



Social Benefits of CCT Beneficiaries in the Philippines & its Policy Challenges

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PRESENTATION OUTLINE

- Program Overview
- Philippine Experience
 - Program Coverage
 - Social Benefits of CCT
- Policy Challenges

PROGRAM CONCEPTS & DESIGN

Pantawid Pamilyang Pilipino Program (*Pantawid Pamilya*) is a **social protection** program that focuses on **human capital development** through the **provision of cash grants** to **eligible** poor households **subject to their compliance** with education and health conditionalities.

OVERVIEW OF THE PROGRAM

Patterned after the **successful Conditional Cash Transfer (CCT) programs** in Latin American countries such as Mexico and Brazil

Oportunidades

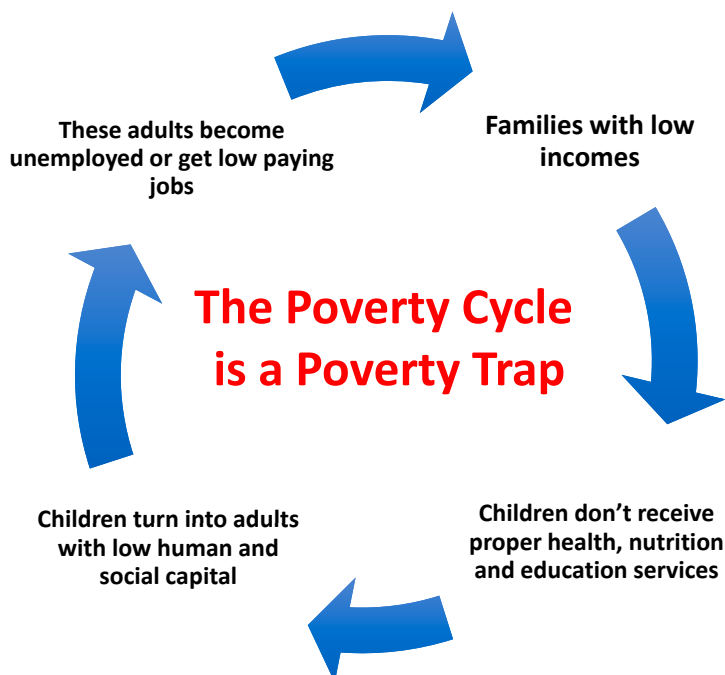


Considered a **RIGHTS-BASED** program that promotes UN Convention of the Rights of the Child (CRC), specifically Article 24 (Health Services) and Article 28 (Right to Education)

PROGRAM GOALS

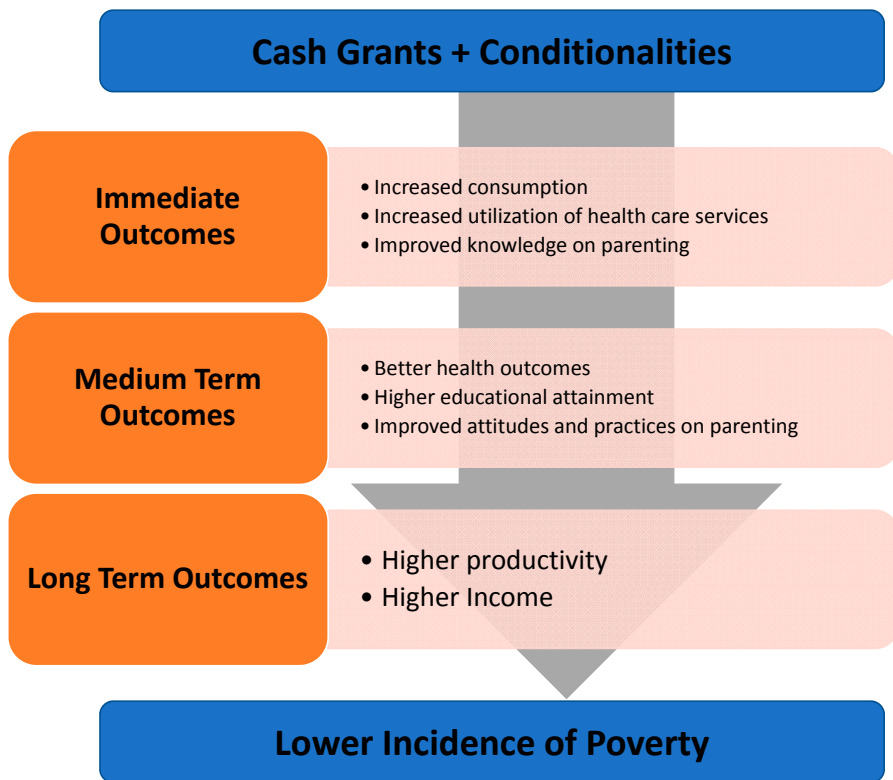
Social Assistance – alleviate immediate needs (short term)

Social Development – break the intergenerational cycle of poverty (long term)



Pantawid addresses the problem of poverty trap

by keeping children of poor families healthy and in school



How is Pantawid supposed to affect poverty?

Continuous access of services in health, education, and adult learning as encouraged by the provision of cash grants leads to a chain of positive outcomes ultimately contributing to lower poverty incidence

PROGRAM OBJECTIVES

IMPROVE preventive health care access among pregnant women and children

INCREASE enrolment and attendance rates of children in school

REDUCE incidence of child labor

RAISE the average consumption rate in food expenditure of poor households

ENCOURAGE parents to invest in their children's human capital

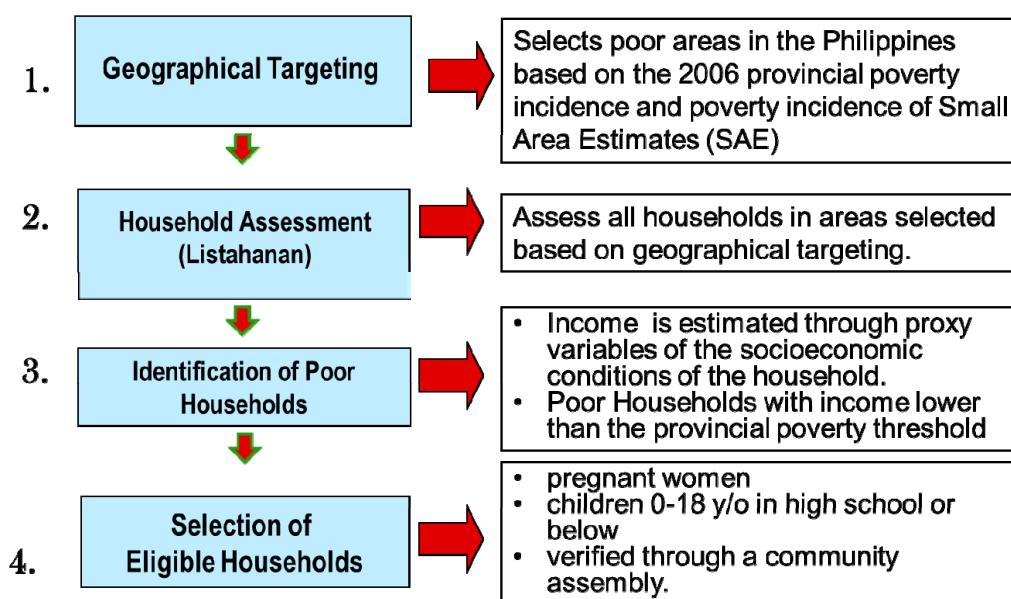
ELIGIBILITY RULES

1. The household is classified as POOR in the National Household Targeting System for Poverty Reduction (NHTS-PR) or Listahanan
2. The household must have a pregnant member (at the time of household assessment) and / or children 0 – 18 years old

Who are qualified to become beneficiaries?

Not all poor families can become beneficiaries because some do not have children

0 – 18 years old



13

Selection of Household Beneficiaries

Selection of beneficiary households started from the poorest areas, then expansions since 2010 targeted all poor HHs in areas not yet covered by the program

Targeting and selection are done only by DSWD Central

EDUCATION

Children 3-5 years old

- Must be enrolled in a day care or pre-school program and maintain a class attendance rate of at least 85% a month

Children 6-18 years old

- Must be enrolled in elementary or secondary school and maintain a class attendance rate of at least 85% a month

PROGRAM CONDITIONALITI ES

Pregnant Household Member

- Visit their local health center to avail of pre- and post-natal care
- Avail at least one post-natal care within 6 weeks after childbirth
- Avail of appropriate delivery services by a skilled health professional

PROGRAM CONDITIONALITIES

Health

Children 0-5 years old

- Visit the health center to avail immunization
- Have monthly weight monitoring and nutrition counseling for children aged 0-2 years old
- Have quarterly weight monitoring for babies 25 to 73 weeks old
- Have management of childhood diseases for sick children

Children 6-14 years old

- Must receive deworming pills twice a year

**PROGRAM
CONDITIONALITIES**

Health

Parents or Guardians

- Must attend family development sessions at least once a month
- Must ensure attendance in Family Planning, Responsible Parenthood, and Gender Sensitivity Sessions

**PROGRAM
CONDITIONALITIES**

**Family
Development
Sessions**

HEALTH AND FDS



Php500 per month (Php6,000 per year)

EDUCATION



Php300 per month per child (elementary)

Php500 per month per child (high school)

for 10 months a year; to a maximum of 3 children per household

PROGRAM BENEFITS

Health and Education Cash Grants



LANDBANK

CCT grants are paid through LBP. Approximately 1/3 receive their grants through cash card and 2/3 receive them through LBP payment conduits such money remittance companies, rural banks, cooperatives, Philippine Postal services

MODE OF PAYMENT

CCT BUDGET CY 2015 – 2017

2015 (ACTUAL)- PHP62.323B (4.4M BEN.)

2016 (ACTUAL)- PHP62.819B (4.6M BEN.)

2017 (PROPOSED)- PHP67.165B* (4.6M BEN.)

*IN 2017, THE EDUCATION GRANTS HAS BEEN PROPOSED TO INCREASE FROM P300 TO P360 PER CHILD IN THE ELEMENTARY SCHOOL AND FROM P500 TO P600 PER CHILD IN HIGH SCHOOL

BENEFICIARIES AND BUDGET

Piloted in 2007 and scaled up since 2008

Total number of active beneficiaries as of May 2016: 4.4 Million Households

More than 10 Million children supported

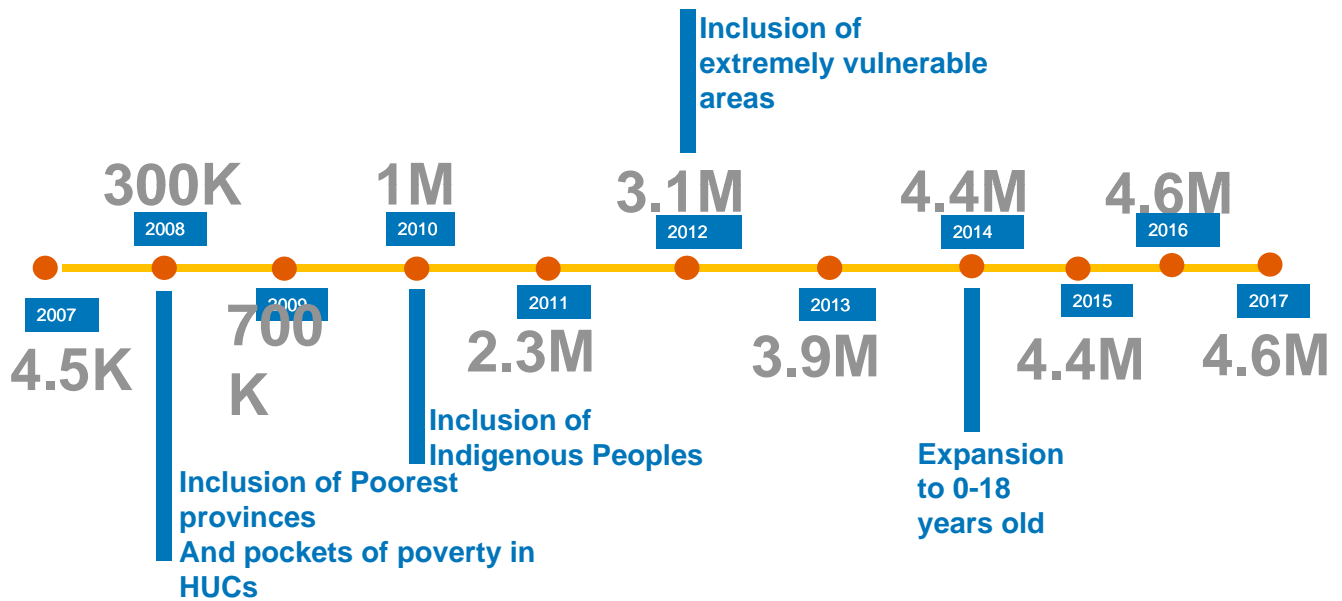
Almost 100% geographic coverage (except Batanes)



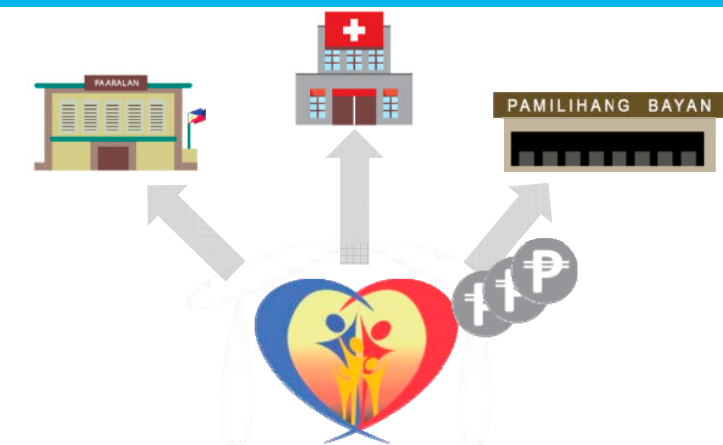
**CCT: THE PHILIPPINE EXPERIENCE
2008-2016**



Program COVERAGE



Are our investments translating into results?



2016: 4.4 Million Households



2nd Wave Pantawid Pamilya Impact Evaluation (2014)

NATIONWIDE Survey

5,041

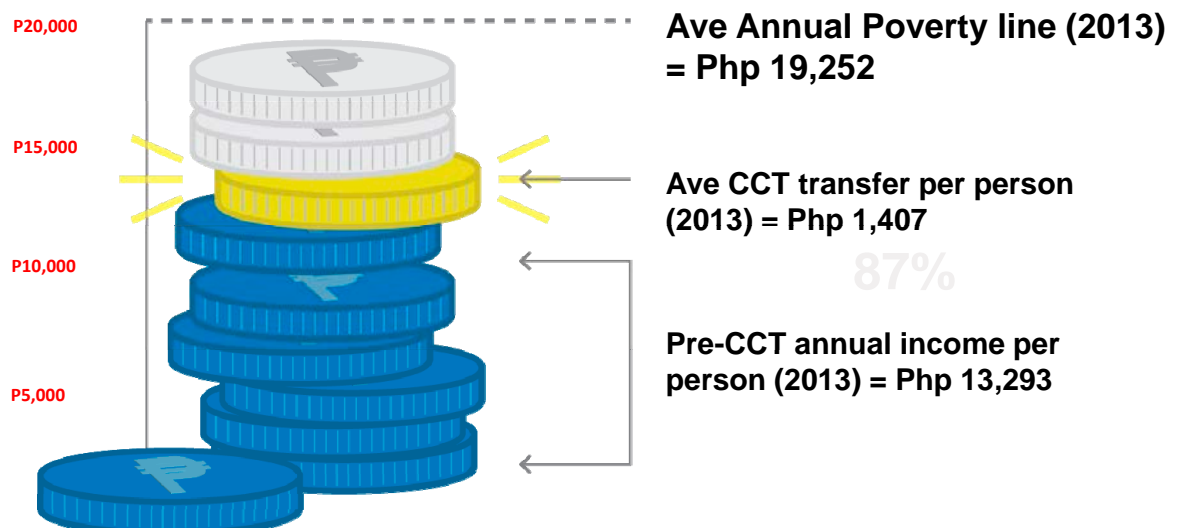
households surveyed

(in 27 provinces)



1. CCT Program Positively Addresses the Poverty Gap

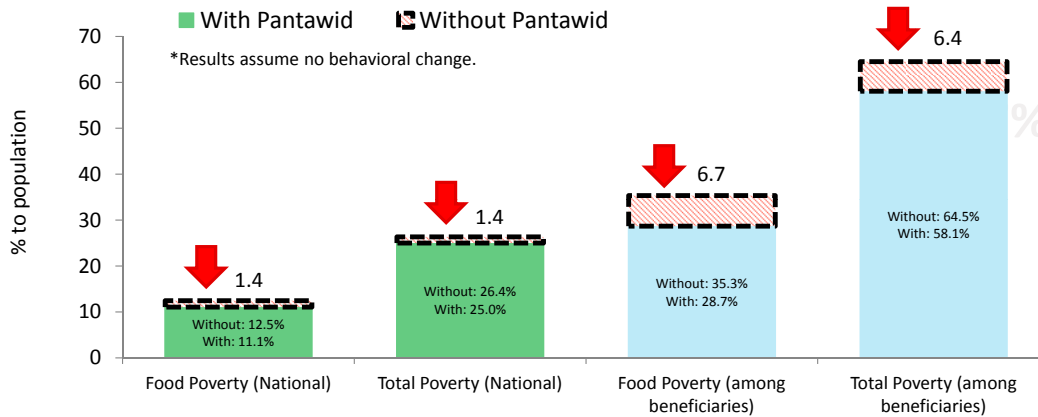
CCT Program closes about $\frac{1}{4}$ of the income gap of the Poor



Without the CCT Program, poverty incidence could have been worse

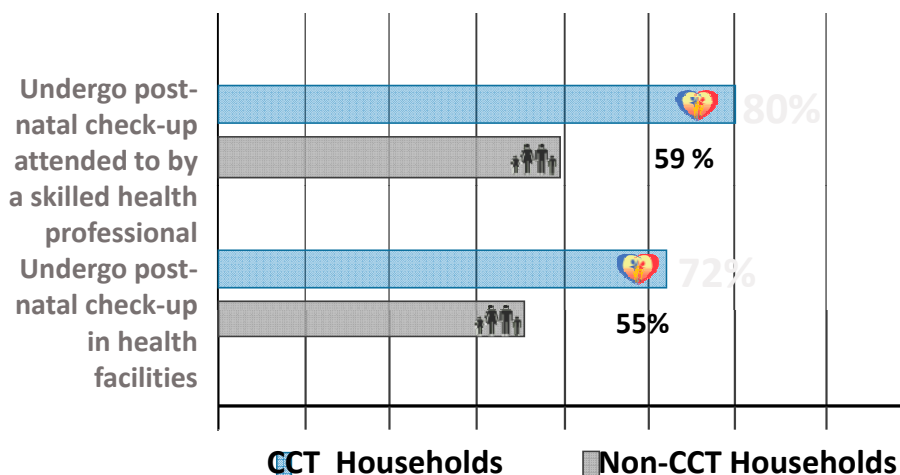
Given current cash grant levels, CCT Program reduces national poverty incidence and food poverty incidence by up to 1.4 percentage points (pp).

Poverty among beneficiaries diminishes by up to 6-7 pp, equivalent to about 1.3 million Filipinos



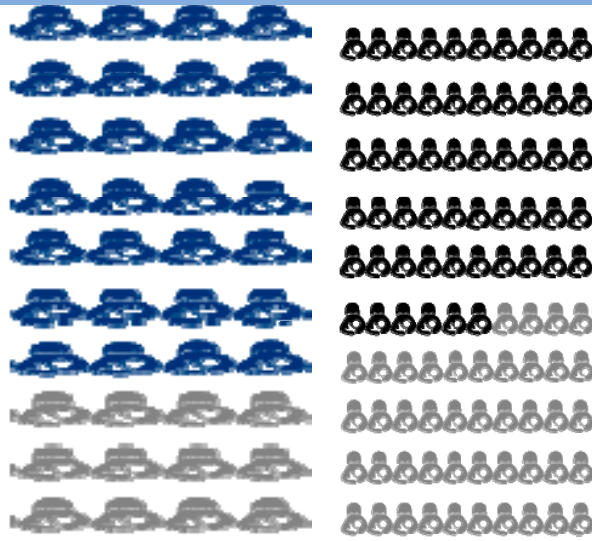
2. CCT Program promotes facility-based deliveries and access to postnatal care

More beneficiary mothers avail of post-natal check up in health facilities



3. CCT Program promotes facility-based deliveries and access to postnatal care

More beneficiary mothers deliver in health facilities



70%
CCT Program Households

56%
Non-CCT Households

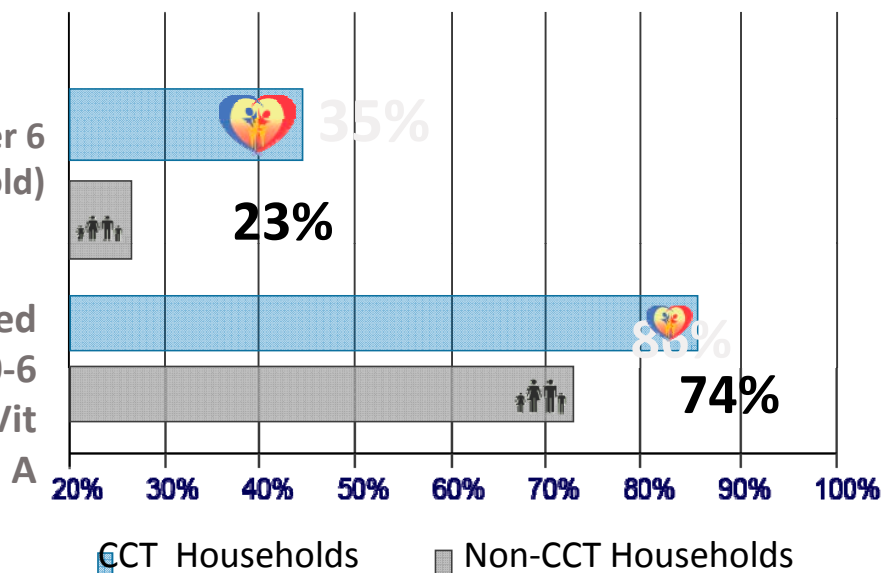
4. CCT Program improves children's access to some key health care services

More beneficiary children receive Iron supplements and Vitamin A tablets



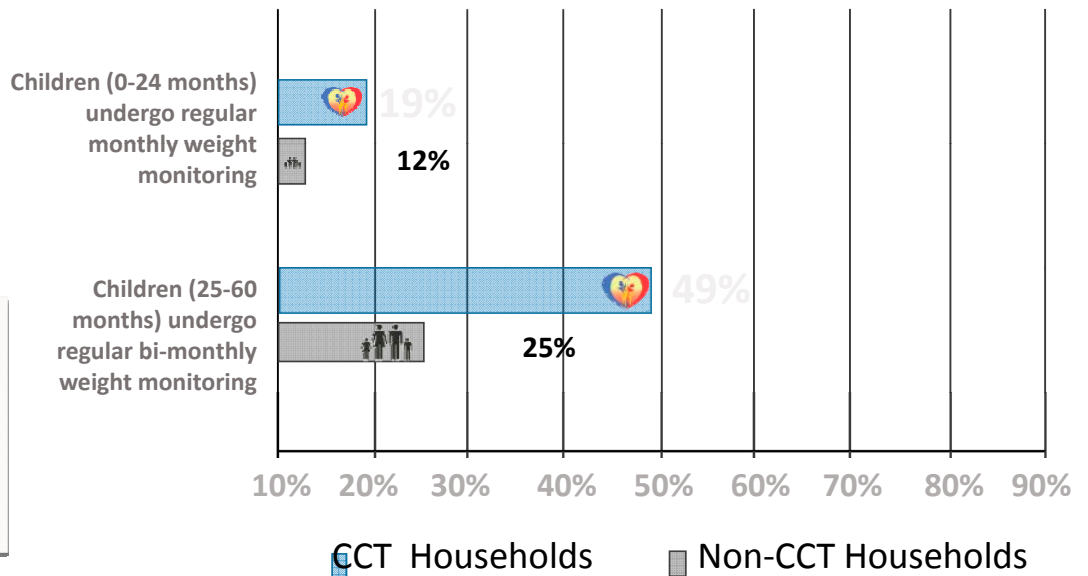
Iron (under 6 years old)

Children aged 0-6 received Vit A



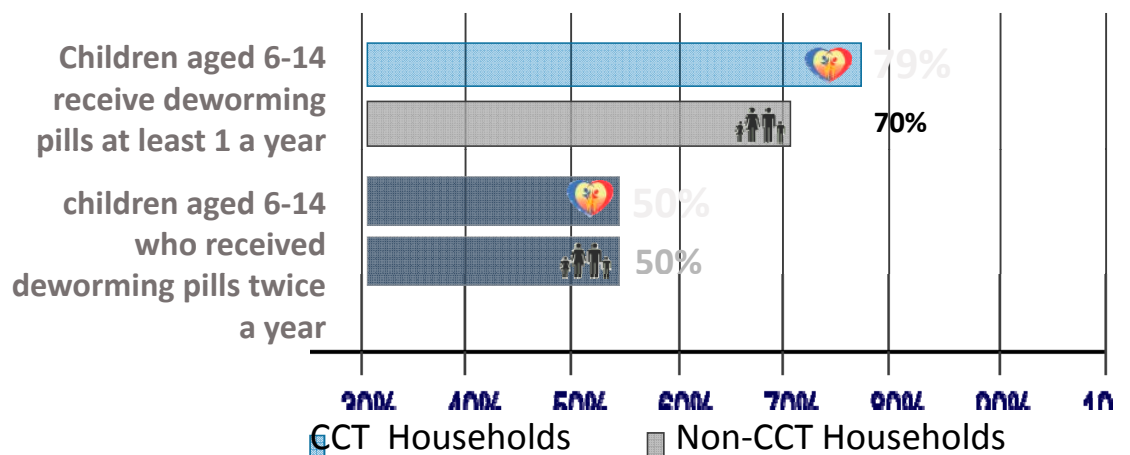
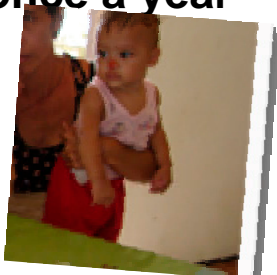
5. CCT Program improves children's access to some key health care services

More beneficiary children undergo weight monitoring

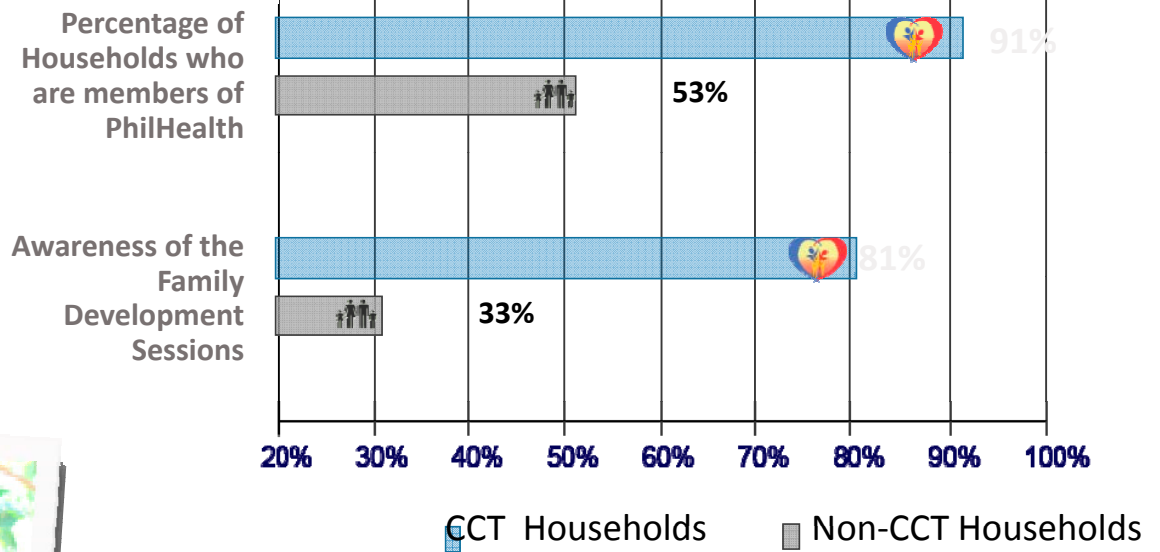


6. CCT Program improves children's access to some key health care services

More beneficiary children receive deworming pills once a year

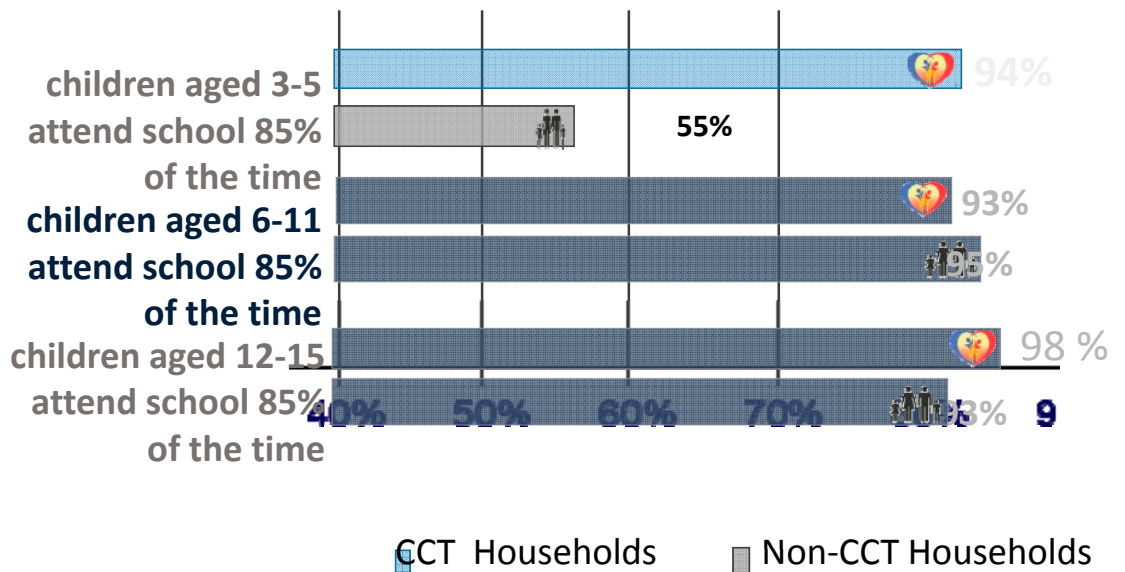


7. COVERAGE IN PHILHEALTH INSURANCE



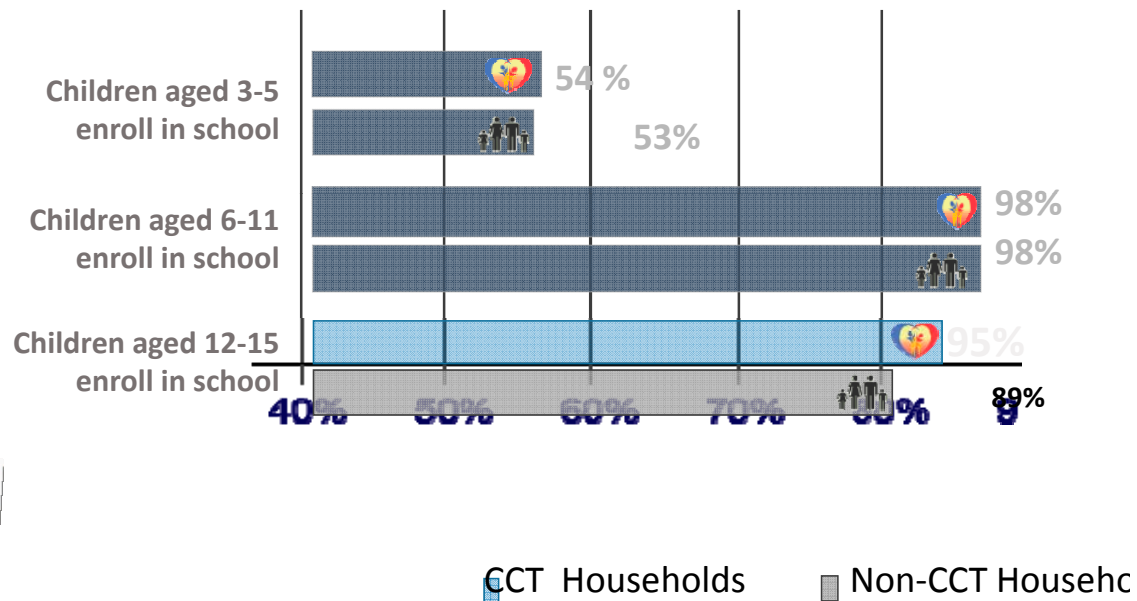
8. CCT Program keeps children in school

More 3-5 year old beneficiary children attend school 85% of the time



9. CCT Program keeps children in school

More beneficiary children aged 12-15 years enroll in school



Pantawid High School Graduates

- In March 2015, 320,000 CCT Children Beneficiaries have graduated from High School
- In March 2016, 400,000 CCT Children Beneficiaries have completed Grade 10/4th year high school*



**No high school graduates in 2016 due to implementation of the K-12 program*

Scholarship Grant Program for Poverty Alleviation (SGP PA) Grantees

2016 Graduates = 3,109

2 Magna Cum Laude

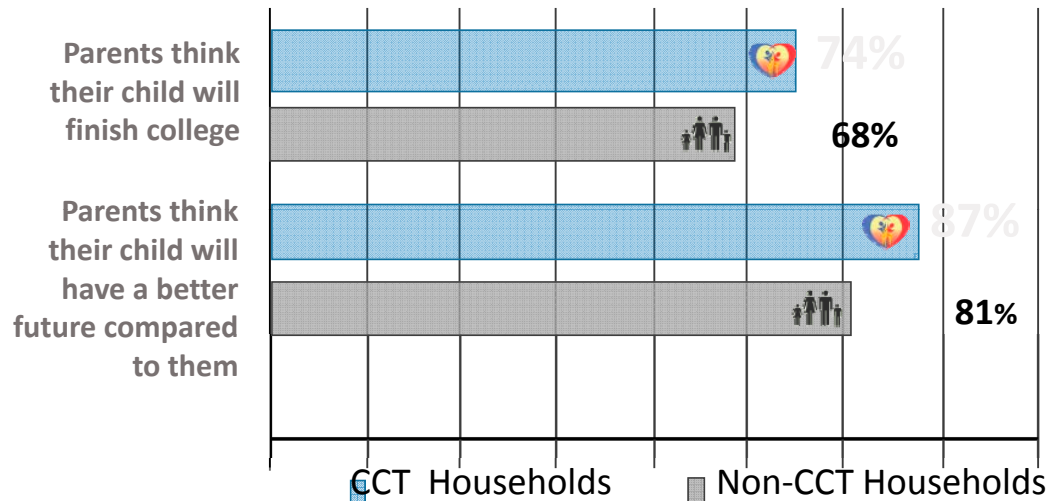
65 Cum Laude

14 With distinction

68 With other awards



10. Beneficiary parents have better outlook on their children's future



11. CCT Program families prioritize spending for basic family needs

Beneficiary households spend more on education



Education expenditure in beneficiary households is 82% higher than that of non-beneficiary households (annual per school-aged child)

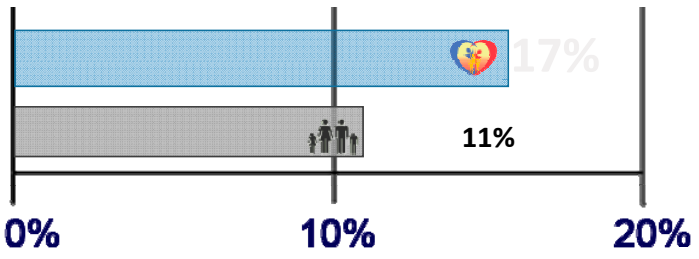


No difference in household expenditure on medicine between beneficiary and non-beneficiary households (annual per capita)



12. CCT Program does not encourage dependency

Household members aged 15 or more are employed and still looking for additional work



CCT Households Non-CCT Households



“Beyond Compliance: Behavioral and Social Outcomes of the Pantawid Pamilyang Pilipino Program”*

Study conducted by Philippine Women University

Survey: to gauge respondents’ perception of their household’s situation on the several dimensions of behavioral and social change

KIIs and FGDs: to provide more holistic view of the actual and expected behavioral and social outcomes of Pantawid. The participants include children and parents of Pantawid households, service providers, Local Chief Executives, Pantawid Municipal or City Links and CSO partners

568 households from:

- NCR
- Palawan
- Aklan
- Davao Oriental
- South Cotabato
- Tawi-tawi

188 KIIs

25 FGDs

**Draft Report as of June 2015*

13. Empowerment of beneficiaries in terms of familial responsibilities, accessing of services and community participation

- Increased valuation of education among Pantawid Pamilya Beneficiaries
- Improved Health-seeking behavior towards professional health care
- Strengthened family relations and improved performance of parental responsibilities (e.g. more time in doing familial obligations)
- More adherence to women’s and children’s rights in the household and the community
- Increased participation of households in community activities

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Pantawid Pamilyang Pilipino Program: Stimulus to Local Economic Growth?*

By: **Dr. Lourdes S. Adriano and team**

Results released June 2015

Study conducted to determine the local economy impact of the Pantawid program at the three sub-economy levels:

- Household
- Sub-economy: Rice production
- Regional/Provincial Economy

Study areas:

- Albay
- Camarines Norte
- Catanduanes
- Masbate

14. Economic benefits of 4Ps

- Equalizing effect as it enables the poorer segments to catch up
- Safety net in times of natural and manmade shocks
- Credit worthiness; credit access ; savings habit
- Food security + human resource security for the poor



POLICY CHALLENGES

- Institutionalization of CCT Bill
- Responding to Supply Side Requirements of the Program
 - Additional school facilities
 - Sustained health services
 - Expansion of Alternative Delivery Mode of Learnings

POLICY CHALLENGES

- Effective response to supply side gaps thru institutionalization of Management Team in oversight agencies which shall direct the flow of resources to CCT
- 20% increase of beneficiaries' cash grant for education and health to keep up with the inflation rate
- Continuous lobbying for budget inclusion in the local development plan of LGUs for program support to CCT beneficiaries



Thank you!

