8th ASEAN and Japan High Level Officials Meeting on Caring Societies

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Country Report Presentaion REPUBLIC OF THE PHILIPPINES

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PART I — Follow-up of the 7th High Level Officials Meeting in our Country

- Participated in the Training on Communitybased Rehabilitation Training Program, Malaysia; Third Country Training Program on Vocational Rehabilitation for Persons with Disability, Indonesia.
- 2. Other related training: Maternal and Health Administration Workshop in Japan, Regional Consultation Workshop on the Enhancement of Social Welfare and Development for Women and Children in Vietnam. A total of six (6) technical staff and officials attended.

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- 3. Hosting of the First ASEAN Children's Forum in October to be participated in by children from ASEAN member states (3 children delegates/state, one is a child with disability)
- 4. Form a National Advisory Committee for the implementation of the *Pantawid Pamilyang Pilipino* (4Ps), a government's flagship poverty alleviation program

PART I — Follow-up of the 7th High Level Officials Meeting in our Country

- 5. Data sharing on persons with disability developed by Department of Health and profile of poor households by the Department of Social Welfare and Development
- 6. On-going discussion on program complementarity and convergence

PART 2: CASE STUDIES

GOOD PRACTICE OF POVERTY ALLEVIATION PROGRAM

A. Overview

- provision of cash grants to extremely poor households aimed at addressing poverty and supporting improved health and education outcomes of poor children and pregnant women
- it has a two-pronged objectives: social assistance and social development

Overview.....

- PhP500.00/month (\$11.06) for health
- PhP300.00/month (\$6.64) per child to benefit a maximum of three children at any time provided they are aged 6 to 14 years old including the day care and pre-school children
- A total of Php1,400.00/month (\$30.99 in households with a maximum of three [3] children) released on a quarterly basis, subject to their compliance with the program conditionalities

Note: Php45.17 - 1 US\$

Program Conditionalites are:

- 1. Health and Nutrition
 - visit their local health center for pre and post-natal care
 - avail of appropriate child delivery services by a skilled health professional
 - avail at least one post-natal care within 6 weeks after childbirth
 - 0-5 yrs old availing of immunization
 - -monthly weight monitoring and nutrition counseling for children 0-24 mos. Old

- 1. Health and Nutrition Program Conditionalites.....
 - quarterly weight monitoring for children 25 to 73 mos. Old
 - clinical management for sick children
 - deworming pills twice a year for 6-14 years old children
- Family Development Sessions for parents & Guardians
 - attendance at least once a month
 - participation in community activities

1. Education

- Enrolled in day care or pre-school program for 3-5 yrs old children and maintain a class attendance of at least 85%
- Enrolled in elementary and/or secondary school and maintain a class attendance of at least 85% per month

B. Problem Analysis

- 1. Generally low spending on social assistance programs;
- 2. Uncoordinated programs that address various aspects of social protection;
- 3. Lack of an effective system to target the poorest households leading to high leakage rates to the non-poor and undercoverage of the poor; and
- 4. Intergenerational poverty and hunger

C. Institutions or Organizations Involved

- 1. Department of Health;
- 2. Department of Education;
- 3. Department of the Interior and Local Government;
- 4. National Economic and Development Authority;
- 5. National Anti-Poverty Commission;
- 6. Department of Budget and Management; Department of Finance;
- 7. representatives from the Academe, church and non-government organizations (NGOs);

- D. Strategy Pursued 8-step cycle steps
- 1. selection of target areas;
- 2. supply side assessment;
- 3. selection of household beneficiaries;
- 4. registration and validation of beneficiaries;
- 5. the preparation of the Family Registry;
- 6. the release of the initial cash grant;
- 7. verification of compliance; and
- 8. the release of the cash grants.

E. How the Strategy/ies Implemented

- 1. Manual of Operation developed
- 2. National Advisory Committee created
- 3. Presence of Independent Advisory Committee
- 4. Conduct of regular community assemblies
- 5. Conduct or compliance verification
- 6. Grievance Redress System
- 7. Coordination with the local government units and other concerned government agencies to ensure availability and continuity of services at the local levels

F. Impact on Policy

- NAPC issued MC no. 1, series of 2009 directs all government agencies to focus their anti-poverty programs and projects to the 1 million 4Ps households beneficiaries made the 4Ps as the convergent point of the government's poverty alleviation program

Impact on Policy.....

- has become the government's flagship poverty alleviation program wherein additional funds have been allocated for wider coverage
- all concerned government agencies are encouraged to focus and converge their resources in the 4Ps areas.

G. Potential for up-scaling and replication

- Pilot implementation in 2007 covering 3,000 HH beneficiaries
- 2. Roll-out implementation in 2008 with 360,000 HH beneficiaries in the 20 poorest provinces and in some poor municipalities outside of the 20 priority provinces
- 3. To date, 785, municipalities 000 HH are benefiting from 764 and cities in the 80 provinces

Potential for up-scaling and replication

- 4. As of April 2010, it has covered 892,368 HH and by the end of 2010, it is expected to cover 1M target HH beneficiaries
- 5. For 2011 it shall scale up to 2.3 M given the additional funding allocation
- 6. Result of Qualitative Evaluation on 4 Ps

Key Findings of the Qualitative Evaluation on 4Ps in Regions III, VIII and CARAGA, February – March 2010

(Conducted by Ateneo Institute of Philippine Culture (IPC) for World Bank)

On 4Ps Implementation...

- Households receiving grants are deserving of the 4Ps assistance
- 4Ps beneficiaries are grateful of the program and the community in general positively about the project
- Changes to beneficiary behaviors for demanding more and better health and education services are being felt and observed

On Impact of 4Ps.....

- household economy
 - 4Ps is subsidizing the most essential needs in beneficiary households
 - 4Ps significantly eased the scarcity during the lean season
 - health and education
 - improvements in school attendance and use of health services in immunization coverage, child nutrition, household management of childhood illnesses and knowledge of maternal health services.

- health and education......
 - More students and parents attend extra-curricular activities;
 - Students come to school with better clothing, project materials and food, making them more active in classrooms
 - Parents also participate more in school activities
 - Reduction in child labor

Conclusion on the Qualitative Evaluation

- 4Ps has a lot of potential in improving people's lives and changes in beneficiary behaviors
- 4Ps not only bring financial support through cash, but behavior change communication through Family Development Sessions
- better coordination with health providers and schools as well as at the central level to improve service standards.

" "I CAN DO WHAT I WANT, YOU CAN DO WHAT YOU WANT, BUT WORKING TOGETHER WILL BRING SUCCESS

Mother Theresa of Calcutta

Thank you for listening MABUHAY