

Perceived impact of conditional cash transfer programs on education, health, and nutrition in South Cotabato, Philippines

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Abstract

The conditional cash transfer program, a crucial initiative aimed at breaking the intergenerational cycle of poverty in the Philippines, invests in the education, health, and nutrition of the financially challenged sector of society. This study assesses the impact of the program's implementation on education, health, and nutrition and the challenges the policy implementers and beneficiaries face during its execution. The program's implementation was evaluated through a survey among the beneficiaries and policy implementers, and the problems encountered were examined through a focus group discussion. A triangulation method was employed to comprehensively understand the agreement of results from policy implementers, beneficiaries, and government reports. This paper asserts that the Philippine government's conditional cash transfer program positively impacts the education and health programs, thereby protecting the next generation of human capital. However, it also highlights the need to assess the program's impact on nutrition further. There is no direct evidence that the program effectively addresses stunting. There is also no relationship between the program implementation and the problems encountered. The primary issue beneficiaries face is the timely release of cash grants. This study offers valuable insights on how the national government can improve the program design and implementation especially the release of cash grants. While this study affirms the program's effectiveness, there is a need to study the status of the students who have graduated from the program.

Keywords: *public administration, conditional cash transfer, poverty, health program utilization, human capital, stunting*

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1. Introduction

To eradicate poverty is the first goal of the United Nations' sustainable development. Globally, poverty reduction in developing countries remains a persistent and complex challenge (World Bank, 2023). To address this problem, governments have intensified their social protection programs. The Conditional Cash Transfers (CCTs), which originated from Latin America, are at the heart of this. However, in 2022, despite the various social protection programs, 9%, or 700 000 million of the world's population, experienced extreme poverty, which led to a spate of interest in CCTs (Sustainable Development Goals Report, 2023).

The CCTs extend cash assistance to qualified poor households while they invest in their children's education, health, and nutrition (World Bank, 2009). The goal is to break the cycle of poverty through strategic investments in human capital. In Brazil, *Bolsa Família* is claimed to reduce poverty, improve school attendance, and reduce dropout rates (Magalhaes et al., 2024). Meanwhile, the *Oportunidades* in Mexico significantly reduced food insecurity (Saldivar-Frausto et al., 2022). Similarly, Eluwa et al. (2023) maintain that beneficiaries are likely to have three meals daily and consume diverse food compared to non-beneficiary households. In Pakistan, Gul et al. (2020) proved the increased healthcare service utilization.

The CCT is locally known as the Pantawid Program (Pantawid) in the Philippines. It was introduced in 2007 and institutionalized in 2019 through RA 11310. The study conducted by the Philippine Institute of Development Studies in 2023 asserts that the program increased the beneficiaries' household per capita income, improved healthcare services utilization, and influenced educational attainment. However, doubts cast on its impact in improving nutrient supplementation and nutritional outcomes vary (Orbeta et al., 2023).

While national-level evaluations and studies on the CCT have provided valuable insights into its overall impact, the research gap lies in the localized studies that delve into the specific socio-economic effects of the program within distinct geographical and cultural contexts, which remain crucial for a nuanced understanding of its effectiveness. When Pantawid was pilot-tested in 2008, Lake Sebu was one of the two earliest municipality recipients in Region XII. However, despite the considerable years of implementation, the municipality has the highest poverty incidence in the Province of South Cotabato. While the trend of poverty incidence among families in Region XII is decreasing from 13.9% in 2018 to 11.3% in 2023, the classification of Lake Sebu remains unchanged. According to the Philippine Statistics Authority Report released in 2024, among the city and municipalities in South

Cotabato, only the Municipality of Lake Sebu remains at Level 4, which means that 40-60% of the families live below the poverty threshold or are classified as poor. This socio-economic condition is in contrast to the national evaluation results.

This research investigates the perceived impact of the Pantawid on beneficiary households within Lake Sebu, South Cotabato. Specifically, this study aims to (1) assess CCT's impact on the education, health, and nutrition of the beneficiaries; (2) evaluate the problems encountered in the implementation of the program; (3) examines the relationship between conditional cash transfer implementation and the problems the beneficiaries and program implementers encountered; and (4) compare the responses of the beneficiaries and policy implementers on the implementation and problems encountered. The study's results are expected to offer profound insights for program implementers, policy makers, and local government units in crafting and improving the effectiveness of the Pantawid in culturally diverse and geographically specific areas like Lake Sebu.

2. Literature Review

2.1. The Conditional Cash Transfer Program as a Global Anti-Poverty Program

The CCT is a global anti-poverty program introduced in Latin America in the 1990s. Brazil and Mexico are pioneer states with the program's highest coverage. Today, the CCT program is adopted in almost every country in Latin America and expanded to Africa and Asia. As a social protection program, CCT aims to break the cycle of poverty by investing in human capital education, health, and nutrition. Its beneficiaries are the households classified as poor. The government distributes cash grants to beneficiaries on the condition that they comply with intervention programs. Despite widespread acceptance and implementation of CCT, studies have yielded contradictory findings across countries on policy outcomes.

The CCT program improves the enrollment and attendance of students. Magalhães et al. (2024) claim that the *Bolsa Familia* improved school attendance and reduced dropout rates in Brazil. In Mexico, Behrman et al. (2021) found that *Prospera* had improved the enrolment and academic achievement of school beneficiaries in grades 7-9. In a similar study, Behrman et al. (2025) analyzed test-score data from 15.1 million 3rd- to 9th-grade students from 2006 to 2013; they found that *Prospera* has had a positive impact on academic achievement in Math and Spanish subjects, with the most disadvantaged children experiencing the most significant improvement.

The literature further confirms that CCT is associated with a high utilization rate of health services, which improves maternal and child health. This finding is consistent with the finding of Shaefer et al. (2024), who argued that CCT is directly linked to child health in low, middle, and high-income countries such as the United States. In a scoping review of studies from 2000 to 2021 in six sub-Saharan African countries, evidence emerges that CCT improved maternal and child health by increasing health utilization, leading to improved infant and child survival (Ngamasana & Moxie, 2024). In a study of 37 low and middle-income countries from 2000-2019, Richterman et al. (2023) found that CCT is associated with reduced risk of death among adult women and young children. In Pakistan, Gul et al. (2020) argue that CCT improved healthcare service utilization. However, while the program encourages healthcare utilization among beneficiaries, oftentimes, the amount is insufficient to cover necessary expenses. A systematic review and meta-analysis in low- and middle-income countries found that CCT significantly reduces child mortality if complemented with primary healthcare rather than cash alone (Little et al., 2021).

While the impact of CCT on education and health is significant, there are disagreements about its effect on nutrition, which is influenced by the amount of cash transferred and its frequency. García-Guerra et al. (2019) argued that malnutrition persists due to the limited frequency and quantity of fortified food supplements. In Indonesia, *Program Keluarga Harapan* improves food consumption qualitatively and quantitatively increases food consumption expenditure by 9.5 percent (Hudang et al., 2022). Meanwhile, Eluwa et al. (2023) found that household beneficiaries in Nigeria are likely to have three meals per day and consume diverse food compared to non-beneficiary households. Their findings emphasize the positive effect of the program in fighting malnutrition.

2.2. The Conditional Cash Transfer Flagship Program of the Philippines

The Pantawid Program is the Philippine government's flagship national poverty reduction strategy and human capital program. According to the Department of Social Welfare and Development (DWSD), the Pantawid is a CCT program that provides cash to beneficiary families, subject to compliance with program conditionality meant to improve the children's health, nutrition, and education. It targets low-income families with children aged 0-18 years old or pregnant women at the time of the survey.

Despite persistent skepticism and implementation hurdles, studies underscore Pantawid's overall positive impact on its beneficiaries, especially in education and health. In a survey conducted by the Philippine Institute of Development Studies, the program has a strong positive influence on the educational attainment of older children and a satisfactory rating on educational outcomes of elementary-aged (Orbeta et al., 2023). However, it has no impact on the start of schooling in kindergarten, grade levels accomplished, and completion rates in elementary (Orbeta et al., 2021). The Asian Development Bank Report on 25 provinces found that the program has led to a 19% increase in enrolment of 16-17-year-old children in beneficiary households; however, the pooled effects of the program on enrolment of children in elementary and middle school are not statistically significant (Raitzer et al., 2021). Moreover, Organo (2023) stressed that grade 6 learners under the program have high attendance rates and General Weighted Average (GWA) compared to the non-beneficiary learners.

In a similar study conducted by the Philippine Institute of Development Studies, Orbeta et al. (2023) demonstrated a link between timely access to program benefits within the first 1000 days of life and a lower prevalence of severe underweight, incidence of diarrhea, and fever. The program improved the beneficiaries' awareness and use of family planning methods and increased the uptake of prenatal care and skilled birth attendance among beneficiaries. In contrast, the program's impact on nutrient supplementation and nutritional outcomes varies. Although Organino (2023) observed a reduction in the frequency and severity of food insecurity experienced by the beneficiaries, and regular meals and access to vitamins improved beneficiaries' height and weight, no impact on nutrition outcomes like stunting, wasting, and vaccine-preventable diseases has been observed (Orbeta et al., 2023). They attributed this to low utilization rates of maternal healthcare services during pregnancy in some outcomes. Notably, Pantawid Pamilya contributes to improved household welfare through increased household per capita income. Moreover, Eleoran et al. (2023) argued that grants are essential, adequate, and helpful in meeting beneficiary's basic needs as they contribute to the financial stability of the beneficiaries and their debt management.

The implementation hurdles include beneficiaries' eligibility, monitoring compliance, and aid disbursement (Dodd et al., 2024), insufficiency of the grant's amount to fulfill the conditions satisfactorily (Salva et al., 2023), difficulty receiving grants during the release schedule (Victoriano, 2017) and prompt resolution of grievances cases (Melad, 2023). Health

and education are positively impacted by conditional cash transfer programs. However, there are some inconsistencies in its impact on nutrition. The identified problems are the inadequacy of cash grants, delayed release, and the selection of beneficiaries.

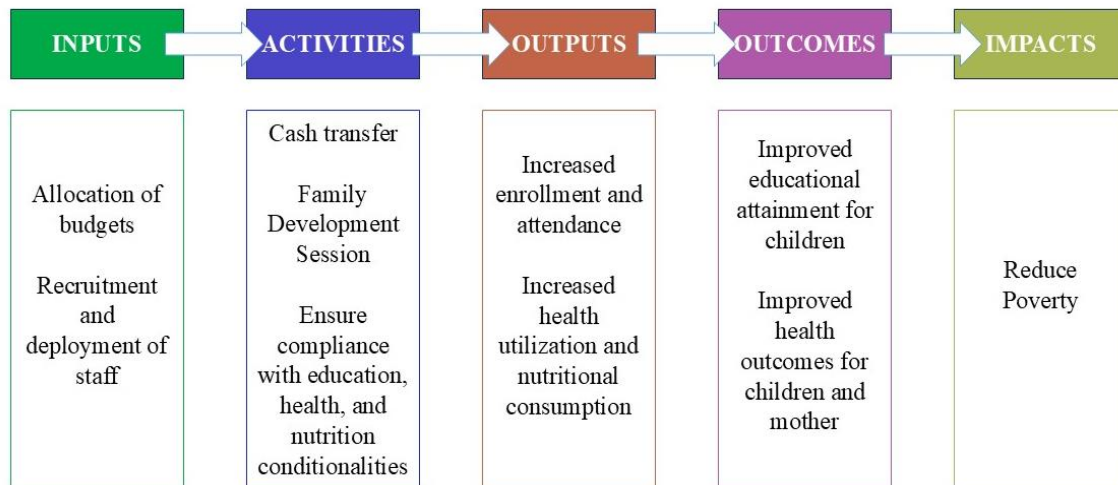
2.3. The Case of Lake Sebu in South Cotabato

Lake Sebu is one of the 10 municipalities in the Province of South Cotabato, SOCCKSARGEN Region, with a land area of 702 square kilometers consisting of 19 barangays, 4 of which are classified as urban. Founded on November 11, 1982, it is a first-class municipality with a population of 81,221 and 18,578 households with an average size of 4.28. The literacy rate is 66.3%, the lowest in South Cotabato (PSA, 2023). It is a mountainous, geographically landlocked area endowed with lakes, waterfalls, cold weather, majestic scenery, and rich cultural heritage prides itself as the top tourist destination in the province. Investors came and developed tourist destinations. However, the development was limited to a few.

Most of the municipality's population belongs to the indigenous peoples (IPs) of the T'boli and Ubo tribes. They constitute 55 percent of the total population, and a large portion of them is poor. The IPs, especially in remote villages, do not have access to socio-economic and political opportunities and services, including health and education. Many have lost their ancestral lands as they become indebted to meet basic needs. Notwithstanding the implementation of Pantawid for a considerable period, poverty persists in Lake Sebu, a research gap that this study intends to answer.

2.4. Theoretical Framework

This study employed Funnell and Rogers' (2011) program theory as a theoretical framework to analyze the perceived impact of *Pantawid* on its beneficiaries. A program theory is an explicit model of how an intervention, such as a program or a policy, contributes to a chain of intermediate results and finally to the intended or observed outcomes. The theory has two components: a theory of change and a theory of action. The theory of change focuses on the drivers that bring about change in individuals or groups. The theory of action explains how programs or other interventions are constructed to activate these theories of change.

Figure 1*Research paradigm*

The government's ultimate goal is to break the cycle of poverty by investing in social protection policies focusing on education, health, and nutrition. The Pantawid, as a CCT program, was launched with budgets and personnel as its inputs. Its activities include identifying qualified beneficiaries, registration, cash transfers, family development sessions, and compliance with conditionalities. These activities will lead to outputs of increased enrolment and attendance in schools and increased health utilization and nutritional consumption. The outcome is human capital protection through improved educational attainment of children and improved health outcomes for children and mothers. Healthy and educated children will develop their full potential to confront and free themselves from poverty.

3. Methodology

3.1. Research Design

This study employed a mixed-methods approach, utilizing triangulation to enhance data validity by integrating both qualitative and quantitative data (Creswell & Plano Clark, 2007). The triangulation method was employed to validate the data collected from the beneficiaries and program implementers, as suggested by Creswell (2009). The study took place in five barangays: Poblacion, Talisay, Lake Lahit, Lamdalag, and Lake Seloton in Lake Sebu, South Cotabato.

3.2. Participants of the Study

There are two groups of participants in the focus group discussions. The first group is the program implementers which consisted of Lake Sebu municipal links and regional social workers from the Department of Social Welfare and Development Office XII. All six (6) municipal links and three (3) regional social workers assigned in the municipality participated in the focus group discussion. To be included in the focus group discussions, first, the participants must be program implementers; second, be involved in the program's implementation for at least five years; and lastly, be assigned to the municipality. The second group of participants was the parent-leaders. A total of ten (10) parent-leaders participated in the focus group discussion. At least two parent-leaders represented each of the barangays. To be eligible participants, one must be a parent-leader; second, he/she must be from the five respondent barangays and must be a parent-leader for at least three years. Two FGDs were held—one for the program implementers and another for parent leaders to ensure the latter's independence.

The program implementers are government personnel who implement and coordinate the program in the barangays. They have the experience and utmost knowledge of the implementation and problems encountered in the program. Parent-leaders are beneficiaries who serve as the main link between the government and the program beneficiaries; they assist in the conduct of meetings, updating beneficiaries' profiles, conducting monthly family development sessions, and other voluntary efforts that are helpful in program implementation.

Purposive sampling was used since respondents were limited only to those who are beneficiaries of the Conditional Cash Transfer identified as poor through the National Household Targeting System for Poverty Reduction, have been in the program for at least five years, have availed the training activities, and have completed the program. The quota sampling was adopted considering the geographic challenges of the area and to ensure that all five barangays are well represented.

3.3. Instrumentation and Data Gathering Process

The study utilized researcher-made instruments, including a questionnaire and an interview guide, to assess the impact of the Pantawid Program. The descriptions in the questionnaire were based on the objectives of the Pantawid Program while the items in the interview guide were based on the literature and the interview with parent-leaders. The

instruments were content-validated by the regional social worker of the Pantawid Program, three parent-leaders from non-beneficiary barangays, and a statistician. After the comments and suggestions were incorporated, the questionnaire was pilot-tested among twenty (20) beneficiaries and parent leaders.

Two separate questionnaires were prepared for beneficiaries and program implementers. The questionnaire has two parts: Part 1 delves into the utilization of education, health, and nutrition programs, while Part 2 addresses the problems encountered in implementing the program. Additionally, focus group discussions were conducted using the interview guide to identify challenges in the conditional cash transfer program.

3.4. Data Analysis

Initially, the Frequency Percentage was utilized to assess the relative frequency of responses from both beneficiaries and program implementers. This methodology enabled an evaluation of the perceived impact of CCT on the use of government education, health, and nutrition services. Subsequently, using the frequency responses, the Spearman-Rho correlation, a non-parametric measure of rank correlation, was employed to assess the relationship between the implementation of the conditional cash transfer program and the problems encountered. The tool is appropriate for analyzing the strength and direction of the association between the implementation and problems encountered, considering the ordinal and monotonic nature of data (Barakso et al., 2014). Meanwhile, the Mann-Whitney U Test is a non-parametric test used in comparing differences between two independent samples. This tool was employed to determine if there is a difference in evaluation between program implementers and beneficiaries regarding the effects of the Conditional Cash Transfer Program on education, health, and nutrition utilization. Finally, the data from the FGD were audio-recorded, transcribed, and thematically analyzed to identify themes and patterns. The analysis adhered to Braun and Clarke's (2006) thematic analysis framework, which included data familiarization, coding, theme generation, and refinement; a systematic approach to interpreting qualitative data was adopted to ensure both validity and reliability.

3.5. Research Ethics

Several steps were undertaken to uphold research ethics. Informed consent explaining the purpose, nature, and possible risks and benefits of the study was signed by the participants

before data gathering. Voluntary participation was ensured by emphasizing their right to withdraw from the study at any point without the need for an explanation. In processing the data gathered, codes were assigned to the participants to maintain anonymity. All identifying information leading to the participants was removed from the report.

4. Findings and Discussion

4.1. Implementation of Pantawid Program

Utilization of education program. The analysis of data collected on the utilization of education programs reveals that the CCT increased enrollment and attendance rates. The findings indicate that the program effectively enhances educational access and participation, addressing the challenges of school attendance and retention encountered by beneficiary families. Additionally, this analysis offers evidence-based insights into the most successful aspects of the educational component.

Table 1

Enrolment and attendance of Pantawid beneficiaries

Indicator	WM	Description
Increase of enrolment in high school.	4.78	Always
Increase of enrolment in elementary.	4.75	Always
Increase of attendance in elementary.	4.73	Always
Increase in attendance in high school.	4.65	Always
Increase enrolment of children aged 3-5 years old in pre-school.	4.56	Always
Increase attendance of children aged 3-5 years old in pre-school.	4.54	Always
Increase of years of education completed.	4.43	Always
Improve student retention	4.39	Always
Fosters greater enrolment of children in primary school at the proper age.	4.39	Always
Mean	4.58	Always

As illustrated in table 1, beneficiaries agree that conditional cash transfer has increased enrolment in high school (4.78), elementary (4.75), and pre-school (4.56). The program has kept students' attendance in elementary (4.73), high school (4.65), and pre-school (4.54). The findings strongly align with the program's theory, which claims that CCT will increase beneficiaries' enrolment and attendance. They are consistent with the PIDS' conclusions that Pantawid has increased school enrolment of beneficiary children ages 12–17 and lowered

dropout rates (Orbeta et al., 2023). It reinforces findings that *Bolsa Familia* in Brazil led to higher school attendance and reduced dropout among students (Neves et al., 2020; Magalhães et al., 2024). The study of Behrman et al. (2021) of *Prospera* in Mexico further supports the conclusion that CCT improved school enrollment and academic achievements.

Moreover, FGD results confirm that CCT has led to an increase in enrollment and attendance in schools. A parent-leader observed that the programs' conditions and the close monitoring of municipal links encourage parents to enroll their children and attend classes, fostering enrollment in primary school at the proper age. Thus, it is argued that CCT is effective in increasing enrollment and attendance. However, one of the areas not answered in this study is the impact of the program on the learning outcomes. In the study conducted by Gazeau et al. (2024) in Morocco, they found that while conditional cash transfer has improved enrollment, it did not necessarily extend to learning. From there, it can be inferred that enrolment and attendance in school do not necessarily follow learning. Hence, there is a need to examine the program's impact on the learning outcomes. Based on the report of the EDCOM Report (2023), despite improvements in enrollment rates in basic education over the past decade, concerns persist about the quality of the education system due to several factors such as budget allocation, staffing, curriculum, and procurement of supply issues.

Utilization of Health Programs. The data collected revealed a significant increase in the utilization of health and nutrition services. Findings show that through CCT, the government ensures that children and mothers' access to health services. Moreover, the data provides compelling evidence of the government's effective approach to broadening healthcare access.

Respondents firmly believe that with CCT, there is an increased number of children 0-5 years old availing of immunization (4.94), preventive healthcare (4.90), Vitamin A supplementation (4.76), and elementary pupils availing regular deworming (4.88). The number of pregnant women who avail of prenatal care (4.88) and postnatal care (4.74) also increased. Moreover, there is an increased number of childbirths attended by skilled health professionals (4.54) and facility-based delivery (4.48). Furthermore, the beneficiaries agree that the program increased household expenditures on nutrient-dense food (4.10) and health expenditures in the household budget (4.06). However, respondents do not entirely agree that the conditional cash

transfer program will decrease the population's growth rate (3.77) and stunting among 0-5-year-olds (3.65).

Table 2

Utilization of health and nutrition programs

Indicators	WM	Description
Increase the number of children 0-5 years old availing immunization.	4.94	Always
Increase in the number of children 0-5 years old availing preventive healthcare.	4.90	Always
Increase in the number of pregnant women availing prenatal care.	4.88	Always
Elementary pupils avail regular deworming.	4.88	Always
Increase in the number of children 0-5 years old availing Vitamin A supplementation.	4.76	Always
Increase in the number of pregnant women availing of postnatal care.	4.74	Always
Increase the number of pregnant women whose childbirth is attended by a skilled health professional.	4.54	Always
Increase in the number of pregnant women availing of facility-based delivery.	4.48	Always
Increase the share of food expenditure in the household budget.	4.38	Always
Increase expenditure on nutrient-dense food (fruits and vegetables).	4.10	Often
Increase the share of health expenditure in the household budget.	4.06	Often
Decrease the growth rate of the population.	3.77	Often
Decrease in stunting among children 0-5 years old.	3.65	Often
Mean	4.47	Always

The results show that CCT has led to increased utilization of health and nutrition programs. This is consistent with the program's theory, which asserts that CCT will increase utilization of health services. The finding is consistent with the DSWD's compliance verification systems report, which noted an increase in beneficiaries availing health conditions. This aligns with previous research by the Asian Development Bank, which found that CCT has led to a 19% increase in enrollment of 16-17-year-old children in beneficiary households in the Philippines. These findings are consistent with Neves et al. (2020), who found that *Bolsa Familia* increased access to Primary Health Care services and reduced child mortality and extremely preterm births (Ortelan et al., 2024).

The results suggest that beneficiaries have access to proper and necessary government health services. It is argued that through this program, the Philippine Government fulfills its constitutional mandate to protect and promote the right to health of the Filipinos. The program's

positive effect is a significant milestone in the Philippines, considering Filipinos often cling to traditional healing practices. For instance, many pregnant women believe in and seek the services of traditional birth attendants during pregnancy and childbirth. However, the program encourages them to deliver in accredited birthing facilities attended by skilled health professionals and avail of postnatal care, ensuring protection of the child as early as conception. Moreover, when mothers and children avail health services, it prevents or minimizes diseases. Cash incentives increase the household budget and expenditures on nutrient-dense food to meet the nutritional requirements of the young members of the family. It is significant in keeping the family members healthy and avoiding the experience of healthcare poverty caused by expensive healthcare every time they are sick. Thus, this paper argues that CCT protects and promotes the well-being of the next generation of family members.

In the Philippines, the lack of access to adequate health services and nutritional requirements is the primary factor hindering younger family members' growth, development, and performance. The inability of low-income families to invest in health and dietary needs has adverse effects on the health of children, making them vulnerable to sickness. Consequently, when a family member needs frequent medication, they incur debts, contributing to intergenerational poverty. Thus, the purpose of the conditional cash transfer is to address the health issues of the poorest families by providing the necessary health services and ensuring that poor Filipino families avail of these services. It is a means for the government to break one of the causes of intergenerational poverty.

On nutrition. The data underscores an inconsistency in the perceived impact of the program on nutrition. While almost all respondents believed that the program increased vegetable and fruit consumption, parents, during FGD, admitted spending cash grants on basic needs such as clothing, shelter, and education. One beneficiary confirmed spending the grant on a college student, which the program does not cover. Occasionally, parents allocate grants to other family needs, which weakens their effectiveness in achieving policy outcomes on nutrition. This is contrary to the program theory's claim that CCT leads to an increase consumption of nutritional food. This finding builds upon the work of the PIDS in 2023, which found no discernible impacts of CCT on nutrition outcomes. It finds support from Neves et al.

(2020), who argued that increased access to food under *Bolsa Familia* did not translate to improved nutritional status of beneficiaries.

Taken together, this paper argues a weak connection between CCT and nutritional outcomes. While the program improves food security, which deals with food access, it does not directly translate to nutritional outcomes, which pertain to the nutritional quality of the food. The scope of the study was limited to the perceived impact of CCT on the consumption of nutrient-dense food. While the evidence is suggestive, there is a need for an in-depth study employing multivariate regression analysis to assess CCT's impact on nutritional outcomes.

On stunting and population growth. Based on the 2024 PIDS-EDCOMII Report, one out of three Filipino children is stunted due to severe underinvestment and inadequate access to high-quality childcare services. This paper argues that CCT has no direct impact on stunting cases in Lake Sebu. In contrast to the overall results of increased healthcare utilization, the respondents do not strongly agree that CCT decreased stunting cases among children 0-5 years old. The data imply that CCT moderately improves beneficiaries' income, but it may not be enough to provide the nutritional requirements of the mother and the first 1000 days of the child, which are crucial to their development. This is exacerbated by the high rate of poverty incidence in the municipality, which stood at 40% to 60% of the population in 2021.

The finding is supported by PIDS (2023) conclusion that increased access to child healthcare services in the Philippines negatively impacted the stunting of children 0-5 years. In 2021, Ulep et al. (2021) concluded that maternal nutrition and maternal education account for more than 50% of the factors for the disparity of stunting cases between the poor and non-poor. Mothers with high education levels are associated with employment and income, leading to a higher demand for health and nutrition services.

While the association between the program and stunting in the Philippines is generally weak, studies abroad are quite different. A study in Indonesia shows a significant decrease in the prevalence of stunting in beneficiary children (Cahyadi et al., 2020). Hartato et al. (2023) also suggest a decrease in stunting rate from 36.5% in 2017 to 14.81% in 2022 in Bima City, Indonesia. They attributed this to cash transfers to women, micronutrient intervention, education in health and nutrition, and health visits as a program conditionality. Tanzania shares a similar finding; the program significantly reduced stunting among beneficiary children (Rukiko et al., 2023). The results create a gap in understanding the impact of CCT on stunting,

and future investigations should consider cross-sectional and longitudinal studies for understanding factors and associations with stunting.

Moreover, respondents do not strongly agree that the program affects population growth. One plausible explanation for the population is culture. According to the study by Loyola (2022), the T'boli tribe in Lake Sebu is known to practice early marriage and have unlimited children as part of their culture. In the FGD, a parent-leader observed the increasing confidence of parents in pregnancy due to the perception that the program would extend assistance, which is contrary to the program's purpose. Contrary to the perception of the respondents, the 2020 Census in Lake Sebu shows a negative annual growth rate of 1.54%. The total population decreased from 87 442 in 2015 to 81 221 in 2020. While respondents may barely notice the results of the family development sessions, the census results entail a possible effect of the program on the population. Thus, this paper argues CCT is effective in reducing population growth in Lake Sebu.

4.2. Problems Encountered in the Implementation of Pantawid Program

Problems encountered in education. The data on the problems encountered in the implementation of the program reveals the factors that affect its success. The evidence primarily points to the release of cash grants and the availability of remittance establishments. These findings provide crucial insights to improve implementation strategies.

The primary problems in implementing CCT are the delayed release of cash grants (4.08), remittance establishments being inaccessible (4.00), and typographical errors of beneficiaries' names (4.00).

These findings corroborate with Melad (2023) that payment-related issues topped grievances, reflecting challenges in cash transfer distribution. In the FGD, beneficiaries underscore that while cash grants are released every two months, many have not received them on the scheduled release date. The program implementers cited reasons such as the failure to comply with the conditions, typographical errors in the names, and the delayed updating, which takes three to six months. There were instances where the amount received was more than stated in the payroll, or the beneficiaries had not received cash grants for a year. Most respondents admitted that they experience inconsistency in the grants they receive, which they cite as a factor affecting their spending on health and dense foods. Moreover, due to the limited remittance establishments within the municipality, some beneficiaries have to travel to

nearby towns to withdraw their cash grants. Designated remittance centers deduct a transaction fee, usually 28-35 pesos. To address this issue, the government may consider increasing the number of remittance centers, establishing Automated Teller Machines accessible to the beneficiaries, and exploring the use of digital wallets.

Table 3

Problems encountered in education

Indicator	WM	Description
The release of educational cash grants is delayed.	4.08	Often
The remittance establishments for educational cash grants are not accessible.	4.00	Often
There are frequent typographical errors in the names of beneficiaries, which delay the remittance of education grants.	4.00	Often
There is not enough supply of books and school materials.	3.91	Often
The location of the school is far from the residence of the beneficiaries, which leads to their frequent absences.	3.85	Often
There are not enough classrooms and school facilities to cater to the increased enrollment of the beneficiaries.	3.79	Often
There is a limited number of teachers to accommodate the ideal teacher-student ratio in a classroom.	3.63	Often
Parents do not spend the educational cash grants on the education of their children.	2.34	Seldom
Some of the schools are giving a compliance rating to the beneficiaries even if they failed to meet the conditions.	2.12	Seldom
The school personnel in charge of monitoring the beneficiaries are not properly oriented.	1.81	Seldom
There is poor coordination between the Department of Education and the Department of Social Welfare and Development	1.79	Never
Some of the cluster leader refuses to report the beneficiaries who violated the conditions of the program.	1.75	Never
Mean	3.09	Sometimes

Problems encountered in health and nutrition. The findings identify the availability of medicines and health facilities and their accessibility as the main problems in health and nutrition programs. It highlights the importance of the supply side in the success of health and nutrition programs. Furthermore, the results suggest the need to ensure the availability of health services as required by the program for the beneficiaries.

Table 4*Problems encountered in health and nutrition*

Indicators	WM	Description
There is not enough supply of vaccines and medicines that can be used by the beneficiaries.	3.16	Sometimes
The Health Center is far from the residence.	3.13	Sometimes
There are not enough medical facilities that can be used by the beneficiaries.	3.08	Sometimes
There are not enough health workers to accommodate the beneficiaries.	2.90	Sometimes
Some of the cluster leader refuses to report the beneficiaries who violated the conditions of the health program.	2.15	Seldom
The Health Center personnel in charge of monitoring the beneficiaries are not properly oriented.	2.06	Seldom
There is a poor coordination between the Department of Health and the Department of Social Welfare and Development.	2.01	Seldom
Beneficiaries do not spend the health grants to the health needs of the family	2.00	Seldom
Some of the Health Centers are giving compliance rating to the beneficiaries even if they failed to meet the conditions.	1.79	Never
Mean	2.48	Seldom

This paper argues that while no significant relationship exists between the implementation of the programs and problems encountered, the intensified program implementation leads to enhanced utilization of health and nutrition services and a higher demand for services from beneficiaries. Consequently, when the government fails to provide the services, they encourage people to avail, problems arise. While compliance with the conditions set by the program intensifies, it may pose a problem to the partner agencies' absorptive capacity to provide the necessary services and facilities to the beneficiaries. Higher compliance with the program means increasing demand from the partner agencies, which, if not met, may result in a higher problem encountered along the way. Hence, it is possible to attain a higher outcome by implementing the program, but this does not mean fewer problems. Consequently, it may also affect the effectiveness of the program.

The data implies the need for close coordination among concerned agencies to deal with these challenges. The Department of Health, PhilHealth, or non-government organizations may assist in ensuring the availability of medicines and vaccines in the health centers. Health center constructions may be facilitated by the local governments concerned or the district representative.

Notably, both the beneficiaries and the policy implementers agree on the impact of the conditional cash transfer on the utilization of education, health, and nutrition programs of the government. They also agree on the problems encountered in the implementation of the program. The researcher found similar results when the different areas of the conditional cash transfer program were considered.

4.3. Relationship Between Implementation and Problems Encountered

The data in table 5 shows the relationship between the implementation of the program and the problems encountered. The results inform the government of the effects of implementation on the supply side of the program. It provides evidence on the need to equally give importance to the implementation and provisions of allied services.

Table 5

Relationship between the program implementation and the problems encountered

		eduprob	healprob	problem
Spearman's rho	Correlation Coefficient	.250**	.099	.176
	Sig. (2-tailed)	.009	.308	.066
	N	109	109	109
Education	Correlation Coefficient	.236*	.063	.166
	Sig. (2-tailed)	.013	.515	.084
	N	109	109	109
Health	Correlation Coefficient	.281**	.107	.206*
	Sig. (2-tailed)	.003	.266	.032
	N	109	109	109
4PS	Correlation Coefficient	.281**	.107	.206*
	Sig. (2-tailed)	.003	.266	.032
	N	109	109	109

The correlation at 0.176" and 0.166 indicates a weak positive correlation between the implementation of the programs and the problems encountered. The weak positive correlation means that as the government intensifies its implementation of CCT, this may slightly lead to increased problems encountered. However, this relationship is weak, which means that although problems encountered are associated with intensified program implementation, their effect is statistically insignificant. Despite the weak positive correlation between implementation and problems encountered, this paper argues that the government should address the problems encountered to ensure maximum policy outcomes.

4.4. Difference in Assessment Between Beneficiaries and Program Implementers

The data in table 6 reveals the perspectives of the groups primarily involved in implementing the program. The comparison was conducted to examine the program from multiple perspectives, enhance understanding of the implementation, and confirm the validity of responses from each group.

Table 6

Significant difference in the assessment of the implementation of the conditional cash transfer program between the beneficiaries and program implementers

Program Areas	Group Comparison			Mann Whitney Stat	P-value	Conclusion
Education	Beneficiaries	vs	Policy Implementers	U= 369.50	.372	Not statistically different
Health and Nutrition	Beneficiaries	vs	Policy Implementers	U= 449.00	.991	Not statistically different
Over-all	Beneficiaries	vs	Policy Implementers	U= 403.50	.609	Not statistically different

Based on the results, there is no significant difference between the policy implementers and beneficiaries in their assessment of the impact of the CCT on the utilization of education, health, and nutrition programs and the problems encountered. Both groups agree that CCT increased the utilization of education, health, and nutrition programs. They also observed similar patterns of problems that transpired in the implementation of the program in Lake Sebu.

5. Conclusions and Recommendations

This study assesses the perceived impact of Pantawid on the utilization of education, health, and nutrition programs. It also identifies the problems encountered in the implementation and compares the responses of beneficiaries and program implementers. Based on the findings of the study, Pantawid has increased the utilization of education and health programs. However, participants do not strongly believe that it addresses nutrition and stunting. The primary problems identified are the delayed release of cash grants, limited supply of medicines, and accessibility of health centers. Moreover, the study finds a weak positive relationship between the program implementation and the problems encountered. No significant difference in the assessment between the beneficiaries and program implementers

on the impact of Pantawid and the problems encountered. The findings provide evidence-based insights to the policy-makers and program implementers. It offers a localized insight by examining CCT's impact in a setting with unique geographical, cultural, and socio-economic factors. However, the generalizability of the findings might not apply to other municipalities with distinct socio-economic conditions.

From these observations, the study deduced that CCT is effective in achieving some policy outcomes. However, its effectiveness is reduced by the socio-economic conditions of the municipality. Its effectiveness may be enhanced by increasing grants specifically directed at the nutrition of pregnant women and children ages 0-5, or convergence initiatives from the local government units. On the problems encountered, the government may increase the number of remittance centers in the municipality, consider the establishment of Land Bank Automated Teller Machines, and explore the possibility of transferring cash grants through digital wallets such as GCash and PayMaya.

A longitudinal study may be conducted in the municipality to assess the long-term program outcomes. Moreover, a comparative parallel study may also be conducted in the neighbouring regions with similar socio-economic status, such as Malapatan in Sarangani and Sibuco, Zamboanga del Norte.

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