Policy brief:
Rapid qualitative assessment of the impact of Pantawid Pamilyang Pilipino Program (4Ps) on nutrition outcomes of beneficiary children in selected municipalities

Background

Well-designed social protection interventions can be instrumental in addressing the different causes of malnutrition. At the individual and household level, social protection programmes, in particular cash transfers, can directly help to (i) increase overall food consumption (quantity of intake); (ii) improve dietary diversity (quality of intake); and (iii) increase utilisation of health services, by providing households with the necessary financial means. Social protection programmes can also influence other determinants of nutrition, such as practices related to child care and feeding, and sanitation.

Hence, in the Philippines, where stunting and wasting of children remain a major public health problem, with an estimated 4.2 million children under the age of five stunted and 700,000 children wasted, policy discussions around the importance of the conditional cash transfer programme *Pantawid Pamilyang Pilipino Program* (4Ps) – a cash transfer targeting poor households with children below the age of 18 years and/or pregnant women – on beneficiaries' nutrition status have risen to prominence.

Assessment purpose and scope

The purpose of this assessment was to understand reasons for the mixed impact on nutrition outcomes of the 4Ps, as shown by past impact evaluations. The findings provide additional background information for the evolving policy discussions on nutrition-sensitive social protection in the Philippines, and more specifically the role of the 4Ps in achieving nutritional outcomes.

The scope of the study entailed a rapid, largely qualitative assessment of the 4Ps' impacts on nutritional outcomes in six municipalities across the six provinces of Bulacan, Catanduanes, Lanao del Sur, Negros Occidental, Samar and Zamboanga del Norte. The municipalities were selected based on a range of criteria, among others, prevalence rates of stunting and wasting, number of 4Ps beneficiaries and share of indigenous people living in the area.

Methodology and limitations

The study employed a range of largely qualitative methods, including a structured literature review and participatory research to collect and analyse primary, qualitative data through key informant interviews, focus group discussions and in-depth interviews. In addition, a short household survey was administered to selected households to gather some key characteristics of the study's sample.

The assessment was guided by UNICEF's conceptual framework for malnutrition, which is also employed in the Philippine Plan for Action on Nutrition (PPAN) and focuses on the first 1,000-days between conception and the child's second birthday, as window of opportunity to impact children's nutritional status. The framework identifies several factors influencing malnutrition and distinguishes between basic, underlying and immediate causes. Basic causes are rooted in the wider socio-economic context of the community and national level, while underlying causes relate to factors at the household level – food security, health care access and care practices. All factors are linked to each other and mutually reinforcing. In combination, they form the basis of the immediate causes of malnutrition – insufficient dietary intake and disease – because they

determine children's nutritional intake and health status at the individual level. This study explored all three levels of causes of malnutrition – basic, underlying and immediate.

The representativeness of the findings of this assessment are limited by the geographic scope of the assessment as the six municipalities were purposively chosen to participate in the assessment. Additionally, the quantitative household survey merely served to support and triangulate qualitative findings and to sketch key characteristics of the households included in the sample. The information for the caregiver health and child nutrition status provided therein are based on caregiver's self-assessment and therefore may suffer from perception bias.

Findings

The assessment explored to what extent the 4Ps has impacted the food security, health care and care practices in 4Ps beneficiary households in selected municipalities and to which extent these were translated to outcomes at the child-level. The assessment also collected insights about the circumstances under which the programme has achieved impacts and which main barriers to achieving impacts currently exist.

4Ps design and implementation: In terms of reaching vulnerable households, across all six locations there are vulnerable households with children that are currently not included in the 4Ps, as targeting is carried out using data from the first wave of *Listahanan* (2009/10). In addition to not reaching all poor and vulnerable households, the 4Ps programme currently also does not formally capture any children born since 2009/10.

Most beneficiaries agreed that compliance with the health conditions is not stressful and that they would go to the health facility even if the transfer ended. This can partially be ascribed to the 4Ps condition to attend Family Development Sessions (FDS), as beneficiaries confirm that they do apply the information on care practices and health seeking behaviour. Beneficiaries reported to enjoy the sessions and observe improvements in their overall mental attitude, especially with regards to taking on responsibility.

Most beneficiaries reported that they primarily spend the cash benefit on expenses related to schooling of children, transportation to health facilities and food items, among other things. While this shows that households do consider child needs and care practices when prioritising expenditure items, most beneficiaries agreed that the cash benefit is too low to adequately augment their household income, mentioning raising costs of living as corroding the cash transfer value. Especially larger households consider the value of the cash grant as too low, since it is ultimately shared among all members.

The assessment found that in some locations, payments are on time and in others, where the same payment modality is used, delays increased recently. Less frequent and delayed pay-outs make it more difficult for beneficiaries to plan their purchases and expenditures. Without knowing when the next cash transfer will be paid, beneficiary households often resort to borrowing money from lenders, to smooth consumption until the next payment.

Underlying causes of malnutrition: Most beneficiaries across locations said that the cash transfer had positively impacted their food security (access to food), the quantity (intake) and quality (diversity) of food consumed within the household. Beneficiaries reported that overall, the intake and diversity of food they consumed had improved because of the 4Ps. Beneficiaries also mentioned the FDS as a reason for the improved variety in their meals, as they learned to prepare different, more nutritious meals. Overall, larger households, with a higher dependency ratio tended to be more food insecure.

The assessment further looked at the uptake of health care services, with most beneficiaries mentioning vaccinations, growth monitoring, and getting vitamins and supplementation for children, as the most common reasons to go to the nearest facility. Beneficiaries also visit the health facility to check on the availability of free medicines which are frequently unavailable, leading beneficiaries to buy medicines elsewhere, for instance at hospitals. Unavailability of medicines, as well as transportation cost, were mentioned as the most frequent obstacles to using health services. The 4Ps cash transfer, however, supported households in covering these health-related costs.

Further, to assess the role of care practices for nutritional outcomes, caregivers were asked to rate their own health, with two thirds of beneficiaries rating their own health as satisfactory. Some caregivers mentioned serious physical illnesses affecting them while others emphasized the stress and physical burden of being a parent and symptoms of other forms of stress, including fatigue and high blood pressure. Parents identified their financial situation as biggest source of stress, more specifically the worry to not being able to afford enough food for the household and to cover the transportation fare for school children. Only a few respondents said to spend less than one hour on child care activities per day and many beneficiaries mention the FDS as a source for care practices they apply, yet most caregivers use traditional knowledge and family members to learn about care. Although only one mother made explicit mention of complementary feeding practices, most mothers cited correct feeding practices for infants. The assessment found that nearly all primary caretakers are women, and that a third of all female caregivers have no help with childcare and household.

Immediate causes of malnutrition: The dietary intake of most 4Ps beneficiaries has changed with the availability of more cash in the household, meaning an increase in food consumption (quantity) and food diversity (quality). This applies to all children living in the household, irrespective of whether or not the individual child is enrolled in the 4Ps programme. A substantial share of focus group discussants stated that they like to take their children to a fast food restaurant on payday, as a special treat and a way of family bonding.

Most caregivers assessed their children as healthy and caregivers seemed to be aware of the effects that their own health has on their children's health. The assessment found that the cash transfer does strengthen household food security and that the FDS empower caregivers to fulfil their parental roles more adequately. The 4Ps functions as a platform to connect beneficiaries with other existing, complementary and supplementary initiatives.

Factors promoting impacts: Overall, the 4Ps cash transfer has strengthened the food security of beneficiary households. The transfer constitutes a (more or less) regular form of household income, which allows households to plan their food expenditure accordingly. As a result, for most households the 4Ps cash grant positively impacts the quantity of foods that they buy, as well as the diversity of foods – with households reporting to spend more money on meat, for example. The specific ways in which the cash transfer impacts the households, are largely defined by the household's economic situation and the income generating activities of adults living in the household. In households where no adult earns a regular income, or income is only seasonally earned, the cash transfer plays a bigger role in impacting the availability and quantity of food. Especially in times when no other regular income is earned, households

heavily depend on the cash transfer to purchase basic food items such as rice, fruits and fish.

The family development sessions seem to have played a major role in empowering caregivers, particularly female caregivers. By providing caregivers with knowledge on a range of topics they felt empowered and better equipped to handle their children in different situations – some of which might cause stress for them – and overall learned to be more confident in their interactions with children and other household and community members. In bringing together caregivers from different households to learn and discuss together, the FDS have also played a vital role in creating a feeling of community among caregivers. By addressing caregiver stress, empowering them and overall enhancing their well-being, the FDS thus, at least partially, addressed underlying causes of malnutrition resulting from inadequate care practices.

Through its linkages to other initiatives, 4Ps has shown to be able to promote impacts on household's food security and also sanitary environment, which will ultimately impact the health and nutrition of children and other household members. By providing FDS participants with seedlings from the Department of Agriculture or linking beneficiaries to free toilet bowl initiatives, for example, the programme contributed to promoting nutrition impacts by addressing underlying drivers of malnutrition at household level.

Factors hampering impacts: The 4Ps cash benefit level has not been adjusted to inflation since the programme roll out in 2008. For beneficiary households across all six municipalities this decrease in the real value of the transfer constitutes a substantial challenge. With increasing prices of foods, most notably rice, beneficiary households cannot purchase the same quantity of foods as they used to. Likewise, the limitation of the education grant to three beneficiary children per household has limited the cash transfer's potential to enhance household's food security. Since the 4Ps cash grant is shared among all children, or even household members, the effective per capita grant is relatively low, particularly for households with more than three children, in turn reducing the cash transfers' potential to achieve meaningful impacts.

Furthermore, the irregularity and infrequency of payments in some locations, usually linked to a change in the payment modality, constitutes a barrier for the cash transfer to achieve more profound impacts. Not knowing when the next payment comes reduces beneficiaries' ability to plan their food purchases and expenditure. In locations with less frequent pay-outs, beneficiaries frequently borrow money and/or food to bridge the gap between payments and once the 4Ps cash transfer is paid out, it is used to pay back the borrowed money plus interest.

Moreover, reliance on the first wave *Listahanan* for targeting of the cash transfer means that all newly poor families and families that did not have children in 2009 yet, are excluded from the 4Ps programme. In addition to not reaching all poor and vulnerable households, the 4Ps programme currently also does not cover the youngest children, who were born after 2009, living in 4Ps beneficiary households. While the cash transfer is typically shared among all children living in the household or even all household members, the lack of enrolment of younger children in the household, means that the education and health conditions are not monitored for these children. With the first 1,000 days constituting the primary window to achieve nutritional outcomes for children, the 4Ps thus misses a major opportunity to positively impact the nutrition outcomes of beneficiaries.

Whereas the FDS are a popular activity among beneficiaries, the transmission of knowledge and information to beneficiaries to induce behavioural change seems to be falling short. A major

challenge to more effectively transfer knowledge and induce permanent change seems to be the format that the FDS are currently conducted in. The spaces are often too crowded and loud, and presenters do not make use of microphones and visual aids to better engage the beneficiaries. Moreover, the modules on health and nutrition are rather brief and do not provide detailed enough information.

Likewise, there is **limited monitoring** as to whether beneficiaries apply knowledge acquired during the FDS. For most sessions, no monitoring activities are carried out, as also indicated by some beneficiaries not being able to recall topics covered during the last FDS. Together with the non-conducive learning environment that FDS are conducted in, the lack of monitoring likely also contributed to limited behavioural change at household level.

Basic causes of malnutrition: Basic factors, such as access to and quality of services and the broader socio-cultural, economic and political environment can influence the nutrition status of children. And while the 4Ps programme does not aspire to directly impact these basic factors, the latter still play a significant role in determining the 4Ps success in positively impacting the nutrition status of its beneficiaries, as these factors shape the environment within which the programme operates. Lack of **economic opportunities** for beneficiary households in the assessed municipalities, shortage of medical supplies and free medicines in **nearest health facilities** and limited **availability of government resources** for the wider nutrition response, all seem to limit the 4Ps capacity to more positively influence children's nutritional status.

Recommendations

To strengthen the positive effects the 4Ps has on beneficiary children's nutrition status, the assessment recommends the following steps for improvement:

Periodically retarget the 4Ps programme to ensure that vulnerable children and households are covered. Crucial in this is the updating of the *Listahanan* to safeguard the inclusion of pregnant women and children below the age of five years, a prime target group, if nutritional impacts are to be achieved.

Revise the benefit structure and regularly adjust the benefit level to inflation to ensure that benefits reach households and beneficiaries as designed and to counter dilution of the benefit level. To achieve that 4P beneficiary households and children do receive the benefit amounts as intended by design, it should be assessed, if the limit of three children per household can be lifted and/or whether the health grant could be provided on a per child level, instead of per household basis.

Strengthen the quality of the Family Development Sessions by improving the infrastructure of locations and the relevance of modules. Relatively straightforward steps, such as providing microphones and visual aids to the speakers during FDS, could help establish a more conducive environment to provide participants with relevant information and also engage them better in an interactive discussion.

Integrate nutrition indicators within the 4Ps management information system (MIS). Currently, the anthropometric measurements for 4Ps children are captured during visits to health facilities but not integrated into the programme MIS, neither recorded in the compliance verification forms nor used for compliance tracking. By integrating these indicators into in the programme MIS, implementing staff would be enabled to continuously track the status of beneficiary children at any given point in time and monitor progress (or lack thereof) more effectively.

Linking 4Ps more explicitly to nutrition-specific activities and nutrition-related outcomes, for

example by tagging 4Ps children in the *Operation Timbang Plus* (growth monitoring) and feeding programme for malnourished children. This creates more evidence on the nutrition status of 4Ps children, enables monitoring of their status, and also raises awareness among 4Ps caregivers, that the nutrition status is relevant and being monitored.

Further formalise and structure linkages of 4Ps to other initiatives and programmes, especially in the realm of livelihoods development and income generating opportunities. As a cash transfer programme, the 4Ps can provide income support to households, however, it cannot replace income generating and livelihood opportunities for households. Hence, there is a need to better link and formalise linkages from 4Ps to livelihood programmes and employment opportunities.

Link the 4Ps programme to a more elaborate case management mechanism to facilitate integration and coordination and effectively support and monitor outcomes at household- and child-level. Because of the complexity of nutrition outcomes households might require support tailored to their specific needs. Case management can support this approach by assessing household's unique situation and linking it to services.