultants (STCs) be hired to carry out the selected, targeted activity. If it is necessary to hire a STC, it is recommended that local STCs be contracted, using, as a first course, staff from Vietnam handwashing organizations and agencies when appropriate and legitimate, for the actions clearly noted in the Plan of Action. Partnering handwashing organizations and agencies should be called upon to assist in the development and writing of the STC terms of reference as available and interested.

Table 7: Detailed Plan of Action

Dimension	Actions Recommended					
1. Policy, Strategy, and Direction	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*[a]	*Level of Effort/$$*		*Responsible Agent*	*Level of Effort/$$*
	(1) Hold handwashing players meeting to review revised 1½ year plan of action (see institutional arrangements task force action) (PS)	Handwashing Committee (HWC)	10 days $1,000	(7) Develop draft national strategy for discussion with budget and plan of action (this will require the "vision" see Partnership) (STC hire-facilitator only) (PS/SC)	MOH HWC	20 days $2,000
	(2) Investigate use of and impact of subsidies in public health programs and prepare talking points (STC hire) (PS/BS/SC)	Women's Union (WU) PC	10 days $1,000	(8) Develop a case/strategy paper in support of handwashing as a public health priority[b] (STC hire) (PS/SC)	HWC	20 days $2,000
	(3) Meet with each handwashing organization individually to discuss what each feels should be in national strategy (STC hire)[c] (PS/SC)	DHCE	10 days $1,000[d]			

[a] Suggested organization, agency, or organization-type to take responsibility for this action.

[b] While it is felt that this action is needed to overall HWWS program success, it should not be used as a final evaluation measurement of success for the WSP-supported HWWS program because the inclusion of handwashing into the larger water and sanitation work is, in fact, beyond the control of this program.

[c] STC hire indicates that if it is not possible to provide staff from HW stakeholders, it is recommended that an STC be hired to assist with this action.

Dimension	Actions Recommended					
1. Policy, Strategy, and Direction	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	(4) Research and prepare policy position paper (STC hire) (should include issue of subsidies) (PS/SC)	WU PC	35 days $3,500	(9) Finalize an audit of all sector materials that have integrated handwashing and assess the quality of the messages and techniques used (STC hire) (PS/SC)	NGOs	40 days $4,000
	(5) Develop a set of short-term and medium-term specific, measurable, achievable, and realistic benchmarks so that successes and achievements can be celebrated on an ongoing basis (PS/SC)	MOH HWC	5 days $500	(10) Revise Handwashing Initiative business plan based on vision and national strategy (PS)	WSP HQ HWC	5 days $500
	(6) Prepare a draft Handwashing Initiative business plan for immediate use (PS)	WSP HQ HWC	15 days $1,500			
	Subtotal		$8,500	Subtotal		$8,500

[d] Dollar amounts are calculated on a $100/day local rate and include communications, transportation, etc. as the number of days has been increased to cover all costs and facilitate estimating dollar amounts, e.g., 10 days – 7 days ($700) STC and 3 days ($300) to cover other costs; unless otherwise noted with "N/A," the amount quoted is the estimated cost of that action.

Dimension 2. Partnership	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	(1) Prepare a "partnership proclamation" detailing purpose, clarifying MOH leadership role, decision making, functioning, partner general responsibility, etc. (STC hire) (PS/SC)	MOH HWC[e]	5 days $500	(6) Based on handwashing players matrix (see Institutional Arrangements), discuss with all and assign roles for different sectors, audiences, and levels to individual organizations and teams of organizations (PS/SC)	MOH HWC	10 days $1,000
	(2) Establish a HWWS program vision using participatory techniques (this will be needed for the national strategy) (PS/BS/SC)	All	10 days $1,000	(7) Develop partner memos of understanding on organizational role and responsibilities (PS)	All	30 days $3,000
	(3) Define, detail and agree upon (1) scale, (2) scalability, and (3) sustainability and develop corresponding success indicators for each (PS)	MOH WU HWC	5 days $500	(8) Continue interaction with Global PPPHW group and technical sub-committees (PS)	MOH HWC	9 days $900
	(4) Develop links with the Global PPPHW group and technical sub-committees on behavior change, schools and M&E and identify one	MOH MOET	6 days $600			

[e] WSP will not be repeated when HWC is indicates as it is a member of the HWC.

Dimension	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
2. Partnership	handwashing player for each in Vietnam as contact to share information with others, i.e., MOET with schools program (PS/BS/SC)	WU				
	(5) Examine RWSS Partnership and make recommendations as possible vehicle for HWWS activities (PS/SC)	HWC	10 days $1,000			
	Subtotal		$3,600	Subtotal		$4,900

Dimension 3. Institutional Arrangements	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	(1) Form a seven-person handwashing task force to review this assessment, revise this 1½ year plan of action and motivate handwashing players (PS)	MOH	15 days $1,500	(5) Test HWWS implementation structure in four regions (different for regions used in systems test) (STC hire) (PS/BS/SC)	District government NGOs	100 days $10,000
	(2) Map and prepare a matrix of all handwashing players, their present work locations, etc. (one table, not narrative text) (STC hire) (PS/BS/SC)	STC	15 days $1,500			
	(3) Based on diagram and matrix, formulate an implementation structure for sustainable HWWS activities and programs (PS/BS/SC)	Govt PC	30 days $3,000			
	(4) Discuss and address issue around decentralization and autonomy and how program methodology can be applied and adapted (PS/SC)	Govt	20 days $2,000			
	Subtotal		$8,000	Subtotal		$10,000

Dimension	Actions Recommended					
4. Program Methodology	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	(1) Conduct behavior change workshop on new techniques and FOAM model (STC) (PS/BS)	HWC WSP HQ	N/A $30,000	(5) Continue to provide opportunities to practice techniques learned (BS)	NGOs	N/A $30,000
	(2) Develop calendar of activities to use techniques learned and/or participate in training opportunities (BS)	HWC	10 days $1,000	(6) Hold second meeting on program methodology, now that understanding has been applied, and discuss adoption and adaptations (PS/BS/SC)	HWC	5 days $500
	(3) Research other handwashing behavior change campaigns/strategies (Unilever) with implementers and prepare an initial lessons learned paper (PS/BS)	UNICEF	45 days $4,500			
	(4) Hold a meeting with handwashing players to present program methodology only and discuss (BS)	HWC	5 days $500			
	Subtotal		$36,000	Subtotal		$30,500

Dimension	Actions Recommended					
5.Implementation Capacity	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	(1) Hire one STC to assist with the preparation of terms of reference for all agreed upon STC hires (see "STC hire" in action if recommended) (PS)	WSP	N/A $10,000	(8) Develop a draft distribution and dissemination system and test in four regions (STC hire) (PS/SC)	NGOs	100 days $10,000
	(2) Develop staffing structure charts for government and non-governmental handwashing agencies (see institutional arrangements action on structure diagrams, these actions should reinforce each other) (STC hire) (PS/SC)	Government	20 days $2,000	(9) Present findings from systems test and adapt, restructure, finalize system and implement (PS/SC)	NGOs	15 days $1,500
	(5) Diagram existing government structures at all levels (STC hire) (PS/SC)	MOH PC	10 days $1,000	(10) Investigate the use on non-traditional volunteers human resources and design sustainable use plan (PS/BS/SC)	WU HWC	30 days $3,000
	(6) Diagram non-government handwashing players structures at all levels (STC hire) (PS/SC)	NGOs	10 days $1,000	(11) Continue roll out training as needed in the regions (PS/BS/SC)	MOH WSP	N/A $50,000
	(3) Map existing skills (PS/BS/SC)	NGOs WU	50 days $5,000			

Dimension	Actions Recommended					
5.Implementation Capacity	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	(4) Audit technological capabilities and prepare recommendations (PS/SC)	NIHE	50 days $5,000			
	(5) Delineate existing commune- and village-level committees and groups and their skills (PS/SC)	NGOs WU PC	50 days $5,000			
	(6) Develop training plan for M&E, communication, behavior change, materials use, and social marketing and needed curricula and training materials (STC hire) (PS/BS/SC)	Government HWC UNICEF	N/A $25,000			
	(7) Conduct training of trainers and begin roll out training workshops in all 8 regions (PS/BS/SC)	MOH WSP	N/A $50,000			
	Subtotal		$104,000	Subtotal		$64,500

Dimension 6. Availability of Products and Tools	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	(1) Re-examine existing market research and present elements to be agreed upon and elements to be researched further (STC hire) (PS/BS/SC)	PSPs NGOs HWC	30 days $3,000	(4) Investigate, design and test innovative solutions to ensure necessary handwashing conditions in two of the pilot provinces, i.e. keep soap, conserve water, low-cost, etc. (STC hire) (BS)	NGOs PSPs	N/A $50,000
	(2) Reconsider selection criteria for pilot areas handwashing to include where other clean water and/or sanitation projects are ongoing/anticipated/just taken place, i.e., don't use "unimproved environmental sanitation conditions" (BS)	HWC	N/A	(5) Develop a concept paper on the ability to sustain a plan for assuring necessary conditions to HWWS behavior change (PS/SC)	MOH HWC	15 days $1,500
				(6) Implement the necessary conditions plan in two of the eight pilot regions (BS)	MOH WU PC	N/A 35,000
	(3) Investigate the possibility of assuring necessary conditions to HWWS behavior promotion, i.e. clear water, etc. and develop a plan to implement in at least two pilot regions (STC hire) (BS)	PSPs	30 days $3,000			

Dimension	Actions Recommended					
6. Availability of Products and Tools	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Subtotal		$6,000	Subtotal		$86,500

Dimension 7. Financing	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	***Responsible Agent***	***Level of Effort/$$***	***Action***	***Responsible Agent***	***Level of Effort/$$***
	(1) Develop an initial investment costs budget (equipment, products, training, etc.) [many of the action in this short- and medium-term plan of action are initial investment costs to ensure sustainability and eventual ability to scale up] (PS/SC)	MOH HWC	10 days $1,000	(5) Continue to fundraise and involve new investors (PS/SC)	Government NGOs PSPs	N/A $500
	(2) Develop a sustainability budget (day-to-day and maintenance of promotional, communication activities) [keep in mind that this budget will need to include a change in the communication strategy approximately every two	MOH PSPs	10 days $1,000	(6) According to ratified policy (see Policy action), work with handwashing players to assure a budget line item for HWWS activities and communication in their organizational/agency budgets, including GOV (PS/SC)	HWC	N/A $500

Dimension 7. Financing	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	years as the behavioral needs will have changed if the program has been successful] (PS/SC)					
	(3) Develop a national strategy budget according to strategy and plan of action (this budget should reflect investments and sustainability budgets) (SC)	Government HWC Donors	20 days $2,000	(7) Develop an education package for private-sector investors demonstrating value for private-sector investors (STC hire) and hold periodic power education meetings (PS/SC)	PSPs NGOs	10 days $1,000
	(4) Based on above budgets, develop a fundraising plan and begin to approach and involve potential investors (PS/SC)	Government	10 days $1,000	(6) Prepare position paper on institutional investment costs and sustainability costs and present for discussion (PS/SC)	Government	25 days $2,500
	Subtotal		$5,000	Subtotal		$4,500

Dimension 8. Cost-Effectiveness	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	NO ACTIONS			(1) Conduct a study on approaches used, costs involved, and	NIHE	75 days

Dimension	Actions Recommended					
8. Cost-Effectiveness	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
				sustainability and scalability potentials (STC hire) (PS/BS/SC)		$10000
	Subtotal		$0	Subtotal		$10,000

Dimension	Actions Recommended					
9. Monitoring and Evaluation	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
	Action	*Responsible Agent*	*Level of Effort/$$*	*Action*	*Responsible Agent*	*Level of Effort/$$*
	(1) Establish handwashing M&E working group (PS)	MOH HWC	15 days $1,500	(5) Continue to collect data on an ongoing basis (incorporated into daily activities of handwashing players) (PS/BS/SC)	All	N/A
	(2) Develop 3-5 behavioral handwashing indicators with corresponding measurement methods for all handwashing players to use (STC hire) (PS/BS/SC)	M&E C	25 days $2,500	(6) Carry out interim evaluation (STC hire) (PS/BS/SC)	M&E C	N/A $50,000
	(3) Collect data on an ongoing basis (incorporated into daily activities of handwashing players) (PS/BS/SC)	All	N/A	(7) Conduct an enabling environment interim assessment from October to November 2008 and include results in interim evaluation (STC hire)	M&E C	N/A $20,000

Dimension	Actions Recommended					
	Short-term October 2007 to March 2008			Medium-term April 2008 to December 2008		
9. Monitoring and Evaluation				(PS/SC)		
	(4) Re-examine existing handwashing/HWWS data and agree upon starting point data for all handwashing programs (STC hire) (BS)	M&E C	N/A $10,000			
	Subtotal		$14,000	Subtotal		$70,000
	TOTAL		$185,100	TOTAL		$289,400