

Social protection in the Philippines:

Notes on the Group Presentations at the NEDA Regional Training

24 October 2014

Participants

- NEDA Social Development Staff (SDS)
- NEDA Regional Offices (NRO)
- ILO (Loveleen De as observer)

About the workshop

At the training workshop on social protection for NEDA Regional Offices in Manila, 20-24 October 2014, theoretical and practical exchange of knowledge and information on social protection took place. On the last day of the workshop, participants from the NROs analysed the Pantawid Pamilyang Pilipino Program (4Ps) and PhilHealth.

They organised themselves into two groups, one for each scheme. The groups identified the gaps and issues in these schemes, and recommendations to address the challenges from a ground-level perspective. This was done by comparing the design and implementation of the schemes with a framework consisting of seven indicators, including efficiency, equity, effectiveness, targeting, institutional mechanism, sustainability and disaster responsiveness. The groups then presented the results of their analysis. The main points have been listed below.

4Ps

- The scheme helps poor families by aiming to keep children healthy and in school, and break the inter-generational cycle of poverty by developing human capital.
- Cost of administering the scheme is high.
- The current benefit payment system is lengthy and complex.
- Grievance resolution is slow.
- The reporting system does not include gender disaggregation.
- Some improvement in health conditions of the beneficiaries has been observed. However, despite its existence and health related conditionalities, high mortality among children still exists. Many deliveries are still conducted at home or through traditional methods.
- There are not enough facilities and the personnel are not sufficiently trained.
- There is still some non-compliance to conditionalities due to various reasons including inaccessibility of health and education facilities.
- The quality of education is not very good, and lacks adequate monitoring.
- The benefit amount is purposely fixed at below the poverty threshold, to encourage people to look for productive employment. It is not provided monthly due to high administrative costs.

- Beneficiary families who are at different levels of poverty and in different geographical regions receive the same benefit amount. However, it was clarified by NEDA SDS that pro-rata benefits are difficult to implement administratively, which is why the same benefit amount is provided to different families.
- It was insisted that the second survey round of the National Household Targeting System for Poverty Reduction (NHTS-PR) is needed. NHTS-PR is a fairly reliable database and instrument for identifying beneficiaries, and is therefore valuable. However, it excludes certain key population groups such as indigenous people, homeless families, families with child labour, etc. and thus, needs to be updated.
 - In one of the subsequent ABND workshops, DSWD clarified that the second round is planned to be started in January 2015 and will include indigenous people and child labourers. Delay was faced in starting the second round due to inadequate funding.
- The Modified conditional cash transfer (CCT) targets indigenous people, whose needs are completely different. This should be addressed in the next survey round of the NHTS-PR.
- Survey instruments should be culturally and geographically sensitive.
- Surveys should also take into consideration how physical assets were acquired by families, rather than just checking for the presence of assets in the household.
- A recommendation made was that the scheme should be expanded to include persons with disabilities (PWDs) and other marginalised groups.
- In the earlier years of implementing the programme, there was some manipulation by politicians and barangay officials in the identifications of beneficiaries and delivery of benefits.
- Inclusion and exclusion errors among beneficiaries still exist. Based on international studies, leakage of 25 per cent is acceptable.
- Regarding the two points mentioned above, regional offices were encouraged to report leakages and manipulation to the responsible institution i.e. the Department of Social Welfare and Development (DSWD) through the grievance system.
- Local government units (LGUs) play a passive role in the implementation. They consider themselves as recipients and not active partners. This should be rectified for effective implementation. LGUs (represented by a committee or person like the governor) should be part of the Regional Advisory Council (RAC).
- Sustainability of the scheme is of question, because of inadequate funding and uncertainty over the priority of the next administration.
- The question of sustainability should also include whether external donors will continue to fund the 4Ps scheme and for how long. To ensure sustainability, the scheme should be financially owned by the government and institutionalised through a law.
- 4Ps is responsive to disasters, e.g. after Typhoon Haiyan, an unconditional cash transfer of P5,000 funded by UNICEF was provided to all families.

Indigent and Sponsored Programs of PhilHealth

- There is an information gap, because of which it is difficult to see if the benefits reached the intended beneficiaries. It is important to strengthen the monitoring and evaluation mechanisms.
- The health care services provided are sometimes of low quality, and there is no public-private partnership or competition.
- Ideally, out-of-pocket (OOP) expenditures of beneficiaries should be zero, but in reality people may have to buy medicines with their own money. Medicines and drugs are often not sufficiently stocked up in health facilities.
- Accessibility to PhilHealth benefits is a concern due to the low number of existing health facilities, inadequate roads and modes of transport.
- Monitoring and evaluation is weak and there is no formal or unified database.
- NHTS-PR is generally seen as a reliable, clean list of indigent people. It was insisted that implementing agencies and LGUs should adopt and use it across all schemes and regions. Currently, both NHTS-PR and Community-Based Monitoring System (CBMS) are used by LGUs. While ideally, NHTS-PR and CBMS should contain the same list of people as they have the same objectives, this is not actually true. CBMS has a longer questionnaire, but it is available with fewer LGUs and it is updated just occasionally depending on fund availability.
- At present, coordination is weak, both horizontally and vertically. For instance, there is limited coordination and cooperation between Philippine Health Insurance Corporation (PHIC) and LGUs in the implementation stage.
- Procurement processes for medical supplies in LGU-run hospitals are long and tedious.
- A change in administration can lead to a scheme being closed, or change in its funding mechanism and amount. It is heavily dependent on the priorities of the government, and therefore the more successful and popular schemes should be institutionalised. For instance, the current administration prioritises health care and achievement of universal health coverage by 2016. This may or may not be the case for the next administration. To ensure sustainability, legislation of the scheme and its funding are required.
- There is low utilisation of health care services due to low awareness among people, according to a study by the University of the Philippines School of Economics.
- Low awareness of the importance and existence of health care services and low intention of beneficiaries to seek formal health care services, are further compounded by limited communication about the scheme. Even if people have the PhilHealth cards, they may not actively avail health services. Some indigenous people may prefer to go to traditional healers instead. There is a need to strengthen communication and advocacy.
- Disaster response measures are not clear or specific, or formally legislated.
- Innovative implementation mechanisms are required, such as mobile health services and medical missions that go from place to place in the aftermath of disasters, to reach those people who cannot come to health facilities.

Involvement in ABND

- The regional offices raised concerns of how their comments and inputs from the ground-level would be included in the ABND exercise. It was informed by NEDA SDS that the regional offices would be consulted in three workshops to be held in Luzon, Visayas and Mindanao.
- The NROs also asked about whether a formal structure would be followed, and the committees, members and persons who would be involved in the three workshops. NEDA SDS replied that existing councils and structures such as the Regional Development Council (RDC) could be utilized.