

**REVIEW AND MODIFICATION -
MODEL AND PROTOCOL**

(HEALTH WORKING GROUP)

PREPARED BY HANOI SCHOOL OF PUBLIC HEALTH

1. CALIBRATED CONCEPTUAL MODEL AND REASONS FOR CHANGES

1.1. CONCEPTUAL MODEL

THE CONCEPTUAL MODEL WAS CHANGED A BIT AND KEY FINDINGS IN ANNEX

1.2. REASON FOR CHANGES

UPDATED LINKS (LINK ARROWS) OF SOME COMPONENTS IN THE CONCEPTUAL FRAMEWORK.

2. LESSONS LEARNED VIS-A-VIS THE INSTRUMENT

Need to contact and well inform the local authorities in the research site about the purpose of the study to receive full support from them and respondents cooperated with interviewers to provide information.

In general the response rate was higher than we expected (overall 93%). Average time to administer a questionnaire in flooded household is 1 hour and 30 minutes and the average time in a non-flooded household is 45 minutes to 1 hour.

A problem appeared in the process of interviewing was to select key informants. Head of the household was supposed to be the key respondent; however during the period of actual data collection, heads of selected households were not all present. In that case, his/her counterparts or even the oldest child in the family was selected to interview.

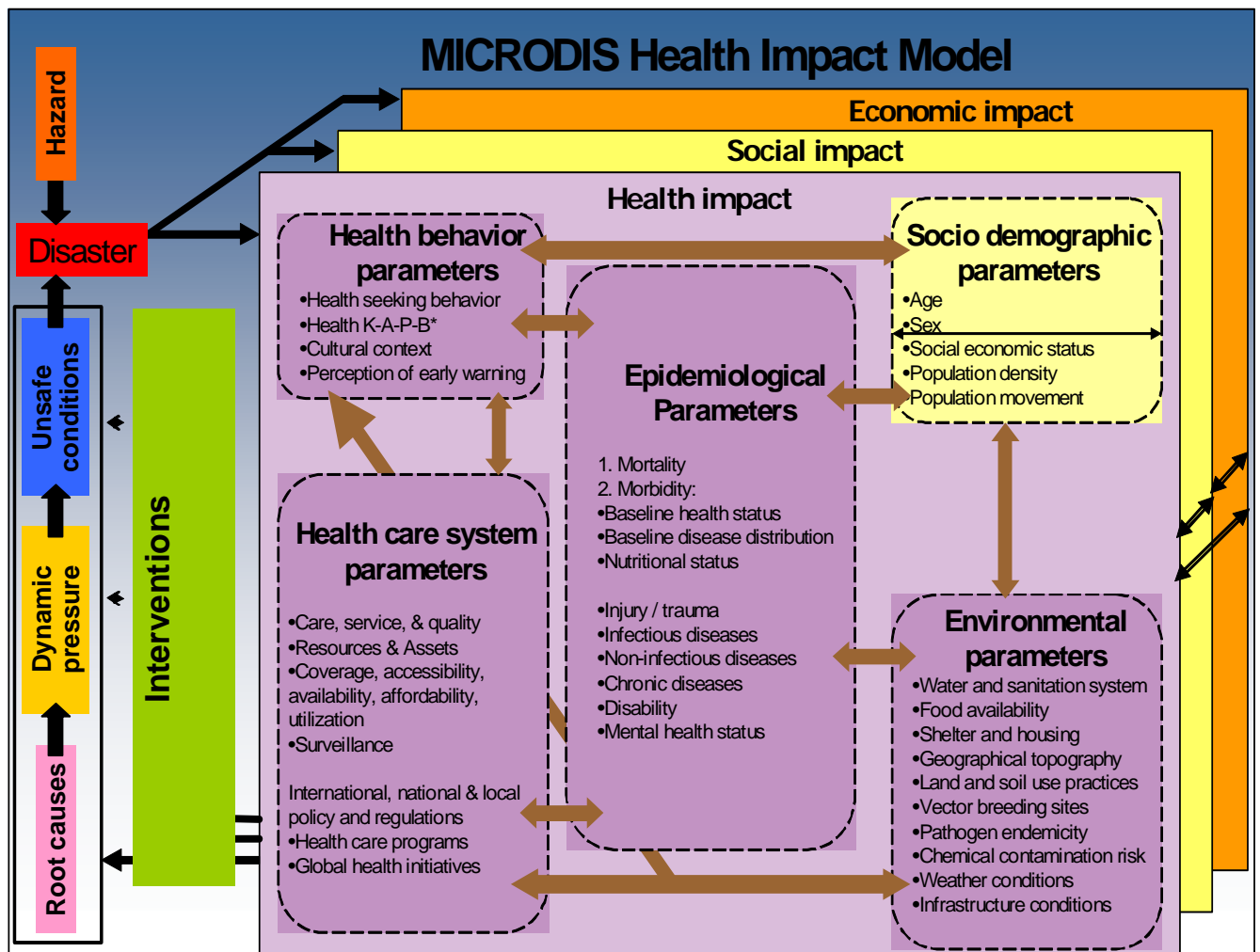
The coordination team is very active in administrative work, the team, however, there is a need on supportive in terms of technical assistance. Since we combine three parts of questionnaire in one, we need to receive adequate guidance for some difficulty parts of social and economic.

The integrated questionnaire should have been standardized before asking country sites to translate and adapt to each site situation. There should have been a common data entry format to be use in all sites rather than let country site to do it on their own. If these have been done so then it could save a lot of time to try to come to a common codebook and data set.

3. LOGBOOK WITH CHANGES IN THE INSTRUMENT ON THE BASIS OF LESSONS LEARNED AND THE CONCEPTUAL MODEL

	CODEBOOK SITE Y (COUNTRY X)	
	Adaptation	Reason for adaptation
	Date of birth: We asked specific to year of birth for family member 5 years old and older, and specific to month and year of birth for children less than 5 years old	It was very difficult for people in the rural area to remember specifically their DOB by dd/mm/year
	Nationality, Ethnicity, Religion, Language etc. were categorized with options suitable for its respondents.	Change after pretest to be easier for late data entry.
	Household land holding (the specified local measures: 1 “sào” = 496 m ²) were categorized with options suitable for its respondents.	Change after pretest to be easier for late data entry and suitable with Vietnam situation
	A 20A, A was added one colum with yes/no answer to ask if respondent loses or experiences any damage to each of the following items	Easy the process of asking and taking notes
	Question A27 was broken down into three small questions to ease the process of aksing and taking note	
	Questions Reg 5, Reg 6 and Observation was move to the end part of the integrated questionnaire	
	Part II: Health core	
	Water and Sanitation: Beside two core questions on drinking water and toilet, we added seven more, see questionnaire	Health is our focuss
	Access to heathl Care Questiona 2.2.3 from heathl extended was added Section on Nutrution status of children 6-59 months was added Other health conditions included 5 questions were added	

Conceptual Framework



* K-A-P-B: knowledge, attitude, practice, belief, behavior

Key findings

INDIA	INDONESIA	VIETNAM
<p>Important of determinants</p> <ul style="list-style-type: none"> • Lack of preparedness of health system/weak of system <ul style="list-style-type: none"> • Surveillance system • Implementation of Immunization • Hygiene and sanitation facility • Severity of disasters • Frequent of disasters • Access to health services/patient delay • Expenditures for health 	<ul style="list-style-type: none"> • Lack of preparedness of health system/weak of system • Environmental condition: water and sanitation, damage to environment • Characteristic of disasters: severity, duration of flood • Low immunization coverage • Health seeking behavior • Lack of perception on seriousness • Demographic: age, occupation, family size/composition, social economic status • Displacement: place, condition, duration 	<ul style="list-style-type: none"> • Lack of preparedness of health system/weak of system <ul style="list-style-type: none"> • Surveillance system • Implementation of vertical health programs • Environmental condition: water and sanitation, damage to environment • Access to health services (chronic conditions) • Early warning for disaster • Lack of awareness/preparedness of people • Household /individual expenditures for health
<ul style="list-style-type: none"> • Morbidity pattern <ul style="list-style-type: none"> • Malaria, diarrhea, chikungunya • Nutrition: <ul style="list-style-type: none"> • Stunting, 	<ul style="list-style-type: none"> • Morbidity pattern <ul style="list-style-type: none"> • Acute infectious such as: diarrhea, skin infection, ARI, Typhoid, DHF, leptospirosis • Chronic diseases: hypertension and cardiac diseases • Nutrition: <ul style="list-style-type: none"> • Stunting, under weight, wasting 	<ul style="list-style-type: none"> • Mortality • Morbidity pattern <ul style="list-style-type: none"> • Diarrhea, Dengue hemorrhagic fever, eye infection, injuries, RTI • Mental health problems • Nutrition: <ul style="list-style-type: none"> • Under weight