

Policy brief: The relevance of the support service interventions for improving the lives of MCCT-HSF beneficiaries

Overview

- The major vulnerabilities of beneficiaries of the MCCT programme are a lack of income generating opportunities and limited financial resources.
- The case management procedures and support services interventions provided are essential to enable beneficiaries to address their vulnerabilities because the caseworkers support beneficiaries in identifying their most pressing needs and are able to allocate adequate services and support to address their needs.
- The rental subsidy and cash for work components of the SSI are identified as most important programme benefits. For instance, the SSI supported 20 per cent of beneficiaries in finding employment and nearly half of the beneficiaries reported to be still employed in the position they found through the SSI. The SSI also contribute to positive outcomes among beneficiaries who started an own business, as is exemplified in the success rate of the businesses founded by beneficiaries (62 per cent) compared to non-beneficiaries (23 per cent).
- 93 per cent of beneficiaries reported improved housing situations since their programme enrolment which is much higher than among non-beneficiaries (38 per cent improvement).
- Lack of clarity pertaining to the implementation of the SSI unnecessarily augment the workload of implementers on the ground.
- Harmonization of implementation procedures and strengthening the referral mechanisms in place are needed to further improve outcomes among beneficiaries and are likely to improve efficiency.

Background

The MCCT-HSF programme extends the benefits of the regular conditional cash transfer programme *Pantawid Pamilyang Pilipino Programme (4Ps)* to families without a permanent abode, indigenous families (IP) and families in need of special protection (FNSP). This brief captures the relevance and impact of the support services interventions (SSI) for homeless street families (HSF) which are provided in addition to the regular benefit package of the MCCT and are allocated by individual caseworkers to. The SSI aim to uplift beneficiaries' socio-economic status, to prepare them for mainstreaming to the regular 4Ps while also involving them in community development. Beyond the SSI, beneficiaries are eligible for interventions under the Sustainable Livelihoods Programme (SLP) and those organised by the Disaster Risk Unit (DRU) and the Protective Services Unit (PSU).

Methodology

The findings are based on qualitative and quantitative data collected among beneficiaries and non-beneficiaries in the implementing regions between May and July 2019.

Types of SSI received

Beneficiaries receive the cash for work (61 per cent), rental subsidy (43 per cent), skills training (32 per cent), micro-capital assistance (27 per cent), family camp (22 per cent), job and livelihood opportunities (21 per cent), employment facilitation (13 per cent) and literacy training (9 per cent). Although the family camp has formally been phased out, it is still implemented in some regions as well, and the camp popular among beneficiaries. Together with the social preparation, key informants considered the family camp as important because it exposes beneficiaries to an environment of relative normality which they otherwise do not experience.

Influence on socio-economic status

The SSI supported 20 per cent of beneficiaries in finding employment and nearly half of the beneficiaries reported to be still employed in that occupation. More than half of the beneficiaries who mentioned the introduction to the employer through the MCCT as most helpful for finding the job are still engaged in this employment. Among them, 34 per cent had received skills training, 24 per cent received

employment facilitation and 32 per cent received job and livelihoods training. This suggests that the SSI enable beneficiaries to access employment opportunities but that other factors, including adequate supply of services and allocation mechanisms, also influence the likelihood of sustainable employment.

The SSI also contribute to positive outcomes among beneficiaries who started an own business, as is exemplified in the success rate of the businesses founded by beneficiaries compared to non-beneficiaries: while 42 per cent of beneficiaries founded a business with support through the SSI and 43 per cent of non-beneficiaries open a business without the SSI, 62 per cent of beneficiary businesses but only 23 per cent of non-beneficiary businesses still existed at the time of data collection. The majority of businesses founded by beneficiaries are regular, informal sector businesses such as sari-sari stores, vending of consumables or food carts. The financial support provided through the SSI, and its regularity and relative predictability, is decisive for ensuring sustainability and profitability of the business, with 80 per cent of beneficiaries identifying financial support as most helpful to founding the business. In addition, skills training was identified as second-most important (45 per cent), indicating better preparedness as micro-entrepreneur as a result of the SSI received. The support provided to beneficiaries improves their livelihoods skills and employment; and their entrepreneurial skills respectively. Many beneficiaries also engage in occasional work, for instance, washing clothes, tricycle driving or as caretakers of graves. As these jobs are usually seasonal and infrequent, they make beneficiaries at least partially dependent on the financial support of the programme to meet their needs. Despite the seasonality of income generating opportunities within (for instance the cash for work intervention) and beyond the MCCT, the financial situation of

beneficiaries is stronger than the non-beneficiaries: Beneficiaries' family income in the past six months amounted to PHP 57,487, while non-beneficiaries only reported to have an income of PHP 49,859.

Slightly fewer beneficiaries reported to experience hunger than the non-beneficiaries (27 compared to 23 per cent) and more non-beneficiaries (22 per cent) only eat 0 to 2 meals per day than beneficiaries (11 per cent). 86 per cent of beneficiaries reported that the frequency of meals they consumed increased since their enrolment in the MCCT. This shows that beneficiaries' overall food security also improved and suggests that the financial resources in the beneficiary households are strengthened through the SSI. The importance of the financial support for homeless street families is exemplified further by the fact that 70 per cent of the non-beneficiaries identify the financial support as the main factor for their interest in the MCCT; the second most important factor was identified as general government support (55 per cent).

Satisfaction with government services among MCCT beneficiaries is higher with 89 per cent than among non-beneficiaries (67 per cent) which suggests that the MCCT, and the additional support provided through the SSI, contribute to beneficiaries' access and satisfaction with government services. Only 11 per cent of non-beneficiaries receive support from the government, mentioning DSWD programmes (not further specified) and PhilHealth among others. 13 per cent of the non-beneficiary's report to receive help or assistance from NGOs and beneficiaries also receive additional, mostly in-kind support from NGOs. The support includes for instance caretaking of children during FDS, education sessions, support for education-related costs (*Baon*, projects, utensils), or seasonal gifts. The support seems to have financial implications for beneficiaries, whose expenditure on education related costs is much lower than that of

the comparison group (PHP 1,340 and PHP1,847 respectively).

Influence on housing situation

Although improving housing situations is not a programme objective of the MCCT, it is a pre-condition for mainstreaming beneficiaries to meet the targeting criteria of *Listahanan*. At the time of data collection, 31 per cent of beneficiaries were receiving the rental subsidy and 78 per cent said to have received it in the past. 93 per cent of beneficiaries reported that their housing situation improved since enrolment in the programme, largely outperforming the improvement among non-beneficiaries (roughly 38 per cent report an improvement). 58 per cent of those who reported their housing situation had improved, have received the housing subsidy and roughly 26 per cent of the beneficiaries rely on it fully for paying their rent. This shows that the housing subsidy is an important aspect of the SSI and of the overall MCCT, which had also been emphasised in focus group discussions and key informant interviews. The average amount of the rental subsidy recipients received amounted to PHP 27,098 covering an average of just under 10 months, which is within the financial ceiling of PHP 4,000 and also in the time frame of the programme (12 months). Slightly more beneficiaries (59 per cent) are looking for a permanent home than the non-beneficiaries (55 per cent). However, the programme seems to not influence beneficiaries' likelihood of searching a home, as beneficiaries reported to have been looking for housing prior to joining the programme already as well (58 per cent). While over half of beneficiaries identify there to be sufficient housing options, potentially as a result of support received from their case workers in finding these options, only a third of non-beneficiaries found that the housing market offered sufficient housing options. One crucial aspect raised in this regard is a mismatch between the location of available housing options and the livelihoods available in their

immediate surroundings. This might also be a reason for social housing remaining unused at times and why beneficiaries prefer to remain, or return, to their lives in the street. In Central Visayas, two housing rent-to-own schemes which are directly linked to the rental subsidy exist through a partnership between local NGOs and DSWD, supporting beneficiaries more effectively in their housing needs. The MCCT-rental subsidy is paid as a lump sum to these NGOs directly instead of to the beneficiaries themselves. This is used to cover the rental costs for a beneficiary family for up to five years, extending the duration of the rental subsidy for the better.

Relevance of case management

Beneficiaries consider all SSI as helpful and relevant to improve their living conditions and emphasised that they have a strong need for more permanent, long-term support than is supported by some interventions, for instance the cash for work (90 days) or housing subsidy (12 months). All interventions are provided through case management, which is strongly appreciated by the beneficiaries. The ratio of caseworkers to beneficiaries is lower in the MCCT-HSF (roughly 1:50) than in the regular 4Ps (1:500) but key informants emphasised that the workload arising from the needs of HSF, including the additional work related to the SSI, may not have been estimated adequately and therefore may be resulting in unattainable workloads for caseworkers. The case management system is also designed to enable beneficiaries to access psycho-social support from child psychologists if needed, however, not all regions have psychologists available and their job descriptions are not entirely clear. For instance, child psychologists report to work in the human resources department of regional offices and provide counselling to 4Ps staff as well as to beneficiaries.

Despite these shortcomings, case management was consistently identified and appreciated as a major

difference and decisive support for attaining outcomes among and by beneficiaries. The MCCT requires caseworkers to establish a therapeutic relationship with beneficiaries and based on the 65 per cent of beneficiaries who explicitly mentioned to trust their caseworkers; and 90 per cent of beneficiaries saying to trust the MCCT-staff personally, the existence of such can be confirmed. 93 per cent of beneficiaries agreed or strongly agreed to the statement *I trust MCCT-staff*. Among them, better outcomes can be observed. For instance, 85 per cent of beneficiaries who trust their caseworker feel ready for mainstreaming (those who don't trust 71 per cent), the mean income among beneficiaries is higher among those who trust their caseworkers (PHP 59,107.6 compared to PHP54,380.1) and more beneficiaries who trust their caseworkers still run their business. Satisfaction with access to social services is slightly better among beneficiaries who trust their caseworkers as well.

Not only do beneficiaries express a high degree of satisfaction with their caseworkers, they, and their caseworkers themselves, describe highly

personalized and individualized relationships. Among most caseworkers, a programmatic spirit seems to prevail motivating them to “do whatever it takes” to support their beneficiaries. For instance, some caseworkers report giving beneficiary families money from their own pockets for their children’s school allowance.

Implementation challenges

Overall, the programme, partially through its SSI and proactive case management approach, has achieved several important impacts for beneficiaries. These impacts can likely be even higher than presently, as simultaneously, the programme faced several challenges. Firstly, key informants criticized a lack of clarity pertaining to the design of the SSI resulting in the unclear or overly flexible implementation of the SSI and said to have to regularly contact the next higher level of administration or other programme units to clarify details about the day-to-day implementation of the SSI. The need to get more information raises the workload and delays the allocation of support to beneficiaries. Secondly, a lack of administrative alignment was found between

Implications for DSWD’s programmatic work

While key informants acknowledged that the vulnerabilities faced by beneficiaries of the 4Ps and the MCCT-HSF are different in many aspects, there is also a group of beneficiaries among the 4Ps beneficiaries who face challenges which are as substantial and deeply rooted as those faced by HSFs. This group includes for instance the extreme poor, families with members living with disabilities as well as 4Ps beneficiaries who have not managed to secure regular, complementary income throughout their enrolment into the 4Ps. Evidence has shown that these groups are more vulnerable than other 4Ps beneficiaries, and face worse developmental indicators, among others in nutrition and food security. The regular 4Ps may be sufficient in addressing vulnerabilities of those moderately poor and vulnerable, but more holistic support and a more comprehensive packages of services and benefits may be necessary to reach those in the 4Ps who experience deeper vulnerabilities. Given the success of the SSI and case management in improving socio-economic indicators for HSF, support to these more vulnerable 4Ps beneficiaries can potentially be provided through the case management procedures and SSI-linkages to other services as designed and provided under the MCCT. The SSI, and the support of and trust beneficiaries have in, their case workers, is decisive for driving programme outcomes even in the face of heightened vulnerabilities. In addition, the SSI have been successful in diversifying the income sources of a substantial number of beneficiaries, and have been instrumental in sustaining their businesses; indicating a relevance for 4Ps households that have struggled to develop complementary income sources. Hence, setting up similar support for more vulnerable 4Ps beneficiaries has the potential to offer a low-cost, high-return solution that further optimizes the impact of the 4Ps on Filipino society.

SSI designed for beneficiaries and existing interventions which beneficiaries shall be linked to. Key informants criticised that interventions linked to the SLP, DRU and PSU often have additional requirements, such as formal bank accounts or needs for memberships in associations. The beneficiaries often do not fulfil these and hence are excluded from accessing the interventions. In addition, in some regions, no SSI are dedicated to the HSF in particular and instead, they are covered by those SSI for IP and FNSP.

Thirdly, there is a lack of clarity about the exact role of caseworkers and their mandates to support beneficiaries. Case workers have no access to guidance documents and have been limitedly trained on the programme. In light of their spirit to go above and beyond, this led to an intensification of the workload for case workers, and may have contributed to a smaller share of the beneficiary population not getting adequate case management support too. Fourthly, many caseworkers bring specialized expertise to the job, for instance in the agricultural sector. Their better understanding of rural communities' needs makes them better able to develop highly sensitized and specialized interventions in that sector, which is often also where they will primarily focus on; but as a result, they may pay insufficient attention to other needs that beneficiaries may have and thereby hamper resolving beneficiary needs holistically. A more objective needs assessment, linked to a standardized referral pathway can help address this shortcoming. Fifthly, key informants emphasised that delayed funding disbursements hamper the effectiveness of their work because it renders effective programming difficult. It delays implementation of projects which directly affects beneficiary's livelihoods, thereby hampering programme outcomes and putting pressure on field offices to spend funds within the correct timeframes. In addition, key informants criticized that in contrast to the lack of clear

guidelines for implementing the SSI per se, they need to adhere to the strict financial regulations for disbursement of SSI-related project funding, further hampering the implementation of projects designed to resolve the needs of beneficiaries on the ground.

Recommendations

None of the inputs available under the SSI was identified as dispensable but it was emphasised that long-term interventions are more likely to sustainably improve beneficiaries' lives. The SSI are successful in uplifting beneficiaries' socio-economic status and also in preparing beneficiaries for mainstreaming to the regular 4Ps. With some interventions being designed for groups of beneficiaries instead of individuals, and as the cash for work is usually carried out for community-identified priorities, the SSI also seek to strengthen beneficiary community engagement. As beneficiaries need frequent and regular support, the need for continuous and holistic support should be sufficiently considered in the design of the SSI and can be achieved through creating a more systemic approach to providing the SSI. To this end, a focus should be on establishing a safe environment for beneficiaries while simultaneously ensuring that income-generating opportunities are available or can be developed for beneficiaries under the framework of the SSI. To ascertain that beneficiary needs are reflected adequately despite their relatively low number in the overall MCCT-beneficiary pool, strong interest representation is needed. To further improve the outcomes for HSF beneficiaries, the following recommendations should be considered.

1. Consider case management procedures and support services interventions as solutions to broader social issues: Case-based support has the potential to address vulnerabilities of the poorest and most vulnerable more sustainably and may be beneficial to strengthen outcomes within other core social protection programmes of the department. It

should be considered to extend this approach beyond the MCCT.

2. Develop clear guidance documents and referral mechanisms for the SSI: Developing these should be prioritised within DSWD to decrease the need for ad-hoc decision making among MCCT-staff and should include for instance aligning administrative requirements between interventions dedicated to MCCT-HSF and interventions provided through the SLP, by the PSU or DRU. Further, integrated service directories should be established which include the eligibility requirements for available interventions, and harmonised referral mechanisms between relevant actors, including NHA and local government units, should be created.

3. Professionalize caseworkers and case management procedures: Caseworkers need clear job descriptions and adequate back-office structures. Therefore, case management tools need to be developed, become operational and be consistently implemented. This will enable caseworkers to carry out structured needs assessments, for instance through the Social Welfare Development Indicators; and will be conducive to creating formal referral pathways to additionally available support from other actors, including the government. The professionalization of caseworkers should be supported through specific trainings for caseworkers; thematic areas should include safeguarding therapeutic and professional relationships.

4. Identify bottlenecks in financial disbursement procedures: Addressing these bottlenecks will improve timely and reliable disbursement of funding for the SSI and facilitate the implementation of the individual interventions. 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.

5. Refine the available SSI to adequately meet the needs of beneficiaries: With case management

taking care of several psycho-social needs, SSI should focus on employment and livelihood strengthening and the benefits of the family camp and its suitability to incentivize behavioural change among beneficiaries as it exposes them to normality should be reassessed. In addition, the suitability of social housing opportunities to reflect the needs of beneficiaries better should be considered. In designing these interventions, particular attention should be paid to the immediate opportunity costs of attending trainings under the SSI as, with foregone income when they have to attend, beneficiaries are highly sensitive to these.