



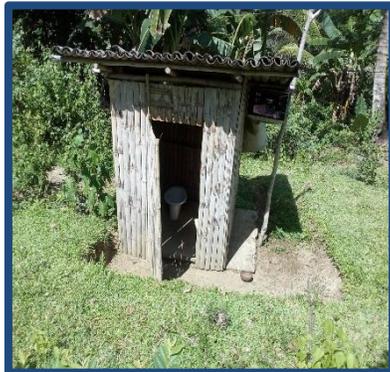
Ipsos Public Affairs

The Social Research and Corporate Reputation Specialists

Full Report

Endline Survey for the Impact Evaluation of the S4P Program (Overcoming Barriers to Adoption of Sanitation for the Poor Households) in the Philippines

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Ipsos Public Affairs, LLC
2020 K Street, Suite 410
Washington, DC 20006
Tel: +1 202.463.7300
www.ipsos-pa.com

Ipsos Inc.
7th floor Unit A, South Tower
Rockwell Business Center Sheridan
Sheridan cor. United Streets,
Mandaluyong City
1550 Philippines
Tel: +63 2 6333997
www.ipsos.com

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1. Overview of the Sanitation for the Poor (S4P) Program

1.1. Program overview and objectives. The Sanitation for the Poor (S4P) initiative under the Strategic Impact Evaluation Fund in the Philippines intends to evaluate the current integration of sanitation to the Pantawid Pamilyang Pilipino Program (4Ps), a conditional cash transfer (CCT) program, to provide evidence in overcoming barriers to adoption of sanitation for poor households in the Philippines.

A key knowledge gap in the sector is how best to address the financial constraints the poorest face in acquiring sanitation products and services. Leveraging an existing poverty targeting system to identify households in need of financial support such as savings, loans, or hardware subsidies, and mainstreaming sanitation promotion and demand generation into a large-scale CCT program could substantially reduce the transaction costs of targeting sanitation services to the poor, who are most in need.

When conducted in the context of a robust supply of affordable and aspirational sanitation products, the approach has vast potential to increase take-up and motivate use and maintenance of household latrines among the poor.

Simply put, the program is designed to scale up access to improved sanitation among the poorest households in the rural areas of the Philippines, specifically, by building or repair of toilets in selected 4Ps beneficiary households.

The study was designed primarily to assess how the program interventions impacted access to sanitation, and other desired outcomes like sanitation behaviors among select households (i.e., Component 1 of the study):

- i. Demand generation and behavior change communications (through Family Development Sessions) + sanitation marketing
- ii. Partial hardware grants and subsidies + Family Development Sessions + sanitation marketing
- iii. Financial products (through microfinance institutions or MFI) + Family Development Sessions + sanitation marketing
 - Financial Package 1: 25% Subsidy on MFI product
 - Financial Package 2: 50% Subsidy on MFI product

... and secondarily, to gather program implementation feedback from key informants (i.e., Component 2 of the study) including participating LGUs, regional DSWD staff, partner MFI, and masons.

- 1.2. Program coverage and beneficiaries.** The S4P Program is currently in its pilot stage, covering 2 key regions: Region 7 (Central Visayas) and Region 8 (Western Visayas). These were selected as pilot regions because they were identified as the areas with the highest concentration of households in the lowest income quantile (i.e., USD0-USD229 annual per capita per region).
- a. From these 2 regions, 17 municipalities were selected based on the levels of poverty, open defecation, and unimproved sanitation.
 - b. From the 17 municipalities, 272 barangays were selected, based on the following criteria:
 - i. WASH priority areas identified for WASH convergence
 - ii. Participation in the national Zero Open Defecation (ZOD) Program
 - iii. At least 20% of households in the barangay had no toilet (i.e., defecating in the open)
 - iv. At least 40 households (in the barangay) are 4Ps beneficiaries

- c. And from the 272 barangays, a sample of n=15 households were selected, through the following process:
 - i. The NHTS was used as the sampling frame. This targeting system identifies household eligibility and participation in the Pantawid Pamilyang Pilipino Program (4Ps/ Pantawid), household composition, via a proxy-means test.
 - ii. Within each selected barangay, a seed number was set and a random number was assigned to each household. The households were ranked according to this random number and the first to fifteenth households were selected as the primary sample. The remaining households were reserved (according to their ranks) for replacement/ substitution.

1.3. Treatment arms. To be able to assess the effectiveness of different interventions in addressing the financial constraints that the poorest face in acquiring sanitation products and services, S4P, in its pilot stage, randomly assigned the beneficiary barangays into 4 treatment arms. Each treatment arm was exposed to a different combination of interventions related to sanitation demand generation and financing packages (e.g., savings products, loans, subsidies).

- a. One arm received demand generating activities in the form of Family Development Sessions (FDS) on sanitation only;
- b. The second arm was offered grants and subsidies for sanitation (coming from government, e.g. LGU, DSWD-SLP and DSWD-KC-NCDDP) in addition to demand generating activities;
- c. The third and fourth arms were offered MFI financial products in addition to receiving demand generating activities.

Figure 1. Interventions, by Treatment

INTERVENTIONS	TREATMENT ARMS			
	1	2	3	4
Demand generation and behavior change communications (through Family Development Sessions) + Sanitation marketing	√	√	√	√
Partial hardware subsidies		√		
Financial products (through microfinance institutions or MFI): Financial Package 1: 25% Subsidy			√	
Financial products (through microfinance institutions or MFI): Financial Package 2: 50% Subsidy				√



2 Endline Survey

2.1. Background of the Implementers. The endline survey was commissioned by the World Bank to Ipsos, a global market research company.

- a. **Ipsos in the world.** Ipsos is made up of 89 locally incorporated offices staffed by over 16,000 personnel around the world, including 86 staff in the Philippines. As one of the world's largest survey and market research firms, Ipsos has unparalleled insight into the markets in which it carries out studies.

Ipsos is a non-partisan, objective research organization made up of experienced research professionals who conduct strategic projects for clients in the government, public, corporate and not-for-profit sectors. Ipsos views clients as partners in the research process, offering advice and guidance through all stages of research studies, from design and implementation, to fielding and analysis. Ipsos has a strong focus on data quality, continually improving methods for data collection, data capture and data cleaning that ensures highly robust outputs for streamlined analysis.

By ensuring that our country-based teams lead on the delivery of research, Ipsos develops methods that ensure high quality research designs that are realistic and work within the constraints of local contexts and budgets. Members of the Ipsos team have degrees in such fields as psychology, sociology, political science, economics, public policy analysis, statistics, social science, international development, communications, and marketing. Together, our researchers draw across this broad spectrum of expertise to deliver research-based recommendations that are highly insightful and impactful.

Ipsos has worked in the full spectrum of public policy program areas, and has delivered large-scale and multi-country social and related surveys for a wide array of public and private sector clients in this field, including: ASEAN, the World Bank, UNDP, the World Trade Organization, the Bill and Melinda Gates Foundation, UNICEF, Democracy International, USAID, the MasterCard Foundation, World Vision, the International Committee of the Red Cross, TESDA, The Coca-Cola Company, Globe Telecom, and ProFriends Holdings. Among the studies done in the Philippines are a Financial Survey Among Downscale Households, a Census and Profiling Study of Selected Areas in North Central Luzon, an Impact Evaluation of a Business Program among Women Entrepreneurs in the Philippines, a Family Income and Expenditure Survey, and a Labor Force Survey.

Ipsos also has substantial capabilities in program evaluation. We regularly develop evaluation frameworks, program needs assessments, performance monitoring systems, primary and secondary data collection and analysis, and delivery of analytical reports and strategic recommendations. In addition, we provide primary data inputs and analytics for evaluation efforts, including the design of experimental and non-

experimental process and impact studies, stakeholder and elite surveys, and the incorporation of secondary data sources into analytical models. We work on targeted local studies and end-to-end evaluation in key development areas in all regions of the globe.

In addition to our in-house expertise, Ipsos regularly brings in experts to advise on the more technical aspects of our studies depending on the specific program need to ensure that study designs and analyses are grounded in the most up-to-date and comprehensive knowledge available.

- b. **Ipsos in the Philippines.** In the Philippines, Ipsos' position as a top research firm has resulted from a marriage of local knowledge and sound research practices. Being sensitive to the challenges brought on by poor infrastructure, high economic and geographic diversity, and ongoing regional development, research teams have developed innovative approaches to collecting data.



our

studies

face to

The Ipsos office in Philippines conducted around 450 in 2017 and maintains a pool of 300+ face-to-face interviewers as well as 24 computer aided telephone interviewing (CATI) stations. For quantitative data collection in the Philippines, our team typically employs face interviewing (CAPI/Computer-Aided Personal or PAPI/Pen-and-Paper Interviewing) and can conduct surveys throughout the country (with the exception of insecure regions controlled by CPP-NPA/Communist Party of the Philippines-National People's Army in Luzon and other areas, or militant Muslim groups in Mindanao) following a rigorous door-to-door, representative sampling methodology. Using combined methods, Ipsos is able to capture more than 90% of the population. Additionally, our qualitative research team can provide ethnographic and deliberative research, as well as traditional focus groups and in-depth interviews with both general population and stakeholder groups.

Ipsos employs extensive quality controls to ensure the accuracy of data, including assigning supervisors to attend interviews, verifying the locations of interviewers to ensure they follow assigned sampling protocols and have visited interview locations, validating a substantial proportion of interviews to confirm that they were conducted and data are accurate, and analyzing data in aggregate to detect any inexplicable outliers.



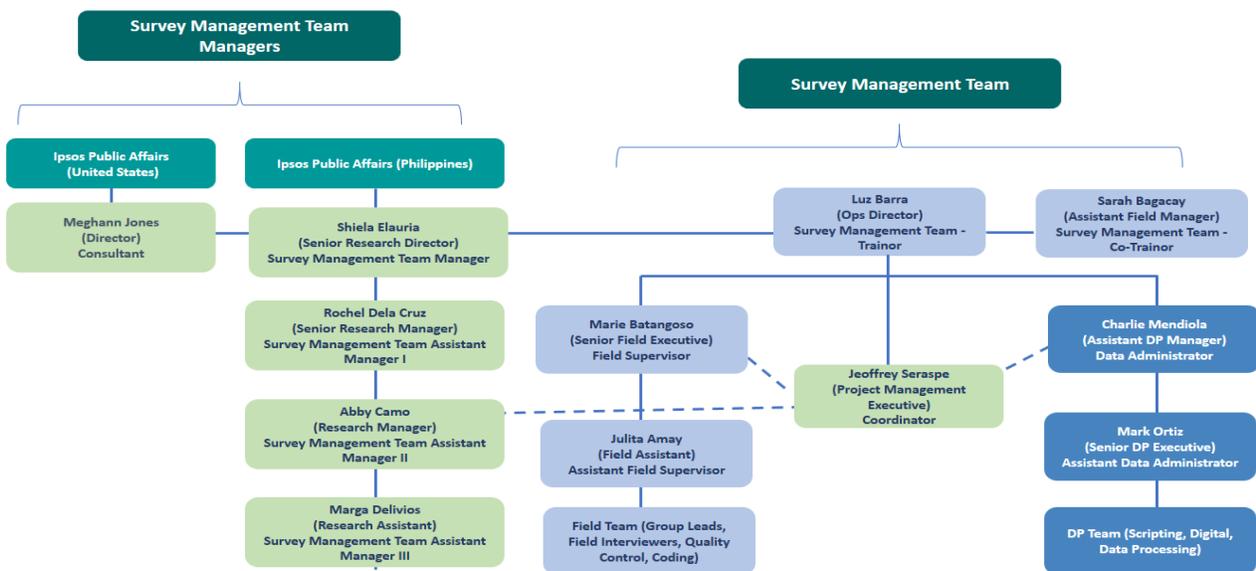
Ipsos Inc., the Philippine office of Ipsos, was awarded the ISO 20252:2012* certification in 2014 and this has been renewed every year since.

**ISO 20252 standardizes the process elements of market, opinion and social research in a verifiable and consistent manner. “With this certification, clients are further assured of the high-quality standards Ipsos applies on every research implemented,” says Ms. Marie Lee, Managing Director of Ipsos in the Philippines. “This shows our commitment to provide the best quality service to our partners at par with international standards and in line with our global aim for service excellence.”*

The Ipsos Group participated in the development and implementation of ISO 20252:2006 and Ipsos MORI in UK was the first company in the world to achieve ISO 20252 certification.

- c. **Ipsos Project Team.** A project team was formed for the Endline Survey implementation. This consisted of 2 pillars – the Survey Management Team Managers (in-charge of overall design and management) and the actual Survey Management Team (in-charge of the operational aspects), with each team member having a defined role, set of responsibilities, and reporting lines. Figure 1 below shows the team structure.

Figure 2. Ipsos Project Team Structure



2.2 Survey and Sampling Design

- a. **Study Details.** The Endline Survey had 2 key components: Component 1 was the Survey of S4P Households (HHS/Household Survey), and Component 2 was the set of Interviews among Key Informants (KIIs/ Key Informant Interviews). Details on the two (2) components are summarized in Table 2:

Figure 3. Study Details: Quick Summary

	COMPONENT 1: HOUSEHOLD SURVEY (HHS)	COMPONENT 2: KEY INFORMANT INTERVIEWS (KIIs)
Instruments	10 questionnaires developed, through close collaboration between WB and Ipsosjm	
	<ul style="list-style-type: none"> HHS questionnaires translated to Tagalog, Cebuano, and Waray 	<ul style="list-style-type: none"> KII questionnaires and discussion guides in English, except for Bgy Captains and Masons (with Tagalog option)
Topic Coverage	<ul style="list-style-type: none"> Demographics, financial standing of participating households Sanitation facilities and practices Exposure to sanitation programs Additional, among T3/T4 availers of S4P financial offer: assessment of the upgraded or constructed toilet, and experience with ASA Philippines (partner MFI) 	<p>Overall topics included:</p> <ul style="list-style-type: none"> General sanitation issues and programs in their areas S4P implementation processes, issues and overall feedback <p>Specifics dependent on the key informants' roles, responsibilities, and participation in the implementation of the S4P Program.</p>
	<i>See details on Survey Instruments and Topics below.</i>	
Respondents and Sampling	<ul style="list-style-type: none"> Target sample = n=2,849 households = 70% of S4P beneficiary barangays Sampling of barangays: <ul style="list-style-type: none"> Treatment Arms 1 and 2: Random area sampling Treatment Arms 3 and 4: Stratified sampling, based on WB information on uptake rates Achieved sample: n=2,695, from 190 S4P barangays in S4P municipalities (17) and provinces (5) <ul style="list-style-type: none"> All 15 S4P households in each sample barangay covered, except for a total of n=154 households whose members had permanently moved to another location or refused to participate. 	<ul style="list-style-type: none"> 22 key informant in-depth interviews among: <ul style="list-style-type: none"> Mayors (17) DSWD Regional Directors (2) ASA PH Directors/ CEO (3) 192 structured interviews among: <ul style="list-style-type: none"> Barangay officials (130) Municipal Links/MLs (37) DSWD SLP field officers (2) ASA PH S4P coordinators (2) ASA branch managers/ microfinance officers (10) Masons (9) Provincial Health Officers (2)
Data Collection	Computer-Assisted Personal Interviews (CAPI, structured)	<ul style="list-style-type: none"> Unstructured: In-depth interviews Structured: CAPI, Self-Administered
	<i>See details on Respondents and Sampling, and Data Collection below.</i>	

b. Respondents

i. Component 1 (HHS)

- **Respondent criteria.** For the HH survey, the qualified primary/ priority respondent was defined by WB as the S4P beneficiary who was interviewed during the baseline study.
- **Respondent selection.** Since the respondents were pre-listed, no further selection was undertaken, except in cases where the original intended respondent was not available. If unavailability was temporary, FIs did at least one callback (revisit) within the day/s that they were in the barangay. Replacement was allowed only in cases where the intended respondent was still unavailable at callback, at which time the FI looked for a replacement respondent within the household, using the following prioritization protocol:
 - › Priority 1: Household head/HHH (if not the respondent)
 - › Priority 2: Spouse of the HHH
 - › Priority 3: Adult child of the HHH
 - › Priority 4: Any adult member of the HH

Replacements had to be knowledgeable about the HH and the HH members, otherwise they were further replaced.

- **Final sample size**
 - › A total of n=2,695 households were interviewed, including n=28 who were replaced due to temporary unavailability.
 - › The balance of n=154 (of the original target of n=2849) were not interviewed mainly due to permanent unavailability (transferred to a new location) or outright refusal.

All Component 1 (HHS) data discussed in this report are based on the responses of the 2,695 respondents, or a segment thereof.

ii. **Component 2 (KIIs)**

- **Respondents.** For the KIIs, the respondents were pre-identified by the WB, as follows:
 - › 2 DSWD Regional Directors
 - › 17 Mayors (of the pre-identified municipalities)
 - › 3 ASA PH CEO/ Directors
 - › 130 Barangay Captains/ Officials
 - › 37 Municipal Links
 - › 2 DSWD SLP Field Officers
 - › 2 ASA PH S4P Coordinators
 - › 10 Branch Managers/ Financial Officers
 - › 9 Masons
 - › 2 Provincial Health Officers

In some cases, we interviewed multiple respondents (e.g., mayors were accompanied by other officials such as the Municipal Health Officer, Sanitary Inspector, S4P representative; RD accompanied by their Provincial and Municipal Links, etc.).

c. **Sampling and Data Collection Method**

- i. **Component 1 (HHS).** The target sample for Component 1 was n=2,849 households, which comprised 70% of the S4P beneficiary barangays
 - The sample was streamlined (vs baseline sample) to exclude security-risk S4P barangays (based on feedback from local partners), and for cost efficiency.
 - Note that the achieved sample of n=2695 has a margin of error (MOE) of only +/-2% points, at 95% confidence level. For reference, nationwide studies in PH typically have sample sizes of n=1,200 (MOE of +/-3% points).

Since not all the households visited for the baseline survey were to be interviewed at Endline, the respondents for the endline survey were chosen using simple random sampling for Treatment Arm 1 and Treatment Arm 2, and stratified sampling for Treatment Arm 3 and Treatment Arm 4:

Simple Random Sampling of Barangays for Treatment Arms 1 and 2:

- Computed the % of each municipality per treatment.
- Computed the target number of barangays per municipality based on #1.
- Adjusted the target numbers to near whole numbers.
- Simple random sampling of barangays done at the municipal level, to ensure representation of each S4P municipality.
- Additional barangays found to have security issues automatically excluded and replaced, again via random sampling.

Stratified Sampling of Barangays of Treatment Arms 3 and 4:

- Barangays were stratified based on uptake incidence provided by the WB. 10%-30% uptake rate was classified as Low, 31%-70% Medium, and 71%-100% High.
- The same method as in T1 and T2 was done after stratification – random sampling of barangays within each stratum in each municipality.

Data collection was done via CAPI (Computer-Aided Personal Interviewing) for all Component 1 respondents.

- ii. **Component 2 (KIIs).** The Ipsos team did a census of the target participants, based on the sampling frame/ list of key informants from the WB.

Data collection method depended on the key informant group, in consideration of their schedules, the study timelines, and resources. Below are the groupings with the corresponding survey approaches employed:

- In-depth interviews (IDIs):
 - › Mayors and/or Representatives
 - › DSWD Regional Directors
 - › ASA Philippines (Partner Micro Finance Institution)
- Structured face-to-face (F2F) interviews:
 - › Kalahi-NCDDP Area Coordinators
 - › ASA Philippines Branch Manager/Finance Officers
 - › Masons

- Self-Administered interviews in a common venue:
 - › Barangay Captains/ Officials
 - › Municipal Links

- Self-Administered interviews via email:
 - › DSWD SLP Officers
 - › ASA PH S4P Coordinators
 - › Provincial Health Officers

2.3 Survey Instruments and Topic Coverage

- a. **Component 1 (HHS).** The household questionnaire was composed of 14 modules, covering the following topic groups.
- i. Demographics, financial standing of participating households
 - ii. Sanitation facilities and practices
 - iii. Exposure to sanitation programs
 - iv. Additional, among T3/T4 availers of S4P financial offer:
 - assessment of the upgraded or constructed toilet
 - experience with ASA Philippines

The instrument was translated to Tagalog, Cebuano, and Waray to ensure the respondents could opt to converse in their own dialects. The interviews lasted 90 minutes on the average.

- b. **Component 2 (KIIs).** KII questionnaires were developed in close collaboration between Ipsos and WB. The contents of the instrument were dependent on the position of the key informant but basically, the following modules were covered.
- i. General sanitation issues and programs in their areas
 - ii. S4P implementation processes, issues and overall feedback
 - iii. Roles and responsibilities

The instruments were in English (since most of the target key informants were proficient, and knowledgeable in the field of study) except for Barangay Captains and Masons whose questionnaires had a Tagalog version as an option. Interviews lasted from 30 to 90 minutes (note IDIs were longer, as these were unstructured in nature).

2.4 Study Implementation (Fieldwork and Data Processing)

- i. **Fieldwork Force.** A total of n=39 fieldwork staff were deployed for this study. The fieldwork force was composed of 2 teams – one assigned in Region 7 and another in Region 8. Each team was led by a team leader (TL) who oversaw 3 group leaders (GLs), each of whom had 2-10 field interviewers (FIs), depending on area of assignment. Each team reported to the field coordinator on progress, issues, etc.

Most of the FIs were veterans while new recruits underwent standard interviewing trainings, and paired with veteran FIs, under close supervision by TL or GL on their initial days of FW.

Figure 4. Fieldwork Staff Distribution and Involvement per Component

Position	Total number of staff	Distribution		Involvement	
		Team A (Region 8)	Team B (Region 7)	Component 1: HHS	Component 2: KIIs
Field Coordinator (FC)	1	1		✓	✓
Team Leaders (TLs)	2	1	1	✓	✓
Group Leaders (GLs)	6	3	3	✓	✓
Field Interviewers (FIs)	30	14	16	✓	--

- ii. **Fieldwork Process/ Workplan.** An implementation workplan detailing the fieldwork process steps was developed and followed, to ensure smooth data collection.

Figure 5. Fieldwork Process Flow



- **Project Orientation.** An overall alignment meeting was held in Cebu City and Tacloban City on June 4 and June 8 respectively, by Ipsos and WB, to brief the other stakeholders (including the Municipal Links, ASA representatives, DSWD/ Kalahi/ S4P representatives, etc.) of the study on the following topics:
 - › Overview of the endline survey
 - › Fieldwork protocols (with emphasis on the ML roles)
 - › Fieldwork schedules (for both the HHS and KIIs)
- **Field Interviewers (FIs) Training.** After the project orientation, Field interviewers training was done in Cebu City and Tacloban City on June 5 and June 9, respectively. The intent of the training was to ensure:
 - › that all interviewers understood the subject matter covered in the survey and the concepts behind the questions.
 - › that the interviewers had the necessary skills to successfully carry out the interviews.
- **Training materials.** The training was guided by a field interviewer manual developed by Ipsos with WB as question-by-question guide to conducting the fieldwork, alongside the programmed questionnaire.

- **Training topics**

- › Component 1 (HHS)
 - Project survey
 - Detailed Description of methodology
 - Discussion on how to deal with sensitive topics
 - Full questionnaire review
 - Mock interviews
- › Component 2 (KIIs)
 - Type of interview per respondent
 - Interview protocols, roles
 - Schedules
 - Full questionnaire review

- **Pilot Testing of the Instrument.** The questionnaire for the HH survey was pilot tested among five (5) S4P beneficiaries in Brgy. Pansoy, Sogod Cebu (a barangay not included in the main endline survey but part of the S4P study), on June 6. This exercise was done:

- › to allow the FIs to familiarize themselves with the questionnaire in a practical context
- › to gauge the validity of the question items and to evaluate the flow of the interview
- › to determine if questions were accurately understood by the respondents, and to discern any motivational or sensitivity problems not initially apparent.

Each pilot interview was done by a pilot team composed of 1 FI, 1 GL, 1 WB representative and 1 Ipsos representative. Please include a brief summary of the profile of interviewed households.

- **Debriefing.** The findings from the pilot interviews were cascaded to, and discussed with all the FIs on June 7.
 - › Topics covered included proper selection of substitute respondent in case the original respondent was not available, correct computation of the monthly stipend in case of multiple remittances, and other issues encountered on field.
 - › The intent was to address the FIs' questions and issues, and to provide guidelines for when they encounter these on field.

- **Actual Fieldwork.** The fieldwork ran from June 11 to July 31. During the FW period, close coordination among the FIs, their GLs, TLs, FE and management team was observed continuously, to track progress and to quickly address issues on the ground. Issues encountered were immediately reported to the Ipsos Research team and in turn relayed to WB right away to fast track resolutions.
- **Quality Control (QC).** Quality Control was conducted mainly by the TLs and GLs, who were tasked to undertake QC activities (i.e., observation, spot checking and backchecking) that would ensure correct field execution and high interview quality.

Figure 6. Quality Control Activities, by level

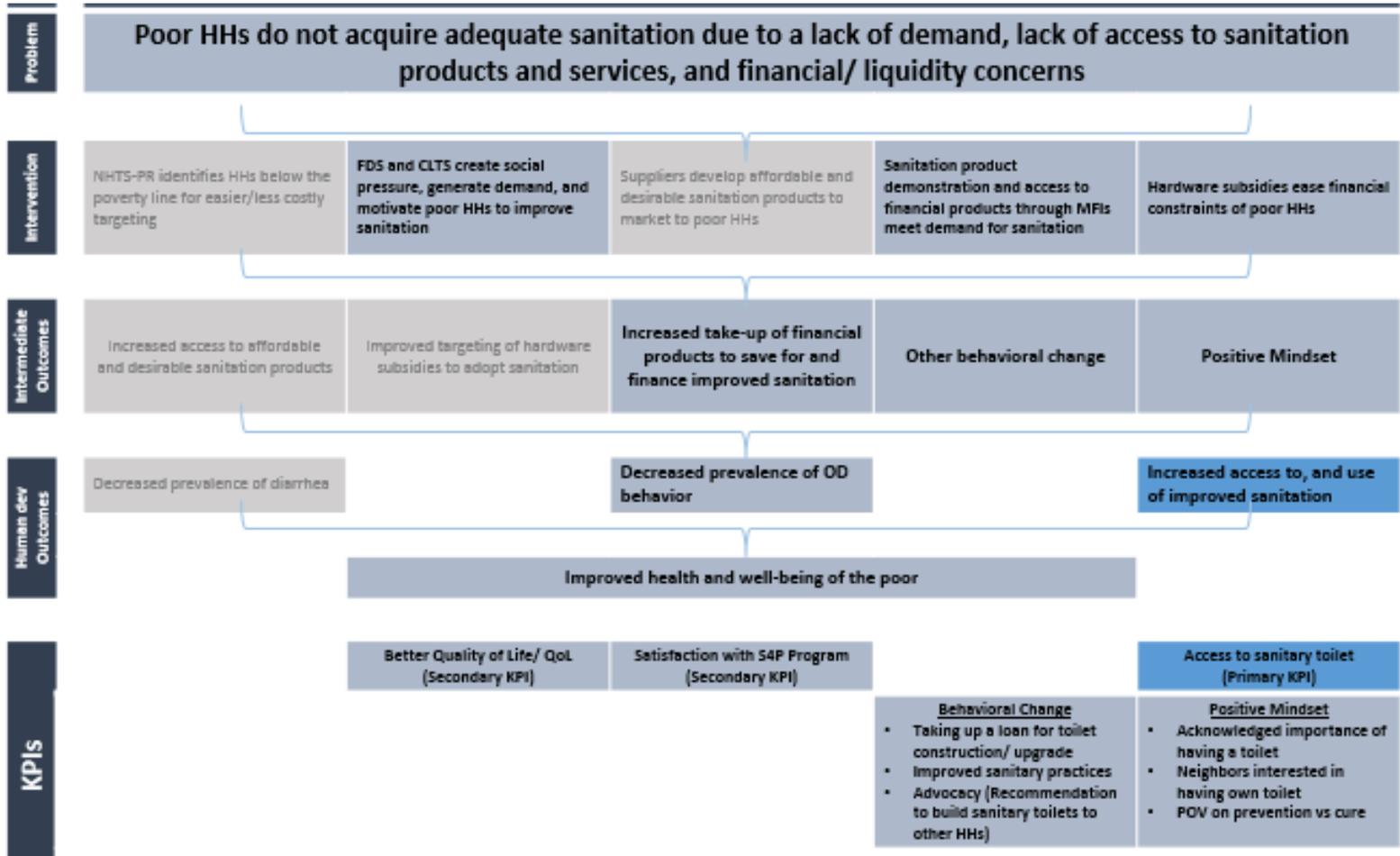
QC Activities	Team Leader (TL)	Group Leader (GL)	QC Team
Observation – accompanied interviews of FIs	At least 5%	At least 10%	-
Spot-checking – unannounced personal checking of FI interviews while on field	At least 5%	At least 10%	-
Backchecking – personal checking of completed FI interviews	At least 10%	At least 20%	5% to 10% by phone 15% to 20% F2F

With these required QC activities, majority of the interviews would have been observed, spot-checked and/or back-checked by the end of fieldwork.

- iii. **Data Processing.** Ipsos’ Digital team was in-charge of verifying incoming data files from the field, checking the accuracy of the data received, and 100% data checking. For a few items that needed verification, the Field team immediately verified with respondents, either via phone call or actual revisit.

- iv. **Analysis.** Analysis of the Endline Study results considered the program framework (Theory of Change), and the KPIs (key performance indicators) developed for each of the desired outcomes.

Figure 7. Theory of Change Framework and KPIs



Note: Highlighted cells correspond to program framework components related to the Endline Survey coverage. The KPIs are metrics included in the study, that are designed to measure the desired program outcomes indicated under “intermediate outcomes” and “human development outcomes”.



Analysis was done at the following levels:

- Overall (to determine overall program effectiveness)
- Across treatments (to determine effectiveness of the different interventions)

Where applicable, the endline results were also compared vs baseline data, among others on:

- Household assets
- Access to sanitation and sanitation demand

Section II. Key Findings

3. The S4P Beneficiaries and Sanitation. This part of Section II discusses the endline survey respondents – who they are, their sanitation situation, and the sanitation issues they face.

3.1. Response rates, Profile of Respondents, Household Head and the Housing Units

- a. **Response Rates.** Out of the target n=2,849 S4P beneficiaries in the endline survey, a total of n=2,695 interviews were successfully completed (i.e., response rate of roughly 95%).
- b. **Respondent profile**
 - **Component 1 (HHS).** Almost all the 2,695 respondents are the registered 4Ps beneficiaries themselves (99%), female (90%), 26-60 years old (86%), and wife/ spouse of the household head (74%).

Figure 8. Respondents Profile (Component 1: HHS)

Base	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
	n=2,695	n=668	n=692	n=657	n=678
Registered 4Ps Beneficiary					
Yes	99	100	100	100	100
No	1	0	0	0	0
Gender					
Female	90	91	91	88	90
Male	10	9	9	12	10
Age					
Below 18	0	0	0	0	0
18-25	1	1	1	1	2
26-40	30	29	33	28	30
41-60	56	55	55	59	56
More than 60	12	14	11	12	12
Relationship to Household Head (HHH)					
Wife/ Spouse	74	72	74	76	72
HHH	21	23	20	20	23
Son/ Daughter	3	3	3	2	3
Father/ Mother	2	2	3	2	1
Son/ Daughter-in-law	0	0	0	0	1
Brother/ Sister	0	-	0	-	0

Base: All households

0 = less than 0.5%

- = None

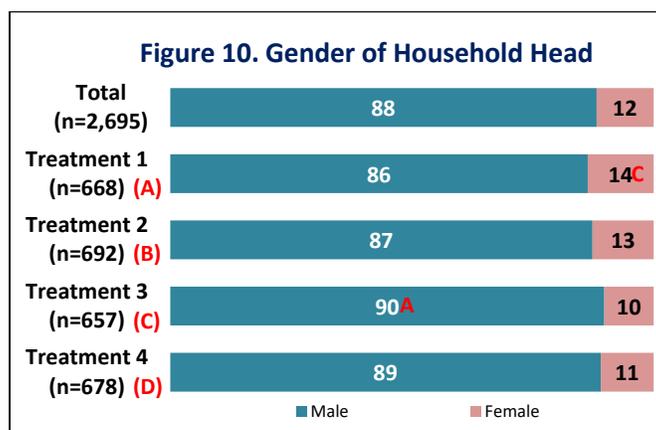
- **Component 2 (KIIs).** The key informants are mostly from S4P’s pilot areas Region 7 (62%) and Region 8 (37%), 36-60 years old (56%). Gender split almost equal among the respondents.

Figure 9. Respondents Profile (Component 2: KIIs)

	Total	DSWD Regional Directors	Mayors	ASA PH	ASA Branch Managers / Officers	Municipal Links	Barangay Captains	SLP	S4P Coordinators	Masons	Provincial Health Officers
	<i>n=214</i>	<i>n=2</i>	<i>n=17</i>	<i>n=3</i>	<i>n=10</i>	<i>n=37</i>	<i>n=130</i>	<i>n=2</i>	<i>n=2</i>	<i>n=9</i>	<i>n=2</i>
Region											
Region 7	132 (62%)	1	10		6	26	84	1	1	3	-
Region 8	79 (37%)	1	7		4	11	46	1	1	6	2
Metro Manila	3 (1%)			3							
Gender											
Female	103 (48%)	1	5	2	8	31	54	-	1	-	1
Male	111 (52%)	1	12	1	2	6	76	2	1	9	1
Age											
25-35	29 (14%)	-	-	-	-	22	5	-	2	-	-
36-45	45 (21%)	-	-	2	-	10	31	1	-	-	1
46-60	74 (35%)	2	-	1	-	1	69	1	-	-	-
More than 60	21 (10%)	-	-	-	-	-	21	-	-	-	-
No data	45 (21%)	-	17	-	10	4	4	-	-	9	1

c. Profile of the Household Heads

Approximately 90% of the household heads are male and are married/ living together. Half of them claim that their highest educational attainment is elementary level while 20% say they are elementary graduate. Thirteen percent reached high school level and 11% are high school graduate.



Base: All households

Figure 11. Marital Status of Household Head

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Married/Living together	87	84	88A	88A	88A
Widowed	8	9B	6	8	7
Single	3	4	3	3	3
Divorce/Separated	2	2	3	2	2

Base: All households

Figure 12. Level of Education of Household Head

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Elementary level	50	50	50	50	51
Elementary graduate	20	19	19	19	22
High school level	13	13	14	12	12
High school graduate	11	11	11	12	9
College level	3	2	2	3	3
No grade completed	2	3	2	3	2
College graduate	1	1	1	1	1
Vocational level/graduate	1	1	1	1	0

Base: All households

Primary occupation falls in the farmers/ forestry workers/ fishermen classification (49%), followed by laborers and unskilled workers (33%).

Figure 13. Primary Occupation of Household Head

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Farmers, Forestry Workers and Fishermen	49	46	48	49	51
Laborers and Unskilled Workers	33	34	35	30	31
Special occupations	5	5	5	7	5
Service Workers and Shop and Market Sales Workers	2	3	3	2	2
Government Officials, Managers or Proprietors, Supervisors	1	2	2	1	2
Plant and Machine Operators and Assemblers	1	1	1	1	0
Trades and Related Workers	1	0	0	1	2
None	8	8	7	8	7

Base: All households

d. Housing Materials

Looking at the housing materials, 86% have roofs and 44% have walls that are both made of strong materials. Fifty-six percent say their floor are made of cement.

Figure 14. Materials of Roof

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Strong materials	86	83	89A	87	87
Light materials	6	8CD	6	4	5
Mixed but predominantly light materials	5D	5	3	7B	5
Mixed but predominantly strong materials	3	5	3	3	2

Base: All households

Figure 15. Materials of Walls

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Strong materials	44	40	47A	44	45A
Light materials	38	39	36	40	36
Mixed but predominantly light materials	8	8	7	8	8
Mixed but predominantly strong materials	7	9	6	6	7
Mixed but predominantly salvaged materials	2	3C	2	2	2
Salvaged/makeshift materials	1	1C	1C	0	2

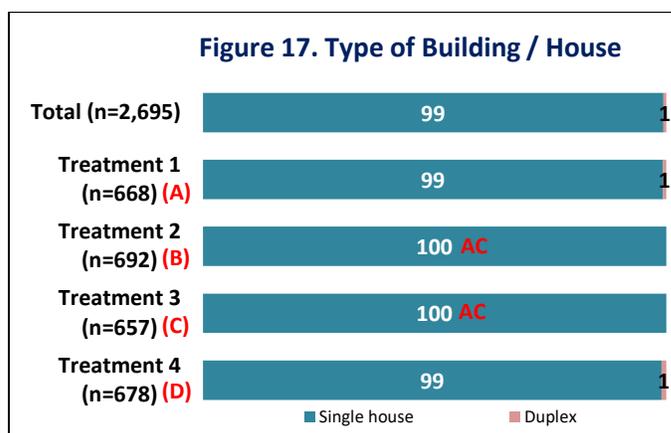
Base: All households

Figure 16. Materials of the Floor

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Cement	56	55	56	53	59
Palm/ Bamboo	25	27	25	26	23
Wood planks	9	7	8	11A	8
Earth/ Sand	8	8	9	7	7
Ceramic tiles	2	2	2	2	1
Plywood	0	0	1ACD	0	-

Base: All households

Almost all households live in a single house – 43% of which have 2 bedrooms and 42% say they have only 1 bedroom. Forty-three percent say it is their own house and lot (and owner-like possession of lot) while 41% live in an owned house that has a rent-free lot with consent of owner.



Base: All households

Figure 18. Housing Type (Based on the Number of Bedrooms in a Housing Unit)

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
0/ no bedrooms	3	4	3	2	4
1 bedroom	42	41	43	41	43
2 bedrooms	43	42	45	42	41
3 bedrooms	11	13B	8	12B	11
4 bedrooms	1	1	1	2AB	2

Base: All households

Figure 19. Tenure Status of Property Occupied

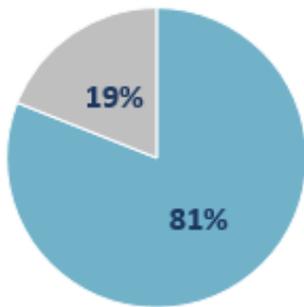
	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,695	n=668	n=692	n=657	n=678
Own house and lot; or Owner-like possession of house and lot	43	40	40	49ABC	43
Own house, rent-free lot with consent of owner	41	40	47ABCD	38	40
Rent-free house and lot with consent of owner	7	9BC	6	6	9BC
Own house but rented lot	5	6B	3	6B	4
Own house, rent-free lot without consent of owner	2	3C	2	1	2
Rented house/room including lot	2	2C	2C	0	3C

Base: All households

3.2. Sanitation situation

- a. **Access to a sanitary toilet.** A big majority of the S4P beneficiaries now have access to a sanitary toilet, albeit almost a fifth still do not.

Figure 20. Incidence of Having a Sanitary Toilet
(All HHs)



Total (n=2,695)

	Treatment 1	Treatment 2	Treatment 3	Treatment 4
	n=668(A)	n=692(B)	n=657(C)	n=678(D)
With sanitary toilet	81	81	78	86C
Without sanitary toilet	19D	19D	22D	14

81% with access to a sanitary toilet

81% of the 81% with access (or 66% of total HHs) have household sanitary toilet (i.e., not shared with other HHs)

- **Source of funds for sanitary toilet.** Corollary to “saving up” as preferred way to have their own toilet, the cited sources of funds for the construction or upgrade of their toilets, or for payment of toilet loans.
 - › **Amount Spent for Sanitary Toilet Construction/ Upgrade.** Spend on toilets varies widely – from “free” to more than PhP 10,000.

Forty percent (40%) of households spent PhP5,000 to PhP10,000 on their sanitary toilets while another 40% invested more than PhP10,000; a substantial 13% got the toilet construction or upgrade for free.

Claimed spend is generally higher in Treatment Arms 3 and 4, while the claim of “free” construction or upgrade was slightly higher in Treatment Arm 2.

Figure 21. Amount Spent on Toilet Facility

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=1,777	n=407	n=460	n=428	n=482
Free	13	11	15	11	13
Below Php 5,000	40	44 ^D	42	37	36
Php 5000 to Php 10,000	40	39	38	43	41
More than Php 10,000	8	6	5	10 ^{AB}	10 ^{AB}

Base: Households who have improved facility and not sharing toilet facility with any household

- › **Source of funds for construction or upgrade.** Majority of the households spent their own money for their toilet construction or upgrade (70%). Much fewer, albeit still substantial in number, sourced from government grants and subsidies (20%), MFIs (18%), NGO grants and subsidies (9%) and loans from other people (4%).

As expected and by design, the Incidence of spending own money is relatively higher in Treatment Arms 1 and 2 (at 79% and 74%, respectively), using grants and subsidies from government more evident in Treatment 2 (at 25%), and loans from MFIs higher in Treatments 3 and 4 (at 24% and 35%)

Figure 22. Source of Money for Sanitary Toilet Construction/ Upgrade

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=1,777	n=407	n=460	n=428	n=482
Own money	70	79BCD	74CD	68D	61
Grant from Government (LGU/DSWD)	20	20D	25D	22D	14
Loan from Microfinance Institutions	18	6	5	24AB	35ABC
Grant from NGO	9	7	13ACD	6	9
Loan from family/relatives	4	5	5	4	3

Base: HHs with sanitary toilets not shared with other HHs

- b. **Main source of drinking water.** Majority use safe sources of drinking water (total of 88%), while the rest still use unsafe sources like unprotected wells and springs (total of 12%). This means that a substantial number are still vulnerable to risk from their drinking water.

Figure 23. Main Source of Drinking Water
(All HHs)

	SOURCE OF WATER LAST DRANK	MAIN SOURCE OF DRINKING WATER				
		BASELINE (TOTAL)	ENDLINE			
			TOTAL	TREATMENT 1	TREATMENT 2	TREATMENT 3
	<i>n</i> =4080	<i>n</i> =2695	<i>n</i> =668 (A)	<i>n</i> =692 (B)	<i>n</i> =657 (C)	<i>n</i> =678 (D)
Bottled water	14	33	33	34	31	33
Tube well or borehole	14	13	12	16 AC	12	14
Piped water - Net	26	25	32 BCD	22	24	21
Public tap, Standpipe	18	12	16 BCD	11	12	10
Piped into yard/plot	8	8	11 D	8	8	7
Piped into dwelling	-	4	5	3	4	4
Dug water - Net	28	18	16	17	20	17
Protected well	17	9	8	9	11	8 A
Unprotected well	11	8	8	8	9	9 AB
Water from spring - Net	15	10	7	10 A	12 A	13
Protected spring	10	6	3	6 A	7 A	9
Unprotected spring (natural)	5	4	4	4	5	4
Rainwater	-	1	**	1 A	1 A	1 A
Surface water	-	**	-	**	**	-
Tanker truck	-	**	-	**	-	-

**Note: Safe water is defined as water coming from all the items in the list except for unprotected well and unprotected spring.*

- c. **Effort to make drinking water safe.** At endline, almost half of the HHs whose sources of drinking water are “unsafe” (i.e., from unprotected wells and springs) claimed to make the effort to make it safer to drink – via boiling the water, for most.

Figure 24. Incidence of Making Water Safer to Drink

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=343	n=78	n=81	n=95	n=89
Yes, for all household member	45	51	49	38	42
Yes, for certain household members (e.g., small kids only)	3	6	2	2	1
None	52	42	48	60A	57

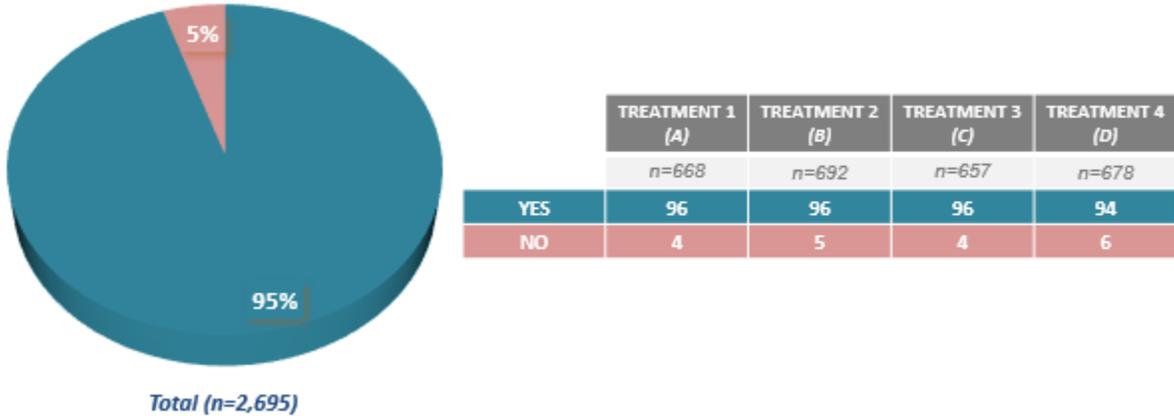
Base: HHs whose source of drinking water is “unsafe”/neither bottled nor piped

In total, n=163 households (or roughly 48% of those with “unsafe” drinking water) mentioned making an effort to make their drinking water safer. Top answers on how:

- Boiling the water (72%)
- Straining through a cloth (23%)
- Letting the water stand and settle (15%)
- Adding chlorine/ bleach (10%)

Almost everyone (roughly 95%) say their drinking water is available all year round. About 44% get their water for free while the remaining 56% pay for it – 32% spend at most PhP200 monthly for their drinking water, 19% pay from PhP201-PhP500, and 5% spend more than PhP500.

Figures 25. Availability of Drinking Water
(All HHs)



In terms of water storage, almost everyone (94%) store their drinking water in a container –about a third of whom have wide mouthed containers.

Figure 26. Incidence of Drinking Water in a Storage Container
(All HHs)

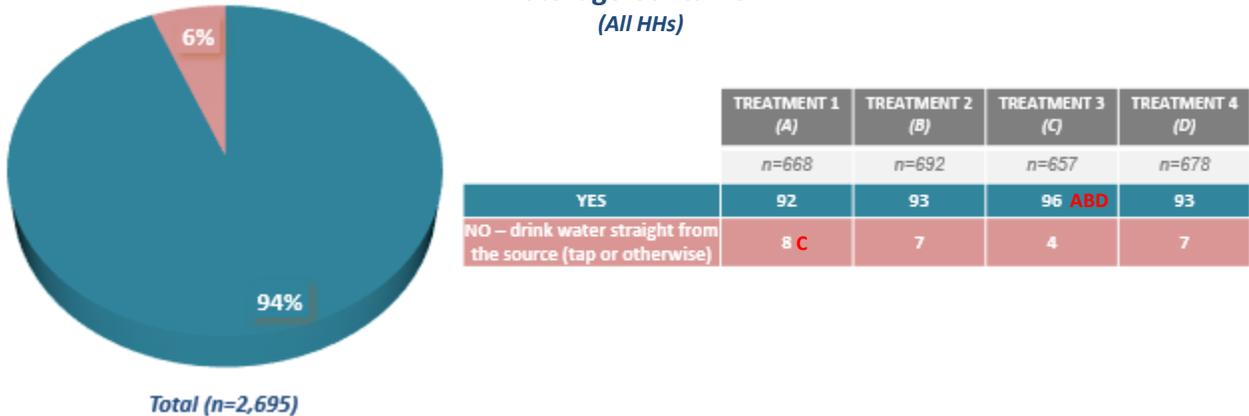
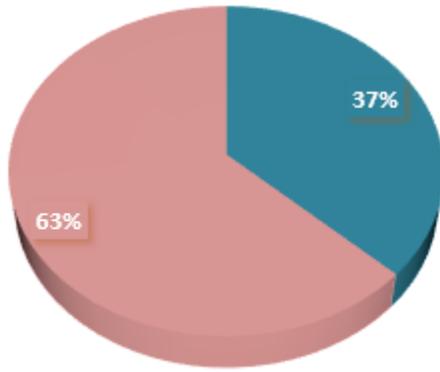


Figure 27. Type of Storage Container
(HHs with wide opening water storage)

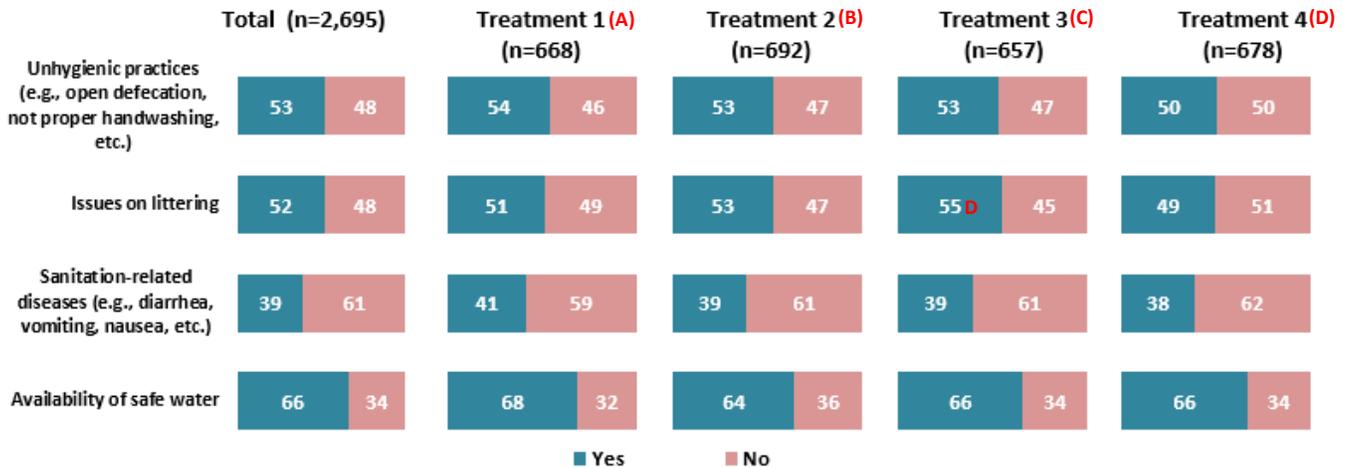


Total (n=2,523)

	TREATMENT 1 (A)	TREATMENT 2 (B)	TREATMENT 3 (C)	TREATMENT 4 (D)
	n=614	n=646	n=630	n=630
Wide-mouthed container (a hand can fit through the opening)	38	36	35	37
Narrow-mouthed container (a hand CANNOT fit through the opening)	62	64	65	63

3.3. Sanitation issues. While majority of the S4P households appear to already have access to safe water and sanitary toilets, they still recognize sanitation issues in their barangays, including availability of safe water (66%), unhygienic practices (53%), littering (52%), and sanitation-related diseases (39%).

Figure 28. Issues in the Barangay
(All HHs)



Most of the key informants share the same observation – that their communities still experience problems in the areas of water safety and unhygienic practices, particularly open defecation (OD).

Figure 29. Issues in the Communities They Cover (POV of Key Informants)

	Sanitation Issues in the Region/ Municipality	
	MAYORS	REGIONAL DIRECTORS
<i>Base</i>	<i>n=17</i>	<i>n=2</i>
Access to sanitary toilet	17	2
Access to potable water	8	2
Waste segregation/ Solid waste disposal/ Garbage disposal	7	-
Public urination	5	-
Sanitation-related diseases	4	-
Public spitting	4	1
Drainage system	1	-
Littering	1	-

“As of the moment, we have 28% HHs without toilet. And we don’t have fund allocation for that. Others have a toilet, but their septic tank is not sealed – the wastes go straight to the river. And that is a problem – it is still open defecation.”

– Mayor

“Our problem here really is potable water – this is the number one issue because there are no current programs for that. Other barangays are too far and can’t be reached by water refilling stations. Dug wells can be made for them but it is very difficult because these have to be deep – and those areas are usually rocky.”

– Mayor

At Endline, 31% of total respondents have children under 5 years old – of whom, 10% experienced diarrhea in the past 4 weeks.

Figure 29.1. Incidence of Having Kids Under 5 Years Old

	Total		Treatment Arm 1		Treatment Arm 2		Treatment Arm 3		Treatment Arm 4	
	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)
Base	n=4,080	n=2,695	n=1,021	n=668	n=1,020	n=692	n=1,019	n=657	n=1,020	n=678
With kids under 5 years old	41%B	31%	40%B	28%	42%B	32%	41%B	30%	41%B	33%
Without kids under 5 years old	59%	69%A	60%	72%A	58%	68%A	59%	70%A	59%	67%A

Notes:

1. A/B: indicates that figure is significantly higher than figure in corresponding column, at 95% CL (2-tailed test).

2. Baseline data refer to % of household members below 5 years old in the **past week** while Endline data refers to % of household members below 5 years old in the **past 4 weeks**.

Figure 29.1. Incidence of Under 5 Years Old Household Members Experiencing Diarrhea

	Total		Treatment Arm 1		Treatment Arm 2		Treatment Arm 3		Treatment Arm 4	
	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)	Baseline (A)	Endline (B)
Base (Those who have kids under 5 years old)	n=1,676	n=831	n=411	n=184	n=429	n=222	n=421	n=198	n=415	n=227
Yes, experienced diarrhea	5%	10%A	6%	13%A	4%	11%A	5%	8%	5%	7%
No, did not experience diarrhea	95%B	90%	94%B	87%	96%B	89%	95%	92%	95%	93%

Notes:

1. A/B: indicates that figure is significantly higher than figure in corresponding column, at 95% CL (2-tailed test).

2. Baseline data refer to % of household members below 5 years old in the **past week** while Endline data refers to % of household members below 5 years old in the **past 4 weeks**.

4. Performance of Program Interventions

4.1. Satisfaction with the S4P Program and Interventions. This part examines how the S4P Program beneficiaries and stakeholders view the S4P Program and its components, as they have seen and experienced it implemented on the ground.

- a. **Overall satisfaction with the S4P Program.** On the whole, the S4P program itself enjoys positive opinion among the S4P households and its other stakeholders:
 - i. **S4P households.** Almost all households aware of the program are satisfied with it (including 62% “very satisfied”). T4 households, in particular, are extremely appreciative (70% “very satisfied” vs around 60% for T1-T3).

Figure 30. Awareness and Satisfaction of the S4P
(All HHs)

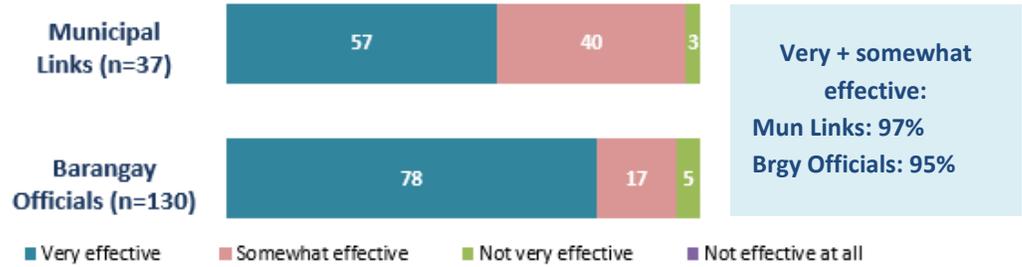
	TOTAL	TREATMENT 1 (A)	TREATMENT 2 (B)	TREATMENT 3 (C)	TREATMENT 4 (D)
<i>Base: All HHs</i>	<i>n=2,695</i>	<i>n=668</i>	<i>n=692</i>	<i>n=657</i>	<i>n=678</i>
Aware	93	94^B	91	92	93
Not aware	7	6	9^A	8	7
<i>Base :Aware</i>	<i>n=2,498</i>	<i>n=630</i>	<i>n=632</i>	<i>n=603</i>	<i>n=633</i>
Very satisfied + satisfied	96	95	96	98^{ABD}	96
Very satisfied	62	63	58	59	70^{ABC}
Satisfied	34	33^D	38^D	39^{AD}	26
Neither	3	4^C	3	2	3
Dissatisfied	-	0	1^{ACD}	-	0
Very dissatisfied	-	0	0	-	1^{ABC}

93% aware
(among all HHs)

96% satisfied
(among aware)

- ii. **S4P stakeholders.** The key informants recognize the effectiveness of the program as well.

Figure 31. S4P Effectiveness – POV of KEY INFORMANTS



“I think it is very effective – since the S4P program was initiated, they (i.e., toilet-less households) have already been encouraged to not defecate in the open – they cannot afford to have a toilet built but they exert effort to use a proper CR, like a public toilet.”

- Mayor

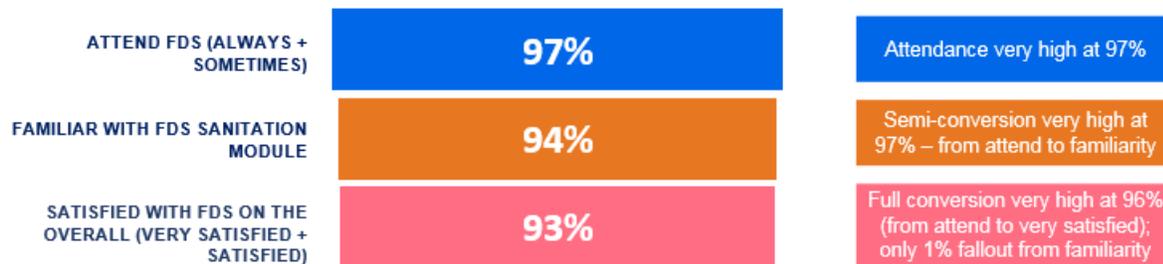
“For me, it is very effective. Many households realize the consequences of open defecation. It is discussed in their monthly FDS. So they really push for having their own toilet.”

- Regional Director

b. Satisfaction with the S4P Program Interventions

- i. **FDS.** With the FDS being the main sanitation awareness and demand-generating tool of the program, its contribution to bringing about the desired program outcomes cannot be overstated. The high participation and satisfaction with the FDS also validate its contribution to the S4P Program’s success.
 - **S4P households.** Nearly all S4P households (97%) say they attend the Family Development Sessions (92% always, 5% sometimes), are aware of its sanitation module (94%) and are satisfied with FDS on the overall (93%).

Figure 32. FDS Satisfaction Funnel
(All HHs, n=2,695)



ATTENDANCE IN FDS

	TOTAL	T1 (A)	T2 (B)	T3 (C)	T4 (D)
<i>Base: All HHs</i>	<i>n=2,695</i>	<i>n=668</i>	<i>n=692</i>	<i>n=657</i>	<i>n=678</i>
Always + sometimes	97	97	97	97	97
Always	92	92	92	92	92
Sometimes	5	5	5	5	5
Never	3	2	2	3	4 ^{AB}
Not familiar	-	1	-	1	0

FAMILIARITY WITH FDS SANITATION MODULE

Yes, familiar	94	96	94	94	94
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OVERALL SATISFACTION WITH FDS

	TOTAL	T1 (A)	T2 (B)	T3 (C)	T4 (D)
<i>Base: All HHs</i>	<i>n=2,695</i>	<i>n=668</i>	<i>n=692</i>	<i>n=657</i>	<i>n=678</i>
Very satisfied + satisfied	93	94	91	92	93
Very satisfied	67	75 ^{BCD}	64	63	69 ^{BC}
Satisfied	27	25	29 ^D	29 ^D	24
Neither	1	1 ^{BD}	**	1 ^{BD}	**
Dissatisfied	**	-	-	**	**
Very dissatisfied	**	-	**	-	**

Note: ** - less than 1%

- **S4P stakeholders.** The key informants also have positive feedback on the FDS.

“The programs are very helpful, they are eye openers. They really helped in encouraging the beneficiaries to have their own toilet or improve their current toilet – they understand from the FDS sessions and other talks how open defecation is highly likely to cause different diseases. They get disgusted with the thought of flies sitting on feces and would eventually perch on their food. Through this, the beneficiaries realize how essential it is not to defecate in the open”
- Regional Director

ii. **Government Grants and Subsidies.** Another key intervention examined under the S4P Program are government grants and subsidies, and the endline survey finds fairly wide reach.

- **S4P households.** Twenty percent (20%) of the households say they received grants and subsidies from LGU. As designed, the highest incidence of receiving an LGU grant or subsidy is highest among Treatment Arm 2 households.

Figure 33. Incidence of Receiving LGU Grants
 (All HHs)

	TOTAL	TREATMENT 1 (A)	TREATMENT 2 (B)	TREATMENT 3 (C)	TREATMENT 4 (D)
	n=2,695	n=668	n=692	n=657	n=678
Received LGU Grants	20	18	27 ACD	18	17
Did not receive LGU Grants	80	82 B	73	82 B	83 B

- **S4P stakeholders.** Many key informants also mentioned government grants and subsidies as among their efforts to reach their goal of ZOD (zero open defecation, among others).

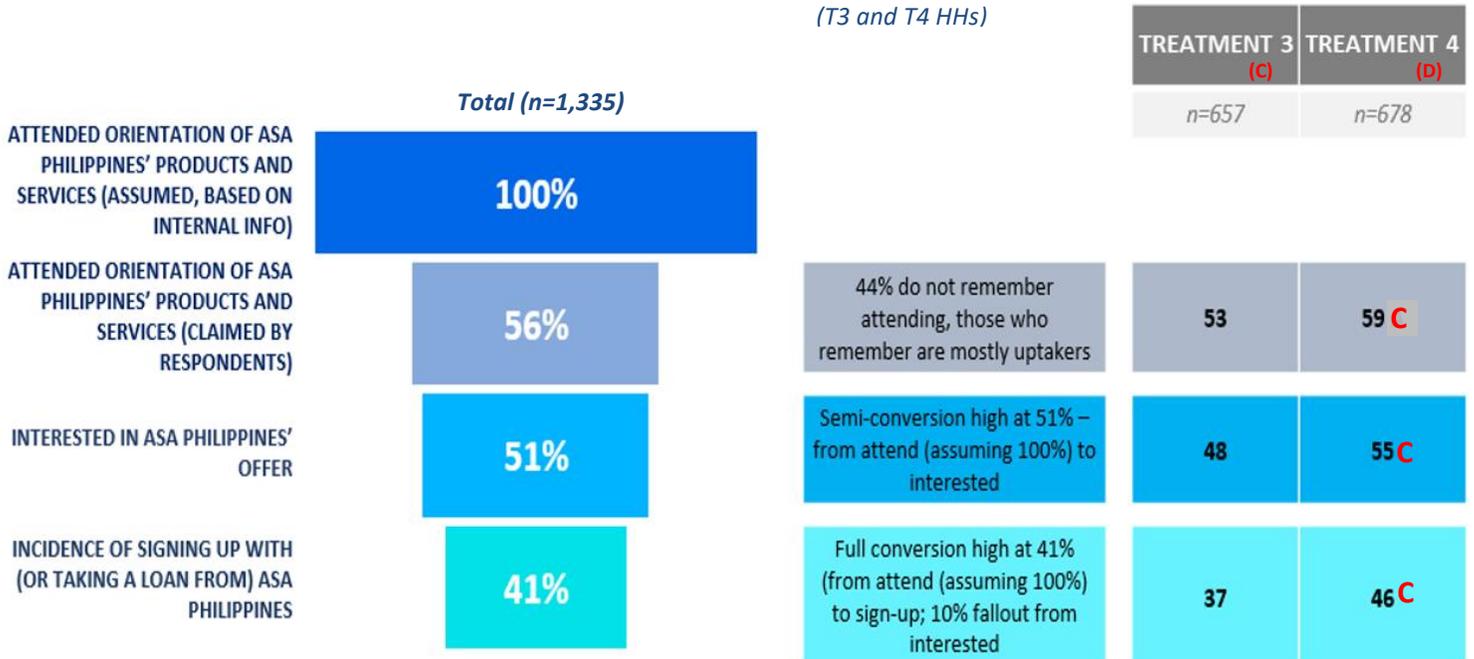
“As of the moment, we have a budget amounting to PhP330,000 to purchase porcelain toilet bowls. The recipient will shoulder the cost of the other light materials so that the toilets can be installed – for them to have their own CR. The procurement (of these light materials) is already in-process.”
- Mayor

“The number of the remaining 4Ps beneficiaries without toilet is now small – we will be ZOD soon. We are just waiting for the toilet bowls to arrive because we already prepared the GI sheets which will be used as roofs. We already have the other materials for construction such as nails, etc. So, we are now almost ready to construct their toilets.”
- Mayor

- iii. **MFI offerings.** The ASA offerings for Treatment Arms 3 and 4 households – orientation, financial packages, actual toilets constructed – appear to have been somewhat effective as well.
- **Orientation.** More than half (51%) of those who oriented (i.e., attended the orientation) became interested in what was being offered, and 41% were converted (i.e., actually took out an ASA loan) – either for toilet construction or upgrade.

Figure 34. Loan Uptake Funnel

(T3 and T4 HHs)



- Sanitary toilets constructed by ASA.** The quality of toilets that the ASA-accredited masons constructed, generally satisfies and meets the expectations of beneficiaries, albeit there are a few dissatisfactions.
 - Overall satisfaction.** Satisfaction with the ASA-constructed sanitary toilets is high – with around 90% saying they are “satisfied”, and that their expectations have been met.

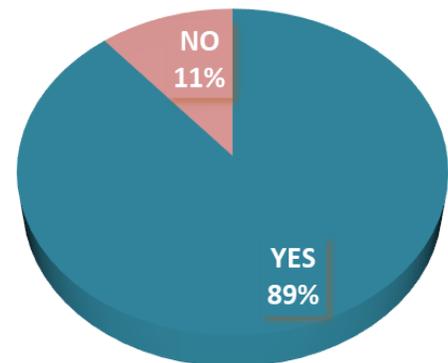
Figure 35. Overall Satisfaction with the Constructed Sanitary Toilet

(Constructors: HHs that took out a loan for toilet construction)

	TOTAL	TREATMENT 3 (C)	TREATMENT 4 (D)
	n=171	n=68	n=103
Very satisfied	79	82	77
Satisfied	14	12	16
Neither	2	3	1
Dissatisfied	1	-	2
Very dissatisfied	4	3	5

Figure 36. Meeting Quality Expectations on Sanitary Toilet

(Constructors: HHs that took out a loan for toilet construction)



Total (n=171)

- Satisfaction on quality attributes.** Generally high levels of satisfaction noted on specific quality attributes as well: being functional, durable and easy to maintain.

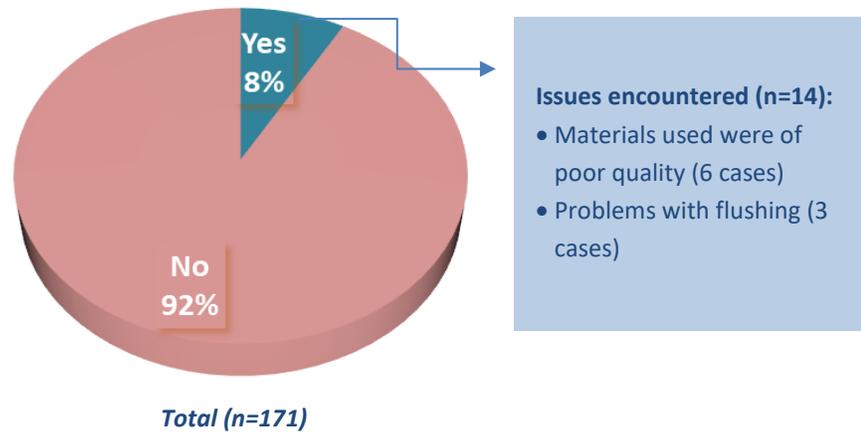
Figure 37. Assessment of the Constructed Sanitary Toilet

(Constructors: HHs that took out a loan for toilet construction)



- > **Quality issues.** While satisfaction with the toilets constructed by the ASA-accredited masons is high, a handful expressed some dissatisfaction (~5%) and mentioned some issues they had with their constructed toilets (~8%), mainly poor-quality materials and problems with flushing.

Figures 38. Incidence of Having Issues on the Constructed Sanitary Toilet
 (Constructors: HHs that took out a loan for toilet construction)



- **S4P stakeholders.** The stakeholders from ASA validate the generally high satisfaction of the T3 and T4 beneficiaries with the toilets constructed for them. They received only few complaints (mostly on clogging/ difficulty to flush), which were immediately addressed.

“Yes, the toilets are constructed well. The masons who are tasked to do that are trained to ensure the toilets are working properly. If the beneficiaries have complaints, they have 2 weeks to report them to us so that we can resolve any issues they may have.”

- ASA

“We received a couple of reports on clogging/ issues with flushing – the beneficiaries said the materials were substandard. But it was only two, generally the toilets are well constructed.”

- ASA

5. **The S4P Program Impact.** This part discusses the impact of the program on its beneficiaries – as measured by the established program KPIs.

5.1. **Primary KPI: Access to Sanitary Toilets.** Given the desired outcome of the program, access to sanitary toilets was defined as the primary KPI.

S4P has raised access to sanitary toilets to 81% of the sample households from a baseline of 50% or a net uptake of 31% in the past 3 years. All the municipalities posted significant increase in access to sanitary toilets.

S4P appears to be most effective in Treatment 4 areas. It is a combination of different interventions and there has been spillover of other interventions.

Figure 38. Incidence of Households with Sanitary Toilets, by Treatment Arm

Base: HHs covered in both Baseline and Endline surveys	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
	2,695	668	692	657	678
Baseline	1354 (50%)	363 (54%) CD	355 (51%)	314 (48%)	322 (47%)
Endline	2194 (81%) ↑	541 (81%) ↑	562 (81%) ↑	510 (78%) ↑	581 (86%) ↑ ABC
Net increase (endline-baseline)	31%	27%	30%	30%	38%ABC

Note: To ensure apples-to-apples comparison, the Baseline data was filtered among the same n=2,695 households covered at Endline. A/B/C/D: indicates that figure is significantly higher than figure in corresponding column, at 95% CL (2-tailed test). ↑ indicates that endline data is significantly higher than baseline



The key informants largely validate these results. RDs cited higher incidences of access to sanitary toilets, while ASA representatives said that the results from T4 households largely confirmed what they expected.

“Yes, what she (another official from her office) said was good. We initially had 27,000 households in the whole of the region who did not have a sanitary toilet. But now, it is down to 16,000. The result of this is really apparent on the children who now have high (level) of Pantawid compliance, such as their regular (school) attendance, not because they are afraid that their stipends would be slashed but because they are already in good health.”

– Regional Director

“We are expecting this (i.e., T4 having higher uptake) because as you know, T4 households will have to pay less (than T3 households).”

– ASA PH Employee

Data shared by the mayors (or representatives) of S4P municipalities also validate S4P’s results.

Data from the Office of the Mayor show access to sanitary toilets at anywhere from 52% to 100% across most municipalities. The only municipality with very low access rate is Calubian at 15% - and given that it is the biggest municipality covered by S4P, its low performance on sanitary toilet access significantly pulls down the overall average to only 64%.

In comparison, the S4P households in these municipalities exhibit higher access rates – 39% to 100%, and 81% on the average as of endline.

Note that municipality records include public sanitary toilets (e.g., Alangalang mayor said around 7% of the 100% with access to sanitary toilets, access communal facilities – and thus the gap in access between S4P households vs municipalities at large, may be understated at this point.

Figure 39. Incidence of HHs with Access to Sanitary Toilet

Region	Province	Total Municipality (2018)*			Among S4P HHs (Endline 2018)
		Municipality	Total number of HHs	% of Sanitary Toilet Access	% of Sanitary Toilet Access
Region 7	Bohol	Buen Unido	**	69%	99%
		Buenavista	6,184	70%	91%
	Cebu	Asturias	11,553	62%	71%
		Borbon	8,473	79%	88%
		Daanbantayan	17,396	59%	62%
		Sogod	7,937	64%	87%
		Tabuelan	**	**	82%
		Tuburan	15,494	73%	97%
	Negros Oriental	Mabinay	18,540	95%	97%
		Vallehermoso	2,736	52%	76%
AVERAGE ACCESS – REGION 7			72%	85%	
Region 8	Eastern Samar	Gen MacArthur	3,717	95%	82%
		Sulat	3,919	86%	100%
	Leyte	Alangalang	11,405	100%	93%
		Babatngon	5,740	72%	76%
		Calubian	7,858	61%	41%
		San Isidro	9,800	68%	88%
		Tabango	8,210	79%	43%
AVERAGE ACCESS – REGION 8			80%	75%	
OVERALL AVERAGE ACCESS (Regions 7 and 8)			75%	81%	

* Data from Office of the Mayor of each municipality.
 ** Data not available. Not included in computation of averages.

Some notes on the **31%-point increase in access to sanitary toilets:**

- a. This includes all access to sanitary toilets, whether exclusive for the household or shared with other households.
 - a. Exclusive access to sanitary toilets doubled – from 33% at baseline to 66% at endline.
 - b. Shared access slightly dropped – from 17% at baseline to 15% at endline.
- b. This is also within range of the ~25% of households at baseline, who expressed intent to “improve their sanitation” within 12 months of the baseline survey.

Figure 40. Incidence of Access to Toilets, by Type

	Baseline	Endline
<i>Base</i>	<i>n=2695</i>	
Sanitary Toilets - Net	50%	81%
Flushed to piped sewer system	3%	-
Flush to septic tank	28%	58%
Flush to pit toilet	7%	13%
Flush to elsewhere	0%	-
Flush to don't know where	1%	1%
Ventilated pit toilet	4%	8%
Pit toilet with slab, closed pit	7%	1%
Exclusively-owned Sanitary Toilets - Subnet	33%	66%
Shared Sanitary Toilets - Subnet	17%	15%
Unsanitary Toilets - Net	50%	19%
Pit toilet without slab, open pit	2%	1%
Composting toilet	2%	0%
Bucket toilet	0%	0%
Drop type/ Overhang type	1%	1%
Public Toilet	-	1%
No facility/ Bush/ Field	40%	16%
Observation not possible	2%	-
Other	1%	-
Blank	1%	-

31% points – increase in HHs with sanitary toilets (baseline vs endline)

Note that at Baseline: More than half of those without toilets planned to improve their sanitation within 12 months of the baseline survey (approximately 25% of total HHs)

33% points – increase in HHs with exclusive access to sanitary toilets (baseline vs endline)

5.2. **Secondary KPIs.** Expected to go hand-in-hand with access to sanitary toilets and improved QoL are changes in attitudes and behavior. This part summarizes the attitudinal and behavioral changes recorded in the Endline Survey

The S4P Program appears to have helped generate positive attitudes on sanitation among its beneficiaries – who generally feel that “having their own toilet” is very important, recognize the benefits of having one, and express willingness to make sacrifices to get or pay for one.

- a. **Perceived importance of having own toilet.** Almost all S4P households say that having their own toilet is “very important”.

Figure 41. Importance of Having Own Toilet

(All HHs)

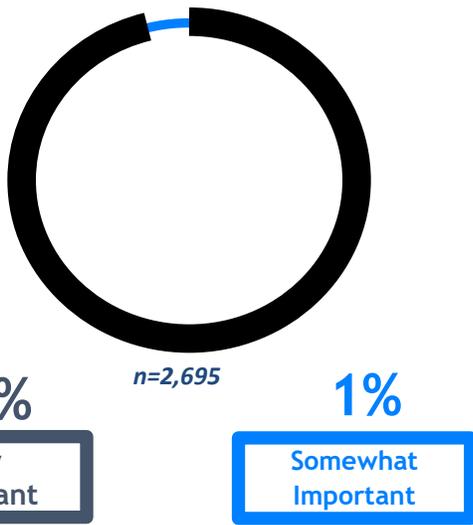


Figure 42. Importance of Having Own Toilet Among Poor Households – POV of Key Informants

The “NO” vote here may be their perception of the poor’s opinion on the subject, may not be reflective of their own.

“Even if they really want to have their own toilet, they always have to choose – between food and CR, between cellphone and CR, they would always deprioritize the toilet. That is why the grants given by the LGUs, these are also very helpful because they do not have to buy these anymore.”

- Regional Director



Municipal Links
(n=37)

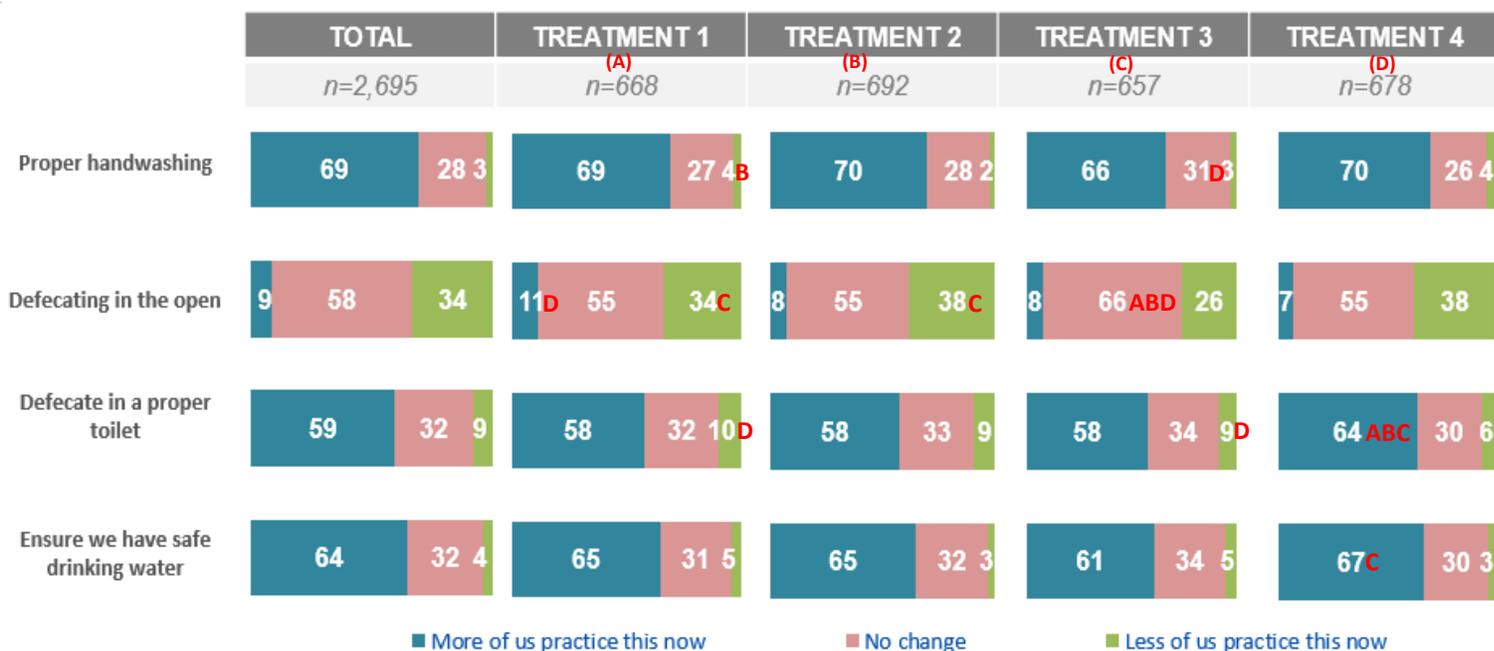


Barangay Officials
(n=130)



b. Improved Sanitary Practices. Increases noted in the practice of proper handwashing (69% “more of us practicing it now vs last year”), ensuring safe drinking water (64%), and defecating in a proper toilet (59%).

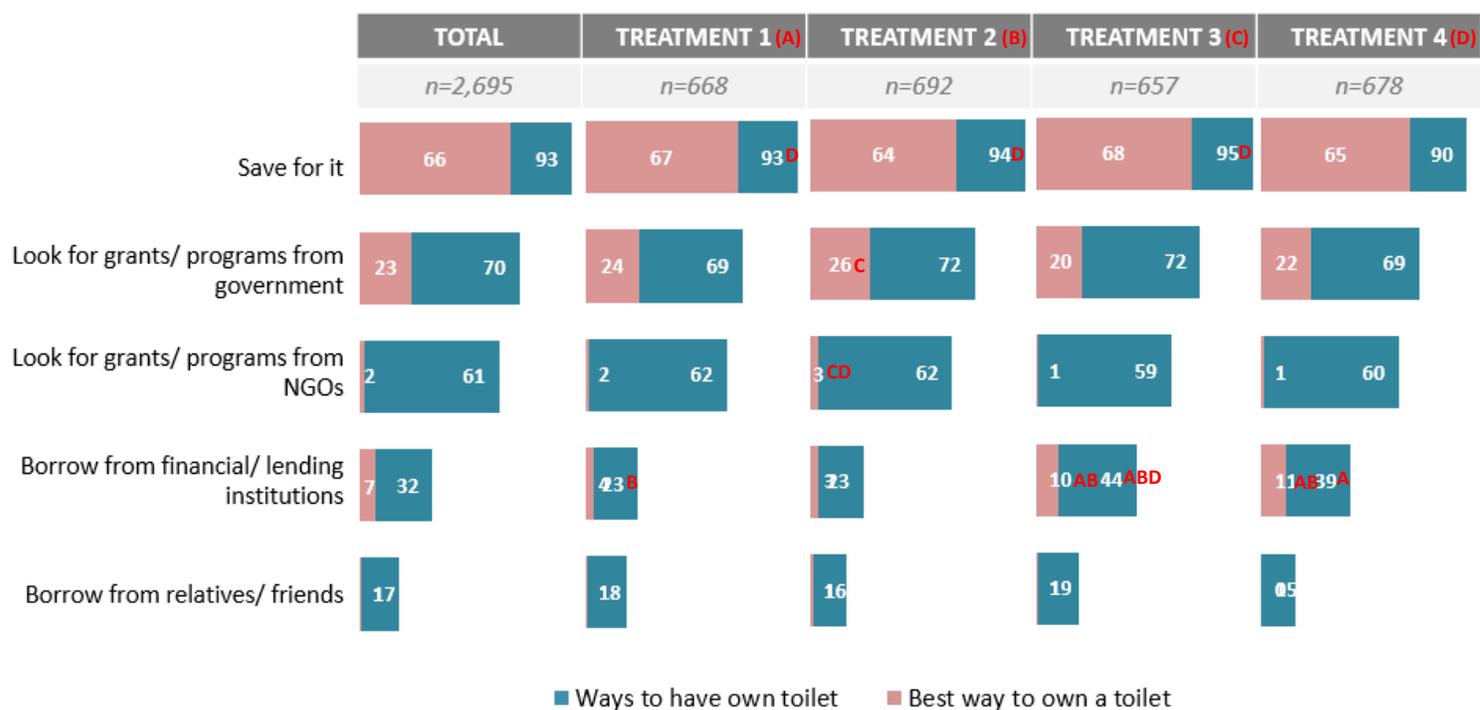
Figure 43. Change in Sanitation Practices in the Past Year
(All HHs)



c. Willingness to sacrifice to get or pay for own toilet

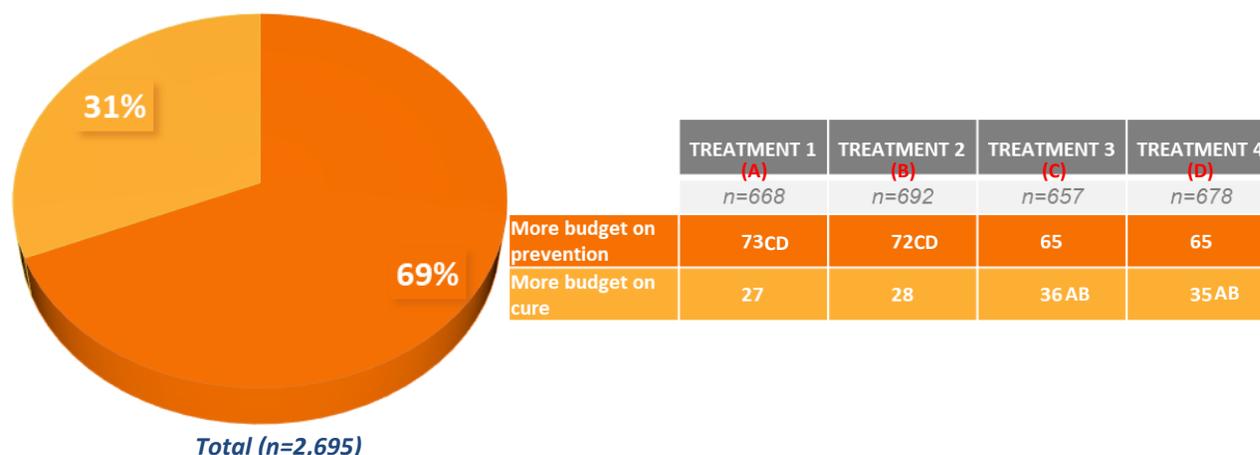
- Ways to own a toilet.** On the overall, a big majority feels that the best way to own a toilet is to save up for it. Sixty-six percent of households say that the best way to own a toilet is to save for it while 23% believe that looking for grants/programs from government is the best way

Figure 44. Ways to Own a Toilet
(All HHs)



- d. **Prevention mindset.** Majority also now show a prevention over cure mindset – with 69% saying more budget should go to illness-preventive efforts vs 31% saying more budget should be spent on curative work instead.

Figures 45. POV on Prevention vs Cure
(All HHs)



- e. **Potential multiplier effect.** Attitudinal change may have gone beyond the immediate S4P beneficiaries – as a substantial majority (around 70%) say that many or most of their neighbors are now also interested in having own toilet.

Figure 45. Neighbors Interested in Having Own Toilet

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,194	n=540	n=562	n=510	n=581
Most or all of them	48	52B	42	49B	48B
Many of them	23	22	24	24	24
Some of them	10	8	11	9	11
A few of them	11	11	13	10	12
None of them	8	8D	10D	9D	5

Base: HHs with Sanitary Toilet

- f. **Advocacy.** The prevalent community interest to build own toilets (discussed under Attitudinal Change) may in part be the effect of S4P beneficiaries’ advocacy spirit – with about 9 in 10 saying they would recommend building of toilets to other households in their communities.

Figure 46. Recommendation to other HHs to build their own sanitary toilets

	Total	Treatment 1 (A)	Treatment 2 (B)	Treatment 3 (C)	Treatment 4 (D)
Base	n=2,194	n=540	n=562	n=510	n=581
Very likely	73	72	75	74	70
Somewhat likely	15	13	14	15	17
Neither likely or unlikely	6	7	5	6	7
Somewhat unlikely	3	3	2	3	2
Very unlikely	4	5 ^C	4	2	4

Base: HHs with Sanitary Toilet

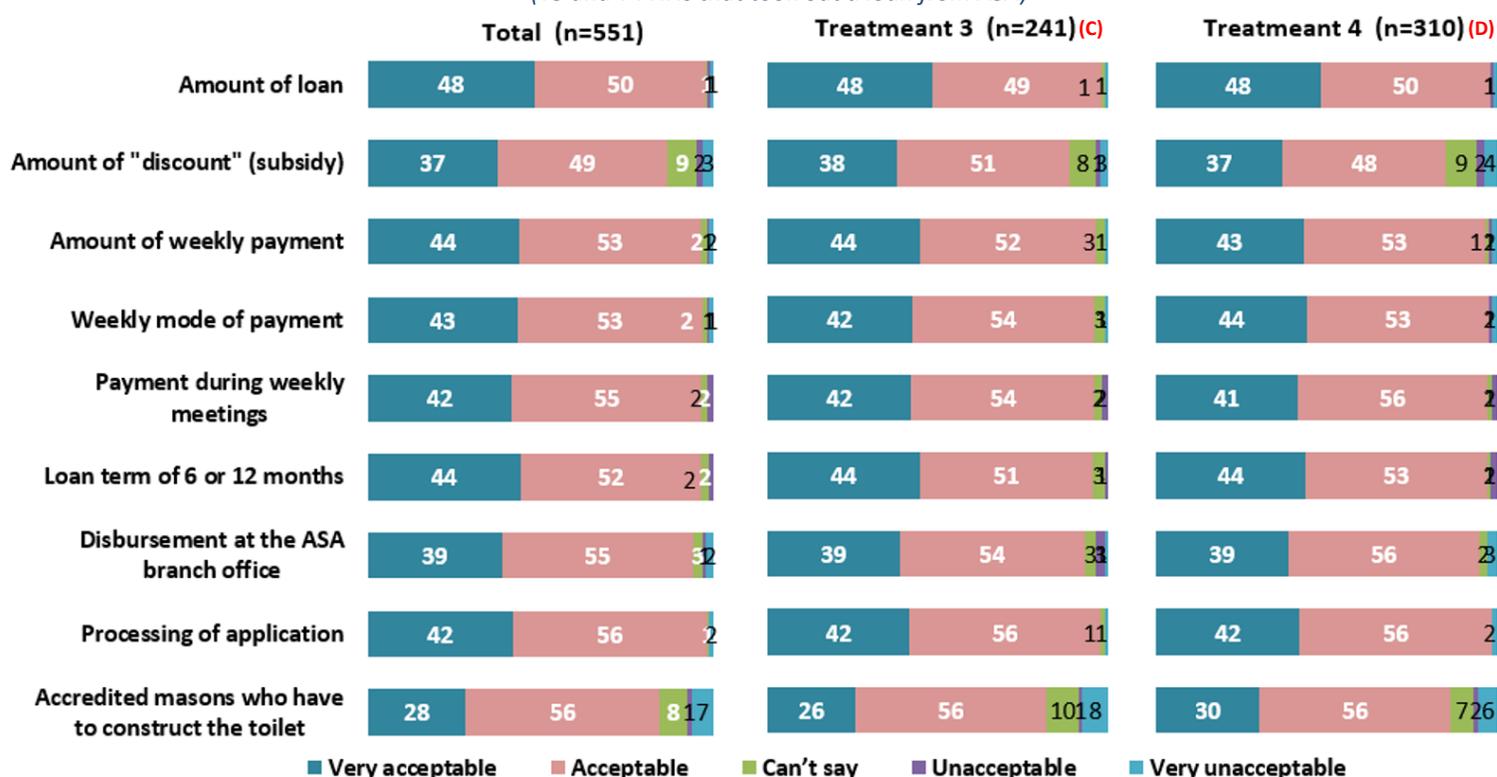
6. **Issues and challenges.** While feedback on the S4P Program is generally positive – beneficiaries are quite satisfied, and other stakeholders cognizant and appreciative of its impact, some issues and challenges have been observed as well.

S4P households. Minimal issues mentioned. Among T3 and T4 households, a few mentioned:

- a. issues with the quality of the physical toilets that were constructed under S4P (as discussed under Satisfaction with Program Interventions/ MFI Offerings – please refer to pages 48-49)
- b. that they found the terms and conditions of ASA’s financial packages unacceptable

Figure 47. Acceptability of Terms and Conditions of ASA’s Financial Packages

(T3 and T4 HHs that took out a loan from ASA)



6.1. **S4P stakeholders.** Among the key informants, the issues and challenges mentioned are more varied:

a. **Beneficiary-related**

- i. **Priorities.** Some key informants observe that toilets are not considered as a necessity in some poor households. When prioritizing among food, educational needs, cellphones (or even radios) – having own toilet comes the last.

This may also be the reason behind Ipsos' observation that a handful of households seemed to have taken out a loan for the construction or upgrade of a sanitary toilet, but used the loan for other purposes instead. The study cannot determine the extent of this occurrence, but ASA internal information may be able to.

- ii. **Decision-making patterns in the household.** Typically, the lady of the house (who, in most instances is also the S4P beneficiary), is immediately encouraged to have a toilet built or upgraded. In some cases, however, they are dissuaded by their husbands.
- iii. **Negative loan mindset.** ASA noted some hesitancy of S4P households to take out a loan, apparently because they worry that they would not be able to repay (besides the fact that some already say outright that they are incapable to pay). This is also validated by the study's results where taking out a loan is a far third behind "saving up" and "looking for grants and subsidies" as the best way to have a toilet put up.

b. **Implementation-related**

- i. **Shortage of masons.** An ASA representative mentioned that one key problem they encountered was the lack of masons. Sometimes, a household would already express interest, but ASA is not able to immediately activate the process due to lack of available masons. Sometimes, the time lapse between a household's expression of interest and the availability of a mason means a household withdrawing intent.
- ii. **Profitability for masons.** Among the identified reasons why sometimes masons are not as eager to take on a toilet construction project is the lack of profitability, especially when the project location is far from the town, and they have to spend a substantial amount for sourcing and transporting materials.
- iii. **Sustainability of financial subsidy.** ASA appreciates the essence of S4P but raises the issue of sustainability over the long term. As a pilot program, subsidizing the loans may be feasible, but to continue with subsidies on a larger scale would necessitate huge funding from a steady source.

c. **Physical constraints**

- i. **No available lot.** While some of the households would really like to have their own toilets, they do not own the lot they live on. The owners would not normally let them build a structure, for fear of difficulty in asking them to leave in the future.
 - ii. **Location.** It is sometimes impossible to construct a toilet even if the households are very much interested in one, because of the house location. For example, those in coastal and waterfront communities cannot have toilets constructed because of adverse ground conditions.
- d. **Local government priorities.** Some MLs noted that local implementation is largely dependent on the mayors' willingness. If their priorities are different (e.g., infrastructure), then sanitation efforts tend to take a backseat.

Section III. Summary and Conclusions

7. Summary

- 7.1. **Respondent Profile.** Almost all the 2,695 household survey respondents are the registered 4Ps beneficiaries themselves (99%), female (90%), 26-60 years old (86%), and wife/ spouse of the household head (74%).

On the other hand, the key informants are mostly from S4P's pilot areas Region 7 (62%) and Region 8 (37%), 36-60 years old (56%). Gender split almost equal among the respondents.

7.2. Sanitation situation

- a. **Main source of drinking water.** A small majority use “modern” sources of drinking water (33% bottled water, 25% piped water), while the rest still use traditional sources like wells and springs. This means that a substantial number are still vulnerable to risk from their drinking water.
- b. **Access to sanitary toilet:** A big majority of the S4P beneficiaries now have access to a sanitary toilet, albeit almost a fifth still do not.
- c. **Sanitation issues.** While majority of the S4P households appear to already have access to safe water and sanitary toilets, they still recognize sanitation issues in their barangays, including availability of safe water (66%), unhygienic practices (53%), littering (52%), and sanitation-related diseases (39%).

7.3. The S4P Program Impact

- a. **Primary KPI:** Access to Sanitary Toilets. S4P had been successful in its 2-3 years of implementation, bringing access to 81%, from 50% at baseline 3 years ago.
- b. **Secondary KPIs**
 - i. **Quality of Life:** Among the expected impacts of having access to sanitary toilets is improvement in overall quality of life. And this proved true among majority of the S4P beneficiaries – 65% said their QoL is generally better now (36% much better, 29% somewhat better now) than last year.
 - ii. **Attitudinal Change:** The S4P Program appears to have helped generate positive attitudes on sanitation among its beneficiaries – who generally feel that “having their own toilet” is very important, recognize the benefits of having one, and express willingness to make sacrifices to get or pay for one.
 - **Perceived importance of having own toilet.** Almost all S4P households say that having their own toilet is “very important”.

- **Recognized benefits of having a toilet**
 - › **Reasons for borrowing money to have own sanitary toilet.** The top reasons mentioned for taking out a toilet loan (among T3 and T4 households), indicate recognition of the benefits of having a toilet – protecting the family from illnesses brought about by OD (70%), and wanting the family to experience the convenience of using own toilet (67%).
 - › **Benefits of having own sanitary toilet.** Asked directly on perceived benefits of having their own toilet, the top answers are within the same vein – that they now no longer defecate in the open (85%) or use a shared toilet (59%).
 - **Willingness to sacrifice to get or pay for own toilet**
 - › **Ways to own a toilet.** On the overall, a big majority feels that the best way to own a toilet is to save up for it. While this is a positive indication in itself (that they think it is up to themselves to provide for their families’ sanitation needs), the rest of the results indicate some potentially negative mindsets as well:
 - There seems to be some hesitancy toward taking out a “formal” loan – with only 32% mentioning loans from financial institutions as a possible way to source toilet funds, and much less (7%) saying it is the best way to do so.
 - Depending on government appears to be more appealing than taking out a loan – 70% mention looking for grants and subsidies from government and 23% say it is the best way.
 - › **Source of funds for sanitary toilet.** Corollary to “saving up” as preferred way to have their own toilet, the cited sources of funds for the construction or upgrade of their toilets, or for payment of toilet loans, show general self-reliance.
 - › **Commitment to on-time loan payment.** Borrowers have proven to generally be good payers, with 98% giving their payments on time. Meeting loan payment obligations also entail sacrifices on some of the households – around 16% say they do make sacrifices to pay off their loans, mainly by reducing HH spending. Note that incidence of sacrificing is higher among T3 households.
 - **Prevention mindset.** Majority also now show a prevention over cure mindset – with 69% saying more budget should go to illness-preventive efforts vs 31% saying more budget should be spent on curative work instead.
 - **Potential multiplier effect.** Attitudinal change may have gone beyond the immediate S4P beneficiaries – as a substantial majority (around 70%) say that many or most of their neighbors are now also interested in having own toilet.
- iii. **Behavioral Change:** The S4P Program appears to have helped improve sanitation behaviors as well – with the majority indicating improvements in sanitary practices in their households.
- **Improved Sanitary Practices.** Increases noted in the practice of proper handwashing (69% “more of us practicing it now vs last year”), ensuring safe drinking water (64%), and defecating in a proper toilet (59%).

- **Effort to make drinking water safe.** At endline, almost half of the HHs whose sources of drinking water may be considered “unsafe” (i.e., not bottled nor piped) claimed to make the effort to make it safer to drink – via boiling the water, for most.
 - **Advocacy.** The prevalent community interest to build own toilets (discussed under Attitudinal Change – please refer to page 42) may in part be the effect of S4P beneficiaries’ advocacy spirit – with about 9 in 10 saying they would recommend building of toilets to other households in their communities
- iv. **Satisfaction with the S4P Program and Interventions.** Behind all the impacts and outcomes measured in the study is the S4P Program itself, and the specific interventions it offers.
- **Overall satisfaction with the S4P Program.** On the whole, the S4P program itself enjoys positive opinion among the S4P households and its other stakeholders.
 - **Satisfaction with FDS.** With the FDS being the main sanitation awareness and demand-generating tool of the program, its contribution to bringing about the desired program outcomes cannot be overstated. The high participation and satisfaction with the FDS also validates its contribution to the S4P Program’s success.
 - **Government Grants and Subsidies.** Another key intervention examined under the S4P Program are government grants and subsidies, and the endline survey finds fairly wide reach.
 - **MFI offerings.** The ASA offerings for Treatments Arms 3 and 4 households – orientation, financial packages, actual toilets constructed – appear to have been somewhat effective.
 - › **Orientation.** Based on WB and ASA records, all T3 and T4 beneficiaries have been oriented by ASA, although only 56% remember doing so. Nevertheless, half (51%) became interested in what was being offered, and 41% were converted (i.e., actually took out an ASA loan) – either for toilet construction or upgrade.
 - › **Sanitary toilets constructed by ASA.** The quality of toilets that ASA delivers, generally satisfies and meets the expectations of beneficiaries, albeit there are a few dissatisfactions.

8. Conclusions

The impact of S4P and sanitation programs in general, may go beyond 2018, with key stakeholders having developed plans to continue promoting good sanitation practices in their areas in the coming years. The ultimate goal of most of the key informants from the government is to reach ZOD in the next 2-3 years. They think that this will be achieved through different ways such as the following:

8.1.1.1.1. Continuing with what works. Based on their experience in the S4P program, educational interventions like the FDS Sanitation Module which highlights the ill effects of OD, are seen to greatly contribute in triggering poor households to think about having their own toilet.

With this, they intend to continue raising awareness and complement it with providing toilet materials/ grants and subsidies which is also deemed very important.

8.1.1.1.2. Monitoring grants and subsidies closely. While most LGUs allocate budgets for materials such as toilet bowls, there is no assurance that toilets will actually be constructed for the toilet-less households. The top reason given is their incapacity to pay for the other required materials and labor, which are not supplied by the LGU. With this, they think of being more pro-active in following up with these HHs on the status of their sanitary toilet construction, and to try to help out with what is needed for the construction to happen.

8.1.1.1.3. Implementing the ‘no-toilet, no-house construction’ ordinance. It is believed that at some point, ZOD will be achieved and the next question is on how to sustain it. A member of a household with a toilet now, may have their own family and construct their own house, but there is no guarantee that they will have their own sanitary toilet. To ensure that this does not happen, some officials suggest for the government to allow new house constructions only if a sanitary toilet will be built with it.

MLs, the critical S4P elements on the ground, have also given inputs on how to further improve S4P implementation, with suggestions related to expansion and operations.

Figures 48. Suggestions on How to Further Improve the S4P Implementations – POV of MLs (Suggest not putting this in the Conclusion part. Weave this into a section where other stakeholders offer suggestions to improve the program)

	n=37
Closer monitoring of beneficiaries and program implementation - Net	97%
General - Subnet	97%
Coordinate more closely with the S4P partners and beneficiaries	73%
Monitor closely the implementation of the sanitation programs/ S4P interventions in general	51%
Specific - Subnet	30%
Continuously educate the beneficiaries on the importance of having a sanitary toilet	15%
Conduct house to house validations	15%
Expansion of S4P Program - Net	70%
Coverage - Subnet	53%
Include households without toilet facility, regardless whether they are Pantawid beneficiaries or not	29%
Include more Pantawid beneficiaries in the next implementation	16%
Increase the number of beneficiaries that can avail of the 25% and 50% subsidy	7%
Financial Assistance - Subnet	14%
Provide financial assistance to non-Pantawid beneficiaries	7%
Offer the WASAFIN program of ASA Philippines to beneficiaries who are interested in constructing/ upgrading their toilet	7%
Overall Budget - Subnet	7%
Allocate a bigger budget for S4P program	7%
Strengthen/ Expand Government Initiatives - Net	74%
Assign S4P locals to focus on the program (e.g. both in the municipal and barangay levels)	37%
Facilitate/ conduct special meetings with the technical working groups (and ensure complete attendance)	15%
Implementation of the proposed S4P ordinance (e.g., both in the municipal and barangay levels) with corresponding penalties if not strictly followed	15%
Address water supply issues	8%
Encourage Community Initiatives - Net	14%
Encourage the other members of the community to participate in S4P and other sanitation programs	7%
Encourage the other members of the community to help poor households to construct toilet facility (besides financial assistance)	7%



On the overall, the S4P Program shows good performance relative to the KPIs set for each of the program's desired outcomes. With the S4P Program, we see substantially more access to sanitary toilets, generally better quality of life, as well as various attitudinal and behavioral changes.

Given the outcomes, we see positive feedback on the S4P Program and the specific interventions it offers as well – most are satisfied with the S4P Program on the overall and the FDS is well-appreciated and appears to have successfully ingrained proper sanitation practices and aspirations among the S4P households. The other interventions (government grants and subsidies, MFI financial packages) appear to act as enablers – the hardware provided by LGUS and/ or the loans made available by ASA help convert the interest kindled by FDS to reality. Expectedly, Treatment Arm 4, which offers the best set of interventions (FDS + 50% subsidy on MFI loan + also open to government grants and subsidies), is deemed most effective.

And there is room to grow. Local government officials appear to support sanitation programs in general, especially those pertaining to their ZOD goals, and most stakeholders see promise in its expansion.

Section IV. Appendix 1 – Detailed Findings

9. Detailed Findings

In the succeeding modules, the analyses pertain to total HHs and differences across treatments (if any) are called out. If there are no call outs for specific treatment/s, please assume the scores generally follow the same pattern as total.

9.1. Module A: Profile of the S4P Households

At least half of the S4P households have at most 5 HH members and the Pantawid members are mostly wife/ spouse (77%) of the HH head.

Figure 49. Household Size

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
1-5	52	53	51	54	51
6-10	46	45	47	45	48
11 and above	2	2	2	2	1

Base: All households

Figure 50. Relationship of the Pantawid Member to the HH Head

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Household head	17	20	17	16	17
Wife/ Spouse	77	75	77	78	77
Son/ Daughter	3	3	3	3	3
Brother/ Sister	0	0	0	1	0
Son/ Daughter-in-Law	0	0	0	0	1
Grandson/ Granddaughter	1	0	1	0	1
Father/ Mother	2	2	2	2	1

Base: All households

About 82% of the households have 0-14 year old kids, 47% have 15-17 year old children. Note the substantial 9% who do not have children. Around 70% have children who are in elementary and high school while approximately 10% have college students.

Figure 50.1. Children Aged 0-17 years old Within the HH

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
0 to 14 years old	82	83	82	83	81
15 to 17 years old	47	47	48	45	48
No children	9	9	8	10	9

Base: All households

Figure 50.2. Children Currently Studying Within the HH

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Pre-school or Elementary	67	65	68	68	68
Highschool	71	71	72	71	71
College	10	11	9	10	11
No children currently studying	7	7	7	7	7

Base: All households

Majority of the HH have no child who visit the health center – only less than 20% of them have around 1-2 kids who does.

Figure 50.3. Children Visiting Health Center Per Household

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
0/ None	79	80	81	79	79
1 child	13	14	13	13	12
2 children	5	5	4	7	6
3 children	2	2	1	2	3
4 children	0	1	0	-	0

Base: All households

When asked about the grants and subsidies they receive from the 4Ps, almost everyone says they spend their stipends on basic needs such as on food (96%) and education (94%). Other expenditures include clothing, shoes, and health care.

Figure 50.4. Expenditures Last Pantawid Grant Used On

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Food	96	94	96	95	96
Education/Schooling/ School materials	94	93	94	94	94
Clothing, shoes, and similar products	71	70	72	73	70
Health/Medical care	33	36	34	30	33
Savings	3	4	4	3	3
Housing (rent, construction, or repairs)	1	2	1	1	1
Investment, specify	1	0	0	2	1
Fare	0	0	1	-	0
No longer receive grants	2	3	2	2	2

Base: All households

- Usual mode of receiving their 4Ps grant is either via off-site payment or ATM card/ cash card (45%). For Treatment 3, off-site payment is slightly higher (at 49%) while getting the grant via ATM card/ cash card is relatively lower (at 42%).
- iv. Seventy one percent say they spend at most PhP100 on transportation when claiming their Pantawid grant (slightly higher in Treatment 1 at 76%).

Figure 51. Mode of Receiving Pantawid Grant

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Off-site payment	45	42	44	49	46
ATM card/ Cash card	45	45	47	42	45
Over-the-counter (OTC)	4	6	2	4	3
Payroll	2	2	2	2	3
Cash	2	3	3	1	2
Gcash	0	0	0	-	0
No longer receive grants	2	2	2	2	2

Base: All households

Figure 52. Amount Spent on Transportation When Claiming Pantawid Grant

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
1-100	71	76	72	69	69
101-200	18	14	18	21	18
201 an above	7	4	8	9	7

Base: All households

9.2. Module B: Source of Water Supply

The households' main source of water supply varies (e.g., from unprotected well to piped water) but most of the respondents say they get their water either from pipes (43%) or dug well (30%). The incidence of HHs getting piped water is higher in Treatment 1 (49%).

Figure 53. Main source of water supply

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2695	n=668	n=692	n=657	n=678
Piped water - Net	43	49	43	41	40
<i>Piped into yard / plot</i>	17	19	17	17	16
<i>Public tap, Standpipe</i>	15	19	16	14	13
<i>Piped into dwelling</i>	11	11	10	11	11
Dug well - Net	30	29	30	28	31
<i>Protected well</i>	16	14	18	14	16
<i>Unprotected well</i>	14	15	12	15	15
Tube well or borehole	16	14	17	15	16
Water from spring - Net	10	7	8	11	12
<i>Protected spring</i>	6	4	4	6	9
<i>Unprotected spring (natural form)</i>	4	3	3	5	4
Rainwater	1	1	1	3	1
Surface water (river, dam, lake, pond, stream, canal, irrigation)	1	1	1	1	0

Base: All households

Top sources of drinking water are bottled water (33%) and piped water (25%). Incidence of Piped water as drinking water is higher in Treatment 1 (32%).

Figure 53.1. Source of Drinking Water

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2695	n=668	n=692	n=657	n=678
Bottled water	33	33	34	31	33
Piped Water - Net	25	32	21	24	22
<i>Public tap, Standpipe</i>	<i>12</i>	<i>16</i>	<i>11</i>	<i>12</i>	<i>10</i>
<i>Piped into yard/plot</i>	<i>8</i>	<i>11</i>	<i>8</i>	<i>8</i>	<i>7</i>
<i>Piped into dwelling</i>	<i>4</i>	<i>5</i>	<i>3</i>	<i>4</i>	<i>4</i>
Dug well - Net	18	16	17	20	17
<i>Protected well</i>	<i>9</i>	<i>8</i>	<i>9</i>	<i>11</i>	<i>8</i>
<i>Unprotected well</i>	<i>8</i>	<i>8</i>	<i>8</i>	<i>9</i>	<i>9</i>
Tube well or borehole	13	12	16	12	14
Water from spring - Net	10	7	10	12	13
<i>Protected spring</i>	<i>6</i>	<i>3</i>	<i>6</i>	<i>7</i>	<i>9</i>
<i>Unprotected spring (natural form)</i>	<i>4</i>	<i>4</i>	<i>4</i>	<i>5</i>	<i>4</i>
Rainwater	1	0	1	1	1
Surface water	0	-	0	0	-
Tanker truck	0	-	0	-	-

Base: Households whose source of drinking water is not from their main source of water

Location of main source of water supply is typically close to their houses – e.g., in their own yard (around 35%) or in their neighbors’ yard (roughly 17%), which explains why it takes quite fast (around 10-20mins, at 69%) to get water from their source and come back to their house.

Figure 54. Source of HH Main Water

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
In own yard/plot	35	35	34	34	35
In neighbor's yard / plot	17	16	13	21	18
In own dwelling	11	11	10	11	11
Public tap/Standpipe	10	10	10	9	13
In neighbor's house	10	12	14	8	6
Beside the street	7	7	9	5	5
In other barangay	2	1	2	3	2
Surface water (river, dam, lake, pond, stream, canal, irrigation channel)	2	2	1	2	2
In the mountain	1	2	2	1	1
At the farm (banana,coconut,etc.)	1	1	1	0	1
In relative's house	1	1	1	1	0
At the church	1	-	0	2	0
Near school	0	0	1	1	0
Near the house of barangay captain	0	-	1	-	-
Near barangay hall	0	0	-	0	1
Water refilling station	0	0	0	1	0
Near the creek	0	0	-	0	1
Near basketball court	0	-	-	1	-
Near gasoline station	0	-	-	-	1
Water from spring	0	-	0	0	1
15 meters away from home	0	-	0	-	1

Base: All households

Figure 55. Duration of Getting Water from HH Main Water Source

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	2,695	668	692	657	678
996-Own dwelling	11	11	10	11	11
00:10-00:20	69	70	70	70	66
00:21-00:40	10	11	9	11	11
00:41-01:00	4	3	4	3	5
01:01-03:00	3	2	2	2	4
03:01-05:00	2	2	2	2	1
05:01-07:00	1	1	0	0	0
07:01-09:00	0	0	0	0	0
09:01-11:00	0	0	0	0	0
11:01-13:00	0	0	0	0	0
13:01-15:00	0	0	0	0	0
15:01-17:00	-	-	-	-	-
17:01-19:00	-	-	-	-	-
19:01-21:00	-	-	-	-	-
21:01-23:00	-	-	-	-	-
23:01-24:00	2	1	2	2	1

Base: All households

- v. On the other hand, most of those whose drinking water is not from their main source, get water from refilling stations (32%) or sari sari stores (20%), which normally takes 10-20mins for them to acquire.
- vi. Incidence of getting drinking water from refilling stations is highest in Treatment 4 (38%).

Figure 56. Source of HH Drinking Water

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,095	n=269	n=313	n=246	n=267
Water refilling station	32	29	36	24	38
Buy at the store / sari-sari store	20	20	18	23	18
Public tap/Standpipe	18	23	11	24	17
In own yard/plot	5	5	5	4	7
In other barangay	5	5	7	5	3
In neighbor's house	5	6	5	3	5
In neighbor's yard / plot	4	2	5	6	4
Proper Tuburan	3	3	3	5	1
Beside the street	2	2	4	-	2
Proper Poblacion	1	2	1	1	1
In the mountain	1	0	1	1	1
Proper Tabuelan	1	-	1	1	1
In own dwelling	1	1	1	-	0
Near school	1	-	2	-	-
At the farm (banana,coconut,etc.)	0	-	1	-	-
Prober Calubian	0	-	1	-	-
Near the house of barangay captain	0	-	-	1	-
Water from spring	0	0	-	-	1
Proper Buen Unido	0	0	-	-	1

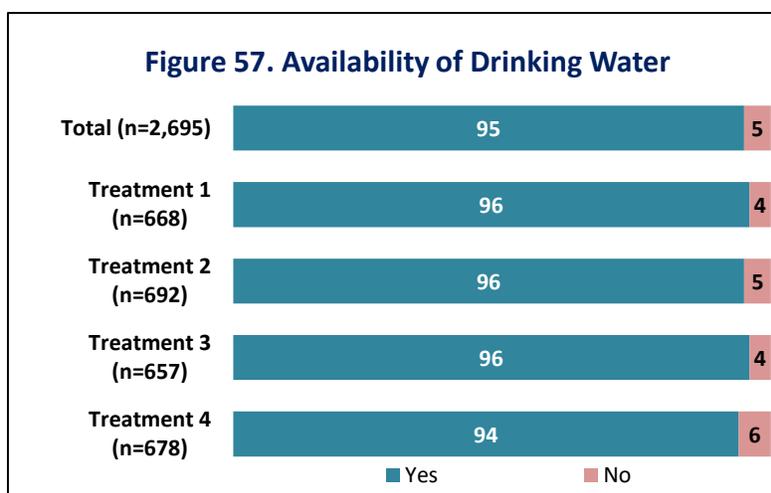
Base: Households whose source of drinking water is not from their main water source

Figure 56.1. Duration of Getting Water from Main Water Source for Drinking Water

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,095	n=269	n=313	n=246	n=267
996-Own dwelling	1	1	1	0	0
00:10-00:20	62	62	61	56	71
00:21-00:40	14	16	16	17	9
00:41-01:00	10	7	12	14	8
01:01-03:00	6	6	8	4	5
03:01-05:00	1	2	1	0	3
05:01-07:00	2	1	2	2	1
07:01-09:00	1	2	0	1	1
09:01-11:00	0	0	0	0	0
11:01-13:00	-	-	-	-	-
13:01-15:00	0	0	0	0	0
15:01-17:00	-	-	-	-	-
17:01-19:00	-	-	-	-	-
19:01-21:00	0	0	0	0	0
21:01-23:00	0	0	0	0	0
23:01-24:00	3	4	1	5	2

Base: Households whose source of drinking water is not from their main water source

Almost everyone (roughly 95%) say their drinking water is available all year round. About 44% get their water for free while the remaining 56% pay for it – 32% spend at most PhP200 monthly for their drinking water, 19% pay from PhP201-PhP500, and 5% spend more than PhP500.



Base: All households

Figure 58. Monthly Payment of Drinking Water

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
None/ Free	44	40	43	45	47
1-200	32	34	33	29	31
201-500	19	22	19	18	17
501 and Above	5	5	5	7	5
Mean	183	188	162	186	196

Base: All households

Frequency of payment varies from per use (39%) to weekly (31%) / monthly (27%) disbursement. Incidence of monthly payment is highest in Treatment 1 (at 36%) and lowest in Treatment 4 (26%). While the incidence of weekly payment is lowest in Treatment 1 (22%).

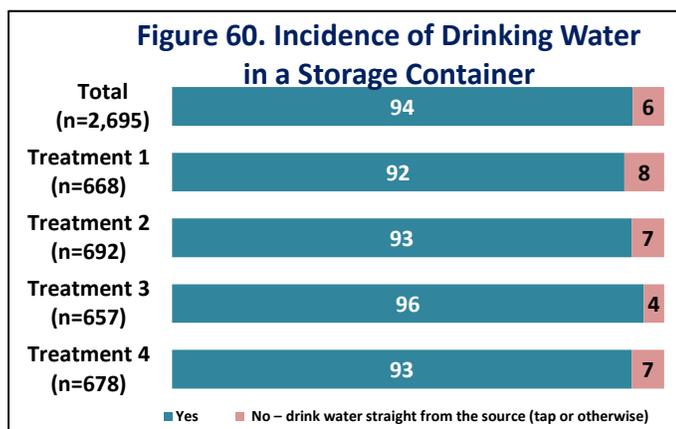
Figure 59. Frequency of Payment

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,510	n=400	n=394	n=359	n=357
Per use	39	37	38	40	42
Monthly	31	36	30	30	26
Weekly	27	22	28	28	30
Annually	2	3	2	2	1
Everyday	1	0	1	0	1
Every 2 days	0	1	-	-	1
Every 4 days	0	1	-	0	-
Every 6 months	0	-	1	-	-
Twice in a week	0	1	-	-	-

Base: Households who pay for their drinking water

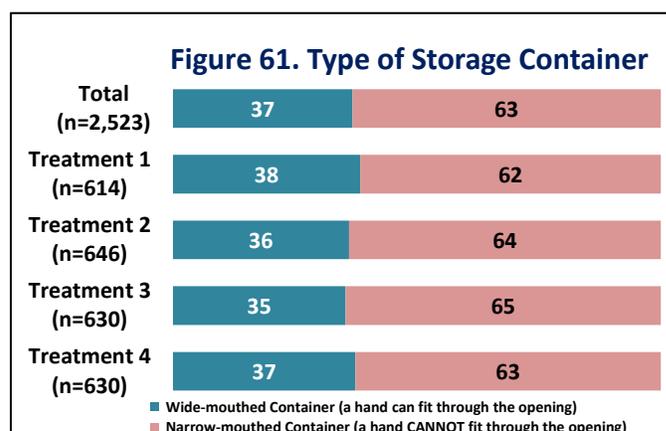
In terms of water storage, almost everyone (94%) store their drinking water in a container – about a third of whom have wide mouthed containers.

Figure 60. Incidence of Drinking Water in a Storage Container



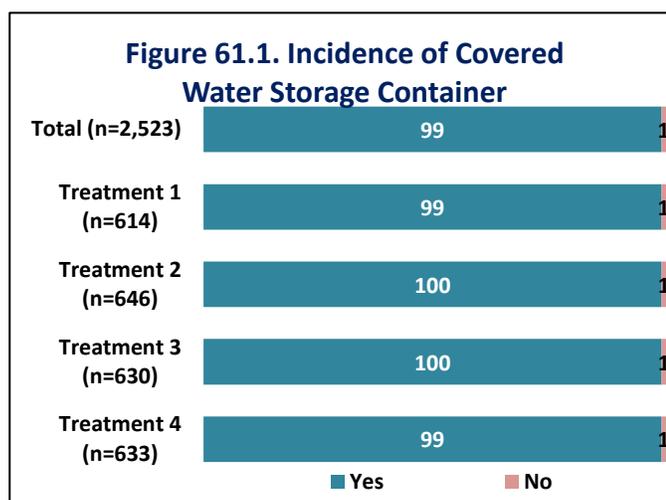
Base: All households

Figure 61. Type of Storage Container



Base: Households whose storage container has wide opening

Almost every HH (99%) covers their containers. Of those who store their drinking water in containers and at the same time covered, they get the water by: dispensing the water by turning/pressing a spout on the container (55%), using a pitcher (16%), pouring directly into a glass (15%), and using a dipper (14%).



Base: Households who have storage container for their drinking water

Figure 62. Ways of Obtaining Water from the Container

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,508	n=609	n=643	n=627	n=629
Turning/Pressing a spout on the container	55	56	57	53	54
Using pitcher	16	14	17	15	17
Pour directly in a glass	15	16	14	18	13
Using a dipper/ shared utensil	14	14	12	14	16
Using water dispenser	0	1	-	-	-

Base: Households who use storage containers that are covered

Of those whose water source is neither piped nor bottled, 46% do something to make their drinking water safe for the entire HH while a few 3% do so for certain HH members such as small kids. Most common way of making their drinking water is by boiling it (75%), followed by straining it through a cloth (20%), adding chlorine or bleach (12%), and letting it stand/ settle (12%).

Figure 63. Incidence of Making Water Safer to Drink

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1141	n=236	n=308	n=295	n=302
Yes, for all household member	46	44	46	45	48
Yes, for certain household members (e.g., small kids only)	3	4	4	3	1
None	51	51	50	52	50

Base: Among households whose source of drinking water is not safe to drink

Figure 64. Ways to Make Water Safer to Drink

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	1,022	n=263	n=242	n=256	n=261
Boiling the water	75	80	67	80	73
Strain through cloth	20	24	16	20	21
Adding chlorine/bleach	12	12	12	8	15
Let it stand and settle	12	14	10	12	11
Adding iodine	2	2	2	3	2
Filter (mechanical/ceramic/sand/ etc)	1	2	1	-	1
Solar disinfection	0	1	-	-	1
Wash the container thoroughly	0	-	-	-	1
None	6	3	10	4	7

Base: Households who make their water safer to drink

9.3. Module C: Toilet Facility

- Talking about toilet facilities, 84% have access to toilets (regardless whether sanitary or not). Zooming in to sanitary toilets, about 81% of total HHs have access to it – 58% have toilets with septic tank, 13% have flush-to-pit toilets, and 8% have ventilated pit toilet. Incidence of having a sanitary toilet is highest in Treatment 4 (86%).

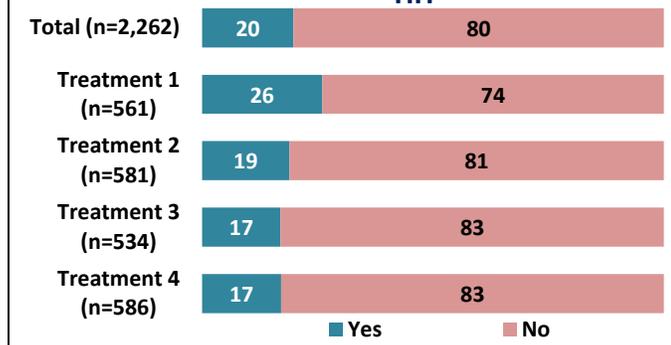
There are a few, however, with unsanitary toilets (e.g., drop type, overhang type) – the key informants say that most of them are actually interested to have their own toilets constructed but it is just impossible because they live in the coastal areas where toilets cannot be made.

- Of those who have access to toilets (regardless whether sanitary or not), 20% say they share it with other HHs. This is mostly apparent in Treatment 1 (26%).
- Roughly 30% of those who have toilets (regardless whether sanitary or not) say their facility is inside their house.

Figure 65. Type of Toilet Facility

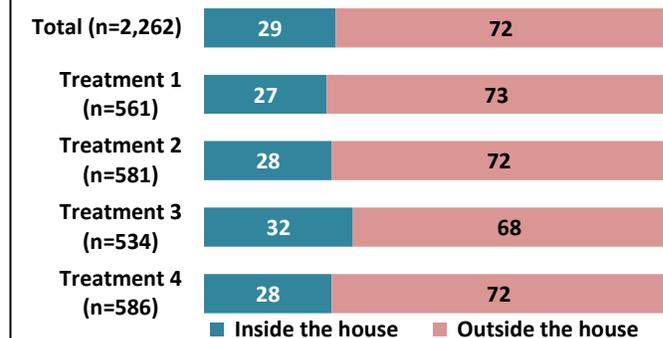
	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
SANITARY TOILETS	81	81	81	78	86
Flush to septic tank	58	54	56	58	63
Flush to pit toilet	13	15	16	8	14
Ventilated pit toilet	8	9	6	11	7
Flush to don't know where	1	1	2	1	2
UNSANITARY TOILETS	3	3	3	4	1
Pit toilet without slab/open pit	1	1	2	1	0
Drop type/Overhang type	1	0	1	2	0
Pit toilet with slab/closed pit	1	1	1	0	0
Public Toilet	1	1	1	1	0
Bucket toilet	0	1	-	0	0
No facility/Bush/Field	16	16	16	19	14

Figure 66. Sharing of Facilities to Other HH



Base: Households with toilets (sanitary and unsanitary)

Figure 67. Location of Toilet Facility



Base: Households with toilets (sanitary and unsanitary)

Among those who have toilet facilities which are not shared (66%), 46% say their toilets were constructed in 2014 or earlier and the remaining 54% were constructed in the past 4 years (i.e., 2015 to present). Seventy percent say they used their own money in the construction of their toilet, 20% claim they received government grants and subsidies, and another 18% say they took a loan from microfinance institution.

Note: Figures on source of money do not add up to 100% as some of the respondents got their money from multiple sources).

Figure 68. Construction of Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
2014 or earlier	46	49	53	45	39
2015	13	14	14	13	12
2016	15	15	19	15	13
Last year/ 2017	18	16	12	18	24
This year/ 2018	8	6	3	9	13

Base: Households who have improved facility and not sharing toilet facility with any household

Figure 69. Amount Spent on Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Free	13	11	15	11	13
Below Php 5,000	40	44	42	37	36
Php 5000 to Php 10,000	40	39	38	43	41
More than Php 10,000	8	6	5	10	10

Base: Households who have improved facility and not sharing toilet facility with any household

Figure 70. Source of Money for Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Own money	70	79	74	68	61
Grant from Government (LGU/DSWD)	20	20	25	22	14
Loan from Microfinance Institutions	18	6	5	24	35
Grant from NGO	9	7	13	6	9
Loan from family/relatives	4	5	5	4	3

Base: Households who have improved facility and not sharing toilet facility with any household

Looking at the toilet features – 9 in 10 toilets have floors with cement slab, roughly 7% have incidence of leaks, 82% have a raised platform and foot rests, and 95% have a seat.

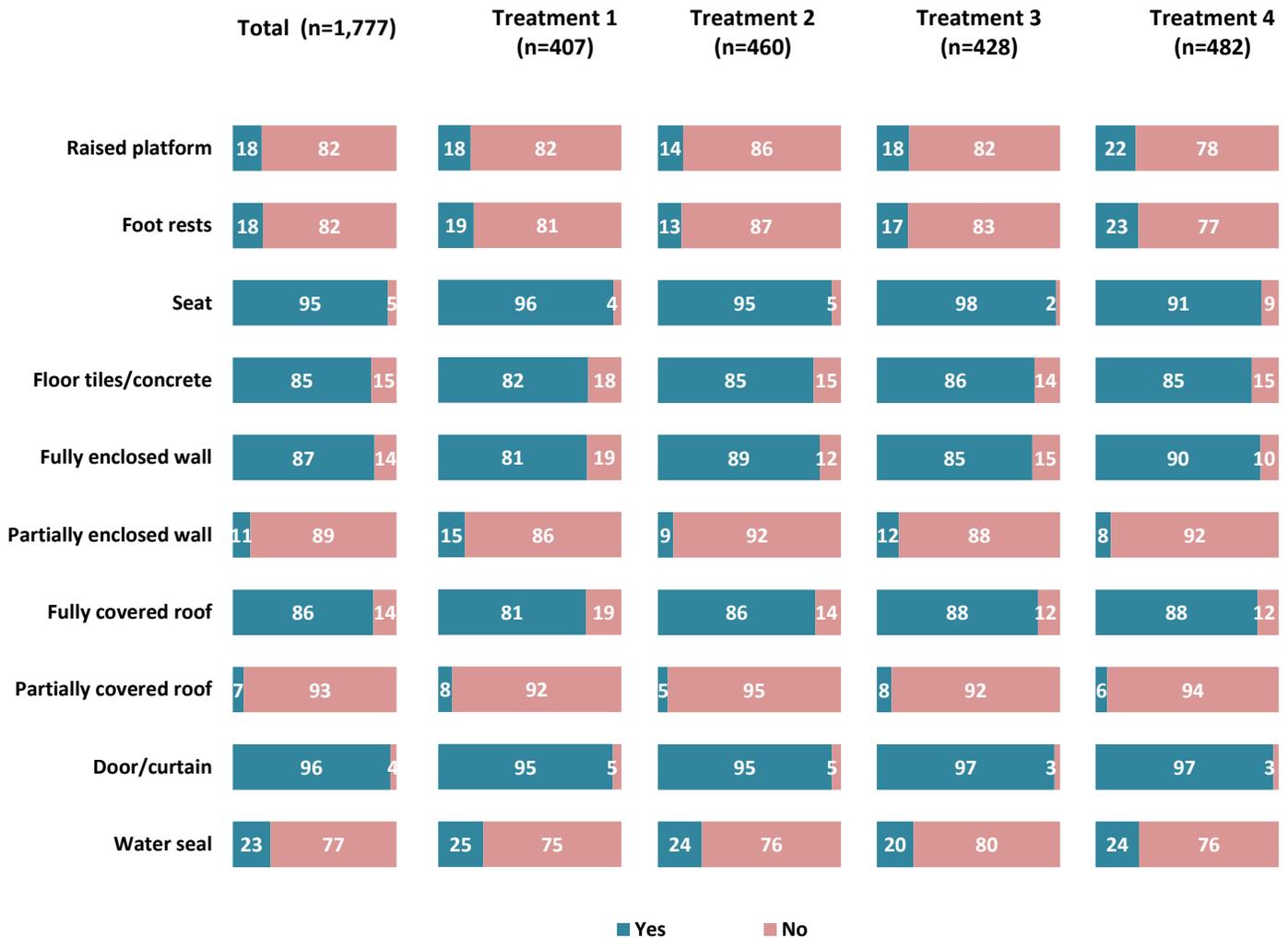
Figure 71. Type of Floor of Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Cement slab	92	92	95	90	91
Ceramic/Vinyl	6	5	3	8	7
Packed mud/earth	2	2	1	2	2
Wooden	0	0	0	1	0

Base: Households who have improved facility and not sharing toilet facility with any household

At least 85% of the toilets have features such as seat, floor tiles/ concrete, fully enclosed wall, fully covered roof, and door/ curtain.

Figure 72. Features of Toilet Facility



Base: Households who have improved facility and not sharing toilet facility with any household

Top wall materials are concrete (32%), iron sheets (18%), and wood (8%).

Figure 73. Type of Walls of Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Concrete	32	28	27	35	36
Iron sheets	18	15	18	20	19
Wood	8	8	7	8	10
Bamboo	7	7	6	11	4
Bamboo woven mats (amakan)	5	5	6	5	5
Salvaged materials	5	4	7	3	3
Lona	5	8	7	1	3
Plywood	4	2	2	3	8
Sack	4	6	7	2	1
Cement and plywood	1	2	1	1	2
Nipa	1	1	2	1	0
Cement and iron sheets	1	1	1	1	1
Wood planks (tabla)	0	1	0	-	0
Coconut leaves	0	1	0	0	0
Cement and bamboo woven mats	0	1	1	-	0
Plastic sheets	0	1	-	1	-
Curtain	0	1	-	-	0
Sack and iron sheets	0	1	0	-	-
Grass	0	0	1	0	-
Cement and bamboo	0	-	-	1	1
Cement and lona	0	-	1	1	-
Bamboo woven mats and sack	0	-	0	1	-
Cement and coco lumber	0	-	1	-	-
Cement and wood	0	-	0	1	0
Floormat	0	-	-	1	-
Plywood and iron sheets	0	0	-	1	1
No walls	2	3	2	1	1

Base: Households who have improved facility and not sharing toilet facility with any household

- Roof materials are mostly iron sheets (79%) – this is most common in Treatments 3 and 4 (85% and 87%, respectively) and least in Treatments 1 and 2 (both at 71%). This may be explained by the fact that most of the newly constructed toilets in Treatments 3 and 4 are under the MFI packages, which means standard materials are used.
- Note around 8% of the toilets have no roof (which is more apparent in Treatment 1, at 11%).

Figure 74. Type of Roof of Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Iron sheets	79	71	71	85	87
Nipa	5	6	8	3	3
Lona	2	3	4	1	1
Salvaged materials	1	2	2	1	2
Coco leaves	1	2	1	2	0
Wood	1	2	2	1	0
Concrete	1	1	1	1	0
Grass	1	-	1	1	0
Plastic sheets	0	1	0	0	0
Bamboo	0	1	0	0	-
Sack	0	1	1	-	-
Anahaw	0	-	-	1	-
No roof	8	12	9	5	5

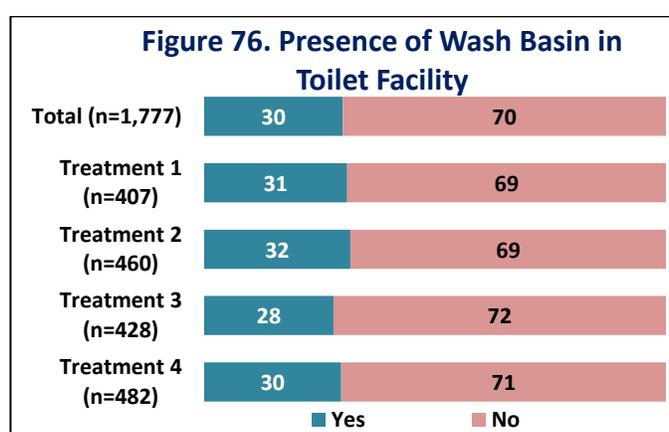
Base: Households who have improved facility and not sharing toilet facility with any household

Most of the toilets had no flies when checked by the FIs – in cases there were, it was only minimal. Only 30% of the toilets had a wash basin upon checking by the interviewers while at least 80% had both soap and water.

Figure 75. Presence of Flies

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Yes, many	1	0	1	1	1
Some or few	12	12	12	13	11
None	87	87	88	88	88

Base: Households who have improved facility and not sharing toilet facility with any household



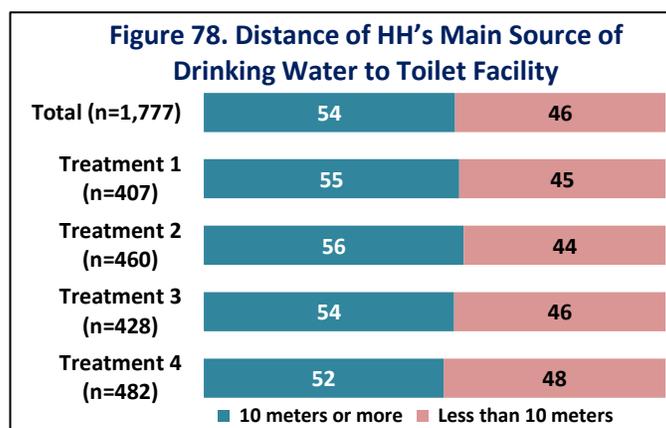
Base: Households who have improved facility and not sharing toilet facility with any household

Figure 77. Presence of Soap and Water

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Yes, soap	2	2	1	2	2
Yes, water	5	6	6	4	5
Yes, both soap and water	82	79	80	85	83
No soap and water	11	13	13	9	10

Base: Households who have improved facility and not sharing toilet facility with any household

Forty-six percent of the toilets are less than 10 meters from the households' main source of drinking water.



Base: Households who have improved facility and not sharing toilet facility with any household

When asked if they are satisfied with their toilet facility, around 94% say they are (80% very satisfied, 14% somewhat satisfied). Satisfaction (top box score/ very satisfied) is higher in Treatments 3 and 4 at 85%-86%.

Figure 79. Overall Satisfaction of Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,777	n=407	n=460	n=428	n=482
Very satisfied	80	74	74	86	85
Somewhat satisfied	14	18	18	10	10
Somewhat dissatisfied	4	6	4	3	3
Very dissatisfied	2	3	4	1	3

Base: Households who have improved facility and not sharing toilet facility with any household

9.4. Module D: Program Exposure and Knowledge of Sanitation Practices

Looking at the sanitation advice heard in the past 3 months, top 5 issues are keeping the environment clean (76%), using a toilet facility (75%), washing of hands/ face/ body (74%), drinking of safe water (74%), and food hygiene (71%). Sixty-four percent say their source of these sanitation advice is the Municipal Link, 14% is from the Municipal Health Officer, and 11% from the Barangay Official.

Figure 80. Sanitation Advice Heard in the P3M

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Keep the environment clean	76	78	76	77	74
Use a toilet facility	75	74	74	76	74
Wash hands/face/body	74	75	78	73	72
Drink safe water	74	73	76	73	73
Food hygiene	71	72	71	71	68
Improve/upgrade the toilet facility	59	61	60	55	58
Put chlorine in toilet bowl	57	59	59	56	54
None	4	4	4	5	4

Base: All households

Figure 81. Main Source of Sanitation Advice

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,583	n=640	n=666	n=627	n=650
Municipal Link	64	66	64	62	63
Public Health Office (MHO, BHW)	14	13	12	18	12
Barangay official	11	12	13	9	10
Neighbors/family	4	2	3	4	5
Parent Leader	3	3	3	3	4
Own initiative	2	1	2	1	2
School/Teacher	1	1	1	1	1
NGO	1	1	2	1	1
Radio	0	0	0	1	1
Television	0	-	0	1	0
Religious leader	0	-	-	-	1

Base: Households who have heard any sanitation advice in the past 3 months

Of those who heard advice on improving toilet facility as part of sanitation practices, only 45% did so within the past 6 months.

Figure 82. Recentness of Learning About Improving Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,583	n=640	n=666	n=627	n=650
More than 1 year ago	43	41	44	44	44
More than 6 months, but less than 1 year ago	12	12	12	12	12
More than 3 months, but less than 6 months ago	14	16	15	14	13
Less than 3 months ago	31	31	29	30	31

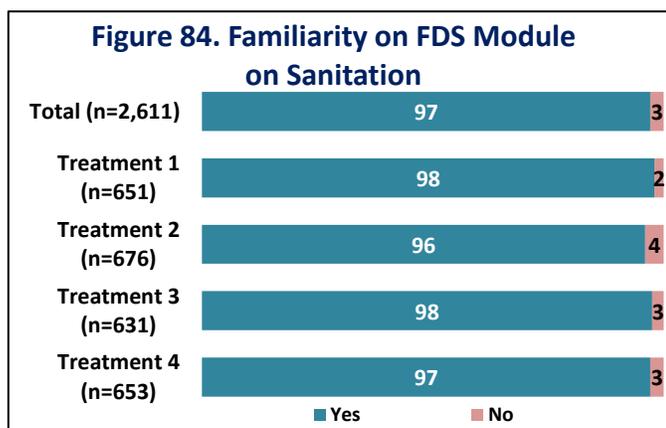
Base: Households who have heard any sanitation advice in the past 3 months

Ninety-seven percent of the total households say they attend (always + sometimes) the Family Development Session – nearly everyone (97%) of whom also say they know about the FDS module on sanitation. At least 80% of those who are aware of the module on sanitation say it was facilitated by the Municipal Link and about 50% of whom heard a discussion on the subject within the past 6 months).

Figure 83. Incidence of Attending Family Development Session

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Always	92	92	92	92	92
Sometimes	5	5	5	5	5
Never	3	2	2	3	4
I'm not familiar with the FDS	0	1	-	1	0

Base: All households



Base: Households who attend the Family Development Session

Figure 85. Last Discussion of FDS Module

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,536	n=638	n=649	n=615	n=634
More than 1 year ago	38	37	39	39	38
More than 6 months, but less than 1 year ago	12	12	12	11	12
More than 3 months, but less than 6 months ago	10	11	10	11	7
Less than 3 months ago	38	38	37	38	38
Cannot remember	3	2	2	2	5

Base: Households who attend FDS module on sanitary toilet

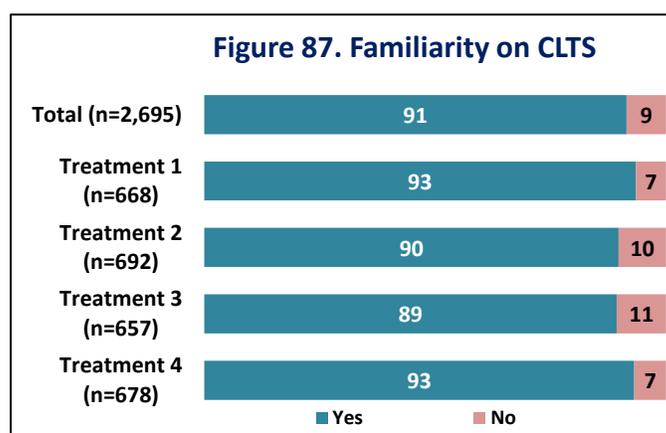
Figure 86. FDS Session Facilitator

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,536	n=638	n=649	n=615	n=634
Municipal Link	81	82	82	79	83
Municipal Health Officer	7	6	8	8	5
Parent Leader	6	5	5	6	7
Barangay Official	4	5	3	3	4
Rural Sanitary Inspector	2	3	2	4	1

Base: Households who are familiar with FDS module on sanitary toilet

Only nine percent of the total households say they know about CLTS. Of these households, 59% say that the CLTS session was facilitated by Municipal Links while a small portion say it was facilitated by Municipal Health Officer (16%) and Rural Sanitary Inspectors (14%). Additionally, about half of those who knew about CLTS have heard of it more than a year ago.

The key informants see the importance of having the BCC CLTS program in encouraging the households to have their own toilet – however, it still boils down to the priorities of these households (i.e., they would allocate their money to food before thinking of constructing their own CR).



Base: All households

Figure 88. Last Discussion of CLTS

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=232	n=44	n=71	n=70	n=47
More than 1 year ago	50	39	47	66	43
More than 6 months, but less than 1 year ago	23	36	28	13	19
More than 3 months, but less than 6 months ago	6	2	6	7	9
Less than 3 months ago	15	16	16	10	19
Cannot remember	6	7	4	4	11

Base: Households who are familiar with CLTS

Figure 89. CLTS Facilitator

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=232	n=44	n=71	n=70	n=47
Municipal Link	59	59	56	62	57
Municipal Health Officer	16	7	23	11	19
Rural Sanitary Inspector	14	18	9	20	9
Parent Leader	6	5	7	1	11
Barangay Official	7	11	6	6	4

Base: Households who are familiar with CLTS

When asked about their overall satisfaction on sanitation programs, almost everyone is satisfied (i.e., 99% satisfied to very satisfied) with both the Family Development Sessions and Community Led Total Sanitation they attended.

Figure 90. Overall Satisfaction on Sanitation Programs - Family Development Sessions

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,536	n=638	n=649	n=615	n=634
Very Satisfied	71	74	69	68	73
Satisfied	28	26	31	31	26
Neither satisfied nor dissatisfied	1	1	1	1	1
Dissatisfied	0	-	-	0	0
Very Dissatisfied	0	-	0	-	0

Base: Households who are familiar with FDS module on sanitary toilet

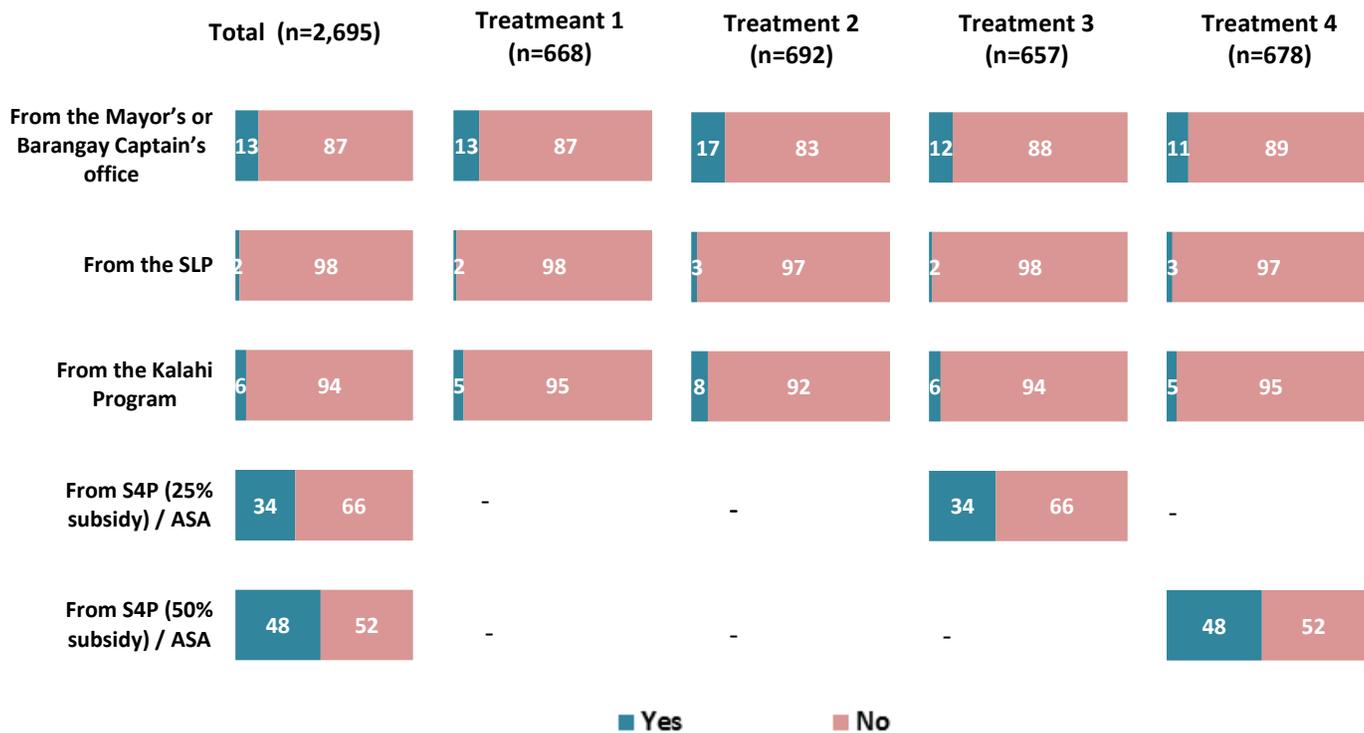
Figure 91. Overall Satisfaction on Sanitation Programs - Community Led Total Sanitation

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=232	n=44	n=71	n=70	n=47
Very Satisfied	53	64	47	43	70
Satisfied	44	34	51	54	28
Neither satisfied nor dissatisfied	2	-	3	1	2
Dissatisfied	1	2	-	1	-

Base: Households who are familiar with CLTS

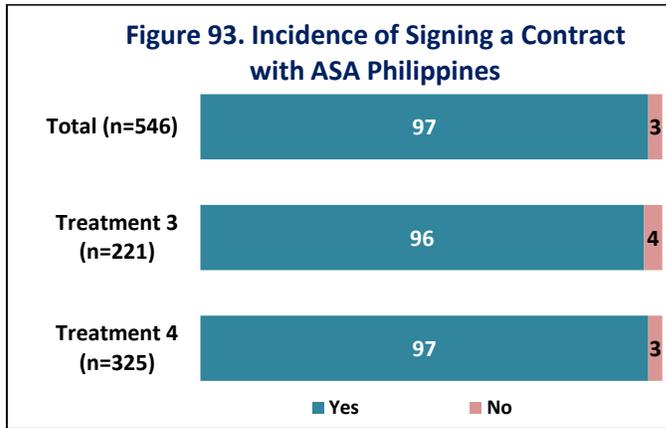
Subsidies for toilet construction or repair came from different sources – most of those who are in Treatment 3 and Treatment 4 received the money from ASA Philippines (34% and 48%, respectively). Around 13% say they got a grant or subsidy from the mayor’s office/ barangay captain’s office while about 6% say they received it from the Kalahi Program. Note the incidence of getting a grant/ subsidy from the government (i.e., mayor’s/ barangay’s office, SLP, Kalahi Program) is relatively higher in Treatment 2 (at 17%), as expected.

Figure 92. Grant or Subsidy for Toilet Construction or Repair



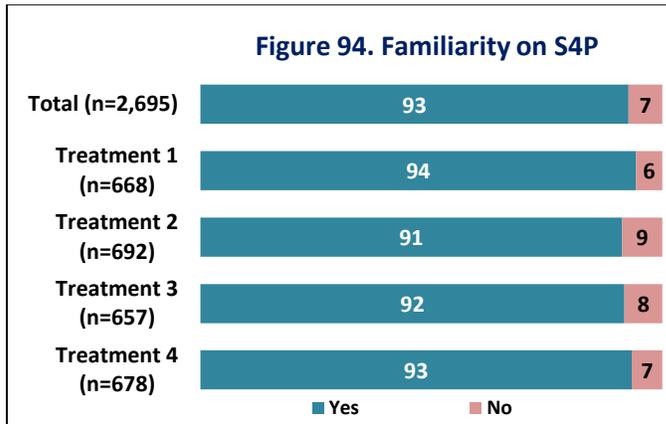
Base: All households

Of those who had their toilets repaired or constructed via the MFI package (i.e., T3 and T4 households), 97% say they signed a contract with ASA Philippines.



Base: Households who had their toilets constructed via the MFI package

About 9 in 10 say they know about Sanitation of the Poor Program – when asked about their overall satisfaction, most households say they are satisfied of the said program.



Base: All households

Figure 95. Overall Satisfaction on S4P - Sanitation for the Poor (S4P) Program

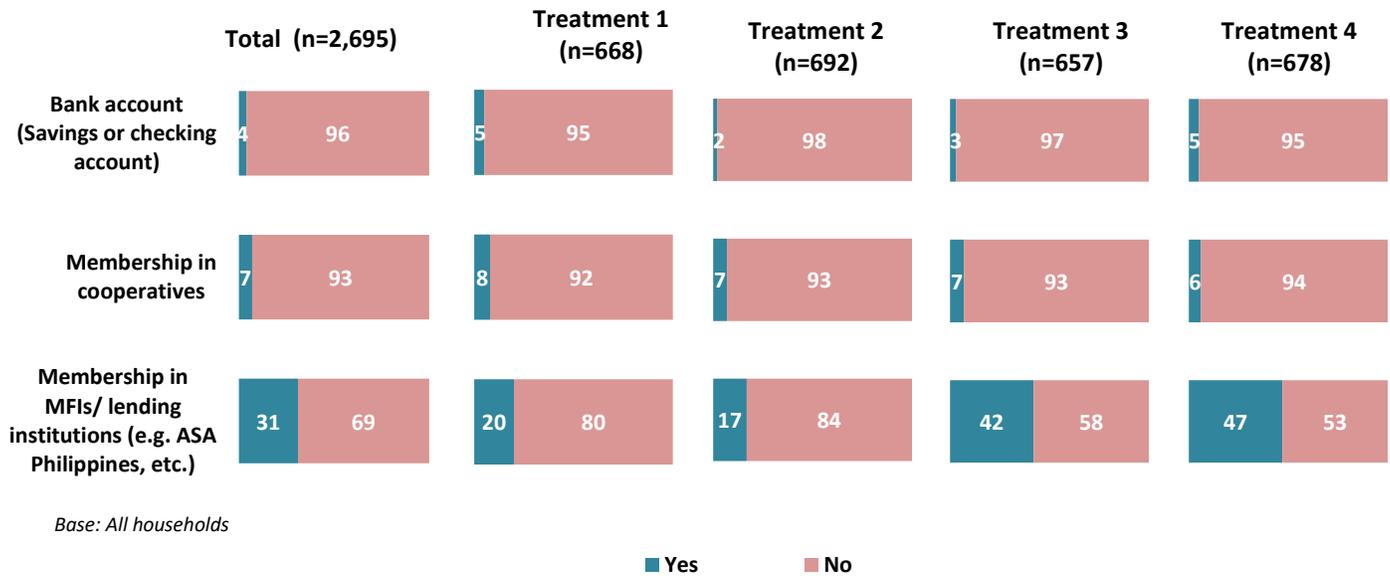
	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,498	n=630	n=632	n=603	n=633
Very Satisfied	62	63	58	59	70
Satisfied	34	33	38	39	26
Neither satisfied nor dissatisfied	3	4	3	2	3
Dissatisfied	0	0	1	-	0
Very Dissatisfied	0	0	0	-	1

Base: Households who are familiar with S4P

Module E: Financial Services (Credit and Savings)

Only a small portion of the total households have bank accounts (4%) and memberships in cooperatives (7%), while 31% percent have memberships in MFIs/ lending institutions.

Figure 96. Exposure to Banking System



At least 60% of those who have a bank account have had it for 5 to 10 years while around 35% have had it in less than 5 years. Lower incidence of having new bank accounts (i.e., less than 5 years) in Treatment 1 (26%). Treatment 2, on the other hand, has a greater incidence of HHs with new bank accounts (46%) and relatively lower number of accounts existing 5-10 years (54%).

Usual deposit (roughly 70%) is from PhP1,000-10,000 – incidence of this is lower in Treatment 1 (58%) but higher in Treatment 3 (86%).

Figure 97. Period of Owning Bank Account - Number of Years

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=84	n=23	n=13	n=17	n=31
Less than 5 years	35	26	46	35	35
5-10 years	61	61	54	65	61
11-15 years	1	4	0	0	0
16-20 years	-	-	-	-	-
20 years and above	4	9	0	0	3

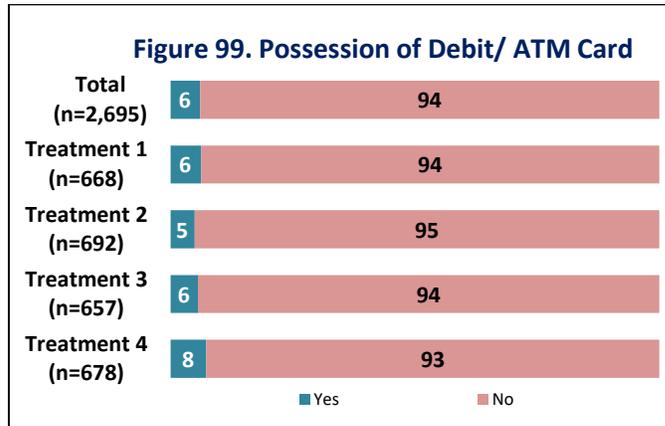
Base: Households who have household member/s that has a bank account

Figure 98. Amount of Money in all HH Bank Accounts

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=104	n=31	n=16	n=21	n=36
Below 1,000	6	13	6	0	3
1,000-10,000	69	58	69	86	69
10,001-20,000	3	3	6	5	0
20,001-30,000	1	3	0	0	0
30,001-40,000	-	-	-	-	-
40,001-50,000	-	-	-	-	-
50,001-60,000	-	-	-	-	-
60,001-70,000	1	0	0	5	0
Don't know	3	3	6	0	3
Refused	17	19	13	5	25

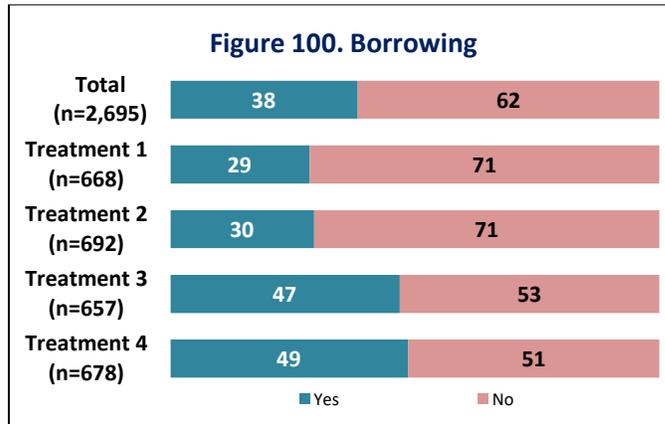
Base: Households who have household member/s that has a bank account

Only six percent of the total households have a debit/ ATM which is separate from their Pantawid card.



Base: All households

Thirty eight percent of the total households say they have loans which need to be paid off, with Treatment 3 and Treatment 4 having higher incidence at 47% and 49%, respectively (for an obvious reason – the MFI packages are offered only to these treatment arms).



Base: All households

Majority (80%) of the borrowers have only one loan – the incidence is higher in Treatment 2 at 89%, and relatively lower in Treatment 3 (at only 75%), which has higher number of HHs with 2 loans (21% vs 16% at total).

Figure 101. Incidence of Having Single/ Multiple Loan/s Per HH

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
1 loan	80	83	89	75	79
2 loans	16	12	10	21	17
3 loans	2	3	1	3	2
5 loans	0	1	-	-	-
6 loans	0	-	1	-	-
Don't know	1	-	1	1	1
Refused	1	2	-	-	1

Base: Households who have loans currently need to be paid off

Forty six percent claim they used the loan for toilet improvement or construction – incidence is higher in Treatment 3 (63%) and Treatment 4 (71%) BUT lower in both Treatment 1 and Treatment 2 (at 11%-13%), where the incidence of using the loans for other purposes is higher (80%-83%).

Figure 102. Whether or Not Loans Were Used for Toilet Facility of the HH

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Did not use loan for toilet improvement	49	80	83	34	25
Used loan for toilet improvement	46	13	11	63	71
Don't know	2	2	3	1	3
Refused	3	6	3	2	2

Base: Households who have loans currently need to be paid off

Moreover, more than half (69%) of the primary borrowers of the loan is the wife/ spouse.

Figure 103. Primary Borrower in HH

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Wife/Spouse	69	68	68	71	69
Household Head	27	29	29	25	28
Father/Mother	2	2	3	2	2
Son/Daughter	1	2	-	2	1
Son/Daughter-in-law	0	-	-	1	-
Other Relative	0	-	-	-	1

Base: Households who have loans currently need to be paid off

Ninety-two percent of the loan borrowers say they got their loans in 2017-2018, 79% (25% in 2017 and 67% in 2018) of which were obtained through MFIs. Incidence of getting a loan in 2018 is highest in Treatment 2 at 77%.

Figure 104. Period of Getting the Loan

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Before 2015	4	6	3	3	2
2015	1	3	1	0	0
2016	3	3	5	3	2
2017	25	21	14	27	34
2018	67	67	77	67	62

Base: Households who have loans currently need to be paid off

Figure 105. Source of Loan

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Microfinance Institution	79	69	66	85	87
Shopkeeper	6	7	7	5	6
Cooperative	5	8	8	4	2
Relatives/Friends	3	5	4	1	2
Money Lender	3	3	6	1	2
Other finance institution	2	2	4	2	2
Commercial Bank	1	3	1	1	-
Agricultural Development Bank	0	-	1	1	0
Farmers Association	0	1	-	0	0
Sustainable Livelihood Program (SLP)	0	1	1	0	-
Sinking fund	0	-	2	0	-
Landlord/Employer	0	-	-	1	-
Social Security System (SSS)	0	1	1	-	-
NGO Relief Agency	0	1	-	-	-
Land bank	0	-	1	-	-
CRBC Central Rural Bank	0	1	-	-	-

Base: Households who have loans currently need to be paid off

- Primary reason as to why they borrowed money is for household consumption needs (41%) while other reasons include purchase/ improvement of dwelling (32%), other personal use (e.g., medical treatment, education, etc. – 23%), consumer durables (14%), and other business or farm use (12%).
- Treatment 3 has the lowest incidence of HH consumption needs (at 35%) as purpose of getting a loan and highest at purchase/ improvement of dwelling (at 40%).
- Obtaining a loan for other personal use such as medical treatment and education is highest in both Treatments 1 and 2 (at 28%-29%).

Figure 106. Purpose of Obtaining Loan

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Household consumption needs	41	42	43	35	44
Purchase/improvement of dwelling	32	24	21	40	35
Other personal use (e.g. medical treatment, education, etc)	23	29	28	21	19
Consumer durables	14	14	12	16	12
Other business or farm use	12	15	18	10	8
Building improvements for business	8	12	7	6	8
Purchase of livestock	5	8	4	4	3
Purchase of inputs (fertilizers, seeds, insecticides, etc.)	3	3	4	3	2
Purchase of equipment	3	2	4	2	4
Purchase of land	1	2	1	1	-
Marriage/family events	1	1	1	1	0
For placement fees and other expenses for overseas work	1	1	1	0	1

Base: Households who have loans currently need to be paid off

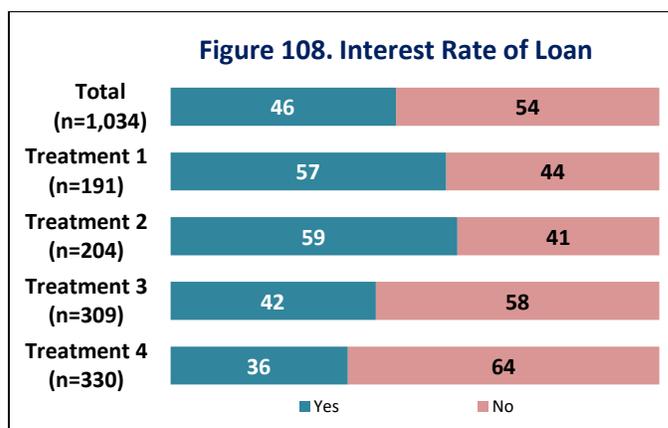
Eight in ten say the amount of their loans ranges from ₱1,000 to ₱10,000 – the incidence of which is lowest in Treatment 2 (at 72%).

Figure 107. Amount Borrowed

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Below 1,000	2	3	3	2	2
1,000-10,000	80	72	77	83	84
10,001-20,000	14	20	16	11	12
20,001-30,000	2	3	3	1	1
30,001-40,000	0	1	0	1	0
40,001-50,000	0	1	0	0	1
50,001-60,000	1	1	0	0	2
60,001-70,000	-	-	-	-	-
70,000-80,000	-	-	-	-	-
80,001-90,000	0	1	0	0	0
90,001-100,000	0	0	0	0	0
Above 100,000	-	-	-	-	-
Don't know	1	-	1	1	1
Refused	0	1	-	-	-

Base: Households who have loans currently need to be paid off

Forty-six percent of these borrowers claim that they know the interest rate of the loan. Incidence of this is higher in Treatments 3 and 4 (at 57% and 59%, respectively), and lowest in Treatment 4 (at 36%).



Base: Households who have loans that currently need to be paid off

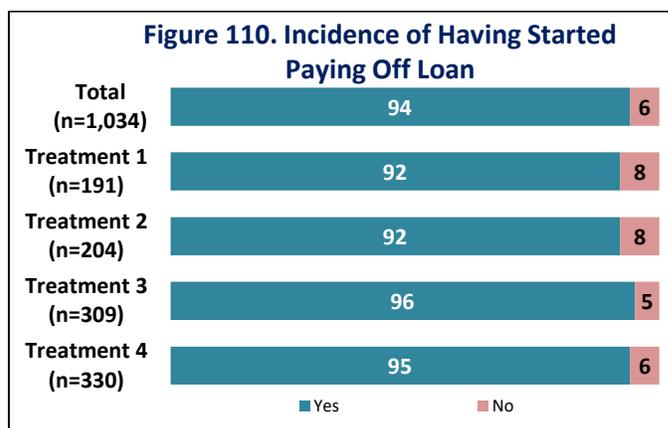
Most HHs (roughly 90%) say the total interest would usually amount up to PhP1,500.00

Figure 109. Amount of Total Interest

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=478	n=108	n=120	n=130	n=120
Below 1,000	46	36	41	48	58
1,000-5,000	44	53	52	45	28
5,001-10,000	5	6	3	3	8
Above 10,000	0	0	0	1	0
Don't know	4	4	3	2	6
Refused	1	1	1	2	0

Base: Households who know the interest rate of their loan

Ninety four percent of the borrowers shared they already started paying their loan, majority (86%) pay on a weekly basis.



Base: Households who have loans that currently need to be paid off

Figure 111. Frequency of Paying Loan

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=970	n=175	n=188	n=295	n=312
Daily	2	1	3	1	2
Weekly	86	87	83	85	89
Monthly	11	10	12	12	9
Annually	1	1	1	1	0
Every 15th	1	1	1	0	0
Every 2 months	0	1	-	-	0

Base: Households who have started paying their loans

When asked if any collateral was used to secure the loan, nearly everyone (98%) said there was none.

Figure 112. Collateral Used for Loan

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
No collateral	98	97	98	98	98
Past borrowing record	1	-	1	1	2
Guarantor / Co-maker	0	2	-	-	-
Agricultural land	0	1	-	-	0
Personal guarantee	0	1	1	-	-
Motor/Car/Tricycle/Boat	0	-	1	0	-
Appliances	0	-	1	-	-
Salary	0	-	1	-	-
Pig	0	1	-	-	-

Base: Households who have loans that are currently needed to be paid off

Loans are usually received within 2 weeks from the day they applied for it – 29% got it in less than 7 days while 64% received it within 7-14 days.

Figure 113. Days Obtaining the Loan

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,034	n=191	n=204	n=309	n=330
Less than 7 days	29	27	35	28	27
7-14 days	64	64	57	64	67
15-30 days	4	3	5	6	3
31-60 days	0	0	0	1	0
More than 60 days	0	0	0	0	0
Don't know	3	5	2	2	2
Refused	0	1	1	-	-

Base: Households who have loans that are currently needed to be paid off

Three-fourths of the households who are already paying their loan say that the amount they have already repaid range from PhP1,000 to PhP10,000.

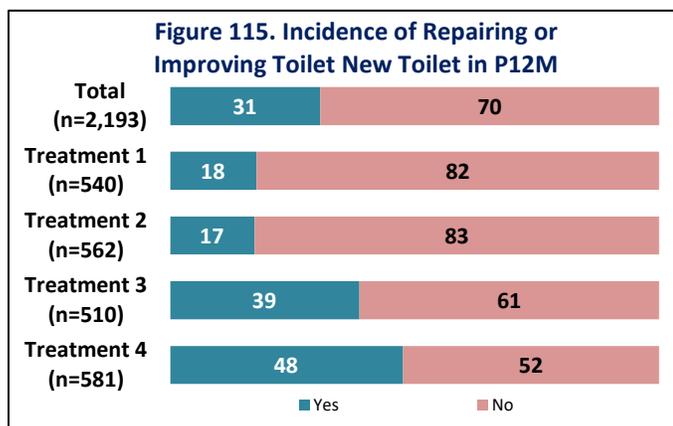
Figure 114. Amount Already Repaid

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=970	n=175	n=188	n=295	n=312
Below 1,000	13	11	18	10	14
1,000-10,000	78	74	73	82	84
10,001-20,000	5	9	7	4	2
20,001-30,000	1	1	1	0	1
30,001-40,000	0	1	0	0	0
40,001-50,000	0	0	0	0	1
Don't know	3	2	2	3	3
Refused	1	3	0	1	0

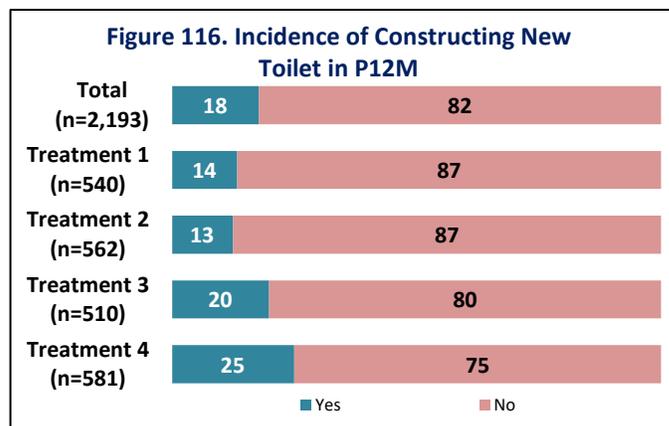
Base: Households who have started paying their loans

9.5. Module F: Construction of Sanitation Facilities

- About 31% of the households who have toilets say they repaired or improved their existing toilet in the P12M. The incidence is highest in Treatment 4 (at 48%), followed by Treatment 3 (at 39%). Both Treatments 1 and 2 have the lowest incidence at 17%-18%.
- On the other hand, 18% had their facilities constructed (also highest in Treatment 4 at 25% and lowest in Treatments 1 and 2 at 14% and 13%, respectively).



Base: Households with sanitary toilets



Base: Households with sanitary toilets

Sixty-six percent of the HHs who had their toilets repaired or improved say that a household member was actually the one who did the job, 78% of whom claim the spending for the repair ranges from ₱1,000 to ₱10,000. Note that a substantial 12% say they did not spend anything on the repair.

Figure 117. Toilet Repairer

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=669	n=96	n=98	n=198	n=277
Household member	66	70	67	68	62
Mason/ with experience in toilet construction	16	14	14	17	17
General Laborer	12	15	12	12	12
Neighbor/ Relatives/ Friends (not a HH member)	5	2	5	4	7
Laborer grant by NHA	1	-	-	-	1
Laborer grant by Caritas	0	-	-	-	0
Laborer grant by Red Cross	0	-	1	-	-

Base: Households who have repaired or improved their existing toilet facility in the past 12 months

Figure 118. Amount Spent on Last Repair

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=669	n=96	n=98	n=198	n=277
Below 1,000	7	19	8	2	4
1,000-10,000	78	60	67	90	80
10,001-20,000	4	6	5	3	3
20,001-30,000	0	0	0	1	0
Did not spent anything	12	15	19	5	13

Base: Households who have repaired or improved their existing toilet facility in the past 12 months

- Among the households that had a new toilet built in the P12M, on the other hand, 56% claim that a household member was the constructor of the new toilet. This is highest in Treatment 2 (at 58%) and lowest in Treatment 4 (at 49%).
- While 22% say that a mason (with experience in toilet construction) was the one who built their facilities (lowest in Treatments 1 and 2 at 15%-18%).

Figure 119. Toilet Constructor

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=392	n=73	n=71	n=102	n=146
Household member	56	58	68	57	49
Mason/ with experience in toilet construction	22	15	18	27	25
General Laborer	15	22	11	11	16
Neighbor/ Relatives/ Friends (not a HH member)	6	6	3	5	10
Laborer grant by Caritas	0	-	-	-	1

Base: Households who have constructed a new toilet in the past 12 months

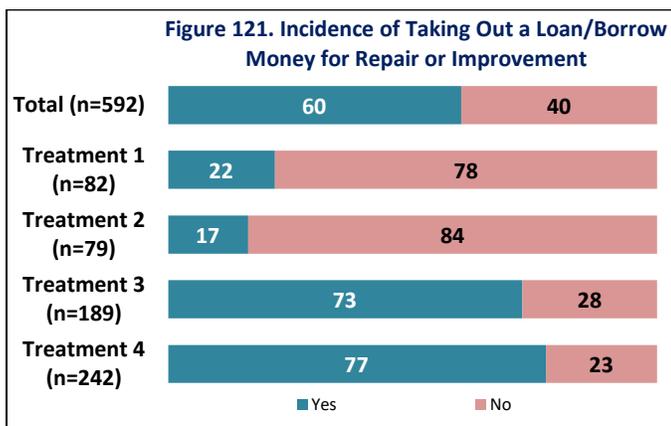
- About 77% say their spending for the construction ranges from PhP1,000 to PhP10,000 (this is highest in Treatment 1 at 84%).
- Note a substantial 11% who spent PhP11,000 to PhP20,000 (highest in Treatment 4 at 17%).
- While 7% claim they did not spend anything (highest in Treatment 2 at 10%).

Figure 120. Amount Spent on Construction

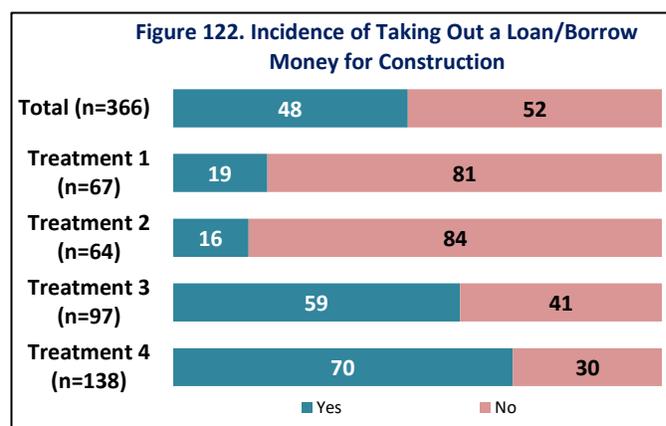
	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=392	n=73	n=71	n=102	n=146
Below 1,000	4	-	11	3	3
1,000-10,000	77	84	76	78	74
10,001-20,000	11	8	3	10	17
20,001-30,000	1	-	-	3	1
30,001-40,000	0	-	-	1	-
Did not spend anything	7	8	10	5	6

Base: Households who have constructed a new toilet in the past 12 months

- More than half (60%) of the households who spent on the repair of their existing toilet say they took out a loan (most of which – around 75% – are from Treatment 3 and Treatment 4).
- Among those who spent money on toilet construction on the other hand, 48% took out a loan to have their own toilet built. The incidence is highest in Treatments 3 and 4 (at 59% and 70%, respectively).



Base: Households who spent on the repair of their existing toilet facilities in the P12M



Base: Households who spent on the construction of their toilet facilities in the P12M

Nine in ten of those who took out a loan for the repair/ improvement or construction of their toilet facility say the source of their funds is an MFI (highest in Treatments 3 and 4, for both repair and construction).

Figure 123. Source of Loan for Repair

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=355	n=18	n=13	n=137	n=187
Microfinance Institution	90	39	23	96	95
Relatives/Friends	7	33	38	4	4
Cooperative	1	11	8	-	1
Landlord/Employer	1	6	8	-	-
Money Lender	1	-	15	-	-
Commercial Bank	0	6	-	-	-
Social Security System (SSS)	0	6	-	-	-
Shopkeeper	0	-	8	-	-

Base: Households who took out a loan or borrow money to finance the repair or improvement of their toilet facility

Figure 124. Source of Loan for Construction

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=176	n=13	n=10	n=57	n=96
Microfinance Institution	92	54	60	98	96
Relatives/Friends	5	31	30	-	2
Money Lender	1	-	10	2	-
NGO Relief Agency	1	8	-	-	-
Cooperative	1	-	-	-	1
Sustainable Livelihood Program (SLP)	1	8	-	-	-
Other finance institution	1	-	-	-	1

Base: Households who took out a loan or borrow money to finance the construction of their toilet facility

Ninety-five percent of the total households who obtained a loan for the repair or improvement of their existing toilet say that the amount they borrowed ranges from PhP1,000 to PhP10,000.

Figure 125. Amount of Loan for Repair

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=356	n=18	n=13	n=138	n=187
Below 1,000	1	0	0	0	3
1,000-10,000	95	78	92	98	94
10,001-20,000	3	17	8	1	3
Don't know	1	6	-	2	1

Base: Households who took out a loan or borrow money to finance the repair or improvement of their toilet facility

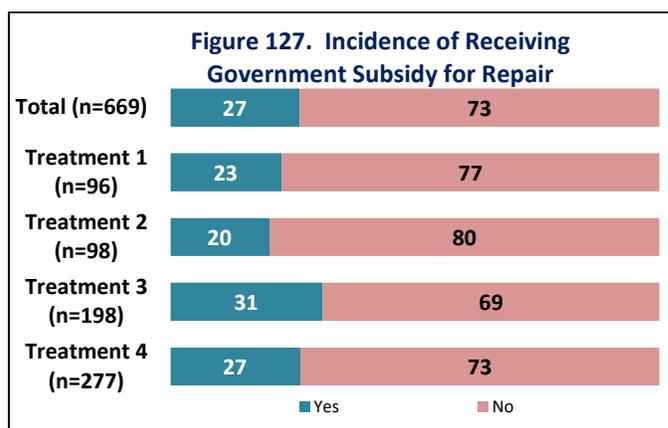
Generally the same case for those who took out a loan to finance the construction of their toilets – 86% say the amount they borrowed ranges from PhP1,000 to PhP10,000. Note that substantial 13% borrowed up to PhP20,000 to have their toilet built.

Figure 126. Amount of Loan for Construction

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=176	n=13	n=10	n=57	n=96
Below 1,000	1	0	0	0	1
1,000-10,000	86	85	100	98	77
10,001-20,000	13	8	0	2	22
Don't know	1	8	-	-	-

Base: Households who took out a loan or borrow money to finance the repair or improvement of their toilet facility

Among those who had their toilet repaired or improved in the past 12 months, 27% say they received government subsidy for it. Of those households who received government subsidy, 46% claim they received an amount ranging from PhP1,000 to PhP10,000 while about a third say they did not know how much the subsidy was (most probably because what they received were physical materials).



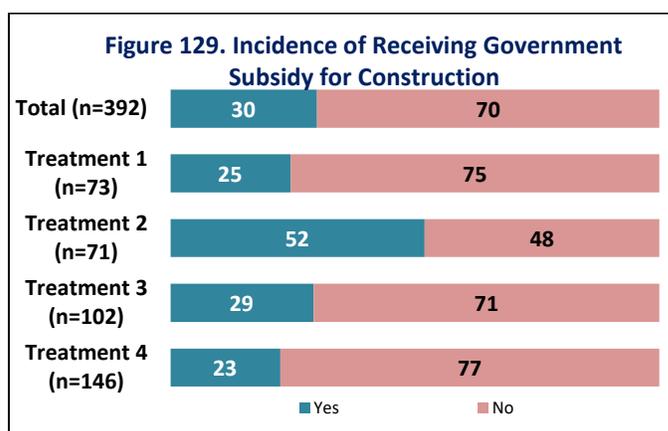
Base: Households who have repaired or improved their existing toilet facility in the past 12 months

Figure 128. Amount of Subsidy Received for Repair

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=178	n=22	n=20	n=62	n=74
Below 1,000	16	18	15	24	9
1,000-10,000	46	14	35	48	55
10,001-20,000	3	5	15	0	3
20,001-30,000	3	0	10	5	0
Don't know	33	59	30	23	34
Refused	1	5	-	-	-

Base: Households who received government subsidy for repair or improvement of their toilet facility

- Three in ten households who had their toilet constructed in the past 12 months claim that they receive government subsidy (highest in Treatment 2 at 52%).
- Around 56% of those who received subsidy claim that got an amount ranging from ₱1,000 to ₱10,000.



Base: Households who have constructed a new toilet in the past 12 months

Figure 130. Amount of Subsidy Received for Construction

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=118	n=18	n=37	n=30	n=33
Below 1,000	25	28	24	23	25
1,000-10,000	56	61	54	50	63
10,001-20,000	1	-	-	3	-
20,001-30,000	1	-	-	3	-
Don't know	17	11	22	20	12

Base: Households who received government subsidy for construction of a new toilet facility

- When asked about the source of their knowledge on toilet facilities, supplies, and cost, 40% of those who had toilet repair or construction say they learned about it from a mason/ local craftsman (this is highest in Treatment 3 at 47% and lowest in Treatment 2 at 31%)
- ... while some say they heard about it from neighbors/ family (19%), local vendors (16%), municipal link (15%), and barangay official (8%).

Figure 131. Source of Knowledge on Toilet Facilities, Supplies and Cost

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,040	n=164	n=162	n=299	n=415
Mason/local craftsman	40	38	31	47	39
Neighbors/Family	19	25	22	17	17
Local vendors	16	17	15	16	16
Municipal Link	15	10	14	9	21
Barangay official	8	9	14	8	6
Barangay Health Worker	2	1	5	2	1

Base: Households who have repaired or improved their existing toilet or constructed a new toilet facility

Top 3 reasons for having their existing toilets improved are *more comfort (71%)*, *improved safety (51%)*, and *improved health (54%)*. Other reasons include *improved hygiene/ cleanliness (38%)*, *more privacy (31%)*, and because of the subsidy being offered to them (13%).

Figure 132. Main Reasons of Improving Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,040	n=164	n=162	n=299	n=415
More comfortable	71	74	65	74	71
Improved safety	51	58	58	41	53
Improved health	50	37	46	57	52
Improved hygiene/cleanliness	38	38	35	42	36
More privacy	31	41	30	22	34
Subsidy on offer	13	7	11	17	13
Had enough money to buy	4	4	4	7	2
Convenience/saves time	4	5	4	4	3
CLTS/ FDS/ triggering / mapping of sanitation situations	2	3	1	2	3
Social pressure	2	3	3	1	3
Event/wedding/funeral/visitors from outside coming	2	-	1	4	2
Enforcement of government	2	1	4	1	1
Construction of new house	1	2	1	2	1
Improved status/prestige	1	2	1	0	1

Base: Households who have repaired or improved their existing toilet or constructed a new toilet facility

The decision of improving the household's toilet facility was either made by the household head (52%) or the wife/ spouse (45%).

Figure 133. Decision Maker to Improve Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,040	n=164	n=162	n=299	n=415
Head of household	52	54	65	51	47
Wife/spouse	45	41	33	46	50
Children	1	3	1	1	1
Mother	1	2	-	2	1
Local Government Unit (LGU)	0	1	1	-	0

Base: Households who have repaired or improved their existing toilet or constructed a new toilet facility

- Those who did nothing in terms of toilet improvement or construction were also asked as to why they did not – top reasons chosen were competing priorities (65%), high cost (60%), and unavailability of materials (42%). Other reasons include legal/ tenancy issues (9%) and geological limitations (7%).
- Incidence of competing priorities as a constraint is highest in Treatment 2 at 71% and lowest in Treatment 4 at 57%.

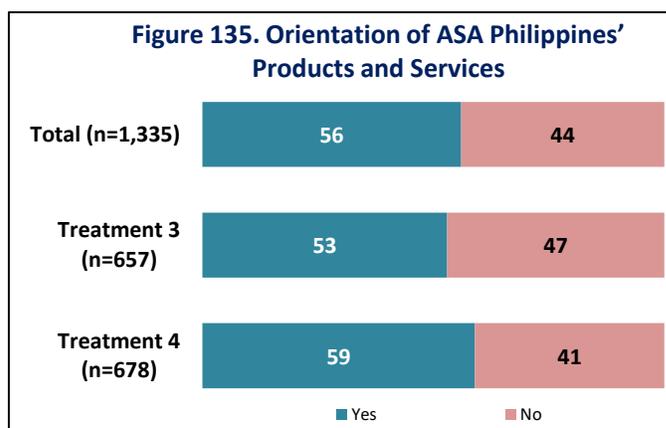
Figure 134. Main Constraint in Improving or Constructing Toilet Facility

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1,650	n=502	n=508	n=357	n=263
Competing priorities	65	66	71	63	57
High cost/unaffordable	60	61	62	59	59
Materials not available	42	38	44	42	46
Legal/Tenancy issues (no title, renting, other's house, permit problems)	9	11	6	8	12
Geological limitations (e.g. water table/soil conditions/regular flooding)	7	7	5	10	7
Nobody to build/install it	3	3	3	3	3
Limited space	3	3	2	3	4
Dislike available latrine options	1	0	1	1	1
There are no constraints to improving the toilet facility	10	10	7	10	15

Base: Households who do not have toilet facility or did not repair or improve their existing toilet facility or constructed a new toilet facility in the past 12 months

9.6. Module G: Financial Services (Sanitation-Specific)

At least 50% of the respondents received an orientation on ASA Philippines' products and services – these sessions were mainly done by ASA PH via a group presentation (78%). The financial packages offered were understood by most respondents (about 83% - understood all the details of the packages).



Base: T3 and T4 Households

Figure 136. ASA Philippines Orientation Conductor

	Total	Treatment 3	Treatment 4
Base	n=748	n=348	n=400
ASA Philippines through a group orientation	78	81	75
Co-members in the ASA group	10	10	10
ASA Philippines through a one-on-one orientation	8	6	10
Municipal Link	3	2	5
Don't Know/Can't Recall	1	1	0

Base: T3 & T4 households who have a household member that was oriented

Figure 137. Level of Comprehension of Financial Packages

	Total	Treatment 3	Treatment 4
Base	n=748	n=348	n=400
Yes, all of it	83	87	80
I understood most of it	13	9	17
I did not understand most of it	3	4	2
No, I did not understand any of it	1	1	2

Base: T3 & T4 households who have a household member that was oriented with ASA Philippines' products and services

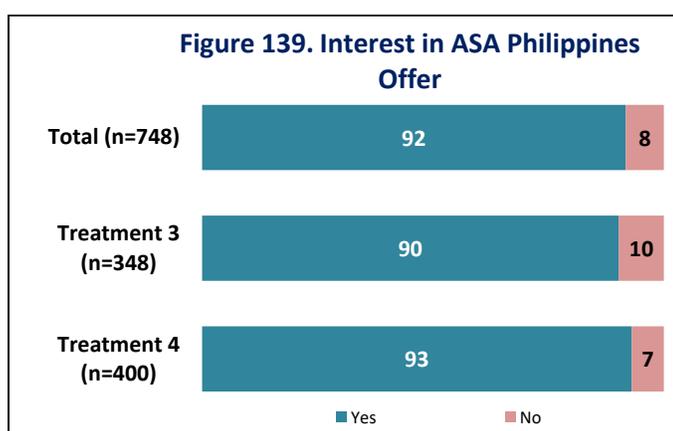
Those who did not fully comprehend it pointed out the *amount of payment* (17%) and *repayment terms* (16%) as the top components that were hard to grasp – the incidence of these are higher in Treatment 2 at 28% and 26%, respectively.

Figure 138. Difficulty in Comprehension of Financial Packages

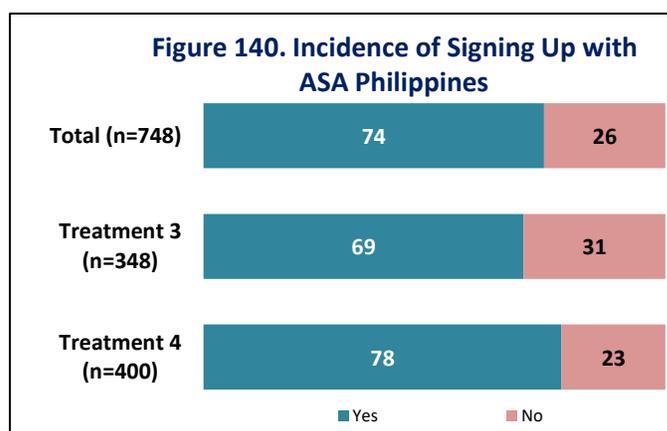
	Total	Treatment 3	Treatment 4
Base	n=126	n=47	n=79
Amount of loan or household counterpart	17	28	10
The repayment terms (weekly payment, attendance in group meetings, etc)	16	26	10
The application process	12	11	13
Amount of "discount" (subsidy)	11	11	11
The disbursement terms (release of 50% as downpayment to the mason, etc)	7	-	11
Interest rate	2	-	3
None	36	26	42

Base: T3 & T4 households who did not fully understand the features, terms and conditions of the financial packages

Nine in ten of those who attended the ASA PH orientation expressed interest in the MFI offer while about 74% actually signed up for a loan (69% in T3, 78% in T4), which were mainly decided by the wife/ spouse and the household head.



Base: T3 & T4 households who have a household member that was oriented with ASA Philippines' products and services



Base: T3 & T4 households who have a household member that was oriented with ASA Philippines' products and services

Figure 141. Decision Maker in Signing Up with ASA Philippines

	Total	Treatment 3	Treatment 4
Base	n=551	n=241	n=310
Wife/Spouse	46	46	46
Household Head	33	31	34
Joint decision (household head and wife/spouse)	19	21	18
Parents	1	2	1
Children	1	1	1

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines

More than 60% of those who took out a loan used the money for toilet repair while about 30% used it for new construction. They wanted to have a new/ improved toilet mainly because they want convenience for their family (67%) and protection from illnesses brought about by open defecation (70%). Note around 10% who said they felt pressured because of their neighbors who had their own toilet. Top benefits they get, according to those who had their toilet constructed/ improved, are not having to defecate in the open anymore and not having to share toilets with other households.

According to the key informants, the sanitation initiatives seem to have helped in encouraging the beneficiaries to have their own toilet/ improve their current toilet – they understand from the FDS sessions and other talks how open defecation is highly likely to cause different diseases. They get disgusted with the thought of flies sitting on feces and would eventually perch on their food (which is being emphasized during health talks). Through this, the respondents realize how essential it is not to defecate in the open.

Some moneyed residents also had an initiative to help out by donating materials to the poor as they understand that the potential illnesses in their barangays brought about by open defecation may also affect them.

Figure 142. Purpose of Loan from ASA Philippines

	Total	Treatment 3	Treatment 4
Base	n=551	n=241	n=310
Repair or improvement of toilet	64	66	64
Construction of new toilet	31	27	33
For business	2	3	1
For education	1	2	1
For personal needs	1	1	1
House repair	1	1	0

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines

Figure 143. Reasons for Borrowing Money to Have Own Toilet

	Total	Treatment 3	Treatment 4
Base	n=551	n=241	n=310
I want my family to experience the convenience of using own toilet	67	68	67
I want to protect my family from illnesses brought about by open defecation	70	67	72
I was receiving pressure from my neighbors to have own toilet	10	8	11
I was forced by my Municipal Link	2	2	2
I was convinced by ASA to loan to have our own toilet built	1	-	1

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines

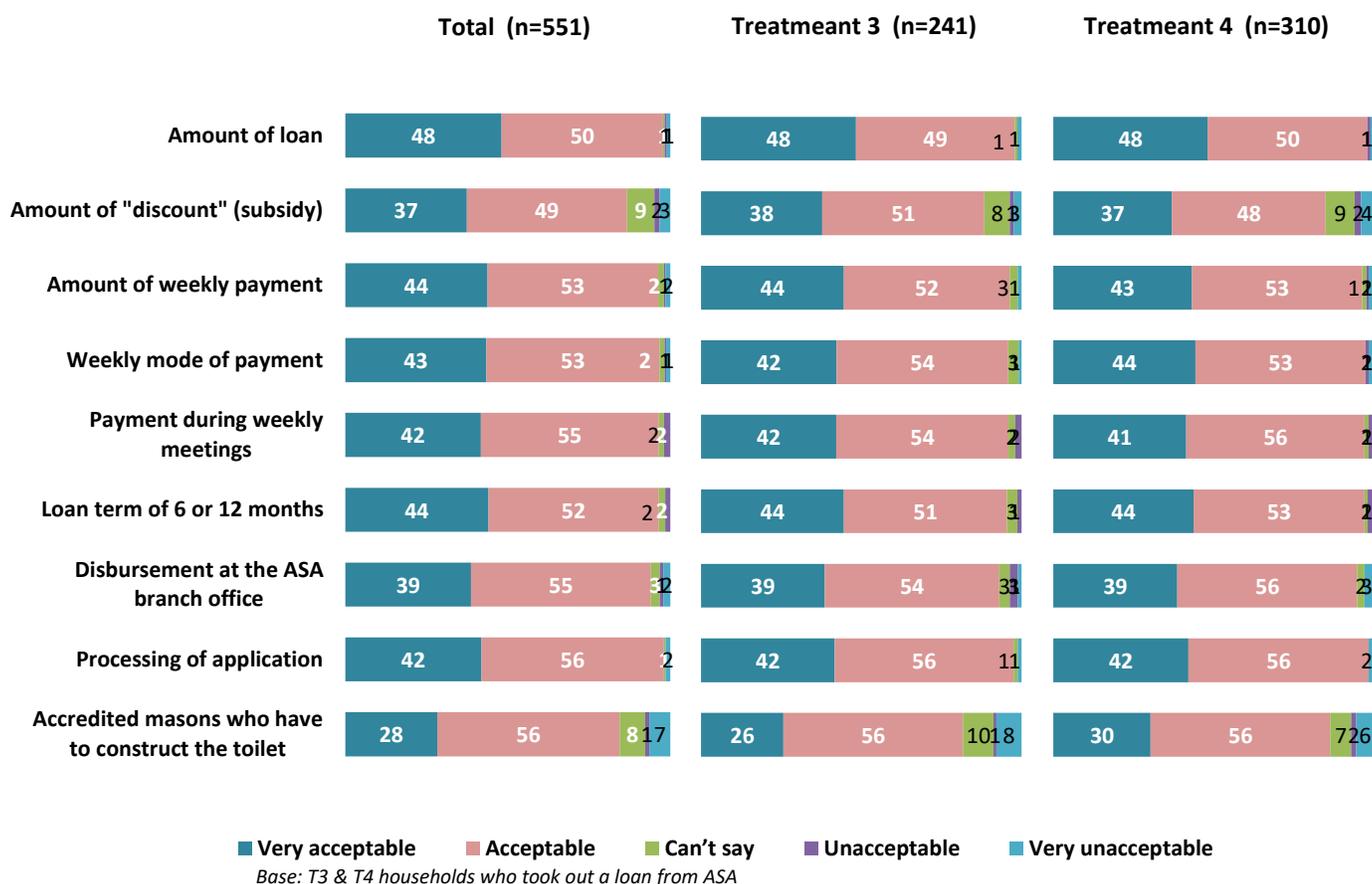
Figure 144. Benefits of Having Own Toilet Facility

	Total	Treatment 3	Treatment 4
Base	n=538	n=232	n=306
We no longer defecate in the open	85	82	87
We don't have to use shared toilet	59	51	65
Other	1	2	0

Base: T3 & T4 households who have improved toilet facility

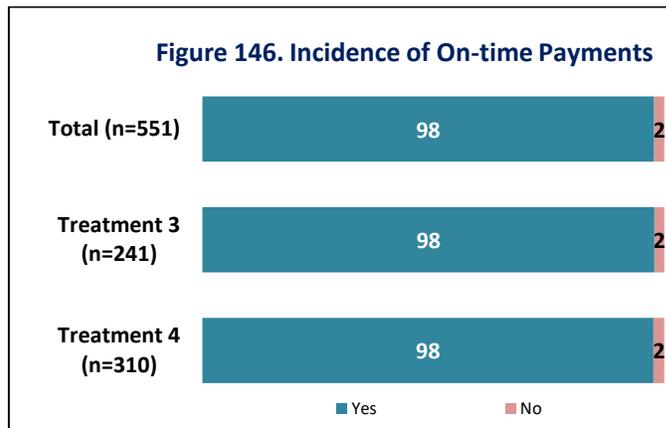
Most elements of ASA Philippines' terms and conditions for the MFI packages are generally acceptable (at least 94% rating – acceptable to very acceptable) among respondents except on 'amount of discount/ subsidy' and 'accredited masons', where a relatively big chunk (roughly 10%) have neutral opinion.

Figure 145. Acceptability of Terms and Conditions of ASA Philippines



Among those who took out a loan, 98% give their payments on time. According to the MFI, the incidence of missed payments is very low, close to 0%. One of the reasons for missed payments is the distance of the location of the household to the payment center (the fare is usually high for one-time payment). Some barangays resolved this by having one collector (who is also a beneficiary with a loan) in the barangay who brings the collected payment to the MFI center in a municipality. They split the fare among themselves and find it more practical and efficient.

The MFI also made sure (and this was actually part of their protocol) not to disclose that the World Bank or DSWD were part of the funders in the programs as these may encourage some of the beneficiaries not to pay their loans any more.



Base: T3 & T4 households who took out a loan from ASA

Primary source of payment is salary or income of the household head (68%), followed by income from business (20%) and salary of income of other household members (16%).

Figure 147. Source of Fund for Payments

	Total	Treatment 3	Treatment 4
Base	n=551	n=241	n=310
From salary or income of Household Head	68	70	67
From income of our business	20	20	20
From salary or income of other household members	16	12	19
From our savings	9	10	7
From the Pantawid cash grant	6	5	7

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines

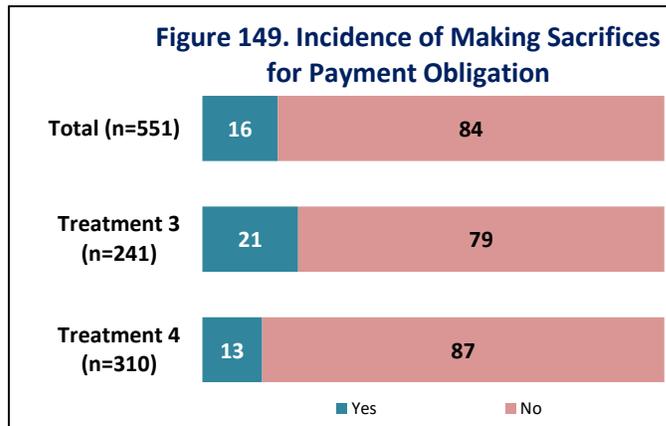
Among the very few who had missed payments, top reasons include having insufficient income, forgetting the due date, and using the money for daily needs.

Figure 148. Primary Reason for Missed Payments

	Total	Treatment 3	Treatment 4
Base	n=12	n=5	n=7
Income was not sufficient	33	-	57
I forgot my due date	25	40	14
I used the money for our daily needs (food, etc)	17	20	14
I used the money for a family event (baptism, birthday, fiesta, etc)	8	20	-
I didn't continue to loan at ASA	8	20	-
When I receive the Ph5000.00 I returned right away the amount of Php2500.00	8	-	14

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines who missed payments

According to around 16% of those who have loans, they need to make sacrifices for payment obligation (which is higher in Treatment 3 at 21%).



Number one sacrifice done is reducing household spending (roughly 80%), followed by using their savings which were originally set for another purpose (11%).

Figure 150. Sacrifices Made for Weekly Obligation

	Total	Treatment 3	Treatment 4
Base	n=90	n=50	n=40
We reduced household spending	80	84	75
We used our savings intended for another purpose	11	10	13
We missed one or several meals	3	6	-
Accept laundry	3	-	8
Don't have any sacrifices/None	2	2	3
Selling fish	1	2	-
Raising hogs /pig	1	-	3
My husband applied on construction	1	-	3

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines who did sacrifices to meet weekly obligation

Among those who did not sign up with ASA PH, on the other hand – top 3 reasons for not taking out a loan include not wanting to borrow at all (52%), having no capacity to repay the loan (36%), and some already have a toilet so they do not see the need of getting a loan anymore (22%).

Figure 151. Reasons for Not Signing Up with ASA Philippines

	Total	Treatment 3	Treatment 4
Base	n=170	n=93	n=77
I did not want to borrow	52	46	60
I don't have the capacity to repay the loan	36	38	34
I already have a toilet	22	19	26
I was discouraged by family members	8	5	10
ASA Philippines did not approve my application	6	7	5
I did not know all about a loan from ASA Philippines	5	8	3
I don't find the terms and conditions acceptable	5	3	7
Late in submission of form	2	2	3
No one offers to me	2	3	-
Land owner didn't permit us to build a toilet	1	1	1
We are for house relocation	1	1	-
ASA didn't come back in our place	1	1	-

Base: T3 & T4 households who did not sign up with (or take a loan from) ASA Philippines

Those who had apprehensions in taking out a loan were worried about not being able to repay – they wanted to really have a new toilet constructed or have their existing toilets repaired but were afraid they could not pay back so they decided not to sign up anymore. Others did not have their own land to put up a toilet or a septic tank, so they did not see the point of having their own toilet, thus decided not to take out a loan anymore.

There are also instances when the households signed up for a loan but would eventually cancel it because the masons would not be available for many days (due to their limited number especially in Region 7), resulting in households losing interest. The shortage in the number of masons had been one of the challenges in the program – some of them would have a different day job, causing delay in their toilet construction assignments. There are even municipalities without masons and the households who availed of loans for toilet construction did not have a choice but to wait for the existing masons from other areas to be available in order to service them.

The masons, on the other hand, raised issues on having assignments which are too far from their location (which meant higher travel costs and longer travel period). And some would seem not to be as willing to work on their assignments because of some challenges they experienced in the past transactions including delay in disbursements of the full payment, 50% down payment were not sufficient to complete construction, and lack of suppliers who would allow credit line. About half of the few masons talked to said their earnings from toilet constructions were smaller than expected.

For some cases of housewives who were initially interested, they would wait for their husbands/ heads of the household to decide on whether or not their family would take out a loan for toilet construction/ improvement. This mostly leads to diminishing interest among the initially interested households and would not sign up for a loan at all.

- Among those who decided to take out a loan for toilet repair – the top improvement made was building/ strengthening the walls at 66% (this is even higher in Treatment 3 at 71%), followed by improving the flooring and building or strengthening the roof at 20% (higher in Treatment 4 at 32%).
- Roughly 70% of them say that their toilets are sturdier and can withstand bad weather conditions plus they are more convenient to use now that they have been upgraded, while around 55% say that their toilets are more secure.

Figure 152. Type of Toilet Repair, Upgrade or Improvement

	Total	Treatment 3	Treatment 4
Base	n=56	n=34	n=22
Build or strengthen the walls	66	71	59
Improve the flooring (put tiles, etc)	20	12	32
Build or strengthen the roof	11	12	9
Put a door	2	3	-
Replace the toilet bowl	2	3	-

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines for repair or improvement of toilet

Figure 153. Benefits of Improving/ Upgrading Toilet Facility

	Total	Treatment 3	Treatment 4
Base	n=56	n=34	n=22
It is now sturdier and can withstand bad weather condition	71	68	77
It is now more convenient or comfortable to use	68	68	68
It is now more secure	55	59	50

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines for repair or improvement of toilet

Majority of those who took out a loan see the importance of ASA Philippines' role in toilet construction/ improvement, with about 87% saying that it is very important.

Figure 154. Importance of ASA Philippines' Role in Toilet Improvement

	Total	Treatment 3	Treatment 4
Base	n=748	n=348	n=400
Very important	87	85	89
Somewhat important	5	6	5
Can't say if important or not	5	7	4
Somewhat not important	1	1	0
Not important at all	2	2	3

Base: T3 & T4 households who signed up with (or take a loan from) ASA Philippines

9.7. Module H: Assessment of Constructed Toilet

On the overall, households who took out a loan from ASA PH for toilet construction were satisfied with the quality of toilet facilities made from them (82% very satisfied, 14% dissatisfied). Note about 5% who were not satisfied with it.

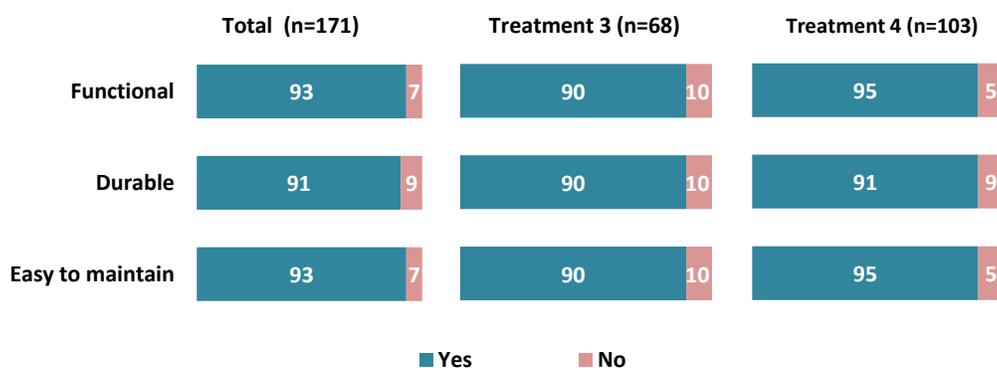
Figure 155. Overall Satisfaction on Quality of Toilet Facility

	Total	Treatment 3	Treatment 4
Base	n=171	n=68	n=103
Very satisfied	79	82	77
Satisfied	14	12	16
Neither satisfied nor dissatisfied	2	3	1
Dissatisfied	1	-	2
Very dissatisfied	4	3	5

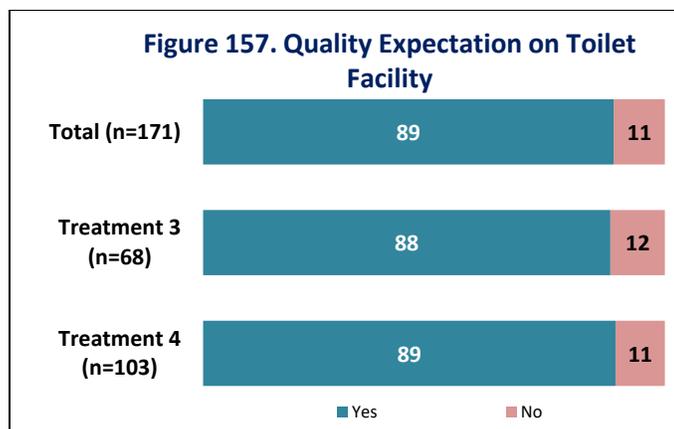
Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet

When asked to further assess the quality of the toilet constructed for them, mostly gave favorable feedback such as being functional (93%), durable (91%), and easy to maintain (93%). With these, about 9 in 10 households expressed satisfaction about their constructed toilets and did not have any issues.

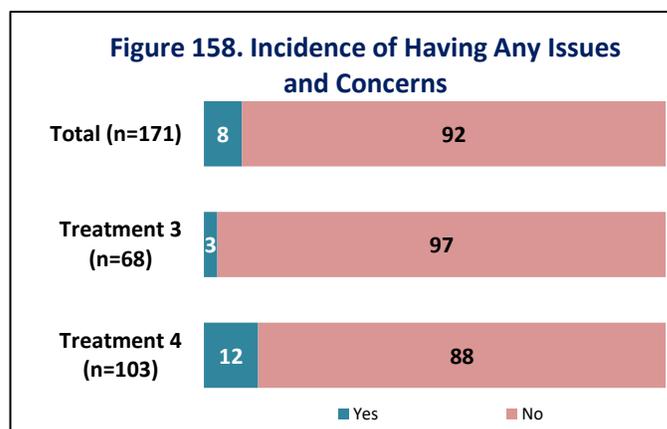
Figure 156. Assessment of Quality of Toilet Constructed



Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet



Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet



Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet

The number one issue raised of those who were not satisfied is on poor-quality materials, which is consistent with what the masons reported when they were interviewed. The HHs reported their dissatisfaction to both ASA PH and the masons assigned to construct their toilets – only half said it was acted on by ASA PH while only a fourth said it was acted on by the masons.

Figure 159. Issues and Concerns on Newly Constructed Toilet

	Total	Treatment 3	Treatment 4
Base	n=14	n=2	n=12
The materials used were of poor quality	43	50	42
I have problems with flushing the toilet	21	50	17
I have problems with the septic tank	14	-	17
The walls are dilapidated	14	-	17
The exhaust is not functional	7	50	-
Other, specify	50	-	58

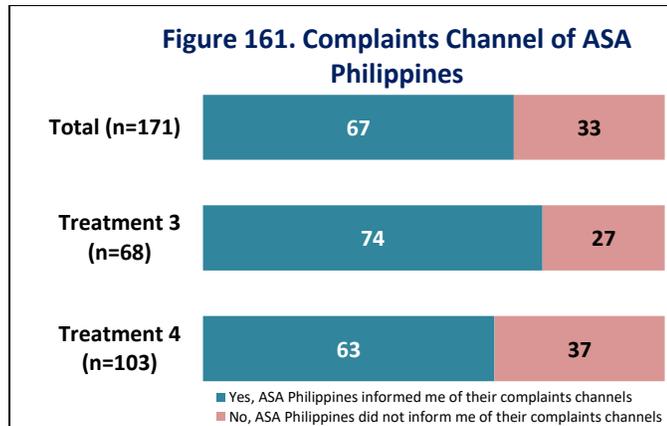
Base: T3 & T4 households who encountered issues and concerns regarding their newly constructed toilet

Figure 160. Incidence of Addressing Issues and Concerns



Base: T3 & T4 households who encountered issues and concerns regarding their newly constructed toilet

Two-thirds of those who took out a loan for toilet construction shared that they were informed by ASA PH of their complaint channels. This is higher in Treatment 3 at 74%.



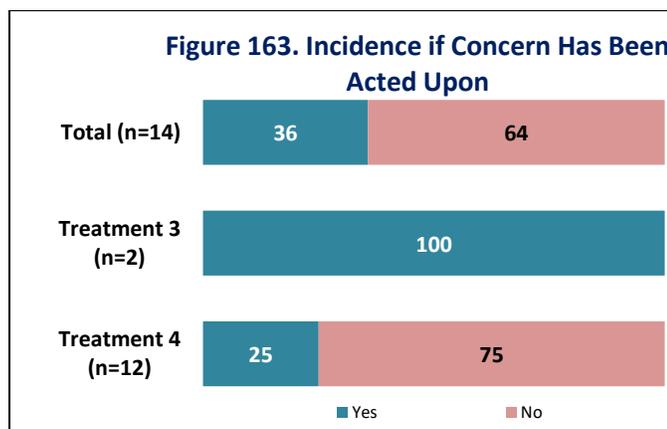
Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet

Among a few of those who indeed encountered issues discussed their concerns directly with the ASA Branch staff and only a third of them say that their complaints were acted on.

Figure 162. Who to Discuss Issues and Concerns With

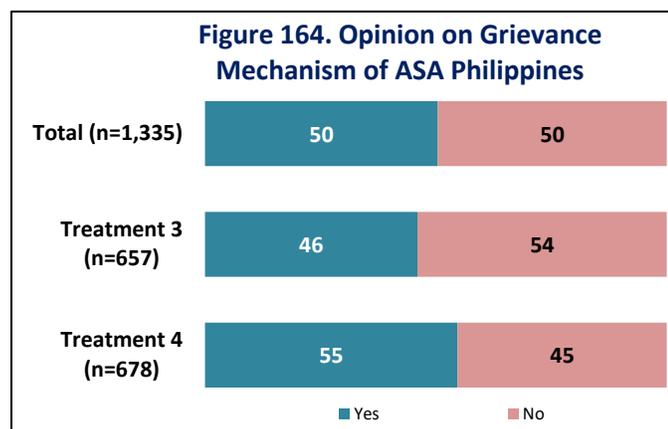
	Total	Treatment 3	Treatment 4
Base	n=14	n=2	n=12
ASA Branch	64	50	67
Parent Leader	21	50	17
Municipal Link	14	-	17

Base: T3 & T4 households who encountered issues and concerns regarding their newly constructed toilet



Base: T3 & T4 households who encountered issues and concerns regarding their newly constructed toilet

When asked if they feel like they can ask the ASA Philippines staff any questions, or complain at any time, only half of those who were oriented said they do (which is even lower in Treatment 3 at 46%).



Base: T3 & T4 households

Around 3/4 of those who are in Treatment Arm 3 and Treatment Arm 4 who were briefed on the MIF financial package offers said the conduct and behavior were appropriate (58% all the time, 19% most of the time). While around 23% said it was inappropriate.

According to the key informant from the MFI, they have several guidelines on how to interact with the uptakers – such as DOs and DONTs when dealing with them. They should not force anyone in taking a loan and in cases where there are missed payments among the beneficiaries, they should not criticize them.

Figure 165. Opinion on ASA Philippine Staff's Conduct and Behavior

	Total	Treatment 3	Treatment 4
Base	n=1,335	n=657	n=678
Their conduct and behavior are appropriate all the time	58	54	61
Their conduct and behavior are appropriate most of the time	19	22	17
Their conduct and behavior are inappropriate most of the time	6	8	5
Their conduct and behavior are inappropriate all the time	17	17	17

Base: All T3 and T4 households

In terms of influence on the households' construction of new toilet, around 75% said the masons had much influence. And that toilet quality is important (85% very important, 9% somewhat important) to encourage availing loan from ASA PH.

All the masons, on the other hand, believe that they had much influence in convincing the households to build their own toilet; while 9 in 10 of the Municipal Links interviewed think they had much influence on the household's decision. The SLP key informants also think they had much influence on the matter.

There are also instances where the children (who already go to school), force their parents to have their own toilet because it is either they learn from their classes the grave consequences of defecating in the open OR they tend to be shy when these things are talked about in their schools.

Figure 166. Mason Influence on Constructing New Toilet

	Total	Treatment 3	Treatment 4
Base	n=151	n=57	n=94
Much influence	76	84	71
Some influence	7	5	9
Little influence	5	4	5
No influence at all	12	7	15

Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines and constructed new toilet facility

Figure 167. Importance of Toilet Quality to Encourage Availment of ASA Loan

	Total	Treatment 3	Treatment 4
Base	n=151	n=57	n=94
Very important	85	93	81
Somewhat important	9	5	11
Can't say if important or not	4	2	5
Somewhat not important	1	-	1
Not important at all	1	-	2

Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines and constructed new toilet facility

In terms of quality of life, 65% said it is generally better now (36% much better, 29% somewhat better now – note relatively higher top box score/ much better now in Treatment 4) while 30% said it was just the same. Among those who have toilets, around 97% said their toilets contributed to their quality of life.

The key informants also shared that the effect of having own toilet positively impacted not only the people’s attitude toward having a good health but also their self confidence. Those who previously did not have toilets, did not know how to say or explain to that they did not own one – these conversations would come out whenever the officials would visit them and sometimes would ask if they could use the toilet when they feel the need to urinate. Even their children were proud that they already own a toilet and tell about it to their classmates and friends.

There is also data showing that poverty was reduced by 5% in the past 6 years – many beneficiaries also changed their attitude about life in overall. They were born poor, but given the help and the opportunity they get (their children given scholarships, having the privilege going to college), they strive to uplift themselves from poverty, they tend to have ambitions.

Figure 168. Overall Quality of Life

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Much better now	36	36	31	35	43
Somewhat better now	29	30	28	30	27
The same	30	29	34	29	26
Somewhat worse now	5	4	6	4	3
Much worse now	1	2	1	1	1

Base: All households

Those households with toilet facility said their neighbors were interested in having their own toilet (48% most or all of them, 23% many of them). Data from masons also generally show the same findings.

Based on the observation of one key informant, since there is ZOD initiative in the areas (which, by the way, is one of the biggest triggers), they also get pressured whenever a neighbor is having a toilet constructed. Some would express that they are sometimes reluctant to use their neighbors' toilet especially if it is already late at night and the family of the owner is already sleeping – which makes them decide to have their own toilet.

Figure 169. Contribution of Having Improved Toilet to Better QoL

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=795	n=130	n=112	n=228	n=325
Contributed very much	66	73	65	61	67
Contributed much	31	22	32	37	30
Contributed somewhat	2	5	2	2	2
Contributed little	1	-	-	0	1
Did not contribute at all (better QoL is because of other factors)	0	-	1	0	-

Base: Households who have better quality of life and repair or improve their existing toilet facility or constructed a new toilet facility in the past 12 months

Figure 170. Neighbors Interested in Having Own Toilet

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,193	n=540	n=562	n=510	n=581
Most or all of them	48	52	42	49	48
Many of them	23	22	24	24	24
Some of them	10	8	11	9	11
A few of them	11	11	13	10	12
None of them	8	8	10	9	5

Base: Households who have improved toilet facility

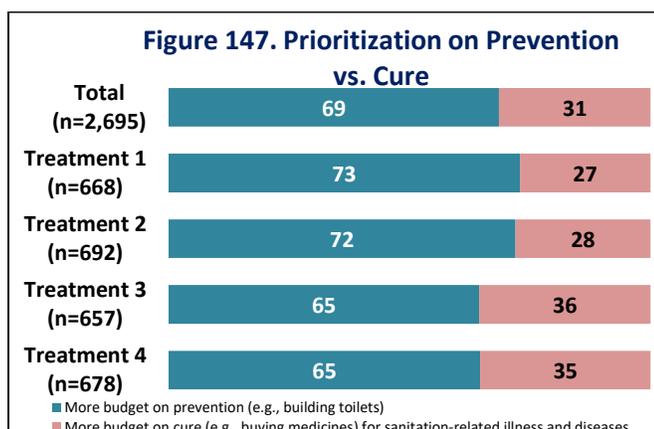
When asked about their toilet plans in next 2 years, around 35% said they intend to have a new toilet constructed, 37% plan to improve their toilet, and 23% would like to have their toilet repaired.

Figure 171. Toilet Plans in the Next 2 years

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
We intend to have a new toilet constructed	35	40	35	35	29
We intend to improve our toilet	37	35	33	37	42
We intend to repair our toilet	23	23	28	20	20
No plan regarding toilet	6	3	4	9	9

Base: All households

In the context of limited budget from the government, 7 in 10 respondents said prevention should be prioritized over cure. *All the key informants spoken to, on the other hand, also picked prevention.*



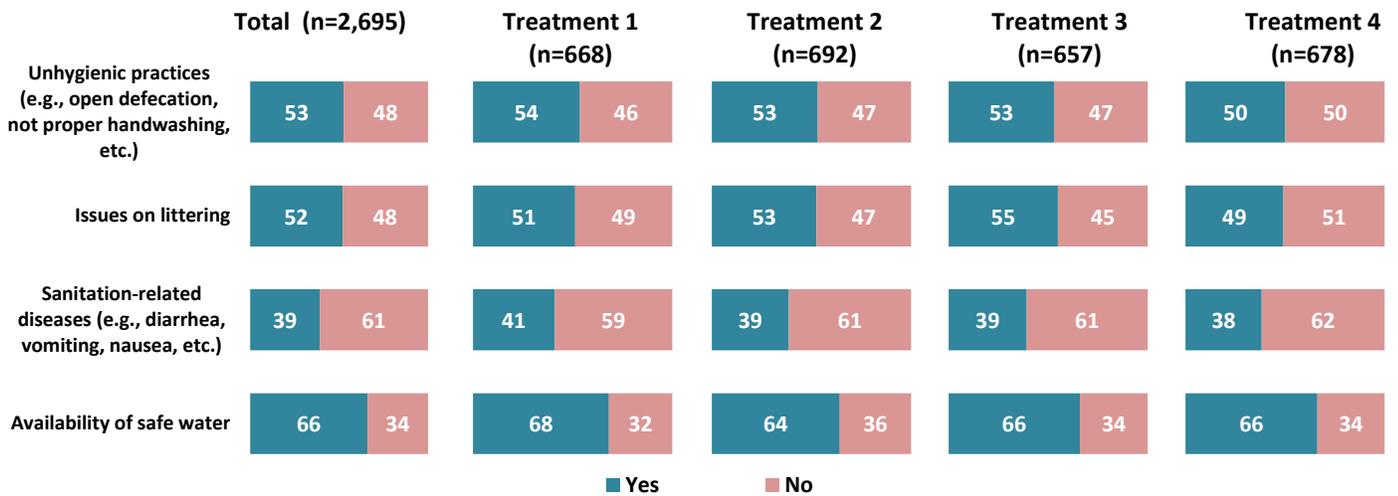
Base: All households

9.8. Module I: Sanitation Advocacy

More than half of the total respondents say the sanitation issues in their barangay/ community include unhygienic practices (53%), littering (52%), and availability of safe water (66%).

While the residents are aware of these sanitation and safe water issues, it does not seem to be as apparent among them as compared with the officials from the both the regions and municipalities – these are in fact the top mentions of almost all of the key informants when asked about the problems in the areas they cover.

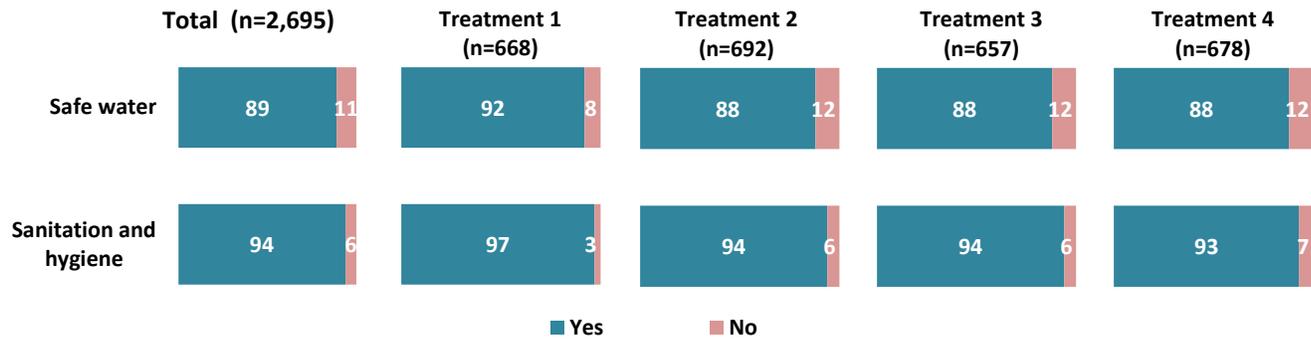
Figure 172. Issues in the barangay



Base: All households

When asked about sanitation programs and initiatives in their barangay, 89% say they have safe water sanitation program/ initiative and 94% claim that they also have for sanitation and hygiene.

Figure 173. Sanitation Programs and Initiatives in the Barangay



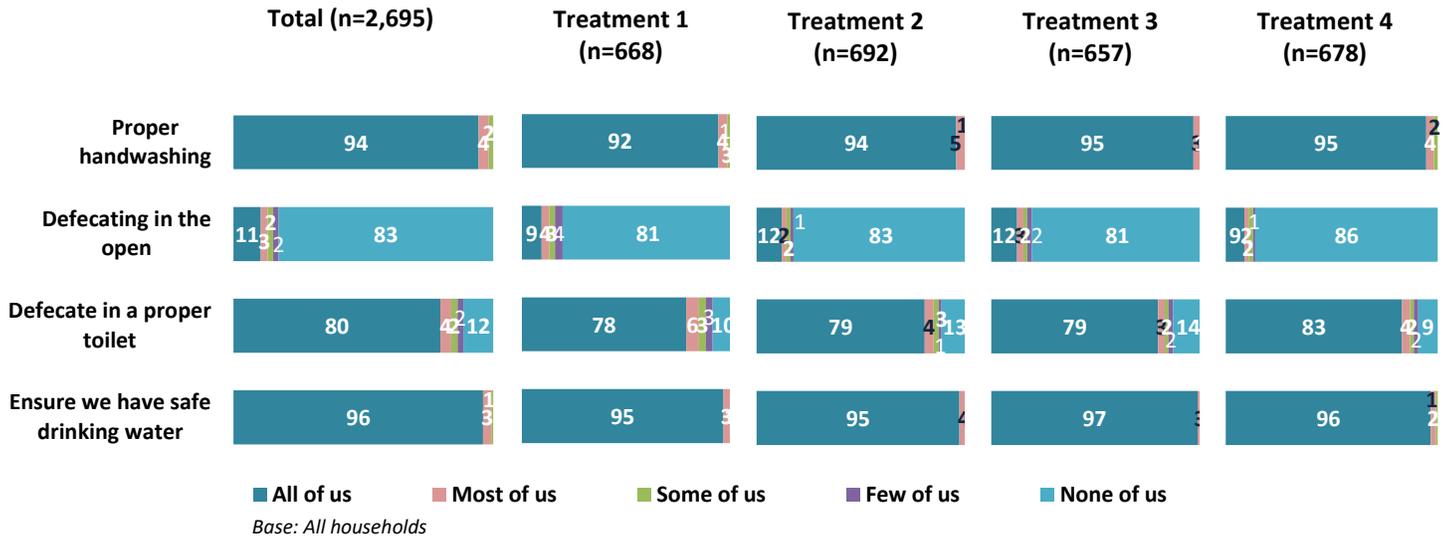
Base: All households

The officials seem to be very active when it comes to different programs and initiatives they implement in their respective areas. Since sanitation (in relation to defecating in the open) is one of the biggest concerns, a lot of support is given to raising awareness on consequences of open defecation which is normally done in FDS module on sanitation and BCC-CLTS sessions. While not big, some budget is also allocated by their office for toilet materials such as bowls, cement, and steel for toilet construction. Because of not enough budget, other municipalities try to solve the problem by putting up more public toilets (as it is more difficult to construct toilets for all remaining toilet-less households).

In terms of safe water, some municipalities monitor the quality of their areas' drinking water on a regular basis. Other areas, however, already have ongoing water system (and rehabilitation) projects. Other sanitation-related initiatives include conducting classroom-type sessions on hand washing, proper preparation of food, and proper waste disposal.

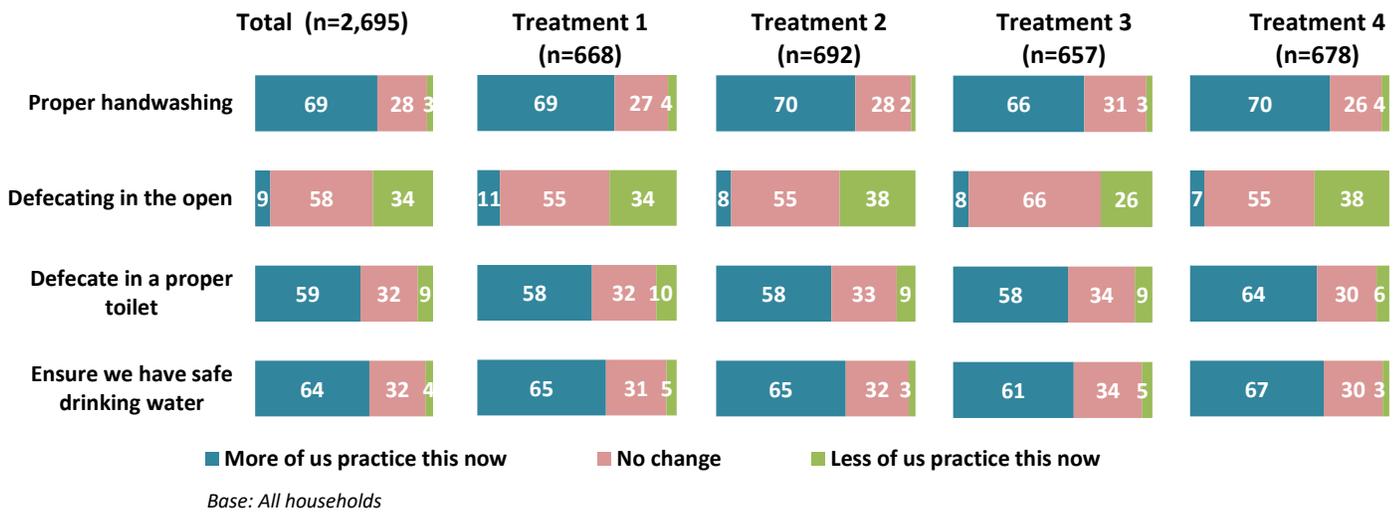
In terms of their sanitation practices, about 95% say all their household members regularly do proper handwashing and ensuring they have safe drinking water. On the other hand, about 8 in 10 say that all their family members defecate in a proper toilet.

Figure 174. Sanitation Practices



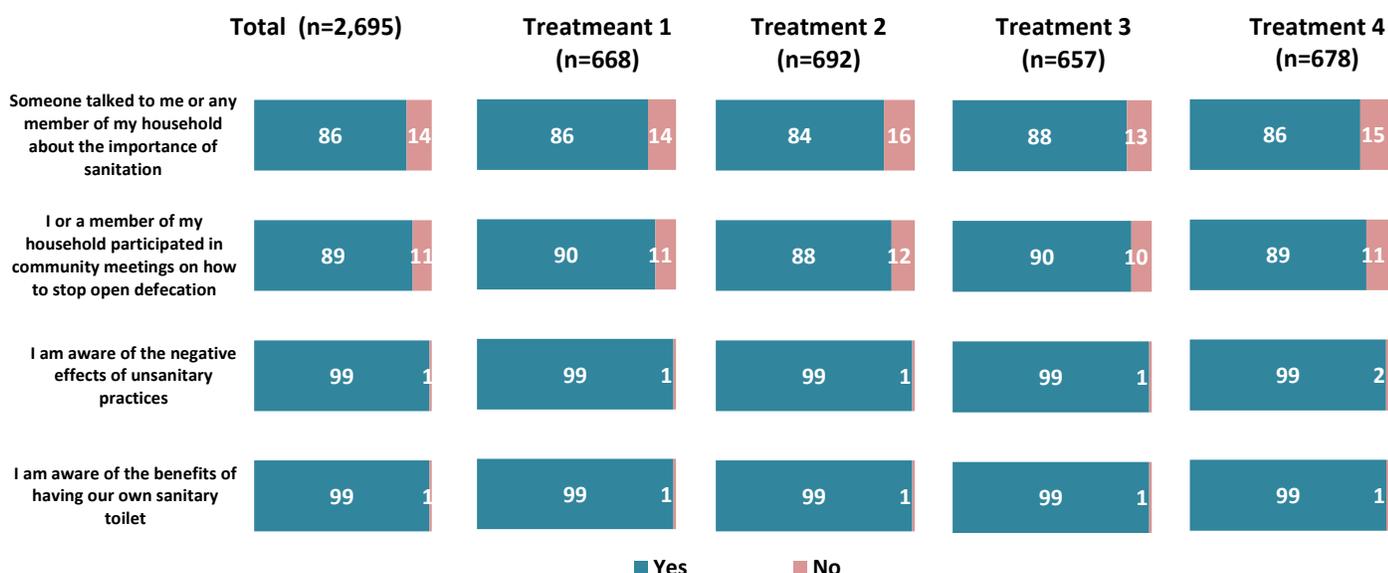
At least around 60% of the HHs experience improvement in their sanitation practices – 69% say more of them practice proper handwashing today vs last year, 64% claim more of them ensure they have safe drinking water as compared to the previous year, and 59% say more of them defecate in a proper toilet than they did in 2017.

Figure 175. Change in Sanitation Practices in the Past Year



Majority of the households claim someone talked to them (or other family member) on the importance of sanitation (86%) and that they participated in community meetings on how to stop open defecation (89%). Nearly everyone (99%), on the other hand, express their awareness on the negative effects of unsanitary practices and on the benefits of having their own sanitary toilet.

Figure 176. POV on Importance of Sanitation



Base: All households

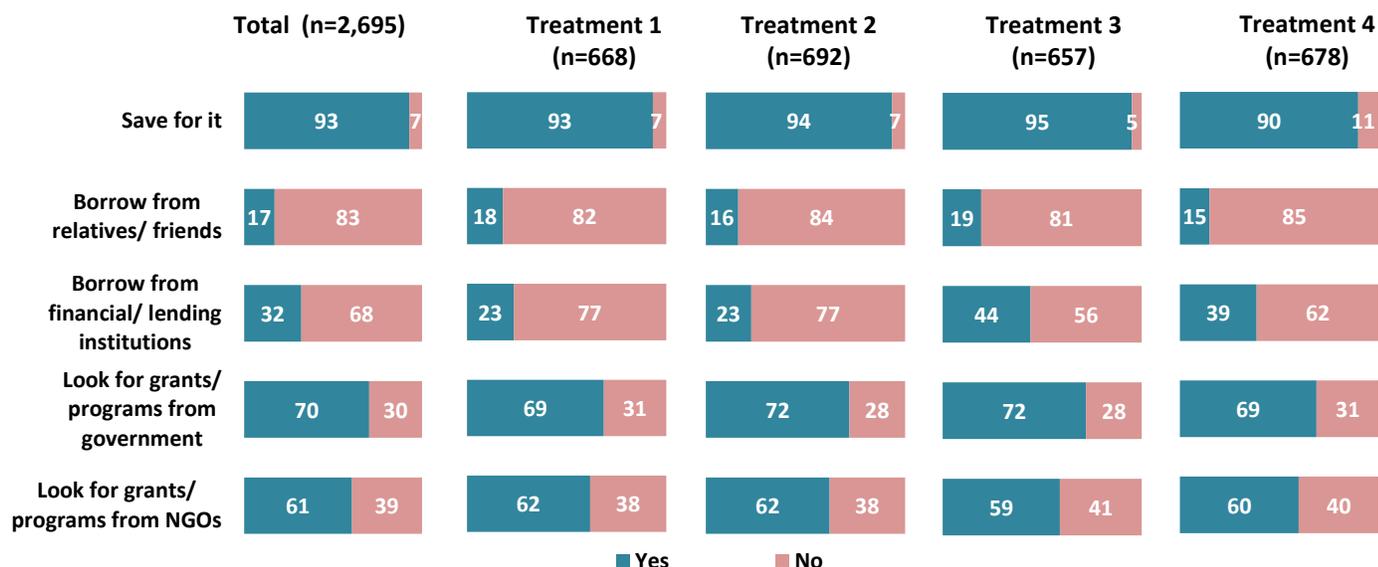
Almost everyone considers having own toilet very important. To be able to get their own toilet, they say they will save their own money (93%), they will look for grants and subsidies/ programs from governments and/or NGOs (60%-70%). Only 17% say they will borrow money from their relatives/ friends and 32% will borrow from financial/ lending institutions to finance toilet construction.

Figure 177. Importance of Having Own Toilet

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Very important	99	99	99	99	99
Somewhat important	1	1	1	1	1

Base: All households

Figure 178. Ways to Have Own Toilet



Base: All households

Sixty-seven percent of the households think that saving money is the best way to have own toilet while 23% consider looking for grants and subsidies/ programs from government as the most feasible way.

Figure 179. Best Way to Have Own Toilet

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,648	n=659	n=674	n=647	n=668
Save for it	67	68	66	69	66
Look for grants/ programs from government	23	25	27	20	22
Borrow from financial/ lending institutions	7	4	4	10	11
Look for grants/ programs from NGOs	2	2	3	1	1
Borrow from relatives/ friends	1	1	1	1	0

Base: Households who said there are ways to have own toilet

Seventy-three percent of those who have their own toilets recommend to other households to have their own toilets built.

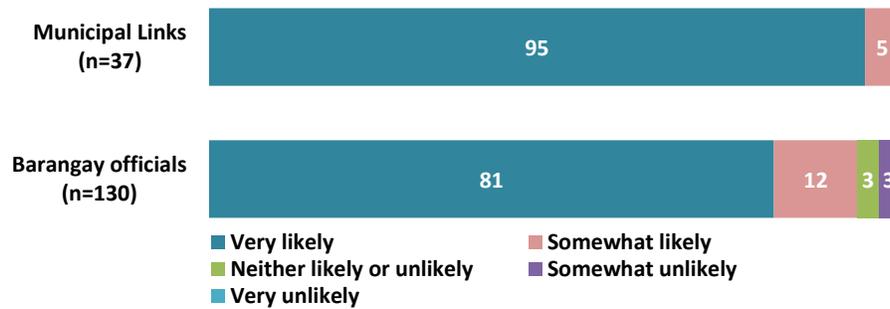
Figure 180. Recommendation of Building Toilet to Other HHs

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,193	n=540	n=562	n=510	n=581
Very likely	73	72	75	74	70
Somewhat likely	15	13	14	15	17
Neither likely or unlikely	6	7	5	6	7
Somewhat unlikely	3	3	2	3	2
Very unlikely	4	5	4	2	4

Base: Households who have improved toilet facility

Nearly all key informants say they strongly recommend building a toilet to poor households in the future – 100% among the municipal links (with 95% very likely and 5% likely) and 93% among the barangay barangay captains (81% very likely and 12% somewhat likely).

Figure 181. Likelihood to Recommend Building Toilet to Poor Households in the Future

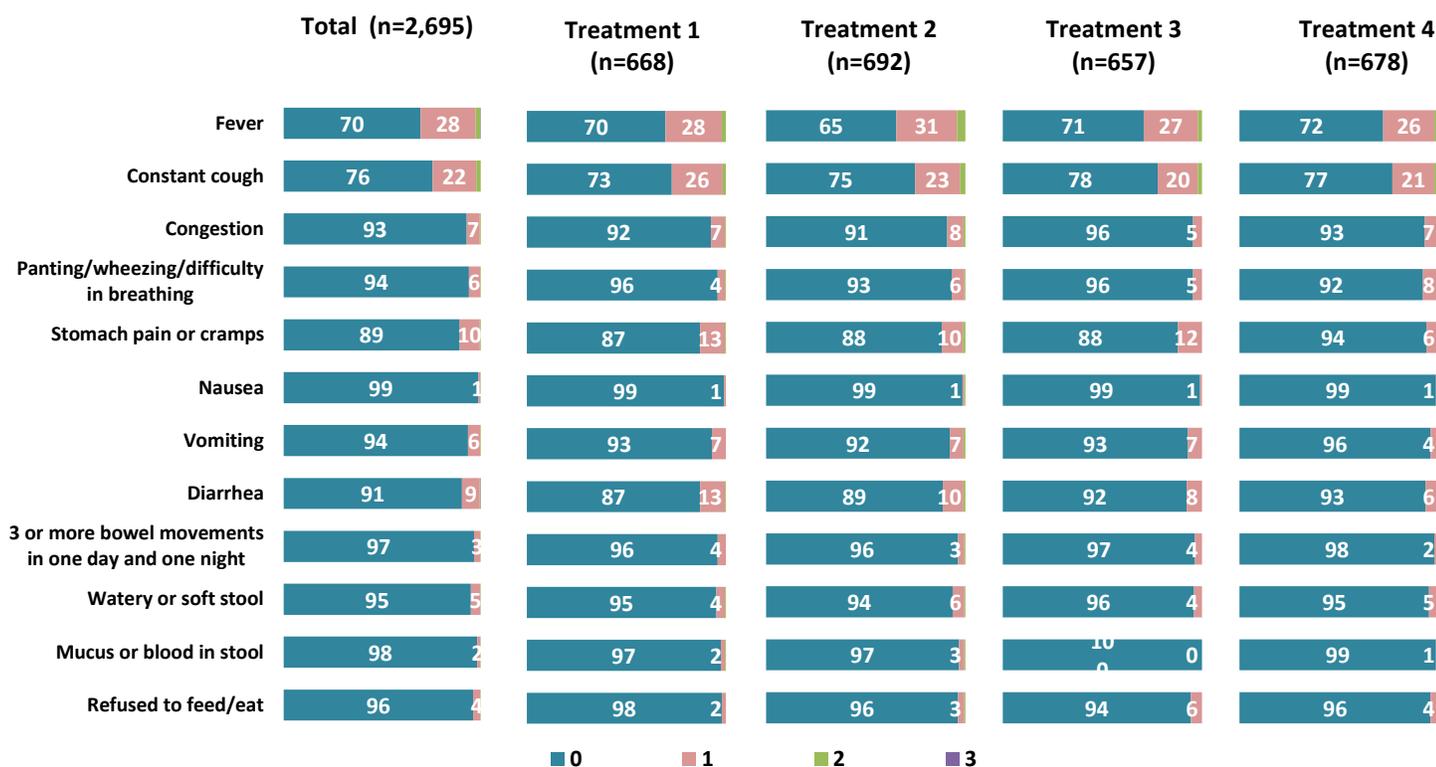


9.9. Module J: Children’s Health Status (Under 5 years old)

At least 70% of the households do not have kids under 5 years old. Among those who have, fever (28%) and constant cough (22%) are the common illnesses by at least one child.

While there are issues on sanitation (in relation to open defecation) and safe drinking water, most municipalities have minimal record of sanitation-related diseases.

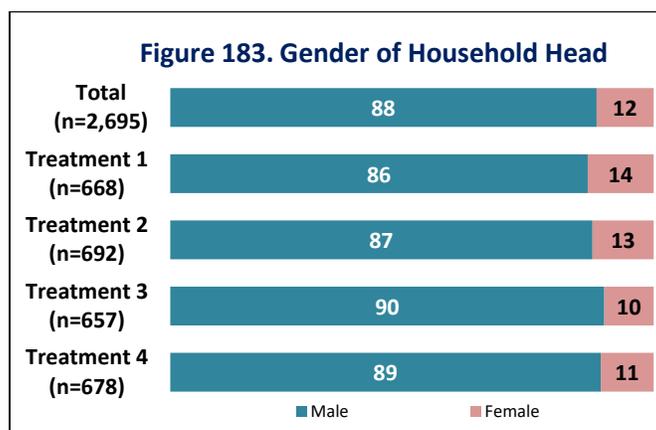
Figure 182. Distribution of Household Members Under 5 Years Old Who Experienced Illnesses in the Past 4 Weeks



Base: All households

9.10. Module K: Profile of the Household Head

Approximately 90% of the household heads are male and are married/ living together. Half of them claim that their highest educational attainment is elementary level while 20% say they are elementary graduate. Thirteen percent reached high school level and 11% are high school graduate.



Base: All households

Figure 184. Marital Status of Household Head

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Married/Living together	87	84	88	88	88
Widowed	8	9	6	8	7
Single	3	4	3	3	3
Divorce/Separated	2	2	3	2	2

Base: All households

Figure 185. Level of Education of Household Head

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Elementary level	50	50	50	50	51
Elementary graduate	20	19	19	19	22
High school level	13	13	14	12	12
High school graduate	11	11	11	12	9
College level	3	2	2	3	3
No grade completed	2	3	2	3	2
College graduate	1	1	1	1	1
Vocational level/graduate	1	1	1	1	0

Base: All households

Primary occupation falls in the farmers/ forestry workers/ fishermen classification (49%), followed laborers and unskilled workers (33%).

Figure 186. Primary Occupation of Household Head

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Farmers, Forestry Workers and Fishermen	49	46	48	49	51
Laborers and Unskilled Workers	33	34	35	30	31
Special occupations	5	5	5	7	5
Service Workers and Shop and Market Sales Workers	2	3	3	2	2
Government Officials, Managers or Proprietors, Supervisors	1	2	2	1	2
Plant and Machine Operators and Assemblers	1	1	1	1	0
Trades and Related Workers	1	0	0	1	2
None	8	8	7	8	7

Base: All households



Eight in ten say that their primary language spoken at home is Cebuano while the remaining households state that Waray is their number one dialect.

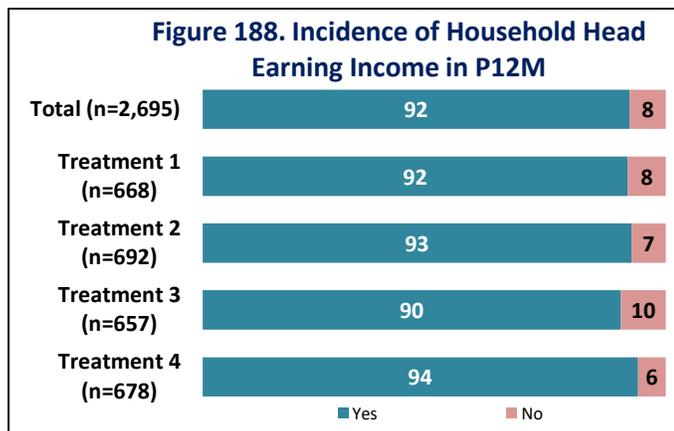
Figure 187. Primary Language in the of Household

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Cebuano	80	80	81	80	79
Waray	20	20	19	20	21

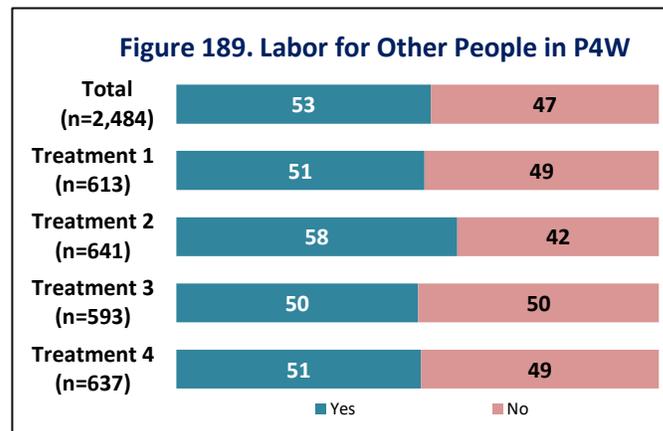
Base: All households

9.11. Module L: Labor Participation of the Household Head

Ninety-two percent of the household heads have been earning money – about half of whom work for other people in the past four weeks.



Base: All households



Base: All households

Of these household heads who have worked in the past four weeks, 8 in 10 say that they the amount they've earned ranges from PhP1,000 to PhP10,000 – a big chunk of whom (86%) claim that they worked 5-10 hours a day (and two-thirds say they worked 6-7 days in the past week).

Figure 190. Amount Earned While Working in P4W

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1308	n=315	n=373	n=297	n=323
Below 1,000	11	12	11	9	10
1,000-10,000	80	78	82	82	78
10,001-20,000	5	5	3	6	5
More than 20,000	0	0	0	0	0
Don't know	4	4	3	2	5
Refused	1	1	0	1	2

Base: Households who work for pay for someone else in the past 4 weeks

Figure 191. Working Hours of the HHH Per Day in P4W

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1308	n=315	n=373	n=297	n=323
less than 5 hours	7	7	8	6	7
5-10 hours	86	88	87	88	81
11-15 hours	5	4	3	5	7
16-20 hours	0	0	0	0	0
Don't know	2	2	2	1	5
Refused	0	-	-	-	1

Base: Households who work for pay for someone else in the past 4 weeks

Figure 192. Working Days of the HHH in P7D

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=1308	n=315	n=373	n=297	n=323
Less than 3	7	8	9	4	5
3-5 days	23	21	26	23	23
6-7 days	67	69	63	72	66
Don't know	3	2	2	1	5
Refused	0	-	-	-	1

Base: Households who work for pay for someone else in the past 4 weeks

Among those working in the P12M, about 85% claim they've worked for 7 to 12 months in past year; while 57% have permanent work, 26% are in short term or seasonal or casual job, and only 18% worked for different employers on a day-to-day or a week-to-week basis.

Figure 193. Working Months of the HHH in P12M

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2484	n=613	n=641	n=593	n=637
less than 3 months	3	3	4	3	3
3-6 months	8	9	9	6	8
7-12 months	85	84	84	88	84
Don't know	3	3	2	1	4
Refused	1	1	1	2	2

Base: Households whose Household Head helped earn income or helped the family earn income in the past 12 months

Figure 194. Nature of Employment

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,484	n=613	n=641	n=593	n=637
Permanent job/business/unpaid family work	57	59	54	57	57
Short term or seasonal or casual job/business/unpaid family work	26	26	28	23	26
Worked for different employer on day-to-day or week-to-week basis	18	15	18	20	17

Base: Households whose Household Head helped earn income or helped the family earn income in the past 12 months

Twenty-three percent of the working household heads are self-employed without any paid employee while 17% are private household workers, 15% work for private establishment, and 10% work with pay in own family's small scale business.

Figure 195. Class of Worker

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,484	n=613	n=641	n=593	n=637
Self-employed without any paid employee	23	25	21	19	25
Works for private household	17	14	18	16	18
Works for private establishment	15	18	16	15	13
Works with pay in own family-operated farm or works w/o pay in own family-operated farm or business	10	10	9	8	11
Employer in own family-operated farm or business	7	7	6	7	8
Farmer	4	5	4	5	2
Works for government	4	3	4	4	3
Fisherman	3	3	3	4	2
Laborer	3	2	3	4	1
Driver (habal - habal, pedicab, tricycle)	2	3	1	3	2
Works in other family-operated farm or business	2	1	3	1	2
Carpenter	1	1	1	2	0
Entrepreneur/Own business	1	1	1	1	1
Construction worker	1	1	1	1	1
Charcoal maker	0	1	1	0	0
Vendor	0	-	1	0	0
Furniture maker	0	0	-	-	1
Welder	0	-	0	0	1

Base: Households whose Household Head helped earn income or helped the family earn income in the past 12 months

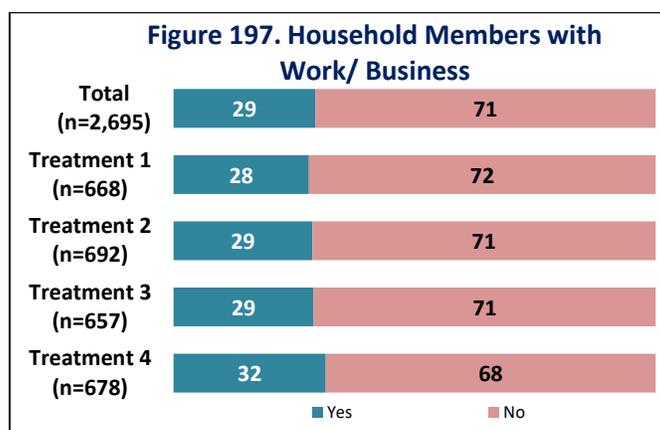
About half of the working household heads who are paid on a daily basis while 13% are on a weekly manner and 10% on a per-month basis.

Figure 196. Basis of Payment

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,484	n=613	n=641	n=593	n=637
Per day	52	50	51	54	53
Weekly	13	14	13	13	13
Monthly	10	12	10	6	12
Per harvest	5	3	5	7	5
Per piece	4	6	6	2	4
Pakyaw	4	3	6	5	3
Per kilo	2	3	1	2	2
In kind, not cash	2	1	1	2	2
None	2	3	1	1	1
Commission basis	1	1	1	2	1
Every 15 days	1	1	1	2	1
Per passenger/Per person	1	1	1	2	1
Owner	1	0	1	1	1
Per hour	1	1	1	1	0
Every 3 months	1	1	1	1	0
Quarterly	0	-	0	1	1

Base: Households whose Household Head helped earn income or helped the family earn income in the past 12 months

Roughly 3 in 10 households say that there are other members of the household who are working or have a business (63% at least 1 family member who also earns).



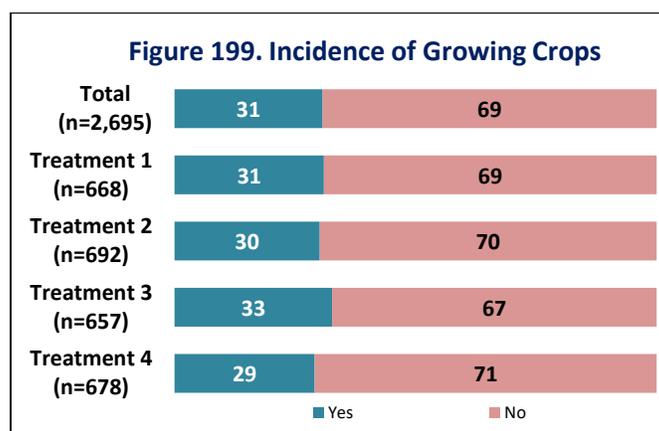
Base: All households

Figure 198. Household Member/s with Work/ Business

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=792	n=188	n=199	n=191	n=214
0/ none	2	1	4	1	1
1 HH member	63	62	67	61	63
2 HH members	27	33	20	29	29
3 HH members	5	3	7	7	5
4 HH members	1	1	2	2	2
5 HH members	0	1	-	-	1
Don't know	0	1	1	1	-
Refused	0	1	-	-	-

Base: Households who have other household members who are working or have business

About a third say that they have a household member that grows crops either for selling or for own-consumption. A big percentage (63%) of these households grow crops for selling (24% of whom earn less than PhP5,000 and 22% earn from PhP5,000 to PhP15,000 in the past 12 months) compared to households who grow crops for own-consumption (33%).



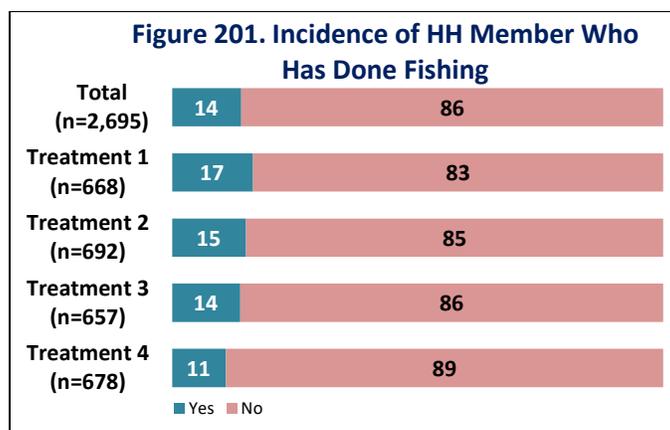
Base: All households

Figure 200. Net Profit of Growing Crops in P12M

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=827	n=207	n=208	n=215	n=197
70,000 pesos or more	1	1	1	1	2
50,000-69,999 pesos	1	1	1	1	3
30,000-49,999 pesos	5	3	7	3	5
15,000-29,999 pesos	10	12	5	10	11
5,000-14,999 pesos	22	21	18	23	24
Less than 5,000 pesos	24	25	30	24	16
No profit	2	1	3	1	3
For personal consumption only	33	33	33	34	33
Don't know	3	4	2	3	4

Base: Households who have household members who grow crops for selling or own-consumption in the past 12 months

Only 14% say that a household member does fishing for selling (around 40% earn up to PhP15,000 in the past 12 months) or for own consumption.



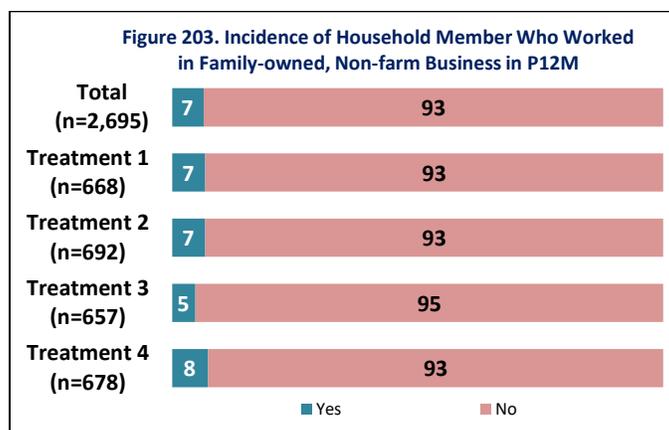
Base: All households

Figure 202. Net Profit of Fishing Activity in P12M

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=827	n=207	n=208	n=215	n=197
70,000 pesos or more	7	5	12	5	4
50,000-69,999 pesos	3	2	3	5	4
30,000-49,999 pesos	14	18	10	10	21
15,000-29,999 pesos	12	14	8	17	8
5,000-14,999 pesos	19	16	16	23	23
Less than 5,000 pesos	19	24	24	12	12
No profit	1	-	1	-	1
For personal consumption only	22	19	24	23	23
Don't know	4	4	3	4	4

Base: Households who have household members who have done fishing for selling or own-consumption in the past 12 months

Less than 10% of the total households say that a household member either works for a family business like trade/retailing or is self-employed in a non-farm enterprise. Of these, 26% say that the business' profit is less than PhP5,000 while 21% say it ranges from PhP5,000 to PhP14,999.



Base: All households

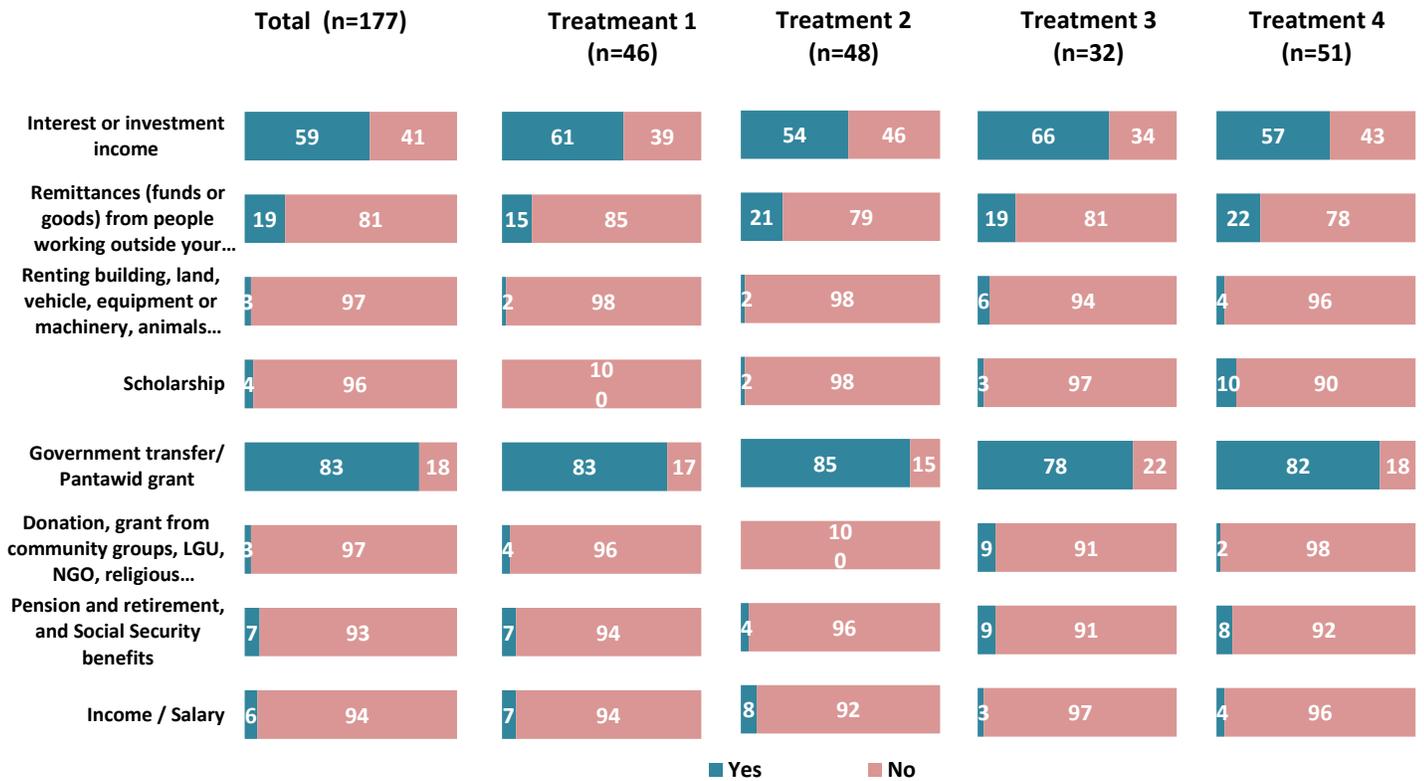
Figure 204. Net Profit of Other Business in P12M

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=177	n=46	n=48	n=32	n=51
70,000 pesos or more	6	4	8	6	4
50,000-69,999 pesos	5	2	6	6	6
30,000-49,999 pesos	8	13	2	9	8
15,000-29,999 pesos	16	11	25	19	12
5,000-14,999 pesos	21	20	23	6	29
Less than 5,000 pesos	26	30	19	31	26
No profit	2	-	4	3	2
For personal consumption only	10	13	8	6	10
Don't know	6	7	4	13	4

Base: Households who have household members who worked in family-owned, non-farm business in the past 12 months

Other sources of income for most of the households include government transfer/ Pantawid grant (83%) and interest or investment income (59%).

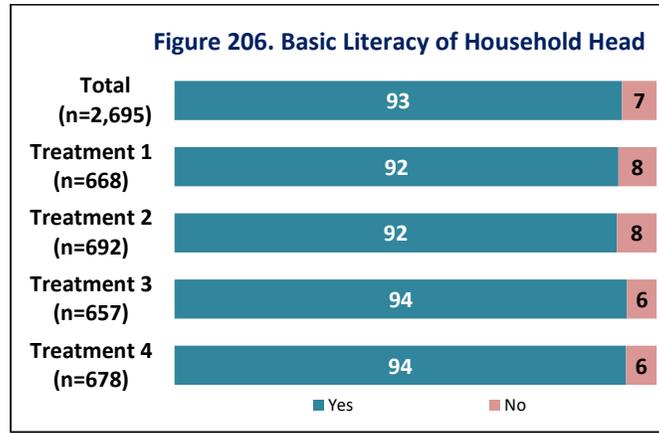
Figure 205. Other Sources of Income in P12M



Base: All households

9.12. Module M: Household Durable Goods and Assets

Ninety-three percent of the household heads can read and write simple sentences in any language.



Base: All households

When asked about the ownership of durable goods, common possessions among total households include cellular phone (69%), television (62%), radio (45%), and VTR/ VHS/ VCD/ DVD player (25%), with an average of one piece per household.

Figure 207. Presence of Household Conveniences and its Average Quantity

	Total		Treatment 1		Treatment 2		Treatment 3		Treatment 4	
Base	n=2695		n=668		n=692		n=657		n=678	
Radio	45	1	45	1	45	1	44	1	45	1
	55		55		55		56		55	
Television	62	1	64	1	61	1	62	1	61	1
	38		36		39		38		39	
VTR/VHS/VCD/DVD Player	25	1	26	1	24	1	24	1	24	1
	75		74		76		76		76	
Landline/Wireless phone	0	2	1	2	0	1	1	1	0	1
	100		99		100		99		100	
Cellular phone	69	2	65	1	67	1	71	2	72	1
	31		35		33		29		28	
Personal computer or laptop	1	1	1	1	1	1	1	1	1	2
	99		99		99		99		99	
Washing machine	4	1	6	1	4	1	2	1	4	1
	96		95		97		98		96	
Refrigerator/Freezer	10	1	9	1	9	1	12	1	9	1
	90		91		92		88		91	
Air conditioner	0	1	0	1	0	1	-	0	0	1
	100		100		100		100		100	
CD/VCD/DVD Player	12	1	10	1	12	1	12	1	13	1
	88		90		88		88		87	
Component/Karaoke	5	1	4	1	5	1	3	1	6	1
	95		96		95		97		94	
Sala set	8	1	9	1	9	1	6	1	7	1
	93		92		91		94		93	
Dining set	16	1	19	1	16	1	9	1	18	1
	84		81		84		91		82	
Microwave oven	0	1	-	0	0	1	-	0	0	1
	100		100		100		100		100	

Base: All households

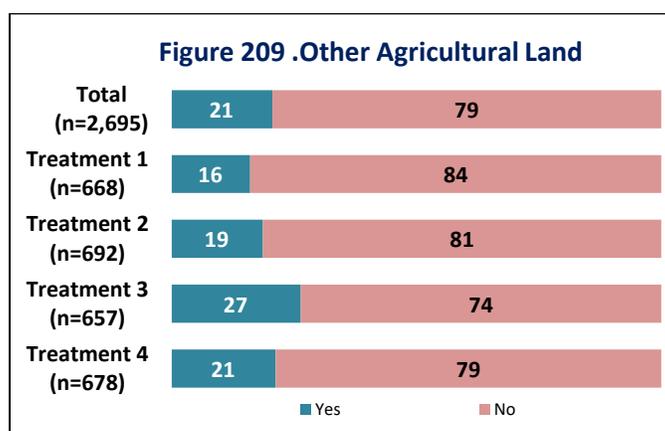
Only 31% of the total households own a motorcycle/ tricycle – with an average of one per household, while very small chunk own a bicycle/ pedicab (8%), boat or banca with a motor (6%), non-motorized boat or banca (3%), and animal drawn cart (2%).

Figure 208. Presence of Household Conveniences (Transportation) and its Average Quantity

	Total		Treatment 1		Treatment 2		Treatment 3		Treatment 4	
Base	n=2695		n=668		n=692		n=657		n=678	
Car/truck, jeep, van	0	1	0	1	0	1	1	1	0	1
	100		100		100		100		100	
Motorcycle/Tricycle	31	1	28	1	34	1	34	1	30	1
	69		72		66		66		70	
Bicycle, Pedicab	8	1	8	1	6	1	8	1	8	1
	93		92		94		93		92	
Animal drawn cart	2	1	3	1	2	1	3	1	3	1
	98		98		98		97		98	
Tractor	0	1	0	1	1	1	-	0	0	1
	100		100		99		100		100	
Non-motorized boat or banca	3	1	5	1	3	1	3	1	3	1
	97		96		97		97		97	
Boat or banca with a motor	6	1	7	1	7	1	6	1	5	1
	94		93		93		94		95	

Base: All households

Only around a fifth (or 21%) of the total households claim they own any agricultural lands.



Base: All households

Other assets owned by households mainly include livestock such as chicken (69%), rooster (46%), pig (26%), goat (21%), carabao (20%), cow (15%), and piglet (13%).

Figure 210. Other Assets

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2695	n=668	n=692	n=657	n=678
Goat	21	17	21	24	20
	80	83	79	76	80
Pig	26	25	27	26	27
	74	75	73	74	73
Piglet	13	11	14	14	16
	87	90	86	86	85
Cow	15	14	15	17	16
	85	86	85	83	84
Carabao	20	17	22	22	20
	80	83	78	78	81
Chicken	69	67	69	71	70
	31	33	31	29	30
Rooster	46	42	44	53	46
	54	58	56	47	54
Water pump	1	1	1	1	1
	99	99	99	100	99
Thresher	0	0	-	0	0
	100	100	100	100	100
Hand tractor	0	0	-	0	0
	100	100	100	100	100
Irrigation equipment	0	-	-	1	-
	100	100	100	99	100
Power saw	0	-	0	0	0
	100	100	100	100	100
Cat	0	0	1	0	-
	100	100	99	100	100
Dog	0	0	0	0	1
	100	100	100	100	99
Duck	0	0	1	1	-
	100	100	99	100	100
Horse	0	-	0	0	-
	100	100	100	100	100
Turkey	0	0	0	0	-
	100	100	100	100	100

Base: All households

9.13. Module N: Housing Characteristics

Looking at the housing materials, 86% have roofs and 44% have walls that are both made of strong materials. Fifty-six percent say their floor are made of cement.

Figure 211. Materials of Roof

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Strong materials	86	83	89	87	87
Light materials	6	8	6	4	5
Mixed but predominantly light materials	5	5	3	7	5
Mixed but predominantly strong materials	3	5	3	3	2

Base: All households

Figure 212. Materials of Walls

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Strong materials	44	40	47	44	45
Light materials	38	39	36	40	36
Mixed but predominantly light materials	8	8	7	8	8
Mixed but predominantly strong materials	7	9	6	6	7
Mixed but predominantly salvaged materials	2	3	2	2	2
Salvaged/makeshift materials	1	1	1	0	2

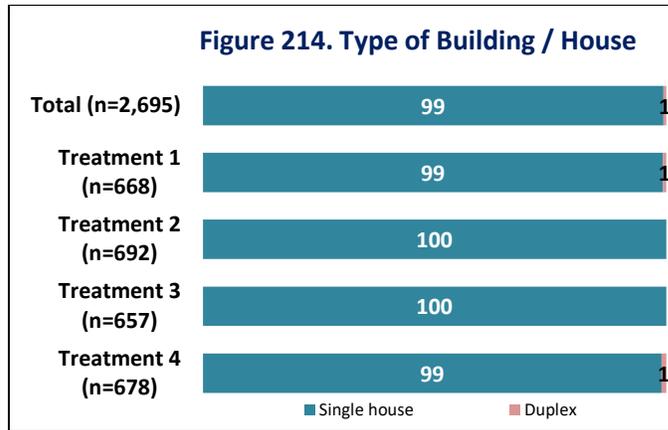
Base: All households

Figure 213. Materials of the Floor

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Cement	56	55	56	53	59
Palm/ Bamboo	25	27	25	26	23
Wood planks	9	7	8	11	8
Earth/ Sand	8	8	9	7	7
Ceramic tiles	2	2	2	2	1
Plywood	0	0	1	0	-

Base: All households

Almost all households live in a single house – 43% of which have 2 bedrooms and 42% say they have only 1 bedroom. Forty-three percent say it is their own house and lot (and owner-like possession of lot) while 41% live in an owned house that has a rent-free lot with consent of owner.



Base: All households

Figure 215. Housing Type (Based on Number of Bedrooms in a Housing Unit)

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
0/ none	3	4	3	2	4
1 bedroom	42	41	43	41	43
2 bedrooms	43	42	45	42	41
3 bedrooms	11	13	8	12	11
4 bedrooms	1	1	1	2	2

Base: All households

Figure 216. Tenure Status of Property Occupied

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Own house and lot; or Owner-like possession of house and lot	43	40	40	49	43
Own house, rent-free lot with consent of owner	41	40	47	38	40
Rent-free house and lot with consent of owner	7	9	6	6	9
Own house but rented lot	5	6	3	6	4
Own house, rent-free lot without consent of owner	2	3	2	1	2
Rented house/room including lot	2	2	2	0	3

Base: All households

Most of them state that electricity (86%) is their source of lighting and wood (91%) is what they mainly use as fuel for cooking.

Figure 217. Source of Fuel for Lighting

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Electricity	86	87	85	87	86
Paraffin lamp	4	4	5	5	4
Solar	4	3	4	3	5
Gas	3	2	3	3	4
No lighting	2	3	3	2	1
Generator	1	1	0	1	1

Base: All households

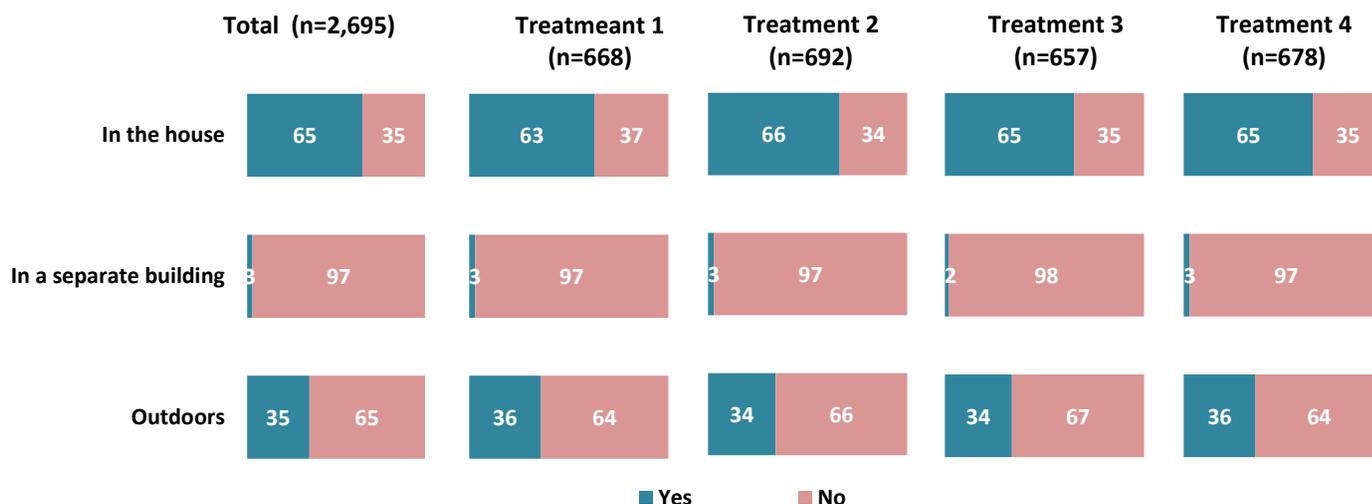
Figure 218. Type of Fuel for Cooking

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Wood	91	92	91	91	89
Butane	4	4	3	2	4
LPG	2	2	2	3	3
Charcoal	2	1	3	2	2
Electricity	1	1	1	1	2
Animal dung	0	0	0	1	-

Base: All households

Sixty-five percent say that they cook inside their house and 35% state that they also cook outdoors.

Figure 219. Location Where Cooking Takes Place



Base: All households

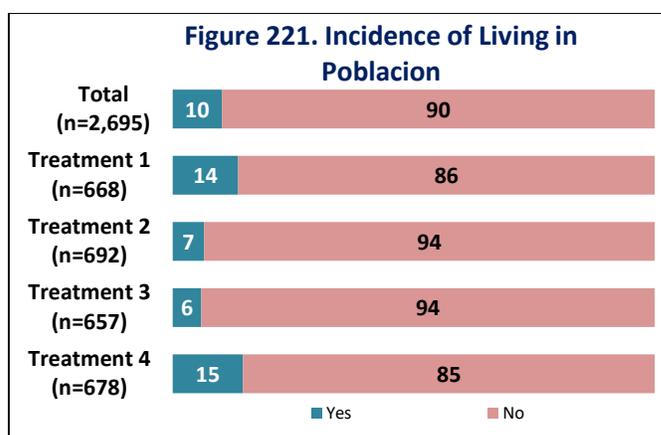
About two-thirds the households have telephone/ mobile phone in the house.

Figure 220. Time Length to Get to the Nearest Telephone/Mobile Phone

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2,695	n=668	n=692	n=657	n=678
Telephone/mobile phone is in the house	67	67	65	70	68
Less than 15 minutes	3	3	4	2	4
15-30 minutes	1	0	1	0	1
There is no telephone/mobile phone or do not use the telephone/mobile phone	29	30	30	28	27

Base: Total households

Nine out of 10 households say that they live in poblacion. Nine in ten households who do not live in the poblacion say that they traveled to poblacion less than 5 times in the past month, the fare for which was less than PhP100.



Base: All respondents

Figure 222. Frequency of Travel to Poblacion

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2421	n=577	n=647	n=618	n=579
Less than 5 times	41	41	36	44	43
5-10 times	27	26	33	25	22
11-15 times	17	16	15	17	19
16-20 times	4	5	5	4	4
21-25 times	8	9	7	7	8
26-30 times	3	3	4	4	1
More than 30 times	1	0	1	0	2

Base: Households who do not live in poblacion

Figure 223. Amount of Fare to Poblacion

	Total	Treatment 1	Treatment 2	Treatment 3	Treatment 4
Base	n=2421	n=577	n=647	n=618	n=579
Less than PhP100	83	90	83	80	78
PhP100 - PhP150	13	7	13	15	16
PhP151 - PhP300	4	3	4	5	5
More than PhP300	0	0	1	0	1

Base: Households who do not live in poblacion

Section V. Appendix 2 – S4P In-Depth Report

I. Introduction

The Sanitation for the Poor (S4P) Program under the Strategic Impact Evaluation Fund in the Philippines aims to scale up access to improved sanitation among the poorest households in rural areas, specifically by building or upgrading of toilets in selected Pantawid Pamilya beneficiary households. To attain this objective, the S4P Program identified that the key knowledge gap is knowing the best intervention or combination of different interventions to address the financial constraints of the poorest households in acquiring sanitation products and services. On a broader institutional context, the World Bank’s Water Global Practice and the Philippines Social Protection Unit is supporting the Department of Social Welfare and Development (DSWD) to integrate the largest national anti-poverty and social protection program in the Philippines, the Pantawid Pamilyang Pilipino Program with rural sanitation demand generation. The sanitation impact evaluation is designed with four treatment arms, commonly referred to as T1, T2, T3, and T4. Each treatment arm is a combination of different interventions related to sanitation demand generation and financing packages (e.g., matching savings grants, loans, subsidies). For the purpose of assessing the effectiveness of these interventions in addressing the poorest households’ financial constraints in acquiring sanitation products and services, the beneficiary barangays are randomly assigned to these treatment arms.

INTERVENTIONS	TREATMENT			
	1	2	3	4
Demand generation and behavior change communications (through Family Development Sessions) + Sanitation marketing (NGO support)	✓	✓	✓	✓
Government program grants (LGU, DSWD, and DoH ZOD campaign)		✓		
Financial products (through microfinance institutions or MFI): Financial package 1: 25% subsidy			✓	
Financial products (through microfinance institutions or MFI): Financial package 2: 50% subsidy				✓

- T1 barangays received demand generating activities in the form of Family Development Sessions (FDS) on sanitation only;
- T2 barangays were offered grants for sanitation (coming from government, e.g. LGU, DSWD-SLP, and DSWD-KC-NCDDP) in addition to demand generating activities; and
- T3 & T4 barangays were offered MFI financial products in addition to receiving demand generating activities.



The S4P program was piloted in 2 key regions: Region 7 (Central Visayas) and Region 8 (Western Visayas). These were selected as pilot regions because they were identified as the areas with the highest concentration of households in the lowest income quantile (i.e., USD0-USD229 per capita per region). From these 2 regions, 17 municipalities were selected based on the levels of poverty, open defecation, and unimproved sanitation. From the 17 municipalities, 252 barangays were selected from which a sample of 15 households per barangay were identified, with a total of 4,080 households randomly selected. The impact of the S4P program on its beneficiaries is measured by the established program KPIs.

- Primary KPI: Access to Sanitary Toilets. Given the desired outcome of the program, access to sanitary toilets was defined as the primary KPI.
- Secondary KPI-1: Quality of Life (QoL). Among the expected impacts of having access to sanitary toilets is an improvement in overall quality of life. And this proved true among the majority of the S4P beneficiaries – 65% said their QoL is generally better now (36% much better, 29% somewhat better now) than last year.

Based on the primary KPI, S4P program had been successful in its 2-3 years of implementation, bringing access to 81%, from 50% at baseline 3 years ago. Though, it should be noted that this includes all access to sanitary toilets, whether exclusive for the household or shared with other households.

Among the interventions, S4P appears to be most effective in Treatment 4 areas (MFI loan with a financial subsidy of 50% on top of demand-generating activities). The increase in access to sanitary toilets among households in this cluster is highest at 38%, which is statistically higher as compared to the 27% - 30% for Treatment Arms 1-3. However, it should be understood that there has been contamination or spillover of other interventions, i.e. there are LGU support and subsidies extended in different forms across all treatment arms.

Also, significant efforts by the DSWD to increase access of Pantawid households to sanitary toilet facilities have been undertaken and has been manifested through the substantial progress attained during the integration of sanitation in Pantawid Pamilya operations. Likewise, the convergence initiative in DSWD's three core programs, namely the Pantawid Pamilyang Pilipino Program (4Ps), Sustainable Livelihood Program (SLP), and the Kapit-Bisig Laban sa Kahirapan- Comprehensive and Integrated Delivery of Social Services-National Community-Driven Development Program (KC-NCDDP) actively contributed to address open defecation and other WaSH issues in Pantawid households and communities. At the onset of the S4P, a big majority of the Pantawid beneficiaries were already exposed to Community-Led Total Sanitation (CLTS) and Behavior Change Communications (BCC) thru the enhanced Family Development Sessions.

II. Key Findings of Endline Results based on T1 & T2 Interventions

1. Uptake of T1 and T2 Interventions

Base: HHs covered in both Baseline and Endline surveys	Total	Treatment 1	Treatment 2
	1,360	668	692
Baseline	718 (53%)	363 (54%)	355 (51%)
Endline	1,103 (81%)	541 (81%)	562 (81%)
Net uptake (endline – baseline)	28%	27%	30%

Note: To ensure an apples-to-apples comparison, the baseline data was filtered among the same n=2,695 households covered at endline.

Table 1. Uptake Results per Treatment Arm

From among the different interventions, Table 2 net uptake data shows that the combined output of Treatments 1 & 2 added 28% increase, 27% of which came from Treatment 1 and 30% from Treatment 2.

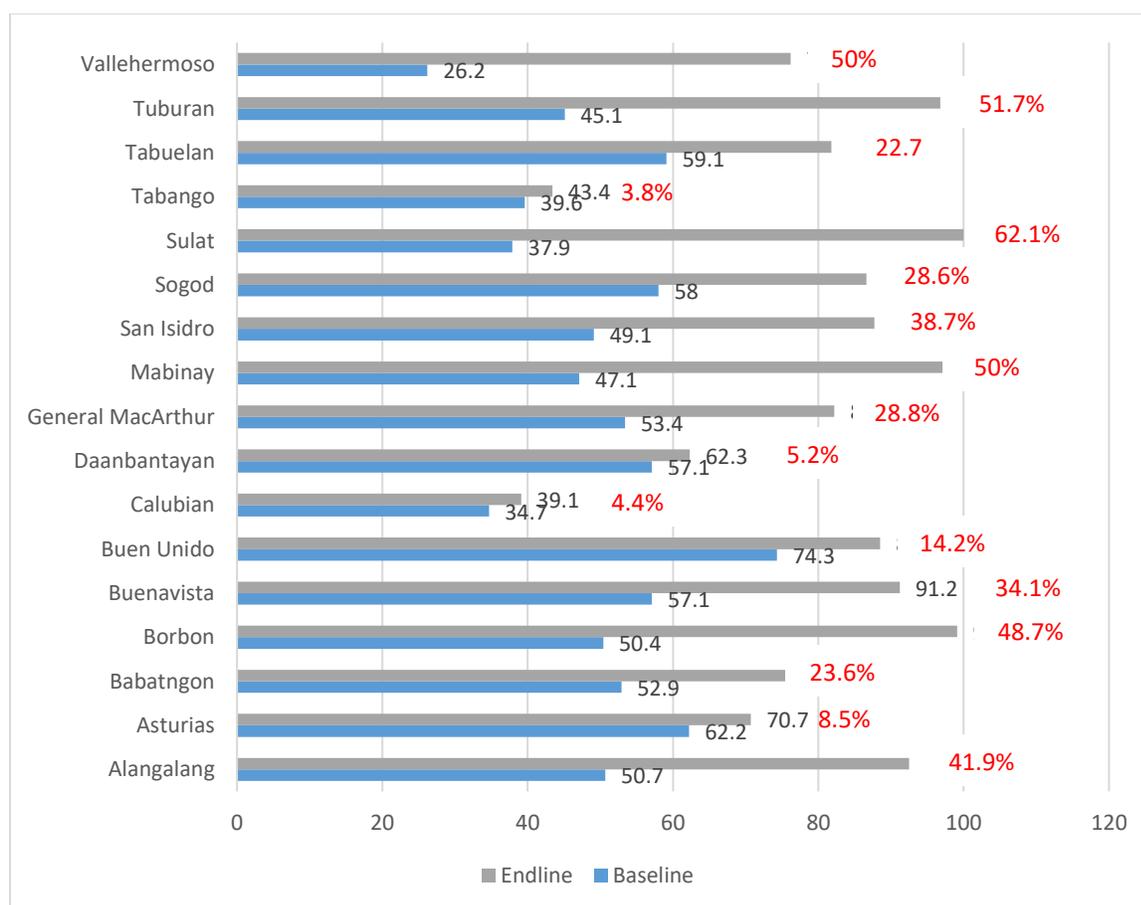


Figure 1. Uptake Results per Municipality

In Figure 2, the actual performance data show that among the 17 pilot municipalities, 8 municipalities are the high performers of the increased access, 4 are average performers, and 5 are underperformers.

The high performers are the following: Borbon (48.7%); Buenavista (34.1%); Tuburan (51.7%); Mabinay (50%); Vallehermoso (50%); San Isidro (38.7%); Alang-alang (41.9%); and Sulat (62.1%) while Sogod (28.6%); Tabuelan (22.7%); Babatngon (23.6%); and General MacArthur (28.8%) are only average performers. Meanwhile, the remaining 5 pilot municipalities, namely, Asturias (8.5%), Daanbantayan (5.2%), Bien Unido (14.2%), Tabango (3.8%), and Calubian (4.4%) are the underperformers.

2. Drivers and Barriers for Uptake

- **T1 and T2 Drivers**

- **LGU institutional support thru sanitation Ordinance and mobilization of various fund sources for sanitation.** The LGUs of Mabinay, Tuburan, and San Isidro adopted sanitation ordinance that requires all houses to have toilets. This ordinance alone provided the significant push to increase households' uptake to construct toilets in particular and the ZOD program in general. The mobilization of funds for sanitation from various sources of public funds (LGU, BLGU, PHO, BUB, among others) for sanitation made it easier for the poor to construct their own latrines. In Tuburan, the LGU got the support of DOH-Region and PHO for its sanitation program in the form of construction materials. In Vallehermoso, the LGU systematically mobilized funds for their sanitation program from the municipal- down to the barangay-level. In fact, even the BLGU of Tagbino released Php 100,000 (USD1,900) budget for sanitation, also at Php 1,500 (USD29) per household. Also, through BUB, a fund worth Php 864,000 (USD16,600) was allotted for sanitation.
- **Local champions prioritized sanitation in the LGU's agenda amidst the competing needs.** In Mabinay, it is the SB on Health and Environment who champions the ZOD Program. It created a CLTS team that conducted triggering at the barangay level, spearheaded the community planning on the construction of toilets for each household, and conducted masons sanitation enterprise training in coordination with SLP. In Borbon, it was the SLP- Project Development Officer who promoted the construction of latrines for every Pantawid household. Meanwhile, in Vallehermoso and San Isidro, it is their chief executive who championed the idea that "no one should be left behind" in sanitation. The LCE of Vallehermoso pushed every household to construct their own latrines and the LGU allotted Php 350,000 (USD6,730) budget for sanitation at Php 1,500 (USD29) per household for such purpose. The LCE of San Isidro focused on strengthening the town's data management system by collecting the actual sanitation situation of every household that included the reason why sanitation is not their priority. She asked for the names of the households who have no latrines and used the information to kick off the planning at the cluster- level (TWG that includes SB, MHO- RSI, Engineering, MSWD – DSWD and the barangay officials, headed by the Municipal Assessor) down to the household level.

- **Implementation of KC-NCDDP and SLP projects provided the platform for wider program coverage and beneficiaries.** These projects are more flexible (can be directed to areas needing intervention, whether low hanging or not), less costly in terms of investments, and more focus in targeting the beneficiaries. In Borbon, the SLP subsidy proposal covered all T2 barangays at Php 2,640 (USD51) subsidy per household while in San Isidro, KC fund was utilized for the construction of latrines.
- **Strengthened household level planning and monitoring by Municipal Links thru the Pantawid's FDS.** Explicit targeting and focus on the participation of the vulnerable and marginalized groups were evident in Buenavista, Tuburan, and Alangalang. Buenavista had cluster-level planning, where the Pantawid beneficiaries forged an agreement to construct individual latrines with a definite target on when to finish the construction. The Municipal Links make it a point on every FDS session (even outside of the Sanitation sessions) to regularly monitor the progress of the households' construction of their latrine. In Tuburan, individual construction planning of each household was implemented with persistent monitoring by the ML who constantly pushed the households to stick to their construction plan. Household-level planning was also conducted in Alangalang thru the FDS session, and every session served as a monitoring exercise.
- **T1 and T2 Barriers**
 - **LGU unable to deliver the funds on time or funds were never utilized because of the slow bureaucratic process.** In Asturias, LGU allocated funds to support S4P but the process of actual utilization stalled in the bidding process (reached the third failed bidding process). This is the same story in Daanbantayan, where the bureaucratic process for the release of LGU subsidy funds was their main bottleneck.
 - **LGU failed to appreciate the true value of a sanitation program.** In Calubian, the LGU did not support the sanitation agenda while in Tabango, the bigger problem was the failure of the LCE to progress their sanitation program because of uncooperative political opposition.

III. Analysis of Endline Results from T3 and T4 Interventions

1. Uptake of T3 and T4 Interventions

a. Target HHs without toilets – baseline and validated data

- The S4P impact evaluation had a total of 4,080 sample Pantawid households. Samples were equally distributed to 4 treatment arms, which means Treatments 3 and 4 had a total of 2,040 sample HHs. **Through validation of baseline data, it was assessed that 33.2% of T3 and T4 households had no toilets** (Table 1). These 679 households became the target to receive orientation on the sanitation financial packages through ASA Philippines.

Table 1: Target (validated S4P HHs for T3 & T4) (May 4, 2017)

Province	No. of S4P HHs: T3 & T4	No. of validated S4P T3 HHs without toilet	No. of validated S4P T4 HHs without toilet	Total no. of validated S4P T3 & T4 HHs without toilet	
				No.	% Share
Negros Oriental	269	53	29	82	30.5%
Bohol	240	25	13	38	15.8%
Eastern Samar	90	11	0	11	12.4%
Leyte	660	160	133	293	44.4%
Cebu	782	115	140	255	32.6%
All Provinces	2,041	364	315	679	33.2%

Source: WB-S4P

b. Uptake results

- Actual performance data show that, between T3 and T4, uptake is higher in T4 areas (Table 2). In Table 2, actual uptake shows **60% of the total number of HHs who signed up for a loan with ASA Philippines came from T4 areas**. Toilet model 2 (marine plywood wall and galvanized iron roofing) was the preferred make of the toilet.
- It should be noted, however, that **high uptake is largely due to higher number of S4P HHs who took out a loan for upgrade or toilet improvement (88% or 722 out of 818 HHs)**. This means that only 96, or 12% of the total uptake, were for new toilet construction. Toilet upgrades involved a Php5,000 (USD96) loan with 50% subsidy (i.e., only Php2,500 or USD48 had to be paid back to ASA) for T4 HHs. This was offered to HHs with existing toilets based on baseline data.

Table 2: T3 and T4 Uptake (as of July 31, 2018)

	T3 (25% subsidy)	T4 (50% subsidy)	Total (T3 & T4)
Uptake: number of S4P HHs who signed up for a loan with subsidy	331	487	818
% share, total uptake	40%	60%	100%
Toilet model 1	0	3	3
% share, total treatment uptake	0%	1%	0.4%
Toilet model 2	14	79	93
% share, total treatment uptake	4%	16%	11.4%
Toilet upgrade	317	405	722
% share, total treatment uptake	96%	83%	88.3%

Source: ASA Philippines

- A total of **96 HHs who signed up for either a model 1 or 2 toilet in T3 and T4 areas represent only 14.1% of the target HHs based on baseline data.** Financial packages for construction of new toilets were offered only to those without toilets during the baseline survey.

2. Drivers and Barriers for Uptake

- Based on the endline survey results, 73.7% of the sample T3 and T4 HHs who received an orientation from ASA Philippines signed up for loan with subsidy (Table 3). **Of these borrowing HHs, 64.4% used the loan for repair or improvement of the toilet, which qualified for the toilet upgrade financial package** (Table 4). It is noteworthy that the loan was used for other purposes – for business, children’s education, household expenses, personal needs or house repair – although only 5% of the households claimed this.

Table 3: Incidence of Signing Up with ASA Philippines*

	TREATMENTS		
	T3	T4	T3 & T4
Signed up with ASA Ph	241	310	551
	69.3%	77.5%	73.7%
Did not sign up with ASA Ph	107	90	197
	30.7%	22.5%	26.3%
Total	348	400	748
	100.0%	100.0%	100.0%

* Among those oriented by ASA Philippines

Source: WB-S4P Endline Survey

Table 4: Purpose of Loan from ASA Philippines*

	TREATMENTS		
	T3	T4	T3 & T4
[1] Construction of new toilet	66	102	168
	27.4%	32.9%	30.5%
[2] Repair or improvement of toilet	158	197	355
	65.6%	63.6%	64.4%
[3] For business	6	3	9
	2.5%	1.0%	1.6%
[4] For education	5	2	7
	2.1%	0.6%	1.3%
[5] For household expenses	1	1	2
	0.4%	0.3%	0.4%
[6] For personal needs	2	4	6
	0.8%	1.3%	1.1%
[7] House repair	3	1	4
	1.2%	0.3%	0.7%
Total	241	310	551
	100.0%	100.0%	100.0%

* Among those oriented by ASA Philippines

Source: WB-S4P Endline Survey

- **There is no significant difference in the socio-economic demographics of T3 and T4 households, and of households of beneficiaries who signed up and did not sign up with ASA Philippines.** Table 5 shows that majority of the household heads were earning incomes in the past 12 months (with survey date as reference) with most of them engaged in either a permanent job or a business. However, in terms of having other household members with work or business, more than half said none (Table 7). This means that, for these households, they rely on the household head to provide financially for their needs.

Table 5: Incidence of HHH Earning Income in P12M

	Signed up with ASA PH			Did not sign up with ASA PH		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	551	241	310	197	107	90
Yes	529	232	297	186	100	86
	96%	96%	96%	94%	94%	96%

No	22	9	13	11	7	4
	4%	4%	4%	6%	7%	4%
Total	551	241	310	197	107	90
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

Table 6: Nature of Employment

	Signed up with ASA PH			Did not sign up with ASA PH		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	529	232	297	186	100	86
[1] Permanent job/business/unpaid family work	356	155	201	100	53	47
	67%	67%	68%	54%	53%	55%
[2] Short term or seasonal or casual job/business/unpaid family work	103	37	66	48	27	21
	20%	16%	22%	26%	27%	24%
[3] Worked for different employer on day-to-day or week-to-week basis	70	40	30	38	20	18
	13%	17%	10%	20%	20%	21%
Total	529	232	297	186	100	86
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

Table 7: HH Members with Work/ Business

	Signed up with ASA PH			Did not sign up with ASA PH		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	551	241	310	197	107	90
Yes	182	73	109	68	39	29
	33%	30%	35%	35%	36%	32%
No	369	168	201	129	68	61
	67%	70%	65%	66%	64%	68%
Total	551	241	310	197	107	90
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

In terms of basic literacy, responses of majority of the T3 and T4 households indicate that the household head can read and write simple sentences in any language (Table 8).

Table 8: Basic Literacy of HHH

	Signed up with ASA PH			Did not sign up with ASA PH		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	551	241	310	197	107	90
Yes	523	231	292	185	100	85
	95%	96%	94%	94%	94%	94%
No	28	10	18	12	7	5
	5%	4%	6%	6%	7%	6%
Total	551	241	310	197	107	90
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

Majority of T3 and T4 households either own or have owner-like possession of the house and lot, or own the house but has rent-free lot arrangement with the lot owner. Incidence of owning the house with free lot rental is slightly higher for those who did not sign up with ASA Philippines. Tenure status of the property being occupied by the household is an important aspect in the decision to construct a toilet within the premises.

Table 9: Tenure Status of Property Occupied

	Signed up with ASA PH			Did not sign up with ASA PH		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	551	241	310	197	107	90
Own house and lot; or Owner-like possession of house and lot	263	128	135	88	54	34
	48%	53%	44%	45%	51%	38%
Own house, rent-free lot with consent of owner	211	89	122	85	40	45
	38%	37%	39%	43%	37%	50%
Rented house/room including lot	15	1	14	4	1	3
	3%	0%	5%	2%	1%	3%

Own house but rented lot	24	7	17	8	6	2
	4%	3%	6%	4%	6%	2%
Own house, rent-free lot without consent of owner	7	2	5	2	2	-
	1%	1%	2%	1%	2%	-
Rent-free house and lot with consent of owner	31	14	17	10	4	6
	6%	6%	6%	5%	4%	7%
Total	551	241	310	197	107	90
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

Key constraints and issues for T3 and T4 households

- Several key issues and concerns regarding T3 and T4 emerged in the early stages of S4P's implementation. Demand-related issues include:
 - 1) land tenure or ownership, as land owners do not allow households to build structures on their land, including a toilet;
 - 2) highly remote communities, which constrains the Pantawid beneficiaries' weekly trips to ASA centers (where Pantawid beneficiaries make their payments);
 - 3) households are not earning enough to afford the weekly payment;
 - 4) Pantawid beneficiaries want husbands or a member of the family to construct the toilet;
 - 5) Pantawid beneficiaries do not want the household counterpart and want toilets be given for free; and
 - 6) Pantawid beneficiaries do not want that loan proceeds go directly to the masons.

In Table 9, **there were more Pantawid beneficiaries who signed up with ASA Philippines who were owners or have owner-like possession of the property they are occupying.** Clearly, these households did not encounter issues about constructing a toilet facility within the property. Among those who did not sign up with ASA Philippines, the incidence is almost the same between beneficiaries who own or have owner-like possession of the property and those who own the house but with free lot rental.

- In the endline survey, **competing priorities came out as the primary constraint cited by Pantawid beneficiaries in constructing or improving their toilets.** This was cited by 63% of T3 HHs and by 57% of T4 households. Other main reasons include high (and unaffordable) cost of toilet construction and insufficient materials for construction.

Table 10: Main Constraint in Improving or Constructing Toilet Facility

	T3 & T4	T3	T4
Base	1650	357	263
Competing priorities	1079	224	151
	65%	63	57
High cost/unaffordable	995	210	155
	60%	59	59
Materials not available	699	151	122
	42%	42	46
Legal/Tenancy issues (no title, renting, other's house, permit problems)	146	27	31
	9%	8	12
Nobody to build/install it	53	12	7
	3%	3	3
Geological limitations (e.g. water table/soil conditions/regular flooding)	114	36	19
	7%	10	7
Limited space	45	9	11
	3%	3	4
Dislike available latrine options	12	5	2
	1%	1	1
There are no constraints to improving the toilet facility	162	37	39
	10%	10	15

Source: WB-S4P Endline Survey

- Given competing priorities and meager incomes, Pantawid beneficiaries were faced with a difficult decision to sign up for any of the financial packages. **Among T3 and T4 Pantawid beneficiaries who did not sign up with ASA Philippines, not wanting to borrow was the top reason cited** (46% of T3 households, 60% of T4 households). It is likely that part of this reason was an anticipation that they cannot repay the loan, which was cited by 38% of T3 households and 34% of T4 households.

Table 11: Reasons for Not Signing Up with ASA Philippines

	T3 & T4	T3	T4
Base	170	93	77
I did not want to borrow	89	43	46
	52%	46%	60%
I don't have the capacity to repay the loan	61	35	26
	36%	38%	34%

I already have a toilet	38	18	20
	22%	19%	26%
I did not know all about a loan from ASA Philippines	9	7	2
	5%	8%	3%
ASA Philippines did not approve my application	10	6	4
	6%	7%	5%
I don't find the terms and conditions acceptable	8	3	5
	5%	3%	7%
I was discouraged by family members	13	5	8
	8%	5%	10%
Land owner didn't permit us to build a toilet	2	1	1
	1%	1%	1%
No one offers to me	3	3	-
	2%	3%	-
Late in submission of form	4	2	2
	2%	2%	3%
We are for house relocation	1	1	-
	1%	1%	-
ASA didn't come back to our place	1	1	-
	1%	1%	-

Source: WB-S4P Endline Survey

- In ensuring the appropriateness of the financial packages for T3 and T4, product design took affordability and the beneficiaries' socio-economic characteristics into consideration. The table below shows that, **for construction of a new toilet, a household may spend between 17% and 40% of the household income for T3, and between 11% and 27% for T4**. The percentage share of weekly payments for toilet improvement is even lower.

Table 12: Amount of Weekly Payments as a Percentage of HH Income

	Weekly Payments			
	Loan Amounts (Php)			
T3 (25%)	9K	10K	11K	Upgrade (5K)
22-23 weeks	300	340	360	170
42-45 weeks	150	170	180	90
T4 (50%)	9K	10K	11K	Upgrade (5K)
22-23 weeks	200	220	240	110
42-45 weeks	100	110	120	60
Monthly household income (baseline survey): Php	3,583.00			

Weekly household income:	Php 895.75			
Weekly payments as a % of HH income				
T3 (25%)	9K	10K	11K	Upgrade (5K)
22-23 weeks	33%	38%	40%	19%
42-45 weeks	17%	19%	20%	10%
T4 (50%)	9K	10K	11K	Upgrade (5K)
22-23 weeks	22%	25%	27%	12%
42-45 weeks	11%	12%	13%	7%

However, a Pantawid beneficiary or a household head facing competing spending priorities may be wary about using about a fifth, for instance, of the household’s weekly income for a new toilet.

- **Repayment was good under T3 and T4, with above 95% of Pantawid beneficiaries able to make on-time payments.** The incidence is higher for Pantawid beneficiaries who borrowed for toilet improvement/upgrade. Most of these households used salaries of the household head (64% for those with new toilets, 71% for those with improved toilets) to meet the weekly payments, while others cited income from the business or salary of other members of the household. For a few Pantawid beneficiaries who missed payments, the main reason was insufficient income. It is important to note that, based on the socio-economic demographics of the households, not many of them have other members who can contribute financially to the household.

Table 13: Incidence of On-time Payments

	With new toilets constructed			With toilets improved		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	168	66	102	355	158	197
Yes	162	64	98	351	156	195
	96%	97%	96%	99%	99%	99%
No	6	2	4	4	2	2
	4%	3%	4%	1%	1%	1%
Total	168	66	102	355	158	197
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

Table 14: Source of Fund for Payments

	With new toilets constructed			With toilets improved		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	168	66	102	355	158	197
From salary or income of Household Head	108	37	71	252	120	132
	64%	56%	70%	71%	76%	67%
From income of our business	33	16	17	65	26	39
	20%	24%	17%	18%	17%	20%
From salary or income of other household members	31	10	21	53	17	36
	19%	15%	21%	15%	11%	18%
From our savings	19	9	10	24	12	12
	11%	14%	10%	7%	8%	6%
From the Pantawid cash grant	10	3	7	23	9	14
	6%	5%	7%	7%	6%	7%

Source: WB-S4P Endline Survey

- Overall, T3 and T4 Pantawid beneficiaries were satisfied with the terms and conditions of the financial packages.** It is noteworthy that, among the features of the packages, the requirement to have ‘accredited’ masons construct the toilet received the lowest ‘very acceptable’ response. This strengthens findings early into implementation that this is one of the features least liked by the Pantawid households. The incidence is higher for those who signed up with ASA Philippines for new toilet construction because a toilet upgrade did not require ‘accredited’ masons to provide the service.

Table 15: Acceptability of Terms and Conditions of ASA Philippines - "Accredited" masons who have to construct the toilet

	With new toilets constructed			With toilets improved		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	168	66	102	355	158	197
[5] Very acceptable	48	22	26	100	35	65
	29%	33%	26%	28%	22%	33%
[4] Acceptable	92	31	61	205	97	108
	55%	47%	60%	58%	61%	55%
[3] Can't say	8	2	6	30	17	13

	5%	3%	6%	9%	11%	7%
[2] Unacceptable	3	1	2	4	1	3
	2%	2%	2%	1%	1%	2%
[1] Very unacceptable	17	10	7	16	8	8
	10%	15%	7%	5%	5%	4%
Total	168	66	102	355	158	197
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

- As a factor that can contribute to uptake, implementation of T3 and T4 interventions worked on transparency and effective promotion of product features, terms and conditions. In order to ensure that the Pantawid beneficiaries clearly understand product terms and conditions, orientations were conducted in local dialects while simplified brochures were distributed. Improvements in the orientation sessions were also done during mid-term implementation. **There was good level of comprehension of product terms and conditions as majority of T3 and T4 households (86% for those with new toilets constructed, 90% for those with toilets improved) who received orientation understood all of it.**

Table 16: Level of Comprehension of Financial Packages

	With new toilets constructed			With toilets improved		
	Total	T3	T4	T3 & T4	T3	T4
Base	168	66	102	355	158	197
Yes, all of it	144	60	84	321	155	166
	86%	91%	82%	90%	98%	84%
I understood most of it	23	6	17	34	3	31
	14%	9%	17%	10%	2%	16%
No, I did not understand any of it	1	-	1	-	-	-
	1%	-	1%	-	-	-
Total	168	66	102	355	158	197
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

- In several T3 and T4 areas (mainly in Cebu and Bohol), implementation of the interventions was hampered by the availability of trained masons who would construct new toilets for Pantawid beneficiaries.

- According to one key informant: “There are also instances when the households signed up for a loan but would eventually cancel it because the masons would not be available for many days (due to their limited number especially in Region 7), resulting in households losing interest. The shortage in the number of masons had been one of the challenges in the program – some of them would have a different day job, causing delay in their toilet construction assignments. There are even municipalities without masons and the households who availed of loans for toilet construction did not have a choice but to wait for the existing masons from other areas to be available in order to service them.”
- The business model for masons to offer toilet construction services to Pantawid beneficiaries did not show sufficient viability to encourage more individuals to provide such services. Masons struggled with increasing costs when Pantawid beneficiaries’ houses are located in remote and geographically isolated communities. Likewise, masons cannot spread costs if only a few households are going to be served.
- On the other hand, Pantawid beneficiaries with new toilets constructed by ‘accredited’ masons were generally satisfied with the quality of toilets as indicated by survey results.

3. Intended and Unintended Consequences

- It is clear from Table 17 below that **Pantawid beneficiaries in T3 and T4 areas had health and comfort in mind when they decided to borrow either for a new toilet or for toilet improvement.** The health perspective (cited by 68% of those with new toilets constructed, 72% by those with toilets improved) is always emphasized by the MLs during FDS and during ASA Philippines’ orientation.

Table 17: Reasons for Borrowing Money to Have Own Toilet

	With new toilets constructed			With toilets improved		
	T3 & T4	T3	T4	T3 & T4	T3	T4
Base	168	66	102	355	158	197
I want to protect my family from illnesses brought about by open defecation	114	43	71	254	108	146
	68%	65%	70%	72%	68%	74%
I want my family to experience the convenience of using own toilet	111	46	65	247	112	135
	66%	70%	64%	70%	71%	69%
I was receiving pressure from my neighbors to have own toilet built	21	10	11	32	8	24
	13%	15%	11%	9%	5%	12%
I was forced by my Municipal Link	4	2	2	6	2	4

	2%	3%	2%	2%	1%	2%
I was convinced by ASA to loan to have our own toilet built	2	-	2	1	-	1
	1%	-	2%	0%	-	1%

Source: WB-S4P Endline Survey

- When asked in the survey about their present quality of life, **almost half of those who signed up with ASA Philippines said that it is much better now than a year ago** (survey date as reference). Only a third of Pantawid beneficiaries who did not sign up had the same response.

Table 18: Overall Quality of Life

	Signed up with ASA PH			Did not sign up with ASA PH		
	T3 & T4	T3	T4	Total	T3	T4
Base	551	241	310	197	107	90
[5] Much better now	264	108	156	64	36	28
	48%	45%	50%	33%	34%	31%
[4] Somewhat better now	157	71	86	57	26	31
	29%	30%	28%	29%	24%	34%
[3] The same	109	48	61	61	36	25
	20%	20%	20%	31%	34%	28%
[2] Somewhat worse now	18	11	7	13	8	5
	3%	5%	2%	7%	8%	6%
[1] Much worse now	3	3	-	2	1	1
	1%	1%	-	1%	1%	1%
Total	551	241	310	197	107	90
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

Majority of the households either with new toilets constructed or toilets improved said that life is much better or somewhat better now. Only a fourth of the households with new toilets indicated that quality of life has not changed.

Table 19: Overall Quality of Life

	With new toilets constructed			With toilets improved		
	T3 & T4	T3	T4	T3 & T4	T3	T4

	T4			T4		
Base	168	66	102	355	158	197
[5] Much better now	76	38	38	181	66	115
	45%	58%	37%	51%	42%	58%
[4] Somewhat better now	44	10	34	101	54	47
	26%	15%	33%	28%	34%	24%
[3] The same	43	15	28	60	29	31
	26%	23%	27%	17%	18%	16%
[2] Somewhat worse now	3	1	2	12	8	4
	2%	2%	2%	3%	5%	2%
[1] Much worse now	2	2	-	1	1	-
	1%	3%	-	0%	1%	-
Total	168	66	102	355	158	197
	100%	100%	100%	100%	100%	100%

Source: WB-S4P Endline Survey

- **There were 90 households (16.3% of Pantawid beneficiaries who signed up) who said that sacrifices were made in order to meet weekly obligations with ASA Philippines.** Although the frequency of these instances cannot be ascertained through the survey, many of them said they had to reduce household spending so they can afford the household counterpart that they need to give ASA Philippines on a weekly basis.

Table 20: Sacrifices Made for Weekly Obligation

	TREATMENTS		
	T3	T4	T3 & T4
Base: Number of those who said they made sacrifices	50	40	90
[1] We missed one or several meals	3	-	3
	6.0%	-	6.0%
[2] We reduced household spending	42	30	72
	84.0%	75.0%	80.0%
[3] We used our savings intended for another purpose	5	5	10
	10.0%	12.5%	11.1%
[4] Accept laundry	-	3	3
	-	7.5%	3.3%

[5] Selling fish	1	-	1
	2.0%	-	1.1%
[6] Raising hogs /pig	-	1	1
	-	2.5%	1.1%
[7] My husband applied on construction	-	1	1
	-	2.5%	1.1%
[8] Don't have any sacrifices/None	1	1	2
	2.0%	2.5%	2.2%

Source: WB-S4P Endline Survey

IV. Recommendations

The following recommendations are being offered based on key insights provided in the report:

- 1. Make the enhanced sanitation module mandatory for all Family Development Sessions (FDS).** The study has shown that the module is an effective sanitation demand-generation tool and can reinforce the key message that households should invest in health and sanitation, including ownership of a sanitary toilet. The message should address the prevalent practice that health and sanitation do not get prioritized when it comes to household spending (or investment).
- 2. Make use of FDS as a venue to develop household level community planning for every Pantawid beneficiary to own a sanitary toilet.** Being a regular, collective, and educational activity, FDS is a proven mechanism to promote learning and positive advocacies to the Pantawid beneficiaries. In this session, the ML has established leadership to the beneficiaries. Thus, it is a perfect setting for the MLs to “push” the beneficiaries for collective household level planning of owning a sanitary toilet and monitoring of the progress of its implementation.
- 3. Enhance the current financial education module of the FDS.** The module can help raise awareness and improve capabilities of Pantawid beneficiaries in generating savings, financial planning and budgeting, and managing debts. Saving and financial planning are key to helping the beneficiaries overcome constraints to investing in a sanitary toilet and other health safeguards, particularly if they are averse to borrowing. It is important that the fin-ed module monitor the progress of the beneficiaries (e.g., increasing amount of savings generated) in order to assess the achievement of intended results.
- 4. Empower the BLGU, through the adoption of the LGU of a sanitation ordinance, to monitor and enforce all houses in their areas to have a sanitary toilet.** Adoption of a sanitation ordinance is key to address the legal issues and barriers to the building of sanitary toilets, like issues on ownership of land. Land tenure issues remain a constraint for poor households to have their own sanitary toilets.

5. **Provide sufficient and sustained funding for sanitation programs through creative and aggressive mobilization of various sources of public funds (LGU, BLGU, PHO, BUB, among others).** At the end of the day, the last option of the poorest among the Pantawid beneficiaries to own a sanitary toilet is through government support or subsidy.
6. **Ensure that sanitation will be a priority or at least not be left behind amidst the many competing needs of the LGU.** Though easier said than done, requiring every LGU to appoint Sanitation Focal person that will champion the LGU's sanitation agenda and keep the focus that "no one is left behind" in sanitation is one huge step towards this direction.
7. **Promote financing models that are combined with demand generation and financial education.** The sanitation financial packages in Treatments 3 and 4 showed potential to offer financial products to the poor intended for toilet construction or improvement. The study has shown as well that microfinance institutions have a role to play in WaSH financing. It is, however, important to explore other financing models (e.g., commitment savings) and engage other types of providers (e.g., community-based groups such as cooperatives and savings & credit associations). Further, it is essential that any type of WaSH financing for the poor should be complemented with demand generation activities and financial education. Mode of delivery of these activities to target beneficiaries should be carefully studied in consideration of costs and effectiveness.
8. **Careful targeting when providing subsidies in financing, with the level of well-being as a primary consideration.** It is apparent in the study that there is no one-size, fits-all financial product that can address financing constraints of the poor when it comes to WaSH. Subsidy is important in WaSH financing but should be applied carefully on specific segments of the poor. For instance, a household with more than one source of income may only need a small amount of subsidy or no subsidy at all. However, it is important to embed a mechanism that will allow graduation from dependence on grants and subsidies, as this dependence has been shown to be a barrier to uptake of financial products.
9. **Strongly require financial consumer protection and education safeguards for financial service providers that will offer sanitation financing.** In fact, financial consumer protection is a fundamental requirement for all types of providers. Although reported defaults or missed payments were minimal under Treatments 3 and 4, which may imply appropriate design or careful assessment of capacity to pay (to prevent over-indebtedness), the poor are vulnerable to harmful financing practices and should be protected all the time.
10. **Standardize definition of "access" to sanitary toilets among all stakeholders for better measurement and monitoring.** While it might not be a realistic target at this point, the direction should be towards ownership of a sanitary toilet. To gradually move towards this direction, this paper proposes that "access" should only include "shared" sanitary toilets among two or more households but public toilets are excluded.

Annex A. S4P Financial Packages: Features, Terms and Conditions

Construction of new toilet		Toilet Options	
		Nipa roofing, amakan walling, concrete ring septic tank	CGI roofing, marine plywood walling, concrete ring septic tank
Treatment 3 (T3): 25% subsidy + HH counterpart	Cost of toilets:	Php9,000 to Php10,000 (USD 180 to USD 200)	Php10,000 to Php11,000 (USD 200 to USD 220)
	Pantawid beneficiary's counterpart	Php6,750 to Php7,500 (USD 135 to USD 150)	Php7,500 to Php8,250 (USD 150 to USD 165)
Treatment 4 (T4): 50% subsidy + HH counterpart	Cost of toilets:	Php9,000 to Php10,000 (USD 180 to USD 200)	Php10,000 to Php11,000 (USD 200 to USD 220)
	Pantawid beneficiary's counterpart	Php4,500 to Php5,000 (USD 90 to USD 100)	Php5,000 to Php5,500 (USD 100 to USD 110)

	Option 1	Option 2
Description	Nipa roofing, amakan walling, concrete ring septic tank	CGI roofing, marine plywood walling, concrete ring septic tank
Leyte (Alang-alang, Babatngon)	9,000	10,000
Leyte (Calubian, San Isidro, Tabango)	10,000	11,000
Negros Oriental, Bohol	9,000	11,000
Cebu	n/a	11,000

Upgrade type	Financial package & conditions
Sub-structure (retrofit, desludging, new toilet)	<ul style="list-style-type: none"> ✓ T3 & T4 packages: <ul style="list-style-type: none"> • 9K and 10K – Leyte (Alang-alang & Babatngon) • 10K and 11K – Leyte (Calubian, Tabango & San Isidro) • 9K and 11K – Negros Oriental & Bohol) • 11K – Cebu ✓ Subsidies will apply.

	<ul style="list-style-type: none">✓ Use of services of recommended masons.✓ Will apply to S4P HHs with toilets in T3 and T4 barangays.
Mid- and super-structure	<ul style="list-style-type: none">✓ Php 5,000✓ May or may not use services of recommended masons✓ Subsidies will apply

Section VI. Appendix 3 – Other Baseline vs Endline Results

10. Other Baseline vs Endline Results. Other results from endline show improvements in overall situation of the S4P beneficiaries vs at baseline 3 years ago.

10.1. Household Assets and Financial Access. Ownership of durables such as mobile phones, television, refrigerator, and motorbike significantly increased at endline study vs that at baseline. Similarly, there is also a substantial spike in the incidence of having own bank account (especially among those with toilet facility).

Figure 224. Household Assets (Baseline vs Endline)

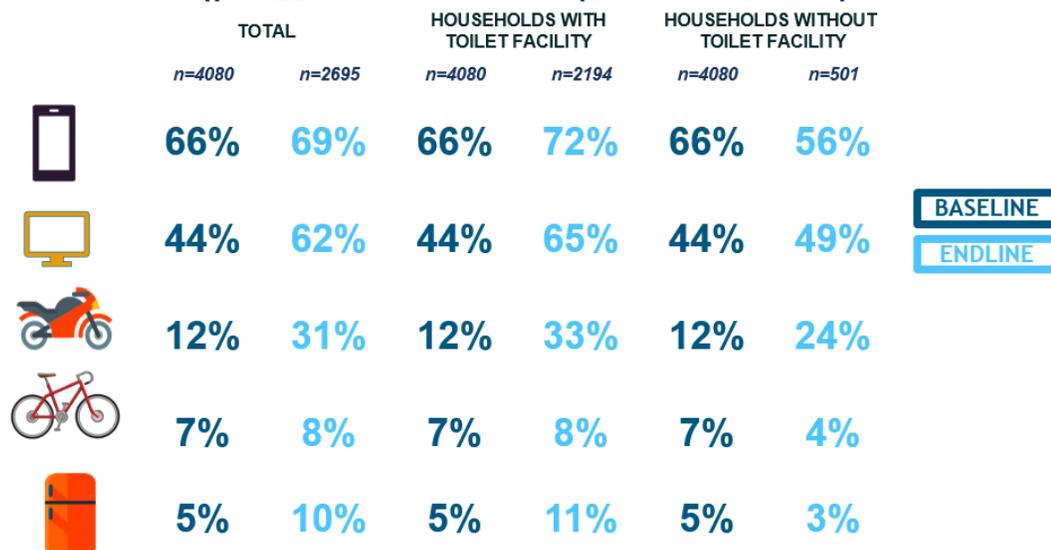


Figure 225. Bank Account Ownership (Baseline vs Endline)





Section VII. Appendix 4 – HH Survey Questionnaire

M8. BARANGAY ID NO. _____
 M7. MUNICIPALITY ID NO. _____
 M2. HOUSEHOLD ID NO. _____

	<i>Project: "PURE"</i> ENDLINE HOUSEHOLD QUESTIONNAIRE						M19. LANGUAGE OF INTERVIEW Cebuano.....1 Waray.....2 Tagalog.....3 English.....4 Others, specify _____			
FIELD STAFF										
FIELD STAFF			CODE			SIGNATURE				
M3. INTERVIEWER CODE										
M4. SUPERVISOR CODE										
NHTS RECIPIENT & HOUSEHOLD INFORMATION										
NHTS Registrant Full Name										
M10a. Complete Address										
M10b. Description of how to find household										
ATTEMPTS		REACH1. FIRST ATTEMPT			REACH2. SECOND ATTEMPT			REACH3. THIRD ATTEMPT		
M14a,b,c. Date (MM/DD/YY)		□□	/	□□	/	□□	/	□□	/	□□
M15. Time Interview Began (DP to code as HH:MM)										
M16. Time Interview Ended (DP to code as HH:MM)										
M17. Duration										
Result of household contact attempt		Able to reach household	1	PROCEED	Able to reach household	1	PROCEED	Able to reach household	1	PROCEED
		Unable to access building or house	20	REVISIT	Unable to access building or house	20	REVISIT	Unable to access building or house	20	REVISIT
		No answer at household	21	REVISIT	No answer at household	21	REVISIT	No answer at household	21	REVISIT
		Non-residential (business)	22	TERMINATE	Non-residential (business)	22	TERMINATE	Non-residential (business)	22	TERMINATE
		Abandoned home	23	TERMINATE	Abandoned home	23	TERMINATE	Abandoned home	23	TERMINATE
		Dwelling not found	24	TERMINATE	Dwelling not found	24	TERMINATE	Dwelling not found	24	TERMINATE
		Other, specify	90	TERMINATE	Other, specify	90	TERMINATE	Other, specify	90	TERMINATE



SCREENER ATTEMPTS

Read to first person contacted at household:

Good morning/afternoon/evening! My name is _____ from Ipsos Inc. We are an independent market research company and public opinion company. Your household was selected to participate in a baseline survey with DSWD around 2-3 years ago. Your household has been selected again to participate in the endline survey. May we speak with **(MENTION THE NAME OF THE RESPONDENT)**.

Magandang umaga/hapon/gabi. Ako ay si _____ mula sa Ipsos Inc. Kami ay isang independent market research at public opinion company. Ang inyo pong household ay napili na sumali sa baseline survey ng DSWD mga 2-3 taon na ang nakakaraan. Ang inyo pong household ay napiling sumaling muli sa endline survey naman. Maaari po bang makausap namin si...

S1_1. FIRST ATTEMPT			S1_2. SECOND ATTEMPT (1 ST CALLBACK)			S1_3. THIRD ATTEMPT (2 ND CALLBACK)		
Yes, continue interview	1	PROCEED WITH MAIN QNR	Yes, continue interview	1	PROCEED WITH MAIN QNR	Yes, continue interview	1	PROCEED WITH MAIN QNR
Refused	30	SUBSTITUTE WITHIN HH	Refused	30	SUBSTITUTE WITHIN HH	Refused	30	SUBSTITUTE WITHIN HH
Original respondent doesn't live in selected barangay	31	SUBSTITUTE WITHIN HH	Respondent doesn't live in selected barangay	31	SUBSTITUTE WITHIN HH	Respondent doesn't live in selected barangay	31	SUBSTITUTE WITHIN HH
Original respondent not available for interview at time of contact (short-term)	32	REVISIT Re-scheduled time: _____	Selected respondent not available for interview at time of contact (short-term)	32	REVISIT Re-scheduled time: _____	Selected respondent not available for interview at time of contact (short-term)	32	REVISIT Re-scheduled time: _____
Original respondent has long-term absence for fieldwork period	33	SUBSTITUTE WITHIN HH	Selected respondent has long-term absence for fieldwork period	33	SUBSTITUTE WITHIN HH	Selected respondent has long-term absence for fieldwork period	33	SUBSTITUTE WITHIN HH
Original respondent prefers for someone else in the household to be interviewed	41	SUBSTITUTE WITHIN HH	Original respondent prefers for someone else in the household to be interviewed	41	SUBSTITUTE WITHIN HH	Original respondent prefers for someone else in the household to be interviewed	41	SUBSTITUTE WITHIN HH
Original/ substitute respondent wishes to reschedule for a later time	40	REVISIT Re-scheduled time: _____	Original/ substitute respondent wishes to reschedule for a later time	40	REVISIT Re-scheduled time: _____	Original/ substitute respondent wishes to reschedule for a later time	40	REVISIT Re-scheduled time: _____
Original/ substitute respondent in a hurry/no time	42	REVISIT Re-scheduled time: _____	Original/ substitute respondent in a hurry/no time	42	REVISIT Re-scheduled time: _____	Original/ substitute respondent in a hurry/no time	42	REVISIT Re-scheduled time: _____
Original/ substitute respondent physically or mentally unable to complete interview	43	SUBSTITUTE WITHIN HH	Original/ substitute respondent physically or mentally unable to complete interview	43	SUBSTITUTE WITHIN HH	Original/ substitute respondent physically or mentally unable to complete interview	43	SUBSTITUTE WITHIN HH
Already dead	34	SUBSTITUTE WITHIN HH	Already dead	34	SUBSTITUTE WITHIN HH	Already dead	34	SUBSTITUTE WITHIN HH
Other, specify	90	SUBSTITUTE WITHIN HH	Other, specify	90	SUBSTITUTE WITHIN HH	Other, specify	90	SUBSTITUTE WITHIN HH

List down ALL the HH members here, from oldest to youngest, before question A01.

NAME	AGE	If below 5 years old: PANTAWID BENEFICIARY?	
		YES	NO
1.		1	2
2.		1	2
3.		1	2
4.		1	2
5.		1	2
6.		1	2
7.		1	2
8.		1	2
9.		1	2
10.		1	2



INFORMED CONSENT

Hello, my name is _____ with the firm **Ipsos Inc.** You are being asked to participate in a research study. The study is being done by the World Bank in cooperation with the Department of Social Welfare and Development (DSWD). The purpose of the study is to better understand the conditions within your community and household in order to improve available social programs. You are being asked to participate in this study because you live in one of the communities selected for the present study. We would appreciate if you could spare approximately one hour and a half to answer some questions. The information you provide will help your local government and international organizations design programs that will improve the existing sanitation conditions in your area.

--Hello, ako po si _____ (sabihin ang pangalan) ng Ipsos Inc.. Kayo po ay inaanyayahang magpartisipa sa isang research. Ang pag-aaral na ito ay ginagawa ng World Bank kasama ang Department of Social Welfare and Development (DSWD). Hangarin ng pag-aaral na ito na mas maintindihan ang mga kondisyon sa inyong komunidad at pamamahay para mapabuti pa ang mga programang pang-komunidad. Hinihiling namin na magpartisipa kayo sa survey na ito dahil naninirahan kayo sa isa sa mga komunidad na napili para sa pag-aaaral na ito. Ikagagalak po namin kung mapagbibigyan niyo kami ng isa hanggang isa't kalahating oras para sagutin ang mga tanong. Ang mga impormasyong ibibigay ninyo ay makakatulong sa inyong lokal na gobyerno at mga international organizations sa paggawa ng mga programa na makakapagpabuti ng kasalukuyang kondisyon ng kalinisan sa inyong lugar.

There is no risk or benefit to you if you decide to participate in the study. Even if you agree to participate in the study, you are not obliged to answer every question. Also, if you agree to participate in the study now, no one from our team will be allowed to ask you additional questions in the future without asking for your consent again.

--Wala pong panganib o benepisyo sa inyo kung magdesisyon kayong magpartisipa sa pag-aaral. Kahit pumayag kayong magpartisipa sa pag-aaral, hindi po kayo obligadong sagutin ang bawat tanong. Kung papayag din po kayong magpartisipa sa pag-aaral ngayon, wala po sa aming grupo ang papayagang magtanong muli sa inyo ng karagdagang tanong sa hinaharap nang hindi humihingi ng pahintulot mula sa inyo.

Please put a "√" beside all statements with which you agree and a "X" on all statements you do not agree with.

Pakilagyan ng tsek "√" sa tabi ng mga pangungusap na inyo pong sinasang-ayunan, at ekis "X" sa mga hindi.

- () I understand that I will not be identified by name in any study-related document, which may be viewed by persons other than those directly involved in conducting the study, except if I have a personal written consent to do it.
Nauunawaan kong hindi babanggitin ang aking pangalan sa kahit anong dokumento na may kaugnayan sa pag-aaral, na maaaring makita ng ibang tao na hindi direktang bahagi sa pagsasagawa ng pag-aaral na ito, maliban na lamang kung may nakasulat na personal kong pahintulot na gawin ito.
- () I understand that I shall be required to keep the information gained during the study confidential, and any information that I will be providing will be used for research purposes only.
Nauunawan ko na kinakailangan kong panatilihin confidential ang mga impormasyong aking malalaman sa pag-aaral at lahat ng mga impormasyong ibabahagi ko sa survey na ito ay gagamitin lamang sa pag-aaral na ito at wala nang iba.
- () My signature below indicates that my participation in this study is voluntary, that the information that I have provided is certified true and correct, to the best of my ability, and that I am willing to be contacted again regarding my answers.
Ang aking lagda sa ibaba ay nangangahulugan ng aking malayang desisyon na maging bahagi sa pag-aaral, na lahat ng aking mga pahayag ay totoo at tama, sa abot ng aking makakaya, at pumapayag ako na tanungin akong muli tungkol sa aking mga sagot.
- () I have received the contact details about Ipsos just in case I need to check the legitimacy of this study.
Tinanggap ko ang mga contact details ng Ipsos kung sakaling naisin kong makatiyak tungkol sa legalidad ng pag-aaral na ito.

NOTE: THE FIRST 3 STATEMENTS MUST BE CHECKED TO QUALIFY.



RESPONDENT'S INFORMATION		
Name of Respondent:	Tel. no./ Mobile no.:	
House No./Street:	Barangay:	
Municipality/City:	Province (for Non-MM only):	
Email address:	Signature:	Date:

Please feel free to ask any questions you have about the study now or throughout the interview. If you have questions or concerns later, you can call me at _____. You can also contact any of the following survey firm staff: _____ at _____ with any questions or concerns.

Maaari po kayong magtanong tungkol sa pag-aaral na ito ngayon o habang ginagawa ang interbyu. Kung may mga katanungan o alinlangan kayo mamaya, maaari niyo po akong tawagan sa _____. Maaari niyo rin pong kontakin ang kahit na sino mula sa Ipsos Inc.: _____ sa _____.

Thank you.

Maraming salamat.

S2. Do you agree to participate in this survey?

Pumapayag po ba kayong magpartisipa sa pag-aaral na ito?

NOTE TO INTERVIEWER: If original respondent is not available at first visit or callback, select "Suspend" in the tablet. Resume when the original respondent is already available or when a substitute has been selected.

Yes, start interview Oo, simulan ang interview	1	PROCEED
Original respondent prefers for someone else in the household to be interviewed Nais ng napiling respondent na ibang tao ang interbyuhin sa household	41	PROCEED following substitution protocol. Make sure substitute respondent is knowledgeable about the household
Original/ substitute respondent wishes to reschedule for a later time Nais ng napiling respondent na i-reschedule sa ibang oras	40	REVISIT Re-scheduled time: _____ New schedule should be within the barangay coverage duration
Original/ substitute respondent in a hurry/no time Ang napiling respondent ay nagmamadali / walang oras	42	REVISIT Re-scheduled time: _____
Original/ substitute respondent physically or mentally unable to complete interview Hindi pwedeng mainterbyu ang napiling respondent dahil sa pisikal o mental na kapasidad	43	PROCEED following substitution protocol. Make sure substitute respondent is knowledgeable about the household.
Original/ substitute respondent refused (General) Tumanggi ang napiling respondent	45	
Other (Specify) _____	90	TERMINATE

Respondent Name

S3. What is your name?

Ano po ang pangalan ninyo?

Record name: _____

ASK ALL

(SHOW TABLET)

Relationship to the HH Head

S4. What is your relationship to the Household Head? **(SA)**

Ano po ang inyong relasyon sa puno ng pamilya? (SA)

Household Head Padre de Pamilya/ Pinuno ng tahanan	1	CONTINUE AS LONG AS KNOWLEDGEABLE ABOUT THE HH
Wife/ Spouse Asawa/ Partner	2	
Son/ Daughter Anak	3	
Brother/ Sister Kapatid	4	
Son/ Daughter-in-law Manugang	5	
Grandson/ Granddaughter Apo	6	
Father/ Mother Tatay/ Nanay	7	
Other Relative Iba pang kamag-anak	8	
Boarder Boarder	9	TERMINATE, ASK FOR ANOTHER HH MEMBER
Domestic helper Katulong	10	
Non-relative Hindi kaano-ano	11	

Now, let's talk about your household.

Ngayon naman po, pag-usapan natin inyong household.

A. PROFILE OF PANTAWID HOUSEHOLD

Number of People Living in HH (LIST DOWN HH MEMBERS)

A01. How many people live in this household? A household is a group of people who live together and eat at least one meal together each day, except for special days. This can include family and non-family members. **(NA)**

Paki sabi po sa akin lahat ng pangalan ng household members niyo. Ang household ay grupo ng mga tao na magkasamang naninirahan at magkasamang kumakain ng hindi kukulangin sa isang beses bawat araw, maliban na lang sa mga espesyal na araw. Maaari kasama ang mga kapamilya at hindi kapamilya. (NA)

Persons

Pantawid Grantee in HH

A02. May I know who is the *Pantawid* grantee in this household – the one who has the 4Ps ID?

Maaari ko po bang malaman kung sino ang Pantawid grantee sa inyong household – kung sino po ang mayroong 4Ps ID?

Note to interviewer: Ask the respondent to present his/ her 4Ps ID, if possible.

ID presented	1
ID not presented	2

(SHOW TABLET)

Relationship to HH Head

A03. What is **(MENTION ANSWER IN A02)** relationship to the Household Head? **(SA)**
Ano po ang relasyon ni (MENTION ANSWER IN A02) sa Household Head? (SA)

Household Head Padre de pamilya/Pinuno ng tahanan	1	CONTINUE AS LONG AS KNOWLEDGEABLE ABOUT THE HH
Wife/ Spouse Asawa/Partner	2	
Son/ Daughter Anak	3	
Brother/ Sister Kapatid	4	
Son/ Daughter-in-law Manugang	5	
Grandson/ Granddaughter Apo	6	
Father/ Mother Tatay/Nanay	7	
Other Relative Iba pang kamag-anak	8	

NOTE TO DP: S4 vs A03: if S3=A02:

- If code 1 in S4, code 1 in A03
- If code 2 in S4, code 2 in A03
- If code 3 in S4, code 3 in A03
- If code 4 in S4, code 4 in A03
- If code 5 in S4, code 5 in A03
- If code 6 in S4, code 6 in A03
- If code 7 in S4, code 7 in A03
- If code 8 in S4, code 8 in A03

Number of Children Aged 0-17 y.o

A04. How many children who live in this household are...? **(NA)**
Ilang bata po ang nakatira dito sa household na ...? (NA)

a. 0-14 years old? edad na 0-14?	_____
b. 15-17 years old? edad na 15-17?	_____

Number of Children Currently Studying

A05. How many children who live in this household are still studying in...? **(NA)**
Ilang bata po ang nakatira dito sa household na kasalukuyang nag-aaral sa...? (NA)

a. Pre-school or Elementary?	_____
b. High School? (Grade 7 to 12) High School? (Grade 7 to 12)	_____
c. College? College?	_____

Note to interviewer: If 0 for all, ask: "Who is the 4Ps beneficiary in this household – the one who receives the monthly grant?" (None is a possible answer, they could be 4Ps beneficiary for FDS only)

Number of Children Visiting Health Center



A06. How many children living in this household who are 4Ps beneficiaries, visit the health center for regular check-up? **(NA)**
Ilang bata po ang nakatira dito sa household na 4Ps beneficiaries ang pumupunta sa health center para sa regular na check-up? (NA)

Persons

NOTE TO INTERVIEWER: NONE IS A POSSIBLE ANSWER, THEY COULD BE 4PS BENEFICIARY FOR FDS ONLY.
NOTE TO DP: LOGIC CHECK – ANSWER IN A06 SHOULD BE LESS THAN OR EQUAL TO ANSWER IN A04a.

(SHOW TABLET)

Attendee/s of Family Development Sessions (FDS)

A07. Who attends the monthly Family Development Sessions?
Sino po ang uma-attend sa Family Development Sessions?

Note to interviewer: Perspective should be relative to the Household Head

Household Head Padre de pamilya/Pinuno ng pamilya	1
Wife/Spouse Asawa	2
Both Head and Wife/Spouse Parehong Puno ng pamilya at Asawa	3
Child Anak	4
Other, specify; _____	()
None	9

Amount Received from Last Pantawid Grant

A08. How much is the total amount of the Pantawid grant that you received on the LAST month that you received a grant?
(NA)
Magkano po ang kabuuang halaga ng Pantawid grant na inyong nakuha noong huling buwan na tumanggap kayo ng grant? (NA)
NOTE TO DP: RANGE SHOULD BE FROM PHP0-10,000. APPLY A PROMPT TO VERIFY IF ANSWER IS MORE THAN PHP4,000.

PHP

(SHOW TABLET) – RANDOMIZE CHOICES

Expenditures Last Pantawid Grant Used On

A09. What were the main things you spent your last *Pantawid* grant on? **(MA)**
Saan po ninyo ginastos ang inyong huling Pantawid grant? (MA)

Food Pagkain	1
Health/Medical care Pangangalaga sa Kalusugan/ medical	2
Education/Schooling/School materials Edukasyon/Eskwelahan/Gamit sa Eskwelahan	3
Housing (rent, construction, or repairs) Upa sa bahay, pagpapa-gawa o pagpapa-ayos ng bahay	4
Clothing, shoes, and similar products Damit, sapatos at mga kaparehong produkto	5
Investment, specify Namuhunan	6
Savings	7



Ipon	
Other, specify _____	()

Mode of Receiving Pantawid Grant (SHOW TABLET)

A10. How do you currently receive the *Pantawid* grant? (SA)

Sa kasalukuyan, paano po ninyo natatanggap ang *Pantawid* grant? (SA)

ATM card/ Cash card ATM card/ Cash card	1
Over-the-counter (OTC) Over-the-counter (OTC)	2
Off-site payment Kinukuha sa bayan o sa ibang lugar (na hindi cash card/ ATM card o OTC)	3
Other, specify _____	()

Amount Spent on Transportation When Claiming Pantawid Grant

A11. How much did you spend for roundtrip transportation to the LandBank, ATM, off-site grant distribution point to withdraw/ claim the last *Pantawid* grant? (NA)

Magkano po ang inyong ginastos para sa balikang transportasyon sa LandBank, ATM, off-site distribution point noong kinuha ninyo ang inyong huling *Pantawid* grant? (NA)

	PHP
--	-----

NOTE TO DP: "0" IS AN ACCEPTABLE ANSWER.



Now, let's talk about the source of water supply of your household.

Ngayon naman po, pag-usapan natin ang pinagkukunan ng suplay ng tubig ng inyong household.

B. SOURCE OF WATER SUPPLY

(SHOW TABLET)

Main source of water supply

B12a. What is the household's main water source?

Ano po ang pangunahing pinagkukunan ninyo ng tubig?

Incidence of Water Source for Drinking Water

B12b. Is this also the water source for drinking water? (SA)

Ito rin po ba ang inyong pinagkukunan ng inuming tubig? (SA)

Yes / Oo	1	SKIP TO B12d AND ASK ONLY "A" QUESTIONS FOR B13 & B14
No / Hindi	2	CONTINUE

NOTE TO DP: IF CODE 1 IN B12b, THEN ANSWER IN B12a SHOULD NOT BE SHOWN IN B12d

Source of Drinking Water (SHOW TABLET/ PHOTOS)

B12c. What is your water source for your drinking water?

Ano po ang pinagkukunan ninyo ng inuming tubig?

NOTE TO DP: DO NOT SHOW ANSWER IN B12a

Other Sources of Drinking Water

B12d. What other sources do you use for your drinking water?

Ano pa po ang iba ninyong pinagkukunan ng inuming tubig?

NOTE TO DP: DO NOT SHOW ANSWER IN B12c BUT RE-INCLUDE ANSWER IN B12a

	B12a. Main Water Source (SA)	B12c. Drinking Water Source (SA) TO DP: DO NOT SHOW ANSWER IN B12a	B12d. Other Sources of Drinking Water (MA) TO DP: DO NOT SHOW ANSWERS IN B12c
PIPED WATER Tubig mula sa tubo/ gripo			
Piped into dwelling Naka-tubo/ gripo sa loob ng bahay	1	1	1
Piped into yard/plot Naka-tubo/ gripo sa bakuran	2	2	2
Public tap/Standpipe Tubo/ gripo na pampubliko	3	3	3
DUG WELL Hinukay na balon			
Protected well Balon na may takip	4	4	4
Unprotected well Balon na walang takip	5	5	5
WATER FROM SPRING Tubig mula sa bukal/ batis			
Protected spring Bukal/ batis na nakapaloob sa isang istruktura	6	6	6
Unprotected spring (natural form) Bukal/ batis na hindi nakapaloob sa isang istruktura	7	7	7
TUBE WELL OR BOREHOLE	8	8	8

Balon na de-tubo (kadalasang ginagamitan ng bomba)			
RAINWATER Tubig ulan	9	9	9
TANKER TRUCK Tubig na nirarasyon ng mga trak	10	10	10
SURFACE WATER (river, dam, lake, pond, stream, canal, irrigation channel) Tubig mula sa ilog, dam, lawa, sapa, kanal, daluyan ng patubig	12	12	12
BOTTLED WATER Bottled water o tubig na nasa bote	13	13	13
NONE			99

NOTE TO INTERVIEWER: ASK “A” AND “B” QUESTIONS FROM B13 TO B14 IF MAIN WATER SOURCE IS DIFFERENT FROM DRINKING WATER SOURCE (CODE 2 IN B12b). ELSE, ASK “A” QUESTIONS ONLY.

(SHOW TABLET)

Source of HH Main Water/ Drinking Water

B13a. Where is the household's main water source **(INSERT ANSWER IN B12a)** located? **(SA)**
Saan po makikita ang pangunahing pinagkukunan ninyo ng tubig na (INSERT ANSWER IN B12a)? (SA)

B13b. How about the main source for your drinking water **(INSERT ANSWER IN B12c)** – where is it located?
At saan naman po makikita pangunahing pinagkukunan ninyo ng pang-inom na tubig na (INSERT ANSWER IN B12a)?

	A. Main Water Source	B. Drinking Water Source
In own dwelling Sa sariling bahay	1	1
In own yard/ plot Sa sariling bakuran/ lupa	2	2
Elsewhere, specify	3	3

NOTE TO DP: LOGIC CHECK VS. B12

LOGIC SCENARIOS for B13a/ B13b:

- In own dwelling – code 1 in B12a/ B12c
- In own yard/ plot – not code 1 in B12a/ B12c
- Elsewhere – not code 1 or code 2 in B12a/ B12c

Duration of Getting Water

B14a. How long does it take to go to **(INSERT ANSWER IN B12a)**, get water, and come back? Include waiting time **(NA)**
Gaano po katagal pumunta sa (INSERT ANSWER IN B12a), kumuha ng inuming tubig at bumalik? Pakisama po ang oras ng paghihintay (NA).

B14b. How about for your main source of drinking water? How long does it take to go to **(INSERT ANSWER IN B12c)**, get water, and come back? Include waiting time. **(NA)**
Para naman po sa pangunahing ninyong pinagkukunan ng inuming tubig, gaano po katagal pumunta sa (INSERT ANSWER IN B12c) para kumuha ng tubig at bumalik? Pakisama po ang oras ng paghihintay. (NA)

	B14a. Duration of Getting Water from HH Main Source	B14b. Duration of Getting Water from Main Source for Drinking Water
To location outside own dwelling	_____ hours _____ minutes	_____ hours _____ minutes
Not applicable – delivered water	000	000
Not applicable – own dwelling	996	996

NOTE TO DP: IF CODE 1 IN B13, SHOULD BE CODE 996 IN B14



LOGIC SCENARIOS for B14a/ B14b:

- To location outside own dwelling – not code 1 in B12a/ B12c
- Not applicable – own dwelling – code 1 in B12a/ B12c

ASK ALL

Availability of Drinking Water

B15. Let's talk further about the drinking water source for your household. Is your source of drinking water available all-year round? **(SA)**

Ang pinagkukunan po ba ninyo ng inuming tubig ay magagamit sa buong taon? (SA)

Yes / Oo	1
No / Hindi	2

Monthly Payment of Drinking Water

B16. How much do you pay for drinking water per month? **(NA)**

Magkano po ang inyong binabayaran para sa inuming tubig kada buwan? (NA)

NOTE TO INTERVIEWER: THIS INCLUDES SPEND FOR ALL SOURCES. VERIFY IF AMOUNT MENTIONED IS TOO HIGH (TBC FROM FIELD STAFF)

	PHP
--	-----

NOTE TO DP: IF ANSWER IN B16 IS "0", SKIP TO B18

(SHOW TABLET)

Frequency of Payment

B17. What is the frequency of payment? **(SA)**

Ano po ang paraan ng inyong pagbabayad? (SA)

NOTE TO INTERVIEWER: IF MULTIPLE SOURCES, ASK FOR FREQUENCY FOR MAIN SOURCE OF DRINKING WATER.

Weekly / Kada linggo	4
Monthly / Kada buwan	3
Annually / Kada taon	2
Per use / Kada gamit	1
Other, specify	()

Incidence of Drinking Water in a Storage Container

B18. Now, let's move to how you actually store and use drinking water in the household. First, do you store the drinking water for the HH? **(SA)**

Ngayon naman po ay pag-usapan natin kung paano po ninyo nilalagay sa lalagyan at ginagamit ang inuming tubig sa inyong household. Una, naglalagay po ba kayo sa lagayan para sa inuming tubig ng inyong household? (SA)

Yes / Oo	1	CONTINUE
No – drink water straight from the source (tap or otherwise) / Hindi - umiinom ng tubig deretso sa pinagkukunan (tap o sa iba)	2	SKIP TO B22

(SHOW TABLET)

ASK IF CODE 1 IN B18

Type of Storage Container

B19. Where do you mainly store your drinking water? We mean, where do you keep your drinking water after getting it from

the source. (SA)

Saan po ninyo kadalasang nilalagay ang inyong inuming tubig? Ang ibig po naming sabihin, saan po ninyo nilalagay ang inuming tubig pagkatapos kunin sa pinagkukuhanan nito? (SA)

NOTE TO INTERVIEWER: MAIN STORAGE = WHERE THEY STORE THE DRINKING WATER AFTER GETTING IT FROM THE SOURCE (E.G., IF FROM POSO, HOW DID THEY STORE WATER IN THE HOUSE?)

Wide-mouthed Container (a hand can fit through the opening) Open mouth container (kasya ang kamay sa bungaga ng lalagyan)	1
Narrow-mouthed Container (a hand CANNOT fit through the opening) Closed mouth container (hindi kasya ang kamay sa bungaga ng lalagyan)	2

ASK IF CODE 1 IN B18

Incidence of Covered Water Storage Container

B20. Is the water storage container covered? (SA)

May takip po ba ang lalagyan ng tubig? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO B22

(SHOW TABLET)

ASK IF CODE 1 IN B18

Ways of Obtaining Water from the Container

B21. How do you obtain water from this container?

Paano po kayo kumukuha ng tubig mula sa lalagyan na ito?

Using a dipper/ shared utensil Gumagamit ng tabo o pang-sandok	1
Turning/Pressing a spout on the container May iniikot o pinipindot sa lalagyan	2
Other, specify	()

ASK ALL

Incidence of Making Water Safer to Drink

B22. Do you do anything to the water to make it safer to drink? (SA)

May ginagawa po kayong kahit na ano sa tubig para maging mas ligtas ito inumin? (SA)

Yes, for all household member Oo, para sa lahat ng household member	1	CONTINUE
Yes, for certain household members (e.g., small kids only) Oo, para sa piling household member (e.g., sa maliliit na bata lang)	2	
No / Hindi	3	SKIP TO NEXT SECTION

ASK IF CODE 1 OR 2 IN B22 (DO NOT SHOW ANSWERS)

Ways to Make Water Safer to Drink

B23. What do you usually do to make the water safer to drink?

Ano po ang kadalasan ninyong ginagawa sa tubig para maging mas ligtas ito inumin?

Boiling the water Pinapakuluan ang tubig	1
Adding chlorine/bleach Naglalagay ng chlorine/ bleach	2
Adding iodine Naglalagay ng iodine	3
Solar disinfection Binibilad sa init ng araw	4

Filter (mechanical/ceramic/sand/etc) Finifilter ang tubig gamit ang mekanikal na filter, ceramic, buhangin at iba pa	5
Strain through cloth Sinasala gamit ang tela	6
Let it stand and settle Iniiwan ito at hinahayaang bumaba ang mga particles-nito	7
Others, specify	()

Now, let's talk about the toilet facility in your household.

Ngayon naman po, pag-usapan natin ang palikuran sa inyong household.

C. TOILET FACILITY

ASK ALL (SHOW PHOTOS FROM TABLET)

Type of Toilet Facility

C24. What kind of toilet facility do members of your household usually use?

Ano pong klase ng palikuran ang kadalasang ginagamit ng inyong household?

No facility/Bush/Field (IF TO SKIP, SHOULD SHOW SPIEL FOR SECTION D)	0	SKIP TO NEXT SECTION
FLUSH OR POUR FLUSH TOILET Flush o de-buhos na flush		
Flush to septic tank	2	
Flush to pit toilet	3	
Flush to don't know where	5	
PIT TOILET		
Ventilated pit toilet	6	
Pit toilet with slab Palikuran na may takip	7	
Pit toilet without slab/open pit Palikuran na walang takip	8	
Composting toilet	9	
Bucket toilet Arinola	10	
Drop type/Overhang type	11	
Public Toilet Pampublikong palikuran	12	
Other, specify	()	

Sharing of Facilities to Other HH

C25. Do you share this facility with other households? (SA)

May iba pa po bang household na gumagamit din ng pasilidad na ito? (SA)

Yes / Oo	1
No / Hindi	2

**Location of Toilet Facility**

C26. Is your toilet facility inside or outside the house? (SA)
Ang inyo po bang palikuran ay nasa loob o labas ng bahay? (SA)

Inside the house Sa loob ng bahay	1
Outside the house Sa labas ng bahay	2

ASK C27 TO C39 AMONG THOSE WHO HAVE IMPROVED FACILITY (CODES 2-7 IN C24) AND NOT SHARED (CODE 2 IN C25). ELSE, GO TO NEXT SECTION.

(SHOW TABLET)

Construction of Toilet Facility

C27. What year was your toilet facility constructed? (SA)
Kailan po pinagawa/pinatayo ang pasilidad ng palikuran? (SA)

2014 or earlier 2014 o mas matagal pa	1
2015 2015	2
2016 2016	3
Last year/ 2017 Noong nakaraang taon/ 2017	4
This year/ 2018 Ngayong taon/ 2018	5

(SHOW TABLET)

Amount Spent on Toilet Facility

C28. How much did you spend to construct the toilet facility? (SA)
Magkano po ang inyo ginastos para maipagawa ang palikuran? (SA)

Free Libre/ walang bayad	0
Below Php 5,000 Mas mababa sa Php 5,000	1
Php 5000 to Php 10,000 Php 5,000 to Php 10,000	2
More than Php 10,000 Mas mataas sa Php 10,000	3

(SHOW TABLET) – RANDOMIZE CHOICES

Source of Money for Toilet Facility

C29. Where did you get the money to construct the toilet facility? (SA)
Saan po ninyo nakuha ang pera upang mapatayo ang pasilidad ng palikuran? (SA)

Own money Sariling pera	1
Loan from family/relatives Utang/hiram mula sa pamilya/kamag-anak	2
Grant from Government (LGU/DSWD) Grant mula sa Gobyerno (LGU/DSWD)	3
Grant from NGO Grant mula sa NGO	4
Loan from Microfinance Institutions	5

Utang/hiram mula sa institusyong Microfinance	
--	--

(SHOW TABLET)

Type of Floor of Toilet Facility

C30. What type of flooring does your toilet facility have? (SA)

Anong klase ng sahig/flooring ang pasilidad ng inyong palikuran? (SA)

Packed mud/earth Pinatigas na putik o lupa	1
Ceramic/Vinyl Ceramic o vinyl na tiles	2
Wooden Kahoy	3
Plastic slab Matigas na plastik na takip	4
Cement slab Semento na takip	5
Other, specify	()

Incidence of Any Leaks or Overflowing Sludge

C31. Are there any leaks or sludge overflowing the superstructure/containment structure or is soil near the toilet saturated with septage?

Mayroon bang tulo or burak na umaapaw sa istruktura na pinaglalagyan ng dumi galing sa palikuran? Ang lupa basa paligid ng palikuran ay may umaapaw na tubig or burak na nanggagaling sa dumi na naipon sa palikuran?

Yes / Oo	1
No / Hindi	2

Features of Toilet Facility

C32. Which of the following features can be observed in the toilet facility?

Alin po sa mga sumusunod na katangian/features ang makikita sa pasilidad ng palikuran?

		Yes/ Oo	No/ Wala
a	Raised platform Nakaangat na tapakan or plataporma	1	2
b	Foot rests Tapakan ng paa	1	2
c	Seat Upuan	1	2
d	Floor tiles/concrete Tiles sa sahig or kongretong sahig	1	2
e	Fully enclosed wall Saradong pader na pumapaligid sa palikuran	1	2
f	Partially enclosed wall Bahagyang saradong pader na pumapaligid sa palikuran	1	2
g	Fully covered roof Bubong na nakatakip nang buo	1	2
h	Partially covered roof Bubong na nakatakip nang bahagya	1	2
i	Door/curtain Pintuan/ Kurtina	1	2
j	Water seal Water seal	1	2

(SHOW TABLET)

Type of Roof of Toilet Facility

C33. What type of construction materials are the roof of the toilet facility made of?

Sa anong materyales gawa ang bubong ng palikuran?

No roof / Walang bubong	0
Concrete / Kongkreto	1
Iron sheets / Bakal na yero	2
Wood / Kahoy	3
Grass / Damo	4
Plastic sheets	5
Salvaged materials / Materyales na salvaged o gawa-gawa	6
Other, specify	()

(SHOW TABLET)

Type of Walls of Toilet Facility

C34. What type of construction materials are the walls of the toilet facility made of?

Sa anong klase ng materyales gawa ang bakod ng palikuran?

No walls Walang bakod	0
Concrete Kongkreto	1
Iron sheets Bakal na yero	2
Wood Kahoy	3
Grass Damo	4
Plastic sheets Plastik na yero	5
Salvaged materials Materyales na salvaged o gawa-gawa	6
Other, specify	()

Presence of Flies

C35. Are flies present in the toilet facility? (SA)

Mayroon bang mga langaw sa lugar ng palikuran? (SA)

Yes, many / Oo, maraming langaw	1
Some or few / Merong kaunti	2
None / Walang langaw	3

Presence of Wash Basin in Toilet Facility

C36. Is there a place to wash hands at this toilet facility?

Mayroon po bang hugasan ng kamay sa loob ng palikuran?

Yes / Oo	1
No / Hindi	2

(SHOW TABLET)

Presence of Soap and Water

C37. Are soap and water present?

Mayroon po bang sabon at tubig?

Yes, soap Oo, mayroong sabon	1
Yes, water Oo, mayroong tubig	2
Yes, both soap and water	3

Oo, mayroong sabon at tubig	
No soap and water Walang sabon at tubig	4

(SHOW TABLET)

Distance of HH's Main Source of Drinking Water to Toilet Facility

C38. How far is the household's main source of drinking water from the toilet facility?

Gaano kalayo sa palikuran ang pinanggagalingan o pinagkukuhanan ng tubig na inumin na ginagamit ng inyong household?

10 meters or more Sampung metro o mas higit pa	1
less than 10 meters Mas konti sa sampung metro	2

(SHOW TABLET)

Overall Satisfaction of Toilet Facility

C39. How satisfied or dissatisfied are you with your toilet facility? (SA)

Gaano po kayo nasiyahan o di-nasiyahan ang inyong palikuran? (SA)

Very satisfied Talagang nasisiyahan	4
Somewhat satisfied Medyo nasisiyahan	3
Somewhat dissatisfied Medyo hindi nasisiyahan	2
Very dissatisfied Talagang hindi nasisiyahan	1

Now, let's talk about sanitation practices.

Ngayon naman po, pag-usapan natin ang mga gawaing may kinalaman sa kalinisan.

D. PROGRAM EXPOSURE AND KNOWLEDGE OF SANITATION PRACTICES

(SHOW TABLET) – RANDOMIZE CHOICES

ASK ALL

Sanitation Advice Heard in P3M

D40. What sanitation advice have you heard in the last 3 months?

Anu-anong mga pagtuturo sa pangkalinisan ang inyong narinig nitong nakaraang 3 buwan? Alin pa?

None / Wala	0	SKIP TO D43
Drink safe water Uminom ng malinis o ligtas na tubig	1	CONTINUE
Use a toilet facility Gumamit ng palikuran	2	
Improve/upgrade the toilet facility Ayusin / pagandahin ang palikuran	3	
Wash hands/face/body	4	

Maghugas ng kamay, mukha, katawan		
Food hygiene Pangkalinisan ng pagkain	5	
Keep the environment clean Panatiliing malinis ang kapaligiran	6	
Put chlorine in toilet bowl Maglagay ng chlorine sa inidoro	7	

(SHOW TABLET)

ASK D41 TO D42 TO THOSE WHO ANSWERED FROM CODES 1 TO 7 IN D40

Main Source of Sanitation Advice

D41. What was the main source of this advice? (SA)

Saan po galing ang patuturo na ito? (SA)

Neighbors/family Kapitbahay/ kamag-anak	1
Barangay official	2
Municipal Link	3
Public Health Office (MHO, BHW)	4
School/Teacher Eskwelahan/ Titser	5
Religious leader Lider ng simbahan	6
Television Telebisyon	7
Radio Radyo	8
SMS Text message/ SMS	9
NGO	10
Parent Leader	11
Other, specify	()

(SHOW TABLET)

Recentness of Learning About Improving Toilet Facility

D42. When did you last see, read, hear or learn about building, improving or using sanitary toilet facility?

Kailan ninyo huling nakita, nabasa, narinig o nalaman ang tungkol sa pagpapagawa/pagpapa-ayos o paggamit ng malinis na palikuran?

More than 1 year ago Mahigit sa 1 taon nang nakakaraan	1
More than 6 months, but less than 1 year ago Mahigit sa 6 na buwan pero kulang sa 1 taon	2
More than 3 months, but less than 6 months ago Mahigit sa 3 buwan pero kulang sa 6 na buwan	3
Less than 3 months ago Wala pang 3 buwan ang nakakaraan	4

(SHOW TABLET)

Incidence of Attending Family Development Session

D43. Do you attend the Family Development Session as part of the Pantawid/4Ps program?

Dumadalo/ sumasali ba kayo sa mga Family Development Sessions bilang bahagi ng Pantawid / 4Ps program?

Always Palaging dumadalo	1	CONTINUE
Sometimes Paminsan-minsan	2	



Never Hindi kailanman dumalo	3	SKIP TO D44b
I'm not familiar with the FDS Hindi ko alam ang Family Development Sessions	4	

ASK D44a TO D46a TO THOSE WHO ANSWERED CODE 1 OR 2 IN D43

Familiarity on FDS Module

D44a. Are you familiar with the FDS module on Sanitary Toilet?
Kayo po ba ay pamilyar sa FDS module sa malinis na palikuran?

(SHOW TABLET)

Last Discussion of FDS Module

D45a. When did you last discuss about the FDS module on sanitary toilet? **(SA)**
Kailan po ninyo huling napag-usapan ang tungkol sa FDS module sa malinis na palikuran? (SA)

(SHOW TABLET)

FDS Session Facilitator

D46a. Who conducted the FDS session on Sanitation? **(SA)**
Sino po ang nagsagawa ng FDS sesyon sa kalinisan? (SA)

Familiarity on CLTS

D44b. Are you familiar with the CLTS?
Kayo po ba ay pamilyar sa CLTS?

ASK D45b TO D46b TO THOSE WHO ANSWERED CODE 1 D44b. OTHERWISE, SKIP TO D47

(SHOW TABLET)

Last Discussion of CLTS

D45b. When did you last discuss about CLTS?
Kailan po ninyo huling napag-usapan ang tungkol sa CLTS?

(SHOW TABLET)

CLTS Facilitator

D46b. Who conducted the CLTS session?
Sino po ang nagsagawa ng CLTS sesyon?

	A. FDS Module	B. CLTS
D44. Familiarity on Sanitation Programs		
Yes / Oo	1	1
No / Hindi	2	2
D45. Last Discussion of Sanitation Programs		
More than 1 year ago Mahigit sa 1 taon nang nakakaraan	1	1
More than 6 months, but less than 1 year ago Mahigit sa 6 na buwan pero kulang sa 1 taon	2	2
More than 3 months, but less than 6 months ago Mahigit sa 3 buwan pero kulang sa 6 na buwan	3	3
Less than 3 months ago Wala pang 3 buwan ang nakakaraan	4	4
Cannot remember Hindi maalala	9	9
D46. Sanitation Programs Facilitator		
Municipal Link	1	1
Rural Sanitary Inspector	2	2
Municipal Health Officer	3	3
Parent Leader	4	4
Barangay Official	5	5

ASK D47A TO THOSE WHO ANSWERED CODE 1 IN D44A



OR
ASK D47B TO THOSE WHO ANSWERED CODE 1 IN D44B
(SHOW TABLET)

Overall Satisfaction on Sanitation Programs

D47. On the overall, how satisfied or dissatisfied are you with the following...? **(SA per item)**
Sa kabuuan, gaano po kayo nasiyahan o hindi nasiyahan sa mga sumusunod...? (SA per item)

	Very Satisfied <i>Talagang nasisiyahan</i>	Satisfied <i>Nasisiyahan</i>	Neither satisfied nor dissatisfied <i>Hindi masabi kung nasisiyahan o hindi</i>	Dissatisfied <i>Hindi nasisiyahan</i>	Very Dissatisfied <i>Talagang hindi nasisiyahan</i>
a. FDS	5	4	3	2	1
b. CLTS	5	4	3	2	1

ASK ALL

Grant or Subsidy for Toilet Construction or Repair

D48. Did you receive any grant or subsidy for toilet construction or repair from the following in the past year? **(SA per item)**
Kayo po ba ay may natanggap na grant o tulong para sa pagpapatayo o pagpapaayos ng palikuran galing sa mga sumusunod noong nakaraang taon? (SA per item)

		Yes / <i>Oo</i>	No / <i>Hindi</i>
a.	From the Mayor's or Barangay Captain's office	1	2
b.	From the SLP	1	2
c.	From the Kalahi Program	1	2
d.	From S4P (25% subsidy) / ASA	1	2
e.	From S4P (50% subsidy) / ASA	1	2

NOTE TO DP:

- If T3, show choices a-d only
- If T4, show choices a-c and e only

ASK IF YES (CODE 1) IN D48d OR D48e

Incidence of Signing a Contract with ASA Philippines

D48.1. Did you sign a contract with ASA? **(SA)**
Pumirma po ba kayo ng kontrata sa ASA? (SA)

Yes / <i>Oo</i>	1
No / <i>Hindi</i>	2

ASK ALL

Familiarity on S4P

D49. Are you familiar with the Sanitation for the Poor Program (S4P)? **(SA)**
Kayo po ba ay pamilyar sa FDS module sa malinis na palikuran? (SA)

Yes / <i>Oo</i>	1	CONTINUE
No / <i>Hindi</i>	1	SKIP TO NEXT SECTION

ASK IF YES (CODE 1) IN D49

(SHOW TABLET)

Overall Satisfaction on S4P

D50. On the overall, how satisfied or dissatisfied are you with the S4P Program? **(SA)**
Sa kabuuan, gaano po kayo nasiyahan o hindi nasiyahan sa mga sumusunod...? (SA)



	Very Satisfied <i>Talagang nasisiyahan</i>	Satisfied <i>Nasisiyahan</i>	Neither satisfied nor dissatisfied <i>Hindi masabi kung nasisiyahan o hindi</i>	Dissatisfied <i>Hindi nasisiyahan</i>	Very Dissatisfied <i>Talagang hindi nasisiyahan</i>
Sanitation for the Poor (S4P) Program	5	4	3	2	1

ASK IF CODE 1 OR 2 IN D50

Reason for Dissatisfaction with S4P

D51. Why are you dissatisfied with the S4P Program? Why else? Why else? (OE)
Sa kabuuan, gaano po kayo nasiyahan o hindi nasiyahan sa mga sumusunod...? (OE)

NOTE TO INTERVIEWER: PROBE FULLY.

Now, let's talk about things that have something to do with your household's finances.
Ngayon naman po, pag-usapan natin mga bagay na may kinalaman sa pinansyal sa inyong household.

E. FINANCIAL SERVICES (CREDIT AND SAVINGS)

ASK ALL

Exposure to Banking System

E52. Do any members of your household have any of the following? (SA per item)
Kayo po ba o sinumang miyembro ng inyong household ay mayroon ng alinman sa mga sumusunod? (SA per item)

		Yes / <i>Oo</i>	No / <i>Wala</i>
a.	Bank account (Savings or checking account)	1	2
b.	Membership in cooperatives	1	2
c.	Membership in MFIs/ lending institutions (e.g. ASA Philippines, etc.)	1	2

ASK E53 TO E54 TO THOSE WHO ANSWERED HH MEMBER HAS A BANK ACCOUNT (CODE 1) IN E52a

Period of Owning Bank Account

E53. How long has this household member had the bank account?
Gaano na po katagal may account sa bangko ang miyembro ng household na ito?

NOTE TO INTERVIEWER: IF MULTIPLE HH MEMBERS HAVE BANK ACCOUNTS, ASK FOR THE ONE WITH THE OLDEST ACCOUNT.

Number of months	
Number of years	
Don't Know	9999
Refused	9998

Amount of Money in all HH Bank Accounts



E54. How much money in total is currently in all these household bank accounts? **(NA)**
Magkano po ang inyong kasalukuyang pera sa lahat ng bank accounts ng inyong household? (NA)

PHP	
Don't Know	9999
Refused	9998

ASK ALL

Possession of Debit/ ATM Card

E55. Does any member of this household have a debit or ATM card that is separate from your Pantawid card? **(SA)**
Mayroon bang sinumang miyembro ng household ninyo ang may debit o ATM card bukod sa inyong Pantawid card? (SA)

Yes / Oo	1
No / Hindi	1

Borrowing

E56. Does this household have any loans that currently need to be paid off? **(SA)**
Mayroon po ba sa household na ito ang may utang sa kasalukuyan na kailangan na bayaran? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	1	SKIP TO NEXT SECTION

ASK E57 to E70 TO THOSE WHO ANSWERED CODE 1 IN E56. OTHERWISE, SKIP TO NEXT SECTION

Number of Loans for Payment

E57. How many loans does this household have that currently need to be paid off? **(NA)**
Gaano po kadami ang utang ng pamilyang ito sa kasalukuyan na kailangan na bayaran? (NA)

Number of loans	
Don't Know	9999
Refused	9998

Number of Loans Used for Toilet Facility

E58. How many of these loans did you use for the repair, improvement, or construction of your toilet facility? **(NA)**
At magkano po sa mga loans na ito ang ginamit ninyo para sa pagpapa-ayos, pagpapa-ganda, o pagpapa-gawa ng inyong palikuran? (NA)

Number of loans used for toilet facility	
Don't Know	9999
Refused	9998

NOTE TO INTERVIEWER: FOR ITEMS E59 TO E70, PLEASE ASK FOR THE MOST RECENT LOAN THE HOUSEHOLD HAS.

(SHOW TABLET)

Primary Borrower in HH

E59. Now let's talk about the most recent loan that your household obtained. Please do not include the loans that you used for your toilet facility expenses. Who was the primary borrower in the household for that loan? **(SA)**
Ngayon naman po ay pag-usapan natin ang pinaka-bagong loan/ utang ng inyong household. Huwag po ninyong isama ang mga loan/ utang na ginamit ninyo para sa gastos sa inyong palikuran. Sino po ang pangunahing nangutang sa inyong household ng loan/ utang na ito? (SA)

Household Head Padre de Pamilya/ Pinuno ng tahanan	1
Wife/Spouse Asawa/Partner	2

Son/Daughter Anak	3
Brother/Sister Kapatid	4
Son/Daughter-in-law Manugang	5
Grandson/granddaughter Apo	6
Father/Mother Tatay/Nanay	7
Other Relative Iba pang kamag-anak	8

(SHOW TABLET)

Period of Getting the Loan

E60. What year did you get the loan? (SA)
Anong taon po ninyo nakuha ang loan? (SA)

Before 2015 Bago mag-2015	1
2015 2015	2
2016 2016	3
2017 2017	4
2018 2018	5

(SHOW TABLET) – RANDOMIZE CHOICES

Source of Loan

E61. Where did you obtain the loan?
Saan po ninyo kinuha ang loan o utang?

Relatives/Friends / Kamag-anak / kaibigan	1
Agricultural Development Bank	2
Commercial Bank	3
Microfinance Institution	4
Other finance institution Iba pang pampinansyal na institusyon	5
NGO Relief Agency / NGO o tumutulong na ahensya	6
Landlord/Employer May-ari ng lupa / Amo sa pinagtrabahuhan	7
Shopkeeper / May-ari ng tindahan	8
Money Lender / Nagpapautang ng pera	9
Cooperative / Kooperatiba	10
Other, specify	()

(SHOW TABLET) – RANDOMIZE CHOICES WITHIN NETS

Purpose of Obtaining Loan

E62. For what purpose did you obtain the loan?
Para saan ginamit ang perang inutang ninyo?

BUSINESS OR FARM USE	
Purchase of inputs (fertilizers, seeds, insecticides, etc.) Pagbili ng abono, buto, pestisidyo, at iba pa	1
Purchase of equipment Pambili ng kagamitan	2

Purchase of land Pambili ng lupa	3
Purchase of livestock Pambili ng alagang hayop	4
Building improvements for business Pagpapa-ayos ng gusali/building para sa negosyo	5
Other business or farm use Iba pang gamit para sa negosyo o bukid	6
PERSONAL USE	
Household consumption needs Para sa personal na gamit, Para sa pangangailangan ng pamilya	7
Purchase/improvement of dwelling Pagpapa-ayos ng bahay	8
Marriage/family events Kasal o ibang okasyon ng Pamilya	9
Consumer durables Mga gamit sa bahay	10
For placement fees and other expenses for overseas work Bayarin o mga gastusin para sa pagta-trabaho sa ibang bansa	11
Other personal use (e.g. medical treatment, education, etc) Ibang personal na gamit (medical treatment, edukasyon at iba pa)	12

Amount Borrowed

E63. How much in total did you borrow? Include only the principal amount. In other words, the amount you borrowed, not the interest. (NA)

Magkano sa kabuuan ang iniyong hiniram? Pakisama lamang po ang kabuuang halaga. Sa madaling salita, ang halaga na inyong hiniram, hindi ang interes. (NA)

PHP	
Don't Know	9999
Refused	9998

Interest Rate of Loan

E64. Do you know how much is the interest rate of the loan? (SA)

Alam ninyo po ba kung magkano ang interest rate ng inyong utang? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	1	SKIP TO E66

ASK E65 IF YES (CODE 1) IN E64

Amount of Total Interest

E65. How much is the total interest over the course of the loan? (NA)

Magkano po ang kabuuang interes ng inyong loan? (NA)

	PHP
--	-----

ASK ALL

Incidence of Having Started Paying Off the Loan

E66. Have you started paying the loan? (SA)

Naumpisahan ninyo na po bang magbayad ng utang? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	1	SKIP TO E68

ASK E67 IF YES (CODE 1) IN E66 (SHOW TABLET)

**Frequency of Paying Loan**

E67. How frequently do you make payments for the loan? **(SA)**
Gaano kadalas po kayo nagbabayad ng utang? (SA)

Daily Araw-araw	1
Weekly Kada lingo	2
Monthly Kada buwan	3
Annually Kada taon	4
Other, specify	()

Collateral Used for Loan**ASK ALL****(SHOW TABLET)**

E68. What collateral, if any, did you use to secure the loan? **(SA)**
Ano ang kolateral/ nakasanla, kung meron man, para makautang? (SA)

No collateral Walang kolateral/ sinanla	0
Agricultural land Sinasakang lupa	1
Buildings or other property Building/ gusali o iba pang pag-aari	2
Gold/Silver Ginto/ Pilak	3
Personal guarantee Personal na guarantee	4
Past borrowing record Nakautang na dati at may record na	5
Motor/Car/Tricycle/Boat Motor/ Kotse/ Traysikel/ Bangka	6
Other, specify	()

Days Obtaining the Loan

E69. How many days did it take to obtain the loan? **(NA)**
Ilang araw po ang lumipas bago ninyo nakuha ang utang? (NA)

PHP	
Don't Know/ Can't Recall	9999
Refused	9998

ASK E70 IF YES (CODE 1) IN E66**Amount Already Repaid**

E70. How much already have you repaid? Include only the principal amount. In other words, the amount you borrowed, not the interest. **(NA)**

Magkano na po ang muli ninyong binayaran? Pakisama lamang ang kabuuang halaga. Sa madaling salita, halaga ng hiniram, hindi ang interes. (NA)

PHP	
Don't Know	9999
Refused	9998



Now, let's talk about the construction or repair of sanitation facilities.
Ngayon naman po, pag-usapan natin ang pagpapatayo o pagpapaayos ng palikuran.

F. CONSTRUCTION OF SANITATION FACILITIES

ASK AMONG THOSE WITH SANITARY TOILET: CODES 2-7 IN C24

ASK ALL

Incidence of Repairing or Improving Toilet in P12M

F71. Did you do any of the following in the past year? (SA)

Alin po sa mga sumusunod ang ginawa ninyo nitong nakaraang taon – bale, mula po noong June 2017 hanggang sa kasalukuyan? (SA)

	F71a. Repair or improve your existing toilet <i>Nagpa-ayos o nagpaganda ng palikuran (SA)</i>	F71b. Construct a new toilet – <i>Nagpagawa ng bagong palikuran (SA)</i>	
Yes / Oo	1	1	
No / Hindi	2	2	SKIP TO F82 IF NO (CODE 2) IN BOTH F71a AND F71b

NOTE TO DP: ANSWER IN F71a AND F71b CAN BE BOTH YES OR BOTH, OR A COMBINATION OF YES AND NO (I.E., NO PROHIBITIONS).

NOTE TO DP: FOR QUESTIONS F72 TO F78, ALL 'A' QUESTIONS REFER TO TOILET REPAIR OR IMPROVEMENT, ALL 'B' QUESTIONS REFER TO NEW TOILET CONSTRUCTION. ASK 'A' QUESTIONS IF YES IN F71a AND ASK 'B' QUESTIONS IF YES IN F71b.

ASK IF YES (CODE 1) IN F71a (SHOW TABLET)

Toilet Repairer (DO NOT SHOW ANSWERS)

F72a. Who repaired or improved the toilet in your house?

Sino po ang nag-ayos o nagpaganda ng palikuran sa inyong bahay?

ASK IF YES (CODE 1) IN F71b (SHOW TABLET)

Toilet Constructor (DO NOT SHOW ANSWERS)

F72b. Who constructed the toilet in your house?

Sino po ang gumawa ng palikuran sa inyong bahay?

	F71a. Repair or improve your existing toilet <i>Nagpa-ayos o nagpaganda ng palikuran (SA)</i>	F71b. Construct a new toilet – <i>Nagpagawa ng bagong palikuran (SA)</i>
Household member <i>Miyembro ng household</i>	1	1
Hired laborer <i>Hired laborer</i>		

General Laborer Mason o laborer na hindi espesyalista sa pagtatayo ng toilet	2	2
Mason/ with experience in toilet construction – Skilled Worker Mason o laborer na espesyalista sa pagtatayo ng toilet	3	3
Neighbor/ Relatives/ Friends (not a HH member) Kapitbahay/kamag-anak/Kaibigan (Hindi Household member)	4	4
Other, specify	()	()

Amount Spent on Last Repair

F73a. How much did you spend the last time that you had your toilet repaired or improved? **(NA)**
Magkano po ang inyong nagastos noong huli po ninyong pinaayos o pinaganda ang inyong palikuran? (NA)

Amount Spent on Construction

F73b. How much did you spend when you had your toilet constructed this past year? **(NA)**
Magkano po ang nagastos ninyo noong nagpagawa kayo ng palikuran noong nakaraang taon? (NA)

F73a. Amount Spent on Last Repair	F73b. Amount Spent on Construction
PHP _____	PHP _____
Did not spend anything – 00	Did not spend anything – 00

ASK IF DID NOT CODE 00 in F73a

Incidence of Taking Out a Loan/Borrow Money for Repair or Improvement

F74a. Did you take out a loan and/or borrow money to finance the repair or improvement of your toilet facility? **(SA)**
Kayo ba ay umutang o nanghiram ng pera para sa pagpapa-ayos o pagpapaganda ng inyong palikuran? (SA)

ASK IF DID NOT CODE 00 in F73b

F74b. Did you take out a loan and/or borrow money to finance the construction of your toilet facility? **(SA)**
Kayo ba ay umutang o nanghiram ng pera para sa pagpapa-gawa ng inyong palikuran? (SA)

	F74a. Loan for repair or improvement	F74b. Loan for construction
Yes/ Oo	1	1
No/ Hind	2	2

NOTE TO DP: ASK F75a AND F76a FIRST BEFORE MOVING TO F75b AND F76b

ASK IF YES (CODE 1) in F74a (SHOW TABLET)

Source of Loan for Repair

F75a. From what source did you obtain the loan for the repair or improvement?
Kanino po kayo nangutang para sa pagpapagawa o pagpapaayos?

Amount of Loan for Repair

F76a. How much was the loan?
Magkano po ang inutang ninyo?

ASK IF YES (CODE 1) in F74b (SHOW TABLET)



Source of Loan for Construction

F75b. From what source did you obtain the loan for the construction?

Kanino po kayo nangutang para sa kontruksyon?

Amount of Loan for Construction

F76b. How much was the loan?

Magkano po ang inutang ninyo?

	F75a. Source of loan for repair or improvement	F75b. Source of loan for construction
Relatives/Friends <i>Kamag-anak / kaibigan</i>	1	1
Agricultural Development Bank	2	2
Commercial Bank	3	3
Microfinance Institution	4	4
Other finance institution <i>Iba pang pampinansyal na institusyon</i>	5	5
NGO Relief Agency <i>NGO o tumutulong na ahensya</i>	6	6
Landlord/Employer <i>May-ari ng lupa / Amo sa pinagtrabahuhan</i>	7	7
Shopkeeper <i>May-ari ng tindahan</i>	8	8
Money Lender <i>Nagpapautang ng pera</i>	9	9
Cooperative <i>Kooperatiba</i>	10	10
Other, specify	()	()
F76. How much was the loan?	PHP _____	PHP _____
	Don't Know 9999	Don't Know 9999
	Refused 9998	Refused 9998

NOTE TO INTERVIEWER: ASK F77a AND F78a FIRST BEFORE MOVING TO F77b AND F78b



Incidence of Receiving Government Subsidy for Repair

F77a. Did you receive government subsidy for repair or improvement of your toilet facility?

Nakatanggap po ba kayo ng tulong mula sa gobyerno para sa pagpapagawa o pagpapa-ayos nang kahit anong parte ng inyong palikuran?

NOTE TO DP: IF ANSWERED “NO” (CODE 2), THEN DO NOT ASK F78a

Amount of Subsidy Received for Repair

F77a. How much is the value in pesos of the subsidy you received? If you received an in-kind subsidy, please estimate the value of the goods or hardware you received?

Magkano po ang halaga sa Pesos na nakuha ninyo mula sa gobyerno para dito? Kung nakatanggap kayo ng tulong sa pamamagitan ng gamit, paki tantya lang po kung magkano sa inyong palagay ang halaga ng mga gamit na ito

Incidence of Receiving Government Subsidy for Construction

F77b. Did you receive government subsidy for construction of your toilet facility?

Nakatanggap po ba kayo ng tulong mula sa gobyerno para sa pagpapagawa o pagpapa-ayos nang kahit anong parte ng inyong palikuran?

NOTE TO DP: IF ANSWERED “NO” (CODE 2), THEN DO NOT ASK F78b

Amount of Subsidy Received for Construction

F78b. How much is the value in pesos of the subsidy you received? If you received an in-kind subsidy, please estimate the value of the goods or hardware you received?

Magkano ang halaga sa Pesos na nakuha ninyo mula sa gobyerno para dito? Kung nakatanggap kayo ng tulong sa pamamagitan ng gamit, paki tantya lang po kung magkano sa inyong palagay ang halaga ng mga gamit na ito.

	F77a. Subsidy for repair or improvement	F77b. Subsidy for construction
Yes/ Oo	1	1
No/ Hindi	2	2
F78. How much was the subsidy?	PHP _____	PHP _____
	Don't Know 9999	Don't Know 9999
	Refused 9998	Refused 9998

ASK F79 TO F81 IF YES (CODE 1) IN F71a or F71b (SHOW TABLET) – RANDOMIZE CHOICES

Source of Knowledge on Toilet Facilities, Supplies and Cost

F79. Where did you learn about the options for types of facilities, supplies and cost of toilet facilities?

Saan po ninyo natutunan ang tungkol sa iba't ibang klase ng pasilidad, gamit at gastos ng palikuran?

Mason/local craftsman <i>Mason o local na gumagawa</i>	1
Local vendors <i>Local na nagtitinda ng mga gamit</i>	2

Neighbors/Family Kapitbahay / kamag-anak	3
Barangay official	4
Municipal Link	5
Barangay Health Worker	6

(SHOW TABLET) – RANDOMIZE CHOICES

Main Reasons of Improving Toilet Facility

F80. What was the main reason for your household to decide to improve or construct the toilet facility? **(Up to 3 answers)**
Ano ang pinaka dahilan kung bakit kayo nagdesisyon na gumawa ng palikuran para sa inyong household? (Up to 3 answers)

Improved hygiene/cleanliness Para mapabuti ang pangkalinisan	1
More privacy Para mas pribado	2
Convenience/saves time Mas madali / para tipid sa oras	3
Improved status/prestige Para mas makaka-angat/para sikat	4
Improved health Para sa mas magandang kalusugan	5
More comfortable Mas kumportable	6
Improved safety Mas ligtasan	7
Social pressure Naimpluwensyahan ng ibang tao	8
Enforcement of government Inutos ng gobyerno	9
CLTS/ FDS/ triggering / mapping of sanitation situations CLTS/ FDS/ triggering/ pagma-mapa ng sanitation situations	10
Subsidy on offer May tulong na galing sa gobyerno na inalok	11
Had enough money to buy May sapat na pera para makabili	12
Construction of new house Nagpagawa ng bagong bahay	13
Event/wedding/funeral/visitors from outside coming May mga bisita na padating para sa isang	14

<i>pagtitipon/kasal/libing at iba pa</i>	
Other, specify	()

(SHOW TABLET)

Decision Maker to Improve Toilet Facility

F81. Who made the decision to improve or construct the toilet facility? **(SA)**
Sino ang nagdesisyon na gumawa or magtayo ng inyong palikuran? (SA)

Head of household <i>Padre de Pamilya/ Pinuno ng tahanan</i>	1
Wife/spouse <i>Asawa/Partner</i>	2
Children <i>Anak</i>	3
Other members of the household (specify) <i>Iba pang miyembro ng household</i>	4
Person outside the household (specify) <i>Tao sa labas ng household</i>	5

ASK IF NO TOILET FACILITY (NOT CODES 2 TO 7 IN C24) OR NO (CODE 2) IN BOTH F71a and F71b

(SHOW TABLET) – RANDOMIZE CHOICES

Main Constraint in Improving or Constructing Toilet Facility

F82. What are the main constraints facing your household in improving or constructing your toilet facility? **(Up to 3 answers)**
Ano ang mga pinaka balakid ng inyong household sa pagpapagawa or pagpapa-ayos ng inyong palikuran? (Up to 3 answers)

High cost/unaffordable <i>Mataas na presyo</i>	1
Competing priorities <i>May ibang pangangailangan</i>	2
Nobody to build/install it <i>Walang gagawa or magkakabit</i>	3
Materials not available <i>Walang materyales na makukuha</i>	4
Geological limitations (e.g. water table/soil conditions/regular flooding) <i>Mga kondisyon ng lugar (bumabaha, water table, kundisyon ng lupa, atbp.)</i>	5
Limited space <i>Kulang/ maliit na lugar</i>	6
Legal/Tenancy issues (no title, renting, other's house, permit problems) <i>Legal na isyu (walang titulo ang lupa, nangungupahan lang, iba ang may ari ng bahay, hidi makakakuha ng permit, atbp.)</i>	7



Dislike available toilet options <i>Ayaw ang mga pagpipilian na klase ng palikuran</i>	8
There are no constraints to improving the toilet facility <i>Wala naman balakid sa pagpapagawa o pagpapayayos ng palikuran</i>	9



Now, let's talk about things that have something to do with financial services that are specific to sanitation.

Ngayon naman po, pag-usapan natin ang mga bagay na may kinalaman sa pinansyal na inilalaan natin sa sanitasyon/ kalinisan.

G. FINANCIAL SERVICES (Sanitation-Specific)

NOTE: MODULE G TO BE ASKED AMONG T3 AND T4 HH ONLY

ASK ALL

Orientation of ASA Philippines' Products and Services

G83. Have you or any member of your household been oriented with products and services of ASA Philippines? (SA)

Kayo po ba o kahit sinong miyembro sa inyong household ay na-orient o napagbigyang-alam sa mga produkto at serbisyo ng ASA Philippines? (SA)

Yes / Oo	1	CONTINUE
No / Hindi (IF TO SKIP, SHOULD ADD SPIEL FOR NEXT SECTION)	2	SKIP TO NEXT SECTION

(SHOW TABLET)

ASK G84 TO G103 TO THOSE WHO ANSWERED CODE 1 IN G83. OTHERWISE, SKIP TO NEXT SECTION

ASA Philippines Orientation Conductor

G84. Who provided you with the orientation on the financial packages of ASA Philippines? (SA)

Sino po ang nagbigay sa inyo ng orientation sa mga financial packages ng ASA Philippines? (SA)

ASA Philippines through a group orientation ASA Philippines sa pammagitan ng group orientation	1
ASA Philippines through a one-on-one orientation ASA Philippines sa pamamagitan ng one-on-one orientation	2
Municipal Link	3
Co-members in the ASA group Kasamahan sa ASA group	4
Other, specify	()

(SHOW TABLET)

Level of Comprehension of Financial Packages

G85. Did you understand the features, terms and conditions of the financial packages when it was first explained to you? (SA)

Naintindihan niyo po ba ang features, terms at conditions ng mga financial packages noong ito po ay unang pinaliwanag sa inyo? (SA)

Yes, all of it Oo, lahat ito	4	SKIP TO G87
I understood most of it Naintindihan ko ang karamihan dito	3	CONTINUE
I did not understand most of it Hindi ko naintindihan ang karamihan dito	2	
No, I did not understand any of it Hindi, wala akong naintindihan dito	1	

(SHOW TABLET) – RANDOMIZE CHOICES

Difficulty in Comprehension of Financial Packages

G86. Which product features, terms and conditions did you find difficult to understand?

Alin pong product features, terms at conditions ang mahirap maintindihan?

Amount of loan or household counterpart Halaga ng loan o utang o household counterpart	1
Amount of "discount" (subsidy) Halaga ng diskwento (tulong o subsidy mula sa pamahalaan)	2

The repayment terms (weekly payment, attendance in group meetings, etc) Ang mga tuntunin ng pagbabayad (lingguhang pagbabayad, ang pagdalo sa mga pagpupulong, atbp.)	3
The application process Proseso ng aplikasyon	4
The disbursement terms (release of 50% as downpayment to the mason, etc) Ang mga tuntunin ng pagbabayad sa mason (pagbibigay ng 50% na downpayment o paunang bayad sa mason, atbp.)	5
Other, specify	()

Interest in ASA Philippines Offer

G87. Did you or any member of your household find the ASA Philippines offer appealing? (SA)
Kayo po ba o sino mang miyembro ng inyong household ay nakitaan ng maganda ang alok ng ASA Philippines? (SA)

Yes / Oo	1
No / Hindi	2

Incidence of Signing Up with ASA Philippines

G88. Did your household sign up with (or take a loan from) ASA Philippines? (SA)
Ang household po ba ninyo ay nag sign up (o nangutang) sa ASA Philippines? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO G92

ASK G89 TO G91 IF YES (CODE 1) IN G88

(SHOW TABLET)

Decision Maker in Signing Up with ASA Philippines

G89. Who made the final decision to sign up with (or take a loan from) ASA Philippines for a new toilet or toilet upgrade? (SA)
Sino po ang may huling desisyon sa pag-sign up (o pagkuha ng loan/ utang) sa ASA Philippines para sa bagong palikuran o pang-upgrade nito? (SA)

Household Head Padre de Pamilya / Pinuno ng pamilya	1
Wife/Spouse Asawa/ Partner	2
Joint decision (HH and wife/spouse) Joint decision (desisyon ng Padre de Pamilya at ng kanyang asawa/ partner)	3
Other family members (specify) Iba pang miyembro ng pamilya	4

(SHOW TABLET)

Purpose of Loan from ASA Philippines

G90. What is the purpose of the loan from ASA Philippines?
Ano po ang paggagamitan ninyo ng loan o utang mula sa ASA Philippines?

Construction of new toilet Pagpapagawa ng bagong palikuran	1
Repair or improvement of toilet Pagpapaayos o pagpapaganda ng palikuran	2
Other, specify	()

(SHOW TABLET) – RANDOMIZE CHOICES

Reasons for Borrowing Money to Have Own Toilet

G91. What convinced you to borrow in order to have your own toilet?
Ano po ang nagkumbinsi sa inyong mangutang para magkaroon ng sariling palikuran?

I want my family to experience the convenience of using own toilet Gusto kong maranasan ng pamilya ko ang ginhawa sa paggamit ng sariling palikuran	1
I want to protect my family from illnesses brought about by open defecation Gusto kong protektahan ang pamilya ko sa mga sakit na dala ng open defecation o pagdumi kung saan-saan	2
I was receiving pressure from my neighbors to have own toilet built Naiimpluwensyahan ako ng aking mga kapitbahay na magkaroon ng sariling palikuran	3
I was forced by my Municipal Link Ako ay pinilit ng aking Municipal Link	4
Other, specify	()

**ASK ONLY IF WITH TOILET FACILITY (CODES 2-7) IN C24
(SHOW TABLET) – RANDOMIZE CHOICES**

Benefits of Having Own Toilet Facility

G92. What benefits are you getting from having your own toilet? (MA)
Ano po ang mga benepisyo na nakukuha ninyo sa pagkakaroon ng sariling palikuran? (MA)

We no longer defecate in the open Hindi na kami dumudumi kung saan-saan	1
We don't have to use shared toilet Hindi na namin kailangang gumamit ng palikuran na ginagamit rin ng iba	2
Other, specify	()

**ASK G93 TO G98 IF YES (CODE 1) IN G88
(SHOW TABLET)**

Acceptability of Terms and Conditions of ASA Philippines

G93. How acceptable do you find the following terms and conditions of ASA Philippines? (SA per item)
Ano po ang masasabi ninyo sa mga sumusunod na terms at conditions ng ASA Philippines? (SA per item)

	Very acceptable Talagang katanggap-tanggap	Acceptable Katanggap-tanggap	Can't say Hindi masabi	Unacceptable Hindi hatanggap-tanggap	Very unacceptable Talagang hindi katanggap-tanggap
a. Amount of loan / Halaga ng loan o utang	5	4	3	2	1
b. Amount of "discount" (subsidy) / Halaga ng diskwento (tulong mula sa pamahalaan)	5	4	3	2	1
c. Amount of weekly payment / Halaga ng lingguhang bayad	5	4	3	2	1
d. Weekly mode of payment / Lingguhang pagbabayad	5	4	3	2	1
e. Payment during weekly meetings / Lingguhang pagbabayad kada may meeting	5	4	3	2	1
f. Loan term of 6 or 12 months / Loan term ng anim o labindalawang buwan	5	4	3	2	1
g. Disbursement at the ASA branch office / Pagbabayad sa brand office ng ASA	5	4	3	2	1
h. "Accredited" masons who have to construct the toilet / Accredited o kilalang mga mason na gagawa ng palikuran	5	4	3	2	1
g. Processing of application / Pagproseso ng application	5	4	3	2	1

**Incidence of On-time Payments**

G94. Are/Were you able to make on-time payments? (SA)
Kayo po ba ay nakakapagbayad ng tama sa oras? (SA)

Yes / Oo	1
No / Hindi	2

(SHOW TABLET) – RANDOMIZE CHOICES**Source of Fund for Payments**

G95. Where did your household get the funds to make your payments?
Saan po ninyo o ng inyong household kinuha ang pera para makapagbayad ng tama sa oras?

From salary or income of HH Head Mula sa sweldo o kita ng household	1
From the Pantawid cash grant Mula sa Pantawid cash grant	2
From income of our business Mula sa kita ng aming negosyo	3
From our savings Mula sa aming ipon	4
From salary or income of other household members Mula sa sweldo o kita ng ibang miyembro ng household	5

ASK G96 IF NO (CODE 2) IN G94**Primary Reason for Missed Payments – RANDOMIZE CHOICES**

G96. What is the main reason why you missed at least one weekly payment? (SA)
Ano po ang pinakadahilan kung bakit hindi kayo nakapagbayad ng isang lingguhang bayad? (SA)

I used the money for our daily needs (food, etc) Ginamit ko ang pera para sa pangaraw-araw na pangangailangan (pagkain, atbp.) ng aming pamilya	1
I used the money for an emergency (illness, accident, etc) Ginamit ko ang pera para sa emergency o biglaang pangangailangan (sakit, aksidente, atbp.)	2
I used the money for a family event (baptism, birthday, fiesta, etc) Ginamit ko ang pera para sa family event (binyag, kaarawan, pista, etc.)	3
I used the money for another purpose (specify) Ginamit ko ang pera sa ibang bagay	4
Income was not sufficient / Hindi sapat ang kita	5
Other, specify	()

Incidence of Making Sacrifices for Payment Obligation

G97. Did you make sacrifices in order to meet your payment obligation with ASA Philippines? (SA)
Mayroon po ba kayong mga isinakripisyo para matugunan ang lingguhang obligasyon ninyo sa ASA Philippines? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO G103

ASK G98 TO THOSE WHO ANSWERED CODE 1 IN G97**Sacrifices Made for Weekly Obligation**

G98. What sacrifices did your household make to meet the weekly obligation with ASA Philippines?

Ano pong mga sakripisyo ang ginawa ng inyong household para matugunan ang lingguhang obligasyon ninyo sa ASA Philippines?

We missed one or several meals Nagpalipas ng isa o mangilan-ngilangang pagkain	1
We reduced household spending Nagbawas sa gastos sa household	2
We used our savings intended for another purpose Ginamit ang ipon na nakalaan para sa ibang bagay	3
Other, specify	()

**ASK G99 IF NO (CODE 2) IN G88
(SHOW TABLET) – RANDOMIZE CHOICES**

Reasons for Not Signing Up with ASA Philippines

G99. Why did your household decide not to sign up with (or take a loan from) ASA Philippines? (MA)

Bakit po nagdesisyon ang inyong household na huwag mag-sign (o kumuha ng loan o utang) sa ASA Philippines? (MA)

I already have a toilet Mayroon na akong palikuran	1
I did not want to borrow Ayaw kong mangutang	2
I did not know all about a loan from ASA Philippines Wala akong alam tungkol sa loan o pautang mula sa ASA Philippines	3
ASA Philippines did not approve my application Hindi inaprubahan ng ASA Philippines ang aking application	4
I don't have the capacity to repay the loan Wala akong kakayahang bayaran ang loan o utang	5
I don't find the terms and conditions acceptable Hindi katanggap-tanggap sa akin ang terms at conditions nito	6
I was discouraged by family members Hindi ako sinuportahan ng miyembro ng pamilya	7
Other, specify	()

(SHOW TABLET) – RANDOMIZE CHOICES

ASK G100 IF CODE 6 IN G99

Unacceptable Terms and Conditions (SHOW TABLET)

G100. What terms and conditions did you not find acceptable?

Ano pong terms at conditions ang nakita ninyong hindi katanggap-tanggap?

Amount that I have to pay back (amount of Pantawid household counterpart) Halaga ng kailangan kong bayaran (kapalit na halaga ng Pantawid)	1
I have to pay weekly Kailangan kong magbayad ng lingguhan	2
I have to attend center meetings Kailangan kong um-attend o dumalo sa mga center meetings	3
I have to pay back in 6 or 12 months only Kailangan kong makapagbayad sa loob lamang ng anim o labindalawang buwan	4
Accredited masons who have to construct the toilet Accredited o kilalang mga mason na gagawa ng palikuran	5
The quality of materials that will be used for the toilet	6

Kalidad ng mga materyales na gagamit sa palikuran	
Other, specify	()

(SHOW TABLET)

ASK G101 TO G102 IF CODE 2 IN G90

Type of Toilet Repair, Upgrade or Improvement (SHOW TABLET)

G101. What type of toilet repair, upgrade, or improvement did you use the loan for?

Sa anong klase pong pagpapaayos, pagpapaganda o pagpapabuti ng palikuran ninyo ginamit ang loan o utang?

Build or strengthen the roof Pagpapagawa o pagpapatibay ng bubong	1
Build or strengthen the walls Pagpapagawa o pagpapatibay ng pader	2
Put a door Pagpapalagay ng pinto	3
Improve the flooring (put tiles, etc) Pagpapaayos ng flooring o sahig (paglagay ng tiles, atbp)	4
Other, specify	()

(SHOW TABLET) – RANDOMIZE CHOICES

Benefits of Improving/ Upgrading Toilet Facility

G102. What benefits are you getting by having your toilet improved or upgraded? **(MA)**

Anu-anong benepisyo po ang inyong nakukuha sa pagkakaroon ng maayos at magandang palikuran? (MA)

It is now more convenient or comfortable to use Mas maayos at mas komportable na itong gamitin	1
It is now more secure Mas ligtas na ito	2
It is now sturdier and can withstand bad weather condition Mas matibay na ito at kayang tumagal sa masamang kondisyon ng panahon	3
Other, specify	()

ASK ALL

(SHOW TABLET)

Importance of ASA Philippines' Role in Toilet Improvement

G103. How important do you think the role of ASA Philippines is, in getting you a toilet/ in having your toilet improved? **(SA)**

Sa tingin po ninyo, gaano kahalaga ang tungkulin ng ASA Philippines sa pagbibigay sa inyo ng palikuran/ pagpapaayos ng inyong palikuran? (SA)

Very important / Talagang importante	5
Somewhat important / Medyo importante	4
Can't say if important or not Hindi masabi kung importante o hindi	3
Somewhat not important / Medyo hindi importante	2
Not important at all / Talagang hindi importante	1

Now, let's talk about the toilet constructed for your household.

Ngayon naman po, pag-usapan natin ang palikuran na itinayo para sa inyong household.

H. ASSESSMENT OF CONSTRUCTED TOILET

NOTE: MODULE H TO BE ASKED AMONG T3 AND T4 HH ONLY

ASK H104 TO H112 IF CODE 1 IN G90

(SHOW TABLET)

Overall Satisfaction on Quality of Toilet Facility

H104. You mentioned earlier that you took a loan from ASA Philippines to construct a toilet. On the overall, how satisfied or dissatisfied are you with the quality of the toilet facility in your household? **(SA)**

Nabanggit po ninyo kanina na kumuha kayo ng loan mula sa ASA Philippines para sa pagpapagawa ng palikuran. Sa kabuuan, gaano po kayo nasiyahan o di nasiyahan sa kalidad ng palikuran sa inyong household? (SA)

Very satisfied / Talagang nasiyahan	5
Satisfied / Nasiyahan	4
Neither satisfied nor dissatisfied Hindi masabi kung nasiyahan o hindi	3
Dissatisfied / Hindi nasiyahan	2
Very dissatisfied / Talagang hindi nasiyahan	1

Assessment of Quality of Toilet Constructed

H105. Did you find the constructed toilet facility... **(SA)**

Sa tingin niyo po ba ang palikuran ay...? (SA)

		Yes Oo	No Hindi
a.	Functional? / Gumagana	1	2
b.	Durable? / Matibay	1	2
c.	Easy to maintain? / Madaling i-maintain	1	2

Quality Expectation on Toilet Facility

H106. Were your expectations on the quality of toilet constructed for you met? **(SA)**

Ang inyo po bang ekspektasyon sa kalidad ng ginawang palikuran ay natugunan? (SA)

Yes / Oo	1
No / Hindi	2

Incidence of Having Any Issues and Concerns

H107. Have you encountered any issues and concerns regarding your newly constructed toilet? **(SA)**

Kayo po ba ay may kinaharap na mga isyu o problema tungkol sa inyong bagong gawang palikuran? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO H110

ASK H108 TO H109 IF YES (CODE 1) IN H107

(SHOW TABLET) – RANDOMIZE CHOICES

Issues and Concerns on Newly Constructed Toilet

H108. What was your issue and concern on your newly constructed toilet?

Ano po ang inyong isyu o problema sa inyong bagong gawang palikuran?

The materials used were of poor quality Ang mga materyales na ginamit ay mababa ang kalidad	1
I have problems with flushing the toilet Mayroon akong problema sa pagbaba ng tubig sa palikuran	2
I have problems with the septic tank Mayroon akong problema sa poso-negro	3
The walls are dilapidated Ang mga pader ay sira-sira	4
The exhaust is not functional Ang exhaust ay hindi gumagana	5
Other, specify	()



Incidence of Addressing Issues and Concerns

H109. Was your concern acted upon by...? (SA)

Ang inyo po bang mga isyu o problema ay naaksyunan ng...? (SA)

	a. ASA Philippines	b. Masons
Yes / Oo	1	1
No / Hindi	2	2

(SHOW TABLET)

ASK ALL – AMONG T3 & T4 HOUSEHOLDS

Complaints Channel of ASA Philippines

H110. Did ASA Philippines inform you of their complaints channel? (SA)

Naipalam po ba sa inyo ng ASA Philippines ang tungkol sa kanilang complaints channel kung saan pwede ninyong i-dulog ang inyong mga isyu o problema? (SA)

Yes, ASA Philippines informed me of their complaints channels Oo, ipinaalam sa akin ng ASA Philippines ang tungkol sa kanilang complaints channels	1
No, ASA Philippines did not inform me of their complaints channels Hindi, hindi ipinaalam sa akin ng ASA Philippines ang tungkol sa kanilang complaints channels	2

ASK H111 TO H112 IF YES (CODE 1) IN H107

(SHOW TABLET)

Who to Discuss Issues and Concerns With

H111. Where did you go to raise your issues and concerns about the constructed toilet facility? (SA)

Saan po kayo pupunta kung kayo ay may isyu o hinaing tungkol sa pinagawang palikuran? (SA)

Municipal Link	1
Parent Leader	2
ASA Branch	3

Incidence if Concern Has Been Acted Upon

H112. Was your concern acted upon? (SA)

Ang inyo po bang isyu o problema ay naaksyunan? (SA)

Yes / Oo	1
No / Hindi	2

ASK ALL – AMONG T3 & T4 HOUSEHOLDS

Opinion on Grievance Mechanism of ASA Philippines

H113. In general, do you feel like you can ask the ASA Philippines staff any questions, or complain at any time? (SA)

Sa kabuuan, naramdaman po ba ninyo na pwede kayong magtanong ng kahit ano sa kahit sinong tauhan ng ASA Philippines ano mang oras? (SA)

Yes / Oo	1
No / Hindi	2

(SHOW TABLET)

Opinion on ASA Philippine Staff's Conduct and Behavior

H114. What can you say about the ASA Philippines staff's conduct and behavior? (SA)

Ano po ang masasabi ninyo sa kilos at pag-uugali ng mga tauhan ng ASA Philippines? (SA)

Their conduct and behavior are appropriate all the time Ang kanilang kilos at pag-uugali ay palaging wasto	4
Their conduct and behavior are appropriate most of the time Ang kanilang kilos at pag-uugali ay kadalasang wasto	3
Their conduct and behavior are inappropriate most the time Ang kanilang kilos at pag-uugali ay palaging hindi wasto	2

Their conduct and behavior are inappropriate all the time Ang kanilang kilos at pag-uugali ay kadalasang hindi wasto	1
--	---

ASK H115 TO H116 IF SIGNED UP WITH ASA (YES/ CODE 1 IN G88) AND CONSTRUCTED A TOILET (CODE 1 IN F71b) (SHOW TABLET)

Mason Influence on Constructing New Toilet

H115. Going back to when you decided to construct a new toilet...How much influence did your mason have in encouraging your household to do so? (SA)

Gaano kalaki ang impluwensya ng inyong mason sa paghikayat sa inyong household na magpagawa/ magpatayo ng bagong palikuran? (SA)

Much influence / Talagang malaking impluwensya	4
Some influence / Medyo malaking impluwensya	3
Little influence / Bahagyang impluwensya	2
No influence at all / Walang impluwensya	1

(SHOW TABLET)

Importance of Toilet Quality to Encourage Availment of ASA Loan

H116. In your opinion, how important is toilet quality in convincing you to avail of the ASA loan to build your own toilet?

Sa inyong opinyon, gaano po ka-importante ng kalidad ng palikuran para hikayatin ang mga household na kumuha ng loan o umutang sa ASA para magpatayo ng sarili nilang palikuran?

Very important / Talagang importante	5
Somewhat important / Medyo importante	4
Can't say if important or not Hindi masabi kung importante o hindi	3
Somewhat not important / Medyo hindi importante	2
Not important at all / Talagang hindi importante	1

ASK ALL – AMONG ALL TREATMENTS

(SHOW TABLET)

Overall Quality of Life

H117. On the overall, how would you rate the quality of life in your household now compared to one year ago? (SA)

Sa kabuuan, paano ninyo po ga-graduhan ang kalidad ng buhay ng inyong household kumpara noong nakaraang isang taon? (SA)

Much better now / Mas mabuti ngayon	5
Somewhat better now / Medyo mabuti ngayon	4
The same / Pareho lang	3
Somewhat worse now / Medyo hindi mabuti ngayon	2
Much worse now / Mas hindi mabuti ngayon	1

ASK H118 IF BETTER QOL (CODE 4 OR 5 IN H117) AND CONSTRUCTED A TOILET (CODE 1 IN F71b) OR IMPROVED/ REPAIRED TOILET (CODE 1 IN F71a) IN THE P12M

(SHOW TABLET)

Contribution of Having Improved Toilet to Better QoL

H118. How much would you say did the improved toilet facility contribute to the better quality of life in your household? (SA)

Gaano po ninyo masasabi na ang napaayos na palikuran ninyo ay nakatulong para sa mas mabuting kalidad ng buhay ng inyong household? (SA)

Contributed very much / Sobra talagang nakatulong	5
--	---

Contributed much / Talagang nakatulong	4
Contributed somewhat / Medyo nakatulong	3
Contributed little / Nakatulong ng konti	2
Did not contribute at all (better QoL is because of other factors) / Wala talagang naitulong	1

(SHOW TABLET)

ASK H119 IF WITH TOILET FACILITY (CODES 2-7) IN C24

Neighbors Interested in Having Own Toilet

H119. How many of your neighbors would you say are also interested to build their own toilet in the future? **(SA)**
Ilan po sa inyong mga kapitbahay ang masasabi mong magiging interesado sa paggawa ng sarili nilang palikuran sa mga darating na panahon? (SA)

Most or all of them / Halos lahat sila	5
Many of them / Karamihan sa kanila	4
Some of them / Mangilan-ngilan sa kanila	3
A few of them / Kaunti lang sa kanila	2
None of them / Wala sa kanila	1

(SHOW TABLET)

ASK ALL – AMONG ALL TREATMENTS

Toilet Plans in the Next 2 years

H120. Which of the following best applies to your household in terms of your plans for the next 2 years? **(SA)**
Alin po sa mga sumusunod ang pinaka tumutukoy sa inyong household patungkol sa inyong plano para sa susunod na dalawang taon? (SA)

We intend to have a new toilet constructed Balak namin na magkaroon ng bagong gawang palikuran	1
We intend to improve our toilet Balak namin na pagandahin ang aming palikuran	2
We intend to repair our toilet Balak namin na paayusin ang aming palikuran	3
No plan regarding toilet Walang planong tungkol sa palikuran	4

(SHOW TABLET) – RANDOMIZE CHOICES

PRIORITIZATION ON PREVENTION VS. CURE

H121. In the context of a limited budget, which do you think should the government prioritize? **(SA)**
Alam po natin na limitado ang budget ng gobyerno. Kung kailangang pumili ng uunahin, sa palagay niyo po ba...? (SA)

More budget on prevention (e.g., building toilets) Mas dapat lagyan ng budget ang mga programa para maiwasan ang sakit (tulad ng pagtatayo ng palikuran)	1
More budget on cure (e.g., buying medicines) for sanitation-related illness and diseases Mas dapat lagyan ng budget ang mga programa para pagalingin ang may mga sakit (tulad ng pagbili ng gamot)	2

Now, let's talk about your views and opinions on sanitation.

Ngayon naman po, pag-usapan natin ang inyong pananaw at opinion tungkol sa sanitasyon/ kalinisan.

I. SANITATION ADVOCACY

ASK ALL

Issues in the Barangay

I122. Do you have the following issues in your barangay? Let's start with... (SA per item)

Mayroon po ba kayong isyu sa inyong barangay? Umpisahan po natin sa ... (SA per item)

		Yes Oo	No Hindi
a.	Unhygienic practices (e.g., open defecation, not proper handwashing, etc.) Mga gawaing hindi malinis o kaaya-aya (e.g., pagdumi kung saan-saan, hindi wastong paghuhugas ng kamay, atbp)	1	2
b.	Issues on littering Mga isyu sa pagkakalat	1	2
c.	Sanitation-related diseases Mga sakit kaugnay sa dumi ng paligid	1	2
d.	Availability of safe water Pagkakaroon ng malinis o ligtas na tubig	1	2

Sanitation Programs and Initiatives in the Barangay

I123. Do you have programs or initiatives in your barangay related to...? (SA)

Kayo po ba ay may mga programa o inisiyatiba sa inyong barangay kaugnay sa...? (SA)

		Yes Oo	No Hindi
a.	Safe water / Malinis o ligtas na tubig	1	2
b.	Sanitation and hygiene / Kalinisan	1	2

(SHOW TABLET)

Sanitation Practices

I124. How many in your household observe the following practices on a regular basis? (SA per item)

Kayo po ba o kahit sino sa miyembro ng inyong household ay naghuhugas ng kamay sa wastong paraan? (SA per item)

(SHOW TABLET)

Change in Sanitation Practices in Past Year

I125. Would you say more or less of you in the household practice (INSERT SANITATION PRACTICES A TO D, ONE BY ONE) compared to a year ago? (SA per item)

Masasabi mo bang marami o konti sa inyong household ang nagsasagawa ng (INSERT SANITATION PRACTICES A TO D, ONE BY ONE) kumpara noong nakaraang taon? (SA per item)

	a. Proper handwashing (at least before meals and with soap) Naghuhugas ng kamay sa wastong paraan (tuwing bago kumain, at may sabon)	b. Open defecation (defecating in the open) Dumudumi sa kung saan-saan	c. Defecate in a proper toilet (i.e., covered or with flush) Dumudumi sa tamang palikuran (yung may maayos na takip o flush)	d. Ensure we have safe drinking water in the household Sinisiguro na may ligtas na tubig na iinumina sa household
I124. Sanitation Practices				
All of us / Lahat kami	5	5	5	5
Most of us / Karamihan sa amin	4	4	4	4

Some of us / <i>lilan sa amin</i>	3	3	3	3
Few of us / <i>Kaunti sa amin</i>	2	2	2	2
None of us / <i>Wala sa amin</i>	1	1	1	1
I125. Change in Sanitation Practices in Past Year				
More of us practice this now <i>Marami sa amin ay isinasagawa na ito ngayon</i>	3	3	3	3
Less of us practice this now <i>Marami sa amin ay isinasagawa na ito ngayon</i>	2	2	2	2
No change / <i>Walang pagbabago</i>	1	1	1	1

Importance of Sanitation

I126. Which of these apply to you or your household? (SA)

Mayroon na po bang kumausap sa inyo o kahit na sino man sa miyembro ng inyong household tungkol sa importansya ng kalinisan? (SA)

		Yes Oo	No Hindi
a.	Someone talked to me or any member of my household about the importance of sanitation <i>Mayroong nakipag-usap sa akin o sa miyembro ng aking household tungkol sa importansya ng kalinisan</i>	1	2
b.	I or a member of my household participated in community meetings on how to stop open defecation <i>Ako o isang miyembro ng aking household ay sumali sa mga community meetings kung paano matitigil ang open defecation o pagdumi kung saan-saan</i>	1	2
c.	I am aware of the negative effects of unsanitary practices <i>Alam ko ang mga masamang epekto ng mga unsanitary practices/ gawaing hindi malinis</i>	1	2
d.	I am aware of the benefits of having our own sanitary toilet <i>Alam ko ang mga benepisyo ng pagkakaroon ng sarili naming palikuran</i>	1	2

(SHOW TABLET)

Importance of Having Own Toilet

I127. How important do you think it is for households to have their own toilets? (SA)

Sa inyong palagay, gaano ka-importante para sa mga household na magkaroon sila ng sariling palikuran? (SA)

Very important / <i>Talagang importante</i>	5
Somewhat important / <i>Medyo importante</i>	4
Can't say if important or not / <i>Hindi masabi kung importante o hindi</i>	3
Somewhat not important / <i>Medyo hindi importante</i>	2
Not important at all / <i>Talagang hindi importante</i>	1

Ways to Have Own Toilet

I128. In your opinion, would doing the following help households to have their own toilet? (SA per item)

Anu-anong mga paraan ang naiisip ninyo upang magkaroon ang ibang mga household ng sarili nilang palikuran? (SA per item)

(SHOW TABLET)

Best Way to Have Own Toilet (SHOW ANSWERS IN I128 – RANDOMIZE CHOICES)

I129. Which of these do you think is the best for a household to have their own toilet? (SA)

Alin sa mga sumusunod ang sa tingin ninyo ay pinakamabuting gawin ng isang household para magkaroon ng sariling palikuran? (SA)

I128. Ways to have own toilet		I129.
Yes	No	Best

		Oo	Hindi	way
a.	Save for it Mag-ipon ng pangpagawa ng palikuran	1	2	1
b.	Borrow from relatives/ friends Manghiram sa mga kamag-anak/ kaibigan	1	2	2
c.	Borrow from financial/ lending institutions Manghiram sa mga financial/ lending institutions	1	2	3
d.	Look for grants/ programs from government Maghanap ng mga grants/ programa mula sa gobyerno	1	2	4
e.	Look for grants/ programs from NGOs Maghanap ng mga grants/ programa mula sa NGOs	1	2	5

NOTE TO DP: IF RESPONDENT ANSWERED NO (CODE 2) IN ALL STATEMENTS IN I128, DO NOT ASK I29 THEN SKIP TO NEXT SECTION

ASK I130 IF WITH TOILET FACILITY (CODES 2-7) IN C24 (SHOW TABLET)

Recommendation of building toilet to other HHs

I130. How likely or unlikely would you recommend building a toilet to other households in the future? (SA)

Gaano ka-malamang o hindi ka-malamang na ire-rekomenda ninyo ang pagpapa-gawa/ pagpapa-tayo ng palikuran sa ibang mga household sa hinaharap? (SA)

Very likely / Malamang na i-rekomenda	5
Somewhat likely / Medyo malamang na i-rekomenda	4
Neither likely or unlikely / Malamang na oo o malamang na hindi i-rekomenda	3
Somewhat unlikely / Medyo malamang na hindi i-rekomenda	2
Very unlikely / Malamang na hindi i-rekomenda	1

Now, let's talk about the health of children under 5 years old in your household.

Ngayon naman po, pag-usapan natin ang kalusugan ng mga batang 4 na taong gulang pababa sa inyong household.

J. CHILDREN (UNDER 5) HEALTH STATUS

ASK ALL

Incidence of Having HH Members Under 5 Years Old

J131. How many within the household members are 4 years old and below? (NA)

Ilan sa bawat miyembro ng inyong household ang may edad 4 na taon at pababa? (NA)

Persons

NOTE TO DP: IF ANSWERED "0", THEN SKIP TO NEXT SECTION – IF TO SKIP, SHOW SPIEL FOR NEXT SECTION

Incidence of Experiencing Illnesses in P4W

J132. How many within the household members experienced the following in the past 4 weeks? (NA)

Ilang sa bawat miyembro ng inyong household ang nagkaroon ng...? (NA)

		(NA)
a.	Fever Lagnat	_____
b.	Constant cough Tuloy-tuloy na ubo	_____
c.	Congestion Plema	_____
d.	Panting/wheezing/difficulty in breathing Hirap sa paghinga, hinihinga, hinihika	_____
e.	Stomach pain or cramps Sakit o paghilab ng tiyan	_____

f.	Nausea Pagkahilo	_____
g.	Vomiting Pagsusuka	_____
h.	Diarrhea Pagtatae	_____
i.	3 or more bowel movements in one day and one night Tatlo or mahigit pang beses na pagdumi sa isang araw at isang gabi	_____
j.	Watery or soft stool Matubig or malambot na pagtae	_____
k.	Mucus or blood in stool May parang plema o dugo sa dumi o tae	_____
l.	Refused to feed/eat Ayaw kumain o dumede	_____

NOTE TO DP: MUST NOT ACCEPT ANSWER MORE THAN ANSWER IN J131.

Now, let's talk about your household head.

Ngayon naman po, pag-usapan natin ang inyong household head.

K. PROFILE OF HOUSEHOLD HEAD

Name of HH Head

K133. Name of the Household Head
Pangalan ng pinuno ng pamilya

Record name: _____

Date of Birth of HHH

K134. When is the Hhead date of birth? (MM/DD/YEAR)
Kailan ang kaarawan ng pinuno ng pamilya? (MM/DD/YEAR)

Record birthdate: _____

Sex of HHH

K135. Is the Hhead male or female? (SA)
Si pinuno ng pamilya po ba ay lalaki o babae? (SA)

Male / Lalaki	1
Female / Babae	2

(SHOW TABLET)

Marital Status of HHH

K136. What is the marital status of the Hhead? (SA)
Ano po ang marital status ng pinuno ng pamilya? (SA)

Single	1
Married/Living together	2
Widowed	3
Divorce/Separated	4
Unknown	5

(SHOW TABLET)

Level of Education of HHH

K137. What is the highest level of education of the Hhead? **(SA)**

Ano ang pinakamataas na antas ng pag-aaral ng pinuno ng pamilya? (SA)

No grade completed	0
Preschool	1
Elementary level	2
Elementary graduate	3
High school level	4
High school graduate	5
Vocational level/graduate	6
College level	7
College graduate	8
Post-graduate level/graduate	9

(SHOW TABLET)

Primary Occupation of HHH

K138. What is primary occupation of the HHead? **(SA)**

Ano ang pangunahing trabaho ng pinuno ng pamilya? (SA)

Special occupations	0
Government Officials, Managers or Proprietors, Supervisors	1
Professionals	2
Technicians and Associate Professionals	3
Clerks	4
Service Workers and Shop and Market Sales Workers	5
Farmers, Forestry Workers and Fishermen	6
Trades and Related Workers	7
Plant and Machine Operators and Assemblers	8
Laborers and Unskilled Workers (including vending, selling delicacies, making charcoal/ pag-uuling, running a sari-sari store, etc.)	9
None	10

(SHOW TABLET)

Primary Language in the HH

K139. What is the primary language spoken at home? **(SA)**

Ano ang pangunahing salita sa inyong bahay? (SA)

English	1
Tagalog	2
Cebuano	3
Waray	4
Ilonggo/ Hiligaynon	5

Basic Literacy of HHH

K140. Can the Hhead read and write simple sentences in any language? **(SA)**

Ang Padre de Pamilya po ba ay nakakabasa at nakakusulat ng simpleng pangungusap sa kahit na anong lenguahe? (SA)

Yes / Oo	1
No / Hindi	2



Now, let's talk about the work of your household head.

Ngayon naman po, pag-usapan natin ang trabaho ng inyong household head.

L. LABOR PARTICIPATION OF HOUSEHOLD HEAD

Incidence of Hhead Earning Income in P12M

L141. In the last 12 months, did **(INSERT NAME OF HH Head from K133)** do anything to earn income or help the family earn income? **(SA)**

Nitong nakaraang labindalawang buwan, may ginawa ba si (INSERT NAME OF HH Head from K133) na kahit na ano para kumita o makatulong sa pamilya na kumita? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO L150

Labor for Other People in P4W

L142. Did **(INSERT NAME OF HH Head from K133)** work for pay for someone else (an employer or family member) at any time in the previous MONTH? **(SA)**

Si (INSERT NAME OF HH Head from K133) po ba ay nagtrabaho para sa ibang tao (sa isang amo o miyembro ng pamilya) sa kahit anong oras noong nakaraang buwan? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO L146

Amount Earned While Working in P4W

L143. How much did **(INSERT NAME OF HH Head from K133)** earn while working in the previous month? Record amount. **(NA)**

Magkano po ang kinita ni (INSERT NAME OF HH Head from K133) sa pagtatrabaho nitong nakaraang buwan? I-rekord ang halaga. (NA)

NOTE TO INTERVIEWER/ DP: ZERO (0) IS AN ACCEPTABLE ANSWER

PHP	
Don't Know	9999
Refused	9998

Number of Working Hours Per Day in P4W

L144. On average, how many hours per day did **(INSERT NAME OF HH Head from K133)** work in the previous month? Record hours. **(NA)**

Sa karaniwan, mga ilang oras kada araw po nagtrabaho si (INSERT NAME OF HH Head from K133) nitong nakaraang buwan? I-rekord ang bilang ng oras. (NA)

NOTE TO INTERVIEWER/ DP: ZERO (0) IS AN ACCEPTABLE ANSWER

Number of hours	
Don't Know	9999
Refused	9998

Number of Working Days in P7D

L145. How many days did **(INSERT NAME OF HH Head from K133)** work in the previous week? Record days. **(NA)**

Ilang araw po nagtrabaho si (INSERT NAME OF HHH from K133) nitong nakalipas na linggo? I-rekord ang bilang ng araw. (NA)

NOTE TO INTERVIEWER/ DP: ZERO (0) IS AN ACCEPTABLE ANSWER

Number of days	
Don't Know	9999
Refused	9998

Number of Working Months in P12M

L146. How many months did **(INSERT NAME OF HH Head from K133)** work in the previous year? Record months. **(NA)**
Ilang buwan po nagtrabaho si (INSERT NAME OF HH Head from K133) nitong nakaraang taon? I-rekord ang bilang ng buwan. (NA)

NOTE TO INTERVIEWER/ DP: ZERO (0) IS AN ACCEPTABLE ANSWER

Number of months	
Don't Know	9999
Refused	9998

(SHOW TABLET)

Nature of Employment

L147. What is **(INSERT NAME OF HH Head from K133)**'s nature of employment? **(SA)**
Anong pong klaseng trabaho mayroon si (INSERT NAME OF HH Head from K133)? (SA)

Permanent job/business/unpaid family work <i>Permanenteng trabaho/negosyo/walang bayad na trabaho sa pamilya</i>	1
Short term or seasonal or casual job/business/unpaid family work <i>Panandalian o may panahon o kaswal na trabaho/negosyo/walang bayad na trabaho sa pamilya</i>	2
Worked for different employer on day-to-day or week-to-week basis <i>Nagtrabaho para sa iba-ibang tao sa pang araw-araw o kada pang-lingguhang basehan</i>	3

(SHOW TABLET)

Class of Worker

L148. What is **(INSERT NAME OF HH Head from K133)**'s class of worker? **(SA)**
Anong pong klase o kategorya ng trabaho ni (INSERT NAME OF HH Head from K133)? (SA)

Works for private household <i>Nagtrabaho sa private household o pribadong sambahayan.</i>	1
Works for private establishment <i>Nagtrabaho sa pribadong gusali</i>	2
Worked for government/government corporation <i>Nagtrabaho sa gobyerno/korporasyon ng gobyerno</i>	3
Self-employed without any paid employee <i>Self-employed na walang binabayaranang empleyado</i>	4
Employer in own family-operated farm or business <i>May-ari ng bukid o negosyo na pinamamahalaan ng sariling pamilya</i>	5
Worked with pay in own family-operated farm or business <i>Nagtrabaho ng may bayad sa bukid o negosyo na pinamamahalaan ng sariling pamilya</i>	6
Worked without pay in own family-operated farm or business <i>Nagtrabaho ng walang bayad sa bukid o</i>	7



negosyo na pinamamahalaan ng sariling pamilya	
Other, Specify	()

(SHOW TABLET)**Basis of Payment**

L149. What is the basis of payment of **(INSERT NAME OF HH Head from K133)? (SA)**
Ano ang basehan ng pagbayad kay (INSERT NAME OF HH Head from K133)? (SA)

In kind, not cash Kahit na ano, hindi pera (e.g., pagkain, gamot, iba pa)	1
Per piece Kada piraso	2
Per hour Kada oras	3
Per day Kada araw	4
Monthly Kada buwan	5
Pakyaw Pakyaw	6
Commission basis Base sa komisyon	8
Other, Specify	()

HH Members with Work/ Business

L150. Are there other members of the household who are working or have business? **(SA)**
Kayo ba o kahit sino mang miyembro ng inyong household ay nagtrabaho o may negosyo? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO L152

Number of HH members with Work/ Business

L151. How many household members are working or have business? **(NA)**
Ilan sa mga miyembro ng inyong household ang nagtrabaho o may negosyo? (NA)

NOTE TO INTERVIEWER/ DP: ZERO (0) IS AN ACCEPTABLE ANSWER

Number of HH members	
Don't Know	9999
Refused	9998

Incidence of Growing Crops

L152. During the past 12 months, is there a household member who has grown crops for selling or for own consumption? **(SA)**
Noong nakaraang 12 buwan, kayo ba o kahit sino mang miyembro ng inyong household ang nagsaka para ibenta o para sa pang sariling pangangailangan? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO L154

(SHOW TABLET)**Net Profit of Growing Crops in P12M**

L153. What is the approximate amount in peso of net profit generated by the farm business (excluding produce for own consumption or gift to others) during the past 12 months? **(SA)**
Mga magkano sa peso ang kinikita ng negosyo sa bukid o sakahan nitong nakaraang 12 buwan? (SA)

70,000 pesos or more	1
----------------------	---

70,000 pesos o higit pa	
50,000-69,999 pesos 50,000-69,999 pesos	2
30,000-49,999 pesos 30,000-49,999 pesos	3
15,000-29,999 pesos 15,000-29,999 pesos	4
5,000-14,999 pesos 5,000-14,999 pesos	5
less than 5,000 pesos Hindi lalayo sa 5,000 pesos	6
No profit Walang kita	8
For personal consumption only Para sa pansariling pangangailangan	9
Don't know / Hindi alam	9999

Incidence of HH member Who Has Done Fishing

L154. During the past 12 months, is there a household member who has fished for selling or for own consumption? (SA)
Nitong nakaraang 12 buwan, kayo ba o kahit sino mang miyembro ng inyong household ang nangisda para ibenta o para sa pang sariling pangangailangan? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO L156

(SHOW TABLET)

Net Profit of Fishing Activity in P12M

L155. What is the approximate amount in peso of net profit generated by the fishing activity (excluding produce for own consumption or gift to others) during the past 12 months? (SA)
Mga magkano sa peso ang kinikita ng pangangisda (bukod sa pang sariling pangangailangan o bigay sa iba) noong nakaraang 12 buwan? (SA)

70,000 pesos or more 70,000 pesos o higit pa	1
50,000-69,999 pesos 50,000-69,999 pesos	2
30,000-49,999 pesos 30,000-49,999 pesos	3
15,000-29,999 pesos 15,000-29,999 pesos	4
5,000-14,999 pesos 5,000-14,999 pesos	5
less than 5,000 pesos Hindi lalayo sa 5,000 pesos	6
No profit Walang kita	8
For personal consumption only Para sa pansariling pangangailangan	9
Don't know / Hindi alam	9999

Incidence of HH member Who Worked in Family-owned, Non-farm business in P12M

L156. During the past 12 months, is there a household member who has worked in a family-owned, non-farm business like trade/retailing or been self-employed in a non-farm enterprise? (SA)
Nitong nakaraang 12 buwan, kayo ba o kahit sino mang miyembro ng inyong household na nagtrabaho sa sariling negosyo ng pamilya, na hindi sa bukid tulad ng pagbebenta o self-employed sa negosyong hindi pang bukid? (SA)

Yes / Oo	1	CONTINUE
No / Hindi	2	SKIP TO NEXT SECTION

(SHOW TABLET)

Net Profit of Other Business in P12M

L157. What is the approximate amount in peso of net profit generated by the household from the business (excluding produce for own consumption) during the past 12 months? **(SA)**

Mga magkano sa peso ang kinikita ng inyong household sa negosyo (bukod sa pang sariling pangangailangan) noong nakaraang 12 buwan? (SA)

70,000 pesos or more 70,000 pesos o higit pa	1
50,000-69,999 pesos 50,000-69,999 pesos	2
30,000-49,999 pesos 30,000-49,999 pesos	3
15,000-29,999 pesos 15,000-29,999 pesos	4
5,000-14,999 pesos 5,000-14,999 pesos	5
less than 5,000 pesos Hindi lalayo sa 5,000 pesos	6
No profit Walang kita	8
For personal consumption only Para sa pansariling pangangailangan	9
Don't know / Hindi alam	9999

Other Sources of Income in P12M

L157.1. In the past 12 months, did your household earn anything from... **(SA per item)**

Sa nakalipas na 12 buwan, ang inyo po bang household ay kumita mula sa...? (SA per item)

SOURCE	Yes Oo Oo	No Hindi Waray
a. Interest or investment income Interes o kita sa pamumuhunan	1	2
b. Remittances (funds or goods) from people working outside your hometown Mga remittance (pondo o kalakal) galing sa mga taong nagtrabaho sa labas ng inyong bayan	1	2
c. Renting building, land, vehicle, equipment or machinery, animals (horse, livestock, etc.) to other Pagpapa-upa ng gusali, lupa, sasakyan, kagamitan o makinarya, mga hayop (kabayo, baka, atbp.) sa iba	1	2
d. Scholarship Iskolarsip	1	2
e. Government transfer/ Pantawid grant	1	2
f. Donation, grant from community groups, LGU, NGO, religious organizations, etc. Donasyon o grant mula sa mga community groups, LGU, NGO, religious organizations, atbp.	1	2
g. Pension and retirement, and Social Security benefits Pensyon at pagre-retiro, at mga benepisyo ng Social Security	1	2
h. Other sources (specify)	1	2

Now, let's talk about the durable goods and assets of your household.
Ngayon naman po, pag-usapan natin ang mga ari-arian ng inyong household.

M. HOUSEHOLD DURABLE GOODS AND ASSETS

(SHOW TABLET)

Presence of Household Conveniences

M158. Which of the following items does the household own and how many? (SA per item)

Alin sa mga sumusunod na bagay ang may pagmamay-ari ng household at ilan? (SA per item)

		i		ii
		Yes Oo	No Wala	Quantity (NA)
a.	Radio Radyo	1	2	_____
b.	Television TV	1	2	_____
c.	VTR/VHS/VCD/DVD Player VTR/VHS/VCD/DVD Player	1	2	_____
d.	Landline/Wireless phone	1	2	_____
e.	Cellular phone Cellphone	1	2	_____
f.	Personal computer or laptop Personal computer, laptop	1	2	_____
g.	Washing machine Washing machine	1	2	_____
h.	Refrigerator/Freezer Refrigerator, freezer	1	2	_____
i.	Air conditioner Air conditioner	1	2	_____
j.	CD/VCD/DVD Player CD/VCD/DVD Player	1	2	_____
k.	Component/Karaoke Component, karaoke	1	2	_____
l.	Sala set Sala set	1	2	_____
m.	Dining set Dining set	1	2	_____
n.	Microwave oven Microwave oven	1	2	_____

NOTE TO DP: IF ANSWERED "NO" (CODE 2), THEN DO NOT ASK QUANTITY. IF YES (CODE 1), ASK "HOW MANY" BEFORE MOVING TO NEXT ITEM.

(SHOW TABLET)

Presence of Household Conveniences

M159. Which of the following items does the household own and how many? (SA per item)

Alin sa mga sumusunod na bagay ang may pagmamay-ari ng household at ilan? (SA per item)

		i		ii
		Yes Oo	No Hindi	Quantity (NA)
a.	Car/truck, jeep, van Kotse, truck, jeep, van	1	2	_____
b.	Motorcycle/Tricycle Motorsiklo, tricycle	1	2	_____
c.	Bicycle, Pedicab	1	2	_____

	Bisikleta, Pedicab			
d.	Animal drawn cart Kariton na hila ng hayop	1	2	_____
e.	Tractor Traktora	1	2	_____
f.	Non-motorized boat or banca Bangkang hindi de-motor	1	2	_____
g.	Boat or banca with a motor Bankang de-motor	1	2	_____
h.	Other assets, specify	1	2	_____

NOTE TO DP: IF ANSWERED “NO” (CODE 2), THEN DO NOT ASK QUANTITY. IF YES (CODE 1), ASK “HOW MANY” BEFORE MOVING TO NEXT ITEM.

Other Agricultural Land

M160. Does any member of this household own any agricultural land? (SA)

Mayroon po ba sa miyembro ng household na ito ang nagmamay-ari ng lupang sakahan? (SA)

Yes / Oo	1
No / Hindi	2

Other Assets

M161. Does any member of this household own at least one of the following? (SA per item)

Kayo ba o kahit sino mang miyembro ng inyong household ay nagmamay-ari ng kahit isa sa mga sumusunod? (SA per item)

		Yes Oo	No Hindi
a.	Goat / Kambing	1	2
b.	Pig / Baboy	1	2
c.	Piglet / Biik	1	2
d.	Cow / Baka	1	2
e.	Carabao / Kalabaw	1	2
f.	Chicken / Manok	1	2
g.	Rooster / Tandang	1	2
h.	Water pump / Bomba ng tubig	1	2
i.	Thresher / Pangkiskis ng palay	1	2
j.	Hand tractor / Kuliglig	1	2
k.	Irrigation equipment / Kagamitang pantubig o irigasyon	1	2
l.	Power saw / De-motor na lagare	1	2
m.	Other assets, specify	1	2

And finally, let's talk about your house.

At para sa huling parte ng survey na ito, pag-usapan natin ang inyong tahanan.

N. HOUSING CHARACTERISTICS

(SHOW TABLET)

Materials of Roof

N162. What type of construction materials are the roof made of? (SA)
Sa ano pong materyales gawa ang bubong ninyo? (SA)

Strong materials (galvanized iron, aluminum, tile, concrete, brick stone, wood, asbestos) Matitibay na materyales tulad ng galvanized iron, aluminum, tile, konkreto, brick stone, asbestos	1
Light materials (cogon, nipa, anahaw) Magaan na materyales tulad ng cogon, nipa, anahaw	2
Salvaged/makeshift materials Mga salvaged na materyales o gawa-gawa lang	3
Mixed but predominantly strong materials Halo pero mas maraming matitibay na materyales	4
Mixed but predominantly light materials Halo pero mas maraming magaan na materyales	5
Mixed but predominantly salvaged materials Halo pero mas maraming salvaged na materyales	6

(SHOW TABLET)

Materials of Walls

N163. What type of construction materials are the walls made of? (SA)
Sa ano pong materyales gawa ang bakod ninyo? (SA)

Strong materials (tile, concrete, brick stone, wood, plywood) Matibay na materyales tulad ng tile, konkreto, brick stone, kahoy, plywood	1
Light materials (cogon, nipa, anahaw, bamboo) Magaan na materyales tulad ng cogon, nipa, anahaw, kawayan	2
Salvaged/makeshift materials Mga salvaged na materyales o gawa-gawa lang	3
Mixed but predominantly strong materials Halo pero mas maraming matitibay na materyales	4
Mixed but predominantly light materials Halo pero mas maraming magaan na materyales	5
Mixed but predominantly salvaged materials Halo pero mas maraming salvaged na materyales	6

(SHOW TABLET)

Materials of the Floor

- N164. What is the main material of the floor? (SA)
Ano po ang pangunahing materyales ng inyong sahig? (SA)

NATURAL FLOOR	
Earth/ Sand Lupa/Buhangin	1
RUDIMENTARY FLOOR	
Wood planks / Kahoy na table	2
Palm/ Bamboo / Pawid/Kawayan	3
FINISHED FLOOR	
Parquet or polished wood / Pinakintab na kahoy	4
Vinyl, linoleum / Vinyl, linoleum	5
Ceramic tiles / Ceramic tiles	6
Cement / Semento	7
Carpet / Karpet	8
Marble / Marmol	9
Other, specify	()

(SHOW TABLET)

Type of Building/ House

- N165. In what type of building/house does the household reside? (SA)
Ano ang klase ng gusali/bahay kung saan naninirahan ang inyong household? (SA)

Single house	1
Duplex	2
Apartment/Condominiums/Townhouse	3
Commercial/Industrial/Agricultural building or house	4
Other housing (cave, boat, under a bridge, etc)	5

Number of Bedrooms

- N166. How many bedrooms or sleeping rooms does this house have? (NA)
Ilan pong kwarto o silid-tulugan mayroon ang bahay na ito? (NA)

	Number of bedrooms in HH
--	--------------------------

(SHOW TABLET)

Tenure Status of Property Occupied

- N167. What is the tenure status of the property occupied by the household? (SA)
Ano na po ang tenure status o istado ng pagmamay-ari ng tinutuluyan ng inyong household? (SA)

Own house and lot; or Owner-like possession of house and lot May-ari ng bahay at lupa	1
Rented house/room including lot Nagrenta ng bahay/kwarta kasama ang lupa	2
Own house but rented lot May-ari ng bahay ngunit nakarenta ang lupa	3
Own house, rent-free lot with consent of owner May-ari ng bahay; walang bayad ang lupa na may pahintulot ng may-ari	4
Own house, rent-free lot without consent of owner May-ari ng bahay, walang bayad ang lupa at walang pahintulot ng may-ar	5
Rent-free house and lot with consent of owner Walang bayad ang bahay at lupa na may pahintulot ng may-ari	6
Rent-free house and lot without consent of owner	7

Walang bayad ang bahay at lupa at walang pahintulot ng may-ari	
---	--

(SHOW TABLET)

Source of Fuel for Lighting

N168. What type of fuel is used to light your housing unit? **(SA)**

Anong klase ng fuel ang pinakamadalas ninyong gamitin para pailawan ang inyong bahay? (SA)

No lighting / Walang ilaw	0
Electricity / Elektrisidad	1
Gas / Gas	2
Paraffin lamp / Lamparang may gaas	3
Firewood / Panggatong na kahoy	4
Candles / Kandila	5
Solar / Solar	6
Other, specify	()

(SHOW TABLET)

Type of Fuel for Cooking

N169. What type of fuel does your household mainly use for cooking? **(SA)**

Anong klase ng fuel ang pinakamadalas gamitin ng inyong household para sa pagluluto? (SA)

No food is cooked in household Walang nilulutong pagkain sa loob ng sambayanan	0
Electricity / Elektrisidad	1
LPG / LPG / LPG	2
Natural gas / Natural gas	3
Biogas / Biogas	4
Kerosene / Gaas	5
Coal, Lignite / Coal, Lignite / Coal, Lignite	6
Charcoal / Uling	7
Wood / Kahoy	8
Straw/Shrubs/Grass / Dayami/ Palumpong/ Damo	9
Agricultural crop / Pananim	10
Animal dung / Dumi ng hayop	11
Butane/ Butane	12
Other, specify	()

Location of Kitchen

N170. Do you do your cooking...? **(SA per item)**

Kayo po ba ay nagluluto... (SA per item)

	Yes Oo	No Hindi
In the house? Sa loob ng bahay	1	2
In a separate building? Sa hiwalay na gusali	1	2
Outdoors? Sa labas ng bahay	1	2

(SHOW TABLET)

Time Length to Get to the Nearest Telephone/Mobile Phone

N171. How long does it take you to get to the nearest working telephone/mobile phone? **(SA)**

Gaano katagal po kayo bago makarating sa pinakamalapit na telepono/mobile phone? (SA)

Telephone/mobile phone is in the house Ang telepono/mobile phone ay nasa bahay	1
Less than 15 minutes Hindi lalayo sa 15 minuto	2
15-30 minutes 15-30 na minuto	3
31-60 minutes 31-60 na minuto	4
More than an hour Higit sa isang oras	5
There is no telephone/mobile phone or do not use the telephone/mobile phone Walang telepono/mobile phone o hindi gumagamit ng telepono/mobile phone	6

Incidence of Living in Poblacion

N172. Do you live in the poblacion? (SA)

Nakatira po ba kayo sa poblasyon? (SA)

Yes / Oo	1	PROCEED WITH TOILET AND HOUSE VALIDATION
No / Hindi	2	CONTINUE

Frequency of Travel to Poblacion

N173. How many times have you travelled to the poblacion in your municipality last month? (NA)

Ilang beses ka po pumunta sa poblasyon ng inyong munisipalidad noong nakaraang buwan? (NA)

Number of times travelled

Amount of Fare to Poblacion

N174. How much is the fare from your house to the poblacion of your municipality (one way)? (NA)

Magkano po ang pamasaha mula sa bahay ninyo hanggang sa poblasyon ng inyong munisipalidad (isang daanan)? (NA)

PHP

NOTE TO DP: AMONG THOSE WHO HAVE IMPROVED FACILITY (CODES 1-7 IN C24) AND NOT SHARED (CODE 2 IN C25), SHOW ANSWERS IN C32 TO C34.

NOTE TO INTERVIEWER: ASK THE RESPONDENT IF THEY CAN SHOW YOU THEIR TOILET. VALIDATE IF THE ANSWERS GIVEN IN C32 TO C34 DURING THE FIRST PART OF THE INTERVIEW IS TRUE BASED ON YOUR OBSERVATION.

C32. Features of Toilet Facility		Validated	Not Validated	Not allowed to observe
a.	Raised platform	1	2	9
b.	Foot rests	1	2	9
c.	Seat	1	2	9
d.	Floor tiles/concrete	1	2	9
e.	Fully enclosed wall	1	2	9
f.	Partially enclosed wall	1	2	9
g.	Fully covered roof	1	2	9
h.	Partially covered roof	1	2	9
i.	Door/curtain	1	2	9
j.	Water seal	1	2	9

C33. Type of Roof of Toilet Facility	Validated	Not Validated	Not allowed to observe
No roof	1	2	9
Concrete	1	2	9
Iron sheets	1	2	9
Wood	1	2	9
Grass	1	2	9
Plastic sheets	1	2	9
Salvaged materials	1	2	9
Other, specify	1	2	9

C34. Type of Walls of Toilet Facility	Validated	Not Validated	Not allowed to observe
No walls	1	2	9
Concrete	1	2	9
Iron sheets	1	2	9
Wood	1	2	9
Grass	1	2	9
Plastic sheets	1	2	9
Salvaged materials	1	2	9
Other, specify	1	2	9

DP NOTE: IF NOT ALLOWED TO OBSERVE TOILET FACILITY, SKIP TO HOUSE VALIDATION

NOTE TO INTERVIEWER: ASK THE RESPONDENT IF THEY CAN SHOW YOU AROUND THEIR HOUSE. VALIDATE IF THE ANSWERS GIVEN IN N162 TO N164 DURING THE LAST PART OF THE INTERVIEW IS TRUE BASED ON YOUR OBSERVATION.

N162. Materials of Roof	Validated	Not Validated	Not allowed to observe
Strong materials (galvanized iron, aluminum, tile, concrete, brick stone, wood, asbestos)	1	2	9
Light materials (cogon, nipa, anahaw)	1	2	9
Salvaged/makeshift materials	1	2	9
Mixed but predominantly strong materials	1	2	9
Mixed but predominantly light materials	1	2	9
Mixed but predominantly salvaged materials	1	2	9

N163. Materials of Walls	Validated	Not Validated	Not allowed to observe
Strong materials (tile, concrete, brick stone, wood, plywood)	1	2	9
Light materials (cogon, nipa, anahaw, bamboo)	1	2	9
Salvaged/makeshift materials	1	2	9
Mixed but predominantly strong materials	1	2	9
Mixed but predominantly light materials	1	2	9
Mixed but predominantly salvaged materials	1	2	9

N164. Materials of the Floor	Validated	Not Validated	Not allowed to observe
NATURAL FLOOR			
Earth/ Sand	1	2	9
RUDIMENTARY FLOOR			
Wood planks	1	2	9
Palm/ Bamboo	1	2	9
FINISHED FLOOR			
Parquet or polished wood	1	2	9
Vinyl, linoleum	1	2	9
Ceramic tiles	1	2	9
Cement	1	2	9
Carpet	1	2	9
Marble	1	2	9
Other, specify	1	2	9

NOTE TO INTERVIEWER: AFTER RECORDING YOUR VALIDATION, ASK THE RESPONDENT IF YOU CAN TAKE A PHOTO OF THE RESPONDENT'S TOILET FACILITY

Yes/ <i>Oo</i>	1	TAKE PHOTO
No / <i>Hindi</i>	2	

Section VIII. Appendix 5 – Standard Error Runs

Figure 227. Overall Satisfaction on Quality of Toilet Facility

	Total	Treatment 3	Treatment 4
Base	n=171	n=68	n=103
Standard error	0.07	0.10	0.10
Very satisfied	79	82	77
Satisfied	14	12	16
Neither satisfied nor dissatisfied	2	3	1
Dissatisfied	1	-	2
Very dissatisfied	4	3	5

Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet

Figure 228. Age of Loan Taker

	Total	Treatment 3	Treatment 4
Base	n=551	n=241	n=310
Standard error	0.45	0.72	0.58
Below 18	0	0	0
18-25	1	1	1
26-40	32	33	31
41-60	58	56	59
More than 60	9	10	9

Base: T3 & T4 households who signed up with (or took a loan from) ASA Philippines for construction of new toilet

Figure 229. Age of Loan Non-Taker

	Total	Treatment 3	Treatment 4
Base	n=197	n=107	n=90
Standard error	0.86	1.27	1.13
Below 18	2	2	1
18-25	2	2	2
26-40	33	35	31
41-60	53	48	59
More than 60	11	14	7

Base: T3 & T4 households who did not sign up with (or took a loan from) ASA Philippines for construction of new toilet