



Pantawid Pamilyang Pilipino Program (4Ps)

Households Welfare Monitoring Survey



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Contents

- List of figures, tables, and boxes 1
- Acronyms3
- Acknowledgments.....4
- Executive Summary 6
 - Methodology 8
 - Key Findings 10
 - Recommendations 17
- 1.Introduction 20
- 2.Methodology..... 27
- 3.Main Findings 36
 - 3.1 Individual and Household Demographic Characteristics 36
 - 3.2 Household Income, Spending, and Coping Strategies 42
 - 3.3 Education 49
 - 3.4 Labor Market Participation and Employment Status 59
 - 3.5 Health Care and Nutrition..... 72
 - 3.6 Observed Changes in Key Outcomes from the 2024 Survey 83
 - 3.7 4Ps Beneficiary Perceptions and Experiences 89
- Conclusions and Recommendations 99
- Appendix..... 105
 - Appendix A: Survey Questionnaire 105
 - Appendix B: Details on The Selection of Matched Households 106
 - Appendix C: Detailed Impact of Natural Calamities 108
 - Appendix D: Breakdown of Sample by Province 110
 - Appendix E: Data Quality Assurance 111
 - Appendix F: Survey Implementation 113
 - Appendix G: Robustness Checks..... 118
- References 132

List of figures, tables, and boxes

Figures

Figure ES.1: Improving the Well-Being of 4Ps Beneficiaries – Key Milestones	7
Figure ES.2: Distribution of Households by Income Group and 4Ps Beneficiary Status	11
Figure ES.3: Educational Attainment among Youth (19–24) by 4Ps Beneficiary Status	12
Figure ES.4: Distribution of Individuals by Employment Type and 4Ps Beneficiary Status	13
Figure ES.5: Share of Individuals with Permanent Jobs by Age Group, Sex, and 4Ps Beneficiary Status	14
Figure 3.1: Employment and Number of Earners by 4Ps Beneficiary Status	39
Figure 3.2: Distribution of Households by Income Group and 4Ps Beneficiary Status	43
Figure 3.3: Household Spending Patterns by 4Ps Beneficiary Status	44
Figure 3.4: Household Income Shortfalls by 4Ps Beneficiary Status	45
Figure 3.5: Household Coping Strategies for Income Shortfall by 4Ps Beneficiary Status	46
Figure 3.6: Educational Attainment of Individuals by Age Group and 4Ps Beneficiary Status	51
Figure 3.7: School Enrollment by Age and 4Ps Beneficiary Status	52
Figure 3.8: School Enrollment of Youth by Sex and 4Ps Beneficiary Status	53
Figure 3.9: Reasons for School Dropout among Children Ages 15–18 and 4Ps Beneficiary Status	54
Figure 3.10: School Absenteeism among Children by 4Ps Beneficiary Status	56
Figure 3.11: Activity Status by Sex	60
Figure 3.12: Activity Status by Age Group and 4Ps Beneficiary Status	61
Figure 3.13: Activity Status of Women by Age Group and 4Ps Beneficiary Status	63
Figure 3.14: Permanent Employment and Business Ownership by Age Group and Sex	64
Figure 3.15: Permanent Employment and Business Ownership by Age Group and 4Ps Beneficiary Status	64
Figure 3.16: Share of Individuals with Permanent Jobs by Age Group, Sex, and 4Ps Beneficiary Status	65
Figure 3.17: Types of Employment by Age Group and Sex	67
Figure 3.18: Types of Employment by Age Group and by Beneficiary Status	68
Figure 3.19: Health Care Access and Barriers by Purpose of Visit	73
Figure 3.20: Reported Feelings of Low Mood or Reduced Interest in Activities	74
Figure 3.21: Dietary Diversity in the Past Seven Days by 4Ps Beneficiary Status	75
Figure 3.22: Frequency of Portion Size Restrictions	76
Figure 3.23: Percentage of Children Immunized by Age 1 by 4Ps Beneficiary Status	77
Figure 3.24: Constraints to Providing Nutritious Foods by 4Ps Beneficiary Status	80
Figure 3.25: Reasons for Household Exit from the 4Ps	91

Figure 3.26: Difficulty Meeting 4Ps Conditionalities by 4Ps Beneficiary Status	92
Figure 3.27: Reported Compliance Challenges by Type of Conditionality and 4Ps Beneficiary Status	93
Figure 3.28: Satisfaction with the 4Ps Program by 4Ps Beneficiary Status	94
Figure 3.29: Reliance on 4Ps for Basic Needs by 4Ps Beneficiary Status	95
Figure 3.30: Perceptions of Fairness and Objectivity in 4Ps Beneficiary Selection	96
Figure 3.31: Perceptions of 4Ps Households Relative to Other Households by 4Ps Beneficiary Status	96
Figure E.1: Quality Control Process.....	111
Figure F.1: Disaster Advisories from the Government in the Philippines	117

Tables

Table ES.1: Frequency of Health and Weight Checks for Children Ages 0–2 by 4Ps Beneficiary Status	15
Table B2.2.1: Sample Household Distribution – 2024 Survey	28
Table 2.1: HWMS 2025 Sample Distribution.....	29
Table 2.2: HWMS Questionnaire Overview.....	30
Table 2.3: Follow-Up Response Rate in 2025 for Households Interviewed in 2024.....	31
Table 3.1: Household and Individual Characteristics	37
Table 3.2: Type of Employment among Women by 4Ps Beneficiary Status	69
Table 3.3: Health and Weight Checks for Children Ages 0–2 by 4Ps Beneficiary Status	78
Table 3.4: Health and Weight Monitoring for Children Ages 2–5 by 4Ps Beneficiary Status	79
Table 3.5: Distribution of Households	85
Table 3.6: Summary of Findings across Rounds	86
Table 3.7: Barriers to Accessing Health Care	88
Table 3.8: Experiences and Compliance Reported by Current and Former Beneficiaries	90
Table 4.1: Summary of Recommendations	100
Table B.1: Characteristics of Households from 2024 Survey and Replacement List	107
Table B.2: Characteristics of Matched Households.....	107
Table C.1: Impact of Natural Calamities on Survey	108
Table D.1: Distribution of Sample by Province.....	110
Table F.1: Training Program Content	113
Table G.1: Regression Coefficients and Standard Errors.....	125

Boxes

Box 1.1: Main Findings from the 4Ps Impact Evaluations	22
Box 1.2: Former Beneficiaries of CCTs – International Evidence	25
Box 2.1: Definitions of the Beneficiary Groups	27
Box 2.2: Household Welfare Monitoring Survey (HWMS) 2024 Methodology	28

Acronyms

4Ps	Pantawid Pamilyang Pilipino Program
ANOVA	Analysis of Variances
CCT	Conditional Cash Transfer
CHED	Commission on Higher Education
DA	Department of Agriculture
DBM	Department of Budget and Management
DepEd	Department of Education
DICT	Department of Information and Communications Technology
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD.....	Department of Social Welfare and Development
DTI.....	Department of Trade and Industry
EDCMOM II	Second Congressional Commission on Education
F1KD	First 100 Days Cash Grant
FDS	Family Development Sessions
HWMS	Household Welfare Monitoring Survey
IE3.....	4Ps Third-Wave Impact Evaluation
IRR	Implementing Rules and Regulations
LGU	Local Government Unit
LPM	Linear Probability Models
ML	Municipal Link
MSWDO	Municipal Social Welfare Department Officer
NEDA.....	National Economic and Development Authority
OLS	Ordinary Least Squares
PKH	Program Keluarga Harapan
PMT	Proxy Means Test
RCT	Randomized Control Trial
RD	Regression Discontinuity
SSS.....	Social Security System
SWDI	Social Welfare and Development Indicator
TESDA.....	Technical Education and Skills Development Authority
WGP.....	Walang Gutom 2027 (Food Stamp Program)
YDS	Youth Development Sessions

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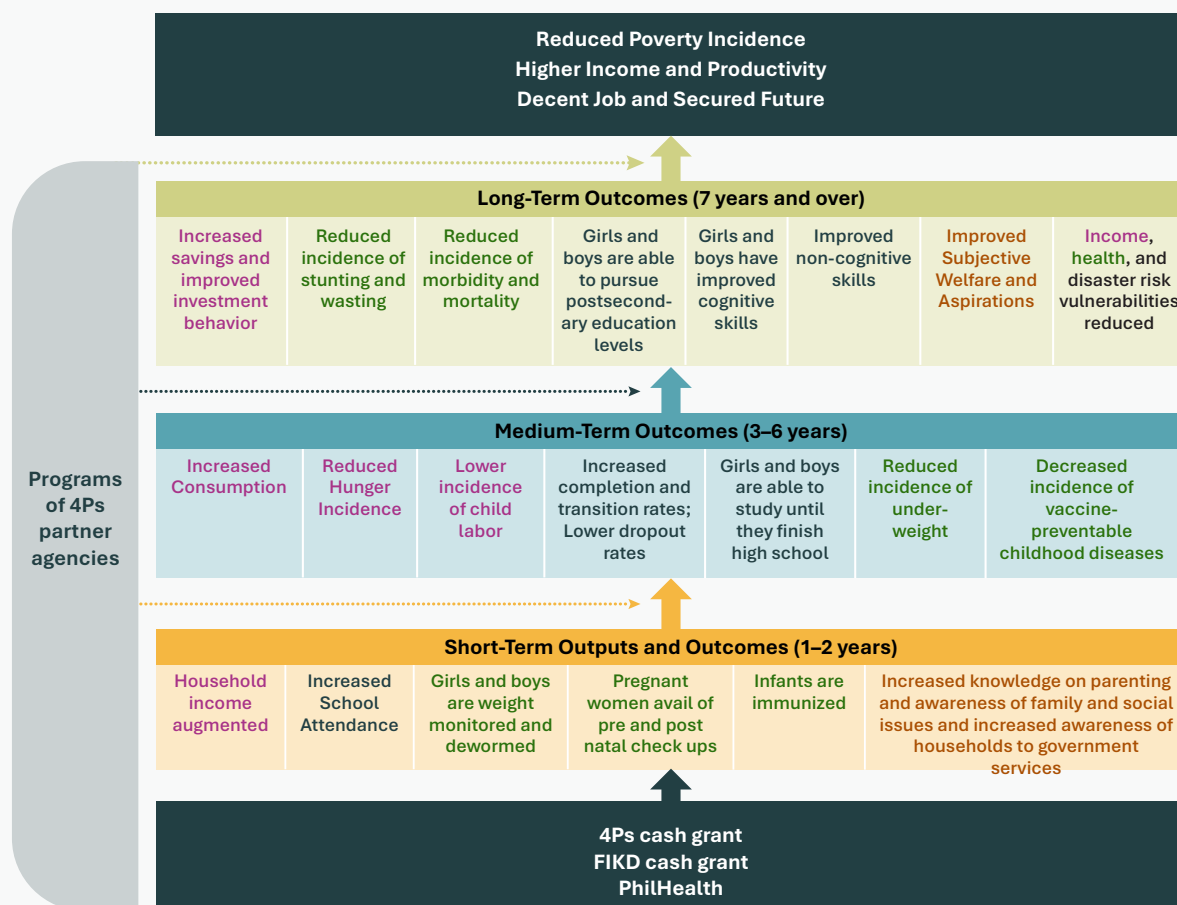


Executive Summary

The Pantawid Pamilyang Pilipino Program (4Ps) is the Philippines' flagship conditional cash transfer (CCT) program, designed to break the intergenerational cycle of poverty by promoting investments in human capital, particularly in health, education, and nutrition. The 4Ps beneficiaries are identified through Listahanan, a national targeting system that uses a proxy means test to determine poor households based on survey data. Eligible households must have a pregnant member or at least one child under 18 years old and agree to comply with program conditions. Beneficiaries are entitled to a 4Ps cash grant that is subject to education and health conditionalities, an additional first 100 days (F1KD) cash grant (introduced in 2025) for pregnant beneficiaries and those with children 0–2 years old to cover essential health and nutrition expenses, and automatic enrollment and coverage under the Philippine Health (PhilHealth) Insurance Program. Implemented since 2008, the 4Ps currently covers approximately 3 million families nationwide. The program is managed by the Department of Social Welfare and Development (DSWD).

The 4Ps seeks to improve the well-being of beneficiary families over time, particularly in terms of income, health, education, and socio-behavioral development. The program assumes that by enhancing these key dimensions of household well-being, beneficiaries and eventually their children will be empowered to sustain and build upon these gains. As 4Ps children grow into adulthood, they are expected to secure decent jobs and better income opportunities, enabling them to move out of poverty and remain out of it in the long term (figure ES.1). Ultimately, reducing poverty among beneficiaries means ensuring that the next generation achieves higher productivity, improved earning capacity, and a better quality of life than their households' current conditions. At the same time, poverty is multidimensional and influenced by a broad range of factors beyond the scope of any single intervention, including labor market conditions, local economic opportunities, and the quality of education and health services. The 4Ps is designed to address specific constraints to human capital accumulation and access to essential services rather than all determinants of poverty. Its effectiveness should therefore be assessed primarily in terms of its contribution to improving education, health, and related outcomes among beneficiaries, while recognizing that broader poverty and employment outcomes also depend on complementary policies, institutions, and economic conditions.

Figure ES.1: Improving the Well-Being of 4Ps Beneficiaries – Key Milestones



Source: 4Ps Theory of Change, DSWD 2026.

Note: 4Ps = Pantawid Pamilyang Pilipino Program; FIKD = First 100 Days Cash Grant.

Several evaluations of the 4Ps consistently document positive associations between program participation and key welfare outcomes, particularly in education and health. Evidence shows higher school attendance and increased use of health services among beneficiary households, alongside gains in household income and broader human capital development (DSWD 2014; DSWD and World Bank 2014; and Orbeta, Melad, and Araos 2021). The program has also been linked to increased utilization of essential health, nutrition, and education services, including child immunization, prenatal and postnatal care, deworming, vitamin A supplementation, and growth monitoring. In education, impacts tend to be more pronounced among older children, while outcomes for elementary-aged students remain generally positive.

Building on this evidence, the present study complements prior evaluations by examining less-explored areas such as labor market outcomes and by tracking former 4Ps beneficiaries and youth graduates, thereby offering new insights into the program’s longer-term impacts. The adoption of Listahanan 3 in 2023 and recent large-scale 4Ps graduations provide an updated and robust basis for distinguishing and analyzing former beneficiaries. In 2023, the DSWD adopted the Listahanan 3 registry, updating information on poor and vulnerable households, including 4Ps beneficiaries, the most recent update since Listahanan 2 in 2015. At the same time, the 4Ps strengthened its graduation strategy to support households transitioning toward self-sufficiency status. This includes enhanced social case management nationwide and improvements to the Social Welfare and Development Indicator (SWDI) tool,¹ which serves as an exit assessment instrument to measure household well-being and readiness for graduation. In 2025, the program recorded the graduation of 794,541 households—the largest cohort to date, compared with 655,301 households that graduated between 2009 and 2024. As of April 2026, an additional 155,204 households had graduated, bringing the cumulative number of graduated households to approximately 1.6 million. This recent unprecedented scale of graduation provides a valuable opportunity to study former beneficiaries and better understand post-program trajectories and outcomes.

Methodology

The study sample was drawn using the Listahanan 3 and 4Ps administrative records to identify and select eligible households. Data collection consisted of two rounds of in-person interviews conducted in 2024 and 2025. The 2024 survey was based on an initial sample of around 5,000 households derived from Listahanan 3 and 4Ps data, designed to be nationally representative of lower-income households. After removing duplicate entries, about 4,700 households remained, of which 3,600 were surveyed. These were evenly distributed across Luzon, Visayas, and Mindanao, with roughly 1,200 households per island group, and municipalities were randomly selected within each region. The 2025 round, conducted from August to November, primarily revisited households interviewed in 2024, while also incorporating replacements provided by the DSWD using a structured matching

¹ The SWDI evaluates the overall well-being of 4Ps households across critical dimensions, including economic sufficiency, social functioning, health, education, housing conditions, and access to basic services. The SWDI uses a three-level classification system to reflect a household’s stage of development. Level 1 – Survival: Households at this level struggle to meet their most basic needs, such as food, shelter, and essential services, and require intensive support and protective interventions. Level 2 – Subsistence: Families at this stage can meet basic daily needs but remain vulnerable to shocks due to unstable income, lack of savings, or insecure livelihoods. They benefit from livelihood assistance, skills training, and employment facilitation. Level 3 – Self-Sufficiency: Households at this level demonstrate greater stability, with improved income sources, access to services, and stronger social functioning. Level 3 households are considered ready for graduation from 4Ps once they consistently maintain self-sufficiency across all key indicators and are able to sustain their well-being without regular program support.

protocol for cases where original households could not be reached. Fieldwork faced some operational challenges, including natural disasters that affected enumerators' mobility and communication in certain areas. In total, 3,113 households were interviewed in 2025, of which 1,525 (49 percent) were panel households also interviewed in 2024.

The sample included four household groups representing different stages in the 4Ps lifecycle. Current beneficiaries comprised the largest share (44 percent), followed by **nonbeneficiaries** (25 percent) and **former beneficiaries** (17 percent), while **incoming beneficiaries** accounted for 13 percent.

-  **Current beneficiaries:** Households that are active in the 4Ps.
-  **Former beneficiaries:** Households that have left the program (or “graduated”) either due to an improved welfare status (that is, self-sufficient level), absence of qualifying children or household members, or noncompliance with the program’s conditions.²
-  **Nonbeneficiaries:** Households that are low-income but not part of 4Ps, with poverty scores near the program’s eligibility cutoff.
-  **Incoming beneficiaries:** Households that were assessed as eligible for enrollment in the program but are not yet registered or receiving grants.

The analysis is descriptive and reflects associations rather than causal impacts.

Because households are not randomly assigned to groups and differ in key demographic and socioeconomic characteristics, observed differences may reflect both program status and underlying traits. To address this, observed differences in outcomes were validated through regression analysis, controlling for observable household and individual characteristics (appendix G for more details). Robustness checks using analysis of variance (ANOVA), pairwise tests, and regression models confirm that most differences are statistically significant even after controlling for observable characteristics. Pairwise t-tests indicate that incoming beneficiaries are statistically similar to nonbeneficiaries across the main outcomes. Accordingly, the analysis focuses on current, former, and nonbeneficiaries, with the incoming group used only to examine transitions in status (for example, households moving into beneficiary status between survey rounds, as examined in section 3.6). The results should therefore be interpreted as adjusted (conditional) differences across groups rather than causal effects.

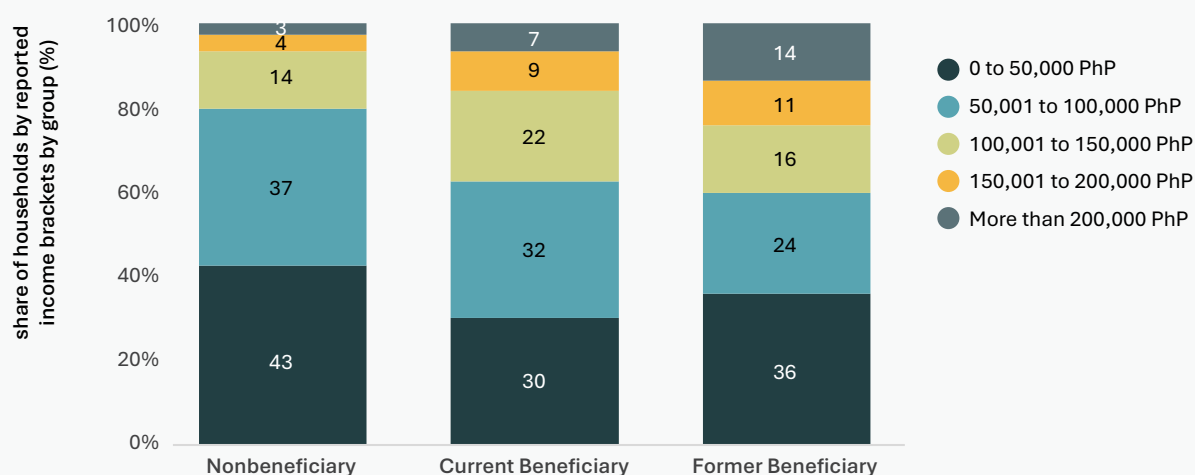
² Based on self-reported information from former beneficiary households, 45 percent indicated that they exited the program because they no longer had qualifying children or other eligible household members. Twenty-seven percent reported that their income had increased such that they no longer met the poverty eligibility criteria. A further 9 percent cited noncompliance with program conditionalities, while 20 percent reported other reasons for program exit.

Key Findings

The study results indicate distinct patterns between current and former beneficiaries and nonbeneficiaries, pointing to continued vulnerability among current beneficiaries and improved but still incomplete transitions among former beneficiaries. These patterns are consistent across multiple dimensions and persist after controlling for observable characteristics in regression analysis. However, they should be interpreted as associations rather than causal effects, as the analysis does not fully address potential selection bias or unobserved differences between the groups.

Former beneficiary households appear more economically stable than others, as they are more likely to have multiple earners rather than relying on a single income source, even after accounting for household characteristics. On average, households have five members, about half of whom are under 18, and a slight majority of women. Beneficiary households tend to be younger, while former beneficiaries include more young adults and older household heads. Female-headed households are more common among current and former beneficiaries (33 percent) than among nonbeneficiaries (20 percent). Educational attainment among household heads remains low, with 34 percent completing only primary education. While employment is widespread (77 percent), most households rely on a single earner (62 percent). In contrast, former beneficiaries show a more diverse employment profile, with 51 percent reporting two earners or more. This pattern persists after controlling for observable characteristics, reinforcing that former beneficiaries are significantly more likely to have multiple working members and are less likely to depend on a single earner.

Participation in the 4Ps is significantly associated with higher reported household incomes and greater spending on education, though financial pressures remain pervasive across all groups. While most households (86 percent) still earn below the poverty line (approx. PHP 166,476 per year for a family of five), nonbeneficiaries are particularly constrained, with 94 percent in this category (figure ES.2). After controlling for household characteristics, current beneficiaries are less likely to be in the lowest income bracket (below PHP 50,000) and more likely to be in middle-income categories, although transitions into higher-income brackets remain limited. Former beneficiaries show stronger upward shifts in income distribution, with lower concentration in the bottom brackets and increased likelihood of being in higher-income categories (above PHP 150,000). Spending is dominated by essentials: food (53 percent), education (10–14 percent), and utilities (10–12 percent). Households participating in the 4Ps allocate a larger share of their resources to schooling than nonbeneficiaries, reflecting the program's emphasis on human capital. These findings are consistent with previous impact evaluations. Earlier studies show that 4Ps beneficiaries spend more on education and experience modest gains in consumption and income (Orbeta, Melad, and Araos 2021).

Figure ES.2: Distribution of Households by Income Group and 4Ps Beneficiary Status

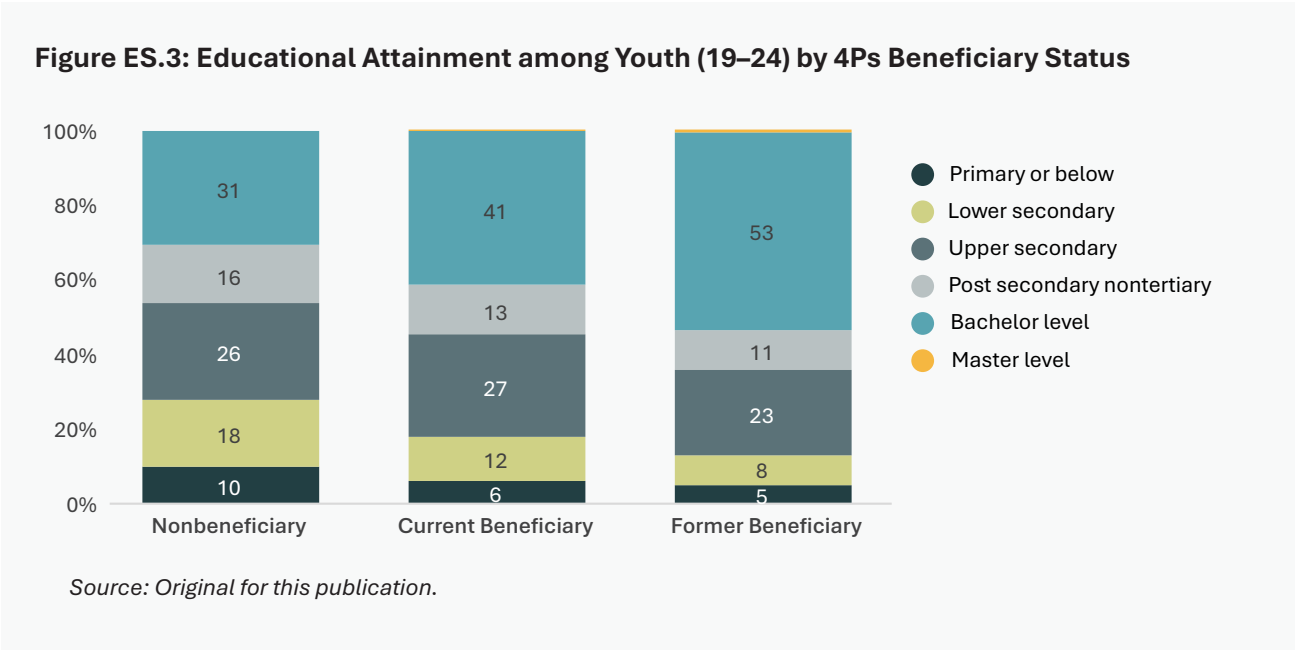
Source: Original for this publication.

Note: PHP = Philippine pesos.

While most households face income shortfalls and rely on coping mechanisms, former beneficiaries show greater resilience, and current beneficiaries are more connected to formal support systems, even as vulnerability remains high. Eighty-seven percent of households reported income insufficient to cover living expenses in the past six months. Current beneficiaries do not show significant differences in reported income shortfalls compared to nonbeneficiaries. Former beneficiaries are significantly less likely to report income and have the lowest share of households facing income insufficiency at 81 percent, though this remains high. To cope, 88 percent of households used at least one informal strategy, primarily borrowing from family, working extra hours, or delaying bill payments. Current and former beneficiaries are significantly less likely than nonbeneficiaries to reduce spending and more likely to rely on government support.

Among younger cohorts, 4Ps exposure is associated with higher educational attainment and continued schooling into early adulthood, particularly for women, while basic and secondary education outcomes show no significant differences. Educational attainment is markedly higher among younger cohorts, particularly in 4Ps households, where 53 percent of those ages 19–24 hold a bachelor’s degree, compared with 14 percent among adults ages 31 and above, and substantially lower shares among nonbeneficiaries (31 percent). See figure ES.3. School enrollment is nearly universal among children ages 6–14 and declines modestly to 87 percent among those ages 15–18, with no statistically significant differences

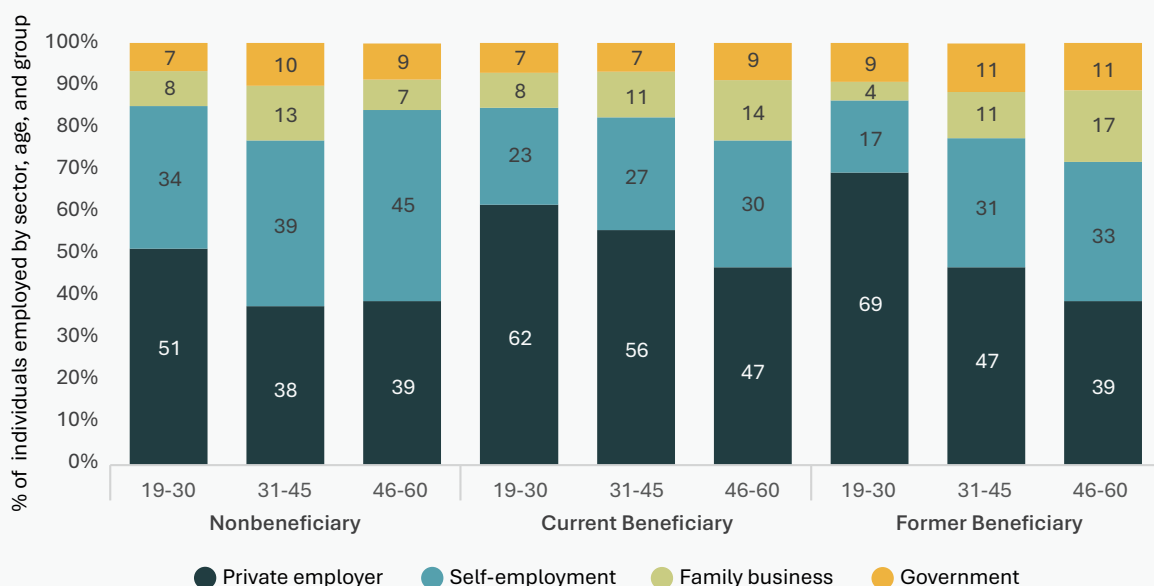
across current, former, and nonbeneficiary households. These results are consistent with previous 4Ps impact evaluations. Across studies, enrollment among elementary-age children is already near universal, leaving limited scope for program effects at younger ages (Orbeta, Melad, and Araos 2021). The main reasons for dropping out are lack of interest, followed by financial constraints, and family-related responsibilities such as pregnancy, marriage, and caregiving obligations. Among young adults ages 19–24, enrollment falls further to 46 percent but remains higher in 4Ps-exposed households than among nonbeneficiaries (48 percent vs. 34 percent). These differences are statistically significant after controlling for household characteristics and are consistent with greater access to postsecondary opportunities, including scholarships and training linked to 4Ps participation. Gender patterns are also evident: young women have higher enrollment rates than men overall and are statistically more likely to remain enrolled at ages 19–24, particularly in beneficiary households compared to nonbeneficiaries (48 percent vs. 31 percent).



Although the 4Ps does not directly target employment, participation is associated with better labor outcomes. Orbeta, Melad, and Araos (2021) explicitly found that beneficiaries are equally likely to be in the labor force (and work more hours once employed). Consistent with this, the present study shows that among adults ages 31–45, current and former beneficiaries are significantly more likely to be employed than nonbeneficiaries, while no statistically significant differences are observed in other age groups. Furthermore, former beneficiaries are more likely than nonbeneficiaries to hold permanent employment, with

nearly double the rate among youth and about 10 percentage points higher in other age groups. Additionally, youth activity patterns show significant variation, indicating differences in life cycle transitions across groups. Youth ages 19–30 from 4Ps households work less than their nonbeneficiary peers, as a larger share stays in school (33 percent of current and former beneficiaries vs. 14 percent of nonbeneficiaries), highlighting the program’s role in promoting human capital development. Young beneficiaries are also more likely to hold permanent jobs (44 percent of former and 35 percent of current) than nonbeneficiaries (25 percent). Beneficiaries rely more on wage work, while nonbeneficiaries are consistently more self-employed (figure ES.4).

Figure ES.4: Distribution of Individuals by Employment Type and 4Ps Beneficiary Status

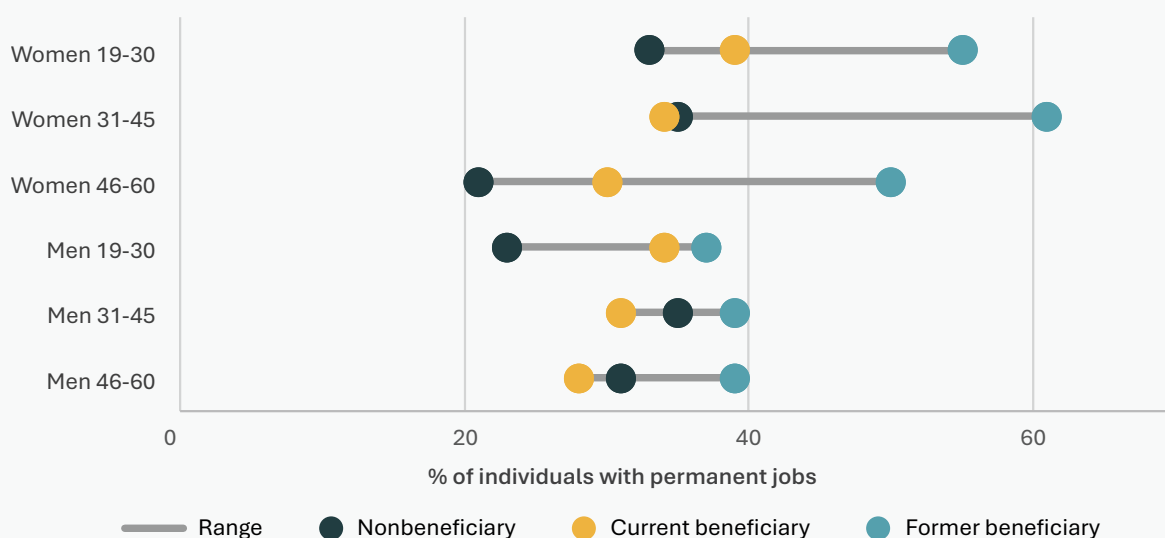


Source: Original for this publication.

A substantial gender gap persists in labor market participation; however, exposure to the 4Ps program is associated with markedly better outcomes for women across all age groups. Men are more likely to be employed than women (76 percent vs. 34 percent), reflecting caregiving responsibilities, gender norms, and other structural barriers faced by female workers. However, women from current and former beneficiary households are almost twice as likely to be employed and less likely to be unavailable for work than

women from nonbeneficiary households. Among young women ages 19–30, only 14 percent of former beneficiaries are not available for work, compared to 40 percent among nonbeneficiaries, and about 33 percent of young women in 4Ps households remain in school vs. just 10 percent among nonbeneficiaries. Women exposed to the 4Ps are also more likely to hold permanent jobs, with 55 percent of young former beneficiary women in permanent employment compared with 33 percent of nonbeneficiaries (figure ES.5), suggesting that the program supports both continued education and more stable employment, thereby promoting women’s economic inclusion.

Figure ES.5: Share of Individuals with Permanent Jobs by Age Group, Sex, and 4Ps Beneficiary Status



Source: Original for this publication.

Participation in the 4Ps is associated with higher and more consistent early childhood health monitoring among beneficiaries than nonbeneficiaries, and this difference is statistically significant (table ES.1). Most households actively seek health care, with 50 percent visiting a hospital within the past three months. Barriers to health care, particularly cost, distance, and transport, are more pronounced among current beneficiaries. However, they also show higher utilization of preventive and program-linked health services (for example, immunization, growth monitoring, and supplementation), reflecting the program’s conditionalities. Children in 4Ps households receive more consistent growth monitoring (91 percent among current beneficiaries vs. 86 percent among nonbeneficiaries). Diets are rice- and vegetable-based, with former beneficiaries reporting the most diverse and nutrient-rich

intake. Food insecurity is common, but current and former 4Ps households are less likely to reduce meal portions, highlighting the program’s role in supporting health and household resilience. Reported immunization coverage is high across all groups—around 91 percent, although self-reported rates may be overestimated—and the findings do not indicate a clear or consistent association with 4Ps participation.

Table ES.1: Frequency of Health and Weight Checks for Children Ages 0–2 by 4Ps Beneficiary Status

Reported health checkup and weight monitoring frequency for children ages 0–5 when ages 0–2	Non beneficiary	Current beneficiary	Former beneficiary
At least once a month	86	91	90
Once every two months	0	4	1
Between one and four times a year	9	2	3
Never	5	2	5

Source: Original for this publication.
Note: Frequency of health and weight checks is self-reported by households and may be overestimated.

Because the 2024 survey captured the 4Ps at a mature stage—17 years after its implementation, when many households had already participated for several years—large changes between 2024 and 2025 were not expected. The analysis, therefore, focuses on households that entered or exited the program during this period. Between 2024 and 2025, 4Ps beneficiaries maintained high enrollment and school attendance, particularly among children ages 6–14, while older youth experienced declining enrollment, especially recent graduates. Attendance rates of 85 percent or higher remained strong, suggesting that positive behaviors cultivated under the program continue even after graduation. Child health practices improved, particularly among newly active households, and graduates sustained these positive behaviors. Dietary diversity increased modestly, with higher consumption of vegetables, protein, and fruits. Financial barriers to health care have eased, though distance and transportation challenges persist, highlighting the need for complementary supply-side interventions.

Overall, the 4Ps is perceived as effective, fair, and well-implemented, with smooth enrollment, reliable cash transfers, and high household satisfaction. Most households (90 percent) found enrollment straightforward, nearly all current (95 percent) and former (92 percent) beneficiaries attended mandatory Family Development Sessions (FDS), and 99 percent accessed grants through the Landbank Cash Card, with 83 percent reporting no payment delays. These results reflect the continued evolution and strengthening of the program’s delivery systems over time. Improvements in enrollment processes and

digital payment mechanisms have enhanced efficiency, transparency, and user experience, contributing to the high levels of satisfaction observed across beneficiary groups. Participation is strong in required activities (FDS), while engagement in nonmandatory sessions (Youth Development Sessions, YDS) is lower. Households typically exit due to improved economic status or loss of eligibility rather than noncompliance. Still, about 40 percent of respondent households cited challenges in meeting conditionalities, mainly related to education, reflecting low secondary enrollment. Current beneficiaries reported remaining financially dependent, whereas former beneficiaries demonstrated greater resilience. Incoming and nonbeneficiary households perceived the program targeting as fair and focused on those most in need.

The findings of this report are broadly consistent with previous impact evaluations of the 4Ps, while also extending some of the evidence to older cohorts and postprogram outcomes. Earlier evaluations found strong effects on school enrollment and service utilization, particularly among older children, with limited additional impact at near-universal enrollment levels for younger children. This report confirms that pattern: enrollment is already near universal at ages 6–14, while differences emerge more clearly during secondary education, where 4Ps exposure is associated with lower dropout rates and higher rates of continued schooling into postsecondary levels. Similarly, earlier studies documented increased use of preventive health services, such as growth monitoring, but mixed or insignificant effects on full immunization and nutrition outcomes. The present findings reinforce this “mixed health nutrition puzzle,” showing consistently high service utilization but no clear or robust association with immunization outcomes. Overall, the evidence suggests that the program has contributed to stronger educational attainment and human capital accumulation among beneficiaries. However, the extent to which these gains translate into improved employment and income outcomes depends on broader factors beyond the program’s direct influence, including labor market conditions, the availability of economic opportunities, and the quality and relevance of education and skills development systems.

When compared with international evidence on former CCT beneficiaries, the findings are broadly aligned. However, it is important to note that empirical evidence on former beneficiaries remains relatively limited, as few studies have systematically tracked households after program exit. Evidence from Mexico’s Progresá-Oportunidades-Prospera, Brazil’s Bolsa Família, and Indonesia’s Program Keluarga Harapan (PKH) consistently shows strong short- and medium-term improvements in schooling attainment, human capital accumulation, and health service utilization. By contrast, evidence on long-term income and labor market outcomes is more limited, heterogeneous, and less conclusive, reflecting both the challenges of tracking beneficiaries over time and the influence of broader labor market conditions (Cahyadi et al. 2020; de Brauw et al. 2015; Fassarella et al. 2024; Laguinde, Gasparini, and Neidhöfer 2025; Soares, Ribas, and Osório 2010). The

findings from this report reflect a similar pattern. Former 4Ps beneficiaries continue to exhibit stronger educational outcomes and greater engagement in preventive health behaviors than comparable nonbeneficiaries, although differences in some health outcomes, such as full immunization, are less consistent. As observed in other contexts, former beneficiaries often retain advantages in human capital accumulation, particularly in education, while still displaying signs of economic vulnerability. This suggests that program exit does not necessarily coincide with sustained economic self-sufficiency for all households. An important contribution of this study is its identification of heterogeneity among former beneficiaries. In particular, younger cohorts and women from former 4Ps households demonstrate stronger postsecondary and tertiary education outcomes and more favorable early labor market outcomes than their nonbeneficiary counterparts. These findings are consistent with broader international evidence suggesting that CCTs generate significant intergenerational gains through investments in human capital, even when improvements in income and labor market outcomes emerge more gradually and unevenly over time.

Recommendations

The survey recommends several measures to strengthen the program and enhance its impact:

Expand gender-responsive interventions to support women’s labor market participation. Barriers such as care responsibilities and traditional norms limit women’s participation in the workforce. Strategies could include flexible training, accessible childcare, targeted livelihood opportunities in sectors compatible with home responsibilities, and digital skills or microentrepreneurship support. Gender-awareness modules and role models in FDS can challenge norms, encourage shared household responsibilities, and strengthen women’s participation.



Integrate 4Ps with nutrition initiatives and adjust transfers. Combining 4Ps with complementary nutrition programs, such as Walang Gutom 2027, Department of Health (DOH) and Department of Agriculture (DA) initiatives, or community feeding, could improve dietary diversity and child health. Adjusting grant amounts and introducing inflation-linked mechanisms would further support families in meeting both educational and basic household needs.



Strengthen education-to-employment pathways. Connecting households to technical training, entrepreneurship support, and labor market services can foster sustainable economic mobility. Systematic links to skills training, livelihood programs, Technical Education and Skills Development Authority (TESDA) courses, Department of Labor and Employment (DOLE) support, and microenterprise assistance through the Department of Trade and Industry (DTI) could enhance employability. Targeting high-demand sectors and fostering interagency partnerships would equip youth for sustainable livelihoods, build household resilience, and ensure that the 4Ps contributes to long-term economic mobility.



Link beneficiaries to savings and social insurance schemes. Connecting 4Ps households to programs like Alkansya,³ a special scheme for self-employed individuals, can strengthen financial resilience and social protection. Savings and microinsurance mechanisms provide a safety net against emergencies, promote financial planning, and complement short-term assistance with long-term security, empowering families to reduce dependence on aid and participate more fully in the economy.



Enhance monitoring, evaluation, and feedback systems. Robust monitoring and evaluation can help identify issues early, improve responsiveness, optimize targeting, and reduce duplication across social protection programs. Regular household surveys, data updates, and panel tracking can monitor adolescent enrollment, YDS participation, conditionality compliance, and grant adequacy. Linking administrative and survey data supports evidence-based decisions, while improved interoperability across government systems enhances program effectiveness.



³ Since July 2024, some 4Ps beneficiaries have been included in the AlkanSSSy program, allowing them to contribute to the Social Security System (SSS) through subsidized premiums. This gives them access to benefits such as sickness, maternity, disability, loans, burial assistance, and retirement.



1. Introduction

The 4Ps is a CCT initiative designed to reduce poverty in the Philippines. Launched in 2008 and institutionalized in 2019 through Republic Act 11310, the program is implemented by the DSWD. It aims to break the intergenerational cycle of poverty by promoting investments in human capital, particularly in health, education, and nutrition.⁴ Beneficiary households receive three types of cash grants: education,⁵ health,⁶ and rice subsidies,⁷ provided they meet the program's conditions and are eligible for each grant. In addition, the F1KD cash grant was introduced to the 4Ps in 2025.⁸ From January 2022 to November 2023, health grants accounted for 38 percent of total transfers, followed by rice subsidies (32 percent) and education grants (30 percent) (DSWD 2023).

Beneficiaries must comply with health and education conditionalities and participate in FDS to receive these grants.⁹ These requirements are designed to ensure that children in beneficiary households attend school regularly and receive adequate health care. In addition to attending FDS, households must access basic maternal and child health care services, particularly for children ages 0–14. Children ages 3–8 must be enrolled in school and maintain regular attendance. Failure to meet these conditions may result in grant reductions or exclusion from the program (DSWD 2023).

The 4Ps has expanded substantially in coverage and budget since its inception. In 2008, it operated in only 28 provinces. By 2023, it had reached all 148 cities and 82 provinces nationwide. Between January and November 2023 alone, the program disbursed PHP 71.6 billion in grants to approximately 4.34 million households, of which PHP 27.3 billion was for health, PHP 22.7 billion for rice subsidies, and PHP 21.5 billion for education. Over the years, the program has served more than 6.5 million households. As of October 2025, about 3.1 million households are actively enrolled, and the government is revising the target caseload to approximately 3.5 million households based on updated poverty data.¹⁰ Based

⁴ See Philippines National Government Portal: <https://pantawid.dswd.gov.ph/faqs/>.

⁵ The education grant is provided to every child who complies with the education conditions, with a limit of three children per household. Eligible day care and elementary students receive PHP 300 per month for a maximum of 10 months per year. Junior high school students receive PHP 500 per month, while senior high school students receive PHP 700, both for a maximum of 10 months.

⁶ The health grant is provided if all health conditions are complied with, in addition to attendance of the FDS. The health grants are lower than PHP 750 per month and can be received for a maximum of 12 months. The grant corresponds to a fixed amount and is not dependent on the number of household members.

⁷ The rice subsidy is given if households comply with either the education or health and FDS conditions. Compliant households are entitled to receive PHP 600 per month, or PHP 7,200 per year.

⁸ The F1KD grant provides additional financial support to households with children under two years old and pregnant women, aiming to improve early childhood nutrition and health. This grant complements the existing education, health, and rice subsidies, and is designed to reinforce human capital development during the critical early years of life.

⁹ FDS are facilitated by the DSWD and cover topics including parenting, financial literacy, and health.

¹⁰ The original target was 4.4 million households, set around 2018/19.

on DSWD records, 1.4 million households had achieved self-sufficiency and graduated from the program as of October 2025,¹¹ while more than half of all beneficiaries have remained in the program for over seven years.

Eligibility for the 4Ps is based on Listahanan, a national system that determines whether households are poor or nonpoor using a Proxy Means Test (PMT). The PMT evaluates poverty status through simple, observable characteristics such as housing conditions, assets owned, and education levels. Only households classified as poor, and with either a pregnant woman or a child aged 18 or below, can qualify for the program. Listahanan guides targeting for all social protection programs in the Philippines (DSWD 2020).^{12,13} These data are then submitted to the 4Ps National Program Management Office, which finalizes the list of eligible beneficiaries. For ongoing implementation, the Pantawid Pamilya Information System is used to manage household profiles, verify compliance, update beneficiary details, generate payroll lists, and track grievances.¹⁴

Impact evaluations of the 4Ps consistently highlight its strong contribution to poverty alleviation and human capital development, with the third-wave impact evaluation (IE3) providing the most comprehensive evidence (Orbeta, Melad, and Araos 2021). IE3 confirms positive effects on school enrollment, health service utilization, and household welfare, although gains in nutrition outcomes remain limited. Household welfare improvements include increased food security and higher per capita income, particularly in urban areas, with income gains persisting even when cash transfers are excluded, suggesting broader improvements in economic resilience. Education impacts are most pronounced among older children, with enrollment for those ages 12–17 increasing from about 88 percent among nonbeneficiaries to around 93 percent among beneficiaries. Effects among younger children are minimal, given near-universal baseline enrollment of about 98 percent. In health, IE3 finds increased utilization of preventive services, including higher compliance with prenatal care visits, greater use of facility-based deliveries, and improved uptake of child health services such as vitamin A supplementation, deworming, and regular growth monitoring, although gaps remain in some maternal health services and nutrition outcomes. Across all evaluation waves, evidence also consistently shows that the 4Ps does not create labor market dependency, with beneficiaries remaining active participants in the labor force (box 1.1). While these findings indicate that the program contributes to reducing poverty and vulnerability among beneficiary households, it is important to recognize that poverty is multidimensional and shaped by factors beyond the scope of any single intervention, including labor market conditions, economic opportunities, service quality, and exposure to shocks.

¹¹ See <https://www.dswd.gov.ph/>.

¹² Executive Order No. 867 in 2010.

¹³ The most recent assessment, Listahanan 3 (2019–2021), identified 6 million poor and 9 million nonpoor households across the country.

¹⁴ The 4Ps program is updating its targeting system by revising the PMT formula to better identify eligible households. It is also shifting from the national Listahanan database to the Community-Based Monitoring System, allowing more localized and accurate targeting of beneficiaries.

Box 1.1: Main Findings from the 4Ps Impact Evaluations

There have been three major impact evaluations since the Pantawid Pamilyang Pilipino Program's (4Ps) launch in 2008. The first evaluation (DSWD and World Bank 2014) used a randomized control trial (RCT) design during the early rollout of the program, comparing eligible households assigned to treatment and control groups to estimate causal impacts on education and health outcomes.

The second wave of analysis (DSWD 2014) built on quasi-experimental and regression-based methods using administrative and survey data as the program scaled up nationally. These studies relied on propensity score matching, regression discontinuity (RD) designs, and multivariate regression analysis to compare beneficiary and nonbeneficiary households while controlling for observable differences. The third-wave impact evaluation (IE3) (Orbeta, Melad, and Araos 2021) used nationally representative survey data and applied a combination of cross-sectional regression analysis and program comparison techniques across beneficiary groups, including current and former households.

Findings across the three major impact evaluations are broadly consistent, with clearer effects on human capital and more modest impacts on welfare outcomes, as follows:



Household consumption and income: The 2014 RD evaluation found increases in per capita consumption of about 8–10 percent at the eligibility threshold, with food spending rising by 7–11 percent (DSWD 2014). IE3 confirms higher per capita income among beneficiary households, particularly in urban areas, and a lower incidence of hunger compared to nonbeneficiaries (Orbeta, Melad, and Araos 2021), though most households remain near or below the poverty line.



Coping mechanisms and vulnerability: Evidence suggests that the 4Ps helps reduce reliance on negative coping strategies. Beneficiaries are less likely to experience hunger (Orbeta, Melad, and Araos 2021), and increased and more predictable income flows help them maintain steadier consumption over time. While detailed coping strategy metrics are limited in earlier evaluations, improvements in food consumption and reduced hunger indicate enhanced resilience and reduced need for distress coping, particularly during income shocks.



Spending patterns: Across evaluations, beneficiary households consistently allocate more to education. Orbeta, Melad, and Araos 2021 estimate that Pantawid households spend about PHP 206 more per school-aged child per year on education. Earlier findings also show increased spending on schooling inputs (for example, fees and supplies) alongside continued prioritization of food (DSWD 2014).



Education: Impacts are strongest at older ages. While enrollment among younger children is already near universal (~97–99 percent for ages 6–11, leaving limited scope for gains), the program significantly increases enrollment and reduces dropout among older children. After the program’s expansion to cover ages 12–17, impacts became more pronounced for this group (Orbeta, Melad, and Araos 2021). The program also improves school progression and completion at the secondary level.



Labor market outcomes: There is no evidence of labor disincentives across all evaluations. Beneficiaries are equally likely to participate in the labor force and tend to work more hours once employed (Orbeta, Melad, and Araos 2021). Earlier evidence points in the same direction, indicating that transfers do not create dependency or reduce work effort.



Health and nutrition: The 2014 RD found significant increases in preventive health service use, including regular child weighing (+10–12 percentage points), as well as higher uptake of deworming and vitamin A supplementation (DSWD 2014). However, impacts on immunization completion were not significant, a finding repeated in Orbeta, Melad, and Araos 2021. On nutrition, early evidence showed reductions in stunting of about 14–16 percentage points (at 10 percent significance) and a 10 percentage point decline in severe stunting in the RCT, but the third-wave evaluation found mixed and in some cases negative effects on stunting among children 0–5, leaving results inconclusive (Orbeta, Melad, and Araos 2021).

This report uses findings from the Household Welfare Monitoring Survey (HWMS) to examine the welfare trajectories of current and former 4Ps beneficiaries. Its central contribution lies in documenting the outcomes of former beneficiaries and youth who have transitioned out of the program—a dimension that has received limited attention in 4Ps literature and for which international evidence remains scarce (box 1.2). The report builds on the 2024 survey, which profiled beneficiaries and comparable nonbeneficiaries and assesses how participation in the program has shaped household welfare over time. While centered on 2025 results, it compares outcomes across both survey rounds, with particular attention to households recently enrolled or exited. Across both rounds, it provides descriptive analysis spanning household income, expenditure, education, labor market participation, health, nutrition, and beneficiary experiences.¹⁵ The analysis identifies both short-term adjustments by new participants and sustained effects, including persistent educational gains, among long-term beneficiaries.

Globally, evidence on former CCT beneficiaries is more limited than for active recipients, but it provides important insights into what happens after households exit these programs. A common finding across studies is that program exit does not necessarily coincide with a sustained escape from vulnerability. Households may leave programs because they no longer meet eligibility criteria, experience demographic changes, or are affected by administrative rules, yet many remain close to poverty thresholds and exposed to economic shocks. Studies from Latin America (box 1.2), particularly Mexico’s Progresá–Oportunidades–Prospera program, suggest that despite crossing a program’s eligibility threshold, many households remain vulnerable to future income losses and adverse shocks. Overall, the literature indicates that CCTs can generate lasting human capital benefits that extend beyond program participation, but these gains do not always translate immediately into sustained improvements in economic well-being. By providing new evidence on former beneficiaries and youth graduates, this study contributes to the emerging literature on longer-term outcomes and offers insights for the DSWD, the World Bank, and other stakeholders to inform policy and program improvements.

¹⁵ Consistent with Republic Act No. 11310 or the Pantawid Pamilyang Pilipino Program Act, this survey monitors key human capital outcomes targeted by the program, including children’s education, health, nutrition, and household economic participation. These domains are likewise aligned with the Philippine Development Plan 2023–2028, which prioritizes human capital development, learning recovery, improved nutrition, and inclusive employment as central strategies for poverty reduction and social protection. By tracking indicators across education, health, nutrition, and labor, the HWMS provides evidence on the extent to which the 4Ps contributes to the attainment of legislated program objectives and national development outcomes.

Box 1.2: Former Beneficiaries of CCTs – International Evidence

Research on CCTs and former beneficiaries remains relatively limited compared to the extensive evidence on active program impacts. A key gap in the literature is that few studies have systematically tracked households after program exit. Nevertheless, evidence from several countries provides useful insights into longer-term outcomes.

In Mexico’s Progresá-Oportunidades-Prospera program, longitudinal evidence shows that CCTs increased schooling attainment by approximately 8–12 additional months among exposed cohorts and improved household consumption and poverty outcomes during participation. However, evidence on poverty dynamics suggests that crossing the program’s eligibility threshold does not necessarily imply a permanent escape from poverty. Many households remain vulnerable to future poverty because of income volatility, shocks, and local labor market conditions, highlighting that graduation from the program may not always coincide with sustainable economic self-sufficiency (Behrman, Parker, and Todd 2011; Angelucci, Attanasio, and Di Maro 2012; Villa and Niño-Zarazúa 2019).

Evidence from Brazil’s Bolsa Família program shows that while the immediate poverty reduction effects are largely driven by the transfer itself, human capital gains tend to persist beyond program participation. Longitudinal studies tracking former beneficiaries find higher educational attainment, improved access to formal employment, and higher earnings in adulthood among individuals exposed to the program during childhood (de Brauw et al. 2015; Fassarella et al. 2024; Laguinge, Gasparini, and Neidhöfer 2025; Soares, Ribas, and Osório 2010).

Evidence from Indonesia’s Program Keluarga Harapan (PKH) reinforces the importance of sustained human capital investments. Experimental evidence from the randomized rollout of PKH shows lasting improvements in school participation, educational attainment, health service utilization, and household welfare several years after program implementation. These findings suggest that CCTs can generate durable gains in human capital accumulation, although evidence on the extent to which these gains translate into long-term labor market and earnings improvements remains more limited, given that many beneficiary children had not yet fully entered adulthood at the time of evaluation (Cahyadi et al. 2020).

Overall, the literature consistently finds that former CCT beneficiaries often retain advantages in human capital accumulation, particularly in education and health-related investments. Evidence on longer-term income and labor market outcomes is more heterogeneous and less conclusive, reflecting differences in local economic conditions, labor market opportunities, and the duration of follow-up periods. While many former beneficiaries experience improvements in educational attainment and future employment prospects, a common finding across countries is that vulnerability often persists after program exit, suggesting that leaving a CCT program does not necessarily coincide with full economic self-sufficiency (Fassarella et al. 2024; Laguinge, Gasparini, and Neidhöfer 2025; Villa and Niño-Zarazúa 2019).

The report is structured into four main sections. Following the introduction, section 2 describes the design and implementation of the 2025 survey. Section 3 presents the key findings across thematic areas, offering a detailed analysis of household welfare outcomes and 4Ps experiences. Section 4 synthesizes the overall results and highlights key recommendations. The survey questionnaire is provided in appendix A.



2. Methodology

Survey Design and Sample Size

The sample for this study was drawn from the Listahanan 3 and 4Ps administrative records, which were used to identify and select households for the survey. The Listahanan survey (L3, 2019–2021) assessed over 15 million households and identified approximately 5.6 million as poor, while the 4Ps database provided information on current beneficiaries, new enrollees, and program graduates. These sources were merged to create a comprehensive sampling frame of poor households for the 2024 survey.

Data were then collected through two rounds of in-person household interviews conducted in 2024 and 2025. In 2024, a stratified sampling approach ensured representation across socioeconomic groups and geographic regions, covering four household categories: current beneficiaries, former beneficiaries, nonbeneficiaries, and incoming beneficiaries (box 2.1). The survey was conducted in seven municipalities randomly selected within each of the three major island groups (Luzon, Visayas, Mindanao), with a final representative sample of 3,600 households drawn after data cleaning (box 2.2).

Box 2.1: Definitions of the Beneficiary Groups

For the survey, households were categorized into the following four primary groups based on their engagement with the Pantawid Pamilyang Pilipino Program (4Ps):

-  **Current beneficiaries:** Households that are active in the 4Ps.
-  **Former beneficiaries:** Households that have left the program (or “graduated”) either due to an improved welfare status (that is, self-sufficient level, absence of qualifying children or household members, or noncompliance with the program’s conditions).^a
-  **Nonbeneficiaries:** Households that are low-income but not part of 4Ps, with poverty scores near the program’s eligibility cutoff.
-  **Incoming beneficiaries:** Households that were assessed as eligible for enrollment in the program but are not yet registered or receiving grants.

a. Of the total number of former beneficiaries, 45 percent exited due to having no remaining qualifying children or eligible household members, 27 percent due to increased income and no longer meeting the poverty eligibility criteria, 9 percent due to noncompliance with program conditionalities, and 20 percent for other reasons.

For the 2025 round, the 2024 survey dataset served as the primary sampling frame, containing household contact information, geographic identifiers, and economic status. This allowed the research team to recontact previously interviewed households, maintaining continuity in tracking household-level changes over time. To address potential attrition, a replacement strategy was implemented for households that could not be reached. Using a propensity score-based screener, enumerators identified replacement households with similar observable characteristics, ensuring that new respondents closely resembled the 2024 sample. The backup Listahanan 3 list was consulted only when 2024 data were insufficient to complete the follow-up. This approach mitigated attrition challenges, preserved the integrity of the panel component, and supported comparability and causal inference (appendix B).

Box 2.2: Household Welfare Monitoring Survey (HWMS) 2024 Methodology

The 2024 HWMS survey sampling frame was constructed using multiple sources, including the latest Listahanan survey (L3, 2019–2021) and the 4Ps administrative database. The L3 survey assessed 15,487,655 households, identifying 5,599,091 households as poor, which were merged with 4Ps data on beneficiaries, new enrollees, and program graduates to generate a comprehensive list of poor households.

From this frame, an initial sample of approximately 5,000 households was drawn, with each major island group (Luzon, Visayas, and Mindanao) allocating roughly 1,200 households. The sampling frame included household location, contact details, and economic status to support stratified sampling. After data cleaning, 4,700 households were confirmed as eligible, and interviews were conducted in seven randomly selected municipalities per island group. From this pool, a final representative sample of 3,600 households was drawn (table B2.2.1).

Table B2.2.1: Sample Household Distribution – 2024 Survey

Groups	Households per group
Current beneficiaries	1,481 (41.14%)
Former beneficiaries	558 (15.5%)
Nonbeneficiaries	930 (25.83%)
Incoming beneficiaries	631 (17.53%)
Grand total	3,600

Source: HWSA 2024.

The final sample included 3,113 households, with 44 percent current beneficiaries, 17 percent former beneficiaries, 13 percent incoming beneficiaries, and 25 percent nonbeneficiaries (Table 2.1). It comprised households interviewed in 2024, replacements identified via the propensity score screener, and matched households identified with Local Government Unit (LGU) and DSWD support and screened for eligibility (appendix B). This design preserved statistical integrity and captured dynamic transitions in 4Ps participation, providing a strong foundation for evaluating program outcomes. A provincial breakdown of the sample is provided in appendix D.

Table 2.1: HWMS 2025 Sample Distribution

Beneficiary Status	From 2024 survey	Replacement	Matched	Total 2025 survey
Current beneficiary	747 (49%)	73 (31%)	546 (40%)	1366 (44%)
Incoming beneficiary	285 (19%)	22 (9%)	113 (8%)	420 (13%)
Former beneficiary	297 (20%)	108 (47%)	132 (10%)	537 (17%)
Nonbeneficiary	196 (13%)	29 (13%)	565 (42%)	790 (25%)
Total	1,525 (49%)	232 (7%)	1,356 (44%)	3,113 (100%)

Source: HWMS 2025.
Note: “From 2024 survey” refers to households interviewed in the 2024 survey and successfully reinterviewed in 2025. “Replacement” refers to households that were included in the backup list provided to A2F Consulting during the 2024 survey but not interviewed at that time. “Matched” refers to randomly selected households (identified with LGU/DSWD help) interviewed after administering a screener.

Survey Instrument

The survey questionnaire captured household demographics, income and expenditures, education, health and nutrition, and experiences with the 4Ps. It began with an introduction covering survey purpose, consent, and eligibility, followed by sections on household composition, location, assets, and utilities; income sources, employment, and spending; educational attainment and literacy; health practices, service use, and child nutrition; and program participation, satisfaction, and compliance. The data collection instrument is composed of the sections presented in table 2.2. The full questionnaire is included in appendix A.

For the 2025 survey, the 2024 questionnaire was retained with targeted enhancements to improve data quality, while ensuring comparability. In the “Introduction and Objectives” section, a household identifier was added to facilitate tracking of respondents from the 2024 survey and secondary lists, along with a landmark question to capture location details where GPS data could not be recorded. This section also included a short screener designed to collect information on predictive variables and determine household eligibility, ensuring that new respondents closely resembled the 2024 sample in key characteristics. Section B was expanded to include questions on employment availability for currently unemployed individuals, providing a more comprehensive understanding of labor market dynamics.¹⁶

Table 2.2: HWMS Questionnaire Overview

Section	Details
Introduction and objectives	Explains the survey’s purpose, data use, privacy measures, respondent consent, and eligibility criteria.
Demographics and household characteristics	Gathers key household and individual information, including location, size, composition, housing type, assets, and access to basic utilities. Includes a roster for demographic details such as age, gender, and marital status.
Income and expenditures	Captures sources and uses of household income, employment type, and spending on essentials like food, water, gas, and electricity. Includes a roster on employment details such as status, employer type, and income.
Education	Examines educational attainment and literacy (digital and financial), including school access and enrollment. Includes rosters on the education level and digital literacy of household members.
Health	Covers health habits, service use, and barriers to care, including child immunization, growth monitoring, and mental health. Includes a roster for children’s health and curative practices.
Nutrition	Assesses household and child nutrition practices, including meal frequency, diet composition, and nutrition education. Includes a roster for young children’s feeding habits (for example, breastfeeding and staple food intake).
Experience with 4Ps	Examines household experiences with the 4Ps, including satisfaction, fairness, enrollment, payments, compliance, and related challenges.

Source: Original for this publication.

¹⁶ To minimize errors and inconsistencies in data entry, the questionnaire included various control mechanisms, such as preprogrammed conditions, drop-down menus, radio buttons, and checkboxes. It also incorporated range checks to validate logically acceptable numeric or date entries (for example, income cannot be negative), with real-time error alerts to guide corrections. Internal validations were added to prevent enumerators from advancing without entering mandatory responses, thereby ensuring data integrity and accuracy. Additionally, on-screen instructions were embedded in more complex sections of the questionnaire to support enumerators and guide them through the interview process step by step.

Response Rate

Forty-nine percent of households in the 2025 survey had also been interviewed in 2024 (table 2.3). The study was originally designed as a panel, with the intention of reinterviewing the full set of 2024 households. However, recontact and response rates were lower than anticipated, resulting in panel attrition. Initial tracking efforts yielded a contact rate of approximately 65 percent among 2024 households. However, the effective reinterview rate declined as fieldwork progressed. By September 30, 2025, the proportion of completed interviews with 2024 respondents had decreased to approximately 61 percent, and this downward trend continued through October. By October 31, the share of 2024 households in the achieved sample had fallen to 50 percent, ultimately reaching 49 percent by the close of fieldwork. In the final sample, 51 percent of respondents were drawn from replacement households selected through the established matching protocol (appendix B).

The decline in successful contacts was largely driven by natural disasters, which caused temporary or permanent displacement of households, reducing their availability for interviews. Frequent typhoons, floods, and earthquakes disrupted access and infrastructure, with localized impacts escalating into widespread displacement in some provinces. As disasters compounded over time, operational capacity was strained, and community priorities shifted toward relief and recovery, further limiting respondent availability despite mitigation measures. Consequently, three provinces surveyed in 2024—Bohol, Negros Occidental, and Ilocos Sur—could not be covered in the 2025 round.

Table 2.3: Follow-Up Response Rate in 2025 for Households Interviewed in 2024

Survey date	Share of respondents from 2024 survey
Up to Sept 15 th	65%
Up to Sept 30 th	61%
Up to Oct 15 th	58%
Up to Oct 31 st	50%
Up to Nov 10 th	49%

Source: HWMS 2025.

Robustness Checks

To assess the robustness of the results, this study primarily focuses on presenting descriptive statistics across four groups—current, former, and incoming beneficiaries of the 4Ps as well as nonbeneficiaries—while using statistical tests and regression analysis to validate and support the observed patterns (see more details in appendix G). The objective is to examine whether differences across groups are systematic and statistically significant, while accounting for potential selection bias and compositional differences. Importantly, the analysis does not make causal claims. Given the observational nature of the data, the results should be interpreted as conditional associations rather than causal effects.

First, we assess whether mean differences across groups are statistically significant using ANOVA. The ANOVA framework tests the null hypothesis that all group means are equal, and relies on the F-statistic:

$$F = \frac{\text{Between-group variance}}{\text{Within-group variance}}$$

More explicitly:

$$F = \frac{MS_B}{MS_W} = \frac{SS_B/(k-1)}{SS_W/(N-k)}$$

where $SS_B = \sum_k n_k (\bar{x}_k - \bar{x})^2$ captures variation between groups and $SS_W = \sum_k \sum_i (x_{ik} - \bar{x}_k)^2$ captures variation within groups. We complement this with pairwise t-tests to identify which specific group differences drive the overall variation:

$$t = \frac{\bar{x}_A - \bar{x}_B}{\sqrt{\frac{s_A^2}{n_A} + \frac{s_B^2}{n_B}}}$$

All statistical tests are evaluated at a significance level of at least 5 percent.

The ANOVA results show a consistent pattern: Incoming households are statistically similar to nonbeneficiary households across most variables. As a result, incoming households are not included in the main comparative analysis presented in subsequent

sections focused on cross-group differences. However, they are included in section 3.6, where transitions in program status across years are analyzed.

Based on these findings, the main comparative analysis and regression models focus on three groups only: nonbeneficiaries, current beneficiaries, and former beneficiaries.

Second, we estimate multivariate regression models as a robustness check to assess whether the descriptive differences persist after controlling for observable household and individual characteristics. This helps address potential selection bias arising from differences in demographic and socioeconomic composition across groups.

For household-level outcomes, we estimate:

$$Y_h = \alpha + \beta_1 \text{Current}_h + \beta_2 \text{Former}_h + \gamma X_h + \varepsilon_h$$

and for individual-level outcomes:

$$Y_{ih} = \alpha + \beta_1 \text{Current}_{ih} + \beta_2 \text{Former}_{ih} + \gamma X_{ih} + \delta Z_{ih} + \varepsilon_{ih}$$

where nonbeneficiaries are the reference category. includes household controls (for example, household size, dependency ratio, and education and gender of the household head), while includes individual characteristics, such as age and gender.

Binary outcomes are estimated using linear probability models (LPMs), allowing coefficients to be interpreted as covariate-adjusted in outcome probabilities, expressed in percentage points, which facilitates comparison with the descriptive figures.

Finally, standard errors are specified according to the unit of analysis, with household-level standard errors for household outcomes and household-clustered standard errors for individual outcomes, to account for intrahousehold correlation. The regression analysis serves as a robustness check on the descriptive results by distinguishing whether observed differences reflect true group associations or compositional differences in observable characteristics. It also allows for direct comparisons between current and former beneficiaries through postestimation tests of equality of coefficients, $H_0: \beta_1 = \beta_2$.

Despite the use of regression controls and robustness checks, the analysis remains descriptive in nature and cannot establish causality. Differences across groups may still reflect unobserved characteristics, such as motivation, preprogram conditions, or selection into program participation, that are not fully captured in the data. In addition, measurement error, recall bias, and cross-sectional data limitations may affect some estimates. As such, results should be interpreted as associations that are informative for understanding patterns across groups rather than definitive program impacts.

Conclusions

This study uses a survey of 3,113 households drawn from Listahanan 3 and 4Ps administrative records to examine differences across current, former, incoming, and nonbeneficiaries. Data were collected in 2024 and 2025 through in-person interviews. Although the original design aimed for a panel, attrition due to natural disasters necessitated a structured replacement strategy using a propensity score-based screener to maintain comparability. The final sample remains broadly representative and captures variation in program participation.

The analysis is descriptive and reflects associations rather than causal impacts. Robustness checks using ANOVA, pairwise tests, and regression models confirm that most differences are statistically significant even after controlling for observable characteristics. Incoming households closely resemble nonbeneficiaries and are therefore excluded from the main comparative regressions, but retained for transition analysis.

Overall, the study provides a descriptive assessment of differences across 4Ps groups, supported by robustness checks that strengthen confidence in the observed patterns, while highlighting that results should be interpreted as associations rather than causal effects.



3. Main Findings

3.1 Individual and Household Demographic Characteristics

Key Takeaways

This section presents key findings on individual and household characteristics, including those of household heads, across different groups. Households are generally young, about one-third are female-headed, and most rely on a single earner. Beneficiary households tend to be younger and more likely to be female-headed, while former beneficiaries are more likely to have multiple earners. Key findings include the following:

- **Nearly half (47 percent) of individuals are 18 or younger, with current beneficiaries having the highest share of children and youth.** Former beneficiary households, by contrast, tend to include more young adults and older household heads.
- **About 29 percent of households are female-headed,** with higher rates among current and former beneficiaries (32–33 percent) compared to nonbeneficiaries (20 percent).
- **Most household heads have completed only primary education (34 percent),** while fewer have attained secondary or higher levels of schooling. 4Ps household heads are slightly more educated than nonbeneficiaries.
- **Around 78 percent of household heads are employed.** Heads in former beneficiary households are slightly less likely to be employed and more likely to report staying at home.
- **Most households (62 percent) rely on a single earner, but former beneficiaries show more diversified income structures,** with 51 percent reporting two or more earners.

A total of 3,113 households were interviewed in the 2025 survey, representing 15,226 individuals, almost half of whom were under 18 and with an equal distribution among men and women. The median household size is five, though current beneficiary households are bigger on average, with a mean of five and a half. Women account for roughly half of household members across all program status groups. Forty-seven percent of individuals in the sample are 18 or younger, while about 16 percent are older than 45 (Table 3.1). Age distribution differs significantly across groups. Current beneficiaries and nonbeneficiaries are often not significantly different at the extremes (60+ and 18 and below), suggesting more similarity between these two groups in those cohorts. Current beneficiary households are characterized by a high share of children, consistent with the program's targeting of households with school-aged children. In contrast, former beneficiaries tend to have an older age structure, with statistically significant differences compared to both current beneficiaries and nonbeneficiaries across most age groups. Former beneficiary households have a higher proportion of young adults ages 19–30 (29 percent) and adults ages 46–60 (21 percent). These patterns align with program eligibility rules and the expected exit of households as children age out.

Table 3.1: Household and Individual Characteristics

Characteristics	Total	Nonbeneficiary	Incoming	Current	Former
Individuals (Number)	15,226	3,617	2,006	6,965	2,638
Individuals (%)	100.0%	23.8%	13.2%	45.7%	17.3%
Women (Number)	7,625	1,874	994	3,467	1,290
Women (%)	50.1%	51.8%	49.6%	49.8%	48.9%
Households (Number)	3,113	790	420	1,366	537
Households (%)	100.0%	25.4%	13.5%	43.9%	17.3%
Women-headed households (Number)	896	156	101	458	181
Women-headed households (%)	28.8%	19.7%	24.0%	33.5%	33.7%
HH size (Average)	5.3	5.0	5.1	5.5	5.4
Age distribution					
18 years and below (%)	46.7%	50.6%	50.3%	50.0%	30.2%
19–30 years (%)	17.0%	16.0%	14.1%	13.7%	29.1%
31–45 years (%)	20.2%	23.8%	24.3%	20.3%	11.9%
46–60 years (%)	12.1%	6.8%	7.5%	12.7%	21.3%
60 years and above (%)	4.0%	2.9%	3.9%	3.3%	7.4%

Characteristics	Total	Nonbeneficiary	Incoming	Current	Former
Education of the household head					
Primary or less (%)	43.7%	51.9%	49.6%	42.4%	31.7%
Lower secondary (%)	25.3%	23.6%	24.7%	28.1%	20.6%
Upper secondary (%)	11.8%	7.3%	6.8%	13.9%	16.1%
Post-secondary nontertiary (%)	7.5%	6.9%	9.1%	6.5%	9.7%
Bachelor or higher (%)	11.7%	10.3%	9.8%	9.1%	21.9%

Source: Original for this publication.

Overall, 29 percent of households are female-headed,¹⁷ with a slightly higher share among 4Ps households. The prevalence of female-headed households is highest among current and former beneficiaries (33 percent), followed by nonbeneficiaries (20 percent). The age profile of household heads also varies markedly by program status. The median age of household heads is 43 overall, but is lower among nonbeneficiaries (37). In contrast, heads of current and former beneficiary households are older, with median ages of 44 and 53, respectively. These patterns reflect differences in household life cycle stages, with households exiting the program typically led by older, more established heads.

Educational attainment among household heads is low, and 4Ps household heads are slightly more educated than nonbeneficiaries. Around 69 percent of household heads have not reached upper secondary education, including 44 percent with primary education or less and 25 percent with lower secondary education as their highest level attained (table 3.1). This pattern varies by gender: 67 percent of male household heads have lower secondary education or less, compared to 60 percent among female household heads. Former beneficiary households have a lower share of household heads with primary education or less and a higher share with bachelor-level education or above, while current beneficiaries show relatively higher shares of household heads with lower and upper secondary education (table 3.1). This implies that households with somewhat higher education may have been more likely to comply with or remain in the program, or to transition out.

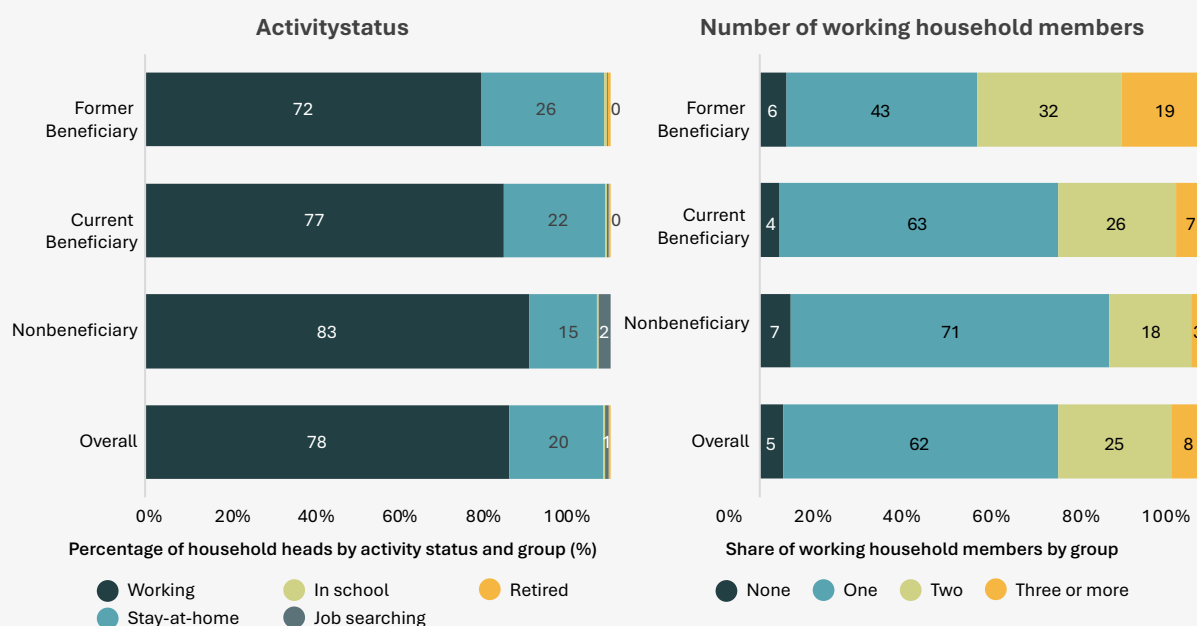
Most household heads are employed, with no significant differences between current beneficiaries and nonbeneficiaries, while former beneficiaries are slightly less likely to be employed. As shown in figure 3.1a, employment is the dominant status among household heads, with 78 percent working, while 20 percent are stay-at-home. The share of stay-at-home household heads is highest among former beneficiaries (26 percent) and lowest among nonbeneficiaries (15 percent). Given differences in household demographic

¹⁷ The survey defines household head as whomever the household members identify as their head—often the person who manages the affairs of the household. The head can be of either sex and is not necessarily the oldest or the main income-earner, as long as they are seen as the person in charge or representing the household. This is not the same as the 4Ps beneficiaries, 86 percent of whom are expected to be females.

composition, we test variations in activity status while controlling for both household and individual characteristics. The results show that these differences remain statistically significant at the 5 percent level after accounting for these controls. This pattern likely reflects the fact that former beneficiary households often have other members working, allowing the household head to stay at home.

Former beneficiary households often have multiple earners. Overall, 62 percent of households have one working member, and approximately 34 percent have two or more. Former beneficiaries show a more diverse employment profile, with 51 percent reporting two earners or more (Figure 3.1b). This reflects their older and larger household composition. In contrast, nonbeneficiary households rely heavily on a single earner, with 71 percent reporting only one employed member and only 18.5 percent reporting two. These patterns highlight how household demographics and life-cycle stage shape income generation capacity across 4Ps groups, and the differences remain statistically significant after controlling for individual and household characteristics.

Figure 3.1: Employment and Number of Earners by 4Ps Beneficiary Status



Source: Original for this publication.

Conclusions

Demographic and socioeconomic differences across households provide a foundation for understanding how 4Ps participation is associated with variations in income, health, and education outcomes. Households average five members, with roughly half under 18 and a slight majority of women. Beneficiaries tend to have younger members, while former beneficiaries are older. Female-headed households are more common among beneficiaries. Educational attainment is generally low, slightly higher among female heads and former household heads. Employment is widespread, with former beneficiaries often having multiple earners compared with nonbeneficiaries. These patterns reflect program targeting and life-cycle dynamics.

Given observed differences across household groups, the results presented in the study across the different outcome areas are further examined using regression analysis that controls for household and individual characteristics. This approach assesses whether observed differences remain statistically significant after accounting for observable factors. In addition, pairwise tests and regression analysis indicate that incoming beneficiaries are statistically similar to nonbeneficiaries across most key demographic, socioeconomic, and outcome indicators. As a result, incoming beneficiaries are excluded from the analysis in subsequent chapters and are included only in Section 3.6, which examines transitions into and out of beneficiary status. Nevertheless, the findings should not be interpreted as causal, as the analysis is based on a descriptive snapshot and does not fully address potential selection bias or unobserved differences between groups.



3.2 Household Income, Spending, and Coping Strategies

Key Takeaways



This section presents key findings on household economic conditions, including income levels, spending patterns, and coping strategies across groups. Overall, most households report very low incomes, though former beneficiaries show relatively better outcomes. While food accounts for the largest share of spending across all groups, current and former 4Ps beneficiaries allocate a higher share to education. Former beneficiaries also report fewer income shortfalls and a more diversified set of coping strategies. Key findings include the following:

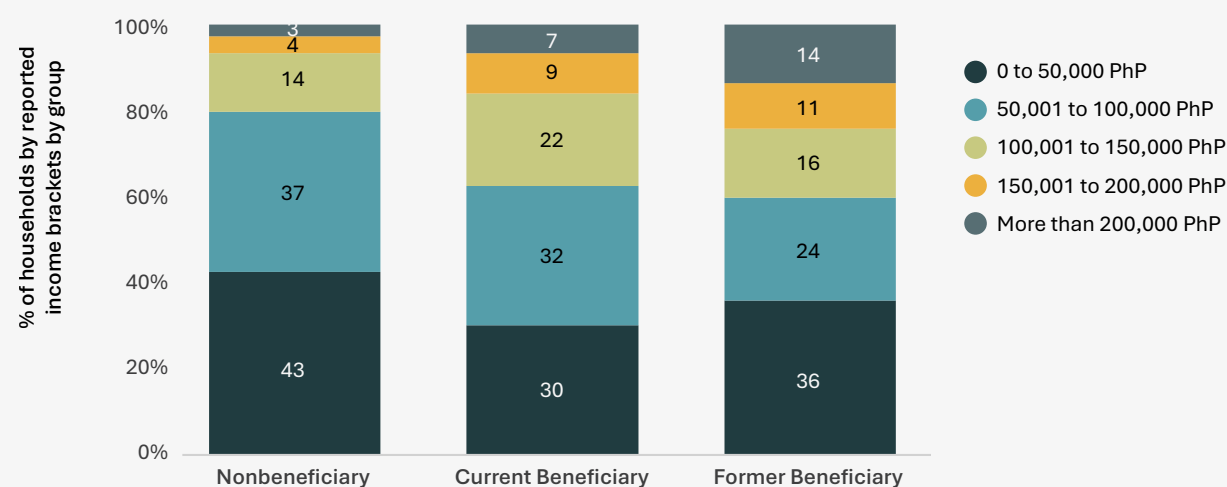
- **Most households earn very low annual incomes, with about 85 percent reporting less than PHP 150,000.** Nonbeneficiaries are the most constrained (94 percent), followed by current beneficiaries (84 percent).
- **Former beneficiaries show the strongest upward mobility.** They are significantly more likely than both current beneficiaries and nonbeneficiaries to be in higher income brackets. While 60 percent remain in the lowest two brackets, 14 percent now earn above PHP 200,000—the highest share across all groups—and a growing number have moved into the PHP 100,000–PHP 200,000 range.
- **Spending patterns are broadly similar across groups, but 4Ps beneficiaries consistently allocate a larger share of their budgets to education.** Nonbeneficiaries spend about 10 percent on schooling, compared to 13 percent among current beneficiaries and 12 percent among former beneficiaries.
- **Income shortfalls are widespread, affecting 86 percent of households overall.** Former beneficiaries fare slightly better, with the lowest incidence at 81 percent, though levels remain high across all groups.
- **Coping strategies differ by status.** Current and former beneficiaries are less likely to cut spending and more likely to rely on government support. Receipt of government assistance is significantly more common among current (15 percent) and former (12 percent) beneficiaries than among nonbeneficiaries (5 percent).

Income

Most surveyed households report incomes below the poverty line, with nonbeneficiaries facing the most severe financial constraints. According to the Philippine Statistics Authority, a family of five required about PHP 13,873 per month in 2023 (PHP 166,000 annually) to remain above the poverty line, while the food poverty threshold was approximately PHP 9,581 per month (PHP 114,000 annually). About 85 percent of households report annual earnings below PHP 150,000, including 35 percent earning less than PHP 50,000. This pattern holds across all household groups but is most pronounced among nonbeneficiaries, 94 percent of whom earn below PHP 150,000 and 43 percent below PHP 50,000 annually.

Reported earnings indicate that participation in the 4Ps helps households build financial resilience, with current beneficiaries generally earning more than nonbeneficiaries and former beneficiaries often achieving even greater income gains after exiting the program. Most current beneficiaries still earn below PHP 150,000 annually (84 percent), but 30 percent fall into the very low income bracket under PHP 50,000, compared to 43 percent of nonbeneficiaries.

Figure 3.2: Distribution of Households by Income Group and 4Ps Beneficiary Status



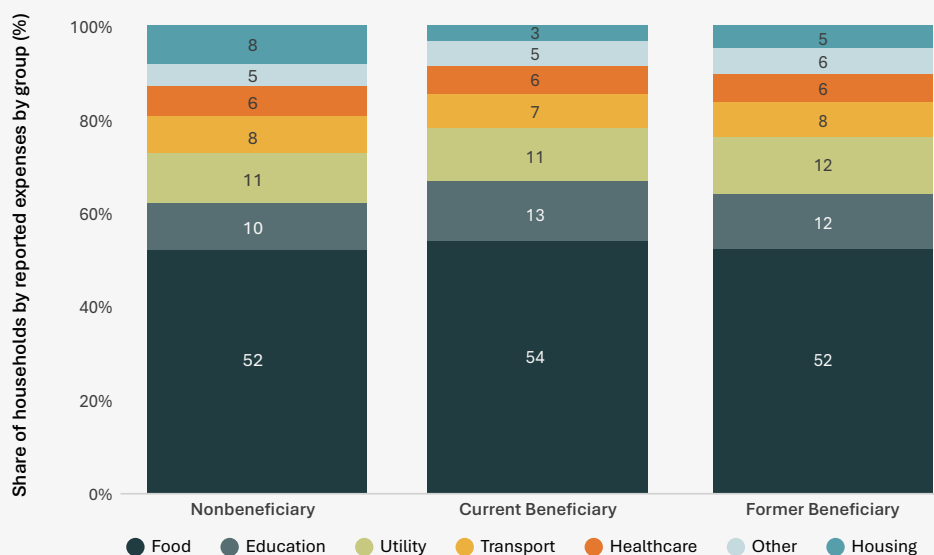
Source: Original for this publication.

(Figure 3.2), and this difference is statistically significant after controlling for household characteristics. Former beneficiaries have experienced more substantial income growth. Sixty percent remain in the lowest two brackets, 14 percent now earn above PHP 200,000 (the highest share across all groups) and a growing number are now earning PHP 100,000–PHP 200,000. Regression-controlled results confirm that statistically, former beneficiaries are significantly more likely than both current beneficiaries and nonbeneficiaries to be in this highest income bracket. Overall, these patterns suggest that former beneficiaries experience gradual improvements in household earnings and some sustained financial stability after exiting 4Ps, although more than half remain in the lowest income brackets, indicating continued vulnerability.

Expenses

Household expenditure patterns are broadly similar across groups, but 4Ps beneficiaries allocate a significantly larger share of their budgets to education than nonbeneficiaries. Food consistently accounts for about half of total expenditure across all groups. This is followed by education (12 percent), utilities (11 percent), transport (7 percent), health care (6 percent) and housing (5 percent), each showing only minor variation across groups. This uniformity suggests that essential consumption needs dominate household budgets, leaving little room for differentiation based on beneficiary status. Households participating in the program prioritize education, spending a larger share on schooling than nonbeneficiaries (Figure 3.3). While nonbeneficiary households allocate a meaningful 10 percent of their budget to schooling, current and former beneficiaries allocate 13 percent and 12 percent, and adjusted results confirm that this difference is statistically significant.

Figure 3.3: Household Spending Patterns by 4Ps Beneficiary Status

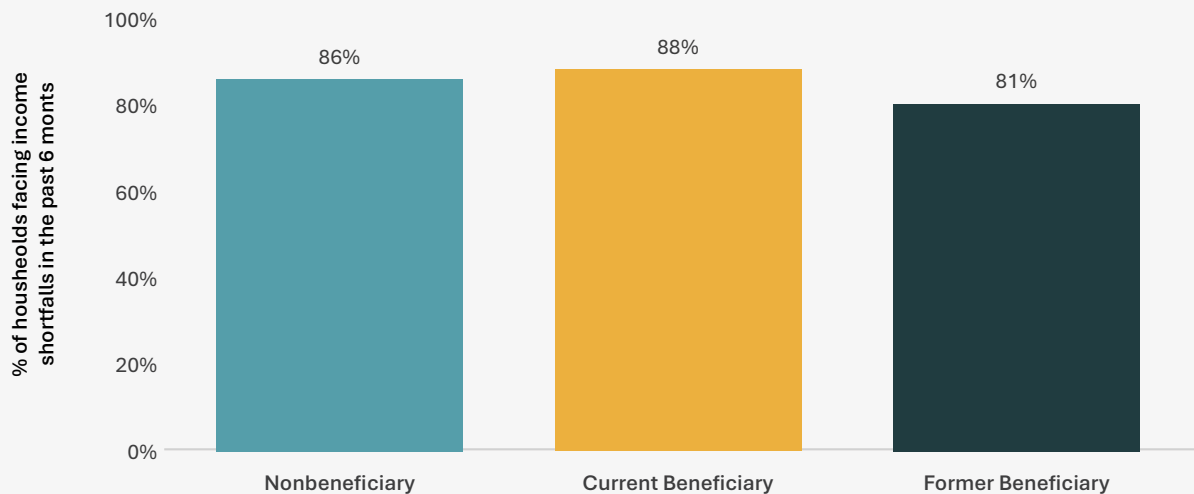


Source: Original for this publication.

Coping Mechanism

Financial pressure is widespread, prompting most households to adopt coping strategies, though former beneficiaries fare somewhat better despite still facing high pressure. Overall, 86 percent of households reported that their income was insufficient to cover living expenses in the past six months. As shown in Figure 3.4, former beneficiaries are less likely to experience income shortfall than nonbeneficiaries and have the lowest share of households facing income insufficiency at 81 percent, though this remains high. To manage these pressures, households rely heavily on informal coping mechanisms, with 88 percent reporting the use of at least one such strategy in the past six months, with no difference across groups.

Figure 3.4: Household Income Shortfalls by 4Ps Beneficiary Status

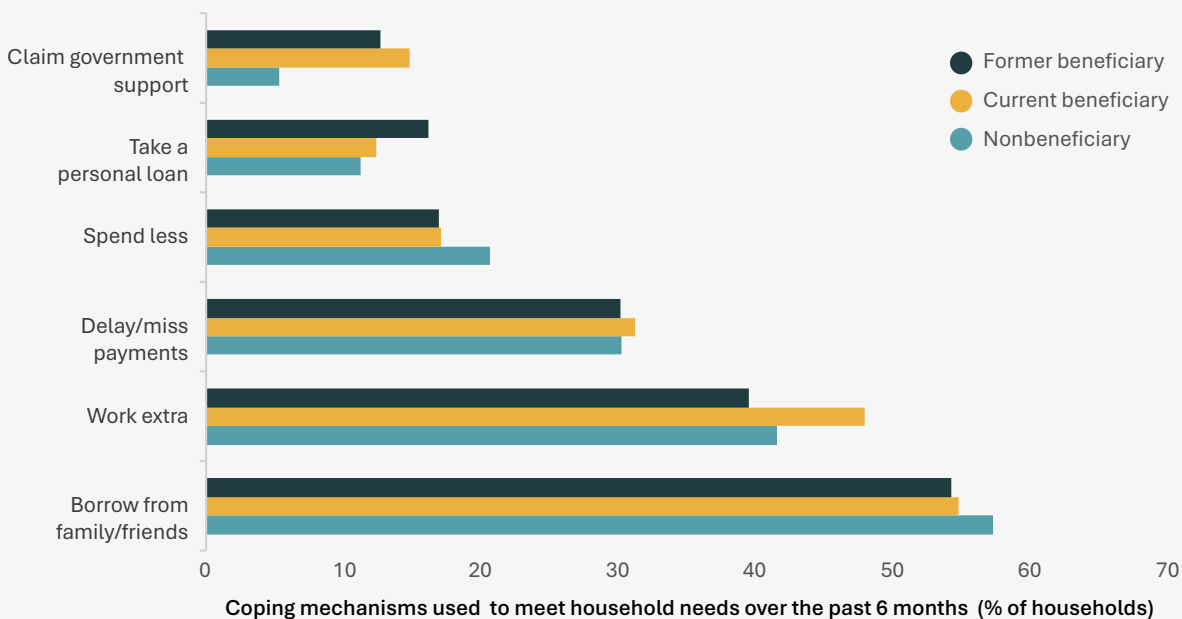


Source: Original for this publication.

In terms of coping strategies, current and former beneficiaries are significantly less likely than nonbeneficiaries to reduce spending and more likely to rely on government support. Households primarily rely on informal coping strategies such as borrowing from family, working extra hours, and delaying bill payments (Figure 3.5). Reducing expenditure and taking personal loans are also common coping strategies, with nonbeneficiaries significantly more likely to cut spending. Claiming government support is significantly more common among current (15 percent) and former (12 percent) beneficiaries than nonbeneficiaries

(5 percent), and these differences remain statistically significant after controlling for household characteristics. This may reflect beneficiaries’ stronger connection to public support systems, as well as greater familiarity with the channels through which assistance can be requested. The overall pattern suggests that households still depend primarily on informal safety nets to manage financial hardship, underscoring the persistence of income instability despite program participation.

Figure 3.5: Household Coping Strategies for Income Shortfall by 4Ps Beneficiary Status



Source: Original for this publication.

Conclusion

Households participating in the 4Ps report higher incomes and allocate a greater share of their resources to education, yet financial strain affects all groups. Nonbeneficiaries remain the most vulnerable group. While 4Ps participation helps some households achieve higher incomes, spending continues to focus primarily on essentials, especially food. Nearly all households employ coping strategies, such as borrowing from family, working extra hours,

or delaying payments, and 4Ps beneficiaries also draw on additional government support. The widespread reliance on informal safety nets highlights persistent income instability and the ongoing financial challenges faced by both program participants and nonbeneficiaries.

These findings are consistent with previous impact evaluations. Earlier studies show that 4Ps beneficiaries spend more on education and experience modest gains in consumption and income. The 2014 RD found higher per capita education spending among beneficiaries and increases in overall consumption (8–10 percent) and food spending (7–11 percent). Similarly, Orbeta, Melad, and Araos (2021)) found higher per capita income, larger gains in urban areas, increased education spending (about PHP 206 more per school-aged child), and reduced incidence of hunger among Pantawid households. This report reinforces and extends those results. While 86 percent of households still live below the poverty line, former beneficiaries perform better: 14 percent report incomes above PHP 200,000—more than double any other group—along with fewer income shortfalls and a lower likelihood of reducing meal portions. This is a key contribution of this study, providing longitudinal evidence that some welfare gains are sustained even after households exit the program, although vulnerability remains high.

At the same time, the findings suggest that significant vulnerability persists among 4Ps households, underscoring the importance of ensuring that transfer values remain adequate over time. The real value and generosity of benefits have declined due to inflation and rising living costs, potentially reducing the program’s ability to cushion households against economic shocks and support investments in human capital. Regular reviews and adjustments of transfer amounts linked to inflation or cost-of-living changes could help preserve the purchasing power of benefits and maintain the program’s effectiveness in supporting poor and vulnerable households.



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3.3 Education

Key Takeaways

This section presents the main findings on education outcomes across different groups. The 4Ps promotes school enrollment and attendance for children ages 3–18. Overall, the results suggest that younger cohorts attain higher education levels than older adults, especially in 4Ps households. Enrollment is near-universal at ages 6–14 but declines at older ages, while enrollment among youth ages 19–24 is higher among current and former beneficiaries than among nonbeneficiaries, particularly among women. Key findings include the following:

- **Younger cohorts have higher educational attainment, particularly former beneficiaries.** Among 19–24 age group, 44 percent have completed some bachelor’s-level education—nearly four times the rate of adults over 30—and 53 percent of former beneficiaries have done the same, compared to 31 percent of nonbeneficiaries. These results remained statistically significant after controlling for household and individual characteristics.
- **School enrollment is near universal for children ages 6–14 (98 percent), but drops to 87 percent for those ages 15–18** with no meaningful or statistically significant differences across beneficiary groups.
- **Enrollment among 19–24 age group is 46 percent overall, but higher among 4Ps-exposed households** (47–48 percent) than nonbeneficiaries (34 percent), with statistically significant differences after controls.
- **Among current and former beneficiary households, women ages 19–24 enroll more than men**, while the pattern reverses among nonbeneficiaries. The higher enrollment among young women exposed to the 4Ps is significant.
- **School attendance is high, with about 96 percent of children ages 6–18 attending at least 85 percent of classes**, with no significant differences across age or beneficiary groups.

Educational Attainment

The 4Ps aims to improve children’s education by reducing financial barriers and promoting consistent school participation among poor households. Through the 4Ps, families receive support provided that children are enrolled in school and attend at least 85 percent of classes each month. The program seeks to increase enrollment, reduce dropout, and sustain engagement in education from early childhood through secondary school. The latest data for January–February 2026 show high compliance rates, with about 92 percent among elementary students, 86 percent in junior high school, and 89 percent in senior high school. As of 2026, more than 12 million students have completed elementary school, and 4.5 million have graduated from high school under the program.

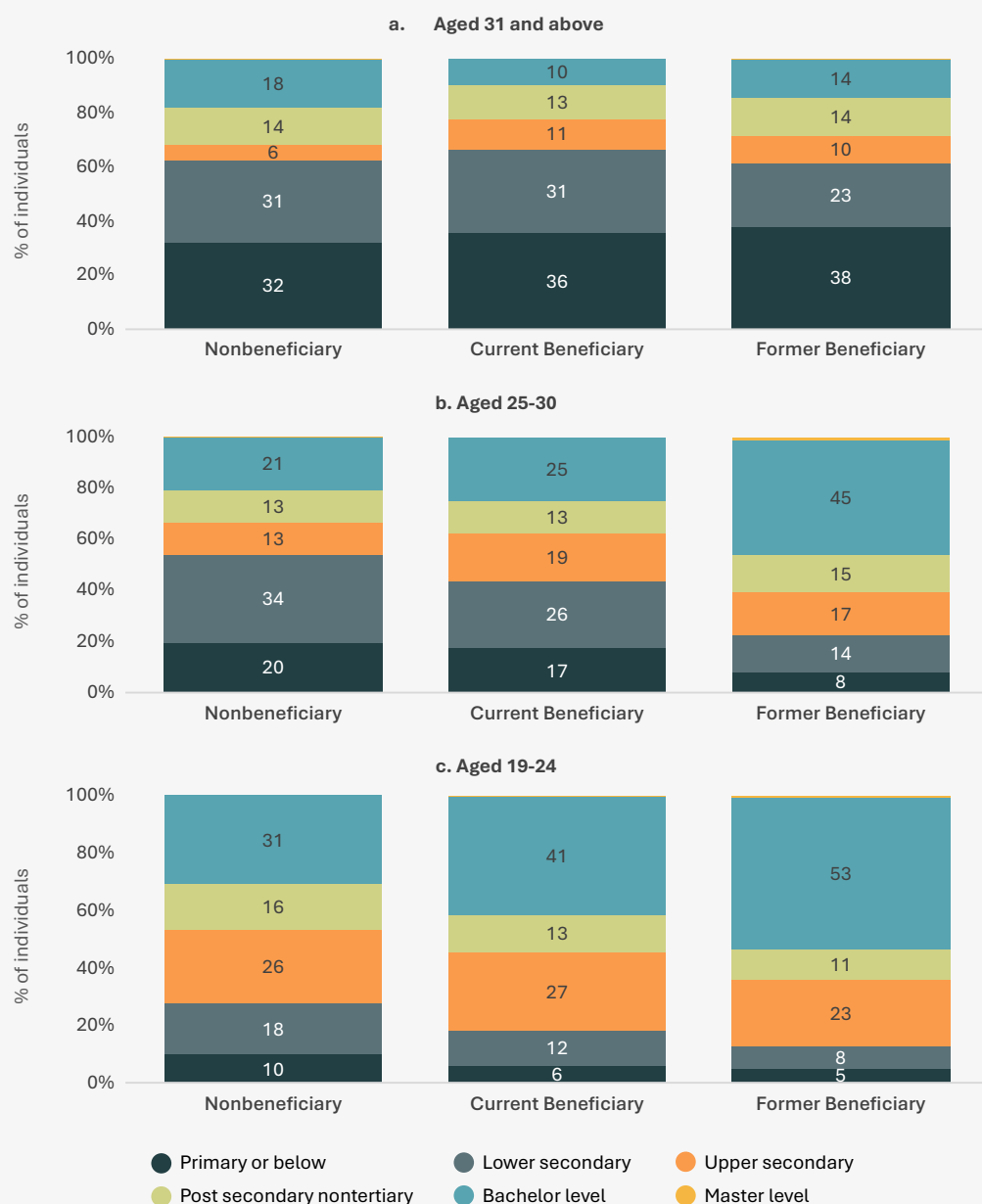
Children exit the program at age 18 or after completing senior high school, and although monitoring after graduation is limited, there are ongoing efforts to strengthen referrals and interagency coordination are helping to improve their access to further education and training opportunities, though continued expansion of support can further enhance these transitions. Over time, the DSWD has strengthened coordination with other government agencies to support children transitioning out of the 4Ps. Policy initiatives, including National Advisory Council Resolution No. 3 (series of 2025), aim to expand access to complementary services—such as scholarships, skills training, livelihood support, and social benefits—through institutions like TESDA and the Commission on Higher Education (CHED). Efforts to strengthen convergence and graduation strategies seek to better link 4Ps beneficiaries to these opportunities. However, gaps remain, and former beneficiaries are not always prioritized for scholarships or subsidies, which can limit their ability to continue into higher or technical education.

In line with national trends, educational attainment is significantly higher among younger cohorts, especially at the postsecondary and bachelor’s levels, than among older adults. Most adults ages 31 and older have completed either primary or lower secondary education. Thirty-five percent completed primary education or less, followed by 30 percent with lower secondary education. Only 13 percent hold a bachelor’s degree, and 14 percent have postsecondary nontertiary education. Differences across beneficiary groups are relatively small and not significant for adults (Figure 3.6).

This pattern is particularly pronounced among households exposed to the 4Ps, where participation is significantly associated with higher educational attainment among youth, especially at the postsecondary level. Former beneficiaries show the strongest outcomes, with 53 percent of 19–24 age group and 45 percent of the 25–30 cohort reporting a bachelor’s degree, compared to 31 percent and 21 percent among nonbeneficiaries, respectively (Figure 3.6). These differences in bachelor’s and master’s attainment are statistically significant after controlling for household and individual characteristics, suggesting that 4Ps exposure may support continued

schooling beyond high school. These findings confirm that 4Ps participation is associated with stronger and more sustained educational outcomes among younger cohorts, highlighting its role in supporting transitions from school to higher education and the importance of service and program convergence in improving educational attainment.

Figure 3.6: Educational Attainment of Individuals by Age Group and 4Ps Beneficiary Status

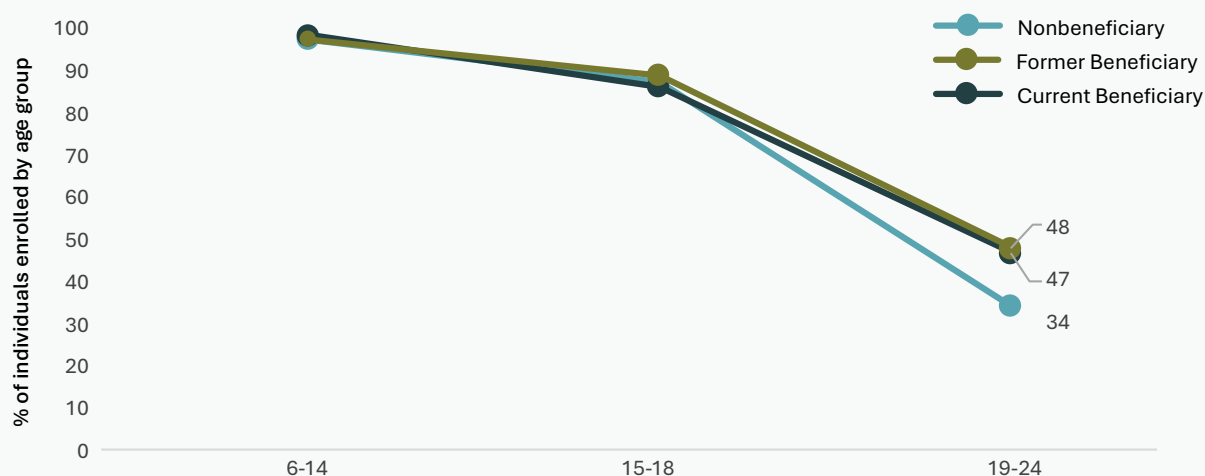


Source: Original for this publication.

Current Enrollment

School enrollment is nearly universal among children ages 6–14 and declines modestly for those ages 15–18, with no statistically significant differences between current former beneficiary and nonbeneficiary households. As shown in Figure 3.7, the enrollment rate for children ages 6–14 is nearly universal across beneficiary groups, ranging from 97 percent to 99 percent. School enrollment rate declines to 87 percent for those ages 15–18 with no significant differences across groups. These findings align with previous impact evaluations, which show that enrollment among elementary-age children is already near universal and that attendance rates among 4Ps households remain consistently high, leaving very limited scope for the program to demonstrate additional impacts at this level.

Figure 3.7: School Enrollment by Age and 4Ps Beneficiary Status



Source: Original for this publication.

Among nonbeneficiaries, enrollment experiences a sharp decline starting at age 15, whereas for current beneficiaries, the most significant drop occurs at age 18. In the overall sample, enrollment falls from 92 percent at age 15 to 75 percent at age 18. The decline is even steeper among current beneficiaries, decreasing from 93 percent to 69 percent. This drop among current beneficiaries likely reflects that many 18-year-olds have completed upper secondary education and are no longer enrolled in school (due to diverse factors such as financial constraints, lack of interest, limited school access, and so on). This is consistent with the 4Ps program's education conditionalities, which apply only until age 18 or upon completion of high school.

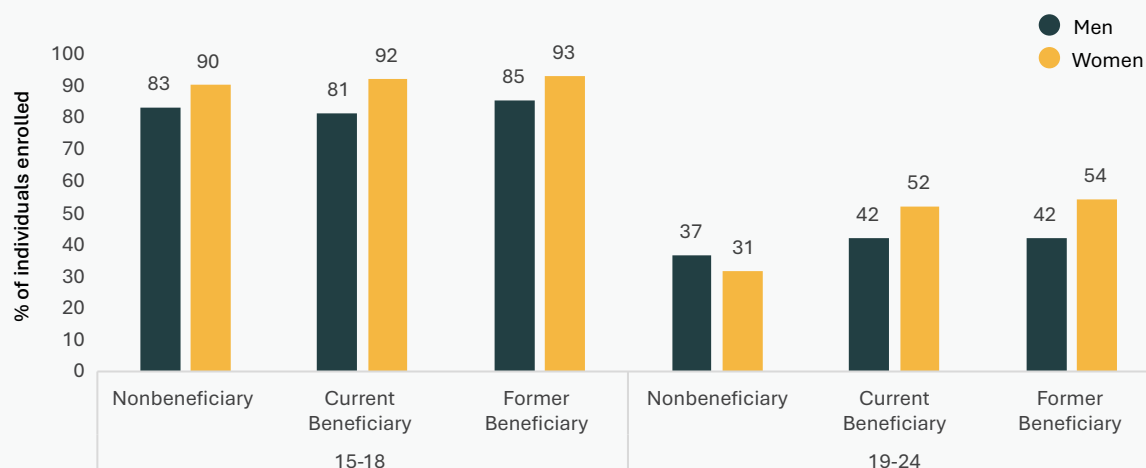
Enrollment among young adults ages 19–24 drops to 46 percent, but the decline is less pronounced for households exposed to the 4Ps compared to nonbeneficiaries.

While overall enrollment falls sharply after age 18 due to the completion of upper secondary education, participation in higher education or vocational programs is notably higher among beneficiary groups. Enrollment rates among former and current beneficiaries range from 47 percent to 48 percent, whereas only 34 percent of nonbeneficiaries remain enrolled. These differences are statistically significant after controlling for household characteristics and reflect greater access to postsecondary opportunities, including scholarships and training programs linked to 4Ps participation.

Overall, enrollment is higher among women ages 19–24, driven primarily by households that are current or former 4Ps beneficiaries, where rates are nearly 10 percentage points higher than for men.

For children under 15, enrollment is high and similar for girls and boys. Starting at ages 15–18, a gap emerges, with girls enrolling more than boys—especially in beneficiary households, where the difference reaches around 10 percentage points (Figure 3.8). In the 19–24 age group, 49 percent of women are enrolled compared to 42 percent of men. Women in current beneficiary households have an enrollment rate of 52 percent, surpassing men by 10 percentage points, while the gap widens to 12 percentage points in former beneficiary households (54 percent for women vs. 42 percent for men). However, this gender trend reverses in nonbeneficiary households. This pattern remains significant after controlling for household characteristics, with beneficiary status positively and significantly associated with enrollment for women in this age group. Among men, there is no statistically significant difference between groups associated with participation in the 4Ps program. The interpretation of the consistently higher enrollment of women in current and former 4Ps households suggests that the program may be more effective in supporting young women’s continued schooling, with benefits that may persist even after households exit the program.

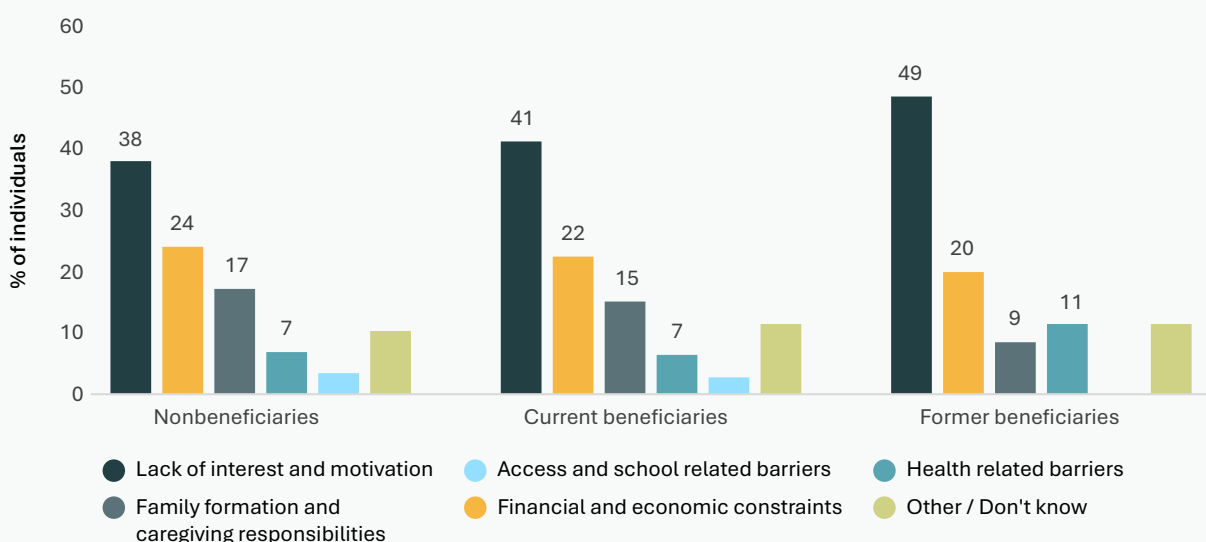
Figure 3.8: School Enrollment of Youth by Sex and 4Ps Beneficiary Status



Source: Original for this publication.

Youth ages 15–18 primarily drop out of school because of a lack of interest in continuing their education, followed by financial and economic constraints and family-related responsibilities. Overall, lack of interest or refusal to continue schooling accounted for 42 percent of reported dropouts, making it by far the most common reason, while financial and economic factors, including the cost of education and the need to work, accounted for 22 percent. Family formation and caregiving responsibilities, such as pregnancy, marriage, and other family circumstances, represented 14 percent of cases, and health-related barriers accounted for 7 percent. Relatively few respondents cited transportation or distance to school as the primary reason for leaving school. The pattern is broadly consistent across household groups, although lack of interest was particularly prevalent among former beneficiaries, accounting for nearly half of all reported dropouts (49 percent), compared with 41 percent among current beneficiaries (Figure 3.9). The prominence of this reason suggests that, beyond financial barriers, some youth may face limited awareness of educational and employment opportunities, perceive low returns to continued schooling, or lack role models that demonstrate the long-term benefits of education.

Figure 3.9: Reasons for School Dropout among Children Ages 15–18 and 4Ps Beneficiary Status



Source: Original for this publication.

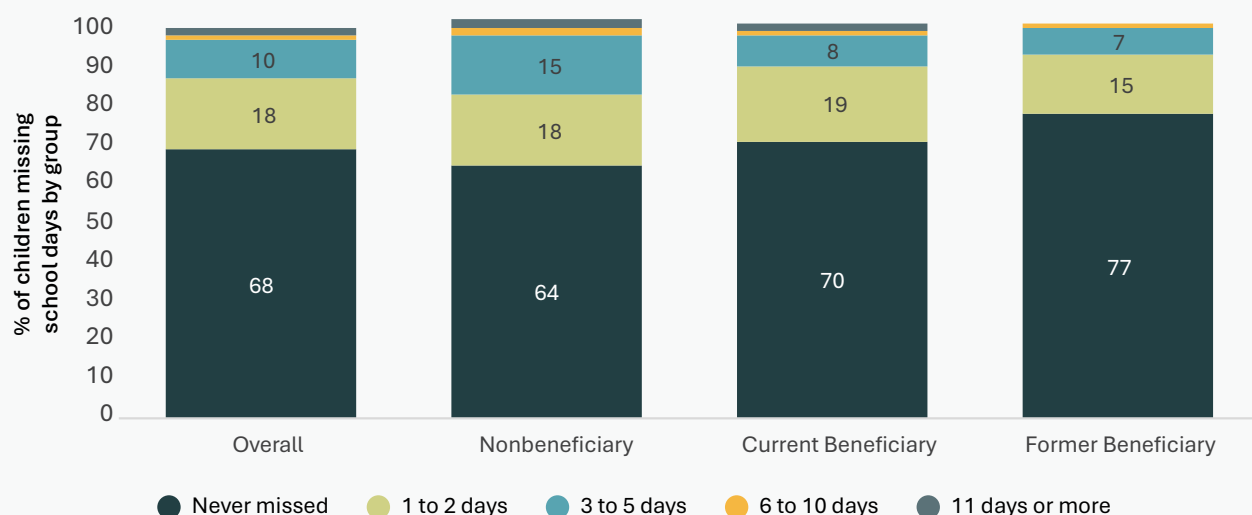
These findings are consistent with existing studies, including the Second Congressional Commission on Education (EDCOM II 2025), which highlights that dropout during the transition to senior high school is driven not only by financial constraints, but also by disengagement from schooling, opportunity costs, and broader learning gaps that weaken motivation to persist. Similarly, Melad et al. (2026) conducted a study on youth aspirations showing that 4Ps and non-4Ps youth have broadly similar educational and occupational aspirations, and that 4Ps participation does not significantly alter aspirations, which are strongly shaped by parental expectations and household environment. Taken together, both studies suggest that dropout and disengagement are closely linked to weak perceived returns on education, informational gaps, and motivational constraints rather than program participation alone.

School Attendance

Annual attendance among currently enrolled students is consistently strong across age groups and 4Ps categories. To qualify for the 4Ps education grant, children must attend at least 85 percent of class days per month. Ninety-seven percent of the overall sample reports an annual attendance of 85 percent or higher, with no notable difference between the 6–14 and 15–18 age groups or among beneficiary groups. Compliance with the attendance requirement is consistent across both age groups, with 96 percent for children from current beneficiary households and 97 percent for those from former beneficiary households. The findings suggest that after enrollment, children attend school regularly regardless of beneficiary status.

Children from current and former beneficiary households missed fewer days of school compared to nonbeneficiaries. As shown in Figure 3.10, about 70 percent of students reported no absences in the past 30 days, while an additional 17 percent missed only one or two days. Extended absenteeism is uncommon, with just 3 percent of students missing more than five days. Former beneficiaries exhibit the largest and statistically significant difference relative to nonbeneficiaries' attendance outcomes: 79 percent reported no absences, and only 0.5 percent missed more than 10 days. Current beneficiaries also demonstrate strong short-term attendance, with 70 percent reporting no absence. After controlling for household and individual characteristics, both current and former beneficiaries also differ significantly from nonbeneficiaries in reporting no missed school. Taken together, high annual attendance and minimal recent absences indicate strong and sustained school engagement among 4Ps households, suggesting that children remain consistently enrolled and actively participating in school. This pattern is broadly consistent with the high education compliance rates reported under the program.

Figure 3.10: School Absenteeism among Children by 4Ps Beneficiary Status



Source: Original for this publication.

Conclusions

Overall, the findings suggest a strong association between 4Ps exposure and improved educational outcomes among younger cohorts. While there is little variation in educational attainment among adults ages 31 and above, younger individuals from current and former 4Ps households show higher postsecondary and tertiary attainment and stronger school engagement. Gender patterns indicate that young women in beneficiary households sustain higher enrollment than men. High attendance and low absenteeism further suggest that 4Ps supports not only enrollment but also continued participation in education.

These results are consistent with previous 4Ps impact evaluations. Across studies, enrollment among elementary-age children is already near universal, leaving limited scope for program effects at younger ages. Instead, evidence shows stronger impacts among older children, particularly after the program's expansion to cover ages 12–17, with gains concentrated in reduced dropout and higher enrollment at these ages. This study finds that older youth (19–24) from current and former 4Ps households continue tertiary or vocational

education at higher rates than nonbeneficiaries (47–48 percent vs. 34 percent). This is the natural longer-term echo of Orbeta, Melad, and Araos’ (2021) finding that the program increases enrollment and reduces dropout for older children.

Moreover, the evidence presented aligns with international findings on the longer-term effects of CCTs on educational continuity beyond secondary school. Current and former beneficiaries maintain higher enrollment in tertiary or vocational programs, indicating that the 4Ps’ incentives and financial assistance reduce barriers to advanced education. Gender patterns reveal that women in beneficiary households outperform men. This could indicate the program’s role in promoting gender equity. These findings are broadly consistent with international evidence on CCTs. Studies of Mexico’s Progresá-Oportunidades-Prospera show that exposure to the program increased years of schooling and improved educational attainment among beneficiary children, with effects persisting beyond the period of program participation (Behrman, Parker, and Todd 2011). Similarly, evidence from Brazil’s Bolsa Família program suggests that human capital gains can extend into adulthood, with former beneficiaries attaining higher levels of education and demonstrating improved labor market outcomes relative to comparable nonbeneficiaries (Fassarella et al. 2024; Laguinge, Gasparini, and Neidhöfer 2025). Together, these findings suggest that CCTs can contribute to stronger educational trajectories by reducing dropout and supporting progression through key educational transitions. At the same time, the international evidence indicates that CCTs alone are often insufficient to substantially expand tertiary education participation among disadvantaged populations. The extent to which early educational gains translate into postsecondary enrollment and completion depends heavily on the availability, affordability, and quality of postsecondary education opportunities, as well as complementary support measures that help students transition from school to further education and training (Behrman, Parker, and Todd 2011; Fassarella et al. 2024).

At the same time, the findings point to important opportunities to further strengthen support for youth transitions. School dropout rates begin to rise during secondary education, particularly among older adolescents, suggesting the need for stronger interventions to help youth remain in school through senior high school completion. In addition, as beneficiaries exit the program at age 18 or upon completing senior high school, expanding support for transitions into tertiary education, technical training, and employment could help sustain the human capital gains achieved through the 4Ps. Strengthening referrals, scholarships, skills training, and coordination with institutions such as TESDA, CHED, and other youth support programs could improve continuity of support during this critical transition period.



3.4 Labor Market Participation and Employment Status

Key Takeaways

This section summarizes the main findings on labor market outcomes, including economic activity and job types across different groups. Although the 4Ps does not directly target labor markets, exposure to the program is associated with stronger labor market attachment and, in some cases, better-quality employment. Youth from 4Ps households are also more likely to remain in school compared to nonbeneficiaries. Women in 4Ps households tend to show relatively better outcomes than their nonbeneficiary counterparts, but they continue to face persistent barriers. Key findings include the following:

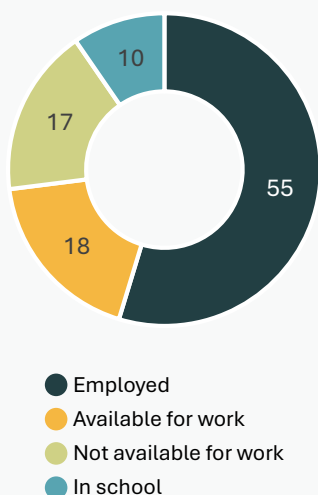
- **Overall, 55 percent of individuals ages 19–60 are employed,** increasing from 36 percent among those in the 19–30 age group to 64 percent for those 31 and older.
- **A large gender gap exists.** Seventy-six percent of men are employed vs. 34 percent of women, and 28 percent of women are unavailable for work, compared to 7 percent of men.
- **Adults from current and former 4Ps households have higher employment than nonbeneficiaries.** Among the 31–45 cohort, 69 percent of former beneficiaries work, compared to 62 percent for nonbeneficiaries.
- **Adults from 4Ps households are more likely to hold better-quality jobs, particularly among former beneficiaries.** They are more likely to hold permanent jobs (former: 44 percent, current: 32 percent, nonbeneficiaries: 26 percent) and work in the private sector. Women in 4Ps households also tend to hold better-quality jobs than their nonbeneficiary counterparts.
- **Among the 19–30 age group, more 4Ps youth remain in school (33 percent vs. 14 percent), but those who work perform better than nonbeneficiaries,** with lower unemployment, greater participation in private sector wage jobs, and more permanent positions than nonbeneficiaries.

Economic Activity Status of Adults

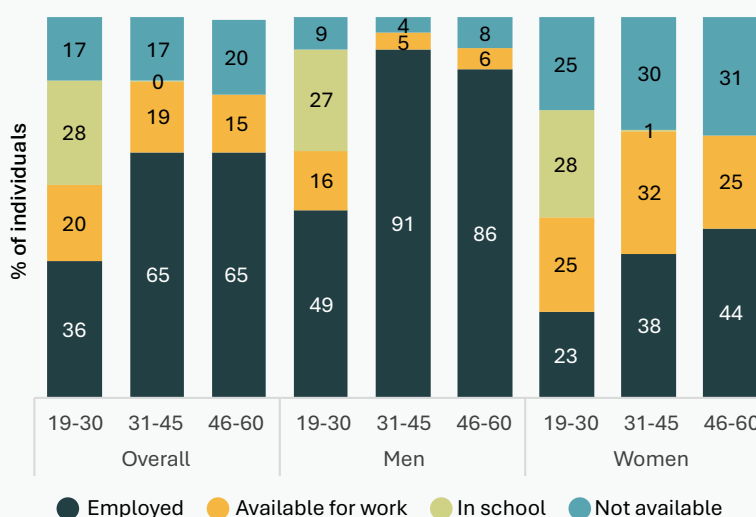
Most working-age individuals are employed or available for work, with employment rising with age. For those ages 19 to 60, just over half (55 percent) hold a job, but this share increases markedly across age groups—from 36 percent among young adults ages 19–30 to 64 percent for those 31 and older (Figure 3.11). In addition to those employed, about 18 percent are available to work if given the opportunity, with young adults more likely to fall into this category (around 20 percent) than older adults (15–19 percent), highlighting the greater challenges youth often encounter when entering the labor market.¹⁸ A significant share of youth ages 19–30 (nearly 28 percent) remain in school, while older age groups are no longer studying. Meanwhile, a smaller portion of the population (about 14 percent) is not available for work—a share that rises with age, reaching 20 percent among older adults.

Figure 3.11: Activity Status by Sex

a. Activity Status of Overall Sample (Ages 19–60)



b. Activity Status by Age and Sex



Source: Original for this publication.

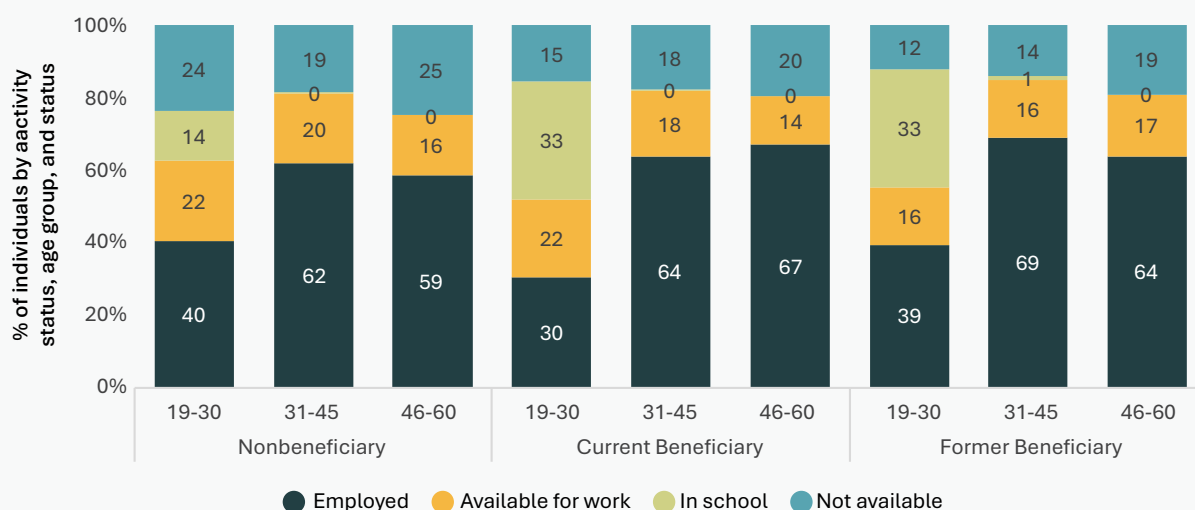
A substantial gender gap exists in labor market participation, with women far less likely than men to be employed. Overall, 76 percent of men are employed, compared to just 34 percent of women, while 28 percent of women are not available for work, compared to 7 percent of men. Among young adults, employment is especially low for women (23 percent

¹⁸ “Available for work” has been defined as those individuals who are either actively seeking work or currently not actively looking for employment but are willing to work. “Not available for work” includes those who currently stay at home and are not willing to work. This mostly includes women and retired individuals.

vs. 49 percent for men), even though similar shares are still in school. As women age, employment gradually rises—from 23 percent in youth to 38–44 percent in adulthood—yet men remain employed at much higher rates (86–91 percent). While women consistently report a high willingness to work, a substantial share remain unavailable, likely due to care responsibilities, prevailing gender norms, and structural barriers such as limited access to suitable jobs and flexible schedules, all of which constrain their labor market participation.¹⁹

Adults from current and former 4Ps households have higher employment than nonbeneficiaries, suggesting the program supports labor market integration. Among the 31–45 cohort, former beneficiaries have an employment rate of 69 percent, seven percentage points higher than nonbeneficiaries at 62 percent (Figure 3.12). Employment rises sharply with age across all groups, but the increase is more pronounced among 4Ps households, indicating greater employment stability—likely reflecting benefits such as improved skills, financial resilience, or work readiness. Nonbeneficiaries are far more likely to be unavailable for work, suggesting that the 4Ps program does not discourage employment. These findings are consistent with previous evaluations. Orbeta, Melad, and Araos (2021) similarly found no labor disincentive or dependency effects, showing that beneficiaries are just as likely to participate in the labor force and tend to work more hours once employed, while earlier evidence from 2014 also pointed in the same direction.

Figure 3.12: Activity Status by Age Group and 4Ps Beneficiary Status

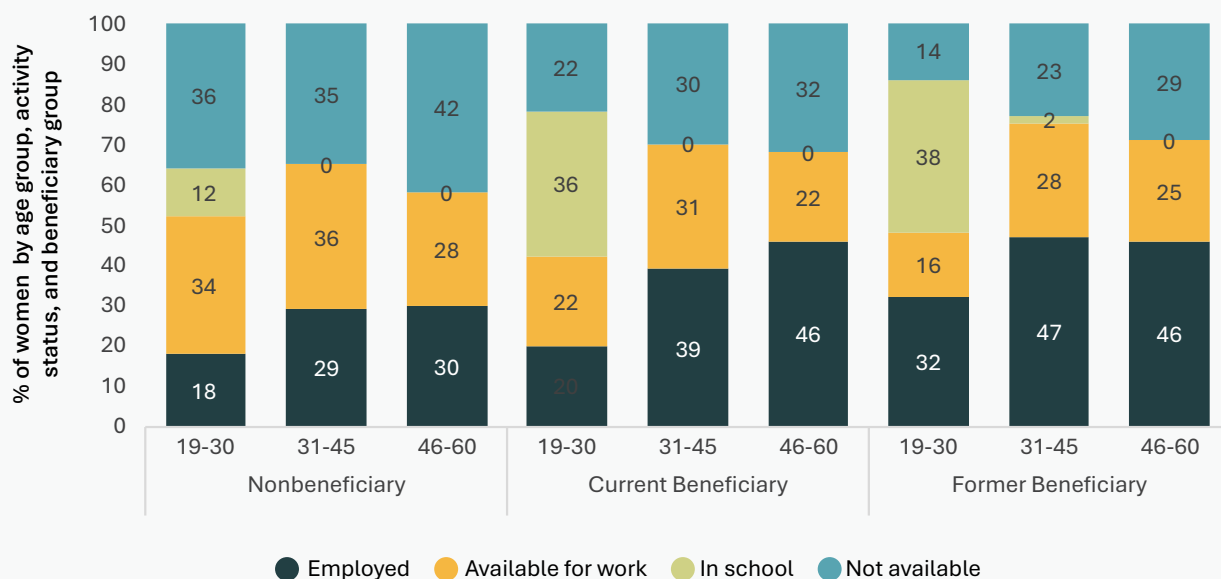


Source: Original for this publication.

¹⁹ Gender norms remain the main barrier to women's labor force participation, and even when employed, many face limited, care-incompatible job options. Seventy-five percent of men and 80 percent of women agree that "a man should earn and a woman should care for the family," with childcare in particular being cited as a priority (over 95 percent reported that childcare should be provided by family) (Belghith, Lavin, and LaPalombara 2021). Reflecting this, roughly 9 in 10 women not in the labor force in 2023 cited household responsibilities as the main reason.

In contrast, youth ages 19–30 from 4Ps households are less likely to work than nonbeneficiaries, as a larger share remains in school, highlighting the program’s positive role in supporting continued education (Figure 3.12). About 33 percent of current and former beneficiaries are enrolled in school, compared to 14 percent of nonbeneficiaries. Employment rates are slightly lower among program households: 30 percent of current beneficiaries and 39 percent of former beneficiaries, vs. 40 percent of nonbeneficiaries. After controls, both current and former beneficiaries are significantly more likely than nonbeneficiaries to be in school, with no clear adjusted difference between current and former beneficiaries. At the same time, the proportion of youth not available to work is twice as high among nonbeneficiaries (24 percent) as among former beneficiaries (12 percent) and higher than current beneficiaries (15 percent), indicating that the program helps keep youth active—either studying or participating in the labor market.

Exposure to the 4Ps program is associated with higher employment for adult women, particularly among former beneficiaries. Women from 4Ps households—especially former beneficiaries—are almost twice as likely to be employed and less likely to be unemployed than women from nonbeneficiary households across all age groups (Figure 3.13). These patterns remain meaningful after controlling for household and individual characteristics. The share of women not available to work is higher among nonbeneficiaries (almost 40 percent of young women ages 19–30), whereas this share is just 14 percent among former beneficiaries. Similarly, among young women, about 33 percent of those in current or former 4Ps households are studying, compared to only 10 percent in nonbeneficiary households. Among those young women available for work, 36 percent are from nonbeneficiary households, compared to only 22 percent and 16 percent from current and former beneficiary households, respectively. These differences relative to nonbeneficiaries remain statistically significant after controls, while the difference between current and former beneficiaries is not statistically significant. As women get older, exposure to the 4Ps program is associated with a significant increase in employment rates than nonbeneficiaries, while the share not available to work remains higher among nonbeneficiaries.

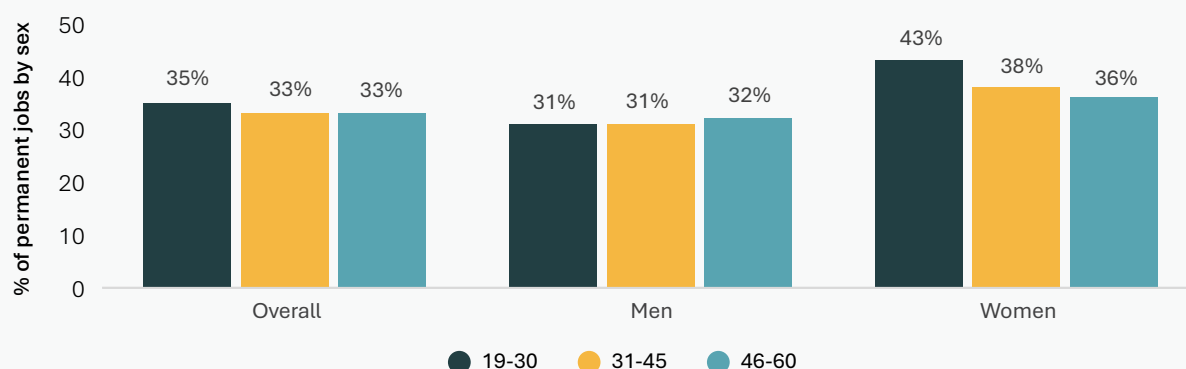
Figure 3.13: Activity Status of Women by Age Group and 4Ps Beneficiary Status

Source: Original for this publication.

Nature of Employment

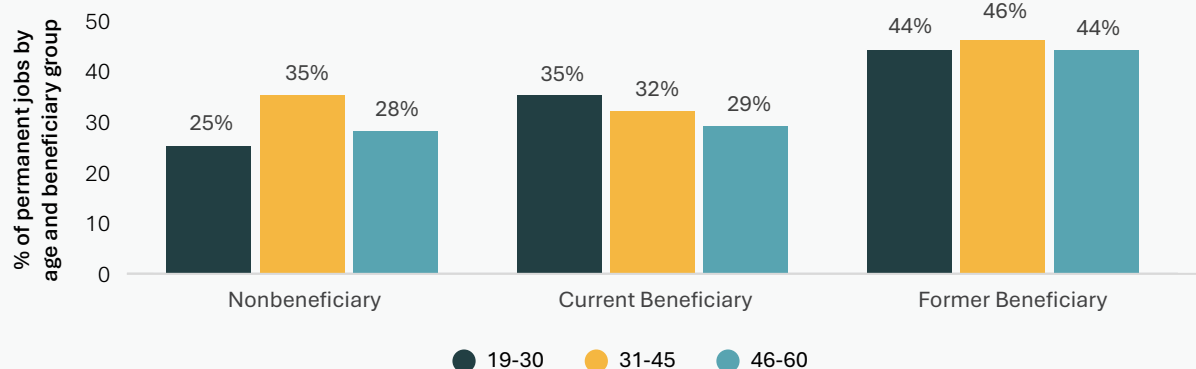
Most jobs are temporary or seasonal, though women are more likely than men to hold permanent positions. Overall, permanent employment or business engagement remains limited, representing roughly one-third of total employment. Among the 19–30 age group, 43 percent of women hold permanent jobs, compared to 31 percent of men, likely reflecting women’s higher education gains, but this advantage narrows with age.²⁰ By ages 46–60, men’s share of permanent employment rises to 32 percent, while women’s declines to 36 percent (Figure 3.14). This may result from labor market structures that concentrate younger women in gender-segregated roles and from differing job preferences, with women favoring permanent positions and men more often taking temporary or seasonal work.

²⁰ Higher employment rates among college-educated women reflect better opportunities, with 83 percent working in paid wage jobs. These provide higher wages that allow for outsourcing household tasks and benefits and flexibility, including telework and maternity leave

Figure 3.14: Permanent Employment and Business Ownership by Age Group and Sex


Source: Original for this publication.

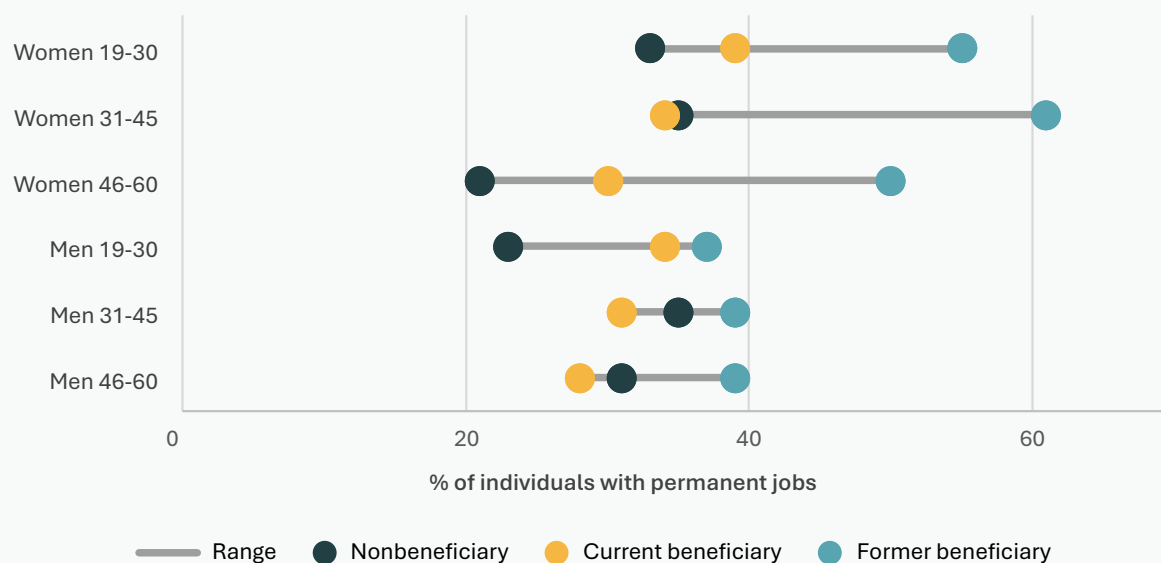
Former beneficiaries are more likely than nonbeneficiaries to hold permanent employment (Figure 3.15). Former and current beneficiaries have a higher share of permanent jobs or businesses than nonbeneficiaries, with former beneficiaries showing the largest advantage—nearly double among youth and about 10 percentage points higher in other age groups. After controlling for household and individual characteristics, the difference is statistically significant only for former beneficiaries in the overall sample, among youth ages 19–30, and among adults ages 46–60. Current beneficiaries do not show a statistically significant adjusted difference from nonbeneficiaries. Overall, the results suggest a positive association between prior 4Ps exposure and more stable employment, particularly among former beneficiaries.

Figure 3.15: Permanent Employment and Business Ownership by Age Group and 4Ps Beneficiary Status


Source: Original for this publication.

Permanent employment is more common among women exposed to 4Ps, particularly former beneficiaries, with adjusted results confirming significant differences relative to nonbeneficiaries across all age groups. Among younger adults, 55 percent of women in former beneficiary households have permanent jobs, compared to 33 percent of nonbeneficiary women. For men, the corresponding shares are 37 percent and 23 percent, respectively (Figure 3.16). After controlling for household and individual characteristics, former beneficiary women ages 19–30 are significantly more likely than nonbeneficiary women to hold permanent jobs, while among men ages 19–30, both current and former beneficiaries differ significantly from nonbeneficiaries. Among the 31–45 cohort, 61 percent of women in former beneficiary households have permanent jobs, compared to 39 percent of men, while among nonbeneficiaries, only 35 percent of both men and women hold permanent positions. In the 46–60 age group, 50 percent of women in former beneficiary households hold permanent jobs, compared to 39 percent of men. After controls, this difference relative to nonbeneficiaries remains noteworthy only for women, with no significant adjusted differences observed among men. These patterns suggest that 4Ps participation may support greater employment stability for women, highlighting the potential value of linking program interventions to workforce development and gender-targeted employment initiatives.

Figure 3.16: Share of Individuals with Permanent Jobs by Age Group, Sex, and 4Ps Beneficiary Status



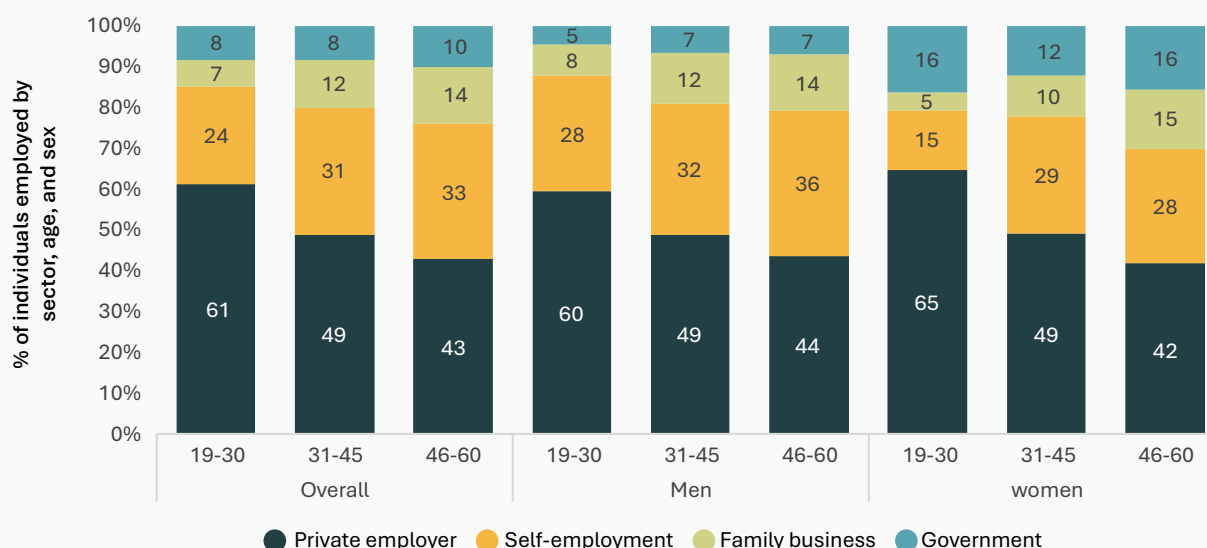
Source: Original for this publication.

Type of Employer

Private sector employment is the most common employer type across all age groups, particularly among young adults, but gradually shifts toward self-employment, family businesses, and government roles as individuals age, a pattern consistent across groups.²¹ As shown in Figure 3.17, about 61 percent of the 19–30 age group works for private employers, compared to 49 percent of those ages 31–45 and 43 percent of those ages 46–60. Over the same age span, self-employment rose from 24 percent to 31 percent and then 33 percent, while work in family businesses and government also increased modestly. These trends point to a gradual transition from formal private sector wage employment to more independent or family-based activities with age. The pattern is observed across all beneficiary groups (Figure 3.18), with adjusted results suggesting that statistically significant differences relative to nonbeneficiaries are concentrated in specific employer types. This may be consistent with the age-specific labor market dynamic in which younger adults are more likely to enter wage employment, while older adults increasingly move into self-employment or family-run work.

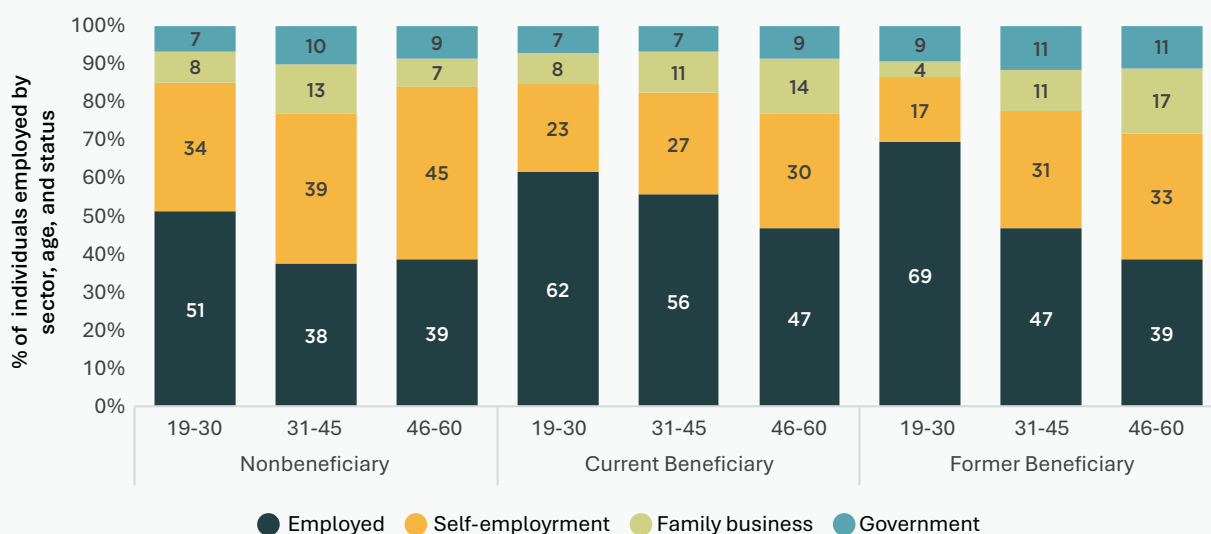
Women are more likely to be in wage jobs in the private or government sector than men and less likely to be self-employed. Young men and women enter the labor market differently, but both gradually shift toward self-employment and family-run work with age. Among the 19–30 age group, 60 percent of men are in private jobs and 28 percent are self-employed, while women are more concentrated in private employment (65 percent), with only 15 percent self-employed (Figure 3.17). By ages 46–60, private-sector employment declines for both genders (44 percent for men and 42 percent for women), while self-employment rises (36 percent for men and 28 percent for women). Women also hold roughly twice as many government jobs as men across all age groups. The strong reliance on private employment among younger adults likely reflects their higher educational attainment, which facilitates access to wage opportunities.

²¹ Most individuals (66 percent) are employed in temporary jobs, and the rest (34 percent) are employed in permanent roles.

Figure 3.17: Types of Employment by Age Group and Sex

Source: Original for this publication.

Beneficiaries appear to rely more on wage work in youth and mid-adulthood, while nonbeneficiaries are more concentrated in self-employment. Both current and former beneficiaries show higher dependence on wage work, particularly in youth and mid-adulthood, with employment rates of 62 percent and 69 percent, respectively. After controls, these differences are statistically significant for former beneficiaries ages 19–30 and for both current and former beneficiaries ages 31–45, although no significant adjusted difference is observed among adults ages 46–60. In contrast, self-employment is consistently higher among nonbeneficiaries across all ages, reaching 45 percent among older adults compared to 30 percent of current and 33 percent of former beneficiaries. These differences remain statistically significant for both beneficiary groups in all age groups (Figure 3.18). This suggests that nonbeneficiary households rely more on independent or informal economic activities, likely due to limited access to wage jobs or different livelihood strategies, while beneficiary status is associated with lower reliance on self-employment and, particularly among younger and middle-aged adults, stronger attachment to private wage employment.

Figure 3.18: Types of Employment by Age Group and by Beneficiary Status

Source: Original for this publication.

Women in current and former beneficiary households are more likely to work in the private sector and less likely to be self-employed than those in nonbeneficiary households, particularly among younger cohorts. Among young women, 74 percent in former beneficiary households are employed in the private sector, compared to 55 percent among nonbeneficiaries (table 3.2). As women age, the share in private-sector employment declines. Among those ages 31–45, 47 percent of women in former beneficiary households are employed by a private employer, compared to 30 percent among nonbeneficiaries. In contrast, self-employment reaches about 43 percent among nonbeneficiary women in this age group, nearly twice the rate observed among former beneficiaries. After controlling for individual and household characteristics, differences in both private sector employment and self-employment remain statistically significant for women ages 31–45 across current and former beneficiaries relative to nonbeneficiaries. By ages 46–60, these differences are no longer statistically significant.

Table 3.2: Type of Employment among Women by 4Ps Beneficiary Status

Percentage of women employed by sector	Nonbeneficiary			Current beneficiary			Former beneficiary		
	19–30	31–45	46–60	19–30	31–45	46–60	19–30	31–45	46–60
Private employer	55	30	36	64	58	51	74	47	35
Self-employment	24	43	39	15	24	24	8	26	27
Family business	7	13	9	8	9	13	2	7	21
Government	14	13	15	13	9	12	16	19	17

Source: Original for this publication.

Conclusions

Overall, adults from 4Ps households achieve better labor market outcomes, while beneficiary youth are more likely to remain in school than nonbeneficiaries. Although the 4Ps does not explicitly target labor market outcomes—focusing instead on human capital—the results show that the program indirectly improves labor market performance without discouraging work. Youth ages 19–30 are less likely to work, in part because many remain in school, particularly among 4Ps households, highlighting the program’s support for continued education. However, when they do enter the labor market, youth from 4Ps households are more likely to hold permanent jobs than their nonbeneficiary peers, suggesting better employment quality and more stable school-to-work transitions. Adults from current and former 4Ps households show higher employment and greater access to permanent jobs, indicating improved labor market integration and stability. Women face persistent barriers, though employment rises with age and women from current and former 4Ps households consistently perform better than their nonbeneficiary counterpart. Overall, 4Ps participation fosters sustained attachment to formal employment, smoother transitions from education to work, and stronger long-term labor market outcomes.

These patterns suggest that 4Ps contributes to stronger human capital formation and facilitates a smoother transition from education to work. However, the extent to which educational gains translate into higher earnings and better-quality employment over time depends on factors beyond the program itself, including the quality and relevance of education and training systems, labor market demand, and the availability of productive employment opportunities.

These findings are consistent with previous impact evaluations and international evidence, which show no labor disincentive effects from CCTs programs. Orbeta, Melad, and Araos (2021) find no evidence of dependency or reduced labor supply, showing that beneficiaries are just as likely to participate in the labor force and, when employed, tend to work more hours, consistent with earlier findings from 2014. International evidence points to similar conclusions. Evaluations of Mexico's Progresa–Oportunidades–Prospera find that the program did not reduce adult labor force participation or work effort among beneficiary households (Skoufias and Di Maro 2008). Likewise, studies of Brazil's Bolsa Família program find little evidence that cash transfers discourage work, with beneficiaries continuing to participate actively in the labor market while benefiting from improved household welfare and investments in human capital (Soares, Ribas, and Osório 2010). Evidence from Colombia's Familias en Acción similarly finds limited or no adverse effects on adult employment and labor force participation. Overall, the international evidence suggests that concerns about welfare dependency and reduced work incentives are largely unsupported in the context of well-designed CCT programs. By relaxing liquidity constraints and enabling greater investments in education and health, these programs may contribute to improved labor market opportunities over the longer term, particularly through their effects on human capital accumulation among younger generations (Behrman, Parker, and Todd 2011; Fassarella et al. 2024; Laguinge, Gasparini, and Neidhöfer 2025).



3.5 Health Care and Nutrition

Key Takeaways

This section summarizes health and nutrition outcomes across different groups. The 4Ps promotes child survival and development by requiring regular immunization, growth monitoring, and preventive health checkups. Overall, health care use and preventive child health practices are high, with current and former beneficiaries showing significantly higher growth monitoring than nonbeneficiaries after controls. However, food insecurity and limited dietary diversity persist, especially among nonbeneficiaries. These results should be interpreted with caution, as they are based on self-reported data. Key findings include the following:

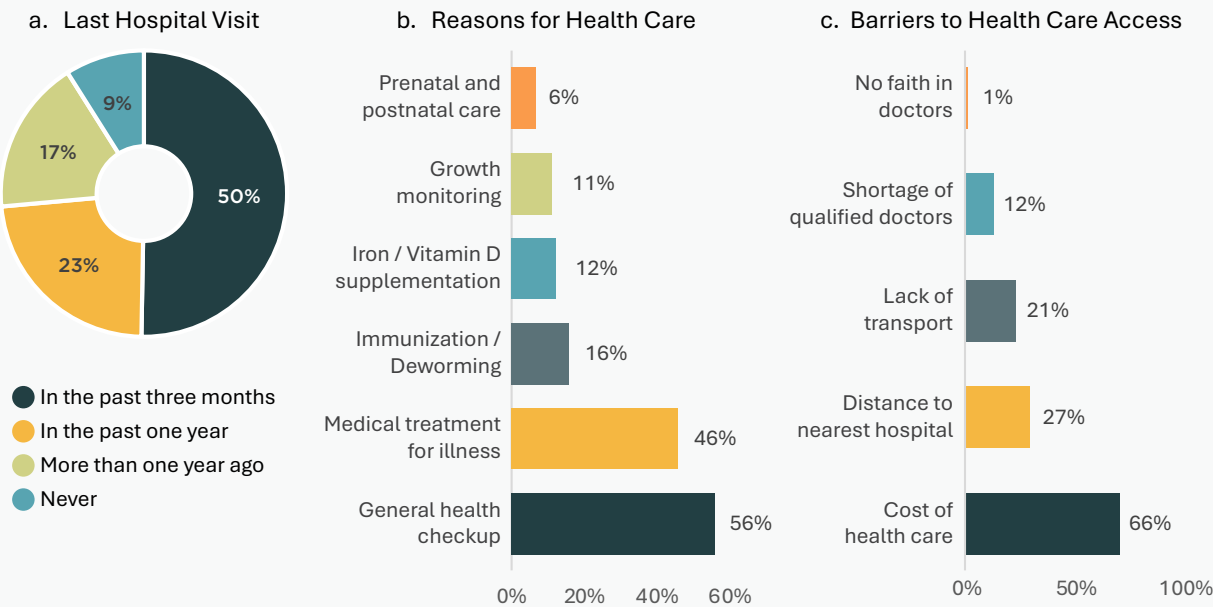
- **Health care use is moderate.** About 50 percent of respondents visited a hospital in the past three months, mostly for general checkups.
- **Preventive care is high among children ages 0–2.** Growth monitoring is higher among 4Ps beneficiaries than nonbeneficiaries (90 percent vs. 86 percent). These differences remain significant after controls.
- **Growth monitoring declines for children ages 2–5** but remains highest for current and former beneficiaries (79 percent) vs. nonbeneficiaries (66 percent).
- **Dietary diversity remains limited, though former beneficiaries have the most varied diets.** This includes higher regular consumption of fruits, vegetables, fish, and eggs than nonbeneficiaries.
- **Food insecurity remains a concern, with 40 percent of households reducing portion sizes in the past week.** This is most common among nonbeneficiaries (47 percent), followed by current (35 percent) and former beneficiaries (34 percent). However, after controls, the overall differences in portion reduction are not statistically significant.

General Health Care Outcomes

Most households report relatively recent contact with the health care system. As seen in Figure 3.19, 50 percent of all respondents visited a hospital within the past three months, and an additional 23 percent did so within the past year. Only 17 percent reported their last visit as more than a year ago, while a small minority (9 percent) have never visited a hospital. This pattern suggests generally active health care-seeking behavior, with the vast majority accessing hospital services periodically.

Over half of health care visits in the past six months were for preventive check-ups. General health examinations were the most common reason for seeking care (56 percent), followed closely by treatment for illness (46 percent), as shown in Figure 3.19. Preventive services for children and mothers were used less frequently, likely due to fewer eligible household members. Reported shares include immunization (16 percent), iron or vitamin supplementation (12 percent), growth monitoring (12 percent), and prenatal or postnatal care (6 percent).

Figure 3.19: Health Care Access and Barriers by Purpose of Visit

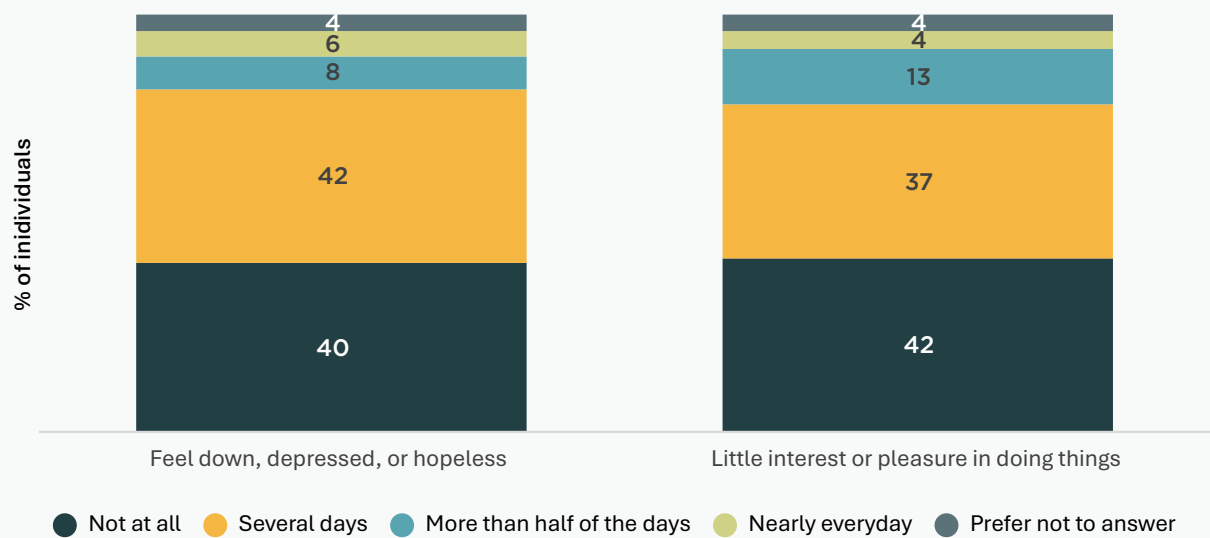


Source: Original for this publication.

Among the 58 percent of households that reported experiencing barriers to health care access, financial constraints emerged as the most significant challenge. Nearly 66 percent of these respondents cited the cost of health care as a major obstacle, underscoring the burden of out-of-pocket spending, as shown in Figure 3.20. Geographic barriers were also notable: 27 percent reported that the distance to the nearest hospital hindered access, and 21 percent cited a lack of transportation. A smaller share (12 percent) mentioned a shortage of qualified health care personnel, while fewer than 1 percent reported having no faith in doctors. Taken together, these findings highlight that barriers are concentrated primarily around affordability and physical access rather than perceptions of service quality.

A notable share of respondents reported experiencing symptoms of psychological distress. Around 40–42 percent of respondents report no symptoms for the two tested measures—feeling down, depressed, or hopeless, and having little interest or pleasure in doing things (Figure 3.20). However, a significant share indicated experiencing these symptoms at least several days in the past two weeks: 42 percent report feeling down for several days, and 37 percent report reduced interest or pleasure. Severe cases are less common: 8 percent reported feeling down more than half the days, and 6 percent nearly every day, with similar shares for diminished interest. These patterns suggest widespread low-level stress, likely linked to economic or caregiving pressures, and a smaller group facing persistent symptoms.

Figure 3.20: Reported Feelings of Low Mood or Reduced Interest in Activities



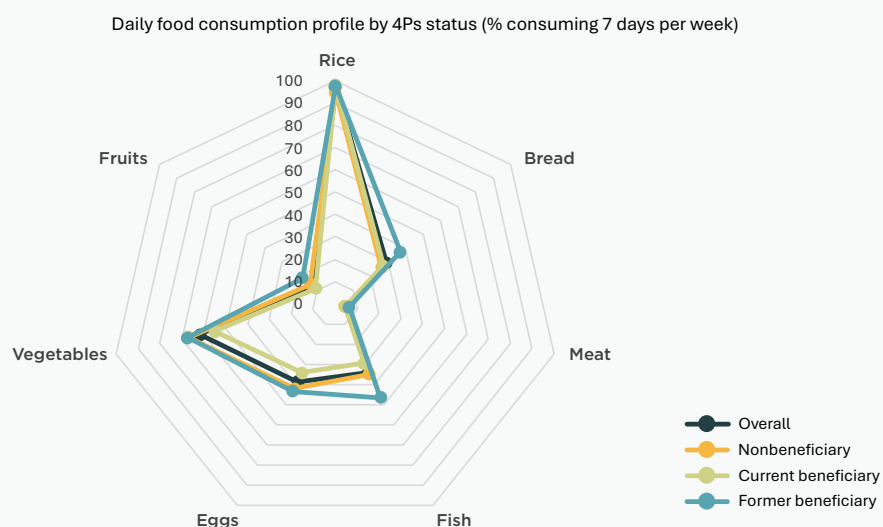
Source: Original for this publication.

Household Nutrition

Across all households, the diet is anchored in rice and vegetables. Rice is a near-universal staple, consumed daily by 97 percent of respondents. In comparison, a lower share of 62 percent report eating vegetables every day. Among protein sources, eggs are the most frequently consumed, with 80 percent of respondents eating them at least three times per week. Fish and other seafood follow closely, with 75 percent of households consuming them, making them the leading source of animal protein. Fruits, despite being rich in vitamins and micronutrients, are eaten less regularly, with only 39 percent consuming them three or more times per week. These patterns suggest a diet heavily centered on staples and affordable protein, with relatively limited intake of nutrient-dense foods such as fruits.

There is limited variation across beneficiary groups, with former beneficiaries reporting slightly more diverse diets.²² They report high regular consumption of vegetables (67 percent daily) and highest consumption of fruits (49 percent ≥ 3 days), as well as high consumption of fish (81 percent ≥ 3 days), eggs (80 percent ≥ 3 days) and meat (29 percent ≥ 3 days) (Figure 3.21). Current beneficiaries exhibit similar patterns but with slightly lower fruit consumption (36 percent) and vegetable intake (55 percent daily). While nonbeneficiaries also report a high daily consumption of vegetables (67 percent), their intake of eggs, seafood, and fruits is lower (73 percent, 68 percent and 39 percent, respectively, for ≥ 3 days). Taken together, the patterns indicate that former beneficiaries appear to have the most diverse and nutrient-rich diet.

Figure 3.21: Dietary Diversity in the Past Seven Days by 4Ps Beneficiary Status



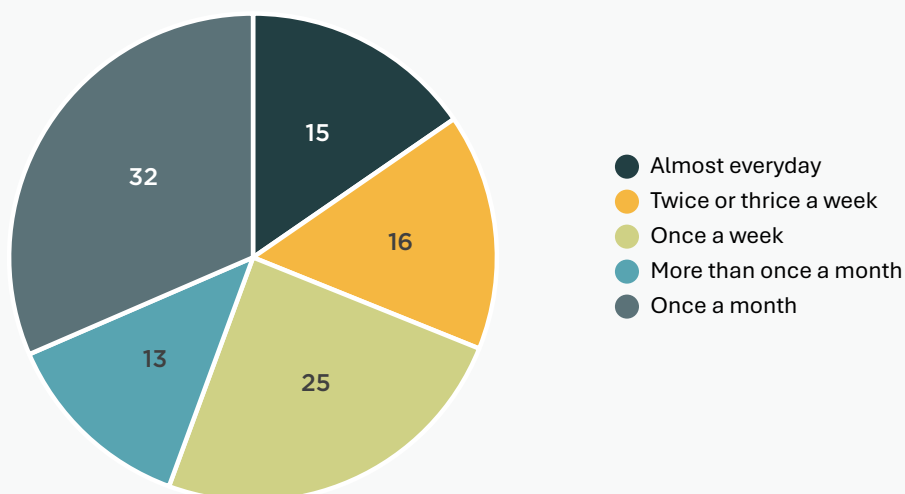
Source: Original for this publication.

²² Although dietary diversity is not a monitored outcome of the 4Ps, the high FDS attendance, as noted in Section 3.6.1 of the report, may be a contributing factor.

A substantial share of households (40 percent) report having to reduce food portion sizes, with no statistically significant differences across groups.

While nonbeneficiaries show the highest incidence (47 percent), followed by 35 percent among current beneficiaries and 34 percent among former beneficiaries, these differences do not hold after controlling for household characteristics. Among households that limited portion sizes, more than half had to do it at least once a week, indicating recurring food insecurity. Figure 3.22 shows that among those who reduced meal portions, the largest share (31 percent) did so once a month, indicating regularly occurring periodic shortages. Another 25 percent limited portions once a week, while 16 percent did so two or three times a week. Most concerning, 15 percent reported limiting food almost every day, reflecting severe and ongoing food deprivation. These findings do not vary significantly by beneficiary type after controls. Taken together, the data indicate that for the majority of affected households, portion reduction is a repeating necessity rather than a rare occurrence, highlighting persistent vulnerability in meeting basic food needs. These patterns suggest that 4Ps grants may be insufficient to meet household food needs, especially amid rising food prices, and that access to complementary nutrition programs, such as Walang Gutom and supplementary feeding initiatives, could help mitigate recurring deprivation.

Figure 3.22: Frequency of Portion Size Restrictions



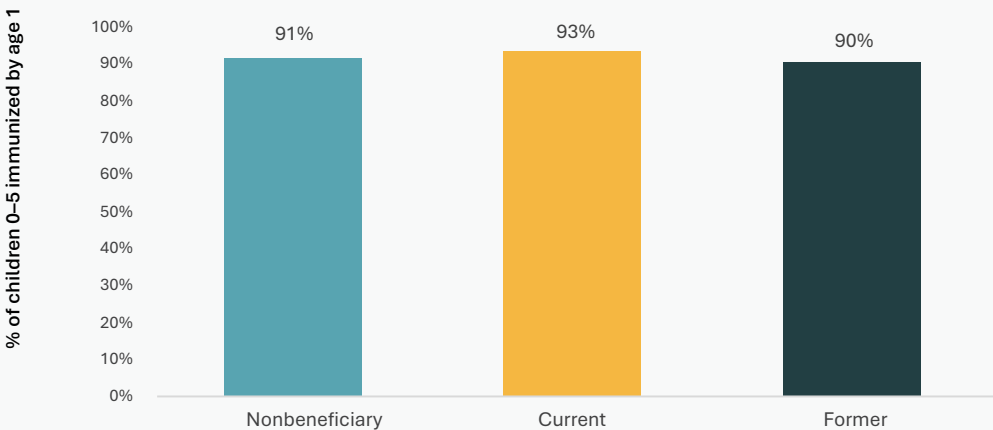
Source: Original for this publication.

Children’s Health Care and Nutrition

The 4Ps includes health conditionalities aimed at improving preventive care and early childhood health outcomes among poor households. They require families to ensure that pregnant women receive regular prenatal and postnatal check-ups; that children attend scheduled visits for growth monitoring, immunization, and deworming; and that households participate in the FDS to promote early detection of health risks and strengthen primary care use. These efforts are complemented by the F1KD program, introduced in 2025, which focuses on the critical period from pregnancy to a child’s second birthday by providing intensified support for maternal nutrition, breastfeeding, micronutrient supplementation, and regular health and nutrition monitoring. Together, the two initiatives reinforce both service uptake and early-life interventions, with high compliance rates recorded for January to February 2026—97.55 percent for core 4Ps health conditionalities and 96.64 percent under F1KD.

Immunization coverage by age one, as self-reported by households, remains high across all groups. Households were asked whether their child had completed the full immunization schedule by age one, but responses were not independently verified and may therefore overestimate actual coverage.²³ Overall coverage is estimated at 91 percent, suggesting that routine child immunization is widely practiced regardless of 4Ps status (Figure 3.23). Differences between 4Ps-exposed households and nonbeneficiaries vary in both magnitude and statistical significance across sample specifications, making it difficult to establish a strong and consistent association with program participation. These findings are broadly consistent with previous impact evaluations, which similarly found no statistically significant effects of program participation on full immunization coverage, including Orbeta et al. (2021).

Figure 3.23: Percentage of Children Immunized by Age 1 by 4Ps Beneficiary Status



Source: Original for this publication.

23 According to partial 2024 Department of Health (DOH) data reported by the World Health Organization and UNICEF, about 61 percent of eligible children ages 0–12 months were considered fully immunized as of January 2024.

Participation in the 4Ps is associated with higher and more consistent early childhood health monitoring compared to nonbeneficiaries, and this difference is statistically significant. Early childhood health monitoring is widely practiced across the sample. This is consistent with the high health compliance rates reported by the 4Ps, as well as previous impact evaluations showing increased utilization of preventive health services among beneficiary households (Table 3.3). Adherence is stronger among 4Ps households: former and current beneficiaries report consistently high rates of regular monitoring (around 91 percent), in line with program health conditionalities. These differences are also statistically significant after controlling for household and individual characteristics. Both current and former beneficiaries are significantly more likely than nonbeneficiaries to report monthly monitoring. In contrast, nonbeneficiaries show lower regular monitoring (86 percent) and the highest share of children with no check-ups (5 percent), suggesting that program participation supports more consistent preventive health behaviors. This is consistent with the high health compliance rates reported by the 4Ps, as well as previous impact evaluations showing increased utilization of preventive health services among beneficiary households.

Table 3.3: Health and Weight Checks for Children Ages 0–2 by 4Ps Beneficiary Status

Reported health check-up and weight monitoring frequency for children ages 0–5 when ages 0–2	Nonbeneficiary	Current beneficiary	Former beneficiary
At least once a month	86	91	90
Once every two months	0	4	1
Between one and four times a year	9	2	3
Never	5	2	5

Source: Original for this publication.

Note: Frequency of health and weight checks is self-reported by households and may be overestimated.

Growth monitoring declines for children ages 2–5, but current and former 4Ps beneficiaries maintain higher rates than nonbeneficiaries, reflecting sustained health practices. While 73 percent of households across beneficiary groups meet the recommended frequency of “at least once every two months,” this represents a natural drop from near-universal monitoring in the first two years. Current and former beneficiaries report the highest monthly monitoring rates (79 percent), and nonbeneficiaries are lower (66 percent) and show more irregular or no monitoring (Table 3.4). This pattern remains significant after controls: both current and former beneficiaries are more likely than nonbeneficiaries to report monthly monitoring. Current beneficiaries are also significantly

less likely than nonbeneficiaries to report never monitoring child growth. Overall, the results point to strong compliance with program requirements and suggest that exposure to the 4Ps may help sustain preventive health practices beyond early childhood.

Table 3.4: Health and Weight Monitoring for Children Ages 2–5 by 4Ps Beneficiary Status

Health check-up and weight monitoring frequency among children ages 2–5	Overall	Nonbeneficiary	Current	Former
At least once a month	73	66	79	79
Once every two months	0	0	1	0
Between 1 and 4 times a year	20	25	17	15
Never	6	9	4	6

Source: Original for this publication.

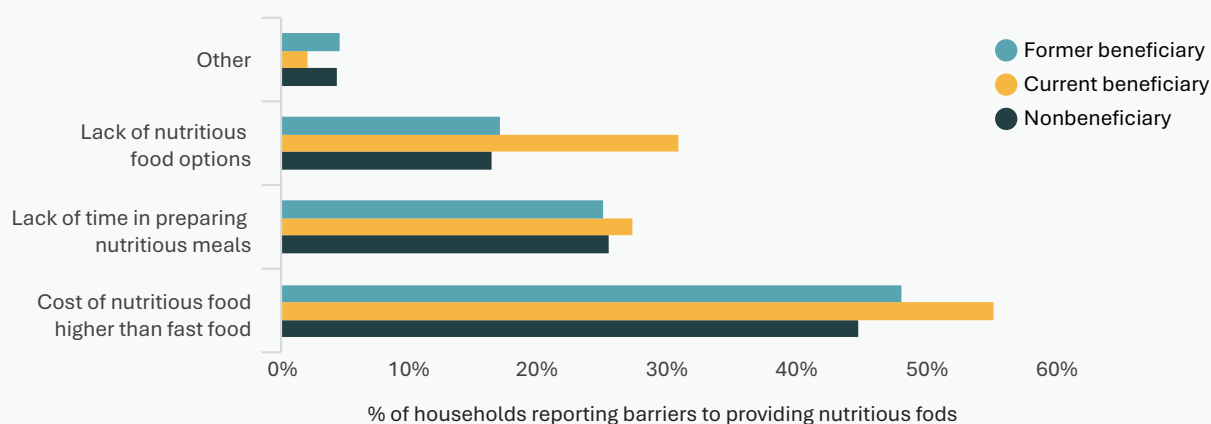
Note: Frequency of health and weight checks is self-reported by households and may be overestimated.

Children’s diets, mirroring adults, are strongly anchored in rice and vegetables. Rice is consumed daily by 90 percent of the overall sample, making it the most consistent component of child nutrition. Vegetables are also consumed frequently, with more than 80 percent of children eating them at least three times a week, making vegetables the most regularly consumed nutrient-rich food. Among protein sources, eggs emerge as the leading item, with 75 percent of children consuming them at least thrice a week. Fish and other seafood follow, with approximately 62 percent of children consuming them at least three days a week. Fruits show moderate frequency, with only 36 percent consumed three or more days per week, indicating room for improvement in micronutrient intake. While these patterns are similar to household food consumption, the frequency of consumption of different items is lower.

Former beneficiaries report the most diverse and balanced diets. Former beneficiaries report the highest consumption of eggs (81 percent ≥ 3 days), along with high intakes of fish (75 percent ≥ 3 days) and fruits (46 percent ≥ 3 days). Current beneficiaries show much lower diversity than former beneficiaries. While consumption of eggs is high among current beneficiaries (77 percent ≥ 3 days), intake of fish and other seafood is much lower (61 percent ≥ 3 days). Similar to household consumption, nonbeneficiaries generally report the lowest consumption of protein-rich items, particularly fish and other seafood (39 percent ≥ 3 days), indicating more constrained diets.

Households consistently report a set of barriers in feeding young children, with affordability emerging as the primary challenge. More than half of all households (52 percent) cite the higher cost of nutritious food compared to fast food as the main obstacle. As shown in Figure 3.24, this pattern is especially pronounced among current beneficiaries (55 percent). This reflects the financial pressure faced by poor households in providing balanced meals. After controlling for household characteristics, current beneficiaries remain significantly more likely than non-beneficiaries to report cost as a barrier, whereas former beneficiaries do not show a clear adjusted difference. The second most common barrier is the lack of time to prepare nutritious meals, reported by 27 percent overall and current beneficiaries. A smaller but notable share (25 percent) points to the lack of nutritious food options in their area, with current beneficiaries and nonbeneficiaries reporting similar levels. Taken together, these findings show that constraints are driven primarily by cost and time—structural factors that shape whether households can consistently provide healthy meals to young children.

Figure 3.24: Constraints to Providing Nutritious Foods by 4Ps Beneficiary Status



Source: Original for this publication.

Conclusions

Participation in the 4Ps is linked to higher utilization of early childhood health and nutrition services.

Most households actively seek health care, with high hospital visitation and preventive care, while financial and geographic barriers remain the main constraints. Children in 4Ps households receive more consistent growth monitoring. Diets are rice- and vegetable-based, with former beneficiaries reporting the most diverse and nutrient-rich intake. Food insecurity is common, but current and former 4Ps households are less likely to reduce meal portions, highlighting the program's role in supporting health and household resilience. Reported immunization coverage is high across all groups, though self-reported rates may be overestimated, and the findings do not indicate a clear or consistent association with 4Ps participation.

Taken together, the findings from this report are consistent with the behavioral pathways identified in earlier studies, particularly relating to increased preventive health service use and improved household practices around child monitoring.

In terms of service use, particularly growth monitoring and preventive care, the findings align well with earlier evidence. The 2014 RD found significant increases in regular child weighing (10–12 percentage points) and higher uptake of deworming and vitamin A supplementation, alongside reductions in stunting (14–16 percentage points at the 10 percent significance level), although no significant effects were found for full immunization (for example, tuberculosis or measles). Similarly, Orbeta, Melad, and Araos (2021) reported higher use of health services among Pantawid children, including more frequent facility visits for weight monitoring and increased deworming and vitamin A intake, but again found no clear improvement in complete immunization coverage, replicating the earlier “immunization puzzle.”

However, the findings do not resolve the mixed evidence on stunting outcomes.

While the 2014 RD and the Impact Evaluation Wave 1 randomized control trial (RCT) found meaningful reductions in stunting (including a 10 percentage point decline in severe stunting), Orbeta, Melad, and Araos (2021) unexpectedly found a negative effect on stunting among children ages 0–5, which was not fully explained and remains an open question in the literature. This study does not measure anthropometric outcomes directly, but it shows that current and former beneficiaries report better dietary diversity, more consistent growth monitoring, and lower incidence of food-related coping behaviors such as reducing meal portions. Given persistent national malnutrition trends and the unresolved findings from previous evaluations, a dedicated anthropometric study would still be needed to fully understand the program's impact on child nutritional status.



3.6 Observed Changes in Key Outcomes from the 2024 Survey

Key Takeaways



This section provides a snapshot of household welfare changes under the 4Ps for households that transitioned between statuses from 2024 to 2025. Households that maintained their status are less likely to show change, given the program's maturity. The focus is on newly active households and recent graduates to understand short-term outcomes. Child health practices and dietary diversity improved between 2024 and 2025, while school attendance remained high for both newly active households (incoming in 2024 and active in 2025) and recent graduates (active in 2024, exited in 2025). Key findings include the following:

- **School attendance remains high** for both newly graduated and newly active households.
- **Growth monitoring has improved**, especially among newly active households, showing rapid gains in child check-up routines.
- **Dietary diversity has increased**, with more frequent consumption of vegetables, eggs, and fruits in 2025.
- **Financial barriers to health care have decreased**, reflecting the program's role in easing cost constraints and supporting more consistent use of health services.

Interpreting Program Effects in a Mature 4Ps Context: A Panel-Based Approach Focused on Household Transitions

The 2024 survey does not serve as a conventional pre-intervention baseline, which may limit the ability to detect program impacts in 2025. The 2024 survey was conducted when the 4Ps had already been in operation for over a decade, providing a mature reference point rather than an initial benchmark. By this time, households had long been exposed to cash transfers, conditionalities, and complementary interventions in education, health, and nutrition. Since the earlier survey already reflected a mature stage of program implementation, the current survey is not expected to show substantial changes, particularly among households that have maintained their beneficiary status.

Examining households that experienced shifts in their 4Ps status provides the clearest lens for interpreting program effects. Given the maturity of the 4Ps and the stability observed among long-term participants, the comparison focuses on households that experienced transitions between program statuses. Of the 1,525 households interviewed in both survey rounds, 259 changed statuses between 2024 and 2025. Among these, 122 households graduated or exited the program, while 137 households became active (table 3.5).²⁴ Examining these groups provides a valuable opportunity to understand how shifts in program participation, whether entry or exit, affect household welfare, access to services, and behavioral outcomes, compared with households that remained in the same status across both rounds.

Even within this short monitoring window, comparing the two rounds provides valuable insight into emerging improvements and persistent challenges. The comparison helps assess whether improvements are emerging in areas expected to respond quickly to program support, such as school attendance, health check-ups, and dietary diversity. Given the relatively short gap of roughly 14–16 months between the two survey rounds, substantial changes are not expected. However, tracking these short-term variations helps distinguish persistent challenges from early gains, offering timely insights for program refinement. Importantly, year-on-year comparisons also indicate whether the program continues to help households cope with shocks, access essential services, and reinforce behaviors that contribute to long-term human capital development.

²⁴ This includes households that were incoming in the 2024 survey and are currently active in the 2025 survey. Some of these households could have already been in advanced approval or validation stages before registration was put on hold in Q4 of 2024, and whose case resolution allowed the transition to active status (DSWD 2025b).

Table 3.5: Distribution of Households

Household category	Count
Included in both 2024 and 2025 interviews	1,525
Graduated or exited the 4Ps between rounds	122
Became active in the program between rounds	137

Source: Original for this publication.

Main Findings

Enrollment among 4Ps beneficiaries remained high for children ages 6 to 14, with rates near 99–100 percent for both recent graduates and newly active households in 2024 and 2025. Enrollment declines more noticeably for the 15–18 cohort, especially among recent graduates, dropping from 98 percent in 2024 to 81 percent in 2025, while newly active households maintain a higher rate of 90 percent. The sharpest decrease is seen in the 19–24 age group, with recent graduates falling from 68 percent to 40 percent, and newly active households declining from 41 percent to 37 percent, indicating challenges in maintaining enrollment for older youth as they transition out of the program. School attendance remained strong and stable between 2024 and 2025 for both new graduates and newly active households with no statistically significant difference. Among newly active households, the share of children with attendance rates of 85 percent or higher remained steady at 96 percent. However, it declined slightly for new graduates between 2024 and 2025. The sustained high attendance of new graduates suggests that positive behavior cultivated under the 4Ps continues even after exit, as graduates are no longer required to comply with program requirements. See table 3.6 for an overview.

Table 3.6: Summary of Findings across Rounds

Observation	Recently graduated		Change	Newly active		Change
	2024	2025		2024	2025	
Education						
School enrollment 6–14 years	99	99	No significant change	100	97	-3**
School enrollment 15–18 years	98	81	-17***	98	90	-8**
School enrollment 19–24 years	68	40	-28***	41	37	No significant change
Annual attendance of 85% or more	96	93	No significant change	98	96	No significant change
Health care and nutrition						
Monthly growth monitoring between 0 and 2 years	84	77	No significant change	67	86	+19***
Monthly growth monitoring between 2 and 5 years	43	62	+19***	33	68	+35***
Daily consumption of rice	93	99	+6***	100	96	-4**
Daily consumption of vegetables	41	62	+21****	41	69	+28***
Daily consumption of eggs	14	46	+32****	24	39	+15**
Daily consumption of fish and seafood	32	43	No significant change	51	32	-19***
Zero consumption of fruits	21	12	-10***	26	5	-21***

Source: Original for this publication.

Note: Graduates are those beneficiaries who started as either incoming or current in 2024 and graduated in 2025. Newly active are those who were incoming beneficiaries in 2024 but are current beneficiaries in 2025. Changes are calculated as the difference between 2025 and 2024 values. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Growth-monitoring practices improved between 2024 and 2025 across both transition groups, reflecting strengthened adherence to child-health routines. A high share of newly graduated households underwent regular monthly check-ups for infants (0–2 years) in 2024. The indicator remained strong in 2025 although it declined slightly. However, among those who became newly active, monthly monitoring for children ages 2–5 jumped from 43 percent to 62 percent. These patterns show that newly active households respond quickly to program requirements. Exiting households continue to sustain, and in some cases strengthen, positive health-seeking behaviors encouraged by 4Ps.

Dietary diversity appears to have improved modestly between 2024 and 2025, with households reporting more frequent consumption of key food groups. Rice remains a universal staple, consumed daily by more than 93 percent of households in both transition groups in both rounds. Vegetable consumption shows the clearest improvement. The share of households eating vegetables seven days a week rose sharply from 41 percent to 61 percent among graduates, and from 41 percent to 69 percent among those newly active. Protein intake also increased. While daily fish consumption increased significantly among graduates (32 percent to 43 percent), egg consumption rose for both (14 percent to 46 percent among graduates and 24 percent to 39 percent among newly active participants). Fruit consumption, while more variable, also shifts toward more regular intake in 2025. Zero consumption of fruits decreased among graduates from 21 percent to 11.5 percent and among newly active households from 26 percent to 5 percent. Taken together, these changes point to gradual enhancements in diet quality, particularly among households that entered or maintained participation in the 4Ps.

Financial barriers to health care access eased for both graduates and newly active households, showing clear improvements, though some structural challenges remain. Among graduates, the share reporting high health care costs as a barrier drops sharply from 60 percent in 2024 to 33 percent in 2025, and the share reporting distance-related concerns falls from 40 percent to 14 percent (table 3.7). Newly active households similarly report a notable decline in cost-related barriers, from 48 percent to 26 percent. However, geographic and transport-related barriers persist. For graduates, limited transportation declines only slightly (from 16 percent to 10 percent), while for newly active participants, it increases from 6 percent to 16 percent. Distance to the nearest provider also worsens for newly active households, rising from 10 percent to 32 percent. These patterns suggest that while financial constraints are easing with program participation, access challenges linked to location and mobility remain stubborn and may require supply-side intervention.

Table 3.7: Barriers to Accessing Health Care

Observation	Graduates		New entrants	
	2024	2025	2024	2025
No or little transportation is available to go to the nearest health care facility	16%	10%	6%	16%
Distance to health care service provider is too long	39%	14%	10%	32%
Cost of health care is too high	60%	33%	48%	26%

Source: Original for this publication.

Conclusions

As the 2024 survey reflects a mature stage of the 4Ps rather than a true baseline, large changes between 2024 and 2025 are not expected; therefore, analysis focuses on households that entered or exited the program. Within this short window, results show stable high school attendance, improved child health practices—especially among newly active households—and sustained behaviors among graduates. Dietary diversity improved modestly, with higher consumption of vegetables, protein, and fruits. Financial barriers to health care eased for both groups, though distance and transportation challenges persist, underscoring the need for complementary supply-side interventions.

3.7 4Ps Beneficiary Perceptions and Experiences

Key Takeaways

This section examines how beneficiaries and nonbeneficiaries perceive the 4Ps program, including enrollment, compliance, payments, and selection fairness. Perceptions of the 4Ps are highly positive, with positive experiences, strong satisfaction, high levels of trust in program fairness, and continued reliance on the cash transfers for essential needs. Key findings include the following:

- **Enrollment is smooth:** About 90 percent of households found the process straightforward, with similar rates among current (90.5 percent) and former beneficiaries (88 percent).
- **High participation in required sessions:** Nearly all current (95 percent) and former beneficiaries (92 percent) attend FDS, while around one-third participate in Youth Development Sessions (YDS).
- **Reliable grant access:** Most households (99 percent) access 4Ps grants via the Landbank Cash Card, with 83 percent reporting no payment delays. Former beneficiaries experienced more delays (24 percent) than current beneficiaries (14 percent).
- **Strong satisfaction and support:** Beneficiaries report high levels of satisfaction, agreeing the program helps meet essential needs, and 60 percent face no challenges in meeting requirements. Education-related compliance is the main issue for those who do.
- **Fair targeting recognized:** Incoming beneficiaries (71 percent) and nonbeneficiaries (65 percent) express confidence that the program fairly targets households most in need.

Perceptions and Experiences of Current and Former Beneficiaries

Overall satisfaction with the 4Ps processes is high among both current and former beneficiaries. Most households find enrollment straightforward, with 90 percent reporting it as simple (90.5 percent of current and 88 percent of former beneficiaries) (table 3.8). Participation in FDS is strong, with 95 percent of current and 92 percent of former beneficiaries attending regularly, reflecting its status as a program conditionality. Attendance at YDS is lower, with about one-third of households participating, highlighting challenges in consistent implementation and engagement as it is not a required component of the program.

Table 3.8: Experiences and Compliance Reported by Current and Former Beneficiaries

Observation	Overall	Current beneficiaries	Former beneficiaries
Found the enrollment process simple	90%	90.5%	88%
Reported attending Family Development Sessions once a month	94.5%	95%	92%
Reported attending at least one Youth Development Session	34%	34.5%	33%
Used Landbank Cash Card (ATM card) to access benefits	99%	99.7%	98%
Never experienced a delay in payment of benefits	83%	86%	76%
Did not face any challenges or obstacles in accessing the benefits and services provided by the 4Ps	98%	98.5%	98%

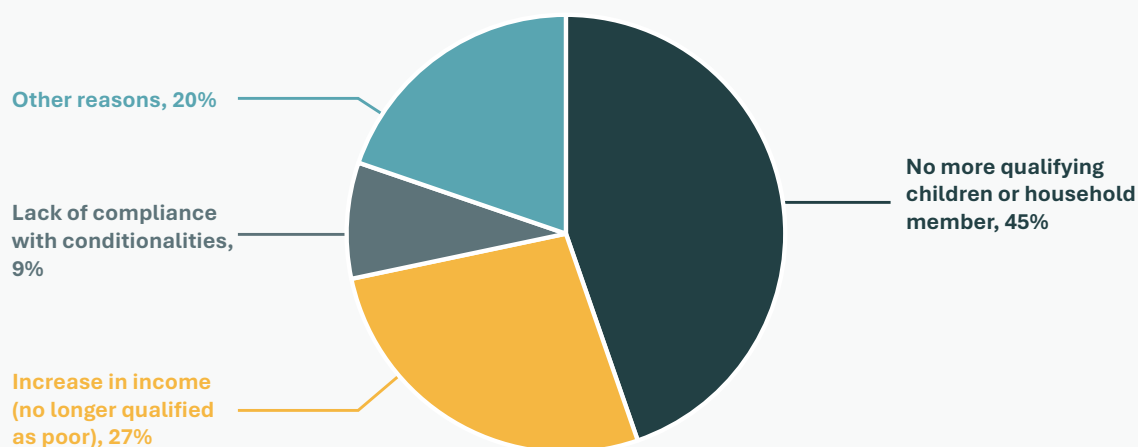
Source: Original for this publication.

Benefit access mechanisms are also functioning effectively. Access to cash grants is nearly universal, with 99 percent of all households using the Landbank Cash Card, rising to 99.7 percent among current beneficiaries and remaining high among former ones (98 percent). This demonstrates strong adoption of the program's digital payment system across groups. Most respondents (83 percent) report never experiencing delays in receiving 4Ps benefits, and barriers to accessing benefits or services remain minimal. Ninety-eight percent of all beneficiaries—including 98.5 percent of current and 98 percent of former participants—report no challenges.

These findings reflect the steady evolution and strengthening of the program's delivery systems. When the program was launched in 2008, data collection was paper-based, and payments were made primarily through physical cash distribution via over-the-counter channels. As the program expanded, it transitioned to more secure and efficient systems, notably through cash cards issued by Land Bank of the Philippines, helping reduce leakage, minimize delays, and improve transparency. This shift also supported financial inclusion by linking beneficiaries to the formal financial system. More recently, the conversion of cash cards into full transaction accounts, completed in January 2024, along with the introduction of mobile wallets as an additional payment channel, has further enhanced accessibility and convenience. Overall, these patterns point to a delivery system that is increasingly efficient, timely, and user-friendly for both current and former beneficiaries.

Most households exit the 4Ps program because they no longer have qualifying members or have achieved improved economic status, with very few leaving due to noncompliance. Among interviewed households, 45 percent cited the absence of qualifying members as the main reason for exit, fewer than 10 percent reported noncompliance (Figure 3.25), and nearly 30 percent left after surpassing the poverty threshold, highlighting gains in household welfare.

Figure 3.25: Reasons for Household Exit from the 4Ps



Source: Original for this publication.

Nearly 40 percent of 4Ps households face challenges meeting program conditions, with education-related requirements being the most difficult. As shown in Figure 3.26, former beneficiaries recall slightly fewer challenges during their time in the program (36 percent) compared to those currently enrolled (42 percent), indicating modest differences in compliance experiences across groups. Among households reporting difficulties, education-related conditionalities are the most challenging (Figure 3.27). The decline in enrollment among the 15–18 age group contributes to this difficulty, as fewer children are participating, making it harder to meet school-related requirements. In contrast, child health check-ups, immunization, and supplements present the least difficulty, while compliance with maternal health requirements falls in the middle.

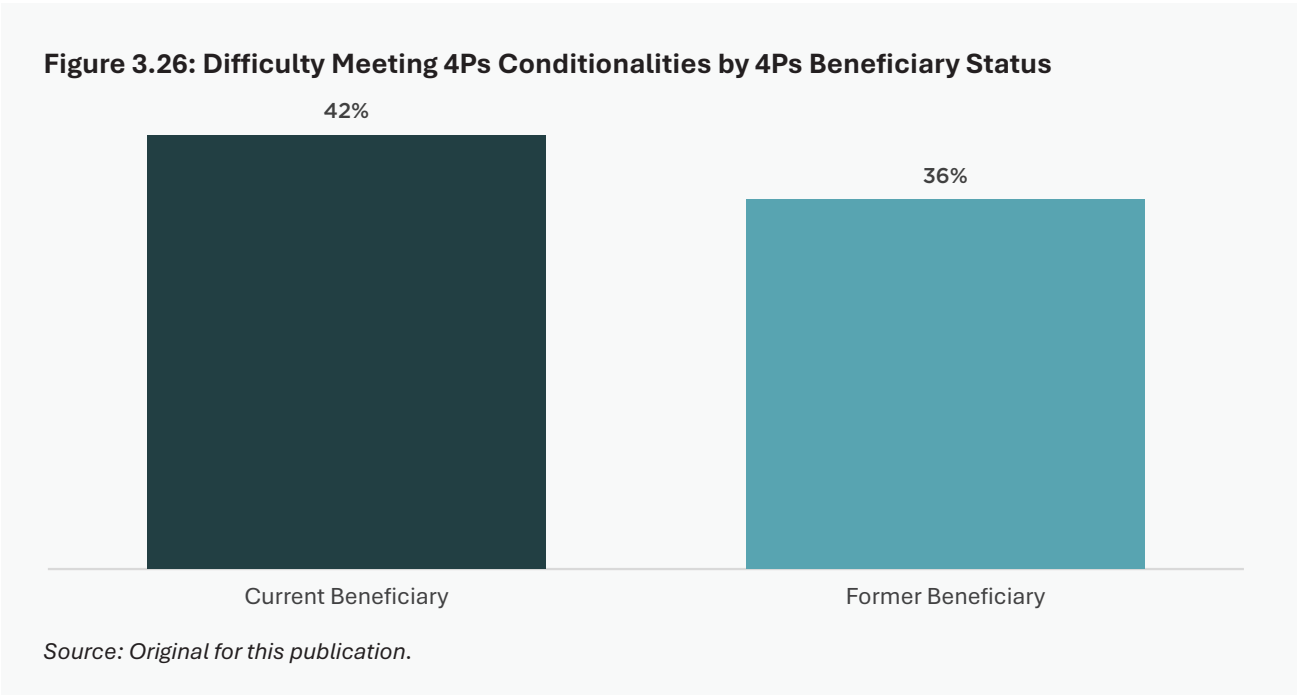
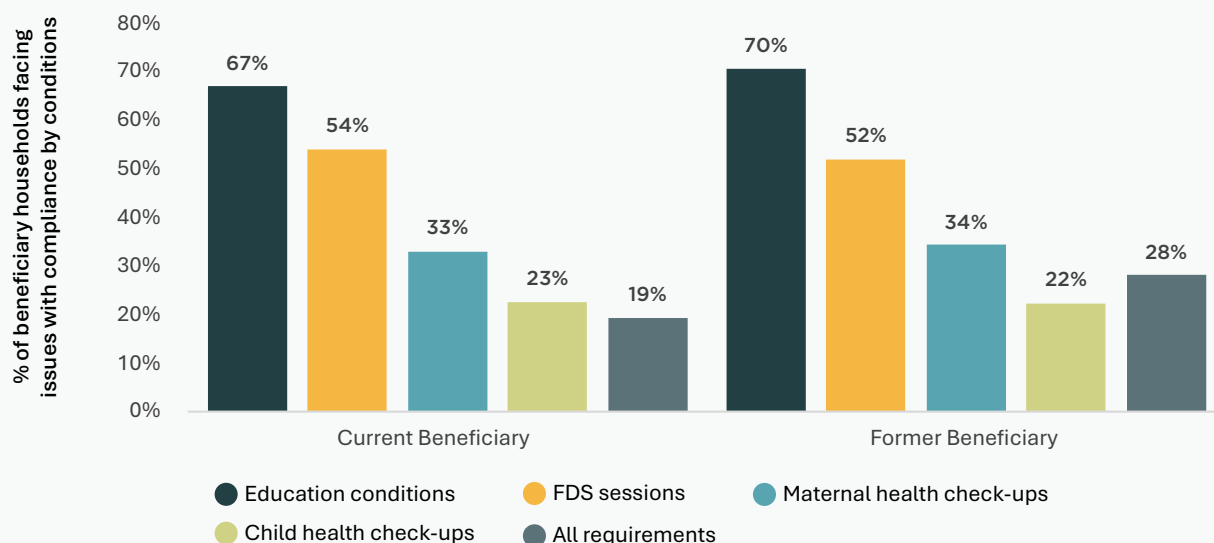


Figure 3.27: Reported Compliance Challenges by Type of Conditionality and 4Ps Beneficiary Status

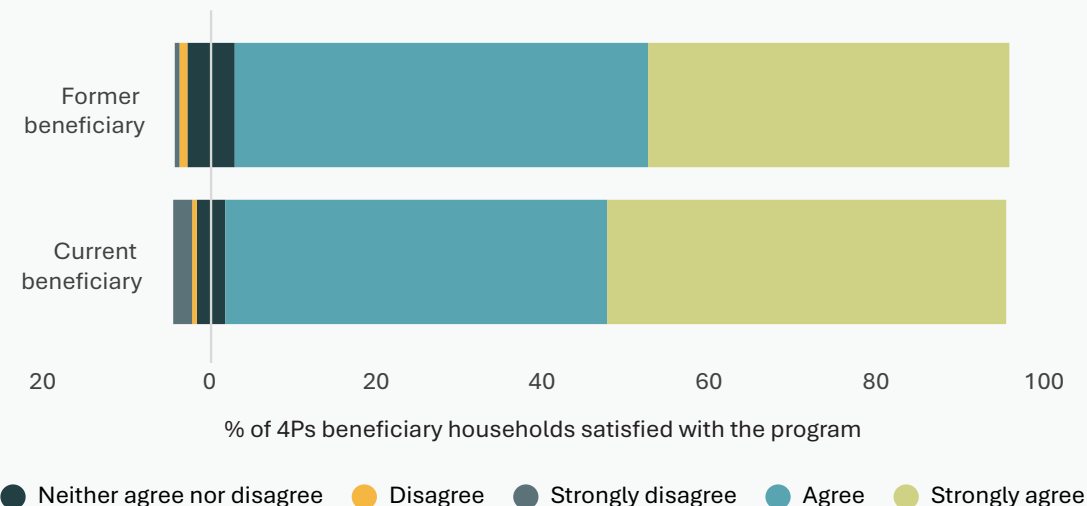
Source: Original for this publication.

Note: The graph uses survey data to illustrate which program requirements were most challenging for respondents who reported difficulties with compliance. For example, in the overall sample, 59.5 percent did not experience any difficulty meeting requirements. Among the 40.5 percent who did report challenges, 33 percent specifically found it difficult to comply with requirements related to check-ups for women, including pregnancy and maternal health. 4Ps = Pantawid Pamilyang Pilipino Program; FDS = Family Development Sessions.

Satisfaction with the 4Ps is overwhelmingly high among both current and former beneficiaries.

Nearly all respondents report feeling satisfied with the program when they were receiving 4Ps support. Figure 3.28 shows that among current beneficiaries, 48 percent strongly agree with the statement, and another 46 percent agree. Former beneficiaries express similarly high retrospective satisfaction, with 43 percent strongly agreeing and 50 percent agreeing. Neutral or negative reflections are quite rare. While 3–4 percent were neutral, fewer than 1 percent disagreed, indicating that, regardless of current status, households recall their experience in the program very positively.

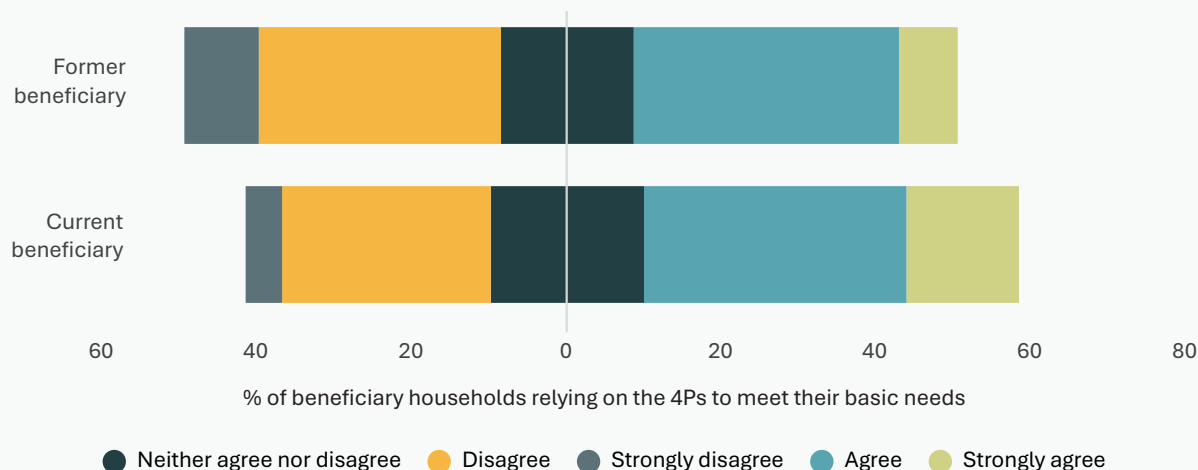
Figure 3.28: Satisfaction with the 4Ps Program by 4Ps Beneficiary Status



Source: Original for this publication.

Current beneficiaries show greater financial dependence on 4Ps support, as expected.

Among current beneficiaries, a combined 48 percent (34 percent agree and 14 percent strongly agree) say their household depends on the grants for essentials such as food, clean water, electricity, health care, and education (Figure 3.29). In contrast, when former beneficiaries reflected on their experience while still enrolled, they reported lower levels of dependence, with 41 percent agreeing or strongly agreeing, as shown in figure 3.29. A much larger share of former beneficiaries express disagreement (37 percent, compared to 31 percent of current beneficiaries), suggesting that households that have exited the program were either less reliant on cash transfers during their participation or had more diversified sources of income. Neutral responses are relatively similar across the two groups. Overall, these patterns imply that current beneficiaries remain more financially dependent on 4Ps support, while former beneficiaries appear to have had greater economic resilience or alternative means of meeting basic needs during their time in the program.

Figure 3.29: Reliance on 4Ps for Basic Needs by 4Ps Beneficiary Status

Source: Original for this publication.

Note: 4Ps = Pantawid Pamilyang Pilipino Program

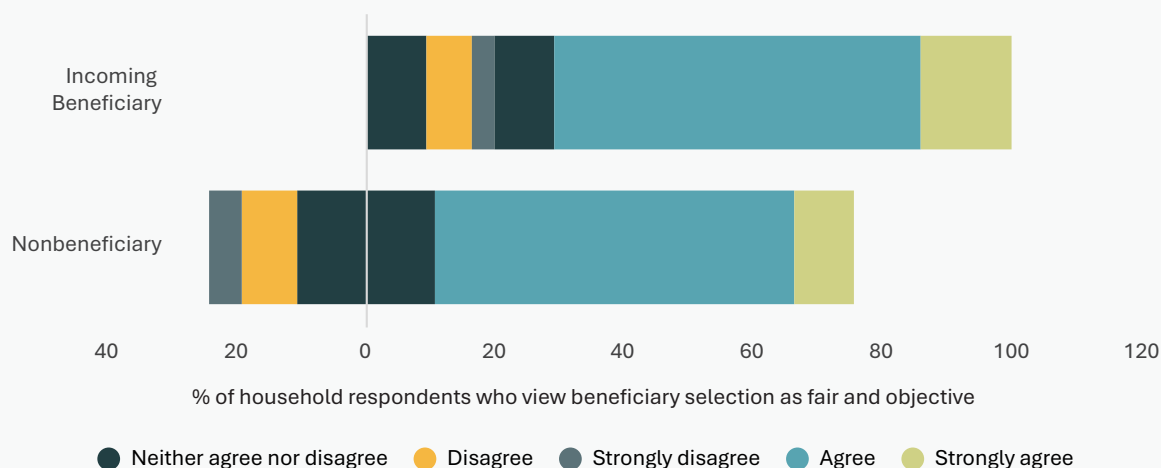
Perception of Incoming Beneficiaries and Nonbeneficiaries

Most incoming beneficiaries and nonbeneficiaries believe that the government selects 4Ps beneficiaries fairly and objectively. Among incoming beneficiaries, nearly 71 percent (agree and strongly agree) express confidence in the fairness of the selection process, with more than half choosing “Agree,” as shown in Figure 3.30. Nonbeneficiaries hold similarly positive views, with about 65 percent agreeing or strongly agreeing. Neutral responses are moderate in both groups (19 percent among incoming and 21 percent among nonbeneficiaries), suggesting that a notable minority remain uncertain about the process. Only a small share in either group disagrees or strongly disagrees. Overall, perceptions of fairness are broadly positive, indicating that both current and nonparticipating households generally trust the objectivity of the 4Ps targeting system.

Across both incoming beneficiaries and nonbeneficiaries, there is broad agreement that 4Ps households are generally poorer and more vulnerable than others. This opinion is held by a large majority in both groups. This represents about 63 percent of nonbeneficiaries (50 percent agree and 13 percent strongly agree) and around 60 percent of incoming beneficiaries (47 percent agree and 13 percent strongly agree), as shown in Figure 3.31. Only a small minority disagrees (roughly 19 percent among nonbeneficiaries

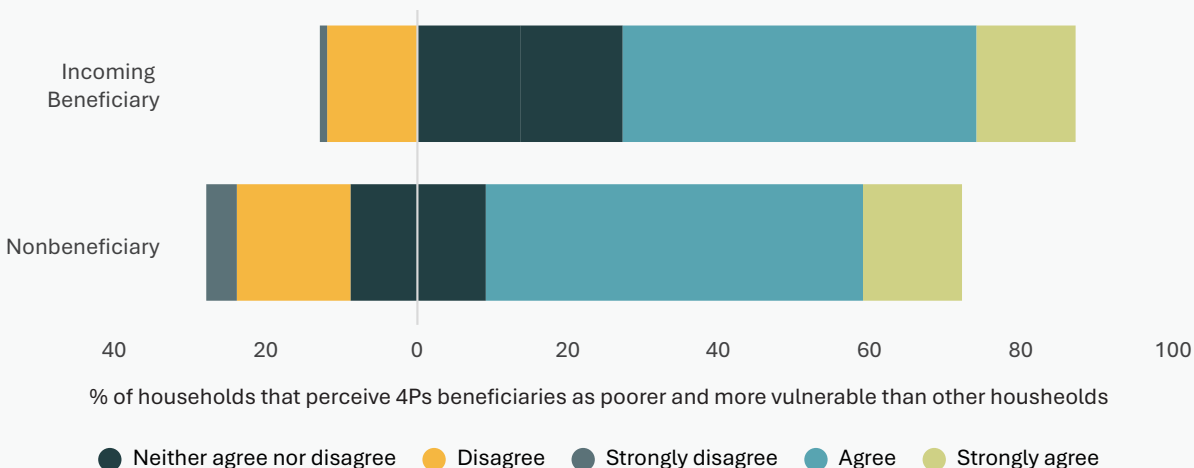
and about 12 percent among incoming beneficiaries). These perceptions suggest that those currently not benefiting from the 4Ps recognize that benefits go to those most in need. Incoming beneficiaries' views closely mirror those of nonbeneficiaries, indicating shared understanding of who the program is meant to support.

Figure 3.30: Perceptions of Fairness and Objectivity in 4Ps Beneficiary Selection



Source: Original for this publication.

Figure 3.31: Perceptions of 4Ps Households Relative to Other Households by 4Ps Beneficiary Status



Source: Original for this publication.

Conclusions

Overall, the 4Ps is seen as effective and fair, with smooth delivery and high satisfaction levels, though education-related compliance challenges remain. Enrollment and payments function well, with few delays and minimal access barriers. Participation in required activities is strong, while nonmandatory sessions lag. Most households exit due to loss of eligibility or improved economic status rather than noncompliance. Challenges in meeting conditions are mainly education-related. Current beneficiaries are more financially dependent, while former beneficiaries show greater resilience. Incoming and nonbeneficiaries generally view targeting as fair and well-focused on poorer households.



Conclusions and Recommendations

Overall, the findings suggest that the 4Ps is successfully delivering on its core objective of promoting human capital development among poor households. Beneficiary children attend school at very high rates and show improved educational outcomes, strengthening prospects for breaking the intergenerational cycle of poverty. Health outcomes have also improved, with broad use of preventive, child, and maternal health services, supported in part by the program's health-related conditionalities. Importantly, these human capital gains extend beyond active participation, as positive behaviors persist even after exit. Together, sustained investments in education and health are helping build a more productive future workforce, fully aligned with the 4Ps' objectives. Strong beneficiary satisfaction and community support further reinforce program effectiveness. Most encouragingly, there are clear signs of upward mobility among households that have graduated from the program, including higher incomes above the low-income threshold and a greater prevalence of secure or permanent employment.

However, some challenges and gaps remain.²⁵ Despite receiving cash assistance, many households continue to face food insecurity and low incomes, often resorting to borrowing or cutting essential expenses, including reducing meal sizes. This indicates that while 4Ps grants help alleviate extreme deprivation, there is still room to strengthen outcomes. Enrollment declines sharply in upper secondary education, and a significant share of youth discontinue their studies after high school, threatening long-term human capital development. While not a 4Ps-specific target, labor market outcomes for many beneficiaries remain weak, with most working adults employed in temporary, insecure jobs. Gender disparities persist, as women in beneficiary households are less likely to be employed than men, potentially reflecting structural barriers such as limited childcare, skills gaps, and cultural norms that cash transfers alone cannot address. Many families rely on a single income, leaving them vulnerable to shocks, and nearly half report depending on 4Ps grants for basic needs, demonstrating both the program's support and the ongoing fragility of household livelihoods.

²⁵ These findings are based on the survey sample and should therefore be interpreted with caution, as they may not be fully generalizable to all 4Ps beneficiaries nationwide.

At the same time, the findings underscore the importance of assessing the 4Ps against its intended objectives. As a CCT program, the program is designed to promote human capital accumulation and improve access to basic services among poor households, not to address all determinants of poverty. The evidence presented in this report is broadly consistent with the program's theory of change and previous evaluations, showing that beneficiaries and former beneficiaries generally perform better than comparable nonbeneficiaries in education, health, and several dimensions of household welfare. The continued presence of poverty and vulnerability among some households reflects the multidimensional nature of poverty and the influence of factors beyond the program's control, including labor market opportunities, service quality, and exposure to shocks. While the 4Ps provides a critical foundation for improving long-term well-being, translating these gains into sustained poverty reduction and economic mobility requires complementary policies and investments that expand economic opportunities and strengthen human development outcomes.

These findings highlight several strategic priorities for the 4Ps and broader social protection policy. Cash transfers can be complemented by initiatives aimed at enhancing livelihoods and fostering sustainable employment. Connecting beneficiaries and graduates to skills training, microenterprise development, or wage employment opportunities can lead to long-term improvements in income. This is especially important for women and youth, who hold significant untapped labor potential. Persistent food insecurity calls for nutrition-sensitive interventions, such as increasing rice subsidies, adjusting the value of the grants, or supporting kitchen gardens and food fortification efforts. High reliance on the program also highlights the importance of phased exit strategies and ongoing support after the program ends. Linking graduates to follow-up services, such as livelihood grants, health care subsidies, social insurance, or peer support groups, can help sustain their progress. While the program improves basic education, expanding support for higher education and vocational training through scholarships or partnerships can better help 4Ps youth transition to stable, meaningful employment.

Table 4.1: Summary of Recommendations

Recommendation	Targeted outcome(s)	Priority	Concerned agencies
Enhance nutrition and food security support, integrate with complementary programs	Increased dietary diversity and general health outcome	High	DSWD, DOH, DA, LGUs
Improve the education-to-employment pathways for 4Ps Households	Improvement in postsecondary enrollment and increased employment	High	DepEd, TESDA, CHED, DOLE, DTI, DSWD

Recommendation	Targeted outcome(s)	Priority	Concerned agencies
Promote women's labor market participation	Reduction in poverty levels through an increase in women's employment	High	DSWD, TESDA, DOLE
Link 4Ps beneficiaries to Alkansya to strengthen long-term financial resilience	Increased resilience	Medium-High	DSWD, SSS
Continue monitoring and evaluation and further strengthen feedback systems	Improved feedback mechanism and detection of emerging issues	Medium-High	DSWD, PIDS, DILG, DepEd, DOH, DICT

Source: Original for this publication.

Note: 4Ps = Pantawid Pamilyang Pilipino Program; CHED = Commission on Higher Education; DA = Department of Agriculture; DepEd = Department of Education; DICT = Department of Information and Communications Technology; DILG = Department of the Interior and Local Government; DOH = Department of Health; DOLE = Department of Labor and Employment; DSWD = Department of Social Welfare and Development; LGU = Local Government Unit; PIDS = Philippine Institute for Development Studies; SSS = Social Security System; TESDA = Technical Education and Skills Development Authority.



Recommendation 1: Enhance Nutrition and Food Security Support

Integrating complementary nutrition programs into the 4Ps could help improve access to nutritious foods and reduce malnutrition risks. Food insecurity remains a significant concern despite high compliance with child health monitoring and immunization. Forty percent of households report limiting food portions due to insufficient resources, with the burden highest among nonbeneficiaries. Diet quality is also low, especially among children. Despite the rice subsidy, many 4Ps families struggle with diet quality as children less eat fish, meat, and vegetables than adults. While steps such as introducing the F1DK benefit may help, integrating complementary nutrition programs into the 4Ps could provide stronger and more sustained support. Potential initiatives include linking beneficiaries to the Walang Gutom food voucher scheme, expanding coordination with nutrition interventions from the DOH and the DA, expanding community-based feeding programs, and reinforcing nutrition education and behavior-change messaging during the FDS. These measures could improve dietary diversity and child health, reducing malnutrition and stunting while aligning with global evidence that targeted food support combined with education reduces hunger. It is also important to adjust the grant amounts and introduce an inflation-linked mechanism, as current transfers remain relatively low.



Recommendation 2: Improve the Education-to-Employment Pathways for 4Ps Households

Strengthening pathways from education to employment by systematically linking households to skills training and livelihood programs could help 4Ps beneficiaries achieve lasting economic mobility. The survey results clearly show that general education outcomes among 4Ps beneficiaries, such as enrollment and attendance, are encouraging. However, there remains a significant opportunity to improve youth upskilling and job-market readiness. Many young people in beneficiary households complete basic education, but few transition into stable, well-paying employment. Most adults rely on low and unpredictable incomes, and only a minority hold permanent jobs. To address this gap, the DSWD could more systematically connect beneficiaries to programs that build employability and entrepreneurial skills, such as TESDA technical training, DOLE livelihood support, and microenterprise financing. By targeting high-demand sectors, expanding access to skills development, and fostering stronger partnerships between the DSWD and agencies offering economic inclusion programs, youth can be better equipped for the workforce and empowered to pursue sustainable livelihoods. These efforts would not only help households build resilience and assets but also ensure that social protection programs like the 4Ps contribute to long-term economic mobility. This approach aligns with the Philippine Development Plan 2023–2028, which calls for linking poor households to skills training, entrepreneurship support, and labor market services to enhance productive inclusion and support lasting welfare gains (DEPDev 2023).



Recommendation 3: Promote Women's Labor Market Participation

The program could expand its gender-responsive interventions. The survey revealed gender disparities in employment across all age groups. While men achieve near-full employment by midlife, many women, especially those ages 19–30 and 46–60, report being unavailable for work. These patterns reflect structural barriers (for example, care responsibilities and gender norms) that limit women's work. To support women's labor market participation, the program could promote flexible training schedules,

accessible childcare, and targeted livelihood opportunities in sectors compatible with home responsibilities, including tourism, professionalized childcare, and digital work. Enhancing digital skills, access to financial instruments, and microentrepreneurship training can further increase income-generating opportunities. Integrating gender-awareness modules and showcasing positive role models or aspirations in the FDS can challenge traditional norms, inspire women, promote shared household responsibilities, and support their participation in the labor market. Efforts to address perceptions of women by key household members and employers in key sectors should also be considered to further strengthen women's opportunities and inclusion. This recommendation is aligned with the Philippine Development Plan (2023–2028), which prioritizes increasing women's labor force participation and removing structural barriers to work. It is further supported by the Philippine Gender Equality and Women's Empowerment Plan (2019–2025), and the DSWD's Gender and Development Framework, all of which call for gender-responsive livelihood, childcare, and skills development interventions.



Recommendation 4:

Link 4Ps beneficiaries to Alkansya to build savings, provide social insurance schemes, and strengthen long-term financial resilience

Linking 4Ps households to social insurance mechanisms such as the Alkansya program is a critical step toward enhancing the financial resilience and social protection of beneficiaries. The Alkansya program is a government-supported savings and microinsurance initiative that encourages low-income households to save regularly while providing access to basic insurance coverage for health, education, and other emergencies. Integrating these households into structured savings and insurance systems grants beneficiaries access to safety nets that can buffer against health emergencies, income shocks, and other unforeseen challenges. This linkage not only promotes a culture of savings and responsible financial planning but also strengthens the overall impact of the 4Ps by ensuring that short-term assistance is complemented by long-term security. Ultimately, such integration empowers families to break the cycle of poverty, reduces dependence on immediate aid, and fosters inclusive economic participation.



Recommendation 5: Continue Monitoring, Evaluation, and Feedback Mechanisms

Robust monitoring and evaluation are critical to ensuring that the 4Ps remains responsive, efficient, and evidence-driven. The household survey should remain central to the Monitoring, Evaluation, and Learning framework, complemented by regular data updating and validation, as well as strengthened analytical capacity at the local and regional levels. Recent assessments highlight the need for regular data updating and validation, as household information becomes less accurate over time (Albert et al. 2024).²⁶ These systems would enable earlier identification of emerging implementation issues and more timely operational and policy responses. Enhanced monitoring can help diagnose factors affecting YDS participation, declining enrollment among adolescents ages 15–18, challenges in meeting program conditionalities, and the adequacy of current grant levels in supporting education and basic household needs. Continued panel tracking of beneficiary households would enable more precise measurement of program outcomes over time, including education, labor market participation, and nutrition. Linking survey findings with administrative data on compliance, education participation, and beneficiary status would support targeted adjustments where gaps are identified. Improved interoperability across government databases, including education, health, civil registration, and social protection systems, would further improve targeting, reduce duplication, and support evidence-based decisions. Continuous monitoring of household income, expenditures, and reported shortfalls can also inform periodic reviews of grant sufficiency in the context of rising living costs, consistent with the Republic Act 11310's mandate to assess benefit levels using the consumer price index.

²⁶ Attrition was also observed by the field team in the 2025 survey.

Appendix

Appendix A: Survey Questionnaire



See the attached Annex A questionnaire.

Open the PDF attachments to view the questionnaire.

Appendix B:

Details on The Selection of Matched Households

The 2024 survey dataset, which contained household contact details and geographic identifiers, served as the primary source for selecting respondents for the 2025 survey.

The backup Listahanan list was used only when households interviewed in 2024 could not be reached. A structured replacement strategy was developed to ensure that newly identified households closely resembled those interviewed in 2024. When enumerators were unable to locate respondents from the 2024 or replacement lists, they turned to local networks and community leaders for assistance. The field teams coordinated closely with barangay 4Ps leaders, barangay captains, Municipal Social Welfare Department Officers (MSWDOs), and parent leaders to identify additional households eligible for the survey. These local officials, familiar with the community and the 4Ps, provided names of other potential respondents often drawing on their own knowledge or regional and community master lists. For example, in Paco, Manila, respondents were identified and provided by the local barangay 4Ps leader through coordination with the barangay captain and the MSWDO. This collaborative approach ensured that survey targets could still be met despite challenges. Once identified, the eligibility of these potential matches was verified through a screener.

The screener was constructed using the 2024 survey data to calculate propensity scores that estimated each household's likelihood of belonging to one of the four original beneficiary groups. Five covariates with the strongest predictive power were selected for this purpose: age of the household head, household size, type of fuel used for lighting, main source of drinking water, and type of toilet facility. These variables formed the basis of the brief screening tool used to identify eligible households not included in the original lists. This two-step approach, which combined predictive covariate selection with targeted screening, ensured the inclusion of statistically comparable replacement households while addressing nonresponse and the limited accessibility of original respondents.

As shown in table B.1 and table B.2, using this strategy resulted in a selection of households for the survey that closely resembled the households from 2024 sample and replacement list. They are similar in asset ownership, the types of materials used in house construction, and access to electricity. The only difference is that a larger share of matched households own or share a faucet connected to the community water supply.

Table B.1: Characteristics of Households from 2024 Survey and Replacement List

Characteristics	Current beneficiary	Former beneficiary	Incoming beneficiary	Nonbeneficiary
Median annual income in 2024 (in PHP)	80,000	96,000	75,000	72,000
Walls: Light materials	31.5%	22%	33%	35%
Water supply: Own or shared faucet	46%	53%	43%	48%
Toilet: Water-sealed, sewer septic tank	84%	88%	80%	79%
Fuel: Electricity	86%	90%	86%	86%
Cell phone	96%	95%	97%	93%
Television	42%	53%	40%	39%
Motorcycle	48.5%	55%	50%	48%
No assets	1%	2%	2%	1%

Source: Original for this publication.

Note: PHP = Philippine peso.

Table B.2: Characteristics of Matched Households

Characteristics	Current beneficiary	Former beneficiary	Incoming beneficiary	Nonbeneficiary
Median annual income in 2024 (in PHP)	98,000	75,500	60,000	65,000
Walls: Light materials	34%	25%	64%	36%
Water supply: Own or shared faucet	63%	76%	38%	66%
Toilet: Water-sealed, sewer septic tank	97%	95%	84%	85%
Fuel: Electricity	90%	92%	82%	84%
Cell phone	96.5%	94%	96%	91%
Television	45%	57%	26%	26%
Motorcycle	43%	37%	32%	37%
No assets	1.5%	1.5%	3.5%	5%

Source: Original for this publication.

Note: PHP = Philippine peso.

Appendix C:

Detailed Impact of Natural Calamities

Widespread natural disasters during the survey period caused significant operational disruptions, affecting surveys in multiple provinces (table C.1). Barangays became unreachable due to flooding, landslides, and damaged infrastructure, forcing teams to suspend operations. For instance, surveys could not be completed in Bohol, Ilocos Sur, and Negros Occidental despite repeated attempts. Similar challenges were reported in other provinces where displacement and communication breakdowns persisted. These conditions significantly constrained the ability to adhere to the original sampling plan and required adjustments to maintain safety and operational feasibility. In many cases, interviews had to be rescheduled. For example, in Tarlac, enumerators faced repeated cancellations due to impassable roads, while in Bukidnon, teams returned after initial suspensions caused by landslides. Additionally, fieldwork in Davao del Norte was halted for an entire week following severe flooding, and interviews in Davao del Sur and Davao Oriental were postponed and rescheduled as teams waited for transport routes to reopen and local authorities to clear affected areas.

Table C.1: Impact of Natural Calamities on Survey

Provinces impacted	Natural calamity	Date(s)	Impacts on survey operations
Bohol*	Super Typhoon Nando Cebu – Bohol Earthquake	Late September to early October 2025	Scheduled to happen right after Cebu was impacted by back-to-back events. Flooded roads and the use of evacuation centers for safety were prioritized. Fieldwork was suspended due to access and safety concerns.
Bukidnon	Flash floods Davao Quake	Early to Mid-October 2025	Flash floods and tremors disrupted travel. Some barangays became inaccessible, delaying interviews. Had to be rescheduled to the third week of October.
Davao del Norte	Two earthquakes of magnitude 7.4 and 6.8 and aftershocks	Oct 10–12, 2024	Rainfall and tremors led to the temporary suspension of fieldwork and required coordination with local officials. Survey operations halted for almost a week.

Provinces impacted	Natural calamity	Date(s)	Impacts on survey operations
Davao del Sur	Two earthquakes of magnitude 7.4 and 6.8 and aftershocks	Oct 10–12, 2025	Rainfall and tremors led to the temporary suspension of fieldwork. Survey operations had to be rescheduled to the end of October
Davao Oriental	Two earthquakes of magnitude 7.4 and 6.8 and aftershocks	Oct 10–12, 2025	Landslides, hospital damage, and displacement made several areas inaccessible and delayed survey operations. Survey operations had to be rescheduled to the end of October.
Ilocos Sur*	Super Typhoon Ragasa (Nando) Super Typhoon Uwan (Fung-wong)	Late September and early November 2025	Severe flooding and landslides led to the suspension of the survey in late September. The second schedule was disrupted due to Uwan, resulting in the province being excluded from the survey.
Negros Occidental*	Typhoon Tino (Kalmaegi) Earthquake (Magnitude 5.5)	First week of November 2025	Flooding, landslides, and power outages hindered data collection and forced the suspension of fieldwork.
Tarlac	Super Typhoon Ragasa (Nando) Typhoon Opong (Bualoi) Super Typhoon Uwan (Fung-wong)	Late September and early November 2025	Flooding and storm signals led to class suspensions and limited access to some barangays. Both schedules were impacted, so targeted numbers could not be achieved.

Source: Original for this publication.

Note: *Forced suspension of fieldwork due to the calamities.

Appendix D:

Breakdown of Sample by Province

The 2024 and 2025 surveys covered 3,600 and 3,113 households, respectively. They were distributed across four groups: current beneficiaries, former beneficiaries, incoming beneficiaries, and nonbeneficiaries. Provincial coverage also shifted between rounds, with no 2025 sample collected in Bohol, Ilocos Sur, or Negros Occidental due to the impacts of natural disasters.

Table D.1: Distribution of Sample by Province

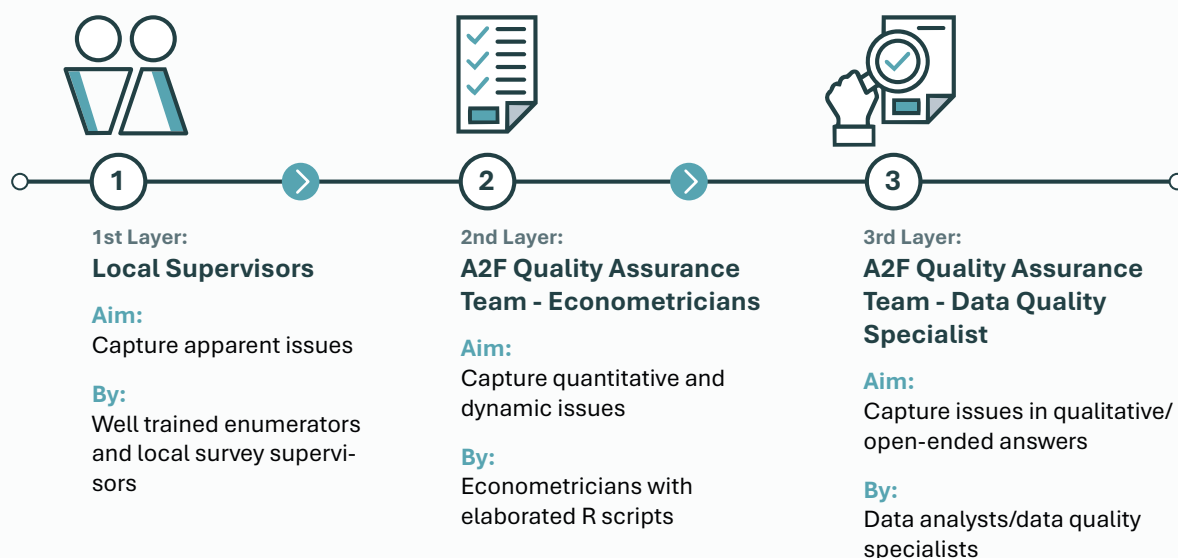
Province	2025	2024
Aurora	101	70
Bohol	0	293
Bukidnon	212	304
Cavite	127	134
Cebu	201	202
City Of Cotabato	350	413
Davao Del Norte	128	144
Davao Del Sur	94	65
Davao Oriental	130	93
Eastern Samar	181	150
Ilocos Sur	0	42
Iloilo	214	189
Maguindanao	0	6
Metro Manila	134	117
Misamis Oriental	105	89
Negros Oriental	309	330
Negros Occidental	0	48
Pangasinan	345	346
Sultan Kudarat	98	99
Tarlac	14	81
Zambales	370	385
Total	3,113	3,600

Source: Original for this publication.

Appendix E: Data Quality Assurance

A multilayered quality-control process was applied throughout the survey to ensure data integrity (figure E.1). Automated checks in computer-assisted personal interviewing and daily R scripts identified inconsistencies for quick correction, while supervisors monitored operations in real time. Manual reviews complemented these steps, ensuring accuracy, transparency, and reliability of the final dataset.

Figure E.1: Quality Control Process



The process included checks at the following layers:

- **The first layer of quality assurance involved local supervisors, who are fully trained to monitor the development of the surveys and identify apparent problems.** This was accomplished through the efforts of well-trained personnel who were knowledgeable about the country's specific context and nuances, as well as the survey process. This is the only way they were able to detect any obvious problems and report them in time to find an appropriate solution.

- **As a second layer of the quality control process, A2F Consulting prepared and ran consistency and skip checks on the data.** A2F has a fully dedicated data quality assurance team with expertise in managing enterprise surveys. R scripts tailored to each country's context were used, and the team was regularly updated to verify the consistency of responses. These checks were performed daily and mainly captured the quantitative and dynamic issues of the surveys. In addition to frequent analytics (for example, summary statistics, outliers, visualizations, and anomaly detection), our scripts generated Microsoft Excel outputs highlighting errors for each interview. These files were reviewed by our data quality team, and flagged issues are sent back to the field team for revision and correction.
- **The third and final layer of the process were conducted by our data quality specialists.** This layer was intended mainly to capture qualitative and hard-to-code issues with the R script. For this step, we utilized a full team of data analysts trained in reviewing this type of survey questionnaire and with experience supporting similar types of surveys in the target countries.

Appendix F:

Survey Implementation

Training and Piloting

A training-of-trainers approach was adopted to ensure that all supervisors and field managers can onboard enumerators as needed. A2F’s lead economist for the project carried out several rounds of virtual training before and after the pilot. During the session, the project objectives, the use of the Survey Solutions platform, and each team member’s roles were reviewed. The questionnaire was also reviewed, with each question discussed in depth to understand how it was answered and to validate its relevance within the Philippine context. The training was conducted interactively, which proved to be an effective method. As questions were explained, the survey team provided feedback on each item, allowing potential adjustments to be identified to better reflect the local context . Training sessions were recorded and distributed to the field team. The field team consisted of 56 enumerators who reported to 6 supervisors.

The training also included sections on the use of the Survey Solutions application, quality control of interviews, data collection modules, and supervision modules (table F.1). The session provided detailed information about the data collection process within the application, including how to download and update Survey Solutions, as well as how to start, complete, and upload interviews in the system. The topic of quality control and the supervision required by the A2F Consulting team was also covered. The three levels of quality control to be implemented during data collection— interviewer, supervisor, and headquarters—were explained. Examples of common survey errors that could compromise data quality were provided, along with instructions on how to identify and correct them. The field team had the opportunity to ask questions and clarify doubts regarding Survey Solutions and the quality control process.

Table F.1: Training Progam Content

- Introduction to A2F Consulting
- Project objectives and scope
- Overview of the sample to be used for each country
- Roles and responsibilities of supervisors and enumerators
- Use of the Survey Solutions platform
- Detailed review of the questionnaire
- Technology and tools for survey implementation

Source: Original for this publication.

Photo F.1: Piloting in Mindanao



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Two rounds of piloting were conducted. The first round included Cotabato City (Bagua 2 and Tamontaka), and the second round included Valencia City (Mailag and Batangan) and Cotabato City (Bagua 1 and Rosary Heights 6). The municipalities chosen for the pilot were selected through convenience sampling from those that had already been defined for the main study. To ensure familiarity with the questionnaire and as part of internal quality control, all supervisors and enumerators completed at least one practice interview. Pilot teams, composed of field supervisors and interviewers, coordinated with barangay LGUs and conducted actual interviews with 4Ps beneficiaries to test the tool and procedures (photo F.1). Interviews lasted 45–80 minutes.

Refresher trainings were held before and during the rollout by the A2F team and supervisors. The A2F team also developed a survey manual, documenting the key lessons and best practices.

Outreach and Engagement Approach²⁷

A2F and the World Bank team engaged with the DSWD to obtain the necessary permissions to proceed with the survey ahead of the rollout. The coordination for the survey involved close collaboration between A2F Consulting, the World Bank, and the DSWD. Some initial delays occurred due to coordination lapses among stakeholders at national and regional levels, which impacted the commencement of fieldwork. To resolve this, a formal letter endorsed by the World Bank was disseminated to local municipalities. These efforts collectively ensured that permissions were properly secured and communicated, enabling the survey rollout to proceed smoothly.

The field team leveraged local governance structures and community networks for outreach. The process began with courtesy calls to DSWD and municipal officials to secure institutional support, followed by meetings with 4Ps municipal team leaders and municipal links (MLs) to review respondent lists and confirm availability (photo F.2). Respondents were invited to barangay halls for interviews with help from MLs and barangay captains, ensuring

²⁷ Before the survey rollout, A2F conducted a callback exercise to assess respondent reachability by phone. The exercise revealed low response rates, largely because the callbacks were done after almost one-and-a-half years, by which time respondents might have changed their mobile numbers (which was reported to be common among low-income groups in the Philippines). Consequently, the decision was made to conduct the survey primarily through Computer-Assisted Personal Interviewing, while reserving Computer-Assisted Telephone Interviewing for remote areas that required additional travel time or presented safety concerns.

Photo F.2: Field Team at DSDW Office



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accessibility and participation. This phase built trust and coordinated efforts across administrative levels, which was vital for smooth field operations.

Despite these efforts, attendance at barangay halls was sometimes low, prompting teams to conduct home visits and phone calls. Many households remained unreachable due to migration, program graduation, or communication gaps. To address this, the MLs suggested new respondents from the community. Among the new respondents, only those who qualified through the screener were interviewed to maintain sample integrity. This adaptive approach proved effective in the Philippine context because it combined personal interaction, hierarchical coordination, and multiple recruitment methods, including home visits, phone calls, and screened random sampling. Adoption of these methods helped to overcome logistical challenges and ensure representative coverage.

Regular weekly calls were conducted and daily messaging shared with the field team to discuss flagged issues, clarify common errors, and provide guidance. These interactions enabled timely corrections and continuous improvement, ensuring that lessons learned were consistently applied throughout the data collection process.

Implementation Challenges

Several major natural disasters occurred in the Philippines during the fieldwork period (photo F.3). The typhoon season usually lasts from June to November, which completely coincided with the fieldwork schedule. A2F and field teams prepared safety guidelines for fieldwork under such conditions. However, the situation was more difficult than expected as two of the typhoons became super typhoons. In September 2025, Super Typhoon Ragasa (locally Nando) struck northern Luzon, followed days later by Typhoon Bualoi (Opong), which battered the central Philippines with torrential rains and strong winds. In November, Super Typhoon Uwan (Fungwong) hit the country.

Photo F.3: Photos from the Field During Natural Calamities



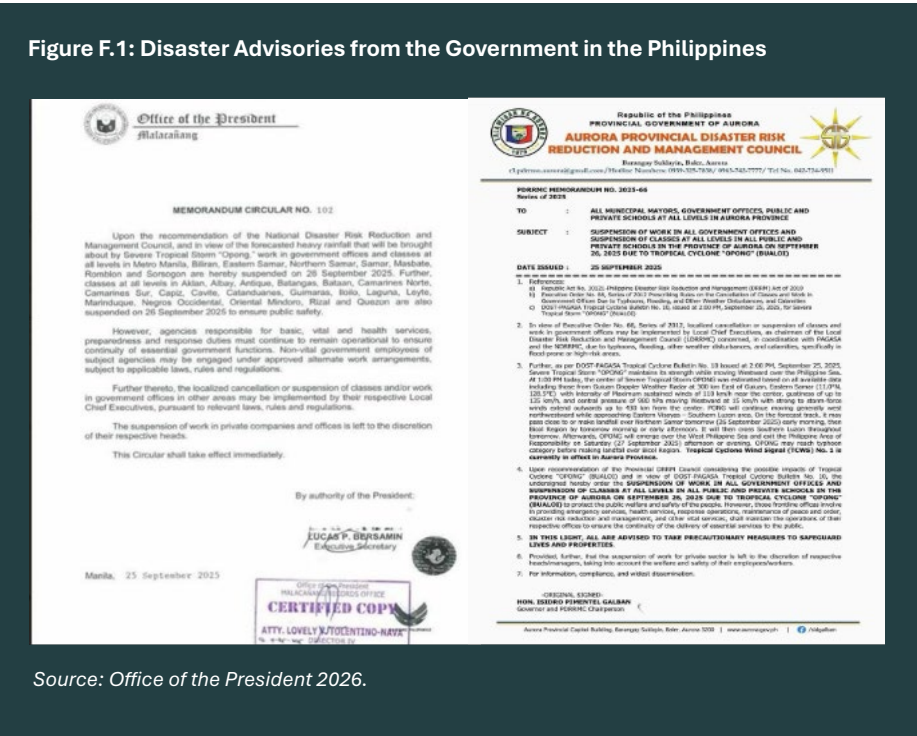
© Photographer Name / Household Welfare Monitoring Survey 2025. Used with the permission of Department of Social Welfare and Development. Further permission required for reuse.

Additionally, the country experienced two major earthquakes, both of which impacted fieldwork. On September 30, a magnitude 6.9 earthquake struck Cebu, resulting in massive population displacement. On October 10, two powerful earthquakes (magnitudes 7.4 and 6.8) shook Davao Oriental and surrounding provinces, causing landslides, infrastructure damage, and the temporary suspension of survey operations in Mindanao. These disasters left roads damaged, communities flooded, and many residents living in temporary shelters, creating a challenging environment for survey operations. Detailed impact by province is provided in appendix C.

Typhoons and earthquakes frequently caused power outages and disrupted mobile networks, leaving many areas without electricity or telephone signals. This made it difficult to coordinate with LGUs and other stakeholders and confirm respondent availability. In disaster-affected regions, municipalities, and barangays, these disruptions hindered operational efficiency and adherence to survey timelines. In some instances, enumerators needed to coordinate in person with local officials without prior consultation, leading to further delayed scheduling and logistics. Flooded roads, landslides, and other obstructions also caused significant travel delays, often forcing teams to postpone or cancel scheduled fieldwork. In geographically isolated and hinterland barangays, transportation options were already limited, and these challenges were amplified during storms.

At times, all fieldwork was suspended by local or national governments during severe weather advisories (figure F.1). LGUs played a key role in keeping outreach on track through courtesy calls, meetings with MLs, and mobilizing barangay officials. However, when offices closed due to severe weather, these coordination efforts stalled, causing delays in reviewing respondent lists, confirming availability, and arranging interviews. Many respondents from the 2024 sample were evacuated or displaced, and some found it difficult to fully participate due to stress and disruption. These challenges slowed fieldwork and reduced respondent reach. While no systemic bias is expected, households most affected by these disasters may be underrepresented because displacement prevented their participation.

Figure F.1: Disaster Advisories from the Government in the Philippines



Source: Office of the President 2026.

Appendix G:

Robustness Checks

This study examines differences across four groups—current, former, and incoming beneficiaries of the 4Ps, as well as nonbeneficiaries. To assess the robustness of observed differences, we first apply analysis of variance (ANOVA) and pairwise t-tests across a wide range of household- and individual-level variables.

ANOVA is a statistical method used to test whether there are significant differences in the means across three or more groups. Instead of comparing groups individually, ANOVA tests the overall hypothesis that all group means are equal.

The null hypothesis is: $H_0: \mu_1 = \mu_2 = \mu_3 = \dots = \mu_k$

where μ_k represents the mean of each group. The alternative hypothesis is that at least one group mean differs.

ANOVA formula (F-statistic)

ANOVA is based on the F-statistic, which compares variation between groups to variation within groups: $F = \frac{\text{Between-group variance}}{\text{Within-group variance}}$

More explicitly: $F = \frac{MS_B}{MS_W}$

where:

$MS_B = \frac{SS_B}{k-1}$ = mean square between groups

$MS_W = \frac{SS_W}{N-k}$ = mean square within groups

$SS_B = \sum_k n_k (\bar{x}_k - \bar{x})^2$ = between-group sum of squares

$SS_W = \sum_k \sum_i (x_{ik} - \bar{x}_k)^2$ = within-group sum of squares

k = number of groups

N = total sample size

If the F-statistic is sufficiently large, we reject , meaning at least one group mean differs.

Pairwise t-tests

While ANOVA tells us whether any difference exists, it does not tell us which groups differ. For that, we use pairwise t-tests, which compare two groups at a time.

T-test formula (difference in means)

For two groups **A** and **B**:

$$t = \frac{\bar{x}_A - \bar{x}_B}{\sqrt{\frac{s_A^2}{n_A} + \frac{s_B^2}{n_B}}}$$

where:

$\bar{x}_A, \bar{x}_B$ = group means

s_A^2, s_B^2 = group variances

n_A, n_B = sample sizes

Interpretation

- If $|t|$ is large $\rightarrow$ the two group means are significantly different.
- Pairwise tests are typically applied after ANOVA as a post hoc analysis.

Overall, the results show substantial and systematic differences across the four groups, although current and incoming beneficiaries tend to be more similar to each other. A large share of variables exhibit statistically significant variation, pointing to meaningful differences in demographic profiles, socioeconomic status, and behavioral outcomes. Pairwise comparisons reveal a consistent pattern: current and incoming beneficiaries are generally alike across most indicators, while nonbeneficiaries emerge as the most distinct group.

Based on these findings, the main cross-group analysis focuses on nonbeneficiaries, current beneficiaries, and former beneficiaries.

Regression analysis is then used to assess whether the differences observed in the descriptive statistics remain statistically significant after controlling for key household demographic characteristics, with nonbeneficiaries serving as the reference category.

Because outcomes are measured at different levels, the empirical strategy distinguishes between household-level and individual-level models to ensure the appropriate unit of analysis and relevant control variables are applied in each case.

1. Link between descriptive figures and regression analysis

The descriptive figures in the report present outcome distributions across beneficiary groups and demographic subgroups. For labor market outcomes, for example, the figures show the shares of individuals who are employed, available for work, in school, or not available for work, by beneficiary status and age group.

The purpose of the regression analysis is to assess whether these descriptive patterns remain statistically meaningful after controlling for observable household and individual characteristics. In this sense, the multivariate analysis serves as a robustness check on the descriptive results. More specifically, it helps distinguish between two possibilities: first, that the differences observed in the charts reflect robust differences across beneficiary groups, and second, that they are primarily driven by differences in household or individual composition across groups.

This distinction is important because descriptive comparisons alone may reflect selection on observable characteristics. By controlling for these characteristics in a regression framework, the analysis can assess whether the patterns seen in the bar charts persist after adjustment.

2. Binary outcomes and alignment with the figures

Because many of the outcomes shown in the descriptive figures are proportions or status indicators, the preferred approach is to recast them as binary variables, with 1 indicating that an individual or household displays a given characteristic and 0 otherwise.

For example, labor market status can be analyzed through separate binary indicators for whether an individual is employed, available for work, in school, or not available for work. This approach aligns the regression framework closely with the descriptive bar charts and allows the estimated coefficients to be interpreted directly as adjusted percentage-point differences across beneficiary groups.

A similar strategy can be applied to other categorical outcomes whenever the descriptive analysis is based on shares by category. In this way, the regressions speak directly to the same patterns highlighted in the figures.

3. Household-level regressions

Household-level regressions will be estimated for outcomes that are naturally defined at the household level, such as household income, expenditures, coping strategies, household head employment status, and health-related indicators.

The baseline household-level specification is:

$$Y_h = \alpha + \beta_1 \text{CurrentBeneficiary}_h + \beta_2 \text{FormerBeneficiary}_h + \gamma X_h + \varepsilon_h$$

where:

Y_h is the outcome of interest for household h ;
 $\text{CurrentBeneficiary}_h$ is an indicator equal to 1 if the household is a current beneficiary;
 $\text{FormerBeneficiary}_h$ is an indicator equal to 1 if the household is a former beneficiary;
nonbeneficiaries are the omitted reference group;
 X_h is a vector of household-level controls; and
 ε_h is the error term.

The vector X_h of household-level controls, will include: household size; household age composition, proxied by the dependency ratio; education of the household head (dummies for each level); and gender of the household head.

For continuous household-level outcomes, such as income or expenditures, linear models will be specified and estimated using ordinary least squares (OLS). For binary household-level outcomes, such as whether the household adopted a given coping strategy or whether the household head is employed, the main specification will be estimated using a linear probability model (LPM), so that coefficients can be interpreted directly as adjusted percentage-point differences across groups.

Under this specification β_1 , captures the adjusted difference outcome between current beneficiaries and nonbeneficiaries, while β_2 captures the adjusted difference between former beneficiaries and nonbeneficiaries.

4. Individual-level regressions

Individual-level regressions will be estimated for outcomes defined at the person level, particularly education and labor market outcomes. These models will combine household-level controls with individual-level characteristics, since individual outcomes depend on both household circumstances and on the demographic profile of the individual.

The individual-level specification is:

$$Y_{ih} = \alpha + \beta_1 \text{CurrentBeneficiary}_{ih} + \beta_2 \text{FormerBeneficiary}_{ih} + \gamma' X_{ih} + \delta' Z_{ih} + \varepsilon_{ih}$$

where:

Y_{ih} is the outcome of interest for individual i in household h ;
 $\text{CurrentBeneficiary}_{ih}$ and $\text{FormerBeneficiary}_{ih}$ indicate the beneficiary status of the individual's household;
 X_{ih} is a vector of household-level controls;
 Z_{ih} is a vector of individual-level controls; and
 ε_{ih} is the error term.

As above, the household-level controls in X_{ih} will include household size, dependency ratio, and the education and gender of the household head. The individual-level controls Z_{ih} in will include age (or alternatively age-group indicators) and gender.

For continuous individual-level outcomes, the models will be estimated using OLS. For binary individual-level outcomes, including many education and labor market indicators, the preferred specification will be the LPM. This allows the coefficients to be interpreted directly as adjusted percentage-point differences and makes the regression results easy to compare with the descriptive figures presented in the report.

This specification makes it possible to compare education and labor market outcomes across beneficiary groups while accounting for both household demographic structure and individual characteristics.

5. Age and gender dimensions

For individual-level outcomes, the analysis will explicitly incorporate age and gender dimensions. This can be done in two complementary ways.

First, regressions can include age-group and gender controls directly in the model. This provides an overall adjusted comparison across beneficiary groups while accounting for differences in demographic composition.

Second, separate regressions can be estimated for specific subgroups, such as women only or selected age groups. This allows the analysis to assess whether the relationship between beneficiary status and the outcome differs across population groups.

For labor market outcomes, for example, separate regressions may be estimated for Women;

- Individuals ages 19–30
- Individuals ages 31–45
- Individuals ages 46–60 and
- Women within each of these age groups.

This subgroup approach is useful when the descriptive figures suggest that differences across beneficiary groups vary meaningfully by age or gender.

6. Statistical testing and interpretation

Under the specifications above, β_1 measures the adjusted difference between current beneficiaries and nonbeneficiaries, while β_2 measures the adjusted difference between former beneficiaries and nonbeneficiaries.

After estimating each regression, the analysis will test whether these coefficients are statistically different from zero. Formally, the following null hypotheses will be assessed:

$$H_0: \beta_1 = 0 \text{ and } H_0: \beta_2 = 0$$

Rejecting either null hypothesis would indicate that, conditional on the included controls, the corresponding beneficiary group differs significantly from nonbeneficiaries in the outcome considered. In the regression tables, this will be reflected in the reported standard errors, p-values, confidence intervals, and significance markers.

If the coefficients are not statistically significant, the results will be interpreted as providing insufficient evidence of a difference across groups once controls are included. In such cases, the descriptive differences observed in the figures may reflect differences in observable composition rather than robust adjusted differences. At the same time, nonsignificance will not be interpreted as proof that the groups are identical, but rather as an indication that the available data do not allow the observed difference to be distinguished from zero with sufficient precision.

7. Direct comparison between current and former beneficiaries

In addition to comparing each beneficiary group with nonbeneficiaries, the analysis will assess whether outcomes differ significantly between current beneficiaries and former beneficiaries.

Because both β_1 and β_2 are estimated relative to the omitted reference category, nonbeneficiaries, their direct comparison requires a separate postestimation test. Specifically, the following null hypothesis will be tested:

$$H_0: \beta_1 = \beta_2$$

This linear hypothesis test makes it possible to determine whether the adjusted outcome differs significantly between current and former beneficiaries, after controlling for household and individual characteristics. If this null hypothesis is rejected, the results will indicate that the two beneficiary groups differ significantly from one another in the outcome considered. If it is not rejected, the analysis will conclude that there is no sufficient statistical evidence of a difference between the two groups in that outcome, conditional on the included controls.

8. Standard errors

For household-level outcomes, standard errors will be computed at the household level. For individual-level outcomes, standard errors will be clustered at the household level, since individuals within the same household share the same beneficiary status and household characteristics. Clustering at the household level accounts for intrahousehold correlation in the error term and ensures valid inference when multiple individuals belong to the same household.

9. Interpretation of results

The regressions are intended to provide adjusted comparisons across groups, controlling for certain characteristics rather than results with full causal interpretation. Accordingly, the coefficients should be interpreted as conditional differences in outcomes across nonbeneficiaries, current beneficiaries, and former beneficiaries, after accounting for observable demographic characteristics.

The main contribution of the regression analysis is therefore to determine whether the descriptive patterns shown in the report remain robust once relevant controls are introduced. If the adjusted differences remain statistically significant, this strengthens the interpretation of the descriptive findings. If they do not, this suggests that the descriptive patterns may be partly explained by differences in the observable composition of households and individuals across groups.

10. Summary of model structure

The empirical strategy can be summarized as follows:

Household-level outcomes:

$$Y_h = \alpha + \beta_1 \text{CurrentBeneficiary}_h + \beta_2 \text{FormerBeneficiary}_h + \gamma' X_h + \varepsilon_h$$

Individual-level outcomes:

$$Y_{ih} = \alpha + \beta_1 \text{CurrentBeneficiary}_{ih} + \beta_2 \text{FormerBeneficiary}_{ih} + \gamma' X_{ih} + \delta' Z_{ih} + \varepsilon_{ih}$$

- where X_h includes household size, dependency ratio, and the education and gender of the household head, while Z_{ih} includes age and gender.

For continuous outcomes, the models will be estimated using OLS. For binary outcomes, the preferred specification will be the LPM, so that coefficients can be interpreted directly as adjusted percentage-point differences and compared easily with the descriptive bar charts presented in the report.

11. Results

Table G.1: Regression Coefficients and Standard Errors

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Household head activity: Working	Overall	0.015	(0.017)	-0.043*	(0.025)
Household head activity: Job searching		-0.018***	(0.006)	-0.019***	(0.006)
Household head activity: Stay at home		0.014	(0.016)	0.067***	(0.023)
No working household members		-0.014	(0.011)	0.013	(0.015)
One working household member		0.005	(0.021)	-0.157***	(0.028)
Two working household members		0.034*	(0.019)	0.069***	(0.026)
Three or more working household members		-0.025***	(0.010)	0.076***	(0.017)
Household income: PHP 0 to 50,000		-0.103***	(0.023)	-0.028	(0.029)
Household income: PHP 50,001 to 100,000		-0.035	(0.022)	-0.126***	(0.027)
Household income: PHP 100,001 to 150,000		0.078***	(0.018)	0.022	(0.022)
Household income: PHP 150,001 to 200,000		0.042***	(0.011)	0.053***	(0.016)
Household income: More than PHP 200,000		0.018**	(0.009)	0.079***	(0.016)
Household spending share on food		-0.074	(0.798)	-2.407**	(1.072)
Household spending share on education		1.481***	(0.481)	1.169*	(0.689)
Household spending share on utilities		0.577	(0.362)	2.125***	(0.490)
Household spending share on health care		-0.760*	(0.390)	-0.861	(0.531)
Household spending share on transport		-0.880***	(0.330)	-0.752*	(0.447)
Household spending share on housing		-4.676***	(0.909)	-3.287***	(1.105)
Household spending share on others		1.056***	(0.233)	1.708***	(0.319)
Household experience income shortfall (last six months)		0.018	(0.016)	-0.057**	(0.022)
Household use of coping mechanisms (last six months)		0.021	(0.017)	0.026	(0.021)
Coping: Work extra		0.082***	(0.023)	0.007	(0.029)
Coping: Borrowed from friends or family		-0.027	(0.023)	-0.038	(0.030)
Coping: Delay or miss payments		0.017	(0.021)	0.003	(0.027)
Coping: Reduce spending		-0.051***	(0.018)	-0.042*	(0.022)
Coping: Took a personal loan		0.007	(0.015)	0.043**	(0.021)
Coping: Government support		0.092***	(0.013)	0.070***	(0.018)

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Education: Primary	Age 19–24	–0.045**	(0.022)	–0.045**	(0.023)
Education: Lower secondary		–0.029	(0.029)	–0.060**	(0.029)
Education: Upper secondary		0.021	(0.041)	–0.012	(0.042)
Education: Postsecondary nontertiary		–0.047	(0.035)	–0.070*	(0.036)
Education: Bachelor’s		0.082**	(0.041)	0.169***	(0.045)
Education: Master’s		0.006	(0.005)	0.009**	(0.005)
Education: Primary	Age 25–30	–0.019	(0.028)	–0.079**	(0.032)
Education: Lower secondary		–0.022	(0.035)	–0.039	(0.042)
Education: Upper secondary		–0.013	(0.027)	–0.061*	(0.035)
Education: Postsecondary nontertiary		0.034	(0.025)	0.052	(0.034)
Education: Bachelor’s		0.020	(0.033)	0.130***	(0.046)
Education: Master’s		–0.003	(0.003)	0.008	(0.007)
Education: Primary	Age 31+	0.009	(0.012)	0.008	(0.014)
Education: Lower secondary		0.026**	(0.012)	0.011	(0.014)
Education: Upper secondary		0.011*	(0.006)	0.010	(0.008)
Education: Postsecondary nontertiary		–0.006	(0.008)	–0.013	(0.011)
Education: Bachelor’s		–0.035***	(0.009)	–0.014	(0.012)
Education: Master’s		–0.002	(0.001)	–0.001	(0.002)
Enrollment	Age 6–14	0.01	(0.008)	0	(0.012)
	Age 15–18	0.017	(0.027)	0.039	(0.031)
	Age 19–24	0.115***	(0.042)	0.096**	(0.044)
	Age 15–18; Women	0.03	(0.033)	0.033	(0.036)
	Age 15–18; Men	0.005	(0.043)	0.043	(0.05)
	Age 19–24; Women	0.164***	(0.055)	0.152***	(0.058)
	Age 19–24; Men	0.072	(0.058)	0.052	(0.062)
School attendance of 85%	Age 6–14	–0.004	(0.008)	0.005	(0.013)
	Age 15–18	0.003	(0.017)	0.010	(0.019)
Never missed school	Age 6–18	0.048**	(0.023)	0.090***	(0.031)
Missed school: 1–2 days		0.023	(0.018)	–0.005	(0.024)
Missed school: 3–5 days		–0.067***	(0.015)	–0.064***	(0.019)
Missed school: 6–10 days		–0.008	(0.005)	–0.008	(0.006)
Missed school: 11 days or more		0.003	(0.006)	–0.013**	(0.006)

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Available for work	Age 19–30	0.008	–0.024	–0.038	–0.026
	Age 19–30; Women	–0.077**	–0.034	–0.116***	–0.037
	Age 19–30; Men	0.110***	–0.027	0.052*	–0.029
	Age 31–45	–0.011	–0.017	–0.023	–0.025
	Age 31–45, Women	–0.005	–0.03	–0.037	–0.045
	Age 31–45; Men	–0.011	–0.013	–0.012	–0.021
	Age 46–60	–0.026	–0.026	0.002	–0.028
	Age 46–60; Women	–0.052	–0.046	–0.011	–0.049
	Age 46–60; Men	–0.011	–0.024	0.009	–0.027
Employed	Age 19–30	–0.097***	–0.025	0.01	–0.029
	Age 19–30; Women	–0.012	–0.031	0.118***	–0.037
	Age 19–30; Men	–0.199***	–0.043	–0.106**	–0.047
	Age 31–45	0.035**	–0.016	0.064**	–0.028
	Age 31–45; Women	0.036	–0.03	0.102**	–0.048
	Age 31–45; Men	0.028	–0.018	0.028	–0.03
	Age 46–60	0.079***	–0.029	0.073**	–0.031
	Age 46–60; Women	0.152***	–0.046	0.140***	–0.05
	Age 46–60; Men	0.037	–0.038	0.022	–0.041
In school	Age 19–30	0.147***	–0.025	0.102***	–0.029
	Age 19–30; Women	0.184***	–0.031	0.144***	–0.036
	Age 19–30; Men	0.102***	–0.038	0.059	–0.042
	Age 31–45	0.002	–0.002	0.010*	–0.006
	Age 31–45; Women	0.005	–0.005	0.020*	–0.012
	Age 31–45; Men	Not estimable: outcome has no variation in this subgroup			

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Not available for work	Age 19–30	–0.058**	–0.027	–0.074***	–0.028
	Age 19–30; Women	–0.094***	–0.036	–0.146***	–0.038
	Age 19–30; Men	–0.013	–0.033	–0.004	–0.035
	Age 31–45	–0.027*	–0.016	–0.051**	–0.024
	Age 31–45; Women	–0.035	–0.03	–0.086*	–0.044
	Age 31–45; Men	–0.017	–0.013	–0.016	–0.022
	Age 46–60	–0.054*	–0.029	–0.075**	–0.032
	Age 46–60; Women	–0.101*	–0.051	–0.129**	–0.055
	Age 46–60; Men	–0.026	–0.032	–0.031	–0.033
Working	Age 19–30; Women	–0.025	(0.030)	0.124***	(0.036)
	Age 31–45; Women	0.036	(0.029)	0.094**	(0.047)
	Age 46–60; Women	0.122***	(0.046)	0.103**	(0.049)
Available for work	Age 19–30; Women	–0.077**	(0.034)	–0.116***	(0.037)
	Age 31–45; Women	–0.005	(0.03)	–0.037	(0.045)
	Age 46–60; Women	–0.052	(0.046)	–0.011	(0.049)
Not available for work	Age 19–30; Women	–0.094***	(0.036)	–0.146***	(0.038)
	Age 31–45; Women	–0.035	(0.03)	–0.086*	(0.044)
	Age 46–60; Women	–0.101*	(0.051)	–0.129**	(0.055)
In school	Age 19–30; Women	0.184***	(0.031)	0.144***	(0.036)
	Age 31–45; Women	0.005	(0.005)	0.020*	(0.012)

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Permanent job	Age 19–60	–0.013	(0.022)	0.107***	(0.029)
	Age 19–30	0.072	(0.047)	0.148***	(0.052)
	Age 31–45	–0.047	(0.029)	0.060	(0.044)
	Age 46–60	0.003	(0.046)	0.141***	(0.051)
	Age 19–60; Women	–0.002	(0.041)	0.188***	(0.049)
	Age 19–30; Women	0.004	(0.089)	0.154*	(0.092)
	Age 31–45; Women	–0.048	(0.058)	0.201**	(0.079)
	Age 46–60; Women	0.096	(0.083)	0.277***	(0.089)
	Age 19–60; Men	–0.011	(0.024)	0.069**	(0.033)
	Age 19–30; Men	0.109**	(0.053)	0.154**	(0.062)
	Age 31–45; Men	–0.041	(0.032)	0.001	(0.050)
	Age 46–60; Men	–0.028	(0.052)	0.084	(0.058)
Employer type: Private employer	Age 19–30	0.071	(0.051)	0.097*	(0.053)
Employer type: Government		0.001	(0.026)	0.011	(0.027)
Employer type: Family business		0.013	(0.025)	–0.018	(0.027)
Employer type: Self-employment		–0.077*	(0.045)	–0.095**	(0.045)
Employer type: Private employer	Age 31–45	0.184***	(0.030)	0.100**	(0.046)
Employer type: Government		–0.032**	(0.016)	–0.003	(0.027)
Employer type: Family business		–0.025	(0.020)	–0.019	(0.030)
Employer type: Self-employment		–0.125***	(0.029)	–0.084*	(0.043)
Employer type: Private employer	Age 46–60	0.064	(0.050)	–0.008	(0.054)
Employer type: Government		0.005	(0.028)	0.019	(0.033)
Employer type: Family business		0.080***	(0.029)	0.091***	(0.032)
Employer type: Self-employment		–0.153***	(0.050)	–0.115**	(0.054)
Employer type: Private employer	Age 19–30; Women	0.028	(0.087)	0.067	(0.090)
Employer type: Government	Age 19–30; Women	0.027	(0.067)	0.044	(0.065)
Employer type: Family business	Age 19–30; Women	0.022	(0.040)	–0.038	(0.037)

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Employer type: Self-employment	Age 19–30; Women	–0.083	(0.068)	–0.102	(0.066)
Employer type: Private employer	Age 31–45; Women	0.262***	(0.056)	0.162*	(0.083)
Employer type: Government	Age 31–45; Women	–0.023	(0.044)	0.087	(0.065)
Employer type: Family business	Age 31–45; Women	–0.060	(0.038)	–0.081	(0.050)
Employer type: Self-employment	Age 31–45; Women	–0.190***	(0.058)	–0.163**	(0.076)
Employer type: Private employer	Age 46–60; Women	0.121	(0.092)	–0.018	(0.096)
Employer type: Government	Age 46–60; Women	–0.013	(0.067)	0.025	(0.071)
Employer type: Family business	Age 46–60; Women	0.039	(0.054)	0.087	(0.060)
Employer type: Self-employment	Age 46–60; Women	–0.138	(0.091)	–0.089	(0.095)
Employer type: Private employer	Age 19–30; Men	0.095	(0.060)	0.115*	(0.066)
Employer type: Government	Age 19–30; Men	–0.010	(0.021)	–0.006	(0.024)
Employer type: Family business	Age 19–30; Men	0.007	(0.030)	–0.013	(0.036)
Employer type: Self-employment	Age 19–30; Men	–0.078	(0.056)	–0.092	(0.058)
Employer type: Private employer	Age 31–45; Men	0.158***	(0.033)	0.084	(0.052)
Employer type: Government	Age 31–45; Men	–0.033**	(0.017)	–0.046*	(0.026)
Employer type: Family business	Age 31–45; Men	–0.016	(0.022)	0.004	(0.034)
Employer type: Self-employment	Age 31–45; Men	–0.103***	(0.032)	–0.056	(0.050)
Employer type: Private employer	Age 46–60; Men	0.039	(0.057)	0.003	(0.062)
Employer type: Government	Age 46–60; Men	0.008	(0.029)	0.009	(0.034)
Employer type: Family business	Age 46–60; Men	0.097***	(0.032)	0.085**	(0.035)

Dependent variable	Group (subsample: age and gender)	Current beneficiary	S.E.	Former beneficiary	S.E.
Employer type: Self-employment	Age 46–60; Men	–0.155***	(0.056)	–0.118*	(0.061)
Household has limited portion sizes	Overall	–0.047	(0.104)	0.045	(0.138)
Limit portion once a month		–0.005	(0.034)	–0.013	(0.045)
Limit portion more than once a month		0.062***	(0.023)	0.019	(0.030)
Limit portion once a week		–0.049	(0.032)	–0.022	(0.041)
Limit portion twice or thrice a week		–0.023	(0.027)	–0.006	(0.038)
Limit portion almost every day		0.014	(0.026)	0.022	(0.033)
Child immunized by age 1	Age 0–5	–0.413*	(0.230)	–0.337*	(0.172)
Child immunized by age 1	Age 0–14	0.038***	–0.012	0.009	–0.016
Monitor growth of children 0–2: At least once a month	Age 0–2	0.085**	(0.040)	0.124**	(0.056)
Monitor growth of children 0–2: Between 1 and 4 times a year		–0.094***	(0.028)	–0.087**	(0.036)
Monitor growth of children 0–2: I don’t know		–0.017	(0.013)	–0.038**	(0.017)
Monitor growth of children 0–2: Never		–0.013	(0.026)	0.018	(0.039)
Monitor growth of children 0–2: Once every two months		0.040***	(0.014)	–0.016	(0.018)
Monitor growth of children 2–5: At least once a month	Age 2–5	0.135***	(0.037)	0.124**	(0.055)
Monitor growth of children 2–5: Between 1 and 4 times a year		–0.091***	(0.033)	–0.083*	(0.049)
Monitor growth of children 2–5: I don’t know		0.004	(0.012)	–0.000	(0.017)
Monitor growth of children 2–5: Never		–0.052**	(0.021)	–0.040	(0.032)
Monitor growth of children 2–5: Once every two months		0.005	(0.004)	–0.002	(0.003)
Barrier to nutritious food: Cost higher than fast food	Overall	0.084***	(0.023)	0.019	(0.030)
Barrier to nutritious food: Lack of options		0.158***	(0.019)	0.030	(0.023)
Barrier to nutritious food: Lack of time		0.023	(0.021)	–0.000	(0.026)
Barrier to nutritious food: Other		–0.023***	(0.009)	0.003	(0.012)

Source: Original for this publication.

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