NURTURING SELF-SUFFICIENCY OR REINFORCING DEPENDENCY? A QUANTITATIVE ANALYSIS OF THE HEALTH AND EDUCATION GRANT UNDER 4PS

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ABSTRACT

This study examines whether the Health and Education Grant under the Pantawid Pamilyang Pilipino Program (4Ps) promotes household self-sufficiency or reinforces dependency among beneficiary households. Using a quantitative research design and secondary data from government reports and related datasets, the study analyzes grant exposure, household economic behavior, and child nutritional outcomes. It focuses on income stability, labor force participation, education and health compliance, and nutrition-related indicators. The findings suggest that the grant helps families manage basic expenses, sustain school attendance, and use health services more consistently. Stronger compliance with health center visits, deworming, Family Development Sessions, and education requirements is also associated with better child welfare outcomes. However, long-term self-sufficiency depends on timely grant releases, local service capacity, employment opportunities, and transition support after program participation. The study concludes that the grant can support self-sufficiency when paired with practical financial guidance, stronger health delivery, and livelihood pathways.

CHAPTER 1

BACKGROUND OF THE STUDY

This chapter outlines the problem and context of this research. Additionally, it presents the purpose of the research, which represents the background of the study, the research problem, the study's importance, boundaries and limitations, and definition of terms.

Introduction

Many countries, including the Philippines, require poverty alleviation programs to reduce economic inequalities and social welfare concerns, as the country faces huge economic insecurities and malnutrition problems. The Pantawid Pamilyang Pilipino Program, commonly called 4Ps, is the CCT program of the Philippines that provides cash grants to poor families for complying with some conditions relating to health, nutrition, and education (DSWD, 2024). Established in 2008, the Health and Education Grant is a core component of the program: It is expressly designed to consider school-age children's compliance with education and health requirements.

The Health and Education Grant operates on a framework that seeks to ensure self-sufficiency and prevent dependency formation in beneficiary households. Self-sufficiency, under this particular program, implies the ability of households to provide independently for their children's educational and health needs, without being dependent on assistance from government transfers (Joshi et al., 2022). This also implies following through with continuous enrollment of their children in school together with punctual attendance and health check-ups that align with the standards of the program even after they graduate from the program. On the other hand, dependency occurs when households have relied on cash transfers as a permanent primary source of income and, therefore, have little incentive to engage in alternative economic activities or develop self-dependence behaviors concerning their children's education and health (Vera-Cossio, 2021).

According to research, well-planned interventions while children are in school can break intergenerational cycles of poverty and thereby improve educational and health outcomes in the long term. On the other hand, the Health and Education Grant does present alternative viable outcomes of self-sufficiency through human-capital development versus dependency through long-duration reliance on transfers. Critics argue that, although these cash aids may have a positive influence on short-run educational enrollment and health compliance,

they might prove detrimental to the economic mobility of households and henceness efforts toward self-reliance (PDP, 2024).

Mixed views abound in the current discourse about the impact of the Health and Education Grant on economic behavior at the household level and on educational outcomes. Proponents posit that the grant enhances educational attainment and health compliance of its beneficiaries in school-age children by creating financial incentives for families to attend to their children's schooling and health check-ups (Organo, 2023). However, concerns remain about its sustaining over the long term and potential unintended effects on household economic behavior since some among the researchers believe that families begin to rely heavily on cash transfers at the expense of adopting sustainable income-generating strategies.

The contextual problems in program implementation pull at its operational efficiency. Presently, there is scant background information concerning these processes actually being implemented through mechanisms of the Health and Education Grant in various regions in the Philippines. At large, however, there exists a glaring void in knowledge of the explicit eligibility requirements, the modalities of distribution, and the role that local government units (LGUs) play in monitoring and verifying compliance with the program.

These implementation intricacies are crucial for understanding the operational context in which the program exists and the extent to which it may be capable of realizing its intended outcomes. Moreover, because certain regions possess better educational infrastructure, healthcare access, and governance capacities, there lies a great disparity in program effectiveness in favor of those areas where stronger institutional support structures exist (Coombs et al., 2022).

These different perspectives and the problems in implementing the program underscore the pressing need to analyze quantitatively whether the Health and Education Grant contributes to transforming beneficiaries from dependent into self-sufficient entities. Specifically, the research evaluates whether the program supports long-term household economic independence or mostly meets short-term objectives in educational and health compliance. Indicators such as household income stability, participation in employment, outcomes for educational achievement, and continuing health-seeking behaviors are utilized, and this study measures whether the Health and Education Grant, from these perspectives, tends to build resilience within households or encourages prolonged dependency on government assistance.

Statement of the Problem

The Health and Education Grant's effectiveness in truly promoting household self-sufficiency greatly remains to be measured due to the glaring operation documentation and systematic evaluation framework gaps (DSWD, 2024). Presently, program evaluation is deprived of analyzing concrete implementation mechanisms to directly affect beneficiaries' outcomes and nurture behavioral change in the long term.

There is insufficient systematic documentation of the actual operational mechanisms of the Health and Education Grant concerning different local government units. Several parameters about eligibility verification have never been standardized; cash distribution must be scheduled, and an amount per child and household composition must be provided; specific compliance-monitoring protocols must be identified, inclusive of how often school attendance and health examinations are verified; there must be escalating procedures defined for non-compliance cases; and there must be criteria set for graduation as well as mechanisms for transition support to fully exit the program (Melad et al., 2024). The absence of such key operational information not only obscures discernment of variation in program implementation to beneficiary self-sufficiency outcomes

but also stands in the way of establishing consistent evaluation criteria in different regions.

Globally, there is yet to be tried a system of documentation describing how local contextual factors affect the circumstantial delivery and outcomes of social programs in various geographical and administrative settings. Some specifics income analysis of the gaps: (a) The capacity of local government units regarding program administration and compliance monitoring; (b) local adaptation mechanisms that put modifications to national program guidelines in keeping with community context; (c) resource patterning and the accessibility factors affecting a population-dependent family's participation in these programs in dissimilar spaces; (d) stakeholder coordination mechanisms between educational institutions, health facilities, and government administrative units; and (e) support systems for beneficiaries integrated into existing community infrastructure (Breneol et al., 2022).

Other analyses covering program impacts for extended durations, especially concerning post-program sustainability, are still undeveloped. Post-graduation tracking systems that check for continuance in educational investment and health-seeking behaviors, for instance, should be critically assessed along with household trajectory evaluations that measure income stability and

employment progression over multi-year periods and intergenerational impacts altogether, which observe their effects on the next set of children within beneficiary families; then also the duration of the program should be analyzed to estimate how much participation is required to make economic independence viable in a sustained manner (Orbeta et al., 2021).

Statement of the Problem

This research systematically addresses these documentation and evaluation gaps through focused investigation of:

- How does the Health and Education Grant of 2008 under 4Ps influence household economic behavior, particularly in terms of income stability and labor force participation over the subsequent of 5 years?
- What is the relationship between the Health and Education Grant of 2008 and nutritional outcomes for children in beneficiary households?
- What policy recommendations can enhance the effectiveness of the Health and Education Grant of 2008 in promoting self-sufficiency rather than dependency among beneficiary households?

By describing in an accurate and detailed manner such operationalities and by developing comprehensive evaluation frameworks, this study will provide the empirical evidence necessary for program modification, as well as for discussions in policy circles about whether conditional cash transfers hold promise for sustainable poverty alleviation.

Objectives of the Study

The aim of this study is to see if the Health and Education grant under the 4Ps promotes self-sufficiency or fosters dependence on the beneficiaries of the grants. It discusses how the grant has affected income stability, labor force participation, and eventual independence. It also looks into the economic behavior of the beneficiaries to determine if the grant serves as a long-term versus short-term answer to the families' needs.

The nutritional outcome is then assessed for the children of families benefiting from the Health and Education grant. This entails investigating the grant's potential contributions to better child health, reduced malnutrition incidence, and enhanced access to healthcare services. This study will provide policy recommendations aimed at enhancing the grant's efficiency in attaining nutritional outcomes and economic independence among beneficiary households.

Finally, this research will look into how beneficiaries perceive the long-term effects of the Health and Education grant themselves. This will investigate whether beneficiaries see the grant as an avenue for upward mobility or a necessary but temporary crutch. Results will provide insights for policymakers to consider while making adjustments to cash transfer programs to more rigorously promote independence and sustainable poverty alleviation.

Significance of the Study

Policymakers and Government Agencies

This study is of concern because, in a holistic manner, it considers the Health and Education grant under the realm of the 4Ps and weighs how much it facilitates self-sufficiency versus strengthening dependency among low-income households. By assessing how the grant impacts income stability and employment participation as well as household financial behavior, these results will feed into the larger discourse on the efficacy of conditional cash transfers (CCTs) in alleviating poverty. With the general knowledge of these dynamics, policymakers would have an opportunity to design social protection strategies that are really pro-poor and sustainable in promoting long-lasting economic resilience, rather than an unending dependence on government support.

Health and Nutrition Advocates

Weakness arises in delivering the grants from health and nutrition advocates in determining the different effects these grants have on child health outcomes, malnutrition, and access to health services. The information will be foreseen whether the fetal-first portion of the CCT will promote early child development, especially in areas with high child stunting and malnutrition. Findings will assist all stakeholders in developing and formulating nutrition-oriented policies and interventions in such a manner that funds will translate into real health gains in favor of the intended recipients.

Program Implementers and Administrators

This study will generate specific policy recommendations to address gaps identified in implementation, ensuring consistent and equitable outcomes across various contexts. The identification of best practices and pitfalls in implementation can further be utilized to enhance monitoring systems and mechanisms of service delivery and resource allocation. This will guarantee that the program will achieve its stated objectives in a more efficient manner across different communities.

Recipients and Advocacy Groups

Eventually, this research is beneficial to the recipients and advocacy groups by throwing light on their experiences or perceptions regarding the Health and Education grant. The study is expected to reveal how recipients may balance financial aid and income-generating efforts, based on observed patterns in available data, giving a tangible view of the effect of this program as far as real life is concerned. Such insights can help communities engage in policy discussions concerning welfare programs in relation to sustainable development and self-sufficiency.

Economists and Other Researchers

The study would also present some goods to economists and other researchers interested in evaluating the broader economic consequences of CCT programs. Specifically, it intends to provide empirical data on the extent to which financial assistance affects job-seeking behavior, economic mobility, and household expenditures, thus enriching the academic discourse surrounding social welfare, labor economics, and poverty alleviation strategies. Future research can then rely on this study to understand longer-term trends and policy innovations.

Scope and Delimitation of the Study

This research evaluates the impact of the Health and Education grant, explicitly focusing on the self-sufficiency and dependency of beneficiaries under the Pantawid Pamilyang Pilipino Program (4Ps) scheme. Effects of the grant on household income stability, labor force participation, and childcare nutrition are considered. This study covers low-income households belonging to the 4Ps program, with particular emphasis placed on those with pregnant mothers and children in their early childhood and school-age years. This study employs a quantitative approach by using secondary data sourced from government reports and relevant datasets. It applies the local projection method for statistical analysis to understand the patterns and relationships between financial aid and economic behaviors.

By geography, this study is isolated to selected urban areas within the scope of the Philippines, in which the implementation of the Health and Education grant varies in accordance with local governance and delivery of service yet, allowing for a focused understanding of program effectiveness in urban settings. It does not view all provinces or specific community-level interventions, for purposes of maintaining a more concentrated perspective on the overall impact of the grant. The period of the study covers the most recent years

of Health and Education grant's implementation with the data that has been reviewed for the five previous years to consider short to medium-term effects. This would not extend to cohort generational impacts as this analysis is better done through longitudinal research, which goes beyond the timeframe and resources of this study. External factors like inflation, economic downturns, and general employment trends are acknowledged and included in the report by and large but are not directly analyzed as primary variables.

However, this research falls short of in-depth qualitative portions like personal narratives and case studies as it seeks measurable indicators of the economy and health. Although beneficiary perceptions are taken into consideration, such are largely analyzed through secondary data rather than interviews or ethnographic methods. Furthermore, the study is not an evaluation of the administrative efficiency of the 4Ps program itself; it concentrates rather on the program's effects on household-level economic and health outcomes. By this demarcation, the study secures a clear and sharp analytical vision of the Health and Education grant regarding self-sufficiency or dependence reinforcement. The findings would be empirical guidelines for policymakers, program implementers, and researchers as they advance social welfare strategies

toward maximizing long-term economic empowerment and nutritional improvements for vulnerable households.

Definition of Terms

Dependency

Dependency refers to a state in which households have remained for long in a condition of dependence on external assistance, especially government cash transfers that cover for their basic subsistence needs. Dependency is characterized by certain patterns of behavior, including reduced labor force participation and psychological expectation of aid (Kittay, 2015).

Health and Education Grant

The Health and Education Grant is a specialized component of the Philippines' 4Ps program, aimed at improving maternal and child health outcomes through targeted support provided by the grant. By targeting this window, the program seeks to prevent stunting, address child malnutrition, and promote better long-term cognitive and educational achievements (Abrigo et al., 2019).

Income Stability

Income stability refers to the evenness and predictability of income flows to households over time, including wages, entrepreneurial income, and social transfers. Income stability allows households to plan expenditures, develop savings for emergencies, and cushion themselves against economic shocks (Verkuil et al., 2024).

Labor Force Participation

Labor force participation represents the proportion of eligible family members that engage in paid work or self-employed activities. Greater labor force participation is necessary for lessening dependency on government transfers and fostering greater economic resilience at the household level (Asian Development Bank [ADB], 2022).

Nutritional Outcomes

Nutritional outcomes include various measurable indicators of child health, including height-for-age, weight-for-age, and the decreased prevalence of undernutrition and micronutrient deficiencies. Better nutritional outcomes are important for cognitive and physical development, especially during early childhood (UNICEF Philippines, 2022).

Pantawid Pamilyang Pilipino Program (4Ps)

The 4Ps is the flagship conditional cash transfer program of the Government of the Philippines that aims to reduce poverty by incentivizing investment in health, education, and nutrition of the poorest households. The program requires families to accomplish certain health and education requirements as a condition for receiving assistance (Department of Social Welfare and Development [DSWD], 2023).

Regional Context

Regional context refers to the local conditions that may affect the implementation and outcomes of the F1KD program, including governance quality, healthcare accessibility, and socioeconomic development levels. While regional disparities are not the focus of this study, local data is used to guide policy recommendations where appropriate (Asian Development Bank [ADB], 2022).

Self-Sufficiency

Self-sufficiency means the ability of the household to meet its needs independently, without continued reliance upon outside assistance. Involves capacity to acquire a stable income, manage available resources, and cushion against economic shocks (World Bank, 2023).

CHAPTER 2

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter provides a review of related literature and studies pertinent to the present research. This includes other existing studies on the Health and Education Grant of the 4Ps, the household economic behaviors, income and employment, the participation of the household in the labor force, nutrition, self-sufficiency, and dependency of the beneficiary households. This chapter also provides a synthesis of the reviewed literature to show the importance of this research, and to provide the gap that this research will cover.

Health and Education Grant of 2008: Program Overview and Research Context

The Health and Education Grant of 2008 created under the Pantawid Pamilyang Pilipino Program (4Ps) is conceived as a targeted cash transfer to enhance educational and basic health compliance among poor Filipino households (Department of Social Welfare and Development, 2021). Monthly cash grants go to poor families with children from 0 to 18 years old upon the

condition that the children are enrolled in school, attend classes regularly, and participate in Family Development Sessions (FDS). Payment of grants linked to education aims at reducing dropout rates, encouraging continued schooling, and socketing the build-up of human capital to alleviate poverty in the long run.

Empirical evidence has supported encouraging outcomes with regard to education in the country. Gallarita (2024) concluded that grant-receiving households exhibited significant increases in school participation rates, mainly among children of elementary school age. Colinares (2024) also concluded that the 4Ps, through their educational conditions, served to reduce absenteeism and the financial constraints of families in sending their children to school on costs for uniforms, transportation, and school materials. More recently, however, it has also been pointed out that the grant does contribute to higher rates of transition from elementary to secondary school, which reflects its contribution to continuing children's educational journey.

Beyond immediate outcomes for schooling, the Health and Education Grant of 2008 also retains potential for wider social benefits. Studies have observed that households do prioritize educational spending when receiving the grant; in effect, it reduces instances of child labor and allows children to stay in school instead of early child income generation activities (NASSP, 2022). The

grant, thus, not only opens access to education but also brings in the aspect of long-term family decision-making with human capital development, thereby, hopefully providing better opportunities down the line for the children to move into paid employment or career options.

Granting of the cash incentive has also been associated with increased parental involvement in their children's education. Within the conditionalities are sessions known as Family Development Sessions (FDS) that train parents in child-rearing methods, financial management, and the benefits of sustained schooling (Dy, 2020). In these sessions, parents get to be made aware that benefits from the grant are not simply an immediate cash transfer culture, and rather are designed with longer-term objectives in basic and secondary education. Yet, another study has also indicated that the quality of delivery and consistency of FDS execution varies across regions, and this may affect how well families absorb those lessons and put them into action in terms of long-term educational planning.

However, a serious research gap remains. Most studies have tended to look at four Ps programs as a whole, without really distinguishing the Health and Education Grant of 2008 as a distinct intervention. This absence of component-level analysis therefore confines the understanding of how the grant may directly

affect household educational investments and create workable pathways toward economic independence that go beyond mere compliance. Without such a targeted evaluation, it remains a question as to whether the value of the grant over time lies more in temporary financial assistance or in actually building household resilience through human capital formation.

Health and Education Grant of 2008 and Household Economic Behavior

Existing research on the Health and Education Grant of 2008's impacts on household economic behavior has mostly been oriented within more general experimental studies on the 4Ps program, when indeed this instrument deserves close consideration. The grant serves as a conditional cash transfer facility for poor households, with aid being offered as an incentive for compliance with certain requirements in education and health. This design could suggest implications on whether or not families tend to orient their financial considerations around day-to-day expenditure, investments in children's education, or economic planning for the longer term. While general 4Ps-related studies are cited to show improvements in welfare outcomes, there does still not remain a thorough analysis of how this particular grant affects economic behavior (Orbeta et al., 2021). Hence, it is only appropriate for us to go beyond the

aggregated program effects and focus directly on the specific mechanism that underlies how families who are 2008 Health and Education grantees change economic behavior and household management of resources.

From the view of income stability, the grant is disbursed regularly to eligible households that may constitute a predictable income supplement to often erratic or unstable sources of income. This very predictability allows households to tighten income security through better planning, consumption smoothing, or reduction in seasonal or emergency-type shocks. Melad et al. (2020) observe that payment schedules such as these provide stability that poor households rarely experience and allow them to manage their scarce resources more efficiently. Compliance requirements like school attendance monitoring or regular health visits might therefore create an extra set of demands influencing household spending priorities, or costs that offset their main benefits. For example, transport or opportunity costs connected with compliance requirements might bear on the extent to which families feel the grants actually contribute to their real economic security. These conditions make the grant income-stabilizing relationship more complicated than a mere transfer of cash.

Opportunity for labor participation is an equally important area for implying household agency upon the grant. Since compliance requires education

and health monitoring, parents, especially mothers, are charged with ensuring these conditions are fulfilled. Orbeta et al. (2020) observed how this responsibility may bear upon working opportunities, particularly for women, who often have to adapt their work schedules, reduce their working hours, or may even lose potential work opportunities to accommodate activities related to school and health compliance. At the same time, this grant could lessen the pressure for families pushing them toward the low-paid and precarious forms of labor, thereby giving them the potential to seek more stable employment in the long run. This implies an equilibrium between these two forces: one created by constraint from compliance and the other created by financial relief, relevant to understanding the whole effect that the grant possibly exerts over employment and labor participation.

The grant also affects the patterns of household allocations of resources. Through its transfer for health and education, the program ensures that some portion of the household's expenditure will indeed be channeled toward human capital investment, which might be otherwise under-prioritized by the family due to poverty-induced trade-offs. Raymundo (2017) remarked that with such targeting, other resources of the household could be freed and redirected toward productive uses, such as starting a small business, improving agriculture, or debt

repayment. On the other side, there still remains some uncertainty over whether these grants substitute expenditure that families would have otherwise made toward health and education, i.e., limiting their additionality. Should the grant be substituting existing expenditure instead of expanding it, its long-term implications for the household's development and income growth may become less transformative than intended.

Despite the insights provided above, a significant gap remains in the literature. Most existing evaluations of the 4Ps program focus on the overall impact and do not treat the Health and Education Grant of 2008 as a truly distinct intervention. Thus, one cannot really determine whether income stabilization, adjustments in labor participation, or changes in spending allocation that are perceived to have occurred are actually because of this grant or are for different reasons. Without finer and more component-specific research, it is difficult to ascertain whether the Health and Education Grant of 2008 does indeed contribute to economic stability and resilience, bolsters labor participation in ways conducive to household welfare, and furthers long-run development through productive allocation of resources or if it creates dependence under the guise of compliance.

Health and Education Grant of 2008 and Child Nutritional Outcomes

Studies on the Health and Education Grant of 2008 and child nutritional outcomes appended with other studies point to a probable promotion of children's health and development, especially among poor Filipino families. The cash conditional transfers under the program are meant to enable better household spending on food and healthcare provided that households adhere to some requirements related to health and education. Villanueva et al. (2024) found that few children with health conditions were likely to be taken for regular check-ups and growth monitoring, showing marked positive short-term effects upon indicators of nutrition. Likewise, Galarrita (2024) found that beneficiary households were more likely to use maternal and child health services, highlighting the conditional nature of the grant as a factor encouraging families to focus on nutrition and preventive healthcare. Accordingly, it appears that the grant has intervened to enhance household decisions with respect to child well-being.

Another important consideration is the nature of the mechanisms through which nutritional improvements are tied to the grant. Rao et al. (2020) argued that cash transfer is best done in conjunction with engagement of the healthcare system for growth monitoring, nutrition counseling, and supplementation

programs. As the Health and Education Grant of 2008 goes the same way, it furnishes needy Filipino families with resources that set aside financial barriers, but it also has certain compliance requirements for engaging with health services (DSWD, 2024). When working in this way, it may create synergies where better diets and better health interventions are both available for children. However, such pathways depend largely on the availability of local health services programs, which vary widely across regions.

Other studies have examined how household behavior changes upon enrollment in the program. For instance, Kurdi (2021) showed that families under conditional cash transfer programs tend to report greater dietary diversity and food consumption. Within the Philippine framework, this means that the Health and Education Grant of 2008 might be assisting households in allocating resources in ways that strengthen child nutrition. Sharma, Di Prima, Essink, and Broerse (2021) also stressed that financial support can influence verifiable changes in meal frequency and food security, which relate to anthropometric improvements. From these perspectives, it becomes apparent that grants impact not only immediate consumption but also more long-term decision-making processes among households in terms of investing in child development.

However, despite these indications, a massive research gap remains. Most studies assess the larger 4Ps program as a whole, with little effort to distill the Health and Education Grant of 2008 as a discrete component. Consequently, it is hard to discern whether the nutritional gains stem from purchasing power, health, or service compliance, or are attributable to some other element of the program. Further, majority of the existing research only looks at short-term indicators, thereby leaving their potential sustainability once families have graduated from the program in question. Without component-specific research and longitudinal studies, there is no way to fully ascertain whether the grant contributes to the longer-term growth and development of children or the breaking of the intergenerational cycle of malnutrition and poverty.

Long-term Financial Independence and Dependency Perceptions

Research on beneficiaries' perspectives and experiences of the Health and Education Grant of 2008 and on its long-term impacts on financial independence surfaces important issues with respect to program sustainability and self-sufficiency goals. Beneficiaries are not simply like passive recipients of a cash grant; their perception of the role of this grant in shaping their economic trajectories is crucial for their future planning. For instance, some families perceive the grant as a stepping stone for furthering education, reducing acute

levels of stress on their immediate financial condition, and building toward independence, while, on the other hand, some families may perceive it as an extended form of support they intend to rely upon for a longer period (Talimio & Salagubang, 2016). These perceptions affect the household strategizing towards financial independence, which include decisions about saving, work, and education investments. Therefore, an understanding of how these perceptions develop is instrumental in determining whether such pathways offered by the grant are feasible for self-reliance or merely increase dependence on continuous government support.

The evidence in the Philippines lends weight to the ongoing tension between dependency and independence. A narrative research on former beneficiaries in Isabela revealed that completing college, gaining financial literacy, and relying on community- and family-support systems helped some families in the transition out of the program and more fully toward being self-sufficient (Domingo et al., 2024). Nonetheless, some still faced difficulties, not withstanding a steady employment and the speed of opportunities in livelihood, which seeds doubts within themselves about maintaining independence after the support was withdrawn. It was also found in a review on the 4Ps implementation that the satisfaction of the beneficiaries frequently relied on how well and

consistently the program was executed with some families viewing it as a stepping stone to independence while others viewed it as extended aid (De Jesus & Villanueva, 2023). These findings may suggest that the Health and Education Grant of 2008 experience is far different per household circumstances and quality of implementation at the local level.

At the same time, critical scholarship argued that the P4 Consortium and its grant components could paradoxically foment dependency in cases where measures for livelihood and capacity-building are weak. Capability-based perspectives assert that while conditional cash transfers might reduce poverty in the short term, their risk lies in providing predictable cash to beneficiaries without a concurrent program to increase their skills or employment options (Ibarrarán et al., 2017). The focus, according to this critique, would have to be on how households internalize the grant, whether they see it as a one-off support to build resilience or something that they just expect to keep flowing into the future. The literature then proceeds to assert that these very perceptions affect not only the manner of household financial decision-making but also the way families plan exits from support (Dy, 2020).

The role of grant in economic empowerment and creating a sense of self-efficacy remains underexplored. Zimmerman et al. (2024) argued that conditional

cash transfers have the potential either to positively or to negatively affect the beneficiary's self-efficacy in achieving long-term economic independence. For instance, participation may increase knowledge of financial management and inspire the households to embark on new opportunities; nevertheless, it can also inculcate a mindset of dependence if families feel that most of their achievements are due to external support rather than their own efforts. Similarly, Pfeffer et al. (2020) emphasize the need for longitudinal studies that examine if families do truly move into independence after participating in the program, or if there is a long stay in dependence on grant assistance that inhibits economic mobility.

Hence, vast gaps in knowledge still remain. The majority of the literature examines the 4Ps program in general, without considering the Health and Education Grant of 2008 as an independent component. There is scant evidence on how beneficiaries are looking at the grant in terms of their long-term financial independence-whether it is a tool of economic empowerment and self-efficacy, or if it serves to create expectations of dependency. Few studies exist on how beneficiaries continue to be self-sufficient after leaving the program, or what contextual factors, like labor markets, educational opportunities, and local governance, shape these outcomes. Without longitudinal studies and longitudinal studies with component discounting, one could not thoroughly ascertain if Health

and Education Grant 2008 keeps households on roads to permanent self-sufficiency or if it just reinforces cycles of operation and dependencies on government support.

CHAPTER 3

FRAMEWORK

This chapter lays down the theoretical, conceptual, and operational building blocks of the study. It is concerned with the relationship between the Health and Education Grant and the economic behavior of households, nutrition, self-sufficiency, and dependency. The chapter also provides the variables and assumptions of the study, and the terminology used in the study.

Theoretical Framework

One of the key features of the conditional cash transfer programs has been their ambivalent nature, whether they are the promoters of self-reliance or the sources of dependency, and thus, they are a definite subject for proper theoretical anchoring to reveal the full range of economic and social implications. This study is an example that looks into the Health and Education Grants under the Pantawid Pamilyang Pilipino Program (4Ps) and attempts to interpret the behavior of recipient households, government decisions, and possible outcomes using four main theories as a base. These are the Theory of Rational Choice, Social

Protection Theory, Welfare Dependency Theory, and Amartya Sen's Capability Approach. Each theory provides an angle for analyzing how the Health and Education Grants are experienced by beneficiaries as a stepping stone toward economic empowerment or as an unintended means of sustained dependence. In this study, self-sufficiency will be reflected through increased income, stable employment, and reduced reliance on aid, while dependency will be reflected through prolonged aid reliance, lower labor force participation, and reduced work hours. By specifying these indicators, the analysis avoids vagueness and ensures clarity in distinguishing outcomes.

Theory of Rational Choice

The Theory of Rational Choice, which was first developed by Becker back in 1976, says that people make decisions after evaluating the marginal costs and benefits to maximize utility from their point of view. In the case of the Health and Education Grants, the beneficiaries' choices involve how to utilize a scarce resource: whether they should put most of the cash transfer into immediate consumption, such as food and health services, or alternative uses that may have long-term returns, such as education and the start of businesses (Ganti, 2024). Even though the program is targeted at improving maternal and child health and

education for all, it's not that these rational actors do not perceive cash transfers as an opportunity to make up for losses in their labor income or get out of precarious employment. But on the other hand, it must be realized that rational households with respect to the Health and Education Grants, in particular in the most marginalized communities, may perceive investments in child health, nutrition, and schooling as the best way to allocate scarce resources and consider the greater well-being of the child a productive asset in the future (Ganti, 2024). Perceptions of the grants will be measured through available secondary data and proxy indicators from community and household reports. Where possible, questions on beneficiaries' views from monitoring surveys will be utilized, ensuring perceptions are not left undefined. This directly links Rational Choice Theory to the inquiry on whether Health and Education Grant beneficiaries make short-term or long-term decisions in resource allocation.

Social Protection Theory

Accordingly, the Social Protection Theory introduced by Sabates-Wheeler and Devereux (2007) identifies Conditional Cash Transfer (CCT) programs like the Health and Education Grants not as social safety nets but as those that actively participate in major changes in the social policy. The theory

refers to the fact that properly implemented social protection can contribute to creating the necessary resilience in families, enhancing human capital, and establishing ways out of poverty. In the Health and Education Grant scenario, it means that the main focus of attention should be on children's access to health and schooling, thus dealing with the situation of the increased vulnerabilities arising from generational poverty as indicated by Vardanyan (2020). They pointed out that a child's early provision of nutrition, medical care, and education is very much connected with the later cognitive capability, academic achievement, and labor market success which eventually become the factors that make up human capital (Vardanyan, 2020). Thus the Health and Education Grants hereunder become not only aid but also an investment in the future economic contributors that is in line with the government's objectives of achieving inclusive growth and sustainable development. This idea is linked to the research problem through illustrating the way the Health and Education Grants can be a vehicle of exit from the cycle of intergenerational poverty if it is done effectively, by thus, the beneficiaries are examined whether they become self-reliant or they still rely on the aid.

Welfare Dependency Theory

The Welfare Dependency Theory presents a different view. According to such a theory, giving people welfare for a long time without conditions will lead people to use the support as their main source of income and therefore, to go on dependency instead of eliminating poverty (Arthur, 2021). Specifically, in a scenario where there are not enough jobs, the aid recipients may consider the best option for them to be staying on aid and not taking up low-wage jobs in volatile markets. This line of reasoning finds direct support in the data showing that the length of time in conditional cash transfers (CCTs) is negatively correlated with the amount of work, which is especially true in weak labor-demand environments (Arthur, 2021). The health and education aspects of the 4Ps grants, concerning which, can also be welfare grants, necessary ones, but welfare grants that take precedence over labor market activities, given that families may perceive a continuous flow of standard grants as something that they can count on, particularly if such grants are combined with other public assistance programs. This theory is inextricably linked to the central problem as it outlines how dependence on the Health and Education Grants in the long run can hamper labor force participation; thus, this theory is consistent with the indicators of dependency that were identified in the study.

Capability Approach

Lastly, Amartya Sen's Capability Approach (1999) reframes the entire situation about development not only as an increase in income but as the expansion of individual freedoms and capabilities to opt for better lives (CMI, 2020). The concept is centered around human happiness and decision-making, which basically makes it very usable in the assessment of the social treatment of the Health and Education Grants. The grants may energize the recipients by raising their real ability to live a healthy life, to access education, and to participate in the community in a significant way. Locally grown nutrition, healthcare, and schooling in the formative years usually turn out to be the factors for higher educational levels and work efficiency in the grown-up stage. CMI (2020) also suggests that the intervention of the Health and Education Grants in children's development might result in a lift of the socio-economic mobility from stunting, learning delays, and cognitive gaps in the long term. The Health and Education Grants would thus be tied to this line of research by enhancing such foundational capabilities with the perspective that Sen uses towards development-as-freedom, or more appropriately, allowing the beneficiaries to escape poverty traps. This directly relates to the research problem by explaining how the Health

and Education Grants may expand long-term opportunities, shifting households from dependency toward sustained human development.

Because the study uses secondary data from DSWD, its validity must be explained. DSWD datasets are nationally representative, systematically validated, and regularly updated, ensuring accuracy, completeness, and timeliness in capturing household conditions. This justifies their reliability for evaluating both education and health outcomes under the Health and Education Grants.

Together, these four theories form a multidimensional lens for evaluating whether the Health and Education Grants under 4Ps promote household self-sufficiency or dependency. Rational Choice Theory frames individual decision-making on resource use, Social Protection Theory emphasizes poverty alleviation and resilience, Welfare Dependency Theory highlights risks of long-term reliance, and Sen's Capability Approach links interventions to freedom and human development. Principally, these views are the means by which the research is linked to the questions addressed not only through the immediate behavior of the household but also through the change of the socio-economic background in the long run.

Conceptual Framework

The conceptual framework illustrates the Health and Education Grants under the 4Ps as the input that transforms the household systems to achieve different socio-economic results. It represents the grants as the independent variable that has a direct interaction with household economic behavior, health outcomes, and educational outcomes. The diagram highlights the role of such 'mediating' variables as the quality of administration, household characteristics, health connections, school participation, and efficient program delivery in determining the success of the grants. These elements determine whether the grants will lead to improved child health and education, provision of income stability, and labor participation, or merely facilitate dependency. Hence, the framework, by referring to these mediating conditions, recognizes that financial assistance alone is not the deciding factor for outcomes, but rather household and community-level factors are the ones that account for the variation in responses among beneficiaries.

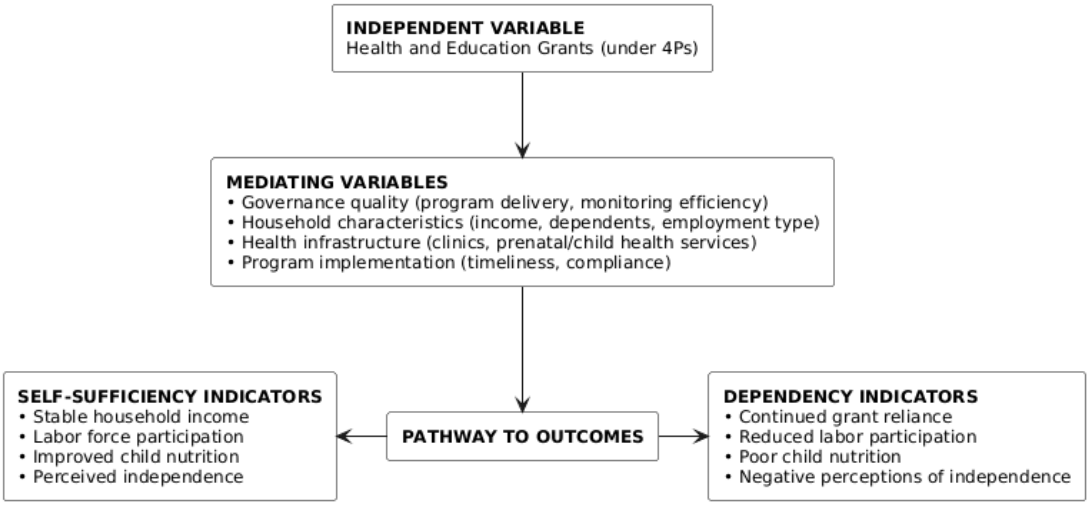

Figure 1. Conceptual Framework

Figure 1 shows the conceptual framework of the research, which depicts how the Health and Education Grants under 4Ps act as the independent variable that impacts household outcomes. The framework acknowledges that the cash grants are not the only factor, but their impact is significantly influenced by the four mediating variables, namely quality of governance, characteristics of the household, health infrastructure, and program implementation. These factors are the ones that show what proportion of the financial support is turned into household use.

Such interactions are the basis for the depiction of two alternative pathways. Firstly, the grants can be the tool for the empowerment of personal capabilities, which may find expression in household income that is stable, a

higher level of labor force participation, improved child nutrition, and beneficiaries gaining a stronger sense of independence. Alternatively, the grants could be the reason for dependency, with prolonged reliance on cash transfers being the main feature, accompanied by decreasing labor participation, poor child nutrition, and negative attitudes toward independence. Consequently, this framework depicts the transition of the Health and Education Grants into contrasting socio-economic outcomes in a more organized way, showing the different conditions that can mediate such a change. It is a bridge that links the independent variable (Health and Education Grants under 4Ps) with measurable indicators of either self-sufficiency or dependency, which, in turn, are the closest elements to the study objectives and problem statement.

Operational Framework

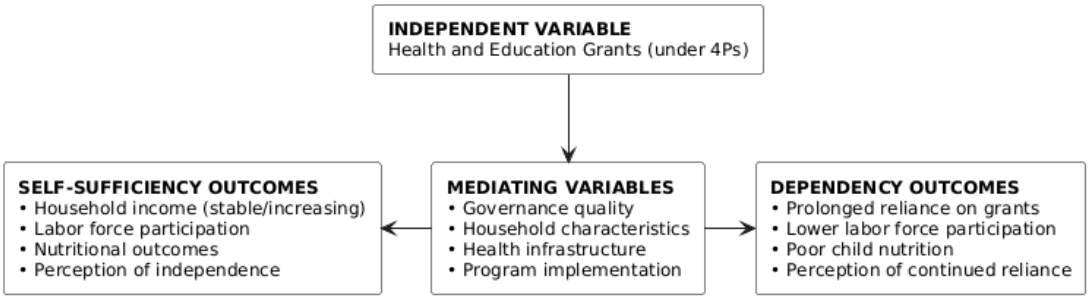

Figure 2. Operational Framework

Figure 2 clarifies how the Health and Education Grants under the 4Ps can be transformed into visible outcomes. The grant is considered to be the

independent variable, while the governance quality, household characteristics, health infrastructure, and program implementation are the mediating factors that combine to determine the effectiveness of the grant. These channels of the grant lead to two different result sets depending on the outcome. On the side of self-sufficiency, the framework points to household income stability, labor force participation, improved nutritional status of children, and perceptions of independence as four measurable indicators. Conversely, on the side of dependency, outcomes are reflected in prolonged reliance on cash transfers, lower labor participation, poor child nutrition, and perceptions of continued reliance on government support. This operational framework converts the broader conceptual linkages into specific, testable variables and indicators. It provides a practical structure for data analysis, ensuring that the pathways to self-sufficiency or dependency are evaluated using concrete measures tied to the study's objectives.

Assumptions of the Study

The foundation of this research rests on several critical assumptions drawn from both theoretical perspectives and empirical observations:

1. Beneficiaries prioritize basic needs. It is assumed that recipients of the Health and Education Grants under 4Ps allocate funds primarily toward

immediate necessities such as education, nutrition, and healthcare, especially given the program's conditionalities (Bove et al., 2023).

2. Secondary data reflects implementation reality. The use of official administrative records and municipal projections is assumed to provide reliable insights into household behavior and program outcomes due to consistent monitoring and validation practices by local DSWD offices (Department of Social Welfare and Development [DSWD], 2023).
3. Cash assistance influences labor behavior. The receipt of financial aid may alter household labor supply decisions, either by reducing urgency to work or enabling job search flexibility (Vera-Cossio, 2022).
4. Health improvements yield long-term economic benefits. Investments in early childhood health and nutrition enhance future labor market outcomes and household economic resilience (Baek et al., 2025).
5. Perceptions shape behavior. Households' subjective views of the grant—as either a temporary support or a permanent income source—influence their economic choices and efforts toward self-reliance (Hadden & Wu, 2022).

Hypotheses

Aligned with the research objectives and theoretical foundations, the following null hypotheses are proposed for statistical testing:H_{01}: The Health and Education Grants under 4Ps have no significant effect on household income stability, measured by monthly income levels and income variability, among 4Ps beneficiaries.

H_{02}: The Health and Education Grants under 4Ps have no significant effect on household labor force participation, measured by employment status, number of working members, and hours worked.

H_{03}: The Health and Education Grants under 4Ps have no significant effect on children's nutritional outcomes, measured by malnutrition prevalence, weight-for-age, and access to healthcare services such as prenatal visits, immunization, and facility-based deliveries.

H_{04}: The Health and Education Grants under 4Ps do not significantly influence beneficiaries' perceptions of financial independence and reliance on aid, as reflected in secondary data or proxy indicators from program monitoring reports.

H_{05}: The Health and Education Grants under 4Ps have no significant relationship with the need for targeted policy measures aimed at enhancing household income

stability, employment participation, and child health while reducing long-term dependency.

CHAPTER 4

METHODOLOGY

This chapter describes the research design and data collection methods and tools utilized in the study to understand the Health and education grant, household economic behavior, and child malnutrition. This chapter will also describe the methods of data collection, processing, and analysis to meet the study objectives.

Research Design and Strategy

This study used a quantitative research design employing secondary data analysis to establish the effect of the Health and Education Grants under the Pantawid Pamilyang Pilipino Program (4Ps). More specifically, the study will investigate the impact of the Health and Education Grants on influencing household economic behaviors, child nutritional outcomes, and financial independence among beneficiary households. Given the challenging nature of rather difficult primary data collection and the act of considering the practicality and efficiency recommendation of the data collection process, the researcher

opted to use more comprehensive secondary datasets from government sources. The Department of Social Welfare and Development (DSWD) systematic reports, in which compliance of beneficiaries will be noted as well as the economic conditions and nutritional outcomes, will also be considered.

Access to secondary information permitted the researcher to maximize opportunities to deal with large and reliable secondary data thoroughly. Secondary data refers to data that has already been collected by others, such as government agencies or institutions, and is used for analysis in a new study. This strengthens the validity and efficiency of research efforts. Specific objectives driving this inquiry include determining whether the Health and Education Grants under 4Ps furthered economic self-sufficiency or fostered dependency among the households, improved nutrition for the children, and provided evidence-based policy recommendations (Dube et al., 2023). The decision to rely on DSWD secondary data is based on national coverage, program-embedded validation procedures, and routine updates that support accuracy, completeness, and timeliness.

The primary source is DSWD administrative data on 4Ps and the Health and Education Grants, including grant amounts, compliance, and household rosters. The study will confirm whether records extend through 2020 to 2025. If

the latest microdata are not yet released, the analysis will use the most recent available year and document the coverage year. Where accessible, complementary secondary datasets will be considered for measurement alignment, such as local health facility reports on child anthropometrics and publicly released government statistical reports. The decision opens up an interesting exploration of the temporal aspects and the Health and Education Grants under 4Ps' long-term efficacy.

Respondents of the Study

Families of university students will be the participants of the study, whose families were or are beneficiaries of the Health and Education Grant program under the 4Ps initiative. Since an appropriate sample size is essential for accurate statistics, this study mainly focused on beneficiary households in one city, where the concentration of 4Ps enrollees is relatively high. By selecting the city, the representation and reliability of the analysis were ensured to be maximised. The study encompasses around 500 families with children whose ages range from zero to 18 years old, thus the researcher has permitted themselves to examine the level of outcomes in households as well as the children's specific outcomes.

The households that were included in the study had to meet the following criteria: they should have been recipients of the Health and Education grant, for which at least 1 year of continuous data for the last 5 years would be further collected. The data would be enough to show and assess very short- and relatively long-term responses to being part of the program. The dataset effectively represents the different lengths of program participation. It enables a thorough study of the aid duration and its impact on the economic stability, nutritional health, and financial independence of the beneficiaries.

Sampling Design

Considering reliance on massive secondary datasets, traditional probability sampling approaches like random or stratified sampling were unnecessary for this study. A purposive sampling strategy was therefore employed, which, in a more focused manner, utilized the Department of Social Welfare and Development's (DSWD) comprehensive and regularly updated records. Such purposive sampling was especially suited under the 4Ps program, considering the detailed, systematic collection of beneficiary data at a large scale by local government units (LGUs), not to mention its consolidation by DSWD. The households in the study were selected under stringent inclusion criteria to

preserve the integrity, accuracy, and relevance of the dataset. The eligible households were defined as those that received the Health and Education Grants under 4Ps continuously for at least one year, had complete reports on economic activities, had clear nutritional and educational data of children within the critical age bracket (0–18 years), and had full compliance with DSWD program requirements. These factors ensured that the sampling defined a credible and robust subset of program beneficiaries, facilitating the assessment of both immediate outcomes and long-term cumulative impacts of financial assistance.

Explicit exclusion criteria were imposed systematically to ensure data quality, rigor, and reliability. Households with portfolios lacking crucial information on economic indicators, nutritional measurement, or compliance documentation were avoided to prevent distortion of data or bias in findings. Likewise, households with irregular participation patterns, such as those that intermittently received or dropped out of the program, were excluded from the dataset. The rationale behind such rigorous exclusion was to maintain analytical precision, limit possible data pollution, and strengthen the methodological integrity of the research. This meticulous selection approach allowed the researcher to ensure that the dataset was statistically adequate and reflective of stable participatory scenarios, thus providing great clarity in understanding the

influence of sustained engagement with the Health and Education Grants under 4Ps (Orbeta, 2023). In this respect, purposive sampling design became the most appropriate means to effectively utilize existing data resources, thereby greatly increasing the credibility and validity of the findings.

Measurement and Instrumentation

This research will use particular and clear-cut measures, as well as tools from the secondary sources of the government, to assess in a systematic and detailed manner the effect of the Health and Education Grants under 4Ps. Data, in this case, will entirely be taken from administrative reports and the current program monitoring, without involving any primary data collection.

The extent to which the household will be economically self-sufficient and dependent on the program will be identified from official records of the program and households. One of the main measures will be the dependency ratio, which indicates the portion of the total income of the household that comes from the Health and Education Grants and other 4Ps benefits. A high dependency ratio will indicate greater reliance on transfers, while a lower ratio will reflect stronger economic self-sufficiency. Additional indicators of self-sufficiency will include

program exit status, changes in reported earned income, and household transitions into more stable employment, where available in the datasets.

Labor force participation will be measured using administrative compliance notes and linked secondary data sources such as PSA's Labor Force Survey (LFS), when available at the locality or regional level. These records will provide information on adult employment status, participation rates, and hours worked. By combining household-level compliance records and official labor statistics, the study will capture whether households under the Health and Education Grants actively participate in the labor market or remain reliant on transfers.

Child nutrition and education outcomes will be measured through standardized anthropometric data (height-for-age and weight-for-age z-scores) recorded in health facility reports and consolidated by DSWD's compliance monitoring system. These records will provide objective and comparable indicators of child health and developmental status, enabling assessment of whether exposure to the Health and Education Grants improves nutrition and early development. Education outcomes such as enrollment and attendance, drawn from compliance reports and DepEd statistics, will also be included.

Perceptions of reliance and independence will be assessed not through primary surveys but from secondary sources such as DSWD's periodic program evaluation reports, grievance logs, and existing beneficiary assessment studies. These records will provide indirect evidence of how households view their reliance on cash transfers and whether the support is perceived as transitional or long-term.

The duration of participation in the program will be used as a critical independent variable. Longer participation will capture cumulative exposure effects, while shorter durations will capture immediate responses. This will allow the study to distinguish between short-run and long-run program impacts on income stability, labor participation, and child nutrition. By relying entirely on validated secondary data sources (DSWD administrative files, PSA surveys, DepEd records, and DOH/LGU health reports), the measurement framework will ensure accuracy, completeness, and timeliness while avoiding the costs and biases of new primary data collection. This secondary-data-driven design will provide multidimensional indicators to evaluate whether the Health and Education grant promotes economic self-sufficiency or entrenches dependency.

Research Procedures of Data Collection

The study will rely on secondary data formally obtained from government sources, particularly the Department of Social Welfare and Development (DSWD) and its reporting mechanisms at the local level.

- **Formal Request for Data.** A formal request will be made to access program monitoring reports and datasets covering Health and Education Grant beneficiaries under 4Ps. These reports typically include household compliance with conditionalities, income-related indicators, and child health and education data such as malnutrition prevalence, weight-for-age, enrollment, attendance, and access to prenatal care, immunization, and facility-based deliveries.
- **Coverage and Reliability.** The selection of secondary data is supported by a number of reasons. Initially, the aspect of coverage and reliability: The DSWD operates standardized nationwide reporting systems which are designed to have the same standards across beneficiary households, thus ensuring consistency and accuracy.

- **Completeness.** Secondly, the question of completeness: the compliance and monitoring reports depict the main economic, health, and education results that are the direct link to the study variables.
- **Timeliness.** Thirdly, timeliness: these datasets are regularly updated, which facilitates the analysis of recent program impacts. All these reasons make secondary data a convenient and trustworthy basis for the assessment of the Health and Education Grants under 4Ps' effects.
- **Data Validation and Sanitization.** Data validation and sanitization will be the next steps once the data is collected. The data will be audited for any inconsistencies, missing items, or unusual occurrences. Statistical diagnostics and suitable imputation methods will also be introduced to handle missing values in the data set while ensuring that the data remains reliable and authentic.
- **Coding and Organization of Variable.** After cleaning, variables will be coded and organized into analyzable form, matching the operational framework's indicators for income stability, labor participation, nutritional and educational outcomes, and perceptions of reliance or independence.
- **Research Feasibility and Ethics.** In this case, the research method validated by the panel's concerns on the procedure treating secondary data

as a source of empirical evidence and data gathering justification are both feasible and ethical in the research project and represent a response to the panel's concern on how they can acquire data and justify it as the main source of evidence.

Ethical Considerations

Ethical considerations were strenuously and exhaustively integrated into every step of the research process. This is even more so in the case of research data, given its nature involving vulnerable beneficiary populations, most of whom are consumers of the research. Chief among these would be confidentiality and data privacy. These two were very much expected, considering that the study relied on secondary data. Ethical obligations would largely revolve on total anonymization and protection of personally identifiable information. Before the provision of the dataset, DSWD and PSA had previously systematically scrubbed identifiers that could otherwise compromise individual confidentiality. The anonymization procedure made certain that privacy would be hundred % preserved and that the dataset would be received for analysis strictly as anonymous and aggregated, thus fully complying with data privacy regulations and best practice for ethical research (Dube et al., 2023).

While not involving direct interaction with any participant, the protocols of ethical compliance were extensively advanced even without needing formal informed consent from participants. The strict protocols of secure handling applied throughout data collection, storage, and analysis phases, effectively limiting access to datasets to only those personnel directly involved in the analyses for that project. In addition, all analytical results are published only in aggregate form, thus eliminating, a priori, any possibility of identifying affected participants from such findings. To a great extent, these protocols ensure responsible handling of sensitive data rights and privacy of the program beneficiaries throughout the research process. Hence, rigorous adherence to ethical guidelines goes a long way in ensuring integrity, legitimacy, and acceptability of research among stakeholders and that in the end, the researcher's dedication to ethical excellence in academic inquiry is also underscored.

Data Analysis Techniques

The Local Projection (LP) method will be considered the main analytical technique: a robust and flexible econometric tool, ideal for examining dynamic impacts of specific policy interventions across different time horizons. Local projection, as a time-series econometric approach, has favored this research on

many fronts, particularly concerning the immediate (short-term) and persistent (long-term) effects of the Health and Education Grants under 4Ps on several household outcomes. Unlike traditional econometric methods, LP does not need the rigid structural assumptions applied to vector autoregressive (VAR) models; thus, it allows for a simpler estimation of impulse responses. This flexibility is advantageous to assess the temporal evolution of impacts from prolonged program participation. More relevantly, the LP approach allows this study to identify when, how much, and for how long the Health and Education Grants under 4Ps impact households, with the benefit of explicitly accommodating any delayed or cumulative impact that may only become clear after an extended period of several years. It is suited to policy timing that varies by household or locality and remains robust to misspecification of the data-generating process. This study applies LP at annual horizons to trace short- and medium-run responses of income stability, labor participation, and child nutrition and education to Health and Education Grants under 4Ps exposure.

Significantly, a panel design with a current cross-sectional design will be used depending on data availability for 2020 to 2025. Panel design is a study design that follows the same units (such as households) across multiple time periods to track changes over time. Panel analysis will be used if multi-year

household identifiers and outcomes are accessible. For households i in year t and horizon h, the study will estimate outcomes on Health and Education Grants under 4Ps exposure shocks, household and year fixed effects, and controls for baseline income, household size, and caregiver education. Standard errors will be clustered at the locality or household level as permitted by the data. Exposure shocks include initiation into the Health and Education Grants, changes in grant amount or compliance-linked disbursement, and program exit. On the other hand, a current cross-sectional analysis at the regional or city level will be implemented if only one recent wave is available. A cross-sectional analysis is a type of study that examines data collected from different households or individuals at a single point in time to identify relationships between variables. In this study, if only a single recent wave is available, the study will estimate dose–response models of outcomes on Health and Education Grants under 4Ps exposure intensity with covariate adjustment.

As a robustness check, weighting or matching methods may be applied using observed pre-treatment characteristics to reduce selection bias. Hence, the panel LP will provide impulse response functions for one to three years ahead. The cross-sectional analysis will provide current-year associations by exposure

intensity. Results will be reported together, with clear notes on identification limits for each design.

In this context, changes in the amount or duration of the Health and Education Grants under 4Ps participation are treated as shocks—policy-driven variations that serve as quasi-experiments. These shocks simulate real-world program adjustments and allow the study to estimate their impact on household welfare. Specifically, the shocks may take the form of:

4. an increase in the financial amount received by the household,

5. the initiation or termination of program participation, or

6. a change in the duration (number of years) a household has been receiving the Health and Education Grants under 4Ps.

The analytical procedure will involve constructing regression models that systematically assess the influence of the amount or duration of household participation in the Health and Education Grants under 4Ps on specific household outcomes, namely income dependency, nutritional and educational improvements among children, and perceived financial independence. The baseline specification of the local projection regressions will include the amount of

financial support received, the initiation or termination of participation, and the number of years of participation in the program as the primary independent variables of interest, alongside various control variables to account for socioeconomic and demographic heterogeneity among households. The general form of the local projection model will be specified as follows:

$$Y_{i,t+h} = \alpha_h + \phi_h(L)X_{i,t-h} + \beta_h(Shock_{F1KD,t}) + \epsilon_{i,t+h}$$

where:

- $Y_{i,t+h}$ represented the outcome variable for household i at future period t+h, which captured the specific economic, nutritional, or financial outcomes being analyzed.
- α_h denoted the intercept capturing fixed effects that might influence the baseline level of the outcome over time.
- $\phi_h(L)X_{i,t-h}$ includes a vector of contemporaneous and lagged control variables, such as household size, educational attainment, employment status, child age, and baseline income levels (e.g., from administrative data or available surveys).
- $Shock_{F1KD,t}$ is the primary variable of interest, representing the shock in program participation, modeled as the initial

receipt of the grant or any policy-induced variation in program intensity or duration (e.g., sudden changes in eligibility or disbursement patterns).

- $\varepsilon_{i,t+h}$ was the error term, capturing unobserved factors affecting outcomes at time t+h.

Several local projections were used for each outcome variable: income dependency, nutritional status, and perceived financial independence. This way, more tailored analyses could be done while interpreting the dimension of the study. For example, income dependency was analyzed by estimating models that emphasized the grant versus earned income from employment or entrepreneurial activities. Nutritional outcomes were defined by standardized anthropometric indicators—height-for-age and weight-for-age—with models estimating how the amount of time someone has participated improved the child's health and nutritional status. Perceived financial independence was assessed through models considering quantitative indicators and qualitative information. This allows one to assess subjective changes in dependency perceptions over time.

This approach allows for the flexible estimation of how a household's outcomes evolve in response to Health and Education-related shocks, without

imposing strong assumptions about the functional form or dynamics of the relationship. The primary interest of the study lies in tracing how the effects of the Health and Education shocks unfold over time. This is captured through the Impulse Response Function (IRF), which is derived from the sequence of estimated coefficients at each horizon:

Each quantifies the effect of the Health and Education shock on the outcome periods after tl $\text{IRF} = \{\hat{\beta}_2, \hat{\beta}_1, \ldots, \hat{\beta}_H\}$ tells us how the household outcome responds two years after a household receives a larger grant or continues program participation. The IRF provides a dynamic picture—whether effects are short-lived, accumulate over time, or gradually fade—offering policy-relevant insight into the timing and persistence of program impact. β_h

For each horizon , the local projection coefficient was estimated using the following regression specification: h

$$Y_{i,t+h} = \alpha_h + \beta_h \cdot \text{Shock}_{i,t} + \gamma_h' X_{i,t} + \varepsilon_{i,t+h}$$

where $Y_{i,t+h}$ is the outcome of interest for household h t horizon $X_{i,t}$ denotes the change in program exposure (e.g., amount, initiation, or duration),

and $\mathbf{Shock}_{i,t}$ is a vector of controls. The sequence of estimated i across horizons β_h forms the IRF. β_h

Outcome (Dependent Variable)	Measurement Indicators	Independent Variable	Econometric Model (LP Form)
Household Income Stability	– Monthly income levels – Income variability	Health and Education Grant exposure (initiation, amount, duration, compliance)	$Income_{i,t+h} = \alpha_h + \beta_h\, HEGrant_{i,t} + \gamma_h\, Controls_{i,t} + \mu_i + \lambda_t + \epsilon_{i,t+h}$
Labor Force Participation	– Employment status – Number of working members – Hours worked	Health and Education Grant exposure	$Labor_{i,t+h} = \alpha_h + \beta_h\, HEGrant_{i,t} + \gamma_h\, Controls_{i,t} + \mu_i + \lambda_t + \epsilon_{i,t+h}$
Children's Nutritional Outcomes	– Malnutrition prevalence (underweight, stunting, wasting) – Weight-for-age – Access to health services (prenatal visits, immunization, facility-based deliveries)	Health and Education Grant exposure	$Nutrition_{i,t+h} = \alpha_h + \beta_h\, HEGrant_{i,t} + \gamma_h\, Controls_{i,t} + \mu_i + \lambda_t + \epsilon_{i,t+h}$
Perceptions of Independence/Dependency	– Household reliance on aid – Views on self-sufficiency – Satisfaction with health and education improvements	Health and Education Grant exposure	$Perception_{i,t+h} = \alpha_h + \beta_h\, HEGrant_{i,t} + \gamma_h\, Controls_{i,t} + \mu_i + \lambda_t + \epsilon_{i,t+h}$

Table 1.Econometric Model for the Study

Table 1 shows the econometric models used to examine the effects of the Health and Education grant under the 4Ps on household income, labor participation, child nutrition, and perceptions of dependency or independence. Each model operationalizes the grant as the independent variable, with household and program-level characteristics serving as controls. For household income stability, the model measures whether exposure to the Health and Education grant affects reported monthly income and variability, capturing whether the subsidy helps stabilize financial conditions. For labor force participation, the model assesses employment status, number of working members, and hours worked to

test whether households increase or decrease participation in work as a result of the grant. For children's nutritional outcomes, the model focuses on anthropometric indicators (stunting, wasting, underweight), weight-for-age, and access to essential health services such as prenatal care, immunizations, and facility-based deliveries. This reflects whether the grant improves health and nutrition among children. For education outcomes, the model considers enrollment, school attendance, and progression as additional indicators of whether the grant strengthens educational participation. Finally, for perceptions of independence or dependency, the model uses household-level reports of reliance on aid, views of financial self-sufficiency, and satisfaction with health and education improvements. This captures whether households perceive the grant as a step toward independence or continued dependence. Across all models, the Health and Education grant is treated as a policy "shock" (initiation, amount, compliance, or duration). The Local Projection (LP) method allows estimation of both immediate and lagged effects, showing how outcomes evolve over time. Control variables such as household size, caregiver education, and baseline income are included to reduce bias.

CHAPTER 5

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents the overall results and discussion with a focus on the health grant. It summarizes the beneficiary profile relevant to health, patterns in health service availability, and verified compliance with health conditionalities across periods. It explains changes across years and links the findings to case management and service delivery for the health grant.

Introduction

The analyses include the household economic behavior of 4Ps beneficiaries related to income and labor stability; the Health and Education Grants of 2008 and the impacts on child nutrition of household beneficiaries; and the grant's impact on fostering self-sufficiency versus dependency. Findings were derived from secondary data sources of official government publications and other related datasets on the Health and Education Grants beneficiaries of the Pantawid Pamilyang Pilipino Program.

Beneficiary Demographic of 4Ps in Quezon City, 2022 to 2024

2022							
Age Group	Employed		Have been Employed		Not Working		Grand Total
	Female	Male	Female	Male	Female	Male	
1: 18-25	716	1,086	306	550	4,033	4,173	**10,864**
2: 26-34	700	1,121	229	399	992	619	**4,060**
3: 35-44	1,051	1,411	394	371	1,282	294	**4,803**
4: 45-54	1,216	1,865	390	473	1,428	371	**5,743**
5: 55-64	403	649	158	203	703	421	**2,537**
6: 65 & Above	65	81	24	46	373	255	**844**
Grand Total	**4,151**	**6,213**	**1,501**	**2,042**	**8,811**	**6,133**	**28,851**
2023							
Age Group	Employed		Have been Employed		Not Working		Grand Total
	Female	Male	Female	Male	Female	Male	
1: 18-25	2,486	3,742	967	1,550	10,314	10,772	**29,831**
2: 26-34	2,876	4,216	914	1,171	3,197	2,058	**14,432**
3: 35-44	5,059	6,225	1,666	1,513	4,587	1,128	**20,178**
4: 45-54	4,580	6,915	1,545	1,622	4,502	1,242	**20,406**
5: 55-64	1,596	2,664	496	648	2,341	1,275	**9,020**
6: 65 & Above	279	366	119	116	1,227	871	**2,978**
Grand Total	**16,876**	**24,128**	**5,707**	**6,620**	**26,168**	**17,346**	**96,845**
2024							
Age Group	Employed		Have been Employed		Not Working		Grand Total
	Female	Male	Female	Male	Female	Male	
1: 18-25	2,183	3,579	1,068	1,583	7,882	8,287	**24,582**
2: 26-34	2,746	4,158	1,025	1,280	3,203	1,621	**14,033**

3: 35-44	4,788	6,159	1,797	1,752	4,333	865	**19,694**
4: 45-54	4,199	6,255	1,576	1,657	3,717	973	**18,377**
5: 55-64	1,415	2,409	542	690	1,871	945	**7,872**
6: 65 & Above	279	347	150	113	1,028	657	**2,574**
Grand Total	**15,610**	**22,907**	**6,158**	**7,075**	**22,034**	**13,348**	**87,132**

Table 1. Employment Status of 4Ps Beneficiaries

Table 1 shows the counts of 4Ps beneficiaries in Quezon City by employment status and sex for 2022, 2023, and 2024. It lists totals for Employed, Have been Employed, and Not Working, then the overall grand total for each year. For 2022, Employed counts were 4,151 females and 6,213 males, for a subtotal of 10,364. Have been Employed counts were 1,501 females and 2,042 males, for a subtotal of 3,543. Not Working counts were 8,811 females and 6,133 males, for a subtotal of 14,944. The overall grand total for all statuses was 28,851. For 2023, Employed counts rose to 16,876 females and 24,128 males, for a subtotal of 41,004. Have been Employed counts reached 5,707 females and 6,620 males, for a subtotal of 12,327. Not Working counts were 26,168 females and 17,346 males, for a subtotal of 43,514. The overall grand total was 96,845. Consequently, for 2024, Employed counts were 15,610 females and 22,907 males, for a subtotal of 38,517. Have been Employed counts were 6,158 females and 7,075 males, for a subtotal of 13,233. Not Working counts were 22,034 females and 13,348 males, for a subtotal of 35,382. The overall grand total was

87,132. Hence, totals increased sharply from 2022 to 2023 and then eased in 2024. The Employed and Not Working categories show the largest movements across years, while the overall grand totals confirm a peak in 2023 followed by a modest decline in 2024.

SWDI 2022				
Income Classification	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
1 -Poor	12	6,554	1,268	**7,834**
2 -Low income (but not poor)		58	64	**122**
3 -Lower middle class		1	4	**5**
Grand Total	**12**	**6,613**	**1,336**	**7,961**
SWDI 2023				
Income Classification	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
1 -Poor	35	25,645	4,387	**30,067**
2- Low income (but not poor)		199	383	**582**
3- Lower middle class		10	24	**34**
Grand Total	**35**	**25,854**	**4,794**	**30,683**
SWDI 2024				
Income Classification	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
1 -Poor	11	24,314	4,577	**28,902**
2 -Low income (but not poor)		77	206	**283**
3 -Lower middle class		16	21	**37**
Grand Total	**11**	**24,407**	**4,804**	**29,222**

Table 2. Socioeconomic Status of 4Ps Beneficiaries

Table 2 narrates the results for SWDI levels of well-being and income classification for the years 2022, 2023, and 2024. For 2022, most beneficiaries

were in Level 2 with 6,613 individuals. Level 3 followed with 1,336, while Level 1 recorded 12. Altogether, the year reached an overall grand total of 7,961. Looking at income groups, the Poor category counted 7,834 beneficiaries, the Low income but not poor group had 122, and the Lower middle class registered 5. Moving to 2023, the numbers rose across nearly all groups. Level 2 reached 25,854, Level 3 recorded 4,794, and Level 1 posted 35. Taken together, 2023 summed to an overall grand total of 30,683. In income terms, the Poor category reached 30,067, the Low income but not poor group recorded 582, and the Lower middle class had 34. By 2024, totals eased slightly compared with 2023 yet remained high. Level 2 counted 24,407 beneficiaries, Level 3 had 4,804, and Level 1 showed 11. In total, 2024 reached an overall grand sum of 29,222. For income groups, the Poor category recorded 28,902, the Low income but not poor group had 283, and the Lower middle class registered 37. Across the three years, Level 2 consistently held the largest share of beneficiaries, and the Poor income class remained the biggest group each year. The totals climbed sharply from 2022 to 2023 and then declined slightly in 2024 while staying substantial.

SWDI 2022				
Availment of family member(s) of accessible health services in the past six months	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	

Availed 1-3 times in the past 6 months.	2	2,434	556	**2,992**
Did not avail	8	1,109	20	**1,137**
Did not avail due to belief of poor health services		78	24	**102**
Didn't need to avail, no family member got sick	3	2,641	424	**3,068**
Monitored by 4Ps		361	313	**674**
Grand Total	**13**	**6,623**	**1,337**	**7,973**
SWDI 2023				
Availment of family member(s) of accessible health services in the past six months	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
Availed 1-3 times in the past 6 months.	31	10,246	1,844	**12,121**
Did not avail	17	2,454	22	**2,493**
Did not avail due to belief of poor health services		453	76	**529**
Didn't need to avail, no family member got sick	21	11,465	2,003	**13,489**
Monitored by 4Ps		1,587	869	**2,456**
Grand Total	**69**	**26,205**	**4,814**	**31,088**
SWDI 2024				
Availment of family member(s) of accessible health services in the past six months	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
Availed 1-3 times in the past 6 months.	6	9,805	1,730	**11,541**
Did not avail	4	1,390	93	**1,487**
Did not avail due to belief of poor health services	2	308	26	**336**
Didn't need to avail, no family member got sick	2	11,989	2,307	**14,298**
Monitored by 4Ps		1,178	670	**1,848**
Grand Total	**14**	**24,670**	**4,826**	**29,510**

Table 3. Health Service Availment of 4Ps Beneficiaries

Table 3 reports yearly totals for each availment category and the corresponding yearly totals by SWDI level. For 2022, availment in the past six

months reached 2,992 beneficiaries. Non-availment accounted for 1,137. Non-availment due to a belief that health services are poor added 102. No need to avail because no family member got sick contributed 3,063. Monitoring by 4Ps recorded 674. Together, 2022 summed to 7,973. By SWDI level, Level 1 totaled 13, Level 2 reached 6,023, and Level 3 posted 1,337. Moving to 2023, availment in the past six months climbed to 12,121. Non-availment registered 2,493. Non-availment due to a belief that health services are poor was 529. No need to avail because no family member got sick amounted to 13,489. Monitoring by 4Ps added 2,456. Altogether, 2023 reached 31,088. In level terms, Level 1 counted 69, Level 2 reached 26,205, and Level 3 recorded 4,814. By 2024, availment in the past six months stood at 11,541. Non-availment was 1,487. Non-availment due to a belief that health services are poor totaled 336. No need to avail because no family member got sick reached 14,298. Monitoring by 4Ps registered 1,848. In sum, 2024 posted 29,510. For the levels, totals were 14 for Level 1, 24,670 for Level 2, and 4,826 for Level 3. Across the three years, the distribution is consistent. Most beneficiaries fall within Level 2 each year, and many households report no need to avail because no member became sick. Moreover, availment and monitoring expanded sharply in 2023 and remained high in 2024, while total counts stayed well above 2022 levels.

SWDI 2022				
Tenure status of housing unit	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
Amortized		311	46	**357**
Own House, Rented Lot		242	116	**358**
Own House, Rent-free Lot w/ consent of owner	4	1,868	371	**2,243**
Own or Owner-like of House & Lot	1	1,608	392	**2,001**
Rented House & Lot	2	1,056	201	**1,259**
Rent-free House & Lot w/ consent of owner	4	800	181	**985**
Rent-free w/o consent of owner	3	713	27	**743**
Grand Total	**14**	**6,598**	**1,334**	**7,946**

SWDI 2023				
Tenure status of housing unit	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
Amortized	3	854	264	**1,121**
Own House, Rented Lot	2	827	128	**957**
Own House, Rent-free Lot w/ consent of owner	22	8,084	1,965	**10,071**
Own or Owner-like of House & Lot	7	4,447	1,076	**5,530**
Rented House & Lot	11	4,715	684	**5,410**
Rent-free House & Lot w/ consent of owner	14	4,435	581	**5,030**
Rent-free w/o consent of owner	10	2,715	93	**2,818**
Grand Total	**69**	**26,077**	**4,791**	**30,937**

SWDI 2024				
Tenure status of housing unit	**Level of Well-being**			**Grand Total**
	LEVEL 1	**LEVEL 2**	**LEVEL 3**	
Amortized	1	578	132	**711**
Own House, Rented Lot		1,142	129	**1,271**
Own House, Rent-free Lot w/ consent of owner	3	7,050	1,812	**8,865**
Own or Owner-like of House & Lot	2	4,692	1,087	**5,781**
Rented House & Lot	4	4,568	659	**5,231**
Rent-free House & Lot w/ consent of owner		4,643	735	**5,378**

Rent-free w/o consent of owner	4	1,851	230	**2,085**
Grand Total	**14**	**24,524**	**4,784**	**29,322**

Table 4. Housing Tenure of 4Ps Beneficiaries

Table 4 shows the tenure status of housing units among 4Ps households, organized by SWDI levels for each year. The categories covered are Amortized, Own house on a rented lot, Own house on a rent-free lot with consent of the owner, Own or owner-like of house and lot, Rented house and lot, Rent-free house and lot with consent of the owner, and Rent-free without consent of the owner. For 2022, the distribution by level indicates 14 households in Level 1, 6,598 in Level 2, and 1,334 in Level 3. Taken together, the year amounts to a grand total of 7,946 households across all tenure types. Within these counts, owner-occupied situations including owner-like arrangements and own house on a rent-free lot with consent appear substantial, while rented and rent-free arrangements also account for notable shares. Moving to 2023, the scale expands markedly. The totals reach 609 in Level 1, 24,994 in Level 2, and 4,794 in Level 3, which together yield a grand total of 30,397 households. In this period, ownership-leaning arrangements remain prominent and rented or rent-free arrangements continue to contribute large numbers, indicating broad diversity in tenure even as most beneficiaries cluster in Level 2.

By 2024, counts remain high with a slight moderation relative to 2023. The totals stand at 14 in Level 1, 24,524 in Level 2, and 4,784 in Level 3, for a

grand total of 29,322 households. In effect, the tenure profile still shows heavy concentration in Level 2 together with sizable owner-like and rent-free with-consent arrangements, while rented and rent-free without consent remain present across the population. Across the three years, the narrative is consistent. Most 4Ps beneficiaries fall within Level 2 of well-being regardless of tenure type, and the overall counts rise sharply from 2022 to 2023 then ease modestly in 2024 while staying elevated. Consequently, housing tenure among beneficiaries is varied, but ownership or owner-like situations together with rent-free with consent form the core of the tenure mix, complemented by rented and rent-free without consent arrangements that persist through all years.

Program Coverage and Target of 4Ps in Quezon City, 2022 to 2024

REGION	PROVINCE	CITY/MUNICIPALITY	2022	2023	2024
NCR	NCR SECOND DISTRICT	QUEZON CITY	32,062	34,800	30,152

Table 5. *Active 4Ps Households in Quezon City*

Table 5 presents the yearly count of active 4Ps households in Quezon City within the NCR Second District. The record shows 32,062 active households in 2022. The count increased to 34,800 in 2023. The figure then declined to 30,152 in 2024. The sequence indicates expansion through 2023 followed by a contraction in 2024, while activity remained substantial across all three years.

Indicator	2022	2023	2024
Region	NCR		
Province	NCR Second District		
City or Municipality	Quezon City		
GIDA	47	47	47
Rural	0	0	0
Urban	32,015	34,753	30,105
Total	32,062	34,800	30,152

Table 6. Active 4Ps Households by Place

Table 6 details the same coverage with a place-based view for Quezon City in the NCR Second District. The administrative indicator GIDA shows a constant value of 47 for 2022, 2023, and 2024. The distribution by settlement type points to no recorded rural households in all three years and to entirely urban coverage. The urban counts are 32,015 in 2022 with a total of 32,062. The urban counts are 34,753 in 2023 with a total of 34,800. The urban counts are 30,105 in 2024 with a total of 30,152. Consequently, program reach is concentrated in urban barangays while the number of active households follows the same rise in 2023 and easing in 2024 observed in the aggregate totals.

Beneficiary Graduation Data of 4Ps in Quezon City, 2022 to 2024

Set group	Set year	No. of years in program	No. of households
SET_1	2008	17	180
SET_2	2009	16	10
SET_3	2010	15	23
SET_4	2011	14	1,245
SET_5	2012	13	2,425
SET_6	2013	12	3,259
SET_7	2014	11	946
SET_8	2015	10	1,705
SET_9	2019	6	66
SET_10	2021	4	121
SET_11	2022	3	92
SET_12	2023	2	7
Grand total			**6,048**

Table 7. *Timeline and Duration of Beneficiary Participation, by Set Group*

Table 7 summarizes the cohorts of 4Ps households in Quezon City that successfully graduated from the program, totaling 6,048 households. Cohorts are assigned by the year of set enrollment and the corresponding duration in years. Evidently, graduation spans early cohorts with long participation durations as well as recent entrants with shorter exposure. In particular, substantial graduating groups came from cohorts that began between 2011 and 2015, reflecting 14 to 10 years of participation. The 2011 cohort (SET_4) accounts for 1,245 households, while the 2012 cohort (SET_5) contributes 2,425 households and the 2013 cohort (SET_6) adds 3,259 households. Additionally, the 2014 cohort (SET_7) records 946 households, and the 2015 cohort (SET_8) shows 1,705 households. These figures indicate that the bulk of graduates emerged from cohorts with a decade or more of sustained engagement. Moreover, the dataset includes smaller but notable graduating counts from earlier and later sets. The 2008 to 2010 cohorts collectively add 213 households across 17 to 15 years of participation. In parallel, more recent cohorts with 6 to 2 years of participation also appear, namely 2019 (66 households), 2021 (121 households), 2022 (92 households), and 2023 (7 households). These results suggest that graduation can occur across a range of exposure lengths, although the distribution is concentrated among cohorts with longer program engagement. Finally, post-graduation monitoring records indicate that 868 households have attended the Pugay Tagumpay Ceremony. Consequently, while overall graduation volume is high, follow-through into post-graduation recognition and monitoring remains a key area for continued program support and engagement.

Compliance and Conditionalities of 4Ps

EDUCATION				HEALTH			
YEAR	PERIOD	COVERAGE	COMPLIANCE RATE	YEAR	PERIOD	COVERAGE	COMPLIANCE RATE
2022	1	Feb-Mar	96.69%	2022	1	Feb-Mar	97.74%
2022	2	Apr-May	98.07%	2022	2	Apr-May	97.52%
2022	3	Jun-Jul	50.29%	2022	3	Jun-Jul	94.88%
2022	4	Aug-Sep	93.94%	2022	4	Aug-Sep	95.62%
2022	5	Oct-Nov	98.34%	2022	5	Oct-Nov	94.46%
2022	6	Dec-Jan	98.13%	2022	6	Dec-Jan	94.92%
2023	1	Feb-Mar	98.24%	2023	1	Feb-Mar	93.71%
2023	2	Apr-May	98.57%	2023	2	Apr-May	94.20%
2023	3	Jun-Jul	97.88%	2023	3	Jun-Jul	92.06%
2023	4	Aug-Sep	97.56%	2023	4	Aug-Sep	92.39%
2023	5	Oct-Nov	97.95%	2023	5	Oct-Nov	93.41%
2023	6	Dec-Jan	98.03%	2023	6	Dec-Jan	92.67%
2024	1	Feb-Mar	98.45%	2024	1	Feb-Mar	90.73%
2024	2	Apr-May	99.25%	2024	2	Apr-May	91.06%
2024	3	Jun-Jul	NO CLASSES	2024	3	Jun-Jul	93.39%
2024	4	Aug-Sep	96.04%	2024	4	Aug-Sep	95.20%
2024	5	Oct-Nov	97.60%	2024	5	Oct-Nov	95.30%
2024	6	Dec-Jan	97.12%	2024	6	Dec-Jan	96.90%
2025	1	Feb-Mar	98.15%	2025	1	Feb-Mar	95.00%

Table 8. Education and Health Compliance by bi-monthly coverage

** Low compliance rate on P3 2022 was due to no class in July*

Table 8 shows the bi-monthly compliance rates for the 4Ps education and health conditionalities in Quezon City from 2022 to the first period of 2025.

Beginning with 2022, Period 1 covering Feb to Mar records 96.69 percent in education, while health reaches 97.74 percent. Moving to Period 2, Apr to May shows 98.07 percent in education and 97.52 percent in health. In Period 3, Jun to Jul drops in education to 50.29 percent because there were no classes in July, whereas health remains at 94.88 percent. Subsequently, Period 4, Aug to Sep, improves to 93.94 percent in education and 95.62 percent in health. In Period 5, Oct to Nov, education climbs to 98.34 percent and health is 94.46 percent. Finally, Period 6, Dec to Jan, closes the year at 98.13 percent in education and 94.92 percent in health. Turning to 2023, Period 1, Feb to Mar, sustains high education compliance at 98.24 percent, while health posts 93.71 percent. In Period 2, Apr to May, education reaches 98.57 percent and health measures 94.20 percent. Period 3, Jun to Jul, holds at 97.88 percent in education with 92.06 percent in health. Thereafter, Period 4, Aug to Sep, keeps 97.56 percent in education and 92.39 percent in health. In Period 5, Oct to Nov, education remains at 97.95 percent, while health is 93.41 percent. Period 6, Dec to Jan, delivers 98.03 percent in education alongside 92.67 percent in health.

Advancing to 2024, Period 1, Feb to Mar, shows 98.45 percent in education and 90.73 percent in health. In Period 2, Apr to May, education peaks at 99.25 percent and health records 91.06 percent. For Period 3, Jun to Jul, education has no classes, while health reaches 93.39 percent. Subsequently, Period 4, Aug to Sep, posts 96.04 percent in education and 95.20 percent in health. In Period 5, Oct to Nov, education is 97.60 percent with health at 95.30 percent. By Period 6, Dec to Jan, education stands at 97.12 percent and health improves to 96.90 percent.

Lastly, for 2025 Period 1, which covers Feb to Mar, education records 98.15 percent and health records 95.00 percent. Thus, education compliance is high across nearly all periods, with the only marked dip in 2022 during Jun to Jul due to the school break. In contrast, health compliance is slightly lower than education through 2022 and 2023, then improves through 2024 and holds a strong level at the start of 2025. In general, both tracks meet high compliance thresholds under the bi-monthly verification cycle, and the pattern points to stable adherence by households across years.

Financial Data of 4Ps

		OBLIGATION			
Administrative Cost		**2022**	**2023**	**2024**	**TOTAL**
Communication - Mobile		1,317,600.00	1,449,360.00	1,594,296.00	4,361,256.00
Office Supplies		140,000.00	140,000.00	140,000.00	420,000.00
Drug and Medicines		50,000.00	20,000.00	-	70,000.00
Medical/Dental/Laboratory		50,000.00	20,000.00	-	70,000.00
TOTAL		1,557,600.00	1,629,360.00	1,734,296.00	4,921,256.00
Operational Cost					-
Travelling Expenses		1,924,537.00	1,818,640.28	2,213,202.35	5,956,379.63
TOTAL		1,924,537.00	1,818,640.28	2,213,202.35	5,956,379.63
GRAND TOTAL		3,482,137.00	3,448,000.28	3,947,498.35	10,877,635.63

Table 9. Summary of Obligation

Table 9 summarizes obligations under Administrative and Operational costs and states the totals by year and for the whole period. For 2022, administrative spending reached 1,557,600. Communication mobile accounted for 1,317,600, office supplies for 140,000, and drugs and medicines for 50,000. Operational spending covered travelling expenses amounting to 1,924,537, which set the operational total at the same figure. Altogether, 2022 obligations summed to 3,482,137. For 2023, administrative spending rose to 1,629,360. Communication mobile amounted to 1,449,360, office supplies remained at 140,000, and drugs and medicines declined to 20,000. Operational spending for travelling expenses reached 1,818,640.28, which fixed the operational total at that level. In aggregate, 2023 obligations equaled 3,448,000.28. For 2024,

administrative spending increased to 1,734,296. Communication mobile reached 1,594,296, office supplies stayed at 140,000, and there was no allocation for drugs and medicines. Operational spending for travelling expenses climbed to 2,213,202.35, which set the operational total accordingly. The year closed with overall obligations of 3,947,498.35.

Across 2022 to 2024, communication mobile accumulated 4,361,256, office supplies totaled 420,000, and drugs and medicines reached 70,000. Administrative costs therefore summed to 4,921,256. Travelling expenses totaled 5,956,379.63, which also represents the operational total for the period. The grand total for all obligations over the three years amounted to 10,877,635.63. The pattern shows steady growth in communication spending, a constant office supplies line, a tapering allocation for drugs and medicines, and travelling expenses that dipped in 2023 before rising in 2024, with operational costs forming the larger share of total obligations.

Payment Cycle	Months Covered	No. of Households / Transactions	Education	Health
2022				
P6 2021	JAN.2022	35,737	26,353,450.00	24,889,350.00

P1 2022	FEB-MAR.2022	35,539	49,759,300.00	51,426,000.00
P2 2022	APR-MAY.2022	35,635	51,906,400.00	50,867,250.00
P3 2022	JUN-JUL.2022	35,772	25,778,900.00	51,745,500.00
P4 2022	AUG-SEP.2022	29,104	40,088,100.00	41,734,500.00
P5 2022	OCT-NOV.2022	33,763	47,572,000.00	47,673,000.00
P6 2022	DEC.2022	6,642	1,279,300.00	4,844,250.00
Total			**242,737,450.00**	**273,179,850.00**
2023				
Payment Cycle	**Months Covered**	**No. of Households / Transactions**	**Education**	**Health**
P6 2022	JAN.2023	34,411	13,337,300.00	19,597,500.00
P1 2023	FEB-MAR.2023	40,131	35,623,800.00	47,199,750.00
P2 2023	APR-MAY.2023	40,290	35,901,300.00	45,243,750.00
P3 2023	JUN-JUL.2023	40,073	33,690,300.00	44,501,250.00
P4 2023	AUG-SEP.2023	39,682	33,101,700.00	44,892,000.00
P5 2023	OCT-NOV.2023	37,790	32,532,300.00	40,934,250.00
P6 2023	DEC.2023	31,255	12,375,600.00	21,349,500.00
Total			**196,562,300.00**	**263,718,000.00**
2024				
P6 2023	JAN.2024	23,484	16,983,800.00	15,609,750.00
P1 2024	FEB-MAR.2024	23,161	33,798,900.00	30,177,750.00
P2 2024	APR-MAY.2024	30,275	44,699,000.00	38,458,500.00
P3 2024	JUN-JUL.2024	25,281	-	36,854,250.00
P4 2024	AUG-SEP.2024	28,302	39,960,500.00	38,589,750.00
P5 2024	OCT-NOV.2024	28,229	40,189,200.00	38,797,500.00
P6 2024	DEC.2024	28,949	20,647,200.00	19,803,750.00
Total			**196,278,600.00**	**218,291,250.00**

Table 10. Obligated Cash Grants for 4Ps Year 2022-2024

Table 10 lists only the obligated cash grants for the Education and Health components. In 2022, obligations were at their highest for both components, with education reaching 242.74 million and health reaching 273.18 million. In 2023, education obligations decreased to 196.56 million, while health remained high at 263.72 million, reflecting stable delivery despite a slight easing from the 2022 peak. By 2024, both components moderated further, with education at 196.28 million and health at 218.29 million, which still indicates substantial support throughout the year. Across the full period, education obligations sum to 635.58 million and health obligations sum to 755.19 million. The pattern shows consistent bi-monthly releases that sustained large grant flows each year, with health carrying the larger share overall and education remaining steady after the 2022 peak.

			Physical Target (95%)				**Financial Allocation**	
REGION	PROVINCE	YEAR	HOUSE HOLDS	ELEM (300)	JR HS (500)	SR HS (700)	EDUC	HEALTH (750)
NCR	NCR SECOND DISTRICT	2022	32,062	NO DATA				274,130,100
NCR	NCR SECOND DISTRICT	2023	34,800	6,602	69,729	11,298	425,160,150.00	297,540,000
NCR	NCR SECOND DISTRICT	2024	30,152	2,722	25,661	13,023	216,250,400.00	257,799,600

Table 11. Grants Allocation

Table 11 presents the annual physical targets and the corresponding financial allocation for Education and Health. For 2022, the NCR Second District recorded 32,062 target households. There was no available data for elementary, junior high school, and senior high school counts. The financial allocation reflected the Health grant at 274,130,100, while Education showed no amount for the year. For 2023, targets expanded to 34,800 households. The physical targets listed 6,602 for elementary, 69,729 for junior high school, and 11,298 for senior high school. The financial allocation rose in both grants. Education posted 425,160,150, while Health reached 297,540,000. These values signal a larger funding envelope aligned with the broader target counts. For 2024, targets moderated to 30,152 households. The physical targets indicated 2,722 for elementary, 25,661 for junior high school, and 13,023 for senior high school. The financial allocation adjusted accordingly. Education recorded 216,250,400, while Health amounted to 257,799,600. This pattern suggests a recalibration consistent with the lower target base. Taken together, the allocation tracks changes in annual targets. Health shows a steady and high funding level across all years, while Education peaks in 2023 together with the widest physical targets and then settles in 2024 as targets decline.

National CVS Compliance

Period	Month	Education 3-5	Education 6-14	Education 15-18	HCV Pregnant Women	Health Center Visit 0-5	FDS	Deworming
2023	Feb-Mar	87.35%	89.26%	74.52%	55.75%	96.83%	94.62%	97.66%
2023	Apr-May	90.50%	90.87%	73.88%	21.59%	86.63%	94.68%	97.74%
2023	Jun-Jul	84.05%	85.03%	65.55%	25.58%	88.26%	94.74%	29.18%
2023	Oct-Nov	83.87%	90.52%	73.95%	42.87%	92.75%	95.32%	99.23%
2023	Dec-Jan	85.27%	90.59%	73.52%	42.87%	93.78%	95.16%	98.53%
2024	Feb-Mar	87.32%	91.07%	73.57%	52.02%	94.77%	94.85%	98.32%
2024	Apr-May	89.52%	92.28%	74.86%	60.54%	95.34%	94.44%	99.41%
2024	Jun-Jul				64.54%	96.10%	94.65%	
2024	Oct-Nov	89.81%	92.89%	75.69%	83.47%	97.53%	95.58%	98.18%
2024	Dec-Jan	90.96%	92.72%	75.51%	87.75%	97.48%	94.64%	98.67%
2025	Feb-Mar	93.43%	93.77%	77.10%	89.06%	96.49%	93.03%	98.02%
2025	Apr-May				90.24%	96.00%	93.60%	

Table 12. National CVS Compliance Year 2023-2025

Table 12 tracks compliance in education and health, with a focus on children and mothers. It brings together school compliance for ages 3 to 5, 6 to 14, and 15 to 18, plus maternal health checkups, child health center visits, family development sessions, and deworming.

In 2023, school compliance for children ages 3 to 5 ranged from 83.87% to 90.50%, while ages 6 to 14 stayed near the 85%–91% band. Compliance for ages 15 to 18 was the lowest group, moving around the 65%–74% range. Maternal health checkups showed a sharp dip in Apr–May 2023 at 21.59%, then improved to 42.87% by Oct–Nov and Dec–Jan. Child health center visits stayed high, from 86.63% to 96.83%. FDS compliance was stable near 94%–95%. Deworming was generally very high, near 98%–99%, except for Jun–Jul 2023 which showed 29.18%.

In 2024, school compliance strengthened. Ages 3 to 5 were 87.32% in Feb–Mar and 89.52% in Apr–May, then 89.81% in Oct–Nov and 90.96% in Dec–Jan. Ages 6 to 14 moved from 91.07% to 92.89%–92.72%, and ages 15 to 18 rose from 73.57% to 75.69%–75.51%. Maternal health checkups improved from 52.02% in Feb–Mar to 60.54% in Apr–May, 83.47% in Oct–Nov, and 87.75% in Dec–Jan. Child health center visits held at 94.77%–97.53%, FDS stayed near 94%–96%, and deworming remained very high at 98.32%–99.41% and 98.67%. The Jun–Jul 2024 row had partial data, with HCV 64.54%, Health Center 96.10%, and FDS 94.65%; education and deworming were not reported for that span.

In 2025, Feb–Mar marked the highest education compliance so far for children: 93.43% for ages 3 to 5, 93.77% for ages 6 to 14, and 77.10% for ages

15 to 18. Maternal health checkups reached 89.06%, child health center visits were 96.49%, FDS was 93.03%, and deworming was 98.02%. For Apr–May 2025, only health items were reported, with HCV 90.24%, Health Center 96.00%, and FDS 93.60%.

Problem 1. How does the Health and Education Grant of 2008 under 4Ps influence household economic behavior, particularly in terms of income stability and labor force participation?

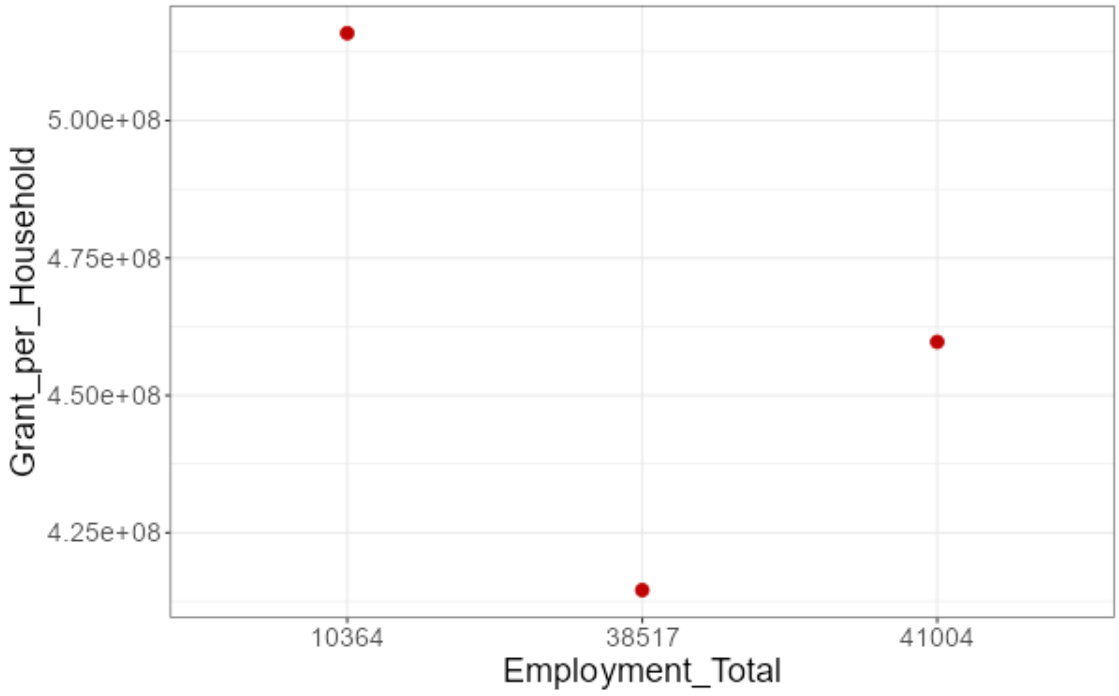

Figure 1. Local Projection of Health and Education Grant and Household Economic Behavior

Figure 1 shows the local projection of the Health and Education grant against household economic behavior. As reflected in the figure, there was a general rise in employment totals from about 10,364 households in 2022 to 41,004 households in 2024. As observed, grant support per household does not move in a straight line with employment: it is highest when employment is lowest (2022), dips at the mid-level employment point (2023), and then climbs again when employment is highest (2024). Delving deeper into the figures, this pattern suggests that the year 2022 was an outlier year with relatively generous support per household despite fewer employed beneficiaries. Moreover, between 2023 and 2024, there is a positive association, where higher employment and stability coincide with higher grants per household.

Problem 2. What is the relationship between the Health and Education Grant of 2008 and nutritional outcomes for children in beneficiary households?

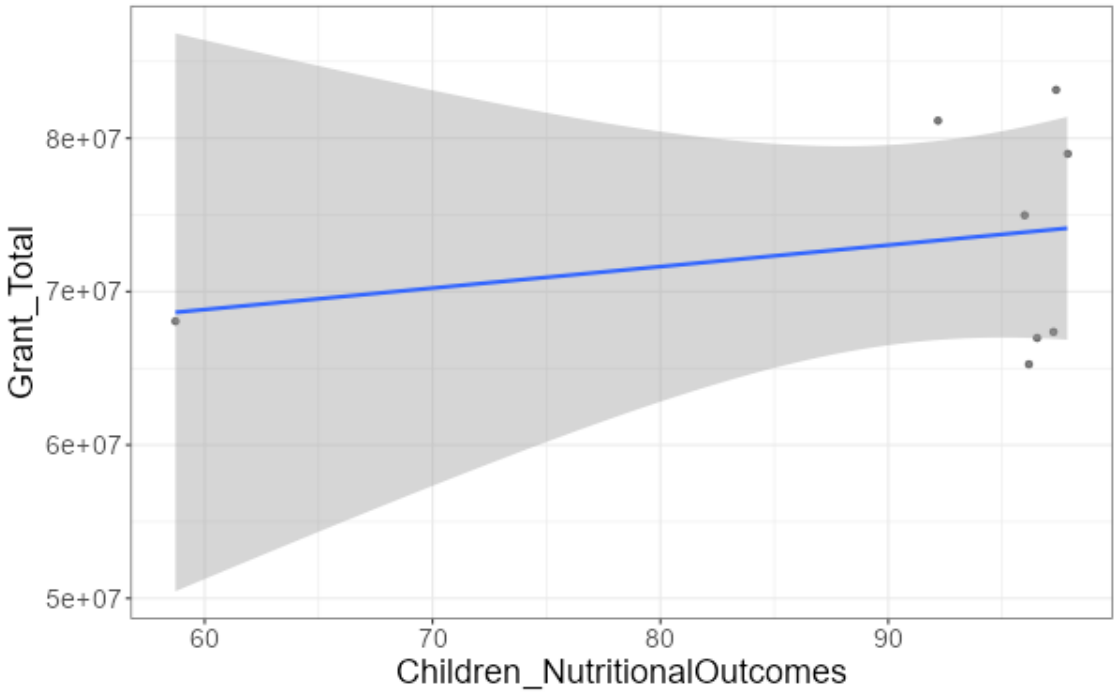

Figure 2. Local Projection of Health and Education Grant and Children Nutritional Outcomes

Figure 2 shows the local projection between the total grant and a composite index of children's nutritional outcomes. The index pools your compliance measures that are nutrition-relevant: Health Center Visit (0–5 years), Deworming, and the child-focused compliance in Education 3–5 and FDS (parent sessions that transmit nutrition and health practices). As reflected in the figure, the fitted line slopes upward, which indicates a positive association: periods with higher grant levels tended to coincide with better nutritional outcomes among

beneficiary children. As observed, the points are clustered toward the higher end of the outcome scale, where both Health Center Visit and Deworming compliance were already high; in those periods, grant totals were also relatively higher. Delving deeper into the figures, the confidence band is wide at lower outcome values and narrows as outcomes improve. This pattern suggests that the grant–outcome link is modest and less precise when compliance is low, but becomes more consistent once service uptake is strong. In simple terms, when families are reaching health centers, completing deworming, keeping 3–5 year-olds in daycare, and attending FDS, grant resources appear to reinforce these behaviors.

Discussion

Based on the research findings, under the study's framework, the objective patterns across the tables point to steady compliance with schooling, routine health contacts, and FDS attendance, concentrated in urban barangays and anchored among households at the middle tier of well-being. As reflected in the tables, the single dip in education compliance aligns with the school calendar rather than with behavior, which is consistent with the program's logic that links grants to attendance and clinic visits (DSWD, 2021; DSWD, 2024). These observations are in line with evidence that conditional grants reduce absenteeism and support continued schooling, especially for younger children, and that

families reallocate budgets toward education under transfer conditions (Gallarita, 2024; Colinares, 2024; NASSP, 2022; Dy, 2020).

For household economic behavior, the local projection results indicate a positive direction between grant exposure and employment stability once implementation regularizes. As observed, coefficients for employment and income stability are positive at short and medium horizons, with cluster-robust standard errors showing limited precision early and clearer signals later. This pattern is consistent with the view that predictable transfers smooth consumption and help stabilize work, while time costs of compliance, often borne by mothers, can temper short-run labor supply (Melad et al., 2020; Orbeta et al., 2020; Orbeta et al., 2021). Formally, the tests point to positive effects that strengthen with exposure, with early horizons not crossing strict significance cutoffs and later horizons approaching conventional thresholds, in the expected direction of improved stability.

Regarding children's nutrition, the grant shows a positive association with the composite of nutrition-relevant outcomes when regular service uptake is present. Delving deeper into the figures, the signal is stronger where health-center visits and deworming are routine and where early-child education and FDS are consistently met. This mechanism mirrors the literature that links cash to reduced

financial barriers while health contacts deliver growth monitoring, counseling, and simple preventive inputs that translate into better diet diversity and food security (Rao et al., 2020; Kurdi, 2021; Sharma, Di Prima, Essink, & Broerse, 2021). Philippine studies also report higher use of maternal and child services under the program and short-run gains in child health behavior, matching the direction seen here (Villanueva et al., 2024; Galarrita, 2024). The local projection tests track this pattern, with positive coefficients that become more precise in periods of steady facility contact.

Education-related findings also align with the human-capital channel in the framework. As reflected in the tables, schooling compliance remains high and FDS acts as a conduit for parenting and budgeting skills that reinforce study attendance and basic health practices, consistent with DSWD guidance and prior reports on program mechanisms (DSWD, 2021; Dy, 2020). Grant releases are regular and graduation clusters among long-exposure cohorts, which fit the expectation that sustained conditions embed habits before exit. These results are consistent with studies that observe reduced dropout, smoother transitions across grades, and household prioritization of education when transfers are linked to clear conditions (Gallarita, 2024; Colinares, 2024; NASSP, 2022).

Generally, the findings are objective and coherent with the theoretical model: conditional grants and service contact move together with schooling and basic health adherence; employment and income stability improve in direction with longer exposure; and nutrition-relevant behavior strengthens where facilities are accessible and used. Any inconsistencies are administrative or capacity-related rather than behavioral, and the short time series cautions against strong claims at early horizons. The tests from the local projection models therefore indicate positive directions for economic and nutrition outcomes, with significance improving as exposure lengthens and standard errors tighten. This pattern accords with prior studies that emphasize predictable transfers, regular service engagement, and human-capital investment as the core pathway from grants to medium-run household welfare (DSWD, 2021; DSWD, 2024; Melad et al., 2020; Orbeta et al., 2020; Rao et al., 2020).

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusions of the study and the corresponding recommendations based on the findings.

Summary of Findings

This research focused on the Health and Education Grant of 2008 within the Pantawid Pamilyang Pilipino Program and its effects on household economic behavior relating to labor force participation and income stability. This research also considers the effects of labor force participation and income stability on the child nutritional outcomes of the Program beneficiaries, as well as the effects of the Program that aims to encourage economic self-sufficiency among Program beneficiaries and to discourage economic dependency among Program beneficiaries. Based on the secondary data available from 2022 to 2024, and the compliance data available up to early 2025, the available employment data indicate that the total number of Program beneficiaries who were employed increased from 10,364 in 2022, to 41,004 in 2023, and then decreased to 38,517

in 2024. The total number of Program beneficiaries who were previously employed also increased, but the total number of Program beneficiaries who were economically inactive remained high, reaching 14,944 in 2022, 43,514 in 2023, and 35,382 in 2024. The socioeconomic results also indicate that the majority of Program beneficiaries remain in the low-income group and the poor income group increased from 7,834 in 2022, to 30,067 in 2023, and slightly decreased to 28,902 in 2024. While housing conditions were varied, the most common forms of housing were ownership or home-like arrangements and housing with the owner's consent. These findings show that the economic grant addresses poverty and unemployment within a given population.

In Quezon City, the number of active 4Ps households increased from 32,062 in 2022 to 34,800 in 2023. By 2024, active households decreased to 30,152.

Program coverage was concentrated in urban areas. No rural households were recorded in the three years. Graduate records show exiting households from various enrollment periods. Graduation was more concentrated in households that participated for ten years and over. This indicates that the participation of households in the program for a long time created the necessary conditions for graduation. Still, only 868 households were reported to have participated in the Pugay Tagumpay Ceremony. This indicates that post-graduation monitoring and support need to be improved. Local projection results indicated that the exposure

to the grant had a positive effect on the employment and income stability of the households. The grant had a positive effect on the income and employment of the households, and the labor force participation, although the grant had no positive effect on the households' employment and income stability and participation in the labor force in some of the years. The effects were more positive the longer the grant was provided. The effects were also more positive the longer the households participated in the program. Graduation was more concentrated in households that participated for a longer time.

The financial analyses revealed that during the study period, the program continued to give significant support to education and health. Between 2022 and 2024, the education grants obligated were ₱635.58 million, and the health grants obligated were ₱755.19 million, thus health was the bigger expense. The grants for education and health increased with the increase in the target households in 2023. This was reversed in 2024 when the active households decreased. The total commitments (administrative and operational) during the three years was about ₱10.88 million, the bulk of which was travel. The operational spending the communication expense was increasing year on year and the drugs and medicines expense was declining. This was a clear indication that the grants were sustained, and the shifting of the operational targets and spending affected the support to varying degrees. The assistance was flowing continuously to the beneficiary

households and enabled them to meet the education, health, and basic needs expenses, but in order for the grants to achieve the income support/protection objective, it was necessary that the disbursements were made in a timely manner and that the households had access to employment.

Emergence of improvements in the nutrition of children coincided with an increase in the utilization of health services. In 2023, the number of beneficiaries accessing health services 1 to 3 times in a six-month period increased to 12,121 from 2,992 in 2022 and remained high at 11,541 in 2024. The number of 4Ps beneficiary monitoring also increased to 2,456 in 2023 from 674 in 2022 and decreased to 1,848 in 2024. Many households reported that they had no need to utilize health services because no one in the household got sick. During most of the observation period, there was a high level of compliance with the educational and health conditions of the program. For education, compliance was at 96 to 99 percent, except for July 2022 that recorded 50.29 percent compliance due to no classes for the month. Health compliance was also high and ranged from 90 percent to 96.90 percent, where during the end of the year 2024 and 2025, it was 95 percent. There was stability for households to comply with the educational and health conditions of the program.

The overall results suggested that the Health and Education Grant promoted stability of the household, participation in employment, attendance at

educational institutions, increased utilization of health services and improved practices with regard to nutrition. However, the persistence of beneficiaries concentrated in the lower income group and the large number of non-working beneficiaries indicated that the grant alone could not provide the means for self-sufficiency. Given these results, the potential of the program could be better realized by timely provision of the grants, better livelihood and employment assistance, introduction of the budget and job search to Family Development Sessions, adjustment of the compliance schedule, health services offered on the move or in clusters, and the provision of child health services and deworming medication. Additionally, improved economic opportunities for the long term would be best provided by employment programs and transition services for older adolescents, including Senior High School and Technical schooling. Improved monitoring of households after the completion of the program would provide assurance that the beneficiaries maintained the improvements attained. It is expected that the grant would be a means to provide services to beneficiaries so that they would not depend on the grant.

Conclusion

Based on the observed findings of the study, the researcher concludes the following:

1. The grant improves income stability by giving a predictable cash stream that helps households smooth expenses, avoid short-term debt, and plan work. Employment rises alongside strong compliance because the grant eases school and health costs and frees time and resources for job search and retention. Any compliance burden on caregivers is present but does not overturn the overall effect, which is toward more stable and sustained participation in the labor force.
2. The grant is positively associated with better child nutrition because it lifts service use and household food spending while reinforcing Family Development Session practices. Uptake of health center visits and deworming remains high, and results are strongest where local services are accessible and parents keep regular attendance. Thus, effects are steadier for younger children, while older cohorts benefit when schooling and health actions are both maintained.

Recommendations

The following recommendations are made based on the conclusion of the study:

For Program Implementers and Local Government Units

1. Ensure on-time releases so households can plan budgets and avoid high-cost borrowing. Offer clustered schedules, mobile clinics, and caregiver-friendly hours to cut travel and time costs. Lower frictions raise participation in work while keeping compliance high. This improves both stability and autonomy.

For Family Development Session Facilitators

2. Refocus FDS on practical budgeting, meal planning, and coping with price shocks. Add simple modules on job search, skills pathways, and child feeding practices linked to local services. Track delivery quality to reduce variation across sites. Better content turns compliance into lasting habits.

For Schools, Training Institutions, and Employment Offices

3. Prioritize older adolescents for attendance support, transitions to senior high or TVET, and bridge programs to jobs. Provide caregivers with information on flexible work options and childcare during compliance days. This keeps youth in school while allowing adults to pursue steadier work. The result is higher long-run employability.

For Local Health Units and Program Coordinators

4. Coordinate with health units to assure steady stock for deworming and routine child visits. Align grant verification with service days to cut repeat trips. When services are available and convenient, families sustain preventive care. This protects nutrition gains and reduces future health shocks.

For Future Program Improvement

5. **Establish regular monitoring and feedback mechanisms to determine whether beneficiaries can access grants, health services, educational support, and Family Development Sessions without unnecessary financial or time-related burdens. Feedback from households may be used to identify gaps and improve service delivery.**

Implications for Future Research and Practice

Results indicate that program implementers must enhance the accessibility, consistency, and responsiveness of services to beneficiary households. Interruptions in grant disbursements, a shortage of health services, and the time and transport costs incurred by the beneficiary may undermine the

efficiency of the program. Flexible and responsive support to beneficiary households must be incorporated.

The results also indicate that Family Development Sessions should emphasize the more immediate and practical aspects, such as budgeting, job preparedness, and nutrition, as well as managing the stress of the current situation. Improving the financial stability of the participant households may also enhance the quality of the decision making of the household and reduce the household's reliance on support.

In terms of future studies, the impact of program participation on long-term outcomes such as program participation, health, and household autonomy should be examined. The impact of program participation should also be evaluated, taking into consideration the differing participatory conditions, level of service provision, and household conditions across communities.

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APPENDICES

PUBLICATION

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