Evaluating Impact: 
From Promise to Evidence 

Integrating Sanitation in the Philippines 
Pantawid Pamilya Program 

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Geographic locations of the poor and those without access to improved sanitation

Red areas circled in yellow represent higher concentrations of households without access to improved sanitation.

Households living in extreme poverty seem to consistently reside in geographic areas where there is low access to sanitation.

Red areas represent higher concentrations of households in the lowest income quintile ($0-$229 USD/capita/region). Yellow circles represent areas with low sanitation access.

Map of sub-national areas without access to improved sanitation.

Map of high poverty areas overlaid with areas without access to improved sanitation.

Source: National Household Targeting System for Poverty Reduction
Philippines rural sanitation access
Focus on inequity

- Around 9.5 million Filipinos still don’t have basic sanitation access
- Disaggregation of rural sanitation by wealth and income poverty
- OD population is largely concentrated among the 2 poorest wealth quintiles
- OD practice is a phenomenon among the poor

Source: Unicef JMP - DHS 2008 data
Intervention Summary

The intervention integrates the largest national social protection program in the Philippines, the *Pantawid Pamilyang Pilipino* Program with rural sanitation demand generation and supply strengthening.

**Program activities will include:**

- Conduct of Community-led Total Sanitation (CLTS) activities
- Enhance the Family Development Session (FDS)
- Conduct of Behavior Change Communication activities at the household level including Supply-side strengthening (latrine products and financing)
Intervention Summary

Brief description of outputs:

- Number of Trained Municipal Links
- Number of Households who attended modified FDS on Sanitation
- Number of Households who underwent with CLTS activities
- Number of oriented Sanitation Suppliers and MFIs
## Intervention Summary

<table>
<thead>
<tr>
<th></th>
<th>Overall Target</th>
<th>Pilot/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Beneficiaries</strong></td>
<td>Xxx Pantawid household beneficiaries</td>
<td>xxx Pantawid household beneficiaries</td>
</tr>
<tr>
<td><strong>B. Located in rural areas in:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barangays</td>
<td>23,482 barangays/villages</td>
<td>260 barangays/villages (20 per municipalities, 5 control, 5 T1, 5 T2, 5 T3)</td>
</tr>
<tr>
<td>Municipalities</td>
<td>859 municipalities</td>
<td>13 municipalities</td>
</tr>
<tr>
<td>Provinces</td>
<td>41 provinces</td>
<td>4 provinces (1 province per region)</td>
</tr>
<tr>
<td>Regions</td>
<td>8 regions</td>
<td>4 regions piloting Zero Open Defecation Project</td>
</tr>
<tr>
<td><strong>C. When to conduct</strong></td>
<td>2017</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; quarter 2014 – 2016</td>
</tr>
</tbody>
</table>
Implementing Agencies and Partners

– Department of Health (DOH)
– Department of Social Welfare and Development (DSWD)
– Partner local government units (Province, Municipalities and Barangays)
– Water and Sanitation Program (WSP) World Bank
– UNICEF
Results Chain

**Inputs**
- Program budget
- Program Methodology (CLTS, BCC)
- Human Resource

**Activities**
- Coordination with LGUs
- Enhancement of FDS Module on Sanitation
- Training of Municipal Links on enhanced FDS module
- Identification of households for piloting
- Orientation meetings with Sanitation Suppliers and MFIs
- Conduct of enhanced FDS
- Conduct of CLTS sessions

**Outputs**
- Number of Trained Municipal Links
- Number of Households who were provided with modified FDS on Sanitation
- Number of Households who attended CLTS and BCC activities
- Number of oriented Sanitation Suppliers and MFIs

**Program**

**Intermediate Outcome**
- Number of households who built latrines
- MLs using the enhanced FDS module on Sanitation
- Reduction in Open Defecation Practices
- Number of Latrine Suppliers and MFIs supporting the program

**Impact**
- Reduction in the incidence of child diarrhea, anemia and stunting
Research Questions

1. Does the use of either enhanced FDS module on sanitation or CLTS lead to *decrease in open defecation practices*?

2. Does the conduct of either FDS using the enhanced module on sanitation or CLTS lead to *toilet uptake by the beneficiaries*?

3. Does linking sanitation demand creation activities and supply-side strengthening with the Pantawid Pamilya Program FDS lead to *reduction in child diarrhea, anemia, and stunting*?
## Impact Evaluation Design

### Treatment arms and size - RCT

<table>
<thead>
<tr>
<th>Groups</th>
<th>Description</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment 1</td>
<td>Pantawid households in barangays that: • piloted the enhanced FDS</td>
<td>XXX HH in 13 municipalities</td>
</tr>
<tr>
<td>Treatment 2</td>
<td>Pantawid households in barangays that: • piloted the enhanced FDS • piloted the CLTS approach</td>
<td>XXX HH in 13 municipalities</td>
</tr>
<tr>
<td>Treatment 3</td>
<td>Pantawid households in barangays that: • piloted the enhanced FDS • piloted the CLTS approach • were linked with MFIs and toilet suppliers</td>
<td>XXX HH in 13 municipalities</td>
</tr>
<tr>
<td>Control</td>
<td>Pantawid households in municipalities that did not pilot the enhanced FDS nor the CLTS approach</td>
<td>XXX HH in 13 municipalities</td>
</tr>
</tbody>
</table>
Impact Evaluation Design (2)

Rules on program assignment (RCT):

1. Select 13 municipalities from provinces that are implementing Zero Open Defecation Project based on the following criteria (Policy consideration):
   - With very high incidence of open defecation and unimproved toilets
   - With very high poverty incidence
   - Those with high number of barangays (beyond capacity of LGUs to support)

2. Randomly select 20 barangys from each municipality or 5 barangays for each group

3. Randomly select xxx households from each barangay
# Data Collection

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Sources</th>
<th>Frequency of collection</th>
<th>Who will collect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Indicators:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence of infant and child diarrhea, anemia and stunting</td>
<td>Admin data</td>
<td>At the end of pilot implementation</td>
<td>LGU, IE team</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households who built toilets</td>
<td>Survey</td>
<td>At the end of pilot implementation</td>
<td>IE team</td>
</tr>
<tr>
<td>Percentage of MLs using the enhanced FDS module on Sanitation</td>
<td>Admin data</td>
<td>At the end of pilot implementation</td>
<td>DSWD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Reduction in Open Defecation Practices</td>
<td>Survey</td>
<td>At the end of pilot implementation</td>
<td>IE team</td>
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## Data Collection (2)

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<tbody>
<tr>
<td><strong>Output Indicators:</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Number of Trained Municipal Links</td>
<td>Admin data</td>
<td>At the end of pilot implementation</td>
<td>DSWD</td>
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<tr>
<td>Number of Households who were provided with modified FDS on Sanitation</td>
<td>Admin data</td>
<td>At the end of pilot implementation</td>
<td>DSWD IE Team</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Households who participated in CLTS</td>
<td>Admin data</td>
<td>At the end of pilot implementation</td>
<td>DSWD IE Team</td>
</tr>
<tr>
<td></td>
<td>Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of oriented Sanitation Suppliers and MFIs</td>
<td>Admin data</td>
<td>At the end of pilot implementation</td>
<td>DSWD</td>
</tr>
</tbody>
</table>
Data Collection (3)

Method of data collection (e.g. electronic health worker interviews, admin data, etc.):

1. **Admin data**
   - Baseline data on sanitation from National Household Targeting System (NHTS)
   - Social Welfare Indicators (SWI)
   - Project Monitoring Database
   - LGU data (RHU, MSWDO, etc)

2. **Household Surveys**

3. **FGDs, KII**s
Thank you