Religion and Sustainable Development

Working Session: Scale

David Sutherland Remarks
Chair, International Care Ministries
July 9, 2015 (1130am to 100pm)

Good morning. I'm Dave Sutherland and I am very grateful to be at this event. Most of you have been involved in poverty alleviation for much of your lives. Extraordinary experience and resources in this room. I am from a very different background. I spent the first decade of my career right here in DC working for Wall Street law firms and then for the Clinton Administration. In 1997 I moved to Hong Kong with Morgan Stanley and I spent more than a decade as a managing director. From 2010 until 2013 I was Morgan Stanley's Chief Financial Officer in Asia Pacific, overseeing all of the Asian financial affairs of one of the largest financial services firms in the world. I put more than 5 million miles on the airplanes. But two years ago I left the business world to focus on poverty reduction full time.

For more than 15 years I have been very active in addressing poverty issues. I represent a large number of Asian investment bankers. For those of us who live in Asia, we are constantly confronted by poverty. If you sum all of the world's extreme poor who live outside Asia, you have less than half of the number of the Asian extreme poor. By sheer numbers, extreme poverty is primarily an Asian problem. And we see it every time we arrive for business meetings in Jakarta, Mumbai, Western China, Ho Chi Minh or Manila.

When we arrive for those meetings, we travel to conference rooms where we resolve complex business problems. So a number of us decided to bring this same business mindset to freeing the least fortunate. We call it a "Business Approach to Fighting Poverty".

Our focus is on the Philippines as an incubator of how to address ultrapoverty across Asia and around the world. We leveraged on a charity called International Care Ministries, which works exclusively with local churches to combat poverty. ICM has experienced explosive growth and is now one of the largest NGOs in the Philippines.

The international community is focused on the admirable goal of eliminating extreme poverty, or those who live on less than US$1.25 per day. But those living in extreme poverty are not a homogenous group. We have chosen to focus our efforts on a group at an even lower income threshold. We use a term that I think was coined by BRAC – "ultrapoverty" – to mean those who live on less than 50 US cents per day.

When a business person begins an initiative, he starts with market analysis. And investment bankers have a voracious appetite for metrics. So far our efforts have accumulated more than 40 million data points from the poorest Filipinos.

Among the Filipino ultrapoor that ICM works with:

- The average daily income is only 26 US cents per day.
- 54% live in cramped homes, which we define as less than 20 square feet per person. That means that if you have 2,000 square feet of living space, you have room for at least 100 inhabitants.
- 27% go to bed hungry at least once per week.

- 55% don't purify their water.
- 41% live without electricity.
- 13%, or one out of every eight people, report that they are seriously ill at any given time.
- And 24% of mothers have had one of their own children die. 8% have had *more than one* of their own children die.

Sometimes statistics can be dangerous when they reduce a problem to a spreadsheet. But other times statistics describe such extreme circumstances that the numbers themselves seem to come to life. And these numbers that we are pondering - they are haunting.

In the face of problems of this magnitude, our group of Hong Kong business people don't want to only help a few orphans or a few community centers. We want to change the face of poverty in large areas of the Philippines. So scalability is one of our core values.

Our market research reveals a few other important points that helped us design poverty programs:

First, our Filipino communities are overwhelmingly Christian. Before ICM's programs, more than 90% of poor Filipinos agree that

- Jesus Christ lived a sinless life,
- the Bible is accurate in all that it teaches,
- God is the all-knowing, all-powerful, perfect deity who rules the universe today.

Second, in our communities, there are small churches on almost every street corner.

Finally, most of these small churches are run by very poor pastors who are passionate about helping their communities. Before ICM arrives, the local pastor already knows the first name of everyone in the community - the little girl who broke her leg, the husband who walked out on his family, and the child who excels in school. And the pastor will continue to know their names long after any anti-poverty program concludes. ICM has discovered that most of these pastors are more enterprising than the rest of the people in their communities - the pastors are entrepreneurs by personality. Poor Philippine pastors are far more likely to speak English and they have more options to pursue businesses. However, these pastors dedicate their lives to helping those in their community, and often at tremendous cost. As pastors, they live on offerings from their ultrapoor congregations (often only a few US dollars per week), and their families often endure the many hardships associated with poverty as a result. Despite these struggles, most pastors are grateful for the opportunity to invest in their communities.

Much of the world's poverty is in middle income countries. So the world needs solutions that can address the problems of the poor who are nested in societies with great income disparities. At least in the Philippines, local church communities are ideal distribution channels.

So over the years, cycles of Hong Kong investment bankers have worked with ICM to look at these problems. And after nearly twenty years of experimentation, including at least US$50 million of our own money, we have concluded that we can achieve a much higher return on investment by focusing on faith-based distribution systems.

This conclusion may be controversial in some quarters. But at least half of the funding for ICM's work comes from secular sources who are convinced about the efficacy of this faith-based distribution system.

Of course, some global agencies choose to be neutral with regard to religion and they define neutrality as prohibiting the discussion of faith during their programs. But *excluding* faith is not being *neutral* about faith. For most poor countries around the world, bringing a God-neutral message is not culturally appropriate. It is culturally inappropriate. It is people from a far-away land imposing their secular world view on locals who deeply believe in the divine.

It is virtually impossible to replicate this sort of a passionate distribution system using secular means, and it is extremely expensive to try. At great cost, a secular program can hire social workers to travel to each poor family. This expensive social worker does not live in the community and does not have the same sorts of interpersonal relationships with the poor.

In fact, our research shows that the effectiveness of our trainers is *inversely* correlated with the education level of our trainers. In other words, our most effective trainers are the ones who never graduated from high school and our least effective trainers are those with master's degrees. The regression analysis shows that the effect is linear – for every additional year of our trainer's formal education, we see a 10% *reduction* in the effectiveness of our programs. So we conclude that less-educated, pre-existing local faith leaders will have more impact than highly-educated social workers who are imported into the community.

Of course, a faith-based distribution system must be blind to the religious orientation of those they serve and not favor members of their own church. And faith leaders must be trained in the best ways to accomplish reductions in poverty. But with those caveats, we believe that local faith leaders are in a position to make a much bigger impact on poverty than most secular systems.

How can faith-based institutions practically fight poverty? Remember that most of these pastors are poor themselves, so they don't have the background about how to get themselves out of poverty – much less the members of their community. So it isn't easy. For people who have grown up with desperation, there is no simple answer. They need help to develop long-term, holistic solutions for complex problems.

ICM has designed a four-month, intensive program we call *Transform*. *Transform* starts with the local pastor, who then trains six members of his community to be his counselors. Then they invite the thirty poorest people in their community to once-a-week training in Values, Heath and Livelihood. (The vast majority of *Transform* participants are women.) The local pastor teaches the values curricula and ICM brings its own health and livelihood trainers. At the end of four months, the whole community is enjoying deeper relationships, healthier families and greater productivity.

Transform is designed to bring hope to the hopeless. We do this by helping individuals *through* community. Research confirms that by investing in the social networks of the poor – their connectedness to other people, you are building a platform for lasting change -- economically, educationally and socially. Sociologists call it social capital – the value that comes because you have people around you who care. "There is a high potential pay-off to

the poor from participating in local associations. Social capital reduces the probability of being poor." Schelizig, K. (2005). Poverty in the Philippines: Income, Assets, and Access, p. 66.

After *Transform*, our participants report a 35% increase in satisfaction with their families and significant increases in satisfactory friendships. An extensive ICM research project demonstrates that participants who improve their family relationships are more likely to successfully guide their children out of malnutrition. And another extensive ICM study demonstrates that strong family relationships are strongly correlated with a poor person's willingness to be tested for tuberculosis. When people trust each other, they help each other. People share. Lives are saved. *Transform* is all about building community that has hope for a future together. Even though ICM's staff members move on to another community after four months, the pastor, the six counselors and the thirty women all continue to meet, building on their successes. We should never underestimate the significance of hope!

Hope has a lot of implications. Through cultivating optimism, *Transform* also builds healthy families. Malnutrition and lack of sanitation claim thousands of children's lives every month in the Philippines. Our Health curriculum teaches basic hygiene, nutrition, disease prevention and sanitation that saves lives. Something as obvious as washing your hands after using the toilet can literally keep children alive!

And we don't just teach; we give resources to support the training – like teaching families how to make tippy taps so that there is a safe and hygienic way for families to wash their hands. *Transform* also provides feeding for malnutrition, treatment for tuberculosis, deworming, rehydration tablets and addresses many other health risks.

ICM gathers a huge amount of data from every poor person who enters or exits our programs. And on the basis of our accumulated 40 million data points, we see amazing benefits after *Transform*:

- 31% fewer people live with a serious illness.
- 23% more people have access to a toilet.
- 95% increase in household income.
- 27% reduction in those going to bed hungry at least once a week.
- 23% more have their own toilet.
- 19% fewer have scrap roofs, and
- 15% fewer have dirt floors.

Surveys from three years after the conclusion of the *Transform* program show that most of these improvements continue. In some cases there are further dramatic improvements. (For details, see ICM's 2014-15 Annual Report at pages 21-22.)

But ICM recently decided to examine the impact of *Transform* using the gold standard of evaluation. In early 2015, ICM partnered with Yale University and Innovations for Poverty Action to run our first randomized controlled trial. The statisticians are still analyzing the data and are especially focused on issues of program and survey attrition. On completion, the findings will be prepared for publication and dissemination. But the preliminary analysis of the RCT data shows that the *Transform* program creates clear and compelling change in the lives of the ultrapoor.

Using regression analysis, on average a participant in *Transform* (referred to as "VHL") earns 8.94 Pesos per person per day more than someone in the untreated control group, while a participant in an *Alternative Transform* Program (referred to as "HLV") earns 9.68 Pesos more (both results statistically significant). Extrapolating these estimates for a full year, this means that an ICM family participating in *Transform* would earn 16,315 pesos (US$ 361) more every year than if they had not participated in *Transform*. An ICM family participating in the *Alternative Transform* program would earn 17,666 pesos (US$ 390) more every year than if they had not participated in the alternative program.

Transform also increased those who are very satisfied with their family life by 42 percentage points over the control. We see similar increases in trust of friends, neighbors, and religious leaders.

In health areas, *Transform* produced positive change in food security and access to water when compared to the control communities. But these improvements did not carry over to other health areas such as oral hygiene, hand hygiene and access to sanitation.

The Appendix includes a fuller set of the preliminary results, although with the caution that the analysis is still preliminary.

With that context, I would like to highlight two key lessons that we at ICM have learned over the years.

First, and most importantly, **Hope is the Key**. Social scientists say that people living in extreme poverty experience about the same amount of post-traumatic stress as an American serviceman who is returning from Afghanistan. Put another way, I have three different sets of friends who are each struggling with the loss of their own child. It took them years before they were ready to fully re-engage with society. Years. But in ICM's communities, 24% of all mothers say that they have had one of their own children die. One quarter of all households. That means that if you are living in one of these communities, the chances are very high that either you or one of your neighbors has lost a child. Also, one out of eight of the ultrapoor say that they are seriously ill at any given time. Since the average household is 5.3 people, that means that there are seriously ill people who live in two out of every three ultrapoor households. How does *that* level of despair affect a whole society?

ICM's theory of change is that the underlying causes of poverty are rooted in fatalism that pervades poor communities and their lack of optimism. Many of the secular anti-poverty programs focus on how the poor lack "stuff":
- to solve water programs they dig water wells,
- to solve housing problems they build homes,
- to increase income they provides the working capital to create new businesses.

However, these sorts of programs often demonstrate limited success in the long term. Water wells deteriorate from lack of maintenance, new housing complexes become slums, the poor sometimes consume their new working capital leaving little long term impact on their income. So providing "stuff" without changing the mindset of the poor can prove fruitless. On the other hand, if we can change the mindset of the poorest people, then they can take advantage of opportunities that already exist in their own communities and pull themselves out of the bottom layer of destitution. The key is hope - injecting optimism - and faith

communities are uniquely qualified to accomplish this result. Spiritual leaders are in the business of building optimism and trained pastors and counselors will continue to intervene for the wellbeing of the community long past any outside intervention.

How should we benchmark the effectiveness of a faith-based program like ICM? In the secular world, there are business training programs to launch the poor into a sustained lifestyle. Perhaps the most impressive secular poverty reduction strategy has been developed by BRAC in Bangladesh. They call their method "Graduation from Ultrapoverty" and they have rolled it out to more than one million households in Bangladesh. Plus two dozen other countries are now using the BRAC model. This Graduation program has been intensively studied – the biggest study was just published in Science Magazine on May 15. That randomized controlled trial looked at six countries and determined that this Graduation program works. It costs more than US$1000 per family to implement. Sounds great, but very expensive to bring to scale. To take 1 million poor people through a program this expensive would cost more than one billion dollars! Here are some of the results of the recent RCT on the Graduation model:

	Ethiopia	Ghana	Honduras	India	Pakistan	Peru
Total Costs	$3,591	$4,672	$2,670	$1,257	$5,150	$4,960
Year One Consumption	$451	$293	$66	$344	$613	$339
Rough Return on Investment	13%	6%	2%	27%	12%	7%

Source: Banerjee, Abhijit, Esther Duflo, Nathanael Goldberg, Dean Karlan, Robert Osei, William Parienté, Jeremy Shapiro, Bram Thuysbaert, and Christopher Udry. 2015. "A Multi-faceted Program Causes Lasting Progress for the Very Poor: Evidence from Six Countries." Science.

Compare these results to ICM's program. We have been working with the same researchers from Yale that have studied the BRAC Graduation model and our preliminary results indicate that ICM's program has a similar impact as the Graduation model. But ICM incurs a little over $50 per family to deliver our program – not US$1,000.

	ICM-VHL	ICM-HLV
Total Costs	$76	$80
Year One Income	$361	$390
Rough Return on Investment	475%	488%

These calculations estimate that ICM's programs may generate nearly 50-fold more return on investment than secular Graduation programs. I want to quickly recognize this may be an unfair comparison for many reasons, including:

- The ICM data is still under review.
- The secular programs have demonstrated a longer term impact while ICM's programs have not yet been validated in an RCT over longer periods. (Although using simple "before and after" surveys, ICM's results appear to continue for at least three years.) If

the graduation model generates long term increases in income while the ICM results are only short term, then the return on investment computations would be different.
- The research about the secular programs measured consumption of the poor people, which is probably a better metric than income.

And there are other differences too. But even with these limitations, the data still shows an astonishing disparity in bang-for-the-buck.

So how could ICM possibly achieve a similar result as the best-in-class secular programs for a tiny fraction of the price? We believe that Hope is the Key, not stuff. And that faith-based distribution systems create scalable, high impact solutions to poverty in a way that is almost impossible to replicate by secular means.

Our second and final key lesson is that DISTRIBUTION IS KEY.

At ICM we are using this faith-based distribution system to achieve scale. Two years ago, we were working with 2,000 communities and now we are working in more than 5,000 communities. Astonishing growth that requires pre-existing infrastructures like local churches.

When trying to achieve scale, it is much more difficult to work through local governments than through local faith communities. Compared to other middle income countries, the Philippines has an excellent penetration of programs to help the poor. For example, the Philippines has several thousand government-run "rural health units" and health centers that are intended to provide health care services for the poor. But there are not enough RHUs to serve the Philippine population of more than 100 million people.

ICM employees estimate that
- In terms of *access*, the majority (46%) of ICM communities are more than 3km away from the closest RHU, and another 36% are more than 1km away. The average cost of a one way trip to the RHU was 36 Pesos (US$0.81 each way with a range of 5 Pesos to 300 pesos). The mean duration of a one-way trip is 26.1 minutes (range: 5 to 90 minutes).
- For perception of *resources*, the large majority (74%) said that the RHU has some materials but are sometimes out of stock.
- In terms of RHU *motivation*, 52% reported that the RHU is highly motivated to help the relevant community, while 40% were "medium motivated". Only 6% were classified as "low motivated" and didn't seem interested in helping ICM participants.

While each of these factors show that the Philippine government distribution system is admirable, the chance that an ultrapoor person in an ICM program has *access* to an RHU that is *adequately stocked* and *motivated to help* is less than 25%. So RHUs are unlikely to be the exclusive solution to health problems for three-quarters of ICM's participants. Only by leveraging on the abilities of faith institutions is it possible to reach into these remote areas where many of the poorest people reside.

ICM focuses all of its efforts on about 15 Philippine provinces with a total population of 17.5 million people. These provinces contain 5.7 million who live in extreme poverty (less than US$1.25 per day) and 1.7 million live in ultrapoverty (less than US$0.50 per day). Those 1.7 million people are ICM's target population.

Against these goals, in October 2014 ICM graduated its 500,000th family member from the four-month *transform* program and in May 2015 ICM graduated its 600,000th family member. According to these numbers, ICM has now reached one-third of *all* of the ultrapoor people in these target provinces. That would not have been even remotely possible without operating through local faith communities.

We believe that these efforts through local churches are bearing fruit. As a result of ICM's efforts over the last half dozen years, we estimate the following improvements:

- MALNUTRITION:
  - 30,000 more people eat three meals a day
  - 41,000 fewer suffer from hunger each week
- HYGIENE:
  - 28,000 now have access to a toilet
  - 57,000 enjoy purified drinking water
- SHELTER:
  - 34,000 fewer live with scrap roofs
  - 26,000 no longer live with mud floors in their homes
- LIVELIHOOD:
  - Using conservative estimates, *Transform* program graduates now earn a collective US$21 million of extra income every year
  - More than 150,000 people have been delivered from ultrapoverty (they now earn more than 50 US cents per day)

Many of you here today are waging war on poverty through faith communities. We hope that you find these results encouraging. At ICM we are awaiting the final IPA analysis of our first randomized controlled trial. In the next year or two we expect the results of our second RCT plus our long-term RCT results. We hope to be able to demonstrate great progress which will give all of you ammunition in your own efforts to fight poverty where you are.

APPENDIX

In late 2014, ICM conducted a randomized controlled trial around its *Transform* programs that were implemented during ICM's 2014-15 "Batch 2" (October 2014 to January 2015). The three 'arms' into which communities could be randomized into were: (A) VHL: Communities received the regular Transform curriculum, including the Pastor teaching spiritual values in the local church during the Transform sessions. (B) HLV: Only the Health and Livelihood components of the Transform curriculum were taught weekly by ICM staff. The pastor was encouraged to teach Values, and had the option to use the ICM curriculum, but was required to hold the Values session at another location and/or time from the rest of the Transform program. (C) Control: Communities did not receive any intervention other than access to ICM staff for medical emergencies. These communities would then receive the VHL program in the subsequent "Batch 3" (Feb 2015 – May 2015). The final analysis of this study will be completed in collaboration with Yale University and IPA. Currently additional tests examining differential attrition and orthogonality are being conducted, prior to producing analysis for final results. On completion, the findings will be prepared for publication and dissemination.

Livelihood: Part 1

			VHL			HLV			Control		
			PRE	POST		PRE	POST		PRE	POST	
Q.	Item		n or (%)	n or (%)	Percnt Chnge	n or (%)	n or (%)	Percnt Chnge	n or (%)	n or (%)	Percent Change
	Number Surveyed		1030	1030		1018	1018		1121	1121	
	Household members Total		5343	5343		5149	5149		5742	5742	
16	Is the recipient literate?	Yes	10%	7%	-32%	10%	8%	-23%	10%	19%	84.6%
		No	90%	93%	3.6%	90%	92%	2.6%	90%	81%	-9.9%
	Daily Recipient Income per household member (PHP)	*(mean)*	0.9%	1.2%	34%	0.8%	1.1%	44.1%	0.8%	0.8%	8.5%
	Daily Household Income per household member (PHP)	*(mean)*	22.61	26.90	19%	22.80	28.48	24.9%	22.86	25.09	9.8%
66	Daily Household Income per household member	*(mean) - If past month was above average*	24.62	31.41	28%	26.79	35.36	32.0%	30.98	34.01	9.8%
66	Daily Household Income per household member (PHP)	*(mean) - If past month was average*	23.86	27.80	17%	24.87	28.07	12.8%	23.09	24.30	5.2%
66	Daily Household Income per household member (PHP)	*(mean) - If past month was below average*	20.61	22.57	9.5%	18.85	24.83	31.7%	21.22	24.50	15.5%
68	Does anyone in the household owe anyone money?	Yes	44.8%	45.8%	2.2%	47.2%	41.2%	-12.6%	43.0%	45.2%	5.2%
		No	53.7%	54.0%	0.5%	52.2%	58.1%	11.4%	56.1%	54.2%	-3.4%
	If Yes, how much? (PHP)	*(mean)*	2195.16	1734.92	-21%	2042.28	1752.87	-14%	1602.28	2416.41	50.8%
69	Does anyone in the household have any savings?	Yes	11.1%	24.1%	118%	12.1%	20.6%	70.2%	9.4%	14.0%	49.0%
		No	87.7%	75.5%	-14%	87.2%	78.7%	-9.8%	89.9%	85.2%	-5.3%
	If Yes, how much? (PHP)	*(mean)*	89.93	185.23	106%	149.03	171.25	14.9%	77.73	147.06	89.2%

Livelihood: Part 2

Q.	Item		VHL PRE n or (%)	VHL POST n or (%)	VHL Percnt Chnge	HLV PRE n or (%)	HLV POST n or (%)	HLV Percnt Chnge	Control PRE n or (%)	Control POST n or (%)	Control Percnt Chnge
	Number Surveyed		1030	1030		1018	1018		1121	1121	
76	Building Size	Big: >25 sqm	14.9%	12.9%	-13%	16.6%	11.5%	-31%	14.2%	10.6%	-25%
		Medium: 10-15 sqm	43.9%	40.4%	-7.8%	38.6%	39.6%	2.5%	38.8%	37.7%	-2.9%
		Small: <15 sqm	39.5%	44.9%	13.6%	43.3%	48.7%	12.5%	46.8%	49.4%	5.5%
77	Foundation Structure	Concrete/Firm	14.9%	17.0%	14.4%	13.1%	12.0%	-8.6%	11.2%	13.3%	18.6%
		Bamboo/Moderate	60.5%	60.4%	-0.1%	60.6%	59.5%	-1.9%	62.4%	55.8%	-10.6%
		Dirt Weak	22.7%	20.7%	-9.1%	24.7%	28.2%	14.0%	25.7%	28.3%	10.0%
78	Roof Materials	New GI Sheet	11.3%	13.5%	20.0%	11.2%	9.3%	-17.0%	9.3%	9.8%	5.4%
		Old GI Sheet/New Nipa	57.6%	55.1%	-4.3%	53.4%	51.2%	-4.1%	56.6%	53.1%	-6.2%
		Scrap/Old Nipa	29.4%	29.4%	0.1%	33.7%	38.9%	15.3%	33.6%	33.9%	0.7%
79	Wall Materials	Concrete	11.8%	12.5%	6.0%	9.0%	9.5%	6.0%	8.9%	10.0%	12.6%
		Wood	11.8%	13.0%	10.9%	13.3%	13.9%	5.0%	8.3%	11.0%	32.8%
		Lawnanit/Plywood	14.7%	12.6%	-14.4%	13.4%	13.2%	-1.7%	15.0%	15.8%	5.5%
		Bamboo/Moderate	51.4%	51.0%	-0.8%	52.9%	50.2%	-5.3%	57.2%	48.1%	-15.9%
		Scrap	7.5%	9.2%	22.6%	10.0%	12.8%	28.1%	10.1%	12.1%	19.9%
83	Water Supply	Faucet (gripo) at home or own deep well	22.1%	26.5%	19.5%	19.8%	24.4%	23.3%	22.7%	24.4%	7.9%
		Shared deep well or faucet within 50m	47.9%	49.6%	3.7%	50.6%	50.7%	0.3%	56.8%	48.0%	-15.5%
		None within 50m	28.3%	23.2%	-18%	28.0%	22.8%	-19%	20.0%	26.6%	33.0%
84	Electricity	Own meter	36.9%	40.5%	9.9%	32.6%	35.4%	8.6%	27.7%	29.2%	5.8%
		Shared meter	27.3%	27.4%	0.5%	31.0%	30.5%	-1.4%	36.8%	35.0%	-4.7%
		None	34.2%	31.8%	-7.1%	35.1%	33.9%	-3.4%	35.3%	35.1%	-0.6%
85	Fuel	LPG/Electricity for cooking	0.3%	0.8%	165.5%	0.1%	0.3%	190.0%	0.3%	0.2%	-33.3%
		Kerosene	0.5%	0.9%	77.6%	0.3%	0.8%	172.4%	0.6%	0.7%	14.5%
		Charcoal/Wood	97.2%	98.0%	0.8%	98.0%	97.6%	-0.4%	98.7%	98.8%	0.1%
86	Toilet	Flush in home	2.6%	3.3%	25.2%	1.1%	3.1%	193.5%	1.4%	3.8%	167.1%
		Manual in home	56.1%	58.8%	4.7%	58.8%	59.5%	1.2%	51.5%	53.4%	3.8%
		Pit/Shared/ Communal	20.5%	19.6%	-4.4%	16.6%	18.0%	8.2%	22.3%	21.5%	-3.5%
		None	18.8%	18.1%	-4.1%	22.0%	18.2%	-17%	24.2%	20.1%	-17%
	Poverty Score	*(mean)*	19.6	20.4	3.8%	18.8	19.1	1.5%	18.3	19.1	4.0%

Values: Social Capital Items

			VHL			HLV			Control		
			PRE	POST		PRE	POST		PRE	POST	
q.	Item		n or (%)	n or (%)	Percent Change	n or (%)	n or (%)	Percent Change	n or (%)	n or (%)	Percen Chang
	Number Surveyed		1030	1030		1018	1018		1121	1121	
17	How satisfied are you with your family life?	Not at all satisfied/ Not very satisfied	12%	7%	-37.5%	8%	6%	-26.8%	10%	11%	9.3%
		Neutral	36%	19%	-46.2%	36%	22%	-38.6%	39%	30%	-23.6%
		Very satisfied/ Somewhat satisfied	51%	74%	44.0%	56%	72%	28.9%	50%	59%	17.5%
18	How satisfied are you with your friendships?	Not at all satisfied/ Not very satisfied	4%	3%	-7.7%	3%	3%	11.5%	3%	6%	94.3%
		Neutral	40%	24%	-39.5%	42%	30%	-27.9%	41%	38%	-5.9%
		Very satisfied/ Somewhat satisfied	55%	73%	32.2%	55%	66%	20.1%	56%	56%	-0.3%
19	How much do you trust your relatives?	No Trust/ Tentative Trust	4%	1%	-75.0%	3%	1%	-80.0%	3%	4%	27.8%
		Neutral	34%	22%	-35.4%	29%	22%	-23.8%	31%	26%	-15.7%
		Very Trusting/ Moderate Trust	61%	78%	26.4%	67%	77%	14.5%	65%	70%	6.8%
20	How much do you trust your neighbors?	No Trust/ Tentative Trust	4%	2%	-57.8%	5%	1%	-76.0%	4%	7%	63.8%
		Neutral	35%	23%	-32.5%	33%	26%	-21.3%	35%	33%	-3.9%
		Very Trusting/ Moderate Trust	60%	75%	25.1%	62%	73%	17.1%	61%	60%	-1.9%
21	How much do you trust your religious leaders or church?	No Trust/ Tentative Trust	2%	0%	-88.2%	1%	0%	-92.9%	1%	1%	-31.3%
		Neutral	26%	16%	-38.4%	27%	17%	-34.3%	26%	21%	-17.6%
		Very Trusting/ Moderate Trust	71%	84%	18.2%	72%	82%	14.1%	73%	78%	7.1%
22	How much do you trust your local barangay official? (barangays are subdivisions of local governments)	No Trust/ Tentative Trust	4%	2%	-51.1%	4%	2%	-59.5%	4%	5%	29.8%
		Neutral	32%	23%	-28.1%	35%	23%	-33.0%	36%	31%	-15.2%
		Very Trusting/Moderate Trust	62%	75%	20.6%	61%	75%	22.4%	59%	64%	7.7%

Health: Part 1

			VHL			HLV			Control		
			PRE	POST		PRE	POST		PRE	POST	
Q.	Item		n or (%)	n or (%)	Percent Change	n or (%)	n or (%)	Percent Change	n or (%)	n or (%)	Percen Change
	Number Surveyed		1030	1030		1018	1018		1121	1121	
29	Is the female household head currently pregnant?	Yes	4%	4%	1.9%	6%	4%	-31.8%	6%	4%	-33.1%
		No	93%	92%	-0.6%	91%	92%	1.6%	91%	91%	0.7%
37	**Households** have experienced a child death?	*(Total)*	40%	46%	16.2%	37%	39%	6.3%	38%	42%	12.6%
41	In the last month did someone in the household have diarrhea?		1%	2%	30.2%	1%	1%	-49.6%	2%	1%	-33.7%
41	In the last month, where there significant illnesses in the household?		16%	13%	-13.8%	9%	9%	-5.4%	13%	16%	23.3%
42	In the last month, was ill but received no medical assistance?		34%	47%	38.8%	38%	43%	11.8%	37%	40%	8.8%
44	Where do you go to the toilet?	Public Toilet	2%	2%	-15.5%	3%	2%	-54.1%	3%	3%	2.4%
		Toilet in the compound	30%	29%	-2.9%	25%	26%	4.5%	28%	26%	-8.6%
		Toilet in house	43%	47%	10.1%	45%	49%	7.8%	39%	44%	13.4%
		Outside (No toilet)	22%	21%	-4.0%	24%	22%	-8.0%	27%	24%	-8.7%
		Paper plastic bag	1%	0%	-61.9%	0%	0%	0.0%	1%	0%	-79.9%
		Not sure	1%	0%	-38.5%	1%	0%	-63.6%	2%	2%	31.4%
47	Do you use soap for hand washing?	Not washed	0%	0%	-	0%	0%	-	0%	0%	0.0%
		Took water to toilet location	3%	0%	-89.3%	5%	0%	-	2%	2%	-22.4%
		Container near toilet location	0%	0%	52.6%	0%	0%	-	0%	2%	-
		Tap water from the house	94%	97%	3.7%	91%	97%	6.2%	95%	95%	-0.4%
		Not sure	2%	2%	10.3%	2%	2%	-7.4%	2%	1%	-28.0%
51	How do you clean your teeth?	Do not clean teeth	1%	0%	-80.1%	0%	0%	-25.6%	1%	1%	-36.7%
		Rinse with water	1%	0%	-66.7%	1%	0%	-77.3%	1%	1%	25.4%
		Use salt/water	1%	2%	34.6%	0%	1%	151.3%	0%	1%	1377.8%
		Use herbal mouth wash	0%	1%	148.7%	1%	0%	-60.2%	0%	1%	47.2%
		Toothbrush only	1%	6%	303.4%	2%	8%	409.6%	2%	8%	321.9%
		Toothbrush & toothpaste	93%	90%	-2.9%	94%	89%	-5.5%	95%	88%	-7.4%

Health: Part 2

			VHL			HLV			Control		
			PRE	POST		PRE	POST		PRE	POST	
q.	Item		n or (%)	n or (%)	Percent Change	n or (%)	n or (%)	Percent Change	n or (%)	n or (%)	Percen Chang
	Number Surveyed		1030	1030		1018	1018		1121	1121	
53	How many meals do you usually eat in a normal day?	1 meal	0%	0%	-100.0%	0%	0%	-79.6%	1%	0%	-100.0%
		2 meals	6%	4%	-36.5%	5%	2%	-68.9%	7%	6%	-19.5%
		3 meals	85%	88%	3.5%	89%	92%	2.6%	88%	88%	0.3%
		>3 meals	7%	8%	6.0%	4%	6%	64.5%	4%	5%	42.1%
57	How often do you feel hungry at the end of the day?	More than once a week	18%	14%	-22.2%	18%	13%	-24.6%	17%	20%	17.0%
		Once a month	7%	6%	-4.9%	7%	6%	-20.2%	8%	7%	-12.2%
		Less than once a month	26%	33%	28.0%	30%	35%	17.9%	32%	36%	11.8%
58	Do you do anything to make your water safer to drink?	No action	38%	26%	-31.7%	41%	25%	-39.5%	42%	32%	-24.3%
		Buy drinking water (bottled, ATM)	20%	20%	-1.1%	18%	17%	-4.9%	19%	22%	16.2%
		Use water filter (ex. bio-sand)	9%	7%	-22.0%	7%	5%	-18.7%	10%	9%	-11.2%
		Solar disinfection	1%	7%	1081.0%	1%	8%	526.0%	0%	1%	37.8%
		Boiling of water	12%	21%	81.0%	17%	25%	47.2%	10%	17%	78.3%
		Other method to make water safer to dirnk	19%	18%	-5.6%	15%	19%	30.9%	17%	18%	5.4%
60	How far is your main water supply from your home?	0-20m	44%	44%	1.2%	45%	41%	-8.5%	46%	48%	4.9%
		21-50m	21%	22%	5.5%	22%	26%	18.6%	23%	20%	-11.2%
		51-100m	16%	17%	9.1%	17%	16%	-3.1%	16%	14%	-11.0%
		100+m	17%	14%	-15.4%	14%	13%	-7.5%	14%	16%	14.2%
28	Are you a member of Phil Health? (Phil Health is the government health insurance program)	Yes	63%	65%	2.6%	60%	64%	6.4%	59%	63%	7.2%
		No, benefits won't help my family	4%	1%	-83.8%	2%	1%	-71.7%	4%	3%	-37.1%
		No, benefits too expensive	14%	12%	-9.7%	14%	14%	-4.3%	15%	10%	-33.8%
		No, I don't have paperwork	13%	14%	6.2%	15%	15%	4.5%	16%	15%	-4.2%
		I am not familiar with Phil Health	5%	6%	17.9%	8%	5%	-41.5%	6%	6%	17.4%