

Philippines Pantawid Pamilya conditional cash transfer and sanitation impact evaluation: overcoming barriers to adoption of sanitation for poor households in the Philippines

Submission date 05/10/2017	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 18/10/2017	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 23/04/2021	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Access to basic sanitation remains one of the largest development challenges in the Philippines as 26% of the total population is without access to improved sanitation facilities. In rural areas alone, access to improved sanitation is less than 70% or about 9.5 million people, with 5.7 million of them defecating in the open and 3.7 million using unimproved toilets. Household latrines provide substantial health and other welfare benefits to users as well as positive development outcomes to others in the community, yet ownership of sanitary household latrines is uncommon among the poor. This study aims to address a key knowledge gap: what is the best mechanism to address the financial constraints of households to improving their sanitation situation – savings, subsidy, or a combination of the two?

Who can participate?

All people living in the participating barangays (villages)

What does the study involve?

Participating barangays are randomly allocated to one of the three intervention groups or the control group. All groups receive sanitation promotion through Family Development Sessions (FDS) and a Community Led Total Sanitation (CLTS) campaign. The control group receive no further interventions apart from this. Intervention group 1 receive access to funding through national and municipal programs to subsidize the purchase and construction of household latrines. Intervention group 2 have access to a 25% microfinance institution (MFI) grant for purchase of a latrine and make regular savings contributions to repay the remaining 75%. Intervention group 3 have access to a 50% MFI grant for purchase of a latrine and make regular savings contributions to repay the remaining 50%. Household take-up of improved sanitation is measured through surveys at the start and end of the study.

What are the possible benefits and risks of participating?

Participants in the three intervention groups are eligible to receive subsidies or savings grants

that help subsidize the construction of household latrines. All participants are exposed to national sanitation promotional campaigns. There is some risk for participants that enroll in savings grants programs will not be able to repay their portion of latrine costs. Study and MFI protocols include protections to ensure households that do not meet appropriate income levels will not be offered savings grants, thereby minimizing this risk. Otherwise, participation in the study does not represent risks to participants beyond what would be expected otherwise.

Where is the study run from?

The study takes place in the Philippines and includes 17 municipalities in the provinces of Negros Oriental, Cebu and Bohol and Leyte and Eastern Samar

When is the study starting and how long is it expected to run for?

September 2015 to December 2015

Who is funding the study?

World Bank Strategic Impact Evaluation Fund (SIEF)

Who is the main contact?

1. Claire Chase (scientific)

cchase@worldbank.org

2. Edkarl M. Galing (public)

egaling@worldbank.org

Contact information

Type(s)

Public

Contact name

Mr Edkarl Galing

Contact details

World Bank

1818 H Street

Washington DC

United States of America

20433

+1 (0)2023440207

egaling@worldbank.org

Type(s)

Scientific

Contact name

Ms Claire Chase

Contact details

World Bank

1818 H Street

Washington DC

United States of America

20433
+1 (0)2024734111
cchase@worldbank.org

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title

Increasing access to improved sanitation for poor households in the Philippines through financial savings and subsidies: a cluster randomized controlled trial

Study objectives

The primary hypothesis being tested in the study is that addressing the financial constraints of poor rural households, in combination with promotional activities, will increase the proportion of households that adopt and use improved sanitation.

Ethics approval required

Old ethics approval format

Ethics approval(s)

University of the Philippines Manila Research Ethics Board, 02/11/2015, ref: RGAO-2015-0034

Study design

Experimental multi-arm parallel-assignment unmasked multi-center cluster randomized control trial with an active control group

Primary study design

Interventional

Secondary study design

Cluster randomised trial

Study setting(s)

Community

Study type(s)

Other

Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Sanitation

Interventions

The evaluation is a four-arm cluster randomized controlled trial, where treatment is randomly assigned at the cluster (village / barangay) level. Barangays were randomized within municipality to one of the three treatment arms, or control (stratified randomization within municipality). Random assignment was accomplished through standard practices using STATA.

Intervention Arm 1 (Municipal Subsidy + Promotion):

Households will have access to funding through national and municipal programs to subsidize the purchase and construction of household latrines. Treatment will also include promotion through Community-led Total Sanitation (CLTS) and enhanced Family Development Sessions (FDS).

Intervention Arm 2 (MFI Savings + 25% Grant + Promotion):

Households will have access to a 25% MFI grant for purchase of latrine and will make regular savings contributions to repay the remaining 75%. Treatment will also include promotion through Community-led Total Sanitation (CLTS) and enhanced Family Development Sessions (FDS).

Intervention Arm 3 (MFI Savings + 50% Grant + Promotion):

Households will have access to a 50% MFI grant for purchase of latrine and will make regular savings contributions to repay the remaining 50%. Treatment will also include promotion through Community-led Total Sanitation (CLTS) and enhanced Family Development Sessions (FDS).

Control (Promotion):

Promotion through Community-led Total Sanitation (CLTS) and enhanced Family Development Sessions (FDS).

Intervention Type

Other

Primary outcome measure

Household take-up of improved sanitation (proportion of sample that has access to improved sanitation at the endline); improved sanitation defined using WHO/UNICEF Joint Monitoring Committee (JMP) guidelines. Data collected through household and barangay level surveys in December 2015 and December 2017

The study is powered to detect differences in sanitation take-up both between each treatment arm and the control arm, as well as across treatment arms.

Secondary outcome measures

1. Open defecation habits (proportion of sample that practices open defecation). Data collected through household and barangay level surveys in December 2015 and December 2017

2. Childhood diarrhea (2-day, 7-day and 14-day diarrhea prevalence in children aged less than 5 years). Data collected through household and barangay level surveys in December 2015 and December 2017

Overall study start date

01/08/2015

Completion date

31/12/2017

Eligibility

Key inclusion criteria

Barangays (villages) were selected based on the following criteria:

1. Water, Sanitation and Hygiene (WASH) priority areas identified for WASH convergence
2. Participation in the national Zero Open Defecation Program
3. At least 20% of households in the barangay having no toilet (defecating in the open)
4. At least 40 households participating in the Pantawid Pamilya. Within each barangay, the NHTS was used as the sampling frame

The Pantawid Pamilya utilizes the National Household Targeting System for Poverty Reduction (NHTS-PR) to target beneficiaries. This is a national database of poor households, containing information on household eligibility and includes households' access to sanitation. This targeting system identifies household eligibility and participation in Pantawid Pamilya, household composition, and proxy-means test.

There was no minimum/maximum age and both genders were included.

Participant type(s)

Other

Age group

All

Sex

Both

Target number of participants

A total of 4080 participants (households) from a total of 272 clusters (village/barangay level)

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

01/09/2015

Date of final enrolment

01/12/2015

Locations

Countries of recruitment

Philippines

Study participating centre

N/A

Philippines

N/A

Sponsor information

Organisation

World Bank Strategic Impact Evaluation Fund (SIEF)

Sponsor details

1818 H Street

Washington DC

United States of America

20433

Sponsor type

Other

Website

<http://www.worldbank.org/en/programs/sief-trust-fund>

ROR

<https://ror.org/00ae7jd04>

Funder(s)

Funder type

Other

Funder Name

World Bank Strategic Impact Evaluation Fund (SIEF)

Results and Publications

Publication and dissemination plan

The following additional documents will be available once the trial is over: study protocol and statistical analysis plan. Protocol is not currently published.

Planned publication of study results in a high-impact peer reviewed journal - date intended is one year after trial end date (around December 2019). A case study note and lessons learned report will also be prepared to be disseminated internally with key stakeholders within the World Bank and externally for knowledge sharing purposes (date intended is one year after trial end date - around December 2019).

Intention to publish date

31/12/2019

Individual participant data (IPD) sharing plan

The data will be stored in the World Bank repository. For access, Claire Chase (cchase@worldbank.org) should be contacted. The data will include household level surveys and the statistical data from baseline and endline evaluation.

IPD sharing plan summary

Stored in repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Funder report results	results in funder report	12/11/2019	23/04/2021	No	No