



Pantawid Familyang Pilipino Program

Keeping children healthy and in school



**2014
IMPACT
EVALUATION
RESULTS**



Pantawid Pamilya Rigorous Impact Evaluations

- **Wave 1 - Randomized Control Trial Design (2012)**
 - Compared beneficiaries in communities randomly assigned into treatment and control
- **Wave 2 - Regression Discontinuity Design (2014)**
 - Compared households just above (treated) to households just below (control) the eligibility (poverty) threshold

Qualitative difference of the two designs

- RCT: poor vs poor
 - RDD: poor vs non-poor near the poverty threshold
-
- **Wave 3 - expected completion 2016**



TODAY'S PRESENTATION

01

Background of Wave 2 evaluation

02

How the evaluation was conducted

03

Main findings

04

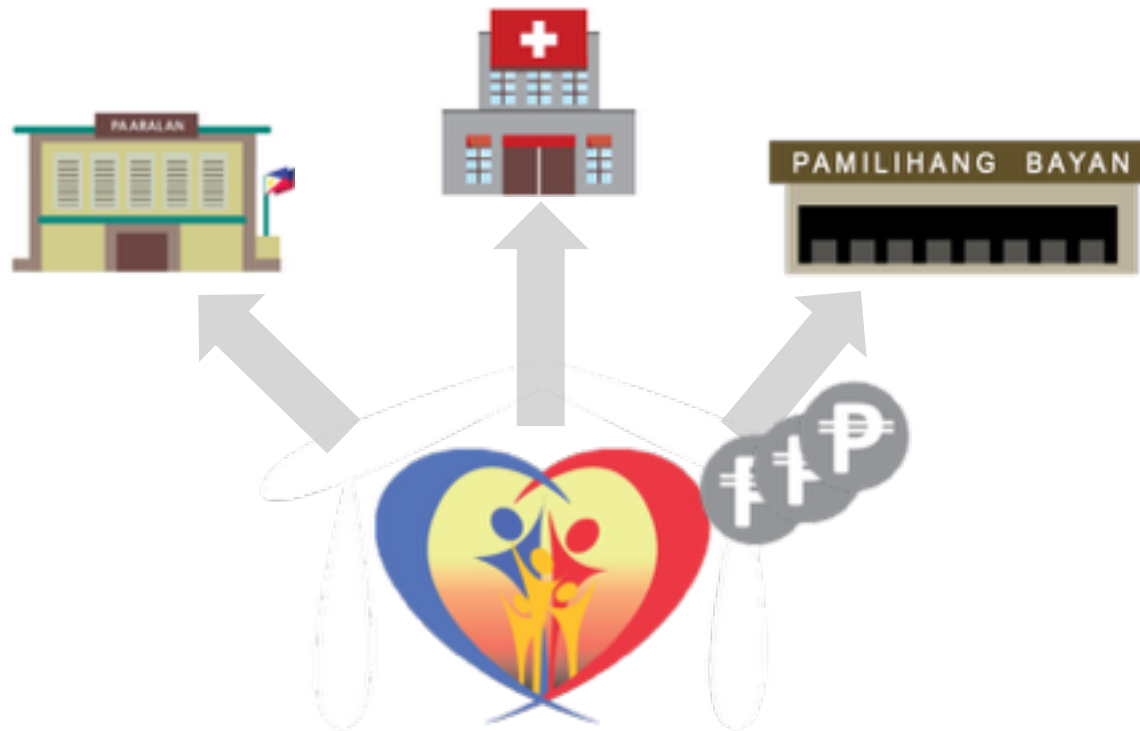
Moving forward



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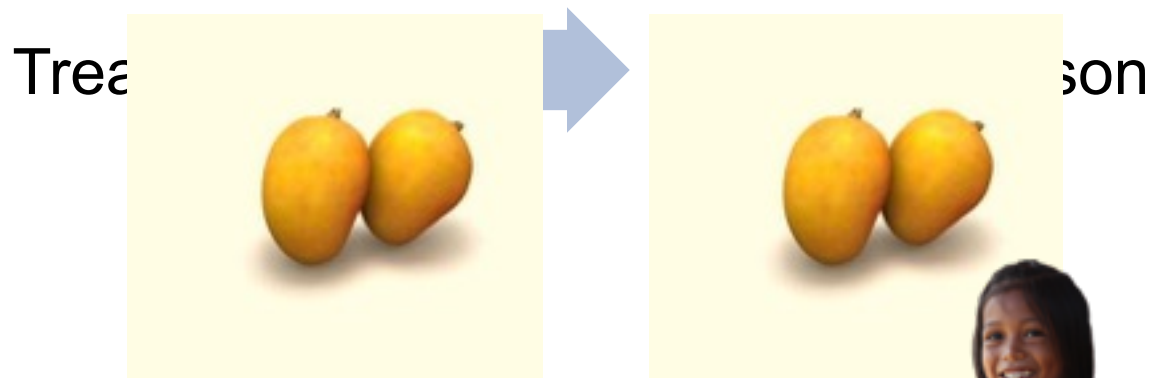
Are our investments translating into results?



2014: 4.1M Households

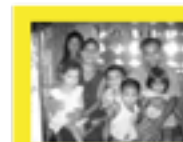
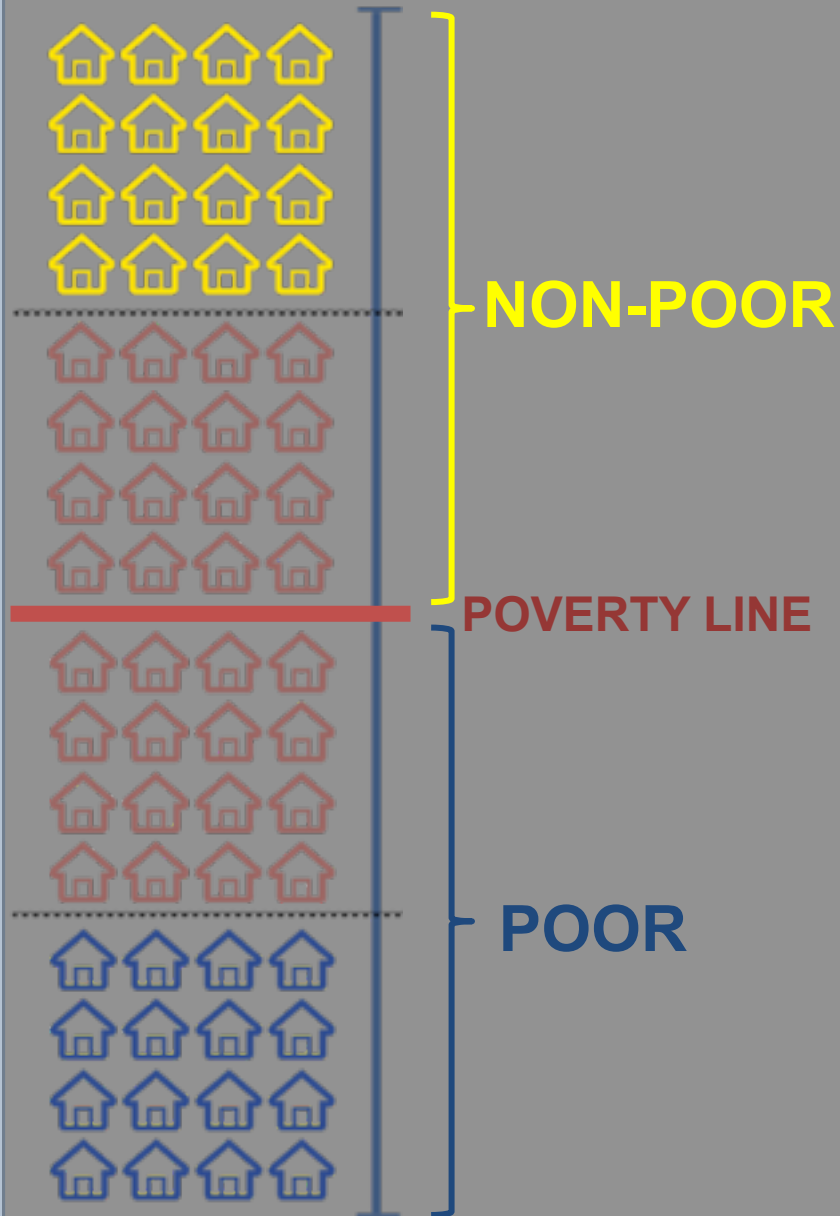


Evaluation requires comparing similar households before intervention



Discontinuity Design

Through *Listahanan*, arrange households using their PMT score to identify poor (eligible) and non-poor (non-eligible) households

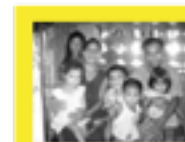
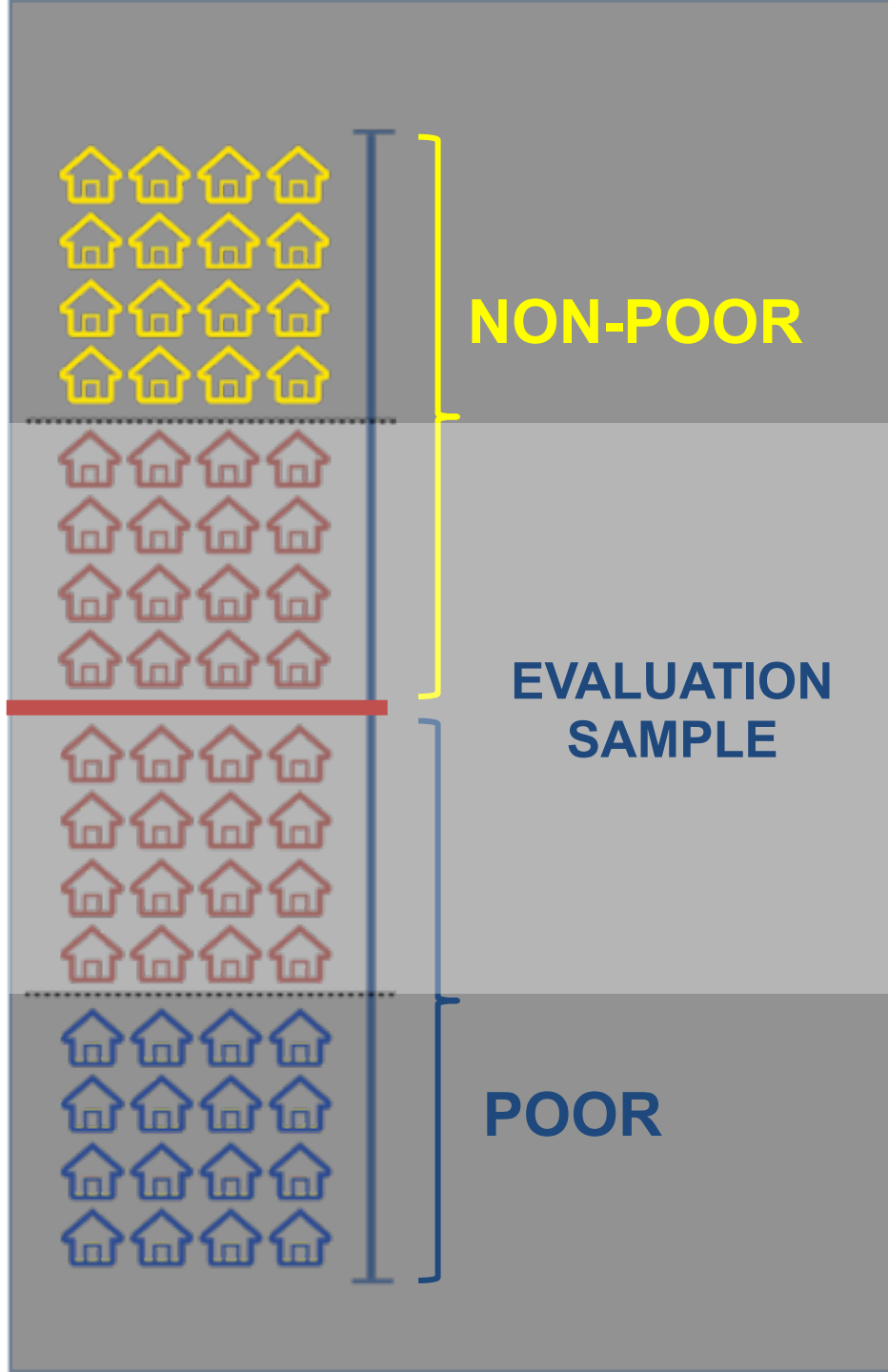


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Discontinuity Design

Compare outcomes for households just ***above*** and ***below*** the program cut-off (poverty threshold) point



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How the evaluation was conducted



NATIONWIDE Survey

5,041
households surveyed
(in 26 provinces)

**Survey was done by Social Weather Stations
from October to December 2013*



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Main Findings



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*Pantawid Pamilya
mothers deliver in health
facilities and avail of
post-natal care*



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More Pantawid Pamilya mothers deliver babies in health facilities



70%



Pantawid Pamilya
Households



56%

Non Pantawid
Pamilya Households

**More Pantawid Pamilya mothers
deliver babies in health facilities**



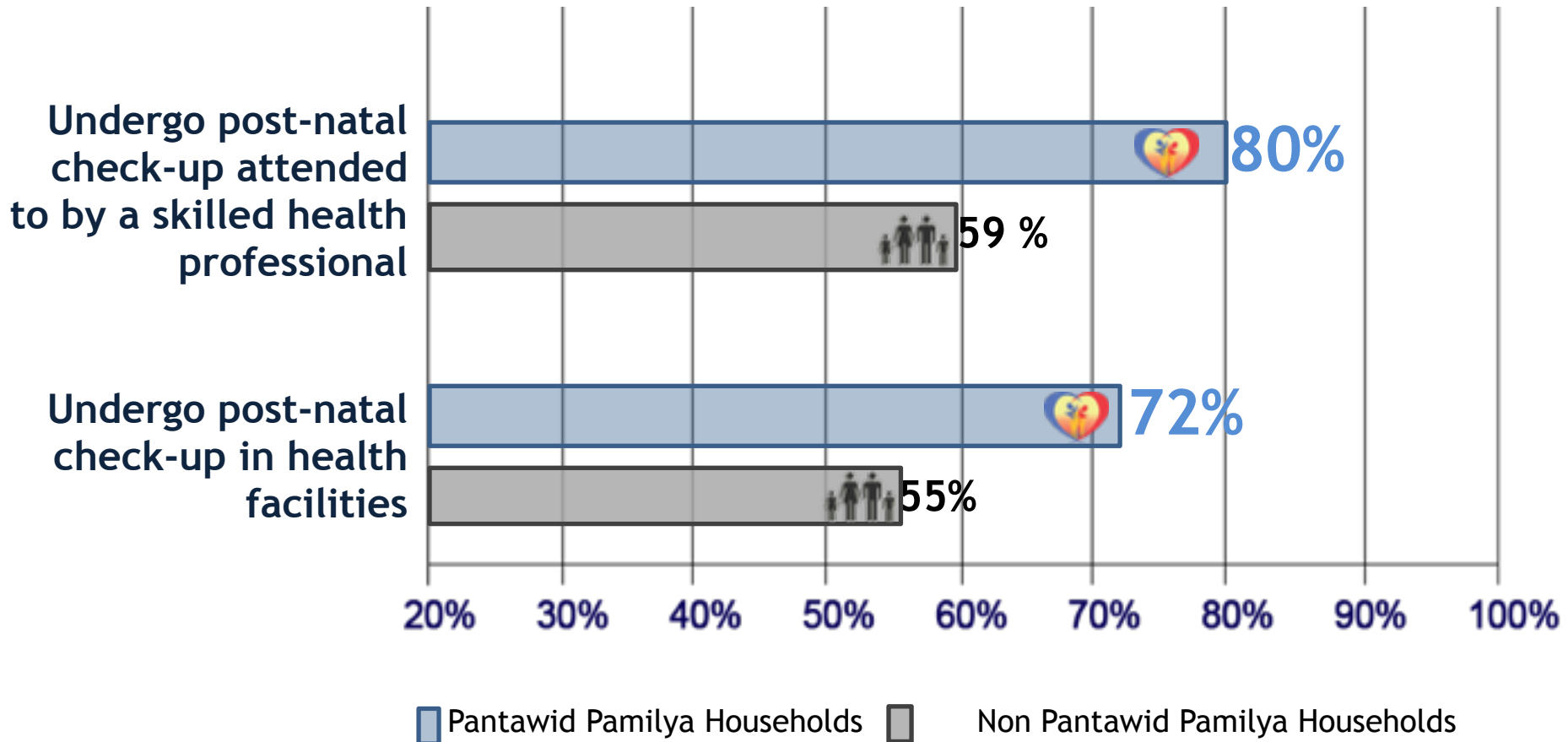
7 in 10 births

incidence for Pantawid Pamilya

5.5 in 10 births

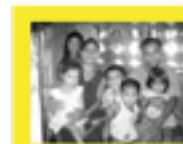
2013 national estimate from NSO

More Pantawid Pamilya mothers avail of post-natal check up in health facilities





***Pantawid Pamilya
children avail of key
health care services***



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More Pantawid children receive Iron supplements and vitamin A tablets

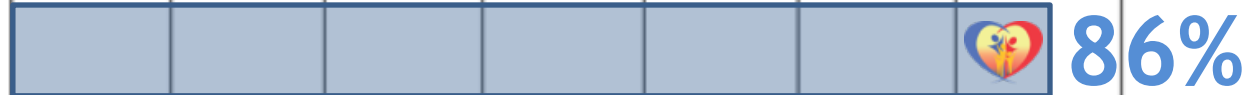


Iron (under
6 years old)



23%

Children aged
0-6 received
Vit A



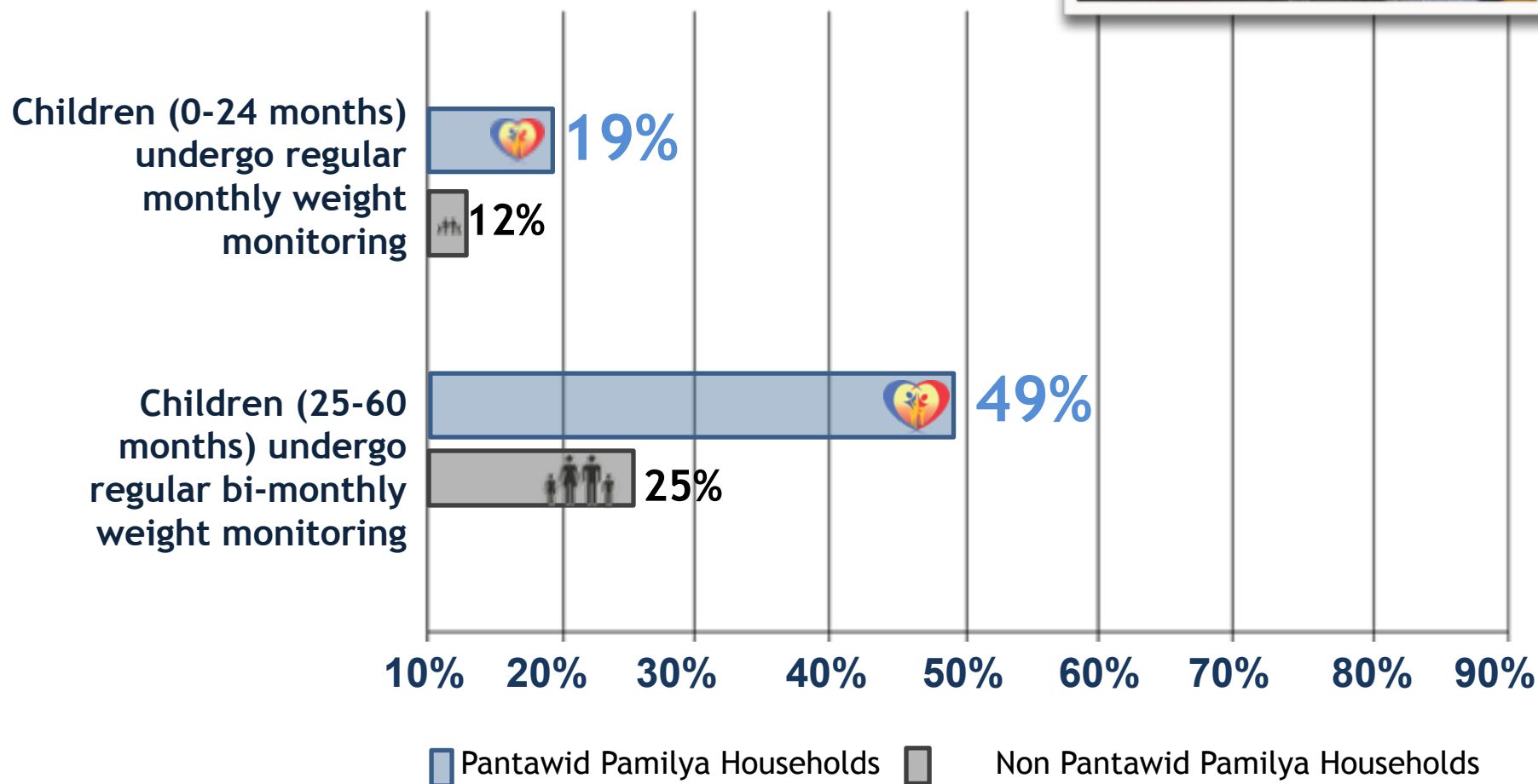
86%

74%

20% 30% 40% 50% 60% 70% 80% 90% 100%

Pantawid Pamilya Households Non Pantawid Pamilya Households

More Pantawid Pamilya children undergo weight monitoring

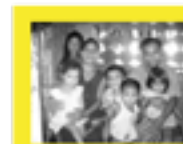
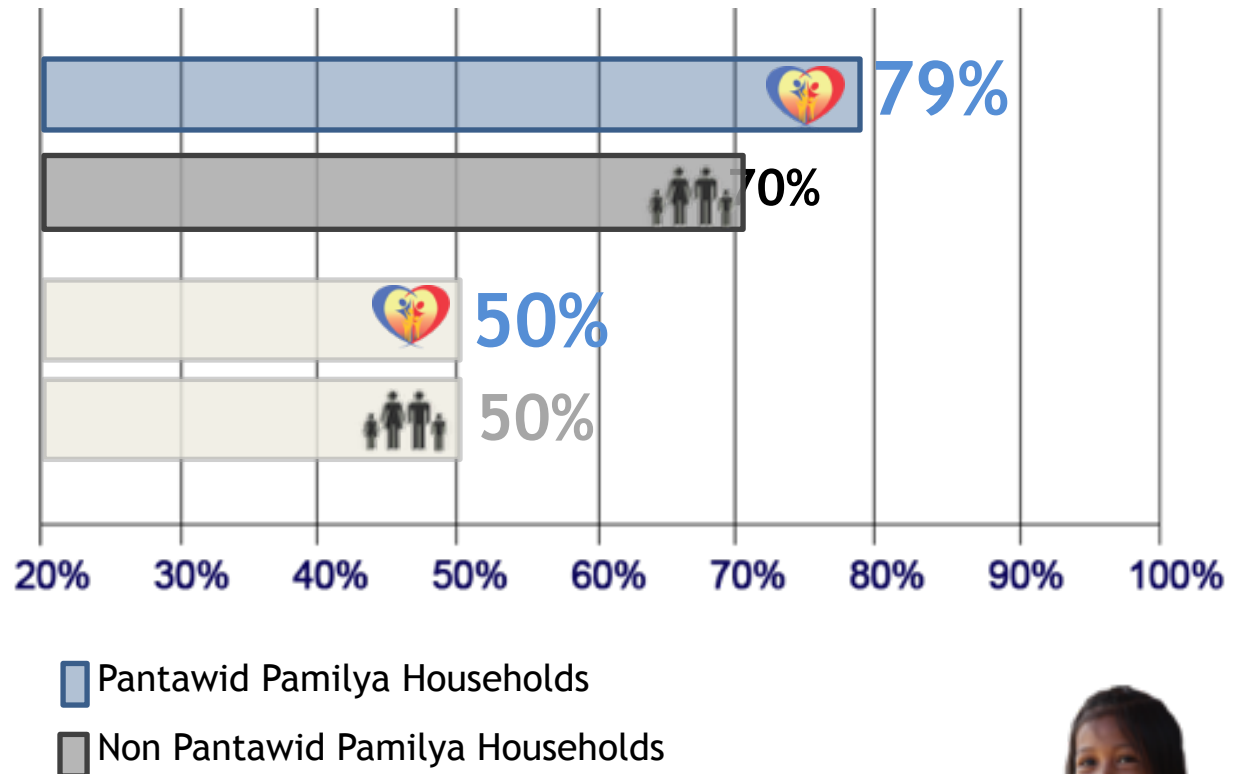


More Pantawid Pamilya children receive deworming pills once a year



Children aged 6-14
receive deworming pills
at least 1 a year

children aged 6-14 who
received deworming
pills twice a year



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***Pantawid Pamilya
children are staying
in school***

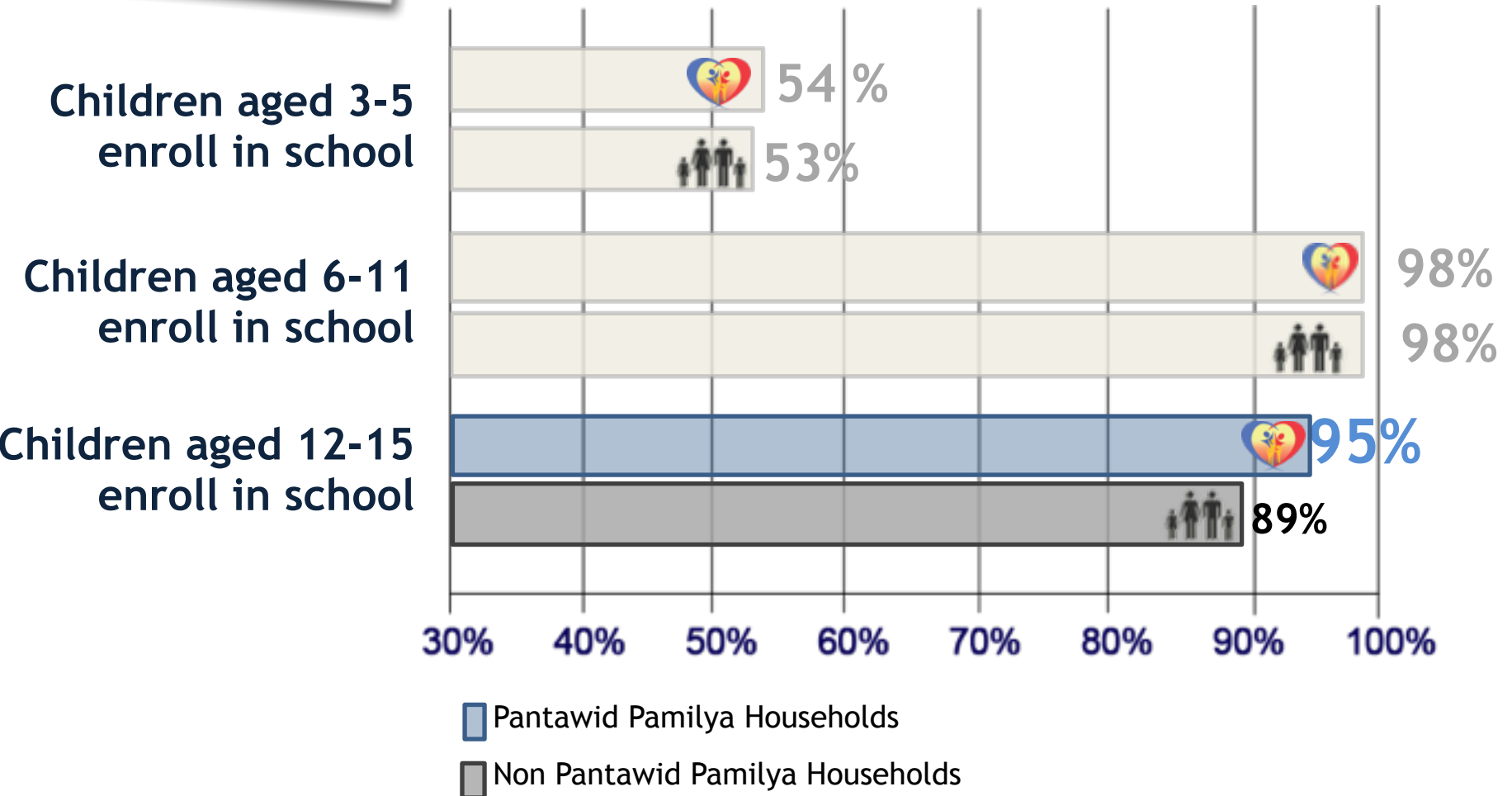


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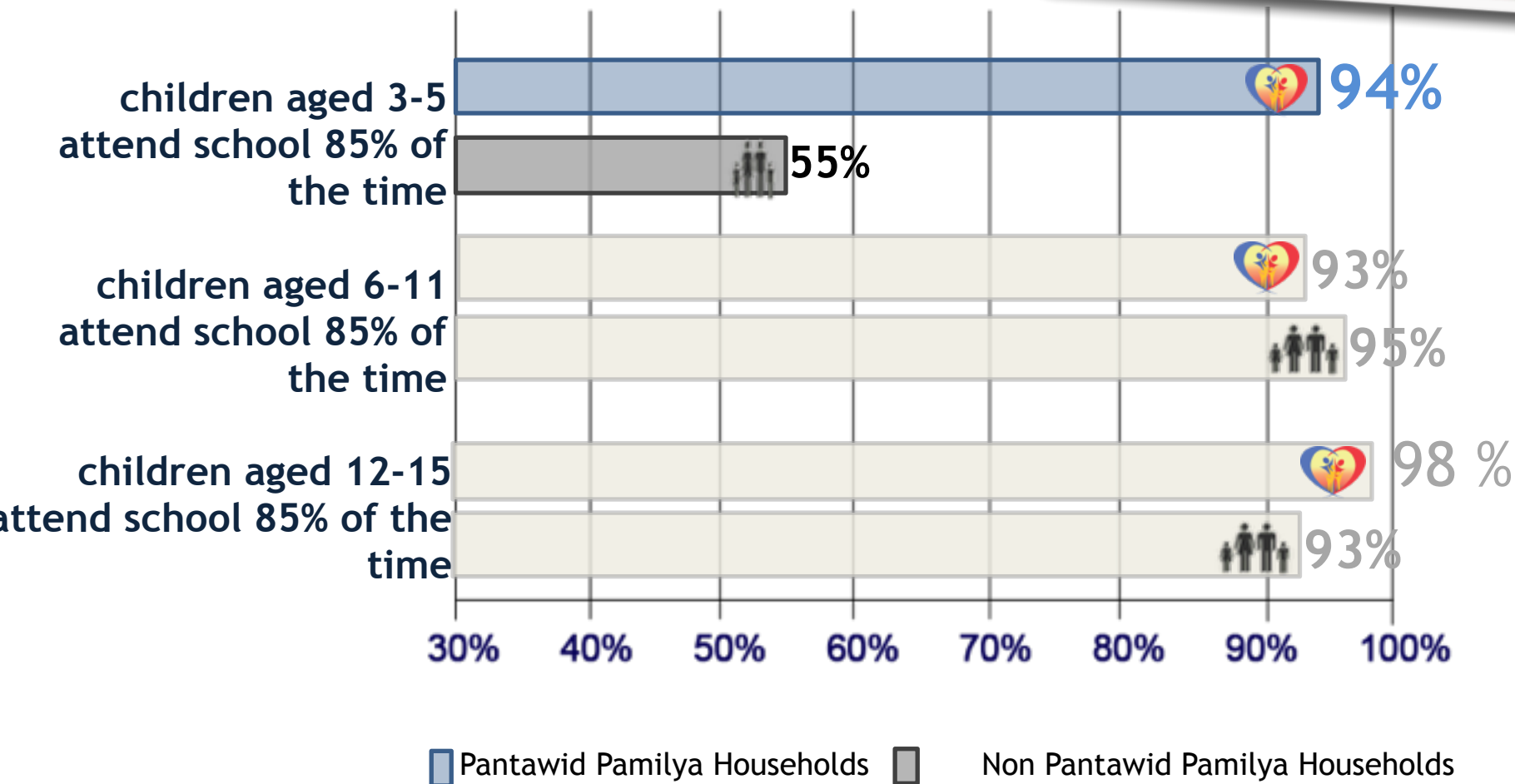




More 12-15 year old Pantawid children enroll in school



More 3-5 year old Pantawid children attend school 85% of the time





**Pantawid Pamilya
families prioritize
spending for basic
family needs**



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Pantawid households spend more on education



- Education expenditure in Pantawid households is 82% higher than that of non-Pantawid (annual per school-aged child)



Php
458.42



Php 251.82

No difference in household expenditure on medicine between Pantawid and non-Pantawid households (annual per capita)



Php 50.01

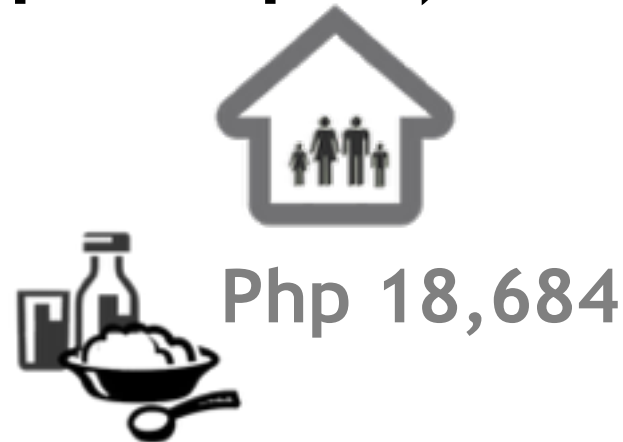
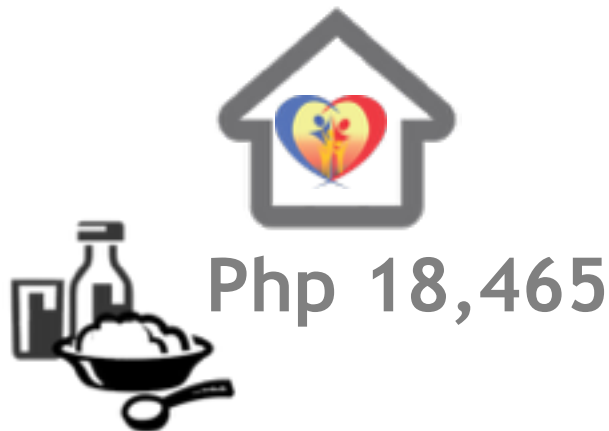


Php 35.34

Food consumption of Pantawid households



- No difference in food expenditure between Pantawid and non-Pantawid households (annual per capita)

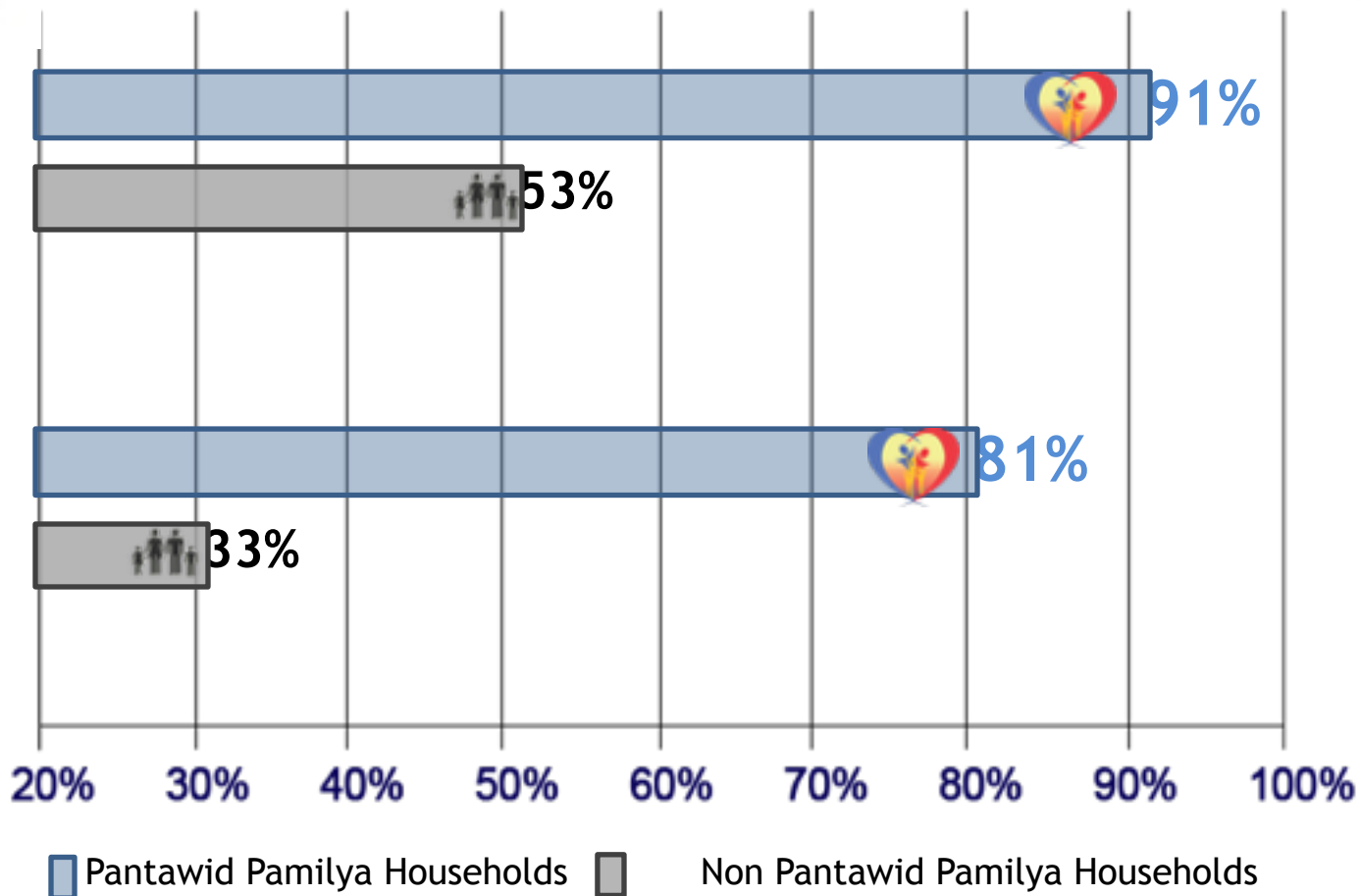


Other Positive significant results



Percentage of
Households who
are members of
PhilHealth

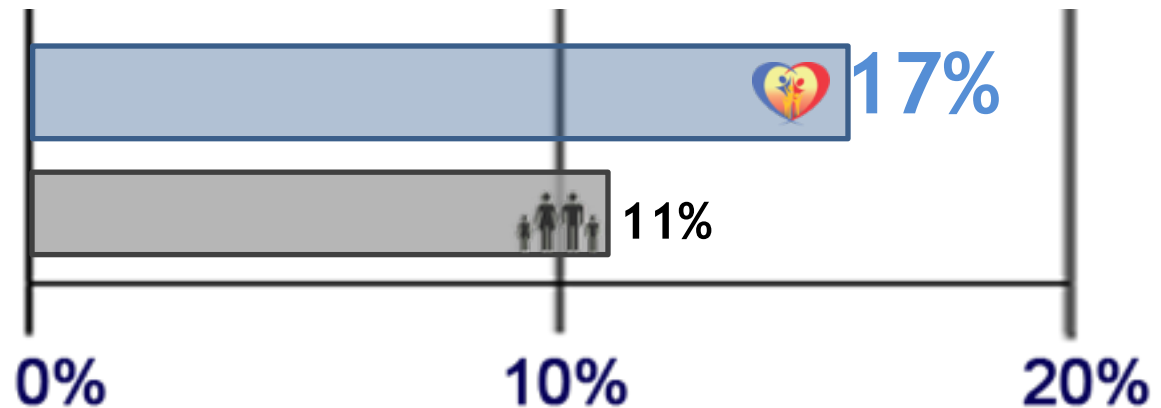
Awareness of
the Family
Development
Sessions



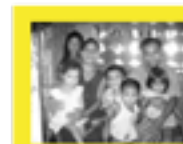
Working-age household members are employed and continue to look for additional work



Household members aged 15 or more are employed and still looking for additional work



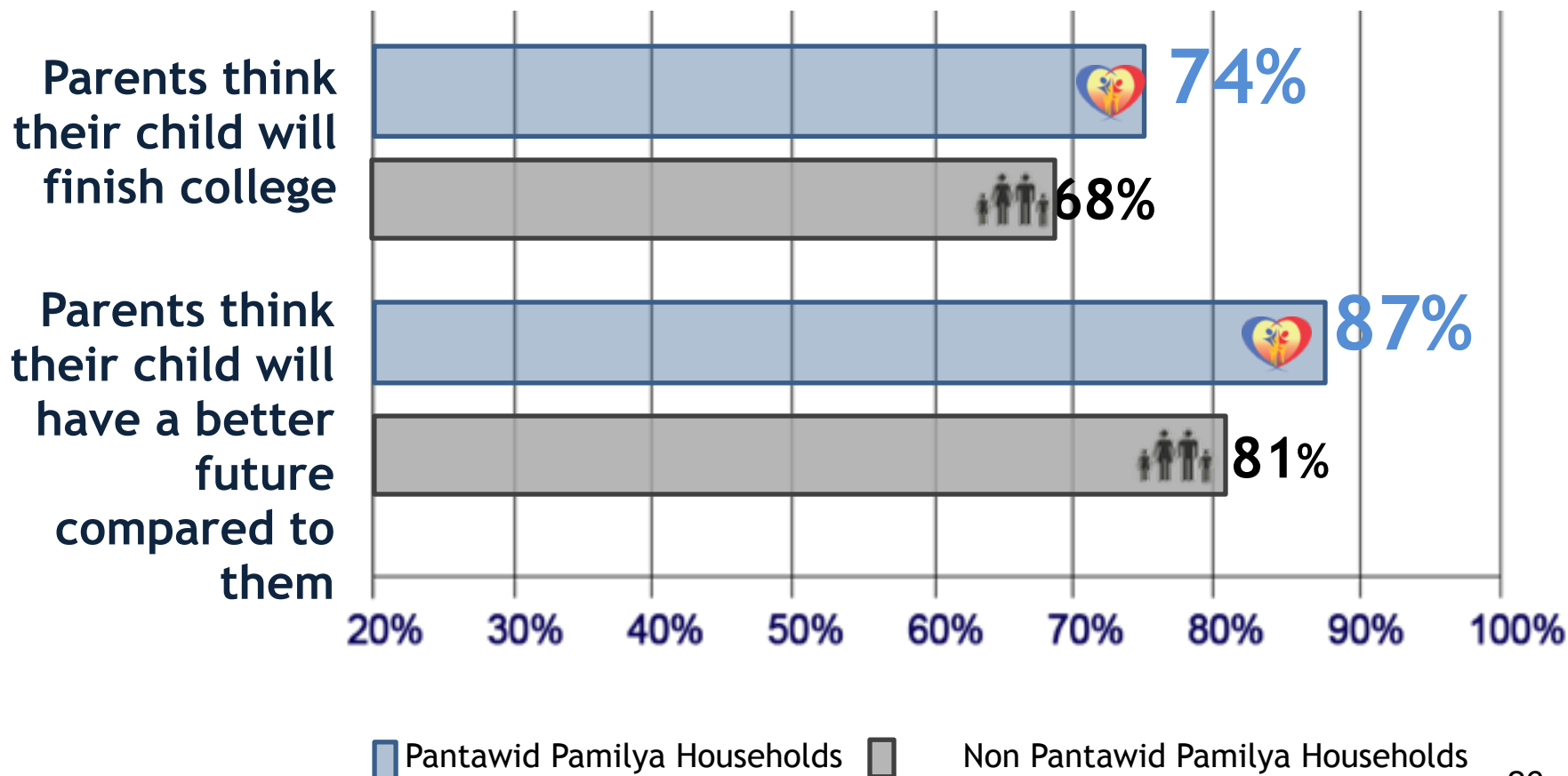
■ Pantawid Pamilya Households ■ Non Pantawid Pamilya Households



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Pantawid Pamilya parents have better outlook on their children's future





Summary

- Pantawid Pamilya program, by extending aid from womb to school, remains on track in keeping children healthy and in school.
- Challenges remain that the program needs to address:
 - Pre-school enrollment
 - Full immunization
 - Twice a year deworming
 - Prescribed number of ante-natal check-ups
 - Utilization of Philhealth benefits



Policy Recommendations

- Strengthen convergence efforts of providing needed services to cover more beneficiaries
- Sharpen messages on the importance of specific interventions
- Compliance monitoring should include the monitoring of specific services availed by the beneficiaries during health center visits
- Review and adjust level of cash grants provided (e.g. for inflation, differential opportunity cost by target beneficiary and by area)





Thank you!

