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Examining the effects of drug-related killings on Philippine Conditional Cash Transfer beneficiaries in Metro Manila, 2016-2017

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Abstract

Is the Philippine War on Drugs truly a 'War on the Poor'? Focusing on beneficiaries of the Philippine conditional cash transfer (CCT) or the *Pantawid Pamilyang Pilipino Program*, we examine the effects of anti-illegal drug operations on poor families in Metro Manila from April 2016 to December 2017.

From field validation and interviews with families affected by drug-related killings (DRKs), we find that at least 333 victims out of 1,827 identifiable DRK cases in Metro Manila from June 2016 to December 2017 were CCT beneficiaries. This is equivalent to anywhere from 1,365 to 1,865 affected household members, including at least two children per family. At least 12 cases involved multiple killings within the same family. These are extremely conservative figures since field validation did not saturate all cities in Metro Manila and does not include deaths after December 2017 or other poor families that are not covered by the CCT.

The findings illustrate that drug-related killings negatively affect CCT beneficiaries and their families. Most victims were breadwinners, leading to a decrease in household income. The reduced available income, as well as the social stigma of having a drug-related death in the family, causes children covered by the CCT to drop out of school. Widowed parents often find new partners, leaving the children with aging paternal grandmothers. Drug-related killings are often bookended by other hazards such as flooding, fires, and home demolitions. The direct effects of these killings, compounded with disasters and other socio-economic shocks, traumatizes CCT families, erodes social cohesion, and pushes them further into poverty. We conclude with recommendations for the design of support packages to mitigate untoward effects on families, children, the elderly, as well as single parent households.

Keywords: drug war, Philippines, conditional cash transfer, poverty, urban violence

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1. Introduction

"*Pantawid, ime-maintain ko 'yan. Yung pang-ulam dagdagan mo* (I will maintain the Pantawid program. Increase their funds for food)."
-Rodrigo Duterte, 2 February 2016[2]

"If you know of any addicts, go ahead and kill them yourself as getting their parents to do it would be too painful."
-Rodrigo Duterte, 1 July 2016[3]

Three years since President Duterte launched the so-called 'War on Drugs', much has been written regarding the degree of violence deployed by state and quasi-state mechanisms to rid the Philippines of an alleged 3.7 million drug users, pushers, and protectors.[4] Approximately 29,000 deaths attributable to this Drug War have been recorded as of July 2019, many of them from urban poor communities. Cabrera (2019) reported that according to the Philippine National Police (PNP), 5,526[5] drug personalities were killed in anti-drug operations as of July 2019, while the last reported count of deaths under investigation (DUI) was at 23,327 cases in March 2019. Reports by international organisations such as Amnesty International (2017) and Human Rights Watch (2017) underscore the punitive approaches of the state towards suspected illegal drug users and dealers. This has led different stakeholders to suggest that the 'Philippine War on Drugs' is a misnomer—that it is actually a war on the poor (PhilRights, 2018; Amnesty International, 2017).

We focus on beneficiary-families on the Philippine conditional cash transfer (also known as the *Pantawid Pamilyang Pilipino Program* or '4Ps' and herein referred to as CCT) to study the direct and indirect effects of drug-related killings (henceforth referred to as DRKs) on the lives of impoverished families in Metro Manila during the first phase of the Duterte administration's anti-narcotics policy (May 2016 to December 2017). The CCT is a guaranteed monthly cash transfer to poor households in return for their compliance to select health and education conditionalities intended to break

[2] Statement from a GMA DZBB radio interview by then Mayor Rodrigo Duterte as part of his Presidential Campaign. The statement was later published on Rappler, 2 February 2016.
[3] Speech delivered during his oath taking as President of the Philippines.
[4] In his first State of the Nation Address in July 2016, Duterte estimated that there were 3.7 million drug addicts in the Philippines, echoing his election campaign rhetoric of a nascent narco-state. This contrasts with the Dangerous Drugs Board's figures of 1.3 million drug users, or the claim of the United Nations Office on Drugs and Crime (UNODC) that the Philippines has an estimated prevalence of drug use rate of only 1.69 percent, well below the overall global rate of 5.2 percent. In fact, the UNODC does not classify the Philippines as a narco state.
[5] A presentation made by Maj. Gen. Ma-o Aplasca, chief of the PNP Directorate for Operations, in June 2019 indicated that there were 6,600 drug related deaths in police operations. This figure is 1,174 higher than the numbers released in July 2019.

intergenerational poverty by “keeping children in school and keeping them healthy”. Currently, the program covers 4.4 million households, with 4.1 million belonging to the regular CCT program while 300,000 are covered under the modified CCT (MCCT) for homeless street families and indigenous peoples (IPs).[6] As of March 2018, there were about 223,000 households covered by CCT and MCCT in Metro Manila.

As the first attempt to examine the direct and indirect effects of drug-related killings in CCT households, we analyse patterns across cities in Metro Manila, focusing on four case study areas: Tondo in Manila, Mandaluyong, Marikina, and Quezon City. The study covers Metro Manila because it has the highest concentration of reported drug users according to a 2017 statement from the Philippine Drug Enforcement Agency (PDEA).

As such, we seek to answer the following questions:

1. How many CCT beneficiaries were victims of drug-related killings in Metro Manila from 2016 to 2017?
2. Where are these CCT beneficiaries who were victims of drug-related killings located?
3. How does the drug-related killing of a family member affect CCT families and their communities?

While CCT beneficiaries are only approximately twenty (20) million of the poor population, they are the most ‘legible’ to policy interventions given that their identities and that of their families are encoded in the National Household Targeting System for Poverty Reduction (NHTS-PR)[7] and CCT databases. Scott (1998) defines legibility as the exercise of the state of its power to document and control its population, often through provision of social services, infrastructure, and security. The CCT remains to be the flagship social protection program of the Philippine government and has been used in the last decade to anchor other socioeconomic interventions. With the policy pivot of the Duterte administration to intensified anti-narcotics operations, understanding the effects of DRKs on longstanding social protection investments, such as the CCT, provides an entry point for policy assessment at household, community, and national level.

It must be said that while we focus on CCT beneficiaries in Metro Manila because they are the most ‘legible’ cohort of the country’s poor, this does not mean that other victims of drug-related killings are not poor. Working with registered CCT households is a very conservative estimate of the count of poor households affected by anti-narcotics operations because it is limited to households with children aged 0-18 years old. In addition to families without young children, the CCT lists are likely to miss recent migrants, families in hard-to-reach communities (including the so-called ‘geographically isolated

[6] The Modified Conditional Cash Transfer program increases the reach of the Philippine CCT by covering homeless street families and indigenous peoples (IP) with the objective of preparing them for eventual mainstreaming to regular CCT program. Modified cash transfers cover households which are not covered by the regular CCT such itinerant families.

[7] NHTS-PR or *Listahanan* is a government information management system that identifies who and where the poor are in the Philippines.

and disadvantaged areas'), as well as families that are slightly above the poverty threshold, or the so-called near poor households.

This study stems from more than two (2) years of fieldwork in various communities in Metro Manila. We draw our findings from three bodies of data: a list of DRKs, a validated CCT-DRK list, and a set of key informant interviews (KIIs) with affected families.

a) **Metro Manila DRK list (2,267 cases).** Given the sparse and often-contested public data on drug-related killings, primary and secondary data were collected in Metro Manila from April 2016 to December 2017, to build a database of 2,267 DRKs. This was generated mostly from information provided by community sources. Data validation was carried out for the DRK database through validation of entries with online sources, specifically media reports.

b) **Metro Manila CCT-DRK (333 cases).** Out of a database of 2,267 DRKs in Metro Manila from 2016-2017, an initial list of 604 possible CCT-DRK cases were identified by triangulating community reports and the initial name-matching done with the Department of Social Welfare and Development (DSWD) field office in Metro Manila. Field validation was done from August 2018 to August 2019 to collect supporting information from the 604 households that were reported to be CCT beneficiaries, particularly provision of their CCT household ID number. Due to limited time and resources for house-to-house visits, only 333 out of 604 reported cases were validated. This resulted to a list of 333 cases of drug-related killings confirmed to be CCT beneficiaries (CCT-DRK[8]).

c) **Interviews with families (31 cases).** To complement the quantitative data derived from the 333 CCT-DRK cases, qualitative data gathering was done through thirty-one (31) unstructured key informant interviews (KII) with families of CCT-DRK victims in Manila, Mandaluyong, Quezon City, and Marikina using purposive sampling. These life-story interviews were open-ended, with the objective of understanding the impact of specific events on a person's life and well-being. The KIIs were conducted in close coordination with representatives of partner civil society organizations. The common themes in the interviews were coded and used to validate the themes emerging from the quantitative data generated from the CCT-DRK database.

Given that a sizeable number of CCT beneficiaries in Metro Manila have been affected by DRKs, and that these effects have led to untoward impacts on income, social cohesion, psychosocial well-being, a number of concrete steps are recommended.

First, efforts should be made to prevent further killings, and to identify other CCT-DRK victims outside the 333 cases cited in this study. At the same time, livelihood and

[8] CCT-DRK refers to CCT beneficiaries that are confirmed to be DRK victims. In this paper, we use the acronym to refer to specific individuals killed as well as their households.

psychosocial support must be given to surviving family members, particularly to ensure that children are able to return to and continue school—and issues such as bullying are addressed. This should cover not only Metro Manila but all other regions nationwide. With recent innovations using the MCCT for homeless families, indigenous peoples, and communities affected by natural disasters, similar programming can be considered for families who have experienced deaths due to drug-related killings, specifically solo-parents, ageing breadwinners, and female headed households.

At the level of the Department of Social Welfare and Development (DSWD), opportunities for programming include the next round of *Listahanan* assessments, which will form the basis of a new wave of CCT programming, as well as the implementation of Republic Act No. 11310, An Act Institutionalizing the *Pantawid Pamilyang Pilipino Program.* Although the CCT is a national program, local government units (LGU) and other community stakeholders can and should support these vulnerable families, including the implementation of harm reduction programs to address the roots of drug use.

A policy review to protect CCT beneficiaries and sustain gains of social protection investments must be prioritized. In line with this, the Data Privacy Act must be rigorously enforced to protect 'legible' families included in government databases, particularly to prevent their targeting or harassment by the police or the security sector. The relative costs and benefits of each policy should be analysed, along with safety nets and support programs to ensure that beneficiaries of social protection packages are less vulnerable to criminality, illegal drugs, or the drug-related killings associated with the anti-illegal drug campaign and the fallout thereof.

While these recommendations are specifically geared towards CCT beneficiaries, we stress that they should also apply to other poor families that are not included in the program but are nevertheless suffering due to drug-related killings in their families and communities.

The report is structured as follows: after the introductory section is a brief review of literature on poverty, social protection, and the Philippine Drug War. The third section describes the methods of data collection. The results and findings are presented in sections four and five, followed by the conclusion and recommendations.

2. Situating the Philippine War on Drugs: between poverty reduction and increased securitization

2.1 Vulnerability, social protection, and poverty alleviation programs in the Philippines

The Philippines is one of the most vulnerable countries in the world and second in terms of internal displacement (Global Climate Risk Index, 2018). Exposure to various risks has an impact on poverty, contributing to high national poverty incidence. Twenty-one percent of Filipinos still live below the national poverty line, lagging behind other countries in Southeast Asia (Philippine Statistics Authority, 2018; ASEAN, 2018). The Philippines is also characterized by high socio-economic inequality, with the poorest 20% of Filipinos owning less than 5% of the country's total income while the richest 10% accumulate 2.7% more than the poorest 40% (Cigaral, 2017). Approximately 15.8 million Filipinos nationwide or 38% of the labour force still belong to the informal sector and are not fully enjoying the benefits of existing labour market interventions (Labor Force Survey, 2016 cited in Pasion 2017).

Despite the Philippine government's commitment of reducing poverty to 13-15% by 2022, as indicated in NEDA's *AmBisyon Natin 2040*,[9] which has been supported by investments in social protection programs such as conditional cash transfers and universal health care, the poverty rate remains high. High socio-spatial inequality, compounded by cyclical waves of natural disasters and armed conflict, hampers efforts for inclusive and sustainable growth (World Bank, 2018a).

Metro Manila remains to be one of the largest urban centres in the world with a population of 12.8 million (Philippine Statistics Authority, 2015). Poor families are constantly confronted with physical, economic, social, and environmental risks. Access to basic needs and services is also a challenge among the poor, especially for health, housing, and education. Poverty levels are strongly linked to educational attainment, with two-thirds of poor households headed by people with only elementary school education (ADB, 2009). Another manifestation of this gap is that 13.54% of children in secondary education are already working to help their families (Maligalig et. al, 2010).

Social protection policies and programs in the Philippines in the last decade have been designed to: a) reduce poverty and vulnerability to risk; b) enhance the social status and rights of the poor through livelihood; and c) protect the poor and marginalized against hazards that may lead to loss of income (NEDA, 2007). The Philippine Social Protection Framework is therefore anchored on four components, namely: a) labour market interventions; b) social insurance; c) social welfare; and d) social safety nets or social assistance. Cash transfers are one of the most commonly implemented social protection programs, with both short-term and long-term impacts, namely income augmentation and human capital investment. It is designed to contribute to breaking intergenerational child poverty by investing in human capital, specifically the education and health of children.

The Philippine CCT was first implemented in 2007 and was institutionalised into law in 2019. The CCT now benefits 4.4 million households, covering 21% of the total population and 100% of poor households with children (Acosta and Velarde, 2015). As of 2019, government

[9] *Ambisyon Natin 2040* is the government's strategic plan focused on reducing poverty and improving the lives of the poorest segments of the population.

investment in the CCT totals approximately 500 billion pesos (10 billion US dollars using October 2019 conversion rates) including loans from the World Bank and the Asian Development Bank. As such, the Philippine Government spends an average of 16,000 pesos per year per CCT family[10] for the education and health of school-aged children.

Table 1 presents the conditionalities for the CCT based on the *Pantawid Pamilya* Operations Manual (2014).

Table 1. Health and education conditionalities of the Philippine CCT

Health conditionalities	Education conditionalities
1. Children below 5 years old are taken to the health station for age-appropriate health checks and services prescribed by the Department of Health (DOH) 2. Children aged 6-14 years old receive deworming pills twice a year 3. Pregnant women go for trimestral consultations during pregnancy 4. Pregnant women give birth attended by a skilled health professional 5. Grantee attend monthly Family Development Sessions	1. Children aged 3-5 years old enrol in pre-school and attend at least 85% of the school days per month (300 pesos per month) 2. Children aged 6-18 years old enrol in elementary or high school and attend at least 85% of the school days per month (500 pesos per month).

Source: DSWD CCT-NPMO, 2014

Each child in elementary school receives 300 pesos per month while a child in high school receives 500 pesos per month. Meanwhile, the household receives 500 pesos per month for the health conditionalities. In 2017, under the Duterte administration, an additional 600 pesos was provided per household for rice subsidy and 200 pesos per month as unconditional cash transfer (UCT) to help households cope with the effects of Republic Act No. 10963 or the TRAIN Law (Tax Reform for Acceleration and Inclusion Act).[11].

Acosta and Velarde's (2015) benefit incidence analysis of the CCT showed that the program reduced short-term poverty by adding to the income of CCT households. Estimates show that the CCT program reduced the national poverty rate by up to 1.5 percentage points, lifting 1.3 million households out of poverty (World Bank, 2018a). Based on the impact evaluation done by Orbeta et. al (2014), education expenditure among CCT households is 82% higher than non-CCT children based on annual expenditure per school-aged child. In terms of health services, 70% of CCT beneficiary mothers delivered their babies in health facilities compared to 56% of non-CCT beneficiaries. Furthermore, the impact evaluation also showed that the program kept older children, aged 12-15 years old, in school.

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[10] This number reflects the cash grants alone. Actual figures in government spending are much higher when counting other social investments such as education and health.

[11] As the first package of the Comprehensive Tax Reform Program (CTRP), the TRAIN Act reduced personal income taxes but imposed higher excise taxes on tobacco, petroleum products, high-sugar beverages, automobiles, and other non-essential goods, leading to increases in the price of sardines, milk, canned meat, and other basic commodities.

Cook, Ludwig, & McCarry (2011) observe that greater household income arising from participation in a social program can alter that household's daily lifestyle. For example, parents may have more time to take care of their children, which in turn contributes to children being less exposed to crime and with fewer opportunities to engage in delinquent behaviour. Linked to this concept of social mobility is the Family Development Session (FDS), a unique component of the CCT. The FDS requires parents to meet once a month to discuss topics such as responsible parenthood and financial literacy. The Philippine CCT also serves as the entry point for complementation with other government programs such as the Sustainable Livelihood Program (SLP)[12] and National Health Insurance Program (NHIP). The convergence of government programs towards the CCT is intended to maximize impact and ensure that the poor and vulnerable are given opportunities to meet their basic needs and eventually to improve their quality of life.

2.2 Violence and the drug war in the Philippines

While social protection and poverty reduction programs like the CCT has helped poor families improve their well-being, recent work from Albert and Vizmanos (2018) still indicate that poverty in the Philippines remained unchanged from 2003 to 2015. There must be an acknowledgement that despite social protection programs, the dynamic nature of poverty makes the poor and the low-income non-poor move up and down the poverty line depending on their exposure to numerous socio-economic shocks and vulnerabilities. This includes various forms of violence and conflict plaguing the Philippines, ranging from petty crime to multiple ideology-based armed conflicts.

The PNP reported that the nationwide crime rate from July 2016 to June 2018 dropped by 21.48% compared to the same period from 2014 to 2016. However, the murder rate increased, particularly in Metro Manila by 112% with 3,444 cases from July 2016 to June 2018 compared to 1,621 murder cases from July 2014 to June 2016 (Macapagal, 2018). These sudden increase in murder cases can be attributed to the increased magnitude of drug-related killings in Metro Manila from July 2016 to late 2017.

Further, the "10 Point Socio-Economic Agenda" was later revised as a "0 + 10 Point Socio-Economic Agenda", with the zero being post-rationalized by National Economic and Development Authority (NEDA) Secretary Ernesto Pernia as fighting criminality, corruption, and smuggling, without which "it will be difficult for the economy to thrive and flourish and for the country to prosper."[13] At the community level, the pursuit of suspected drug users was operationalized by the government through projects such as *Oplan Tokhang* and *Oplan* Double Barrel (Command Memorandum Circular, 2016-16) of the PNP and DILG's MASA MASID[14], which serves as the linchpin of community governance and community based drug rehabilitation initiatives of the government.

The current anti-narcotics campaign can be understood as a scale up of the Davao model,

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[12] The Sustainable Livelihood Program (SLP) is a capability building program for poor and marginalized families, which helps them acquire the necessary assets to engage in and maintain thriving livelihoods to help improve their socio-economic conditions. SLP has two tracks, employment facilitation and microenterprise development.

[13] Explained in a May 2017 briefing at the World Economic Forum (WEF) on the Association of Southeast Asian Nations (ASEAN) in Cambodia (*The Manila Times,* 29 May 2017).

[14] MASA MASID stands for *Mamamayang Ayaw sa Anomalya, Mamamayang Ayaw sa Iligal na Droga* (Citizens Against Anomalies, Citizens Against Illegal Drugs).

particularly with the mobilization of a coercive apparatus like the 'Davao Death Squad', which Duterte relied on heavily when he was mayor (Curato, 2017; Coronel, 2017; Reyes, 2016). Iglesias (2018) presented longitudinal data on violence in Davao City, during Duterte's term as Mayor, which showed that Davao displayed an odd pattern of violence compared to other regions because of the high magnitude of violence against civilians. For the past three years, the total number of people who died under the administration's anti-illegal drug campaign is higher than any national calamity experienced in recent decades. Simangan (2017) examines this as a form of genocide with mass murder being a tool for an illusory war that strips away the humanity of drug suspects with no one being accountable for their deaths.

2.3 Counting the dead

A major challenge for robust analysis lies in the numbers. Although the Philippine Government has released a unified portal on the drug war, RealNumbers.ph, various instrumentalities report different figures. The PNP (2016) claimed that 93% of the 42,000 barangays in the Philippines are "drug-infested", which contrasts with the initial report of the Philippine Drug Enforcement Agency (PDEA) (2016), which states that out of the 42,036 barangays, only 19,717 or 46.91% are drug affected. In the government's Philippine Anti-Illegal Drugs Strategy (PADS) document of 2018, the PDEA reported that this has increased to 58.01% or 24,424 drug-affected barangays. This already shows contradictions within government itself on the magnitude of the drug problem and how certain institutions use overstated figures to justify the intensity of the drug war. The disaggregation of the official government data on the DRKs is not publicly available. The PNP withdrew from the Freedom of Information (FOI) portal in March 2017.

As a response to this gap, institutions such as the Ateneo School of Government (ASoG) conducted a preliminary analysis of 5,021 documented cases of DRK based on media reports. While still incomplete, the ASoG database is currently the most comprehensive victim-level database of DRKs since 2016. In the analysis done by ASoG, an estimated 47% of those killed were found to be low-level drug suspects, with 40% of the killings concentrated in poor communities in Metro Manila. It is worth noting that on Duterte's first day in office, thirty-nine (39) people were killed in immediate and simultaneous anti-drug operations. UNICEF (2018) estimates that at least thirty three (33) children have been killed as 'collateral damage', while groups such the Children's Legal Rights and Development Center (CLDRC) estimate the death toll of children at seventy-four (74) as of December 2017 (Child Rights Network, 2018).

Estimations made by David and Mendoza (2018) state that anywhere from 18,000 to 32,000 children may have been orphaned due to the Philippine Drug War, a number that excludes children arrested or detained for drug-related charges. This is supported by the statement made by former DSWD Official Hope Hervilla (cited in See, 2016) where an estimated 18,000 children are affected by the Philippine War on Drugs based on a conservative estimate of 6,000 DRKs from July to December 2016. However, an analysis of twenty-three (23) different datasets led Ball, et al (2019) to note that these official and supplementary databases of DRKs are grossly understated, and that a more accurate tally is approximately 2.94 times greater than existing police reports.

2.4 Measuring the effects of urban poverty and violence

These phenomena linked to the violence brought about by the drug war is not limited to the Philippines. In the context of Latin America, the drug wars started in the 1970s with the United States funding the campaign to dismantle drug cartels in countries such as Mexico and Colombia (Huey, 2014). In most cases, these 'drug wars' tend to be ineffective (Enamorado, et al., 2015; Werb et al., 2011) and prone to abuse and increased violence (Vitale, 2017). Studies show that drug wars, as in those waged in the United States, Mexico, and Colombia, often lead to violence and human suffering, especially among the poor (Vitale, 2017; Sandvik and Hoelscher, 2016; Werb et al, 2011). In Mexico, the drug war already registered the second highest number of casualties for 2016 with nearly 23,000 homicides, following Syria's 50,000 deaths during its civil war (IISS Armed Conflict Survey, 2017). This is not only because of the tendency to strengthen police and military power in the guise of order and public safety (Correia and Wall, 2018; Vitale, 2017), but it is also built on the concept of the criminal as the social enemy, who can then be systematically dehumanized and stripped of rights.

The literature also points to various methods of estimating the economic costs of large-scale violence and armed conflict. A recent development measures household-level relative economic effects of exposure to violence and insecurity, indicates that aggregate cost of fear is higher than that of experiencing violence (Rockmore, 2016). Because more people feel insecure than actually experience violence, conflict-related losses continue to be incurred even after violence has ended.

Regardless of context, existing studies show the direct negative relationship between parental death and education. The loss of a parent or household head amongst poor families often causes a reduction in investments in children's human capital (Gertler et al.,2006; Case et al., 2004). Intergenerational trauma is another direct consequence of sustained violence, as in that deployed by anti-illegal drug campaigns. Intergenerational trauma occurs when children who witness abuses or violence possess a higher tendency to perpetrate violence later in life (World Bank, 2011, p. 60).

3. Data Collection

3.1 Building the DRK and CCT-DRK Databases

At present, there is no complete database for the DRK in the Philippines. The PNP releases official data for deaths in police operations and deaths under investigation (DUIs) only as aggregates. While there are multiple databases existing across different organisations since the Philippine Drug War started in 2016, these remain to be subsets of an unknown universe of DRKs. The largest is the one consolidated by the ASoG based on publicly available media reports nationwide. The ASoG database recorded 5,021 deaths nationwide in the first sixteen (16) months of the Duterte presidency, of which at least 2,000 cases were recorded in Metro Manila. As of April 2019, the AsoG tally has reached over 7,000 deaths.

The main challenge in doing research on DRKs is collecting and cross-referencing data, especially as the killings still continue to date. Given the uneven distribution of partners on the ground, more data were collected and sourced from areas where our partners have a strong presence, particularly Manila, Quezon City, Marikina, Mandaluyong, and the area composed of

Caloocan, Malabon, Navotas, and Valenzuela (CAMANAVA). From April 2016 to December 2017, we collected a total of 2,267 DRK cases[15]. Table 2 below describes the main sources of the 2,267 cases and how they were cross-referenced.

Cross-referencing with other data sources was necessary in order to remove duplicate entries (i.e. both nicknames and full names were captured in the database). Of the 2,267 entries, 1,827D RK cases had first names and last names, making them identifiable DRK cases that can be compared to and cross-validated with other databases. Out of the study's DRK database, there were 604 DRK cases that were reported to be CCT beneficiaries that needed further validation. The initial report of these CCT-DRK cases were based on feedback by community sources and an initial name-matching done by the Department of Social Welfare and Development's regional office in Metro Manila (DSWD-NCR). Out of the 604 CCT beneficiary-families reported to be affected by drug-related killings, only 333 cases have been successfully validated[16] through house-to-house visits and through name-matching by DSWD-NCR.

Table 2. DRK database, distribution by source

Data Source	Description	Count
Community Sources	Data was provided by various partner CSOs operating within the communities where the DRK happened.	450
Community sources triangulated with media reports	Initial data was provided by community sources. Often these are names of victims, location of death, and date of deaths. This information was cross-referenced with media sources.	1,348
PNP	This was provided by one police station in Manila prior to the restrictions in data sharing on DRK.	19
Media Sources	The daily report on DRK posted online by media outfits such as ABS-CBN, Philippine Daily Inquirer, and Philippine Star	450
TOTAL		**2,267**

Source: authors' database

3.2 Database matching and descriptive statistics

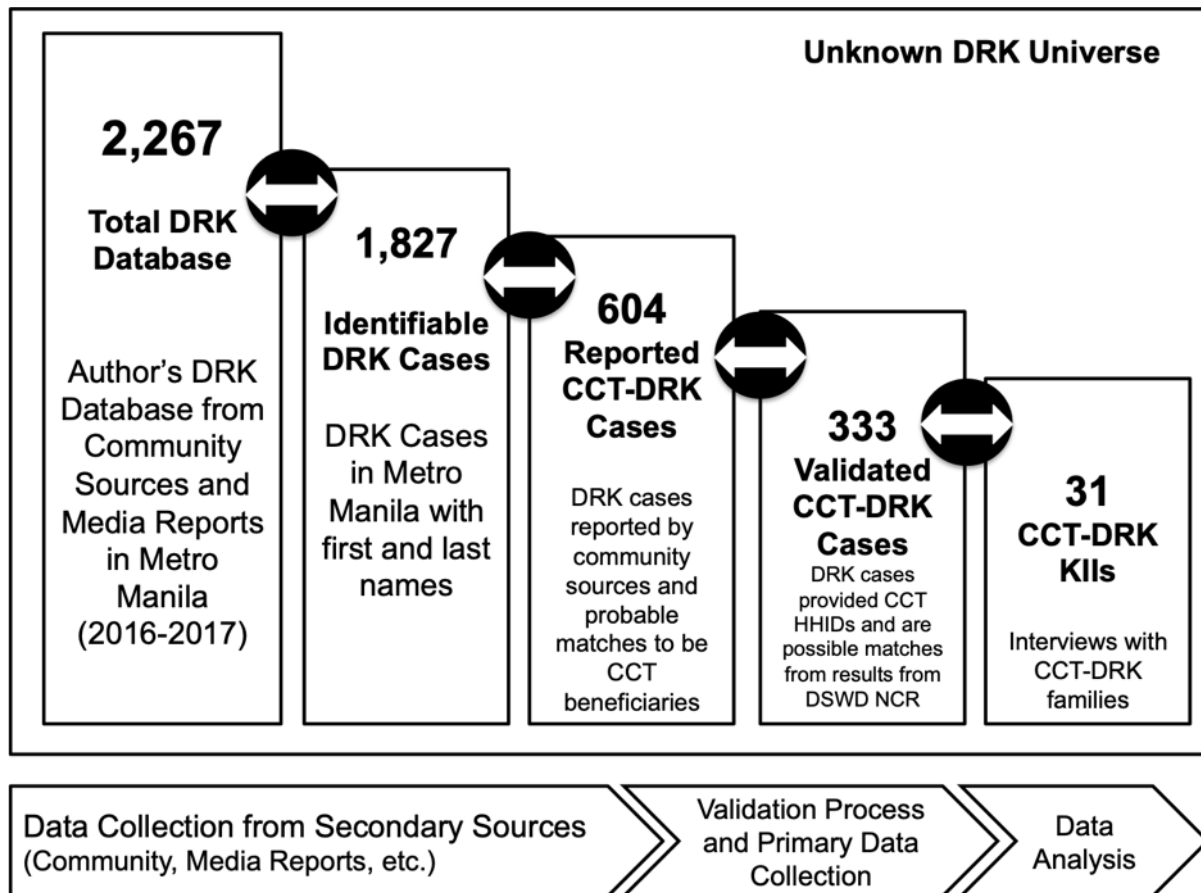
The DRK database is sparse given the nature and sources of the data available but as researchers, we work with what is available and verifiable. Out of the current DRK database, only 1,827 identifiable DRK cases were eligible for comparison and matching with the reported CCT

[15] This is less than the 2,396 cases in the earlier version of the paper. The difference was a result of the validation where two entries (often a nickname and a complete name) were validated to be the same person. These entries were tagged as duplicates and were eventually removed from the DRK database. The database of 2,267 is the study's final DRK Database.
[16] Validated CCT-DRK households are those who were able to provide their CCT-household ID number and a copy of their ID.

cases. The remaining 440 DRK cases did not have either a first name or last name, often they are known by aliases or they are unidentified, which rendered these entries ineligible for the name matching done by the DSWD-NCR[17]. More than a hundred cases from the name matching of DSWD-NCR were also in 333 CCT-DRK validated cases.

The 333 CCT-DRK cases were analysed through descriptive statistics based on the readily available variables common among all the datasets. This includes variables profiling the possible CCT-DRK victim such as age and sex. Meanwhile, variables surrounding the DRK incident such as type of operation causing the DRK, time of death, and location of death were also analysed.

Figure 1. Relationships between DRK and CCT-DRK data in Metro Manila, 2016-2017



[17] The matching results from DSWD NCR included possible matches based on name, location, and age. The DSWD-NCR did not disclose the specific methodology used for name-matching. The transmittal from DSWD-NCR indicated 196 possible CCT-DRK matches.

3.3 Key Informant Interviews

The main respondents of the interviews were CCT beneficiaries who lost at least one family member due to drug-related killings. The interviews followed a life-story format and were carried out in four areas: the district of Tondo in Manila, Quezon City,[18] Mandaluyong, and Marikina. These areas were selected purposively, based on the recommendation of partner civil society organisations who also served as field guides to help locate and identify respondents.

Among the four interview areas, Tondo and Quezon City had two of the largest magnitudes of DRKs in Metro Manila. These areas were also the most difficult areas to get KII respondents because of the fear that respondents' lives will be put at risk. In contrast, the magnitude of killings in Marikina and Addition Hills in Mandaluyong remain difficult to establish, given that these areas are not always covered by media reports. Due to the perception that DRKs in these two cities were underreported, our field partners recommended that these be included as case study areas.

Respondents were selected using purposive sampling based on three factors: 1) they are validated CCT beneficiaries; 2) their willingness to take part in the study as respondents; and 3) their level of personal security. Since the study intended to collect sensitive and confidential information, the safety of the respondents and field validators were top priority. We ensured that consent forms were completely understood and signed and that aliases were used to protect respondents' identities.

Table 3 shows that the four KIIs areas in Metro Manila have different socio-economic, political, and hazard vulnerability profiles. These variations play a role in the way DRKs affect CCT-DRK families. Manila and Quezon City have two of the largest populations of CCT beneficiaries in Metro Manila, with 47,572 and 38,764 household beneficiaries respectively. Marikina and Mandaluyong have similar physical characteristics but have very different economic profiles, with Mandaluyong exhibiting slightly higher income because of the multitude of commercial and business establishments in the area. However, the count of registered CCT beneficiaries for these two areas is within the same range, which means that the magnitude of poor households with young children for both cities is almost the same.

Since the KII areas are predominantly informal settler family (ISF) communities, respondents are often vulnerable to numerous hazards, which include displacement, fire, and flooding.

[18] Due to security threats received while doing interviews in Tondo, Manila and Quezon City, particularly on the part of our community partners, we decided to discontinue doing KIIs in these areas in the course of the study.

Table 3. Description of KII areas (Mandaluyong, Manila, Marikina, Quezon City)

City/ Barangays/ District	Population/ Area /Density	Income (in pesos)	Hazard Vulnerability [19]	Count of CCT beneficiaries [20]	CCT-DRK Reported cases	CCT-DRK Validated /No. of KIIs
Manila 896 barangays 6 districts	1.78 million (2015) 42.88 km^2 71,263/km^2	12.6 billion (2017)	Fire Displacement	47,572 households	121 reported cases	66 validated cases 3 KIIs
Marikina 16 barangays 2 districts	450,741 (2015) 21.52 km^2 21,000/km^2	1.969 billion (2016)	Flooding Displacement	8,449 households	12 reported cases	12 validated cases 8 KIIs
Mandaluyong 27 barangays 1 district	386,276 (2015) 11.06 km^2 18,000 km^2	5.317 billion (2016)	Fire Displacement	8,536 households	26 reported cases	24 validated cases 14 KIIs
Quezon City 142 barangays 4 districts	2.94 million (2015) 17,666 / km^2 17,759/km^2	17 billion (2016)	Fire Displacement	38,764 households	113 reported cases	65 validated cases 4 KIIs
Location requested to be withheld						2 KIIs

Source: Philippine Statistics Authority, 2015; DSWD, 2017; Key Informant Interviews

Thirty (30) out of thirty-one (31) respondents were female, often mothers and spouses of DRK victims. Table 4 shows that thirteen (13) out of thirty-one (31) respondents were mothers of victims and are aged between 50-85 years old; twelve (12) were spouses and were aged between 25-50 years old; and the remaining six (6) are extended family members. Three (3) respondents are from Tondo, Manila, eight (8) are from Marikina, fourteen (14) are from Mandaluyong, four (4) from Quezon City, and two (2) requested their location to be withheld for security reasons. There

[19] These vulnerabilities were identified by respondents of the KIIs.
[20] Data as of March 2017.

were twice as many respondents in Mandaluyong because of the proximity of the respondents' houses to each other. Field interviews had to be cut short in Tondo, Manila and Quezon City for the safety and security of both respondents and field guides.

The average household size for the respondents is seven (7); with the largest household having thirteen (13) members while the smallest had three (3) members. The average number of children in the household is five (5) and the number of eligible children per household for the CCT is two (2). Among the KII respondents, two (2) experienced multiple deaths in the family due to drug related killings. Three (3) cases mentioned 'collateral damage' during the operation, where an additional family member was hurt but not necessarily killed.

Table 4. KII Respondents' relationship to CCT-DRK victim

Relation to DRK Victim	Mandaluyong	Manila	Marikina	Quezon City	Location withheld	Total
Spouses	8	1	1	**1**	**1**	**12**
Mother	5	2	3	**2**	**1**	**13**
Other relative	1	0	4	**1**		**6**
TOTAL	**14**	**3**	**8**	**4**	**2**	**31**

Source: Key informant interviews

4 Results

4.1 Validation and matching of CCT-DRK cases

Examining the CCT-DRK cases against the 1,827 identifiable DRK cases (those with first and last name) shows that the 604 reported CCT-DRK comprises 33% of the 1,827 identifiable cases in Metro Manila. Meanwhile, the validated 333 CCT-DRK cases comprise 18% of the 1,827 identifiable DRK cases. Based on available data, a conservative estimate of 1 out of 5 DRK victims in Metro Manila during the period 2016-2017 may be CCT beneficiaries.

Adopting these findings, and given the profile of the households affected based on the sample, the estimated total grants received by the 333 validated CCT-DRK victims from 2013 up to 2018 ranges from 29.57 million pesos to 37.56 million pesos (See Annex 1), or an average of 14,800 to 18,900 pesos[21] per household per year. This does not include other inputs built into

[21] According to Acosta and Velarde (2015), the average CCT household has two eligible children aged between 3 to 14 years old. On the assumption that a child in elementary receives 300 pesos per month and a child in high school receives 500 pesos per month, plus the household complies with health conditionalities for 500 pesos per month, a CCT household receives a minimum of 12,000 pesos per year— 6,000 for health (500 pesos per month for 12 months) and 6,000 for education (two children in elementary at 300 pesos per month for 10 months)— and a maximum of 16,000 pesos per year— 6,000 for health (500 pesos per month for 12 months) and 10,000 for education (two children in high school at 500 pesos per month for 10 months). Additionally, in 2017, President Duterte instructed the DSWD (DSWD, Memorandum Circular 2017-006) to provide a rice subsidy benefit at 600

operations under the DSWD and other government instrumentalities tasked to implement the program. The 333 validated CCT-DRK households in Metro Manila is equivalent to a range of 1,365 to 1,865 individuals directly affected by a drug-related killing in the family.[22]

4.2 Distribution of DRK and CCT-DRK in Metro Manila

The data shows that 61.5% of the reported DRK cases from 2016 to 2017 are concentrated in three of Metro Manila's biggest cities, namely Caloocan (22.8%), Manila (20%), and Quezon City (18.7%), also the same cities with the highest population of CCT beneficiaries. The same trend can also be observed in the 333 CCT-DRK cases in Metro Manila where 59.7% came from the three cities mentioned - Caloocan (20.4%), Manila (19.8%), and Quezon City (19.5%) (See Annex 2).

Available location data affirms that drug-related killings during the study period occurred in Metro Manila's densest slums such as Tondo, Manila, Payatas, Quezon City, Bagong Silang, North Caloocan, and the Port Area that cuts across Malabon, Caloocan, and Manila. Table 5 shows that the magnitude of the DRK and the CCT-DRK matches the magnitude of poor households based on official government data from *Listahanan.* In contrast to the high magnitude of DRKs in the slum communities, there were no recorded drug-related killings in more affluent areas such as the Central Business District of Makati. Instead, the DRKs in these areas are located in the margins, often the political boundaries between cities, where pockets of poverty are present.

A map of DRKs and the CCT-DRK households is shown as Figure 2.

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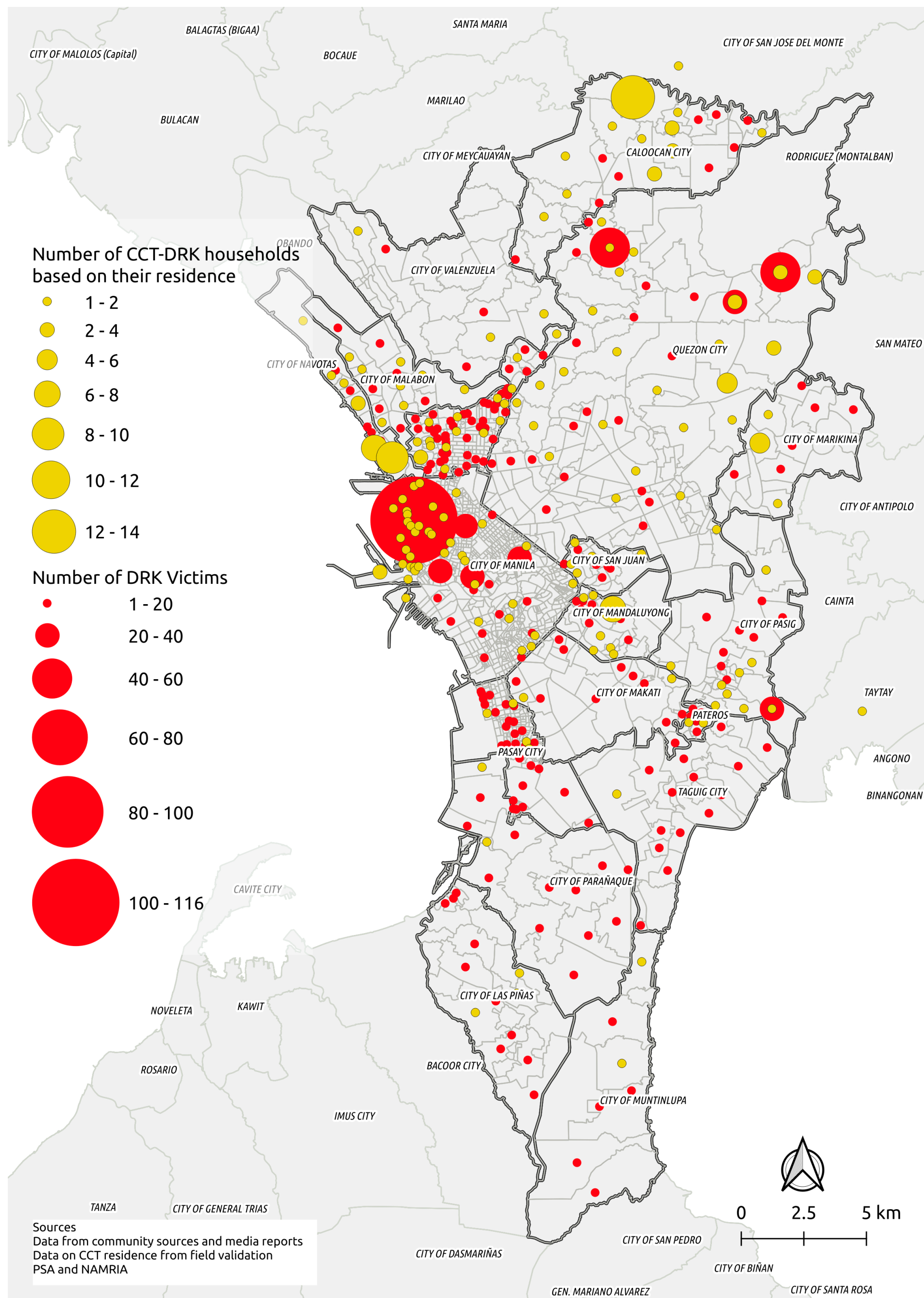
pesos per month and provide unconditional cash transfers of 200 pesos per month to ease the effects of the TRAIN Law (DSWD, Memorandum Circular 2018-003).

[22] The estimated number of individuals affected by CCT-DRK cases were computed based on the 2015 Philippine Census household size in NCR of four (4) family members and DSWD 2015 *Listahanan* Profile of the Poor household size of six (6) family members.

Table 5. Distribution of Listahanan *identified poor and count of DRK, CCT-DRK cases per city in Metro Manila, 2016-2017*

City	No. of *Listahanan* Identified Poor	No. of Identified DRKs	Reported CCT-DRK Cases	Validated CCT-DRK Cases
City of Manila	**29,974**	**336**	**121 (20%)**	**66 (19.8%)**
City of Caloocan	**16,860**	**365**	**138 (22.8%)**	**68 (20.4%)**
Quezon City	**12,238**	**376**	**113 (18.7%)**	**65 (19.5%)**
City of Taguig	7,762	33	8	4
City of Malabon	4,806	44	18	11
City of Valenzuela	4,376	14	5	4
City of Pasig	4,205	159	42	14
Pasay City	3,818	120	30	11
City of Las Piñas	2,907	30	10	3
City of Makati	2,437	39	9	3
City of Navotas	2,022	91	36	27
City of Muntinlupa	1,813	19	2	5
City of Mandaluyong	1,726	72	26	25
City of Parañaque	1,633	34	16	6
City of Marikina	1,419	41	12	12
City of San Juan	624	22	9	6
Pateros	508	32	9	3
TOTAL	**99,128**	**1,827**	**604**	**333**

Figure 2. CCT Households Affected by Drug-Related Killings in Metro Manila, 2016-2017[23]



[23] Entries in the DRK database were georeferenced using Philippine Standard Geographic Codes (PSGC). A total of 1,325 observations from the list of total DRKs for 2016-2017 had geographic data available for mapping. Validated CCT-DRK households, on the other hand, were mapped based on the location of their residence on the official DSWD CCT database. Centroids or the geographic centre of the barangays were used as substitutes for the exact locations of the coordinates.

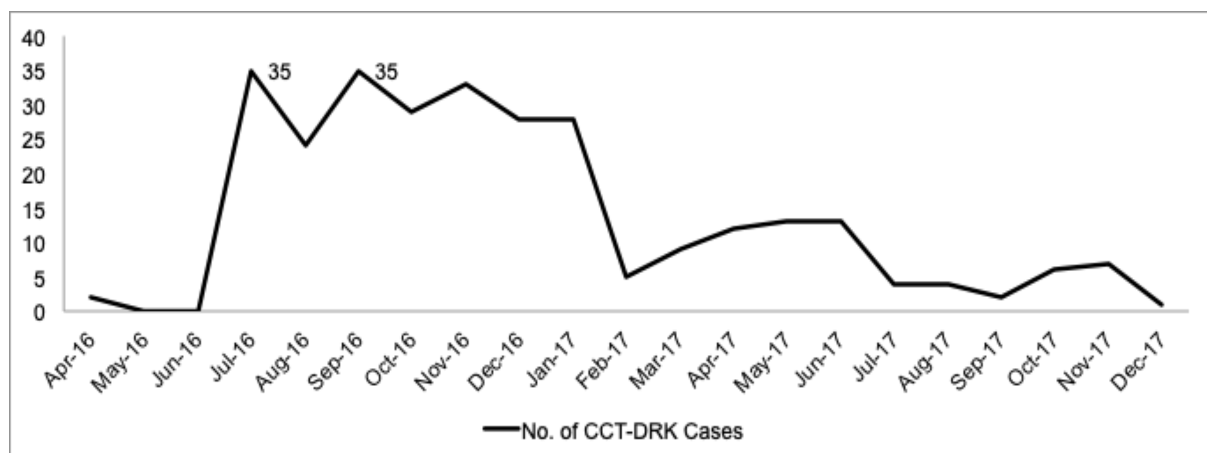
4.3 Profile of CCT-DRKs in Metro Manila, 2016-2017

A total of 604 CCT-DRK victims were reported in Metro Manila for the period of 2016 to 2017. The validation process resulted in 333 records or 55% of the 604 reported DRK cases and 18.2% of the 1,827 identifiable DRK cases eligible for validation from the study's database. This section presents data on the profile of CCT-DRK families. However, the numbers remain to be conservative because it does not discount the possibility that there are still unreported CCT-DRK cases beyond the initial 604 cases.

4.3.1 The majority of CCT-DRK victims appear to have been killed during the first year of the Philippine War of Drugs.

Trends from April 2016 to December 2017 show that CCT-DRK deaths took place in the early months of the administration with the peak in July 2016, a month into the Duterte Administration. A total of thirty five (35) CCT-DRK killings each were recorded in July 2016 and September 2016, a trend that was sustained until the early part of 2017. However, it was in December 2016 where six (6) victims were reported to have died in one day, the most number of CCT-DRK casualties in a day. Incidents declined after 2016 and early 2017 (see Figure 3) but spiked again in June 2017, two months after the re-launch of *Oplan Tokhang.*

Figure 3. CCT-DRK Validated Cases by Month and Year of Killing (2016-2017)



Source: authors' dataset and graph

4.3.2 Most victims were male breadwinners, leaving behind female headed households

The sex-disaggregated data of the 333 validated CCT-DRK cases shows that 92.5% of cases were male and 7.5% of cases were female (Annex 3). For cases where age is known, most victims were between 30-39 years old, followed by victims aged 40-44 years old. This means that most

of the CCT-DRK victims validated were males within the working and employable age range (Annex 4).

Consistent with the overall profile of validated CCT-DRK cases, the KII respondents also said that their deceased relatives were predominantly male. Of the thirty-one (31) respondents, twenty-eight (28) said their deceased relatives were male and only three (3) said their deceased relatives were female. Regardless of sex, however, the majority of the deceased were their families' main providers. Each victim was supporting at least two child beneficiaries of the CCT, often their own children.

A notable pattern in the KIIs was that the orphaned children are left in the care of the grandparents instead of the widows. More than fifty percent (50%) of the respondents were grandmothers who had to assume the responsibility of taking care of at least two grandchildren after their children were killed in the Philippine Drug War. The pattern is when the men are killed, their wives or partners often move out of the house and leave their children with the paternal grandparents. From the KIIs, the widows often remarry as a means for survival. Their children, often aged between 5-18 years old, are left in the care of grandmothers aged anywhere from 55 to 85 years old. The grandmothers no longer have stable sources of income and are often suffering from various illnesses. They are forced to find work to have additional sources of income aside from the cash grants received from the CCT.

Dina, 61 (interview, 5 September 2018), suffered from depression after both her husband and son were killed in separate DRKs. Despite her diabetes and hypertension, she works as a laundry woman so that she can provide for her grandchildren and children. Ditas,[24] 85, (interview, August 2018) can no longer work and has resorted to begging on the streets so that she and her grandchild will have money to buy food and pay for basic services. The authors were informed that at least two grandmother respondents passed away due to illness in 2018.

Respondents commonly resorted to part-time work such as doing laundry for neighbours, acting as stay-out househelp or caregivers, or selling home-cooked meals. The mother or grandmother now solely carries the multiple burdens of providing for their family and taking care of young children. One respondent expressed that women still do not get equal access to earnings as compared to men. Many of the widows shared that they have a hard time sustaining rent and food needs especially of their school-aged children. As such, the tendency is for the children to stop schooling.

Trisha, 34 (4 September 2018), mother of five (5), said she cannot afford to send all her children to school or feed them all. All respondents said the Philippine CCT is a big help; however, relying solely on cash grants is not enough to cover all their needs. This entails moving out of their homes because they can no longer sustain rent payments. They are forced to live with their parents or siblings as a sub-household.

All of the widows interviewed were unaware of the law mandating special benefits for solo parents. Some are not eligible for solo-parents because they were not legally married to the DRK victim. This is consistent with the practice of common law unions among urban poor families because of the high costs of a civil or church wedding, as well as the lack of basic documentary requirements such as birth certificates to apply for a marriage license. Others soon lost their eligibility because they already remarried

[24] Ditas passed away a few weeks after the interview, leaving her grandchild a total orphan.

4.3.3 The CCT-DRK killings happen at home and at varying times of day.

The location of death was not available for 84.08% of the 333 validated CCT-DRK cases. However, for those with data, twenty two (22) CCT-DRK entries were killed at home, ten (10) records were killed in the street, and five (5) were killed in a public place (Annex 7). Meanwhile, 53.4% of the CCT-DRK cases did not have information on time of death. Based on the limited data available, probable CCT-DRK victims were usually killed in the evening (23.4%) through after midnight (12%), between 6:00 PM to 3:00 AM (Annex 6).

The most dominant scenario is that CCT-DRK victims were killed by unidentified assailants, followed by 31.2% of CCT-DRK victims killed by state actors in various iterations thereof, namely: buy-busts (17.7%), shootouts, (5.4%), raids (6.6 %), issued warrant (1.2%), and sweeps (0.3%). A remaining 15.9% of cases still have an unknown type of operations linked to their killings (Annex 5).

Meanwhile, the pattern from the thirty-one (31) interviews[25] is that many of the victims were killed in their homes or in their friends' homes. Katrina's 31-year-old daughter, Cherry, was asleep on the second floor of their shanty when thirty two (32) individuals or sixteen (16) pairs of riding-in-tandem[26] barged into their home. Katrina recalls:

> "Cherry was shot four times in the head. She was three (3) months pregnant [with] her third child. [She] was in the barangay [drug] watchlist [along] with her partner, Toto." (interview, 19 September 2018)

There were also seven (7) KII respondents who said that their relatives (CCT-DRK victims) were killed in public spaces, often along the street at close proximity to their homes. Only twenty (20) out of thirty-one (31) were able to indicate the time when their family member was killed, eight (8) respondents said that the DRK happened during the day and twelve (12) said their relatives were killed either early morning or in the evening.

In October 2017, Linda, 31 (interview, 5 September 2018), witnessed her husband being shot in broad daylight by the police. Contrary to the report that her husband owned a gun and fought back (*'nanlaban')*, she was sure he did not own a gun and he did not fight back because she was there. The same can be said for Toni (interview, 17 August 2018), whose husband was killed in their home during a police operation. Toni went out to buy lunch in a nearby *'bentelog'*[27] stall. By the time she returned to their house, her husband was already being carried out of their house inside a body bag. He was killed in a drug operation conducted in their home, which was marked as an alleged drug den based on police information.

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[25] To protect the respondent's identity, all names used in this study were not their real names

[26] 'Riding-in-tandem' is the local term used to describe hired killers often seen in pairs aboard motorcycles for better mobility in during operations.

[27] A usual meal sold for 20 pesos, which often consist of a meat viand and egg with rice. Bentelog is a combination of the amount for the meal, *"bente"* and egg "*itlog".*

4.3.4 Multiple deaths within a CCT-DRK family

For the 333 CCT-DRK entries, the validation showed that there were twelve (12) cases where more than one member of the family was killed in DRK. Eight (8) out of these twelve (12) cases involved eighteen (18) individuals who are related as parent and children. This result was validated with the KIIs where two (2) respondents also said they have experienced multiple deaths. Dina, 61 (interview, 5 September 2018) recalled how she lost her husband, their house, and her son to the drug war within the span of six months.

> "We just finished [eating] dinner...around 10 PM. My husband was closing the store when 14 people, seven riding-in-tandems, barged into our house looking for my son [...] They shot at my husband, despite my grandchild begging them not to shoot him. Three months after, our house was demolished for a housing project by the LGU. We are not beneficiaries [of the housing project]. Two months later, unknown assailants killed my son, Oggie. I also lost our *sari-sari* store, which is our primary source of income. I take care of Oggie's eldest child, while his other children are with his in-laws. I also care for my daughter who is deaf and has a mental disability [...] The 4Ps is a big help [because] I have no other source of income aside from some aid from my sister, and extra money earned from accepting part time laundry jobs."

Another respondent, Trina (interview, 11 August 2019) lost her sister and husband in the same month due to drug-related killings. Her son was shot in the leg during the operation that killed her husband. Due to fear and lack of financial opportunities, Trina and her remaining children had to move to a different city in an attempt to start a new life.

4.4 CCT-DRK families left behind

4.4.1 The CCT benefits of DRK families are not maximized because children drop out of school

One of the trends that came out from the interviews is that children from CCT-DRK families are at risk of dropping out of school. Out of the 62 children belonging to the 31 respondent households, 31 are still benefiting from the CCT as of this writing while there are 19 children who are eligible for the CCT but are not in school. An alarming trend reflects that of the 19 children who are out of school, 9 were eligible for the CCT but dropped out after losing their fathers or relative to DRK.

Roger, 19 (interview, 7 August 2018) said that he was about to begin freshman year in college when unknown assailants killed his 22-year-old brother. Roger had to forego a full scholarship to become a medical technician and stop school to help his mother in doing laundry service so that they have money to buy food. His youngest sister is the only one in school and is benefiting from the CCT. His brother became collateral damage for being in the same street as a suspected drug user. Roger's brother was shot dead on the spot along with his girlfriend.

The inherent sentiment of the respondents is that they only get the minimum cash grant from the CCT, which is 1,100 pesos per month (500 pesos for attending FDS and 600 pesos for the rice subsidy), many of them are no longer receiving grants for education.

Mel (interview, 20 August 2018) expressed her frustration when two of her daughters in high school had to drop out since their father got killed.

> "I earn 150 pesos a day, not even enough to sustain our daily meals. I saved up money so that I can buy their uniforms but they [my daughters] still dropped out. They are both in high school... no matter how I convince them that high school is fun; they dropped out because they were being bullied after what happened to their father [...] Right now they are under ALS (alternative learning system). They are supposed to get the CCT grants but now, we're not getting anything."

The experience is the same whether children are with the mother or with the grandmother. A common scenario is that out of two eligible children to receive CCT grants, only one is in school and is able to access the cash grant. Based on the KIIs, the trend for education shows that there is an emerging pattern wherein children stop attending school after experiencing a death of a family member due to DRK.

4.4.2 Exposure to multiple vulnerabilities

All interviewed households were from urban poor settlements. Almost all of them are occupying houses made of light materials with no security of tenure. All of the respondents experienced various layers of both natural and man-made disasters such as flooding, fire, and demolition in the last two years. The loss of a family member due DRK is just another disaster that their families have to endure. In addition to these vulnerabilities, at least half of the respondents said they are also experiencing socio-economic shocks brought about by having a sick member of the family. Often, the older respondents are suffering from sickness such as diabetes and hypertension.

Lorna, 58 (interview, 17 August 2018), lost her son Kulit on September 2016 when unknown assailants killed him. Prior to Kulit's death, they lost their house to a massive fire that almost wiped out their whole community in Mandaluyong. At the time of the interview, they are still rebuilding the house they share with their children and grandchildren. Kulit left behind three (3) children under Lorna's care. She is suffering from diabetes and her cataracts need to be operated on, otherwise she would go blind. They have yet to rebuild their house because without the income of Kulit, her whole family is dependent on her husband's income as a construction worker. Lorna also expressed the challenge of providing for their day-to-day needs, especially for food.

> "His [Kulit's] children are teenagers, two kilos of rice does not suffice their needs, they are all boys and they eat a lot. One is in high school, followed by one in 6th grade and the youngest is in 5th grade. One kilo of rice is not enough to sustain our daily needs…after their father died, I sometimes tell them to lessen [their] food intake per meal, because we don't have the money to buy rice.

Aside from caring for Kulit's three orphaned children, Lorna is also taking care of six (6) other grandchildren from her other children.

Becoming a single income household after losing a family member to the Philippine Drug War is a massive economic shock for a family like Lorna's. Similarly, two other respondents, Josie and Mel, both from a flood prone city, shared how constant exposure to flooding pushes them deeper into poverty. Mel (interview, 20 August 2018) and her two (2) children had to evacuate their house a few days before the interview because of severe and prolonged flooding brought about by a tropical storm. Since her husband's death, Mel and her two teenage daughters have been staying with her sick father. Mel's father's house is also made of light materials and the constant exposure to various elements makes living in the second floor a risk in itself. Just like Mel, Josie (interview, 9 August 2018) and her family are also used to flooding. Josie's low-income community also faces the threat of demolition for a road-widening project. Their house was demolished ten days after the interview.

Majority of the respondents lamented the fact that the victims of DRK in their families were their breadwinners; thus, their deaths were catastrophic for their families, as they were deprived of badly needed sources of income that could have supported their family needs.

For widows like Toni, 28 (interview, 17 August 2018), her husband's death is not always the biggest tragedy her family had to endure. She recounts:

> "[A] Few days after Jerry was killed, our house was one of the hundreds of houses [that] got… burned down…I was not at home, so we were not able to save anything, including Jerry's ashes, which was on our small altar…[I] tried to save it but it's gone. It's worse than the fire because not [having] his ashes meant that my young children do not have anything to remember their father by."

From the interviews, the emerging pattern is that poor families are also single income households, with the head of household serving as the sole and primary breadwinner. Their poor living conditions also trigger various health issues, especially for the elderly and the children, which is another form of risk they have to live with on a daily basis. The experience of a single disaster such as a flood increases these families' vulnerability to poverty, because it leads to asset loss, asset damage, and loss of income. Further, the little resources they have left are spent on rebuilding their lives after the disaster.

4.4.3 DRKs can cause trauma among families and communities and is negatively affecting social cohesion.

Due to the stigma of being associated with drug-related killings, neighbours and relatives are afraid to associate with bereaved families, to the point that they are unable to condole at wakes. This also leads to weaker support systems for the affected families. Children are bullied and drop out of school. KII respondents noted that some 'assets' or assassins are also members of the community, eroding trust among neighbours. One orphaned grandchild of a KII respondent is saving up money to buy a gun so that he can avenge his father's death. Lorna, 58 (interview, 17 August 2018) described her exchange with her eighteen-year-old grandson:

"That's what he wants, to be a policeman when he grows up. I told him he should study hard so he can achieve his dream. He says he's a big boy now, that he's saving up his school money, bit by bit, so he can buy a gun. That's what he said, ma'am. So we can have something to fight back. To go head-to-head with them. Our neighbor…he really does *tokhang* (drug-related assassinations). That's his only job. That's why he's got a big house now. When he killed our other neighbor, he gave 'charity'. He treated the neighborhood to beer. Bought ten cases for everyone."

Although most female respondents described turning to religion for support (with at least two KII respondents converting to different faiths—from Catholicism to born-again Christianity and Islam in particular), the interviews pointed to emotions of anger, sadness, and despair that remain unaddressed not only for adults but also for children.

Besides the direct and immediate effect of the drug-related killings on vulnerable families, it also may lead to long-term traumatic effects on surviving family members and children. Ging (interview, 11 August 2019) described how her youngest son remains quiet and withdrawn after witnessing the death of his father almost two years ago. He himself was shot in the leg during the incident, but was able to regain the ability to walk after extensive surgery.

5 Discussion

5.1 Drug related killings negatively affect CCT beneficiaries in Metro Manila

Working with CCT beneficiaries serves as a very conservative estimate of how many poor people in Metro Manila were affected by DRK. There is still a high possibility that other DRK victims are also poor. In fact, the non-CCT beneficiaries DRK victims can be far worse off because they are not receiving cash grants from government to begin with. This can be supported by the fact that the areas with the high magnitude of poor households, based on official government data (NHTS-PR/*Listahanan)* were the same areas with high magnitude of DRKs.

With 92.5% of CCT-DRK victims being male, majority are household heads, their deaths immediately leads to loss of household income and credit constraint. Based on the interviews, the respondents said that the breadwinner earns between 4,000 to 10,000 pesos per month, often from informal jobs in construction. For those who benefit from programs such as the CCT, they get an additional 1,100 to 2,600 pesos per month depending on their compliance to program conditionalities.

The death of the main breadwinner for a CCT-DRK family easily means lost monthly income ranging from 4,000 to 10,000 pesos. Further, the burden to fill in this income gap often falls on the mother, the grandmother, and even the older children. Based on the result of the KIIs, children, even if eligible for the CCT, tend to drop out of school because the family can no longer support their education or they need to help with the expenses. This is a clear example of how DRK negatively affect families of victims who belong to the CCT: not only do they lose their

breadwinners, they also forego short-term and long term program benefits such as cash grants and the chance of having children finish school.

Mobility is another aspect of the lives of the CCT-DRK families that is severely affected by the Philippine Drug War. While national surveys show high approval rating on the government's drug war, particularly from more affluent segments of the population, it is the poor who live with the daily risk of being victims of DRK (SWS cited in Flores, 2019).[28] From the interviews, it was shared that there were cases wherein groups of fourteen (14) to sixteen (16) unknown assailants were involved in the DRK of a single individual. This shows that these 'operations' involved people working in groups. The culture of fear is heightened with the idea that large groups of unknown assailants are locating suspected drug users in a community.

Results show that many of the recorded CCT-DRK incidents and operations happen at night, with close to 35.4% of the CCT-DRKs happening in the evening through after midnight, between 6:00PM to 3:00 AM. In Marikina, since the killings happen as early as 6:00 PM, the residents in dense informal communities would stay home early. People who earn a living as market vendors, jeepney barkers, and pedicab drivers would often forego these jobs to avoid the risk of being a victim of DRK. The limited resources available for social welfare programs like employment facilitation and microenterprise development also meant that there will be limitations in terms of finding alternatives to these foregone livelihood opportunities. All the KII respondents shared that they have to adjust their lifestyles, often forgoing other economic opportunities to avoid further risks of being victims of DRK like their relatives. The fear of being victims already has corresponding economic costs (Rockmore, 2016), especially on the part of households and communities with high incidence of DRK.

The KIIs in the four case study areas showed that the type of operation varies per area depending on the actor and the way the community adapts to the onslaught of DRK. In areas like Manila, majority of DRKs are police operations, which makes it riskier for individuals who are known or identified in the community because they can easily be put on the list of suspected drug users. The Philippine Drug War has turned informal communities into unsafe spaces, to the point that even their own homes no longer guarantee protection from DRK. The Philippine Drug War did not only limit the mobility of the poor, it also limited the already limited space available to them and the corresponding economic opportunities available in these spaces.

The results also showed that DRKs, and the violence brought about by the Philippine Drug War also erode social cohesion, or the trust between community members, and between the community and the state. In addition to the climate of fear, CCT-DRK families also have to live with the stigma of having a family member who was killed for being a suspected drug user. Such stigma contributes to the shrinking of the social space they occupy in their communities as well as their ability to access various social services such as burial assistance. In the interviews, it was evident that some of the informants and even the perpetrators in the DRKs were from the same communities as the victims.

Many male children in Philippine urban poor communities aspire to become policemen when they grow up because mainstream media presents the image of benevolent policemen who

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[28] A June 2019 poll fielded by the Social Welfare Survey states that 82 percent of adult Filipinos were satisfied with the administration's campaign against illegal drugs while 12 percent were dissatisfied.

protect communities. With the increase in deaths from anti-illegal drug operations, these children are brought to think that the same policemen they look up to are responsible for the killings in their neighbourhoods. This perceived lack of due process and justice informs children's idea of society. Many of the CCT-DRK families interviewed hesitate from reporting the DRKs for fear of retribution from the killers and the lack of confidence in the justice system.

5.2 Drug related killings negate the gains of the CCT for DRK families

The Philippine CCT remains to be the flagship social protection program of the government, with 4.4 million household beneficiaries. The overall goal of the program is to improve the well-being of poor families by ensuring that their children are in school and are kept healthy. The CCT works in convergence with other social protection programs within and outside the DSWD such as the community driven development program, SLP, and NHIP.

Massive investments have been made to ensure that the approximately eleven (11) million children benefiting from the program will finish high school. Impact evaluations of the CCT program already showed positive results in terms of keeping older children in school, ensuring that they receive proper nutrition, and that they remain hopeful in improving their lives. The benefit incidence analysis (Acosta and Velarde, 2015) showed that the CCT cash grants were mostly spent on food (49%) and education (25%), which is a big help in augmenting household income.

The initial evidence showing that the DRK and CCT-DRK are heavily concentrated in poor areas with multiple vulnerabilities further supports the argument that drug related killings is an attack on the poor, particularly the children. The DRKs negate the gains of the program for the CCT-DRK families, because instead of keeping children in school, the loss of family members due to DRK make CCT children drop out of school. This also adversely affects the family because the shift to single parent households often pushes the older children to work while the remarriage of widows separates them from their children, thus affecting social cohesion.

Aside from the obvious loss of income with the loss of the main income earner, the families also face the risk of losing the cash grants because of failure to comply with CCT conditionalities for health and education. Based on the thirty-one (31) KIIs, 19 out of 50 or 38% of children eligible for the CCT were not in school. This can be attributed to the period of grief, compounded with the trauma and the stigma of being children of '*Tokhang* victims', which can deter these children from going back to school. This is exacerbated by the trauma endured by the children for losing a family member in violent circumstances--or even witnessing the actual DRK. For the women, since they now have to work, mothers and grandmothers often fail to meet health conditionalities when they miss out on attending the monthly FDS.

Some families were unable to relocate despite being confronted with threats and are forced to remain in the same informal communities because they have no money to leave and are unwilling to abandon the meagre jobs they have only to face rural poverty. Affected families also experienced difficulties in accessing government services such as death or burial assistance or benefits for new single parent households due the stigma of their kin being targeted in drug-related killing. Families who do have the wherewithal to flee often do not update their new addresses—making the monitoring of their compliance to CCT conditionalities difficult, if not impossible for the DSWD to track.

Being on the side of the 'informal' also makes it easy for the state to generalize informal settler families as 'undesirables' because of their proximity to crime and violence. Their 'undesirable' status makes them vulnerable to abuses such as the sudden demolition of their homes due to lack of tenure, and drug related violence because the state draws linkages between poverty, drug use, and crime—wherein the poor are often seen as drug users and criminals. This was evident in the experience of the CCT-DRK families who participated in the study.

This current administration's policy shift from one that is centred on social protection towards a punitive one geared towards anti-narcotics policies comes with a narrative that confines the drug problem within the auspices of slums and the informal—with the poor being typecast as drug users and criminals. The same narrative linking the "drug problem" with poverty helped rationalize state-sanctioned violence, which was supported by almost 40% of the recorded DRK being carried out by state actors (Mendoza, 2018). The uncertainty of housing tenure also means uncertainty of being recognized by the state as 'citizens' eligible for various forms of social assistance and services.

5.2.1 Feminisation of responsibility: the rise of female-headed households

The direct consequence of the deaths of breadwinners and household heads is that women, either widows or grandmothers, are left with the burden of providing for the families and raising the orphaned children. Chant (2014) referred to this as the feminisation of responsibility, wherein women now assume greater liability for dealing with poverty. In the face of the Philippine Drug War, women are now faced with the responsibility of productive and domestic labour. With few skills, limited education, and low job prospects, many DRK widows are forced to find new husbands to ensure a source of income.

As other offspring are not always welcome in the new household, children from a previous marriage are left with the grandparents. In the case of CCT-DRK households, the grandmother is often registered as the primary grantee has responsibility over the children beneficiaries of the program left under their care. This scenario is encapsulated in the Filipino phrase, which was repeatedly mentioned in the course of data collection, "*Si tatay sumakabilang buhay, si nanay sumakabilang bahay, si lola ang naiwan*" ("Dad crossed over to the afterlife, mom moved to another house. Only grandma is left.")

Aligned with the findings that majority of the victims were male heads of households, the natural consequence is the rise of female-headed households. The loss of male household heads meant single parenthood for the spouses, or additional responsibilities for the paternal grandparents. By design, CCTs are supposed to keep children in school because the cash grants augment income gaps needed to help a child finish school. However, with the deaths of household heads due to DRK, the income gap widens, and families are often forced to sacrifice the education of children so that resources can be spent for food and other more immediate needs.

The DRK is an economic shock that highlights the limited social protection programs available to the poor, especially for women. While it is recognized that there should be equal opportunities for men and women, the reality is that women do not have the same opportunities as men, especially in urban slums (Chant, 2014). This is why the women left behind because of DRK are often left with limited choices, such as doing domestic labour as manifested by the experience and current situation of CCT-DRK widows and parents.
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5.2.2 Orphaned children drop out of school

With an average of two (2) children enrolled in the CCT, the 604 reported CCT-DRK cases and the validated 333 CCT-DRK cases meant that for Metro Manila alone, a conservative estimate of 600 to 1,200 children beneficiaries were directly affected by the DRK. Accessing the benefits of the CCT is anchored on the household's compliance to set conditionalities. With the DRK serving as a massive socio-economic shock to a CCT household, children belonging to these households are at risk of dropping out of school and not receiving the cash grants. This is consistent with related literature that finds the death of a parent reduces a poor family's spending on education and human capital (Gertler et al., 2006; Case et al., 2004).

Combined with new national policies which reallocate investments to peace and security initiatives and infrastructure rather than social protection programs, the Philippines is lagging behind according to global standards[29] (ADB, 2013 cited in Diokno-Sicat & Mariano, 2018). The failure to maximize investments in human capital of poor families may lead to chronic poverty. Instead of creating programs that would contribute to improved quality of life through poverty reduction, the current administration has decided to invest in policies like the Philippine Drug War, which exacerbates the degree of poverty experienced by the poor especially at the household level.

In the long term and within the framework of social protection, the initial effect of DRK in a poor household, particularly CCT beneficiaries, is a manifestation of what Albert and Vizmanos (2018) described as capability deprivation. The children and other members of the households may be deprived of the opportunity to improve human capital because they had to stop school and/or start working in order to fill in the income gap brought about by losing a family member to DRK.

Aside from capability deprivation, the CCT families victimized by DRK also experience optimism deprivation, which is heavily linked to the fact that 31.2% of CCT-DRK involved police operations, hence the elusive prospect of receiving justice for their families, especially when the DRK victims are seen as perpetrators and criminals instead of victims. This narrative takes the attention away from the State's failure to provide services and security for the poor and marginalized. This form of optimism deprivation is also linked to the children's outlook with regards to school attendance, since the trauma of losing a family member to DRK impacts the children's psychosocial wellbeing. According to the KIIs, there were cases where children completely drop out of school often due to the combination of trauma and financial difficulties.

5.3 Legibility of CCT beneficiaries is a community disadvantage

The targeting of eligible beneficiaries is critical in implementing social protection programs. From the perspective of Scott (1998), this is tied to legibility, or the exercise of the state of its power to document and control its population. The poor are often illegible to the state, making them predominantly unprotected from violence and other forms of abuses. Programs like the CCT make the poor legible because they are captured in various state systems and they benefit from the state's programs and services. Lists of CCT beneficiaries are made available to the barangay

[29] The ADB social protection index (SPI) is computed from total expenditures on social protection divided by the total number of targeted beneficiaries of all social protection programs. The Philippines' weighted SPI (2.1% of GDP per capita) is below average.

and the local government unit because they are the DSWD's partners in implementation. While it is beneficial on the part of the poor to be legible so that they may access the various social services offered by government, being legible also has its disadvantages especially when existing state systems become prone to abuse.

In the context of the Philippine Drug War, the data from the CCT-DRK validation shows that the CCT-DRK were killed in the first six (6) months of the anti-illegal drug campaign (July to December 2016). While institutional structures to operationalize the Philippine Drug War are being developed, there is a strong indication that available lists of CCT beneficiaries are being used as a source of information in identifying the location of suspected drug users and dealers in urban poor communities in Metro Manila. Their legibility to the state is another negative effect of DRKs on CCT beneficiaries because it increases their risk of being targets in anti-illegal drug operations.

6 Conclusions and Recommendations

The available evidence shows that drug related killings negatively affect the poor in Metro Manila, specifically CCT-DRK beneficiaries. Based on evidence from Meto Manila, and the focus cities of Manila, Marikina, Mandaluyong, and Quezon City, incidents are concentrated in urban poor settlements, which are often sites of land tenure informality and hazard vulnerability. By killing mostly male heads of household, the effect and magnitude of the anti-narcotics campaign—compounded by various socio-economic shocks including damage to homes due to fires and flooding—pushes already-deprived and vulnerable families further into poverty.

Killing CCT-DRK beneficiaries cancels out efforts for social protection and human capital formation especially when beneficiary children drop out of school due to trauma or lack of financial support. Despite the CCT's official role as the flagship government program for poverty reduction and social protection, early evidence suggests that the more than 500 billion pesos invested in beneficiary households over the last decade is being negated by the DRK. Killing heads-of-household radically reduces a household's income for food, clothing, shelter, and health. It makes the children more likely to drop out of school, thereby heightening the risk of child labour and exploitation. As a state-sponsored policy that encourages neighbourhood reporting against 'drug personalities', DRKs also undermine the CCT's efforts to build social cohesion through its Family Development Sessions.[30] Trust is eroded between neighbours, as is the trust of the community in the State.

[30] The DILG's guidelines for MASA MASID includes the set-up of a system where all community members are invited to provide anonymous information about drug suspects through various platforms, including a phone or text hotline, a physical dropbox, and/or an email address where residents can report names and addresses without fear of reprisal (or objective proof). While barangay officials are supposed to validate reports provided by community informants before transmitting them to the police, the Philippine Drug Enforcement Agency, or the DILG, this may be vulnerable to error or abuse (Villalon, et al, 2018).

With the midterm reviews of the Philippine Development Plan and other programs presently on-going, the opportunity is ripe to review the evidence if the benefits of DRK truly outweigh the costs. The International Criminal Court (ICC) has since opened an investigation on these drug-related killings, which prompted the Duterte administration to unilaterally withdraw its ratification of the Rome Statute. As President Duterte's statement in the 2018 State of the Nation Address (SONA) illustrates— "Your concern is human rights. Mine is human lives,"— drug suspects are not considered humans, thus, deemed not entitled to any rights in the policy framework of this Administration. In July 2019, the UN Human Rights Council adopted a resolution which, among others, asked the UN rights chief Michelle Bachelet to prepare a comprehensive report on the ongoing killings in the Philippines, and recommend measures to address human and child rights violations.[31]

Nevertheless, beyond purely 'human-rights' centred discourse, which has been undermined by state rhetoric, the consequences of the DRK must be understood as a major humanitarian crisis, as the death toll of 29,000 amassed in just over three years already rivals that of Martial Law under the Marcos Regime, the wars in Mindanao, or natural disasters such as Tropical Storm Haiyan (Fernandez and Pangilinan, forthcoming).

As such, the following concrete steps are recommended:

1. **Efforts should be made to prevent further drug related killings. At the same time, the current negation of benefits of CCT households who lost kin to DRK should be addressed.**

Given the resource and limitations of the study, the 333 validated households in Metro Manila we have identified are likely only to be a small subset of the CCT beneficiaries that may have been affected by drug-related killings. As such, DSWD should take steps to identify other affected poor families not only in Metro Manila but in other regions nationwide.

The available evidence shows that a sizeable number of CCT beneficiaries in Metro Manila have been affected by DRK, and that these effects have led to untoward impacts on income, social cohesion, psychological health, and the overall program goal of breaking intergenerational poverty by keeping children healthy and in school. Further deaths need to be prevented, and support must be provided to those left behind. Specific monitoring and case management tools must be developed and implemented for children

[31] Despite the Iceland resolution's urge to the Philippine government to refrain from 'all acts of intimidation or retaliation', the Office of the President has since issued instructions to all government instrumentalities to "suspend negotiations for and signing of, all loan and grant agreements with the governments of the countries that co-sponsored and/or voted in favor of the aforesaid resolution," pending assessment of relations with these countries (DOF, 2019).

orphaned due to DRK, to ensure that children are able to return to school and issues such as bullying are addressed.

It is highly likely that many of these challenges will morph over time given that anti-narcotics operations are still on-going. The results also raise questions for future research, particularly on expanding the analysis on DRK-affected CCT beneficiary-families outside NCR, which would facilitate discussions on regional variations and morphing of urban violence during anti-narcotics operations. A longer and more expansive dataset would also allow studies on phenomena such as *'palit-ulo'* and *'palit-puri'*[32], which highlights the ease with which punitive policies can be twisted and abused.

2. **Psychosocial interventions must also be put in place**.

Given that children and youth are being exposed to the killing of family members and neighbours on a regular basis, the effects of transgenerational trauma and how it contributes to intergenerational poverty will need to be factored in the design of programs for addressing the fallout in the years to come.

3. The CCT eligibility criteria especially for urban areas should factor in sub-households, solo parents, and other female-headed households.

Two policy opportunities to include the next round of *Listahanan* assessments, which will form the basis of a new wave of CCT programming as well as the implementation of Republic Act No. 11310, An Act Institutionalizing the *Pantawid Pamilyang Pilipino Program.*

4. Existing mechanisms under the government can be retooled to address these concerns.

Although the trend has been to decrease the budget for assistance given to individuals in crisis situations (AICS), this may be revisited by the current administration. With recent support service innovations using the MCCT for homeless families, indigenous peoples' groups, or in situations of natural disasters, similar programming can be considered for families who have experienced deaths due to drug-related killings.

Judicious use of cash-for-work and unconditional cash transfers may also be considered. This may be considered viable as the numbers of national drug-related deaths and affected families are comparable to or possibly higher than any major natural calamity or armed-conflict related disaster in recent decades.

[32] *Palit-ulo* ('head swap') is a practice linked to the drug war wherein another victim is killed, often a family member, in exchange for the initial target. Meanwhile, *palit-puri* ('sex swap') is linked to reports involving police officers who sexually abuse and rape drug personalities, wives, or female children of suspected drug personalities in exchange for dropping the drug-related charges.

5. Although the CCT is a national program, local government units (LGU) and other community stakeholders can support these vulnerable families.

This can be done through livelihood programs for single parents, aging breadwinners, and female-headed households, scholarships for children, as well as harm reduction programs to address the roots of the drug problem.

6. A policy review to protect beneficiary-families and sustain gains of social protection investments must be prioritized. In line with this, the Data Privacy Act must be rigorously enforced to protect 'legible' families particularly those included in government databases such as the *Listahanan* or lists of drug surrenderees or former combatants and their families.

The relative costs and benefits of each policy should be analysed, along with safety nets and support programs to ensure that beneficiaries of social protection packages are less vulnerable to criminality, illegal drugs, or the drug-related killings associated with the anti-narcotics campaign and the fallout thereof.

Ultimately, these analyses of DRK impacts should focus on their effects on children, women, senior citizens and other vulnerable populations and lead to the design and implementation of support packages for those left behind.

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8 Annexes

Annex 1. Estimate of CCT benefits received by possible CCT-DRK households, 2013-2018 (in Philippine pesos)

The computations below show the minimum and maximum amount of grants a typical family would receive yearly from 2013 to 2018 applied to the 333 possible CCT-DRK households. The minimum grant amount includes 2 elementary children covered by an education grant, Health/FDS grant, Rice Subsidy, and the Unconditional Cash Transfer (UCT). The maximum grant amount includes 2 high school children covered by an educational grant, Health/FDS grant, Rice Subsidy, and the Unconditional Cash Transfer (UCT).

	Scenario	Grant per Month	2013	2014	2015	2016	2017	2018	Total
Minimum	2 Children eligible (elementary)	600	6,000	6,000	6,000	6,000	6,000	6,000	36,000
	Health/ Family Development Sessions	500	6,000	6,000	6,000	6,000	6,000	6,000	36,000
	Rice Subsidy	600					7,200	7,200	14,400
	Unconditional Cash Transfer for TRAIN	200						2,400	2,400
	Total		12,000	12,000	12,000	12,000	19,200	21,600	88,800
	No. of CCT-DRK validated cases	333	3.996 million	3.996 million	3.996 million	3.996 million	6.3936 million	7.1928 million	29.570 million
Maximum	Scenario	Grant per Month	2013	2014	2,015	2016	2017	2018	Total
	2 eligible (High School)	1000	10,000	10,000	10,000	10,000	10,000	10,000	60,000
	Health/ Family Development Sessions	500	6,000	6,000	6,000	6,000	6,000	6,000	36,000
	Rice Subsidy	600					7,200	7,200	14,400

	Scenario	Grant per Month	2013	2014	2015	2016	2017	2018	Total
	Unconditional Cash Transfer for TRAIN	200						2,400	2,400
	Total		16,000	16,000	16,000	16,000	23,200	25,600	112,800
	No. of CCT-DRK validated cases	333	5.328 million	5.328 million	5.328 million	5.328 million	7.7256 million	8.5248 million	37.562 million

Annex 2. Distribution of CCT-DRK Reported Cases and CCT-DRK Validated Cases, per city, Metro Manila, 2016-2017

City/Municipality	Count of Reported CCT-DRK Cases	%Total Reported CCT-DRK Cases	Count of Validated CCT-DRK Cases	%Total Validated CCT-DRK Cases
City of Manila	121	20.0%	66	19.8%
City of Mandaluyong	26	4.3%	25	7.5%
City of Marikina	12	2.0%	12	3.6%
City of Pasig	42	7.0%	14	4.2%
Quezon City	113	18.7%	65	19.5%
City of San Juan	9	1.5%	6	1.8%
City of Caloocan	138	22.8%	68	20.4%
City of Malabon	18	3.0%	11	3.3%
City of Navotas	36	6.0%	27	8.1%
City of Valenzuela	5	0.8%	4	1.2%

City/Municipality	Count of Reported CCT-DRK Cases	%Total Reported CCT-DRK Cases	Count of Validated CCT-DRK Cases	%Total Validated CCT-DRK Cases
City of Las Pinas	10	1.7%	3	0.9%
City of Makati	9	1.5%	3	0.9%
City of Muntinlupa	2	0.3%	5	1.5%
City of Paranaque	16	2.6%	6	1.8%
Pasay City	30	5.0%	11	3.3%
Pateros	9	1.5%	3	0.9%
City of Taguig	8	1.3%	4	1.2%
Total	604	100.0%	333	100.0%

Annex 3: Distribution of CCT-DRK possible victims by Sex, 2016-2017

Sex	Count of CCT-DRK Validated Cases	% Total
Male	308	92.5%
Female	25	7.5%
Total	333	100.0%

Annex 4. Distribution of CCT-DRK possible victims by Age Group

Age Group	Count of CCT-DRK Validated Cases	% Total
5-9	1	0.3%
10-14	6	1.8%
15-19	14	4.2%
20-24	26	7.8%
25-29	19	5.7%
30-34	29	8.7%
35-39	44	13.2%
40-44	39	11.7%
45-49	28	8.4%
50-54	13	3.9%
55-59	10	3.0%
60-64	1	0.3%
65-69	2	0.6%
No Data Available	101	30.3%
Total	333	100.0%

Annex 5. Distribution of CCT-DRK validated cases by type of operations causing death, 2016-2017

Type of Operations Causing CCT-DRK Death	Count of CCT-DRK Validated Cases	% Total
Buy Bust	59	17.7%
Issued Warrant	4	1.2%
Raid	22	6.6%
Sweep	1	0.3%
Shootout	18	5.4%
Unidentified Assailant	112	33.6%
Body Discovered away from crime scene	51	15.3%
No Data Available	66	19.8%
Total	333	100.0%

Annex 6. Distribution CCT-DRK probable victims by Time of Death

Time of CCT-DRK Death	Count of CCT-DRK Validated Cases	% Total
Early Morning (03:01 to 07:00)	13	3.9%
Morning (07:01 to 12:00)	7	2.1%
Afternoon (12:01 to 18:00)	17	5.1%
Evening (18:01 to 00:00)	78	23.4%
Midnight (00:01 to 03:00)	40	12.0%
No Data Available	178	53.5%
Total	333	100.0%

Annex 7. Percentage Distribution of CCT-DRK probable victims by Location of Death

Location of CCT-DRK Death	Frequency	Percentage
Home	22	6.61%
On Street	10	3.00%
Government Facility	2	0.60%
Public Place	4	1.20%
Near a school	1	0.30%
No Data Available	294	88.29%
Total	333	100%

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