Policy brief:
"Process review and assessment of the Modified Conditional Cash Transfer for Homeless Street Families"

Background

In 2008, the Government of the Philippines introduced the conditional cash transfer programme *Pantawid Pamilyang Pilipino Programme* (4Ps). The 4Ps aims to build human capital by improving education and health outcomes for children and pregnant women. It further seeks to alleviate financial stress by means of conditional cash transfer grants and to encourage behavioural change among beneficiaries through so-called Family Development Sessions (FDS). 4Ps beneficiaries, poor households with children below the age of 18 years and/or pregnant women, are identified through the National Household Targeting System for Poverty Reduction (NHTS-PR), known as *Listahanan*, which is based on a proxy means test (PMT). The *Listahanan*, however, does not capture families without a permanent residence. To compensate for this exclusion, the government of the Philippines introduced the Modified Conditional Cash Transfer for Homeless Street Families (MCCT-HSF) in 2014.

Assessment purpose and scope

The purpose of this assessment was to better understand how and under what conditions the MCCT-HSF is able to resolve the needs of homeless street families and to assess the extent to which the programme processes are adequate to improve the situation of HSF and extend the 4Ps benefits to HSF. To this end, the assessment carried out a process review to understand the implementation of the MCCT-HSF and its components; comparing the implementation and design of the programme. It further sought to identify the successes and challenges pertaining to the implementation of the programme and its components, and to identify lessons learned thus far. To this end, the assessment sought to identify sustainable, cost-effective solutions to help solve the problems of MCCT-HSF beneficiaries, using available resources effectively as well as to generate an understanding of the role different LGUs play in implementing the MCCT-HSF across the regions, their capacity and potential for stronger involvement in the implementation of the programme.

In providing such insights and contributing to current discussions, the results of this assessment build evidence to inform policy discussion. The adequacy of the processes underlying the implementation was measured by considering improvements in the main programme outcomes and the MCCT-objectives.

Methodology and limitations

As the MCCT-HSF is a sub-component of the regular 4Ps, and in line with DSWD directives, the assessment framework underlying this report built on the 4Ps theory of change. To resolve the research objectives, the study employed mixed methods. These consisted of a desk-based, structured literature review of primary and secondary sources and a process review of the programme's implementation considering its design. This was supported by in-country, quantitative and qualitative data collection activities in the form of key informant interviews, focus group discussions and a household survey; activities conducted with beneficiaries and a comparison group. Further, quasi-experimental methods, including difference-in-difference and propensity score matching, were conducted to ensure validity and robustness of findings. The geographic scope of this study covered the seven regions in which the MCCT-HSF is implemented.

Findings

The process review showed where the programme implementation diverges from its design and the analysis of quantitative and qualitative data showed that the programme achieves important positive outcomes. These aspects are elucidated upon in the following sections.

Programme objectives

The MCCT objectives go beyond the 4Ps targets in health and education, aiming to 1) assist homeless street families to overcome barriers from enjoying the benefits of the government's social protection particularly the 4Ps programme; 2) to enable homeless street families to have a more stable and decent dwelling away from the streets and 3) to prepare and mainstream the homeless street families into the regular 4Ps. These objectives guide the overall implementation and seek to provide beneficiaries with the relevant means and support to be included in the regular 4Ps programme. While all three objectives are known, key informants questioned whether, and if so how, the programme can achieve these objectives with its current design.

Programme components:

The MCCT consists of the core package of the regular 4Ps and additional support services interventions (SSI) allocated through case management. The core programme components, the education and health grants – and their conditions, are well known among interviewees. Similarly, the automatic PhilHealth enrolment and requirement for Family Development Sessions were frequently mentioned in KIIs and FGDs. These however showed that knowledge regarding the operationalization of the core components, as well as the availability and conditions of more recently added secondary components (e.g. the rice subsidy and the unconditional cash transfer) was limited. This is largely ascribable to challenges related to the regularity of payments which blurs the link between compliance to conditions and benefit amounts paid out to families during months where they comply. Consequently, behavioural incentives that the conditions may achieve are weakened, and conditions may not have strong impacts. In addition, beneficiaries often showed limited knowledge about the availability and conditions of secondary components such as the rice subsidy. This is unexpected as the majority of beneficiaries consistently emphasised their limited financial resources which suggests that any additional financial or in-kind support would be fully acknowledged and reported.

Programme cycle

Overall, the programme cycle is largely implemented as designed but several bottlenecks to attaining stronger outcomes were identified. Firstly, the selection of provinces and municipalities for implementation and supply-side assessment were not carried out for the MCCT. As a result, it cannot be ascertained that the most-in-need provinces are covered or that facilities have excess capacity to deliver services. Secondly, the selection of beneficiary households and the verification of eligible households faces challenges; namely inadequate sensitization, information sharing and lack of transparent communication about eligibility criteria. As a result, the selection process likely faces considerable exclusion errors, of potentially particularly vulnerable groups. Thirdly, compliance verification is highly staff intense and subject to challenges threatening the accuracy of the information used for benefit allocation. However, on the plus side, the MCCT does seem to employ a successful and highly personal approach to stimulating compliance among beneficiaries using the case management system; and caseworkers go above and beyond to try to get beneficiaries back into compliance. Fourthly, payments are often delayed and infrequent and result in beneficiaries' limited understanding of the payment amounts they receive. And, finally, a cross-cutting challenge affecting the programme's implementation is inadequate data management systems. To guide the implementation of the additional MCCT aspects, eight guidelines and memoranda circulars and specific mainstreaming guidelines were developed.[1] These are well known at higher levels of the administration but at the grassroots level, the familiarity with the guidelines appeared relatively low. Consequently, the implementation of these guidelines differs across the administration, and as this determines how MCCT-staff implement the programme, this also affects outcomes for and among beneficiaries and also the work of caseworkers

MCCT-specific aspects

Support services intervention, case management and the mainstreaming objective are the unique aspects of the MCCT. None of the SSI were identified as dispensable and their importance for attaining outcomes for beneficiaries cannot be underestimated. Their impact could however be further strengthened if clearer guidelines were available and if these were implemented across the regions consistently. The current absence of clear guidelines leads to delays in implementation and an unnecessary high workload for staff because many decisions are ad-hoc and circumstantial rather than procedural. Furthermore, delayed fund disbursements threaten the timely implementation of SSI and reduce the effectiveness of interventions. Meanwhile, case management has been identified as crucial to identify beneficiaries' real needs, and subsequently develop tailor-made treatment plans. Strong, positive and personal relationships between beneficiaries and their caseworkers exist and are considered as very important to achieve outcomes. Caseworkers are expected to have a wide range of skills and there seems to be a need for training them in project management, proposal writing and networking and coordination activities. Furthermore, standardization of processes and a set of detailed and suitable guidelines, which are better tailored for the specific needs of the MCCT-HSF beneficiaries would be beneficial for caseworkers' work. Lastly, with regards to mainstreaming, formal guidelines exist but are considered not operational. However, this status of the mainstreaming procedure (not operational) is not known to many programme

[1] (Department of Social Welfare and Development, 2015a)

implementers, and beneficiaries continue to be suggested for mainstreaming. A lack of information-sharing between NPMO and regional and provincial offices leads to this poor understanding on the status of the procedure, which furthermore leads to confusion among implementers on the purpose of mainstreaming, with some mentioning it is merely a matter of terminology.

Cross-cutting issues

The process review revealed four cross-cutting challenges which affect the programme's implementation and the programme's outcomes. Firstly, the consultations show that IT-support systems are not suitable to carry out the mainstreaming procedures or provide the necessary support for the programme. The inadequacies exist partially because of inadequate targeting and selection mechanisms and criteria, which are based on *Listahanan* Secondly, although MCCT-staff, especially the caseworkers, have smaller caseloads than in the regular 4Ps, their cases are described as much more labour-intensive and time-consuming. For instance, one interviewee described it as "all-in-one" as staff are involved in the identification, registration, implementation, monitoring and evaluation steps of the programme cycle under the supervision of the MCCT-focal. Key informants reported that individual caseworkers were also affected on a personal and emotional level which is exemplified by a statement from a key informant who said that next to passion and motivation, stress management was an important characteristic for a MCCT-staff. Thirdly, across the programme cycle and predominantly in payment and mainstreaming aspects, beneficiaries seem to have incomplete information about their rights and the benefits they are formally entitled to. The lack of information and transparency provided for beneficiaries seems to be largely ascribable to a lack of clarity among programme implementers themselves, who often need to reach out directly to the next higher levels of administration to clarify details of their day-to-day work.

Outcomes in beneficiary households

The beneficiary profile the assessment was able to create using qualitative and quantitative data shows that the programme achieves several positive outcomes. To start, beneficiaries' financial resources improved as a result of the programme, providing them with more resources for a range of investments and expenditure. For instance, beneficiaries' self-reported household budget amounts to PHP 57,488 while that of non-beneficiaries was only PHP 49,859. With this increased budget, households increased investments in health, education and basic needs, including food. In addition, households report being healthier: While 42 per cent of non-beneficiary households said that their child was sick in the two weeks prior to the interview, only 27 per cent of children in beneficiary households were sick.

Beneficiaries also attend the FDS regularly and many beneficiaries reported that they are more food secure and to be better able to meet their dietary needs, expressing they experience hunger on significantly fewer instances than respondents in the comparison group. This is exemplified by the fact that 87 per cent of MCCT beneficiaries eat more regularly after receiving the MCCT than before, while among the non-beneficiaries only 52 per cent reported eating more frequently in 2019 than in 2014. Beneficiaries also reported to eat more meals now than prior to the programme, and in case payments are regular, also more regularly and consistently throughout the year. This might not necessarily reflect in positive impacts on nutrition in the face of a slight shift away from more healthy foods to less nutritious, unhealthy canned and processed alternatives now that households can afford these and may choose them for convenience.

School attendance rates of beneficiary households increased over time as well, by 14 percentage points between the period prior to the enrolment and 2019. At a rate of 95 per cent in 2019, the school attendance rate of beneficiary households now surpasses that of non-beneficiary households by 3 percentage points. Relaxing the financial constraints is amongst the key driver of this improvement, as a number of beneficiary households stated that without DSWD, their children would not be able to go to school either due to a lack of funds or a lack of opportunity of receiving a scholarship. And, partially as a result of the FDS, beneficiaries are very aware of the value and need for education.

The programme may also contribute to a reduction of child labour, as in beneficiary households, fewer children had to work (13 per cent) than in non-beneficiary households (17 per cent), indicative of potential positive impact on child labour. Furthermore, beneficiaries ascribe higher value to good parenting skills and a stable home than non-beneficiaries. While beneficiaries were more satisfied with education and social services after enrolment with the MCCT; as self-reported satisfaction increased from three-quarters to nine in every ten for education, and from 58 per cent to 67 per cent for social services. Beneficiaries consistently mentioned that their children used education facilities but did not refer to other governmental services. Only for health services, these findings are not confirmed, and beneficiaries report to have experienced stigmatization on occasion while taking up health services.

MCCT-specific outcomes

80 per cent of beneficiaries reporting to feel ready for mainstreaming, and many beneficiaries reporting an improved housing situation, shows that important self-reported progress has been attained. 70 per cent of individuals indicating they felt ready for mainstreaming said they felt so because of their improved income-earning ability, which suggests they are more likely to be able to pay for their rent.

The quantitative data shows the important of an improved housing situation, as it yielded further positive outcomes among beneficiaries. For instance, 80 per cent of households with improved housing agreed that their eating frequency had improved due to the MCCT and the analysis confirmed a positive and significant effect improved housing on household monthly income. Further, the quasi-experimental analysis confirmed that improved housing had a significant effect on the reported ability of households to care for their children and that it reduced the likelihood of children to be ill, while also contributing towards households' likelihood to seek medical advice.

Beneficiaries express a high degree of satisfaction with their caseworkers and this large majority of beneficiaries who trust their caseworkers also shows better results in the programme outcomes: for instance, 85 per cent feel ready for mainstreaming (those who do not trust 71 per cent). The importance of case management had already been emphasised and acknowledged in past research, for instance by Sescon (2015), who underlined that for beneficiaries to escape homelessness, personal factors outweigh the importance of structural reasons as determinants of success of specific interventions.

Conclusions

The MCCT-HSF aims to empower homeless street families to fulfil the eligibility criteria of the regular 4Ps to enable them to access regular social assistance programmes as a result of being captured in Listahanan by combining the regular 4Ps with the more individualized support through the SSI and case management. This assessment sought to identify to what extent the processes underlying the MCCT-HSF were conducive to enable HSF to be mainstreamed to the regular 4Ps.

In the absence of formally mainstreamed MCCT-HSF beneficiaries and assessments to capture the impact of the MCCT-HSF on programme objectives, a need arose to investigate the programme's capacity to address the needs of its beneficiaries and clarify if the design and implementation are suitable to achieve its complex objectives. Through its mixed-methods approach, this assessment found that the programme does, in fact, achieve several important outcomes in the scope of the 4Ps core programme, as well as the MCCT-specific aspects. However, important factors inhibit the actual mainstreaming of beneficiaries. The overarching challenge affecting the programme was identified to be that the housing and mainstreaming objectives and their relationship towards each other is not clear for implementers. This affects the entire implementation of the MCCT-specific components of the programme because of the absence of a clearly communicated and consistently understood objective renders it difficult to capture if it is effectively being fulfilled.

Further, four cross-cutting obstacles have been identified which affect the implementation, namely firstly, a lack of clarity pertaining to the types of support and access channels. While the 4Ps core package is largely implemented following its design, the main difference to the regular 4Ps – the SSI – lack a clear design. Secondly, there is a lack of information about the data management systems and their operational capacity. This was exemplified by the fact that the even beneficiaries who are fully compliant and considered ready for mainstreaming cannot formally be mainstreamed because of inadequate IT-infrastructure and the absence of an active interface between the relevant databases. Thirdly, since the needs and interests of the homeless street families are complex, they do not find sufficient attention in the regular 4Ps coordination meetings and structures, which shows that the formal coordination mechanism cannot accommodate the multitude of relevant aspects for the regular 4Ps beneficiaries and the three distinctive target groups of the MCCT (IP, FSNP and HSF). Fourthly, insufficient guidance for case management was identified to inhibit caseworkers from effectively fulfilling their mandates to support beneficiaries.

Recommendations

Based on the research findings and conclusions drawn, it is recommended to resolve the overarching lack of clarity pertaining to the design of the programme first. To this end, two different scenarios are worthy of consideration. While the first scenario expands the scope of the programme, the second option to reshape the intervention depicts a reduction of its programmatic scope.

To facilitate in the decision-making on both scenarios, it should first be decided whether the MCCT programme is fundamentally a housing intervention, with the objective to bring families into homes first and integrate them fully into society, ensuring access to government services. In case it is a housing intervention, to this end, the MCCT-HSF should be designed following a separate theory of change and be based on supportive programme documents,

separate from the 4Ps. To operationalise this approach, beneficiary profiles of HSF should be developed to identify which support they need, depending on the severity of their homelessness. In addition, the time limits on interventions should be removed and instead, interventions should be sequenced and timed according to beneficiaries' needs. This would contribute towards the programme's overall capacity to meet the specific needs of homeless street families.

Alternatively, in case it is not fundamentally a housing intervention, the MCCT could be designed as a sieve intervention with the focus to extend the 4Ps core package to all groups who are not included in the regular 4Ps but are legally entitled to receive public services. In this scenario, only the first objective of the current programme would remain, namely, to extend the 4Ps benefits to all vulnerable families. Housing would thus no longer be included in the objectives and this aspect will be left to other governmental authorities.

Once this overall direction has been determined, several changes should be considered at the micro-level: firstly, it should be considered to extend case management procedures as solutions to broader social issues within DSWD. In addition, caseworkers and their case management procedures should be revised and be professionalised and subsequently be supported to strengthen their capacities. Secondly, the MIS and IT infrastructure of the MCCT-programme must be strengthened because the functions and capacity of the MCCT-MIS are currently not adequate to support effective implementation. Thirdly, bottlenecks in beneficiary payment and financial disbursement procedures need to be located and resolved. Following this, clear expenditure guidelines which fulfil relevant legislative requirements should be enforced but it needs to be safeguarded that interventions can still be designed flexibly enough to the needs of beneficiaries. Fourthly, coordination needs to be improved and there is a need to clarify the character of the MCCT-HSF and the resources dedicated to it to ensure all involved actors are informed and cognizant of the issues pertaining to HSF and priorities applicable to the programme implementation. And lastly, the communication and information sharing channels need to be improved between the national, regional and provincial offices to enable implementers and especially caseworkers, to adequately inform beneficiaries of programme requirements and available benefits, particularly for the SSI.