

Project Title	:	Conditional Cash Transfer (CCT) Philippines - Improving the Human Capital of the Poor (<i>Pantawid Pamilyang Pilipino Program</i> or <i>4Ps</i>)
Proponent	:	Department of Social Welfare and Development (DSWD)
Target Coverage	:	Poorest Households in the Poorest Municipalities of Regions IV-B, V, VI and VIII or 172,488 households
Cost Estimate	:	Php10.8 Billion or \$227 (at Php48/\$1)
Target Implementation:		2010—2014

I. PROJECT RATIONALE AND DESCRIPTION

A. Towards Poverty Reduction

1. A strategy of inclusive growth is fast evolving as a key agenda of emerging markets in many developing countries, with the end in view of achieving a significant reduction in poverty. Inclusive growth is anchored on three pillars, namely: (a) economic growth can be created by generating full and productive employment; (b) access to economic opportunities can be broadened by providing mechanisms for capability enhancement; and (c) minimum well-being can be ensured by providing social protection. Inclusive growth aims to disperse the benefits of economic development. Safety nets are at the core of inclusive growth, which can be channeled to address the welfare of the vulnerable and needy (ADB 2008)¹.

2. In the Philippines, a wide range of social protection programs is in place. However, the 1997 Asian financial crisis exposed weaknesses in coverage, targeting methodologies and techniques, and operational constraints. These result in significant leakages; resources go unduly to the non-poor and the near-poor amid lack of reliable poverty measures as well as overlaps and redundancies in sectoral or geographical beneficiaries (ADB 2008)².

3. Inadequate human capabilities and limited access to social services are often key factors underlying poverty and inequality in the country. While the Philippines has achieved nearly universal primary education, enrolment in secondary education, at about 73%, leaves much room for improvement. In 2004, the average enrolment rate for the bottom 10% of the population was less than 55% compared to about 75% for the top 10%. Attendance in secondary education is below the national average in the poorer regions. In terms of health services, disparities in access to such services among income groups are even more pronounced. The average access to health services was a little over 30% for the bottom 20% of the population while it was close to 45% for the top 20%.

4. Confronted with these findings, the Government of the Philippines, through the leadership of the Department of Social Welfare and Development (DSWD) was moved to adopt a Conditional Cash Transfer (CCT) Program dubbed as *Pantawid Pamilyang Pilipino Program*

¹ Hyun H. Son. Conditional cash transfers: an effective tool for poverty alleviation,? Asian Development Bank Economic and Research Department ERD Policy Brief Series No. 51. 2008.

² Asian Development Bank. Philippines: Critical Development Constraints 2008.

(4Ps). Aside from providing income support to extremely poor households that would encourage them to increase investments in their children's human capital, 4Ps will serve as the lead vehicle through which the many cross-cutting issues (e.g. targeting, monitoring and evaluation) will be addressed.

5. The 4Ps - as adapted from the CCT Programs in Latin America - is a poverty reduction strategy that provides cash grants to extremely poor households to allow the members of the families to meet certain human development goals. The focus is on building human capital of poorest families (health/nutrition and education) given the observation that low schooling, ill health and high malnutrition are strongly associated with the poverty cycle in the Philippines.

6. In order to ensure an effective and well-targeted social protection program, 4Ps employs a [i] targeting system to identify the poorest households objectively and to prevent inclusion³ and exclusion⁴ errors, [ii] system verification of compliance that includes a computer system being developed to be installed in the schools where children beneficiaries are attending classes and in health centers where the mothers bring their children for health checkups and immunization, and [iii] a two-pronged monitoring and evaluation (M&E) system to ensure that implementation is done in accordance with set policies and procedures as well as to evaluate whether the program was able to successfully improve the lives of the beneficiaries in the communities. These are all being undertaken to determine impact and to ensure that assistance is directly given to the deserving and qualified households thereby ensuring a graft free program⁵.

7. Aside from this, 4Ps also helps fulfill the country's commitment to meet the Millennium Development Goals, namely: (a) *Eradicate Extreme Poverty and Hunger*, (b) *Achieve Universal Primary Education*, (c) *Reduce Child Mortality*, (d) *Improve Maternal Health*, and (e) *Promote Gender Equality*. Furthermore, the program is also aligned with the DSWD's goal of poverty reduction and empowering the poor and vulnerable groups of society. Likewise, it is also a part of the Department's Reform Agenda under the National Sector Support for Social Welfare and Development Project.

B. Program Goal and Objectives and Expected Outcome

8. Specifically, the program aims to achieve the following goal and objectives:

Goal

9. To promote human capital development among poor families, especially children, to break the intergenerational cycle of poverty.

Objectives:

- a. To improve the health condition of children age 0-14 years old;
- b. To improve the maternal health of pregnant and lactating mothers;
- c. To raise consumption of nutrient dense foods among poor households;
- d. To increase enrolment/attendance of children in elementary/high school; and

³ Inclusion error refers to non-poor being included as program beneficiary

⁴ Exclusion error refers to extreme poor being excluded as program beneficiary

⁵ This section will be discussed in detail under the Program Strategies Section.

- e. To encourage parent's participation in the growth and development of their children, and their involvement in the community.

Expected Outcomes:

10. Compared to a similar population not receiving the conditional cash transfer, the following outcomes shall be achieved:

a. Health and Nutrition

- 10 percent increase in the number of pregnant women getting antenatal and post natal care, and whose child birth is attended by a skilled health professional
- 10 percent increase in the number of children 0-5 years old availing of health preventive services and immunization
- 6 percent decrease in stunting among children age 0-5 years old
- 0.5 percent decrease from baseline level in the growth rate of the population

b. Education

- Current attendance of children to increase by 8 percent
- Transition rates from primary to secondary school to increase by 8 percent
- Years of education completed to increase by one year
- Elementary school gross enrollment rate for children 6 to 12 years to increase by 5 percent
- Attendance in a school or day care over 85 percent of school days to increase by 10 percent
- Increased enrollment of children 3-5 years old to day care/pre-school by 5 percent

c. Economic/Poverty

- Share of food expenditures in the household budget to increase by 4 percent
- Expenditure on nutrient dense foods (protein rich foods, fruits and vegetables) to increase by 2 percent.

C. Program Package and Conditionalities

11. The poorest households identified as beneficiaries with pregnant women members and children 0-14 years old (3-14 years old children who are attending day care/school) shall receive P500.00 as health and nutrition grant and P300.00 per child as education grant monthly. A maximum of three children beneficiaries shall be covered by education grant. Thus, a household with three children beneficiaries shall receive P 1,400.00 as monthly grants for a period of five years for as long as they comply with the conditionalities of the program.

12. The 4Ps household grantee shall be the most responsible adult person in the household. The monthly grant shall be conveyed via Landbank Cash Cards. Meanwhile, in areas where there are no available Landbank, the available rural banks will be utilized⁶.

⁶ See Annex Q: Procedures on Electronic Cash Transfer

13. The Project Management Office (PMO) has focal persons at the Financial Management Service of the Department to handle all matters pertaining to finances and budgets for the operation of 4Ps. All requests and releases of funds for the implementation of 4Ps follow the Department's accounting rules and procedures and are subject to COA audits.

14. Payments to the beneficiaries are processed centrally at the national level, primarily by the PMO, and paid directly to Landbank Batasan Office, and shall be released by the Landbank branch offices in the covered municipalities and provinces directly to the household beneficiaries.

15. As the program stipulates, the provision of cash grant to poor households is based on beneficiaries' compliance with the conditions set forth by the program. These conditions include the following:

- a. Pregnant women shall get pre natal care, childbirth shall be attended by skilled/trained health professionals, and mother shall get postnatal care thereafter.
- b. Parents/guardians shall attend family planning sessions/mothers classes, Parent Effectiveness Service and other topics that are of their needs and interest.
- c. Children 0-5 years old shall get regular preventive health checkups and vaccines.
- d. Children in elementary school must at least receive twice a year deworming
- e. Children 3-5 years old shall go to day care/pre-school and attend at least 85% of the time.
- f. Children 6-14 years of age shall enroll in schools and attend at least 85% of the time.

16. Strict compliance⁷ with the above specific conditionalities on health and education shall be followed by the household beneficiaries to sustain receiving grants in the program.

D. Estimated Project Cost, Financing, Proposed Funding Scheme with WB, and Designation of Target Areas

17. In the next five years, the program aims to reach and serve almost 500,000 poor households all over the Philippines⁸. The attached 4Ps financing plan⁹ is based on a plan of DSWD to have separate geographical areas of coverage for the proposed MCA-funded Project, different from the prospective areas to be applied for World Bank funding. A location map is attached to this proposal indicating the poorest provinces with the proposed MCA target areas and proposed World Bank target areas¹⁰.

18. The total amount being proposed for MCA is Php10.8 Billion or \$227 Million (at Php48/\$1). The said amount is to be utilized for the (a) Cash Grants, (b) Conduct of Survey, (c) Capacity Building and Technical Assistance, (d) Monitoring and Evaluation, (e) Administrative Support, (f) and Goods (Capital Outlay).

19. Moreover, given that 4Ps is part of the DSWD's Reform Agenda, the following specific activities are proposed for MCA funding:

- a. 4Ps expansion in all poor households in the poorest municipalities of Regions IV-B, V, VI and VIII or a total of 172,488 poor households.

⁷ See Annex R: Verification and Compliance System

⁸ See Annex A: Target Areas

⁹ See Annex B: 4Ps Financing Plan and Summary of Expenses

¹⁰ See Annex C: Location Map of Target Areas

- b. Regional operation and monitoring at the municipal level to include capability building for local implementers such as focal persons on health and education, LGUs and regions.
- c. Community building activities with the parent leaders as part of community organizing component of the program.
- d. Fund augmentation for the supply side of health and education.

20. Proposed areas for the implementation of 4Ps under World Bank financing program are the top twenty poorest provinces in the country comprising Luzon, Visayas and Mindanao. Proposed provinces and municipalities for MCC funding support program are the next twenty poorest provinces in the country located in Luzon and Visayas Cluster provinces. Primarily, the target provinces and municipalities for the MCC are apart from that of the target for WB financing program.

21. Operational design, mechanics and procedures shall be the same following the basic cycles in the implementation of 4Ps such as conduct of community validation and organization of household assemblies, verification of compliance, periodic release of cash grants based on compliance and spot checkings in every detail in program implementation. The institutional structures and pattern of collaboration with partner agencies shall also be followed to ensure that appropriate support and commitment shall be elicited in the implementation of the program.

22. Organization of Grievance System at the national, regional and provincial level shall also be established as a mechanism to facilitate due process in resolving complaints and grievances related to 4Ps implementation. Program procedures, systems and components in the implementation of 4Ps ready for replication in other possible expansion areas.

E. Pilot Implementation

23. Pilot implementation¹¹ commenced in the last quarter of 2007 covering 4,589 households in the four municipalities and 2 cities in three regions—CARAGA, Region X and National Capital Region (NCR). As such, the following were the highlights of the said pilot implementation:

Highlights of and Challenges Encountered during Pilot Implementation

- a. Local Government Units and beneficiaries share a positive view and acceptance of the 4Ps program. Beneficiaries admit that the program was a big help to them. They understand their roles and the conditions which they have to meet to be able to continue being part of the program.¹²
- b. Women, especially the parent/mother leaders felt empowered by the project. The community assemblies, meetings and seminars provided an opportunity to learn together and bond as a community group. The community meetings provided a venue for raising concerns and grievances regarding the project as well as other matters in their barangays.¹³

¹¹ See Annex S: *Experiences and Learnings in the Implementation of 4Ps in Pilot Areas*

¹² Preliminary Report on Process Risk Mapping of the Pantawid Pamilyang Pilipino Program, International Institute of Rural Reconstruction, Commissioned by World Bank Office, Manila Philippines and AusAid, Philippines January 2009

¹³ Ibid

- c. Compliance of children beneficiaries with education is high as shown by the marked improvement in their school attendance. Children enrolled in primary education reached 90-95% attendance particularly in the Municipalities of Sibagat and Esperanza in Agusan del Sur (CARAGA) and Bonifacio in Misamis Occidental (Region X)¹⁴
- d. Compliance with health of pregnant women and children 0-5 years old were markedly shown in increase of attendance of pregnant women and children 0-5 years old visiting the health center.¹⁵
- e. Strong support and commitment of the local executives in the implementation of 4Ps to ensure supply side of the program and in ensuring active participation of focal persons on health and education at the community level involving the midwives and barangay health workers and teachers and school heads. Municipalities in pilot areas hired additional LGU workers to assist DSWD Municipal Link, provided additional transportation allowances to mobile health workers/midwives and augmented school furniture, fixtures, books and supplies.
- f. High-level participation of administration, including, Secretaries and Undersecretaries of DSWD, Department of Education, Department of Health, National Anti-Poverty Commission, Department of Interior and Local Government as members of the National Advisory Committee overseeing the overall implementation and providing appropriate inputs and recommendations in strengthening program implementation and regularity and extensive consultations from the regional to the municipal levels through the Regional and Municipal Advisory Committee involving key stakeholders/partner agencies in the implementation of the program.

Challenges Encountered During Pilot Implementation

- a. *Use of cash cards through Landbank of the Philippines using ATM as the most ideal and safest method for receiving cash transfers.* While beneficiaries may have complaints over the cost of having to go to the nearest Landbank ATM (especially from remote rural areas), use of ATM cash cards provide a “sense of ownership and social status” to the beneficiaries¹⁶
- b. *Institutionalizing the verification systems, monitoring and spot checking on a regular and timely basis.* This will help assess/monitor compliance with health and education conditionalities, operational processes of the program are functioning as intended and to trouble shoot any process problems that may arise.¹⁷
- c. *Social acceptability of the conditionalities on health with respect to cultural beliefs—* awareness to and sensitivity to indigenous peoples enrolled in the program and enhanced advocacy and communication component particularly on compliance with health and education conditionalities.

¹⁴ Quarterly Monitoring Reports to DSWD by District Office (Agusan del Sur) of Dep Ed 2008

¹⁵ Municipal Health Office (MHO) Quarterly Monitoring Reports 2008

¹⁶ Preliminary Report on Process Risk Mapping of the Pantawid Pamilyang Pilipino Program, International Institute of Rural Reconstruction, Commissioned by World Bank Office, Manila Philippines and AusAid, Philippines January 2009

¹⁷ World Bank Draft Pre-appraisal Mission Report, December 2008

- d. *Institutionalizing 4Ps Grievance Redress Systems at the National, Regional and Provincial Grievance levels.* The primary objective is to facilitate due process in resolving complaints and grievances related to 4Ps implementation, along with this is the implementation of 4Ps advocacy and communication support activities at the barangay to promote public understanding and support
- e. *Encourage but oversee potential projects and initiatives that build on the 4Ps project.* There have been attempts to implement such projects such as cooperatives among beneficiaries, insurance packages for beneficiaries, and rice stores. The Project Management would implement guidelines and policies as to how people initiatives can be rolled out. Potential projects and initiatives by led by the beneficiaries themselves to remove any potential of political maneuvering or manipulation.¹⁸

24. As a response to the abovementioned challenges, the DSWD sought additional logistical support from the LGUs for the implementation of 4Ps, such as, supplies, equipment, transportation cost/salaries of LGU focal persons or LGU Links, local trainings for the parent leaders and volunteers.

II. Project Context and Development Plans

A. Relation to Development Priorities and Contribution to Poverty Reduction Through Sustainable Growth

25. Providing the opportunity to increase the per capita annual expenditures of poorest households to alleviate the effects of systematic economic insecurity is one of the main thrusts of 4Ps. The poorest of the poor experience economic deprivation brought about by lack of jobs, lack of education to pursue better career, and lack of opportunities to pursue other productive/livelihood activities and social and economic crises.

26. 4Ps, with its thrust to provide cash grants for the poor households, aims to balance the goals of the current and future poverty reduction measures of the Philippine Government. 4Ps aims to help the poorest households provide protection from income shortfalls or low income to enable them to send their children to school and avail of the services from health centers, thereby achieving human and community development focused on human capital investment.

27. The attached DSWD Medium-Term Expenditure Plan (2008-2013)¹⁹ already incorporates the multi-year budget requirements for implementing all of the regular DSWD programs and projects, including 4Ps.

B. 4Ps and the National Sector Support for Social Welfare and Development Reform (NSS-SWDRP)

28. The DSWD sought the assistance of the World Bank (WB) through the project entitled "National Sector Support for Social Welfare and Development Reform" for funding through the Policy and Human Resource Development (PHRD) Grant to support its efforts to undertake

¹⁸ Preliminary Report on Process Risk Mapping of the Pantawid Pamilyang Pilipino Program, International Institute of Rural Reconstruction, Commissioned by World Bank Office, Manila Philippines and AusAid, Philippines January 2009

¹⁹ See Annex D: DSWD Medium-Term Expenditure Plan (2008-2013)

institutional reforms that would enable further the agency to lead and steer the development and implementation of social sector programs.

29. NSS-SWDRP has four reform areas: (a) Leading and Engaging the Sector in Social Protection; (b) Providing Faster and Better Social Protection; (c) Introducing Financial Reforms to Sustain the Reform Process; and (d) Improving Delivery Systems and Capacities through its (2) major components: (i) Component 1- Policy and Program Reform Agenda Development; and (ii) Component 2- Capacity Development and Installation of Systems and Tools²⁰.

30. Part of the major activities undertaken for the NSS-SWDRP was DSWD's Internal Assessment and the Learning Forum and Visioning exercises. Based on the findings and results of these assessments and multi-stakeholder consultations, the Department was able to highlight a number of challenges, which continue to undermine DSWD's internal and external operations as well as the efforts and resources directed at the sector and its targeted beneficiaries.

31. The proposed project (4Ps) supports the above-mentioned DSWD reform agenda- specifically Reform Area 2: Providing Faster and Better Social Protection- and the Development of a Social Protection Framework and Strategy, which are meant to make the Department more effective in addressing issues related to social protection by (a) supporting a system to target poor households and maintain an updated database of such households for the use of 4Ps and other social protection and poverty reduction programs; and (b) supporting the monitoring and evaluation system of the 4Ps as part of the effort of DSWD to move to empirically based planning and policy.

C. Institutional Arrangements and the Consultation Process

32. Executive Order No. 221 of 2003 Amending EO No. 15, series of 1998, entitled "Redirecting the Functions and Operations of the Department of Social Welfare and Development" mandates the DSWD to provide assistance to Local Government Units (LGUs), non-government organizations (NGOs), other national government agencies (NGAs), people's organizations (POs) and other members of civil society in effectively implementing programs, projects and services that will alleviate poverty and empower disadvantaged individuals, families and communities for an improved quality of life as well as implement statutory and specialized programs which are directly lodged with the Department and/or not yet devolved to LGUs.

33. The DSWD, in pursuing such mandates has institutionalized its coordination and monitoring scheme in the implementation of its various special projects and devolved programs and services with the Local Government Units and partner agencies. This arrangement seeks to ensure project effectiveness and sustainability, such as, in the case of 4Ps.

34. To implement 4Ps effectively as well as enhance national ownership and sustained action, a well-designed and -defined institutional arrangement is needed. This will serve as a guide to partner agencies and local implementers aimed at ensuring availability and sustenance of the demand-side on health, nutrition, education and support services. The latter are vital to meet the program conditionalities and achieve success in program implementation.

35. Prior to project implementation, an inter-agency committee composed of DSWD, National Economic Development Authority (NEDA), National Anti-Poverty Commission (NAPC), Department of Finance (DOF), Department of Budget and Management (DBM), Department of

²⁰ *Social Development Committee National-Regional Consultative Meeting. DSWD . 2008*

Health (DOH) and Department of Education (DepEd) was organized for policy and coordination functions and overall planning for the program.

36. When the program was finally approved during the Cabinet Meeting in Malacañang in March 2007, institutional arrangements with partner agencies were defined and formulated to facilitate commitments and convergence of supply side and services on health and education. The National Advisory Committee was created and chaired by the DSWD. It draws inter-agency policies and commitments for the implementation of the program in accordance with the mandates of the agencies concerned such as the DepEd, DOH and NAPC. Consultation meetings of the National Advisory Committee with key stakeholders and partner agencies are held monthly in order to discuss, provide inputs/recommendations, and finalize agreements on the following operational policies and guidelines on 4Ps, namely: (a) conditionalities on health and education, (b) roles and responsibilities of partner agencies, (c) criteria selection of household and children beneficiaries, and (d) targeting and monitoring mechanisms in the implementation of 4Ps.²¹

37. The organizations of Advisory Committees were also undertaken at the regional and municipal levels. This is to strengthen coordination in the implementation and operationalization of sectoral activities for better execution of the implementation requirements of the program. It includes the DOH, Dep Ed, DILG and NAPC as members of the Regional Advisory Committee to define and delineate implementation roles and to provide supervision, technical support and monitoring assistance. Consultation meetings of the Regional Advisory Committee are also conducted to interpret and bring down at the regional and municipal level operational policies and guidelines developed and agreed on at the national level.²²

38. Considering the expansion of the project, the Provincial Advisory Committee was also created to strengthen coordination at the provincial level. The same composition will be followed to strengthen technical supervision and support in the implementation of the project with partner agencies at the provincial level.

39. The Municipal Advisory Committee is organized at the local government unit level and serves to link overall implementation of the program at the municipal level down to the barangays. The Municipal Advisory Committee enhances coordination and implementation of services at the LGU level and likewise, enhances LGUs and partner agencies' ownership of the project.

40. At the municipal level, and prior to actual project implementation, supply-side assessment is conducted to determine and ensure availability and sustenance on health and education. A consultation-dialogue is undertaken with all partner agencies including private and socio-civic organizations to generate support and commitment in the implementation of the program.

41. Prior to the actual implementation of 4Ps, a consultation-dialogue with chief executives, civil society and non-government organizations and socio-civic organizations was conducted. It sought to elicit national support, awareness, and participation in operationalizing and defining the critical roles of major partner agencies and other major stakeholders in the implementation of the program. The DSWD builds on the opportunities offered by existing collaboration and evolving partnerships among key players in the implementation of 4Ps.

²¹ Nine (9) meetings held for 2008. See *Annex E: Coordination Meetings Conducted and Other Supporting Documents*

²² Nine (9) meetings held for 2008.

III. Inventory of Existing Preparatory Work

A. Basis for Proposed Project and Specifications

42. The provision of direct cash transfers to poor families conditional on the attendance of their children in school is justified on the grounds that children from poor households are more likely to leave school because their families cannot afford the direct costs of sending them to school (i.e., transport cost, school fees and school supplies) and/or because children seek employment, either at home or in the workplace, in order to augment household revenue.

43. *Impact on Education Outcomes.* The 2004 Annual Poverty Indicator Survey (APIS) supports this argument, which shows that while 92% of all 6-15 year old children attend school, only 85.0% of children aged 6-15 in the poorest quintile attend school, compared to 98.5% of those in the richest quintile. At the same time, the 2004 APIS shows that demand-side constraints (i.e., lack of personal interest and high cost of education) are the two reasons most often cited by children aged 6-15 to explain their non-attendance in school. In both cases, these two reasons appear to be more prevalent for the poorer quintiles than for the richer quintiles.

44. Close to a quarter (24%) of school leavers aged 6-15 in the poorest quintile attribute their non-attendance in school to the high cost of education in comparison to 10% of their counterparts in the richest quintile. On the other hand, 39% of school leavers aged 6-15 in the poorest quintile claim they are not in school because of lack of personal interest as compared to 28% of their counterparts in the richest quintile.

45. The potential impact of the 4Ps on school attendance is simulated using the results of Orbeta (2005)²³. Said study focuses on the impact of family size on the various aspects of family welfare specifically on education. The impact of additional children on their education was estimated by using the proportion of school-age children 6 to 24 years old to the number of children in the household. Estimated for the different age groups corresponding to the three education levels, elementary (6-12), secondary (13-16) and tertiary (17-24), were also done to provide indications of different impacts.

46. The estimate given in Orbeta (2005a)²⁴ shows that each additional child reduces the proportion of school-age children attending school. The average effect for the children 6 to 24 years old is a 19% decline per additional child or almost one in every five children. Estimates considering per capita income quintile show that for the poorest quintile the impact is a 24% decline or almost one in four, while for the richest quintile this is a 16% decline or around 4 in 25 per additional child. In addition, while this impact is not significant for the elementary school-age children, these effects are much bigger in magnitude and much more regressive at higher school-age groupings reaching as much as 77% for the poorest quintile for the tertiary school-age group, or 8 in 10 children for this age group.

47. According to Orbeta, the results of the study have important implications for policy. Poverty alleviation efforts that address only the current needs of the poor may consign the next generation from poor and large households into poverty. Each additional child, by driving more

²³ Aniceto C. Orbeta. Poverty, vulnerability and family size: evidence from the Philippines. Asian Development Bank Institute Discussion Paper No. 29. 2005.

²⁴ Aniceto C. Orbeta. Number of children and their education in Philippine households: evidence from an exogenous change in family size. Asian Development Bank Institute Discussion Paper No. 31. 2005.

school-age children out of school, pushes the succeeding generation also into poverty. Effectively, each additional child constitutes an inter-generational tax households impose upon themselves and this tax is highly regressive. Thus, there may be a need for targeted education subsidies for large households²⁵.

48. *Impact on Poverty.* It is not possible to simulate the effect of the 4Ps on poverty incidence. However, the total cash transfers under the 4Ps are estimated to reduce the income gap²⁶ of the poorest quintile from 45.0% without the 4Ps to 43.7% with the 4Ps.

49. On the other hand, the potential impact of the 4Ps on the food intake of households is estimated using the results of an analysis conducted on data obtained from the WB, the 1996 International Comparison Project (ICP), which provides consistent consumption expenditures across 114 countries (James Seale, Anita Regmi and Jason Bernstein 2003). The study shows that consumers in low-income countries make greater adjustments in their household spending on food when incomes and/or prices change. In particular, it estimated that when household incomes increase by 10% a consumer in the Philippines would typically increase food spending by 6.5%. Given this, it is estimated that the 29% increase in the average per capita income of 4Ps beneficiaries will result in a 19% increase in their spending on food. Coupled with the mother's effective parenting and counseling sessions and the weight monitoring of children, 4Ps beneficiaries are expected to be able to translate the expected increase in their food expenditure into better nutritional status of their families.

B. Supporting Technical Information and Studies

50. Investment in human development particularly in education and health significantly improves a country's chances of achieving long-term progress (Michael Todaro, Economic Development). To a developing country like the Philippines, providing opportunities to invest in human capital among the poorest Filipino households is a struggle. One reason is after spending for food, not much of the family budget is left for health and education spending. The limited financial resources of the government on social services further render insufficient opportunities to address the need to give equal emphasis on human capital investment to achieve human development.

51. Based on the Philippine Midterm Report on the MDGS, the country lags behind its targets for human capital, particularly in education and health. School enrollment rate for the elementary level dropped from 99.1% in 1990 to 84.4% in 2005. Only 70 percent of students that enter grade 1 make it to grade 6 (Department of Education Basic Education System, 2006) and almost 2 in 5 children aged 6-11 are not in school (Department of Education, *BEIS* 2006)²⁷. National statistics indicate that one in five children aged 6-11 are not in school, while only 70% of Grade 1 students have reached Grade 6, indicating low completion rates.²⁸

Health statistics reveal that universal immunization for children under age five has yet to be achieved, and that only 64% of Filipino children meet the World Health Organization's normal weight-for-age standard (*National Demographic and Health Survey* or *NDHS*, 2003) data cited in the World Bank Report 2008). Further, estimates from the 1993 and 1998 NDHS data showed a declining trend of maternal mortality rate (MMR): 209 per 100,000 live births for 1987-

²⁵ The term 'large households' was used as Orbeta stated that targeting poor households also means targeting large households.

²⁶ Income gap refers to the average income shortfall (expressed in proportion to the poverty line) of families with income below the poverty threshold.

²⁷ The World Bank. Draft Report for the Philippine Development Forum 2008. March 2008.

²⁸ NSO 2003 data cited in the World Bank Report 2008.

1993 down to 172 per 100,000 live births in 1991-1997. However, absence of new official data could hardly ascertain whether MMR has declined (*MDG Report 2005*).

52. In terms of overall poverty incidence in 2003, 30.4 percent of the Filipinos (or 24.7 percent of Filipino families) were considered income poor. Further, the proportion of Filipino households with per capita intake below 100 percent dietary energy requirement decreased from 69.4 percent in 1993 to 56.9 percent in 2003 (*MDG Report 2005*).

53. A National Anti-Poverty Commission (NAPC) and National Statistics Coordination Board (NSCB) study shows that 45% of Filipinos are at risk of falling into poverty as a result of natural and man-made shocks or disasters (2005) such as rising prices of basic commodities, loss of properties and livelihood due to devastating typhoons and displacement of families by armed conflict. Poor Filipino families tend to spend more on food and basic commodities rather than address the health and education needs of their children.

54. In view of these observations, one of the major challenges that the Medium Term Development Goals pose to the national government is to localize poverty reduction efforts; one response is the 4Ps.

55. On a similar note, Conditional Cash Transfer programs have been highly successful in Latin American countries, and are increasingly perceived as an effective tool for poverty alleviation. Discussed in the Asian Development Bank Policy Brief Series No. 51, well-known programs that follow this approach include the Progresas (now called Oportunidades) in Mexico, Bolsa Escola and Bolsa Familia in Brazil, Red de Proteccion Social in Nicaragua, Programa de Asistencia Familiar in Jamaica, Food-for-Education (FFE) in Bangladesh, and Subsidio Unico Familiar in Chile (de Janvry and Sadoulet 2006).

56. According to the study conducted by Schady and Araujo (2006) on the CCT experience in Ecuador, many, but not all, CCT programs have a positive effect on education and health outcomes. Favorable education outcomes were drawn mostly from the experience of Progresas as evaluated by the International Food and Policy Research Institute. The evaluation of Progresas showed that there was a significant increase in the enrolment of boys and girls, particularly the latter. The program also increased enrollment in secondary schools by 6 and 9 percentage points for boys and girls, respectively. For girls, who often dropped out before the secondary school, the transition rate to secondary school rose by 15 percentage points. Besides Progresas, CCT programs in other countries (e.g. Columbia and Turkey) have been successful in improving enrollment rates, particularly at the secondary level. CCT programs in Bangladesh and Nicaragua significantly raised primary enrollment by 9 and 13 percentage points, respectively.

57. CCT programs have also had significant impacts on health and nutrition for both adults and children. Children receiving Progresas have a 12% lower incidence of illness, and adults reported a 19% decrease in sick or disability days. In Honduras, utilization of health services among young girls increased by 15-21 percentage points. A number of CCT programs show a positive correlation with improved nutritional status among children i.e., increased height. Experience suggests that sufficient and correct information between the program and the beneficiaries is critical to ensure the full impact of the program. As such, (a) conditionalities, (b) ongoing monitoring of operations and rigorous evaluation of effectiveness of CCT programs, (c) good governance, (d) political support, and (e) complementing CC programs with other components of social policy will maximize the chance of success for the program.

58. In addition, the discussion paper from the Social Protection of World Bank²⁹ presents some of the noted outcomes of CCT programs conducted in Latin America and these are as follows:

a. In the area of education:

- An increase in primary school enrollment from 75% in the control group to 93% in the treatment group in Nicaragua, from 82% to 85% in Honduras (and virtually no effect on the already high –94% -- enrollment rates in Mexico and Colombia),
- An increase in secondary enrollment from 70% to 78% in Mexico and from 64% to 77% in Colombia for the control and treatment groups respectively,
- A decrease in school drop-out rates from 13% to 9% in Mexico, from 7% to 2% in Nicaragua and from 9% to 5% in Honduras,
- A decrease in grade repetition from 37% to 33% in Mexico and from 18% to 13% in Honduras,
- However, impacts on attendance and learning are mixed.

b. In the area of household consumption and nutrition:

- Average consumption in the treatment group was higher by 13% in Mexico and 15% in Colombia than in the control group,
- In Colombia, children under 2 years grew taller by 0.78 cm in urban areas and 0.75 cm in rural areas. Rural children age 2-6 grew 0.62 cm taller. In rural areas, children age 2-4 of age gained an additional 300 grams while same age urban children gained nearly 500 grams. In Nicaragua, stunting prevalence (low height for age) in children under age 5 decreased by 5.3%.

c. In the area of child labor:

- In Nicaragua, the percentage of children age 7-13 in first through fourth grade who were working decreased by 4.9%. In Mexico, labor force participation for boys showed reductions as large as 15-25 % relative to the probability of participation prior to the program.

59. The output indicators developed shown below were based on international standards set by World Bank in the implementation of Conditional Cash Transfer Program as experienced in Latin American and African countries.

Output Indicators	Outcome Indicators
1. improve health of children 0-5/ 6-14 years old	% of children fully immunized % of children with low birth weight (LBW) % of children who comply with growth monitoring protocol
2. increase pre-and post-natal care utilization	Number of pre-& post-natal check-ups % of women getting a check-up in the first trimester

²⁹ Bénédicte de la Brière and Laura B. Rawlings. Examining conditional cash transfer programs: a role for increased social inclusion? Social Safety Nets Primer Series. Social Protection, The World Bank. 2006.

Output Indicators	Outcome Indicators
	% of women assisted by trained health worker during delivery
3. decrease malnutrition of children 0-5 years old	% of malnourished children
4. increase school enrollment	Enrollment rate
5. increase school attendance	Attendance rate
6. increase school survival rate	Drop out rate
7. increase consumption per capita	Consumption per capita

IV. PROJECT BENEFITS AND BENEFICIARIES

60. The beneficiaries of the project are the poorest households³⁰ identified through the use of the Proxy Means Test (PMT), a statistical formula estimating household income through the use of proxy variables indicated in the household survey forms. Specifically, the beneficiaries of the program are the pregnant women and children 0-14 years old who are eligible for the program. Eligible households shall receive a minimum of Php500.00/month or a maximum of Php1,400.00/month (to a household with a maximum of three children enrolled under the Education Grant). Cash grants are channeled to the identified responsible household head grantee, usually the mother, and transfer will be done via the Landbank of the Philippines (LBP), a government depository bank, through their cash card facility.

61. The linking of cash to behavior by providing cash grants to poor households contingent upon certain verifiable actions demonstrates the program's focus on beneficiaries and their roles and responsibilities in long-term investment in human capital as opposed to more traditional models of providing goods and services. On the economic side, research has shown that the elasticity of poverty to growth is much lower in countries with higher inequality. Aside from growth, it is also necessary that redistribution take place to effectively reduce poverty. It is envisioned that 4Ps' contributions to reducing inequality, combined with economic growth, can provide an equitable foundation for broad-based poverty reduction. On the social side, it is expected that these longer-term investments will reduce vulnerability in the short-run and contribute to breaking inter-generational poverty in the long run by helping today's children become productive members and full citizens of society tomorrow.

V. IMPLEMENTATION ARRANGEMENTS

62. In order to ensure effective and efficient program implementation, a Project Management Office (PMO) for the 4PS has already been established to operationalize the 4Ps in the pilot stage of its implementation. The PMO has a set of technical and administrative staff handling and facilitating all concerns and needs of regional offices in the implementation of the 4Ps. Meanwhile, the DSWD Regional Office through its Technical Assistance Division handles all concerns needed in implementing 4Ps in the target municipalities.

63. The implementation of 4Ps is in close collaboration and partnership with the Local Government Units, Department of Health, Department of Education and National Anti-Poverty Commission. The local government unit provides support services and manpower at the municipality level to ensure that 4Ps is appropriately implemented. The local manpower

³⁰ See Annex A for detailed list of 4Ps covered areas.

counterpart is the LGU Link that assists the Municipal Link³¹ in overall implementation and monitoring of the program. The Municipal Social Welfare Officer of the municipality oversees and provides technical assistance to the Municipal Link and the LGU Link to facilitate all concerns such as monitoring of compliance and supply- side availability and overall coordination with partner agencies.

64. The Department of Health (DOH) provides the needed health services such as preventive health care and check up, immunization program, and *Garantisadong Pambata Program* (quarterly vitamin supplementation and deworming) and *Operation Timbang* (quarterly growth monitoring). The DOH through the local Municipal Health Office does the monitoring of compliance on health and nutrition through the midwives and nurses.

65. The Department of Education (DePED) provides the needed education services through the free elementary and high school education program. The school principals/school heads/teacher in-charges oversee the education services for the 4Ps beneficiaries receiving education grant. They also do the monitoring of compliance on education of 4Ps children beneficiaries through submission of periodic compliance report on 85% attendance of children at their respective grades.

66. A *Joint Memorandum Circular Defining the Institutional Arrangements for the Implementation, Monitoring and Evaluation of the 4Ps* was likewise signed between and among key partner agencies particularly with the Department of Education, Department of Health, Department of Interior and Local Government, National Anti-Poverty Commission, and the Department of Budget and Management. This Joint Memorandum circular aims to clarify and delineate the specific roles and functions of the National Advisory Committee and its regional counterpart; specify the roles and responsibilities of the partner agencies to ensure availability of supply on health and education as main conditionality under the Program; and define and strengthen the coordination, complementation and convergence of all concerned agencies.

67. Program implementation for 4Ps is shown in the succeeding section.

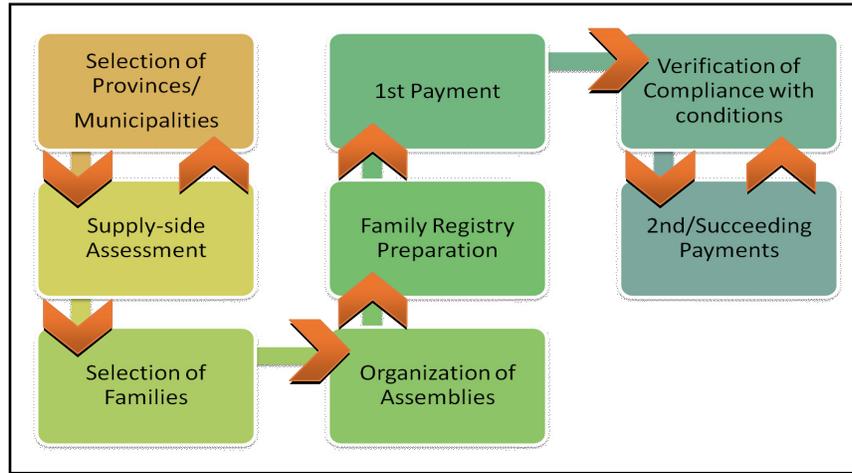
A. Program Activities

1. Implementation Procedure:

68. The illustration below describes the procedure of implementation for the *Pantawid Pamilyang Pilipino Program*.

³¹ See Annex F: Terms of Reference for 4Ps Municipal Link

Figure 1. 4Ps Program Cycle



69. The selection of provinces, cities and municipalities or the geographic targeting is done based on the CY 2006 Family Income and Expenditure Survey (FIES) issued by the National Statistical and Coordination Board (NSCB). Provinces were ranked according to poverty incidence and priority is given to the first twenty poorest provinces and six (6) other provinces with high magnitude of poverty incidence. From the list of poor provinces, the municipalities were identified using the Small Area Estimates (SAE) of the NSCB.

70. Once the municipalities were identified, a supply-side assessment on health and education is conducted to determine the readiness of the Local Government Units (LGUs) in providing the health and education services required by the project and which the 4Ps beneficiaries shall avail of, once the program implementation started. If the concerned LGUs are deemed eligible for the program as determined by its readiness to provide the needed services to its constituents, total enumeration of the municipality will then take place to select potential household beneficiaries. If the concerned LGUs are found to be non-eligible based on the supply side assessment to provide the health and education services, consultation and negotiations with the said LGU will be undertaken and a “Compliance Period” for six (6) months to one (1) year will be provided for the LGU to work on the supply side.

71. In the case of LGUs found to be eligible for the program, trained enumerators are then deployed in the area to conduct the survey. The data gathered from this survey will be subjected to a Proxy Means Test (PMT) to determine the potential beneficiaries. The Proxy Means Test is a statistical formula developed for this project to determine the economic status of the people in the municipality. Households selected by the PMT shall still be subjected to another level of selection based on the criteria of: a) presence of pregnant members and b) children age 0-14 years old. The list of potential beneficiaries will then be posted in the barangay³² hall and other conspicuous places to inform the people that the selection has been completed and that the potential beneficiaries are identified. This is to ensure transparency in the selection of program beneficiaries as well as to prevent inclusion³³ and exclusion³⁴ errors.

³² Referred to as *village* in other countries.

³³ Inclusion error refers to non-poor being included as program beneficiary.

³⁴ Exclusion error refers to extreme poor being excluded as program beneficiary.

72. An assembly will then follow at the barangay where the people are residing. In the assembly, orientation about the program is conducted with the potential beneficiaries to enable them to understand the program conditionalities that they will comply with and their responsibilities to themselves and to others. Validation of information of the potential beneficiaries is done in the assembly. Their signing of the Oath of Commitment highlights this assembly. This Oath of Commitment is an expression of their interest to be part of the program and their willingness to comply with the conditionalities set forth. Once the assembly is completed the Family Registry is prepared indicating the list of beneficiaries for the program. This registry is the basis of the first cash transfer.

73. The cash transfer will be done via the Landbank of the Philippines (LBP), a government depository bank, through their cash-card facility. The Department will facilitate with the LBP the opening of an account and issuance of their cash card. Verification of their compliance with the conditionalities will then follow at the schools where their children are enrolled and health center of the municipality. Their compliance is the basis of succeeding release and non-compliance may be a ground for suspension or termination from the program. The Program Management Office (PMO) for 4Ps is undertaking constant dialogue with Telecommunications Company and with the Commission on Audit (COA) to establish an alternative means of delivering the payments in covered areas where there are no existing LBP branches.

74. In order to ensure that adequate services will be provided and that service will be continuous to the project beneficiaries with regard to the supply side of the project, Inter-Agency Committees referred to as Advisory Committees from the national down to the municipal level are created. This advisory committee is composed of the different partner agencies for the program with specific roles and functions.³⁵

2. Program Strategies

75. The implementation of this program employs several systems and three (3) strategies to generate impact and to ensure that the assistance is directly given to the deserving and qualified households thereby ensuring a graft free program. This program uses the following systems and strategies:

a. Targeting System

76. This system includes a three-step procedure to select the poorest households. The first step is the geographic targeting to select the poorest provinces using the 2006 Family Income and Expenditure Survey (FIES) issued by the National Statistical Coordination Board (NSCB). The Small Area Estimates (SAE) developed by the NSCB was also used to select the municipalities in the poorest provinces. Likewise, selection of cities and municipalities eligible for the program was conducted using the list of poor areas issued by the National Anti-Poverty Commission (NAPC).

77. For a nationwide implementation, regions with non-poor provinces based on the FIES were also considered, as there are also poor communities in these areas. As such, the selection of areas in these regions was done by selecting the poorest province using the 2006 FIES. The selection of highly urbanized cities was done using list of poor areas issued by the National anti Poverty Commission.

³⁵ See page 20

78. The second step is the selection of poor barangays in urban areas using the existing data of the Local Planning Office of the concerned Local Government Unit.

79. The last step is the selection of poorest households in the identified municipalities and cities based on a ranking system for households using the Proxy Means Test (PMT) developed for the program. In doing this, a survey of households is done using a two-page questionnaire developed for this program³⁶. This questionnaire contains proxy variables that would help determine the level of income/poverty of the households. The identification of the proxy variables are based on the indicators from the existing national surveys, e.g., Family Income Expenditure Surveys and the Labor Force Surveys in determining social and economic conditions of poor households.

80. In the rural areas, the entire municipality is surveyed while in urban areas, only the selected barangays are subjected to a total enumeration. The data gathered from households is subjected to a Proxy Means Test (PMT) to determine the level/category of the households. Additional criteria such as households having children 0-14 years old and/or households with pregnant women are used to select the potential beneficiaries.

81. Aside from the conduct of household survey, a supply-side assessment on education and health is conducted to determine the readiness of the LGU to provide the needed health and education services. The assessment of education services determines the availability of proper grade school program, availability of teachers and sufficiency in supplies such as books, chairs and tables for the school children. An assessment on health is also conducted to determine the availability of medical health personnel such as doctors, nurses, and midwives and sufficiency of health services available for pregnant women and children.

82. A three-month period is needed to facilitate the targeting activities and supply side assessment for the project, including, the conduct of community assemblies as part of the final selection of household beneficiaries, and another two months to facilitate the monitoring systems for compliance on conditionalities on health and education, supply-side availability and grievances complaints. All of these activities are already included in the five-year horizon for the project.

b. System of Verification of Compliance

83. A computer system to monitor the compliance with conditionalities among beneficiaries is being developed and shall be installed in schools where children beneficiaries are attending classes and in health centers where the mothers bring their children for health check-ups and immunization. Attendance in schools and availment of health services among children and mothers shall be recorded in a biometric machine attached to a computer. The data of attendance shall be transmitted to the central data through the Internet. This shall be the basis for computation of succeeding cash transfer. The Program Management Office (PMO), who is in-charge to maintain/upkeep the data at the DSWD central office, has sole access to the central database.

c. Monitoring and Evaluation System³⁷

³⁶ See Annex G: Household Assessment Form and Fill up Instructions and Annex H: Various Terms of References re: Household Survey

³⁷ See Annex I: 4Ps Monitoring Instrument

84. Monitoring and evaluation of 4Ps implementation will be done at two levels. The first is the regular periodic monitoring (to be done every other month as basis for cash-grant payments) arranged into six major areas, namely, list of 4Ps beneficiaries, updating of household information and composition; education compliance; health compliance; compliance with Capacity Building Package for household head grantees, such as parenting education; and community participation and LGU commitment. These areas were deemed important to facilitate effective and efficient implementation of the program.

85. The second is the conduct of spot-checking done every six months. This involves random selection of household beneficiaries to be subjected for interview and evaluation that is intended to check quality of services and programs received by the household beneficiaries; compliance on the supply side; and compliance with other responsibilities by 4Ps beneficiaries. These are designed to ensure that implementation is done in accordance with the set policies and procedures as well as to evaluate whether the program was able to meet the demand and supply side.

d. Graduation System/ Exit Rules

86. Exit rules shall be adopted to include preparatory activities that seek to ensure that a household enrolled in the program shall have completed a modular capacity building package. The latter includes ladderized courses on basic parenting education with sessions that include value formation and responsible parenthood; health and nutrition education; environmental sanitation and safety; home management; functional and financial literacy for women; gender sensitivity and awareness; micro enterprise development; community participation; leadership development; and volunteerism. Attendance to and completion of capacity building package for household grantees/beneficiaries comprising usually the mothers shall serve as a major responsibility on the part of the beneficiaries and as a basic requirement for the continuity of the cash grants. In each of the basic courses, household beneficiaries shall be given merit or recognition until the household grantees complete the capacity building package. Likewise strict monitoring shall be adopted in verifying sustained compliance of the household head grantees/beneficiaries with conditionalities.

e. Strategies

87. Several Strategies are likewise employed in the implementation of this program. This includes the following:

- Organization of Assemblies

88. Once the beneficiaries are identified, they are organized into groups of 25 to 30 members called community assemblies. A community assembly is a public gathering of 4Ps beneficiaries to facilitate open discussion and feed backing among 4Ps household head/grantee beneficiaries. This assembly is a strategy to bring all concerns of the household grantees to the overall operation of the program.

89. It promotes peer support and facilitates monitoring in terms of compliance with the conditionalities on health and education. It helps establish and encourage unity and cooperation; and as the household head/grantee beneficiaries meet and share individual and group concerns, they have opportunity to analyze and solve problems together which help build trust, support and involvement.

90. The community assembly serves also as a means to capture and facilitate resolution of grievances and complaints about the program as well as other problems encountered by the 4Ps beneficiaries needing social work interventions. Response to problems related to program delivery and problems related to the beneficiaries and in their community will be better addressed by having the parents or the household head/grantee beneficiaries themselves mobilized in solving their problems and meeting their needs.

91. The conduct of the community aims to elicit the active participation of household head grantees most of whom are women. The latter used to play an indirect role in the development of the community, but this time, they serve as primary movers, being volunteers and leaders in their own community. The community assembly functions as a local mechanism that help facilitates and strengthen program implementation.

- Creation of Advisory Committees³⁸

92. Inter-Agency Committees at all levels, from the national down to the municipal level, are created to help ensure efficient and effective delivery of the program. This advisory committee shall serve as advisory monitoring boards of the project. These committees are expected to provide inputs for effective and efficient program implementation. Their task is to ensure the availability of health and education services at the target areas. This advisory committee is composed of the DSWD, Department of Health, Department of Education, Department of Interior and Local Government, Department of Budget and Management, the National Anti-Poverty Commission, the National Economic and Development Authority for the national and regional levels and the inclusion of the Local Government Unit at the municipal/city level.

93. An Independent Advisory and Monitoring Committee at the national level shall be organized to act as independent advisory and monitoring board. This is composed of eminent personalities from the business sector, the church, the media, and civic organization. It shall provide inputs in terms of policies seeking to implement effectively the program. Likewise, it gathers and gives feedback to the people about their own observations on the program.

- Grievance Committee

94. Similarly, a grievance committee shall be organized at the national, regional and municipal levels. This is to provide quick access and due process in resolving non-compliance and complaints. It also promotes a graft-free program by involving a transparent approach in resolving grievances particular to meeting the conditionalities of the program.

95. In order to steer clear of wasting resources because of overlaps and redundancies in sectoral or geographical mandates arising from limited coordination of programs stemming from individual mandates, 4Ps promotes convergence of services among the following partner government agencies:

- a. *Department of Health (DOH)*—ensures that supply of health and nutrition services are available in the target provinces/cities/municipalities/barangays.

³⁸ See Annex J: DSWD Memorandum Circular No.09, Series of 2007, *Creating the Ahon Pamilyang Pilipino Program (4Ps) National Advisory Committees and Defining Their Roles and Responsibilities*; and Draft of Joint Memorandum Circular No. __, Series of 2008, *Defining the Institutional Arrangements for the Implementation, Monitoring and evaluation of the 4Ps*

- b. *Department of Education (DepEd)*—ensures that supply of schools, teachers and education materials are available to 4Ps target provinces/ cities/ municipalities/ barangays.
- c. *Department of Interior and Local Government (DILG)*—assists lead implementing agencies in capacitating target LGUs in accessing resources for the upgrading of facilities to meet the MDG goals; it also assists in the monitoring and evaluation of program implementation, specifically, at the barangay level.
- d. *Local Government Units (LGUs)*—ensure the availability of supply on health and education in the target areas as well as provide necessary technical assistance for program implementation.
- e. *National Anti-Poverty Commission (NAPC)*—exercises oversight functions in the implementation of the program and provide data and statistics on poor communities in the country pursuant to its role as the coordinating and advisory body of the Social Reform Agenda³⁹.

VI. List of Annexes

- A. List of Target Areas (Revised per Municipality)
- B. 4Ps Financing Plan and Summary of Expenses
- C. Location Map of Target Areas (Revised per Municipality)
- D. DSWD Medium-Term Expenditure Plan (2008-2013)
- E. Coordination Meeting Conducted and Other Supporting Documents
- F. Terms of Reference for 4Ps Municipal Link
- G. Household Assessment Form and Fill up Instruction
- H. Various Terms of References re: Household Survey
- I. 4Ps Monitoring Instrument
- J. DSWD Memorandum Circular No.09, Series of 2007, Creating the Ahon Pamilyang Pilipino Program (4Ps) National Advisory Committees and Defining Their Roles and Responsibilities; and Draft of Joint Memorandum Circular No. __, Series of 2008, Defining the Institutional Arrangements for the Implementation, Monitoring and evaluation of the 4Ps
- K. Guidelines in the Selection of Areas/Household Beneficiaries
- L. Steps in Conduct of Community Assembly
- M. DSWD Administrative Order No. 16, Series of 2008, Guidelines on the Implementation of the 4Ps
- N. Supply Side Assessment Tool on Health
- O. Supply Side Assessment Tool on Education
- P. Baseline Survey Study on the 4Ps
- Q. Procedures on Electronic Cash Transfer
- R. Verification and Compliance System
- S. Experiences and Learnings in the Implementation of 4Ps in Pilot Areas

³⁹ Refers to the DSWD's National Sector Support for Social Welfare and Development Reform Project (NSS-SWDRP)