

Community Driven Development in Sierra Leone: Supplementary Indicators

February 19, 2010

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This document provides additional indicators that will be assessed as part of the GoBifo Project impact evaluation using the endline round 2 data. Note that this document was written up before the analysis of any endline round 2 data. For details on the overall analysis plan and first round indicators, see “Community Driven Development in Sierra Leone: GoBifo Analysis Plan.”

Almost all of the following indicators are available in the endline data only, so will not be analyzed in panel format.

H1: Participation in GoBifo increases trust.

Community Level outcomes

- Treatment communities are more likely to have collective market groups (E15).

H2: Participation in GoBifo increases collective action and contribution to public goods.

Household Level outcomes:

- Given the existence of each public asset—primary school, health clinic, TBA house, water well, dry floor, grain store, community center, latrine, football field—respondents in treatment areas are more likely to report making financial, labor and/or local material/food contributions to the construction or maintenance of the asset (C1E-C16E; C1F-C16F; C1G-C16G).

Secondary outcomes

- Given the existence of each public asset—secondary school, mosque, church, market—respondents in treatment areas are more likely to report making financial, labor and/or local material/food contributions to the construction or maintenance of the asset (C1E-C16E; C1F-C16F; C1G-C16G).
- Household in treatment communities are more likely to report contributing and contributing more to the building materials voucher (G15).

Community Level outcomes:

- Treatment communities are more likely to have used the tarp (T4, V1A).
- Treatment communities use the tarp more frequently (T8).
- Given use of cards, treatment communities are more likely to have begun to use the building materials or have a plan for how to use them (C14, C15, V2A).
- Treatment communities are more likely to have collective market groups (E17).
- Given use of cards, treatment communities are more likely to have brought the supplies back to the village (C13).
- Given that they have built something with the materials, quality of construction will be higher in treatment communities (V2Ai).
- Foot paths in treatment communities are less likely to be bushy (V3).

- Treatment communities are more likely to have brushed their foot path more recently (V4).

Secondary outcomes

- Given non-use of the tarp, treatment communities are more likely to have a plan for how to use the tarp (T10).

H3: Participation in GoBifo improves the quality and quantity of local public services infrastructure.

Household Level outcomes:

- In treatment communities, respondents report that the community has a larger stock of functional public infrastructure (C1B/C-C16B/C).
- Given the existence of each public asset—primary school, health clinic, TBA house, water well, dry floor, grain store, community center, latrine, football field—respondents in treatment areas are more likely to report making financial, labor and/or local material/food contributions to the construction or maintenance of the asset (C1E/F/G-C16E/F/G).

Community Level outcomes:

- Treatment communities are more likely to have used or plan to use the tarp for a public good and less likely to use it for private purposes (T6, T7, T10A/B).
- Given use of the cards, treatment communities are more likely to use or plan to use the cards towards a public good (C14A, C14B, C15A, C15B).
- Treatment communities are more likely to have a seed bank (G2).
- Treatment communities are more likely to have a grain store (G3).
- Treatment communities are more likely to have a football field and uniforms for their sports teams (G4 and G5).
- Given a football field, treatment communities are more likely to have modern equipment (G4A).
- Foot paths in treatment communities are less likely to be bushy (V3).
- Treatment communities are more likely to have brushed their foot path more recently (V4).

Secondary outcomes

- Treatment communities are less likely to use or plan to use the tarp for religious purposes (T6, T10A).
- Given use of the cards, treatment communities are less likely to use or plan to use the building materials for religious purposes (C14A, C15A).

Sub-hypothesis H3A: By improving stock of infrastructure, GoBifo encourages higher utilization of improved facilities and public health outcomes

Household Level outcomes

- Households more likely to use a pit/latrine as opposed to the bush for toilet facility (F4)
- Households more likely to use some kind of well as opposed to river or stream for drinking water (Round 1 survey)
- Farming households dry their grain on cement/concrete drying floor as opposed to the road, tarp, other make shift arrangement (L6B)

Secondary outcomes

- Prevalence of childhood diarrhea and worms is lower in treatment communities (F2)
- Given a recent birth, women in treatment communities are more likely to have an assisted delivery (F3)

Community Level outcomes

- Treatment households less likely to locate a latrine near a cooking facility (V5)

H4: Participation in GoBifo builds and strengthens community groups and networks.

Household Level outcomes:

- Respondents in treatment communities are more likely to be a member of, attend meetings and make labor or financial contributions to a women's group (N1).
- Respondents in treatment communities are more likely to be a member of, attend meetings and make labor or financial contributions to a youth group (N2).
- Respondents in treatment communities are more likely to be a member of, attend meetings and make labor or financial contributions to a seed multiplication group (N3).
- Respondents in treatment communities are more likely to be a member of, attend meetings and make labor or financial contributions to a fishing cooperative (N4).

Community Level outcomes:

- Treatment communities are more likely to have fishing cooperatives (G6).
- Treatment communities are more likely to have collective market groups (E15).

H5: Participation in GoBifo increases access to information about local governance.

Household Level outcomes:

- Respondents in treatment communities are more likely to be able to name the 3 items from the gift experiments (G1).
- In treatment communities, respondent views about if and how the tarp is being used or planned to be used are more likely to match purposes stated in the village meeting (HHS G10-G11A, VILL T5/6/10/10A).
- Given that the community cashed in some building material cards, respondents in treatment communities have more information on the cards: know the number of cards cashed in; know the total Leones raised; know who went to the store; have seen the building materials; have seen the receipt; and know items purchased (HHS G16A-F, VILL C4/6/7/10/11).

H6: GoBifo increases inclusion and participation in local planning and implementation, especially for poor and vulnerable groups; GoBifo norms spill over into other types of community decisions, making them more inclusive, transparent and accountable

Household Level outcomes:

- Respondents in treatment communities are more likely to attend a meeting to discuss how to share the salt/batteries (G2).
- Given attendance at the salt/batteries meeting, respondents in treatment areas are more likely to make public statements (G2A).
- Respondents in treatment communities are more likely to report that the salt/batteries sharing decision was made more democratically (G3 with 4 being the most democratic).

- Respondents in treatment communities are more likely to report that everyone had equal say in deciding how to share the salt/batteries (G4).
- Respondents in treatment communities are more likely to attend a meeting to discuss how to use the tarp (G6).
- Given attendance at the tarp meeting, respondents in treatment areas are more likely to make public statements (G6A).
- Respondents in treatment communities are more likely to report that the tarp decision was made more democratically (G7 with 4 being the most democratic).
- Respondents in treatment communities are more likely to report that everyone had equal say in deciding how to use the tarp (G8).
- Respondents in treatment communities are more likely to attend a meeting to discuss how to use the building materials cards (G12).
- Given attendance at the building materials cards meeting, respondents in treatment areas are more likely to make public statements (G12A).
- Respondents in treatment communities are more likely to report that the building materials cards decision was made more democratically (G13 with 4 being the most democratic).
- Respondents in treatment communities are more likely to report that everyone had equal say in deciding how to use the building materials cards (G14).
- Given the existence of each public asset—primary school, health clinic, TBA house, water well, dry floor, grain store, community center, latrine, football field—respondents in treatment areas are more likely to report attending a meeting about the asset (C1-16D).

Community Level outcomes:

- Treatment communities are more likely to have a meeting to discuss how to share the salt/batteries (S1).
- In treatment communities, it is more likely that everyone had equal say in deciding how to share the salt/batteries (S2).
- Treatment communities are more likely to have a meeting to discuss how to use the tarp (T1).
- In treatment communities, it is more likely that everyone had equal say in deciding how to use the tarp (T2).
- Treatment communities are more likely to have a meeting to discuss how to use the building materials cards (C1).
- In treatment communities, it is more likely that everyone had equal say in deciding how to use the building materials cards (C2).
- Given take up of the cards, treatment communities are more likely to produce the building materials receipt (C11).
- Given take up of the cards, treatment communities are more likely to keep other written records concerning the building materials cards (C12).
- Given that they have brought building materials back to the community, treatment communities are more likely to make a public presentation of the goods (C13C).
- Treatment communities are more likely to have had a community meeting more recently (G7).

- Given a community meeting, treatment communities are more likely to take minutes (G8).
- In treatment communities, disabled people are more likely to attend community meetings and to hold leadership positions (G9, G10).
- Treatment communities are more likely to be able to access their tarp (V1).
- Given use of cards, treatment communities are more likely to be able to access their building materials (V2).
- Treatment communities are more likely to store the tarp in a public place (T3).
- Given take up of the cards, treatment communities are more likely to store the cards/materials in a public place (C13B).
- Treatment communities are less likely to have had a recent episode of financial mismanagement/corruption (G11—although ambiguous as GoBifo introduced an influx of cash not present in controls).

Sub-Hypothesis H6A: By promoting more democratic and inclusive decision-making, GoBifo reduces elite capture.

Household Level outcomes:

- In treatment communities, a larger proportion of respondents report receiving some of the salt/batteries (G5).
- In treatment communities, a larger proportion of respondents report directly benefiting from the tarp (G9).
- Given take up of cars, in treatment communities, a larger proportion of respondents report directly benefiting from the building materials cards (G16).

Community Level Outcomes

- Treatment communities are less likely to use or plan to use the tarp for private purposes (T7, T10B).
- Given cashing in some cards, treatment communities are less likely to use or plan to use the building materials for private purposes (T6, T9B).
- Treatment communities are less likely to store the tarp in a private residence (T3A).
- Given take up of the cards, treatment communities are less likely to store the materials in a private residence (C14B/15B).
- Treatment communities are less likely to allow one person to pay for and use the building materials cards (C8).

H7: GoBifo increases public participation in local governance and politics

Household Level Outcomes

- Given the existence of each public asset—primary school, health clinic, TBA house, water well, dry floor, grain store, community center, latrine, football field—respondents in treatment areas are more likely to report involvement of the Paramount or Section Chief in the project (C1-16H).
- Given the existence of each public asset—primary school, health clinic, TBA house, water well, dry floor, grain store, community center, latrine, football field—respondents

in treatment areas are more likely to report involvement of WDC or Local Council members in the project (C1-16I).

Community Level Outcomes

- Treatment communities more likely to have a Village Development Plan (G12)
- Given a VDP, treatment communities more likely to have a written VDP (G12A)
- Given a VDP, treatment communities more likely to use the tarp/building materials towards something identified in the VDP (G12B/C)

H8. By increasing trust, GoBifo reduces crime and conflict in community

Household Level Outcomes

- Treatment communities report less conflict (L7)
- Given an episode of conflict, treatment households more likely to have been able to resolve the conflict without involving external authorities (L7A).

Community Level Outcomes

- Treatment communities are less likely to report avoidance of inter-personal conflict as reason for not using tarp more frequently (T8, T10).
- Treatment communities are less likely to report avoidance of inter-personal conflict as reason for not taking up or using the cards (C3A, C15C).

H9: GoBifo changes local systems of authority, including roles and public perception of traditional versus local government

Household level outcomes:

- In treatment communities, respondents are less likely to report that the chief made the decision about the salt/batteries sharing without input from the community (G3).
- In treatment communities, respondents are less likely to report that the traditional authorities had the most say in the salt/batteries sharing decision (G4).
- In treatment communities, respondents are less likely to report that the chief made the decision about the tarp without input from the community (G7).
- In treatment communities, respondents are less likely to report that the traditional authorities had the most say in the tarp decision (G8).
- In treatment communities, respondents are less likely to report that the chief made the decision about the building materials cards without input from the community (G13).
- In treatment communities, respondents are less likely to report that the traditional authorities had the most say in the building materials cards decision (G14).

Secondary outcomes

- In treatment communities, respondents more likely to have reported that the village held a vote for the Village Headman (L2)
- In treatment communities, respondents more likely to have reported voting in an election for Village Headman (L2A)

Community Level outcomes:

- In treatment communities, traditional authorities are less likely to have the most influence over the salt/batteries sharing decision (S2).
- In treatment communities, traditional authorities are less likely to have the most influence over how to use the tarp (T2).
- In treatment communities, traditional authorities are less likely to have the most influence over how to use the building materials cards (C2).
- Treatment communities are less likely to store the tarp in the chief's house (T3).
- Given that the community stored the tarp in a private residence, it is less likely to belong to a traditional authority (T3A).
- Given that they cashed in some cards and brought the materials back to the village, treatment communities are more likely to store the building materials in a public place or a private house that does not belong to a traditional authority (C13B, C13Bi).
- Given that the community cashed in some cards, treatment communities are more likely to send a non-traditional authority to the building materials store (C4).

Secondary outcomes

- Treatment communities report broader participation in selection of Village Head (L3)
- Treatment communities report more equal say in selection of Village Head (L4)
- Treatment communities report a vote Village Head (L5)

H10: Participation in GoBifo improves general economic welfare

Household Level outcomes:

- Respondents in treatment communities are more likely to have participated in skills training (E1).
- Respondents in treatment communities are more likely to have started a new business (E2).
- Respondents in treatment communities are more likely to have sold some agricultural goods in the past month (E4).
- Given having sold some agricultural goods, respondents in treatment communities are more likely to sell externally (E4A).
- Respondents in treatment communities are more likely to have sold some non-agricultural goods in the past month (E5).
- Given having sold some non-agricultural goods, respondents in treatment communities are more likely to sell externally (E5A).

Secondary outcomes

- Respondents in treatment communities are more likely to have a personal bank account (E3).
- Respondents in treatment communities are more likely to have lent money (E6)
- Respondents in treatment communities are more likely to have borrowed money (E7)
- Respondents in treatment communities are more likely to have consumed protein as part of yesterday's main meal (F1)

Community Level outcomes

- Treatment communities are more likely to have a bank account (G1).

- Treatment communities have more petty traders (E1).
- Outside traders are more likely to come to treatment communities to buy agricultural and non-agricultural goods (E2, E3).
- More goods and services—bread, soap, garri, country cloth, eggs, sheep, palm oil, coal, carpentry, blacksmiths, tailoring—are available for sale in treatment communities (E4-E14).
- More people have started a new business in the past 3 years in treatment communities (E16).

Secondary outcomes

- Given a seed bank, treatment communities are more likely to charge fees for use (G3A).
- Treatment communities are more likely to have a money lender (E16).

H11: GoBifo changes political and social attitudes, making individuals more liberal towards women, more accepting of other ethnicities and “strangers”, and less tolerant of corruption and violence.

Community Level Outcomes

- Treatment communities more likely to have a female Village Head (L6, 7)
- Treatment communities more likely to have a younger Village Head (L8, 9)