Evaluating Impact:
From Promise to Evidence

Introducing output-based payments to accelerate sanitation access for the poor and to improve health outcomes in Lao PDR

East Asia Regional Impact Evaluation Workshop
May 5 – 9, 2014
Seoul, South Korea

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1. Intervention Summary

A. Brief description of program activities and outputs

- The evaluation will operated as part of a scale-up phase that covers 10 districts in two provinces in the south of Laos (Champasak and Sekong province). The intervention to be evaluated includes sanitation marketing with demand generation through Community Led Total Sanitation (CLTS). Conditional incentives will be also offered to poor households, village motivators and villages as a whole. The intervention is designed to increase take-up of improved sanitation at the household and community level, esp. in poor and remote areas of Laos.

B. Who is targeted?

- 400 villages

C. Where is it conducted?

- 7 districts in Champasak and 3 districts Sekong province, Laos

D. When is it conducted?

- June 2014 (phase 1) and February 2015 (phase 2)
E. Name(s) of implementing organization(s)?

- **WSP** support to CLTS and Sanitation Marketing (supported by PSI and SNV)
- **Government** rural sanitation in 10 districts within Champasak and Sekong province
- **East Meets West Foundation** “Output-Based Aid” program
- **University/research institute** to design, manage data collection and analysis

Learning through experimental research if output-based payments can accelerate ODF achievement and poor household latrine use.
2. Results Chain

**Input:** trainings, materials, incentives, staff timing from Govt, resource agencies’ support

**Activities**

1. Introducing CLTS in 400 villages within 10 districts
2. Rolling out of sanitation marketing, initiated by the private sector, throughout these districts
3. Offering different conditional incentives to poor households, village motivators and a collective cash incentive for villages

**Intermediate Outcome**

- # of villages verified ODF (with and without receiving incentive)
- # of poor and non-poor households with access to improved sanitation
- # of poor households receiving output-based subsidy for durable sanitation
- Cost effectiveness indicators for the different intervention

**Impact**

- Improve the health outcomes for all, especially for children under 2 (incl. reduce in diarrhea, anemia, height and weight for age)
3. Research Questions

1. Does CLTS and Sanitation Marketing improve access to durable improved sanitation for poor and non-poor household and increase ODF achievement at village level?

2. Does the addition of an output-based incentive targeted to poor households, combined with an incentive to village sanitation mobilizers, lead to increased access of poor households to durable sanitation and to higher and faster achievement of ODF?

3. Does the addition of collective cash incentive at the village level lead to higher and faster achievement of ODF?

4. Does the addition of full incentive package lead to increased access of poor households to durable sanitation and to higher and faster achievement of ODF?

5. Do increases in access to improved sanitation lead to reductions in reported child diarrhea, anemia, stunting and wasting?
4. Impact Evaluation Design

A. Describe the intervention and sample size

<table>
<thead>
<tr>
<th>Phase 1 (June 2014 – May 2015) – Total 150 villages</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td><strong>Sanitation Marketing + CLTS</strong></td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td><strong>No CLTS intervention but spillover of Sanitation Marketing</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 2 (February 2015 – May 2016) – Total 250 villages</th>
<th>For health impact, we will do an end-line in May 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment 1</strong></td>
<td>Poor-household incentive (B) + Village sanitation promoter incentive (C) + Sanitation Marketing + CLTS</td>
</tr>
<tr>
<td><strong>Treatment 2</strong></td>
<td>Village ODF incentive (A) + Village sanitation promoter incentive (C) + Sanitation Marketing + CLTS</td>
</tr>
<tr>
<td><strong>Treatment 3</strong></td>
<td>Village ODF incentive (A) + Poor-household incentive (B) + Village sanitation promoter incentive (C) + Sanitation Marketing + CLTS</td>
</tr>
<tr>
<td><strong>Treatment 4</strong></td>
<td>Sanitation Marketing + CLTS</td>
</tr>
</tbody>
</table>
4. Impact Evaluation Design

B. Describe the program assignment rule:

PHASE 1

• Observational study using difference in difference

PHASE 2

• Cluster-randomized (village level) to test the causal effect of CLTS, sanitation marketing, incentive payments on up take of improved and durable sanitation, ODF achievement and child health. Provision of incentive payments will be randomized across districts receiving the CLTS and Sanitation Marketing package.
5. Data Collection

A. List program indicators to be collected:

- Percentage of poor households receiving output-based subsidy for durable sanitation
- Percentage of poor (and non-poor) households with access to improved sanitation
- Percentage of poor (and non-poor) households with access to durable sanitation (pour-flush)
- Percentage of poor (and non-poor) households practicing open defecation or using unimproved sanitation
- Number of sales from latrine suppliers (complementary data from supplier’s monitoring system)
- Percentages of villages self-declaring ODF
- Percentage of villages ODF verified and receiving cash incentive
- Time it takes for villages to become ODF after start of intervention
- Caregiver-reported diarrhea (children under 2)
- Height-for-age / prevalence of stunting (children under 2)
- Weight for age / prevalence of wasting (children under 2)
- Anemia (children under 2)
- Cost per household gaining access to improved sanitation
5. Data Collection (Cont)

Method of data collection

- **Phase 1** – an independent survey in 40 treatment and 40 control villages (intermediate outcome indicator level only), combine with sales data set from suppliers.

- **Phase 2** – an independent survey will be collected through three household and community surveys combined with key-informant interviews with program implementers, and other administrative monitoring data (e.g. operational implementation data, ODF verification data, and household verification data of EMWF).
Household surveys will be performed by a professional survey firm and sales data will be recorded by resource agencies, and data from EMW monitoring system.
THANK YOU

Questions & Comments?