Assessing the Impacts of the Pantawid Pamilyang Pilipino Program

DR. ANICETO C. ORBETA, JR.

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Philippine Institute for Development Studies
Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas

Assessing the Impacts of the Pantawid Pamilyang Pilipino Program: Results of the 3rd Wave Impact Evaluation

The presentation will cover results from three studies:

Regression Discontinuity Study

- Main Study on short to mid-term impacts

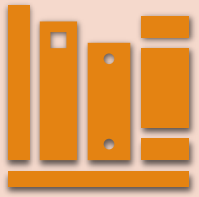
Qualitative Follow-up Study

- Qualitative study to supplement RDD study results

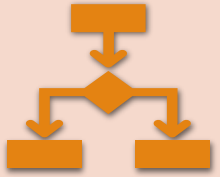
RCT Cohort Study

- Sub-study aimed to look at longer term impacts

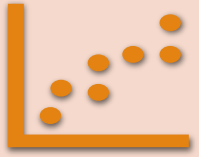
PRESENTATION OUTLINE



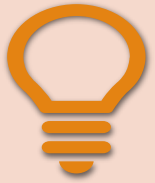
Background



Methods



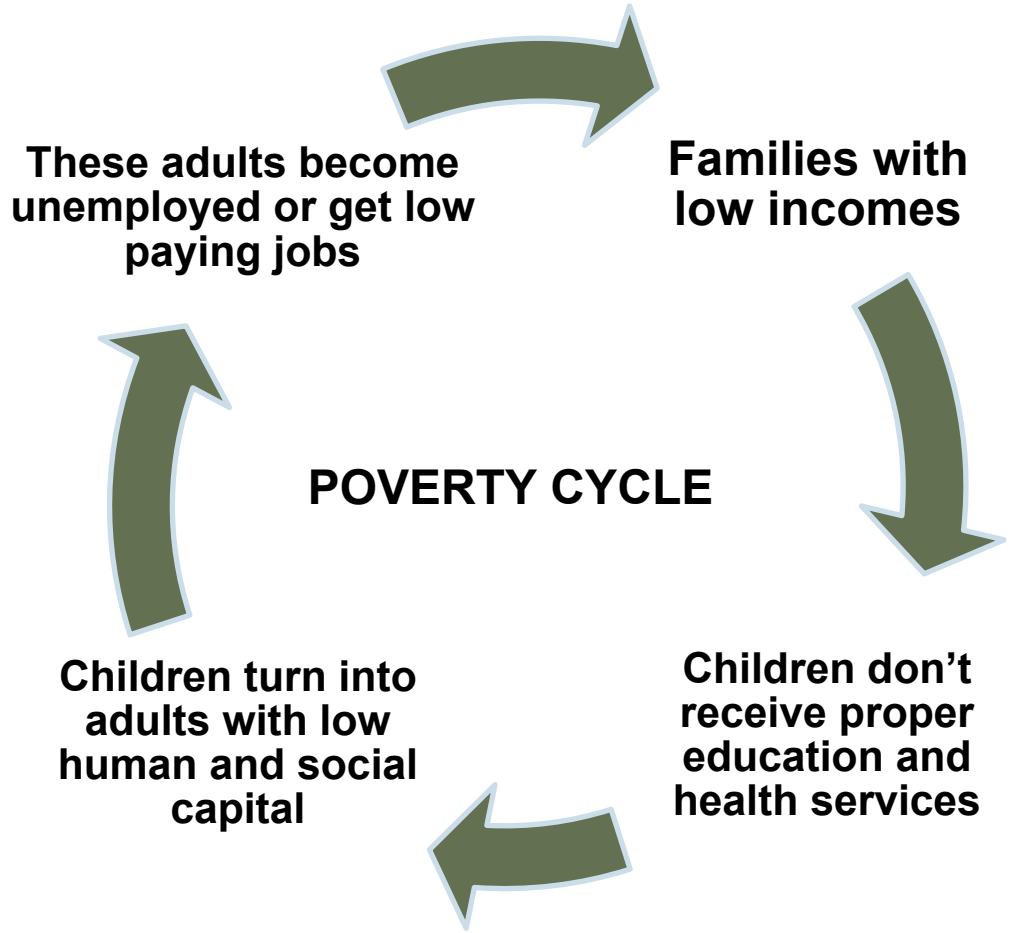
Findings



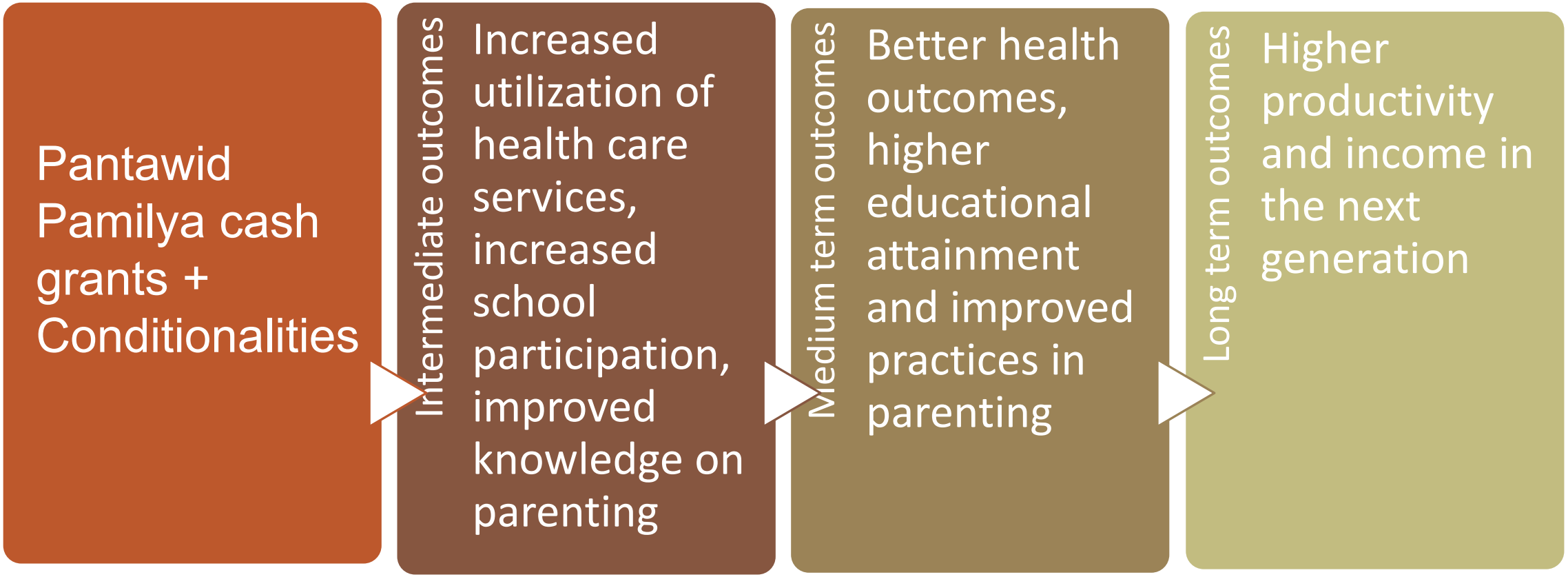
Recommendations

Program Overview

The Pantawid Pamilyang Pilipino Program (4Ps) aims to break the intergenerational cycle of poverty by encouraging poor households to invest in the health and education of children



Pantawid Pamilya Program Theory



Previous Findings: 1st Impact Evaluation (RCT) (2011)

- **Increased school enrollment** among younger children (3 – 11 years old) and increased school attendance among children 6 – 17 years old.
- **Severe stunting was reduced** by 10 percentage points indicating improved long-term nutritional status of the children.
- **Encouraged mothers to avail maternal health care services** and **children to take Vitamin A, deworming pills, and regular weight monitoring.**
- **Beneficiaries spend more on health and education** and **less on vice goods** compared to non-beneficiaries.
- No evidence that adults in beneficiary households worked less or made less effort to find work.

Previous Findings: 2nd Impact Evaluation (RDD) (2013)

- **Program keeps older children in school**. Gross enrolment among high school children 12 – 15 years old is higher for 4Ps children
- **Take up of Vitamin A, iron supplements, deworming pills, and weight monitoring service was higher in 4Ps children than non-beneficiaries.**
- The program **promotes facility-based services and access to professional postnatal care**.
- The program contributes to **reducing hours of child labor among poor children**. Pantawid children (10 – 14 years old) work seven days less in a month compared to non-beneficiary children.

Research Design and Methods

Regression Discontinuity Design (RDD) Study

Objective:

Reassess the program impact on short term and intermediate outcomes in:

1. Maternal health;
2. Children's Health and Early Childhood Care and Development (ECCD);
3. Education (pre-school, elementary, and high school);
4. Socio-economic domains (labor, livelihood, consumption, savings, housing, etc.)

Data:

~7,000 HHs near the poverty threshold, from 30 city/municipalities nationwide

Data collection: November 2017 to February 2018

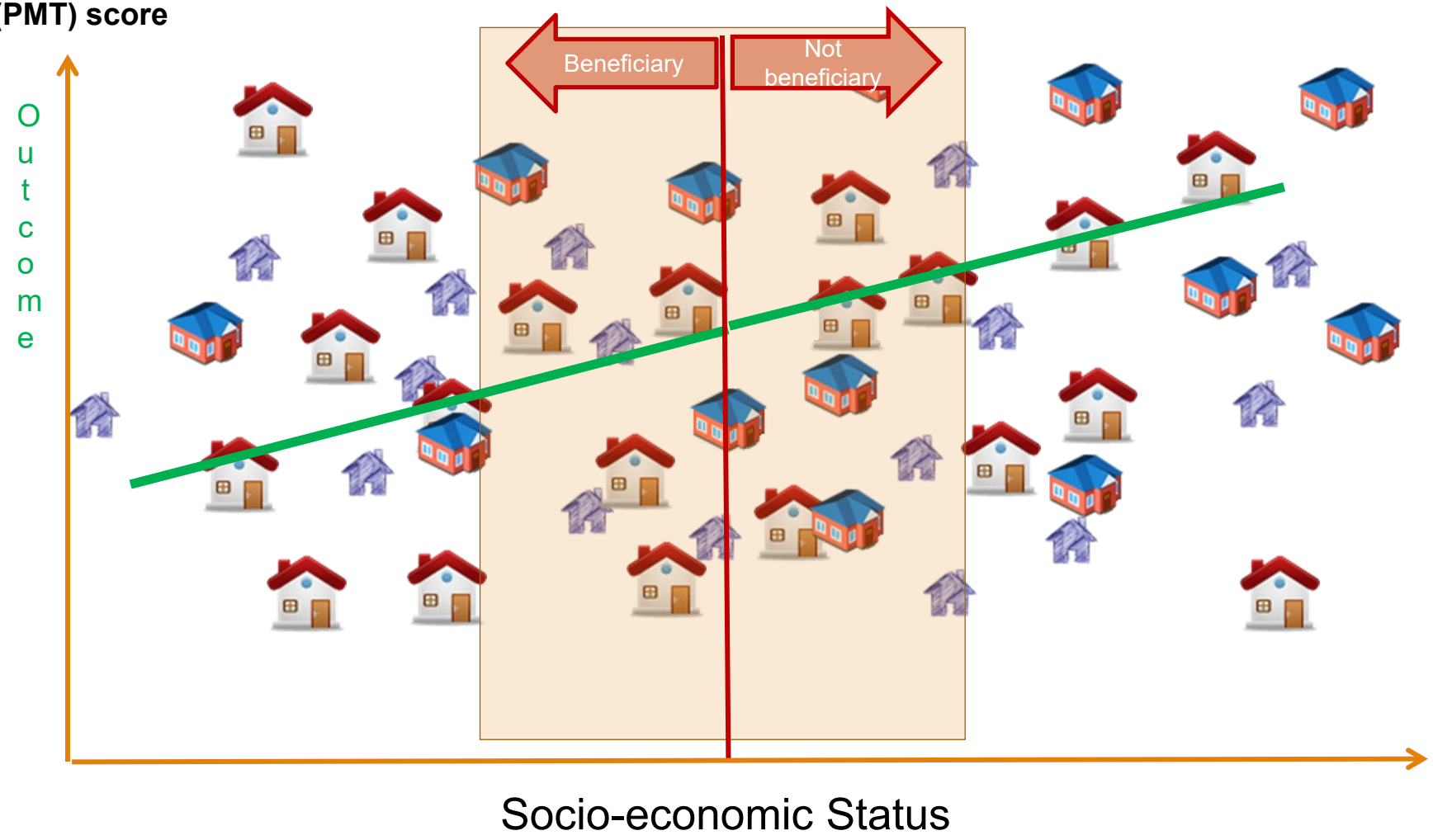
RDD STUDY

Target Population

Arrange Target Population

Before treatment

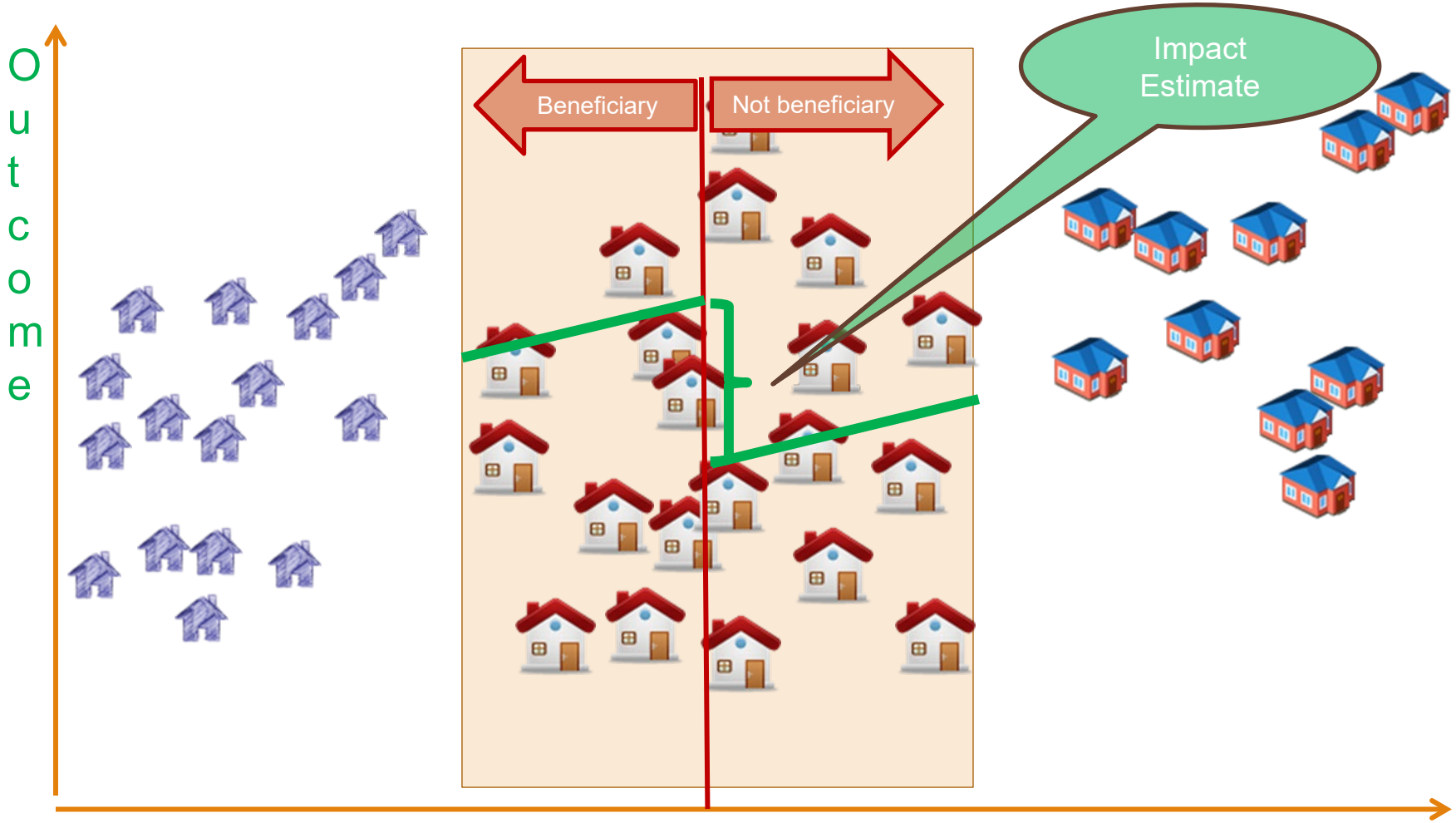
SORT such as by **Proxy Means Test (PMT) score**



RDD STUDY

Target Population
After Treatment

Implications: RD results pertain to observation units around the eligibility threshold



RCT Cohort Analysis

Objective:

- Measure **"lock-in" effects** of timely provision of Pantawid Pamilya benefits during critical periods in a child's life

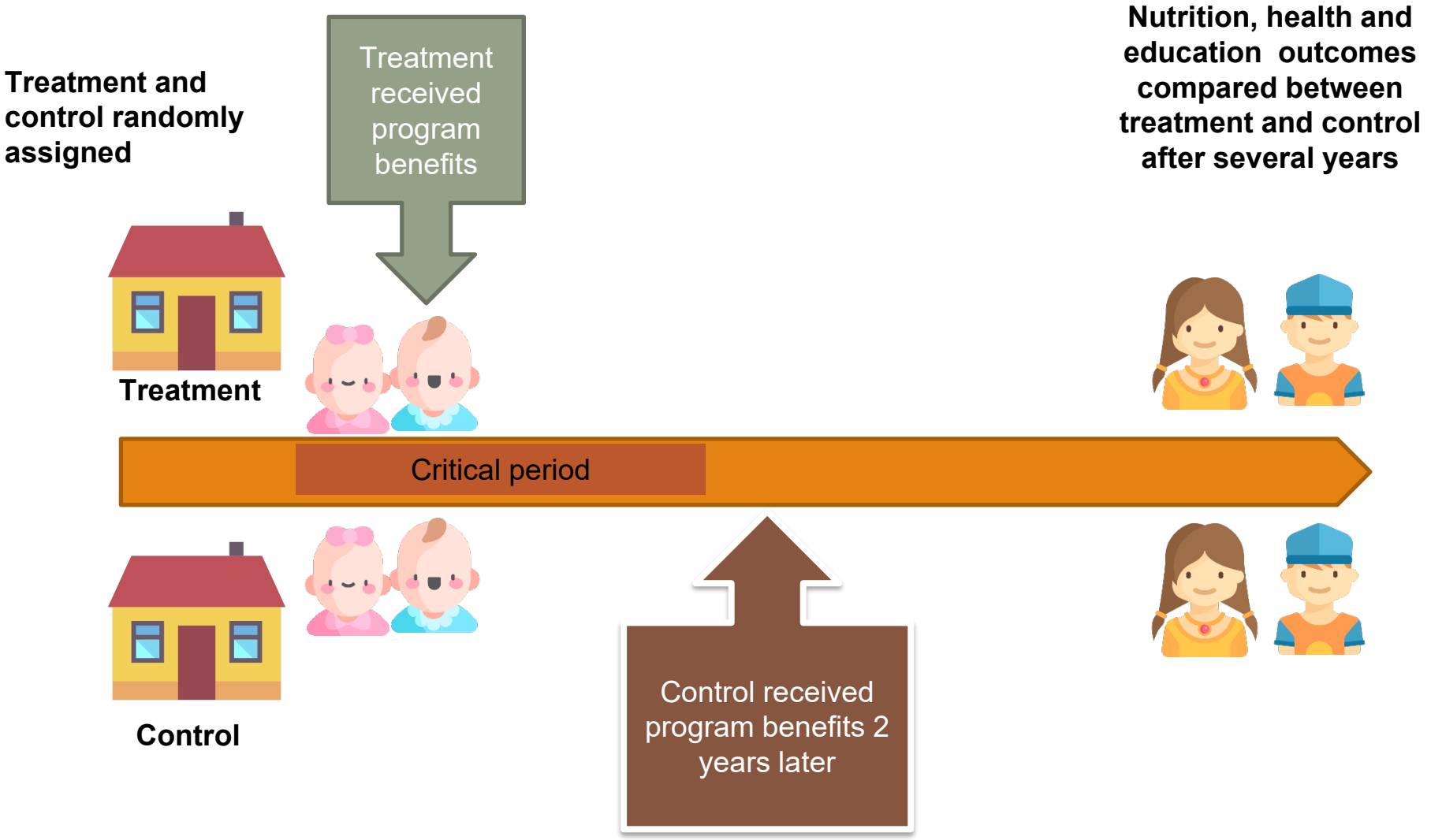
Data:

~2,500 HHs drawn from the original treatment and control barangays used in the 1st wave RCT sample and includes households with at least one (1) child born between April 2009 and April 2013

Data collection: November 2017 to February 2018

RCT COHORT STUDY

Estimating Pantawid Pamilya "Lock-in" Effects



Qualitative Follow-up Study

Objective:

To gain deeper understanding on the select (“controversial”) IE3 results using qualitative methodology

Data generation methods

- FGD with program beneficiaries
- Key informant interviews with program stakeholders
- Data collection: November 2019 to March 2020

Analysis

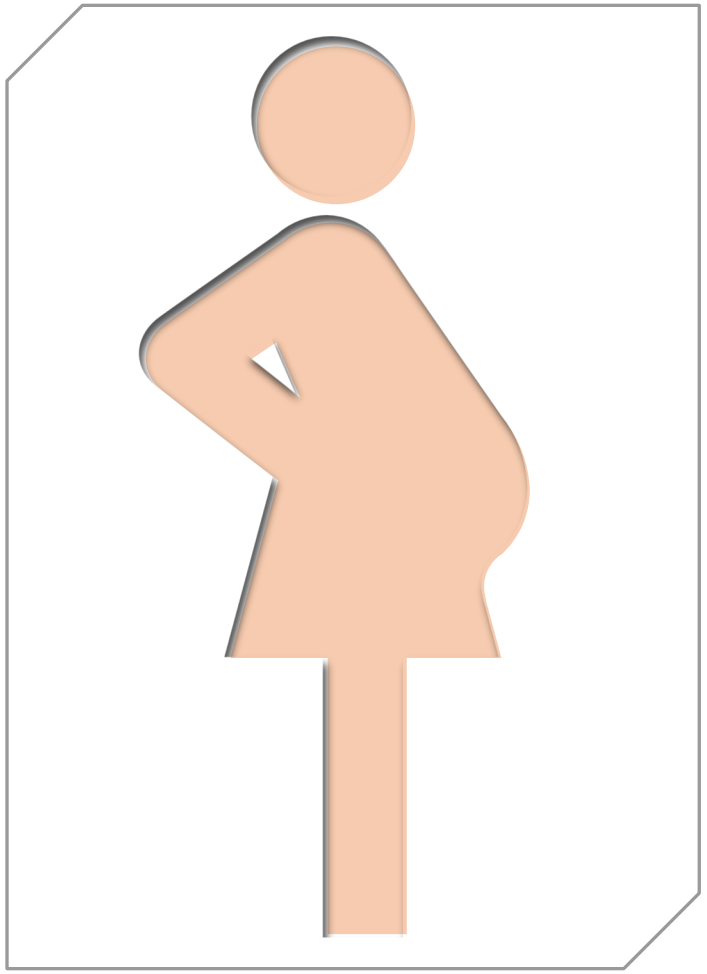
- Thematic analysis of interview transcripts using NVivo

Qualitative Study

Primary Data Collection

Activity/Respondent	Respondent/ Topic of interview
FGDs with Pantawid beneficiaries and comparison group	• Mother or main caregiver/guardian of children aged 0-5 years old • Collect data on Knowledge, attitudes, and practices on topics of maternal health and child health.
KII with Health Facility Staff	• Health facility head or staff assigned to compliance monitoring (i.e., 4Ps Focal Person) • Record experiences about program implementation and beneficiary behavior.
KII with 4Ps City/Municipal Link	• City or municipal link assigned to barangay • Record experiences about program implementation and beneficiary behavior.

Results

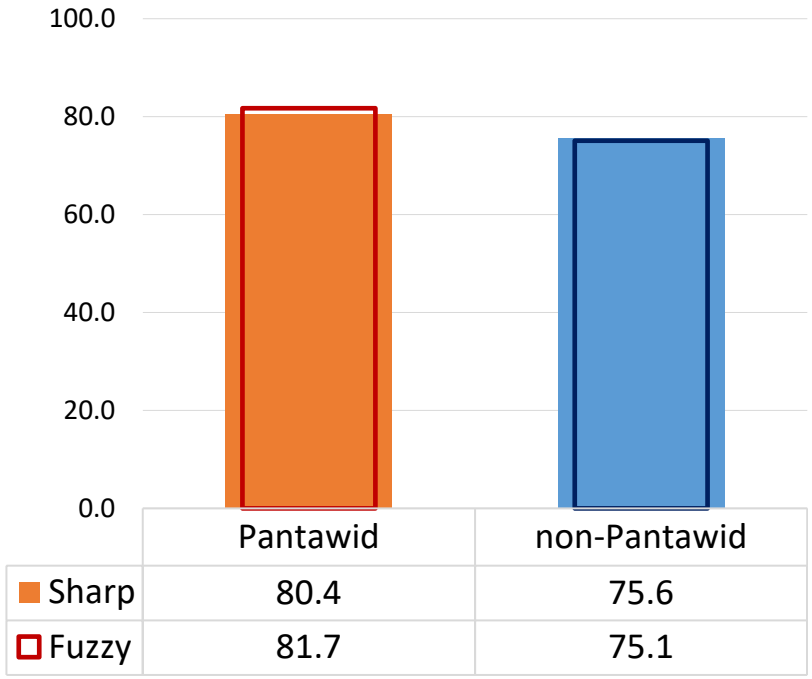


REPRODUCTIVE AND MATERNAL HEALTH

RDD STUDY

Reproductive Health:
Awareness and Use of Family Planning Methods

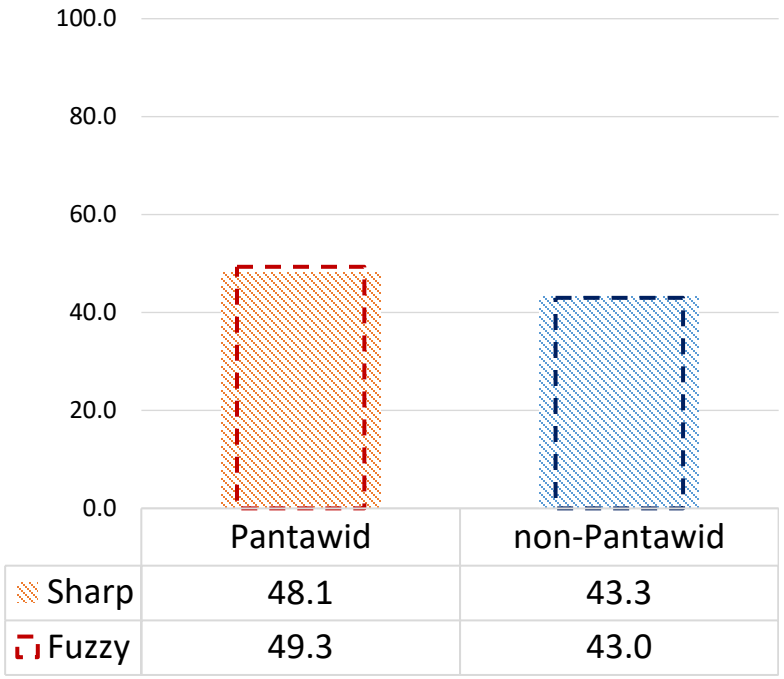
The program encourages trial use of modern FP methods by **5 to 7 percentage points** compared to non-Pantawid beneficiaries (75 percent).



	Pantawid	non-Pantawid
Sharp	80.4	75.6
Fuzzy	81.7	75.1

Note: Statistically significant for all bandwidths

Impact is **not sustained** in **current use of FP methods**



	Pantawid	non-Pantawid
Sharp	48.1	43.3
Fuzzy	49.3	43.0

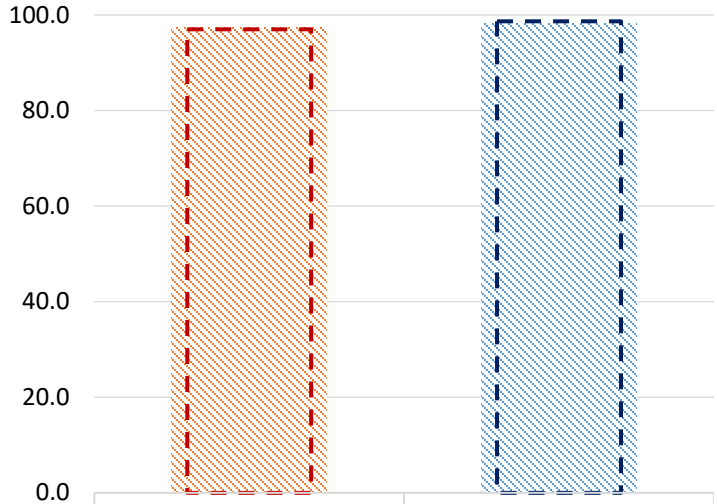
Note: Statistically significant for sampling bandwidth only

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Maternal Health: Prenatal Care Services

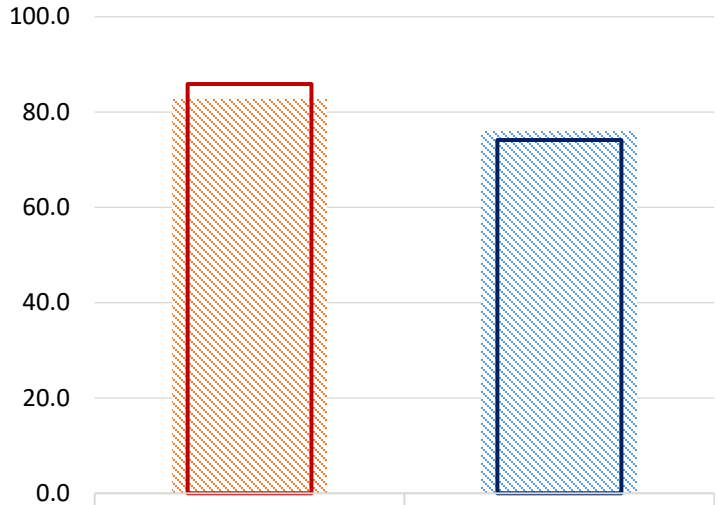
Availment of **prenatal checkup at least once** is already high for both groups. No difference between beneficiaries and non-beneficiaries



	Pantawid	non-Pantawid
Sharp	97.4	98.2
Fuzzy	97.0	98.7

Note: Statistically significant for sampling bandwidth only

Positive program impact (↑**12 percentage points**) on availment of **prenatal checkup at least 4 times** in duration of pregnancy



	Pantawid	non-Pantawid
Sharp	82.7	76.0
Fuzzy	85.9	74.1

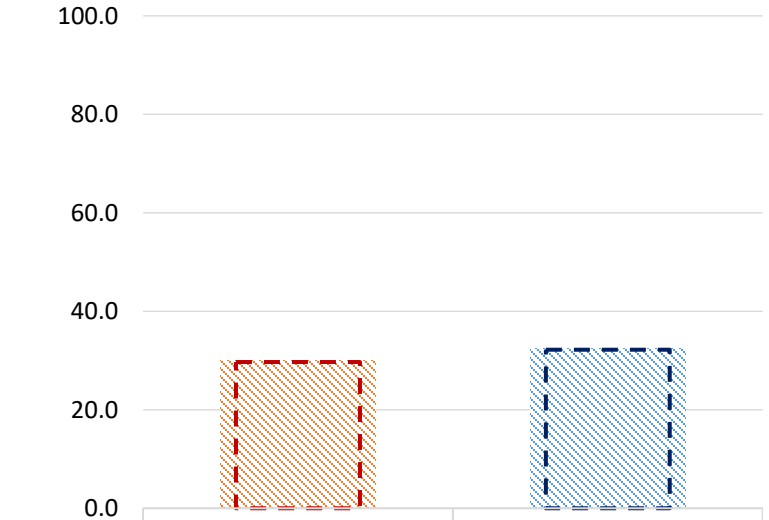
Note: Statistically significant for fuzzy CER and sampling bandwidths, and sharp sampling bandwidth

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Maternal Health:
Postnatal Care Services

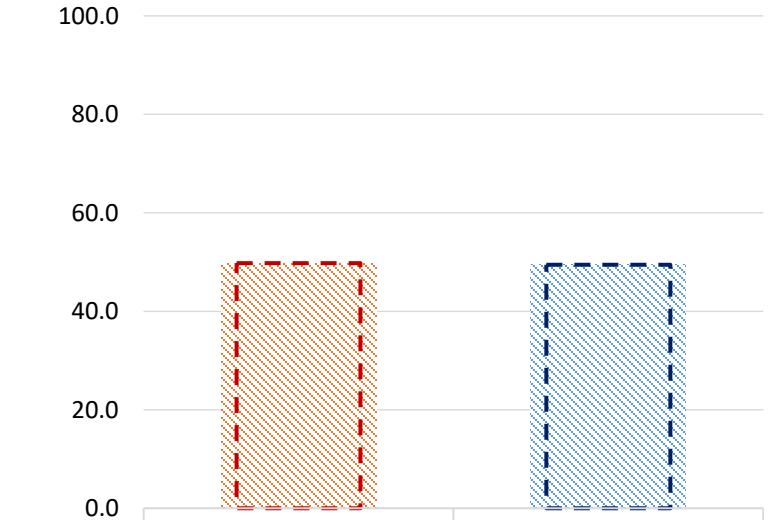
No statistically significant difference on availment of **postnatal care within 24 hours** for 4Ps beneficiaries and non-beneficiaries



	Pantawid	non-Pantawid
Sharp	30.1	32.5
Fuzzy	29.7	32.2

Note: Statistically significant for sampling bandwidth only

No statistically significant difference on availment of **postnatal care within 72 hours** (although higher rates for beneficiaries)



	Pantawid	non-Pantawid
Sharp	49.7	49.6
Fuzzy	49.8	49.5

Note: Not statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

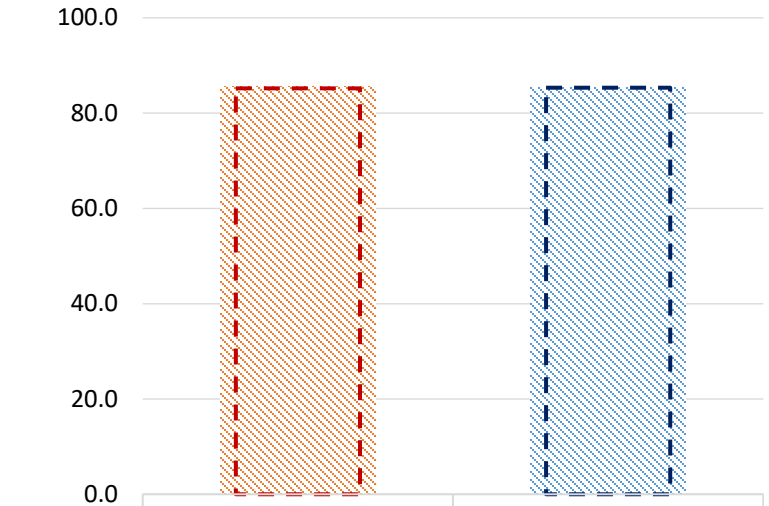
Maternal Health

- Both Pantawid and non-Pantawid mothers are aware of the importance of antenatal (ANC) and postnatal care (PNC). Awareness on ANC is higher compared to PNC.
- Knowledge on the appropriate number and timing of ANC and PNC checkups varies across respondents.
- High compliance is observed for attendance to ANC checkups, but inconsistent compliance with PNC checkups.
- Provision of PNC checkups is markedly lower for both urban and rural areas, which is a possible factor in low PNC attendance by mothers.

RDD STUDY

Maternal Health:
Skilled Birth attendance

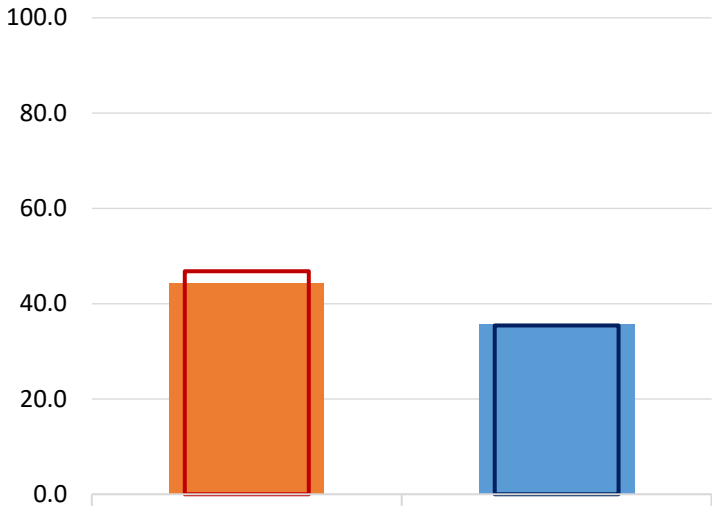
No impact on **skilled birth attendance** (SBA) by either doctor, midwife, or nurse



	Pantawid	non-Pantawid
Sharp	85.5	85.4
Fuzzy	85.2	85.3

Note: Not statistically significant for all bandwidths

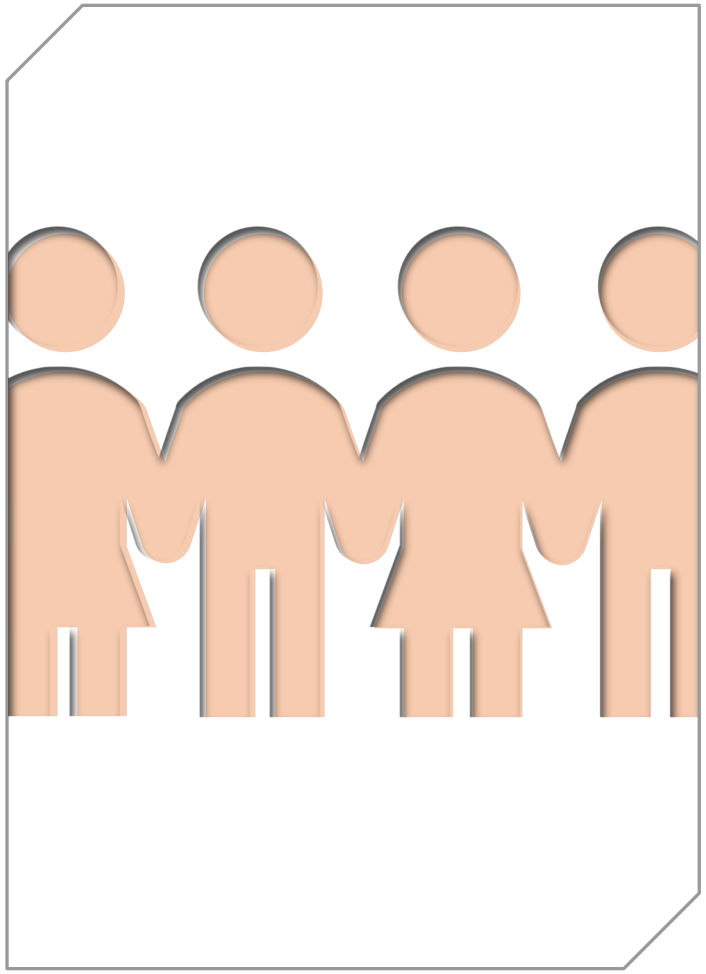
Birth attendance by a doctor among beneficiaries is **10 percentage points higher** compared to non-beneficiaries



	Pantawid	non-Pantawid
Sharp	44.3	35.6
Fuzzy	46.8	35.4

Note: Statistically significant for all bandwidths except Fuzzy MSE

Note: Solid bars and whole lines indicate statistically significant results

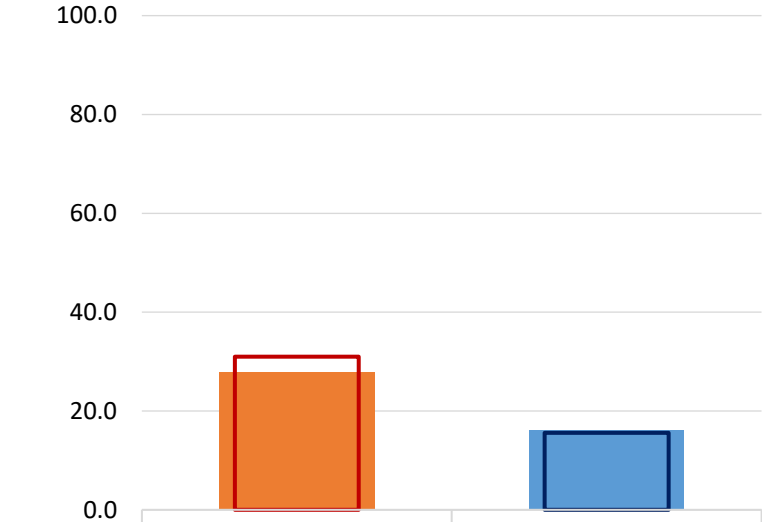


CHILD HEALTH AND NUTRITION

RDD STUDY

Child Health: Weight Monitoring

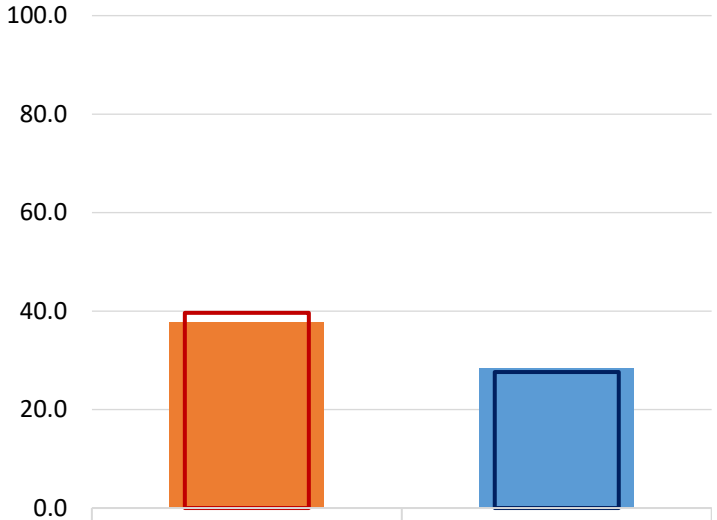
Regular weight monitoring among children 0 to 2 years old is **higher among beneficiaries by 12 to 15 percentage points** in the MSE bandwidth only



	Pantawid	non-Pantawid
Sharp	27.8	16.0
Fuzzy	31.0	15.6

Note: Statistically significant for MSE bandwidth only

Regular weight monitoring among children 2 to 5 years old **is significantly higher among beneficiaries** by **9 to 12** percentage points



	Pantawid	non-Pantawid
Sharp	37.8	28.4
Fuzzy	39.7	27.6

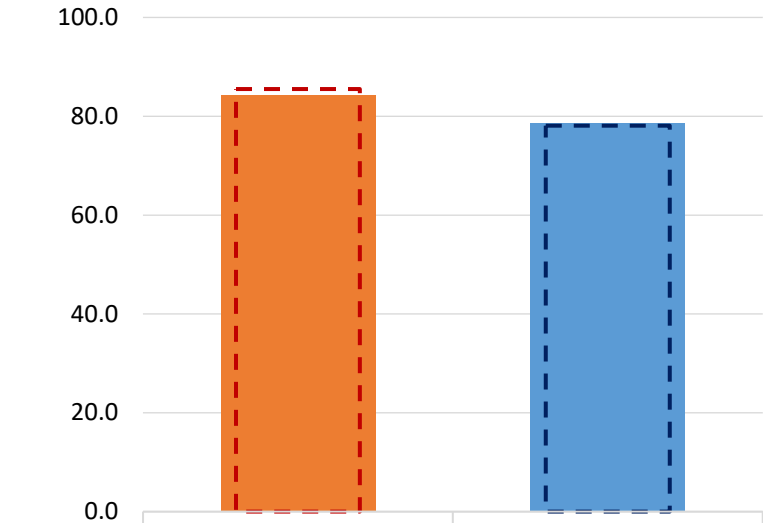
Note: Statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Child Health:
Vitamin A, Immunization

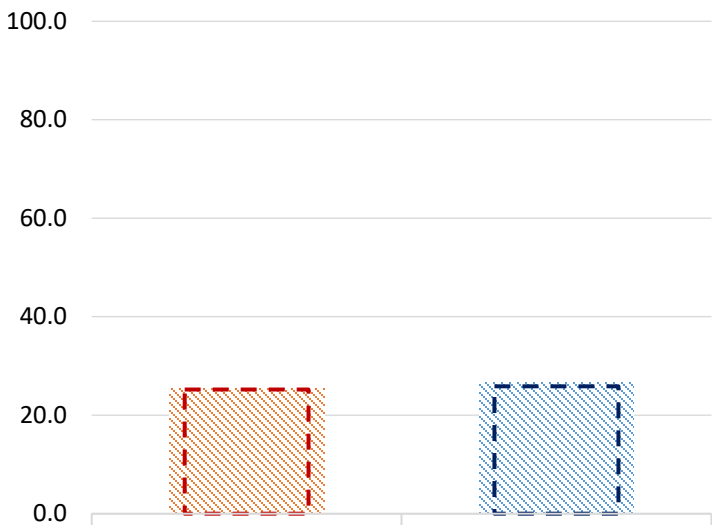
Higher intake (6 to 7 pp) of Vitamin A within 6 months **among beneficiaries**



	Pantawid	non-Pantawid
Sharp	84.2	78.6
Fuzzy	85.5	78.1

Note: Statistically significant for all sharp bandwidths, and fuzzy MSE and sampling bandwidths

No discernable impact on complete immunization (excluding Hib and Rotavirus) for 12 months to 5 years old



	Pantawid	non-Pantawid
Sharp	25.5	26.6
Fuzzy	25.2	25.8

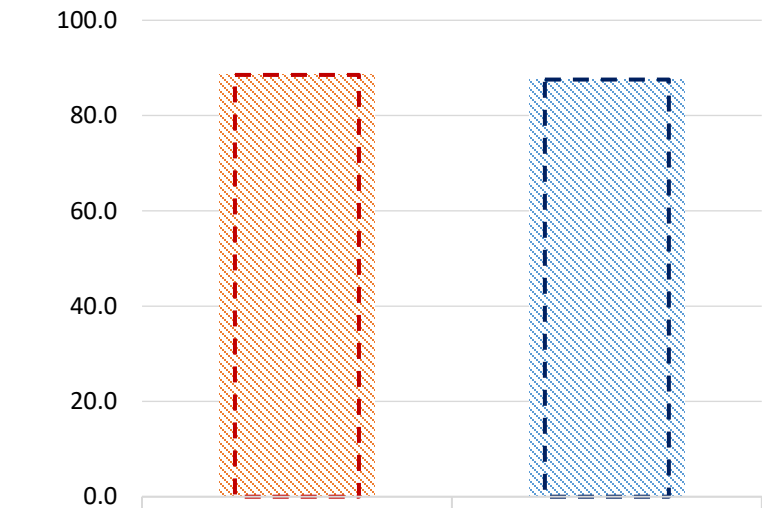
Note: Not statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Child Health: Deworming

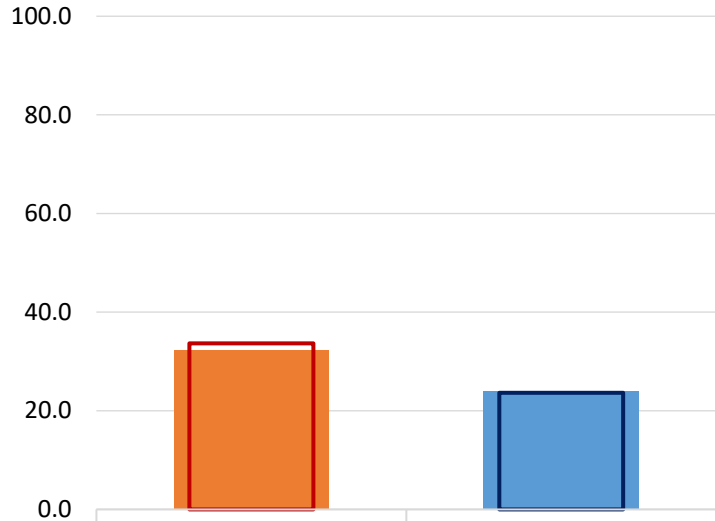
Similar proportions for receiving deworming pills once for school-aged Pantawid children



	Pantawid	non-Pantawid
Sharp	88.6	87.5
Fuzzy	88.5	87.5

Note: Not statistically significant for all bandwidths

Positive impact on receiving deworming pills at least twice for school-aged Pantawid children (↑ **8 to 10 percentage points)**



	Pantawid	non-Pantawid
Sharp	32.4	23.9
Fuzzy	33.7	23.6

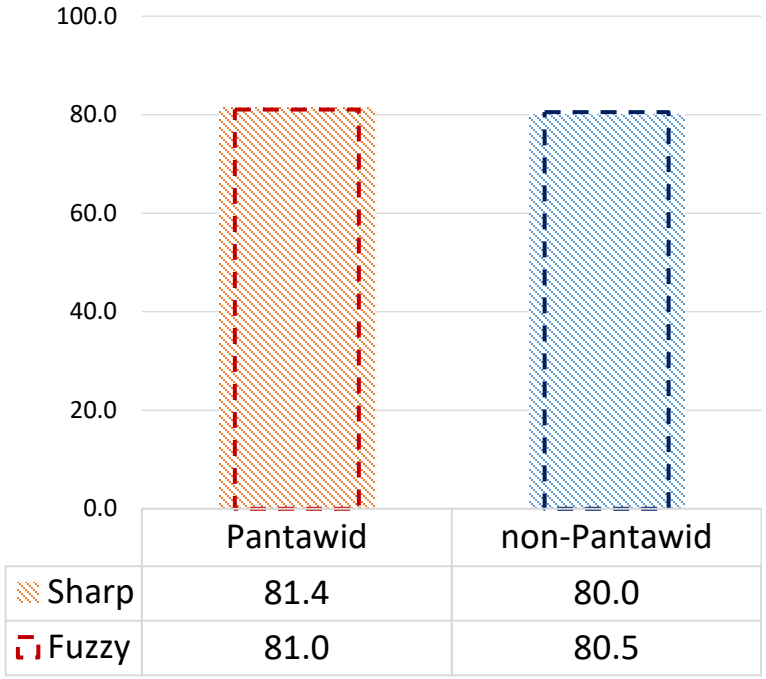
Note: Statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Child Health: Dietary Practices

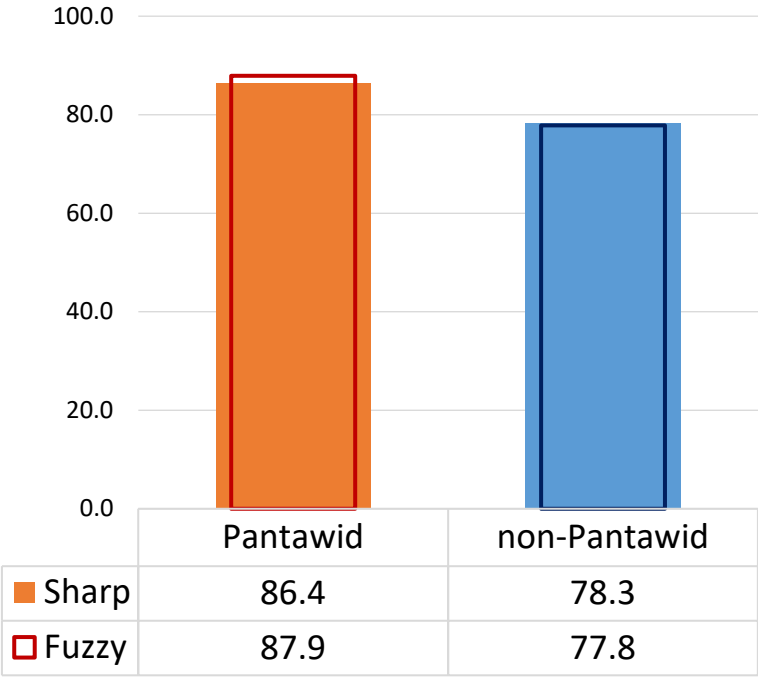
No significant impact on **exclusive breastfeeding** for six months



	Pantawid	non-Pantawid
Sharp	81.4	80.0
Fuzzy	81.0	80.5

Note: Not statistically significant for all bandwidths

Higher likelihood of being fed vegetables (↑ **8 to 10** percentage points) for Pantawid children



	Pantawid	non-Pantawid
Sharp	86.4	78.3
Fuzzy	87.9	77.8

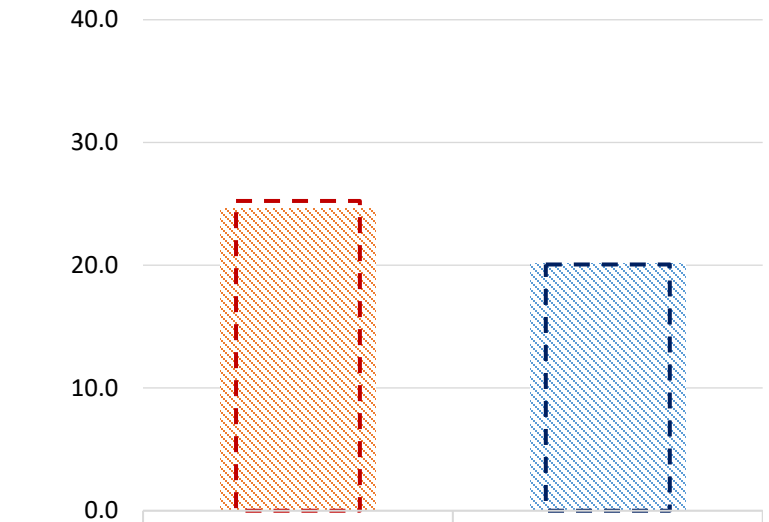
Note: Statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Child Health: Anthropometric Outcomes

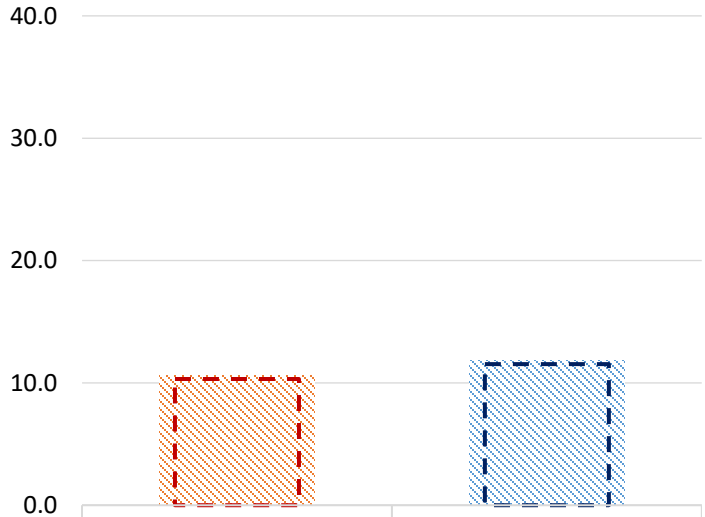
No significant impact is noted on likelihood of being underweight across all bandwidths



	Pantawid	non-Pantawid
Sharp	24.7	20.2
Fuzzy	25.2	20.1

Note: Not statistically significant for all bandwidths

No program impact on incidence of wasting across all bandwidths



	Pantawid	non-Pantawid
Sharp	10.6	11.8
Fuzzy	10.3	11.5

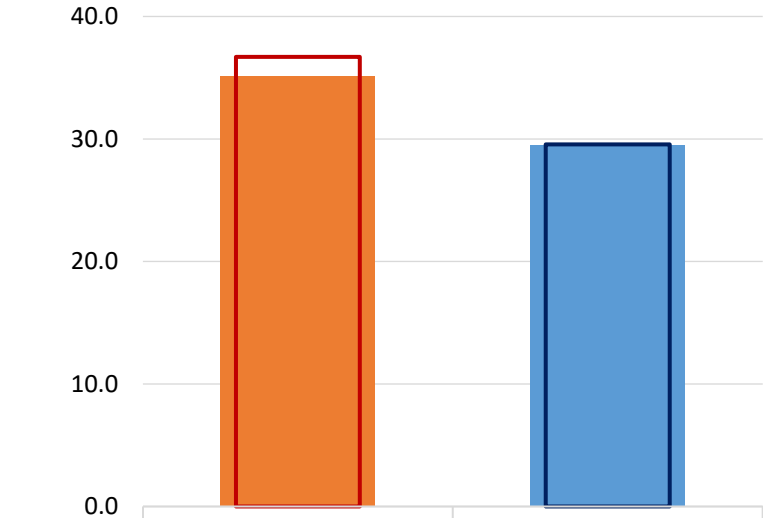
Note: Not statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Child Health: Anthropometric Outcomes

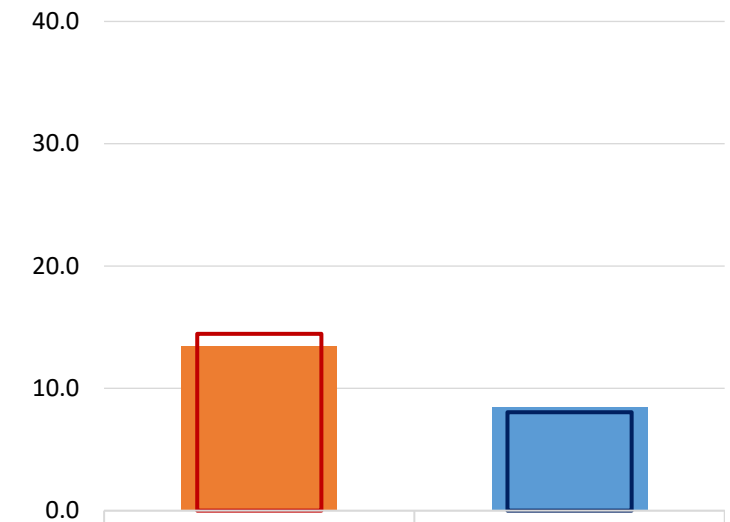
Higher prevalence of stunting among Pantawid beneficiary children (↑ 5 to 7 percentage points)



	Pantawid	non-Pantawid
Sharp	35.1	29.5
Fuzzy	36.7	29.6

Note: Statistically significant for all bandwidths

Negative impact on prevalence of severe stunting (↑ 5 to 6 percentage points) among children below 6 years old



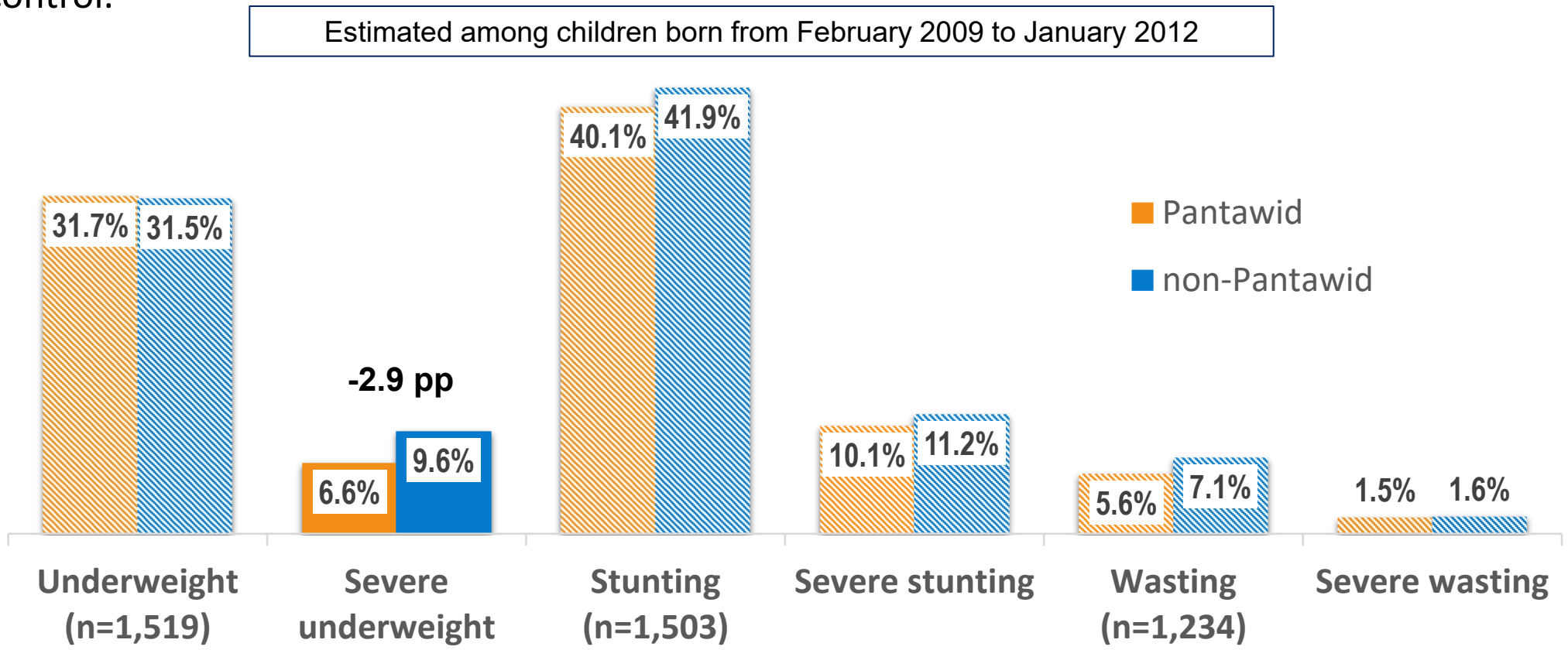
	Pantawid	non-Pantawid
Sharp	13.5	8.5
Fuzzy	14.5	8.0

Note: Statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RCT Cohort Study : Nutrition

- **2.9 percentage points reduction in the likelihood of being severely underweight among children in treatment group.**
- No impact on other nutrition outcomes, although rates are lower in treatment compared to control.

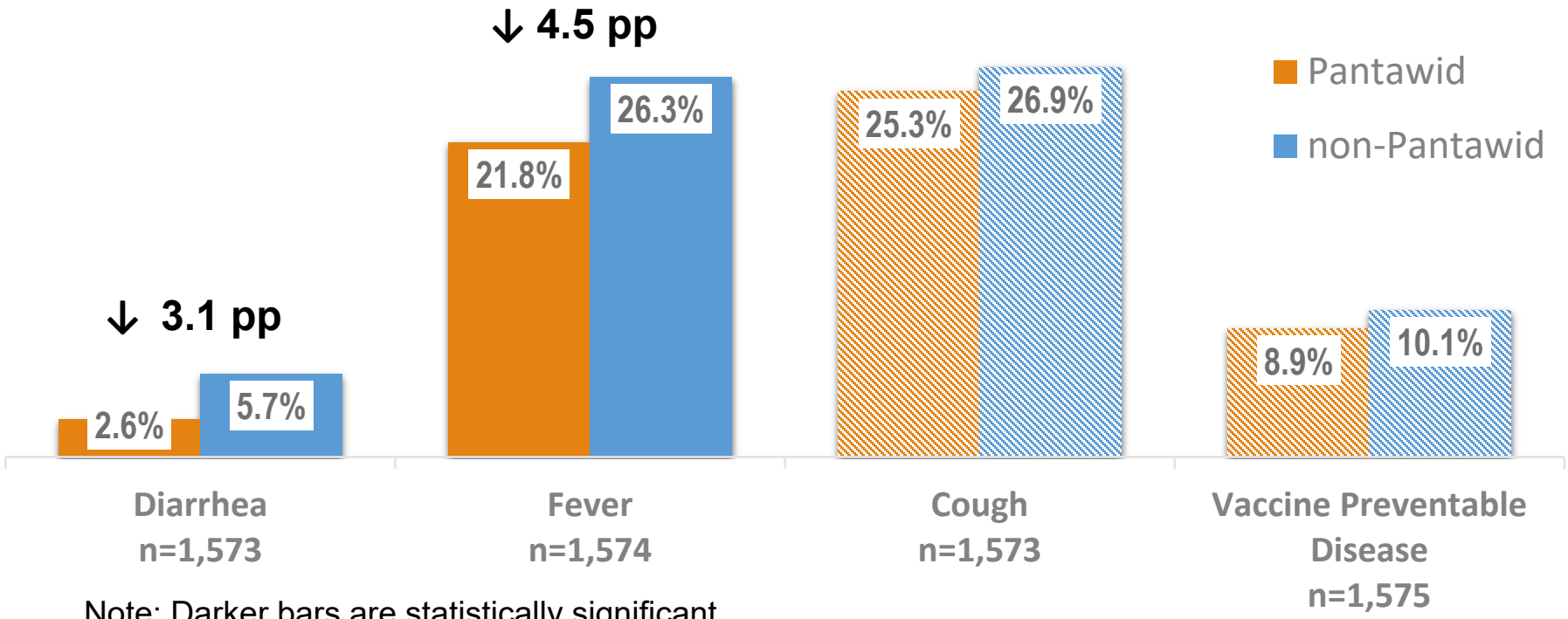


Note: Darker bars are statistically significant

RCT Cohort Study: Child Health

- **Lower incidence of diarrhea by 3.1 percentage points and fever by 4.5 percentage points among children in treatment areas.**
- No impact on incidence of cough and vaccine preventable diseases

Estimated among children born from February 2009 to January 2012



Note: Darker bars are statistically significant

Qualitative Study

Child Health and Nutrition

- **Only a small proportion of respondents reported that their child was targeted for a feeding program**. Most feeding programs are conducted by the daycare center and cover the whole class.
- **Few parents keep their own records of their child's weight and height**. Most rely on the record kept by the health facility.
- **Health facility visits for growth monitoring usually end with collection of weight and height of child**. Parents rarely receive nutrition counseling or check-up after the visit.
- **Parents are knowledgeable on proper feeding practices** and importance of proper nutrition for young children. However, **awareness of 1st 1000 days program is very low among respondents**.

Impression on Supply Side Conditions

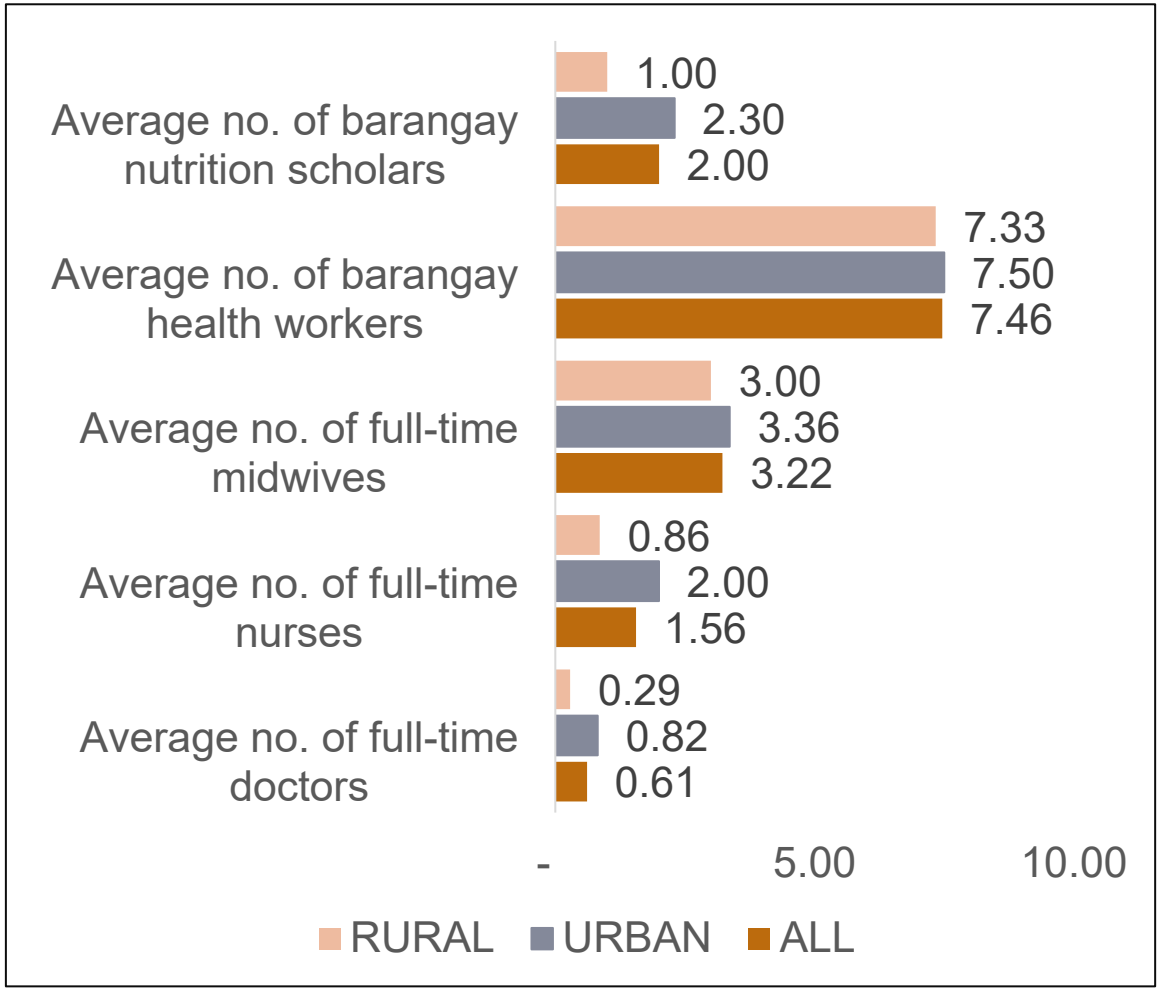
Many of the health facilities visited, particularly in rural areas, reported being understaffed based on ideal ratios of health personnel to community population.

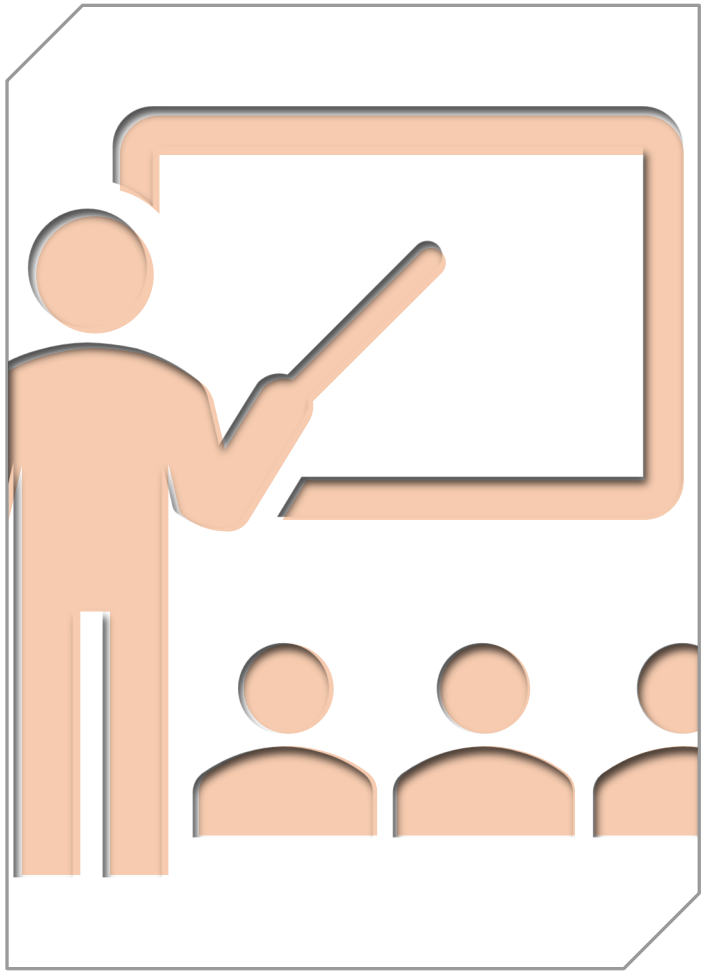
Ratio of health facility staff

Position	Target Ratio (DOH)*	Actual Ratio in Facilities visited
Doctor	1:20000	1: 30000
Nurse	1:10000	1:20000
Midwife	1:5000	1:8000

Source of target ratio: DOH National Health Objectives 2017-2022

Number of health facility staff per barangay, by urban/rural





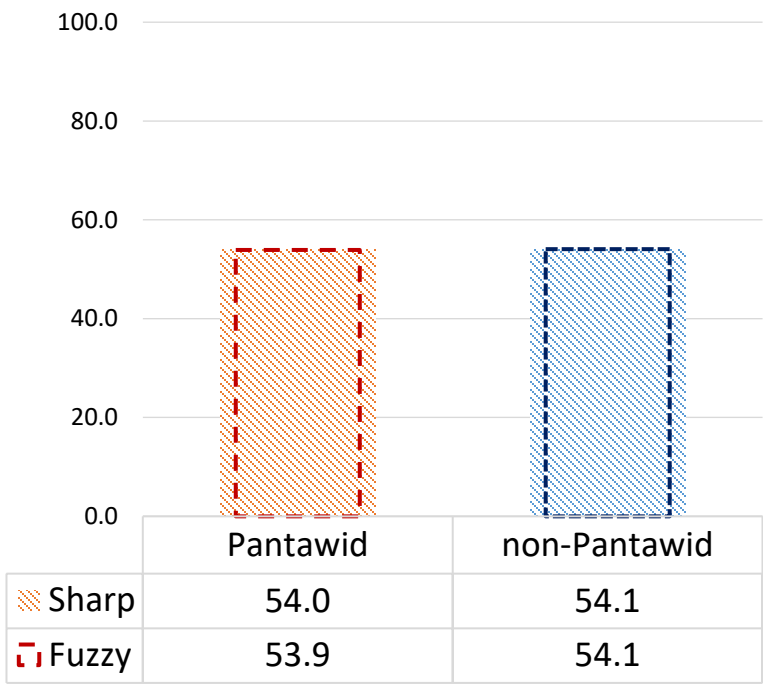
EDUCATION AND CHILD LABOR

RDD STUDY

Education:

Enrollment and Attendance of 3-5 years old

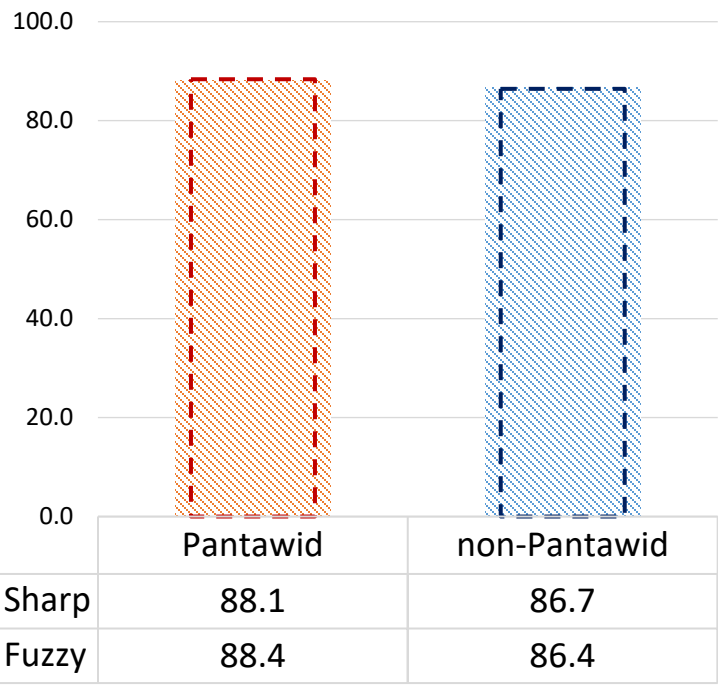
No significant difference in **enrollment of children 3 to 5 years old**



	Pantawid	non-Pantawid
Sharp	54.0	54.1
Fuzzy	53.9	54.1

Note: Not statistically significant for all bandwidths

No significant difference in **attendance rate of children 3 to 5 years old**



	Pantawid	non-Pantawid
Sharp	88.1	86.7
Fuzzy	88.4	86.4

Note: Not statistically significant for all bandwidths

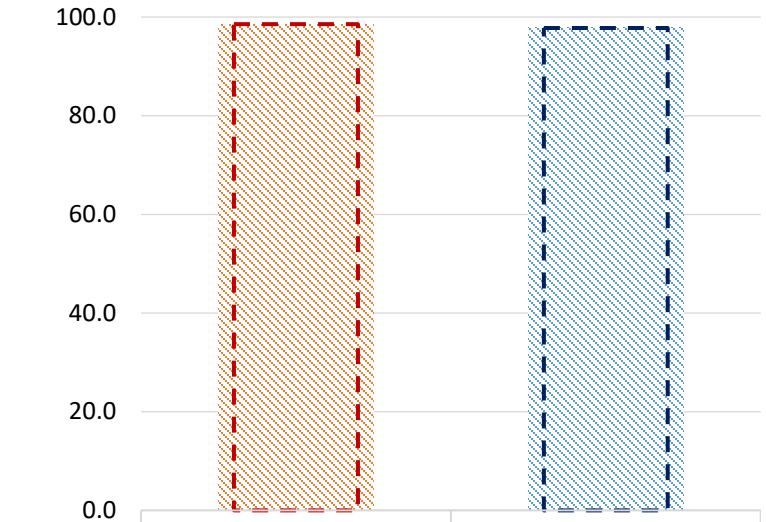
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Education:

Enrollment and Attendance of 6-11 years old

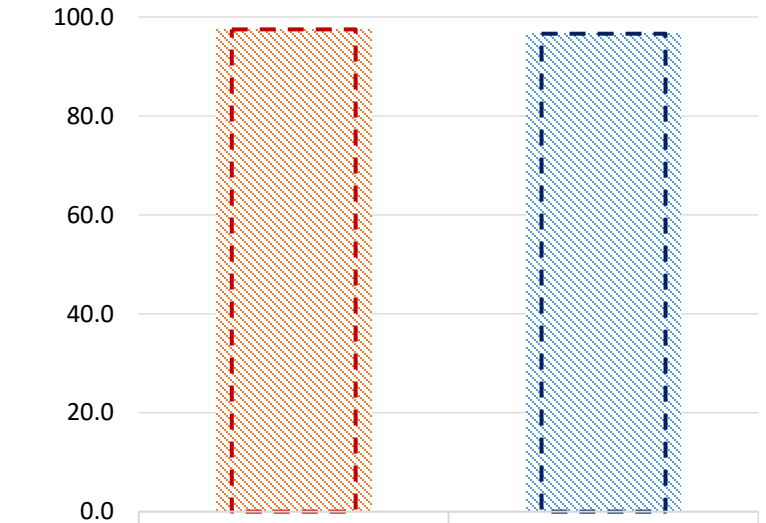
No impact on enrollment rates of children 6 to 11 years old - this may be due to already high baseline proportions of enrolled.



	Pantawid	non-Pantawid
Sharp	98.5	97.8
Fuzzy	98.6	97.8

Note: Not statistically significant for all bandwidths

No impact on attendance rate of children 6 to 11 years old



	Pantawid	non-Pantawid
Sharp	97.4	96.7
Fuzzy	97.5	96.6

Note: Not statistically significant for all bandwidths

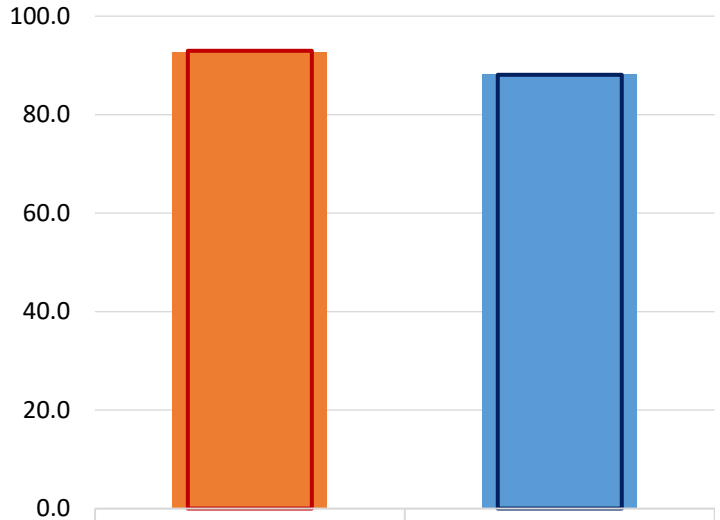
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Education:

Enrollment and Attendance of 12-17 years old

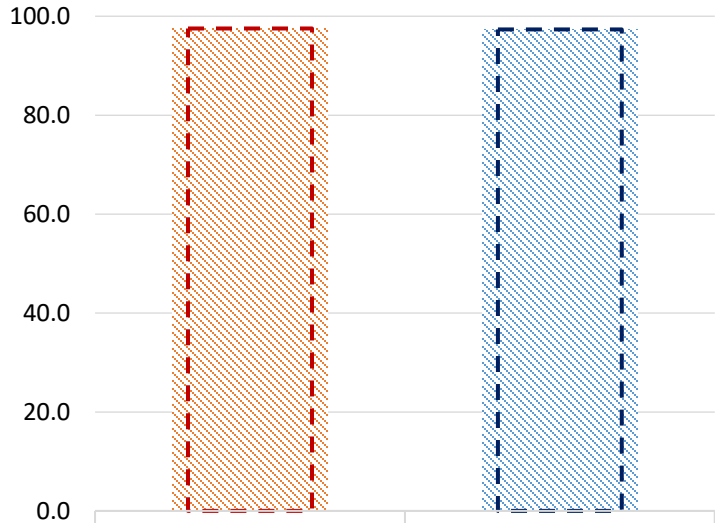
Positive impact on enrollment rates for older children (12 to 17 years old), with higher enrollment rate (↑ 4.5 percentage points) among Pantawid children



	Pantawid	non-Pantawid
Sharp	92.7	88.2
Fuzzy	93.0	88.1

Note: Statistically significant for CER and sampling bandwidths

No impact on attendance rate of children 12 to 17 years old



	Pantawid	non-Pantawid
Sharp	97.5	97.4
Fuzzy	97.6	97.4

Note: Not statistically significant for all bandwidths

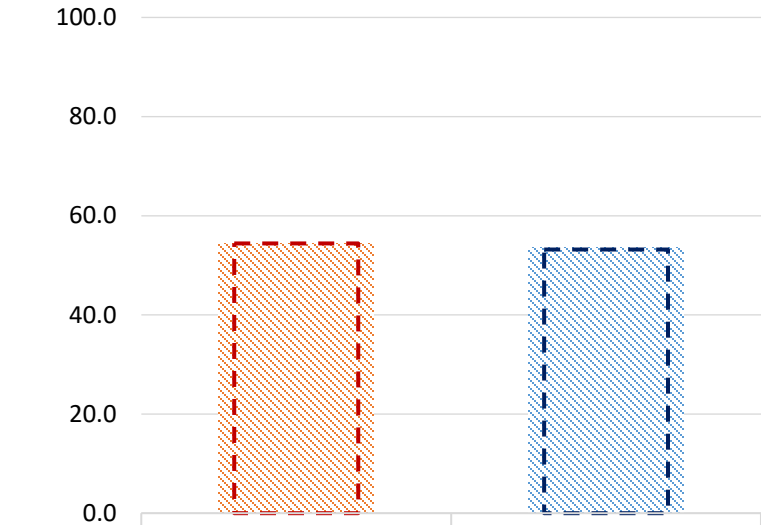
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Education:

Age-appropriate enrollment

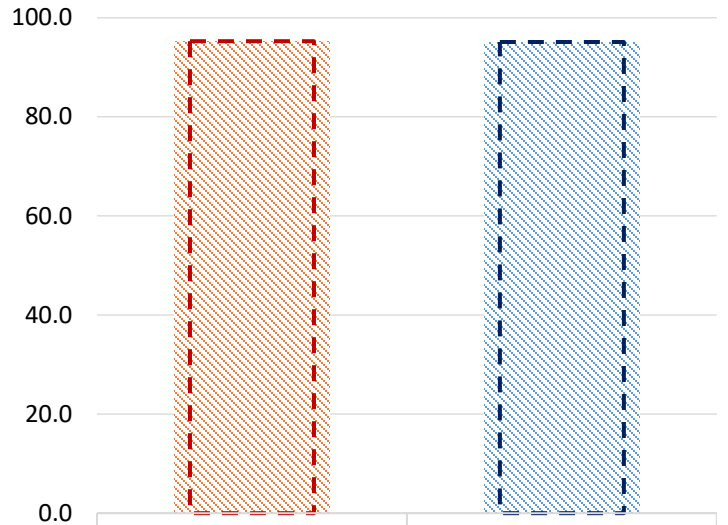
No significant difference noted on age-appropriate enrollment in preschool or kindergarten (3-5 years old)



	Pantawid	non-Pantawid
Sharp	54.4	53.5
Fuzzy	54.4	53.2

Note: Not statistically significant for all bandwidths

No significant difference on age-appropriate enrollment in elementary for both Pantawid and non-Pantawid children



	Pantawid	non-Pantawid
Sharp	95.2	95.0
Fuzzy	95.3	95.1

Note: Not statistically significant for all bandwidths

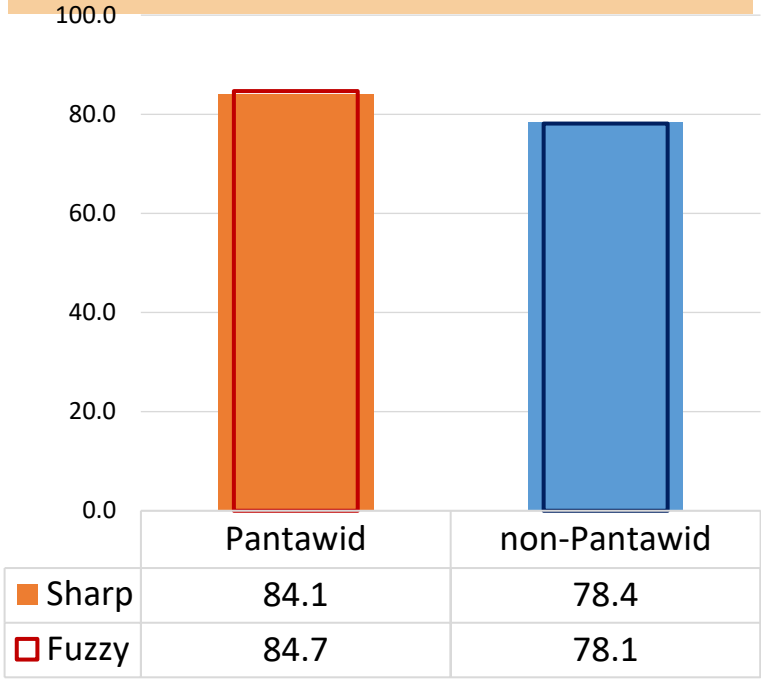
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Education:

Age-appropriate enrollment

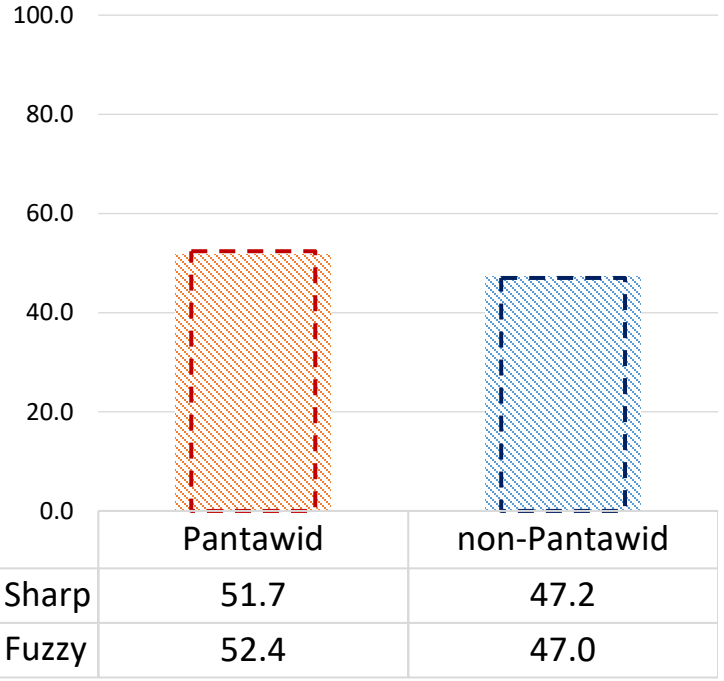
Age-appropriate enrollment in junior high school (12-15 years old) is higher by **5.7 percentage points**. among Pantawid beneficiaries



	Pantawid	non-Pantawid
Sharp	84.1	78.4
Fuzzy	84.7	78.1

Note: Statistically significant for all bandwidths

No significant difference is noted on age-appropriate enrollment in Senior High School (16-17 years old)



	Pantawid	non-Pantawid
Sharp	51.7	47.2
Fuzzy	52.4	47.0

Note: Not statistically significant for all bandwidths

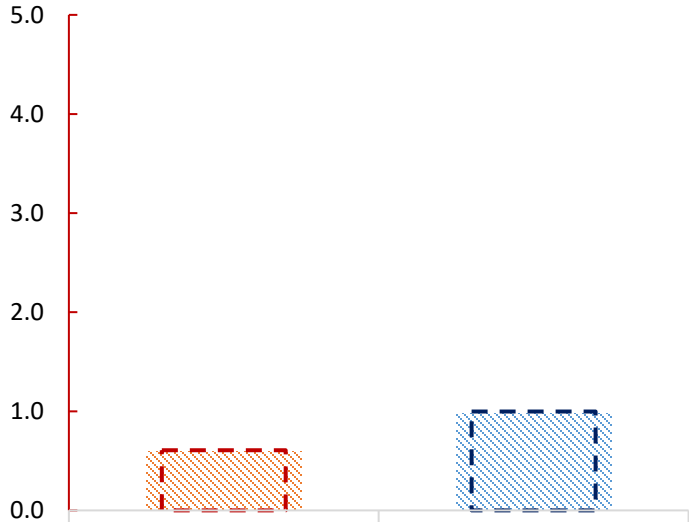
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Education:

Dropout rate

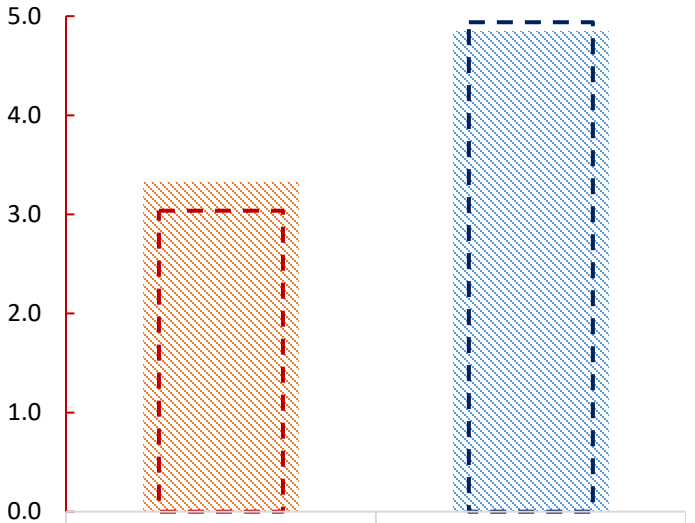
No significant impact on dropout rate among children 6 to 11 years old



	Pantawid	non-Pantawid
Sharp	0.6	1.0
Fuzzy	0.6	1.0

Note: Not statistically significant for all bandwidths

No significant impact on dropout rate among children 12 to 17 years old



	Pantawid	non-Pantawid
Sharp	3.3	4.8
Fuzzy	3.0	4.9

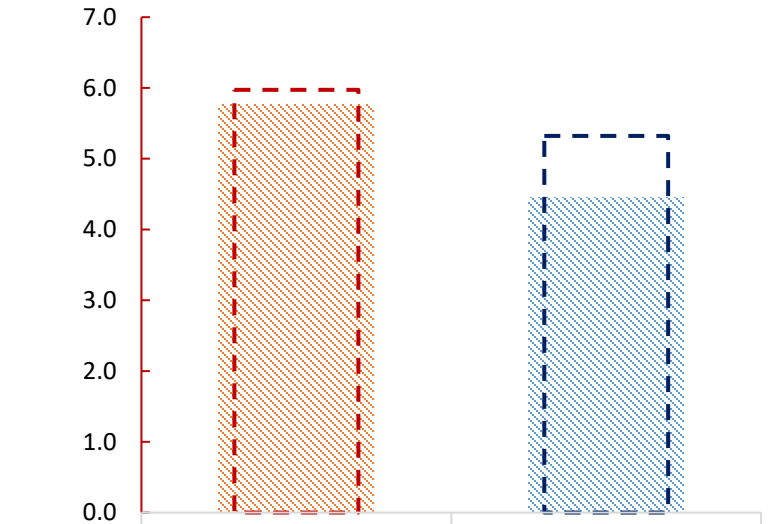
Note: Statistically significant for sampling bandwidth

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Child Labor

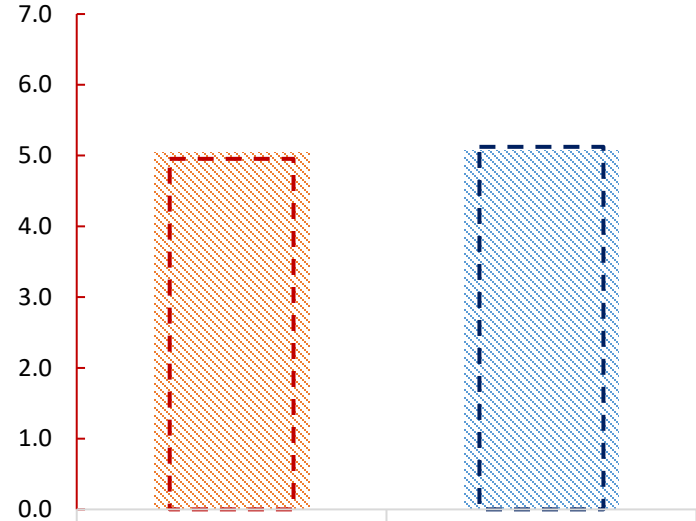
No significant impact on proportion of children (10-14 years old) engaging in paid work in last month



	Pantawid	non-Pantawid
Sharp	5.8	4.5
Fuzzy	6.0	5.3

Note: Not statistically significant for all bandwidths

No significant impact on number of days worked among children aged 10-14 years old



	Pantawid	non-Pantawid
Sharp	5.0	5.1
Fuzzy	5.0	5.1

Note: Not statistically significant for all bandwidths

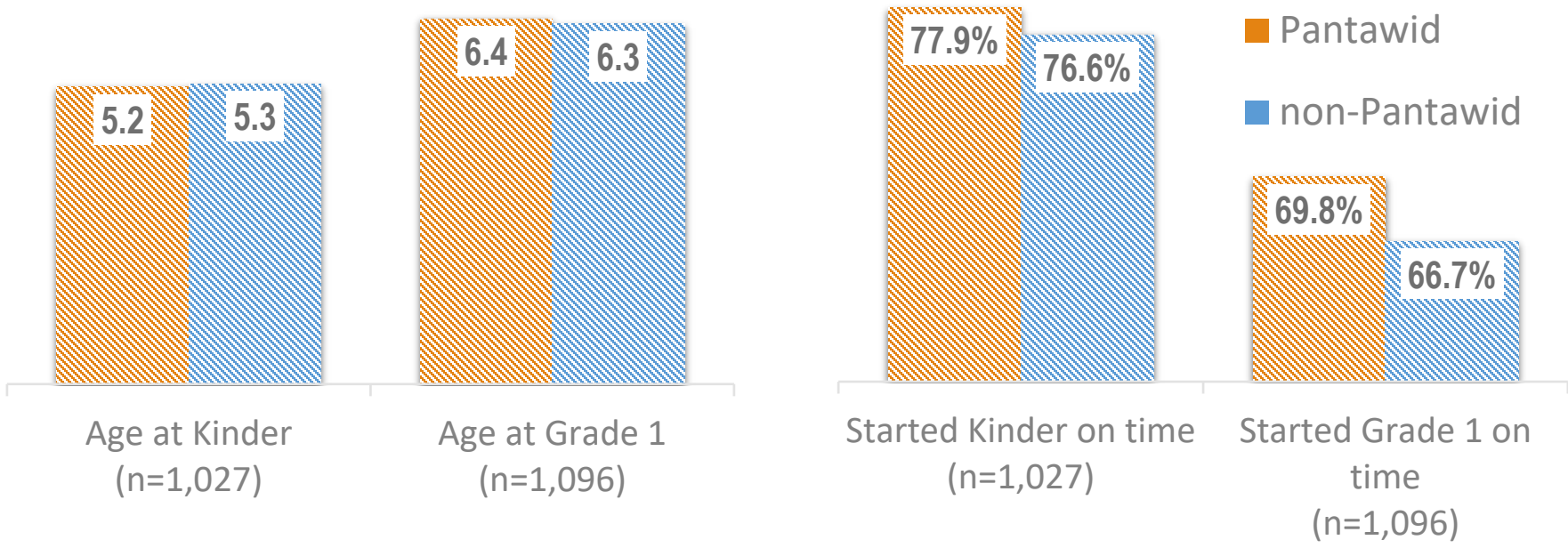
Among children that worked at least one day in the past 12 months, **9 out 10 were also enrolled in school**.

Note: Solid bars and whole lines indicate statistically significant results

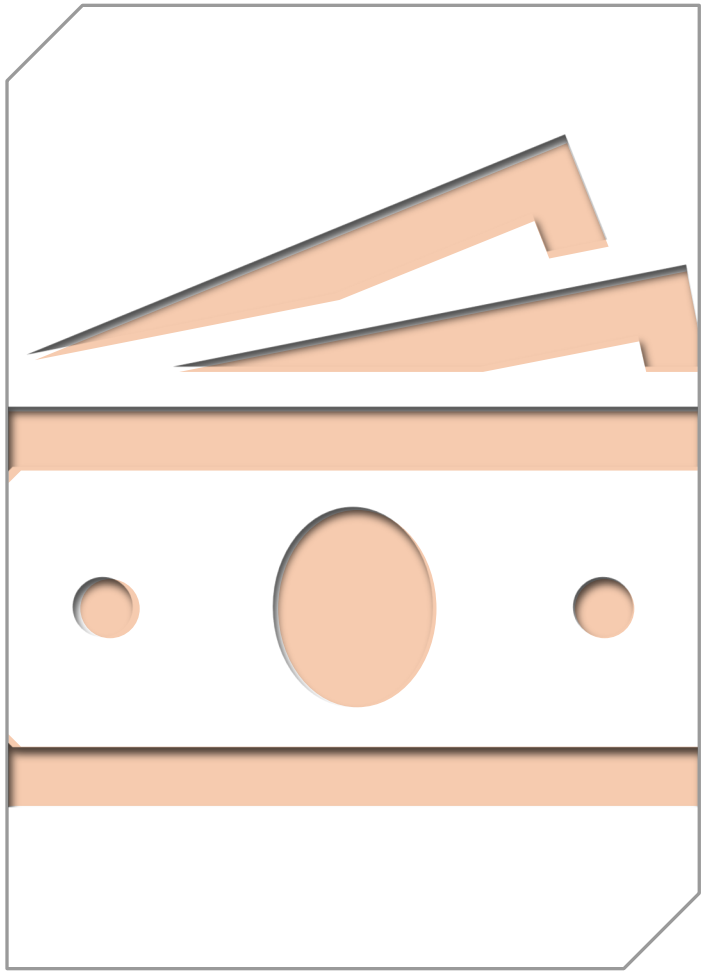
RCT Cohort Study: Start of Schooling

- **No significant difference between education outcomes of treatment** and control group among children who were 5 years old in Feb 2009 to Jan 2012
- **Children in the treatment group started Grade 1 slightly earlier** compared to the control, but **only for the model controlling for individual-level covariates**

Estimated among children 5 or 6 years old in February 2009 to January 2012



Note: Darker bars are statistically significant

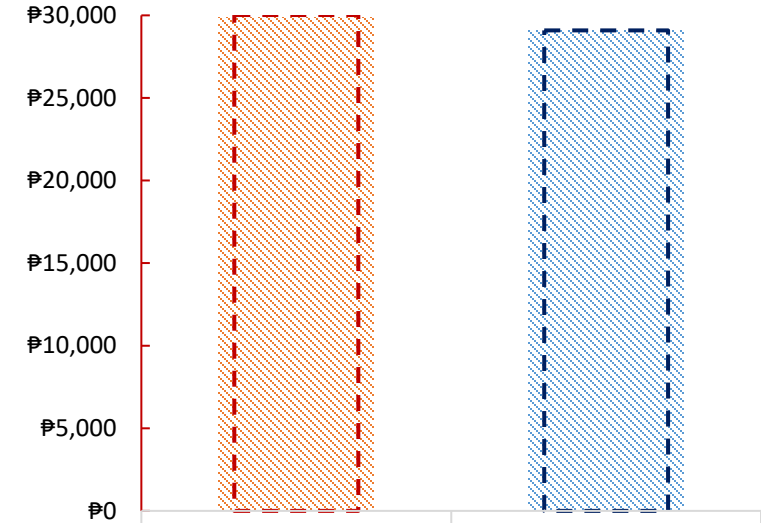


HOUSEHOLD WELFARE AND LABOR OUTCOMES

RDD STUDY

Household Welfare: Household Expenditures

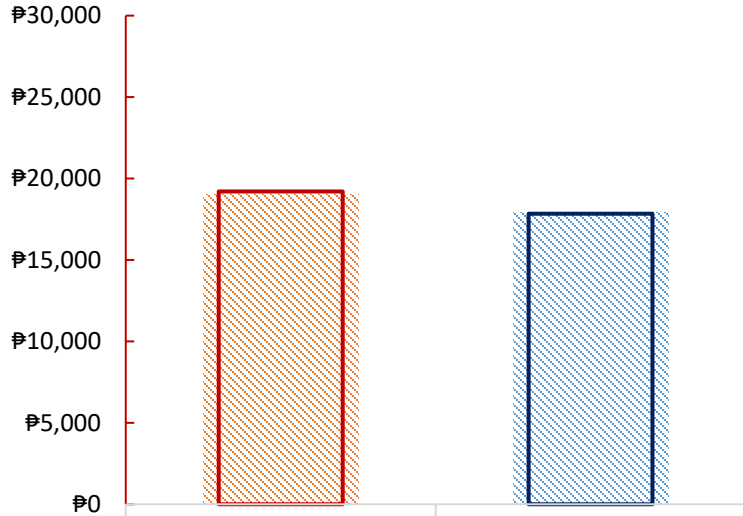
No statistically significant difference on average total per capita expenditure between Pantawid and non-Pantawid households



	Pantawid	non-Pantawid
Sharp	29,884	29,054
Fuzzy	30,019	29,094

Note: Not statistically significant for all bandwidths

Statistically significant difference on average total per capita food expenditure between Pantawid and non-Pantawid households (↑ PHP1361 among Pantawid) based on fuzzy RD)



	Pantawid	non-Pantawid
Sharp	18,988	17,894
Fuzzy	19,202	17,841

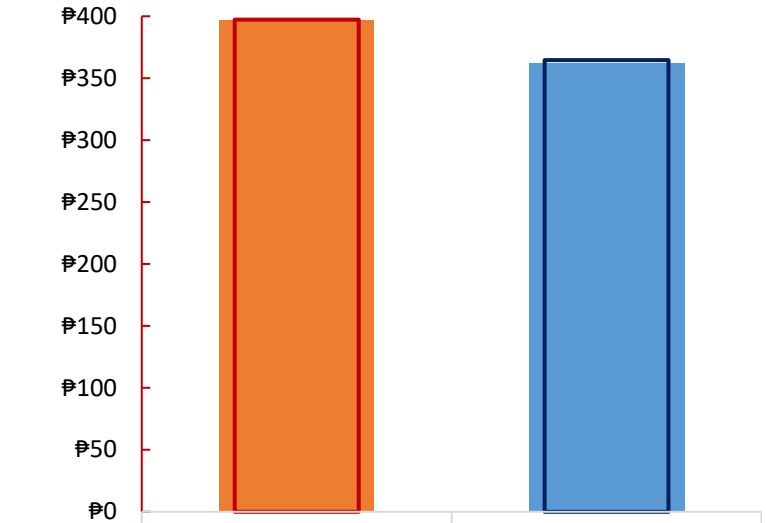
Note: Statistically significant for fuzzy MSE bandwidth, and sampling bandwidths for sharp and fuzzy RD

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Household Welfare: Household Expenditures

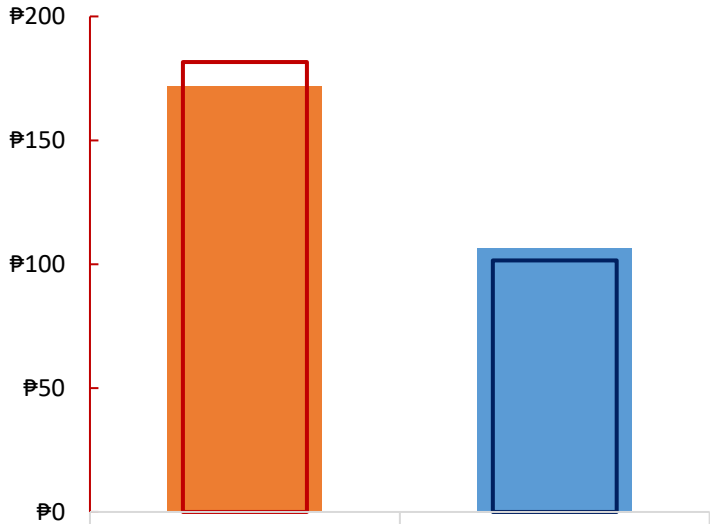
Expenditure on education among Pantawid households (per school-aged child) is **Php 35 higher**



	Pantawid	non-Pantawid
Sharp	397.1	361.8
Fuzzy	397.2	364.6

Note: Statistically significant for all sharp bandwidths, and fuzzy sampling bandwidth

Pantawid households spend Php 65 more on clothing and footwear compared to non-Pantawid



	Pantawid	non-Pantawid
Sharp	172	107
Fuzzy	182	102

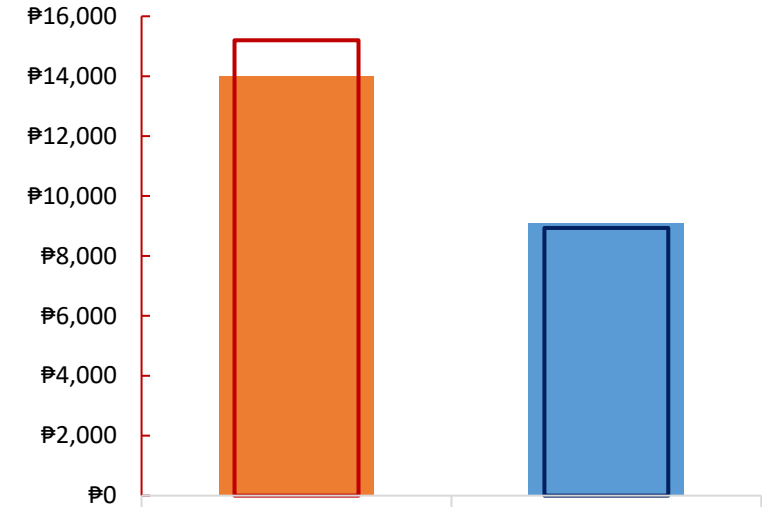
Note: Statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Household Welfare: Household Income

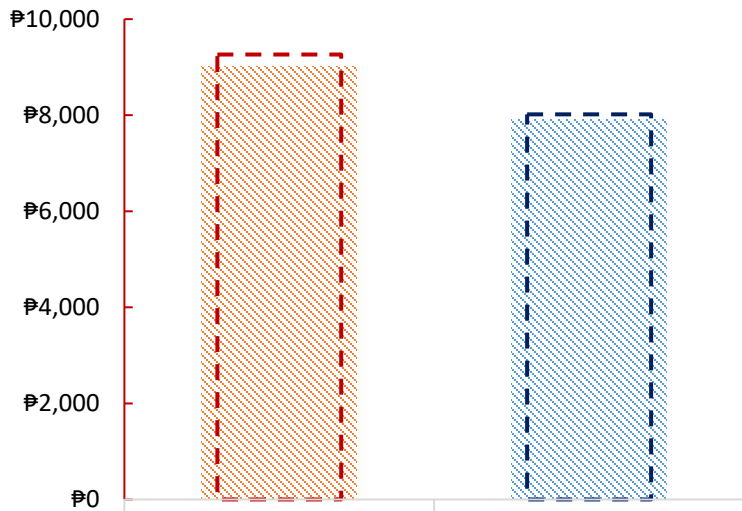
Household per capita income for beneficiary households is significantly higher (by PHP4,900 to PHP6300) when grants are included



	Pantawid	non-Pantawid
Sharp	14,023	9,081
Fuzzy	15,199	8,934

Note: Statistically significant for all bandwidths

No statistically significant difference in household income when grants are excluded



	Pantawid	non-Pantawid
Sharp	9,004.2	7,916.4
Fuzzy	9,265.1	8,018.9

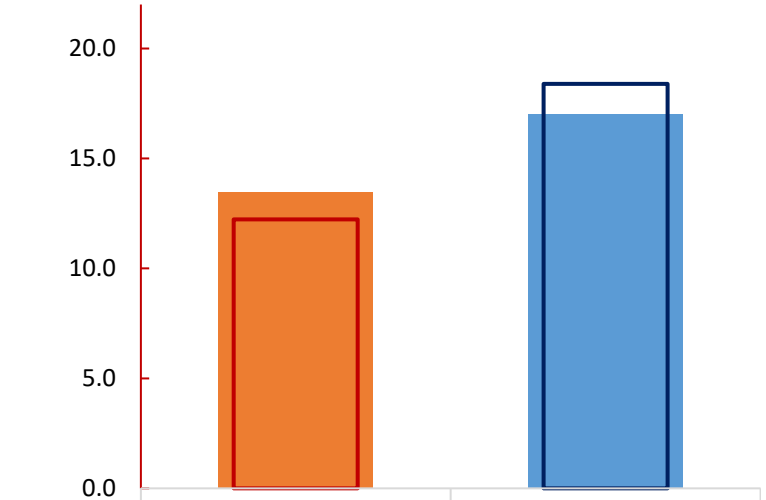
Note: Not statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Household Welfare:
Hunger and Self-rated poverty

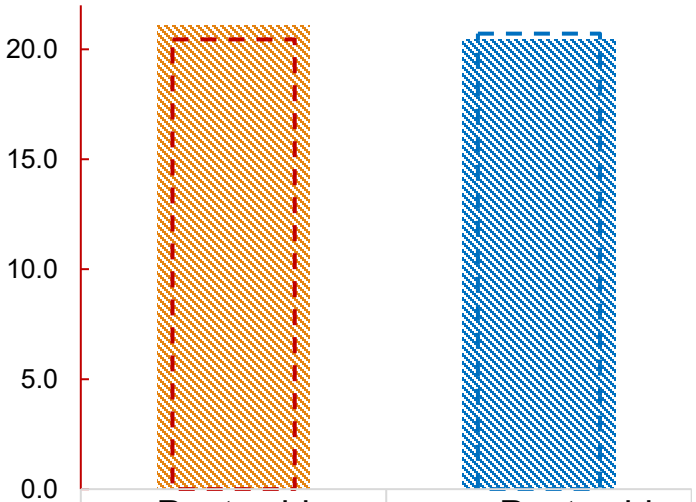
Significant decrease in hunger incidence among beneficiary households (by 4 to 6 percentage points)



	Pantawid	non-Pantawid
Sharp	13.5	17.0
Fuzzy	12.2	18.4

Note: Statistically significant for all bandwidths

No statistically significant difference on self-rated poverty



	Pantawid	non-Pantawid
Sharp	21.1	20.5
Fuzzy	20.4	20.7

Note: Not statistically significant for all bandwidths

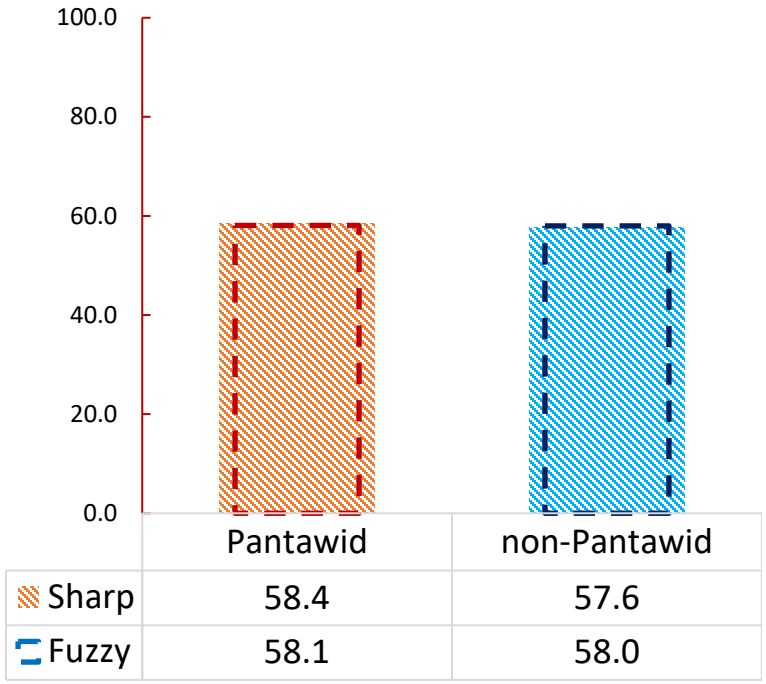
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Labor Outcomes

Labor Force Participation and Employment

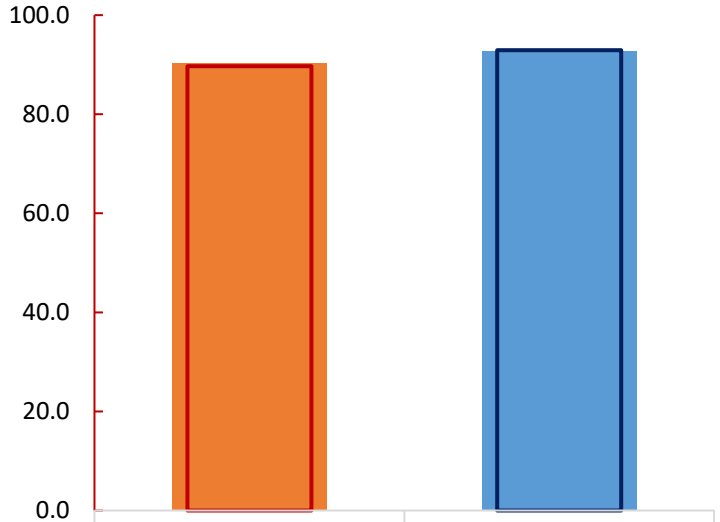
No statistically significant difference between labor force participation rates of Pantawid and non-Pantawid



	Pantawid	non-Pantawid
Sharp	58.4	57.6
Fuzzy	58.1	58.0

Note: Not statistically significant for all bandwidths

Lower likelihood of being employed among Pantawid beneficiaries was noted (by 3 percentage points). This is observed among **older workers (55 to 64 yo), males, and in rural areas.**



	Pantawid	non-Pantawid
Sharp	90.2	92.8
Fuzzy	89.7	92.9

Note: Statistically significant for CER and MSE bandwidths

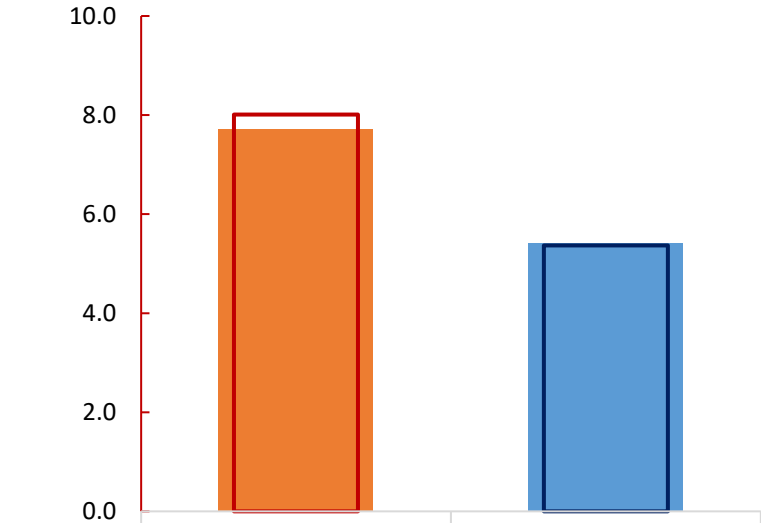
Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Labor Outcomes

Other jobs and Work hours

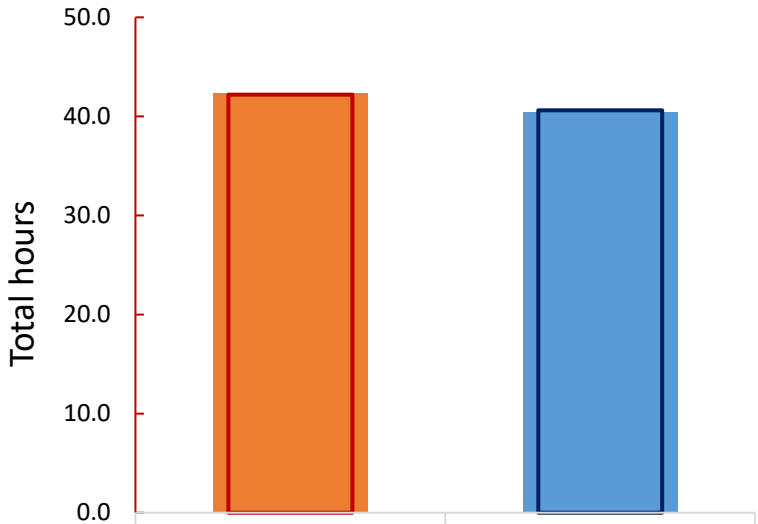
Pantawid beneficiaries are more likely to have another job or business aside from their primary occupation by **2.3 percentage points**



	Pantawid	non-Pantawid
Sharp	7.7	5.4
Fuzzy	8.0	5.4

Note: Statistically significant for CER bandwidth, and sharp MSE bandwidth

Compared to non-beneficiaries**, Pantawid beneficiaries work 2 more hours per week** in their primary occupation



	Pantawid	non-Pantawid
Sharp	42.4	40.4
Fuzzy	42.2	40.6

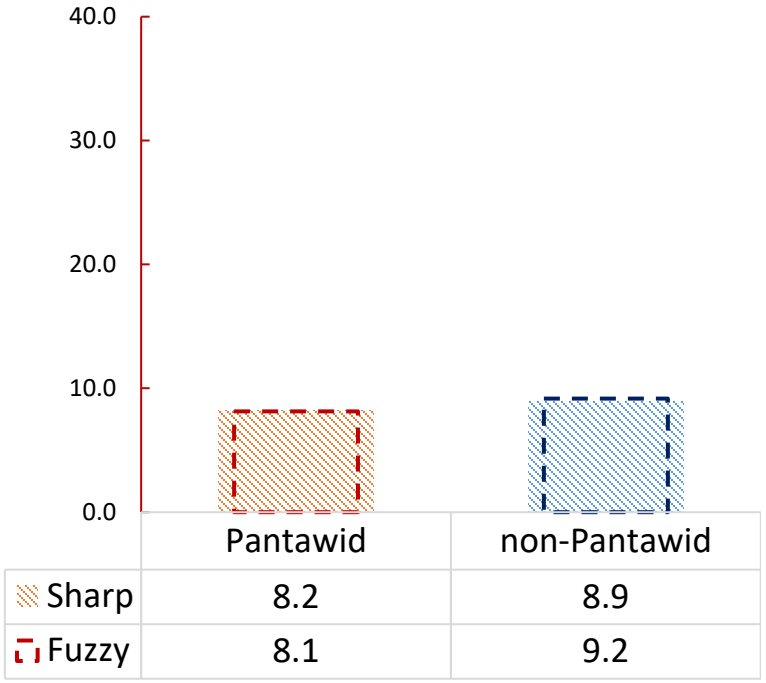
Note: Statistically significant for CER bandwidth, and sharp MSE bandwidth

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Labor Outcomes
Job-seeking Behavior

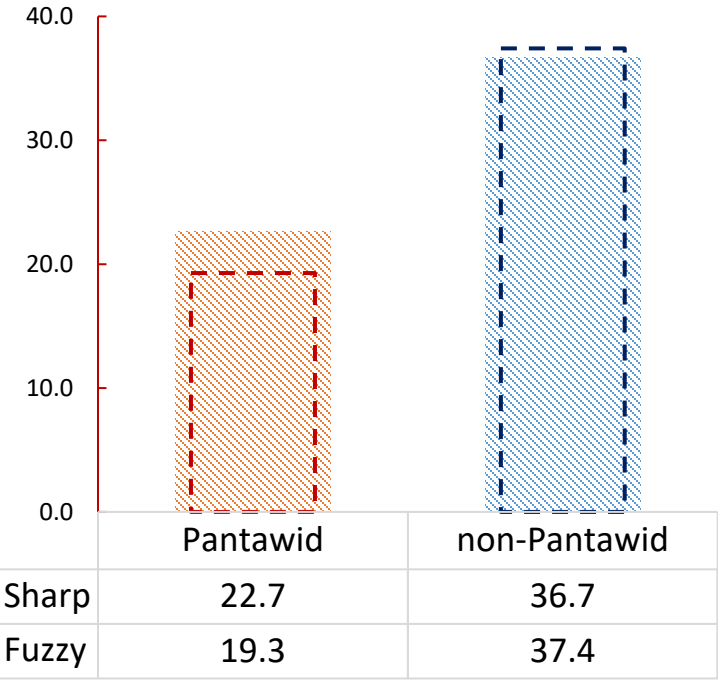
No significant difference in **work-seeking among employed**



	Pantawid	non-Pantawid
Sharp	8.2	8.9
Fuzzy	8.1	9.2

Note: Not statistically significant for all bandwidths

No impact on work-seeking among unemployed, however higher proportion among Non-Pantawid beneficiaries



	Pantawid	non-Pantawid
Sharp	22.7	36.7
Fuzzy	19.3	37.4

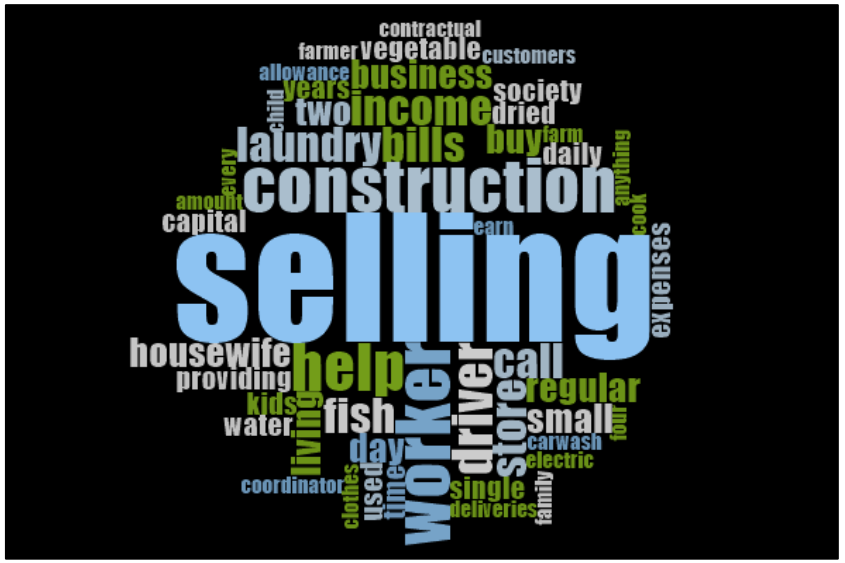
Note: Not statistically significant for all bandwidths

Note: Solid bars and whole lines indicate statistically significant results

Qualitative Study

Labor Outcomes

- Most of the respondents reported that the breadwinner of the household held **casual or contractual employment**.
  - **Urban areas**: retail/vending and construction;
  - **Rural areas**: most are unemployed performing household duties, or engaged in farm work, and construction.
- Mothers or guardians of children reported engaging in additional work to supplement their household budget (farm labor, washing laundry or food vending)



URBAN

RURAL

Labor Outcomes

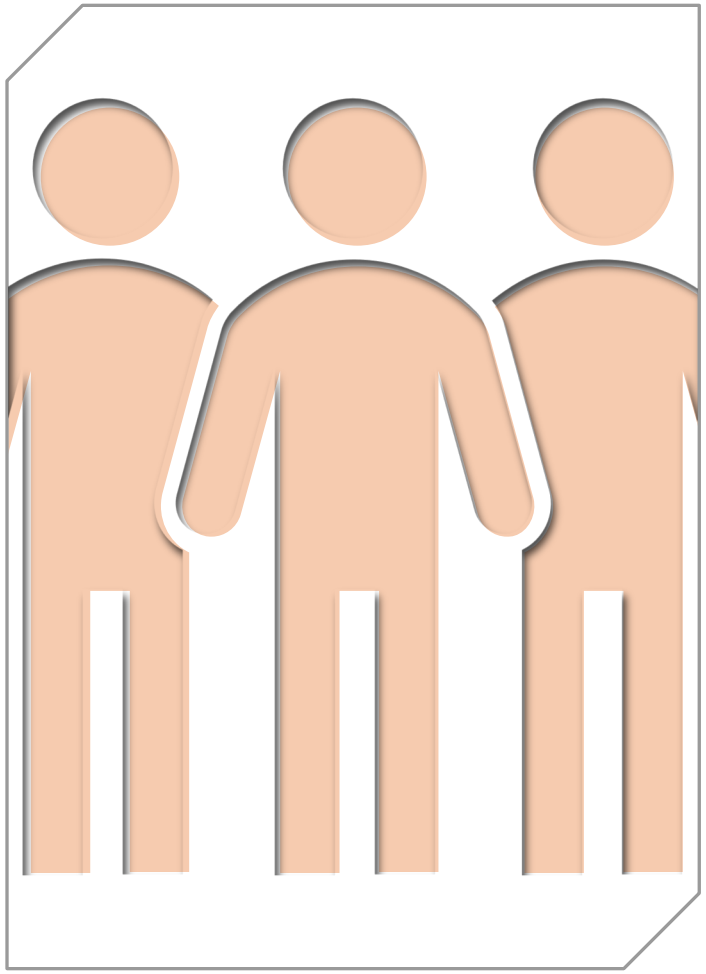
Respondents mentioned the following barriers to gaining regular employment or having a regular source of income:

- Qualifications (i.e., education, age)
- Lack of jobs in the community
- Seasonality of jobs in the community
- Lack of capital to start a business

URBAN	**Availability of capital** is top concern, followed by **educational attainment**
RURAL	**Availability of jobs** is top concern, followed by **availability of capital**

URBAN

RURAL



SOCIO-BEHAVIORAL OUTCOMES

RDD STUDY

Socio-behavioral Outcomes

Strong program impact on FDS-related outcomes.

- 26 to 32 percentage points higher Pantawid respondents are reported attending a **parenting session** in the past six months
- 6 out of 10 Pantawid beneficiaries participate in **voluntary community activities**. This is higher compared to 3 out of 10 among non-Pantawid.
- Pantawid Pamilya promotes **ownership of evacuation kit**, with 33% of Pantawid households reporting ownership compared to 22% of non-Pantawid households
- 14 to 22 percentage points higher proportion of household member who are **officers of community organizations** among Pantawid

Note: Solid bars and whole lines indicate statistically significant results

RDD STUDY

Socio-behavioral Outcomes

Pantawid children have more 'grit' and are more determined

Ask for help when lesson is difficult	4 percentage points higher among 4Ps children
Strive to get higher grades	3 percentage points higher among 4Ps children
Finish schoolwork before playing or resting	4 percentage points higher among 4Ps children
Finish schoolwork despite lack of time and resources	Not statistically significant
Overall Grit Index	Higher for 4Ps children by 0.12 to 0.15 units

Note: Solid bars and whole lines indicate statistically significant results

Recommendations

Recommendations

1. **Strengthen program aspects that influence the 'first 1000-days of life' to promote better health among pregnant women and young children.**
    - Program should take advantage of passage of the first-1000 days legislation
    - Other agencies and children-focused CSOs providing interventions toward the first 1000-days of life campaign should be tapped to maximize FDS in delivering key messages
2. **Address the gaps in updating of changes in household composition - especially newborns and new pregnancies.**
    - The program implementers should take a more active role in updating the records of beneficiaries, instead of relying in voluntary updates filed by beneficiaries
    - Criteria for updating should be clarified to beneficiaries and program staff

Recommendations

3. Strengthen the monitoring of compliance to health conditions to capture better the utilization levels of available services by beneficiaries.

- The program can also benefit from monitoring the type and quality of services accessed by beneficiaries to ensure that they are able to fully maximize the interventions available. Assistance of the Department of Health and the local government units are vital.
- Information on supply-side conditions should be regularly collected and used to inform partner agencies regarding gaps in service delivery.

4. Do an in-depth study on the puzzling impact of nutrition.

- Identifying the important intermediate factors that drive the impacts on nutrition are as important as the impact on the final outcomes itself.

Recommendations

5. **Consider refocusing education intervention among older children where benefits are larger, and children are more at risk of dropping out of school.**
   - The program should consider removing elementary education grant based on attendance but provide instead reasonably attractive amount of enrollment and grade completion grants for elementary children.
   - The amount of grants that can be saved from this could be reallocated to increase the amount of education grants for high school
6. **Pursue studies that will analyze the impact of the program on learning.**
   - The program should endeavor to get the achievement test scores of the students from DepEd in order to understand the impact of the program on learning.
7. **Look for solutions how to reduce child labor incidence and duration.**
   - Findings show that children are **still going to school** despite their employment.
   - Amount of grants that should be given to older children should be studied thoroughly to cover higher costs in high school

Recommendations

8. **Identify, define more clearly, measure, and monitor the knowledge, attitude, and practices that the FDS want beneficiaries to adopt.**
9. **Taking the cue from the results on grit, the program should start doing studies that will enhance understanding of how the program may help promote or discourage socio-emotional skills.**
    - The program should maximize the FDS effect by sharpening the delivery of key ideas and messages.
    - Additional support should be provided for the conduct of FDS
10. **There should be continuous evaluation and updating of the grant amount.**

Recommendations

11. **Given high compliance, the program may want to consider updating its program conditions and increase the number of minimum antenatal visits to reflect the number recommended by the World Health Organization (WHO 2016).**
12. **Bolster health service delivery in rural areas in terms of staffing, facilities, and equipment.**
13. **Barriers to regular employment need to be addressed.**
    - Existing DSWD programs may be strengthened targeted towards 4Ps beneficiaries to address this demand for livelihood programs
    - Implementation of DSWD's Sustainable Livelihood Program should be strengthened.

PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES

SURIAN SA MGA PAG-AARAL PANGKAUNLARAN NG PILIPINAS

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