

## Comparative Studies Between Indonesia and Philippines Conditional Cash Transfer Policy: an Integrative Literature Review

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### ABSTRACT

Conditional cash transfer (CCT) interventions are prominent poverty-reduction instruments in Southeast Asia, yet systematic knowledge of the mismatch between design and reality remains insufficient. This integrative literature review analyzes 90 peer-reviewed articles comparing the Program Keluarga Harapan (PKH) in Indonesia and the Pantawid Familyang Pilipino Program (4Ps) in the Philippines. Based on a design-meets-reality model, the review studies consistency between design assumptions, implementation capacity, and contextual conditions. Findings indicate a systematic design-reality gap due to three theoretical shortcomings: transfer adequacy assumptions, complementarity assumptions, and a lack of behavioral change assumptions, which poorly address the beneficiary agency's multi-sectoral integration demands. The two programs operate under different institutional structures, which creates heterogeneity in implementation. Results show that CCT's effectiveness is mostly mediated contingently rather than deterministically by indices of implementation fidelity, supply factors, and situational conditions such as geographic marginality, disaster shocks, and conflict zones. Policy solutions to PKH involve realigning transfer adequacy, integrating complementary services, and reforming coordination, whereas 4Ps priorities involve lessening fragmentation, integrating health and nutrition, and enhancing transparency for recipients.

### A. INTRODUCTION

Poverty is a persistent problem in Southeast Asia, where structural inequalities are limiting access to health and education for the poorest groups (Sumarto & Moselle, 2015). ASEAN countries have developed poverty-reduction strategies tailored to their unique institutional contexts. CCT programs have taken centre stage as policy instruments, assuming that minimal financial transfers, conditional on the use of health and education services, can regularize household consumption and trigger investment in human capital (Fiszbein & Schady, 2009). Basic CCT theory holds that financial barriers are the main hindrances to the poor's service utilization, and eliminating these barriers through targeted transfers will alter patterns of health-seeking and educational engagement (Hyun Hwa Son,

2008). This reasoning draws on human capital investment frameworks focused on intergenerational poverty reduction through education and health capital formation (Becker & Tomes, 1986; Carneiro & Heckman, 2003). However, it is clear implementation experiences suggest that CCT outcomes vary across contexts and may depend on mechanisms beyond cash transfer provision.

The relationship between design and implementation can be examined through Program Keluarga Harapan (PKH) in Indonesia and Pantawid Familyang Pilipino Program (4Ps) in the Philippines. The two operationalize close mechanisms of conditionality; however, they operate under highly different institutional designs. PKH operates in Indonesia's decentralized governance, under which devolved administrative authority creates coordination challenges for program effectiveness (Olken, 2010). On the other hand, 4Ps has centralized targeting through national registries to minimize clientelism and improve beneficiary accuracy (Hyun H Son & Florentino, 2008). These institutional differences inform the interpretation of design intentions into implementation practices, with divergent patterns identified in targeting accuracy, service delivery effectiveness, and attainment of outcomes across geometrical areas and beneficiary/beneficiary subgroups. Both programs are faced with contextual conditions beyond the scope and protection capability. The consistent differences in programs designed and implemented across institutional and contextual conditions in different countries remain an under-addressed topic in the comparative literature.

#### **Focus, Research Gap, and Research Question**

Current PKH and 4Ps research captures implementation issues and outcome heterogeneity, and design limitations at the national level. There is, however, still a lack of systematic comparative analysis of design-reality gaps in both programs. While policy implementation scholarship takes into account the problem of fidelity between design intentions and actual operations (Pressman & Wildavsky, 1973; Sabatier & Mazmanian, 1980), and beneficiary agency scholarship describes beneficiaries improvising their way outside the scope of the programs (Kabeer, 2003; Sen, 1999), the frameworks are still inadequately integrated in the context of CCT evaluation in Southeast Asia. The literature of social protection has identified that the effectiveness of programs necessitates the multi-sectoral complementarity and institutional coordination (Barrientos, 2013; Devereux & Sabates-Wheeler, 2004), but the set of mechanisms through which design premises of complementarity, adequacy of transfers, and responsiveness of behaviour are proving to be inadequately useful remains unspecified. This gap suggests that CCT programs, with human capital investment foundations, are implemented in institutional, geographic, and social situations that are typically underestimated by program design. Accumulated evidence suggests that program effectiveness stems from complex interactions among design features, implementation capacity, and contextual conditions rather than transfer provision alone. However, comparative analysis of CCT implementation between Indonesia and the Philippines remains relatively limited.

This research addresses this gap through a comparative integrative literature review that systematically synthesizes PKH and 4Ps evidence to identify, explain, and theorize design-reality gaps. The research question is: How do policy design, implementation capacity, contextual conditions, and beneficiary agency shape alignment, divergence, and adaptation in the implementation of PKH and 4Ps? The analysis follows three dimensions: (1) the way design properties become embodiments of theories regarding poverty alleviation and behavior change; (2) the ways realization of the implementation does not correspond with the design plans; and (3) the ways realization of outcomes does not illustrate design-outcome mismatches. The results of systematic synthesis provide comparative knowledge about the emergence of the design-reality gap and theoretical knowledge about the demands for CCT effectiveness through the integration of design and implementation with contextual dimensions.

## **B. METHOD**

### **Research Design**

This study uses the Integrative Literature Review (ILR) methodology to fully compare the competencies of CCT programs in Indonesia (PKH) and in the Philippines (4Ps). The integrative review allows the discussion of the empirical and theoretical literature in distinct methodological traditions

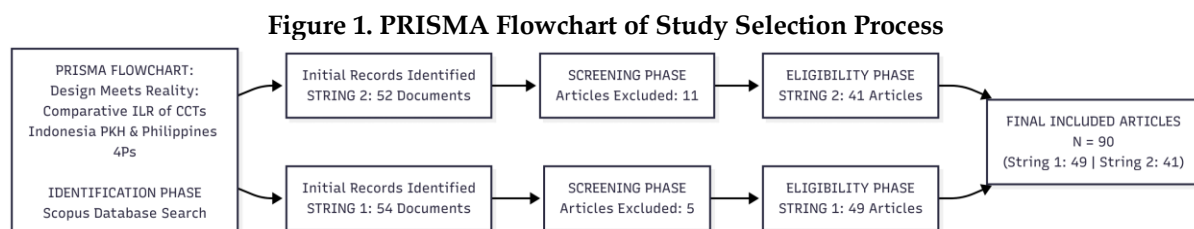
which offer holistic understanding of a phenomenon (Torraco, 2005; Whitemore & Knafl, 2005), and the rationale for using this method is supported here by its ability to incorporate multiple research design and analysis perspectives in the development of new understandings of comparative processes of design and implementation realities in different geographic and institutional settings. The research process is based on the five-step integrative review process developed by Whitemore & Knafl (2005) with recent refinements by Souza, Silva, & Carvalho (2010) and Oermann & Knafl (2021): problem identification, literature search, data evaluation, data analysis, and results presentation. ILR is used as the substantive synthesis strategy, whereas PRISMA is used as a reporting tool to ensure transparency in article identification, screening, eligibility assessment, and inclusion. The general research question is: "What are the comparative insights towards design-reality gaps in Conditional Cash Transfer programs, particularly in the context of PKH in Indonesia and 4Ps in the Philippines?" The literature search was performed in the Scopus database, which was selected because of its wide coverage of peer-reviewed journals on policy analysis, development studies, and social protection studies, using two different search strings to systematically retrieve literature for each program on 13 January 2026.

Search String 1 (Indonesia - PKH): TITLE-ABS-KEY ( ( "Program Keluarga Harapan" OR "PKH" OR "Hopeful Family Program" ) AND ( Indonesia ) ) AND PUBYEAR > 2006 AND PUBYEAR < 2026. This search yielded 54 documents, establishing a comprehensive baseline corpus for Indonesian CCT literature.

Search String 2 (Philippines - 4Ps): TITLE-ABS-KEY ( ( "Pantawid Pamilyang Pilipino" OR "4Ps" ) AND ( Philippines OR DSWD OR "Department of Social Welfare" ) ) AND PUBYEAR > 2007 AND PUBYEAR < 2026. This search yielded 52 documents, providing equivalent coverage for Philippine CCT literature.

### Data Evaluation and Selection

The inclusion criteria were that the studies met the following criteria: (1) the study directly examined PKH or 4ps program design, implementation, outcomes, or experiences by the beneficiaries; (2) it used an empirical approach or high-quality policy analysis; (3) the study was published in a peer-reviewed journal. Qualitative, quantitative, and mixed-method studies were included as long as they directly addressed PKH or 4Ps and provided substantive evidence related to programme design, implementation processes, outcomes, beneficiary experiences, or policy evaluation. Exclusion criteria ruled out studies of tangents with minimal CCT engagement, studies of alternative programs, and those with inadequate comparative data. Application of these criteria resulted in the identification of 49 PKH studies (5 exclusions) and 41 4Ps studies (11 exclusions): 90 documents in all for analysis. Figure 1 shows the PRISMA flowchart that summarizes the process of systematic selection in all phases, ranging from the initial records to the final being included.



Source: Visualization of the study selection process carried out by the Author's

Several methodological limitations should be acknowledged. First, this review relies on literature identified through the Scopus database. Although Scopus provides broad coverage of peer-reviewed publications in policy analysis, development studies, and social protection, this database limitation may exclude relevant regional scholarship, local-language publications, government reports, donor evaluations, and other grey literature that are important for understanding CCT implementation in Indonesia and the Philippines. Therefore, the findings should be interpreted as a synthesis of Scopus-indexed peer-reviewed scholarship rather than as an exhaustive review of all available evidence.

Second, the coding and thematic classification were conducted manually by the authors. To reduce interpretive bias, the coding process followed predetermined thematic categories, operational decision rules, repeated verification, and cross-programme consistency checks between PKH and 4Ps studies. However, because no independent intercoder reliability test was conducted, the possibility of interpretive subjectivity remains. Third, the evidence base is not entirely symmetrical across the two country cases. The PKH literature tends to focus more on implementation and local governance issues, whereas the 4Ps literature contains relatively more studies on programme design and policy architecture. This asymmetry is treated as a limitation and considered carefully in the comparative synthesis.

### Data Analysis and Synthesis

A comparative thematic analysis was conducted, and their structure was based on four themes: (1) Program Design Features, which included features of architecture, targeting methodology, amounts of transfers and other relevant features; (2) Implementation Reality, which reported the issues of administrative challenges, the accuracy of targeting, monitoring, coordination, and contextual barriers; (3) Outcome Heterogeneity, which reported about health, education, economic, demographic, and social results across geographies and subgroups; and (4) Design-Reality Gaps, describing the differences between design intentions and realized outcomes.

Standardized information such as publication details and study design, location, and findings were extracted for each study. Line-by-line coding allowed identification of concepts, mechanisms, and outcomes, and descriptive codes were assigned to higher-order analytical codes in an iterative fashion. Comparative integrative analysis was used to check for convergences and divergences between PKH and 4Ps for all four themes. Theoretical integration is in three different perspectives: Institutional Analysis, focused on organizational structures as well as fidelity implementation; Policy Implementation Frameworks, focused on design-reality gaps in complex policy; and Social Protection Theory, focused on beneficiary agency and adaptive practices. The synthesis included design-context interactions, implementation means of transferring design to practice, and beneficiary adaptive responses such as informal financial arrangements.

## C. RESEARCH FINDING AND DISCUSSION

### Interpretive Strategy: Alignment, Divergence, and Adaptation

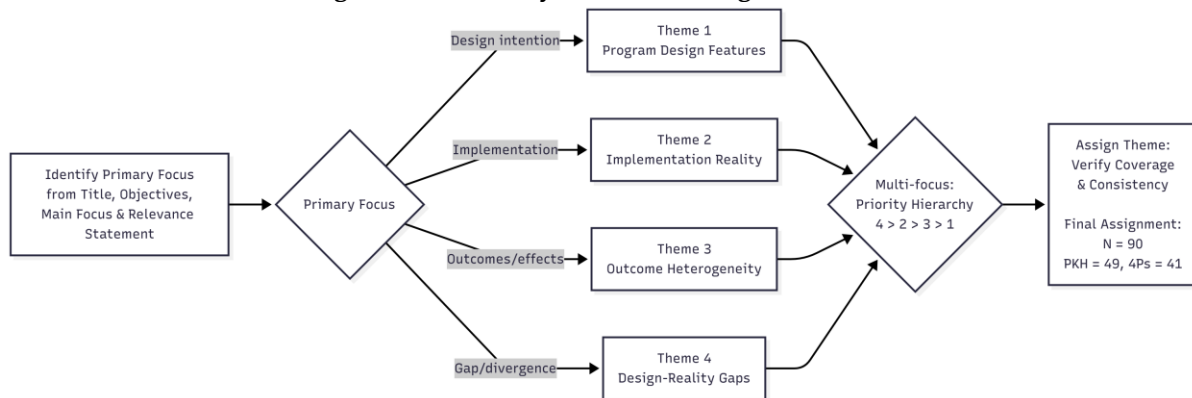
Before presenting the thematic classification, this section clarifies the interpretive strategy used to analyse the 90 included articles. To avoid treating design-reality gaps as a predetermined finding, the synthesis examines three possible relationships between CCT policy design and implementation reality: alignment, divergence, and adaptation. Alignment refers to situations in which programme design is supported by adequate implementation capacity and produces outcomes consistent with policy objectives, such as increased school participation, improved health service utilization, or short-term consumption smoothing. Divergence refers to situations in which design assumptions are weakened by implementation constraints, insufficient transfer adequacy, weak service complementarity, administrative fragmentation, or adverse contextual conditions. Adaptation refers to situations in which local implementers or beneficiary households reinterpret, negotiate, or adjust programme rules in response to institutional, socio-cultural, geographical, or economic constraints. This interpretive strategy allows the findings to capture not only policy mismatches but also instances of partial success and context-sensitive implementation.

### Coding Framework & Methodological Operationalization

Systematic classification of 90 articles required a rigorous, transparent coding framework operationalizing the design-meets-reality analytical structure through mutually exclusive decision rules across four thematic categories. The manual coding process was founded on critical analysis of article metadata (titles, stated objectives, "Main Focus" descriptors, and "Relevance to Research Question" justifications) documented during PRISMA-compliant screening, ensuring coding decisions were based on substantive contributions to understanding design-reality relationships rather than

arbitrary categorization. Three complementary quality control measures ensured classification rigor: comprehensive coverage verification confirming all 90 articles assigned exactly once with zero duplicates; cross-program consistency validation ensuring PKH and 4Ps articles addressing parallel questions received consistent thematic assignments; and theoretical alignment assessment confirming articles collectively operationalize the research framework. Figure 2 outlines the full coding framework, including six operationalized decision rules and three quality control measures used to categorize all 90 systematically included articles.

**Figure 2. Manual Systematic Coding Framework**



Source: Manual Systematic Process from Included Articles

The operationalized coding system was able to categorize all 90 articles according to clear, mutually exclusive decision rules that emphasize 3 important distinctions: that articles focusing on intended program mechanisms (Theme 1) should be distinguished from empirical analyses of outcomes (Theme 3); that implementation reality (Theme 2) is the "doing" dimension and outcome reporting should be distinguished; and that design-reality gaps (Theme 4) can be identified through discrepancy identification and mechanisms to explain the discrepancy. Technical accuracy and conceptual consistency were checked through quality control: coverage check attained 100% classification accuracy without duplicates (PKH=49; 4Ps=41); cross-program consistency checks revealed parallel thematic designations of similar articles; theoretical consistency tests ensured that all articles offered a consistent analytical account of the design-meets-reality framework. This successful operationalization allows one to confidently go to the second phase of data thematic extraction and classification.

### Thematic Distribution & Classification of Articles Results

Application of the operationalized coding framework resulted in systematic classification of all 90 included articles into four major themes of analysis, providing the basis for comparative integrative analysis. Table 1 presents the complete thematic classification of all 90 included articles, organized into four primary themes, with each entry including the theme title, a conceptual explanation of the analytical focus, and a complete list of included articles.

**Table 1. Article Classification According to 4 Major Analytical Themes**

THEME: EXPLANATION & RELEVANCE TO RESEARCH QUESTION	INCLUDED ARTICLES
<p><b>THEME 1: PROGRAM DESIGN FEATURES.</b> Identifies intended program architecture including targeting methodologies, conditional mechanisms, transfer amounts, and complementary components. Captures the DESIGN dimension of how PKH and 4Ps are structured to reduce poverty through behavioural economics principles, providing essential baseline for comparative</p>	<p><b>PKH (12):</b> Aizawa, 2020; Astutik et al., 2022; D Julius et al., 2022; Hamzah et al., 2025; Hatta &amp; Sarkawi, 2011; Julaihah et al., 2025; Koesnadi et al., 2025; Komarawati, Nurdin, Gunawan, &amp; Nunung Nurwati, 2025; McCarthy &amp; Sumarto, 2018; Priebe &amp; Sumarto, 2025; Syukri et al., 2010; Umusya' Adah et al., 2018</p> <p><b>4Ps (11):</b> Abenir et al., 2021; Catubig et al., 2015; Curry et al., 2013; Enriquez et al., 2021; Gusto &amp; Roque, 2018; Howlett et al., 2018; Mendoza et al., 2015; Orbeta, 2018; H.</p>

analysis with implementation reality and design-reality gaps.	Son & Florentino, 2008; Tiglao-Torres, 2011; Zarsuelo et al., 2018
<b>THEME 2: IMPLEMENTATION REALITY.</b> Examines how program design is translated into implementation practice across diverse institutional and geographic contexts. Captures the REALITY dimension through administrative challenges, coordination failures, capacity constraints, and context-specific barriers, documenting divergence between design intentions and actual implementation processes.	<b>PKH (15):</b> Ciptawaty et al., 2025; Damanik et al., 2025; Ernawati et al., 2021; Hudang et al., 2024; Hudang & Setyarini, 2024; Ismail et al., 2023; Kurniawan et al., 2024; La Kamalussin et al., 2021; Noegroho et al., 2024; Rizqi et al., 2021; Sariningsih et al., 2021; Setiawan et al., 2021; Siahaan & Sihombing, 2019; Wahyudi et al., 2019; Yuda et al., 2024 <b>4Ps (11):</b> Cuizon & Cuizon, 2022; Dodd et al., 2024; Lalawigan et al., 2024; Magno et al., 2024; Membrebe & Benito, 2023; Obligado, 2024; Pangilinan et al., 2020; Pasuelo, 2019; Quimson, 2020; Salazar, 2020; Villaseñor, 2025
<b>THEME 3: OUTCOME HETEROGENEITY.</b> Analyses reported program outcomes across multiple dimensions (health, education, economics, demography, social) with systematic documentation of heterogeneity and contingency effects. Demonstrates that outcomes vary by geographic context, beneficiary subgroups, and temporal dimensions, contingent upon design features, implementation fidelity, and contextual characteristics.	<b>PKH (11):</b> Biringkanae & Tammu, 2023; Effendi et al., 2025; Fitrinitia & Matsuyuki, 2022, 2023; Jaya & Saptoni, 2025; Nuryadin et al., 2023; Bano et al., 2021; Hadna et al., 2022; Hadna & Askar, 2022; Kusuma et al., 2017; Nurkhalim et al., 2022 <b>4Ps (10):</b> Barbado et al., 2024; De Regla & others, 2025; Herrera et al., 2023; Maimad et al., 2023; Onsay et al., 2025; Bustos et al., 2023; Cagape et al., 2017; Catubig & Villano, 2017; Jabar et al., 2020; Kandpal et al., 2016
<b>THEME 4: DESIGN-REALITY GAPS.</b> Identifies, categorizes, and explains persistent discrepancies between program design intentions and realized outcomes. Synthesizes evidence from Themes 1-3 to explain WHY gaps occur, from implementation challenges, contextual factors, or invalid theoretical assumptions, directly addressing the core research question of how design meets reality in CCT implementation.	<b>PKH (11):</b> Habibullah et al., 2024; Komarawati, Nurdin, Gunawan, & Nurwati, 2025; Munawaroh et al., 2024; Sari & Solikah, 2024; Yuliani & Nasrudin, 2024; Hadna & Kartika, 2017; Kusuma et al., 2016, 2017; Lee & Hwang, 2016; Rizal & Van Doorslaer, 2019; Syamola & Nurwahyuni, 2019 <b>4Ps (9):</b> Alinsunurin, 2021; Alsol et al., 2025; Capuno, 2025; Diaz, 2021; Domingo et al., 2019; Montecillo et al., 2017; Ocampo-Guirindola et al., 2025; Ramsli et al., 2023; Swamy, 2016

*Source: The results of coding and grouping articles according to theme by author*

The thematic classification exhibits thoroughness of coverage of design meets reality framework across the PKH and 4Ps literature in balanced distribution among four themes: program design features with 23 articles (25.6%), implementation realities with 26 articles (28.9%), outcome heterogeneity with 21 articles (23.3%), and design-reality gaps with 20 articles (22.2%). Comparative analysis shows that the focus of PKH literature is implementation reality (30.6% vs. 4Ps: 26.8%), suggesting a substantial amount of literature has been produced in Indonesia on how design negotiates institutional and geographical barrier that 4Ps literature is more focused on design features (26.8% vs. PKH: 24.5%), indicating more interest in the origin of policy transfer. Both programs, however, generated similar proportions of outcome heterogeneity and design-reality gaps literature, signaling recognition by constructing convergent recognition of contingency of effects. This thematically organized inventory of 90 articles delivers a very strong evidence base for comparative integrative analysis, setting up systematically intended archives of architecture as aims, studying institutional encounters, recording empirical results, and synthesizing divergence of design-a-reality.

## Comparative Integrative Analysis: PKH vs 4Ps Cross Thematic Comparison

### Theme 1: Program Design Characteristics - Comparative Analysis

Program design features set the basic blueprints through which both PKH and 4Ps aim to reduce poverty through human capital investments. When the design dimensions in both programs are compared, it is possible to identify unique strategic decisions regarding targeting, the conditionality

structure, and complementary mechanisms that reflect the institutional background and policy philosophy of each country.

**Table 2. Program Design Features Comparison**

DESIGN DIMENSION	PKH (INDONESIA)	4Ps (PHILIPPINES)	KEY DIFFERENCES & SIMILARITIES
<b>Targeting Approach</b>	Household-level poorest quintile + vulnerability criteria; decentralized targeting with community involvement	Multidimensional targeting (poorest + condition-poor); centralized national registry reducing clientelism	PKH emphasizes vulnerability & local knowledge; 4Ps emphasizes centralized precision reducing political capture; both target poorest segments
<b>Conditional Mechanisms</b>	Health monitoring (prenatal, postnatal, vaccination); education attendance; facilitation through companions	Health consultations; school attendance; family development sessions; community participation	PKH includes intensive facilitation component; 4Ps emphasizes community engagement & behavioral compliance verification; both use health-education conditionalities
<b>Transfer Amounts &amp; Payment Systems</b>	Modest transfers; recent digitalization (debit cards); addresses financial inclusion barriers	Modest transfers; biometric security innovation; payment modality flexibility for indigenous populations	Both struggle with transfer adequacy; PKH emphasizes financial inclusion pathway; 4Ps emphasizes equity in delivery mechanisms
<b>Complementary Components</b>	<i>E-Warong</i> livelihood integration; companion-led facilitation; integrated empowerment	Complementary public services; multi-sector coordination; infrastructure investment focus	PKH integrates livelihood transitions; 4Ps emphasizes systemic complementarity; both recognize cash alone insufficient

*Source: Comparative synthesis based on all articles classified under Theme 1 (Program Design Features)*

Although both programs use the same conditional logic, PKH focuses more on facilitating and integrating livelihood paths through relational mechanisms. In contrast, 4Ps focuses more on the institution's coordination and centralized precision. The two programs acknowledge that design intentions cannot be operationalized without the service ecosystems that accompany them.

## Theme 2: The reality of implementation - Comparative Analysis

Implementation reality refers to how designed programs encounter institutional, administrative, and contextual barriers during actual delivery. A comparison of implementation issues highlights systematic limitations and operational localization that led to differences in the realities of PKH and 4Ps.

**Table 3. Implementation Reality Comparison**

IMPLEMENTATION DIMENSION	PKH (INDONESIA)	4Ps (PHILIPPINES)	KEY DIFFERENCES & SIMILARITIES
<b>Targeting Accuracy</b>	Persistent mistargeting; informal debt & socio-cultural uses diverge from design; data quality limitations undermine precision	Program fragmentation creates redundancy & inequities; documentation burdens; municipal-level inconsistencies	Both systems struggle with targeting accuracy; PKH affected by personalistic implementation; 4Ps affected by multi-program fragmentation
<b>Administrative Coordination</b>	Decentralization paradoxes; multi-agency coordination failures; geographic implementation variation	Administrative continuity breaks across government transitions; political economy undermines sustainability	PKH faces decentralization coordination challenges; 4Ps faces political economy volatility; both show geographic heterogeneity
<b>Frontline Implementation</b>	Facilitator capacity gaps; limited health literacy	Compliance monitoring gaps; transparency	Both programs show capacity-implementation gaps; PKH

	achievement (56-64%); technology adoption barriers	deficits; disbursement delays; beneficiary access constraints	emphasizes facilitator training deficits; 4Ps emphasizes systemic transparency failures
<b>Contextual Barriers</b>	Post-disaster ineffectiveness; remote island marginalization; informal patron-client networks dominate	Conflict zone implementation failures; gender-education intersectionality gaps; indigenous population access constraints	PKH vulnerable to geographic/disaster contexts; 4Ps vulnerable to conflict/social fragmentation; both show context-specific adaptation failures

Source: Comparative synthesis based on all articles classified under Theme 2 (Implementation Reality)

As implementation realities show, both programs face problems with coordination, target precision, and adaptability to context. PKH encounters decentralization coordination issues and territorial obstacles; 4ps encounters political economy instability and institutional disintegration. Both are implementations with systematic design divergence.

### Theme 3: Outcome Heterogeneity - Comparative Analysis

The results of programs show systematic heterogeneity that depends on geographic setting, beneficiary characteristics, temporal factors, and the availability of complementary services. Comparing patterns of outcomes shows that effectiveness is not necessarily predetermined by design, but results from implementation-context interactions.

**Table 4. Outcome Heterogeneity Comparison**

OUTCOME DIMENSION	PKH (INDONESIA)	4Ps (PHILIPPINES)	KEY PATTERNS
<b>Health Outcomes</b>	Effective consumption smoothing; prenatal visits increase but birth weight improvement modest; severe stunting reduction demonstrated; vaccination effectiveness constrained by supply-side barriers	Stunting reduction (2.1 pp) documented; paradoxical malnutrition (higher stunting + overweight simultaneously); health service utilization improves; food insecurity paradox during COVID-19	Both show partial health effectiveness; PKH constrained by WASH infrastructure; 4Ps constrained by nutritional complementarity; both show outcome contingency
<b>Education Outcomes</b>	School enrollment increases (7.1% net primary; 7.6% junior high); academic achievement gaps persist; enrollment-achievement divergence clear	School enrollment increases; parental involvement improves; academic gains limited; quality gaps persist despite attendance	Both programs effective for enrollment; both ineffective for achievement; reveals design insufficient for learning outcomes without pedagogical complements
<b>Economic Outcomes</b>	Income effects modest; consumption diversity improves; livelihood diversification limited (28% nonfarm wage); long-term benefits exceed short-term	Income effects modest (11%); dietary diversity improves; housing/infrastructure improvements; poverty gap unresponsive to transfers	Both show modest income effects; both improve diversity/consumption; both reveal transfer inadequacy for extreme poverty; long-term effects more substantial
<b>Geographic/Subgroup Heterogeneity</b>	Rural-urban variation significant; remote areas show program failure; disaster contexts overwhelm program; gender burden persists	Municipal-level inconsistencies; performing provinces differ sharply; conflict zones show gender-education gaps; indigenous populations require alternative modalities	Both show systematic geographic heterogeneity; both vulnerable to external shocks; both demonstrate context-specific adaptation needs

Source: Comparative synthesis based on all articles classified under Theme 3 (Outcome Heterogeneity)

The pattern of outcome heterogeneity indicates that CCT effectiveness should not be interpreted only as evidence of design failure. Both PKH and 4Ps demonstrate partial design-implementation alignment in several outcome areas. In education, both programmes are associated with improved school participation and enrolment, suggesting that conditionality and cash support can reduce immediate barriers to schooling. In health, both programmes show improvements in service utilization, including prenatal care, health consultations, and child health-related participation, although the effects on nutritional status remain uneven. Economically, both programmes contribute to short-term consumption smoothing and improvements in household expenditure patterns, even though their effects on poverty-gap reduction and long-term livelihood transformation remain limited. These findings show that CCTs can produce positive outcomes when transfer delivery, service availability, and household capacity to comply are sufficiently aligned. However, the persistence of learning gaps, nutrition constraints, modest income effects, and geographical disparities also indicates that programme design alone is insufficient without complementary services, adequate transfer levels, and context-sensitive implementation capacity.

#### Theme 4: Design-Reality Relationships: Comparative Analysis

This theme examines design-reality relationships by identifying not only gaps between policy intentions and implementation outcomes, but also the conditions under which programme design partially aligns with implementation or is adapted in practice. In this section, design-reality gaps are treated as one possible pattern within a broader policy relationship, rather than as a predetermined assumption. The comparison of PKH and 4Ps therefore focuses on three analytical questions: where design assumptions are supported by implementation realities, where they diverge from actual conditions, and how implementers or beneficiaries adapt programme rules in response to institutional, socio-cultural, geographical, and economic constraints.

**Table 5. Design-Reality Relationships and Gap Mechanisms Comparison**

GAP CATEGORY	PKH (INDONESIA)	4Ps (PHILIPPINES)	SHARED PATTERNS
<b>Transfer Adequacy Gaps</b>	Transfer amounts insufficient for extreme poverty elimination; lowest wealth quantile doesn't benefit; child labor prevention undermined by short-term inadequacy	Income-gap responsive but poverty-gap unresponsive; transfer insufficiency for consumption smoothing under stress; long-term benefits require sustained participation	Both programs show systematic transfer inadequacy; both fail to reach extreme poverty; both show long-term benefits exceed short-term; design assumption of adequacy invalid
<b>Complementarity Gaps</b>	PKH alone insufficient for stunting (requires WASH); livelihood component requires intensive support; education alone insufficient for learning outcomes	Health-education conditionalities insufficient without nutrition/gender interventions; parenting behavior change requires complementary ICDP; supply-side constraints bottleneck effectiveness	Both reveal that cash transfer alone insufficient; both require multi-sector complementarity; design assumes program-alone sufficiency; empirically invalid
<b>Behavioral Mechanism Gaps</b>	Financial literacy gaps persist despite program; beneficiary adaptation creates informal debt traps preventing exit; unintended fertility consequences (moral hazard)	Gender autonomy constrained by conditionality governance; entitlement-agency disconnects undermine transformation; financial literacy gaps despite participation	Both show behavioral mechanisms more complex than design assumes; both create unintended consequences; both reveal normative assumptions embedded in design prove empirically problematic
<b>Implementation-Outcome Gaps</b>	Implementation quality variation produces	Administrative inconsistency produces municipal-level	Both show implementation fidelity predicts outcomes; both

outcome heterogeneity; poor targeting data undermines effectiveness; facilitator capacity gaps limit outcomes	outcome variation; political economy volatility affects sustainability; compliance gaps undermine behavioral change	reveal governance quality determines effectiveness; both demonstrate implementation- design divergence explains outcome heterogeneity
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*Source: Comparative synthesis based on all articles classified under Theme 4 (Design-Reality Gaps)*

The comparison presented in Table 5 shows that design–reality relationships in PKH and 4Ps cannot be reduced to implementation failure alone. Both programmes demonstrate partial alignment where transfers and conditionalities support school participation, health service utilization, and short-term consumption smoothing. However, divergence emerges when the assumptions embedded in programme design are not supported by actual implementation and contextual conditions. Three recurrent divergence mechanisms are evident: transfer adequacy gaps, complementarity gaps, and behavioural mechanism gaps. Transfer adequacy gaps occur when modest benefits are insufficient to address extreme poverty or reduce poverty gaps. Complementarity gaps emerge when conditionalities increase demand for health and education services, but service quality, infrastructure, nutrition support, or WASH conditions remain inadequate. Behavioural mechanism gaps occur when programme design assumes predictable compliance, while beneficiaries respond through more complex practices shaped by household priorities, gender norms, informal debt, care responsibilities, and local economic pressures. These patterns indicate that CCT effectiveness depends on the interaction between design assumptions, institutional capacity, service complementarity, contextual constraints, and beneficiary agency. Thus, the design–reality framework should be understood not simply as a gap-identification tool, but as an analytical framework for explaining alignment, divergence, and adaptation in CCT implementation.

## DISCUSSION

### Explaining Alignment, Divergence, and Adaptation in CCT Implementation

The comparative synthesis of PKH and 4Ps literature reveals three patterns of design–implementation relationships: alignment, divergence, and adaptation. Alignment appears when programme design is supported by adequate implementation capacity, accessible services, and beneficiary ability to comply with conditionalities, producing outcomes such as improved school participation, increased health service utilization, and short-term consumption smoothing. Divergence occurs when design assumptions are weakened by insufficient transfer adequacy, weak service complementarity, administrative fragmentation, uneven governance capacity, or adverse contextual conditions. Adaptation emerges when local implementers and beneficiary households reinterpret, negotiate, or adjust programme rules in response to institutional, socio-cultural, geographical, and economic constraints. Therefore, the discussion does not treat design–reality gaps as predetermined, but explains how CCT effectiveness is shaped by the interaction between policy design, implementation capacity, contextual conditions, and beneficiary agency.

Foundational CCT theory presumes that, by reducing economic constraints on human capital investment, modest cash injections will promote behavioural adjustment in health-seeking and educational participation among the targeted poor (Kandpal et al., 2016; Pasuelo, 2019; Priebe & Sumarto, 2025). PKH design incorporates this assumption through transfer amounts intended as additional income for the poorest households (Hatta & Sarkawi, 2011). 4Ps employs a similar assumption: that targeted transfers reduce consumption to a level that allows conditional service utilization (Howlett et al., 2018; Hyun H Son & Florentino, 2008). Nonetheless, comparative evidence shows systematic incompetence in transferring funds to eradicate extreme poverty. Capuno (2025) shows that 4ps transfers, although sensitive to reductions in income gaps, are insensitive to poverty gap closure because their design does not reach the poorest groups, regardless of targeting intentions. Likewise, Hadna & Askar (2022) demonstrate that the lowest-wealth quintile of PKH experiences minor poverty alleviation, indicating that the transfer adequacy premises fail in the context of high poverty. The theoretical implication is that CCT designs rest on assumptions about transfer adequacy that become miscalibrated relative to poverty realities.

Classical CCT theory views programs as behavioural incentive mechanisms that operate through conditionality (Pasuelo, 2019). Financial incentives encourage service use, leading to human capital outcomes such as exposure to health and education services (Aizawa, 2020; Kandpal et al., 2016; Priebe & Sumarto, 2025). This framework assumes that service systems themselves are of sufficient quality, coverage, and responsiveness to achieve intended outcomes in the face of increased demand through conditionality. A comparative analysis shows that this assumption is systematically invalid. Damanik et al. (2025) report that the PKH's design plans to reduce stunting are undermined by the realities of poor WASH infrastructure during implementation, demonstrating the insufficiency of behavioural compliance with health conditionalities without additional infrastructure investments. Munawaroh et al. (2024) also show that environmental factors are more important than income support in determining nutritional outcomes, indicating design-level theoretical gaps where complementarity is not specified. Hadna et al. (2022) demonstrate that stunting reductions are minimized under PKH, which necessitates the use of multiple household determinants beyond the program's control. In the 4Ps, Bustos et al. (2023) report protective effects against chronic stunting but no effect on responsiveness to acute wasting, a design weakness given the multidimensional nature of malnutrition and the use of a simplified conditional structure. CCT design theory assumes programs are stand-alone interventions affecting demand-side utilization, but implementation reality shows dependence on supply-side complementarity, environmental preconditions, and sector integration beyond individual program boundaries.

CCT theory is premised on the idea that financial incentives and conditionality generate behavioural responses in service-seeking patterns that mechanically translate into improved human capital outcomes (Barbado et al., 2024; Hadna & Kartika, 2017; Kusuma et al., 2017; Noegroho et al., 2024). Comparative evidence shows that behavioural mechanisms are substantially more complex than the design assumptions specify (Alinsunurin, 2021; Bano et al., 2021; Dodd et al., 2024; Jaya & Saptani, 2025; Syukri et al., 2010). For PKH, Kusuma et al. (2017) demonstrate that behavioural compliance with health conditionalities is not sufficient in the face of supply-side constraints. That behavioural change occurs only when complementary supply-side conditions enable actual service access. Noegroho et al. (2024) document that facilitator-led behavioural change mechanisms achieve only 56-64% health literacy among beneficiaries, underscoring the need for intensive support beyond the program design for behavioural change. Bano et al. (2021) demonstrate that PKH creates unintended fertility consequences through moral hazard effects suggesting that behavioural responses operate through mechanisms design does not anticipate or control. In case of 4Ps, Dodd et al. (2024) expose entitlement-agency disconnections that neutralize transformational possibility even when design is intended to be realized, beneficiary agency is shown to be designed to work through transparency short-comings and governance failures which are unchecked by design. Lalawigan et al. (2024) show that financial literacy disparities persist despite participation in intervention programs, suggesting that behavioural change mechanisms in financial decision-making require more targeted interventions than are provided in these programs. Alinsunurin (2021) documents that 4Ps conditionality mechanisms reconfigure women's beliefs through governmentality mechanisms that the design does not intend to have unintended normative impacts that constrain beneficiary autonomy. Behavioural economics presupposes behavioural responses are predictable through program design, but implementation reality suggests they necessitate complex institutional, cultural, and interpersonal processes where program levers have only partial effect.

Evidence from related social protection contexts in Indonesia similarly highlights that systemic structural barriers limit the capacity of poor households to exercise meaningful agency and access their programme entitlements (Hajad et al., 2025). In both PKH and 4Ps, recipients interpret conditionalities in relation to household priorities, care responsibilities, service accessibility, and local economic pressures. Transfers may be used for education and health-related needs as intended, but they may also be redirected toward food consumption, transport costs, debt repayment, emergency expenses, or livelihood-related needs when households face more urgent vulnerabilities. These practices do not simply indicate non-compliance; rather, they reveal how beneficiaries negotiate programme rules within constrained socio-economic environments.

Beneficiary agency can both support and limit programme effectiveness. It supports programme objectives when households use transfers to sustain school attendance, maintain health visits, participate in family development activities, and protect consumption during shocks. However, it may also expose design limitations when households rely on informal debt networks, comply selectively with conditionalities, or struggle to meet programme requirements because of poor service access, gendered care burdens, geographic isolation, or unstable livelihoods. This suggests that CCT implementation is co-produced by policy design, frontline administration, service availability, and beneficiary adaptation. A more responsive CCT design should therefore incorporate beneficiary feedback, accessible grievance mechanisms, rights-based communication, and flexible implementation arrangements for households facing severe contextual constraints.

Institutional differences between PKH and 4Ps should not be reduced to a simple contrast between decentralization and centralization. While PKH operates within Indonesia's decentralized governance system and 4Ps relies more strongly on centralized targeting and national programme architecture, implementation outcomes are shaped by broader governance and political-economic conditions. In Indonesia, decentralization can create opportunities for local responsiveness, community-level facilitation, and contextual adaptation. However, it can also generate coordination problems across central, provincial, district, and village-level institutions, especially evidence from poverty alleviation information systems at the provincial level shows that data incompleteness and weak inter-agency coordination constrain the effectiveness of poverty targeting (Mapala et al., 2024). Village-level program evaluation confirms that data updating processes and coordination among implementing agencies remain persistent challenges, with some eligible households still not receiving programme assistance (Saputra et al., 2022).

In the Philippines, centralized targeting and national registry systems may reduce some risks of local clientelism and improve programme standardization. Nevertheless, centralized design does not eliminate implementation variation. Municipal-level capacity, bureaucratic workload, political transition, programme fragmentation, and uneven service availability continue to shape how 4Ps is delivered in practice. Political economy factors are particularly important because programme sustainability depends on policy continuity, stable budgeting, inter-agency coordination, and administrative protection from changing political priorities. Thus, implementation problems in 4Ps are not simply the result of centralization, but also reflect the interaction between national programme design, local administrative capacity, fiscal commitment, and accountability mechanisms.

The comparison therefore suggests that both decentralized and centralized CCT arrangements carry distinct implementation risks. PKH faces risks related to local capacity variation, fragmented coordination, and uneven data updating, while 4Ps faces risks related to programme fragmentation, political-administrative discontinuity, and municipal implementation inconsistency. In both programmes, effective implementation depends on the quality of bureaucratic coordination, data infrastructure, fiscal support, frontline discretion, and accountability systems. This indicates that institutional architecture matters, but it shapes outcomes through governance capacity and political-economic conditions rather than through decentralization or centralization alone.

The design-meets-reality framework theorizes poverty reduction through alignment of three dimensions: design assumptions on causality, implementation capacity, and contextual conditions. Comparative analysis demonstrates systematic gaps across all dimensions. Design assumptions empirically invalidated regarding transfer adequacy, complementarity requirements, and behavioural mechanism complexity shows the implementation capacity uneven across institutional types (McCarthy & Sumarto, 2018; Membrebe & Benito, 2023). Program protective capacity is overburdened by contextual conditions that design is not accounting for, such as geographic marginality, disaster shocks, conflict zones, and pandemic externalities (Ciptawaty et al., 2025; Ismail et al., 2023; Magno et al., 2024; Ocampo-Guirindola et al., 2025). The theoretical contribution is that poverty-reduction outcomes result from interactions among design, implementation, and context, requiring recognition of ecological, institutional, and behavioural embeddedness of human capital formation within dynamic poverty contexts.

### **Policy Implications, Research Limitations, and Future Directions.**

The theoretical gaps identified in this review call for strategic programmatic refinements for PKH to increase design-reality alignment and poverty reduction effectiveness (Damanik et al., 2025; McCarthy & Sumarto, 2018; Munawaroh et al., 2024; Noegroho et al., 2024; Setiawan et al., 2021; Yuda et al., 2024). The first is transfer adequacy, which warrants immediate policy attention. Existing PKH transfers, although valuable for consumption smoothing (Effendi et al., 2025), are insufficient to eliminate extreme poverty among the lowest wealth groups (Hadna & Askar, 2022). The policy recommendation is to reposition the transfer quantum towards upward movement and an apparent poverty gap-closing level, especially for households living in extreme poverty. Second, the complementarity mechanisms require structural integration. As shown by (Damanik et al., 2025) and, PKH needs to invest in water-sanitation-hygiene infrastructure and to deliver environmental complementarity that it cannot provide to fulfill its health and nutrition goals. The policy recommendations are to incorporate PKH into coordinated water-sanitation-hygiene and food production programs, with an explicit multi-sector coordination mechanism at the provincial and district levels, rather than the existing silo implementation.

Third, the word supply-side complementarity implies sector integration. Barbado et al. (2024), Bustos et al. (2023), and Herrera et al. (2023) confirm that health system strengthening, nutrition-specific interventions, and the diversification of food production, which are not included in the program design, are essential to achieve 4ps health and nutrition outcomes. Policy suggestions include implementing clear health and nutrition complementary pacts with the Department of Health and food security agencies, defining quality criteria for health institutions for beneficiaries of 4Ps, and including food production assistance as part of household livelihood benefits. Fourth, there is a need for a transformative reorientation of policy regarding gender equity. Alinsunurin (2021); Magno et al. (2024). Gender education gaps in conflict zones conditionality mechanisms inadvertently reconfigure women's autonomy and create gaps in gender education intersectionality. Gender-transformative methods of beneficiary engagement that emphasize beneficiary rights and conditionality responsibilities, integrate gender-sensitive parenting programs (Ramsli et al., 2023), and incorporate conflict-sensitive adaptations to programs in geographically volatile areas, with program design that accommodates gender-education differences rather than worsening them, are being introduced through policy recommendations.

Fifth: administrative consistency and capacity strengthening. Membrebe & Benito (2023), Obligado (2024), and Cuizon & Cuizon (2022) report that 4Ps implementation varies across administrations, municipalities, and governance contexts, thereby compromising sustainability and equity. Policies are creating an independent program that implements unit civil service protection and secure multi-year budgeting, making the program less susceptible to fluctuations in the political economy and more stable during changes in government. Sixth, the transparency and accountability of beneficiaries require strengthening of governance. According to Dodd et al. (2024), agency and program legitimacy are compromised by a lack of transparency and failures of compliance monitoring. Policies should establish clear systems of communication with beneficiaries, state program benefits and conditionality expectations in clear language, conduct periodic beneficiary satisfaction surveys, and design independent beneficiary grievance mechanisms to make the program responsive to beneficiaries' needs and build program legitimacy.

This integrative literature synthesis summarizes 90 incorporated articles but has a methodological bias that incorporated studies are more likely to focus on implementation challenges; future studies should use longitudinal beneficiary tracking, focus on underrepresented geographic settings (remote PKH areas, Mindanao conflict zones of 4Ps), examine beneficiary psychological-sociological reactions by mixed-method designs, apply comparative institutional ethnography across decentralized and centralized settings, test adaptive capacity to compound shocks (climate, pandemic and geopolitical) and test capability-based alternative program models of transform.

## D. CONCLUSION AND RECOMMENDATION

This comparative integrative literature review synthesizes evidence from 90 studies on PKH (Indonesia) and 4Ps (Philippines), demonstrating that program effectiveness emerges from intricate interactions among design, implementation capacity, and contextual conditions. The analysis reveals systematic design-reality incompatibility driven by three theoretical flaws: transfer adequacy assumptions fail in extreme poverty contexts; complementarity assumptions underestimate multi-sectoral integration needs for human capital formation; and behavioral change assumptions overlook beneficiary agency within culturally embedded and institutionally complex settings. Both programs operate within distinct institutional architectures (PKH's decentralized governance versus 4Ps' centralized targeting) producing implementation outcomes unanticipated by design. Outcome heterogeneity across geographic settings, beneficiary subgroups, and temporal dimensions indicates that CCT effectiveness is contingent, not deterministic, mediated by implementation fidelity, supply-side complementarity, and situational contingencies including disaster shocks and conflict zones.

Theoretically, this reorients CCT analysis from transfer-centric to integrated design-implementation-context perspectives. Policy implications for PKH include aligning transfer quantum to poverty thresholds, integrating multi-sectoral coordination, ensuring facilitator quality assurance, reforming devolution with accountability systems, and reinforcing community-based targeting. For 4Ps, priorities encompass reducing program fragmentation, introducing targeted poverty-gap transfers for the extreme poor, integrating health and nutrition services, advancing gender-transformative engagement, and enhancing transparency through grievance mechanisms. Future research should track beneficiaries longitudinally, examine underrepresented geographic settings, employ integrated methods to capture psychological-sociological responses, conduct comparative institutional ethnographies, and test capability-based alternative models. The design-meets-reality framework establishes that sustainable poverty reduction requires integrating design intentions, implementation realities, and beneficiary adaptive capacities within dynamic poverty landscapes.

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