

ANNUAL ACCOMPLISHMENT REPORT PMES Form 5A

I. Background

The Pantawid Pamilyang Pilipino Program (Pantawid Pamilya) - the Philippines' conditional cash transfer (CCT) program is the flagship social protection program of the government aimed to break intergenerational transmission of poverty through the provision of cash grants based on the households' compliance with conditionalities on health, education, and family development sessions. Launched in 2008, the program is primarily designed to improve human capital of households with pregnant women and children 0-18 years old.

For CY 2017, Pantawid Pamilya is focused in the validation of 4.4 million households but prioritizing the 1.3 million transitioning households under "Kumustahan Project". The validation is vital for the program because the identified transitioning households will be provided continuously with social protection programs including livelihood assistance, education grants, health services through DOH & PhilHealth and other services from other national government agencies.

Pantawid Pamilya also continued its initiative in the mainstreaming of Gender and Development (GAD) in the program. GAD budget attribution formula developed by NPMO-GAD is pilot tested to assess gender responsiveness of Pantawid Pamilya projects and activities.

With regard to Family Development Session (FDS), all beneficiaries are enjoined to engage in backyard and communal gardening as an application of the FDS module on bio-intensive gardening through backyard/communal gardening.

Aside from the abovementioned activities, the following are the CY 2017 thrust and priorities of Pantawid Pamilya related with organizational outcome 1:

1. Continue and enhance the implementation of Pantawid Pamilyang Pilipino Program with the following targets:
 - 1,315,477 transitioning households will continue to be provided with social protection programs including livelihood assistance, education grants, health services through Department of Health (DOH) & PhilHealth and other services from other national government agencies;
 - 3,084,523 million households (Regular Conditional Cash Transfer (RCCT) and Modified Conditional Cash Transfer (MCCT)) who remain poor will continue to be provided with education and health grants based on compliance to program conditions plus 20 kilos of rice per month as instructed by the President in his State of the Nation Address (SONA);
 - No additional households shall be included in Pantawid Pamilya; Should there be requests for inclusion, the subject households will be assessed by the DSWD as basis for the provision of appropriate social welfare and development interventions or social protection programs, not necessarily Pantawid Pamilya;

2. Formulation of policy for the registration of new households which will replace those with no more eligible children
 - Households exiting from Pantawid Pamilya because there are no more eligible children for monitoring shall be accounted on a regular basis;
 - A policy guideline for the registration of new households to replace exiting households shall be issued once approved by the Secretary / National Advisory Committee (NAC);
3. Linkage with Project Development Officers (PDOs) of Sustainable Livelihood Program (SLP) and other agencies for the training and gainful employment, particularly members of transitioning households
 - Name matching with SLP to determine those who have availed and have not yet availed of the Sustainable Livelihood Program;
 - Those who have not availed of livelihood assistance shall be assessed and assisted to be eligible for the service c/o PDOs of SLP;
 - Those who have availed of livelihood assistance shall likewise be assessed and assisted to ensure that the assistance contributes to increase in household income;
4. Mapping and rapid organizational assessment of existing Pantawid Pamilya organized groups/ associations
 - City Links (CLs)/ Municipal Links (MLs)/ Social Welfare Assistants (SWAs) &/ or partners shall conduct the following:
 - Identification and rapid organizational assessment of existing groups/ associations whose members are Pantawid Pamilya and transitioning households; (note: a simple tool shall be provided to partners / MLs/CLs to facilitate organizational assessment);
 - Identification of areas where Pantawid households have not yet initiated the organizing process; and identification of potential core group of parent leaders;

II. Physical and Financial Accomplishments

- A. *Percent (2.75%) increase in compliance of Pantawid Pamilya households on school enrolment of children based on the Beneficiary Tracking Report by EO December 2017*

As per average compliance result from January to December 2017, the national compliance for education is below the target (82.64%) which also means no increase in compliance. For the regional breakdown, please see Table 1.

Table 1: CY 2017 Target and Accomplishment for Compliance in Education per Region

REGION	Target	Education Accomplishment
ARMM	70.75%	57.22%
CAR	91.75%	85.49%

REGION	Target	Education Accomplishment
CARAGA	91.75%	87.94%
I	91.75%	87.50%
II	89.75%	83.33%
III	90.75%	85.36%
IV-A	88.75%	84.59%
IV-B	87.75%	84.85%
IX	95.75%	90.32%
NCR	85.75%	81.24%
V	90.75%	87.52%
VI	90.75%	85.28%
VII	91.75%	87.68%
VIII	89.75%	85.03%
X	91.75%	85.83%
XI	91.75%	85.88%
XII	82.75%	79.15%
Grand Total	87.75%	82.64%

Note: * January-December 2017 CVS Turnout for Education 3-18yo

The top five (5) reasons for the variance of 5.11% are the following: (1) Lack or loss of interest in school; (2) cutting classes; (3) beneficiaries are registered in other facility; (4) sick; (5) peer pressure.

In addition, as per spotcheck findings, there are some Senior Highschool children (15-18yo) who are not enrolling to school for second semester because of the fee for the required certificate from TESDA which is costly for the beneficiaries. Due to this, some of the Senior Highschool beneficiaries opt not to enroll to school instead of paying for the certificate.

B. Percent (3.00%) increase in compliance of Pantawid Pamilya households on availment of health services based on the Beneficiary Tracking Report by EO December 2017

As per average compliance result from January to December 2017, the national compliance for health is below the target (93.23%) which also means no increase in compliance. For the regional breakdown, please see Table 2.

Table 2: CY 2017 Target and Accomplishment for Compliance in Health per Region

REGION	Target	Health Accomplishment**
ARMM	79.95%	69.94%
CAR	97.52%	95.11%
CARAGA	99.36%	97.63%
I	98.79%	96.15%
II	97.58%	94.01%
III	98.27%	95.46%
IV-A	96.45%	94.57%
IV-B	95.43%	94.85%
IX	100.00%	98.35%
NCR	83.48%	81.98%
V	97.52%	96.24%
VI	99.20%	96.14%
VII	95.54%	95.61%
VIII	97.71%	96.20%
X	99.28%	95.47%
XI	99.60%	97.02%
XII	93.00%	93.15%
Grand Total	94.92%	93.23%

*Note: ** January-December 2017 CVS Turnout for Health Center Visit*

The top five (5) reasons for the variance of 1.77% are the following: (1) Parents did not follow the schedule set by the Midwife/Doctor; (2) No one to accompany the child to visit Health Center; (3) Beneficiaries are not in the area during scheduled check-up; (4) Beneficiary registered in other facility; (5) Parents are not available because of their work/livelihood.

C. Percentage of Pantawid Pamilya children not attending school that returned to school

The accomplishment for this indicator cannot be generated as of this time since the compliance data for 2017 Period 6 (December and January) will be available on March 2018 as per program's timeline. The indicator requires six (6) months of the program's reporting periods to be able to determine who among those not attending school children already returned to school.

D. Percentage of Pantawid Pamilya households not availing key health services that availed key health services

The accomplishment for this indicator cannot be generated as of this time since the compliance data for 2017 Period 6 (December and January) will be available on March 2018 as per program's timeline. The indicator requires nine (9) months of the program's reporting period to be able to determine who among those beneficiaries not availing health services already availed.

E. Number of Pantawid Pamilya households that have voluntarily exited from the program by EO December 2017

The households that have voluntarily exited in the program do not need to come from any list or source, it could come from Listahanan 2015, Malawakang Kumustahan Project, or even the Recertification of Pantawid Pamilya. All Pantawid households that have voluntarily waived their membership from the program, regardless of reasons, and been tagged in Pantawid Pamilya Information System (PPIS), are also counted in relation to this indicator.

As of December 2017, there are 3,962 households tagged as waived in the PPIS. Out of those, no household is reactivated or requested with reinstatement from September to December 2017. See table 3 for the breakdown per region of the number of waived households from the program.

Table 3: Number of Waived Households

Region	Number of Households
ARMM	69
CAR	113
CARAGA	226
I	1,005
II	94
III	156
IV-A	119
IV-B	71
IX	356
NCR	212
V	213
VI	487
VII	65
VIII	431
X	164
XI	144
XII	37
Grand Total	3,962

A. Number of Pantawid Pamilya beneficiaries provided with conditional cash grants

The program registered 4,875,066 households since the program started in 2008. Out of the total number of registered households, 4,394,813 are active households registered or 99.83% of 2017's target of 4,402,253 households. Out of these, 4,164,788 or 94.77% are covered by the regular Conditional Cash Transfer (CCT) program while 230,025 or 5.23% are covered by the Modified Conditional Cash Transfer.

As of December 2017, only 4,251,273 are provided with cash grant. Out of those, 4,044,420 or 95.13% are covered by the regular Conditional Cash Transfer (CCT) program while 206,852 or 4.87% are covered by the Modified Conditional Cash Transfer. With regard to the total cash grant paid to eligible and compliant Pantawid Pamilya household beneficiaries from January to November 2017 is PhP 75,584,726,800.00. Of this amount, PhP 25,208,177,000.00 is for education grants, PhP 22,504,091,000.00 is for health grants and PhP 27,872,458,800.00 is for rice subsidy.

The variance from the target number of beneficiaries provided with cash grant is due to the non-compliant households to program conditionalities (education, health and FDS). Some of the reasons for non-compliance are already mentioned in outcome indicator 1 and 2. Also, the number of active beneficiaries decreases especially in education due to natural attrition such as graduate from high school or children reach 19 years old since the replacement policy of monitored children is not yet being implemented. In addition, there are no additional beneficiaries being registered to the program for 2017 or included in the program as replacement.

B. Percentage of grievances resolved within established time protocol

In this indicator, accounting grievances is irrespective of its type to ensure that there shall be no biases towards specific grievance types (e.g., complaints on ineligibility are prioritized over payment-related issues especially if the former can be resolved faster as compared to the latter). Also, in determining the percentage, the focus will only be on the resolved cases and if such resolution is within the established time protocol or not. Ongoing cases shall be counted only once it is already resolved.

From January to December 2017, a total of 92,156 complaints were encoded and recorded in the GRS through various modes such as calls, grievance forms, social networking sites, courier, and electric mail. Of the 92, 156 field grievances, 65,502 (71.07%) of those have been resolved. Out of the resolved grievances, 46,962 grievances are resolved within timeline or 71.70%.

**Table 6: Type of Grievances/Complaints Received and Case Status
(January to December 2017)**

CATEGORY OF COMPLAINT	ONGOING	% ONGOING	RESOLVED	% RESOLVED	TOTAL	Resolved within GRS Timeline	% of Resolved within GRS Timeline
APPEAL	637	58.93%	444	41.07%	1,081	397	89.41%

CATEGORY OF COMPLAINT	ONGOING	% ONGOING	RESOLVED	% RESOLVED	TOTAL	Resolved within GRS Timeline	% of Resolved within GRS Timeline
CASH CARD RELATED ISSUES	5,541	41.48%	7,817	58.52%	13,358	5,416	69.28%
FACILITY ISSUES	29	16.76%	144	83.24%	173	58	40.28%
GRIEVANCE ON PARTNERS PERFORMANCE	15	37.50%	25	62.50%	40	13	52.00%
GRIEVANCE ON STAFF PERFORMANCE	22	29.73%	52	70.27%	74	25	48.08%
INELIGIBILITY	810	49.60%	823	50.40%	1,633	369	44.84%
IP AND GAD RELATED ISSUES	29	24.37%	90	75.63%	119	60	66.67%
MISBEHAVIOR OF BENEFICIARY	1,257	21.22%	4,667	78.78%	5,924	2,171	46.52%
OTHERS	2,120	21.72%	7,642	78.28%	9,762	3,381	44.24%
PAYMENT RELATED ISSUES	16,061	27.99%	41,317	72.01%	57,378	33,251	80.48%
REQUEST FOR SOCIAL SERVICES	133	5.09%	2,481	94.91%	2,614	1,821	73.40%
Grand Total	26,654	28.92%	65,502	71.08%	92,156	46,962	71.70%

Out of the 92,156 complaints, 57,378 grievances fall under Payment-Related Issues which is constantly the highest number of filed complaints. These include compliance and updating issues, for some regions, it is mostly due to reduced cash grants both in health and education.

Also, out of the 92,156 recorded grievances filed, 65, 502 of those are resolved and 26 percentage for grievances resolved within timeline is 71.70%.

III. Conclusion

With regard to the strategic indicators, the program's accomplishment for 2017 is below the target but still on-track. The program's accomplishment in compliance monitoring only has 2-5% variance from the target. With regard to the grants, 97% of the target are provided with cash grants.

Meanwhile, the program is below target (71.70%) on the indicator pertaining to the grievance resolved within prescribed timeline. Due to the set timelines per type of grievance (as indicated in the GRS procedural guidelines), the duration how a complaint should be facilitated/resolved can now be determined. Resolving the complaint more

than the expected number of working days will be tagged as resolved but not included on the total count for resolved timely.

Certainly, steering measures that will help the program reaches its target should be implemented such as recommending policies, capacitating field implementers/employees, strengthening case management of field implementers and maximize conduct of FDS.

IV. Recommendations

In order to increase the compliance rate of beneficiaries to program conditionalities, the following are the proposed action plan:

1. Drafting implementing rules and regulations for the approved NAC Resolution regarding additional reasons for replacement of monitored children within Pantawid Pamilya household to maximize the three (3) children limit;
2. Strengthen the case management of City/Municipal Links to determine the root cause of beneficiaries' non-compliance and other needs
3. Providing technical assistance/coaching to the field implementers for them to be equipped with innovative ways on how to conduct FDS and will encourage beneficiaries to comply with program conditions

To increase the percentage of filed grievances resolved within prescribed timeline, the field implementers and grievance officers should be more equipped on handling and managing different type of grievances within a set timeline. Also, it will be beneficial for the GRS focals to have a refresher course on the procedural guidelines of GRS to remind them on the process and time requirement.