

Keeping children healthy and in school
Pantawid Pamilyang Pilipino Program 2nd Wave Impact Evaluation Results

Executive Summary

1. *Pantawid Pamilya* is a core pillar of the government's social protection strategy. The program seeks to break the intergenerational cycle of poverty through improved health, nutrition, and education of children. It is an investment in human capital that ensures that children belonging to poor households, particularly those aged 0-14 years old, grow up healthy and stay in school.

2. The program provides cash incentives to households on the condition that they invest in the health and education of their children, as well as avail of maternal health services. Household beneficiaries, with up to three eligible children, are provided cash grants of up to PhP15,000 per year if they fulfill the program conditionalities. Results of this evaluation show that, in the year prior to the survey, beneficiary households received an average of P9,409, which constitutes 7% of the total household spending.

3. The first round of impact evaluation of the *Pantawid Pamilya* program was conducted using a randomized control trial design. Eligible households in the control villages were incorporated into the program 18 months after the households in treatment villages received the cash transfers. Because of this and the continuous expansion of the program as designed, it was not feasible to maintain a randomly assigned counterfactual group. Thus, the second wave of evaluation used regression discontinuity design (RDD) as an alternative approach. RDD compares observations (e.g., households) that are very close to a pre-identified cutoff (e.g., the poverty threshold). Households just below (poor and eligible) and just above (near-poor and not eligible) the poverty threshold should have similar characteristics.

4. This evaluation is based on a sample that is national in scope and covers Set 1 to Set 4 program areas, which were introduced into the program between 2008 and 2011. The beneficiary households in the sample areas have been exposed to the program for two to four years at the time of data collection from October to December 2013. The sample includes 5,041 households from 30 municipalities in 26 provinces.

5. The findings indicate that the *Pantawid Pamilya* program, which extends aid from womb to school, is on track in keeping children healthy and in school. Some of the key findings of the study include:

- ***Pantawid Pamilya* encourages trial use of modern family planning methods.** Results of the study show that the program encourages women to try modern family planning methods at least once. However, there is no evidence of sustained use of these methods. The households' attitudes and practices toward reproductive health may have been influenced by the Family Development Sessions (FDS) that were attended by *Pantawid* grantees.
- ***Pantawid Pamilya* promotes facility-based deliveries and access to professional postnatal care.** A key finding in the study indicates that more *Pantawid* mothers delivered in health facilities. At the threshold, there were 7 in 10 live births among *Pantawid* mothers in the past five years, compared to 5.5 in 10 births among non-beneficiary mothers and to the national average of 6 in 10 births. There is also increased access to postnatal care in health facilities and postnatal care services by a skilled health professional.
- ***Pantawid Pamilya* improves children's access to some key health care services.** Study results reveal that significantly more *Pantawid* children, compared to the non-*Pantawid*, have access to basic health services that are vital to improving children's health outcomes. Findings show that almost 9 in 10 *Pantawid* children received Vitamin A supplementation, and over 3 in 10 received iron supplementation. In addition, nearly 8 in 10 received deworming pills at least once a year.

About 1 in 5 children under 2 years and nearly 1 in 2 children aged 2-5 years had regular weight monitoring in health centers. However, results suggest that there is no significant difference between *Pantawid* and non-beneficiary children, below six years old, who suffer from wasting, underweight, and stunting.

- **Among *Pantawid* beneficiaries, about 9 in 10 households are covered by the PhilHealth health insurance program.** However, results do not indicate increased utilization of PhilHealth benefits during the last visit to the hospital by *Pantawid* children and non-beneficiaries. This may be due to the members' lack of information or knowledge on their PhilHealth benefits, as well as the lack of PhilHealth-accredited facilities in their areas of residence.
- ***Pantawid* Family keeps older children in school.** Gross enrollment rate for high school children (12-15 years old) is higher for *Pantawid* children living near the poverty threshold. Keeping the high school-aged cohort in school is particularly important because this is when children are more likely to drop out of school in order to work.
- ***Pantawid* children (10-14 years old) work seven days less in a month compared to non-*Pantawid* children.** However, findings indicate that about 1 in 8 children are engaged in child labor for both *Pantawid* and non-*Pantawid* households. While the program cash grants are not enough to completely keep children from working, it has made beneficiary children spend less time working compared to their non-beneficiary counterparts, presumably due to increased time spent on schooling.
- ***Pantawid* Family increases households' investments in education.** Results show that *Pantawid* households spent PhP206 more per school-aged child per year at the threshold compared to non-beneficiary households. Expenditures on exam fees are lower while expenditures for uniform or clothing are higher for *Pantawid* children. However, there is no evidence of disparity in total per capita expenditure between *Pantawid* and non-*Pantawid* households at the cutoff.
- ***Pantawid* Family does not encourage dependency or spending more on vice goods.** Findings reveal that adults in beneficiary households work as much as their non-beneficiary counterparts. Working-age *Pantawid* household members who are already employed, continue to look for additional work invalidating claims that they are reliant on the cash grants. Also, *Pantawid* households do not spend more on vice goods such as gambling, tobacco and alcohol.
- ***Pantawid* Family allows parents to aspire for a better future of their children.** The program seems to have improved parents' perception of their situation and of their children's future. *Pantawid* parents have higher hopes of their children finishing college compared to non-*Pantawid* parents. Moreover, more *Pantawid* parents expect their children to have a better life compared to theirs. These results indicate that *Pantawid* parents understand that the program will benefit their family's future welfare. This healthier outlook of the future may also prompt beneficiaries to make the necessary behavioral changes to achieve their aspirations.

6. Although results suggest that the program continues have positive impacts on some of the outcome areas, the program still faces some challenges that it needs to address. It has to ensure that children receive full immunization following the DOH-prescribed schedule of vaccinations, improve deworming outreach to comply with the prescribed two pills per year, achieve the prescribed number of antenatal check-ups for mothers, and encourage wider use of PhilHealth that is commensurate to coverage. These challenges may be attributed to the lack of adequate services to meet the rapid expansion of the program to serve more poor households, and/or due the beneficiaries' lack of appreciation of the importance of specific interventions.