



IMPACT STUDY

**AN EVALUATION OF TWO PROGRAMMES OF WORK:
SCHOOL REBUILDS & CLEAN HANDS SAVE LIVES**

JULY 2014

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EXECUTIVE SUMMARY

“The new school block has brought glory and honour to our village...[and] and the children will grow up to become responsible citizens.”

“These educated pupils will eventually grow up to lead our community and bring modern things into the village.”

Abenta Village Chief

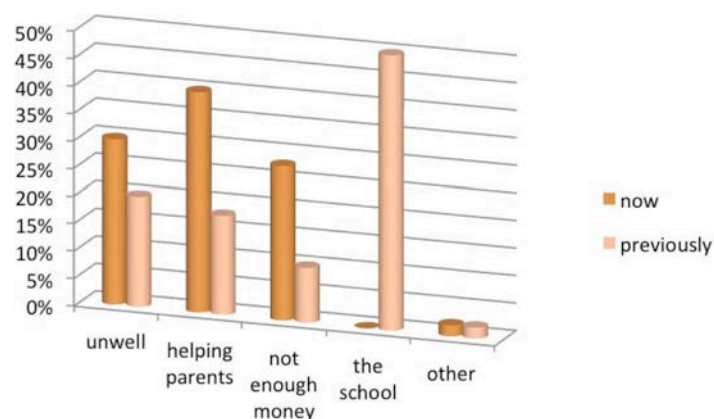
Focus groups conferred and it was widely believed that the employment opportunities for children would be far broader. This view was echoed by the head teacher in Abo Abo “eventually, it will help the community evolve and have a wider impact.”

Access to a place to wash hands is only 17% compared with 83% in villages, Village by Villages (VbyV) has run its programmes; access to toilets is only 61% in Abo Abo, compared with 94% respectively; and access to soap, again, is just under a quarter of that recorded by VbyV programme respondents.

Respondents were asked whether their parents washed their hands 90% of VbyV programme respondents answering ‘yes’ compared with only 51% of respondents who came from a village that had not received a VbyV program. This could potentially be a direct result of the VbyV education programmes.

Overall, the communities were very positive regarding VbyV and were complementary of the consultative approach adopted. There is a prevalent recognition of what has been accomplished and the wider, longer-term positive impacts for the community – both in relation to future employment of the children as a result of the schools, and the health of the communities as a result of the hand washing education.

Reasons for not attending school before and after the programme



CONTENTS

Context, aims & objectives	3
Methodology	4
School rebuilds programme	8
Clean hands save lives programme	12
Summary	18

CONTEXT

After establishment in 2006, Village by Village (VbyV) achieved its goal of reaching 100 Ghanaian villages with either clean water, sanitation or education in 2012 – 4 years ahead of schedule. Whilst this is a milestone figure and a considerable achievement, obtaining in-depth data revealing the impacts of this on the communities was pivotal. Not only will this build a compelling case for support to attract new funding from individuals, corporates, trust and foundations, but it will enable the organisation to realistically assess their impact and identify appropriate actions for enhancing their reach.

AIMS & OBJECTIVES

The aim of the study is to provide tangible data evidencing the impact of the work carried out by VbyV. This is divided into assessing two core programmes of work: School Rebuilds and Clean Hands Save Lives.

The original objectives of the study were to ascertain the following:

- **School rebuilds programme**
 - impact on the children
 - their attendance
 - future employment opportunities
 - any prevalent changes in the levels of teaching
 - wider impacts on the community
- **Clean hands save lives programme**
 - incidences of illness (minor, serious and fatal)*
 - knowledge of the implications of not washing hands
 - access to facilities for hand washing
 - wider impacts on the community

With no baseline data available, it was not possible to fulfil all objectives, but efforts have been made to assess impacts using historical reflections. With this study representing the first series of data collection, VbyV will now have a baseline from which to compare future studies, thus fulfilling a wider, longer-term objective.

**A Unicef report designed for evaluating the impact of education programmes on hand washing advocated that it is not feasible to obtain this information without considerable funding, expertise and accurate baseline data.*

METHODOLOGY

Context

Baseline data referring to education and health assessments of the specific villages involved before the inception of these projects is difficult to obtain. As such, this study should be viewed as a 'starting point' for continual, in-depth monitoring and evaluation. The methodology has been designed to reflect these limitations and present new data without the presence of available secondary data.

Approach

Guidelines for the approach to this study have been drawn from BOND's evidence of effectiveness principles: criteria developed by BOND in collaboration with a number of NGOs working in international development to ensure robust and appropriate frameworks for evidencing change. The approach advocates that evidence of change does not solely exist for reporting, but should be used to assess, learn, improve and empower; a fundamental value of VbyVs' M&E philosophy. BOND's core principles of effectiveness are as follows:

- 1) Voice – ask target groups for their perspective on an intervention
- 2) Inclusion – understand how an intervention affects groups differently
- 3) Transparency – be open about the methodology and sources used, the results achieved, and strengths and limitations of the supporting evidence
- 4) Utility – be clear on why data is being collected and how and when it will be used
- 5) Triangulation – collect the views of different stakeholders when drawing conclusion
- 6) Comparison – compare your data against a baseline*
- 7) Contribution – understand not only if change has happened, but also how, and what your contribution was
- 8) Appropriateness – ensure your approach is appropriate to the nature and scale of intervention being reviewed

**Not possible on this occasion, but will be applicable for future studies*

The principles are not mutually exclusive: data collection will often transcend more than one of these aspects, meaning they can be reinforced and result in a robust process and review.

Data collection sample

Empirical data was collected using a purposive sample. A form of non-probability sampling, it enables the researcher to gather data from those who are affected or have knowledge of the project – a fundamental aspect for this study given BOND's 'voice' principle. It is also more feasible and viable than carrying out random sampling which would require a far larger sample to be representative of the population. The sample sizes vary between villages and availability of people to question. As a general guideline, DfIDs (1999) sustainable livelihoods framework usually advocates round 30 respondents per rural community – this has generally been adhered to.

Data collection cases

Data was collected from 4 villages in Ghana: Abenta, Abo Abo, Gboloo Kofi and Pakro Nkwanta in the following formats (further details of the data collection methods are presented in the following section):

Abenta	Abo Abo	Gboloo Kofi	Pakro Nwanta
CHSL Surveys x42	CHSL Surveys x 41	CHSL Surveys x 54	CHSL Surveys x 28
CHSL Community Focus Groups x 2	CHSL Community Focus Group x 1	SR Surveys x 30	
SR Surveys x 20	Head teacher Interview	SR Children's Focus Groups x 3	
SR Children's Focus Groups x 3		Head teacher Interview	
SR Community Focus Groups x 3			
Head teacher Interview			

CHSL= Clean Hands Saves Lives SR=School Rebuilds

VbyV have not yet started a programme of work with Abo Abo. Data was collected here to enable comparative analysis with villages where hand washing education programmes are well underway.

Abenta :

A population of 250-300 people, located on a hill top overlooking the distant mountain ridge. Access is via a dirt track from the nearest town of Adowso. The village has a school and household latrines, limited access to clean water but does have good phone signal and electricity.

Abo Abo :

A population of 300-400 people, located in a valley. Access is via a sealed road from the nearest town of Adowso. The village has a school and household latrines, access to clean water, phone signal and electricity.

Gboloo Kofi :

A population of 250-275 people, located in a valley. Access is via part sealed and dirt road mid way between the two town of Adowso and Mangosea. The village has a school and 24 household latrines, access to clean water, poor phone signal and currently does not have access to electricity.

Parkro Nwanta :

A population of 200-250 people, located in a valley. Access is via a sealed and dirt road from the nearest town of Mangosea. The village has a school and household latrines, access to clean water, phone signal and electricity.

In order to develop this study further and detail wider impacts, it is suggested that population figures of each of the other villages could be amalgamated. The data can then be replicated based on the percentage to provide an intelligent estimation of figures across all of VbyVs' programmes.

Methods

In line with BOND's principles, triangulation was used to gather data from a range of sources which confirmed, substantiated and augmented arguments. In building a case for support, this represents an effective study which has considered various viewpoints. Varying methods were also suitable for gathering qualitative and quantitative data, and the following techniques were considered the most appropriate to satisfy the aims and objectives whilst also considering the limitations:

- **Surveys:** designed to firstly ascertain demographic information to enable comparisons between different groups. Further questions for the School Rebuilds project seek to discern attendance, ranked levels of satisfaction and enjoyment (before and after questions). Questions in relation to the Clean Hands project centre around their knowledge (based on some of the current quiz questions) and entail reflections of before and after.
- **Focus Groups:** carried out immediately after children have completed the surveys and seek to elaborate on these responses, such as what they remember about their previous school, advantages of the project, do they notice anything different about their teachers, and anything they dislike about it or further improvements that they would like to see.
- **Participatory Rural Appraisal (PRA):** carried out in the surveys, asking children to write down the things which are most important to them and rank these in order of importance. This provides insight into where they perceive education and health to be in comparison to other livelihood needs.
- **Key Informant Interviews:** designed as a structured interview for teachers which enable in-depth insight into what changes have taken place.

Logistics

Research tools were designed by the consultant following agreement of the approach. As she was unable to travel to Ghana to carry out the data collection, volunteers did this on her behalf. They received a briefing document and instructions in the field so that they had a clear understanding of the study.

Costing for the study was minimal in monetary terms as the work was carried out on a pro-bono basis, using volunteers to gather the data. However, data collection consumed a considerable amount of volunteer time which would usually be put to more practical use in helping communities. Whilst this is an unfortunate outcome, the long-term benefits of the study will hopefully outweigh this.

Analysis & presentation

As the consultant did not carry out the field work, analysis took place once all information had been collected and returned to the UK. Empirical data was collated, categorised and coded based on thematic issues. Emerging themes were highlighted and isolated incidences noted. Statistical information was compared to give as accurate depiction as possible without the existence of baseline data.

Results are presented in this impact report based on the aims and objectives identified in this briefing document. The report contains a realistic representation of the results, including any negative outputs and/or feedback. In order to present headline figures, quantitative statistics were extracted from qualitative data where appropriate and necessary. It contains written overviews, visual representations and anecdotal evidence to support conclusions.

LIMITATIONS OF THE STUDY

Credibility

It is absolutely vital that volunteers are engaged and impassioned about the importance of this research. Any misconstrued or mismanaged data could seriously affect the credibility of the report, the charity and the consultant.

Logistical limitations

This study was impeded by several limitations. The fact that the consultant was not carrying out the research did not enable her to react to themes in the field or make any appropriate alterations based on responses or access.

Accuracy

The lack of existing baseline data for the communities could affect the accuracy of the findings. Baseline information to enable change analysis primarily came from subjective, historical perceptions which can be variable between respondents. Assessing to what extent the Clean Hands Save Lives project has reduced incidences of illness was significantly problematic, due to there being many other ways a child could have contracted an illness. Other health programmes in the area may also have affected this statistic and attributing a reduction in these incidences to one project may be an inaccurate reflection. Thus, as detailed, above, the study has not sought to provide this information as outlined in the original objectives.

Finally, the field work was not carried out by an impartial third party; volunteers are representatives of VbyV and, therefore, respondents may have found themselves uncomfortable in reporting any negative feedback. There is also an element of a 'yes' culture to consider and, as such, respondents were kept anonymous and actively encouraged to be as open and honest as possible.

SCHOOL REBUILDS PROGRAMME

Context

One of VbyV’s foundation stones is to live amongst the people it supports in villages in poverty and this is where ‘The School Rebuild’ program came from. Local leaders would regularly come and ask if VbyV could build or rebuild schools in the surrounding area. VbyV normally builds primary school blocks in villages in the Eastern Region of Ghana. The buildings normally consist of three classrooms and one staff room/storage room/computer lab. The buildings will have ramp access for disabled children and a mono pitched roof, making it ideal for rainwater harvesting. The construction is planned with the community and labour, sand or stone can form part of the contribution of the receiving village. The villages are selected on their levels of poverty, rural remoteness, likelihood of another NGO working in that area and how active a community will be. VbyV has a good working partnership with the Ghana Education Service and the arrangement in its simplest form could be best described as ‘You build them we will staff them’. The outsides of the building normally have brightly coloured educational messages on the outsides.

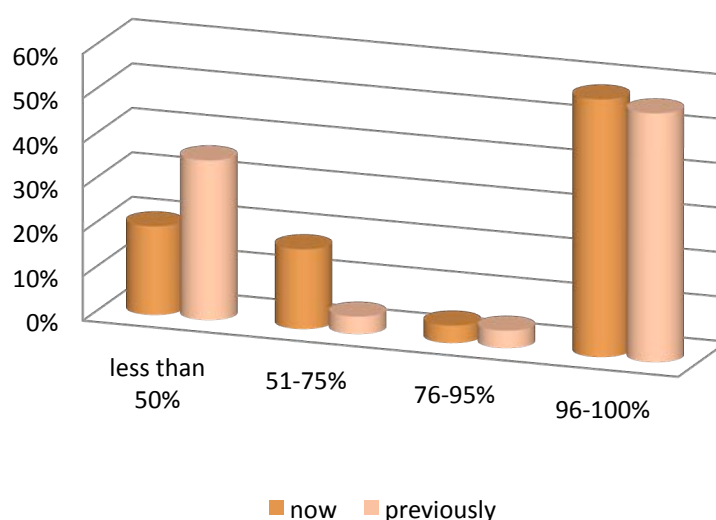
Demographics

The age range of children who completed the survey was 9 to 19, with male respondents representing 56% and female respondents representing 44%. The majority of children were from families of farmers (84%), traders (6%), public services (6%) and services (4%). Education is clearly important to the groups, with 60% of respondents citing it as one of their top three most important things in life. Other livelihood priorities included health, money, family, football and friends.

School attendance

Respondents were asked to reflect upon their attendance at school before the construction and after. These figures represent their own estimations and may not necessarily represent the precise attendance figures. They do, however, show notable differences. Figure 1 below displays that, prior to the new school construction, 36% attended school less than 50% of the time. In the new school, this figure is reduced to 20%. The highest percentage of growth appeared between those attending between 51-75% of the time: previously 4% and now 18%.

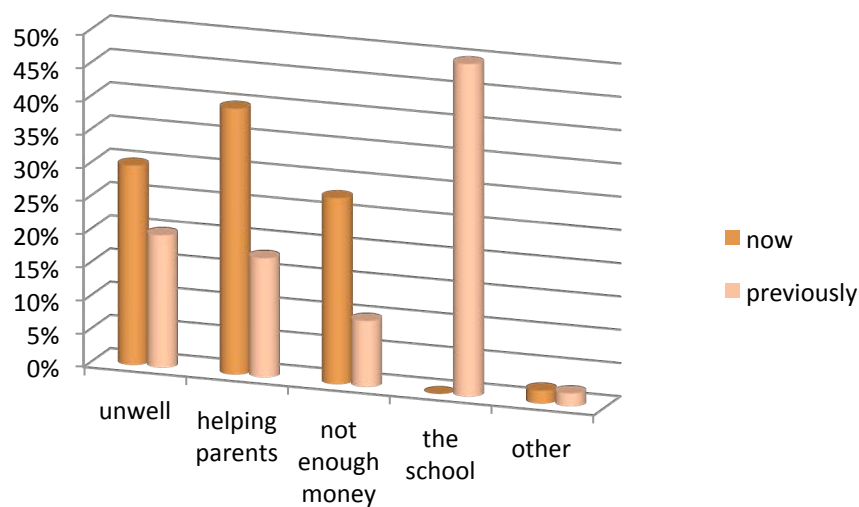
Figure 1: School attendance before and after the programme



Of more stark contrast were the reasons for pupils not attending school before and after the construction. Figure 2 shows that the reason for not attending school now is predominantly due to helping parents (40%), whereas previously, the state of the building was cited as the primary reason by 50% of respondents for reasons such as being afraid it would collapse and rain leaking in. This is supported by a head teacher in a no programme village, who stated “when it rains, it is impossible to teach.”

Another notable contrast is that before the construction, 10% of respondents said they did not attend because they did not have enough money. After the construction, this figure nearly triples to 28%. This could be a mark of higher fees for the new school which is negatively impacting on attendance. Interestingly, an interview with the head teacher of a school in the no programme village showed that attendance is very low, particularly on market days when around 70% of children don’t attend school. She continued to say that “if a new school was built, it will motivate the children and the teachers. The children will be more punctual and more interested in what they’re doing.”

Figure 2: Reasons for not attending school before and after the programme



Access to facilities

Text books are shared by 100% of respondents, with the highest numbers of sharing in Gboloo Kofi. However, the new school has resulted in 24% of pupils able to reduce the number they share with.

Figure 3: Reduction in the number of pupils respondents share text books with

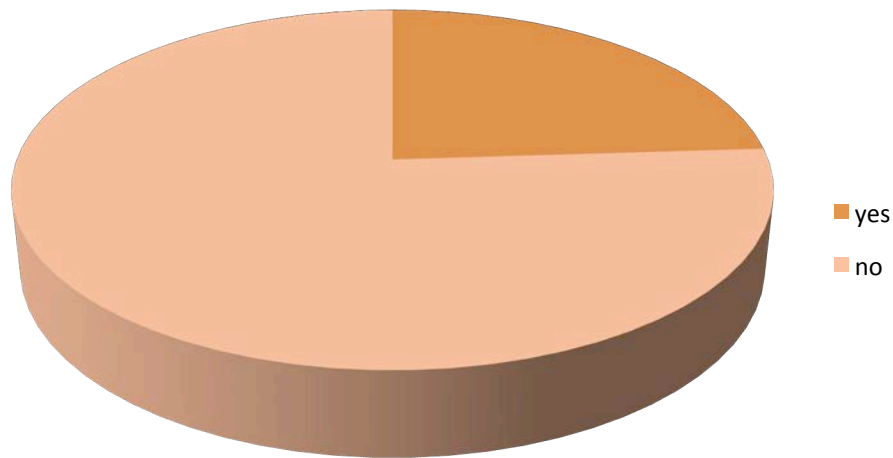


Figure 4: Access to facilities in the old school and new school

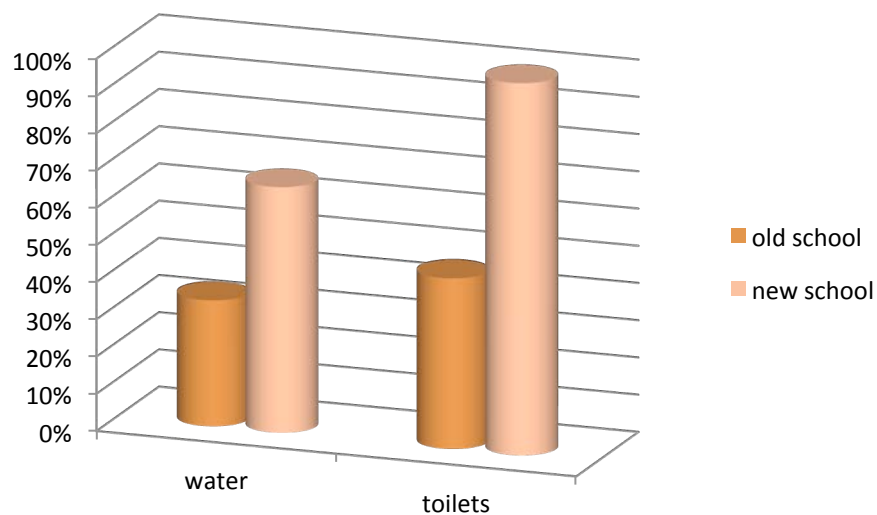


Figure 4 demonstrates drastic differences in respondents' views on their access to facilities. Before construction, only 34% claimed they had access to clean drinking water, which has increased to 66% in the new schools. In the old schools, toilets were accessible to less than half of pupils at 46%, whereas 100% of respondents now have access to toilets at school.

Reflections on the new school

Respondents were asked in the surveys what the best things were about the new school. Regularly cited examples included text books (most prevalent) along with the teachers, the paint, blackboards, lights and tables and chairs. When asked to elaborate during subsequent focus groups, they explained that they enjoy learning more because of the building they're in and that the teachers are more engaged, there are more of them and they attend more often. This was echoed during a community focus group where one participant in Abenta stated "the old building did not attract and retain pupils, but I have already noticed that the new block has attracted pupils and teachers."

The weather also appeared to have been a constant issue in the old schools, with some children citing having no roof and teachers confirming this in that "every time the clouds gathered, we would have to close the school and the children were then exposed to extreme weather." There were also potential associated health risks with the old schools, as one children's focus group concluded "the goats used to defecate in the old school and now they can't."

Considering the wider impacts on the community, the Abenta Village Chief stated "the new school block has brought glory and honour to our village...[and] and the children will grow up to become responsible citizens." Focus groups conferred and it was widely believed that the employment opportunities for children would be far broader. The Abenta Village Chief also professed that "these educated pupils will eventually grow up to lead our community and bring modern things into the village." This view was echoed by the head teacher in Abo Abo (no programme) who is keen for VbyV to commence a school rebuilds programme, stating that "eventually, it will help the community evolve and have a wider impact."

Future improvements

Key improvements children were now keen to see include computers, a science laboratory, more text books, fans and a school bus. There were also isolated mentions of broken shutters and some painting that could be improved by both children and teachers. A focus group in Abenta, however, confirmed that "they even observed some shortcomings and they are addressing these." Views from the communities generally appear very positive and the Abenta Village Chief stated "as far as I'm concerned, you did perfect work but I wish the community could have helped more with the project." Wider village improvements coveted include good water access, a health centre and a public toilet.

CLEAN HANDS SAVE LIVES PROGRAMME

Context

'Clean Hands Saves Lives' is a rolling school hygiene education/ behavioural change programme that is delivered in three stages in consultation with the Ghana Education Service & Ghana Health Service.

- Stage 1 - Construction of new toilet block if required / refurbishment of existing.
- Stage 2 - The Installation of new water harvesting facility.
- Stage 3 - A 6-12 month behavioural change programme involving, lesson plans, quizzes, teachers workshops, drama, glow Germ/UV light demonstrations and distribution of veronica buckets and 6 months worth of soap.

To enable comparisons, the majority of results are displayed in VbyV programme, equating to the 3 villages - Abenta, Gboloo Kofi and Pakro Nwanka - where VbyV have run programmes, and no programme – Abo Abo. Whilst it would have been helpful to have 3 villages for each, this was not possible due to the time constraints.

Demographics

The combined VbyV programme age range is 10-19, and no programme is 10-18. For VbyV programme results, 52% were male respondents and 48% were female. The gender split in the no programme results is 57% male and 43% female. The majority of respondents in the VbyV programme results were from families of farmers (73%), followed by traders (21%), public services (2%) and services (4%). This information is unavailable for the no programme results as this question was left blank by all respondents. Interestingly, when asked what the most important things in life to them were, only 10% of children in the VbyV programme villages included health in their rankings. In the no programme village, 27% of respondents cited health. Other livelihood priorities for these groups included family, money, wealth, education and football.

Access to facilities

Respondents were asked about their access to facilities at home and at school. Figure 5 suggests significant differences in standards of living between the villages where VbyV have run programmes and the village where they have not yet commenced a programme. Access to toilets is only 61% in Abo Abo, compared with 94% in VbyV programmes; access to a place to wash hands is only 17% compared with 83% respectively; and access to soap, again, is just under a quarter of that recorded by VbyV programme respondents.

Figure 5: Access to facilities at home

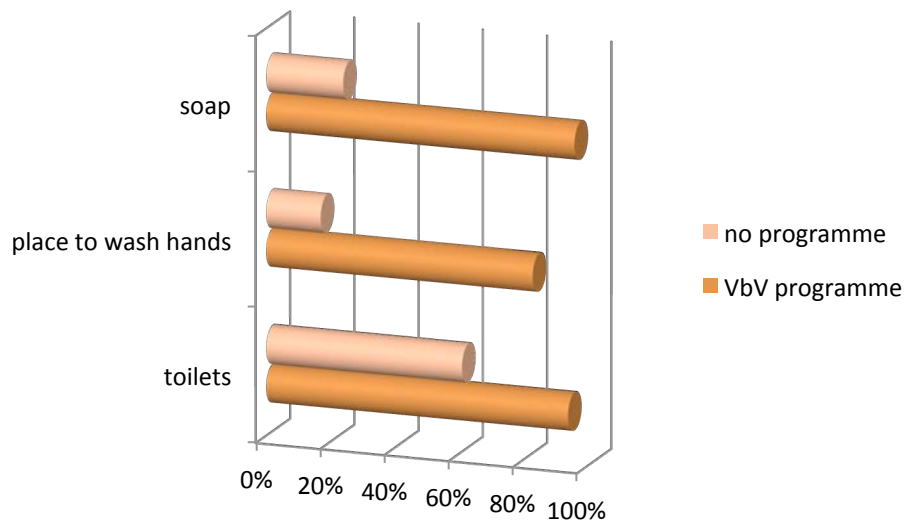
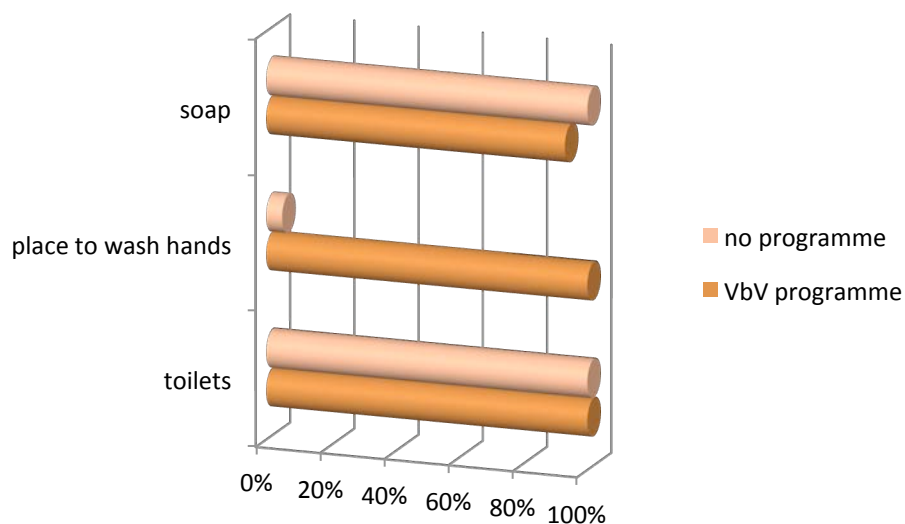


Figure 6 below shows very similar results in terms of those who have access to toilets and soap at school. However, only 5% of no programme respondents claimed they had access to a place to wash their hands compared with 93% of VbyV programme respondents. This could imply that, whilst soap is available, it may not be used regularly if there are no facilities provided. This is supported by a community focus group, whereby it was stated “there is not enough water available so it cannot be demonstrated in everyday life” and further noted that there are not the facilities in the village to cater for hand washing.

Figure 6: Access to facilities at school



Prevalence of hand washing

To explore this further, respondents were asked on which occasions they washed their hands and whether they used soap. Figures 7 and 8 show these figures respectively. Washing hands before eating was well demonstrated in both respondent groups at 100% for VbyV programme and 93% for no programme. However, results show that washing hands after urinating, after defecating and after touching animals were nearly half in each case for the no programme respondents when compared with the VbyV programme respondents. This stark contrast alludes to the success of the hand washing education programme. This argument is cemented in Figure 8, which shows, again, that nearly half the number of respondents in the no programme category used soap in each of these cases – this time including before eating – for example, 66% of VbyV programme respondents used soap to wash their hands after touching animals compared with only 32% of no programme respondents.

Figure 7: Prevalence of hand washing

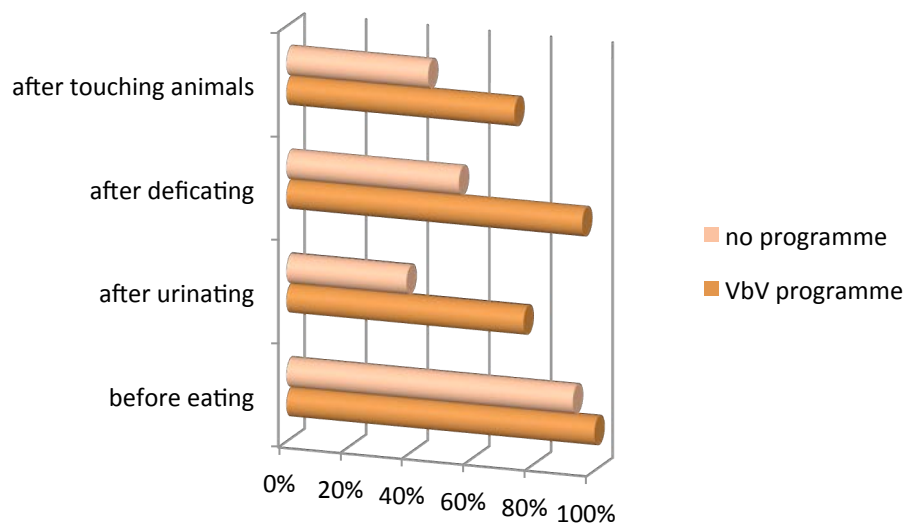
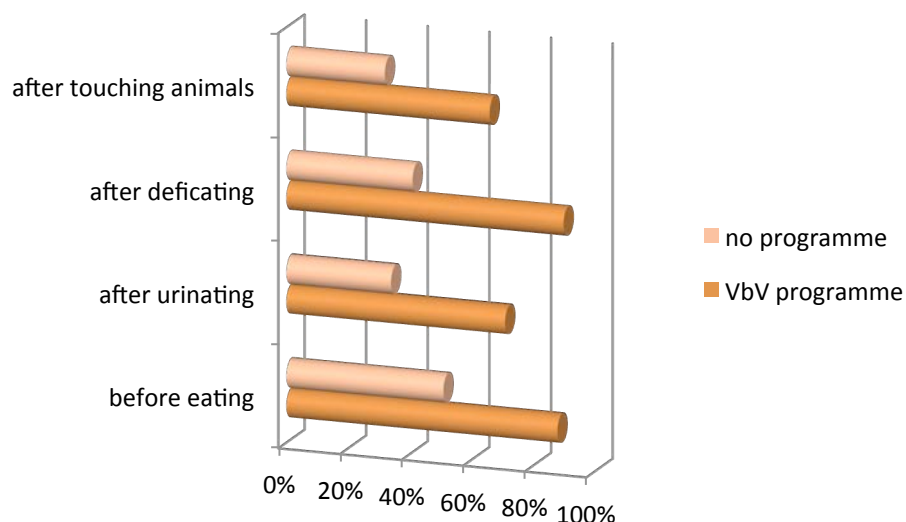


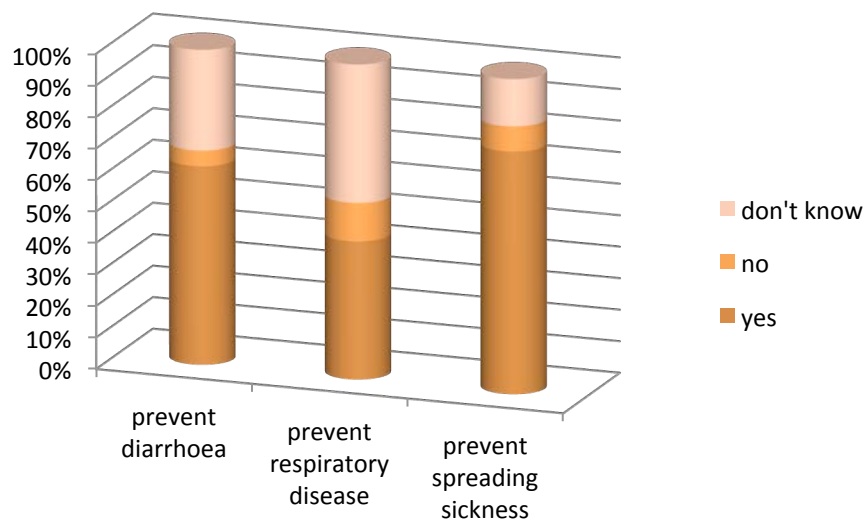
Figure 8: Prevalence of using soap when hand washing



Knowledge of hand washing

VbyV have already begun carrying out quiz's to assess children's knowledge of the dangers of not washing their hands. Drawing upon this, respondents from both groups were asked about the most common associated health risks – diarrhoea, respiratory disease, and spreading health problems to others. Figure 9 shows the results for villages where VbyV have been running their education programme. Respondents were asked whether these health risks could be prevented by washing their hands and given multiple choice options.

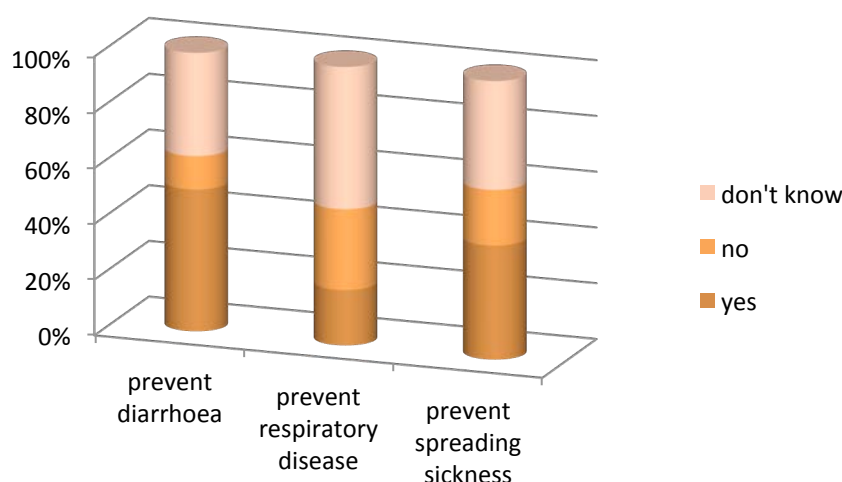
Figure 9: Knowledge of health risks of not washing hands – VbyV programme



As shown, 63% were aware that this could prevent diarrhoea, only 5% thought that washing hands would not prevent this and 32% were unsure. 44% knew that washing hands could prevent respiratory disease, equal to those who were unsure and 12% answered 'no.' The highest successful answer was in relation to the spreading of sickness to others, and 77% knew this was true.

Figure 10 below shows a stark comparison with the knowledge of health risks among respondents in the no programme area. At a glance, it is obvious that a far higher percentage answered either 'no' or 'don't know.' Most notably was the lack of knowledge that not washing hands could lead to respiratory disease where over half of respondents didn't know, and a further 29% answered 'no.' Half of respondents knew that it could help prevent diarrhoea, compared with the above 63%; and only 41% knew that it could prevent sickness spreading compared with the 77% above. Again, these figures represent a stark indication of the success of the hand washing education programme. However, Figure 9 also demonstrates that further education is required to ensure that all children involved in the programmes are fully aware of the associated health risks.

Figure 10: Knowledge of health risks of not washing hands – no programme



Wider community hand washing

Respondents were asked whether their parents washed their hands when they were meant to in an attempt to gauge wider community impacts. Figure 11 shows significant differences again, with 90% of VbyV programme respondents answering ‘yes’ compared with only 51% of no programme respondents. This could potentially be a direct result of the VbyV education programmes, as Figures 12 and 13 clearly show distinct differences between children who share what they’ve learnt about hand washing with their families – 85% in VbyV programmes compared with only 46% in the no programme village.

A community focus group in Abenta cited that the education “has been an eye opener” and will help reduce incidences of illness in the wider community. It was also mentioned that the project should be expanded to the wider community rather than just focusing on the school. It was noted during a focus group in Pakro Nwanka that the children are now very good at washing their hands at specific times, but their parents are not. The focus group suggested that more plastic buckets were required and improved access to water so that wider impacts on the community could be realised.

A focus group in Abo Abo (no programme) concluded that they recognised the significance of the hand washing programme, and that it could have a drastic impact on the community in terms of their living standards and mental attitude towards these. However, a view of some teachers was that the first priority for VbyV should be building a new school.

Figure 11: Prevalence of parents washing hands

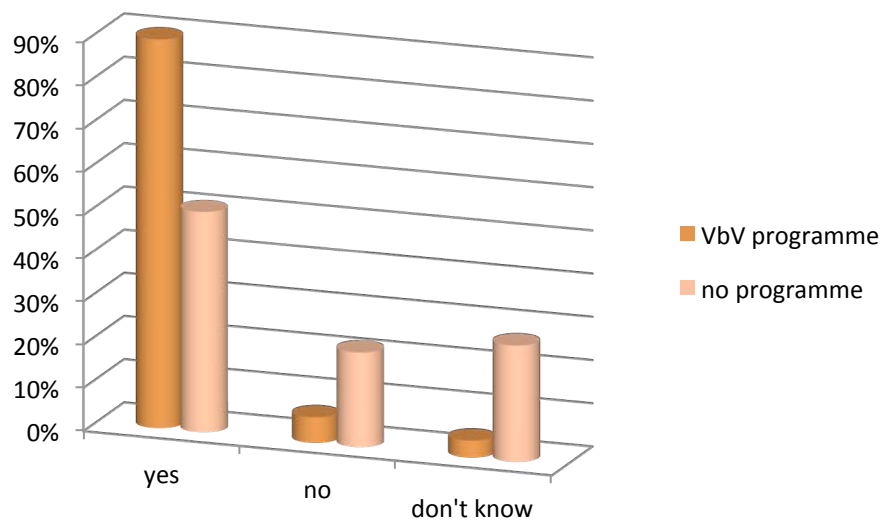


Figure 12: Incidence of sharing knowledge of hand washing with families – VbyV programme

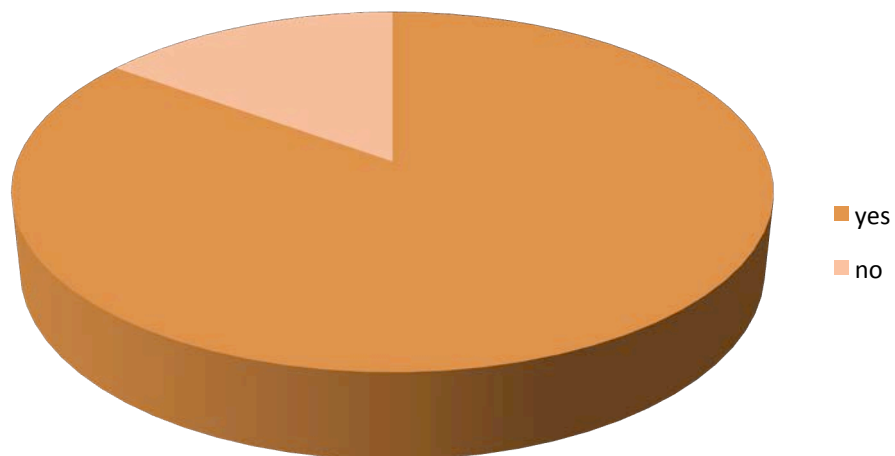
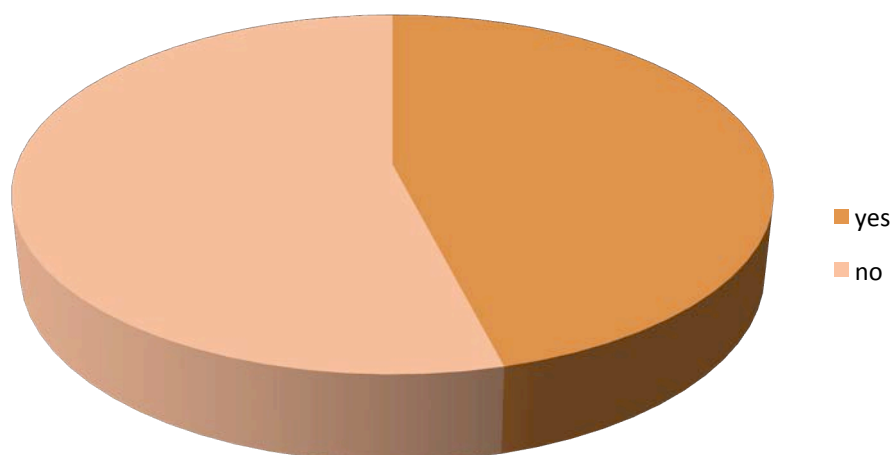


Figure 13: Incidence of sharing knowledge of hand washing with families – no programme



SUMMARY

Although not all original objectives of the study have been explicitly achieved, the research has sought to satisfy these as much as possible with the information available.

The School Rebuilds project has shown that attendance has significantly improved and, perhaps more to the point, the reasons for not attending school have drastically altered from children being afraid the building would collapse and rain leaking in, to the most commonly cited reasons of being unwell or helping their parents.

There have been notable improvements in terms of the children's access to facilities including a reduction in the number of other pupils they must share text books with and a distinct increase in access to toilets and water whilst at school. Text books, however, were commonly cited as a coveted improvement as all respondents still continue to share with other pupils.

Other reflections from children and community focus groups conclude that the school building has been a great advantage in enabling children and teachers to attend as they no longer have to be concerned about weather conditions, and the children see a discernable difference in the number of teachers, their engagement and how often they attend.

Results for the Clean Hands Save Lives education programme are particularly interesting as the study shows a comparison with a village which has not yet been involved in the programme. Clear differences were recorded in the prevalence of hand washing and using soap, with half the number of respondents in the no programme village reporting these in comparison with the VbyV programme villages. The relatively high percentages for the VbyV programme villages are subsequently viewed as a direct result of VbV's education programme.

Results show that, whilst more still needs to be done to ensure that children in the villages where VbyV have been running this programme are fully aware of the associated health risks of not washing their hands, there is still a stark contrast in the knowledge of these health risks with the no programme respondents.

Finally, the wider impacts on the community are prevalent in the VbyV programme villages as children actively share knowledge with their families. This is not the case in the no programme area and should be a consideration for future programmes to ensure that the knowledge is reaching beyond the school children, which was also advocated within the focus groups.

Overall, the communities were very positive regarding VbyV and were complementary of the consultative approach adopted. Whilst further improvements are coveted, there is a prevalent recognition of what has been accomplished and the wider, longer-term positive impacts for the community – both in relation to future employment of the children as a result of the schools, and the health of the communities as a result of the hand washing education.