



## 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**

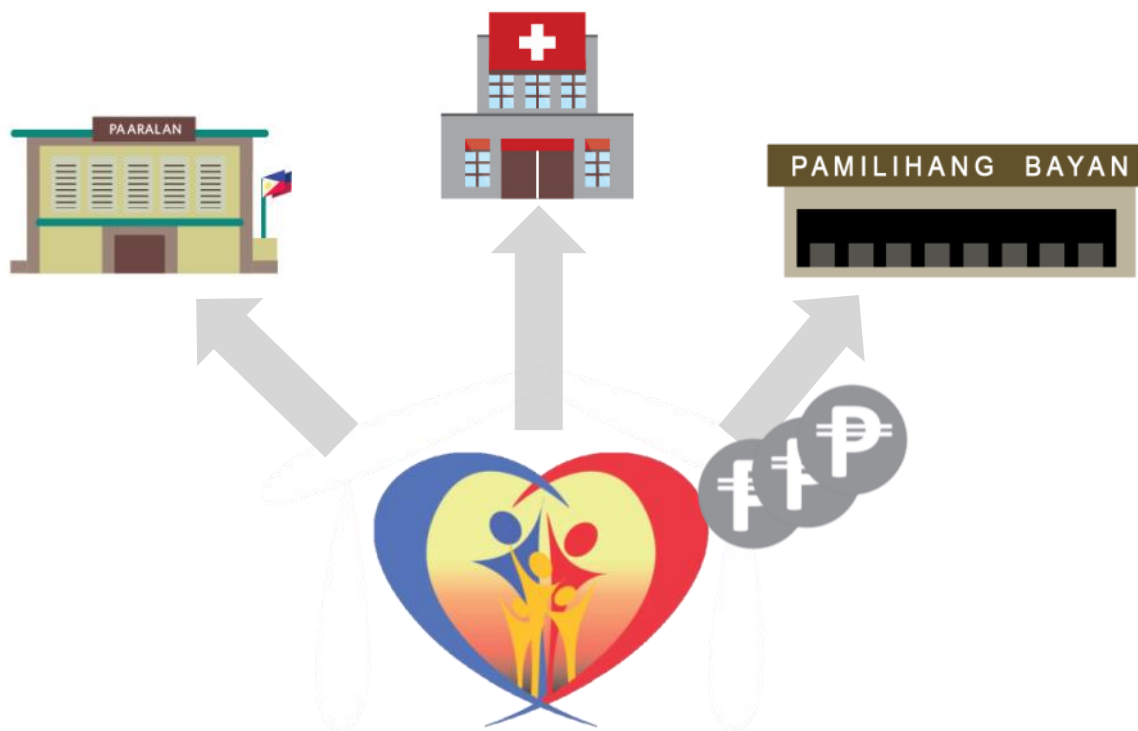
Main findings

**04**

Moving forward



## Are our investments translating into results?



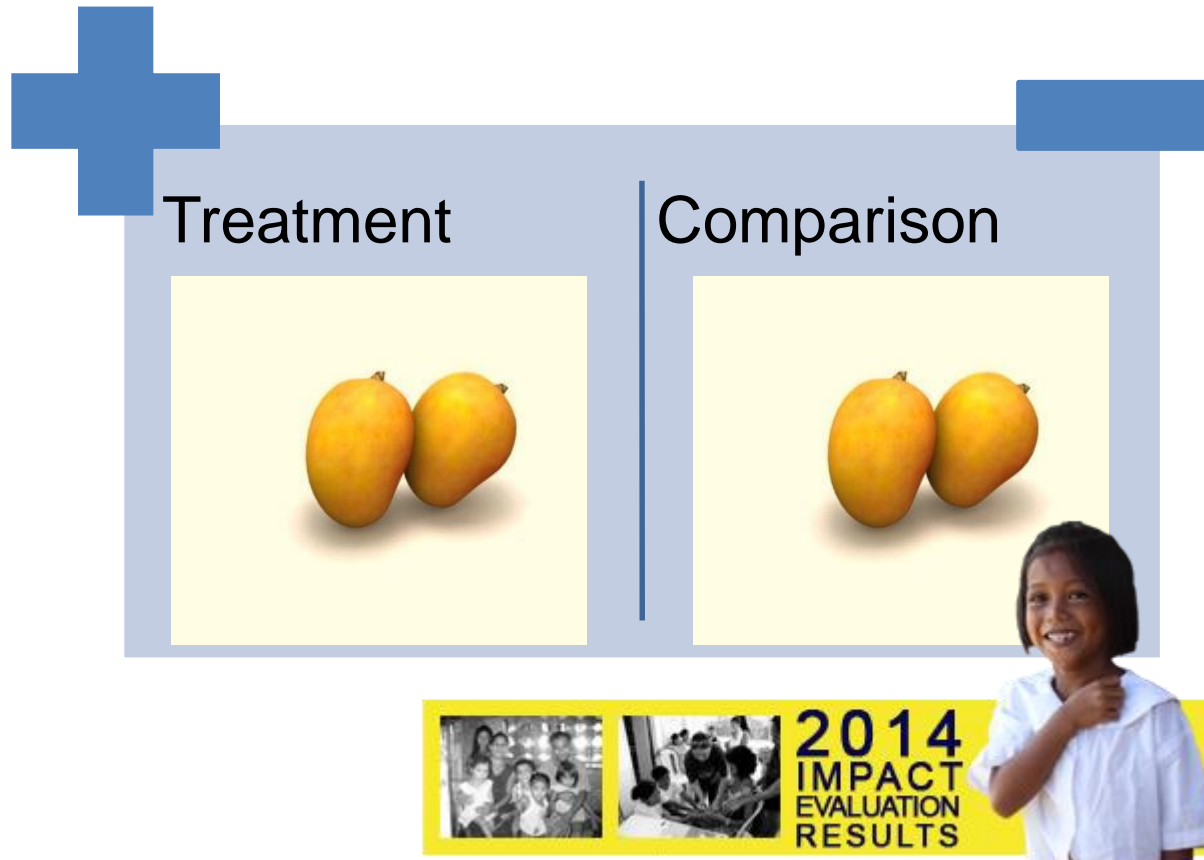
**2014: 4.1 M Households**



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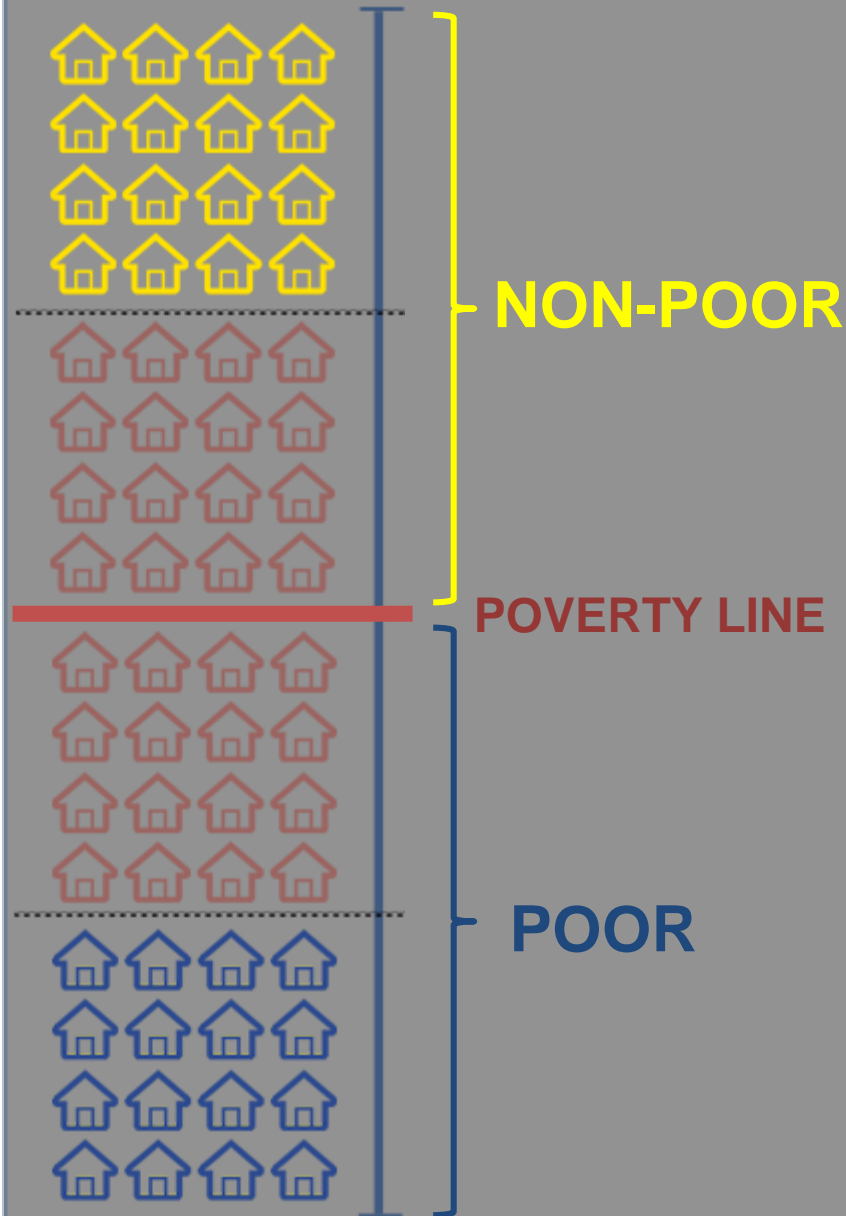


## Evaluation requires comparing similar households before intervention



# Discontinuity Design

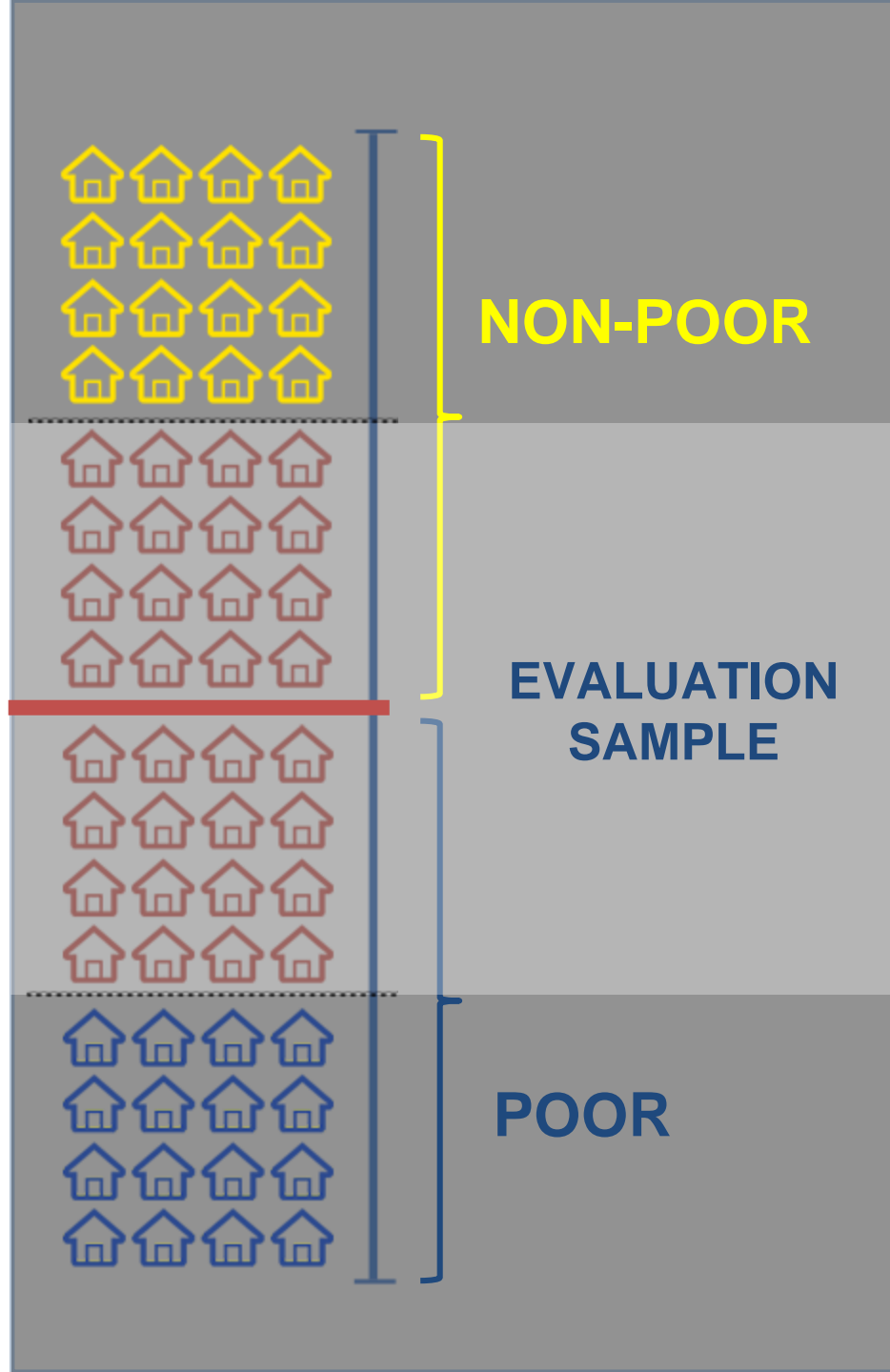
Through *Listahanan*, arrange households using their PMT score to identify poor (eligible) and non-poor (non-eligible) households



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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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02

## 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*

10 Municipalities  
in LUZON

10 Municipalities  
in VISAYAS

10 Municipalities  
in MINDANAO



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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**



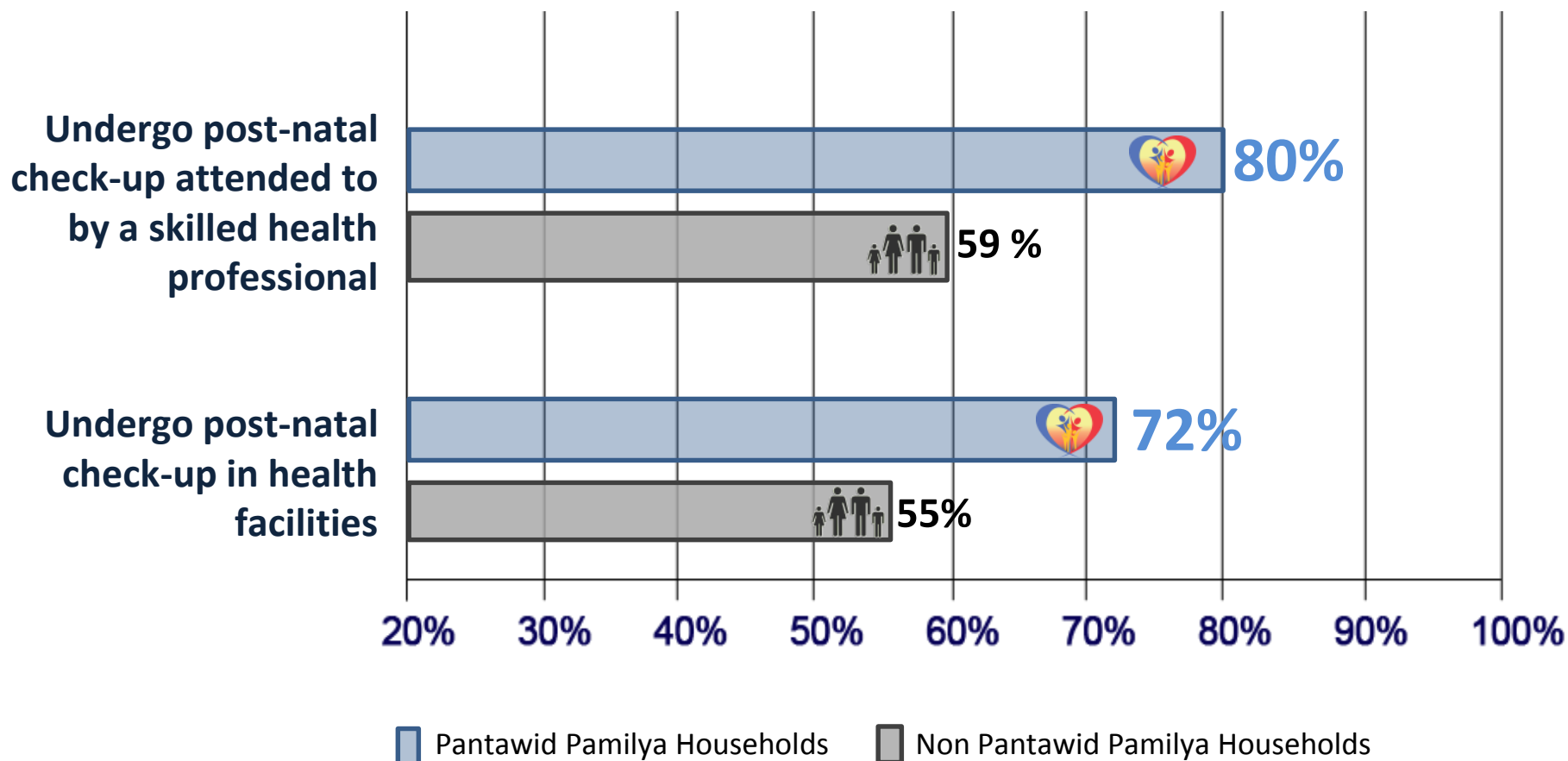
**7 in 10 births**

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







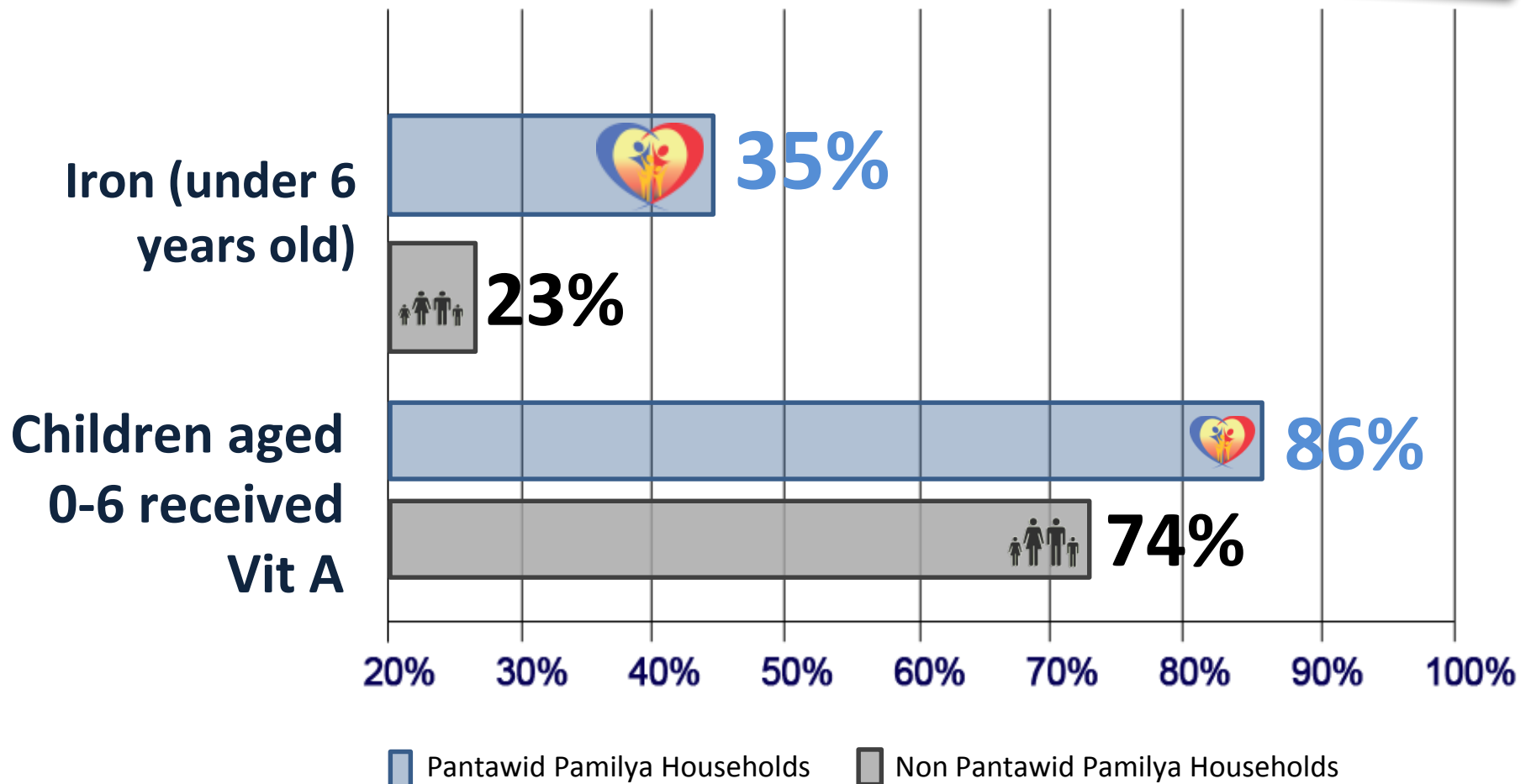
***Pantawid Pamilya children  
avail of key health care  
services***



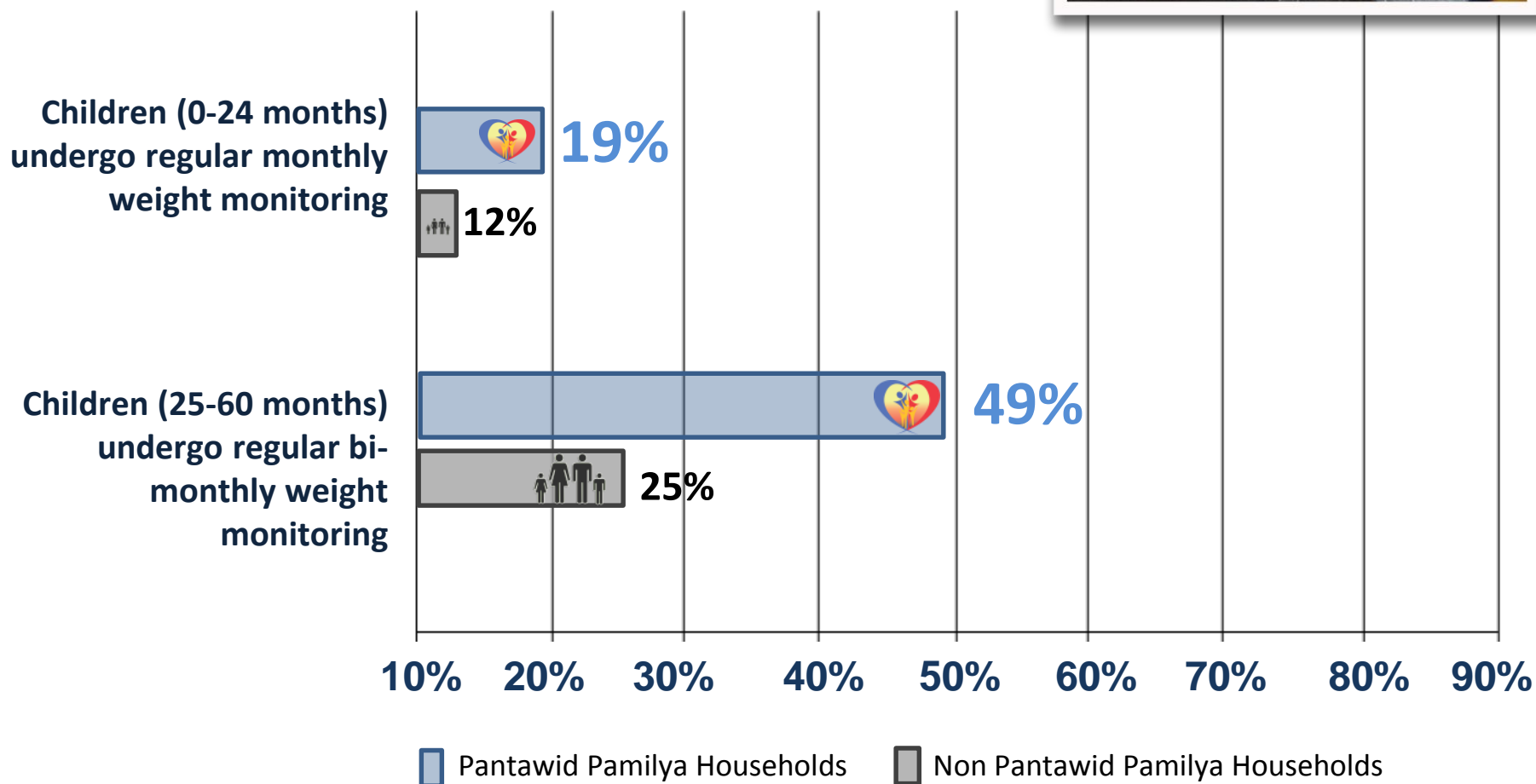
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# More Pantawid children receive Iron supplements and vitamin A tablets



# More Pantawid Pamilya children undergo weight monitoring

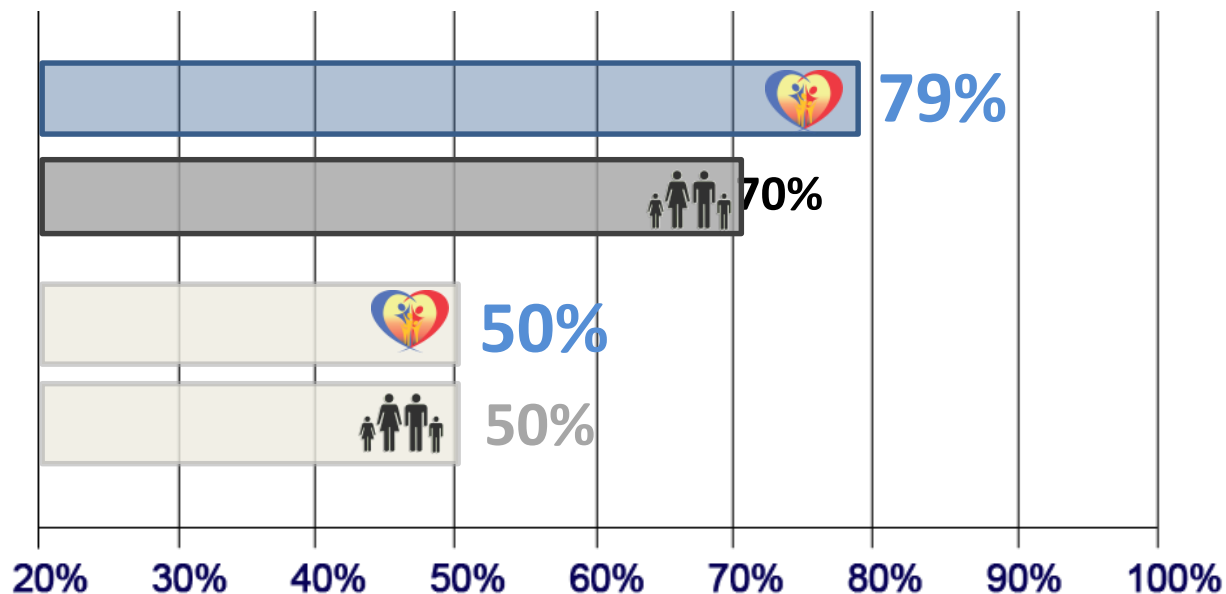




# More Pantawid Pamilya children receive deworming pills once a year



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

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



-  Pantawid Pamilya Households
-  Non Pantawid Pamilya Households



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



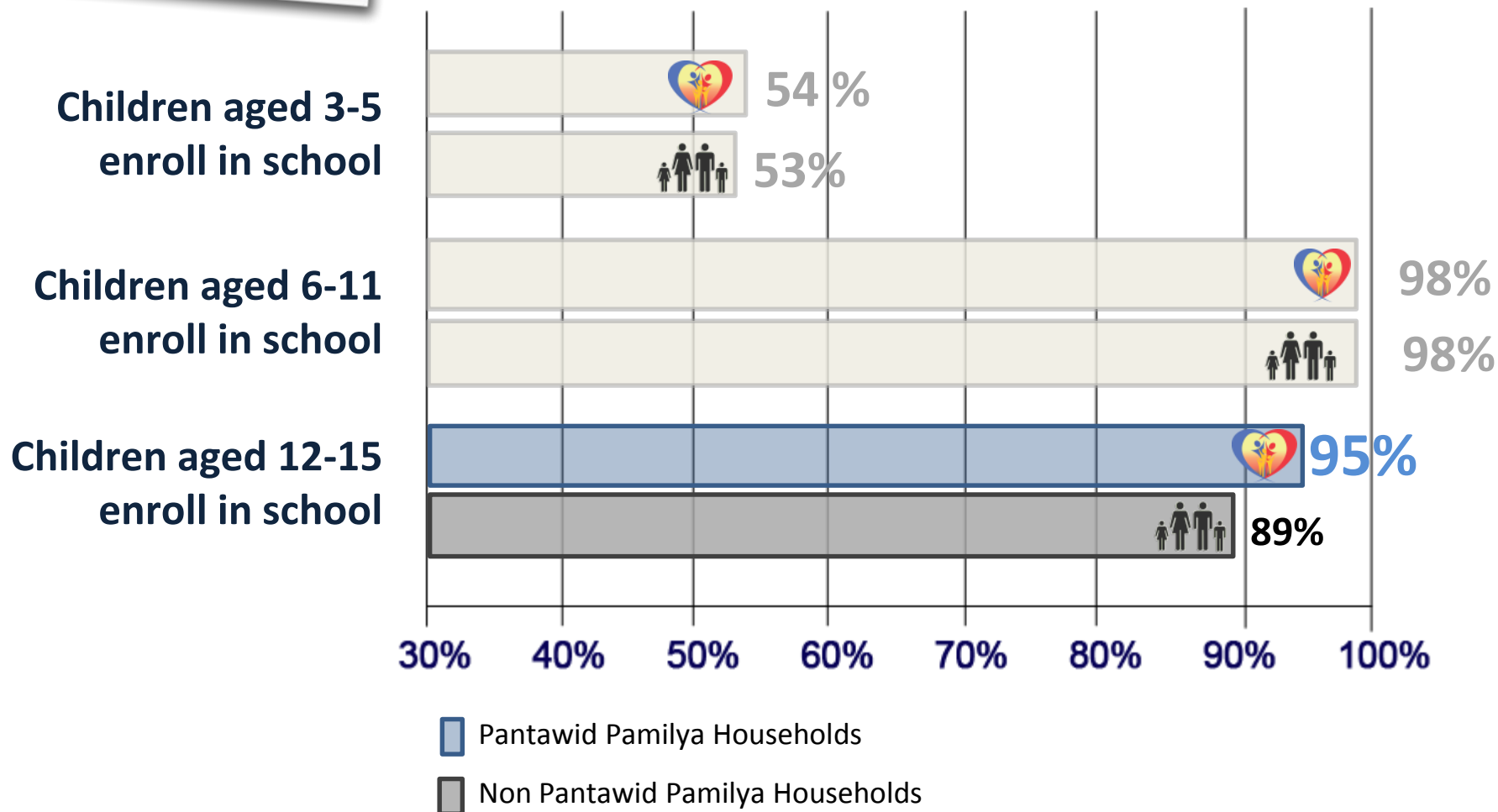
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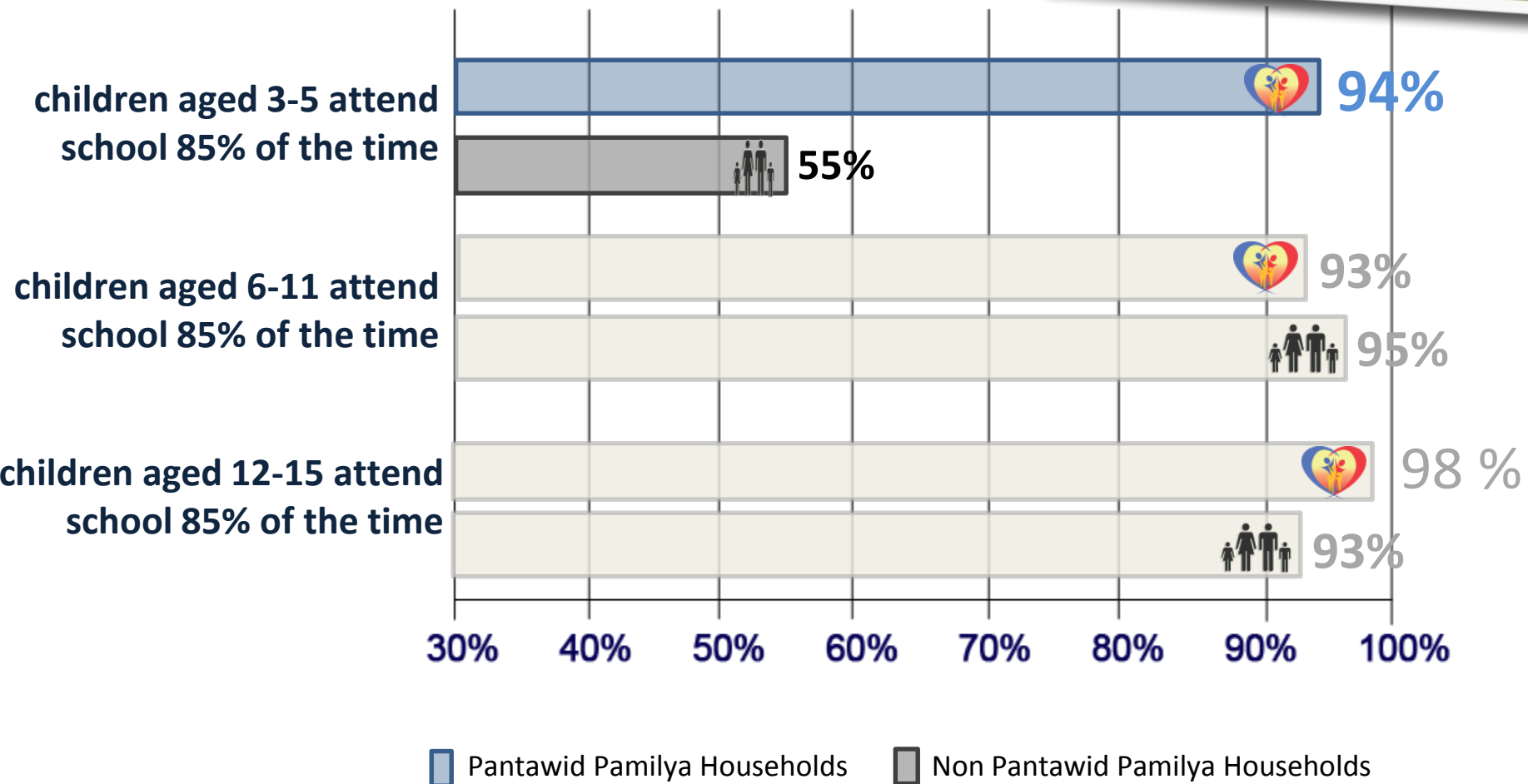




# More 12-15 year old Pantawid children enroll in school



## 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

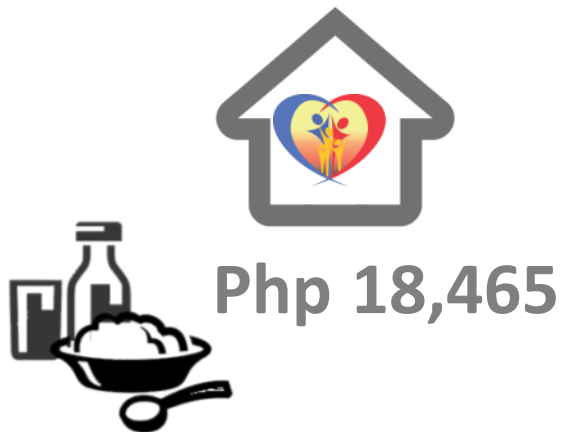


Php 35.34

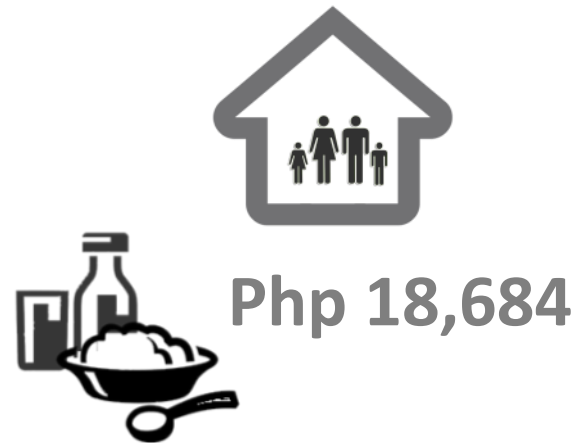
# Food consumption of Pantawid households



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



Php 18,465



Php 18,684



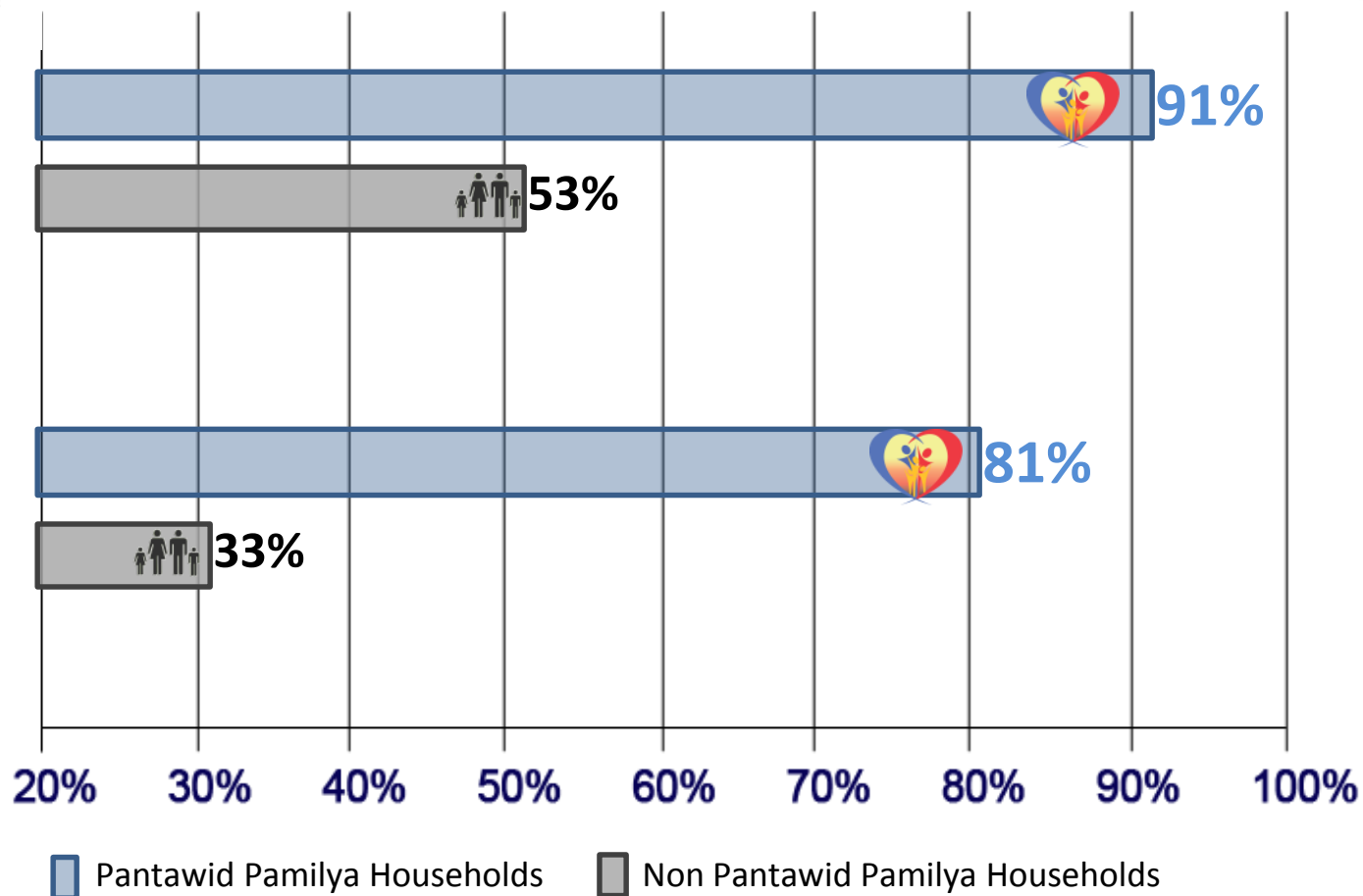


# Other Positive significant results



**Percentage of  
Households who  
are members of  
PhilHealth**

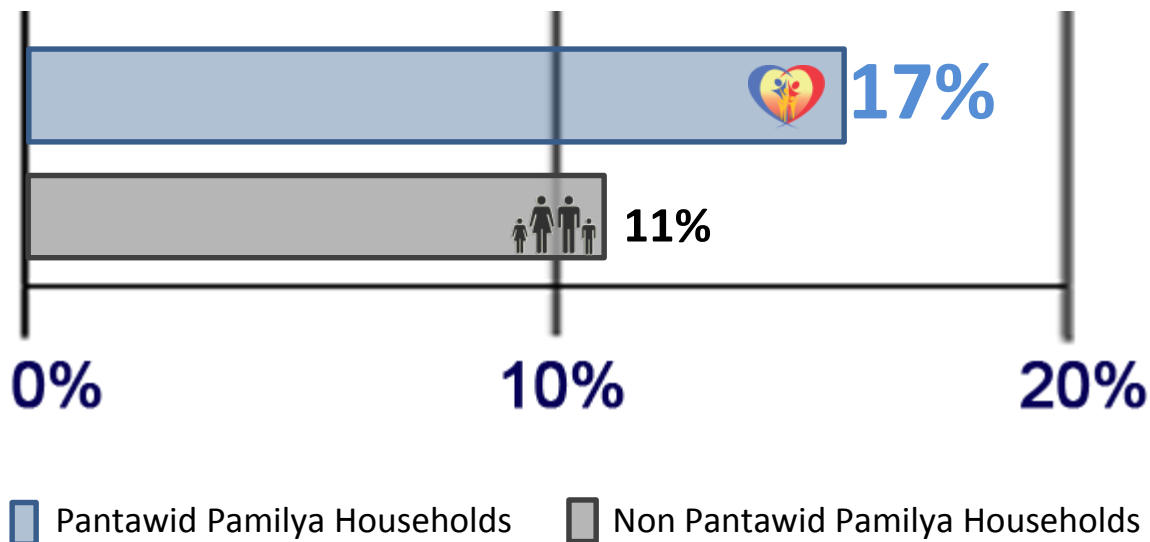
**Awareness of the  
Family  
Development  
Sessions**



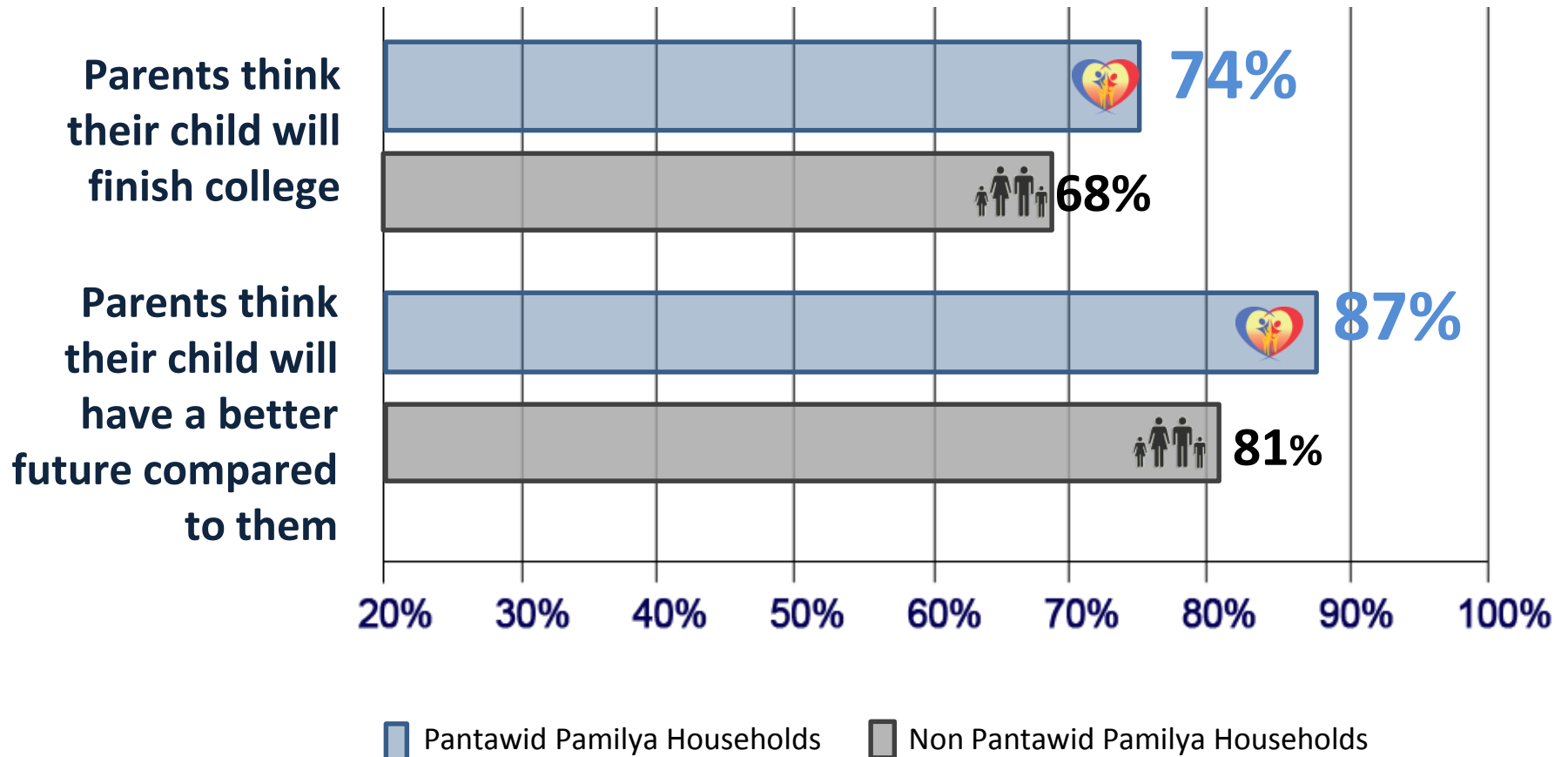
# Working-age household members are employed and continue to look for additional work



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



# Pantawid Pamilya 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)



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**Thank you!**

