# **Issues and Concerns in the Social Cash Transfer Program Implementation**

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#### **Abstract**

In this paper we assess the implementation of Conditional Cash Transfer Program dubbed as Pantawid Pamilyang Pilipino Program or 4Ps in the Philippines specifically in the locale area of Catbalogan City. We find that the implementation was tainted of political influence resulting to a contributory inclusion/exclusion leakage of 10%. The presence of Barangay Health Nutrition and Barangay Health Workers proves as a big structural help in addressing access and compliance in health conditions contrary to education. There is no clear-cut structure/monitoring on education's compliance among the teachers/school. It is only on the use of Compliance Verification Form supplied by the Department of Social Welfare and Development to the 4Ps Provincial/Municipal Link Office other than supposedly the parents/guardians. The study revealed that 80% of the Compliance Verification form 3 is not religiously filled-up. Furthermore, the study showed that there was an increase utilization of health and education services. The proponent of this study utilized qualitative and quantitative research design. A stratified random sampling was used to identify the 370 household respondents from the 4,164 eligible household among the 57 barangays of Catbalogan City, Philippines.

Keywords: Catbalogan, Poverty, 4Ps, Pantawid Pamilyang Pilipino Program

#### I. INTRODUCTION

This study asserts that the popular social cash assistance known internationally as Conditional Cash Transfer Program copied in the Philippines named Pantawid Pamilyang Pilipino Program or 4Ps showed increased in utilization of education and health services. Result of the assessment showed that there is a need to strengthen its program structures particularly in the locale of Catbalogan City, Philippines'

implementation. The City of Catbalogan is one among the recipient cities of the conditional cash transfer program in the country since 2009. And program extension/expansions are currently being done thus the researchers deem it necessary to conduct an assessment of its program implementation.

4Ps was inspired from the successful

experiences on conditional cash transfer programs from American and African countries (DSWD, 2011). It is a social development and poverty reduction strategy known for the provision of cash grant to poor households with the hope of ending the intergenerational cycle of poverty (Fernandez & Olfino 2011; World Bank 2012; Britto 2005). Provision of cash transfer to eligible households must comply with attached conditions. First, an eligible household must send their school-aged children to school to avail the Php 300.00 per child. A maximum of three children every school year will be included in the program provided that the children attend 85% of the required school days. Second, eligible household must avail of health services to receive Php 500.00 per month for a calendar year on provision that pregnant and 0-5 years old must get regular preventive health check-ups, vaccination and other DOH protocols (House Bill 3486).

4Ps was favored on its perceived impact in the attainment of the Presidential Millennium Development Goal 2011-2017(House Bill 3486; DWD 2011). The conditional cash transfer program was grounded on the principle that by attaching behavioral change in the form of certain conditions to cash grants, it will alleviates the beneficiaries immediate need (short term) and consequently break the inter-generational cycle of poverty (House Bill 3486). Assessment of the 4Ps implementation in the locale of Catbalogan City, Philippines is viewed to highlight problems encountered during the implementation that could be the basis for strengthening organizational structure on monitoring and perhaps policy formulation. Furthermore, the view on this particular social cash assistance as considered to be a solution to end the inter-generational cycle of poverty among the poor households, the researchers find it noteworthy to study the attainment of its program objective.

# **Research Objective**

The study aims to investigate the implementation of 4Ps in Catbalogan City, Philippines. Specifically, it seeks to answer the following questions:

- 1. Determine the household profile of the beneficiary respondents.
- Determine compliance of the household beneficiary on the conditions of the 4Ps namely:
  - a. Children 3-5 years of age must enroll in a day care program or pre-school and attend at least eighty-five percent(85%) of the required school days:
  - b. Children 6-14 years of age must enroll and attend at least eighty-five percent (85%) of the required school days;
  - c. Children 0-5 years of age must get regular preventive health check-ups and vaccines based on the Department of Health protocol.
- 3. Identify problems encountered in the program implementation.

## II. METHODOLOGY

The researcher utilized both qualitative and quantitative design. A stratified random sampling was used to identify the 370 household respondents from the 4,164 eligible household among the 57 barangays of Catbalogan City. The investigation was done in two parts. The first part was conducted to the household beneficiaries using a household guided interview questionnaire to collect data from the program grantees coupled with ocular visitation. The second part was the validation of responses from the prime stakeholders such as Rural and

Barangay Health Unit, School Principals and Teachers, and to the Municipal Link Officers of Pantawid Pamilyang Pilipino Program Provincial Office. Instrument used were informal interviews and consultative meetings. This study employed descriptive data analysis.

## **III. RESULTS AND DISCUSSION**

Demographic data revealed that the grantees had an average age of 47 male and 40 female, where women were the predominant beneficiaries of the program showing 89.72%. Among the female grantees, elementary level got the highest percentile of 62.95. Among the male grantees, on the other hand, 86.84% belonged to high school level. Predominant source of income among the grantees came from housemaids 27.77 percentile and fishermen 20.37 percentile respectively. Further interviews showed 10% inclusion error which is lower than the national inclusion error rate of 15.12% (DSWD Status Report 4th Qtr, 2012). The following are the demographic tables.

The result implies that a majority or 56.48% of 332 female grantees have low educational attainment and that 235 female grantees or 70.82% are plain housewives. Results further showed that among the grantees, the female productive life was spent more or less in their respective households if not idle. Their low educational attainment of 56.48% could hardly warrant as a source of educational inputs to their children thus the need to restructure the monitoring tool in educational compliance particularly on school class participation should be revisited. Further, the cash assistance more likely spent on household consumption. Not only within the qualified children in the household considering that the grantee's source of income is among the least lucrative source of living in the locale of Catbalogan City. Furthermore, there are more or less 262 out of 370

Table 1.
Grantees' Age Distribution (in percent)

Sex	18-29	30-49	50 & Above	Total
Male		5.94	4.33	10.27
Female	16.21	58.37	15.15	89.73
Total	16.21	64.31	19.48	100

Table 2.
Grantees' Educational Attainment (in percent)

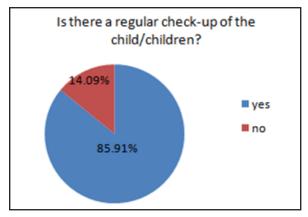
Sex	Elem.	High	50 & Above	Total
Male	1.36	8.92		10.28
Female	56.48	30.27	2.97	89.72
Total	57.84	39.19	2.97	100

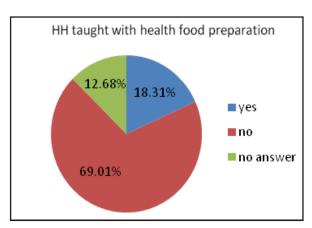
Table 3.
Grantees' Educational Attainment (in percent)

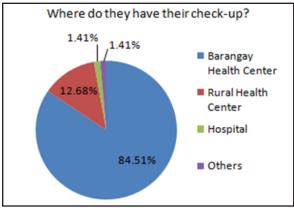
	Male	Female	TOTAL
Buy & Sell		1.35	1.35
Factory Worker		1.35	1.35
Farmer	1.62	2.97	4.59
Fishermen	5.94		5.94
Fish vendor	1.35	1.08	2.43
Barangay Health Worker		.54	.54
Laundrywoman		2.16	2.16
Storekeeper	1.08		1.08
Housemaid		8.10	8.10
Cook		1.35	1.35
Merchandiser	.29		.29
Housewife		70.82	70.82
Total	10.28	89.72	100

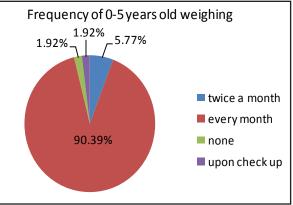
or 70.82% household grantees that are single earner. Being so, perhaps it could be implied that for sustainability of the program, the stakeholder should look into the opportunity of livelihood program assistance as one of the capability building. Moreover, the implementing agency should likewise make use of their time to deliver the supply side on conducting the family development seminars.

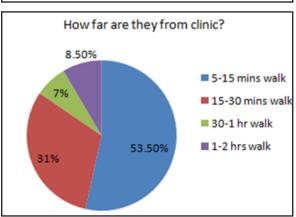
One of the objectives of this study is to determine the compliance of the grantee on health services such as regular

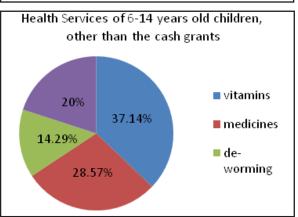












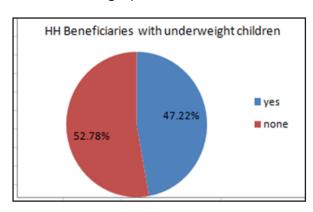
preventive check-ups, vaccination and other DOH protocols. Study revealed 85.91% of the grantee's children underwent regular check-up. Eighty four percent of the grantee brought the children in their respective Barangay Health Centers which is almost half of them is within 5-15 minute walk showing a result of 53.5% (n=370).

functional organizational structure which adds up to an increase in health services utilization.

This implies that the accessibility of the Barangay Health Centers in the communities serves as a venue in the delivery of the supply side on health conditionalities on time. This center has Furthermore, 69% of the grantees claimed that they do not have knowledge on healthy meal preparation. Ninety and thirty-eight percent (90.38%) responded that they had monthly regular weighing of children who aged 0-5 years old. When asked as to what other benefits the children entitlements other than the cash grants, they responded that for 0-5 years old 37% got vitamins. Further, 28.57% got medicine, 14.28% underwent de-

worming, 2% attended seminars. For age 6-14 here are the responses: 39.13% got vitamins; 21.73% medicine, 13.04% deworming; 26.08% attended seminars.

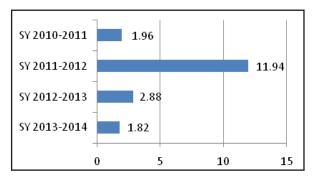
This implies that beyond the accessibility of the Barangay Health Centers and its strong organizational structure, there is a problem on the delivery of supply side on health. About 255 or 69.01% of the grantees claimed that they were not taught on healthy food preparation. Thus, the need to fast track the conduct of the family development seminars particularly food preparation be prioritized considering that 47.22% of the household grantees had underweight children as shown in the graph below.



Contrary to the grantees responses, study showed a higher percentage of health compliance. This was based on the consultative and informal interviews from the stakeholders such as 96% of Barangay Health Workers affirm that there is a regular weighing monthly in their respective Barangay Health Centers. On the average 68% of the grantees children were provided with vitamins, 57% attended the family development sessions, 67% sick children availed of medicines. The evidence shown during the visit is the presence of record books. However, the disparity of this result from the grantee's respondents perhaps can be attributed to the inclusion of non4Ps beneficiaries.

On education, studies showed that elementary enrollment from 2009-2013

Percentile Increase in Enrolment



revealed the following: SY 2010-2011 is 1.96%; SY 2011-2012 is 11.94%; SY 2012-2013 is 2.88%. SY 2013-2014 is 1.82% with an average of 4.27% that is higher than national net enrollment ratio of 1.6% (NEDA cited by MDG Progress Report 2010). Study showed further that there was an increase in enrollment of 1.82% among pre-school within the four districts of Catbalogan City.

This is supported with the following claims of the grantees' responses that 61.97% strongly agrees that there was an increase in pre-school attendance, 53.52% strongly agree that there was an increase in elementary school attendance, 56.33% strongly agree that there was an increase of children attending schools, 56.33% strongly agree that there was a reduction of children in the family that did not attend school, and 46.88% strongly agree that there was a reduction of out of school children in the community. Result also showed 62% strongly agrees that 4Ps has influenced the family household on the importance of education. When asked on how they ensure the 85% school participation, 30% responded that they asked the teacher if the child attends school. Fifty-seven and eighty-one percent (57.81%) of the respondents claimed that there is a monthly meeting being called for to 4Ps grantees. The respondents claimed that the first three agenda bearing 21% was about school contribution and children's school performance, 18% on "pintakasi" or school volunteer work and 17% cleaning/gardening.



quantified Children participation is involvement in 26%; as scouting organizations 5.48%, 4.11% school school programs (top three answers), participation on quiz bee and another intellectual endeavor has shown 1.37%.

DSWD as the lead agency use the compliance verification form 3 to monitor the school attendance. Result of the study revealed that 80% of the compliance verification form was not religiously filled out. This weakness was confirmed when a visit to a 1/3 of schools handed a signed compliance verification form 3 mistakenly identified that the researcher was connected with the Municipal Field Office. Further findings revealed that 93% of the teacher advisers claimed that no periodic report were required/asked as to the school attendance and school participation rate of the child grantees. 71% of the teachers agreed that 4Ps staff paid a visit sometime between school year 2009-2010 only. 87.32% of the Teachers handling lower class sections claimed that grant-aide utilization on education of the child is a taboo. Accordingly, 48% responded that 4Ps beneficiaries attend school without pencil, paper and other school supplies, 35% could not submit school projects; 27.5% could not pay their school fees.

It was observed that the organizational structure was a big factor in the delivery of health services in terms of manpower. The presence of the BHW and parent leaders in the community are mixed workforce that facilitated the provision of service and monitoring compliance for health services. The problem that surfaced in the consultation meetings was similar to the findings of the studies of Rawlings 2003 & Arulpragasam et al. 2011. The supply side such as lack of supplies of vitamins, medicine and vaccines point the importance of governmental commitment to improving service access and quality as such adequate supply of medicine.

Education, on the other hand, the teacher adviser was the sole player aside from the parents in the delivery of direct service to the children thus monitoring is more difficult. Findings revealed that the highest percentile of the grant utilization goes to food consumption. However, 36% among the children aging 0-5 years old is still underweight. This may be attributed to the fact that food is consumed by all members of the household which is similar to the claims of Adato, 2007.

Highlights of the issues and problems towards the program implementation as pointed out by the grantees are as follows: rank 1, inclusion error; rank 2, exclusion error; as rank 3, political accommodation. When asked how these problems are solved responses are rank 1, no action; rank 2, meeting; rank 3, LGU visit. 56.34% of the respondents claimed that they were aware of the Grievance Redress System however 100% agree that they do not access the system/committee. On the issues of inclusion error, 31.58% identified the person by giving the names while 68.42% responded "confidential". On the issue of political accommodation, 9.6% responded on affirmative and 71.43% of them name the person the other 28.57% responded "confidential". These findings were further reinforced by the result of the consultative meetings with the Municipal Link Officers. Eight out of ten (8/10) agreed that there was a problem in the supply side such as lack of vitamins & medicines. However, only two out of eight (2/8) disclosed that de-worming stopped because of lack of medicine & lack of Day Care Centers. Six out of eight (6/8) answered that they brought the issue during Stakeholder's (Tatsulok) Meeting. To probe that inclusion error exist, a separate survey questionnaire administered to the MLOs. The following reasons for de-listing of eligible family are: non-compliance; no 0-14 aged children in the household; out-migration or long absence; government employee; working

abroad. Further inclusion/exclusion error is also attributed to political influence.

Findings revealed that the leakage is still happening in spite of the structure set by the government. The large scope involved voluminous transactions, and its operation covers several sectors which are administratively complex to handle (Arulpragasam, et al. 2011). During fielding of questionnaires, the issues of long absence and out-migration remain unresolved. Further interviews showed 10% inclusion error which is lower than the national inclusion error rate of 15.12% (DSWD Status Report 4th Qtr, 2012). Below are the demographic tables.

Likewise, the community questioned the selection of grantees comparing a lot of other less fortunate in the neighborhood that accordingly more worthy to be included.

## III. CONCLUSION

Assessment of the 4Ps implementation in Catbalogan City has shown increase in utilization of education and health services. Correspondingly it resulted to increase in enrolment by an average of 4.2% for SY2009-2013 in the district of Catbalogan City. This increase of services education requires improvement in terms of monitoring of the child beneficiaries, as well as to the compliance of 85% attendance of the required school days and other educational needs of the children i.e. school office supplies. The 87.32% teacher advisers felt burdened with their present responsibilities finding no time for extra attention of supervision client beneficiary's school actual participation. Furthermore, findings also showed that the structure relative to monitoring of the compliance also needed to be structured.

Contrary to education, increase in health services consumption was greatly

attributable to the organization structure adopted by the Department of Health. The presence of the Barangay Health Center, the Barangay Health Workers and the Parent Leaders in the community provided a good avenue in accessing the health services and information dissemination. While food consumption got the highest percentile rank of 36% in terms of grant utilization there is a need to look into the findings of 47.2% underweight children and how they allocate or prioritize health grant utilization. Family development session needed to give priority on proper dietary meal preparation.

Findings on the leakage are needed to be resolved the soonest time possible to save the integrity of the program and the attainment of the program objectives. The researchers look into the possibility that many of the community residents were not aware on the mechanics of selection. The residents were not consulted during the takeoff of the eligible households thus the clamor that they too are poor. Poor validation of eligible household continued to persist thus the community residents and other grantees commented that no action were being done to de-list non-eligible beneficiaries.

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