

Beyond Compliance
A Look into the Behavioral and Social Outcomes of the
Pantawid Pilipinong Pamilya Program

Final Report

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CONTENTS

1. Background of the Study	3
1.1. Objectives of the Research	4
1.2. Framework of the Study.....	5
1.3. Significance of the Study.....	7
1.4. Scope and Limitations of the Study.....	7
1.5. Operational Definition of Terms Used.....	8
2. Review of Related Literature	11
3. Methodology	20
3.1. Research sites	20
3.2. Data Gathering.....	20
3.3. Recruitment and selection of research participants.....	22
3.4. Data Presentation and Analysis.....	25
4. Findings of the Study	27
4.1. Behavioral Change	27
4.2. Factors Influencing Behavioral Change.....	42
4.3. Changes in the External Environment	47
4.4. Addressing the gaps and strengthening the gains.....	50
5. Case Studies	52
5.1. A Continuous Journey (Aklan).....	52
5.2. The Story of Nuri (Tawi-Tawi)	54
5.3. The Story of the Osorio Family (Caloocan City)	56
6. Discussion.....	60
6.1. Behavioral and social outcomes	60
6.2. Gaps and Challenges.....	61
6.3. Sustainability of change	62
7. Recommendations	66
Bibliography	68
Annex: Discussion of Survey Results	72
Annex: Results of the Survey in Frequencies	81

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1. BACKGROUND OF THE STUDY

Conditional cash transfers (CCT) are essentially providing financial incentives or resources to poor families in exchange for their compliances to a set of conditions aimed at improving their capacities. More often than not, the conditionalities are linked to education and health outcomes to address the chronic poverty of the household. The rationale is by infusing additional income (cash grants) to households, they would be better equipped to meet their basic needs at present while the conditionalities ensure that they also increase their human capital investment so that their standard of living is improved in the long-run. The early CCTs were implemented by Mexico and Brazil in the 1990s; currently there are more than 20 countries which have CCT programs in some form as part of their anti-poverty strategies (Fiszbein 2009).

The Philippines' version of the CCT is the Pantawid Pamilyang Pilipino Program (hereinafter referred as Pantawid). It has two goals: (1) alleviation of immediate income poverty (social assistance), and (2) break the intergenerational cycle of poverty through human capital investments and nutrition (social development). It targets the “poorest of the poor” in the country, and as beneficiaries, they receive a monthly cash grant of PhP 500 for health expenses, and PhP 300 per school child member in elementary school or PhP 500 if the child is in high school (maximum of three children).¹ The program was formally launched in 2008 with 360,000 household beneficiaries; by 2015, the number of beneficiaries was 4.4 million.

The latest evaluations of the Pantawid show its positive impact on the concerns directly targeted by the conditionalities i.e. in children's education (there is an increased enrolment rate in elementary schools in the Pantawid communities) and health (more mothers are going to health centers for professional maternal health services and health advice in general, more children are receiving vaccines and regular de-worming, the household has increased their food intake). However, there is a need to assess changes beyond the compliance of households to the Pantawid conditionalities and how the positive impact of the program be sustained after its beneficiaries have “graduated” from the program. It is noted that one of the goals of the conditional cash transfer program is to break the intergenerational cycle of poverty. Thus it is even more important that the positive changes resulting from the program should not be dependent on the cash grant currently being received, rather it is because the beneficiaries are already empowered to create environments, whether within their households or in their community, where their rights to education, health, and development are realized. Specifically, the DSWD cited one of the features of the Pantawid is fostering behaviour

¹ The average Pantawid cash grant is estimated to be as much as 23 percent of the beneficiary household's income when the program was piloted in 2006. Due to inflation, however, the maximum amount to be received was estimated to be down to 7 percent of the household income by 2013 (Albert, 2014).

change due to the conditionalities. These conditionalities cover: (1) increased health seeking behavior, (2) value for education, (3) responsible parenthood, (4) community participation, and (5) empowerment (Turalde-Babaran, 2013).

The role of behavioral change in influencing micro to macro development outcomes is an emerging idea in development literature. Once regarded as a domain of individual change, there are recent researches highlighting the significant impact of psychological, social and cultural factors may have on individual and collective behavior, which in turn affect the success of macro-level development initiatives. For instance, the Banerjee and Duflo (2011) show how integrating people's decision-making processes vis-à-vis their context of poverty and prevailing socio-cultural norms, can lead to creative interventions to invest in education, increase productivity, and control epidemics among others. In 2015, the World Bank's released its World Development Report on *Mind, Society and Behavior* which encouraged development economists and practitioners to inform their approaches with insights on human behavior and social environment – from how these are conceptualized, implemented and framed in communication tools.

It is in this light that a study on the behavioral and social impact of the Pantawid Pamilyang Pilipino was undertaken.

1.1. Objectives of the Research

The research aims to contribute to the growing literature on the impact of Pantawid Pamilyang Pilipino Program six years after it was launched as a flagship program to address (intergenerational) poverty in the country. Specifically, it will describe the behavioral and social changes that have occurred in households and communities which have been part of the program since 2009 or 2010. There is an assumption that because these households and communities have the maximum (temporal) exposure to the program in terms, they are better positioned to highlight the strengths, weaknesses and challenges of the Pantawid as a conditional cash transfer program, first with regard the inculcation of positive behaviors among beneficiaries that can alleviate poverty in the long run, and second with regard to community environments which can reinforce or discourage the positive change.

There are generally two tracks of inquiry to capture experiences related to the behavior changes resulting from the Pantawid:

- Behavioral changes brought about the household's participation in the Pantawid; and
- Factors affecting the sustainability of education and health results and expected behavioral outcomes (beyond household level) from the Pantawid.

The first one will be focused on the household level while the second area of inquiry will look into the changes in social relationships and community structures and modes for service delivery. Both areas of inquiry are founded on the social development goal of the Pantawid.

The research aims to answer the following questions:

- a. What behavioral changes in the beneficiaries resulted from their household's participation in Pantawid?

- b. What factors affect the behavioral outcomes among beneficiaries within their households?
- c. What is the impact of the Pantawid on the external environment of beneficiary households, particularly community structures, mechanisms and processes relating to education, health and family development?
- d. How can the positive impact of the Pantawid be strengthened and maximized for household and community empowerment?

1.2. Framework of the Study

The study subscribes to a perspective that the Pantawid Pamilyang Pilipino Program (Pantawid) at its core is about alleviating poverty through behavioral and social change. The cash grant is only a Pantawid (bridge) for the “poorest of the poor” to access the basic services of education and health; what will sustain the momentum toward breaking the intergenerational cycle of poverty is understanding people’s outlook and actions, ensuring the availability and accessibility of opportunities for growth, and a strong institutional support base – interventions directed at which are also integrated in the Pantawid design, i.e. through the conditionalities and partnerships with the local governments and other stakeholders for the “supply side” and other requirements of the program, respectively.

In this regard the ecological perspective of Bronfenbrenner (1994) is appropriate to describe the behavioral and social changes arising from the implementation of the Pantawid. According to Bronfenbrenner change takes place in a dynamic environment characterized by five interacting systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem.

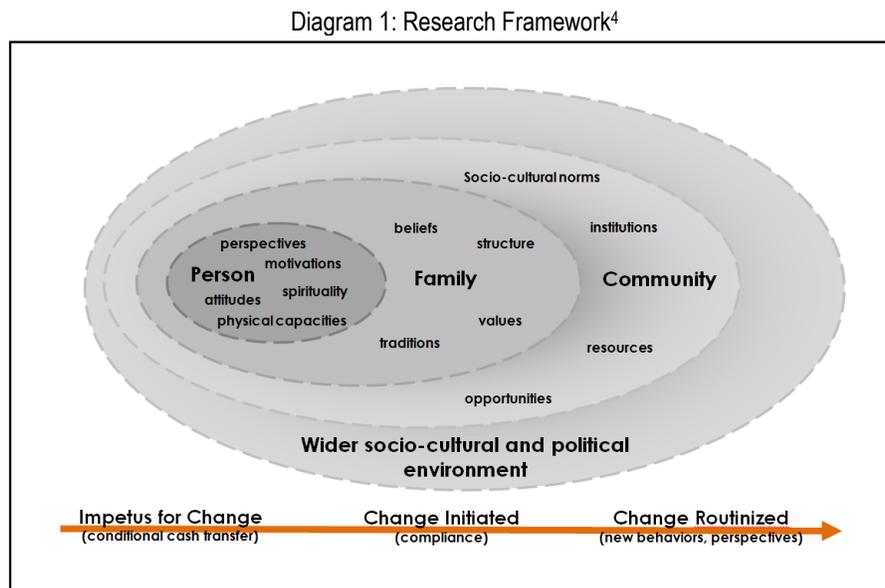
The Pantawid as a national poverty alleviation program (specifically, targeting the intergenerational transmission of poverty) identifies the family and the individual as the basic unit of change, or the microsystem. This is seen in its program design and strategies first, in infusing additional cash into the “poorest of the poor” households; second, in tying up the cash grant to human capital investments (primarily health and formal education); and third, in the values formation through the Family Development Sessions (FDS). While the cash grant provides the nudge to change, the FDS in particular reinforces the internalization of the behaviors promoted by the program, namely: increased value for education, health-seeking behavior, responsible parenthood, community participation and empowerment.

From this angle, the Pantawid can be regarded as a behavioral-capabilities approach to development, that is, through influencing people’s perspectives and practices alongside increasing people’s economic (cash infusion), social (education, health, responsible parenthood) and political (community participation and empowerment) capabilities.

Another feature of the Pantawid is its engagement with other stakeholders in the families’ local communities (meso and exosystem relationships) up to the national level (macrosystems) so that beneficiaries are enabled to comply with the cash conditionalities, at the same time addressing structural factors of poverty such as access to school, quality education, health facilities and services. National policies shape behavioral and social change. Traditional practices and local socio-cultural norms on family life, gender relations and reproductive health, for instance, are opened up and assessed according to their adherence to standards against violence and gender-based discrimination vis-à-vis other relevant laws of the State. These include, among others, national policies against child

abuse (RA 7610), violence against women and their children (RA 9262), responsible parenthood (RA 10354) as well as policies on health (for instance, on traditional and alternative medicines, RA 8423). The Pantawid is also located within the broad range of government programs to achieve its targets with respect to the UN Millennium Development Goals (MDG) and more currently, the Sustainable Development Goals (SDG).²

Chronosystems “encompass change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives” (Bronfenbrenner 1994). The study identifies the introduction of the Pantawid in 2008 until the present as its timeframe for describing the personal to community changes facilitated by the program.³



The Diagram 1 illustrates the major units and systems as represented by the concentric ovals and the broken lines, respectively. The broken lines point to the permeability of boundaries of small systems to the influence of wider systems, and vice versa. The arrow below indicates the movement of time through the change process as initiated by the Pantawid. It should be noted that compliance to the program conditionalities is regarded as only the beginning of change as these may be largely due to the cash incentive, while the routinization of behaviors nudged by the Pantawid is the more sustained change.

² Specifically, for the Millennium Development Goals these include: (a) Eradicate Extreme Poverty and Hunger, (b) Achieve Universal Primary Education, (c) Reduce Child Mortality, (d) Improve Maternal Health, and (e) Promote Gender Equality (DSWD, 2009; as mentioned in various Pantawid National Advisory Council Resolutions). The Sustainable Development Goals builds on the MDGs and pursues further the eradication of national and global poverty, integrating as well actions to address environmental and climate change issues.

³ Peirson et al. (2011) adopted Kelly’s (2000) concept of “succession”, rather than “chronosystems”, to describe the “progressive yet capricious nature of change within system over time.” They identified three types of succession: *context* succession which referred to the historicity of change, *change* succession which is the movement from one state to a new one, and *future* succession which is the prospect of the change itself in a given trajectory.

⁴ Model adopted from Bronfenbrenner’s Ecological Model of Human Development (1994), and Peirson et al. Ecological Process Model of Systems Change (2011).

To some degree, this study will also present notes on how the latter can be achieved through the Pantawid. Literature is ambivalent on the impact of conditional cash transfer programs on strategic and longer term behavioral changes (see the section on Literature Review in this report). Although some education and health outcomes may be realized in the short-term, for instance, more children are enrolled in school, or malnutrition among children below 5 years old have decreased, the longer term changes such as the higher investment on education and health – the social development goal of the Pantawid – beyond the program period is still under consideration. Studies on behavioral changes with respect to health, for instance, noted that people carried over the positive behavioral changes to the period soon after the intervention has stopped, but fewer people kept to their program in the succeeding years (Ory et al. 2010)

The above highlights the importance of reinforcement and support systems in sustaining behavioral change, and the links of individual change to the external environment, both geophysical and the wider socio-political and cultural context.⁵ It is in this regard that the dynamics from the micro to macrolevels, from personal to structural changes are taken into account by this study.

1.3. Significance of the Study

The research on behavioral and social outcomes build on the previous studies on the impact of the Pantawid six years since it was implemented in the country. Its distinct contribution is the emphasis on behavior change as a critical component in achieving the poverty alleviation goal of the Pantawid in both the immediate and long-term periods. As behavioral change cannot happen without supportive environments – from the family level to the community and national levels – the program should be anchored not only on material incentives and compliance but also look into and address structural factors that foster or hinder change.

On the practical level, the findings of the study can be used to review the Pantawid design to be more conscious in effecting behavioral change beyond what is expected because of education and health conditionalities, that is, responsible parenthood, gender equality and empowerment, and active citizenship.

1.4. Scope and Limitations of the Study

The study is a descriptive study of the behavioral and social changes which are observed among the Pantawid beneficiaries within the following parameters:

- Research sites

The selection of research sites, in consultation with the DSWD Pantawid technical staff, were based on the following criteria:

- The program was implemented in the site during its first two years (2008 and 2009)
- The areas are geographically distributed in the three major island groups of Luzon, Visayas and Mindanao

⁵ See also the EUFIC Review (2014) on “Motivating Behavioral Change” for an overview of theoretical models and approaches on behavioural change.

- There should be an indigenous people’s area, as well as representation from the Autonomous Region of Muslim Mindanao (ARMM).
- Logistics and security were considered in the selection of research areas

The six research areas are the following: Caloocan City (NCR), Palawan (Luzon), Aklan (Visayas), Davao Oriental, South Cotabato and Tawi-Tawi (Mindanao). Two of the areas in Mindanao were selected for their ethnic representation i.e., South Cotabato as an area populated by indigenous peoples (T’boli) and Tawi-Tawi as a representative area from the ARMM.

- Research participants

The research team identified the survey respondents through random selection from the list of Set 1 and 2 beneficiaries provided by the DSWD Central Office. A total of 90 respondents were targeted per area. The selection of key informants and participants to the interviews and focus group discussions, respectively, was purposive i.e. the field teams were given a list of stakeholders of specific profiles or functions in the community for the data gathering activities.

- Methods of data gathering⁶

Data gathering was through surveys, interviews, focus group discussions and case studies.

- Timeframe

The project is a seven-month project which commenced in December 2015. Data gathering was conducted from February to early April 2016.

1.5. Operational Definition of Terms Used

Behavior	observable actions or reactions of people to internal and external stimuli
Beneficiaries	individuals, regardless of age, who belong to households enrolled in the Pantawid Pamilyang Pilipino Program
Child	those who are below eighteen (18) years of age or over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation, or discrimination because of a physical or mental disability or condition (RA 7610).
Child labor	any paid or unpaid activity in which a child is engaged at the expense of fulfilling her/his rights to education, health and recreation among others.
Community participation (also referred as “active citizenship”)	various forms and levels of direct involvement in community processes such as decision-making or activity implementation

⁶ See also the section on Methodology in this report.

Conditionality / ies	a set of duties/ obligations that each household must comply with in order to continue receiving a cash grant (Pantawid Operations Manual, 2015)
Direct service provider	a person who is in direct contact with the people whom service is given
Empowerment	<p>a continuous process of enabling people to influence and control the direction of their lives, including determination of and acting on issues that they view as important. At the personal level, empowerment can be manifested through (increased) self-confidence and self-efficacy. Empowerment can also refer to an outcome i.e., the state of being “empowered”.</p> <p>As used in the study, empowerment has three domains: economic (financial capability to access needed goods and services), personal (positive view of oneself and situation, increased knowledge and assertion of rights) and social (participation in the public sphere).</p>
Household	<p>A household is composed of all people living in the same dwelling, which may or may not be a nuclear family.</p> <p>The household, not the nuclear family, is the focus of the study at the micro level</p>
Gender equality	the principle of equality between women and men and equal rights to enjoy conditions in realizing their full human potentials to contribute to, and benefit from, the results of development, with the State recognizing that all human beings are free and equal in dignity and rights. It entails equality in opportunities, in the allocation of resources or benefits, or in access to services in furtherance of the rights to health and sustainable human development among others, without discrimination (RA 10354)
Health-seeking behavior	personal actions to promote one’s optimal wellness, recovery and rehabilitation (Mosby's Medical Dictionary, 2009)
Parent Leaders	point person and volunteer leader in a group of 25-30 household grantees (Pantawid Operations Manual, 2015)
Responsible parenthood	the will and ability of a parent to respond to the needs and aspirations of the children and the family in general. This covers practices in child-rearing and discipline, fulfillment of responsibilities pertaining to child care and development (e.g. education and health needs), and fostering a (harmonious) family environment where the child feels safe.

Stakeholder	person or a group with an interest or concern in the process and outcomes of the Pantawid. “Non-Pantawid beneficiary stakeholders” in this report refer to direct service providers, LGU officials, civil society representatives and Pantawid Links who have participated in the study.
Supply Side	facilities such as schools and health centers in a specific area that are necessary for beneficiaries to comply with their co-responsibilities or compliance to conditionalities (Pantawid Operations Manual, 2015), as well as other basic services and facilities indirectly achieve Pantawid educational and health outcomes (e.g. transportation infrastructure, economic opportunities)
Traditional health practice	subscription to traditional medicine. “Traditional medicine” is defined as “the sum total of the knowledge, skills, and practices on health care, not necessarily explicable in the context of modern, scientific philosophical framework, but recognized by the people to help maintain and improve their health towards the wholeness of their being, the community and society and their interrelations based on culture, history and heritage and consciousness.” (R.A. 8423)
Value for education	people’s perspective and attitudes on formal education and its role in individual and family development. This is also manifested through motivation to complete schooling, participation in school activities, among others.

2. REVIEW OF RELATED LITERATURE

2.1. Conditional Cash Transfers: An Overview

The past decade has seen the growing acceptance and expansion of conditional cash transfers (CCTs) as a poverty alleviation measure through building up human capital. The early CCTs started in Latin American countries in the late 1990s, and it has since then been adopted by several countries in Africa and Asia. The main CCT approach is two-pronged: the cash grant itself is a social assistance to address income poverty, while the conditions attached to the cash grant form an explicit push toward a certain set of “human capital investments” or activities that could address strategic factors that keep people poor. These investments are linked to people’s attitudes and behavior in relation to formal education and access of professional health services – two pathways which are internationally accepted to be critical to human development.

The evaluation studies on CCTs are generally positive: linking education and health-related conditions on the cash grant has resulted to improvements in the school enrolment rate, health checkups and vaccination, and even improvements in household nutrition, consumption and savings (See for instance Fiszbein and Schady 2009). Conditionalities can also be fine-tuned to target other social issues cutting across poverty, for instance gender-based discrimination and violence and social exclusion of indigenous peoples. Gender equality is also another area of inquiry in several CCT researches as most CCTs also identify women as the recipient and manager of the cash grants. The results are encouraging i.e., making women managers of cash grants is more likely to result to better nutrition and education of children in the household, compared to when men are the recipients of the cash grant (Yoong, J., Rabinovich, L. and Diepeveen, S., 2012). There were also significant improvements in the school enrolment and access to health services of girl children when this is part of the CCT conditionalities. In the long-term, these changes result to delayed pregnancies or marriages, better economic opportunities for females (Nanda, P., Datta, N. and Das, N., 2014; Sadooulet, E., Finan, F., de Janvry, A. and Vakis, R. , 2004)

2.2. Critiques of the CCTs

Alongside the positive experiences with program, are the criticisms of CCTs. One of these is paternalism: imposing conditions to change behavior of the poor implies that the poor are unaware of what is beneficial to them, and cash incentives are necessary for them to act on what is to their best interest (Forget, Peden and Strobel, 2013). It can also be seen as a controlling device (“social engineering”) or lack of trust (Schuring 2010). Politics and political patronage also play a role in setting of conditionalities as conditionalities temper the perceived “dole out” feature of CCTs while focusing on its populist short-term fixes (Sewall, 2008).

Other critiques focus on CCT designs and implementation. Despite behavioral change being a key element, Wolf, Aber and Morris (2012) observed that not many CCT programs consider psychological theories vis-à-vis behavioral economic theories to design or improve their strategies. Psychological theories such as those self-determination and motivation, for instance, may help identify factors to promote intrinsic motivation (desire to perform an act for its own sake) to change

rather than adopting the behavior because of an external incentive. Related to this Browne (2013) stated that CCT programs can benefit from utilizing theories of change in its planning to have a clearer sense of how behavioral and social change will happen, how conditionalities should be designed to produce this change, and how the (positive) changes can be sustained.

Social and cultural theories and contexts are important in appreciating CCTs and its impact. MacAusland and Riemenschneider (2011) argue that there is less attention on non-material impacts of CCTs, and its “relational” and symbolic” dimensions of its implementation in CCT literature in general. Cash transfers may result to social divisions, jealousy and conflict in communities when selection of beneficiaries is perceived to be arbitrary and unfair. On the other hand, where poverty is associated with personal inadequacies, beneficiaries may be stigmatized as lazy and irresponsible thus they would hide their status. Ironically though, in the same communities, beneficiaries are pressured to increase their income so as to escape the shame of passive receiving welfare (Skovdal, et al. 2013). Cultural norms may also pose constraints on CCT uptake. For instance, potential beneficiaries having strongly rooted beliefs and traditional practices regarding health care, pregnancy and childbirth may exclude themselves from CCTs which require them to change these (Glassman, et al. 2013). Cultural norms may also undermine gender equality strategies integrated in CCT designs (FAO 2012). According to Molyneux (2013) a feature of CCTs is micro-targeting poverty: rooting poverty in the low levels of human capital investments, its interventions focus on ensuring that children have access to nutrition, education and health care -- sometimes to the neglect of women, another vulnerable group in households. Women are not necessarily empowered when grants are made to them, particularly when gender dynamics in the household favoring men’s spending preferences and leisure is not altered. In some cases, men started contributing less to the family budget because women were already receiving extra cash. Household and community tensions may also increase because of men’s resentment at being displaced as the family provider, women’s increased participation in the public sphere, and envy over what seemed to be women’s privileged access to CCT program resources.

The effectiveness of CCTs is also influenced by the accessibility of goods and services such as education and health facilities, or markets, which are necessary to fulfill the conditions. However, experience bears out that these are not always present in communities where CCT is implemented, and in these cases, financial, labor and time costs to comply with the condition diminishes whatever value the cash grant may represent in the beneficiary household. Supply side issues point to a critical feature of CCTs: it is not intended to be a stand-alone social protection program, rather part of a broad range of economic and social development interventions and structural reforms (European Commission 2014; Molyneux 2013).

2.3. CCTs and Behavior Change

A key question posed to the CCT is how effective it is in producing behavioral changes (assumed to advantage beneficiaries to escape chronic poverty) in the long-term and without cash incentives. The literature in this regard pulls several ways. Although there is considerable literature affirming that incentive-based programs such as CCTs can result to behavior change, the type of behavior that can be significantly influenced, factors affecting behavior adoption and outcomes, and whether this will be sustained is still subject to discussion and further research. A limitation of most CCT evaluations is that programs under study are relatively new, and the behavioral changes were measured while the participants were still in the program (Schuring 2010).

According to Basset (2008), some studies show CCTs can change simple health-related behaviors (e.g. direct accomplishment such as going to health-centers) but have little effect on complex behaviors (e.g. as exclusive breastfeeding, pregnancy rest and hand washing after using the toilet) which are more difficult to monitor, and therefore incentivize. However, it is influencing these complex behaviors which are more beneficial in terms of health outcomes.

The timing of the intervention is considered an important factor. Household compliance to conditionalities within the critical formative years of life (e.g. during pregnancy, infancy) can lead to outcomes of better physical and psychosocial health, better cognitive skills and studying habits, and internalization of the importance of both.

Evaluations of the impact of Mexico's Oportunidades are informative in this regard, as it is the first and longest-running CCT program in the world. In a 10-year longitudinal study, it was found out that children enrolled in the program displayed better psychosocial functioning than children of the same profile but were not enrolled in the CCT (Fernald, Gertler, and Neufeld, 2009). Similarly, the study involving young women from CCT beneficiary households in Mexico show that while the length exposure to the program is not associated with the increase of their contraceptive use and delaying of pregnancies, two positively correlated factors of educational attainment, and access to health insurance were influenced by their CCT participation.

Furthermore, delayed childbearing, as with higher education attainment, is linked to increased prospects of escaping poverty (Darney et al. 2013). Still in another study of the effects of CCT on maternal and newborn health, Glassman et al. (2013) point to a "learning effect" whereby the longer the mother is exposed to the CCT health interventions and conditionalities, the greater her utilization of health services, even beyond what is required by the program. This study however noted that it is unclear whether this behavior will be continued when cash grants are absent.

The CCTs do not operate in isolation of other factors shaping behavioral and social changes but it also present challenges in determining its effectiveness. Gaps in program implementation, supply side issues, and political and socio-cultural contexts where the CCT is located all impact the outcomes. For example, using academic performance as a measure of CCT education-related outcomes may be undermined if teachers promote children to the next school level despite their poor attendance and grades. This was observed among teachers in Argentina and Colombia who do not want students to be taken out of the CCT program (Schuring 2010).

Individual and household motivation to adopt new behaviors is also influenced by their reference groups, usually their immediate neighbors and friends. They tend to evaluate themselves by comparing their situation with their reference groups who are likely to be of the same social status as they are. This results to a leveling of aspirations which eventually affects the drive to change (European Commission 2014). Similarly, studies on the continuation of health-related behaviors show a decreasing trend beyond the active intervention period when there is low reinforcement and support for the new behavior, however beneficial the patients found them before. Examples of reinforcement and support cited in the study were follow up interventions, influencing social norms, capacity development and customization (Ory et al., 2010).

Finally, the FAO conceptual framework paper on the CCTs grounds the impact which can be realistically expected of the program given its target beneficiaries, in the short, medium and long-

term: for the very poor households, the immediate impact is almost always food expenditure and composition. The second level impact relates to program conditionalities as households comply with them (e.g. buying school uniforms). The third level, which includes changes in nutrition, attitudes on education, may be difficult to realize given that it is subject to many other intervening factors aside from the conditional cash transfers.

A second related concern on CCTs and human behavior is how the CCT itself can be improved by integrating insights on the latter into the program design. Researches on human behavior and how this influences development outcomes offer another angle to view conditional cash transfer programs. While traditional approaches to poverty alleviation emphasize increasing incomes and consumption of people, there is a growing recognition that human behavior is a powerful influence in both the immediate and long-term success of intervention programs targeting complex issues such as poverty and discrimination. And as people's social and physical environments are among the determinants of their behavior, these are also important factors to look into (World Development Report 2015).

2.4. The Pantawid Pamilyang Pilipino Program

The Philippines piloted the conditional cash transfer program in 2007, with the Department of Social Welfare and Development (DSWD) as the implementing agency. Called the Pantawid Pamilyang Pilipino Program (later abbreviated to “Pantawid”), the CCT program has two goals: (1) alleviation of immediate income poverty (social assistance), and (2) break the intergenerational cycle of poverty through human capital investments and nutrition (social development). It targets the “poorest of the poor” in the country as identified through the National Household Targeting System (NHTS), and in particular, households with children below 18 years old and households with a pregnant member. The conditions of the Pantawid revolves around the increasing or improving care for pregnant women, preventive health care for children, regular school attendance, and attendance to Family Development Sessions (FDS). A beneficiary household receives a monthly cash grant of P500 for health expenses, and P300 per school child member if in elementary school, P500 if in high school (maximum of three children). The maximum amount of cash grant represents only 7 percent of the beneficiary household's average income prior to its receipt (Albert, 2014).

From the 6,000 pilot beneficiaries in 2007, the number of households covered by the Pantawid increased to 360,000 in 2008 when it was formally implemented, to more than 4 million households by 2015. Its coverage was also widened to include all children until 18 years old,⁷ and special populations such as homeless and street families, and indigenous peoples under the Modified Conditional Cash Transfer (MCCT).⁸ The program's implementation and expansion within this relatively short period have not been without issues and criticisms. Some of the major critical points

⁷ The Expanded CCT, which began in 2014, widened the age bracket for Pantawid enrolled children from zero to 14 years old, to zero to 18 years old. This was to address the high dropout rates in high school among children from poor families (NAC Resolution No.18).

⁸ The MCCT targets disadvantaged and vulnerable families which due to their circumstances and other factors are often not eligible under the existing social protection programs. These include the homeless street families, including the itinerant Indigenous People (HSF), the Indigenous Peoples in Geographically Isolated and Disadvantaged Areas (IP in GIDA), and the Families in Need of Special Protection (FNSP) referring to disaster stricken families, IP not found in GIDA and other vulnerable groups under hazardous and disabling working conditions (Pantawid Operations Manual 2015). The program was launched in 2012.

were concerned about the possible increase in the “dole out” mentality among the beneficiaries, the large financial investment on the Pantawid at the expense of other (more strategic) social protection and welfare programs, and the vulnerability of the cash grant program to corruption and patronage politics. Some also raised the issue of the appropriateness of the strategy for the homeless and street families as well as for indigenous communities. More importantly, the issue on the sustainability of the program and its expected gains were also raised.

Evidence from studies and evaluations of the Pantawid show that it is meeting its targeted results, that is, human capital investments of the “poorest of the poor” population are increasing with the infusion of conditional cash transfers. The results vary from area to area but generally findings indicate a significant increase in the spending of Pantawid households in their members’ education, health and nutrition, compared with non-Pantawid households which have the same profile as the former (Tutor 2014; Chaudhury, Friedman and Onishi 2013; DSWD n.d.). There is also a significant increase in the enrolment rates and school attendance in Pantawid areas (Social Weather Stations 2010, as cited in SEPO 2011). The beneficiaries also reported appreciating the Family Development Sessions as venues for learning (Agbon et al. 2013).

In 2016, the DSWD completed the Social Welfare and Development Indicators (SWDI) baseline assessment report which covered 90.20 percent of the all Pantawid families (3.7 million). The baseline categorized beneficiary families as belonging to survival, subsistence or self-sufficiency levels, according to how they fared against economic sufficiency and social adequacy indicators (See Table below).

Table 1: The Pantawid Levels of Wellbeing Based on SWDI Assessment (DSWD 2016)

Levels of Wellbeing	Description
Level 1: Survival	No income or means (e.g. employment or education) to buy the minimum prescribed meal set necessary to sustain a family on a daily basis
Level 2: Subsistence	Income and capacities barely enough to purchase the basic food needs of the household. No emergency funds or savings
Level 3: Self-sufficiency	Members are provided for their basic food needs at the least; are healthy and educated

The baseline results showed that only 4.05 percent of the households assessed were at Level 1 indicating none to very minimal change in their status with regard to the program’s economic sufficiency and social adequacy indicators. The Level 2 households were 85.41 percent, while 10.53 percent were classified as Level 3. The report notes that while changes have occurred, the number of Pantawid families not yet at “self-sufficient” levels indicate that the Pantawid, in addition to existing government and non-government support is still necessary to move them out of poverty.

2.5. Behavioral and Social Outcomes of the Pantawid

Discussion on the behavioral and social outcomes of the Pantawid is constrained by the limited DSWD literature on this topic. Program documents provide some ideas on what behaviors are expected from beneficiaries, and will be monitored:

- Pantawid Pamilyang Pilipino Program Operations Manual (DSWD, 2015)

Program expectations on beneficiary behavior can be deduced from the identified “misdemeanors” or “misbehaviors”. A grievance report can be filed against the Pantawid beneficiaries if they engage in misuse of grants (e.g. spending it on alcohol and gambling), collusion, unethical acts, and fraudulent acts that undermine the program. This, aside from non-compliance to Pantawid conditionalities, can result to reductions on the cash grant amount, or beneficiaries’ suspension or termination from the program.

The section on advocacy social marketing in the Manual also identifies the beneficiaries as target audience to strengthen compliance as well as to go beyond it i.e., internalize the message that human capital investments on education and health are important in themselves even without the cash incentives.

- Pantawid conditionalities and indicators of compliance which are used for monitoring purposes (see table below)

Table 2: Pantawid Conditionalities and Indicators of Compliance

Health and nutrition	
<i>a) Pregnant Household Member/s</i>	
Should visit their local health center to avail of pre- and post-natal care starting from the first trimester of pregnancy and accomplish the following activities:	<p>Have one pre-natal consultation each trimester during the course of the pregnancy :</p> <ul style="list-style-type: none"> i) Have at least one blood pressure and weight monitoring measurement in each trimester during the course of the pregnancy ii) Attend at least one Breastfeeding Counselling Session prior to delivery iii) Attend at least one Family Planning Counselling Session prior to delivery <p>Avail of appropriate delivery services by a skilled health professional at the appropriate level of Basic/Comprehensive Emergency Obstetric Care (BEmOC/CEmOC) services.</p> <p>In case the supply side of BEmOC/CEmOC services is not available, delivery of pregnant women should be assisted by skilled health personnel.</p> <p>Avail of at least one post-natal care within the first six weeks after childbirth and attend the following sessions:</p> <ul style="list-style-type: none"> i) At least one Breastfeeding Counselling session within the first six weeks after childbirth ii) At least one Family Planning Counselling session within the first six weeks after childbirth
<i>b) Children 0-5 Years Old</i>	
Members of the household who are 0-5 years old shall visit the City/Municipal Health Center to avail the following health services:	<ul style="list-style-type: none"> i) Immunization following the prescribed schedules ii) Have monthly weight monitoring and nutrition counselling for children aged 0-23 months old iii) Have bi-monthly weight monitoring for 24 months to 72 months old iv) Proper management of childhood diseases for sick children

<p>c) Children 6 to 14 years Old in elementary receive deworming pills</p> <p>d) Family Development Session (FDS)</p> <p>The Household grantees must attend monthly Family Development Sessions, to the extent possible attended by the couple.</p>
Education
<p>a) Children aged 3-5 years old enrolled in Day Care Program or Kindergarten and maintain a class attendance rate of at least 85% per month</p> <p>b) Children aged 6 to 18 years old enrolled in daycare, kinder, elementary or secondary schools and maintain a class attendance rate of at least 85% per month.</p>

▪ Social Welfare and Development Indicators (SWDI)

The SWDI is a tool developed to determine and monitor the progress of the Pantawid families’ economic and social well-being, and to facilitate grassroots social case management (DSWD, 2016). It covers both the economic and social dimensions of development.

Table 3: SWDI Economic Sufficiency and Social Adequacy Indicators

Economic Sufficiency	Description	Social Adequacy	Description
1. Employable skills	<ul style="list-style-type: none"> Characteristics of the family that will enable them to generate income 	1. Health	<ul style="list-style-type: none"> Health condition and availment of health services Nutrition Water and sanitation
2. Employment		2. Housing	<ul style="list-style-type: none"> Housing materials used Tenure status Lighting facility
3. Income	<ul style="list-style-type: none"> Family monthly per capital income in the past 6 months 	3. Education	<ul style="list-style-type: none"> Functional literacy of family members aged 10 years and over School enrolment / attendance of children aged 3-17 years old in formal and informal schools
4. Social Security	<ul style="list-style-type: none"> Family’s membership to social insurance or fallback in case of the occurrence of shocks (unemployment, accidents, disasters) 	4. Role Performance	<ul style="list-style-type: none"> Involvement of members in family activities Discernment and problem solving Participation in various organizations
		5. Awareness of Relevant Social Issues	<ul style="list-style-type: none"> Specific social issues are rights of children, gender-based violence, DRRM protocols

▪ Family Development Session (FDS) modules (DSWD, n.d.)

The FDS is a monthly session with Pantawid grantees to discuss topics aimed at enhancing their family life and values. It covers three modules: *on the Pantawid* – its context, rationale and implementation, as well as the role of beneficiaries in the program; *family life development* which broadly covers topics such as husband-wife relations, child-parent relations, home and financial management, health and children and women’s human rights; and *community participation* which engages grantees in discussions on community concerns including

community development, livelihood, environmental protection, disaster risk reduction and management, and other similar topics.

The 2013 presentation of the then National Manager of the Pantawid Pamilyang Pilipino Program, Turalde-Babaran on the program's costs and attendant benefits also mentioned behavioral changes in relation to the Philippine conditional cash transfer. The presentation identified five behavioral changes are promoted when beneficiaries comply with the Pantawid conditionalities: (1) increased health seeking behavior, (2) value for education, (3) responsible parenthood, (4) community participation, and (5) empowerment. While the document provides no further details on these, its congruence with Pantawid conditionalities and the key messages in the FDS manual modules is evident.

The above behavioral and social change interventions are further reinforced in the Pantawid's National Advisory Council (NAC) Resolutions. The NAC is the interagency body that provides policy directions and guidelines regarding the implementation of the conditional cash transfer program. Specific to the ensuring that supply side of the program is able to meet the increased demand nudged by the cash incentive conditions, the Joint Memorandum Circular No. 3 and 4 were issued in 2011 and 2013, respectively, to lay down the institutional arrangements for the Pantawid implementation, monitoring and evaluation. The Joint Memorandum Circular covered the DSWD, Department of Health, Department of Education, Department of Interior and Local Government, and National and Local Government Units, among others.

2.6. Behavioral and social change cited in Pantawid evaluation studies

Apart from DSWD program documents, some reports also mention behavioral and social changes in their assessment of the Pantawid. The report of Chaudhury, Friedman and Onishi (2013) forwarded three key findings on the Pantawid impact on behavior. First, and in view of the criticism that the Pantawid will encourage mendicancy and dependency, the introduction of the program did not result to beneficiaries lowering their work hours or lesser effort to find work. Second, spending on alcohol and gambling did not also increase in beneficiary households; in fact the Pantawid households' expenditure on alcohol was lower compared to that of non-Pantawid. Third, there was no evidence found that fertility rates among women in Pantawid households are higher than non-Pantawid.

Tutor (2014) observes that the poverty level of the beneficiary households (i.e. survival level) may inhibit sustainability of the behavioral changes expected after they graduate from the Pantawid. The rising cost of basic goods and services, including education expenses at the secondary level, may render child labor a more viable option than keeping older children in school. Similarly, in a study on Pantawid implementation in Cebu, the researchers stated a possible scenario where the poorest of the poor might be discouraged from joining the program because the cost of compliance to Pantawid conditions is higher than its expected benefits (Agbon et al. 2013). A simulated impact analysis by the World Bank on the Pantawid highlighted that improving the compliance to conditionalities will enhance the poverty reducing impacts of the program, yet the Pantawid is constrained to do because of many factors, including gaps in the monitoring and supply side issues (Velarde and Fernandez, 2011). According to same study, there is need to sustain the changes after the household graduates from the program (or when the program ends itself) if the households were able to save or invest in productive assets that have long-term returns. This is more likely to happen

if the cash transfers are sufficient so that the household is buffered from inflations and shocks to cover their continued spending on education and health.

Other factors that may influence behavioral and social changes identified in literature include frequency and quality of monitoring, regularity of cash grant releases, Pantawid convergence with other social welfare initiatives (Chaudhury, Friedman and Onishi 2013).

3. METHODOLOGY

3.1. Research sites

The research covered six areas across the country: Caloocan City, Palawan, Aklan, Davao Oriental, South Cotabato and Tawi-Tawi. These are Set 1 and 2 areas, meaning there is a sizable population of Pantawid beneficiaries since the program was first launched there in 2008 and 2009, respectively. It was assumed that the Set 1 and 2 beneficiaries are the most strategic participants to the study because they have the longest exposure to the program (6 to 7 years), thus have a deeper insight on the personal, family and community-level changes facilitated by the Pantawid.

Geographic and cultural representations were also considered i.e., there is at least one area from each of the three major island groups (Luzon, Visayas and Mindanao), and representative areas from indigenous people’s (IP) communities⁹ and from the Autonomous Region of Muslim Mindanao (ARMM). Further, the areas can also be categorized to whether they are urban (Caloocan City and Tawi-Tawi) and rural areas (Palawan, Aklan, Davao Oriental and South Cotabato). With the exception of Caloocan City which is a highly urbanized city, and Tawi-Tawi where the research was conducted in the provincial capital (Bongao), specifically in its central barangay (Brgy Poblacion), the research was conducted in non-central municipalities and barangays.

The list of areas was finalized after a consultation with the DSWD Central Office on the logistical requirements and security concerns of the selected areas.

Table 4. Profile of Research Sites

Area	Region	Location	Category	Ethnicity	Year Pantawid Started
Caloocan City	NCR	Brgy. Bagong Silang	Urban	Mixed	2008
Palawan	Luzon – Region IV-A	Taytay	Rural	Mixed	2009
Aklan	Visayas – Region VI	Libacao	Rural (upland)	IP (Sulodnon-Bukidnon)	2009
Davao Oriental	Mindanao – Region XI	Gov. Generoso	Rural	Mixed	2009 / 2010
South Cotabato	Mindanao – Region XII	T’boli	Rural (upland)	IP (T’boli)	2009
Tawi-Tawi	Mindanao - ARMM	Bongao	Urban (provincial capital)	Mixed	2009

3.2. Data Gathering

The research mainly utilized three data gathering methods: survey, key informant interviews (KIIs) and focus group discussions (FGDs).

⁹ Only South Cotabato (Municipality of T’boli) was tagged as an IP area during the research planning stage. In the actual research, two other areas were identified to have IP populations: Aklan (Suludnon Bukidnon; 100 percent of the respondents consider themselves as members of this group) and Davao Oriental (Mandaya). It was also observed that Tawi-Tawi also has a number of Badjao beneficiary households.

The survey is a 13-item tool to gauge the respondents’ perception of their household’s situation on the several domains of behavioral and social change, using a 5-point Likert scale. These domains are based on the behavioral changes expected by the DSWD to ensue from the Pantawid. These are the importance of education, value of professional health service, family relationships, empowerment (financial, relational and optimistic outlook), and community awareness and participation. (See table below).

Table 5. Indicators of Behavioral Change

Domain	Behavioral Indicators
1. Value for professional health service	a) Would go to health center / hospital
2. Importance for education	b) Children more focused on studies
	c) Confidence in completing HS
3. Family relationships 4.	d) Equality in household work
	e) Equality in decision making
	f) Harmonious family relationship
4.a. Empowerment – economic	g) Able to save
	h) Capacity to deal with income shocks / crises/ crises(or crises)
4.b. Empowerment – outlook	i) Pantawid can help getting out of poverty
	j) Poverty is not all about money
4.c. Empowerment – relational	k) Know and assert their rights
	l) Social circle widened
5. Community awareness and participation	m) More active in community

There were also two items in the survey which gauged the beneficiaries’ perception of the adequacy and accessibility of health and other social welfare services in their community.

The last section of the survey contains three additional essay questions asking the respondents to identify the important changes at the personal (self), family and community levels, as well as their recommendations for the Pantawid.¹⁰

The KIIs and FGDs provide context to the survey responses, as well as a more holistic view of the actual and expected behavioral and social outcomes of the Pantawid from different program stakeholders. Both activities involved the participation of children and parents from Pantawid households, direct service providers in the education (principals, teachers, school Pantawid coordinators) and health sectors (barangay health workers, and health professionals servicing the community e.g. midwives, nurses, doctors), local chief executives (barangay and municipal officials and administrators), local officers for family welfare matters (barangay council for the protection of children, VAWC desk officers), planners (district supervisors, LGU health officers), social workers, Pantawid links and development (NGO) workers based in the area. For the FGDs, the stakeholders

¹⁰ The survey form was translated into three languages: Tagalog (for Caloocan City, Palawan and Tawi-Tawi), Bisaya (Davao Oriental and South Cotabato) and Kinaray-a/Ilonggo (Aklan). Low level literacy among the adult respondents required the field researchers to read aloud the survey items to them and write their answers on the form. For child respondents, most of them preferred to answer the survey by themselves. In both cases, the field researcher were asked by the respondents to clarify some concepts such as “rights” and the Likert scale, or checked with them if they understood the item correctly.

were grouped into four: female Pantawid children, male Pantawid children, Pantawid parent leaders, and community leaders.¹¹

Table 6: Data Collection Information

Data Gathering Activity	Number of activities	Valid for analysis ¹²
Survey	607	568
Key Informant Interviews	188	188
Focus Group Discussions	26	25

Supplementing these is the collection of secondary data such as the national baseline on the social welfare development indicators (SWDI), community profiles and other social welfare reports, and data on education and health service records, where these are available.¹³

Lastly, case studies were also done to show the interface between the Pantawid household and community dynamics influence behavior change. Case studies were selected and written by the field team leaders, in consultation with the research management. Three case studies were selected for inclusion in this report: the health practices in upland Aklan, the value for education in Tawi-Tawi, and changes in family life in an urban poor community in Caloocan City.

3.3. Recruitment and selection of research participants

Respondents for the survey were randomly selected from the DSWD Pantawid list of Set 1 and Set 2 beneficiaries in the six research areas. The research targeted an equal number of adult and child respondents, ideally Pantawid enrolled children (i.e. the child was identified as the beneficiary for the household) and their parents. However practical constraints prevented this from being implemented in some cases. For instance, the child or parent was not available at the time of the survey. In this case, the specific child respondent was replaced by a sibling who is also a Pantawid-enrolled child; and, in the case of parents, they were replaced with another adult from the Pantawid household who is also knowledgeable about the program. If this was still not possible, another respondent was drawn up from the Set 1 and 2 beneficiaries list.

¹¹ The FGDs for children had to be conducted separately for females and males because experiences of poverty can be very personal and discussion can be inhibited by shyness around the opposite sex (the child participants were at least 12 years old). This was an observation during the pilot-testing of research instruments. In Tawi-tawi, the gender of the facilitator also became a factor in the activity. The male children expressed discomfort with having a female facilitator to the male researcher after the FGD. Another FGD was organized with the male children, this time with male facilitator: the children's participation was markedly better.

¹² Refers to the number of activities considered for analysis. The primary criteria had been the completeness of activity documentation. For the surveys, for instance, some forms have missing information or skipped items so they were not considered for analysis. FGD documentation was not properly documented because of equipment malfunction, hence this was also excluded from analysis.

¹³ Gathering of secondary data on the research area was problematic in all areas either because these were not available or the field researchers were not given access to them despite follow up of requests. In some areas, offices required clearance from national agencies (e.g. from the Department of Health for health-related information, or the Department of Education for school-based data) before they would release the information. Data on violence against women and children (VAWC), and child abuse were also largely unavailable because some barangays do not have a proper documentation of such as provided in RA 7610 and 9262, respectively. Finally, where the data is available it is only on the current year hence no review of the trends on data statistics from the past 6 years (starting when the Pantawid was implemented in the area) could be done.

As mentioned earlier, the respondents were grouped into two: children and adults. The age criterion for child respondents was 12 to below 18 years old, while for adults it was 18 and above. The age minimum of 12 was set because by this age, the child beneficiaries would be more aware of the Pantawid program and their household's participation in it.

Table 7: Sampling distribution of the survey respondents according to Area

Area	Frequency	Percent
NCR-Calooacan	94	16.55
Palawan	106	18.66
Aklan	93	16.37
Davao Oriental	95	16.73
South Cotabato	90	15.85
Tawi-Tawi	90	15.85
Total	568	100.0

Gender is not a specific criterion in the selection of survey respondents, as it was expected that majority of the participants will be women, given the program's bias for them as grantees. Overall, 74.12 percent of the respondents are female and 25.88 percent are males. Among child respondents, the number of female and male respondents was closer to being equal i.e., 56.82 and 43.18 percent, respectively.

Table 8: Distribution of the child and adult survey respondents according to gender

	Gender	Frequency	Percent	Total
Child	Female	150	56.82	264
	Male	114	43.18	
Adult	Female	271	89.14	304
	Male	33	10.86	
Total	Female	421	74.12	568
	Male	147	25.88	

This was also the case in the other data gathering activities involving beneficiaries such as the interviews and FGDs, that is, because it is the women / mothers who are mostly as the grantees, they were also the ones active in activities related to the Pantawid, including the research.

3.3.1. General Profile of Research Participants

Apart from their geographical distribution and gender, the survey respondents were also profiled according to their age, civil status and household size.

Table 9: Distribution of the survey respondents according to Age

Age Group	Frequency	Percent
Children (12 – below 18)	264	46.65
Youth (18 - 35)	80	14.08
Middle Aged (36 - 59)	215	37.85
Senior Citizens (60 and over)	8	1.41
Total	568	100.0

With regard to the relationship of the adult respondents to Pantawid children, 91.53 percent were parents, while the rest were their older siblings, grandparents, aunts / uncles and designated guardians. Of the adults who took part in the survey, 83.88 percent of them were married while the rest are single.

Slightly above 70 percent of the respondents said that they belong to households composed of more than 5 members, with 10 percent of this group saying that their households have 11 or more members. It should be noted that these may be households with extended families, and not necessarily reflective of the number of children which the grantee /mother gave birth.

Table 10: Distribution of the respondents according to Number of Household Members

Number of Household Members	Frequency	Percent
1 - 5	167	29.4
6 – 10	345	60.7
11 and over	56	9.9
Total	568	100.0

The number of Pantawid enrolled children in their household was also asked in the survey. More than half of the respondents said that there were three children enrolled in the Pantawid (55.5 percent), three being the maximum number of children that can be covered by the program. Less than 10 percent of the respondents said their households have more than three children under the Pantawid indicating that they belong to households with extended families.¹⁴

Table 11: Distribution of the survey respondents according to number of Pantawid children in the Household

Number of Pantawid Children in the Household	Frequency	Percent
1	64	11.3
2	145	25.5
3	315	55.5
4 and Over	44	7.7
Total	568	100.0

For the interviews and FGDs, the research team purposively selected stakeholders to be key informants or participants to the FGD. These included direct service providers (teachers and health personnel), school administrators, LGU officials, local social workers and the Pantawid Links.

Table 12: Distribution of the interviewees and FGD participants according to research area

Area	Interviews	FGDs
NCR-Caloocan	36	24
Palawan	31	34
Aklan	36	60 ¹⁵
Davao Oriental	31	26

¹⁴ For instance, a respondent from Davao Oriental narrated that because her sister lives in a remote sitio, her sister's school-age children stay with her and her family. The sister of the respondent is also a 4Ps beneficiary. In some cases, two Pantawid family beneficiaries belong to a single household which explains why there are more than three children enrolled in the program in the particular household.

¹⁵ The prescribed number of FGDs per area was four, with participants ranging 5 to 15 with 7 being an ideal number. Aklan conducted two extra FGDs mainly to accommodate the people in the community who wanted to participate.

Area	Interviews	FGDs
South Cotabato	26	24
Tawi-Tawi	28	27
Total	188	195

3.4. Data Presentation and Analysis

3.4.1. Survey Data

The survey data was encoded through MS Excel, after which it was processed using MS Excel Stat™, PH Stat™ and SPSS™. The data was presented in one-variable tables and descriptive summary. The differences in means were tested using T-test and F-test or the One-way Anova.

One variable tables

The demographic variables province, sex, age and the number of household members was presented in one-variable tables. The table included the frequency and the relative frequency or the frequency in percent form.

Interpretation of Means

The data is presented in summarized form (i.e. means) to compare the assessment of the respondents to the behavioral and social outcome of the Pantawid. The results were interpreted as follows:

Intervals	Mean Interpretation
1.00 - 1.80	Strongly Disagree / Very Poor
1.81 - 2.60	Disagree / Poor
2.61 - 3.40	Neutral / Fair / Neither Agree or Disagree
3.41 - 4.20	Agree / Good
4.21 - 5.00	Strongly Agree / Excellent

Calculation of the Mean and Standard Deviation and the T-test

The research used a two sample mean test at 5% level of significance. The software PH Stat was used in processing the significance test.

One-Way ANOVA

There are instances when T-test is not suited in testing the significance of the mean difference of the behavioral and social outcomes as assessed by the respondents since variables are grouped in three or more categories (e.g. research sites and the number of household members). In this instance, the One-way ANOVA shall be used.

Post Hoc ANOVA

In case the null hypothesis is rejected in implementing the One-Way ANOVA test (i.e., there is a significant difference in responses), the test requires additional test called the Post Hoc ANOVA. The research used Tukey HSD.

3.4.2. Interviews and FGDs

Qualitative data was in the form of field activity reports and translated transcripts of interviews and focus group discussions. Translation was necessary for the data from the remaining areas where a Visayan language was used in communication: Aklan (Kinaray-a), South Cotabato (Ilonggo / Bisaya) and Davao Oriental (Bisaya). Data submitted by the field researchers were transcriptions in Tagalog and English. No translation was required for the areas of Caloocan City, Palawan and Tawi-Tawi because Tagalog was used in the activities.¹⁶

Qualitative data was consolidated, coded and grouped according to the research question they responded to. Commonly occurring themes were then identified for the analysis vis-à-vis survey results and secondary literature available.

¹⁶ An exception to this was the FGD with male Pantawid children in Tawi-Tawi who preferred to speak in Tausug. The researchers assigned to facilitate this FGD were also Tausug and male.

4. FINDINGS OF THE STUDY

The study aimed to answer four questions regarding the behavioral and social changes in the Set 1 and 2 households and communities since the Pantawid was implemented: what are the behavioral changes that have happened, what are the factors influencing the change, what changes occurred in the external environment of the beneficiaries influencing the change, and what are the recommendations to strengthen the gains from the Pantawid.

The discussion on the research findings follows the above sequence of questions. The first part is a presentation of the data in relation to the five behavioral changes expected to result from the Pantawid (i.e. increased health-seeking behavior, value for education, responsible parenthood, empowerment, and community participation) and the factors affecting the direction of these changes in social outcomes, and the beneficiaries' recommendations to the program.

In the last part are three case studies which show how the interface of the Pantawid and the household and community dynamics influence behavior change.¹⁷

4.1. Behavioral Change

4.1.1. Increased Health-Seeking Behavior

Yung eksena before? Malungkot. May isang buntis na sunod-sunod yung anak 'no? Parang... anong tawag doon? Hagdang-hagdang palayan. Pero ngayon parang may preparation. May birthplan. Katulad ng ating mga vitamins. Yan, meron na. Malaking changes talaga. Yung vaccine pag buntis.... Tumaas yung tawag namin doon facility-based delivery. Unlike before, home talaga.

(Midwife, Caloocan)

Ang pagbabago ng sarili ko simula nang maging bahagi ang pamilya ko sa Pantawid, ako ay hindi na mahiya magpunta sa health center magpacheck up at sa hospital na ako nanganganak, hindi na sa hilot at hindi na sa bahay.

(Pantawid Beneficiary, Tawi-Tawi)

There is a high appreciation for professional health service among the survey respondents as reflected in the “Strongly Agree” overall mean score (4.36) on the question regarding health-seeking behavior. The result is also positive when the responses were disaggregated according to location (urban / rural) and gender (female / male), albeit there is a statistical difference as to degree in some cases i.e. difference between “Agree” and “Strongly Agree” responses (See annex for more discussion).

This appreciation was also reflected in the interviews and FGDs where people expressed preference for professional healthcare, however before the Pantawid, their limited capability to pay for such has hindered them from access. Other hindering factors are the distance of health centers and hospital from their communities and the availability and quality of services i.e. barangay health centers may

¹⁷ Discussion of survey responses (e.g. data summaries, results of significance tests) are annexed to the report.

not have stock of medicines they need or they have to pay for them; there are no midwives, nurses or doctors visiting their health centers; or they felt discriminated and looked down on by health service providers when they go to health centers.

The Pantawid cash grant enabled people to go to barangay health centers because there is now money to pay for transportation, in addition to the health visits being a condition for the continuation of the cash grant. Apart from these, one factor in the observable changes in the health-seeking behavior of beneficiaries is their membership in Philhealth. Many of the beneficiaries reported feeling more confident to seek medical advice and services because they know the service is subsidized by the government. The Pantawid beneficiaries are automatically enrolled in the Social Health Program of the National Health Insurance Corporation (or PhilHealth). The program covers primary care packages, out-patient benefits as well as in-patient acute care (e.g. room and board, professional health service) for free or at subsidized rates.¹⁸

However, the uptake of health services beyond compliance to conditionalities is still slow in some areas, as noted in Aklan Palawan and Davao Oriental, because of personal belief in traditional treatments. “*Nakasanayan na,*” was often cited as the reason.

Meron kaming case na hindi sila nagpapa-immunize. Hindi na namin saklaw yon kasi nga meron silang religious belief na bawal daw sa relihiyon nila ang nagpapa-immunize kasi against the will of god. Yung iba naman sa culture nila, kesyo pag tinurukan mo magkakasakit.

(Barangay health worker, Palawan)

Others combine traditional and western medicine in their health practices: for simple ailments like occasional coughs, colds and fevers people resort to traditional or herbal treatments, while seeking medical advice for more serious conditions. Again, the proximity of health centers and hospitals is one of the factors in their decision. Some sari-sari stores sell common medicines such as paracetamol which people also take.

Childbirth is still a gray area for some grantees: it is part of the health conditionalities but at the same time, community norms around giving birth such as being attended by a hilot or an older woman still have a strong influence. In this case grantees find ways to comply with the health conditionalities while not essentially changing their preferences.

¹⁸ The PhilHealth Circular No. 24, s. 2012 lists the entitlements of the Pantatwid families and their qualified dependents as follows:

- A. Primary Care Package, as per PhilHealth Circular No. 10, s. 2012, with subject: Implementing Guidelines for Universal Health Care Primary Care Benefit I (PCB1) Package for Transition Period CY 2012-2013;
- B. All inpatient and outpatient care services;
- C. In addition, the Pantawid Pamilya beneficiaries and their dependents are entitled to the No Balance Billing Policy (NBB), as per PhilHealth Circular No. 11, s. 2011, with subject: *New PhilHealth Case Rates for Selected Medical Cases and Surgical Procedures and the No Balance Billing Policy*, which specifically states that no additional amount shall be charged to Sponsored Program members and/or their dependents who:
 1. are diagnosed with any of the 23 cases under case payment and admitted to non-private accommodation beds of government hospitals;
 2. have availed of outpatient surgeries, hemodialysis and radiotherapy in accredited non-hospital facilities, including free-standing dialysis centers (FSDCs) and ambulatory surgical clinics (ASCs); or those who utilized existing outpatient packages for TB-DOTS, Malaria, HIV/AIDS; and
 3. have availed of services under the Maternity Care Package (MCP) and the Newborn Care Package (NCP) in accredited MCP (non-hospital) providers.

Most Pantawid have poor health seeking behavior. They seek medical consultation only if their sickness becomes severe. Usually they seek the aid of faith healers. Pregnant women have prenatal check up but give birth in their homes, attended by traditional birth attendants, hilots, which is a clear violation of the set of conditions. Some members have check up even if they do not have disease just to comply with conditions
(Municipal doctor, Davao Oriental)

Whether compliance to conditionalities will lead to adoption of health-seeking behaviors as expected in the Pantawid is not clear to the health service providers, particularly when there are monitoring gaps and penalties are not consistently imposed in cases of non-compliance:

Noon, walang problema ang mga benepisyaryo sa pagcocomply ng health conditionalities ngunit ngayon, karamihan na sa kanila ay hindi na sumusunod sa mga requirements ng programa, pumupunta nalang sila sa mga health center kapag malubha na ang sakit ng kanilang mga anak. Noong unang taon pa ng programa [2010 – 2011], maganda at maayos pa ang proseso at epekto nito. Ngunit ngayon, mukhang may mali na sa implementasyon. Dati ay kaya pa naming “itwist” na mag-comply sa health requirements. Conditionalities nag mga benepisyaryo dahil takot silang mawala ang kanilang health assistance kapag hindi sila sumunod sa pinag-usapan, ngunit ngayon ang ibang benepisyaryo ay walang pakialam sa mga conditionalities kahit na paulit-ulit silang pinapa-alalahanan noon ng Municipal Link tuwing FDS nila. (Before there was no problem with the compliance of beneficiaries with the health conditionalities, but now, many of them do not follow the requirements of the program, they go to the health center when their children are already seriously ill. During the first year of the program, the implementation process was smooth. But now, there seems to be a problem with the implementation. Before, we can “twist” people to comply with the health requirements. People were worried they might lose their health cash assistance if they don’t follow through with the agreements, but now, the beneficiaries don’t seem to care anymore despite the constant reminder of the Municipal Link every FDS.)

(Group interview, midwives and nurse, South Cotabato)

4.1.2. Value for education

Like health-seeking behavior, attitudes and behaviors related to children’s formal education is explicitly targeted by the Pantawid i.e., part of the conditionalities of the cash grant relate to increasing students’ attendance to school and continuing their education, at least up to high school. Thus, it is not surprising that it is the children’s education where the impact of the Pantawid is most positive and tangible.

Table 13: Data Summary of the Assessment of the Respondents on Education

Behavioral Indicators	N=568		
	Mean	Std. Deviation	Mean Interpretation
Children more focused on studies	4.40	0.921	Strongly Agree
Confidence in completing HS	4.49	0.958	Strongly Agree

The infusion of a cash grant specifically for this purpose helped children to continue their studies. This enthusiasm of parents that their children will be able to finish their schooling can be gleaned in the observation of a parent leader in Aklan shared during the FGD:

Naging mas pursigido ang aking pamilya tungkol sa pag-aaral ng mga bata. Nagkaroon kami ng panahon para turuan sila, tumaas ang importansyang binibigay sa edukasyon. Noong wala pang Pantawid hindi pa interesado na maedukar ang mga tao [sa komunidad] dahil hindi nila naiintindihan ang edukasyon. Pero nung may Pantawid nabawasan ang problema at nadagdagan ang kanilang kaaalaman dahil nalaman nila na importante ang edukasyon ng bawat isa. (My family is more motivated regarding the schooling of our children. Now we have time to teach them. The importance of education has become stronger. Before

Pantawid, our community was not so interested that people will be educated perhaps because they did not fully understand it. But when Pantawid came, the problem had lessened and people are now more aware of the importance of education for all.)

The buffer provided by the cash grant was not only against being pulled out of school because of lack of money to pay for fees and projects, but also against the shame that poor children experience because they have no school supplies or uniforms. It is also this shame that holds children back from interacting with their peers in school. With the assurance of money enough to cover school fees and supplies, children developed more self-confidence and reported being more inspired to study. They have also become more sociable with their schoolmates and teachers, and empowered to assert themselves against discrimination.

Dati binu-bully kami, minamaliit sa eskwela kasi wala o sira ang gamit, sapatos. Minsan hindi [kami] pumapasok kasi walang gamit. [Ngayon] nakakabili na ng gamit tulad ng bagong sapatos, kaya ngayon kung binubully kami lalaban na kami. (Before, we were bullied or were being looked down because we didn't have anything or our shoes were old and unusable. Sometimes we don't go to school because we have nothing. But now, we can buy a new pair of shoes and if we are bullied, we fight them.)

(FGD with female children, Tawi-Tawi)

Kapag may kailangan ako, nabibili. O pag may kailangan sa paaralan, at wala pa kaming pera, umuutang kami lalo na kapag malapit na marelease ang 4Ps. Dati binubully ako kasi hindi kumpleto ang damit ko sa eskwela pero ngayon, kumpleto na. (Whenever I need something, I can buy it. Or when I need anything for school, and if we don't have money, we take credit at the store especially when the 4Ps [cash grant] release is near. Before I was bullied in school because I do not have a complete set of uniform, but now, I have complete uniform).

(Child beneficiary, 16, Davao Oriental)

Children said their parents became more supportive of their studies since they became Pantawid beneficiaries. Whereas before there was no assurance that the children can be sent to school, parents and children alike now became more confident that the children will at least graduate from high school. A child from Palawan shared –

Dati lahat ng oras, pinansyal na suporta nakatuon kay ate na nasa kolehiyo – naiingit [ako] dito. Ang mga batang kapatid kung kani-kanino na lang iniwan para lang makapagtrabaho si nanay. (Before, all attention and financial support is given to my sister who is in college – I was jealous. We, the younger children, are given to the care of whoever can take us just so my mother could work.)

Similar cases were reported in South Cotabato, Aklan and Tawi-Tawi. With the Pantawid, the children said that their parents now encourage them to study hard while they have the temporary assistance from Pantawid. If some Pantawid children are not in school, it is likely because they do not want to go to school (e.g. they would rather work or go with other out-of-school youths, “*tambay*” or have vices).

The same change was reported by some teachers who said parents developed better appreciation for education. Further, some observed that the community is also changing and now seemed to become more conscious in promoting the value for education. School administrators interviewed report an increase in enrolment since Pantawid program was implemented in their community. They also noted less absenteeism and lower drop-outs in schools.

Noon, ok lang para sa mga magulang na hindi makapag-aral ang kanilang mga anak. Ngunit ngayon, mas nagbibigay importansya na sila sa edukasyon at nais na nilang mapagtapos sa pag-aaral ang kanilang mga anak. Prayoridad ng LGU lalo na ng kanilang Mayor ang edukasyon ng kanyang mga ka-tribo mapa Pantawid o non-Pantawid man ito. [Ang mga Pantawid] mas educated na sila sa maraming bagay ngayon, hindi tulad noon na "passive" sila. (Before, it was okay for parents that their children are not in school. But now, they give more importance to children's education and they want them to graduate. The LGU, especially the Mayor, prioritizes the education of his fellow IPs, regardless if they are Pantawid or not.)

(MSWDO, South Cotabato)

On the part of the children, teachers were impressed by their determination to finish their studies amidst difficulties. Some of them walked to school from far-flung sitios thus would be tired or sleepy during class; it was also not uncommon that these children come to school with only little or no breakfast.

On the other hand, in some cases, as in the story of Nuri, valuing education has always been a family priority. Instead of regarding cash grants as educational assistance however, some families use it to supplement their budget for food and other expenditures, at the expense of the child's schooling, while others see the grant as their main source of income.

May ibang elementary beneficiaries na hindi mapunta sa kanila ang cash grants dahil napupunta ito sa nakakatandang kapatid na nag-aaral sa college. Wala nang napupunta para sa recipient na budget kaya hindi makabayad sa school. (There are some elementary schoolchildren beneficiaries who do not enjoy the cash grants for their education because it is used to finance the education of their older sibling in college. Nothing is given for the child that is why [s/he] cannot pay school fees.)

This prioritization of older children for schooling, however, seems to be attributed more to financial reasons than anything else (none of the Pantawid parents or children stated that children were better off at home or working). Parents who invested more on the education of their older children do so with the expectation that after the child has graduated from college or highschool, she or he would support the education of younger siblings. The older children are aware of this responsibility.

However, in the case of Bongao (Tawi-Tawi) beneficiaries, parents would rather invest in the education of the younger children. In the FGD with female Pantawid children, the participants said they will likely look for employment after they graduate from highschool or from the Pantawid (in the event that they reach 18 years old before they completed their secondary education) so they can help their families. It is also not uncommon for the eldest children to express willingness to sacrifice their welfare if it meant that their younger siblings could finish college.

There is doubt among non-beneficiaries if this behavior will be sustained when the cash grant is stopped. Valuing children's education is not uniform among Pantawid parents and according to some teachers in Aklan, parents only send their children to school for the cash grant but would pull them out if they need extra hands to work or do household chores (e.g. taking care of younger children while parents are out for work). Instead of regarding cash grants as educational assistance, some families use it to supplement their budget for food and other expenditures, at the expense of the child's schooling, while others see the grant as their main source of income.

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The concern over the misuse of cash grants for education was also raised in the interviews and FGDs:

Malaking tulong ang naidudulot ng Pantawid sa mga pamilya dahil additional support ito galing sa gobyerno, kaya lang may negative effect ito dahil naghihintay nalang ng pera ang mga beneficiaries buwan-buwan at iba ay naging tamad na magtrabaho. Ang pera na sana ay para sa education ng mga bata ay napupunta na sa ibang bagay. May psychological effects ito dahil hindi na pumapasok ang mga bata sa school pag hindi nakabayad ang magulang. Ang mga non-Pantawid ay nagsisikap sila para makabayad sa school ngunit ang mga Pantawid beneficiaries ngayon ay kailangan pa ng reminders bago makabayad, ang iba naman ay nasanay nalang palagi sa promissory notes. Ibinibili nila ng mga gamit sa bahay tulad ng refrigerator, television at ginagamit sa kanilang mga vices. Okay lang sana kung ibinibili ng pagkain at gamot pero hindi naman. (The Pantawid is a big help to the family because it is additional support from the government, however it also has a negative effect because now beneficiaries are just waiting [for the cash grant] every month, while others lost interest in working. The money that was supposed to be for the child's education goes to other things. There are also psychological effects because children are not able to go to school when their parents do not pay school fees, or there are parents who always give promissory notes. They [use the cash grant to] buy appliances like refrigerator, television, or they use it to support their vices. It's more acceptable if they used it to buy food and medicines but this is not the case).

(Principal, South Cotabato)

Minsan nagagamit sa utang ang cash grant; yung iba nagkautang dahil sa talo sa sugal. May mga estudyante na nahihirapan kasi ang cash grant ay hindi napupunta sa kanilang pag-aaral. (Sometimes the cash grant is used to pay debts, others get into debt because they lost in gambling. There are students who have difficulties in school because the cash grant is not used for their studies.)

(Child beneficiary, male, Palawan)

Income poverty is still a factor that influences the family's decision for a child to continue with formal education or not. In Davao Oriental, six out of the eight Pantawid children interviewed said they might not be able to continue their schooling without the cash grant, a statement which may be indicative of the limited financial capacity of the family to invest in this regard, even after six years in the program.

4.1.3. Responsible Parenthood

The response of one child interviewee, 16, from South Cotabato summarizes the positive changes in family relations since they become a Pantawid beneficiary:

Nang dahil sa programa, mas naging maayos ang aming pag-aaral at nakakabili na kami ng aming mga pangangailangan. Ang bawat isa sa amin ay may kanya-kanyang responsibilidad pagdating sa gawaing bahay at mas naging malapit rin kami sa isa't-isa. Pagdating sa pagdi-disiplina sa amin, hindi kami sinasaktan ng pisikal ng aming magulang, at kapag nagdedesisyon para sa pamilya, kinokonsulta din nila kami. (Because of the program, we were able to study better and buy things we need. Each of us [in the family] has assigned household tasks, and we have become closer to one another. With regard to child discipline, our parents do not physically punish us anymore, and they also consult us in decision-making)

Another similar statement comes from a Pantawid father in Davao Oriental –

Ang kaibahan dati nagagalit ako sa mga bata dahil sa kakulangan sa gastusin. Ngayon ay hindi na. dati rin hindi nagmamano ang mag bata. Ngayon mas tumaas ang respeto nila sa akin, nagmamano na sila at humahalik na bago [umalis] dahil sa pagbabago sa [aming] sitwasyon. (The difference is before I take out my anger because we have no money at the children. Now, I don't do that anymore. Also before, my children do

not show respect to me anymore [“nagmamano”]. Now, I feel they have more respect for me, “nagmamano”, and kiss me before they go out.)

Variations of these statements are found in the interviews and FGDs with Pantawid children and parents across research areas. Likewise, the Pantawid households report equality in housework among members, equality in decision-making between parents, and a harmonious relationship within the household.

Table 14: Data Summary of the Assessment of the Respondents on Household Relationships

Behavioral Indicators	N=568		
	Mean	Std. Deviation	Mean Interpretation
Equality in household work	4.37	0.834	Strongly Agree
Equality in decision making	4.54	0.728	Strongly Agree
Harmonious family relationship	4.39	0.872	Strongly Agree

The same response (“Strongly Agree”) on the above items is seen even when the data is disaggregated between adult and child respondents .

Table 15: Data summary: Comparison of responses of children and adults on Household Relationships

Behavioral Indicators	Child N=264	Mean Interpretation	Adult N=304	Mean Interpretation
Equality in household work	4.38	Strongly Agree	4.36	Strongly Agree
Equality in decision making	4.52	Strongly Agree	4.57	Strongly Agree
Harmonious family relationship	4.36	Strongly Agree	4.42	Strongly Agree

Most responses in the interviews and FGDs attribute the change to the cash grant which lessened the financial stress of parents. There were 19 out of 568 responses in the survey which identified less conflicts and quarrels between parents/spouses as an important change in their household since they became Pantawid beneficiaries, and these were all linked to the cash grants.

Having an extra and regular source of income allowed the parents more time to plan their expenditures and allocate more to the basic necessities not covered by the grant, specifically food. Changes in work patterns were also seen: children were no longer required (or felt required) by their parents to engage in paid labor, some women stopped working to help their children in their schooling and ensure that the household is able to comply with the conditionalities. Even the men were able to free up time from labor for leisure or be with their families.

An indirect impact of the Pantawid on some of the beneficiary households is family reunification. This was particularly cited in Tawi-Tawi where some of the FGD child participants said their parents used to go away for long periods of time because of work. They would be left with their grandparents or other relatives while both their parents migrate to other islands or to Malaysia to work in plantations. In Palawan, a child shared in the FGD that it was only after their family became a Pantawid beneficiary was she able to live again with her family. Before that, she had been living with her aunt who was sending her to school.

The FDS and its lessons on family life – parenting, building harmonious family relationships, rights and family planning – were credited for the change. With regard to family planning, there was no

explicit mention in the qualitative data that the Pantawid through the cash grant or the FDS was able to influence family planning decisions of the beneficiaries.

There were some stakeholders, those who were not Pantawid beneficiaries, however who offered different opinions. That is, cash grants promoted dependency and decreased parents' motivation to work. Statements along this line usually came from direct service providers such as teachers and health workers.¹⁹

Nag-rely lang. Instead na para sa mga bata, nasasali ang whole family. Naging mga "parasite", ginawang pang-down ng appliances, tv, radyo minsan motor. Ang community participation dahil lang sa conditionalities. (They just relied [on the cash grant]. Instead of using it for the children, it was used for the whole family. They've become like "parasites", they used the grant for down payment on the purchase of appliances, tv, radio sometimes motorbikes. Community participation is just compliance to conditionalities)
(Teacher, Davao Oriental)

Some men became less industrious in working, they became dependent on the cash that is provided, some are still working and still farming abaca as their source of income.... Long term impact, some parents became dependent with the cash given that they don't work anymore instead they just drink and engage in gambling.

(NGO worker, Aklan)

To a large degree, the success of the Pantawid rests on the parents, whether in the short-term (compliance with conditionalities and maximizing current benefits) or long-term (positive behavioral and social outcomes, which may help them break out of chronic poverty). Thus, it is the parents or the grantees who are under scrutiny of stakeholders. Even beneficiaries themselves consider the misuse of cash grants as a manifestation of the parents' short-sightedness and counterproductive attitude toward the opportunities opened by Pantawid.

Hind namin sinabing sapat, hindi rin kami humingi ng malaki, ibig sabihin tama lang po ang sinasabing tulong ng gobyerno. Ibig sabihin na pagtulong, pantawid lang, hindi mo isiping sapat yon. Ang iba kasi nakikita ko dun na sila umaasa kaya siguro na pagdating ng releasan or payout, makikita mo ang bata pagpasok sa school, parang walang nag ano sa mga bata kasi wala pang relisan umuutang na sila. Pag payment na po, ang pera na nakukuha nila dun na po sa [utang].... (We are not saying it is enough, we are not asking for a large amount, we are just saying that the government is truthful when it says the cash grant is only an assistance. Assistance means that it is only a bridge, it is not supposed to be adequate for your needs. I observe that others seem to think that way, they rely on the payouts, nothing seems to have changed with the schoolchild because the cash grant is used to pay debts.)

(Pantawid parent, F, Palawan)

The misuse of cash grants specifically to support vices and purchase of non-essential goods (e.g. "*lubo*") is a criticism leveled at the Pantawid beneficiaries. Statements to this effect were also found in the interviews and more than half of the statements were from direct service providers and LGU officials (i.e., 19 out of 31 interviewees who mentioned Pantawid beneficiaries having vices).

Similarly, four child beneficiaries mentioned in their interviews that one or both of their parents have vices (e.g. "*bisyo*", "*sugal*", "*sabong*," "*umiinom*") but they have changed since the household was covered by the program. Two mothers said that their husbands still have vices or *nagsasabong*, but

¹⁹ There were 21 interviewees (4 beneficiaries, 17 direct service providers or LGU stakeholders) from across the six areas who shared observations of Pantawid beneficiaries about "*naging dependent*" or "*umaasa sa cash grant*" for their day-to-day expenses. Another related observation was "*naging tamad*".

this has lessened or was not really a problem anymore. Six of the survey respondents said that one of the most significant changes in their households was that the father no longer has *biyo* (vice) since they became a Pantawid beneficiary, while two wrote that the *inom* (drinking) and *sabong* (cockfighting) of the men have lessened. In both the interviews and surveys, Pantawid beneficiaries attributed the change either to the cash grant or the FDS.

Good parenting was difficult to carry out in certain Pantawid households with non-traditional family arrangements, which was the case with some beneficiaries. This included solo parent households and households where domestic violence existed.

May mga batang madumi, nangigitata minsan nga nag home visitation ako nagsolicit ng damit ng isang bata kasi yung ibang mga parents pabaya. Meron pa ring violence may nakita ako dito isang bata na sinasaktan ng tatay.. . Pag broken family walang mag asikaso. Short term [Pantawid impact], yung ibang mga needs referring to material things. Sa long term, yun ang kinalulungkot ko eh. Pag ikaw tinulungan ng government may purpose. Meron pa rin child labor, meron ako nagtitinda ng plastic sa palengke yung kuya nga kargador sa palengke. Yung nanay kasi taon-taon nanganganak. Hindi lahat ng pamilyang Pantawid nakikitaan ng positibong epekto. Common denominator ang pinanggalingang pamilya. (There some children who are still dirty, on one home visitation, I had to solicit for clothes donation for a child because the parents were not taking care of [her/him]. There is still violence, I saw a child being physically hurt by the father.... Children are neglected in a broken family. In the short term, there is relief from material needs. In the long term, I'm sad about it. The government helps you for a reason. But there is still child labor, I still see children selling plastic bags in the marketplace, the older boys carrying heavy things for other people. The mother gives birth every year. The positive effect of Pantawid is not seen in all families. A common denominator is the family situation.)

(Teacher, Caloocan)

Dapat po buo ang pamilya tapos every Sunday sabay magsamba kaya lang wala nga... Tapos nahihirapan din po kami kasi sa halip na gagawin mo sa bahay mag saing, e kasi po wala ang Mama, maglalaba ka pa po ng damit. Yung time na para po sa pagrereview, sa gawain bahay na lang. (The family should be together, then every Sunday they should go to mass together, but it is not that way with us.... I feel burdened because in addition to cooking rice, because Mama is living with us, I also have to do the laundry. I should be studying but instead I am doing housework.)

(Child beneficiary of solo parent father, F, Palawan)

4.1.4. Community Participation / Active Citizenship

Active citizenship among stakeholders generally refers to involvement in community activities, regardless of frequency of participation on barangay meetings or directing and leading health and cleanliness campaigns in their neighborhood. Although some beneficiaries and other stakeholders believed that joining school and community activities are required of Pantawid beneficiaries of good standing, participation in community activities is not conditionality. Attendance to FDS however is required of every member.

This explains the high Mean score with regard to community participation. Survey respondents strongly agree (4.32) that their households are now more active in the community compared to before they became beneficiaries.

There were mixed assessments as to the frequency and quality of participation of Pantawid beneficiaries in their communities. Often, the observations were shared by teachers who mobilize parents for Parents, Teacher and Community Association (PTCA) meetings and for school programs and activities (e.g. Brigada Eskwela), and LGU officials who conduct public assemblies

and lead in community development projects. According to these stakeholders, many Pantawid families participated in community activities and barangay assemblies mainly because they are worried they might be taken out of the program if they did not join. However, joining an activity, no matter how many times, did not automatically lead to behavioral change. A barangay captain (Palawan) gives an example:

Walang pinagbago. Kagaya nalang ng... may sitio hall akong pinahiram noon. Ikutin mo ang sitio hall kung ganu kalinis. Hindi, wala akong nakitang nagbago doon, hindi marunong maglinis. Kahit yong pamayanan nila ikutin mo yung mga daan nila dapat kahit pinairal na lang nila yung Harap Mo Linis Mo [a community cleanliness campaign] wala ganun parin marumi parin ang mga harapan nila. Yun nasaan doon ang participation nila sa society or sa barangay na maging malinis ang barangay? (Nothing has changed. It was like... when I allowed them to use the sitio hall. Go around the sitio hall and see if it is clean. It is not, I see nothing has changed, people do not know how to clean their surroundings. Go around their communities, the streets where they are supposed to implement the community cleanliness campaign. Nothing, it is still the same, their front yards are still dirty. Where is the that they call participation in society or in the barangay?)

On the other hand, there were also stakeholders and beneficiaries who said that their participation was voluntary, and concern for one's neighborhood is something they learned from the FDS.

Active naman sa participation, halimbawa nagpatawag ng meeting, syempre nangunguna Pantawid, yan ang laging nagagamit. Ang tatay na ang nangunguna. Sabi [sa kanilang mga asawa] umattend kayo kasi kayo ang nakapangalan sa ganito, at saka obligasyon natin bilang mamamayan ng komunidad. Sa mga asembliya medyo unti unting na civilized na.... (They are actively participating, for example, when there is a community meeting, the Pantawid are always first to be there, they are mobilized. The fathers attend. Their wives told them, You have to attend because of the cash grant, and it is also our responsibility as members of the community. They are slowly being used to attending public assemblies.)

(Community volunteer, Palawan)

One unintended effect of Pantawid on community participation is the social divisiveness created between Pantawid and non-Pantawid households.

Halimbawa ang isang barangay nagpatawag ng meeting tungkol sa health education campaign, ang ginagawa namin ma'am, bilang beneficiaries, kami na mismo ang lumalapit sa kapwa nanay or kapitbahay na beneficiaries man ng pantawid o hindi, kasi may pag uusapan na mahalaga tungkol sa health, dapat dumalo tayo.... Kaya lang ang iba, sasagutin ka pa.. sasabihin na – “A, sa inyo lang yan kasi kayo ang may conditional dyan, bahala kayo dyan. Kahit anong sabi namin, hindi kami nasasama sa Pantawid.. tapos sasabihin nila, mga empleyado ng munisipyo nakasama, kami kitang kita nyo naman na mahirap na ganto kami, hindi kami masama sama sa Pantawid. (For example, the barangay calls for a meeting on the health education campaign. As beneficiaries, what we do is we approach our fellow mothers or neighbors, Pantawid or not... but there are people who would even tell you, Oh, that activity is only for you because it is required [for Pantawid beneficiaries], that's your responsibility. No amount of convincing will enjoin them to come with us. Then they will say only the municipal hall employees are asked to join, it is obvious that we are also poor but we are not included in the Pantawid.)

(Pantawid parent leader, Palawan)

Kapag hindi ka member parang may kaunting ano yan eh, yung parang ano sa katawan, “Hmp pang-Pantawid lang naman yan” sasabihin. Parang nagkakaroon sila ng kaunting misconception na “Baka sa Pantawid lang yun.” Pantawid lang ba ang pwedeng mabuhay? Sa akin nga tama yun, na hindi siya for life. Baka umasa na tayo doon. Sa tingin ko. Mas changed lang talaga. Nagchange lang. Pero siguro kung yung pagtingin sa health, pare-parehas naman tayong may needs ng non Pantawid at Pantawid members eh. Kaya lang siguro nagkataon nga na kasali yun sa program nila. Kaya nga mas aktibo sila [Pantawid beneficiaries] dapat. (With non-Pantawid members, there is a hint, I hear statements like, “Hmp. That's only for Pantawid.” It seems that they seem to have this misconception that “That must be for Pantawid members only.” Are the Pantawid members the only ones entitled to live? I think it is only right that the government

assistance is not for life. They might become reliant on it. This is my opinion. There was really a change. But when it comes to health, Pantawid and non-Pantawid families have the same needs. But maybe others were lucky to have been selected for the program. All the more that they should be active in the community.)

(Midwife, Caloocan)

The above observations as well as similar comments shared with the researchers in other study sites can also be an indication that active citizenship as a value is more pronounced among the Pantawid households which have been exposed to the FDS. Related to this, there was also an observation by an interviewee in Palawan that, before the Pantawid, poor people helped and looked out for each other (for instance, by pooling money to help someone in need). In contrast, there are still some Pantawid households just depend on cash grants now.

One social worker in South Cotabato shared her observation that the increase in people's participation has direct effects on community development:

Because of the Pantawid [beneficiaries' participation] there is an increase of demand for more programs because the people now are more active and educated unlike before, walang programang pumapasok sa barangay dahil hindi cooperative ang mga tao. Naging aktibo ang mga residente sa mga aktibidad ng barangay hindi tulad noon, na nahihirapan ang mga barangay officials na tipunin ang mga tao lalo na kapag mayroong barangay meetings. (Because of the Pantawid there is an increase of demand for more programs because the people are now more active and educated unlike before, there was no program in the barangay because the people did not want to participate. Now the people are more active in the barangay unlike before when it was difficult for the officials to mobilize people for meetings.)

A similar statement is found in the interview of the municipal administrator in South Cotabato:

... Existence of additional programs because of the demands made by Pantawid. [There is now] Strong partnership between national and local government when it comes to sharing of resources to have a positive impact. Kapag mahirap ang mga tao, nagre-reflect ito na hindi mabuti ang pamamalakad ng local na pamahalaan. Kapag may programang Pantawid, magbabago ang isip at pananaw ng mga opisyaes dahil macha-challenge sila. Malalaman nila kung ano ang kanilang mga kakulangan na nakikita ng national government na kinakailangan ng tamang intervention. (Existence of additional programs because of the demands made by Pantawid. [There is now] strong partnership between national and local government when it comes to sharing of resources to have a positive impact. When the people are poor, it reflects badly on the administration of the local government. Pantawid changes the mindset of the officials because it challenges them. They will realize the gaps which the national government saw and now addressing.)

4.1.5. Empowerment

Empowerment, as defined by the study, refers to the continuous process of enabling people to influence and control the direction of their lives, including determination of and acting on issues that they view as important (Lutrell and Quiroz, 2009). It covers a broad range of behaviors, including those pertaining to the previously discussed behavioral changes. The survey also included items on financial capacity, personal agency and positive outlook as domains of empowerment.

The research data show that the Pantawid program has contributed to its beneficiaries' empowerment on the above domain. The general picture presented by the survey results indicate a positive assessment of beneficiaries with regard to personal agency and relations (knowledge and assertion of rights in the household) ("Strongly Agree"), and views about their situation of poverty and the opportunities opened by the program ("Agree"). The economic empowerment is also seen

in the “Agree” mean scores of responses with regard to their capacity to save and bounce back from crises or financial setbacks.

Table 16: Data Summary of the Assessment of the Respondents on Empowerment

Empowerment Domains	Behavioral Indicators	N=568		
		Mean	Std. Deviation	Mean Interpretation
Economic	Able to save	3.74	1.296	Agree
	Capacity to deal with income shocks / crises	3.69	1.174	Agree
Outlook	Pantawid can help getting out of poverty	4.17	0.970	Agree
	Poverty is not all about money	3.97	1.194	Agree
Relational	Know and assert their rights	4.34	0.911	Strongly Agree
	Social circle widened	4.35	0.865	Strongly Agree

Economic empowerment in relation to the increased household budget because of the cash grant is the running theme in most of the personal and household level changes shared by the research participants. The sense of recognition of being no longer belonging to the poorest of the poor, or “*pigado*” as Aklan respondents put it, is also indicative of empowerment of a shift of their thinking process. As one Pantawid parent claimed, “*Tumaas din konti pagkatao naming dahil sa Pantawid, nakakapunta na ako sa bayan at ang mga anak ko nakakapag-aral ng maayos*” (Our status has been raised because of Pantawid. We are now able to travel to town and my children are in school.).

Material changes in the household are the most obvious and easily related improvement among beneficiaries and in many cases, identified as the most significant (456 responses in the survey out of 568). This included having extra cash to buy food, clothes, materials to improve their houses, for transportation, and even small “luxuries” such as lotions, colognes and cosmetics: “*Marunong na ako mag-ayos ng sarili ko kaya kumpante na ako makihalubilo sa tao*” (Pantawid parent, Tawi-Tawi). In the highly urbanized Caloocan City, being able to go to the mall and eat at a popular fastfood restaurant are also luxuries that the parents are proud they can already give their children at “*pindutan*” time. “*Pindutan*” (literally, “to press with a finger”) is a term used by Pantawid beneficiaries in Caloocan to refer to going to the ATM to withdraw their cash grant.

At the same time, that poverty is not just about having money is a sentiment that beneficiaries agree with. While the Pantawid cash grant opened avenues for them to get out of chronic poverty (survey mean score of 4.17 or “Agree”), they also recognize that other factors affect their situation such as limited formal education, limited government support and harmony and cooperation of household members.

Women’s empowerment is one of the results expected to occur because of the Pantawid. At the very least, because women or mothers are the default grantees of the program,²⁰ this would provide them a leverage in the household decision-making process. Further, the modules on women’s human rights and related laws and topics on gender sensitivity are integrated in the Family Development Sessions.

The impact of the Pantawid on women’s empowerment is evident from the research data. Particularly highlighted from the interviews and FGD data is the role of the FDS to enhance the

²⁰ In the Pantawid Operations Manual (2015) it is stated that the “grantee” shall refer to the mother or the most responsible adult member of the households authorized to withdraw or receive the grants.

knowledge of grantees (women) to be more confident and assertive in their roles and responsibilities within the household and in dealing with other people. The latter especially is a frequently recurring response from women Pantawid beneficiaries. Many of them related that their social circle before Pantawid was limited to immediate neighbors; some even said that they do not like interacting with their neighbors for various reasons (e.g. they were bad influence, they gossip and play tong-it's the whole day, she has nothing to talk about with them). It was only because the attendance to the FDS was a condition for the cash grant that women initially felt compelled to go out, but eventually, they came to look forward to these meetings both for the learning opportunity and for socializing with new-found friends.

When asked to identify the significant changes at the personal level, women said they “became more sociable” (67), “*madaming natutunan*” (43) and they became “more self-confident” (10) – all of which they attribute to the FDS. Other changes they noted at the personal level which could be linked to the FDS are those on more community awareness (16) and more active community participation (6). These themes were also found in the interviews and FGDs.

The FDS has a multiplier effect on households as women tend to share their lessons with their spouses and children, and even carried over to the community level. According to one beneficiary (Caloocan)

Nag-umpisa na umiwas sa mga gulo asawa ko, medyo nakihalubilo na. Minsan naisama ko sa FDS. Tapos shinashare ko din sa [mga anak ko] natutunan ko sa FDS. Yung mga karapatan mag-aral, alam na nila yun. Human rights alam na rin nila pagsusumbungan. Medyo may nagbago kasi dati mahilig ako mangurot ngayon syempre hindi na po kasi napag-aaralan naming sa FDS, kakausapin na lang sila. Kailangan pala kasi talaga may pinag-aralan din, dapat talaga nag-aaral. Mas handa na po kami, ngayon natuto na sila mag-ipon kasi mam shina-share ko din yung sa FDS naming, magtipid, pinag-aaralan talaga din naming kasi sa FDS yun mam eh maganda din talaga may FDS. Natuto na ako makipagkwentuhan para sa center para meron talaga community participation. (My husband started to stay away from fights, he is more sociable now. Sometime I can convince him to go to the FDS. I also share what I learned from the FDS. The right to education, the children know that. Human rights, they know where to go to report. I also changed a bit because I used to pinch my children but I don't do that now because I learned in the FDS that I should just talk to them. It is important that people get educated, to study. We are more ready, we know how to save, and we learned from the FDS that we should be thrifty, it's really good that there are FDS. I learned how to talk to other people, in the center, I am really participating in the community.)

The case study of the Ordinario couple also from Caloocan indicated that when the mother is unable to attend the FDS, the father would take her place along with the son who would take notes. Once home, the father would discuss with the family what they learned from the FDS with the son adding some details about the discussions.

In the South Cotabato research site, where a large majority of the Pantawid beneficiaries belonged to the T'boli tribe, their empowerment was even more significant.

Noon nahihya ako makihalobilo sa mga tao lalo na doon sa merong pinag-aralan. Pagdating ng Pantawid doon sa meeting, pinili nila akong maging parent leader, ngunit para sa akin ang parent leader ay hindi dapat nahihya na makihalobilo sa ibang tao. (I was shy to interact with people before, especially those who have been educated. When the Pantawid came, I was selected to become a parent leader, but I thought the parent leader should not be shy around people.)

(Parent Leader)

Noon, takot sila na makipaghalo-bilo sa ibang tao ngunit ngayon, marunong na silang tumayo sa kanilang sarili, manindigan at magsalita. Dahil sa mga sessions ng programa, naging empowered sila at nagkaroon ng kompyansa sa sarili kagaya ng mga non-Pantawid kaya't hindi talaga namin sila ma-differentiate. Ang mga Pantawid at non-Pantawid ay kapwa nag level-up sa buhay. Pantay-pantay lang ang trato sa mga Pantawid at non-Pantawid. (They used to be reluctant to interact with other people but now they are more confident, they can speak up and share their opinion. Because of the program sessions, they have become empowered and became more self-assured like the non-Pantawid so we cannot differentiate them from the latter anymore. The Pantawid and non-Pantawid have both leveled up. They are treated equally in the community.)

(Municipal Administrator)

Women’s empowerment and gender equality in the household were also cited; specifically, women were more able to assert themselves with their husbands, and that the husbands have become more conscious of supporting the wife.

Dahil sa Pantawid na yan parang nagkaroon na... parang namulat po ang mga kalalakihan. Kung noon sabi natin tutulog-tulog yung ibang tatay, sa ngayon doble sikap sila lalo na po yung dumating ang Pantawid na yan. Naisipan nila na ganito pala, “Ah ganito pala. Hindi pala dapat pabayaang ang isang ina na sya lang mag-aalaga [sa bata] at magtatrabaho. (Because of the Pantawid... it opened the eyes of the men. If before, shall we say, they are lazy, now the fathers work double time. They must have thought, “Ah it must be like this. Mothers should not be the only ones taking care of the children and working.)

(Palawan, FGD with parent leaders)

Although beneficiaries and other stakeholders claimed that there is gender equality in their households and community, there were also participants who said that there were still domestic violence cases, both referring to violence against women and abuses against children. These respondents attributed these cases to the parent/s vices – specifically alcohol and gambling, sometimes supported by the cash grants received by the family.

In the survey there were respondents who “Disagree” and “Strongly Disagree” with the statement whether they would describe the relationship in their household as harmonious, as well as whether they know and able to assert their rights in the household. This shows that the generally positive experience from the program reported by Pantawid beneficiaries, and as reflected in their survey responses and statements in interviews and FGDs, is not equally experienced.

Table 17: Frequency of “Disagree” and “Strongly Disagree” Survey Responses on whether there is Harmonious Relationship in their Household

Respondent	Strongly Disagree	Disagree
Adult (female only) ²¹ n=271	5	0
Child (both sexes) n=264	5	9

Table 18: Frequency of “Disagree” and “Strongly Disagree” Survey Responses on Beneficiary’s Knowledge and Assertion of Rights in the Household²²

²¹ None of the 33 adult male respondents to the study indicated a “Strongly Disagree” or “Disagree” answer to this survey item. The lowest assessment was “Neutral” by four respondents.

²² Based on the reports of the field researchers, respondents usually referred to their knowledge of *laws* rather than their *rights* on this survey item. Thus the responses are better appreciated as an indication of awareness of the concept of human rights, rather their status in the household and the state of household dynamics. There were only seven cases (6 child respondents, 1 female adult) wherein low assessments (“Disagree” and “Strongly Disagree”) were given to both knowledge and assertion of rights, and the quality of relationship within the household.

Respondent	Strongly Disagree	Disagree
Adult (female only) n=271	5	5
Child (both sexes) n=264	6	14

It was noted that only in Caloocan did some research participants mention that their community has an active Anti-VAWC program and a Barangay Council for the Protection of Children (BCPC).

Ironically, stakeholders also reported that some Pantawid beneficiaries are “*nasobran ng empowerment*” or have developed “too much” empowerment such that the beneficiaries have become arrogant and demanding.

Yung mga lumang Pantawid, mga set 1 tsaka set 2, kung bago, may pride na sila eh, hindi mo na sila mahingian ng tulong kasi nga kunwari malapit na silang matapos, o kaya narecall na sila, kaya kunwari pag hingian mo sila ng favor kasi kailangan sa school sasabihin ng mga yan "hindi ako available, may trabaho ako" o kaya "ay hindi ako pwede, si ano na lang" magtuturo sila ng iba so yung mga bago naman sila yung enthusiast[ic]. (The Pantawid beneficiaries from the earlier set, the set 1 and set 2, they have become proud, you can't ask them anymore for help. They would say they are in a hurry, or they are not available, they have work. They would point to the newer beneficiaries instead who are more enthusiastic about the program.)

(Guidance Counselor teacher, Caloocan)

Pag Pantawid, mayabang. Eh di mayabang, maangas, pagdating dito, "Pantawid ako, Pantawid ako." Parang "Dapat unahin mo ako, Pantawid ako." Priority kaagad. Magpapacheck-up dito yung bata umabsent, magpapagawa lang ng papel kasi Pantawid....Nagkaroon... nagkaroon ng medyo... nagkaroon ng ere. Si Pantawid member, instruct naman kami n'on, basta Pantawid, lahat full dosage yan - Parang bakit hindi mo ako binigyan ng gamot, Pantawid ako. Ganoon. So medyo ano sila, ito yung karapatan ko nasaan na iyon. Oo... sabi ko nga sa iyo napa-pamper yung mga Pantawid. (Pantawid people are arrogant. They are arrogant when they come here, "I'm a Pantawid beneficiary, I'm a Pantawid beneficiary." As if they were really saying, "You should prioritize me because I am a Pantawid beneficiary." They come here asking for a certificate because their child was absent in class.... They developed an attitude. I would instruct [the staff] if the person is a Pantawid member, give them full dosage of everything – [then they would still demand] Why aren't you giving me medicines, I am a Pantawid beneficiary. It's like, this is my right, where is [my medicine]. Yes... I tell you, the Pantawid beneficiaries are pampered.)

(Community-based doctor, Caloocan)

Overall, the beneficiaries were thankful that the Pantawid through its cash grants had lessened the financial strain in their households. At the same time, they recognized the value of the conditionalities attached to it, namely, for the children to continue their studies, access to professional healthcare, and attendance to the FDS which provided for opportunities to empower women. However, they also know that the Pantawid is only a temporary aid from government: that the cash grant is only a small amount and not sufficient to bring them out of poverty, that they are still poor, and that their future is still uncertain.

Nakaluwag-luwag.... Yung mga pangangailangan nabibili na gaya ng pagkain at gamit sa school. Kung hindi kami naging miyembro ng Pantawid, mahirap pa rin kami kasi ngayon hindi na mahirap na mahirap, from 1-10 dati nasa 5 ngayon nasa 9. (There was some relief.... We were able to buy some of the things we need like food and school supplies. If we were not beneficiaries of the Pantawid, we would be very poor, now we are not as poor, from 1 to 10 [10 as the highest indication that they are out of poverty], we used to be a 5 but now we are 9)

(Child beneficiary, female, Caloocan)

4.2. Factors Influencing Behavioral Change

The previous discussion on the behavioural changes resulting from their participating in the Pantawid already points to some of the factors affecting this change: the cash grant and its conditionalities, the FDS, the availability and access to needed services (as influenced by the geographic location of the area), compliance monitoring, and personal factors.

There is no doubt that the behaviour change claimed by the Pantawid research participants are, to a large degree, influenced by the program, specifically the cash grant and the conditionalities attached to it. Infusion of additional money to the household budget also eased the pressure on the family to make ends meet. This in turn translated to more time to look after the children because one of the parents (usually the mother) can afford not to engage full time in paid work, or because the child was no longer compelled or felt compelled by their family circumstances to contribute to the family income as a matter of survival. Less pressure on the parents also meant less fights about money and tensions in the household.

The cash grant facilitated a change not only in the material acquisitions and household access to basic goods such as food, shelter and clothing, and education and health services, but because also a change in perspective: as evidenced by their response in the survey item on Pantawid enabling them to escape poverty, they have become more optimistic of their future. In the survey, 47.89 percent of the respondents said they “strongly agree” that the Pantawid can help them escape poverty, while another 29.58 percent said they “agree”.

Data from the interviews and FGDs surfaced criticisms on likelihood of behavioural changes as a result of Pantawid, and its sustainability, especially from several direct service providers and LGU officials who have doubts about a cash grant as incentive.

[I]f values ang target naman... I think the program will work out the fact na ewan ko eh... people go because of the cash, do everything because of the cash... yon naman talaga eh yun, ang incentive kaya nagpapatimbang sila [sa health center]... but eventually will grow on them, perception ko ito. I don't know with the people kung sineseryoso nila ang programa or they are looking at avenues para ma-bypass lang ang mga controls [ng Pantawid]. (If we are targeting values... I think the program will work out the fact, I don't know... people go because of the cash, do everything because of the cash... that's it really, the incentive why they go to have themselves weighed [in the health center]... but eventually will grow on them, this is my perception. I don't know if the people take the program seriously, or they are just looking at avenues to bypass controls [of the Pantawid].)

(Palawan, LGU official)

Many of the research participants, whether from Pantawid beneficiary households or not, again cited the FDS for playing a critical role in reinforcing behavioural change. Through the attendance to the FDS, as part of the condition attached to the cash grant, Pantawid parents are given information on good family relations, care for the mother and child, how to prevent domestic violence and community participation towards developing them into productive members of the community.²³ Among the beneficiaries, the lessons which they readily identified as having an impact on themselves and their households are those on child discipline, their rights within the household and health-

²³ Translated from the FDS guidebook, *Gabay sa Pagpapaunlad ng Pamilyang Pilipino* (DSWD, n.d.)

related information. Beyond the lessons, women participants also gained from attending the sessions itself: they made new friends, they became less shy talking with other people or in big groups, they found a support group.

A third factor influencing the behavioural change among Pantawid beneficiaries is the availability and access to needed services, specifically on education and health. This is important not only because the cash grant is attached to education and health-related conditionalities, but being able to access these consistently and beyond what is required by the Pantawid affects the formation of new behaviours.

Based on the survey responses, beneficiaries perceive that there is adequate health and social welfare services in their community which they can access. The mean scores fall within the range of “Agree” to “Strongly Agree”, even when the responses were disaggregated according to location (urban/rural), ethnicity and gender. The only exception was the mean score from Aklan and Palawan with regard to accessibility of the health center (3.22 and 3.27, respectively, which is interpreted as “Fair / Neutral”). The assessment from Aklan is not surprising given that there is no barangay health center in the research site. For health care, the people have to go to the town proper for their check up, for vaccines, and for medications. A midwife also visits their upland community once a month as reported in the case study of Sitio Taroytoy in Libacao, Aklan. The same is true with the farther sitios of Palawan where the health center is not readily accessible to beneficiaries.

However, the qualitative data surface a different picture. While the survey results show a positive assessment in general, the supply side concerns were raised in the interviews and FGDs across all research sites. Upon clarification, the respondents attributed these to the difference between having the physical structure in their community to the access and availability of services and supplies

The table below shows the education and health facilities in the barangays where the research was conducted. It was noted that while there were facilities, the supply issues raised were directed at the availability of services, and not merely the presence of the structure. This concern was raised more often in relation to health services: no doctor or midwife to attend to the beneficiaries, or no medicines available in the health centers, hence, they had to buy from pharmacies and these medicines would cost them money.

In remote areas such as the research site in Aklan, the PhP 500 cash grant may not be enough for trips to town where the health facilities were located, in addition to payment of medicines and other fees. It was not unusual that in these areas people, including Pantawid beneficiaries would still turn to traditional healers and herbal medication for treatment of ailments and even for childbirth. The Pantawid Municipal Links (MLs) themselves also concede that continued reliance on traditional ways of healing cannot be avoided in settings where the supply side is lacking or inadequate, thus this particular conditionality is not strictly enforced on these groups.²⁴

²⁴ “Supply side” as defined in the Pantawid Operations Manual (2015) refers to the education and health services and facilities necessary to ensure compliance of beneficiaries to cash conditionalities. However this term is sometimes used broadly by direct service providers and LGU stakeholders to also refer to provision or presence of infrastructure and services such as farm-to-market roads and bridges, and transport services.

Table 26. Population, and Number of Schools and Health Facilities in the Research Sites²⁵

Research Site	Population (as of 2010)	Education		Health		
		No. of Public Elementary Schools	No. of Public Secondary Schools	No. of Rural Health Units	No. of Barangay Health Stations	No. of Public Hospitals
Caloocan	243,849	7	3	6	0	0
Palawan	10,017	4	1	1	1	1
Aklan	2,622	2*	0	1**	0	0
Davao Oriental	14,165	7	2	1	6	1
South Cotabato	8,415	6	1	0	1	0
Tawi-Tawi	11,158	8	1	1	1	1

* One is a primary school (Grades 1-3)

** Located in town proper

Accessibility of services is also a concern when the Links and service providers themselves are unable to reach Pantawid beneficiaries due to various reasons such as monsoon rains which cut off connections with the town proper and the longer travel time needed to reach these remote areas. Adjustments in the conditionalities so the beneficiaries would not be in default become necessary in these situations. For instance, a quick meeting with the beneficiaries could replace an FDS activity, or the Links would still consider the Pantawid households as having complied as long as the children have at least one health check up within a certain period of time.

These adjustments, while necessitated by implementation contexts, have implications in the accomplishment of behavioural (and social) outcomes desired by the CCT program. Compliance to conditionalities along the lines prescribed by the program was supposed to reinforce the behavioural changes. The supply side of the arrangement – from the construction of needed infrastructure to ensuring the quantity of supplies and quality of services – have been slow in keeping up with the increased demand brought about by the Pantawid program.

Related to this is compliance monitoring as a factor in behavioral change. Many several direct service providers and LGU officials looked at compliance monitoring to address the many issues of Pantawid beneficiaries becoming dependent on cash grants or using the grants for other non-related needs of the program. There were observations that the current monitoring system is not effective enough because of reports that Pantawid families continue to receive cash grants in full for non-compliance of some conditionalities. An example on the misuse of cash grants (e.g. *hindi napupunta sa bata, sinusugal lang*) was cited.

Dapat yung mga taga-DSWD maging observant. Halimbawa ngayung araw namigay ng Pantawid, mamayang hapon subaybayan yung mga parents kung saan pumupunta. Karga-karga ang anak minsan binibitiwan pa ang mga anak nila sa sugalan. (The DSWD people should be observant. For example, today is payout day, watch out where the people will go. They even go to gamble, carrying their small children.)
(Palawan, LGU official)

In response, the MLs encourage the parent leaders to file a complaint through the Pantawid grievance system so these cases can be investigated. The MLs are also constrained by their heavy case loads (ranging from 800 to 1,000 households) to adequately monitor such cases, but they will prioritize these if a formal complaint was made.

²⁵ Data on the barangays where the research was conducted. Sources of data: Philippine Statistical Authority (<http://nap.psa.gov.ph/activestats/psgc/>), Department of Education (<http://deped.gov.ph/datasets>), and Department of Health (<http://nhfr.doh.gov.ph/rfacilities2list.php>)

On their part, parent leaders admitted that there were indeed *pasaway* (hard-headed) beneficiaries. In Palawan, parent leaders reported that sometimes the children themselves complain to the parent leaders that their parents gamble or do not use the cash grant for their education and health expenses. However, the parent leaders could only advise these children to talk to their parents and remind them of their obligations under the Pantawid. The parent leaders did not want to file a formal complaint with the Pantawid grievance system as this might cause trouble between them and the erring household. They shared that *pasaway* households are often suspicious of parent leaders. There was one time when the ML himself caught them gambling during his monitoring visits, but the parent leader was still blamed of tipping the ML about their gambling (“*sumbungera*”).

Personal factors such as intrinsic motivation, cultural beliefs and practices, also influence the behaviour of Pantawid beneficiaries. This can be seen in the case studies as well as the statements from research participants pointing to the beneficiaries’ attitudes, perceptions and actions as an important factor in their full compliance to the conditionalities, or getting out of poverty in general. It was noted too that among the five behavioural changes expected by the DSWD to ensue from the Pantawid, it is in health-seeking behaviours where preferences and habits, cultural and religious beliefs are cited the most as factors.

Some people choose to go to a hilot rather than go to a health center or hospital. Even though there are free health services offered to the Pantawid beneficiaries... because this [traditional medicine] is what they are used to.

(Pantawid Child, Tawi-Tawi (trans.))

For those [T'boli] who are not educated or oriented.... Bawal paghandaan ang kinabukasan. Bawal ang savings, alkansya. Kung bata ang midwife hindi sya pwedeng magpaanak ng mas matanda pa sa kanya dahil nakakabastos daw ito. It is always the husband who decides for family planning. Nakadepende rin sa lalaki ang desisyon kung magpapagupit ng buhok ang kanyang asawa o hindi. [May] unreported case of neonatal death, reason of death, “Gusto ng Diyos.” (For those who are not educated or oriented... They do not save or keep money. If the midwife is younger than the mother, she is not allowed to help in birthing because it is insulting to the mother. It is always the husband who decides for family planning. It is the husband who decides whether they should get their hair cut. There was an unreported case of neonatal death, the stated reason of death was, “It is the will of God”)

(Health service providers, group interview, South Cotabato)

Pantawid Pamilya ang nagsasabing pumunta kayo sa health center... binigyan lang ng Pantawid Pamilya ng monetary value... Ngayon marami pa rin ang hindi nagpapa health center, hindi siguro fault ng Pantawid Pamilya yon kasi yun ang kinamulatan nila. So minsan nagiging culture versus development. (The Pantawid Pamilya encourages people to go to the health center... the Pantawid Pamilya only attached a monetary value to it. Now, many people still don't go to the health center, maybe that is not the fault of the Pantawid anymore because that is what they have gotten used to. It becomes culture versus development.)

(Pantawid Link, Palawan)

Children and adults alike cite personal circumstances affecting their decisions regarding the opportunities brought by the Pantawid. These included laziness (all areas), preference to work (Aklan), shame (because children felt they are too old for their grade level – reported in all areas), teen pregnancy and early marriage (Caloocan, Aklan, Palawan, South Cotabato), and difficulty in keeping up with lessons (Aklan).

Children and adults alike cite personal circumstances affecting the take up of opportunities opened by the Pantawid. These included laziness (all areas), preference to work (Aklan), shame (because

children felt they are too old for their grade level – all areas), teen pregnancy and early marriage (Caloocan, Aklan, Palawan, South Cotabato), and difficulty in keeping up with lessons (Aklan). There were child interviewees who said that their families might not be able to send them to school if the cash grant stopped because of financial difficulties, they come from large families or there is no regular source of household income: in Davao Oriental six out of the eight child interviewees reported this. In contrast to them are children who said they will still be able to study even if they were taken out of the program the following day. These children have older siblings or relatives they can approach for help, or they are confident that their parents will find a way for them to continue (e.g. *magpupursige, mangungutang, lalapit sa politico*). Intrinsic motivation is also evident in the children’s willingness to work to support their studies if their household is no longer with the Pantawid.

Finally, to what extent do factors such as geographical location, gender, age and household composition affect the impact of the program in relation to behavioral outcomes? These factors are shown in various literature to affect outcomes in relation to poverty and social development, given their implications on resource availability and distribution, access, and control from the individual to community levels.

The survey results provided some answers in this regard by measuring for significant difference between the responses of beneficiaries along these lines. The general finding is that there are significant difference in the responses between “Agree” and “Strongly Agree”. Thus, findings indicate a strong agreement on the changes with the significant difference in terms of degree or level of agreement. There are a few exceptions, however, such as the case of the Aklan research site which is remote both geographically and in terms of reach of information that change for them may take longer compared with other areas. Electricity became available in the area only in 2015, which goes to show that even such basic infrastructure became available only recently. (See Aklan case study, “A continuous journey”; see also annexed report of survey results)

Table 19: Summary of Results of Significance Tests on Survey Responses on Identified Factors

Behavioral Indicators	Factors				
	Location (urban / rural)	Location (IP area/mixed)	Gender (Female/Male)	Age (Child/Adult)	No. of HH members
a) Would go to health center / hospital					
b) Children more focused on studies					
c) Confidence in completing HS					
d) Equality in household work					
e) Equality in decision making					
f) Harmonious family relationship					
g) Able to save					
h) Capacity to deal with income shocks / crises					
i) Pantawid can help getting out of poverty					
j) Poverty is not all about money					
k) Know and assert their rights					
l) Social circle widened					
m) More active in community					

Note: Highlighted are survey items where significant differences in responses are found.

4.3. Changes in the External Environment

Naging malinis na po ang Barangay namin at kumpleto na sa gamit ang paaralan katulad ng computer at libro. May mga gusali na kagaya ng lying-in center at hindi na rin masikip ang paaralan. Ang mga bahay hindi na cogon ang bubong. Umunlad ang barangay. Marami na pong upuan sa paaralan. (Our barangay became clean and our school now has supplies like computer and books. There are buildings like the lying-in center and the school is no longer crowded. The house roofs are no longer made of cogon. The barangay has improved. There are many chairs now in our school.)

(FGD with female children, South Cotabato)

The community changes most readily identified by the research participants relate to the cash incentive and conditionalities, i.e., increased incomes to purchase basic goods (food, clothing, shelter improvement), and increased access to basic education and health services (increased enrollment, more mothers availing of maternal health care services, more children are vaccinated). Alongside these changes are the improvement in the supply of public goods and social services (infrastructure: classroom, school buildings, roads, connection to electricity and water supply), and wider community participation (in barangay assemblies, Brigada Eskwela, cleanliness campaigns) which were also catalyzed to the Pantawid intervention.

In some barangay health clinics found in the town proper, health services were improved as more mothers availed of maternal health care. Supply of medicines also became more available just as barangay health workers became more accommodating.

Moreover, the research participants also observed the following:

- Integration of Pantawid households in the community processes

Increased participation in community activities meant that beneficiary households are more exposed to public discussions and eventually, with the confidence developed in the FDS, engage local leaders on how to address issues. The organization of beneficiaries into groups headed by parent leaders is a factor in this regard. Although there were some women who were community volunteers even before becoming Pantawid beneficiaries, majority of them have not been involved in any similar activity in the past, perhaps for lack of self-confidence, or lack of interest or opportunity to do so. The FDS groupings and the rotational leadership (delegation of parent leader responsibilities) served as a platform to empower otherwise marginalized women for public participation.

- Increased awareness of issues and concerns in the community

Participants in all research areas report that the Pantawid beneficiaries have become channels through which information from the barangay and from the FDS sessions are passed and circulated in the community. These can be through informal conversations with neighbors and friends who are not Pantawid beneficiaries or opening discussions on topics taken up in the FDS in the organizations where they belong. An example of the latter is a local women's organization in Palawan which has Pantawid and non-Pantawid members. The president of the organization reported that the non-Pantawid members were able to benefit from the education on child discipline, family values and women and children's rights because these were echoed by the Pantawid members during their meetings.

- Impact on community literacy

The conditionality on education ensures that at least one member from the identified “poorest of the poor” households is able to attend school, if not complete elementary and secondary education. This benefits the household not only in improving their future economic status but also in the present when the child teaches her or his illiterate parents and sibling how to read and write, or help them fill out government forms (e.g. for the civil registry) as reported in Aklan.

- Documentation of children and their families

This relates to the increased awareness of parents and children on the importance of civil registration. Although the push had been the Pantawid requirement for birth certificates, people have come to appreciate their personal documents as affirming their identity and as a means to access other government services such as enrolling their child in school and availing of PhilHealth.

- Contribution to the community governance

Having the Pantawid in their community decreased the pressure on the social welfare system of the LGU i.e., the officials observed a decrease in the demand for financial assistance from their offices particularly for education (scholarships) and health needs. The LGUs were able to re-channel some of their programs and services similar to those offered by Pantawid to other indigent families not covered by Pantawid. For instance, the LGU scholarships in T’boli, South Cotabato specified that only elementary and high school children from non-Pantawid households could avail of the grant. However, the scholarship program is open to all who wish to go to college since this is not covered by the Pantawid program. The Municipal Social Welfare and Development Officers (MSWDO) in Calocan, Aklan and Palawan also noted that Pantawid complemented their existing programs on remedial services, information dissemination and family monitoring.

It was also reported that the push created by the Pantawid for children to enroll and stay in school contributed to the decrease of out-of-school youths and *tambays* (streetchildren) in communities which in turn decreased the number of youths engaged in anti-social behavior (Davao Oriental, South Cotabato, Tawi-Tawi).

- Local economy development

The local economy was revitalized because of the increase in the disposable income of families in the community. This benefitted not only the established businesses or stores but also the micro-entrepreneurs who set up *tiangges* during pay-out days. The LGU also benefit because of the taxes and fees coming in from local business owners.

- Decrease in child labor

Child labor is broadly defined as any paid or unpaid activity in which a child is engaged at the expense of fulfilling her/his rights to education, health and recreation among others. It is not uncommon among Pantawid households to engage the children in various types of work to increase the household income. These can include helping their parents in farm labor or fishing (Palawan,

Aklan, Davao Oriental, and South Cotabato), itinerant vending (Caloocan, Tawi-Tawi) and offering to carry boxes or packages around the market place for a fee (Tawi-Tawi).

In Palawan and Tawi-Tawi, female children are also made to skip school so they can take care of their younger siblings while both parents go out to work. While not eradicated, the cases of children missing school or getting sick because they had to support their parents in earning an income have decreased, as reported by parents, teachers, social workers and the children themselves. The cash grant was helpful in easing the financial strain on the family so they could afford to have one parent (more often than not, the mother) to devote more time in taking care of the children. The regularity of the cash grant forms a buffer against absolute poverty when income from seasonal work (e.g. farming, fishing) failed.

However, the program was also criticized by beneficiaries for not facilitating needed infrastructure improvements enough. This is particularly seen in Aklan where people living in remote areas still have limited to no access to basic services such as electricity, water, medicines and other health services. Similarly, health service providers in all six research areas cite the lack of health centers in far-flung areas, medical equipment, health supplies, and human resources to cope with the increased demand for services.

Similarly, the data validation meeting in Aklan, Palawan and Caloocan City surfaced expectations among LGU stakeholders that the Pantawid should directly address the gaps in education and health-related infrastructure and services, that is, provide funds to build classrooms, health centers, and hire more teachers and doctors.²⁶

A frequent criticism from both Pantawid beneficiaries and non-Pantawid participants is the lack of livelihood opportunities for the beneficiaries, if the program truly wants to address poverty. For many households, the cash grant is the only regular source of income they have as their present livelihood activities are seasonal or vulnerable to conditions such as the weather (farming and fishing), availability of raw materials (abaca) or simply availability of capital and opportunities for work (construction work, laundry).

It is clear from the statements of research participants that the households are using the cash grants not only for education and health expenses of the pregnant mother and Pantawid-enrolled children, but also to supplement their budget for other daily expenses. This includes food, clothing, shelter and house repairs, or some extra money when a family member goes out to look for a job. In some cases, the education expenses of *all* family members still in school are also drawn from the cash grant. Another expense drawn from the cash grant are payments for loans made during lean periods. In some cases the ATM card for the cash grant itself serves as the collateral for the loan (Caloocan, South Cotabato, and Tawi-Tawi).

²⁶ Infrastructure and livelihood concerns are ideally addressed by the DSWD convergence strategy. As defined in the Pantawid Operations Manual (2015) “Convergence is a strategy employed by the program which brings together the three (3) core programs of the Department that contribute to poverty reduction, namely *Pantawid Pamilya*, Sustainable Livelihood Program (SLP), and Kapit-Bisig Laban sa Kahirapan–Comprehensive Integrated Delivery of Social Services (KALAHI-CIDSS).” It is possible that some of the beneficiaries have been involved in the KALAHI-CIDSS consultations and the SLP. However, except for the Links, none of the research participants mentioned this in the interviews and FGDs.

Division in the community arising between Pantawid beneficiaries and non-Pantawid beneficiaries was mentioned by 10 out of 188 interviewees (Caloocan, Aklan, Palawan, and Davao Oriental). Specifically in Aklan, the participants mentioned that some of their neighbors were upset that they were not included in the selection of beneficiaries when they were just as poor (if not poorer) than the present beneficiaries.²⁷

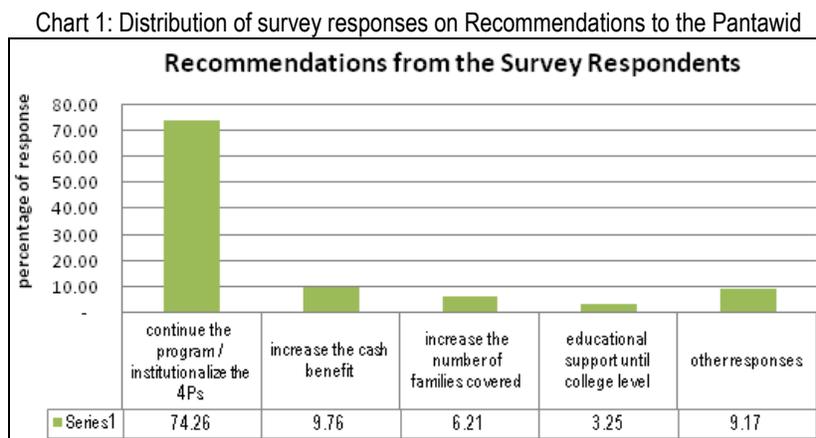
There is a difference between Pantawid and non-Pantawid families... kasi yun non-Pantawid parang may inggit, bakit yun [Pantawid] lang ang pina-priority. "Bakit kami? Mahirap din kami... wala bang puwang sa gobyerno at sila na lang... puro sila." "Bakit hindi kami napili?" "Bakit wala kami sa listahan?"
(Pantawid Child, Tawi-Tawi (trans.))

As previously mentioned, social divisiveness can be seen in community activities, that is, it was observed that non-Pantawid beneficiaries would not join because the activity is “only for the Pantawid” or “only the Pantawid are required.”

Community participation as to decision making increased. Ang negatibo lang dito Pantawid lang palagi ang nakikita. (The only thing negative is the Pantawid beneficiaries are the only ones required to join)
(Direct service provider, Davao Oriental)

4.4. Addressing the gaps and strengthening the gains

Out of the 568 survey respondents, 338 (59.50%) wrote recommendations or additional comments to the program on their answer sheets. The top recommendations were the following: continue the program, increase the benefits being received by the beneficiaries, increase the number of families covered by the program, and expand the cash grant to cover college education.²⁸



²⁷ Access to assistance seems to be a sensitive issue in the Aklan research area. Both Pantawid parents and local educators mentioned that heated arguments and fights have erupted in some sitios over who should be given material aid. A Pantawid parent cited one incident where the NGO volunteers were threatened by the people who did not receive aid. The research participants do not know how groups select their beneficiaries although some suspect that it is connected to politics, that is, people who are not aligned with the present administration were discriminated.

²⁸ The number of responses to “Recommendations” is more than 100% as some participants wrote multiple recommendations to the Pantawid.

The “Other” responses included recommendations on improving the Pantawid implementation, for instance, improving the targeting system so that the really poor are covered by the program, regular releases of cash grant, and stricter monitoring of the conditionalities compliance.

Allowance for parent leaders was also recommended by one survey respondent. A response from an FGD participant can provide context to this response:

Sana makita ng programa ang effort naming mga Parent Leaders dahil kami mismo ang pumupunta sa among mga miyembro for update kahit nasa malalayong sitio sila. Sana bigyan kami ng reward sa mga trabaho naming kahit konti lang... transportation allowance ng programa o hindi kaya ng aming mga miyembro in case kailangang mag-update ng forms. (I hope the program appreciates our efforts as Parent Leaders because we are the ones who go to our members to update their forms despite the distance of their homes from us. I hope we will be given an award for our work even only a small one... transportation allowance for us or for our members so they can come to us to update their forms.)

(FGD with Parent Leaders, South Cotabato)

The inclusion of livelihood and employment projects in the program design was also recommended by 10 survey respondents. From the FGDs it was further qualified that livelihood projects should be coupled with activities to increase the knowledge and skills of Pantawid beneficiaries. Some groups recommended linking beneficiaries to TESDA so they can acquire knowledge and skills viable to the labor market, or for entrepreneurship.

Moreover, the participants recommended strengthening the local government units so they can provide the necessary supplies and basic services in order for the beneficiaries to fully comply with the conditionalities, and second, to improve communities so these can sustain the positive personal and community-level changes brought about by the Pantawid. The need for infrastructure such as roads and bridges to connect remote communities to central towns was emphasized in all areas except NCR, while the need for more school buildings and health centers, in addition to more teachers and medical professionals serving their communities, and was common to all six research areas. Related to health services, the availability of medicines was also mentioned.

The value of Family Development Sessions (FDS) in bringing about change in the household and community levels was widely acknowledged, and many participants recommended strengthening the FDS so that it reaches more groups, for instance, the youth and the fathers. Strengthening the FDS also meant giving more emphasis on topics which the people think are important for community development such as responsible parenthood to address problems of child abuse, discipline, values inculcation, gambling and vices, and family planning. As a vehicle of adult education, some participants recommended that updated information on agriculture, fisheries and livelihood opportunities also be included as topics.

Apart from the survey respondents, there were also other research participants who recommended stricter compliance monitoring for the Pantawid to accomplish its goals.

Monitoring should also be strict because even if the program is good, there are still families that deviate from the Pantawid goals. Some participants attend the FDS because of 500 pesos [cash grant]. But after the FDS, it is not sure if the family really does apply what they have learned from it.

(FGD with community leaders, Palawan)

5. CASE STUDIES*

5.1. A Continuous Journey (Aklan)

Sitio Taroytoy, approximately 200 hectares of mountainous grid, is the farthest sitio of *Barangay Manika* in the Municipality of Libacao, Aklan. There are 40 family beneficiaries in this area out of 80 households scattered all over this sitio, with the next neighbor located about 50 meters or several kilometers away. It takes about 8 to 9 hours of trekking and crossing several rivers to reach the area. If it rains, the trip will take longer due to swelling of the river, and one can get stranded for hours or even days in the nearby *sitio* or at the *poblacion* if the rains are heavy.

Residents of Taroytoy belong to an indigenous community called the “Suludnon Bukidnon.” The term itself connotes a group of people found inside (*sulodnon*) a mountain area (*bukidnon*). Since the site is quite remote from the *poblacion* or town, the community was able to keep their cultural beliefs, practices and norms intact. It was during one of the focus group discussions conducted in the area that we learned the *Suludnons* have been recently recognized officially by the National Commission of Culture and Arts as an indigenous group of people whose culture has to be protected and preserved.

Change and transformation will take time for this community that seems so remote from modernity. It was only 30 years ago when the adults in this community still wore the “*babag*” (g-string) and tribal feuds were settled through a Council of Elders and by blood money. It was a culture where life taken is paid with another life until a settlement is reached. It is customary for men and women and young people to carry a bolo on their waist as part of their daily accessory – a tradition where self-defense is primary, where tribal wars and bandits are still commonplace just as their beliefs in the supernatural and all the superbeings from stories of old.

Taroytoy is located on a mountainous area several hundred meters above sea level and surrounded by forest mountains and rivers. It has beautiful rice terraces and, from the top, one can view the whole circumferential rice paddies. It is not as majestic as the famous rice terraces of the North but it follows the same indigenous rice planting technique.

There is no electricity in the area but some have mini solar panels good for one LED bulb and a transistor radio, and there is no signal for any network. The solar panels are really small and can be purchased from their small livelihood earnings (production of “*ki-gi*”) or from Pantawid grants (“payout” is the more popular term used) which are received every two months. The school’s solar panel in Libacao was given by the Department of Education. The community does not have a water system either but the place has many springs which provide potable drinking water and household use. They use a hose to bring water to the school and nearby houses. Most households store water for their use in a pail or drum.

Food staples include rice, gabi, camote, cassava or any edible root crop found in the area. Rice is harvested from the rice terraces and is primarily for consumption, but if a family has extra supply,

* All names in the case studies have been changed

this is sold, although this rarely happens. This is perhaps the reason why rice is precious and considered a luxury. Its production is also dependent on rains. In fact, one's social and economic status in the community is measured by one's capability of having rice on the table. A family's meal may consist of rice or any root crop and vegetables such as *camote* tops or fern tops with salt to taste. The community's concept of being very poor and deprived ("*pigado*") is having no rice on the table, as expressed by the community leaders during a focus group discussion session.

The grant released every two months is also used to buy additional food, school needs, household items and also personal items which may include lotion and perfumes.

The Sitio has a modest elementary school with three classroom buildings to accommodate around 120 students from Grades 1 to 6. The school has 10 teachers. The buildings are made of wood and concrete and floors are not cemented. Kids in the area are used to walking for three hours from their house to reach the school. The distance alone is a challenge to Pantawid student beneficiaries in fulfilling this particular conditionality. Likewise, it is also a challenge for some of the teachers who are not from the place since it takes approximately 9 hours to cover the distance going to and from Taroytoy. Non-resident teachers do not stay for 2 weeks to do their teaching job, then go home to their families for the next two weeks.

The primary source of income is the production of "*ki-gi*," the local name for fiber extraction from abaca. Abaca fiber is dried, then prepared and readied for sale. Preparing the "*kigi*" is a family affair with both husband and wife, and, sometimes, with the children also helping after school. The product is then brought to the *poblacion* Libacao for sale, at PhP 50 per kilo, after walking for nine hours.

Being a remote mountain area, health services are rare in Taroytoy. There is no health center in the sitio, or in Barangay Manika Proper. They need to walk the distance of 9 hours to reach the *poblacion* of Libacao to avail of health services. In some instances, people needing emergency health care die on their way before reaching the clinic.

FGD discussions also disclosed that basic health services cannot be delivered effectively with only one midwife in Barangay Manika for the monthly immunization of children and for pre natal care of pregnant mothers. Likewise, pregnant mothers do not trust the midwife and would rather stay home. Also, parents do not trust the midwife for the immunization of children. The Barangay health worker on the other hand is not motivated in visiting the sitio not only because of the distance and the challenging terrain but also, the expiration of the vaccines by the time the health worker would reach the area. This practice also means that there are no reports on infant and maternal mortality rates (IMR and MMR) submitted.

According to the IP Coordinator, and validated during FGD with parents, the local health authority and the residents in the area including the Pantawid beneficiaries have a special understanding that they can use the traditional way of countering ailments on the condition that they visit the Health Center in Libacao during their trips to town.

In Sitio Taroytoy, each family has their own traditional healer, usually the father or the head of the family, although there are also cases where a *manughilot* (traditional healer) is sought. These healers use a special kind of oil, herb, or bark from trees believed to harbor good spirits to cure ailments and accompanied with some sort of "*oracion*" (prayer) usually said in the dialect or in Latin, or a

language that only they can understand. These healers are also capable of assisting in the delivery of babies using indigenous knowledge.

After Pantawid was introduced to the families, some changes can be seen and palpably felt beyond compliance. Whereas before the families were indifferent to education, now they learned to appreciate the value of education as they encourage the children to go to school regardless of the distance. The children now wear slippers to school (which has now become normal for them) and keep themselves neat and clean. They have also taught their parents to write at least their first names.

The families have likewise learned the importance of health and nutrition and are quite proud when the school teachers attest to the low percentage of malnutrition in the area compared to other sitios in Manika. In cases where they need to take the patient to the hospital, they now make an effort to go to the clinic instead of leaving their fate to local healers.

Many houses of the beneficiaries now have galvanized roofing. The family beneficiaries apparently have also developed a sense of self-confidence and social status as they can now have rice more often, eat three meals a day, can now go to town and have expanded their social network.

The women have especially become more active in school activities and attend meetings in the *barangay* when called. Early marriages are now being discouraged by the community and it seems that they also learned to space child bearing. It is not clear however the kind of family planning method used but there are less childbirths now as observed by the *barangay* health worker.

5.2. The Story of Nuri (Tawi-Tawi)

Nuri, 46, is a Pantawid beneficiary since 2008. She was one of the beneficiaries identified during the pilot run of the program in Tawi-Tawi. The program could not have come at a better time: she had just lost her husband recently, thus leaving her to raise their eight children by herself. Housing was a concern because they also moved out of her in-laws house (where they used to live before) because she did not get along well with them. At the time of the interview, the Nuri's family had already settled in one of the houses on stilts along the coast.

It was difficult to be a solo parent to eight children but Nuri said her children were her inspiration. She worked in whatever jobs she can find and took care of the younger children as well. The older siblings also helped their mother but she made clear to them that their priority was their studies. Three of Nuri's children are enrolled in the Pantawid which entitled them to a cash incentive as long as they comply with the conditionalities. This cash incentive was a welcome development in their household. Aside from the education and health-related expenses of the enrolled children, the cash grant was also a big help in stretching their budget so there was food on the table and the older (unenrolled) children did not have to drop out of school. The cash grant was small compared to what the family needed but Nuri and her children were clear that education is a priority in their household.

The eldest, Jarmaida, is 36 yrs old and graduated with a degree Bachelor of Science in Elementary Education. She is now a Day Care worker. She shared her experiences and that of her siblings on the sacrifices they made while still studying. She said they used to walk quite a distance from their

house to school since they do not have money for tricycle fare. They said they did not also have money for “*baon*.” But despite all these, they were all determined to finish school. Her father, before he died, has instilled in them the importance of education in their life. Thus, they strived hard to finish their courses. But there were times when they felt hopeless – when the household had absolutely no money and they did not know where to get money for their immediate expenses, including food. They were fortunate that there were kind-hearted friends who helped them in times of need. Jarmaida said she had very good friends who offered to help her complete her studies and contributed to pay her tuition.

Jarmaida also experienced losing her school shoes which got caught in a hole while walking along the footbridge from their house, but she continued her way to school as her mind was focused on “the bright future that awaits her.” According to her, poverty is not a hindrance to education and she believed that finishing school is a tool for achieving success. She became emotional when she remembered how heavy the burden was on her mother and the eight siblings, but no one ever complained. Sometimes she would compare themselves to other children who are more fortunate because their parents can provide them with whatever they want. But rather than despair, this strengthened her resolve to graduate. She and her siblings were determined to finish their studies. Jarmaida believed that no matter how hard the trials, if you are determined, in heart and mind, you can accomplish your goals in life. This was a legacy she got from her father. She also mentioned that her father used to advise the older children not to get married early so they can prepare themselves for a better future.

Two other children of Nuri who had already graduated from college are Shermalyn, 25, who finished Bachelor of Science in Criminology and is now working as a police officer; and Abdel-aziz, 24, who is now a nurse in Cebu City. The fourth child, Zawzia, 22, is following the footsteps of her older sister, and is taking up Bachelor of Science in Criminology. The fifth child, Rasheden, 20, is a special child in Grade VI; his younger sibling, Alfitre, 19, is also in Grade VI, and is active in school. This child has experienced being bullied by classmates because of their situation but this has not discouraged her. In fact she was elected Vice President of the classroom organization. The seventh child is Safiya, 12, is a Grade IV pupil. The Nuri’s youngest child, Tashmin, 10, is in Grade I.

The Pantawid program has helped this family achieve their dreams. For Nuri, the best gift and legacy that she could leave her children is their education. She felt that she was blessed with children who also value education that she and her deceased husband had always taught them. Proudly, she reiterated how her children willingly went to school even if they no money for transportation, *baon*, or new clothes. When her son Abdel-aziz was still a nursing student, Nuri recounted that she cried often because of there was no money for school fees and other expenses. Now, her son Abdel-aziz is working in a clinic in Cebu would sometimes send her money.

Nuri herself did not stop working. Apart from her “sideline” of selling Avon products, Nuri is currently employed as Community Coordinator of the Tawi-Tawi Governor for the barangay where she resides, and her work entails interacting with many people. Nuri has certainly come out of her shell and has evolved into an empowered and articulate woman. There is also time now for her to focus on herself: she buys cosmetics and takes care of her appearance when she goes out. In a way, her self-confidence is bolstered by this and she is no longer feels ashamed of herself when she goes in public.

The Family Development Sessions (FDS) have also contributed to her happier disposition. According to Nuri, she has learned many things in the FDS, but most of all parenting (she has a 20-year old special child) and the importance of being involved in the community.

5.3. The Story of the Osorio Family (Caloocan City)

Barangay 176, also known as Bagong Silang, is the biggest not only in Caloocan City in the National Capital Region, but in whole the country in terms of land size and population. It covers land area of 524.68 hectares and has a population of 600,000 people (2008 approx.).

The barangay is divided into 12 phases and each phase is numerically named e.g. Phase 1, Phase 2, Phase 3 up to Phase 12 with the barangay hall situated in phase 1. Each phase is subdivided in what they call “package,” which is comparable to a “purok”. Each phase has its own health center with resident doctors and midwives. Phase 8 is considered the largest and has the biggest population according to the resident physician and the parent leaders. This was also where my target interviewee lives.

It was after lunch when I went to Bagong Silang, Caloocan City for the interview.²⁹ I found the house of the Osorios with the help of three parent leaders. It was not easy to locate a house in Balwarte, an area notorious in Bagong Silang for drugs, crimes and violence. The Osorios live in a structure in an alley between two houses. It was built with mixed wood and cement about twelve square meters in size. The family previously lived with Mr. Osorio’s sibling; they were able to move to a place of their own two years after becoming a Pantawid beneficiary household. The house they moved in needed major repairs as it was damaged by a fire before they moved in.

Mr. Pedro Osorio, 40 years old, was standing outside his house without a shirt on when we arrived. He pointed us to the house, indicating for us to go in. The parent leaders called to Mrs. Marites Osorio, 39 years old. She came but it was apparent that she has difficulty walking. Her other foot was slightly shorter than the other and her weight is disproportionally distributed which made it more difficult for her to walk. The interior of the house was all wood; it was dark inside. The room’s furnishings included a 12-inch television and an old electric fan with exposed blades; the fan made a wheezing sound when turned on. Both appliances, they said, were purchased with the money they were able to save. The same room was where the family also sleeps and works. The household’s regular income comes from Mrs. Osorio’s work. Mrs. Osorio makes a living out of pasting pieces of paper together into bags for a restaurant which gives her P150 if she meets her quota. She also does laundry and household work for other people.

Family relations are good, according to Mrs. Osorio. She has never been physically hurt by her husband. She said that there were times when they argue and fight but she considered these normal for couples. Her husband would leave the house to cool down whenever they have a heated argument, and they would be okay when he returns. The couple admitted to spanking the children when they are too much but this is also normal for them as they are disciplining their children. They clarified that they would never hurt their children to a point which could be considered abusive. They have four children: John Mar, 13 years old and an incoming grade 8 student; Lester John is 12 years old and an incoming 5th grader (a scholar of the NGO, Abot Kamay); John Carl, 11 years old

²⁹ The case study is written from a 1st person point of view, specifically that of the Caloocan research team leader

also an incoming 5th grader; and the youngest, Jacqueline, an incoming 4th grader who is almost 10 years old. Mrs Osorio said that she had almost aborted her youngest child but decided to keep it when they were told that the baby is a girl. The couple said that they did not have much education themselves. They are both highschool undergraduates: the husband dropped out during his first year in highschool while the wife reached only the second year.

They became beneficiaries of the Pantawid Pamilyang Pilipino Program in 2008. Prior to that, Mr. Osorio worked as a construction worker. He had been getting work only through the help of a friend who is a foreman, but unfortunately, this friend died last year. Mrs. Osorio's work as a paper bag maker is not enough to make ends meet so she also takes on laundry and other household work for other people. The couple also admitted that the husband sometimes acts as a drug runner to literally have food on the table. He emphasized though that he is only a runner and never used drugs. One time a friend asked if he wanted to join a group to rob someone in another part of the barangay. Mrs Osorio pleaded with him not to go, but he went anyway. However, Mr. Osorio had second thoughts before the robbery could be carried out. Although his motivation was good (he wanted to have money for his child's birthday), he realized that it would bring only more trouble and hardship to his family if they were caught by the police. He also thought that stealing might become a "habit" once he had done it so it was better not to start. Their community is rife with drugs and violence. Even the neighborhood children are aware of this. The police are referred to as "*kalaban*" and when the word comes around that "*Nandyang ang mga kalaban,*" children are hustled inside the house to protect them from possible violence.

This was a difficult part in their life since they have four children to feed and to send to school. There were times when they have very little so the children would alternate going to school, and when they have absolutely nothing, they all skip school. There were days when the children go to school without eating anything. If they were lucky, their parents would bring food for them in school later. The couple also said that their children are working to help augment the family income by throwing the garbage or by carrying shopping bags for people in the market. Mrs. Osorio shared that when the children were younger and there was no Pantawid yet, their father would tell them not to leave the house while he goes away to earn money and get food. Now that the children are older, they help their parents in earning money to be able to buy cooked rice or viand. During school breaks, one of the children also use a part of the cash grant to make gulaman with condensed milk then sells it in the neighborhood.

As for behavioral changes, the couple said nothing in their family relations or individual behavior since the household became a Pantawid beneficiary. When asked further, they said they have become aware of the rights of the children, and the beating as a form of child discipline has become less. Their value for education, however, is the same: the desire to see their children to school and the drive to make this possible have always been there, however, financial constraints have hindered them at some point. The cash incentive from the Pantawid gave them hope. They have also become more involved in their children's studies. Before, they were too lazy in attending meetings or by simply going to school when the teacher asks them to, but now, because it is one of the requirements, they always go when they are called by the school. It has become a habit since they find it helpful for their children especially since three of their children have poor school performance. Moreover, both parents have been actively involved in community services particularly in the school where their children are attending. They religiously join "Brigada Eskwela" and also work in the school whenever needed and cleans the restroom during their scheduled cleaning.

Aside from being able to send the children to school, one of the biggest help when they receive the grant is that they are able to buy 20-30 kilos of rice. The “*pindot*” (going to the ATM to get their cash grant) is an event in their family. Mrs. Osorio was weeping when she related her joy at being able to take the children to the mall or eat spaghetti or large fries a popular fastfood chain. These luxuries would not be possible for them had they not become Pantawid beneficiaries. Moreover, their family can get credit from their neighbors and small lenders because they know that there is money coming to them at the time of “*pindutan*”.

Mrs. Osorio mentioned that she learned how to better manage their family and build and maintain good relationship among the people around them because of the FDS. When asked how she’d rate how helpful FDS was to them, on a scale of 1 as the lowest to 10 the highest, she rated it 10 since it was mostly about how to take care of their children, especially their family. One of the striking lessons she learned was to talk to her children so they are open to her about their problems. Mr. Osorio also attended an FDS once and brought one of the children to take notes for him.

The Osorios were also thankful for the health benefits they receive under the Pantawid. The family used to seek medical assistance from the German hospital, a very small hospital also located in Phase 8 because they provide medicine and laboratory services at very cheap prices but now, since they have become Pantawid beneficiaries, they go to the health center where the service is comparable to that in German hospital. Mrs. Osorio said that being a Pantawid beneficiary also helped them a lot when her son broke his arm three times in a span of 18 months. She was able to use their ID to avail of the services at the National Orthopedics Hospital. However, the money she loaned from SEA-K was mostly used for going to and from the hospital as well as for the medicine needed that was not available in the facility. She has not yet paid this loan in full at the time of the interview.

I also spoke to two of the children, the youngest and only daughter, Jacqueline, and the second child, Lester John, a scholar of the Abot Kamay Foundation for about a year now. He told me that he broke his arms many times because of accidents, once was because he was riding a motorcycle looking for his parents. Lester John admitted that he sometimes feel lazy because classes make him feel sleepy. He also cursed a lot before but his teacher taught him that saying bad words is not a good habit so he stopped it. With regard his relationship with siblings, he fights with his older brothers but is protective of his only sister, Jacqueline.

The youngest, Jacqueline, was shy and talked in a soft voice. She said that she is being bullied in school. Her mother mentioned that there was a time when Jacqueline came home and told her that she felt her teacher doesn’t like her because she is a slow learner. Mrs. Osorio explained to her that the teacher was strict because she wants her to learn just like the other children.

It was already past one in the afternoon. The family hasn’t had their lunch yet because they didn’t have money to buy rice. Since Mrs. Osorio mentioned that Lester John may have a reward at the end of this school year, I told him that I am going to give him a little present. I took out a hundred peso bill and handed it to his mother. Mrs. Osorio did not immediately give the money to Lester and Lester had to ask her for it several times while I was interviewing her: he already wanted to buy rice. I also noticed how respectful the children were to their parents and to me. Compared to other parents that I have observed in the area who would be nice and courteous towards me but would yell and curse at their children, both Mr. and Mrs. Osorio did not display that kind of attitude.

The family was able to have electrical connection only last month. They paid for this with their savings from the Pantawid cash grant. Mrs. Osorio mentioned that she asked the children as well as her husband whether they are going to buy food or television with their extra money but the children chose the television. The couple decided to go with their children's wishes. They knew that food is an immediate need but they also thought of how their children had to watch TV shows through the holes in the wall or windows of their neighbor's houses, and sometimes they would be even pushed away or shut off from view. With their own television now, one of the children said that it felt good to be able to lie down in the comfort of their home to watch shows and not be treated badly.

The Pantawid cash grant was indeed a big help to the family, but the couple would rather that they be given jobs that can sustain their family. There are other programs that offer cash for work e.g. DPWH street sweeping program but they were not lucky enough to be hired for this.

6. DISCUSSION

6.1. Behavioral and social outcomes

The overall picture of research data is that the Pantawid Pamilyang Pilipino Program (Pantawid) is indeed promoting behavioral and social changes in households and communities where it is being implemented, and changes which are along the lines of DSWD expectations. Specifically these findings, in summary, are as follow:

- There is an increased valuation of education among Pantawid families
- The beneficiaries are more actively seeking professional health care
- Family relations have been strengthened or have improved because of the inputs from the program i.e., the cash grant and family development sessions
- The program has contributed to women's and children's empowerment in the household and in the community
- There is an increase in the community participation of Pantawid households.

Overarching these changes is the impact of the cash grant which have enhanced the households' capacities foremost to meet basic necessities of living without sacrificing important human capital investments of education and health care. Easing financial burdens also means less stress on parents and more freed up time from paid labor to be devoted to care work i.e. interacting with their spouses and children, and building harmonious relations in the family.

Apart from economic gains, the extra money helped beneficiaries regain a measure of dignity. It enabled them to address everyday needs and also helped reduce the discrimination that the children previously encountered because they could not meet the school requirements. For the children, the cash grants enabled them to have new uniforms and shoes at the beginning of the school year, money to pay for school fees and extra-curricular activities as well as have *baon* (lunch money).

Purchase of personal items such as cosmetics, lotion, cologne and powder are also not frivolous for them because this meant being able to boost their self-confidence / esteem better groom themselves so they no longer felt ashamed of their appearance when in public. With the savings from the cash grants, one family chose to buy a television set rather than food so that the children can watch TV from their house rather than through the holes of their neighbor's house (See case study on the Osorio family).

The social outcomes seem to be less tangible for the beneficiaries in that it was not mentioned as a significant change brought about by the Pantawid unless specifically probed. Nevertheless, several statements highlight the change in beneficiaries with regard to their improved relations within the family, with their neighbors, community and local government officials. The unequal gender relations within the family is one of the social issues which the Pantawid seeks to address first by (1) preferential selection of women as the grantees thus increasing their economic power, (2) through the integration of women's human rights and relevant laws in the FDS, and (3) establishment of a Gender and Development (GAD) Division at the program management level.

The results of the survey showed that women grantees – usually the mothers – assessed their family life as characterized by household task sharing (“Strongly Agree”) and equality in decision making (“Strongly Agree”). Knowledge and assertion of rights within the household was likewise positive (“Strongly Agree”). It was noted too that there were no significant differences in the female and male responses to these items, even when disaggregated by location (urban / rural), ethnicity (mixed population / IP), or even by age (adult / child). This pattern can be indicative of the Pantawid’s positive impact on gender relations in the household. This is mostly attributed to the FDS, while a second factor is the cash grant which alleviated some of the family stress in meeting their basic needs.

Similarly, the women also associate the compulsory attendance to the FDS (condition attached to the cash grant) to their increased confidence to interact with others, gaining of new friends and having a broader social circle. The confidence to deal with others and speak in public forums was also cited. This was particularly true and important in the context of IP groups in mixed populations, who in addition to their economic status, experience social exclusion because of their ethnicity and cultural identity (e.g. Sulodnon-Bukidnon in Aklan, Badjaos in Tawi-Tawi). Forms of social exclusion ranged from being looked down upon to being verbally or physically bullied.

Impact on the community

The impact of the Pantawid on the external environment was also noted, specifically, community and local governance is also strengthened where the Pantawid is being implemented. The stakeholders gave several examples: there are more children studying and less drop outs; less out-of-school youths which would mean that lesser number of young people can be influenced into doing anti-social activities. Another observation is the increase of economic activities in the area because of the increased purchasing power of families.

Likewise the implementation of Pantawid in the communities and the services that the program provides has put less pressure on the LGU welfare services and they can now address other welfare needs of their constituents. In South Cotabato, the Pantawid enabled the LGU to identify who are already receiving assistance from the program, thus allowing the LGU to provide similar assistance (e.g. scholarships) to other indigents who are not Pantawid beneficiaries.

6.2. Gaps and Challenges

The above findings need to be further scrutinized as the data would also show more nuanced results among beneficiaries within the same community, and across research sites. This is due to several factors. At the surface level is the implementation itself of the Pantawid. Particular concerns in this regard include community orientation on the program objectives and strategies (clarification of the targeting system, conditionalities), monitoring and consistency in applying penalties (some people believe that non-compliance does not make a difference to their status as beneficiaries), and the regularity and mode of cash grant releases (ATM cards which can be used as loan collaterals; increased vulnerability of beneficiaries to loan sharks if cash grant release are delayed).

Second are supply side issues – the availability and accessibility of services and institutions important to meeting the Pantawid conditionalities. This also covers necessary community infrastructure like roads and bridges which are particularly important in remote areas. Location (urban/rural) is a factor

which the study found to correlate with significant differences in the survey responses on availability and access of health facilities and financial status. This finding was further qualified in the interviews and FGDs where people cited their mobility and livelihood opportunities constrained by the relative geographic isolation of their communities.

A third factor is the beneficiary household itself: the attitudes, values, beliefs and practices of its members with regard to poverty, how to address it, and the Pantawid program. The research participants recognize the critical role of the individual and the family in matters of behavioral and social change. External motivation and strong support systems cannot force beneficiaries and their households sustain positive behaviors; at best, there is compliance. Fostering dependency on cash grants has been one of the strongest criticisms against CCT programs and the Pantawid was not exempt from this. Research participants from different stakeholder groups – from the beneficiaries themselves to LGU officials, to program implementers – reported direct or indirect knowledge of cases wherein households came to regard the cash grant as their main income. However these reports should also be critically appraised from being taken as the general reality of the program. For the stakeholders, that there are Pantawid families who are irresponsible only emphasizes the importance of giving aid only to the “deserving” poor, stricter monitoring and closer social case management.

6.3. Sustainability of change

After identifying the changes initiated by the Pantawid, the question that remains is whether the change is temporary or not. The positive assessment of Pantawid beneficiaries on behavioral and social changes vis-à-vis the mixed reactions of other stakeholders about the same highlights that a categorical response with regard to a “beyond compliance” and sustained change is not easily forthcoming from the data.

Linking changes to the cash grant

Alongside affirming the positive changes facilitated by the Pantawid are also doubts on whether these can be sustained given that these were encouraged by a cash incentive. For instance, there were observations that women’s empowerment in the household was due to their status as Pantawid grantees, that is, they are the identified recipient (or manager) of the cash grant and other benefits. As such, she has influence on how the money is to be spent. Yet even so, there were also anecdotal data of women who experienced increased economic abuse from their spouses because they are the recipients of the cash grant i.e., the money is taken away from them to be used for vices, or their husbands or partners no longer supported them.

Similarly, some LGUs and stakeholders expressed that the involvement of Pantawid beneficiaries in community meetings and activities like clean up drives and information campaigns is done more out of compliance than indicative of genuine concern or empowerment. There was also an observation that while there are active volunteers from the Pantawid beneficiaries, these would more likely be women who were already community facilitators even before the Pantawid came to their area (e.g. barangay health workers, church volunteers, officers of local organizations).

None of the beneficiaries who participated in the research assessed themselves as already capable of supporting the education and health needs of the family without the cash grant. Likewise, various

inputs from the FDS on family planning has not seemed to make any dent on the Pantawid couples many of the beneficiaries still continue to have children beyond what they themselves admitted they can afford.

On the other hand, value for education and health is universal and even without cash grant, many beneficiaries struggle to send their children to school and have practices to ensure the health of family members. This highlights two points:

- increasing human capital investment in education and health may not be so much about the Pantawid household's valuation of them, rather an issue of material factors affecting household decisions on which needs to prioritize
- the Pantawid cash incentive may be more critical to routinize the other three behavioral and social outcomes expected namely, responsible parenthood, empowerment and community participation. These however are not integrated in the conditionalities of the cash transfer, rather assumed to result from the attendance to the FDS.

Limitations on the supply side

While the Pantawid provide valuable monetary and non-monetary support to beneficiaries, it is not enough if breaking the intergenerational cycle of poverty is the long-term goal. The availability and accessibility of services and facilities needed to reinforce the expected behavior and social outcomes is also critical. It is noted that, with or without the Pantawid program, it is the mandate of the national and local government agencies and units to provide education and health services for all its citizens and constituents, especially the indigent populations. The Pantawid program merely extended the means of the poor to access these services. However, not all areas were able to meet the increased demand.

On the part of the Pantawid, the Links assert that there is a Memorandum of Agreement with local government units with respect to ensuring the availability of necessary facilities and services in the area to enable people to comply fully with the conditionalities. Prior to this, a Supply Side Assessment was conducted in the city or municipality to identify the gaps and needs in the local education and health systems, as well as possible responses to them, in view of ensuring compliance. Further, there is also the convergence strategy which links beneficiaries to other DSWD programs, for instance on livelihood (Sustainable Livelihood Program or SLP). Yet these initiatives were hardly mentioned by stakeholders, indicating low awareness of them. Even more telling are statements from some LGU stakeholders which seem to imply that construction of facilities such as classrooms or health centers, and the hiring and salaries of education and health personnel specifically catering to Pantawid beneficiaries, should be part of the program, rather than the LGU's responsibility.

Community perceptions of the program

The idea that the Pantawid beneficiaries are a "special" group being assisted by the national government has also implications at the community level. There is a possibility of the program to encourage a divide among the people in the community into Pantawid beneficiaries and non-Pantawid beneficiaries, with the former being regarded as the more prioritized group. This is ironic considering that to be a Pantawid beneficiary is to belong to the "poorest of the poor" in the community, which is typically a social stigma. However, in Pantawid communities where poverty

among families is a difference of slight degrees, it is not surprising that to be identified as Pantawid household – thus entitled to government subsidies and sometimes prioritization in services – is viewed as a matter of luck (“*sinuwerte*”, “*pinalad na maging beneficiary*”).

Community participation is also affected by the Pantawid/non-Pantawid divide because in some areas this has come to be seen as “*pang-Pantawid lang*.” This statement seems to imply two ideas: first, non-beneficiaries exclude themselves from community activities because it is not for them i.e. they will not get any benefit from it, and second, an indirect criticism that Pantawid beneficiaries join those activities because it is a requirement.

A second dimension to the community perceptions of the Pantawid is its acceptability or fit with existing socio-cultural norms. This is evident in South Cotabato where T’boli beliefs on health and childbirth have a strong influence on household (non)compliance to the program. While stricter monitoring could address the issue, the goal of routinizing behavioral change might not happen if the IP’s underlying belief systems are not appreciated.³⁰

Sustainability factors

A key element to sustainability is consistency and supportive environments. Consistency largely refers to the application or implementation of the program itself – from identification of beneficiaries to stricter compliance monitoring and evaluation – until the change is routinized. This is mostly procedural and administrative yet entails putting structures and mechanisms in place as well as capacity building of the program’s human resources to meet the work demands. Of the latter, the huge amount of caseload per ML (600 to 1,000 cases per worker) has been a source of stress, and often, at the expense of quality social case management.

Establishing supportive environments is more complex as it entails synchronized efforts of various stakeholders to encourage behavioral and social change and routinize these to address chronic poverty. It is important to note that the Pantawid program is only one strategy in this regard. At the macro level, there are already policies in place that address the various manifestations of poverty and their root causes, which in effect enforces normative behaviors and social standards. These include international covenants on human rights; national laws on poverty alleviation and social reforms, and laws against violence and discrimination aggravating poverty (e.g. the Anti-VAWC law, the Responsible Parenthood law and the Indigenous People’s Rights Act); and national social welfare programs, among others. These should be reinforced at the community level where the Pantawid operates and can contribute. One finding of the research is the variable implementation of mandated structures and mechanisms to protect and promote the children’s and women’s rights against discrimination and violence, namely the Barangay Council for the Protection of Children and the Anti-VAWC desks at the barangays. This not only set back the tracking of the effectiveness of Pantawid interventions at the community level, but highlights the poor translation of national policies in the local setting.

Beyond the cash incentive for behavioral change, the FDS in particular is a channel for enabling poor households to be more conscious of family welfare, human rights of women and children, and

³⁰ The IPs were identified as a target clientele of the Modified Conditional Cash Transfer Program (MCCT). While the cash grant conditions are the same, the Operations Manual (DSWD, 2015) emphasizes cultural sensitivity and development of strategies cognizant of the indigenous people’s contexts, culture and rights as provided by the law.

local concerns such as disaster risk reduction and management, as well as a platform for organizing them to influence directions of community development.

7. RECOMMENDATIONS

Based on the data, the research forwards that the Pantawid Pamilyang Pilipino Program (Pantawid) has contributed significantly to the improvement of the status of its beneficiary households which are considered the “poorest of the poor” in the country. This is referring not only to their economic situation (increased household budgets) but also along the lines of the expected behavioral and social outcomes of the program, namely, value for education, increased health-seeking behavior, responsible parenthood, empowerment and community participation.

Although the details of the results were variable across the research areas, the data show that beneficiaries generally perceive positive tangible and intangible changes in their lives since they became beneficiaries. Other community stakeholders such as direct service providers, LGU officials as well as the Pantawid Links concur with them. Specific to behavioral and social change, the FDS has been credited by all research participants was the major factor as a channel for information and a platform for developing community participation among beneficiaries.

Whether or not the behavioral and social changes will be sustained after the program is still unclear, given the gaps in the Pantawid implementation and variable support from other institutions involved (e.g. schools, health system and LGUs). In view of these challenges the study makes the following recommendations:

1. Review of program design / program indicators

- Review of the program design so that behavioral outcome is an explicit change expected and its indicators monitored. This is particularly relevant for behavioral changes along the lines of responsible parenthood, empowerment and community participation which are not monitored as part of the cash transfer conditions yet assumed to outcomes of the Family Development Sessions (FDS).

2. Strengthening systems for program implementation

- Review of program compliance and success indicators to be relevant to specific physical and socio-cultural contexts where the program is being implemented. This is particularly true for health conditionalities where socio-cultural beliefs continue to influence people’s perception and attitudes on western medical practices.
- Review of program requirements so that its frontliners, the Pantawid Links, are enabled to carry out tasks -- monitoring and case management -- more efficiently and effectively
- Strengthen convergence initiatives to link beneficiaries to existing social welfare programs in the community or province, apart from those provided by DSWD

- Strengthen coordination with local governments to ensure that the supply side is able to meet the increased demand not only from the Pantawid beneficiaries, but in view of ensuring education and health for all.

3. Maximizing gains to establish supportive environments for change

- Monitor the compliance of beneficiary families regarding the attendance of both spouses in the FDS modules on women and children's rights, and sexual and reproductive health.
- Strengthen the FDS as a channel for information sharing and community organizing i.e. enhancing the quality of participation of women and their families from nominal or passive attendees and doers to people who can direct community development agenda

4. Research

- Longitudinal studies on behavioral and social outcomes in families and children
- Program impact on social change and breaking the intergenerational cycle of poverty
- Further studies on specific themes related to Pantawid and behavioral and social change e.g. on gender relations and equality, interface of 4Ps conditionalities with indigenous peoples and their knowledge systems and practices (IKSP), community participation and active citizenship

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National Health Insurance Corporation (PhilHealth) Board Resolution No. 1571, s. 2011

Pantawid Pamilyang Pilipino Program National Advisory Council Resolutions

Republic Act 7610

Republic Act 8423

Republic Act 9262

Republic Act 10354

Sustainable Development Goals

Websites

Department of Health

Department of Social Welfare and Development

Philippine Statistical Authority

ANNEX: DISCUSSION OF SURVEY RESULTS

Overall Survey Results

The consolidated survey results from the six research areas show that respondents claimed changes in their household situation since they became Pantawid beneficiaries in 2009 or 2010. The changes mentioned covered dimensions on financial security, family relations, attitudes towards education and health care, and community awareness and participation. All these changes are assessed in a positive manner as indicated by the “agree” and “strongly agree” responses. However, since there is no baseline data on the behavior of beneficiaries identified as areas of inquiry, the responses were taken as true responses, i.e., that there has been a change in behavior in these areas of interest.

Table A: Data Summary of the Assessment of the Respondents on Behavior

Behavioral Indicators	N=568		
	Mean	Std. Deviation	Mean Interpretation
a) Would go to health center / hospital	4.36	0.937	Strongly Agree
b) Children more focused on studies	4.40	0.921	Strongly Agree
c) Confidence in completing HS	4.49	0.958	Strongly Agree
d) Equality in household work	4.37	0.834	Strongly Agree
e) Equality in decision making	4.54	0.728	Strongly Agree
f) Harmonious family relationship	4.39	0.872	Strongly Agree
g) Able to save	3.74	1.296	Agree
h) Capacity to deal with income shocks / crises	3.69	1.174	Agree
i) Pantawid can help getting out of poverty	4.17	0.970	Agree
j) Poverty is not all about money	3.97	1.194	Agree
k) Know and assert their rights	4.34	0.911	Strongly Agree
l) Social circle widened	4.35	0.865	Strongly Agree
m) More active in community	4.32	0.908	Strongly Agree

Factors affecting survey responses

The research identified the following factors as possibly affecting the survey responses: geographical characteristics and location of the research sites, predominance of indigenous peoples population in the area, gender of the respondents, and number of household members. These variables have been shown in various literature to affect outcomes in relation to poverty and social development as they have implications on resource availability and distribution, access, and control from the individual to community levels.

The survey results were also disaggregated into children’s and adults’ responses. This is in recognition that improving children’s immediate welfare and future prospects is a major component of the conditional cash transfer program (thus children are the biggest stakeholders of the program) and second, there may be differences on how children and adults perceive behavioral and social changes brought about by the Pantawid (See discussion on below).

Adults and children

Significant differences in the mean scores of children and adult participants are found in the following survey items: savings, coping and coping to shocks, knowledge and assertion of rights within their families, health-seeking behavior, social relations and attitude toward their studies / education.

The survey results show that adults assess their financial situation lower than children (H and I), indicating a more pessimistic view of their economic status. Apart from this, all items where there are significant differences, it is the children who have lower assessments but still average scores falling within the “Agree” range.

Table B: Data summary: Comparison of responses of children and adults

Behavioral Indicators	Child N=264	Adult N=304
a) Would go to health center / hospital	4.25	4.46
b) Children more focused on studies	4.26	4.53
c) Confidence in completing HS	4.46	4.51
d) Equality in household work	4.38	4.36
e) Equality in decision making	4.52	4.57
f) Harmonious family relationship	4.36	4.42
g) Able to save	3.98	3.54
h) Capacity to deal with income shocks / crises	3.88	3.52
i) Pantawid can help getting out of poverty	4.16	4.18
j) Poverty is not all about money	4.02	3.94
k) Know and assert their rights	4.23	4.43
l) Social circle widened	4.26	4.43
m) More active in community	4.28	4.36

Location: Urban and Rural Areas

The T-test result on the data as disaggregated according to urban and rural areas show that there are significantly mean differences (0.05 alpha) in the responses. The respondents from Palawan, Aklan, Davao Oriental and South Cotabato (rural areas) have lower assessments of the changes with regard their financial stability (items G and I), household dynamics (D, E, and F), health-seeking behavior (A) and attitudes and confidence that children can finish their high school studies (B and C) than those from Caloocan City and Tawi-Tawi (Bongao). The difference while statistically significant, however, is a matter of degree: while urban respondents scores reflect a “Strongly Agree” response, the rural areas show “Agree”.

Table C: Comparison of responses from urban and rural areas

Behavioral Indicators	N=568	
	Urban	Rural
a) Would go to health center / hospital	4.52	4.29
b) Children more focused on studies	4.59	4.31
c) Confidence in completing HS	4.61	4.43
d) Equality in household work	4.51	4.30
e) Equality in decision making	4.63	4.51

Behavioral Indicators	N=568	
	Urban	Rural
f) Harmonious family relationship	4.56	4.31
g) Able to save	3.91	3.66
h) Capacity to deal with income shocks / crises	4.09	3.50
i) Pantawid can help getting out of poverty	4.23	4.15
j) Poverty is not all about money	4.17	3.88
k) Know and assert their rights	4.61	4.20
l) Social circle widened	4.39	4.33
m) More active in community	4.39	4.29

Significant differences were also found when the data is disaggregated according to adults and children. Among adults, urban responses are significantly higher with regard to assessments of household resiliency (H), knowledge and assertion of rights within the family (K), and confidence that children can finish highschool (C). Rural adults, however, are more optimistic than their urban counterparts that the Pantawid can help them escape poverty (I).

Table D: Comparison of responses from adults in urban and rural areas

Behavioral Indicators	Adult Respondents (n=304)	
	Urban	Rural
a) Would go to health center / hospital	4.56	4.42
b) Children more focused on studies	4.67	4.47
c) Confidence in completing HS	4.52	4.51
d) Equality in household work	4.47	4.31
e) Equality in decision making	4.62	4.54
f) Harmonious family relationship	4.53	4.37
g) Able to save	3.58	3.52
h) Capacity to deal with income shocks / crises	3.84	3.38
i) Pantawid can help getting out of poverty	3.99	4.27
j) Poverty is not all about money	4.06	3.88
k) Know and assert their rights	4.59	4.36
l) Social circle widened	4.46	4.41
m) More active in community	4.39	4.34

With children, there is a significant difference in the urban and rural responses in the following: household capacity to save (G) and resilience (H); quality of family relationship (E and F); focus of studies (B) and confidence that they will finish highschool (C); and knowledge and assertion of rights (K). Urban children assessed their situation more positively than their rural counterparts in all survey items.

Table E: Comparison of responses from children in urban and rural areas

Behavioral Indicators	Child Respondents (n=264)	
	Urban	Rural
a) Would go to health center / hospital	4.47	4.14
b) Children more focused on studies	4.52	4.13
c) Confidence in completing HS	4.70	4.34
d) Equality in household work	4.54	4.30
e) Equality in decision making	4.63	4.46

Behavioral Indicators	Child Respondents (n=264)	
	Urban	Rural
f) Harmonious family relationship	4.59	4.24
g) Able to save	4.25	3.83
h) Capacity to deal with income shocks / crises	4.34	3.64
i) Pantawid can help getting out of poverty	4.48	3.99
j) Poverty is not all about money	4.27	3.88
k) Know and assert their rights	4.64	4.02
l) Social circle widened	4.32	4.22
m) More active in community	4.38	4.22

This pattern of urban versus rural response may be attributed to several factors: the availability and accessibility of goods and services in the area; limited opportunities for income generation; and even reach of information channels reinforcing lessons from the Family Development Sessions (FDS) for instance, on women’s and children’s rights and family welfare.

Disaggregating the data into specific research sites (6) highlights the impact of the aforementioned factors. The Aklan responses in particular indicated lower mean scores (i.e. “Neutral / Fair”) in items relating to financial security i.e., on savings and coping (capacity to cope and recover financial shocks and other similar emergencies) compared to the other research areas. Other items which have significantly lower means score from Aklan are on access to adequate health care and the perspective that poverty is not all about money (“Neutral / Fair”).

In this case, the geographical location of the Aklan research site can provide context to the low assessments: an upland IP community, Barangay Manika is 16.3km away from the town proper of Libacdao. Travel to the barangay can be difficult as the road is unpaved most of the way and one has to cross two small rivers; during monsoon season when the roads become too muddy and the rivers swell, the area can also be isolated from the town. Within the barangay, there are even remoter sitios which require hours of walking to reach. The farthest, Sitio Tarotoy, is a 1 to 2-day trek from the barangay center. This geography has implications on the available livelihood opportunities for the residents (most of the respondents rely on *ki-gi* or abaca fiber stripping) as well basic service delivery. For instance people have to go to town for health services because there is no health center in the barangay. At best, a midwife visits the community once or twice a month, but rarely during monsoon season. Access to information is also limited: people did not have access to electricity until late 2014, and even then, the it was limited to the barangay proper (central sitio) and to households which can afford it. Sitio Taroytoy does not have electricity (See Case Study).

Table F: Data Summary: Comparison of responses across research areas

Behavioral Indicators	Area					
	NCR	Palawan	Aklan	Davao Or.	S.Cotabato	Tawi-tawi
a) Would go to health center / hospital	4.36	4.20	4.08	4.38	4.53	4.68
b) Children more focused on studies	4.50	4.21	4.23	4.53	4.30	4.69
c) Confidence in completing HS	4.70	4.08	4.08	4.80	4.83	4.51
d) Equality in household work	4.33	4.21	4.53	4.15	4.36	4.69
e) Equality in decision making	4.51	4.37	4.49	4.62	4.56	4.74
f) Harmonious family relationship	4.37	4.03	4.51	4.48	4.24	4.76
g) Able to save	3.65	3.62	2.73	3.83	4.49	4.19
h) Capacity to deal with income shocks / crises	4.01	3.50	2.82	3.55	4.14	4.17

Behavioral Indicators	Area					
	NCR	Palawan	Aklan	Davao Or.	S.Cotabato	Tawi-tawi
i) Pantawid can help getting out of poverty	4.09	3.76	4.16	4.29	4.42	4.39
j) Poverty is not all about money	3.76	4.13	3.27	4.14	3.94	4.60
k) Know and assert their rights	4.53	4.25	3.95	4.28	4.33	4.70
l) Social circle widened	4.27	4.09	4.19	4.47	4.41	4.51
m) More active in community	3.22	3.68	3.19	3.96	4.47	4.19

Location as regards ethnicity of population

The respondents from IP areas assessed the changes in their situation lower in some items. The research sites which were tagged as IP-dominated are Aklan (Sulodnon Bukidnon) and South Cotabato (I'boli), while Calocan City, Palawan, Davao Oriental and Tawi-Tawi are considered to have a more heterogeneous population. The responses to items which show significant differences include coping with income shocks / crises such as sudden illness in the family or loss of livelihood or employment (I); knowledge and assertion of rights (L), attitude about poverty i.e., it is not all about money (K), and socialization (M). However the lower assessments still fall within the range of "Agree" (3.41 to 4.20) indicating a generally positive change in their situation.

Table G: Comparison of responses from indigenous peoples (IP) areas and mixed populations

Behavioral Indicators	N=568	
	IP areas	Mixed population
a) Would go to health center / hospital	4.37	4.36
b) Children more focused on studies	4.32	4.44
c) Confidence in completing HS	4.51	4.48
d) Equality in household work	4.46	4.33
e) Equality in decision making	4.57	4.53
f) Harmonious family relationship	4.40	4.38
g) Able to save	3.65	3.78
h) Capacity to deal with income shocks / crises	3.50	3.77
i) Pantawid can help getting out of poverty	4.27	4.13
j) Poverty is not all about money	3.67	4.11
k) Know and assert their rights	4.20	4.40
l) Social circle widened	4.46	4.30
m) More active in community	4.35	4.31

There were significant differences noted in the responses among adults and children from IP and non-IP areas. Specifically among adults, survey responses showed that adults from IP areas are more optimistic that the Pantawid can help their families escape poverty (I), although they also tend to see their poverty more in terms of lack of financial resources (J) compared to adults living in more ethnically heterogeneous areas.

Table H: Comparison of responses from adults in IP and non-IP areas

Behavioral Indicators	Adult Respondents (n=304)	
	IP area	Mixed population
a) Would go to health center / hospital	4.48	4.45
b) Children more focused on studies	4.48	4.55
c) Confidence in completing HS	4.65	4.45

Behavioral Indicators	Adult Respondents (n=304)	
	IP area	Mixed population
d) Equality in household work	4.44	4.32
e) Equality in decision making	4.62	4.54
f) Harmonious family relationship	4.44	4.40
g) Able to save	3.54	3.54
h) Capacity to deal with income shocks / crises	3.35	3.60
i) Pantawid can help getting out of poverty	4.51	4.04
j) Poverty is not all about money	3.67	4.06
k) Know and assert their rights	4.40	4.44
l) Social circle widened	4.56	4.37
m) More active in community	4.42	4.33

Children from non-IP areas also assessed their situation higher than those from IP areas. Significant difference in responses were found in the items on the household financial situation (G and H), and positive outlook (I and J).

Table I: Comparison of responses from children in IP and non-IP areas

Behavioral Indicators	Child Respondents (n=264)	
	IP area	Mixed population
a) Would go to health center / hospital	4.24	4.26
b) Children more focused on studies	4.13	4.32
c) Confidence in completing HS	4.35	4.51
d) Equality in household work	4.48	4.34
e) Equality in decision making	4.51	4.52
f) Harmonious family relationship	4.36	4.36
g) Able to save	3.78	4.06
h) Capacity to deal with income shocks / crises	3.68	3.97
i) Pantawid can help getting out of poverty	4.00	4.23
j) Poverty is not all about money	3.68	4.16
k) Know and assert their rights	3.96	4.35
l) Social circle widened	4.34	4.22
m) More active in community	4.26	4.28

Gender

The item of going to a health center or to a traditional healer for serious ailments and childbirth is the only survey item where significant difference is found between the responses of female and male respondents (4.05 mean for females versus 3.97 for males). This can mean two things: with adult respondents, women more than men are likely to go to a health center or hospital for complex ailments and conditions, or bring their children there; with child respondents, more girls than boys reported being brought to health centers or hospitals instead of a traditional healer (*albularyo*) when they are sick.

Table J: Data summary: Comparison of responses of female and male respondents

Behavioral Indicators	N=568	
	Female	Male
a) Would go to health center / hospital	4.41	4.22
b) Children more focused on studies	4.45	4.28
c) Confidence in completing HS	4.48	4.53
d) Equality in household work	4.34	4.46
e) Equality in decision making	4.54	4.56
f) Harmonious family relationship	4.40	4.36
g) Able to save	3.71	3.84
h) Capacity to deal with income shocks	3.66	3.77
i) Pantawid can help getting out of poverty	4.16	4.22
j) Poverty is not all about money	4.02	3.83
k) Know and assert their rights	4.35	4.31
l) Social circle widened	4.33	4.39
m) More active in community	4.32	4.31

The adults' and children's responses to survey items on the quality of family life (D, E, F) and the awareness and assertion of rights within the family (K) along the lines of gender were also noted. No significant difference was found in the responses of adult female and male respondents on the above-mentioned items.

Other items which reveal significant differences in the responses between female and male adults are in their perception of poverty. More men than women view poverty as material lack, whereas women viewed the quality of family and social relationships as dimensions of poverty. More women than men were also likely to prefer going to health centers and hospitals than traditional community healers.

Table K: Comparison of responses from female and male adults

Behavioral Indicators	Adult Respondents (n=304)	
	Female	Male
a) Would go to health center / hospital	4.51	4.03
b) Children more focused on studies	4.54	4.44
c) Confidence in completing HS	4.53	4.38
d) Equality in household work	4.37	4.28
e) Equality in decision making	4.57	4.56
f) Harmonious family relationship	4.43	4.31
g) Able to save	3.58	3.16
h) Capacity to deal with income shocks	3.56	3.19
i) Pantawid can help getting out of poverty	4.21	4.00
j) Poverty is not all about money	4.00	3.38
k) Know and assert their rights	4.43	4.44
l) Social circle widened	4.43	4.38
m) More active in community	4.38	4.16

Among children, there was a significant difference in the response of female and male children with regard to the item on equality in household work (D), specifically, the lower mean score was found with female children (4.29 mean for girl versus 4.50 mean for boys), although both mean scores are

within the “Strongly Agree” response. Boys were also more likely to say that their social circles widened and they were more confident they can finish highschool because of Pantawid.

Table L: Comparison of responses from female and male children

Behavioral Indicators	Child Respondents (n=264)	
	Female	Male
a) Would go to health center / hospital	4.23	4.28
b) Children more focused on studies	4.28	4.23
c) Confidence in completing HS	4.38	4.57
d) Equality in household work	4.29	4.50
e) Equality in decision making	4.48	4.57
f) Harmonious family relationship	4.35	4.37
g) Able to save	3.94	4.03
h) Capacity to deal with income shocks	3.84	3.93
i) Pantawid can help getting out of poverty	4.07	4.28
j) Poverty is not all about money	4.06	3.96
k) Know and assert their rights	4.20	4.27
l) Social circle widened	4.15	4.39
m) More active in community	4.21	4.36

Number of household members

The number of household members can affect the impact of the program as potential financial benefits of a cash grant (e.g. improvement on food quantity and variety) can be minimized thus felt lesser in bigger households. Household dynamics may also be more complex in large households.

Disaggregated data show significant differences in the responses of respondents coming from small households (5 or less members), medium-sized households (6-10 members) and large households (11 or more members). These are in the items regarding savings, coping and resilience, perspective on poverty, and level of confidence that children in the household will finish high school.

Surprisingly, it is the respondents from the small households which have lower assessment of their financial security i.e. having savings or investments, and their ability to cope with financial shocks and similar situations. They are also more likely to take a neutral stance on the statement that poverty is not all about money.

On the other hand, the large households (11 members and over) have significantly lower mean scores on their capability to support the children’s studies until they finish highschool, the large households relative to the other groups.

The responses may be linked to the views and attitudes of respondents on families and family planning. The Palawan research participants, for instance, explained that children are viewed as the social security of their parents in old age thus the high number of children in a family. The average number of children in a respondent’s household is 6 to 8, and among the beneficiaries surveyed, 13.21 percent of the respondents said they belong to households with more than 10 members. In the case of Tawi-Tawi which has 18.87 percent of respondents belonging to large households, the grantees cited lack of family planning as a major factor. In Caloocan City, 10.38 percent of the

survey respondents come from large households i.e., they have their extended family members living with them in the same house.

Table N: Data summary: Comparison of responses of small, medium and large households

Behavioral Indicators	Small (5 or less members)	Medium (6-10 members)	Large (more than 10 members)
a) Would go to health center / hospital	4.23	4.42	4.39
b) Children more focused on studies	4.37	4.42	4.38
c) Confidence in completing HS	4.56	4.53	4.05
d) Equality in household work	4.37	4.36	4.43
e) Equality in decision making	4.56	4.56	4.41
f) Harmonious family relationship	4.45	4.37	4.36
g) Able to save	3.43	3.92	3.57
h) Capacity to deal with income shocks	3.37	3.84	3.70
i) Pantawid can help getting out of poverty	4.10	4.19	4.30
j) Poverty is not all about money	3.81	4.01	4.23
k) Know and assert their rights	4.25	4.37	4.38
l) Social circle widened	4.39	4.35	4.18
m) More active in community	4.28	4.34	4.34

ANNEX: RESULTS OF THE SURVEY IN FREQUENCIES

Table A: Data Summary of the Assessment of the Respondents on Behavior

Behavioral Indicators	SD ³¹	D	N	A	SA	Total
Would go to health center / hospital	13	13	66	138	338	568
Children more focused on studies	12	16	52	139	349	568
Confidence in completing HS	19	14	33	106	396	568
Equality in household work	3	18	59	174	314	568
Equality in decision making	4	5	41	146	372	568
Harmonious family relationship	10	10	58	161	329	568
Able to save	57	37	115	145	214	568
Capacity to deal with income shocks	38	59	102	212	157	568
Pantawid can help getting out of poverty	8	29	91	168	272	568
Poverty is not all about money	41	31	73	180	243	568
Know and assert their rights	11	19	49	178	311	568
Social circle widened	7	11	73	164	313	568
More active in community	9	17	67	166	309	568

Table B: Data summary: Comparison of responses of children (n=264) and adults (n=304)

Behavioral Indicators	SD		D		N		A		SA	
	Child	Adult								
Would go to health center / hospital	8	5	8	5	38	28	66	72	145	193
Children more focused on studies	8	4	10	6	37	15	60	79	150	199
Confidence in completing HS	12	7	5	9	17	16	45	61	186	210
Equality in household work	1	2	8	10	33	26	70	104	153	161
Equality in decision making	2	2	4	1	24	17	60	86	175	197
Harmonious family relationship	5	5	10	0	23	35	74	87	153	176
Able to save	15	42	19	18	45	70	64	81	122	92
Capacity to deal with income shocks	16	22	21	38	36	66	98	114	94	63
Pantawid can help getting out of poverty	5	3	15	14	40	51	77	91	128	144
Poverty is not all about money	18	23	16	15	35	38	71	109	125	118
Know and assert their rights	6	5	14	5	28	21	82	96	135	176
Social circle widened	6	1	8	3	35	38	79	85	137	176
More active in community	4	5	10	7	34	33	78	88	139	170

*SD = Strongly Disagree; D = Disagree; N = Neutral / Fair; A = Agree; SA = Strongly Agree

Table C: Comparison of responses from urban and rural areas

Behavioral Indicators	Urban Areas (n=184)					Rural Areas (n=384)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	1	3	17	42	121	12	10	49	96	217
Children more focused on studies	0	0	17	41	126	12	16	35	98	223
Confidence in completing HS	4	3	6	35	136	15	11	27	71	260
Equality in household work	1	4	12	51	116	2	14	47	123	198
Equality in decision making	2	1	5	48	128	2	4	36	98	244
Harmonious family relationship	1	2	14	43	124	9	8	44	118	205
Able to save	11	7	43	49	74	46	30	72	96	140
Capacity to deal with income shocks	2	4	38	72	68	36	55	64	140	89
Pantawid can help getting out of poverty	0	8	23	71	82	8	21	68	97	190
Poverty is not all about money	11	8	17	51	97	30	23	56	129	146
Know and assert their rights	0	1	7	54	122	11	18	42	124	189
Social circle widened	3	1	24	49	107	4	10	49	115	206
More active in community	0	4	21	59	100	9	13	46	107	209

Table D: Comparison of responses from adults in urban and rural areas)

Behavioral Indicators	Urban Areas (n=93)					Rural Areas (n=211)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	0	1	6	26	60	5	4	22	46	133
Children more focused on studies	0	0	5	21	67	4	6	10	58	132
Confidence in completing HS	3	1	3	24	62	4	8	13	37	148
Equality in household work	1	1	3	36	52	1	9	23	68	109
Equality in decision making	1	0	1	29	62	1	1	16	57	135
Harmonious family relationship	1	0	8	24	60	4	0	27	63	116
Able to save	11	2	29	24	27	31	16	41	57	65
Capacity to deal with income shocks	1	3	29	37	23	21	35	37	77	40
Pantawid can help getting out of poverty	0	5	18	43	27	3	9	33	48	117
Poverty is not all about money	7	4	7	33	42	16	11	31	76	76
Know and assert their rights	0	0	3	32	58	5	5	18	64	118
Social circle widened	0	0	10	30	53	1	3	28	55	123
More active in community	0	1	10	34	48	5	6	23	54	122

Table E: Comparison of responses from *children* in urban and rural areas

Behavioral Indicators	Urban Areas (n=91)					Rural Areas (n=173)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	1	2	11	16	61	7	6	27	50	84
Children more focused on studies	0	0	12	20	59	8	10	25	40	91
Confidence in completing HS	1	2	3	11	74	11	3	14	34	112
Equality in household work	0	3	9	15	64	1	5	24	55	89
Equality in decision making	1	1	4	19	66	1	3	20	41	109
Harmonious family relationship	0	2	6	19	64	5	8	17	55	89
Able to save	0	5	14	25	47	15	14	31	39	75
Capacity to deal with income shocks	1	1	9	35	45	15	20	27	63	49
Pantawid can help getting out of poverty	0	3	5	28	55	5	12	35	49	73
Poverty is not all about money	4	4	10	18	55	14	12	25	53	70
Know and assert their rights	0	1	4	22	64	6	13	24	60	71
Social circle widened	3	1	14	19	54	3	7	21	60	83
More active in community	0	3	11	25	52	4	7	23	53	87

Table F1: Data Summary: Responses in the research area (Caloocan)

Behavioral Indicators	Caloocan (n=94)				
	SD	D	N	A	SA
Would go to health center / hospital	1	2	9	32	50
Children more focused on studies	0	0	10	27	57
Confidence in completing HS	0	1	3	19	71
Equality in household work	1	3	8	34	48
Equality in decision making	2	1	3	29	59
Harmonious family relationship	1	2	10	29	52
Able to save	11	4	19	33	27
Capacity to deal with income shocks	1	4	14	49	26
Pantawid can help getting out of poverty	0	5	16	39	34
Poverty is not all about money	11	7	13	26	37
Know and assert their rights	0	1	3	35	55
Social circle widened	3	1	12	29	49
More active in community	0	3	11	38	42

Table F2: Data Summary: Responses in the research area (Palawan)

Behavioral Indicators	Palawan (n=106)				
	SD	D	N	A	SA
Would go to health center / hospital	1	3	13	46	43
Children more focused on studies	4	4	7	42	49
Confidence in completing HS	8	5	4	43	46
Equality in household work	0	5	8	53	40
Equality in decision making	1	1	5	50	49
Harmonious family relationship	5	3	12	50	36
Able to save	10	9	20	39	28
Capacity to deal with income shocks	3	19	22	46	16
Pantawid can help getting out of poverty	3	11	19	48	25
Poverty is not all about money	6	0	9	50	41
Know and assert their rights	1	5	6	49	45
Social circle widened	2	4	15	50	35
More active in community	1	6	12	50	37

Table F3: Data Summary: Responses in the research area (Aklan)

Behavioral Indicators	Aklan (n=93)				
	SD	D	N	A	SA
Would go to health center / hospital	9	4	14	10	56
Children more focused on studies	6	4	11	14	58
Confidence in completing HS	7	5	16	11	54
Equality in household work	2	3	8	11	69
Equality in decision making	1	2	16	5	69
Harmonious family relationship	3	1	9	13	67
Able to save	31	12	20	11	19
Capacity to deal with income shocks	26	19	15	12	21
Pantawid can help getting out of poverty	3	6	17	14	53
Poverty is not all about money	18	17	12	14	32
Know and assert their rights	7	8	13	20	45
Social circle widened	2	4	13	19	55
More active in community	6	3	15	12	57

Table F4: Data Summary: Responses in the research area (Davao Oriental)

Behavioral Indicators	Davao Oriental (n=95)				
	SD	D	N	A	SA
Would go to health center / hospital	2	2	12	21	58
Children more focused on studies	1	4	3	23	64
Confidence in completing HS	0	0	5	9	81
Equality in household work	0	5	21	24	45
Equality in decision making	0	1	6	21	67
Harmonious family relationship	0	1	8	30	56
Able to save	5	7	20	30	33
Capacity to deal with income shocks	6	15	19	31	24
Pantawid can help getting out of poverty	1	3	15	24	52
Poverty is not all about money	2	3	15	35	40
Know and assert their rights	2	4	11	26	52
Social circle widened	0	2	11	24	58
More active in community	1	1	8	27	58

Table F5: Data Summary: Responses in the research area (South Cotabato)

Behavioral Indicators	South Cotabato (n=90)				
	SD	D	N	A	SA
Would go to health center / hospital	0	1	10	19	60
Children more focused on studies	1	4	14	19	52
Confidence in completing HS	0	1	2	8	79
Equality in household work	0	1	10	35	44
Equality in decision making	0	0	9	22	59
Harmonious family relationship	1	3	15	25	46
Able to save	0	2	12	16	60
Capacity to deal with income shocks	1	2	8	51	28
Pantawid can help getting out of poverty	1	1	17	11	60
Poverty is not all about money	4	3	20	30	33
Know and assert their rights	1	1	12	29	47
Social circle widened	0	0	10	22	58
More active in community	1	3	11	18	57

Table F6: Data Summary: Responses in the research area (Tawi-Tawi)

Behavioral Indicators	Tawi-Tawi (n=90)				
	SD	D	N	A	SA
Would go to health center / hospital	0	1	8	10	71
Children more focused on studies	0	0	7	14	69
Confidence in completing HS	4	2	3	16	65
Equality in household work	0	1	4	17	68
Equality in decision making	0	0	2	19	69
Harmonious family relationship	0	0	4	14	72
Able to save	0	3	24	16	47
Capacity to deal with income shocks	1	0	24	23	42
Pantawid can help getting out of poverty	0	3	7	32	48
Poverty is not all about money	0	1	4	25	60
Know and assert their rights	0	0	4	19	67
Social circle widened	0	0	12	20	58
More active in community	0	1	10	21	58

Table G: Comparison of responses from indigenous peoples (IP) areas and mixed populations

Behavioral Indicators	IP areas (n=183)					Non-IP / Mixed Population (n=385)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	7	4	20	29	113	6	9	46	109	225
Children more focused on studies	5	8	21	32	107	7	8	31	107	242
Confidence in completing HS	4	6	17	17	129	15	8	16	89	267
Equality in household work	1	4	17	44	107	2	14	42	130	207
Equality in decision making	0	1	22	27	123	4	4	19	119	249
Harmonious family relationship	3	3	22	38	107	7	7	36	123	222
Able to save	27	13	31	25	77	30	24	84	120	137
Capacity to deal with income shocks	23	20	22	63	45	15	39	80	149	112
Pantawid can help getting out of poverty	4	7	33	23	106	4	22	58	145	166
Poverty is not all about money	18	18	31	42	64	23	13	42	138	179
Know and assert their rights	6	7	23	48	89	5	12	26	130	222
Social circle widened	1	4	21	36	111	6	7	52	128	202
More active in community	4	6	25	29	109	5	11	42	137	200

Table H: Comparison of responses from adults in IP and non-IP areas

Behavioral Indicators	IP areas (n=94)					Non-IP / Mixed Population (n=210)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	4	0	11	10	68	1	5	17	62	125
Children more focused on studies	2	3	7	17	64	2	3	8	62	135
Confidence in completing HS	1	3	7	6	76	6	6	9	55	134
Equality in household work	1	2	10	22	58	1	8	16	82	103
Equality in decision making	0	0	11	13	69	2	1	6	73	128
Harmonious family relationship	2	12	20	59	93	3	0	23	67	210
Able to save	20	4	16	12	41	22	14	54	69	51
Capacity to deal with income shocks	14	13	13	32	21	8	25	53	82	42
Pantawid can help getting out of poverty	1	2	13	10	67	2	12	38	81	77
Poverty is not all about money	10	9	16	25	33	13	6	22	84	85
Know and assert their rights	2	2	10	22	57	3	3	11	74	119
Social circle widened	1	0	12	13	67	0	3	26	72	109
More active in community	3	3	12	9	66	2	4	21	79	104

Table I: Comparison of responses from *children* in IP and non-IP areas

Behavioral Indicators	IP areas (n=89)					Non-IP / Mixed Population (n=175)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	3	4	9	19	45	5	4	29	47	100
Children more focused on studies	3	5	14	15	43	5	5	23	45	107
Confidence in completing HS	3	3	10	11	53	9	2	7	34	133
Equality in household work	0	2	7	22	49	1	6	26	48	104
Equality in decision making	0	1	11	14	54	2	3	13	46	121
Harmonious family relationship	1	3	10	18	48	4	7	13	56	105
Able to save	7	9	15	13	36	8	10	30	51	86
Capacity to deal with income shocks	9	7	9	31	24	7	14	27	67	70
Pantawid can help getting out of poverty	3	5	20	13	39	2	10	20	64	89
Poverty is not all about money	8	9	15	17	31	10	7	20	54	94
Know and assert their rights	4	5	13	26	32	2	9	15	56	103
Social circle widened	0	4	9	23	44	6	4	26	56	93
More active in community	1	3	13	20	43	3	7	21	58	96

Table J: Data summary: Comparison of responses of female and male respondents

Behavioral Indicators	Female (n=421)					Male (n=147)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	7	9	46	100	259	6	4	20	38	79
Children more focused on studies	6	15	30	104	266	6	1	22	35	83
Confidence in completing HS	16	12	18	85	290	3	2	15	21	106
Equality in household work	3	15	44	133	226	0	3	15	41	88
Equality in decision making	4	4	25	117	271	0	1	16	29	101
Harmonious family relationship	8	5	43	120	245	2	5	15	41	84
Able to save	43	27	86	118	147	14	10	29	27	67
Capacity to deal with income shocks	25	41	89	163	103	13	18	13	49	54
Pantawid can help getting out of poverty	7	24	64	126	200	1	5	27	42	72
Poverty is not all about money	27	18	55	139	182	14	13	18	41	61
Know and assert their rights	8	13	34	136	230	3	6	15	42	81
Social circle widened	6	8	59	115	233	1	3	14	49	80
More active in community	7	12	49	124	229	2	5	18	42	80

Table K: Comparison of responses from female and male adults

Behavioral Indicators	Female (n=271)					Male (n=33)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	4	2	23	64	178	1	3	5	8	15
Children more focused on studies	3	6	13	69	180	1	0	2	10	19
Confidence in completing HS	7	7	11	57	189	0	2	5	4	21
Equality in household work	2	9	21	94	145	0	1	5	10	16
Equality in decision making	2	1	14	78	176	0	0	3	8	21
Harmonious family relationship	5	0	28	79	159	0	0	7	8	17
Able to save	34	16	62	76	83	8	2	8	5	9
Capacity to deal with income shocks	16	33	63	101	58	6	5	3	13	5
Pantawid can help getting out of poverty	3	12	43	81	132	0	2	8	10	12
Poverty is not all about money	19	11	33	95	113	4	4	5	14	5
Know and assert their rights	4	5	18	88	156	1	0	3	8	20
Social circle widened	1	2	34	76	158	0	1	4	9	18
More active in community	4	7	27	77	156	1	0	6	11	14
Health services available in the community	4	2	23	64	178	1	3	5	8	15
Adequate welfare services in community	3	6	13	69	180	1	0	2	10	19

Table L: Comparison of responses from female and male children

Behavioral Indicators	Female (n=150)					Male (n=114)				
	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	3	7	23	36	81	5	1	15	30	64
Children more focused on studies	3	9	17	35	86	5	1	20	25	64
Confidence in completing HS	9	5	7	28	101	3	0	10	17	85
Equality in household work	1	6	23	39	81	0	2	10	31	72
Equality in decision making	2	3	11	39	95	0	1	13	21	80
Harmonious family relationship	3	5	15	41	86	2	5	8	33	67
Able to save	9	11	24	42	64	6	8	21	22	58
Capacity to deal with income shocks	9	8	26	62	45	7	13	10	36	49
Pantawid can help getting out of poverty	4	12	21	45	68	1	3	19	32	60
Poverty is not all about money	8	7	22	44	69	10	9	13	27	56
Know and assert their rights	4	8	16	48	74	2	6	12	34	61
Social circle widened	5	6	25	39	75	1	2	10	40	62
More active in community	3	5	22	47	73	1	5	12	31	66
Health services available in the community	3	7	23	36	81	5	1	15	30	64
Adequate welfare services in community	3	9	17	35	86	5	1	20	25	64

Table N: Data summary: Comparison of responses of small, medium and large households

Behavioral Indicators	Small Household (5 or less members) (n=167)					Medium Household (6-10 members) (n=345)					Large Household (more than 10 members) (n=56)				
	SD	D	N	A	SA	SD	D	N	A	SA	SD	D	N	A	SA
Would go to health center / hospital	8	3	24	39	93	3	9	37	86	210	2	1	5	13	35
Children more focused on studies	5	5	15	40	102	5	10	30	89	211	2	1	7	10	36
Confidence in completing HS	3	3	14	25	122	10	9	15	66	245	6	2	4	15	29
Equality in household work	2	8	17	39	101	0	8	39	119	179	1	2	3	16	34
Equality in decision making	1	2	14	36	114	2	2	21	96	224	1	1	6	14	34
Harmonious family relationship	3	1	21	35	107	5	7	34	110	189	2	2	3	16	33
Able to save	30	11	38	34	54	20	20	65	101	139	7	6	12	10	21
Capacity to deal with income shocks	22	22	34	50	39	10	33	58	145	99	6	4	10	17	19
Pantawid can help getting out of poverty	4	7	34	46	76	4	17	53	106	165	0	5	4	16	31
Poverty is not all about money	16	14	22	49	66	22	15	45	118	145	3	2	6	13	32
Know and assert their rights	6	6	18	48	89	3	11	29	113	189	2	2	2	17	33
Social circle widened	1	4	21	44	97	4	6	42	105	188	2	1	10	15	28
More active in community	4	4	23	47	89	4	10	39	105	187	1	3	5	14	33
Health services available in the community	14	3	22	60	68	15	12	58	118	142	6	2	5	14	29
Adequate welfare services in community	12	16	37	52	50	23	25	64	112	121	4	4	10	18	20