

A Trend Analysis on Pantawid Pamilyang Pilipino Program (4Ps) in the Philippines

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ABSTRACT

Implemented in 2007, the Pantawid Pamilyang Pilipino Program (4Ps) otherwise known as the Conditional Cash Transfer Program (CCT) is a flagship economic and social reform of the Philippine government in order to reduce poverty particularly in the areas of education, healthcare, and the economy as a whole. The emergence of the pandemic interested the researchers in examining the implementation of such a program among its beneficiaries using trend analysis (2015-2021). From 17 regions in the Philippines, the researchers used cluster sampling and took the National Capital Regional (NCR) as an area of interest. The aggregated data from the National Capital Region (NCR) was chosen and used in this study. Results of the study show an erratic trend on the number of 4Ps beneficiaries in the National Capital Region and when disaggregated by years, sex, provinces, and age group. The NCR 2nd and 3rd Districts have the highest number of 4Ps beneficiaries representing NCR, with 30%-31%, while the lowest provinces which are 1st and 4th districts range from 19%-20%. In terms of sex, 93% are female beneficiaries while 7% are male ones from 2015-2018 only because starting 2019 to 2021, the proportion of both sexes became stable and stays with 90% for female grantees and 10% for male grantees. The age group with the least grantee is 18 years old and below, which equates to around 1-2% per year. Further, a "high level" of health compliance among the child monitored 4Ps beneficiaries was observed in 2015 (90%), 2018 (91%), 2019 (93%), and 2020 (97%). It was then concluded that the COVID-19 pandemic had not affected the number of child and adult 4Ps beneficiaries. Interestingly, under 5 mortality rates have significantly reduced from 2015 to the 1st quarter of 2021.

1. Introduction

In the Philippines, poverty and inequality have long been a problem. Over the last four decades, the proportion of households living below the poverty line has decreased slowly and unevenly and the poverty reduction has been noticeably slower than neighboring southeast Asian nations like Vietnam, Indonesia, and Thailand (Asia Development Bank, 2009). About 17.6 million Filipinos struggle to purchase basic essentials, owing to the large number of Filipinos who rely on agriculture for a living and wealth disparity.

In 2009, around 16 out of every 100 children in the Philippines were living in poverty, with an annual income of 11,686 pesos. Overall, 5.9 million children were estimated. Within the six-year period, the extreme poverty incidence remained constant from 16 percent to 17 percent, but there was a 670,000-child increase in magnitude. Rural children composed primarily 82 percent of the country's total number of severely impoverished children. Additionally, nearly a quarter (24%) of these rural children lacked the financial means to satisfy their basic dietary necessities. The National Capital Region (NCR) and its neighboring areas Central Luzon and CALABARZON have the lowest rates of all the regions. Despite this, Central Luzon had to deal with a ten percent yearly increase in the number of impoverished children. The ARMM Region had a similar demographic crisis, with the number of impoverished

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children growing at an annual rate of about 8%. Children seem to be the most vulnerable group in any community, as well as they suffer the most in countries where poverty is a daily struggle. Poverty has a direct effect on the health and mental development of children. Despite recent economic improvement in the Philippines, millions of families, the majority of whom have small children, continue to suffer from poverty (UNICEF, 2015).

Through its AmBisyon 2040, the Philippine government intends to reduce poverty to 14% by 2022, with the goal of eradicating extreme poverty by 2040. Furthermore, the government has launched a number of programs, initiatives, and reforms aimed at reducing poverty, particularly in the areas of education, healthcare, and the economy as a whole. Pantawid Pamilyang Pilipino Program (4Ps), which was established in 2007, is one of the programs aimed at reducing poverty in the country. The 4Ps program is a low-income family conditional cash transfer program. The program is a conditional cash transfer program for low-income families. The program provides subsidies to families who satisfy specific criteria, such as keeping their children in school, getting routine checkups, and having their parents or guardians participate in Family Development Sessions. About 20 million Filipinos benefit from the 4Ps initiative, with 9 million of them being children (Official Gazette, 2021).

This was, however, the case prior to COVID-19 Pandemic. Sadly, the situation has deteriorated. Furthermore, all of the detrimental effects of the pandemic have been felt after almost a year. To prevent the COVID-19 virus from spreading, we must follow good health and hygiene standards at all times, in both our homes and public places. Authorities have also urged that we avoid large gatherings, avoid taking public transit, adhere to community quarantine procedures, and seek immediate medical care if we have been exposed to the disease. All of them are good reminders, but there is one major flaw: the poor will be unable to afford to follow them. Job losses, a reduction in pay incomes, a slowdown in commercial activities, and a decline in overseas Filipino remittances have all been reported as a result of the community quarantines.

2. Literature Review

The Pantawid Pamilyang Pilipino Program (4Ps) is inspired by the Conditional Cash Transfer program in Latin American countries in showing effectiveness in promoting human capital accumulation among poor households. It is proven to show success in terms of education, health care, and ensuring the household has nutritious food. This program, in summary, provides cash grants to these households as long as they are being compliant with the conditionalities the program implements.

As the action of the Philippines to help improve the lives of poor Filipino households, the government together with the Department of Social Welfare and Development as the lead implementing agency replicates the said program and is now known as the Pantawid Pamilyang Pilipino Program (4Ps). It was implemented in 2008 and on April 17, 2020, 4Ps is now a regular program of the national government through the passage of Republic Act 11310 or "An Act Institutionalizing the Pantawid Pamilyang Pilipino Program", or shortly "4Ps Act". Following such, the amount of health/nutrition and education grants among 4Ps beneficiaries increased in 2019. For monitoring, the said law enjoins the Philippine Institute for Development Studies (PIDS) to conduct impact evaluations every three (3) years.

The implementation of the Pantawid Pamilyang Pilipino Program is aligned with the Millennium Development Goals (MDG) to eradicate poverty and hunger, achieve universal education, reduce child mortality, improve maternal health and promote gender equality and empower women. It is believed that to promote human capital among poor family households, the following objectives must be observed: (1) Improvement of child and pregnant women health care, (2) Increase education enrollment among children at the elementary level; (3) Reduce child labor, (4), Improve consumption of nutritious food of poor household; and (4) Encourage parents/guardians in the growth development of children and community.

The coverage of the implementation of the program operates in all 17 regions of the Philippines, covering 79 provinces, 143 cities, and 1484 municipalities, except the province of Batangas because of its high Human Development Index and Zero Poverty Incidence (PSA_NSCB, 2009) and the island of Kalayaan, Palawan where there are only 12 households (PSA-NSO 2007). The beneficiaries are identified using the National Household Targeting System for Poverty Reduction (NHTS-PR).

In general, the following must be met by the household to be eligible to the program: (a) residents of the municipalities or barangays identified as an area of implementation, (b) selected by the National Household Targeting System and belongs to the extreme poor household classification as defined by the poverty threshold, and (c) household with 0-18 children or with pregnant women at the time of selection.

4Ps being a conditional cash transfer program, below are the conditionalities expected to be complied for the household to be eligible to cash grant: (a) pregnant women must avail pre-and post-natal care and be attended by a professional during childbirth; (b) parents or guardians must attend the regular Family Development Sessions which consist of different topics per session that focus on nutrition, health, and family planning; (c) children 0-5 years old must have regular preventive health check-ups and

vaccines; (d) children 6-14 must have a deworming pill twice a year; and (e) children 3-18 years old must be attending their classes and have 85% or more attendance per month.

Below is the flowchart to describe how the program implementation works

4PS Program Cycle

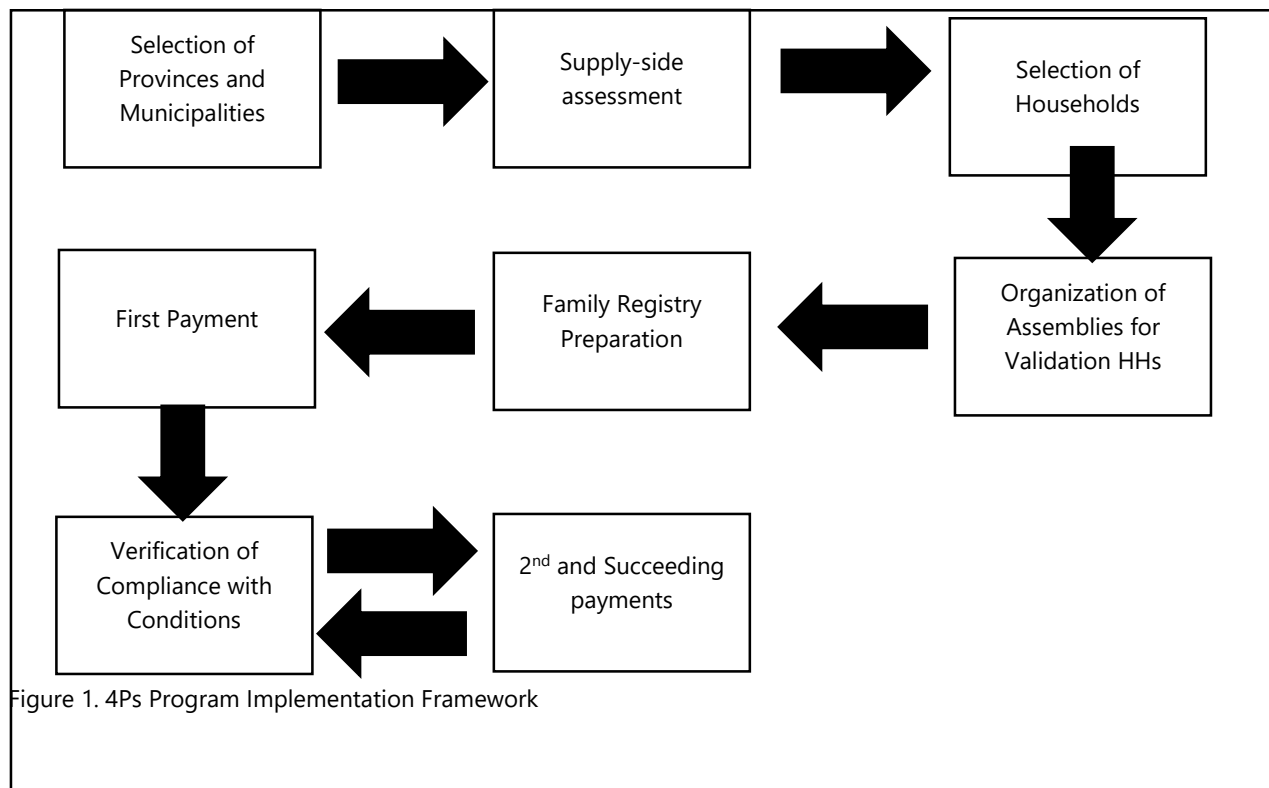


Figure 1. 4Ps Program Implementation Framework

3. Methodology

This study employed trend analysis. As used in the study, trend analysis sought to evaluate the impact of 4Ps in the lives of its beneficiaries in an equally spaced period of time of 2015-2021. Using this evaluation provides significant insights on how the program affects change based on the indicators or targets of the program. This analysis affords the researchers and the program implementers empirical data that will support planning, monitoring, and evaluation of the said privileges. Nevertheless, this trend analysis only gives linearity which does not fully speak on the effectiveness of the mechanisms of the program due to the wide array of factors that may cloak the actual effect of the program on the trend (Wooldridge, 2009).

From 17 regions in the Philippines, the researchers used cluster sampling to get the respondents. According to Almeda, Capistrano & Sarte (2010), cluster sampling is a probability sampling method wherein we divide the population into non-overlapping groups or clusters consisting of one or more elements, and then select a sample of clusters. The sample consisted of all the elements in the selected clusters. Therefore, the National Capital Region (NCR) was chosen. Sometime in April 2020, the researchers sent a letter of request to the Department of Social Welfare and Development (DSWD) Central Office. Secondary data such as administrative data, official reports, and documents pertinent to 4ps mortality and compliance to health requirements were requested. Most of the requested data were given except for the causes of deaths which were told to be confidential. Also, the researchers were not granted program reports because these data were not available in the Central Office and we have no more time to request such in the Regional Office (NCR). Three request letters were sent before the datasets were completed for analysis. The researchers would like to further convey that getting access to the preceding documents was not that easy. Some of the challenges faced by the researchers were the incompleteness of datasets, long waiting time, and overwhelming datasets provided by the agency. Nevertheless, these were also understandable due to the limitations posed by the pandemic especially in getting the participants to be interviewed. This made the researchers purposively select two (2) participants using the following inclusion criteria: (a) 4Ps grantee residing and registered within NCR; (b) at least 3 years as a grantee with a substantial idea regarding the program; (c) ages 18-60 years old; and (d) willingness to participate in the study. The in-depth interview was done using Facebook messenger (video call). The researchers originally planned to interview the selected concerned officials of the program; however,

it was not realized because of the voluminous requirements that were asked from the researchers. Nonetheless, the trustworthiness of the study was assured through member checking and audit trail.

The available data were then tallied and organized using Microsoft Excel and then transported onto Stata. The statistical tools used were Frequency, Frequency Count, T-test, and One-Way ANOVA. Apart from these, the researchers did charts and graphs to see the trend of the variables from 2015 to 2021.

4. Results and Discussion

This section presents the findings of the study on the basis of the research objectives and the interview of the 4Ps Beneficiaries.

4.1 Grantees of 4Ps Beneficiaries in NCR

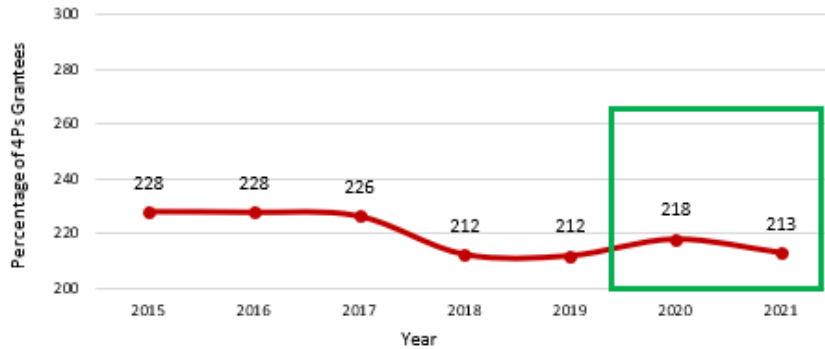


Figure 2. Number of Grantees in National Capital Region (in thousands), 2015-2021

Figure 2 generally shows an erratic trend on the number of 4Ps beneficiaries in the National Capital Region (NCR) and when disaggregated by years, sex, provinces, and age group. It further reveals that the number of grantees significantly increased despite the onslaught of the COVID-19 pandemic in 2020. Reduction of such numbers was observed in the current year (2021) as the government imposed stricter quarantine measures due to spiking cases of COVID in the NCR during the 1st quarter of the year.

Table 1. Regional Targets vs Achievement of 4Ps grantees in National Capital Region, 2015-2021

YEAR	Target	Achieved	Percentage
2015	229,824	227,880	99.15%
2016	229,824	227,630	99.05%
2017	229,824	226,291	98.46%
2018	229,824	212,272	92.36%
2019	229,824	211,726	92.13%
2020	227,341	217,831	95.82%
2021	227,341	212,931	93.66%

Note: Due to the unavailability of the 2021, 2018-2015 regional target, the researchers assumed the target for 2015-2018 is the same as 2019 while the target for 2021 is the same for 2020.

On the other hand, as seen from table 1, shows that from 2015-2021, DSWD were unable to achieve 100% of its regional target for NCR, and the achievement ranges from 92%-99%, where the highest achievement is recorded in 2015 (99.15%), while the lowest is recorded in 2019 (92.13%). Since the agency is eager to meet the 4.4m target nationwide, a better policy or ways of targeting is expected to ensure the achievement versus the target will be closer to 100%.

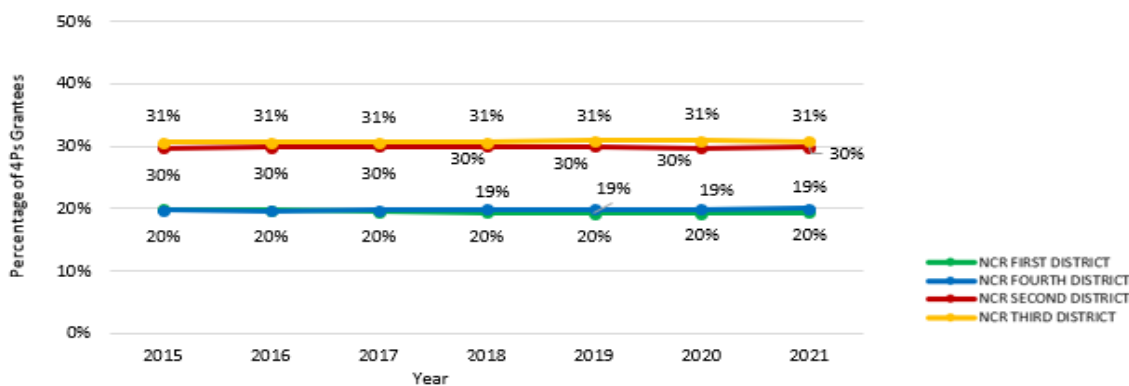


Figure 3. Number of Grantees in National Capital Region by Province, 2015-2021

Figure 3 shows that across the years 2015 to 2021, the proportion of 4Ps beneficiaries by provinces in NCR are not moving and shows a consistent proportion all throughout the years. This is mainly due to the target beneficiaries needed for each province/region per year. In summary, NCR 2nd and 3rd Districts have the highest number of 4Ps beneficiaries representing NCR, with 30%-31%, while the lowest provinces are 1st and 4th districts ranging from 19%-20%.

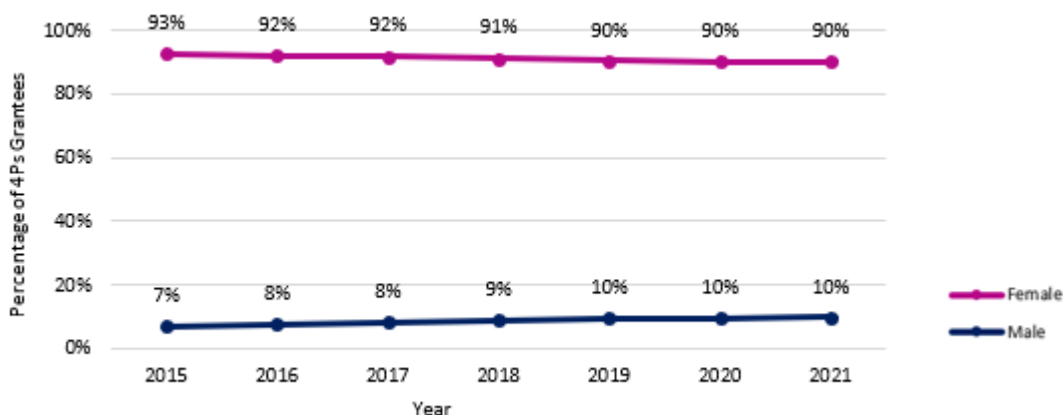


Figure 4. Number of Grantees in National Capital Region by Sex, 2015-2021

Figure 4 shows the disaggregation of grantees of 4Ps beneficiaries in NCR from 2015- 2016 and across the years, female beneficiaries are dominant than the male ones. The primary reason for this proportion is due to wives/female members of the family being assigned to be the household head of the family, thus, putting them as the grantee for their beneficiaries. From 2015, 93% of the beneficiaries were females, while 7% were males, but starting 2019 to the current year, the proportion of both genders became stable and stayed with 90% for female grantees and 10% for male grantees.

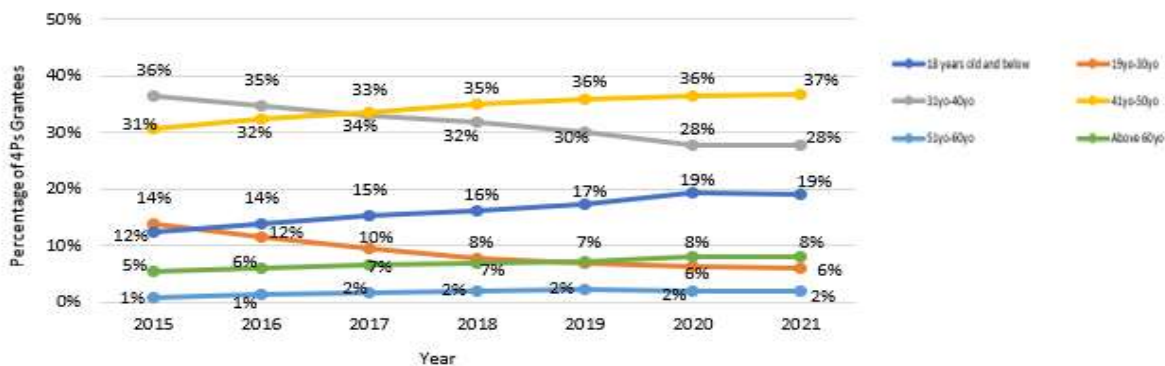


Figure 5. Number of Grantees in National Capital Region by Age Group, 2015-2021

Figure 5 shows the breakdown of age groups of 4Ps beneficiaries in NCR for 2015-2016. Over the years, the trend for all age groups has been at par. The majority of the grantees are aged 41 years old to 50 years old, followed by 31 years old to 40 years old. The age group with the least grantees is 18 years old and below, which equates to around 1-2% per year. For the year 2021 the top 3 age groups with most grantees are 41 years old to 50 years old with a proportion of 37%, followed by 31 years old to 40 years old with 28%, and 60 years old and above with 19%.

4.2 Health Compliance of 4Ps Child beneficiaries (0yo-5yo)

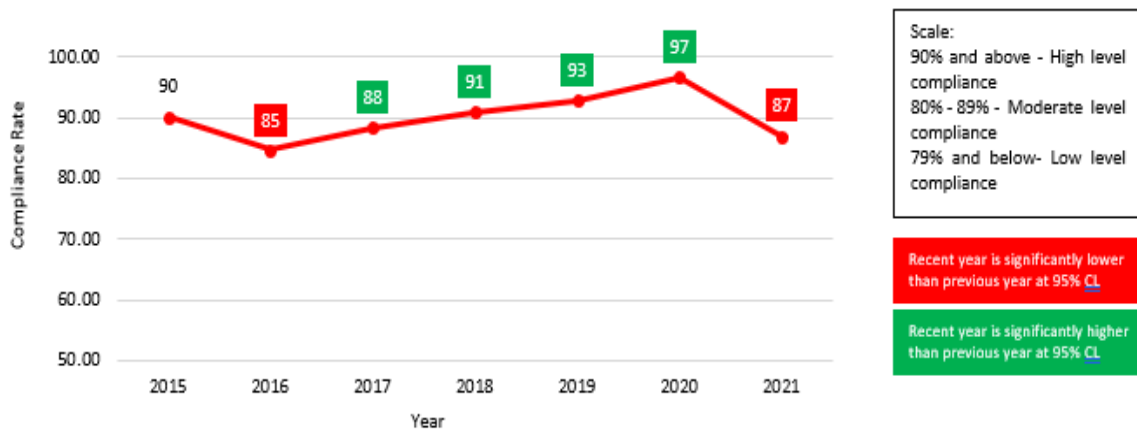


Figure 6. Health Compliance Level of Child Monitored 4Ps Beneficiaries in NCR, 2015-2021

Figure 6 shows a "high level" of health compliance among the child monitored 4Ps beneficiaries was observed in 2015 (90%), 2018 (91%), 2019 (93%), and 2020 (97%). On the other hand, a "moderate level" of compliance was seen in 2016 (85%), 2017 (88%), and 2021 (87%). This means that the health compliance among the respondents is generally higher even before and early time of the pandemic. It further shows that the compliance dramatically drops in 2021 because of the more restrictive movements imposed in the NCR due to the sudden surge of COVID cases in the first two quarters of the current year.

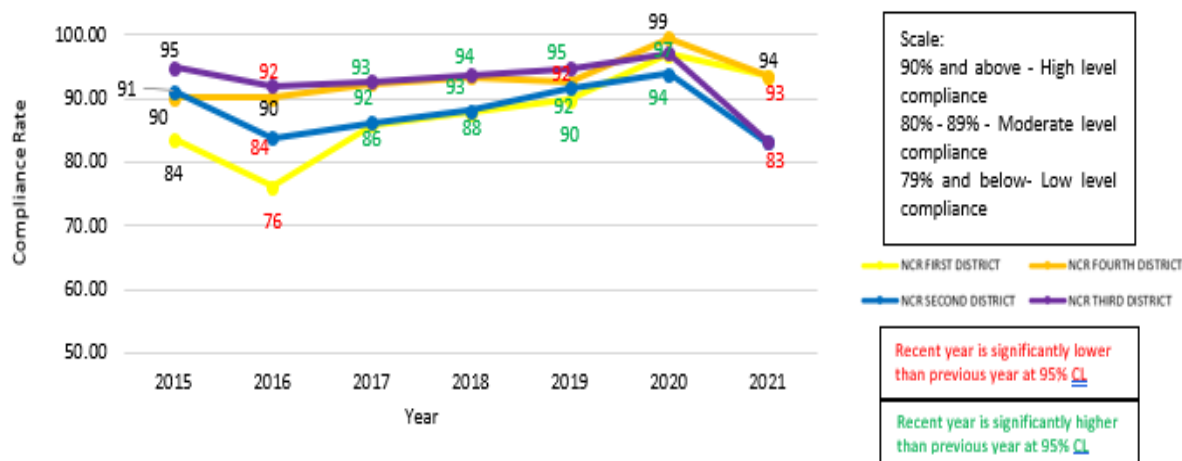


Figure 7. Health Compliance Level of Child Monitored 4Ps Beneficiaries in NCR by Province 2015-2021

When taken according to districts/provinces in NCR, figure 7 shows a "high" level of health compliance in the 3rd and 4th districts across all years except in 2021. "Moderate" level of compliance, on the other hand, was exhibited by 2nd and 1st districts in the years 2016, 2017, and 2018. Moreover, in 2016, a "low" level of compliance was observed among the respondents in the 1st district of NCR.



Figure 8. Health Compliance Level of Child Monitored 4Ps Beneficiaries in NCR by Sex, 2015-2021

When taken according to sex, Figure 8 shows that both male and female child-monitored 4Ps beneficiaries have "moderate" levels of health compliance in the years 2016 and 2021. On one side, both males and females have "high" levels of health compliance in the years 2015, 2018, 2019, and 2020. Surprisingly, the highest among the years is in 2020 for both sexes (97%) which coincides with the onset of COVID 19 and when enhanced community quarantine was implemented throughout the Philippines including NCR.

4.3 4Ps Child Beneficiaries

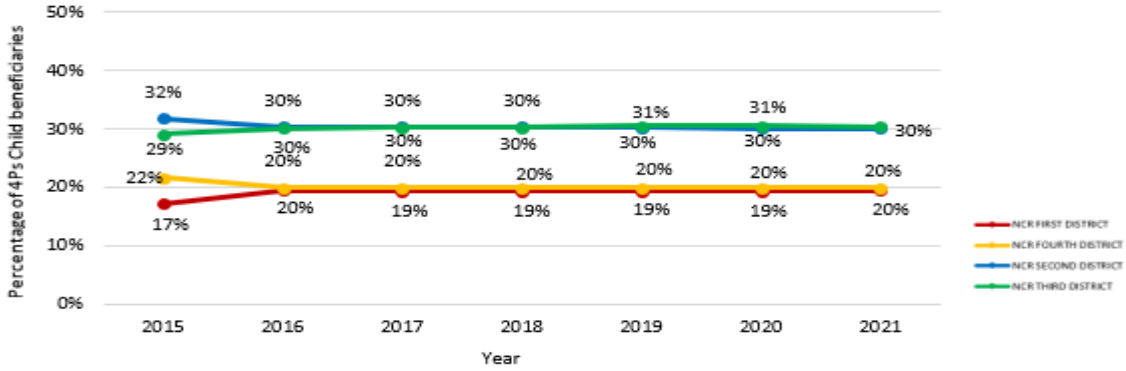


Figure 9. Number of Child Beneficiaries in NCR by Province (in thousands), 2015-2021

Figure 9 shows that across the years 2015 to 2021, the proportion of 4Ps beneficiaries by provinces in NCR are almost not moving and shows a consistent proportion all throughout the years. In summary, NCR 2nd and 3rd Districts have the highest number of 4Ps beneficiaries representing NCR, with 29%-32%, while the lowest provinces which are 1st and 4th districts ranging from 17%-22%.

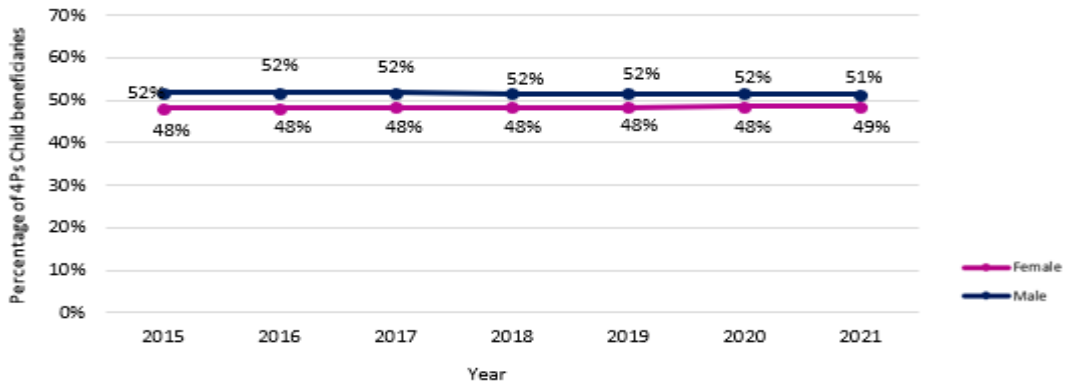


Figure 10. Number of Child Beneficiaries in NCR by Sex (in thousands), 2015-2021

Figure 10 shows the disaggregation of grantees of 4Ps beneficiaries in NCR from 2015- 2016 and across the years, it seems female and male beneficiaries are at par with each other and have been stable. From 2015 to 2021, female child beneficiaries have a proportion of 51%-52% while male child beneficiaries have a proportion of 48%-49% for the past 7 years.

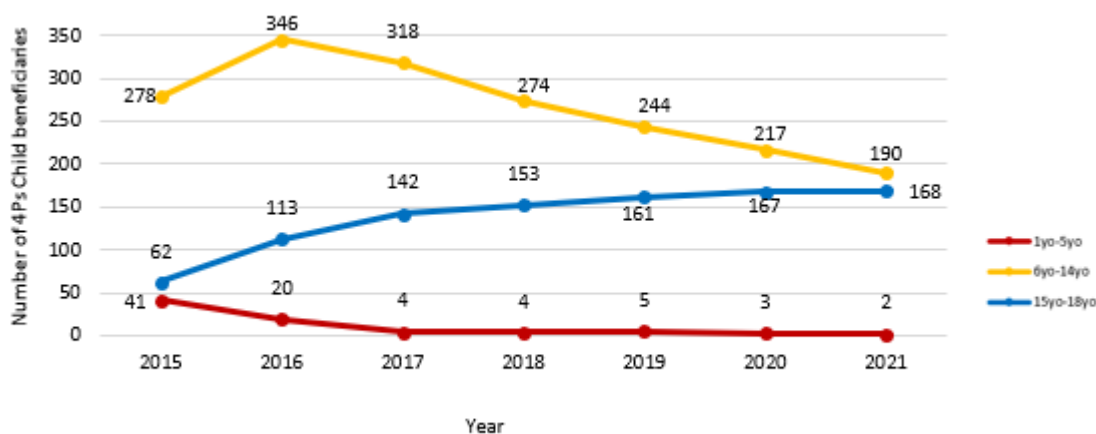


Figure 11. Number of Child Beneficiaries in NCR by Age Group (in thousands), 2015-2021

Over the years, the majority of the child beneficiaries are under 6-14 years old with 278,000-190,000 beneficiaries, followed by 15-18 years old with 62,000- 168,000 beneficiaries, and the remaining 0-5 years old with 2,000-41,000 which have the lowest proportion of child beneficiaries. In a comparison of proportion by year, the trend for all age groups is at par and does not yield any significant differences. The sudden drop of 0-5 child beneficiaries is primarily due to child members growing up and no additional infant or toddler being registered as part of the 4ps child beneficiaries. In case there is, there is a limitation of 3 child beneficiaries to be registered per household. Thus, newly added infants cannot be included right away (unless a child beneficiary from the household exited the program).

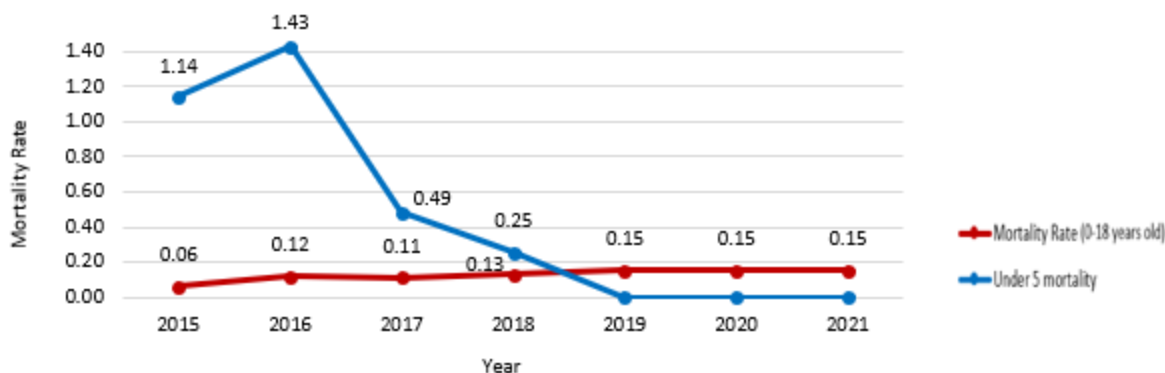


Figure 12. Under 5 Mortality Rate of Child Beneficiaries in NCR, 2015-2021

Figure 12 shows the trend rates of mortality and under 5 mortality rate of 4Ps child beneficiaries in the National Capital Region from 2015 to 2021. The under 5 mortality rate exhibits a trend of significant decline with 0 deaths in the year 2019 until 2020 while the overall mortality of the child beneficiaries remained consistent through the years. The highest under 5 mortality rate with 1.43 deaths. Moreover, an increase was observed in mortality rates from 2019 to 2021. The increase in mortality rate is limited interaction between health care providers and inaccessible health care services.

5. Discussions

The primary purpose of this study was to determine the effect of COVID-19 in the number of grantees, health compliance rate, child beneficiaries, and under 5 mortality in the NCR from 2015-2021.

Over the years, the number of grantees by province, sex, and age group in NCR was stable, and seems no apparent shift in trend despite the COVID-19 pandemic. There were times that grantees were decreasing because of delisting caused by the following circumstances: (1) no more eligible children for monitoring as validated by the agency; (2) no longer present in the last known address; (3) transferred to a different area where it is not considered an area of implementation of the program, (4) several times violating and not complying the 4Ps conditions; and (5) inclusion error. On the other hand, some of the reasons that brought the increase in the number of grantees are as follows: (1) delisted households were able to be reactivated again as long as eligible for Pantawid Pamilya Pilipino Program (4Ps); and (2) registration of replacement households under new sets.

While the Philippines' children's well-being has improved due to 4Ps, there are still numerous areas where they fall short. In our country, combating child poverty has become increasingly difficult. Both the frequency and degree of income poverty are increasing, indicating that efforts to address the growing number of poor people especially children remain insufficient because of their inversely proportional relationships.

The health compliance rate of the monitored child beneficiaries shows a decline in 2021, and by province and sex. The main reason for the decline is attributed to COVID 19 characterized by the imposition of quarantine measures, limited visits in clinics by under 5 children, and home visitations conducted by Barangay Health Workers pursuant to a memorandum of DOH that mandates local hospitals and health facilities to manage COVID and non-COVID patient and being able to continue offering health services (World Bank, 2021).

Prior to lockdown, the health compliance rate of children is up to 93% in NCR and 97% during 2020 where P1 to P3 was declared force majeure for all conditions. Despite the decline, it is still expected that the compliance rate across health, education, and attendance/participation to family Development Session will increase because of the recently approved National Advisory Council (NAC) Resolution 1 series of 2021, which allows delisting of the beneficiaries should they failed to comply with the requirements set forth. The guidelines under this resolution provide a safeguard to support non-compliant households in resolving the barrier impairing them from complying with the conditions.

It is also seen on results of the under 5 mortality observed from 2015-2021 that it had declined over the years. Whilst, the mortality rate of the child-monitored beneficiary seemingly increased in 2019-2021. This might be due to a lack of contact between healthcare practitioners and children beneficiaries and the unavailability of healthcare services because of the COVID-19 pandemic.

The narratives of the participants are deeply rooted in their own personal experiences and struggles before and during the pandemic era. Much of their difficulties were experienced during this period (2020-2021) because of COVID 19 pandemic and quarantine restrictions imposed in various areas in the NCR including their own locality. Their access to some services was somehow been affected as articulated by the participants.

6. Conclusion

On the basis of the preceding findings, the following conclusions are offered:

The erratic trend in the number of 4Ps beneficiaries in NCR over a period of time is maybe due to differing target beneficiaries of the said region for a particular year. Besides, the recruitment of new beneficiaries primarily entails an additional budget which DSWD is sometimes fell short of. In addition, the downward trend in the number of 4Ps beneficiaries in NCR from 2020 to 2021 may have been affected by the budgetary allocation caused by the COVID 19 pandemic.

The COVID 19-pandemic did not necessarily affect the health compliance of the child monitored 4Ps beneficiaries in NCR. This happened in 2020 when COVID-19 just started. This may be the effect of the DOH administrative guidelines which directed the Local Government Units (LGUs) to ensure continuity of essential health services among 4Ps beneficiaries despite the threat of the COVID 19 pandemic. However, the significant decrease in health compliance in 2021 can be attributed to the heightened restrictions imposed in NCR+ due to the sudden increase of COVID cases which overwhelmed most of the health care facilities in NCR. The significant drop in the health compliance of the child monitored beneficiaries in NCR from 2020 to 2021 may be due to the heightened restrictions imposed on NCR+ in the 1st quarter of 2021. Besides, the health care facilities and health workers which are primarily tasked to monitor the beneficiaries are temporarily assigned to COVID-19 response initiatives.

In contrast with the number of 4Ps beneficiaries, the number of child beneficiaries of 4Ps in NCR has stabilized even before and during COVID 19 era. This stationary trend may be attributed to the stable fertility and mortality events among 4Ps parent-beneficiaries.

The health programs/initiatives of the government are somehow effective in reducing the under 5 mortality among 4Ps beneficiaries even during this global health crisis era. Added to this are the improved health-seeking behaviors among 4Ps beneficiaries which can be accounted to as regular health checkups and practicing a healthy lifestyle.

It is thus proven that despite the pandemic, the beneficiaries have shown resiliency and flexibility in complying with the conditions set for the grant. On the part of DSWD, the agency is doing its best to be responsive and proactive to the needs of its beneficiaries by employing maximum tolerance in most of its conditionalities, especially to the non-noncompliant grantees. Nonetheless, the agency together with the relevant agencies are working hand in hand to ensure continuity of health services and at the same time attain the 4Ps goals and objectives without compromising the health of its beneficiaries.

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Conflicts of Interest: The authors declare no conflict of interest.

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