Pantawid Pamilyang Pilipino Program (4Ps)

Operations Manual **5TH EDITION**

DSWD
Department of Social Welfare and Development

Pantawid Pamilyang Pilipino Program

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▌ Message from the *Secretary*

As the national poverty reduction strategy and human capital investment program of the Philippine government, the Pantawid Pamilyang Pilipino Program (4Ps) has made remarkable breakthroughs in improving the well-being of its beneficiaries.

With its institutionalization through the enactment of Republic Act No. 11310 or the 4Ps Act, the 4Ps became a regular social protection program of the Department of Social Welfare and Development (DSWD). It provides conditional cash transfers to poor households for a maximum of seven years, with the aim of improving the health, nutrition, and educational aspects of the lives of household beneficiaries. In the long term, the 4Ps intends to break the intergenerational cycle of poverty among the poor.

To adapt to the changing times and to ensure that the gains and improvements of the Program are properly documented, the 4Ps updated its Operations Manual. The 5th Edition serves as a guide and instrument in implementing the Program, monitoring and improving it, and providing technical support. All these are geared towards the ultimate goal of improving the well-being of beneficiaries, especially during the COVID-19 pandemic.

I congratulate the great minds behind the creation of the Operations Manual, including the more than 14,000 personnel of the Program who continuously work towards making positive impacts on the lives of beneficiaries.

May this Operations Manual inspire everyone to promote DSWD's advocacy towards the continuous improvement of the lives of the poor, marginalized, and vulnerable sectors whom we serve.

Ipagpatuloy natin and serbisyong mapagkalinga sa ating mga kababayan.

ROLANDO JOSELITO D. BAUTISTA
Secretary

Foreword

From a social safety net program in 2007 that buffered the poorest Filipino households against the anticipated global financial crisis in 2008, the Pantawid Pamilyang Pilipino Program (4Ps) has now evolved into a national poverty reduction strategy. It positions itself as the centerpiece social protection program where a host of poverty reduction programs converges to deliver coordinated and integrated services and interventions for improving the well-being of poor Filipino households.

Conditional cash transfer (CCT) programs, such as the 4Ps, operate on a global theory of change that—by providing conditional cash grants to poor households to improve their education, health, and nutritional status—the poor households will have the best fighting chance of escaping the vicious cycle of poverty.

When the Philippines adopted the CCT, DSWD infused the program design with family and youth development sessions, convergence strategy, and measures to make 4Ps more inclusive, such as housing benefits for homeless street families and conscious targeting of indigenous families living in remote areas. All of these are carried out through an integrated social case management that serves as the bedrock for the delivery of a menu of services and interventions that is responsive to the situations, characteristics, and circumstances of 4Ps families and households.

The path that 4Ps took when it diversified its design and strategies is similar to the "cash plus" that is now happening globally. Cash plus is a cash transfer program that is complemented with additional inputs, service components, or linkages to external services that, in combination, may be more effective in achieving the desired impacts and ensuring their sustainability than cash alone (Watson and Palermo, 2016). This is anchored on the notion that, while cash transfers can have impacts beyond their poverty-alleviation objectives, the income effect of cash transfers can be constrained by behavioral mediators or broader moderators (Palermo, Veras Soares, and Yablonski, 2017).

Given these major changes in the landscape of 4Ps over time, it is only fitting to engage as much government agencies, private sector institutions, and civil society organizations in the implementation of 4Ps. This is also the very reason that DSWD

engaged them in crafting the 4Ps charters: the 4Ps bill, the enacted law's implementing rules and regulations, and now, the 4Ps Operations Manual. This manual hopes to clarify the operationalization of the Program on the side of DSWD as the lead implementing agency of 4Ps.

The chapters in this Operations Manual discuss in detail the program results framework, design and components, as well as program management and administration. Included in this manual are the details of the operational systems that guide household targeting, registration, updating, compliance verification, payment, and grievance redress. It also explains how other support interventions are operationalized in 4Ps, such as livelihood services, convergence and partnerships, capacity building, social safeguards, and social inclusion. Finally, it explains how the Kilos-Unlad Strategy is used to ensure that households become self-sufficient as they graduate from the Program.

While this manual has attempted to discuss as much detail as it can, its success rests ultimately on the drivers of the Program—from program administrators to program implementers. They bring life to what this manual articulates. They act on emerging challenges that are beyond the breadth and depth of this manual. They are the drivers who ultimately fulfill the promise of keeping children in school, healthy, and nurtured by a family. Without a solid foundation on the framing of 4Ps and its operationalization, we, the drivers, play an unfortunate guessing game that jeopardizes the chance of poor households to reap the most benefit out of the Program. The journey to bring them to self-sufficiency begins by reading this manual.

Congratulations to everyone involved in creating this manual!

ATTY. AIMEE TORREFRANCA-NERI
Undersecretary for Operations and
4Ps National Project Director

▊ Acknowledgment

The National Program Management Office (NPMO) of the Pantawid Pamilyang Pilipino Program (4Ps) would like to acknowledge the people whose contribution, support, and guidance helped make the **4Ps Operations Manual (OM) 5th Edition (2020)** come into fruition.

First and foremost, we thank the DSWD Executive Committee (ExeCom) through the leadership of **Secretary Rolando Joselito D. Bautista**, and in particular, Atty. **Aimee S. Torrefranca-Neri,** the 4Ps National Project Director and Undersecretary for Operations Group, with whose cluster the 4Ps belongs, for the continued guidance and support and the opportunity to process and operationalize the new mandate of the Program as the national poverty reduction strategy and human capital investment program of the government.

We thank the army of talented and responsive chiefs of the NPMO divisions under the leadership of **Director Ernestina Z. Solloso**, the National Deputy Program Manager for Support and **Director Venus F. Rebuldela**, the National Deputy Program Manager for Operations, for the strong commitment and continuous push-to-the-limits expectations. They created avenues of opportunities that reshaped perspectives where processes were challenging and never-ending, albeit rewarding.

Special words of gratefulness go to the Program's Regional Program Management Offices (RPMOs), through their Regional Directors, the Minister of Social Services and Development (MSSD), the Regional Program Coordinators (RPCs) and their respective regional teams, for sharing their regional field experiences that made us touch-base and be attuned to the current needs and demands of the Program. To all of them, we are grateful.

We thank our partner offices, bureaus, services, units (OBSUs) in the central office, namely, the Financial Management System – Special Projects (FMS-SP), National Household Targeting Office (NHTO), and Information and Communications Technology Management Service (ICTMS), for their significant involvement in crafting this edition of the OM.

Lastly, we thank all other stakeholders, especially the team of specialists from the World Bank (WB), Asian Development Bank (ADB), UNICEF, and Australian Aid-Department of Foreign Affairs and Trade (DFAT), who have been instrumental in transforming this Manual from a rough manuscript to a useful living document.

To all of you who have been a significant part in this journey of the **Pantawid Pamilyang Pilipino Program**, we say thank you very much and may your generous assistance and support continue to flourish in the service of our 4Ps beneficiaries.

DIRECTOR GEMMA B. GABUYA
National Program Manager

▌ About the Manual

This Operations Manual presents the processes and key features of the 4Ps as specified in Republic Act 11310 or the 4Ps Act and its Implementing Rules and Regulations (IRR). It is designed for program implementers, especially the national and regional staff, so that they may be guided and updated on the program policies and processes. Moreover, program implementers will find specific procedures that will help them deliver quality services efficiently and effectively to the beneficiaries. Finally, the manual is a reference for 4Ps-related questions of program staff and stakeholders.

The manual is divided into eight parts, each representing a cluster of related operational concepts, systems and processes. The chapters found in each part are lifted from the 4Ps Act Implementing Rules and Regulations.

Part I - Overview

Chapter 1 is a description of the 4Ps based on the law and an overview of the Kilos-Unlad Framework, which steers the process of guiding 4Ps households in improving their well-being, stepping up and stepping out of poverty.

Chapter 2 chronicles the evolution of 4Ps from its inception in 2006, to its enactment into a law in 2019 and on to becoming the national poverty reduction strategy and human capital investment program of the Philippine government.

Part II - Registration

Chapter 3 presents the household targeting and selection process of beneficiaries.

Chapter 4 explains the three phases of household-beneficiary registration.

Chapter 5 describes the different types of beneficiary updates and the supporting documents required in their preparation.

Part III - Management and Monitoring

Chapter 6 describes the Compliance Verification System and the compliance verification forms used to monitor the compliance of beneficiaries with the program conditions.

Chapter 7 defines the key concepts in case management, including helping beneficiaries manage difficult situations that may hinder their compliance with program conditions.

Chapter 8 is an overview of the grievance redress process, types of grievances, and resolution indicators.

Part IV - Payments

Chapter 9 explains the payment process and the functions of banks and financial institutions in distributing cash grants.

Part V - Programs and Activities

Chapter 10 consists of the results framework for Family Development Sessions and the human ecological framework for Youth Development Sessions.

Chapter 11 highlights the livelihood and other demand-driven social service interventions for specific sectors, such as the Enhanced Support Services Intervention.

Part VI - Graduation

Chapter 12 explains the support and referrals to programs and services that prepare HH-beneficiaries for exit from the program.

Part VII - Organization

Chapter 13 describes the national and regional organization structure for 4Ps.

Chapter 14 describes the functions and composition of the national and regional advisory councils.

Part VIII - Governance Systems and Processes

Chapter 15 presents the different types of partnerships in the Program and the supply side processes.

Chapter 16 explains the risk management process flow, service standards, and systems review.

Chapter 17 discusses the Program's communication goals and objectives, the process of developing a communication plan, and writing stories of change.

Chapter 18 describes the key activities, methodologies, and report system in planning, monitoring and evaluating 4Ps.

Chapter 19 explains the capacity building and capacity development process, including knowledge management.

Chapter 20 describes the Gender Mainstreaming and Indigenous Peoples Framework that underpin the policies and standard procedures in implementing 4Ps.

Chapter 21 shows the different operational information systems that support the 4Ps, and the development procedures of the Pantawid Pamilya Information System (PPIS).

Chapter 22 enumerates the procedures in addressing staff-related sanctions and penalties.

This manual is a living and evolving document that requires updating with the agreement of management and program partners. The National Program Management Office ensures that all contents of the manual are updated as required.

Note: This manual includes only the key topics in 4Ps. Related information are compiled as annexes in a separate document and made accessible online using the QR code found at the back of this manual.

Abbreviations

4Ps	Pantawid Pamilyang Pilipino Program
ADB	Asian Development Bank
ADM	Alternative Delivery Mode
ADSDPP	Ancestral Domain Sustainable Development and Protection Plan
AFP	Armed Forces of the Philippines
AGDB	accredited government depository bank
ALS	Alternative Learning System
ARTA	Anti-Red Tape Act
ASD	Administrative Support Division
ATM	automated teller machine
BAP	Bilis Aksyon Partner
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BDM	Beneficiary data Management
BDMD	Beneficiary data Management Division
BEmOC	Basic Emergency Obstetric Care
BFP	Bureau of Fire Protection
BOL	Bangsamoro Organic Law
BRFI	BSP-regulated financial institutions
BSP	Bangko Sentral ng Pilipinas
BUS	Beneficiary Updates System
C/MAC	City or Municipal Advisory Council
C/ML	City or Municipal Link
C/MOO	City or Municipal Operations Office
C/MSWDO	City or Municipal Social Welfare Development Office
C4D	communication for development
CARS	Community Assembly Registration System

CAVF	Community Assembly Validation Forms
CBD	Capability Building Division
CBDO	Cluster Beneficiary Data Officer
CCB	Civil Service's Contact Center ng Bayan
CCT	conditional cash transfer
CDC	child development center
CEmOC	Comprehensive Emergency Obstetric Care
CFDS	Community and Family Development Sessions
CMAT	City or Municipal Action Team
CMS	Case Management System
CMT	Computer Maintenance Technologist
COA	Commission on Audit
CODI	Committee on Decorum and Investigation
COO	Cluster Operations Office
COVID-19	novel coronavirus 2019
CP	child protection
CRP	case referral pathways
CSAP	Child Sexual Abuse Prevention
CSC	Civil Service Commission
CSO	civil society organization
CV	compliance verification
CVD	Compliance Verification Division
CVF	Compliance Verification Form
CVO	Compliance Verification Officer
CVR	compliance verification result
CVS	Compliance Verification System
CWC	Council for the Welfare of Children
DBM	Department of Budget and Management

DepEd	Department of Education		**GRD**	Grievance Redress Division
DFAT	Australian Aid-Department of Foreign Affairs and Trade		**GRS**	Grievance Redress System
			HAF	Household Assessment Form
DILG	Department of the Interior and Local Government		**HGDG**	Harmonized Gender and Development Guidelines
DMD	Data Management Division		**HH**	household
DOH	Department of Health		**HIP**	household intervention plan
DOLE	Department of Labor and Employment		**HOBS**	head of offices/bureaus/services
DSWD	Department of Social Welfare and Development		**HRep**	House of Representatives
			HSF	homeless street families
ECMS	Electronic Case Management System		**HTA**	Household Transition Assessment
ECQ	enhanced community quarantine		**ICC**	indigenous cultural communities
ECR	Eligibility Check Routine		**ICT**	information and communications technology
ECT	Emergency Cash Transfer			
EF	employment facilitation		**ICTMS**	Information and Communications Technology Management Service
EO	Executive Order			
EODB	Ease of Doing Business			
ESP	Emergency Subsidy Package		**IEC**	information, education, and communication
FDD	Family Development Division			
FDS	Family Development Session		**IKSPs**	Indigenous Knowledge Systems and Practices
FGD	focus group discussion			
FMS	Finance Management System		**IMC**	Independent Monitoring Committee
FMS-SP	Financial Management System – Special Projects		**IPD**	Institutional Partnership Division
FNSP	families in need of special protection		**IPDO**	Institutional Partnership Development Officer
FRVA	Family Risk and Vulnerability Assessment		**IPRA**	Indigenous Peoples' Rights Act
			IPs	indigenous peoples
GAA	General Appropriations Act		**IRR**	Implementing Rules and Regulations
GBV	gender-based violence			
GFI	government financial institution		**IT**	information technology
GIDA	geographically-isolated and disadvantaged area		**K-12**	Kindergarten and 12 years of basic education
GOCC	government-owned or controlled corporation		**KALAHI-CIDSS**	Kapit-Bisig Laban sa Kahirapan – Comprehensive and Integrated Delivery of Social Services
GRCM	Gender Responsive Case Management			

KC-NCDDP	Kalahi-CIDDS National Community-Driven Development Program	**NCR**	National Capital Region
KM	knowledge management	**NEDA**	National Economic and Development Authority
KU	Kilos-Unlad	**NGA**	national government agency
LAP	learning action plan	**NGO**	nongovernment organization
LBP	Land Bank of the Philippines	**NHTO**	National Household Targeting Office
LDP	Local Development Plan	**NHTS-PR**	National Household Targeting System for Poverty Reduction
LGU	local government unit		
LMS	Learning Management System	**NNC**	National Nutrition Council
LSWDO	Local Social Welfare and Development Office	**NPM**	National Program Manager
		NPMO	National Program Management Office
MC	Memorandum Circular		
MCCT	Modified Conditional Cash Transfer	**NTWG**	National Technical Working Group
MCCTD	Modified Conditional Cash Transfer Division	**OBSUs**	offices, bureaus, services, units
		OCS	Office of the Cabinet Secretary
MD	micro-enterprise development	**ODPMO**	Office of the Deputy Program Manager for Operations
MDT	multidisciplinary team		
MIS	Management Information System	**ODPMS**	Office of the Deputy Program Manager for Support
MOA	memorandum of agreement	**OM**	Operations Manual
MOP	mode of payment	**OSCC-ARMM**	Office of Southern Cultural Communities - Autonomous Region in Muslim Mindanao
MOU	Memorandum of Understanding		
MRB	Municipal Roving Bookkeepers		
MSSD	Minister of Social Services and Development	**OTC**	over-the-counter
		PAC	Provincial Advisory Council
NAC	National Advisory Council	**PAPs**	programs, activities, and projects
NAPA	Notice of Approved Payroll Action		
		PCC	Presidential Complaint Center
NAPC	National Anti-Poverty Commission	**PCW**	Philippine Council for Women
		PGS	Payroll Generation System
NAS	not attending school	**PGWG**	4Ps GAD Working Group
NCC	National Coordination Committee	**PIDS**	Philippine Institute for Development Studies
NCIP	National Commission on Indigenous Peoples	**PIN**	personal identification number
		POO	Provincial Operations Office
NCMT	National Case Management Team	**PopCom**	Population Commission
		POS	point of sale

PPIS	Pantawid Pamilya Information System
PSA	Philippine Statistics Office
PWD	person with disability
QA	quality assurance
RA	Republic Act
RAC	Regional Advisory Council
RBDO	Regional Beneficiary Data Officer
RCM	regional case management
RCVO	Regional Compliance Verification Officer
RD	Regional Director
RDRRMC	Regional Disaster Risk Reduction and Management Council
RITO	Regional Information Technology Officer
RMQAD	Risk Management and Quality Assurance Division
RPC	Regional Program Coordinator
RPMO	Regional Program Management Office
RRACCS	Revised Rules on Administrative Cases in the Civil Service
SAP	Social Amelioration Program
SCSR	social case study report
SDLC	Systems Development Life Cycle
SIA	Specific Implementing Agreement
SLP	Sustainable Livelihood Program
SMD	Social Marketing Division
SMS	short messaging service
SPD	Special Projects Division
SSA	supply side assessment
SSDMD	Social Services Management and Delivery Division
SSI	social service intervention
STS	standardized targeting system

SWA	Social Welfare Assistant
SWDI	Social Welfare and Development Indicators
SWDRP	Social Welfare and Development Reform Project
SWIDB	Social Welfare Institutional Development Bureau
SWO	Social Welfare Officer
UMOA/U	Unified Memorandum of Agreement or Understanding
UNICEF	United Nations Children's Fund
WB	World Bank
YDS	Youth Development Session

PART
01 ▪ **Overview**

Chapter 1
Program Overview

The 4Ps is a rights-based program that seeks to enable poor households (HHs) to meet human development goals, particularly on health, nutrition, and education outcomes, so that they can eventually break the inter-generational cycle of poverty. Further, 4Ps is a social assistance program that contributes to the improvement in maternal and child health and nutrition and school attendance. It also aids in the prevention of child labor. The provision of cash grants is conditional and depends on the HH-beneficiaries' compliance with program conditions.

Rule III (Pantawid Pamilyang Pilipino Program) of the Implementing Rules and Regulations (IRR) of the 4Ps Act states:

> *Section 3. The 4Ps is the national poverty reduction strategy and a human capital investment program that provides conditional cash transfer to qualified household-beneficiaries. It is also a human development program which provides social protection, social assistance, social development and other complementary support services in partnership with concerned agencies, local government and other stakeholders towards improving the health and nutrition, education and socio-economic aspects of their lives.*

The grants are released to HHs on a regular basis for the duration of their participation in the Program as established by the National Program Management Office (NPMO). Starting in 2020, an HH-beneficiary can be in the Program for a maximum of seven years.

Kilos-Unlad Framework

The Kilos-Unlad or KU Framework is the Program's seven-year social case management strategy that guides the process of shepherding 4Ps HHs in achieving a state of improved well-being. It is composed of 10 social case management components, from registration to graduation and exit (Figure 1). The improvement is marked by

a progression or graduation from one level of well-being to the next, from survival and subsistence level to self-sufficiency, and eventually, out of poverty (exit).

Figure 1. **The Kilos-Unlad Framework**
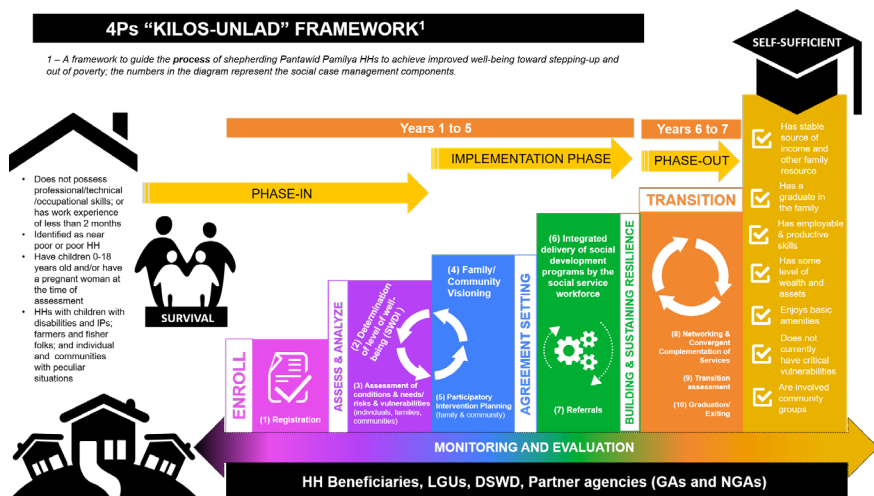
The KU Framework is anchored on a client-centric and participatory approach of harnessing the strengths of individuals, families, groups, and communities to build their capacities and skills. It aims to match people's capacities with available opportunities and resources, both internal and external. The approach is expected to result in the self-efficacy and restored social functioning of individuals, as well as supportive and socially cohesive groups and sustainable communities.

Its framework is a practice strategy that is part of every 4Ps implementer's engagement, especially in dealing with multi-situated and multifaceted problems and the intersecting realities of 4Ps HH beneficiaries. Lastly, KU provides guidance for the Program, its implementers, and especially the HHs, so that interventions and activities can be managed for better results and achievement of targets. For more information about the framework, see *Kilos-Unlad Phases, p.160*.

Program Objectives

The Program aims to reduce poverty by investing in the health and education of children ages 0-18 years in poor households, thereby helping break the intergenerational cycle of poverty among them. 4Ps has the following specific objectives:

1. Improve the health and nutrition of young children and mothers by promoting preventive health care:

    •   Increase growth and nutrition monitoring visits of infants and children under five years old

    •   Promote complete immunization of infants and children under three years old

    •   Ensure regular visits to health centers of pregnant women and young children

    •   Increase child growth and lower stunting among children five years old and below

    •   Decrease the incidence of complications in pregnancy and maternal deaths

2. Increase the enrollment and attendance rate of children in child development centers (CDCs), pre-school, elementary, and secondary schools

3. Contribute to the reduction of incidence of child labor

4. Raise the average consumption rate in food expenditure of poor households

5. Encourage parents to invest in their children's health, nutrition, and education

6. Enhance the performance of parenting roles of beneficiaries and their participation in community development activities

The objectives of the Program may be revised or enhanced when there are policy directives that significantly affect its implementation. The revision is done through the issuance of a National Advisory Council (NAC) resolution or a memorandum circular.

Target Beneficiaries

Rule V (Selection of Qualified Households and Criteria for Eligibility) of the 4Ps Act IRR states that the following groups are to be automatically included in the standardized targeting system (STS) to be conducted by the DSWD:

- Farmers
- Fisher folks
- Homeless families
- Indigenous peoples (IPs)
- Informal settler sector
- Geographically-isolated and disadvantaged areas (GIDA)
- Areas without electricity
- Persons with disabilities (PWDs)
- Other vulnerable groups

To be eligible for cash grants, households included in the STS must meet the following criteria:

- Classified as poor or near-poor based on the adopted STS and the poverty threshold issued by the Philippine Statistics Office (PSA) at the time of selection
- Have members aged 0-18 years, or have members who are pregnant at the time of registration
- Willing to comply with the conditions set in the oath of commitment and mutually agreed household intervention plan (HIP).

Program Conditions

To receive cash grants, an HH-beneficiary must comply with the following program conditions set in accordance with the protocols of the Department of Health (DOH) and the Department of Education (DepEd):

1. **Health and Nutrition**

Pregnant HH members must visit their local health center to avail of pre-natal and post-natal care starting from the first trimester of their pregnancy. They must complete the following tasks and activities:

a. Have at least one pre-natal consultation each trimester

b. Have at least one blood pressure and weight monitoring measurement each trimester

c. Attend at least one breastfeeding counseling session prior to delivery

d. Attend at least one family planning counseling session prior to delivery

e. Avail of appropriate delivery services from a skilled health professional for Basic or Comprehensive Emergency Obstetric Care (BEmOC or CEmOC). If BEmOC or CEmOC services are not available, the delivery should be assisted by a skilled health personnel.

f. Within the first six weeks after childbirth, avail of at least one post-natal care service and attend a breastfeeding counseling session and a family planning counseling session.

Children 0-5 years old

HH members five years old and below must visit a city or municipal health center, a rural health unit, or a barangay health station to avail of the following preventive health and nutrition services:

a. Immunization for vaccine-preventable diseases as prescribed by the Mandatory Infants and Children Health Immunization Program of the DOH

b. Monthly weight monitoring, applicable vaccination, deworming, and nutrition counseling for children ages 0-23 months

c. Bimonthly weight monitoring for children 24-72 months old

d. Proper management of childhood diseases for sick children

Children 1-14 years old

Children in this age bracket must receive deworming pills twice a year.

2. Education

Children ages 3-4 years must enroll in CDCs or pre-school and maintain a class attendance rate of at least 85% per month.

Children ages 5-18 years must enroll in CDCs, pre-school, elementary, or secondary school and maintain a class attendance rate of at least 85% per month.

Interim Policy on the Conditions for the Entitlement to Cash Grants during COVID -19 Pandemic

To address the challenges brought on by the COVID-19 pandemic, the conditions for entitlement to cash grants of qualified HH-beneficiaries during the pandemic have been amended, particularly Rule VIII Section 14 of the 4Ps Act IRR. This interim policy, NAC Resolution No. 3, Series of 2020 – Conditions For Entitlement to Cash Grants of 4Ps Beneficiaries during the COVID-19 Pandemic, was approved in September 2020 upon consultation with program development partners and key implementing agencies on the 'new normal' in 4Ps.

1. Health

Pregnant women must avail of pre-natal services, essential newborn care, and post-natal visits. They must also give birth in a health facility attended by a skilled health professional.

> *These conditions are subject to DOH Department Memorandum No. 2020-0237 on Interim Guidelines for the Delivery of Nutrition Services*

in the Context of COVID-19 Pandemic; DOH Department Memorandum No. 2020-0261 on Interim Guidelines on the Continuous Provision of Maternal Health Services during COVID-19 pandemic; and subsequent guidelines that may be developed in the context of COVID-19 pandemic.

Children 0-5 years Old

Children 0-5 years old must receive regular preventive health and nutrition services, including check-ups, vaccination, growth and development monitoring and promotion from a city or municipal health center, a rural health unit, or a barangay health station.

These conditions are subject to DOH Department Memorandum No. 2020-0237 on Interim Guidelines for the Delivery of Nutrition Services in the Context of COVID-19 pandemic; DOH Department Order No. 2020-0150 on Interim Guidelines for Immunization Services in the Context of COVID-19 Outbreak; DOH Department Circular No. 2020-0167 on Continuous Provision of Essential Health Services During the COVID-19 pandemic, and subsequent guidelines that may be developed in the context of COVID-19 pandemic.

Children 1-14 years Old

Children in this age bracket must avail of deworming medicines at least twice a year.

This condition is subject to DOH Interim Guidelines on Integrated Helminth Control Program and Schistosomiasis and Elimination Program during the COVID-19 pandemic as enshrined in DOH Department Memorandum 2020-0260, and subsequent guidelines that may be developed in the context of COVID-19 pandemic.

2. Education

Children 3-4 years old must register in a day care service or pre-school classes.

This condition is subject to ECCD Council Guidelines on Provision of Quality Early Childhood Care and Development Program in the time

of COVID-19 as enshrined in ECCD Council Advisory No. 2, Series of
2020, and subsequent guidelines that may be developed in the context
of COVID-19 pandemic.

Children 5-18 years old must enroll in elementary or secondary classes.

*This condition is subject to the Adoption of the Basic Learning Continuity
Plan for School Year 2020-2021 in light of the COVID-19 Public Health
Emergency as enshrined in DepEd Order No. 12, Series of 2020, and
subsequent guidelines that may be developed by the DepEd in the context
of COVID-19 pandemic.*

Learning Modalities

Children must have a class attendance rate of at least 85% as recorded in the daily
attendance records of the school. Checking of attendance should follow DepEd
Memorandum No. 014 s. 2021 and the DepEd Learner Attendance Conversion
Tools (Table 1).

Table 1. **Learner Attendance Conversion Tools**

Learner Attendance Conversion Tool (LACT)	Description	Applicable Distance Learning Modality
LACT 1	Converting presence in online class as daily attendance. For online classes with daily checking of attendance using whatever electronic/digital platform or applications.	Online
LACT 2	Converting communication efforts with learners and and/or parents into class day attendance as programmed in a weekly home learning plan. The frequency of contact or communication with the parent/guardian or even with the learner in whatever approach can be converted into class day attendance.	All distance learning modalities

Learner Attendance Conversion Tool (LACT)	Description	Applicable Distance Learning Modality
LACT 3	Converting the submission of outputs/ modules of learners into class day attendance. The total number of submitted outputs/ modules regardless of score can be converted into class day attendance.	Printed Modular Digital Modular

3. Family Development Sessions

At least one person or any appropriate member of the HH must attend the Family Development Sessions (FDS).

This condition is subject to the DSWD Guidelines on the Implementation of FDS in the Time of COVID-19.

Monitoring Periods

The cash grants provided by the Program are not dole-outs. To receive cash grants, HH beneficiaries must comply with the program conditions. For DSWD to properly monitor their compliance, a system called the Compliance Verification System (CVS) is used. The CVS data are the bases for computing the grants for each HH-beneficiary within the applicable monitoring period (Table 2).

Table 2. **Monitoring Periods**

Period	Monitoring Months	Processing	Payout
P1	February – March	April	May
P2	April – May	June	July
P3	June – July	August	September
P4	August – September	October	November
P5	October – November	December	January
P6	December – January	February	March

Program Package

Rule VI (Conditional Cash Transfer to Beneficiaries) of the 4Ps Act IRR states:

> *Section 10. The Advisory Council shall determine the regularity and the amount of conditional cash transfer (CCT) to beneficiaries through a resolution by the NAC, as a policy-making body of the Program, with the following schemes:*
> *CCT grant per child enrolled in daycare and elementary programs shall not be lower than Three Hundred Pesos (PhP300.00) per month per child for a maximum of ten (10) months per year;*
>
> *CCT grant per child enrolled in junior high school shall not be lower than Five Hundred Pesos (PhP500.00) per month per child for a maximum of ten (10) months per year;*
>
> *CCT grant per child enrolled in senior high school shall not be lower than Seven Hundred Pesos (PhP700.00) per month per child for a maximum of ten (10) months per year; and*
>
> *Health and nutrition grant shall not be lower than Seven Hundred Fifty Pesos (PhP750.00) per month for a maximum of twelve (12) months per year.*

Grantee

The grant recipient should be the mother. If the mother is absent or no longer part of the HH, the father becomes the HH grantee. In case the father is also absent or no longer part of the HH, either the grandmother or the grandfather becomes the HH grantee. Only one member of the HH can be designated as a grantee.

In cases where parents and grandparents do not constitute part of the HH, another adult or member of the HH can be designated as a guardian or HH grantee. This is subject to verification and endorsement by the city or municipal social worker. The HH may select a replacement only from the roster of current members included in the Household Assessment Form (HAF and updates).

Only when an HH no longer has an adult member, or in exceptional circumstances based on the professional judgment of the City or Municipal Link (C/ML), can a minor member be designated as the grantee.

Grants and Areas for Verification

Compliance verification starts after the release of the initial grants, and ends once the HH is no longer eligible or part of the Program.

1. Education Component

Education grants are given for 10 months each school year to compliant HH members ages 3-18 years who are enrolled in the K-12 program, Early Childhood Development Program, Alternative Learning System (ALS), or Alternative Delivery Mode (ADM) offered by any educational facility.

For education grants, the Program covers only HH members ages 3-18 years who are children or grandchildren of the HH head or the HH head's spouse. "Continuing children", or those who are 18 years old at the start of the school year but will turn 19 years old before the end of the school year, will still be monitored until the end of that current school year.

As practiced before the law was passed, the three-children limit will apply until lifted by a NAC resolution or memorandum circular.

Table 3 lists the education grants and the conditions for qualifying for the grants.

Table 3. **Education Grants and Conditions**

Beneficiaries	Age	Education Grant per beneficiary per month (max. 10 mos./school year)	Condition	Assignee
Children in day care service or pre-school classes	3-4 yrs. old	Php 300	85% attendance rate per month	School Facility Head or 4Ps Focal Person

Beneficiaries	Age	Education Grant per beneficiary per month (max. 10 mos./school year)	Condition	Assignee
Children in elementary school	5-18 yrs. old	Php 300	85% attendance rate per month	School Facility Head or 4Ps Focal Person
Children in junior high school	5-18 yrs. old	Php 500	85% attendance rate per month	School Facility Head or 4Ps Focal Person
Children in senior high school	5-18 yrs. old	Php 700	85% attendance rate per month	School Facility Head or 4Ps Focal Person
Children in ALS		Corresponding to the grade level assigned by the ALS Coordinator	To be determined based on the ALS standards of the DepEd	ALS Coordinator

2. Health Component

Table 4 lists the health grants and the conditions for qualifying for the grants.

Table 4. **Health Grants and Conditions**

Beneficiaries	Health Grant	Condition	Frequency	Tool	Assignee
Pregnant women	Php 750 per month for the entire HH	Avail of pre-natal services, delivery attended by skilled worker	Based on the schedule set by the health service provider (which must be based on DOH protocol or at least within the period	CVF 3	Health Facility Head or 4Ps Focal Person

Beneficiaries	Health Grant	Condition	Frequency	Tool	Assignee
			frequency set by the Program)		
		Receive post-partum care or visits Receive newborn care or post-natal follow-up visits for newborn infant			
0 - below 2 yrs. old		Check-ups and scheduled vaccination	Monthly		
2-5 yrs. old		Growth and development monitoring	Once every 2 months		
1-14 yrs. old		Avail of deworming pills or medicines	Twice a year	CVF 2 CVF 3	School or Health Facility Head or 4Ps Focal Person
One responsible member of the HH		Attend FDS	Monthly	CVF 4	City or Municipal Link

3. Rice Subsidy

An HH that complies with either a health condition or an education condition will receive at least Php600 per month as a rice subsidy. It is not part of the package provided under the 4Ps Act, but is based on the President's directive in his State of the Nation Address in 2016. The amount is a top-up in the form of cash in accordance with DSWD Memorandum Circular 6, Series of 2017 - Guidelines on the Provision of Rice Subsidy to 4Ps Households.

4. Emergency Cash Transfer

4Ps HH-beneficiaries may receive unconditional top-up cash transfers, particularly during disasters or pandemics. Examples are the Emergency Cash Transfer (ECT) given after Typhoon Yolanda (Region VIII; 2013) and the Social Amelioration Program (SAP) – Emergency Subsidy Package (ESP) for COVID-19 that was distributed nationwide in 2020. The main consideration in granting ECT is the availability of funds or access to foreign aid, grants or loans.

In general, the NPMO follows DSWD Memorandum Circular No. 17, Series of 2019 – Guidelines in the Implementation of ECT during Disasters, and other ECT-related issuances. The government may also issue new policies when existing guidelines no longer apply.

Modes of Payment

1. Initial Release of CCT

The release of grants to HH-beneficiaries follows the mode of payment (MOP) in the area of program implementation, as agreed by the Regional Action Center, which is composed of DSWD and designated accredited government depository bank (AGDB) in the region. The mode of payment should be convenient, accessible, and cost-efficient for the HH-beneficiaries, and should require the lowest transportation cost.

2. Subsequent Releases

The payment system constitutes the generation of cash grants based on HH compliance with the 4Ps conditions (except for the initial payment). The preparation of the Notice of Approved Payroll Action (NAPA), the disbursement to beneficiaries, and the liquidation through the AGDBs are mechanisms for tracking the cash grants provided to compliant beneficiaries.

HH-beneficiaries can be paid either through a fully digital payment-enabled transaction account; a cash card such as EuroPay, Mastercard, Visa [EMV]; or through an over-the-counter (OTC) transaction.

- **Transaction account** – A grantee is issued with an account that is fully digital payment-enabled in the form of a deposit account or an electronic money or wallet that is held with an AGDB or any other financial service provider regulated by the Bangko Sentral ng Pilipinas (BSP). This account can be used to store money, send payments, and receive deposits.

- **Cash card** – A grantee is issued an EMV card that can be used to withdraw grants from an automated teller machine (ATM) of a designated AGDB or any other financial service provider regulated by BSP; or the grantee can also utilize the grants through point of sale (POS). Cash card replacement fee should not exceed Php100.

- **OTC** – In an onsite payout, a grantee receives cash within the premises of the conduit AGDB or service provider. On the other hand, in an off-site payout, the grantee receives the cash in a community assembly-type arrangement that is convenient for HH-beneficiaries (e.g., in a multipurpose covered court in a barangay). The OTC transaction is conducted by an AGDB or any other financial conduit such as a rural bank, cooperative, or private money remittance service provider.

Note: The Program will implement a 100% fully digital payment-enabled MOP, as required by the 4Ps Act. However, Rule VI, Section 12 of the 4Ps Act IRR gives flexibility in using the OTC MOP, subject to a request from the Regional Program Management Office (RPMO) and subsequent approval by the NPMO.

Rule VI (Conditional Cash Transfer to Beneficiaries) of the 4Ps Act IRR states:

Section 12. The grants shall be in accordance with the approved program timeline released for a particular period in a year. The grants shall be timely and accurately released based on the compliance of qualified household-beneficiary members. The initial grants shall be released to the households upon completion of the registration process. IPs and other vulnerable groups, and other qualified household-beneficiaries residing in GIDA shall be facilitated in accordance with their particular needs, dynamics and culture, following rights-based strategies to provide them with convenient and cost-effective means to collect their cash grant.

Rule VII (Mode of Cash Transfer) of the 4Ps Act IRR states:

> *Section 13. The DSWD shall provide qualified household-beneficiaries with direct access to cash grants that is secured via transaction accounts through any number of AGDBs. Moreover, DSWD shall implement more frequent payouts.*

For localities not adequately served by an AGDB, the DSWD may, by itself or through an AGDB, contract the services of rural banks, thrift banks, cooperative banks, and institutions engaged in money remittances duly accredited by the BSP.

To ensure direct and secure access to cash grants by the qualified HH-beneficiaries, the grants are credited directly to their transaction accounts held and maintained in any BSP-regulated financial institution.

The AGDBs ensure that the channels through which the qualified HH-beneficiaries can access their transaction accounts are adequate, available and accessible to the qualified HH-beneficiaries regardless of their geographical locations. Consultations with the stakeholders are held in order to determine the efficiency of the AGDBs. The DSWD coordinates with BSP to promote an enabling regulatory environment in order to ensure adequacy, availability and accessibility of transaction channels in line with the national strategy for financial inclusion.

Payment Suspension and Termination

Payment of grants may be put on hold, suspended, or terminated due to any of the following reasons:

- Non-compliance with program conditions by grant recipient in a particular month or period
- Alleged violation of program rules and policies
- Alleged ineligibility in the Program due to being non-poor or not having eligible children

Implementation Procedures

The implementation of the 4Ps follows an Eight-Step Cycle (Figure 2). Steps 1-3 cover the selection of target areas and HHs (demand-side) based on an assessment of their eligibility and the availability of health and education service providers (supply side). These are primarily the responsibilities of RPMOs.

Steps 4-6 focus on the activities for engaging with prospective HHs, such as registration and the release of initial cash grants. These are undertaken by the DSWD and local government units (LGUs).
Finally, Steps 7-8 cover the cyclical process of verifying compliance with the conditions and the initial release of cash grants and succeeding payments.

Additional steps, which are not necessarily part of the cycle, include beneficiary updating of HH data and implementation of the graduation and exit strategy.

The strategy is a preparation for the HHs' eventual exit from the Program depending on their readiness, which is determined through periodic HH assessments. These assessments consist of the revalidation of beneficiary targeting through STS done every three years and the Social Welfare and Development Indicators (SWDI) tool administration done every year. Lastly, there are yearly HH replacements to complete the number of target HHs for the Program based on the General Appropriations Act (GAA).

Figure 2. **4Ps Eight-Step Implementation Cycle**
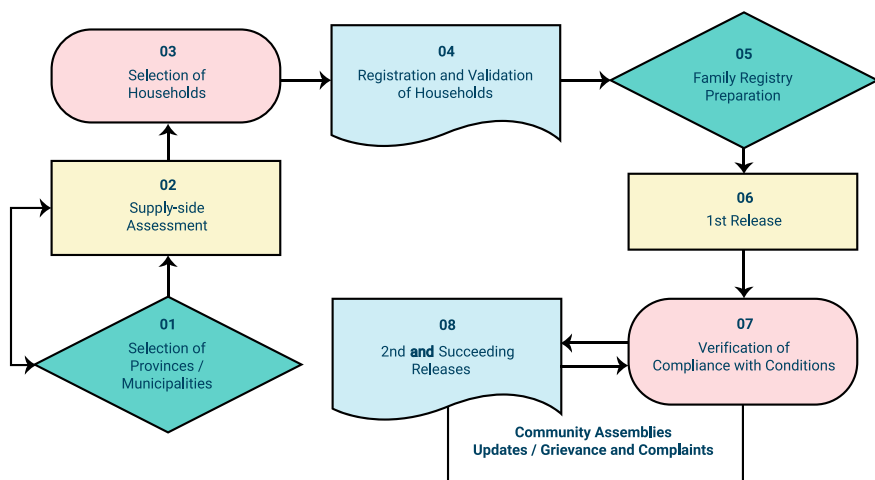
1. Select the target areas.

The 4Ps follows the criteria and two-step beneficiary selection process of STS. The first step is the geographic targeting or selection of provinces, cities, municipalities, and barangays. The second is the selection of beneficiaries based on eligibility.

2. Conduct a supply side assessment.

The supply side assessment (SSA) determines the availability and state of health and education facilities in an area. It also identifies the area's gaps and needs, as well as their corresponding solution and recommendations. It is annually conducted to secure commitments from LGUs and key partner-agencies in responding to the expected increase of demand for education and health services from beneficiaries.

3. Select the HH-beneficiaries.

Beneficiaries of the Program are the poor and near-poor eligible HHs identified through STS, which is the National Household Targeting System for Poverty Reduction (NHTS-PR) that uses the proxy means test (PMT) model. NHTS-PR is to be used until a new STS is adopted by the government.

The PMT applies a formula that uses proxy variables in estimating HH income. It ensures a uniform, objective, and transparent means of identifying poor and near-poor HHs as potential beneficiaries.

4. Register and validate the HH-beneficiaries.

Registration and validation of HH-beneficiaries take place after the selection of eligible HHs. The list of selected eligible HHs is posted in conspicuous areas in barangays. After one month of posting, a community assembly of eligible HHs is conducted. The community meeting includes an orientation on the HHs' roles and responsibilities in the Program, registration and validation of eligible HHs, signing of their oath of commitment, enrollment in an AGDB or other recognized financial institutions, and distribution of identification cards.

5. Prepare the family registry.

This involves the preparation of the final list of validated and registered HH-beneficiaries. After the Regional Director's approval of the encoded registration forms, the RPMO confirms and prepares the final list of registered HHs. This list contains the final composition of each HH in the database. The validated roster of each HH-beneficiary is the basis for preparing the NAPA that will be submitted to the Finance Management System (FMS) for payroll processing.

6. Release the initial cash grant.

In the initial release of the grants or the first payment, the HHs' compliance with conditions is not a requirement. Succeeding grants, where the conditions must already apply, are released every two months.

7. Verify compliance.

This involves monitoring and recording how the HH-beneficiaries comply with the program conditions, which is the basis for the HHs' succeeding grant payments. It is conducted every two months by DSWD, DepEd, and DOH.

8. Release the subsequent cash grants based on compliance.

The second payment and succeeding releases of cash grants depend on the compliance of the beneficiaries with the conditions on health and education, subject to verification. Failure to withdraw or receive a cash grant for two consecutive payment periods prompts the RPMO to investigate for possible provision of necessary interventions.

Related Program Procedures

Additional activities and procedures in the implementation of the Program are as follows:

1. Beneficiary updating

This is the process of recording new information or correcting the data and status of beneficiaries in the 4Ps information system (PPIS). To ensure the active participation of HH-beneficiaries, the updating process is beneficiary-driven where the beneficiaries themselves proactively initiate updating their HH information.

Beneficiary data change in the course of program implementation. Any change in the status or condition of an HH-beneficiary can directly or indirectly affect the monitoring of the HH's compliance with the program conditions.

Beneficiary updating is an important procedure in monitoring the HH's continued eligibility in the Program. It tracks information changes, such as new birth, new enrollees, transfer of residence, transfer of school or health centers, and other pertinent information that affect compliance monitoring.

2. Household replacement

An HH replacement policy is institutionalized to allow for the continued registration of HHs and reach the number of target HHs for the year based on the General Appropriations Act (GAA).

Poor and near-poor HHs in the adopted STS who are not covered by the Program are prioritized as replacement HHs. The registration of replacement HHs follows

the existing procedures in the registration of HHs in the Program based on DSWD Memorandum Circular No. 12, Series of 2019 – Implementing Guidelines on the Replacement of 4Ps HHs to Reach the Annual HH Coverage, and as detailed in the approved Beneficiary Update and Data Management Division Field Manual.

3. Case management and monitoring

The SWDI data are used in social case management and in monitoring the improvement of the level of well-being of 4Ps HHs. The assessment helps establish the living conditions of 4Ps HHs and facilitate the provision of social protection services and interventions corresponding to their immediate needs.

4. Revalidation of beneficiary targeting

The STS for revalidating beneficiary targeting is done every three years. Until a new STS is adopted, the results of the latest Listahanan enumeration is to be entered in the NHTS-PR database. Using a PMT model, the estimated income of the HHs is determined and compared with the provincial poverty threshold. The HHs whose estimated income is equal to the provincial poverty threshold or below it are identified as poor. HHs with an estimated income of within or equal to 10% above the provincial poverty threshold are identified as near-poor.

5. Graduation and exit

The main transition strategy facilitates the provision of support and referrals to programs and services that can prepare HH-beneficiaries for exit from the Program. These include the Sustainable Livelihood Program (SLP), Family Development Sessions (FDS) Plus, Community-Driven Development Program (CDDP), Case Management and Referrals, and services from other national government agencies (NGAs). Rule XV (Exit from 4Ps) of the 4Ps Act IRR states:

> *Section 34. As provided under Rule III, Section 4 and Rule V, Sections 6 to 9 of this IRR, a qualified household-beneficiary shall remain in the program.*
>
> *However subject to the following instances, without prejudice to Section 16 of Rule IX of Case Management and Non-Compliance with Conditions, a*

qualified household-beneficiary shall be deemed to exit from the Program, whichever comes first, when:

The last monitored child in the household turns 19 years old;

The last monitored child in the household finishes high school;

The household reaches the 7-year duration in the Program;

The household is no longer poor, based on the latest assessment thru the adopted standardized targeting system;

The household voluntarily waives its membership from the Program; or

The household commits offenses wherein the sanction is delisting, subject to the standards to be developed by the DSWD.

The DSWD, in consultation with the NAC, will formulate specific exit procedures under this Rule, including the creation of a HIP. The graduation, as defined in this IRR, of the qualified household-beneficiaries shall lead to their eventual exit from the Program.

Implementation in the Bangsamoro Autonomous Region of Muslim Mindanao

With the enactment of the Bangsamoro Organic Law (BOL) of 2018 or RA 11054, the implementation of the Program continues through a Memorandum of Agreement (MOA) between the Ministry of Social Services and Development (MSSD) of the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) and the DSWD Central Office through the 4Ps NPMO. The MOA took effect on March 27, 2020. The implementation in BARMM follows the same guidelines, processes and procedures as stated in the 4Ps Act, its IRR, and this Operations Manual. Special provisions may be applied in the program implementation in BARMM through NAC resolutions or memorandum circulars issued by the 4Ps NPMO.

Adapting to the New Normal

The 4Ps NPMO may revise or enhance its guidelines, processes and procedures on any aspect of program implementation to respond to contingencies, such as the COVID-19 pandemic that requires adapting to the new normal. The procedures that may need to be modified are as follows: 1) HH targeting and selection; 2) HH registration and updating; 3) compliance verification; 4) conduct of case management; 5) conduct of FDS and YDS; 6) payment of grants; 7) grievance redress; 8) provision of livelihood and other interventions; 9) graduation and exit strategies; 10) internal and external institutional arrangements; 11) recruitment of workforce; 12) convergence and partnerships; 13) risk management and quality assurance; 14) social marketing and advocacy; 15) planning, monitoring and evaluation; 16) capability building and capacity development; 17) gender mainstreaming and IP safeguards; 18) management and use of the 4Ps information system; and 19) application of staff and public-related sanctions and penalties.

Chapter 2
History of 4Ps

The 4Ps is anchored on the concept of conditional cash transfer (CCT) programs, which have been widely adopted as an approach in providing social assistance to the poor, particularly in countries such as Colombia, Brazil, and Mexico. CCT aims to balance the goals of current and future poverty reduction by providing cash to finance immediate consumption and fostering investment in human capital through either health or education or both (Jishnu Das, Quy-Toan & Berk Ozler, 2005). Its main strategy is to link cash to behavior by providing money to poor families contingent upon certain verifiable actions that are generally minimum investments in children's human capital (Breire & Rawlings 2006).

Learning from International Good Practices

In June 2006, a group of government officials attended the 3rd International Conference on Conditional Cash Transfer in Istanbul. The main objective of the conference was to share experience and knowledge among and between countries with extensive experience in CCT and those new to the program on what works and what does not work in policy and operations. Officials from the Philippine government's Department of Social Welfare and Development, the Department of Budget and Management (DBM), and the Department of Finance (DOF) participated in order to learn more about CCT. Former DSWD Secretary Esperanza I. Cabral was one of the participants in the said conference.

With the support of the World Bank, DSWD convened an inter-agency conference in Manila with international CCT expert Tarcisio Castañeda from Colombia in October 2006. This inter-agency conference for policy learning among relevant ministries inspired the Philippine government to adopt the CCT program.

In November 2006, the DSWD received technical assistance from the World Bank and started implementing the National Sector Support for Social Welfare and Development Project. One of its reform thrusts was to provide faster and better

social protection through improved and appropriate models and programs, including the family or household model of the 4Ps.

In March 2007, Secretary Cabral presented the concept of CCT to President Gloria Macapagal-Arroyo during a cabinet meeting, and the president initially approved its implementation in CARAGA, Region X, and the National Capital Region as pilot areas. In May 2007, DSWD officials led by Undersecretary Luwalhati F. Pablo conducted a study visit in Colombia to observe how the CCT program was implemented. The group conducted consultation meetings on CCT operational systems, such as targeting mechanisms, compliance monitoring, payment systems, and other operational procedures. These meetings were part of the preparation for CCT implementation through 4Ps in the Philippines.

Pilot Implementation

Finally, in September 2007, the 4Ps was formally launched in Malacañang with President Arroyo and local executives including Mayor Leonida P. Manpatilan of Esperanza, Mayor Thelma G. Lamanilao of Sibagat, Agusan del Sur, Mayor Zenaida Acuna of Lopez Jaena, and Mayor Samson Rodrigo Dumanjug of Bonifacio, Misamis Occidental from the pilot sites.

DSWD began the pilot implementation of the Philippine CCT program with an initial budget of Php 50M in the last quarter of 2007. It covered 4,589 households with children 0-14 years old out of 6,000 target households in six cities and municipalities in three regions, namely Caloocan City and Pasay City in NCR; the municipalities of Esperanza and Sibagat in Agusan del Sur, CARAGA; and the municipalities of Bonifacio and Lopez Jaena in Misamis Occidental, Region X.

Executive Order (EO) No. 221, Series of 2003 Amending EO No. 15, Series of 1998 – Redirecting the Functions and Operations of DSWD was the legal basis during the administration of President Arroyo. From Ahon Pamilyang Pilipino, it was renamed to Pantawid/4Ps in 2008 through Administrative Order No. 16, Series of 2008 with its set of guidelines.

The National Advisory Committee (NAC), which is the highest policy-making body of the Pantawid Program and composed of different line agencies at the national and regional levels, was created even before the Program's full implementation in 2008 through Joint Memorandum Circular No. 43, Series of 2008.

The initial members of the NAC were the Department of Health (DOH), Department of Education (DepEd), National Nutrition Council (NNC), Department of the Interior and Local Government (DILG), National Anti-Poverty Commission (NAPC), Department of Budget and Management (DBM), and National Economic and Development Authority (NEDA). The NAC membership was later expanded to 12 NGAs with the addition of the National Commission on Indigenous Peoples (NCIP), Population Commission (PopCom), Philippine Council for Women (PCW), Council for the Welfare of Children (CWC), and the Department of Labor and Employment (DOLE).

In January 2008, CCT was officially launched in Ozamiz City, where President Arroyo distributed Land Bank of the Philippines (LBP) cash cards and witnessed the first cash withdrawal. Subsequently, DSWD planned to increase the number of beneficiary households from 6,000 to 20,000 following the pilot program. However, with the positive results from the pilot, President Arroyo decided to expand the CCT more rapidly than originally planned in 2008. This was because the government not only believed in the effectiveness of the CCT for poverty reduction but also found unintended collateral effects as the Program was implemented.

4Ps Reaches First One Million Households

In 2009, a year after it was launched, the Program changed its name to Pantawid Pamilyang Pilipino Program with "4Ps" as its acronym. During this time, the Program was scaled up to 700,000 household beneficiaries. The expansion covered an additional 180 cities and municipalities in 17 regions nationwide.

In 2010, the 4Ps reached another milestone when it targeted and covered 1 million poor households from 729 cities and municipalities. It is also important to note that all provinces in the country, except Batanes which has a high human development index, are implementing the Program.

With the support of development partners, specifically the World Bank and ADB, the core systems of the Program were developed in 2010. These include the registration, updating, compliance monitoring and payment systems, supply side assessment, and grievance redress systems. Manuals and other program materials were also crafted and enhanced to ensure systematic and efficient program implementation.

Convergence

In 2011, the transition to the new administration in June witnessed another great achievement for 4Ps. Under the administration of President Benigno S. Aquino III and the leadership of Secretary Corazon Juliano Soliman, the DSWD rolled out the biggest expansion of 1.3 million households, thereby reaching a total of 2.3 million beneficiaries by the end of 2011. With this expansion, 935 municipalities and 74 cities became partners in program implementation.

The second term of Secretary Soliman in DSWD led the Program to achieve another level of success as it targeted new developments and enhancements, such as the convergence of the 4Ps, KALAHI-CIDSS or Community-Driven Development Program, and the Self-Employment Assistance-Kaunlaran for sustainable livelihood; the bimonthly compliance monitoring - payment cycle; and the 4Ps Reklamo text hotline and Reklamo desk during pay-out and registration.

In 2012, program target increased by 700,000 households, with the Program reaching 3.1 million households. The Modified Conditional Cash Transfer (MCCT) was also initially implemented that year. Moreover, through the issuance of Memorandum Circular 23, Series of 2012 - Revised Guidelines on the Adoption of Alternative Delivery Modes of Education in the 4Ps, the Program established a procedure for institutionalizing the adoption of alternative delivery modes of education.

In 2013, the Program became more inclusive to those in need. With the full implementation of the MCCT, the Program catered to families in need of special protection, such as street families and those in geographically isolated and disadvantaged areas. Moreover, the Policy on Handling of Compliance Verification (CV) in cases of State of Calamity, Disaster, Complexity, and other Exceptional Cases was developed that year, with the CV forms including information about persons with disabilities.

Also, the year marked the implementation of the End-to-End Retroactive Payment for Education, which is a mechanism for identifying households with potential retroactive payments. It was also in 2013 that the 4Ps partnered with the Philippine Institute for Development Studies (PIDS) to conduct the second wave of impact evaluation of the Program.

Inclusion of 15-18 Year Olds

In 2014, the Program scaled up once again by targeting an additional 500,000 households, making program coverage grow to 4.3 million households. During this time, the Program also expanded the age range to include children ages 15-18 years old. This policy change was in response to studies that revealed that 4Ps had no impact on increasing enrolment among children in high school. The studies also showed that the average daily wage of high school graduates was significantly higher than elementary graduates and high school undergraduates.

In 2015, there was no expansion in the number of households as the Program already reached a huge number of beneficiaries. However, eligible poor households that appealed for inclusion through the Grievance Redress System (GRS) were included in the MCCT. In the same year, a new version of the Payment Reconciliation System was developed and deployed to the field offices. Moreover, the Youth Development Sessions (YDS) for high school children-beneficiaries, with modules focusing on adolescence and life skills development, were developed and implemented.

4Ps Nationwide

In 2016, the Program expanded to 41,519 barangays in all 144 cities and 1,483 municipalities in 80 provinces, serving 4.4 million active households nationwide or 95 percent of that year's target of 4.6 million households. That same year, DSWD advocated for the institutionalization of 4Ps in poverty reduction and human capital development.

In 2017, the target for 4Ps households remained at 4.4 million. Rice subsidy was provided to 4Ps beneficiaries following President Rodrigo Duterte's commitment

in his first State of the Nation Address in 2016 to address food security among the poor and meet the needed daily dietary requirements.

Starting 2018 and as indicated in the Philippine Development Plan for 2017-2022, the annual target for 4Ps was maintained at 4.4 million households. The Program now covered 41,539 barangays in 145 cities and 1,482 municipalities in 80 provinces. Due to the decrease in the number of households, the NAC Resolution 43 or the Pantawid Pamilya Household Replacement Policy to reach the Annual Household Coverage was approved on December 13, 2018. Further, this was the year when the third wave of the Impact Evaluation preliminary findings was presented to DSWD and other program partners by PIDS.

4Ps Becomes a Law

In 2019, there were several laws and implementing rules and regulations that were approved, including the landmark Republic Act 11310, or An Act Institutionalizing the Pantawid Pamilyang Pilipino Program (4Ps); the Act's Implementing Rules and Regulations (IRR); and Memorandum Circular 12, Series of 2019 – Implementing Guidelines on the Replacement of Pantawid Pamilya Households to Reach the Annual Household Coverage (adopting NAC Resolution 43 of 2018).

Aside from these policy issuances, the FDS Information System, which electronically monitors FDS attendance, was completed and became fully operational by the second semester of 2019. The 4Ps' Bata Balik Eskwela education campaign that encouraged children to return to school won the Best Monitoring and Evaluation Initiative award in the DSWD Monitoring and Evaluation Conference on September 13, 2019.

In 2020, NAC Resolution 1 was approved. It highlighted the regularity of release and amount of conditional cash transfers to beneficiaries of 4Ps. As specified in the resolution, the new amounts of cash grants mentioned in the 4Ps law took effect beginning December 2019 and continues to be in effect until the amounts are adjusted pursuant to Section 26, Rule XI of the IRR of RA 11310.

Social Protection as a Pandemic Response

In 2020, the novel coronavirus 2019 (COVID-19) pandemic hit the entire world and affected almost every aspect of human life. To immediately address the situation, President Duterte declared a state of calamity in the entire Philippines for six months through Proclamation No. 929. An enhanced community quarantine (ECQ) for the whole Luzon was also imposed until April 14, 2020 and later extended due to the increasing number of infections. Also, the Bayanihan to Heal as One Act (Republic Act 11469) was enacted into law on March 24, 2020, declaring a national emergency and granting the President expanded powers to adopt measures to prevent the spread of COVID-19.

To protect households from the disease and absorb the short-term costs of the containment measures, the government laid out an extensive package of social protection measures, which included a Php 5,000-8,000 cash assistance to be given twice, depending on the region's minimum wage of workers and household subsistence expenditure. After implementing the first tranche of the Social Amelioration Program (SAP) in April-June 2020, the government updated the eligibility criteria and conducted a data deduplication of the beneficiary list for the second tranche. The target beneficiaries for the second tranche was reduced to around 14 million families, consisting of 5.3 million vulnerable "waitlisted" families that did not receive the first trance, 1.3 million 4Ps beneficiaries, and 7.2 million other vulnerable families under ECQ from May 1-15, 2020.

Moreover, the 4Ps issued several resolutions to ensure the continuity of cash grants to beneficiaries amid the pandemic, and to guide field workers in the implementation of the modified data validation and monitoring of compliance during a health crisis. These resolutions include (i) NAC Resolution 2, Series of 2020 pertaining to the Continuity of the Cash Grants Provision to the Pantawid Pamilyang Pilipino Program Beneficiaries During the State of Calamity Due to the COVID-19 Pandemic; (ii) NAC Resolution 3, Series of 2020 pertaining to the Conditions on Entitlement to Cash Grants of Pantawid Pamilyang Pilipino Program Beneficiaries during the COVID-19 Pandemic.

Fortunately, due to the pandemic, the Philippine government gave high priority to shifting towards digital delivery, particularly towards the use of digital platforms and technologies for social protection delivery. Through the support of international development partners, the 4Ps, together with other DSWD offices, held initial discussions of linking the DSWD system (particularly 4Ps) to the Philippine Identification System, adopting digital financial technology solutions, upgrading IT systems, and enhancing operational processes under a new normal environment.

Chapter 3
Household Targeting

HH targeting is the process of identifying the potential beneficiaries of social protection programs. Using a standardized targeting system (STS), which is the Listahanan as of July 2020, the socio-economic status of target HHs are collected and validated. The National Household Targeting System for Poverty Reduction (NHTS-PR) uses the proxy means test (PMT) model to the collected data to identify poor and near-poor HHs that are then considered as potential beneficiaries of the Program.

Household Targeting

Household targeting is the objective selection of eligible HHs to be enrolled in the Program. It aims to assess potential HH-beneficiaries based on their socio-economic profile and recommend a list of eligible HHs to be validated and registered.

Until a new STS is adopted (in anticipation of the operationalization of the Community-Based Monitoring System Act of 2019), the HH targeting mechanism relies on the veracity of information gathered using the survey tools administered by the NHTS-PR. To qualify for enrollment in the Program, a household must meet the following criteria:

1. HH must be located in any of the poor areas identified by the Program

2. HH's income is equal to, below, or just within 10% above (near-poor) the provincial poverty threshold

3. HH must have members ages 0-18 years or have at least one pregnant member

Required policy and operational documents

1. Executive Order No. 867, Series of 2010

2. NHTS-PR Operations Manual and Sub-Manuals (Area Coordinator, Area Supervisor, Enumerator and Encoding Staff Manuals)

3. Validation procedures and deduplication protocols

4. Household assessment form (HAF) and guide questions

The NHTO is responsible for the implementation of the four phases of the Listahanan, namely: preparatory phase, data collection and analysis, validation and finalization, and report generation and management.

A. Preparatory phase

1. Identify the areas to be assessed and collect data on these areas. The assessment strategy for rural classified barangays is saturation, while identification of pockets of poverty is to be used for urban barangays.

2. Update the PMT model.

3. Enhance the IT systems.

4. Hire and train field staff.

5. Conduct an orientation of LGUs and other project partners on the implementation of assessment.

B. Data collection and analysis phase

1. Conduct home visits to collect basic information about HH members using the HAF.

2. Encode the data collected into the database using a data entry application.

3. Endorse the collected data to PMT for processing. HH income is estimated, and then HHs are classified as poor, near-poor, or non-poor based on the official provincial poverty threshold.

C. Validation and finalization phase

1. Generate an initial list of poor and near-poor HHs and post it in conspicuous places within the barangay for the community to review.

2. Receive appeals from HHs that were not visited during the assessment.

3. Together with the LGU, review the merits of the appeals and grievances using a scientific tool.

D. Report generation and management phase

1. Produce the "Profile of the Poor" report.

2. Share the data with NGAs, LGUs, NGOs, and other social protection stakeholders.

Household Selection

Required policy and operational documents

1. Memorandum requesting for the list of new poor and near-poor HHs

2. List of poor and near-poor from NHTS-PR (STS)

3. Ranked list of poor and near-poor HHs from PMED

4. Memorandum endorsing the result of the QA

5. Memorandum endorsing the list for migration and ECR

6. List of HHs with no QA findings

7. Memorandum endorsing the result of the ECR

8. Memorandum endorsing the list of eligible HHs to BDMD for validation and registration

The selection of program beneficiaries follows a two-step process: selection of poor HHs and selection of eligible HH-beneficiaries.

A. Selection of poor households

In this step, the NHTO conducts two activities:

1. Selection of poor provinces

The selection of provinces is based on the poverty incidence in the latest Family Income and Expenditure Survey of the Philippine Statistics Authority.

The selection of municipalities within the selected poor provinces is based on the poverty incidence in the latest small-area estimates of the National Statistical Coordination Board.

Finally, the selection of poor cities is based on data on identified poor areas (pockets) provided by the Presidential Commission on the Urban Poor (PCUP).

Note that the selection of poor provinces can only be done at the beginning of the Program. As of 2020, 80 of the country's 81 provinces were already covered in the program. In succeeding targeting and selection, the agencies concerned must provide the implementer of the STS with a list of HHs considered as priority sectors so that the list can be included in the assessment.

2. Data gathering through HH assessment using PMT

This is done to predict the income of HHs based on HH composition, education, socio-economic characteristics, housing conditions, access to basic services, assets, tenure status, and regional variables.

PMT uses a two-page questionnaire called HAF. It contains variables that can help predict the income of HHs. The estimated income is compared with poverty

thresholds at the provincial level to determine whether an HH is below (poor); equal, a little above, or within 10% above the thresholds (near-poor); or above, i.e., 11% or greater than the thresholds (non-poor). The process of gathering data from the HHs is described in detail in the NHTS-PR Operations Manual.

B. Selection of eligible household-beneficiaries

NHTS-PR's list of poor HHs that are considered as potential beneficiaries is to be endorsed to the Planning, Monitoring and Evaluation Division (PMED) of the 4Ps NPMO. PMED runs the Eligibility Check Routine (ECR). From the list, the ECR identifies HHs with members ages 0-18 years or with at least a pregnant member. The list of eligible HHs is endorsed to the Beneficiary Data Management Division (BDMD) for validation and registration.

1. PMED secures the list of new poor and near-poor HHs (i.e., the potential beneficiaries) with corresponding PMT score from the NHTS-PR (STS).

2. PMED identifies and ranks HHs based on the PMT score by municipality vis-à-vis computed municipal targets, taking into consideration natural attrition and delisting rates.

3. The Risk Management and Quality Assurance Division (RMQAD) performs data quality check, such as the following:

    •   Name matching (within the shared list and between Pantawid Pamilya Information System (PPIS)

    •   Data consistency checking (e.g., no HH head, duplicate members)

4. RMQAD endorses the clean list of beneficiaries to PMED for an ECR.

5. PMED coordinates with the Information and Communications Technology Management Service (ICTMS) for the data migration to PPIS and the conduct of ECR.

6. ICTMS migrates the data and performs ECR to identify HHs with members are 0-18 or at-least pregnant member.

7. ICTMS endorses the result of the ECR to PMED.

8. PMED endorses the list of eligible HHs to BDMD for validation and registration.

Chapter 4
Beneficiary Registration

Beneficiary registration is the process of enrolling eligible HH-beneficiaries in the Program. It is the entry point of HH-beneficiaries into the Program, where they are required to submit different documents that are necessary for capturing the correct data. It must be conducted rigorously given the significance of the completeness of data and their accuracy, and because beneficiary registration affects subsequent activities and procedures, such as compliance verification, payment, and case management.

The objectives of the beneficiary registration are as follows:

1. Validate and verify the identity of the HHs to be included in the Program

2. Validate and verify the eligibility of the HH in the Program

3. Verify and update the information of eligible HHs

4. Identify a responsible, capable and willing grantee of the HH

5. Orient the HH-beneficiaries about the Program, its conditions, and their responsibilities

6. Process the initial payment for the newly-registered HHs.

Figure 3 outlines the HH-beneficiary registration process, which has three phases: pre-validation, validation proper, and post-validation.

Figure 3. **Enhanced Beneficiary Data Management System Process**

PMED identifies eligible households	**BDMD-NPMO** generates list of eligible households	**BDMD-RPMO** prints and distributes the lists and Community Assembly Validation Forms to the C/MLs	**C/ML** coordinates with LGUs, posts eligible HHs & reviews roster for possible duplicates
BDMD-NPMO finalizes the list of newly-registered Households	**Regional Directors** approve the registered households	**POO/RPMO** reviews & encodes in the PPIS the data of registered households	**C/ML** and **Registration Team** conduct validation and registration of eligible households
ICTMS computes the initial non-compliance based payment	**FMS-SP** processes and releases the first grants of registered households	**C/ML** conducts Program Orientation Session (POS)	**HHs** sign the Oath of Commitment and LBP form and receivesthe Pantawid ID

○ **Pre-validation Phase**   ○ **Validation Proper**   ○ **Post-validation Phase**

Pre-Validation Phase

This phase consists of preliminary activities such as selection of eligible HHs, preparation of data and registration system, completion of logistical and administrative requirements, and coordination with partners.

A. Generate and distribute the list of eligible HHs.

1. After PMED endorses the list of eligible HHs, the Beneficiary Data Management Division (BDMD) generates the registration forms and the list of possible duplicate HH records.

2. The National Program Management Office (NPMO) distributes the pre-generated registration forms to the City or Municipal Links (C/MLs) concerned through the respective Regional Program Management Office (RPMO), Provincial Operations Office (POO), Cluster Operations Office (COO), and City or Municipal Operations Office (C/MOO).

   The pre-generated registration forms include, but not limited to, the grantee list, HH roster, validation forms of the identified eligible HHs, and list of possible duplicate HHs.

B. Run a duplication check.

This is a pre-validation process that checks the uniqueness of every eligible HH.

1. NPMO identifies the possible duplicate HHs in the PPIS and flags them through the list of potential HHs.

2. NPMO sends the list to RPMO for further validation.

3. RPMO verifies the case of possible duplicate entries using its available data.

4. C/MLs concerned review the roster of the possible duplicate HHs. This is done prior to posting the list of potential program HH-beneficiaries. The C/MLs also compare the list of potential HHs with the list of registered HHs.

C. Coordinate and plan.

The LGU assists in the pre-validation through the following tasks:

1. Attest to the identity and eligibility of the HHs.

2. Provide additional workforce and logistics for the activity, if necessary.

3. Ensure the presence of a representative from the following offices: Local Civil Registry; City/Municipal Health Office; Department of Education (DepEd); and Local Social Welfare and Development Office (LSWDO).

4. Ensure the presence of the barangay captain, or the tribal leader (IPs) during community assemblies.

D. Post the list of eligible HHs.

Field implementers (i.e., C/MLs) post the list of eligible HHs in conspicuous areas such as, but not limited to, the municipal or city hall, barangay hall, social hall or

center, sports complex, covered courts, public bulletin board, public plaza, day care centers, market area, and schools.

Only the relevant data or information are to be included on the list to be posted, and subject to the provisions of the Data Privacy Act. The posting should also include the schedule, venue, and required documents to be brought by HHs during the community assembly.

Validation Proper

The identity, accuracy of information and the eligibility of the HHs are validated based on the submitted documents. A pre-generated validation form is used to assess and check the identity and eligibility of the HHs.

Validation may be done through a community assembly or house-to-house.

A. Community assembly

This is conducted to gather the eligible HHs on a scheduled date and to give them ample time to secure the necessary documents from the date the list of eligible HHs is posted to the date of the assembly. Identified eligible HHs are to be located in a strategic manner and those residing in contiguous areas are to be grouped in one community assembly. The number of HHs in the area is also considered in order to keep it to a manageable level during the validation.

The registration team sets up the following gender and cultural-sensitive spaces:

1. A separate booth for child protection (CP) and gender-based violence cases (GBV), with a registered social worker assigned to the booths

2. Spaces for pregnant or lactating women

3. Priority lanes for senior citizens, pregnant women, and persons with disabilities (PWD)

4. Other spaces or processes as may be deemed necessary

B. House-to-house

This approach is used when the identified HHs are far away from each other and their distribution is dispersed, particularly in geographically-isolated and disadvantaged areas (GIDAs). House-to-house is also used then the eligible HHs cannot attend the scheduled community assembly.

In house-to-house, the verification process is conducted according to the procedures described in the Beneficiary Data System Field Manual.

Post-Validation Phase

A. Review the validation forms.

Beneficiary data officers check the accuracy of the data, completeness of the supporting documents, and consistency of the recommendation with the data and documents. They review the submitted documents and the captured HH information.

Intentional manipulation of data, negligence, or any action that results to misrepresentation of HHs by any staff may constitute a criminal offense with corresponding penalties as provided in the 4Ps Act.

B. Endorse and encode the community assembly validation forms.

1. The City or Municipal Operations Office (C/MOO) endorses the accomplished Community Assembly Validation Forms (CAVF) and supporting documents to the Provincial Operations Office (POO).

2. POO consolidates the CAVF and supporting documents.

3. POO endorses the CAVF to the RPMO for encoding.

C. Recommend and approve the HH registration.

1. The summary of validated HHs and the Certificate of No Duplicates are endorsed by the Regional Beneficiary Data Officer to the Regional Director for approval of registration in the PPIS.

2. C/MLs, Cluster Beneficiary Data Officers (CBDOs), Provincial Links, and Regional Beneficiary Data Officers (RBDOs) monitor the status and progress of validation and registration.

D. Conduct a program orientation session.

Field implementers conduct this session on the first and second month after the approval of registration. Activities during the session include the following:

- Comprehensive program orientation
- Signing of Oath of Commitment
- Facilitation and release of 4Ps identification (ID) card
- Signing of forms of an accredited government depository bank (AGDB) or any financial institution regulated by the Bangko Sentral ng Pilipinas (BSP), for HHs from areas identified to use transaction account or cash card as mode of payment

E. Administer an SWDI assessment.

Administer the SWDI assessment tool on all newly-registered HHs. For more information, see *Social Welfare and Development Indicators, p.104*.

F. Process the initial payment.

1. After the conduct of quality check, RBDO endorses the certified list of HHs that are recommended for processing of initial payment to the Regional Program Coordinator.

2. Upon approval of the Regional Program Coordinator, the Regional Finance Unit processes the initial payment.

Eligible HHs that are not registered due to the limited allowable number of HHs according to the General Appropriations Act (GAA) are to be considered in the selection of annual HH replacements, which may be necessary to achieve the required annual physical target.

Mainstreaming of Modified Conditional Cash Transfer Beneficiaries

With the implementation of the 4Ps Act and its Implementing Rules and Regulations (IRR), there is no more distinction among all registered HH-beneficiaries. HHs registered under the Modified Conditional Cash Transfer (MCCT) prior to the enactment of the 4Ps Act undergo the processes of the adopted STS to determine their eligibility in the Program as specified under the law. This also means that Memorandum Circulars No. 08, Series of 2016 – Mainstreaming Guidelines of MCCT Beneficiaries to RCCT Program and No. 02, Series of 2018 – Revised Mainstreaming Guidelines, are no longer in effect.

A separate set of guidelines may be formulated to align the processes and procedures for including the MCCT HHs. All existing MCCT HH-beneficiaries are to be assessed in the third round of Listahanan to determine whether they will continue to be included in the Program or begin their non-inclusion or exit.

Chapter 5
Beneficiary Information Update

Beneficiary updating upholds the principle of completeness and accuracy of HH information and the participation of the beneficiaries in the program processes. It has the following objectives:

1. Capture and reflect the current profile of the HH-beneficiaries in PPIS.

2. Ensure that the data used for program implementation are timely and accurate.

3. Serve as a basis for the Compliance Verification System (CVS) in monitoring the compliance of beneficiaries with the conditions of the Program.

4. Determine the continued eligibility of the beneficiaries for the Program.

Grantees, parent-leaders, C/MLs, the RPMO, and the Information and Communications Technology Management Service (ICTMS) coordinate to ensure that the required information are captured in the Beneficiary Updating System (BUS). BUS is a system that captures new information about the beneficiaries.

More importantly, the program management office (NPMO or RPMO) ensures that all data management and beneficiary updating adhere to the requirements stipulated in Republic Act 10173 or the Data Privacy Act of 2012.

Types of Beneficiary Updates

1. Basic information

This update captures the following changes in the member profile:

- Name (limited only to updating of name due to marriage)

- Sex

- Birthdate

- Solo parent status

- Disability status (types of disability)

- Civil status

- Pregnancy status

- IP or Tribal affiliation

Supporting documents

- Birth certificate or baptismal certificate

- Marriage certificate

- Solo parent ID

- PWD ID or certificate from the Office of Senior Citizens' Affairs (OSCA) or the City or Municipal Social Welfare Development Office (C/MSWDO)

- Medical certificate

- IP or Tribal chieftain's certification

- Case assessment report, as necessary

2. Additional HH member

Data about new members can be captured in the HH roster. The criteria for including a new member of an HH are provided by the NHTO.

The following information about new members are shared with the 4Ps NPMO and are used to verify whether they are indeed part of the HH:

- Usual place of residence
- Common arrangements in the preparation and consumption of meals

A new member can be any of the following:

a. Person residing in another place due to work or studies but usually comes home at least once a year and/or sends to or receives money from any of the HH members. Members of the Armed Forces of the Philippines and the police are in this category.

b. Person detained in a jail or military camp, confined in a hospital or rehabilitation center, or committed in a home for the aged, orphanage, mental institution, tuberculosis sanitarium, leprosarium, or similar institution

c. Person on board a coastal, inter-island, or fishing vessel within Philippine territories

d. Person on board an ocean-going vessel who is expected to return within five years from the date of departure

e. A family member who falls under any of the following categories and who is away at the time of program visit or enumeration:

   • Overseas contract worker (OCW)

   • Overseas worker other than an overseas contract worker who has been away for not more than five years from the date of departure and is expected to return within five years from the date of departure

   • Employee of Philippine embassies, consulates, and other mission

   • A student abroad or a tourist who has been away for one year or less and is expected to return within a year from the date of departure (this category also includes a person attending a training or undergoing medical treatment abroad, or is a missionary)

NOTE: The relationship of the member to be included in the HH roster should be within the fourth civil degree of consanguinity or affinity with either the HH head or the HH spouse.

Supporting documents

- Birth certificate or Local Civil Registry record

- Marriage certificate

- Barangay certificate

- Health certificate from rural health unit (RHU) or barangay health station (BHS)

- Social case study report or case assessment report, whichever is applicable

3. Change of address

This applies to an HH that moved residence to another 4Ps area, which can be in any of the following:

- Within the same barangay

- In another barangay but within the city or municipality

- In another area within the same region

- In another area outside the region

The field office where the request originated (i.e., either the originating region or the receiving region) facilitates the processing of the inter-region change of address. However, encoding the update is facilitated by the originating region. Concurrence of the other region is required.

4. Change of grantee

This update captures a change in the grantee of the HH due to the person's inability or unavailability to fulfill 4Ps responsibilities, such as attending FDS and claiming cash grants for the HH. The change can also be made if the grantee is involved in a gender-based violence case, either as a victim or a perpetrator.

Supporting documents

- Death certificate

- PWD ID or certificate from OSCA or C/MSWDO

- Medical certificate

- IP/Tribal chieftain's certification

- Barangay certificate

- Social case study report or case assessment report, whichever is applicable

- Valid ID of proposed guardian, if applicable

5. Education information

This includes such information as school, grade level, learner reference number (LRN), facility ID number, status in school, and reasons for not attending school, if applicable.

Supporting documents

- School enrolment certificate

If the education update is requested by an education partner that uses BUS Form 6, a school certificate is no longer be required. The BUS serves as the document to support the request.

If the update is requested by a beneficiary or staff implementer, BUS Form 5 is valid as long as it is signed by the grantee. The social case study report is required in other cases when deemed applicable.

6. Health information

This information identifies which health services are availed of by HH members who are monitored for health compliance. All HH members eligible for health monitoring should have updated health information.

Supporting documents

- RHU or BHS certificate
- Social case study report (as required)

7. Member status

This captures the status of a member in the HH if such member is either deceased or have moved-out from the HH roster. A member is considered to have moved-out from the HH if the person has not been living in the HH for at least 60 days due to any the following reasons:

- Adoption
- Foster care
- Return to biological parent
- Other reasons not falling within the definition of a member who has moved-out

Supporting documents

- Death certificate
- Barangay certificate
- Tribal chieftain certificate
- M/CSWDO certificate
- Social case study report, if applicable

8. HH Status

HH status refers to the classification of an HH as a beneficiary of the Program, which could be any of the following:

a. HH has no more eligible children-beneficiaries based on the program records as determined by the PPIS

b. HH moved out of the area without prior notice to the assigned C/ML and cannot be located after exhaustive effort of finding the HH

c. HH moved to a non-4Ps area

d. HH may be delisted for any of the following reasons:

- HH has no more eligible member to be monitored

- HH committed a misdemeanor

- HH waived its eligibility for the Program

- HH is no longer considered poor or near-poor based on the STS

- HH is consistently non-compliant with program conditions

- HH used up its seven-year stay in the Program starting from the year the 4Ps Act Implementing Rules and Regulations (IRR) took effect

Supporting documents

- Endorsement letter

- Validation reports

- Other relevant documents

Beneficiary Status

Table 5 lists the categories that can be used to describe the status of program participation of HHs and its members.

Table 5. **Categories of Household-Beneficiary Status**

Category	Household	Member
Active	An HH that is registered in the Program and eligible to receive cash grants subject to compliance with program conditions	A person who lives within the HH or residing outside the HH but still considered part of it based on set criteria
Inactive	An HH that is temporarily deactivated from receiving the cash grants due duplicate HHs, waiving rights to the Program, or having no eligible children 0-18 years old. The HH may be reactivated after thorough validation.	A person who has moved out of the HH
Delisted	An HH that is no longer eligible in the Program due to voluntary waiver, failure to meet the eligibility criteria, or a beneficiary-member of the HH is found to have committed a misconduct or an act that is punishable by law	A person who is no longer part of the HH

HH-beneficiaries requesting an update of the information about their HH or its members should submit BUS Form 5, together with supporting documents. The grantees may file for updates or submit such to the C/ML during FDS or as the need arises.

Using BUS Form 6, program implementers such as education and health partners, may also file a request for information update.

In case of failure to submit the necessary documents, HH-beneficiaries are given 15 working days to secure the documents. The field implementers, cluster and regional focal persons, should ensure that only requests for updates with complete documents are processed.

Updating Process Flow

Table 6 shows the process flow when updating beneficiary information. Note that no fees are to be paid by the HH when requesting for a record update.

Table 6. **Beneficiary Information Update Process Flow**

Action by the Beneficiary	Action by the Office	Person or Unit in the Office Responsible for the Action	Processing Time
1. Reports changes in the status of the HH roster and member 2. Fills out BUS Form 5 3. Submits the accomplished BUS Form 5	1. Receives the updates and reviews accomplished BUS Form 5 and supporting documents 2. Signs the BUS Form 5 and ensures that the update request is valid and the documents are complete	City or Municipal Link (C/ML) or Social Welfare Assistant (SWA)	1 day
	3. Encodes the updates through offline BUS (when possible) 4. Sends all update-related documents to the POO for processing if they cannot be encoded through offline BUS 5. Ensures that the offline data used in the Offline BUS are updated	C/ML or SWA	3-4 days
	For Online Encoding 1. Receives updates, reviews the accomplished BUS Form 5 and supporting documents 2. Encodes the updates in the online BUS if the update request is valid and the documents are complete (except change of grantee) *For Offline Encoding* 1. Consolidates and reviews the electronic offline data encoded and endorsed by C/ML or SWA 2. Provides the updated offline data to the C/ML	CBDO	4-5 days

Action by the Beneficiary	Action by the Office	Person or Unit in the Office Responsible for the Action	Processing Time
	1. For change of grantee, receives and reviews the accomplished BUS Form 5 and documents submitted by the CBDO and encodes in the online BUS.	RBDO	4-5 days
	2. Provides feedback to POO/ CBDO on the endorsed update. If supporting documents are incomplete, revert to POO for appropriate action.		
	3. For offline encoding, consolidates and reviews the electronic offline data endorsed by the CBDO. Endorses the consolidated offline data to RITO for pushing to the PPIS.		
	4. Recommends update for RD's approval		
	1. Conducts rapid quality check of the pushed offline data	ICTMS	1 day
	2. Provides technical assistance to the RBDO in the updating process, especially during the encoding		
	3. Uploads the update offline data in the PPIS for the RPMO's use		
	1. Approves the encoded updates	RD	1/2 day
	1. Facilitates any updates that cannot be processed at the regional level due to the limitations in their access, policy and guidelines	CBDO	4-5 days
	2. Provides the RBDO with updated HH roster and grantee list to be shared with C/MLs for their reference in giving feedback to the HH-beneficiaries		

Compliance Monitoring and Case Management
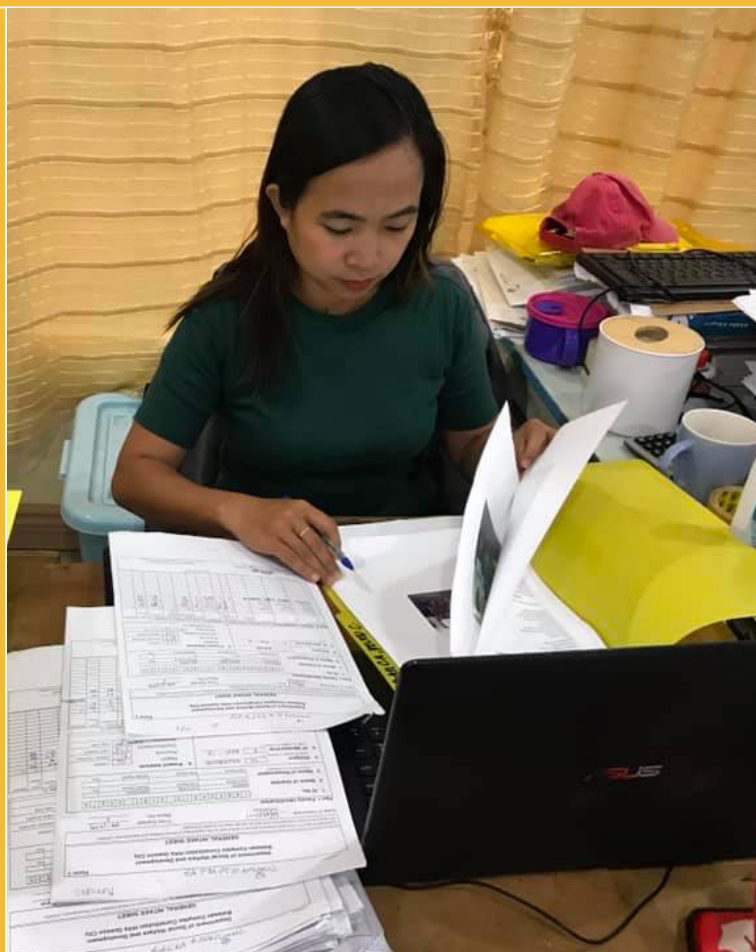
Chapter 6
Compliance Verification

The Compliance Verification System (CVS) is an important part of the 4Ps cycle as it is used as a basis for the payment of grants to HH-beneficiaries. The completeness and accuracy of data in the compliance verification (CV) forms provided by field implementers as well as partner-agencies, particularly the Department of Education (DepEd) and the Department of Health (DOH), are important in ensuring the correct release of cash grants to beneficiaries.

CVS is used for rigorous compliance monitoring of all qualified HH-beneficiaries, maintaining the correct compliance data as basis for payment, and capturing the data on non-compliant beneficiaries as basis for case management.

Standardized Compliance Monitoring Tools

CVS uses Compliance Verification Forms (CVFs) as tools for verifying the compliance of beneficiaries with the program conditions.

Types of CVFs

- **CVF 1 – Master List.** This is a list of all beneficiaries for monitoring in education, health, and FDS. It contains such information as complete name of HH members, sex, birthdate, school attended, and health facilities where they avail of services.

- **CVF 2 – Education.** This is a list of beneficiaries ages 3-18 years old and continuing children enrolled in an educational facility. The school facility head accomplishes this form based on the reports of teachers.

- **CVF 3 – Health.** This is a list of children beneficiaries ages 0-5 years old and pregnant women who avail of the services in a health facility. The health facility head accomplishes this form based on the health center records.

- **CVF 4 – Family Development Session.** This is a form used for monitoring attendance in the Family Development Sessions (FDS). The City or Municipal Link (C/ML) accomplishes this form.

CVS Cycle

The CVS cycle (Figure 4) has six phases showing how compliance with program conditions translates to cash grant payment every period. Table 7 describes the tasks performed at each stage in the cycle.

Figure 4. **Compliance Verification System Cycle**
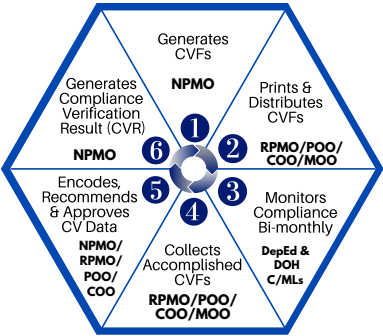
Table 7. **Compliance Verification System Tasks**

Step 1. Generate CVFs	NPMO-CVD generates the CVFs based on the database of beneficiaries.
Step 2. Print and distribute CVFs	NPMO-CVD sends the electronic copies of the CVFs to the RPMO for printing.
	The printing of CVFs is facilitated by the Regional Information Technology Officer (RITO) or the Computer Maintenance Technologist (CMT) in coordination with the Regional Compliance Verification Officers if the printing is done at the RPMO. The CCVOs will facilitate this process if this is done at Provincial Operations Office/Cluster Operations Office (POO/COO).
	The printed CVFs are then distributed to the C/MLs concerned, health and educational facilities by the SWAs

Step 3. Monitor compliance	School Facility Head, Health Facility Head, and C/ML record the bi-monthly compliance data of HH-beneficiaries with the program conditions using the CVFs.
	Although monitoring may be delegated to other personnel or individuals, the responsibility of ensuring that the task is completed lies with the school head, health facility officer and C/ML.
	It is the non-compliant beneficiaries who are identified and marked in the appropriate CVFs, as operational statistics and common practice support that the number of non-compliant beneficiaries are always lesser than the compliant beneficiaries even on their first CV Cycle.
Step 4. Collect accomplished CVFs	SWA under the supervision of their C/MLs collects the CVFs from education facilities and health facilities within the approved 4Ps timeline.
	The collection of the CVFs may be delegated to the SWAs. However, it remains the responsibility of the C/ML to ensure that all CVFs are retrieved, reviewed, and submitted to the POOs/COOs.
	SWA and or C/ML submit/s the CVFs to the respective POOs/COOs.
	Cluster CV Officers reviews the CVFs for completeness and correctness.
	Cluster CV Officers submits the CVFs to the RPMO otherwise, facilitate the encoding process if the encoding is undertaken at the POO/COO

Step 5. Encode, recommend, and approve compliance data	RPMO and/or POO/COO (depending on network availability, or any strategies employed for this process) acknowledges receipt of the CVFs (physical documents) and encodes the data in the PPIS.
	The Encoder is supervised by RITO/CMT if encoding is done at the RPMO or CCVOs if this process is done at the POO/COO
	Regional Compliance Verification Officer as assisted by the Cluster CV Officers verify and recommend the compliance data.
	Regional Director recommends and submits compliance results for NPMO approval.
	In cases where Rule VIII, Section 15 (Suspension of Condition for Entitlement) applies, the CVO concerned follows the existing protocols in processing and encoding requests under force majeure.
	Offices concerned approve the CV data.
Step 6. Generate periodic CV results (CVR)	NPMO-CVD generates the periodic CVR.
	NPMO-CVD sends a written notification to FMS-SP and ICTMS to proceed with payroll processing.

Mechanism for Monitoring Non-Compliance

The Program uses the Beneficiary Tracking Report (BTR) to institutionalize a mechanism for monitoring non-compliant beneficiaries and determine the reasons for the non-compliance of HH and children-beneficiaries. This information is useful in providing the beneficiaries with immediate and appropriate case management interventions

The NPMO revised the corresponding Guidance Note BTR (Offline) Version 2 in July 2020 to make it more relevant and responsive to the needs of stakeholders.

The NPMO and RPMOs follow the relevant, prevailing and approved guidance notes.

Suspension of Conditions for Entitlement and Compliance Verification in Areas under Force Majeure

Rule VIII (Conditions for Entitlement) of the 4Ps Act Implementing Rules and Regulations (IRR) states:

> *Section 15. Any or all of the conditions for entitlement may be suspended by the DSWD Secretary during times of calamities, war and armed conflicts and force majeure situations in accordance with relevant laws and DSWD Guidelines. In such cases, full compliance to such conditions are deemed waived and payments to beneficiaries shall be granted in full.*

A state of calamity, disaster, complex emergency, or exceptional case can affect the program implementation. They may impede the compliance of beneficiaries with the conditions of the Program or hamper the verification of compliance data, such as the distribution and collection of physical CV forms and the electronic conversion and approval of CV data.

1. Force majeure situations

The following are the operational definitions of situations that constitute force majeure:

State of calamity

A condition involving mass casualty and/or major damages to property, disruption of means of livelihoods, roads and normal way of life of people in the affected areas as a result of the occurrence of natural or human-induced hazard (RA 10121).

Disaster

A serious disruption of the functioning of a community or society involving widespread human, material, economic or environmental losses and impact, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of the exposure to a hazard; the conditions of vulnerability that are present; and the insufficient capacity

or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental, and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruptions, and environmental degradation (RA 10121).

Complex emergency

A form of human-induced emergency in which the cause of the emergency as well as the assistance to the afflicted is complicated by intense level of political considerations.

Exceptional cases

These refer to situations that are NOT declared by the National Disaster Risk Reduction Management Council as state of calamity, complex emergency, or disaster cases but have equivalent adverse effects on the implementation of the Program. Exceptional cases prevent the program implementers or beneficiaries beyond their will from complying with the requirements of the Program. The following are examples of exceptional cases:

- Regular and continuous heavy rains render facilities inaccessible in an area that is not declared as a state of calamity or disaster

- Facilities are used as evacuation centers by adjacent areas that are declared as a state of calamity, disaster, or complex emergency

- The only access to an unaffected area is through areas that are declared as a state of calamity, disaster, or complex emergency

- Shortage of manpower when program implementers of unaffected areas are summoned to prioritize helping areas declared as state of calamity, disaster, or complex emergencies

- Administrative reasons that prevent the school, health or DSWD facility or personnel from accomplishing their duties

- Renovation of facilities or transitory fixes

- Resignation, illness, death, leave of absence, and similar cases that result in the non-performance of duties of the lone education or health facility worker in a

remote facility where no immediate replacement is provided, thereby causing the stoppage of service

- Unavailability of school or health center records to validate the compliance of beneficiaries due to a calamity that destroyed the records of the beneficiaries who are seriously affected by the calamity (e.g., typhoon, earthquake, or other justifiable cause that hampers the verification of previous compliance data from the school or health facility, which are needed in processing the retro payments of the beneficiaries concerned)

- Other justifiable causes that prevent the implementers and beneficiaries from complying with the requirements of the Program

2. Invoking Rule VIII, Section 15 on force majeure

RPMOs may invoke Rule VIII, Section 15 of the 4Ps Act IRR, which can be initiated through a formal request with supporting documents, described as follows:

- **Formal request** invoking Rule VIII, Section 15 to be prepared by the RPMO where the fortuitous event occurred. The request should be signed by the DSWD Regional Director. It should specify the areas where force majeure is present and the program conditions affected.

- **Certifications** attesting to the occurrence of the event affecting the implementation of the Program or hampering the beneficiaries from complying with the program conditions. These certifications are to be secured from the agencies concerned (refer to Table 9). The certifications are to be attached to the formal request.

In some cases, the NPMO can initiate the formal request to invoke Rule VIII, Section 15, such as when a state of national calamity is declared by the President of the Philippines or when the RPMO concerned is seriously affected by a calamity and cannot lodge a formal request.

A maximum of three consecutive CVS periods may be allowed for the same state of calamity, disaster, or complex emergency event affecting the same area. The validity of execution of the suspension of program conditions is the same as the period

stated in the declaration of force majeure. No further procedures are needed to be undertaken when it is lifted.

However, if the recovery period takes more than six months, the RPMO concerned may request for an extension of the suspension of the condition for program entitlement. To do this, the RPMO should provide a comprehensive assessment report on the situation of affected beneficiaries and include this report in the official request to be submitted to the NPMO.

3. Processing the request to invoke Rule VIII, Section 15

Upon receipt of the request and the necessary certifications, various units within DSWD complete the procedures described in Table 8. Note that no fees are to be paid to complete the procedures.

Table 8. **Procedures for Processing the Request to Invoke Rule VIII, Section 15**

Action Required	Person or Unit Responsible for the Action	Processing Time
ASSESSMENT PROCESS: 4Ps NPMO		
1. Assesses and validates the request in the Pantawid Pamilya Information System	4Ps NPMO – CVD	3 days
2. If request is valid, drafts memorandum to the National Project Director recommending approval of the request. Otherwise, provides feedback to the field office.		
3. Submits the memorandum to the Office of the Deputy Program Manager for Operations		
4. Reviews memorandum, signs it, then forwards to the Office of the National Program Manager	4Ps NPMO – Office of the Deputy Program Manager for Operations	2 days

Action Required	Person or Unit Responsible for the Action	Processing Time
5. Reviews memorandum, signs it, then forwards to the concerned offices for recommending approval	4Ps NPMO – Office of the National Program Manager	2 days
APPROVAL PROCESS: ASEC, USEC, SECRETARY		
6. Reviews memorandum, recommends approval by signing it, then forwards to the office of the Secretary for final approval	Offices concerned	Depends on their EODB timeline for the review and approval of the document.
7. Reviews memorandum and approves the document, then forwards to the Office of the National Program Manager	Office of the Secretary	
FEEDBACK PROCESS		
8. Forwards approved request to Compliance Verification Division	4Ps NPMO	1 day
9. Provides feedback on the status of submitted request to the field office	4Ps NPMO-CVD	1 day

4. Force majeure certifications

Table 9 lists the prescribed certifications in support of the request to invoke Rule VIII, Section 15 of the 4Ps Act IRR. Note that the NPMO may request the RPMO to submit additional documents in support of their request for the declaration of force majeure.

Table 9. **Prescribed Certifications when Invoking Rule VIII, Section 15**

Areas in Force Majeure	Office that Issues the Certification	When to Invoke
Multiple regions or provinces	President of the Philippines	State of national calamity

Areas in Force Majeure	Office that Issues the Certification	When to Invoke
Whole province, or more than 1 municipality or adjacent cities or municipalities in different provinces	Head of RDRRMC or representative	All cases of state of calamity, disaster, or complex emergency
	Governors or their representatives	
Whole city or municipality, or more than 1 barangay or adjacent barangays in different cities or municipalities	Governor, Mayors, or their representatives	All cases of state of calamity, disaster, or complex emergency
	Highest ranking officer of the AFP, PNP, or BFP in the affected areas	Armed conflict or fire (certification is the only document required, i.e., can stand alone, in cases of armed conflict or fire)
Whole or part of a barangay	Mayor, Barangay Captain, or representative	All cases of State of calamity, disaster, or complex emergency
	Highest ranking officer of the AFP, PNP, or BFP in the affected area	Armed conflict or fire (certification can stand alone in cases of armed conflict or fire)
	Highest ranking officer for that area (AFP, PNP or BFP)	
Selected education facilities	Head of the education facility or designated officer in-charge	All cases of state of calamity, disaster, or complex emergency
	Division or District Superintendent or DepEd Regional Director	
	Primary alternate of the DepEd Division Head can recommend when 2 or more facilities are affected	

Areas in Force Majeure	Office that Issues the Certification	When to Invoke
	Mayor, Barangay Captain, or representative Secondary alternate of the LGU head can recommend when 2 or more facilities are affected	
Selected health facilities	Heads of the health facilities or designated officer-in-charge	All cases of state of calamity, disaster, or complex emergency
	City or Municipal or Division Health Officer, or DOH Regional Director Primary alternate of the head can recommend when 2 or more facilities are affected	
	Mayor, Barangay Captain, or representative Secondary alternate of the LGU head can recommend when 2 or more facilities are affected	

Chapter 7
Case Management

Case management refers to a process used by DSWD to enable household-beneficiaries to improve their welfare by dealing with their difficulties in complying with the terms of the program. It is a mutually-agreed process of assessing, planning, managing, coordinating and advocating for services and other interventions towards the improvement of well-being of the Pantawid households using the SWDI and other related tools.

Case management is anchored on the principle of social justice, which, as articulated in the 4Ps Act, should include the commitment to provide economic opportunities based on freedom of initiative and self-reliance. These opportunities include basic services, particularly health, nutrition, and education for the poor (Implementing Rules and Regulations, Rule II, Declaration of Policies).

The seven-year time-bound relationship between the HH-beneficiaries and the Program necessitates the use of case management as an approach in assisting HH-beneficiaries in identifying their needs, addressing the hurdles to their ability to comply with the program conditions, and connecting them with appropriate resources and services so they can build resilience in preparation for their eventual exit from the Program.

Case Management to Improve the Level of Well-being

All HH-beneficiaries are engaged in a participatory case management process based on a mutually-agreed plan from entry to exit. The aim is to improve their level of well-being from survival to subsistence, and subsistence to self-sufficiency. The Program emphasizes the importance of self-determination among the HH-beneficiaries so that they can own their improvement.

The first five years of the beneficiary's program participation is devoted to identifying their strengths and opportunities within and outside their community. In addition, risks, threats, and vulnerabilities are identified, assessed, and addressed so that appropriate supportive interventions can be provided. Moreover, social and economic groups are organized with the maximum participation of the beneficiaries. The social service workforce provides support in ensuring the operationalization of the groups' plans. Periodic assessment is done to determine the readiness of the HH-beneficiaries to move to the transition stage of graduation to exit procedure.

The case management process consists of the following activities:

1. Registration

The intake interview during the community assembly is the first engagement between the HH-beneficiary and the case manager. It is crucial in developing an initial relationship, gathering pertinent information, and establishing the foundation of the helping process. The general intake sheet serves as the initial assessment tool for recording information. Urgent issues that require attention are immediately addressed during this stage.

The same process is followed with HHs in the house-to-house validation.

2. Assessment

In-depth assessments are conducted to better understand the needs, strengths, and motivation of the family, group, and community. The assessment is used as a basis for setting the goals of intervention.

The Social Welfare and Development Indicators (SWDI) tool is utilized to determine the family's level of well-being in terms of their economic sufficiency and social adequacy. The risk and vulnerability assessment tools, on the other hand, help the case manager understand the family dynamics—whether there are safety and security concerns, stress and distress signals, violence within and outside the HHs, and other risks and vulnerability factors that may impede the improvement of the family's well-being.

The HH-beneficiaries form support groups and eventually become organized communities. Therefore, assessment tools for groups and communities are also utilized. Experiential assessment techniques such as environmental surveys and transit walks are highly encouraged so that the groups and communities can fully participate in the process and their interest sustained. The case manager's analysis is shared with the HH-beneficiaries for validation and acceptance or approval.

3. Family and Community Visioning

The HH is assisted in coming up with a long-term goal (vision) utilizing appropriate modalities, such as face-to-face or family dialogue and Family Development Sessions (FDS). Groups and communities are engaged through group meetings and community assemblies.

4. Planning and contracting

At this stage, the vision of the households is translated into plans with clear indicators, timelines, and tasks. The case manager and the household receive a copy of the signed Household Intervention Plan (HIP), which is a proof of their commitment to work together to achieve the agreed plans.

5. Implementation

The integrated delivery of social development programs and services or implementation stage is the fulfillment of the agreed goals and plans. These goals and plans are intended to move the HHs' level of well-being from survival to subsistence, and subsistence to self-sufficiency.

The case manager uses a task and problem-solving approach in guiding the HH-beneficiaries in locating, accessing, and availing of the services and resources that can help fulfill their goals and plans for intervention. The HH-beneficiaries will be exposed to opportunities and capability building activities within and outside 4Ps to build their resilience as they grow and develop in the Program. Eventually, the HH-beneficiaries form support groups and organized communities.

6. Transition

The transition stage prepares HH-beneficiaries for their eventual exit from the Program. A final assessment takes place to determine the readiness and preparedness of the HH-beneficiaries for graduation to exit procedures. The detailed procedures for transition are discussed in *Graduation and Exit, p.160*.

HH-beneficiaries in special and difficult circumstances or peculiar situations

Any HH that is assessed by a case manager as being in a special and difficult circumstance or peculiar situation and needing development interventions receives the full amount of the cash grants until the situation that constrains them to comply with the conditions is addressed. This is based on the case assessment report (CAR) or social case study report (SCSR) submitted by the case manager.

Procedures for handling HH-beneficiaries in special or difficult circumstances

1. The City or Municipal Link (C/ML) prepares the CAR or SCSR using the Electronic Case Management System (ECMS), uploads the supporting documents obtained from the HH-beneficiaries in the ECMS, and submits the report and supporting documents to the Social Welfare Officer III (SWO III). The report should clearly stipulate the reason for the request for exemption.

    For confidentiality, the CAR or SCSR and pertinent documents remain in the custody of the RCM focal person while the request is being processed.

2. The Regional Case Management focal (RCM) reviews the case manager's assessment as approved by the SWO III and Provincial Link. The RCM through the RPC's concurrence shall request for the approval of CS28 to the Regional Director.

3. Regional Director approves the request upon endorsement by the Regional Program Coordinator (RPC) and notification of the case management focal person.

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4. The case management focal person purple tags the HH-beneficiaries in the system within the given timeline.

5. C/ML submits a copy of the case to the respective SWO III. It is used as basis for coaching, supervision, and technical assistance.

6. The Provincial Operations Office (POO) ensures that the case submitted for exemption is properly documented and regularly updated in the case inventory system for tracking and monitoring.

7. Depending on the case risk level category, the case manager works with the HH-beneficiaries for proper case disposition and referral to other supportive interventions. The detailed procedures on case referrals are discussed in *Case Management, p.90.*

Risk Levels

Cases involving child and social protection issues are categorized into three risk levels: low, medium, and high (Table 10). Establishing the risk level prioritizes cases needing immediate or urgent attention and those that need less intense interventions. C/MLs are expected to make an initial assessment of the risk level and determine to whom the CML should endorse the case.

Table10. **Risk Levels**

Risk Level	Description and Suggested Actions	Case Examples
Zero (0)	Applies to a case where an HH has a high level of functioning. The members of this HH may be tapped or targeted as allies, community leaders, co-helpers, and members of the social service workforce. Developmental interventions should be explored with this HH as a member of groups and communities.	

Risk Level	Description and Suggested Actions	Case Examples
Low	Applies to a case where an HH does not face serious safety and risk concerns. Minor concerns may be present but are generally manageable, such as administrative or systems concerns, for example, beneficiary record updates. Developmental and preventive interventions should be explored with this HH as a member of groups and communities.	Beneficiary updating issues: 1. Change of school or health facility 2. Transfer from regular school to ALS/ADM 3. Change of residential address 4. Change of grantee
Medium	Applies to a case where an HH needs some degree of assistance and where internal strengths and possible sources of help should be identified to prevent serious consequences or escalation to a high-risk situation. The circumstances, if not attended, will likely lead to impairment in functioning and non-compliance with program conditions. Both preventive and protective interventions should then be identified and agreed upon with the family.	• HH headed by a solo parent, guardian, or elderly • Member requires short confinement at a hospital or at home and not exceeding seven days • HH lives in a GIDA area • Member is a PWD
High	Applies to a case where an HH is in an especially difficult and challenging circumstance and where focused and detailed attention is imperative. Examples are when a beneficiary requires urgent medical intervention or has an injury, illness, or disability; is subjected to abuse or exploitation, with close exposure to alleged perpetrator or abuser; or is in a hazardous condition and environment. Family and individual functioning is highly impaired as already manifested in the HH's prolonged and chronic non-compliance with program conditions. Case may already warrant quick response and legal protocols should be followed to ensure the safety and best interest of the beneficiary, i.e., the child.	• Member is severely sick or suffering from a critical illness requiring hospitalization for more than a week • Member is in early pregnancy or fatherhood in HH • HH is in an early common-law relationship or cohabitation

Risk Level	Description and Suggested Actions	Case Examples
	Responders and duty bearers should undertake necessary action within 24 to 48 hours, as mandated by the law. Protective and responsive intervention is highly warranted.	• Member is engaged in child work, child labor, or family care (i.e., the child is tasked to care for other members of the HH)
		• Member is bullied
		• Member is physically, psychologically, emotionally, or sexually abused
		• Member is sexually exploited
		• Member is neglected or abandoned
		• Member is a child in conflict with the law (CICL)
		• Member is a drug dependent
		• HH has a member who is an Oplan Tokhang surrenderer
		• Member is a witness to a crime
		Important: A case of alleged abuse need NOT be confirmed to be reported. It is the duty of the police to investigate. The Program's duty is to report the case, NOT investigate.

Purple Tagging

Purple tagging refers to the classification of beneficiaries needing developmental interventions due to challenging situations or circumstances that constrain them to comply with program conditions. Households assessed to be manifesting this condition are tagged with Client Status 28, thereby suspending the required compliance with the conditionalities of the Program among those households. The households therefore receive grants while case management is ongoing.

ALL purple-tagged cases are automatically exempted from forfeiture of grants, subject to the rules and procedures discussed in *Procedures for handling HH-beneficiaries in special or difficult circumstances, p.93*.

Handling Persistent Non-compliant HH-beneficiaries

Section 20 in the Implementing Rules and Regulations of Republic Act 11310, otherwise known as the Institutionalization of the Pantawid Pamilyang Pilipino Program (4Ps), states that: "Should the qualified household-beneficiary member so persist in not complying with the conditions within a period of one (1) year since the receipt of the written notification, the qualified household-beneficiary member shall be removed from the program. There shall be a proper notice to the non-compliant qualified household beneficiary prior to the removal from the program."

Details of these processes are found in the corresponding Memorandum Circular on the Guidelines on the Removal of Persistent Non-Compliant Beneficiaries in the 4Ps.

Handling Cases when the Grantee is the Perpetrator

Subject to the safety and risk assessment of the case manager, the offended HH-beneficiary member or the entire household is separated from the alleged perpetrator to avoid further harm or injury.

Thereafter, change grantee requests are submitted to the field office along with the request for exemption.

In cases when a minor HH member is selected as the grantee, a guardian is designated to guide the minor in managing the grants. Selection and approval of the guardian (e.g., administering a customized Parental Capability Assessment) are based on safeguards criteria and mechanisms to ensure that the best interest and welfare of the minor grantee are prioritized.

Accountability Structure of Field Implementers

The case management teams at the city, municipal, provincial, regional and national levels are responsible for streamlining operations relevant to case management and for ensuring that program strategies and mechanisms are relevant and responsive to the needs of HH-beneficiaries. Table 11 lists the 4Ps key players and their respective functions.

Table 11. **Accountability Structure of Field Implementers**

Field Implementer	Organization	Function
City/Municipal Link	C/MOO	• Acts as a case manager who works directly with HH-beneficiaries to co-facilitate the case management process from registration to exit/graduation
		• Facilitates referral of cases to the social service delivery network
Social Welfare Officer II	POO	• Ensures that case management and caseload inventories at the provincial level are maintained and update
		• Works with the C/ML in conducting case management processes for clients at risk and may also assist in case referrals
Social Welfare Officer III	POO	• Provides supportive supervision to the C/MLs to promote professional growth and development
		• Acts as a team leader and coach who helps boost staff motivation and morale through technical coaching/mentoring, meetings, and similar activities
		• Leads the management of high-risk cases, if necessary

Field Implementer	Organization	Function
Regional Case Management Focal (SWO IV)	RPMO	• Coordinates closely with Social Welfare Officer III at the cluster level to monitor the status of cases, provides technical assistance if necessary, and ensures that case conferences are consistently held for proper case disposition and resolution • Analyzes trends in systems activities, identifies major issues and problems using a GAD lens, and formulates and recommends strategies to address them
National Case Management Team	NPMO	• Leads in providing technical inputs in the development of mechanisms, systems, strategies and guidelines for the operationalization of the case management approach in 4Ps • Provides policy directions and guidance on emerging case management issues • Conducts technical assistance, trainings, technical coaching, demonstrations, and case conferences to support the field staff for better delivery of services

Case Management Strategies in the Community

As HH-beneficiaries mature in the Program, they will likely meet other HH-beneficiaries facing similar issues and warranting collective action through the formation of support groups or community organizing. These approaches require strategies to maximize group and community cooperation and cohesiveness and adequate preparation for eventual exit from the Program. Some of these strategies are as follows:

1. Building local leaders

Local leaders spearhead the execution of planned actions and turn them into tangible outputs. Local leaders also act as community representatives in lobbying efforts and elevating the community agenda to the barangay, municipal, or city level.

2. Mobilizing people

The value of group or community organizing can be felt when all members take part in collective action and take leadership on the task assigned to them. It is important to engage the members at the initial stages so that they understand the full context of the problem and planned solution, and that their full participation in the implementation stage can take place.

3. Collaboration and advocacy

The organized groups have to connect and partner with the social service workforce to support the community initiatives, whether through sharing knowledge and skills or providing funding support. Either way, advocacy strategies and collaboration widen the network, visibility, and value of the groups or communities. Collaboration and advocacy are essential in generating continuous commitment and support from relevant stakeholders.

Case managers utilize the FDS and other community organizing models in DSWD to engage 4Ps HH-beneficiaries in group and community building initiatives.

Case Referral Pathways

Case referral pathways (CRP) is the mechanism established in the Program to link and refer urgent cases requiring immediate intervention, such as reporting and litigation, protective custody, medical and psychosocial support. Cases requiring referrals include instances mentioned in the section on *Risk Levels, p.94*.

The C/ML as the case manager addresses the system-related concerns, such as the request for exemption and the referral to appropriate social service delivery network. The LGU social worker convenes members of the social service workforce, such as the local multidisciplinary teams (MDT) to pool appropriate and effective strategies in responding to various serious child protection and gender-based violence cases among 4Ps HHs. It promotes the complementation of services through preventive, promotive, and responsive interventions. This mechanism addresses the evolving

needs and unique situations of HH-beneficiaries to ensure their compliance and positive growth while in the Program.

Social Service Workforce

The social service workforce is composed of various workers who contribute to the care, support, promotion of rights, and empowerment of vulnerable groups. It promotes the healthy development and well-being of HHs and communities through preventive, responsive, and promotive and rehabilitative services. Its goal is to alleviate poverty, reduce discrimination, and facilitate access to needed services.

1. City or Municipal Action Team

The City or Municipal Action Team (CMATs) is composed of field implementers from the three core social protection programs of DSWD, namely, 4Ps, Sustainable Livelihood Program, and Kalahi-CIDDS NCDDP. It ensures the operationalization of the convergence strategy at the city or municipal levels.

The team is guided by the scorecard based on the SWDI. The scorecard is an assessment of the overall level of well-being of HH-beneficiaries in each city or municipality. It is used as a basis for the formulation of the policy advocacy agenda to be presented to the local chief executive (i.e., mayor) for local government support, specifically of the projects initiated by the 4Ps HH-beneficiaries.

2. Government and nongovernment partners

The convergence of DSWD's social service workforce, government and nongovernment partners facilitates the seamless complementation of programs, services, and interventions in support of the ultimate attainment of the Program's long-term plan, which is an improved level of well-being of 4Ps HHs, their self-sufficiency, and eventual exit from the Program.

The local multidisciplinary teams (MDT) composed of social workers, the police, health professionals, lawyers, psychologists, and other professionals work together

to harmonize case management efforts in dealing with child protection – gender-based violence (CP-GBV) cases referred by 4Ps.

Documentation and Data Management

As case manager, the C/ML maintains the caseload inventory to systematize the monitoring of HH-beneficiaries. Documentation and data management track progress and identifies possible roadblocks to facilitate immediate resolution and recommend action. The SWO II at the provincial level maintains a monitoring system to capture relevant data and emerging issues, which are used as bases for crafting responsive programs and interventions. Consolidated data are periodically submitted to the RPMO and NPMO for data analysis.

Confidentiality

Personal information shared by HH-beneficiaries are treated with the utmost confidentiality following the Data Privacy Act of 2012.

Mandated reporters and concerned citizens reporting suspected child abuse are free from any civil and criminal liability as stipulated in the immunity clause of RA 7610 or the Special Protection of Children Against Abuse, Exploitation and Discrimination Act of 1991.

To protect the safety and security of reporters and whistleblowers, anonymous reporting is allowed, according to the Special Protection of Children against Abuse, Exploitation and Discrimination Act of 1991. All 4Ps staff are not to disclose any information that may compromise the welfare and interest of the reporters or whistleblowers.

Electronic Case Management System

The Electronic Case Management System (E-CMS) is a module lodged in the 4Ps information system. It is an automated tool used by 4Ps staff in monitoring, mentoring, and tracking the well-being, socio-economic status, and development of beneficiaries. It helps staff identify the necessary interventions related to program

implementation: the interventions can be grievance or non-grievance related, compliance or systems-related, socioeconomic or gender-related, which may affect the total well-being of the HHs.

1. E-CMS users

- C/ML, Social Welfare Officer III (SWO III) can access, encode, update, view reports, give immediate supervision or intervention, or refer a case to appropriate authority or groups for intervention.

- Case Management National Focal can be any user who can access and monitor the development or status of cases and provide necessary technical assistance if necessary. This type of user includes supervisors who get an automated notification when information is uploaded or updated in the system, and they can straightaway provide the necessary supervision, coaching, or mentoring with the HH-beneficiaries.

2. Tasks that users can complete in the E-CMS

The ECMS can be accessed via a personal computer, tablet, or mobile phone. Users can perform the following tasks in the system:

Online version (web-enabled)

- Create, update, and monitor 4Ps-related social cases

Offline version (no internet)

1. Create case records and upload documents related to the case in PDF, DOC, or JPEG format

2. Update the case records, including information about the intervention plan, progress notes, recommendations, case status, and other data

3. Remove case records

4. View individual case records in PDF

5. Integrate the case record with 4Ps HH profile and SDWI data

6. Browse all cases in the system

7. Monitor and view an audit trail indicating when a case file was modified and by whom

Social Welfare and Development Indicators

The Social Welfare and Development Indicators (SWDI) data are used as basis for grassroots social case management and monitoring the improvement of the level of well-being of 4Ps HHs. The results of the assessment indicate the living conditions of 4Ps HHs. Based on this information, DSWD and other stakeholders provide social protection services and interventions corresponding to the immediate needs of the HH-beneficiaries.

The SWDI can be used for the following phases of social case management:

1. Assessment

The SWDI is used to determine the level of well-being of an HH at intake whereby the social worker and the client rate the HH based on a set of indicators.

2. Planning

The results of the assessment are used in intervention planning for possible courses of action, including the possibility of referrals to government agencies and private institutions.

3. Monitoring

The case manager uses the SWDI to determine whether the mutually-identified interventions are implemented and resulted in improvements on the well-being of the HH.

Chapter 8
Grievance Redress System

The Grievance Redress System (GRS) is an organizational mechanism and information technology solution used in resolving grievances, collecting data, and using information in program development. The GRS helps minimize the incidence of grievances and improve beneficiary experience and satisfaction.

A **grievance** refers to a dissatisfaction reported directly or indirectly to DSWD regarding the delivery of a service in 4Ps. Any dissatisfaction reported by any individual or group at any point during program implementation can be considered a grievance (see Table 12 and Table 13).

The GRS is a statutory setup under the 4Ps Act promulgated by the National Advisory Council (NAC). The NAC defines the scope of the GRS and its resolution indicators. DSWD, as the lead implementing agency, establishes the procedures, timelines, and responsibility centers to ensure that the resolution indicators are achieved.

A **responsibility center** refers to a grievance actor, such as a person, agency, or office, whose action is required in resolving a grievance. Given the multistakeholder nature of the Program, it is expected that the resolution of grievances will involve several parties or grievance actors.

The GRS, therefore, is also a network of grievance actors. The judicious resolution of grievances does not necessarily lie on DSWD alone, but rather on the whole network of grievance actors. This is the reason that the NAC promulgated the GRS, and that the counterpart local advisory councils also handle grievances, especially cases that involve multiple agencies.

Objective

The GRS aims to improve beneficiary experience and satisfaction through grievance resolution and policy development. In support of this objective, the GRS ensures that the following requisite tasks are completed:

1. Record grievances from diverse reporting channels

2. Establish standard, streamlined, and end-to-end procedures with corresponding timelines in resolving grievances

3. Engage grievance actors and resolve grievances within the established time protocol and provide appropriate technical assistance and capacity building activities where necessary

4. Set up monitoring and evaluation tools for timely and accurate reporting

5. Process grievances to generate data on program vulnerabilities

Grievance Redress Process

The Grievance Redress Process involves four steps from intake to feedback (Figure 5). It is a simple process flow designed to immediately determine critical metrics such as grievance incidence rate, processing rate, timely resolution rate, satisfaction rates, and indices.

Figure 5. **Grievance Redress System Process**
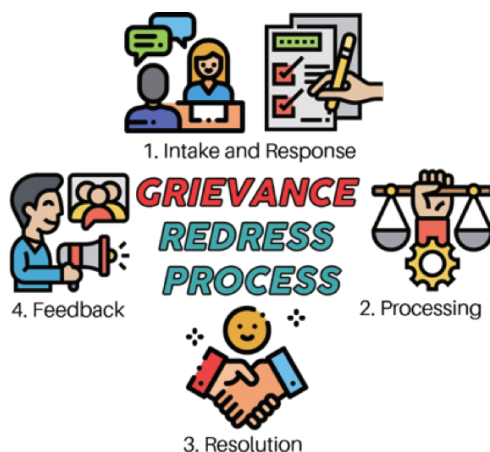
1. Intake and response

This step involves recording a grievance using a grievance form and providing an initial response to the client. The response usually includes an explanation of how the grievance will be processed by DSWD and other grievance actors.

The grievance form is a document for recording valid grievance transactions. It comes in either a physical printout or an electronic form that can be downloaded from the official website, *pantawid.dswd.gov.ph*. To ensure the quick recording of grievances, the grievance form requires easily understandable codes and keywords in recording the type, subtype, and details of the grievance. The form also requires supporting documents relevant to the grievance.

Who does the intake and response?

As a general rule, anyone can accept a grievance from any of the various channels of reporting grievances (Table 12), but only the City or Municipal Link (C/ML) and the grievance officers can ascertain its validity and intake it into the grievance system. To accept a grievance is to receive a grievance transaction; to intake a grievance is to record the transaction in a grievance form after confirming its validity.

Intake and response require technical familiarity with the GRS, particularly on the procedures for resolving specific types and subtypes of grievances.

Table 12. **Channels of Reporting a Grievance**

	Walk-in – reporting a grievance in person at a 4Ps office or DSWD assistance desk
	Grievance Desk – reporting a grievance through a grievance desk in a payout site

	Text – reporting a grievance through a short messaging service (SMS) sent to a DSWD hotline or any government hotline *Note: Reporting a grievance through unofficial or personal mobile numbers is strongly discouraged. This is to maximize the government's paid infrastructure for call and text hotlines, and to ensure the efficient response and monitoring of text grievances.*
	Phone Call – reporting a grievance through the 4Ps hotline or any government hotline
	Snail Mail – reporting a grievance in the form of a written message sent via snail mail to a 4Ps office or any government office
	Email – reporting a grievance through the 4Ps GRS official email or any DSWD email
	Facebook – reporting a grievance through the 4Ps official Facebook page or any government Facebook page
	Website – reporting a grievance through the 4Ps official website or any government website

Several channels are offered to allow multiple entry points of potential grievances. This is especially important in times of emergency, such as when physical transactions are not encouraged (e.g., walk-in, grievances desk during the pandemic), or when digital portals (e.g., texts, emails, websites) are offline.

2. Processing

This step involves the completion of a specific action that is necessary to resolve a grievance (Table 13). The resolution indicator for each type and subtype of grievance follows a unique set of procedures to be carried out by specific grievance actors within an established time protocol. Those procedures are established by DSWD and are described in GRS Sub-Operations Manual.

As the lead implementing agency, DSWD monitors and ensures the timely execution of these procedures. DSWD also develops and maintains a management information system (MIS) for the GRS that tracks the status of a grievance at any point in the process.

3. Resolution

This step refers to the decision made to address the grievance based on the results of the *Processing stage, p.108*. The resolution indicators for each type and subtype of grievance are set by the NAC. Similar to the processing stage, the resolution stage can involve different grievance actors.

This stage also marks the closing of the grievance case. DSWD is expected to update the status of the grievance in the MIS and mark it as resolved.

4. Feedback

This step involves informing the client about the action done to address the grievance that was filed. Note, however, that Feedback is not necessarily the final step in the procedure as it can happen at any stage in the process.

A satisfaction survey developed by DSWD is used to gather feedback about the Program and in assessing the client's satisfaction about the action on their grievance.

Types and Subtypes of Grievances and their Resolution Indicators

The GRS defines the specific actions and standards that must be met in resolving grievances. They are described in the following table.

Table 13. **Grievance Types, Sub-types, and Resolution Indicators**

1. Payment issue – a type of grievance on the amount, receipt, or non-receipt of a payment	
Grievance Subtype	Resolution Indicator
1.1 **No payment** - when a household does not receive any payment for a specific period	1.1 The household has received the payment through its account, subject to DSWD policies and issuances on retroactive payment.
1.2 **Underpayment** - when a household receives less than the expected payment for a specific period	1.2 The household has received the payment through its account, subject to DSWD policies and issuances on retroactive payment.
1.3. **Overpayment** - when a household receives more than the expected payment for a specific period	1.3 The household has returned the overpayment or the DSWD was able to recover the overpayment.
1.4 **Unclaimed payment** - when a household is not able to claim the cash grant for various reasons	1.4 The household has received the payment through its account, subject to DSWD policies and issuances on the release of unclaimed cash grants.
1.5 **Social service intervention (SSIs) payment issue** - an issue on the delivery and receipt of SSIs	1.5 The household has received the SSI, subject to DSWD policies and issuances on the release of unclaimed SSIs.

2. Card issue - a type of grievance on the processing of a card-related transaction that is governed by DSWD policies and issuances	
Grievance Subtype	Resolution Indicator
2.1. Inaccessible card	
2.1.1. **No card** - when a household already appears on the card payroll but the physical card is not yet available at the servicing branch	2.1.1 The household has received the card.
2.1.2. **Inaccessible card** - when a household is unable to access the card (e.g., failed transactions) despite having sufficient balance	2.1.2 The household is able to access the account.
2.1.3. **Wrong or unreadable personal identification number (PIN)** - when a household is unable to access the card due to an incorrect PIN	2.1.3 The household has received a new PIN mailer and is able to access the account.
2.1.4. **No top-ups** - when a household appears on the payroll but is unable to withdraw the cash grant due to failed top-ups (i.e., replenishment of funds) and other similar reasons	2.1.4 The household has received the payment through its account.

2. Card issue - a type of grievance on the processing of a card-related transaction that is governed by DSWD policies and issuances	
Grievance Subtype	Resolution Indicator
2.2. Delayed issuance of a replacement card or inaccessible replacement card	
2.2. Delayed issuance of a replacement card or inaccessible replacement card	
2.2.1. **Lost card** - when a household loses the card, requests for a replacement, but is not given the replacement card within the established time protocol	2.2.1 The household has received the replacement card.
2.2.2. **Stolen card** - when a household's card is stolen and the household requests for a replacement, but is not given the replacement card within the established time protocol	2.2.2 The household has received the replacement card.
2.2.3. **Damaged card** - when a household damages its card, requests for replacement, but is not given the replacement card within the established time protocol	2.2.3 The household has received the replacement card.
2.2.4. **Perforated card** - when a household who was not able to claim its card within the grace period requests for reissuance, but is not given the card within the established time protocol	2.2.4 The household has received the card.
2.2.5. **Captured card** - when a household enters a wrong PIN three times and its card is 'captured' by the ATM, requests for its release, but is not given the card within the established time protocol	2.2.5 The household has received the card.
2.2.6. **Blocked/hot card** - when a household's card is blocked by the Land Bank of the Philippines or DSWD, requests for its unblocking, but is still unable to access the account within the established time protocol	2.2.6 The household is able to access the account.

2. Card issue - a type of grievance on the processing of a card-related transaction that is governed by DSWD policies and issuances	
Grievance Subtype	Resolution Indicator
2.2.7. **Delayed card** - when a new grantee is not issued a new card within the established time protocol	2.2.7 The new grantee has received the card.
2.2.8. **Delayed fund transfer** - when a household requests for a card replacement and fund transfer to a new account, appears on the payroll, but is unable to withdraw the cash grant from its new account	2.2.8 The household has received the fund transfer through its new account.

3. Inclusion request - a type of grievance from a non-beneficiary household requesting to be included in the Program	
Grievance Subtype	Resolution Indicator
3.1. **Transient poor** - a household that, after a natural or human-induced shock or emergency, experiences a loss of job or source of income and unable to access education and health facilities	3.1 The household has been immediately referred to appropriate programs and services, including the standardized targeting system.
3.2. **Chronic poor** – a household categorized as poor based on household characteristics in the last five years (Chronic Poverty Research Centre, 2004)	3.2 The household has been immediately referred to appropriate programs and services, including the standardized targeting system.
3.3. **Extreme poor** - a household that is severely deprived of basic human needs, including food, clean drinking water, sanitation facilities, health services, shelter, education, and access to information (United Nations, 1995	3.3 The household has been immediately referred to appropriate programs and services, including the standardized targeting system.

4. Disqualification - a type of grievance against a household-beneficiary perceived to be non-poor based on actual household characteristics prior to program exposure, but was identified as poor or near-poor in the standardized targeting system	
Grievance Subtype	Resolution Indicator
4.1. **With regular income** - a household that has an occupation associated to 'regular income', including the following occupations in the Philippine Standard Occupation Classifications:	4.1 The household has been delisted from the Program or has been retained upon affirming its eligibility for the Program.

4. **Disqualification** - a type of grievance against a household-beneficiary perceived to be non-poor based on actual household characteristics prior to program exposure, but was identified as poor or near-poor in the standardized targeting system	
Grievance Subtype	Resolution Indicator
0 - Armed forces occupations **1** - Managers **2** - Professionals **3** - Technical and associate professionals	
4.2. **With high-value property** - a household that owns a personal property, including real property, that puts the household income or asset more than 10% above the poverty threshold	4.2 The household has been delisted from the Program or has been retained upon affirming its eligibility for the Program.
4.3. **With relatives abroad** - a household receiving financial support from a relative up to the third level of consanguinity or affinity. The financial support either: i) puts the household income or asset to more than 10% above the poverty threshold; or ii) makes the household self-sufficient. Note: A household that improves its well-being after program exposure will not be flagged with a disqualification grievance. Instead, it will be assessed as a candidate for transition or graduation.	4.3 The beneficiary has been delisted from the Program or has been retained upon affirming its eligibility for the Program.

5. **Misbehavior** - a type of grievance against the conduct of a beneficiary that is perceived by the community to be inappropriate.	
Grievance Subtype	Resolution Indicator
5.1. **Vices** - habitual or frequent indulgence of a beneficiary in undesirable practices (ex. drinking alcohol) 5.2. **Gambling** – habitual or frequent indulgence of a beneficiary in games of chance that wager money or personal property	5.1 The erring beneficiary has been sanctioned based on the level of grievance escalation. 5.2 The erring beneficiary has been sanctioned based on the level of grievance escalation.

5. Misbehavior - a type of grievance against the conduct of a beneficiary that is perceived by the community to be inappropriate.	
Grievance Subtype	Resolution Indicator
5.3. **Pawning** - giving the 4Ps ID, card, or Oath of Commitment to a loan financier or a loan shark as a collateral for borrowed money or as credit for items and goods	5.3 The erring beneficiary has been sanctioned based on the level of grievance escalation.
5.4. **Misrepresentation** - a fabricated representation done by a household to deceive the Program and access program benefits	5.4 The beneficiary has been delisted from the Program.
5.5. **Beneficiary fraudulence** - an act of deceit made by a dishonest individual to access program benefits	5.5 The erring beneficiary has been delisted from the Program.
Note: Beneficiary fraudulence is without prejudice to 4Ps Act Section 24, which refers to *"any person, whether or not acting in conspiracy with public officials, who, by act or commission or omission, inserts or allows the insertion of data or false information, or who diverts from what ought to be contained in the registry, with the view of altering the fact, or aiding in the grant of the money to persons other than the qualified household beneficiaries.*	
5.6. **Collection of any kind** - collecting money or in-kind items, such as livelihood stocks from a 4Ps beneficiary for whatever purpose	5.6 The erring beneficiary has been sanctioned based on the level of grievance escalation.
5.7. **Persuasion** - convincing a fellow beneficiary to engage in vices, gambling, pawning, misrepresentation, fraudulence, or collection of any kind	5.7 The erring beneficiary has been sanctioned based on the level of grievance escalation.
5.8. **Disinformation** - malicious deceit meant to mislead a fellow beneficiary, such as mentioning additional conditions and threat of delisting	5.8 The erring beneficiary has been sanctioned based on the level of grievance escalation.

6. Appeal for reinstatement - a request to be reinstated in the Program by a beneficiary who ceased to receive cash transfers and associated benefits due to membership termination, whether temporary or permanent.	
Grievance Subtype	Resolution Indicator
None	The household has been reinstated in the Program in accordance with DSWD policies and issuances on appeals, or it has been referred to other programs and services.

7. Facility issue - a type of grievance on the supply side of the Program that affects the compliance of beneficiaries with program conditions	
Grievance Subtype	Resolution Indicator
7.1. **Inadequate education services or facilities** - when there is no DepEd-accredited school or teacher in a specific locality; or when there is insufficient supply of learning materials (e.g., desks, chairs, textbooks)	7.1 The supply side issue has been referred to the local advisory council and the households are able to access education services or facilities.
7.2. **Inadequate health facilities or services** - when there is no health facility or health personnel in a specific locality; or when there are insufficient medical supplies (e.g., vaccines, medicine, deworming pills)	

8. Implementer issue - a type of grievance against a program implementer (i.e., staff of DSWD or its partner agencies) whose actions affect beneficiary experience, program integrity, or the correct and timely receipt of cash grants	
Grievance Subtype	Resolution Indicator
8.1. Implementer issues that affect beneficiary experience and program integrity	
8.1.1. Imposition of additional conditions - when a program implementer imposes additional conditions outside those mentioned in the 4Ps Act	8.1.1 The household and the implementer are reoriented about the program conditions.

8. Implementer issue - a type of grievance against a program implementer (i.e., staff of DSWD or its partner agencies) whose actions affect beneficiary experience, program integrity, or the correct and timely receipt of cash grants	
Grievance Subtype	**Resolution Indicator**
8.1.2. **Discourtesy** - an impolite act or remark by a program implementer towards a beneficiary	8.1.2 The grievance has been referred to an appropriate office as governed by civil service rules and related statutes.
8.1.3. **Collection of any kind** - when a program implementer collects an unauthorized sum of money or in-kind goods such as livelihood stocks from a household-beneficiary for whatever reason	8.1.3 The unauthorized amount collected is returned to the affected households.
8.1.4. **Implementer fraudulence** - when a program implementer, whether or not acting in conspiracy with other officials or employees, inserts or allows the insertion of data or false information that aids in granting money to persons other than the qualified household beneficiaries	8.1.4 The grievance has been referred to an appropriate office as governed by civil service rules and related statutes.
8.2. Implementer issues that affect the correct and timely receipt of cash transfers	
8.2.1. **Incorrect reporting of compliance data** - when a program implementer incorrectly reports compliance or noncompliance data, be it intentional or unintentional	8.2.1 The implementer has been reoriented about the correct and proper reporting of compliance or noncompliance data, and the affected household has received the correct amount of payment.
8.2.2. **Inaction on requests** - when a program implementer fails to act, intentionally or unintentionally, on a particular transaction	8.2.2 The grievance has been referred to an appropriate office for proper investigation as governed by civil service rules and related statutes, and the affected household has received the correct amount of payment.

8. Implementer issue - a type of grievance against a program implementer (i.e., staff of DSWD or its partner agencies) whose actions affect beneficiary experience, program integrity, or the correct and timely receipt of cash grants	
Grievance Subtype	Resolution Indicator
8.2.3. **Delayed action on requests** - when a program implementer fails to act on time, intentionally or unintentionally, on a particular transaction Note: The handling and investigation of grievances involving personnel in civil service are undertaken by the human resources department or office of the agency concerned, not the GRS focal persons.	8.2.3 The grievance has been referred to an appropriate office for proper investigation as governed by civil service rules and related statutes, and the affected household has received the correct amount of payment.

Grievance Data Management

All grievance transactions received are encoded in the MIS developed by the 4Ps National Program Management Office (NPMO). The system is designed to seamlessly capture grievances from different channels of reporting and update grievance transactions periodically. It can also integrate with other program components, including targeting, registration, updating, compliance verification, payment, and other internal and external MIS that have similar functions as the 4Ps GRS. Such inter-operability is necessary given the many grievance actors involved in processing grievances.

GRS Sub-Manual

Specific details about the implementation of the GRS are found in the GRS Sub-Manual developed by the 4Ps NPMO. It contains the procedures, timelines, and accountability centers, among others, for each type and subtype of grievance. It also discusses how to operate the MIS for the GRS.

The same manual should be subject to reviews and updates at least once every two years as approved by the 4Ps National Project Director. This review is to be

spearheaded by the 4Ps NPMO in consultation with the different grievance actors, including the 4Ps National Advisory Council (NAC).

PART
04 ▮ **Payments**

Chapter 9
Payment System

The payment system aims to provide timely and accurate cash grants to beneficiaries. It adheres to the following guidelines:

1. Generating and computing cash grants for beneficiaries are based solely on compliance with the program conditions, except in the first payment.

2. The cash grants are paid once every two months. The distribution schedule may be adjusted as necessary.

3. The funds for cash grants come from the Government of the Philippines (GOP) or from any loan agreement with an international or local financing institution, as authorized under the General Appropriations Act (GAA).

4. DSWD provides qualified Hh-beneficiaries with direct access to cash grants via secured transaction accounts that are maintained in authorized government depository banks (AGDBs). In case there is no AGDB in the locality, the DSWD may enter into contracts with rural banks, thrift banks, cooperative banks and institutions engaged in money remittances duly accredited by the BSP (BSP-regulated financial institutions or BRFIs).

5. DSWD and the AGDBs or BSP-regulated financial institutions (BRFIs) determine the most economical and efficient mode of payment (MOP) of cash grants.

6. The validity of allotment and release depend on existing budgeting, accounting, and auditing regulations of the Department of Budget and Management (DBM).

Arrangements with AGDBs or BRFIs

A Memorandum of Agreement (MOA) between DSWD and AGDBs or BRFIs specifies the arrangements and procedures on the distribution of cash grants, as mutually agreed by both parties.

The MOA requires the creation of committees at two levels—the National Coordination Committee (NCC) and the Regional Action Center.

1. National Coordination Committee

The National Coordination Committee (NCC) is composed of the following:

1. **Chair** – DSWD Secretary

2. **Co-Chair** – AGDB or BRFI President and Chief Executive Officer (CEO)

3. Three members from the DSWD and the AGDB or BRFI:

   - 4Ps National Deputy Project Director for Finance
   - 4Ps National Deputy Project Director for Operations
   - Head of AGDB/BRFI Branch Banking Sector

The DSWD and designated AGDB or BRFI assign their representatives to head the NCC Secretariat.

Duties and responsibilities

1. Oversee the distribution of cash grants to beneficiaries

2. Establish or enhance the policies and guidelines for the efficient and timely distribution of cash grants

3. Resolve issues elevated by the Regional Action Centers of AGDB or BRFI and DSWD

4. Meet at least once every two months. Special meetings may be called by the NCC chair as necessary.

2. Regional Action Center

The Regional Action Center is composed of the following:
1.   Chair – DSWD Regional Director

2.   Co-Chair – Head of the AGDB or BRFI servicing branch

3.   Three members from the DSWD and AGDB or BRFI:

   •   Regional Program Coordinator of 4Ps or a designated representative

   •   DSWD Regional Accountant

   •   AGDB or BRFI Servicing Branch Head

Duties and Responsibilities

1.   Monitor the distribution of cash grants to beneficiaries in the region

2.   Facilitate and finalize the requirements in the payment of cash grants to beneficiaries, including but not limited to the payout date, venue, and most economical and efficient MOP

3.   Identify and resolve issues on the distribution and liquidation of cash grants

4.   Monitor the payment of service fees to conduits

5.   Submit monthly reports on the status of the disbursement and liquidation of cash grants to the DSWD 4Ps NPMO and AGDB or BRFI CCT Program Management Office (CCT-PMO)

6.   Meet at least once every two months. Special meetings may be called by the DSWD and AGDB or BRFI chair, when necessary.

Mode of Payment for Cash Grants

DSWD and the AGDB or BRFI are to agree on the most appropriate MOP of cash grants based on the following considerations:

1. **Transaction account**

This is a fully-digital payment transaction account where one can receive and transfer both cash and e-money, used mainly for promoting savings among HH-beneficiaries and encouraging them to use agent banking. Agent banking is a form of branchless banking where a bank enters into an agreement with an agent (usually a retail outlet) to perform limited financial services on behalf of the bank.

2. **Cash card or prepaid card**

This is issued when there are ATMs accessible to the HH-beneficiaries. It allows them to withdraw their cash grants from ATMs or point-of-sale (POS) terminals of the AGDB or the BRFI.

3. **Over-the-counter through authorized conduits**

When there are no ATMs or POS terminals in the area, the AGDB, BRFI, or DSWD may get the services of other banks or institutions that handle money remittances as its conduit in the distribution of cash grants. This is in compliance with existing government laws, rules, and regulations. Examples of these institutions include rural banks, cooperatives, money couriers, and postal companies, both public and private.

Cash Grants Payroll Computation

The NPMO, through the National Program Manager (NPM), issues a certification pertaining to the approved compliance report based on the results of the Compliance Verification System (CVS), Beneficiary Updating System (BUS), and Grievance Redress System (GRS). The certification states that the compliance verification process has been completed and its data can be used as a basis for the preparation of the Notice of Approved Payroll Action (NAPA). The certification is endorsed to the Deputy Project Director for Finance, which signals the start of processing

cash grants for compliant beneficiaries. A certification for the initial payment for cash grants is also issued.

Following are the specific responsibilities of various offices in the payroll computation:

1. The NPM is responsible for the accuracy and validity of the information in the NAPA.

2. The NAPA summary shows the number of compliant beneficiaries per region and is the basis for the electronic computation of total cash grants by the DSWD Information and Communications Technology Management Service (ICTMS) headed by its Director.

3. The electronically computed cash grants payroll must have the following authorized signatories:

    a. The Deputy National Project Director (DNPD) for Finance who confirms the availability of funds for the cash grants

    b. The 4Ps NPM and the Director for ICTMS who are responsible for the accuracy and validity of the Cash Grants Payroll

Cash Grants Payroll Funding

Based on the approved and confirmed cash grants payroll, the Financial Management Service – Special Projects (FMS-SP) proceeds with the funding process, which involves the following tasks:

1. The cash grants payroll, payroll summaries, payroll lists, obligations requests (OR), and disbursement vouchers (DV) are printed. These are then signed by the authorized signatories.

2. The Central Office FMS obligates the cash grants payroll, processes the DV, and issues the check equivalent to the amount indicated in the DV following the procedures for each mode of payment (MOP). The AGDB or BRFI handles the

crediting of cash grants to qualified grantees' transaction accounts, cash cards or prepaid card accounts on agreed schedule of payouts. Otherwise, the cash grants are disbursed to them through authorized conduits.

3. The FMS-SP proceeds with the electronic generation of payroll files, payroll list, and acknowledgement receipts, then sends the documents to the following offices:

   a. The payroll list and payroll in CSV file format to the Field Office (FO) concerned

   b. The payroll schedule of payout, payroll used for liquidation reports, and text files for cash card top-up to the designated AGDB

Cash Grants Payments

The actual payment of cash grants to compliant 4Ps HH-beneficiaries is the responsibility of the designated AGDB or BRFI as the disbursing arm of the DSWD. For over-the-counter payouts, City or Municipal Links (C/MLs) inform beneficiaries of the schedule and venue of the distribution of cash grants. They are to coordinate with the designated AGDB, BRFI, or conduits on the necessary logistical requirements. During the over-the-counter (OTC) payouts, the Regional Director ensures that the C/MLs validate the identity of the persons claiming the cash grants by checking their HH identification card issued by the DSWD against the payroll file. The Municipal Roving Bookkeepers (MRB) ensure that the cash grants are received by the beneficiary as validated by the C/MLs.

It is the responsibility of DSWD to ensure that cash grants are not left dormant. Cash card accounts that are dormant for two years and with unwithdrawn balances above Php 5,000 are to be validated by DSWD field workers to determine whether the balances should be released to the HHs or returned to the Bureau of Treasury. In the event that cash card accounts of HH-beneficiaries were fully transitioned to transaction accounts, the law on dormant accounts applies.

Cash grants of HHs validated to have pending requests for a cash card replacement and undistributed grants through OTC due to the unavailability of service providers

are not returned to the Bureau of Treasury, even if the period of dormancy exceeds two years.

Cash grants that are not claimed for two years or less are subject to rescheduling, validation, and other actions necessary to ensure their release.

Cash Grants Liquidation Process

Cash grants credited or loaded to the cash cards and transaction accounts of HH-beneficiaries are considered disbursed. The list of successful and rejected transactions reported by the respective AGDB or BRFI is sufficient as a supporting document for the completed transactions.

Cash grants payrolls funded through modes other than cash cards and transaction accounts are liquidated by the AGDB or BRFI through the following procedures:

1. Immediately after payout, the Municipal Roving Bookkeepers (MRBs) reconcile the list of paid and unpaid beneficiaries based on the payroll list. The MRBs and the representatives of AGDB or BRFI sign the validated payroll list for the day.

2. Within five working days after the last day of payout, the AGDB or BRFI transmits the liquidation documents to the Regional Program Management Office (RPMO) for accounting of the total cash grants paid for the period.

3. Upon receipt of the liquidation documents from the AGDB or BRFI, the regional finance management staff concerned reviews the documents and issues a Certificate of Liquidation to the FMS-SP for recording in the book of accounts.

4. All documents necessary to support the Certificate of Liquidation submitted by the FO are forwarded to the FO-Commission on Audit for safekeeping. These documents are available upon request by any party for official purposes under the Freedom of Information Act.

Cash Card or Transaction Account Processing

With the approval of this 4Ps Operations Manual, the RPMO requests for a cash card or transaction account opening for all newly-registered HHs.

A. Enrollment of a new account for a newly-registered HH

1. The RPMO sends to DSWD Central Office a request for a cash card or transaction account opening under the name of an HH's grantee based on the data in the Enrollment Forms and 4Ps database.

2. While waiting for the release of the transaction card or cash card, the HH claims its grants via OTC transactions.

3. Upon proof of receipt indicating that the transaction card or cash card is in the possession of the HH, the bank account number is assigned to the HH in the Pantawid Pamilya Information System (PPIS). The HH then uses the transaction card or cash card for succeeding payrolls.

B. Enrollment of a new account for a new grantee

As a general rule, one cash card or transaction account is assigned to a grantee. A new account for a new grantee can be requested by the RPMO from the DSWD Central Office if there is a change of grantee in an HH under either of the following circumstances:

- The cash card or transaction card under the old account cannot be turned over to the new grantee (e.g., the card was lost or stolen, etc.).
- The transaction card or cash card was not claimed by the old grantee from the AGDB or BRFI servicing branch.

To enroll a new account for a new grantee, follow the same procedure described in the section on enrolling a new account for a newly-registered HH.

To ensure that any unclaimed cash grant loaded in the old card is released to the new grantee, be sure to endorse a request for the transfer of funds to the AGDB or BRFI concerned.

The closure of the old account is initiated after the successful transfer of funds.

C. Enrollment of a new account with modifications in the name of the grantee

Changes in the name of the grantee does not affect the validity of the HH's cash card. However, the PPIS needs to countercheck the changes with the AGDB or BRFI's database in compliance with Section 9 of the Anti-Money Laundering Act, which states that "banking institutions shall establish and record the true identity of its clients based on official documents."

If the cash card under the old name was not claimed by the beneficiary, the RPMO requests that a new account under the updated name of the grantee be created. Follow the same procedure described in the section on enrolling a new account for a newly-registered HH.

While the new account with the updated name is being processed, the old account will be deactivated and assigned with null values in the PPIS by the ICTMS.

Prior to the release of the replacement card, the grantee can claim cash grants at the AGDB servicing branch through OTC withdrawal and upon bank validation that the grantee with the old name and the new name are one and the same.

D. Replacement of unreadable PIN mailer, unclaimed cash card, and lost or stolen card

The replacement of a transaction card or cash card and PIN mailer follows the procedures in the Implementing Rules and Regulations or Implementing Guidelines of the Memorandum of Agreement between the AGDB or BRFI and the DSWD.

E. Locking and unlocking an account

The locking and unlocking of transaction account or cash card account follow the procedures in the Implementing Rules and Regulations or Implementing Guidelines of the Memorandum of Agreement between the AGDB or BRFI and the DSWD.

F. Perforation of a claimed transaction card or cash card of a delisted HH

An account issued to a delisted HH that waived its eligibility from the Program, committed fraud, or is on the list of duplicate HH records will be closed and removed from both the AGDB or BRFI database and the DSWD database. The remaining cash grants in the HH account will be forfeited and returned to the Bureau of Treasury. An account issued to an HH that exited the Program will not be perforated.

PART
05 ▪ **Programs and
Activities**

Chapter 10
Family and Youth Development Sessions

With the passage of the 4Ps Act, the Family Development Session (FDS) was redesigned to further boost its primary objective of empowering beneficiaries to become more functional and proactive members of the community. This redesign considered the provisions of RA 11310 or the 4Ps law and built on the gains of the previous FDS implementation. The FDS is a transformative learning intervention program that aims to make a positive impact on the health, nutrition, and education of children and youth of underprivileged households.

The FDS as a learning program takes a more holistic approach anchored on the original framework, which is focused on safeguarding the inherent dignity of the human person by promoting integral human development.

As a transformative learning program, FDS focuses on developmental structure, beginning with the family as the smallest unit of society where an individual person is nurtured. Every family is equipped with the knowledge and experiences to handle life and family responsibilities, including challenges and difficult situations. Development of positive values and practices that support building and developing the family as a core unit that contributes to societal growth is emphasized. FDS is an integrative component of 4Ps in building the internal capacities of HHs and expanding their opportunities towards the attainment of improved well-being.

FDS as a learning intervention program supplements and complements the case management of 4Ps HHs through the Kilos-Unlad Integrated Social Case Management. Following the Kilos-Unlad Framework, FDS becomes a learning strategy and process of ensuring that 4Ps beneficiaries are also able to access the necessary support services that will help them become more self-sufficient and self-reliant when they exit the Program within the seven-year timeline. FDS can also be an entry point in case management where the participants can freely and confidently share their experiences with their families and communities, and which can be the basis for other possible interventions.

With this end in mind, FDS is recalibrated to make it more responsive and sensitive to the needs and circumstances of household beneficiaries; equip them with with the necessary knowledge, skills and positive behaviors that will contribute to self-improvement and well-being; and make them more ready to graduate and exit from the Program.

The Transformative Learning Intervention Program Framework

FDS aims to contribute to the transformation of HH-beneficiaries into proactive, productive, responsive, and resilient citizens. It intends to strengthen the important roles and capacities of 4Ps HHs, particularly the parents, so that they are more responsive to the health and education needs of the children and the youth.

The FDS provides organized sessions in a developmental structure beginning with the grantee as an individual and as part of the Program, and the family as the smallest unit of society where a person is nurtured. It progresses to more comprehensive topics such as developing the grantee's skills, engaging with learning institutions in the community to support children's education, actively participating in groups, and initiating one's own developmental projects in the community.

The FDS Transformative Learning Program Framework (Figure 6) has a ladderized learning content within a seven-year period that focuses on four core areas: health and well-being, nutrition, education, and financial literacy and entrepreneurship. Each session equips the beneficiaries with the knowledge and experience needed in handling more difficult situations and scenarios in succeeding sessions. In all the sessions, positive values and behaviors that support the goals of the Program are emphasized.

Figure 6. **FDS Transformative Learning Intervention Program Framework**

CORE AREAS	YEARLY THEMES							EXPECTED OUTCOMES
	YEAR 1 Self, Family and the Transformative Learning Intervention	**YEAR 2** Family Life and the Community	**YEAR 3** Collaborative Citizenship and Community Development	**YEAR 4** Organization of Families and Subsidiarity	**YEAR 5** Working Towards Transition and Fostering Spirit of Entrepreneurship	**YEAR 6** Sustaining Economic Initiatives and Transitioning Towards Stability and Self-Reliance	**YEAR 7** Achieving Independence and Safeguarding Well-Being	
Health and Well-Being	**GOAL 1** Help families to understand the basic knowledge of health issues which leads to promoting well-being							• Healthy Family Members • Balanced Lifestyle and Total Well-Being
Nutrition	**GOAL 2** Address the causes of hunger, improve nutrition through balanced nutritious meals and securing stable source of food for the familyy							• Nutrition Seeking Behaviors • Secure Source of Food for the Family
Education	**GOAL 3** Encourage children to complete formal/non-formal education and foster lifelong learning opportunities for families by preparing the youth for adult life							• Children Graduating from Formal/Non-Formal Education • Life Skills and Job Readiness for the Youth
Financial Literacy and Entrepreneurship	**GOAL 4** Empower families to address poverty by providing them knowledge, skills and attitudes in their envisioned livelihood as sustainable source of living							• Sustainable Source of Income • Habits of Saving and Investing

In the framework, the first year is focused on building oneself and the family. In succeeding years, the emphasis is on family life and community; collaborative citizenship and community development; organization of families and groups; working towards transition and fostering the spirit of entrepreneurship; sustaining economic initiatives and transitioning towards stability and self-reliance; and achieving independence and safeguarding well-being.

Outcomes

Through the FDS themes, the Program hopes to achieve the following outcomes:

1. HH with healthy members and a balanced lifestyle and total well-being

2. HH with nutrition-seeking behaviors and able to secure a source of food for the family

3. Children who graduate from formal or non-formal education and the youth possessing life skills and job readiness

4. HH that have a sustainable source of income and habits of saving and investing

Outputs

To achieve the outcomes, the FDS delivers quality community, family, and youth sessions as outputs. These sessions are activity-based and interactive; the learning materials are responsive and inclusive; and participants are given the opportunity to appreciate and apply their learnings in their personal life, the family, and the community.

Objectives

1. The FDS aims to enhance the basic knowledge, skills, and attitudes of HH-beneficiaries on health, nutrition, and education, including the following areas of family life management:

   • Roles as a parent and as an HH-beneficiary of the Program

   • Value placed on the education, health and nutrition of the HH and its children and youth

   • Prevention and detection of any form of abuse in the HH

   • Promotion of healthy family relationships

   • Management of HH resources and productivity, including financial literacy

   • Disaster preparedness and response

2. Encourage individual and peer monitoring, and support for improving the members' compliance with program conditions and performance of their commitments in the case management process

3. Strengthen the parent groups' networking, cooperation, collaboration, and access to support services

4. Provide a venue and a strategy for group organizing in support of accessing programs and services

FDS Principles

The integrity of FDS and the Program is promoted using the following guiding principles:

1. **Non-political and non-partisan** – Not leaning towards any political and partisan concerns, especially during an election period. It is not to be used as a venue for campaigns and politicking.

2. **Non-sectarian** – Remaining neutral in terms of faith-based groups. Thus, it is not to be used as a venue for preaching and proselytizing.

3. **Non-discriminatory and inclusive** – Promoting holistic development and inclusive growth without prejudice to one's sex, gender, race, belief, culture, ethnicity or disability.

4. **Non-profit** – Collecting no participation cost and is not a venue for profit-gaining schemes such as pyramiding and multi-level marketing.

5. **Responsive and developmental** – Developing and delivering learning interventions based on the needs of HH-beneficiaries and communities, and using a consultative and participatory approach that involves the individual, family, and the community.

FDS Core Areas of Learning

The FDS Transformative Learning Intervention Program core areas are translated into modules that have a progressive design. Its aim is to enhance the knowledge, skills, and attitudes of HH-beneficiaries and facilitate the achievement of FDS outcomes. The values of self-awareness, confidence building, unity, collaboration, and resiliency in facing difficulties and challenges are embedded in the modules.

The FDS core areas are as follows:

1. **Health and Well-being** includes physical, mental, and social wellness. This core area aims to help 4Ps households to be more health conscious and demonstrate positive health behaviors

2. **Nutrition** aims to improve the nourishment of HH members, particularly the children, through the grants that are meant to be spent on good nutrition for the family. Positive nutrition practices are encouraged and reinforced by requiring compliance with the health conditions of the Program.

3. **Education** is integral to the holistic development of children—their spiritual, mental, emotional, physical, social, and economic, improvement. Parents have the crucial role and responsibility of ensuring that their children go to school and pursue a life-long learning process so that they have better opportunities in life.

4. **Financial Literacy and Entrepreneurship** is where HH-beneficiaries are equipped with practical and useful knowledge, skills, and attitudes so that they can establish their livelihood and become more resourceful, persistent, and economically self-reliant and independent. The topics in this core area complement the government's current projects on financial literacy and entrepreneurship.

Thematic areas are identified for each year that the beneficiaries progress in the Program. Modules anchored on these thematic areas are developed to allow for a smooth and effective learning process following the framework of information-formation-transformation cycle.

Supplementary or specialized modules are also developed as the Program evolves. These are additional topics that respond to the other needs of HHs and the children, such as human and children's rights, gender-sensitivity, culture-sensitivity, positive parenting, responsible parenthood, family planning, and disaster preparedness.

The FDS learning materials (manuals, modules, flip charts, etc.) may be translated to the local language or dialect so that they can be better understood by HH-beneficiaries.

Behavioral Indicators and Year-end Projects

The FDS modules, along with the activities and discussions integrated in each of them, enable household beneficiaries make positive behavioral changes in themselves and their family as they attend FDS regularly. To track these meaningful and observable changes in the beneficiaries' actions and behaviors, the FDS uses behavioral indicators that embody the relevant knowledge, useful and functional skills, and positive attitudes that HHs are expected to build in every year that they are in the Program.

The behaviors should help the 4Ps families carry out the activities and projects in the community. These projects are expected to be participative, collaborative, integrative, and reflective. Year-end projects include, but are not limited to, community manifesto, advocacy events or programs, participation in education-related programs, identifying sustainable food sources that may also be turned into a livelihood program, individual micro or small-businesses, and community-organized and managed businesses.

Target Areas and Participants

FDS is implemented in all cities and municipalities covered by 4Ps. The HH-beneficiaries, particularly the grantees or responsible persons of the HHs, are the principal participants of the FDS. The HH may assign another responsible person, duly recognized by the City or Municipal Link (C/ML), who is to be the alternate FDS attendee when the principal attendee is unable to attend the scheduled session. Adults who live in the same HH and are directly involved in child-rearing are allowed to be alternate attendees during the FDS.

Children beneficiaries may also be brought to the sessions, especially when the topics to be discussed are about their rights and welfare. Non-4Ps HHs are encouraged to join the FDS.

FDS Team

The FDS Team is an inter-agency body in the city or municipality and may be part of the City or Municipal Advisory Council. It is responsible for the FDS implementation,

specifically in ensuring that proper needs assessment, planning, conduct, and monitoring and evaluation are undertaken.

The team may be composed of all stakeholders in the locality who can be tapped in strengthening and supporting the implementation of the FDS. They include personnel of DSWD programs such as city or municipal action team members, CSO partners, LGU personnel, local advisory committee members, national government agency partners, and parent leaders who are trained and capacitated to facilitate the sessions and serve as resource persons or subject matter experts during FDS.

4Ps Parent Groups

Organizing HH-beneficiaries into parent groups is a strategy for establishing peer support and monitoring compliance with the conditions of the Program on health and education.

Parent groups are venues for the regular and efficient conduct of the FDS, information dissemination, sharing of updates about the Program, and elevation of issues and concerns about program implementation. The parent groups enable a more convenient and better monitoring and evaluation of program implementation and resolution of issues. They encourage unity and cooperation among HH-beneficiaries through the conduct of regular FDS.

A parent group can be composed of up to 40 grantees. The profile of the HH-beneficiaries based on the results of the needs assessment is used in grouping members based on geographical location and proximity, shared needs, and common problems. Indigenous affiliation is also considered.

Subgroups of 8-10 members are organized for peer-to-peer monitoring, sharing of experiences, encouragement, and support. Subgroups deepen collective discussion of issues and practical solutions. They help form a deeper connection among parents as they treat each other as a resource. Also, the subgroup can be a venue for a more focused delivery of special interventions.

Each parent group elects one parent leader and one assistant parent leader who serve for a maximum of three years. They are chosen based on a set of qualifications. Parent leaders serve for one term only.

The elected leaders serve as community leaders and volunteers who communicate and build rapport with the members of the parent group. They can help in disseminating information and updates, preparing logistics, and coordinating with local structures for program needs. With appropriate capacity building, they can be the 4Ps community leaders who can mobilize the HH-beneficiaries and other members towards organizing themselves as self-help groups. They can also assist in FDS facilitation and case management. Finally, they mentor more leaders in the community who can be organized and tapped to succeed them.

Guidelines in Conducting the FDS

1. FDS needs assessment

Each HH-beneficiary undergoes a standardized needs assessment or intake to determine its level of knowledge, skills, and attitudes. Results of the SWDI, development needs assessment (DNA) focus group discussions, interviews and other tools are considered. HHs with similar profiles are grouped together to form a parent group.

2. Methodology

The FDS follows the principles of adult learning; it is gender-sensitive and responsive, culture-sensitive and competent, and inclusive of participants who have disabilities. The sessions are participatory, activity-based, and interactive. The ADIDS (Activity-Discussion-Input-Deepening-Synthesis) and ORID (Objective-Reflective-Interpretive-Decisional) models may be used in facilitating sessions.

Maximizing the participation of parent groups is important so that members can share their learnings and experiences. Members commit to be part of the groups and share equal responsibility for group tasks and group development.

3. Schedule and venue

The FDS is conducted at least once a month on a schedule agreed upon by the parent groups and the C/ML. The session usually lasts for two hours but may be extended if the agenda require more time, and the participants agree to the extension. There should be enough time to cover the content and objectives of the session and allow for maximum interaction. The session should not be too long that participants lose interest, and not too short that the process becomes ineffective.

Sessions are conducted in conducive areas that are accessible to the participants so that they can come on time and will not have to spend on transportation costs. Venues may include barangay halls, multipurpose halls, women centers, child development centers, barangay health stations, nutrition posts, and other facilities in the neighborhood or community that are safe and secure for the attendees, their children, and the implementers. The FDS may also be conducted in some other area depending on the agreement of the parent groups and without sacrificing the Program's guiding principles.

Appropriateness of the venue to the topic may also be considered, e.g., early childhood care and development may be discussed in child development centers, gardening may be discussed in backyard, communal, or school gardens.

4. Postponement and cancellation

Postponement and cancellation of FDS schedules is highly discouraged but may be allowed in certain situations outside of the force majeure provisions (see *Force majeure situations, p.84*).

According to Memorandum No. 2, Series of 2018, the following are the situations where the FDS can be postponed:

a. Occurrence of armed conflict, tribal war or other similar cases which are not covered by the policy on force majeure (NAC Resolution 26, Series of 2015: Handling of Compliance Verification in Cases of State of Calamity, Disaster, Complexity, and other Exceptional Cases)

Minutes of the meeting from the local Peace and Order Council, Philippine National Police, Armed Forces of the Philippines, and/or certification from any executive official from the LGU shall be secured by the C/ML as proof;

b. Any situation that poses a threat to the security of the partner beneficiaries and/or the FDS implementers;

c. Occurrence of human-made and natural disaster, announced or unannounced, that causes potential danger to both partner beneficiaries and implementers.

5. Agenda or program

The sessions are conducted consistently based on the minimum requirements set by the Program. The usual agenda are as follows:

- Preliminaries
- Clarification of program issues and concerns
- Recapitulation of the previous session
- Session title and objectives
- Session proper
- Closing of session and other administrative reminders

6. FDS attendance

The grantee is the principal and permanent FDS participant. The C/ML regularly monitors the attendance of the HH by requiring the attendees to sign an attendance sheet. The HH attendance is recorded in compliance verification form 4 and the FDS - Management Information System (MIS). Non-attendance to FDS means non-compliance of the HH with the health condition, unless given a justification by the C/ML. To comply with the health condition in each month, the household needs to attend FDS in a nearby community or barangay.

7. Couples in FDS

In some cases, and if they meet certain criteria such as reproductive age and status of relationship, the grantee and the spouse are required to attend specific sessions. Examples are the sessions on gender sensitivity, responsible parenthood, reproductive health and family planning. Failure of couples to attend means non-compliance with the health conditions.

When the FDS schedule conflicts with the couple's livelihood or employment, the couple can explore other attendance options such as attendance in a make-up session, special attendance, or proxy attendance (see).

8. Absences

Absences are not tolerated and are recorded as non-compliance of the HH with the health conditions. However, if an absence falls under the following valid reasons, it may be considered as a justifiable excuse and may not require special FDS attendance:

a. Pregnant women about to give birth or advised to take bed rest, as attested by the health center personnel or a medical certificate

b. HH-beneficiary who recently gave birth as certified by the health center personnel or physician or attested by the parent leader

c. Death or burial of immediate member of the family as attested by the parent leader or barangay captain

d. Victim of violence against women and children (VAWC) and undergoing medical or psychological interventions and legal proceedings as certified by the barangay captain, C/MSWDO, or PNP

e. Participation in cultural practices of the family or community, which require a lengthy period and will hinder the grantee from going outside the home or neighborhood

f.   Any unforeseen event or circumstance beyond DSWD's control that can compromise the safety and security of the partner beneficiaries, such as a war, riot, strike, or crime

g.   Other reasons deemed valid based on the assessment by the C/ML and concurred by the Social Welfare Officer (SWO) III

Likewise, habitual tardiness is not tolerated and a grantee who commits habitual tardiness is to be provided with appropriate interventions.

The FDS guidelines provide specific provisions on circumstances where proxy attendance is allowed. These guidelines are to be applied, together with the professional judgment of the C/ML or the case manager.

9. FDS attendance options

A grantee who incurs absences that are not justifiable as cited in the previous section should make arrangements for other special FDS attendance options, such as make-up sessions, attendance of an alternate grantee, and attendance of main grantee in sessions in other areas.

A make-up session is allowed if the same C/ML, resource person or facilitator will handle the make-up session for the missed session to be conducted in the same month. Attendance of the main grantee in the FDS is highly encouraged to ensure maximum learning and application of learnings in the HH. However, attendance of an alternate grantee may be considered when there are valid considerations, as in the case of working solo parents; parents who find it difficult to adjust to the FDS schedule because they work outside the city, municipality, province or region; and grantees who have illnesses, disabilities, mental or emotional conditions, or who are elderly. HH-beneficiaries working outside their city, municipality, province or region of residence may attend sessions nearer to their place of work. This requires proper endorsements between C/MLs and accomplishment of appropriate forms and reports.

10. Equivalency FDS

FDS can include other family or community activities that can contribute to the improvement of the level of well-being of HH-beneficiaries. Activities with direct involvement in community development, volunteerism, and skills enhancement can be considered as FDS equivalency. Subject to regular FDS monitoring schemes, equivalency FDS activities may include the following:

a. SLP and KC-NCDDP activities, such as social preparation and capacity building activities that will contribute to the improvement of level of well-being of partner beneficiaries

b. Activities initiated by partner agencies, local government units, and civil society organizations, such as Women's Month Celebration, Children's Month, Family Week Celebration, 4Ps Family Day, and other similar activities that can contribute to the improvement of the HHs' level of well-being

c. Activities initiated by DSWD, 4Ps NPMO, or RPMO, such as focus groups, spot checks, advocacy events, support group sessions, pre-testing and piloting activities that require the participation of parent groups

d. Other community development activities where HH-beneficiaries can apply their FDS learning

Logistics for the activity are taken care of by the main organizer, and the activity should be held within the city or municipality. Otherwise, the C/ML seeks the approval of the Provincial Operations Office (POO) if the activity is to be conducted elsewhere.

The C/ML ensures that all HH-beneficiaries are informed about the activity and are able to participate. After the activity, the C/ML conducts a processing session to ensure that key messages and learnings are appreciated by the participants.

11. Talaarawan or learning journal

At the end of each session, HH-beneficiaries write their insights, reflections, updates, and learnings in the talaarawan or learning journal. The use of the talaarawan is monitored by the C/MLs and other partners, not only during FDS but also in home visits and other activities.

During the FDS, the importance of the talaarawan is explained to the beneficiaries—that it facilitates learning and appreciation of the topic, and it helps participants track their progress in the learning sessions.

12. Technical assistance, monitoring and reporting

The C/ML documents the FDS implementation using the prescribed forms and templates, and this is regularly monitored by the RPMO and NPMO. The C/ML submits the FDS schedule, FDS attendance sheet, and FDS accomplishment report through the FDS Management Information System (FDSMIS). The FDSMIS can be accessed by field workers anywhere and anytime using the internet. The system aims to make FDS data readily available for purposes of planning, monitoring, decision-making, and policy development.

The SWO IIIs and FDS focal persons monitor the FDS implementation and provide technical assistance to the FDS implementers so that guidelines and principles are followed, and the quality of the sessions is ensured.

13. Alternative FDS delivery

In some cases, alternative conduct or delivery of the FDS is necessary. This is done without compromising the integrity of the Program, the safety and security of HH-beneficiaries and FDS implementers, and the continued provision of learning intervention. Alternative delivery modes may be used under the following circumstances:

a.   Election hotspot areas, to insulate the Program from politicking

b.   Pandemic, to ensure the health safety and security of stakeholders

c. Other emergency situations where regular face-to-face sessions may jeopardize the safety of FDS stakeholders, but continuous learning may still be facilitated

These are the various alternative delivery modes that can be explored:

a. Online learning on an actual e-learning platform, or through social media

b. Face-to-face sessions through small group discussions and sharing but with a smaller number of participants, shorter time duration, and preferably in an open space

c. Home study of FDS topics with family members and using printed materials provided by the organizer

With these alternative delivery modes, other monitoring and evaluation requirements may be set to ensure that the HH-beneficiaries continue to learn in the comfort of their homes. Refer to the Family Development Sessions manual (a separate publication) for the full details of the FDS implementation.

## Youth Development Sessions

The Youth Development Session (YDS) is a complementary learning to the FDS. It provides additional learning intervention to adolescent children of 4Ps households by ensuring that they are capacitated to perform supportive functions in the achievement of the overall well-being of the family. The YDS is not tied to the conditions of the 4Ps Program; it is voluntary. Adolescent children of 4Ps HHs are encouraged to participate in YDS.

The YDS is aligned with the results-based framework of the 4Ps Program, as is the FDS. It is part of output 2 on delivering quality family and youth development programs. YDS aims to engage the youth so that they become active and involved in their learning and development and so that they acquire the knowledge, skills, and attitudes that will prepare them for adult life. Their development is in support of the holistic development of HH-beneficiaries.

YDS principles

Anchored on the positive youth development construct and the human ecological framework (Figure 7), the 4Ps YDS builds and strengthens the internal developmental assets of the youth to make them more resilient and more capable in avoiding risky behaviors. With the YDS, knowledge dissemination, development of strengths and capabilities, values and character building, and creation of an immediate support environment for the youth can be possible.

Figure 7. **Human Ecological Framework**
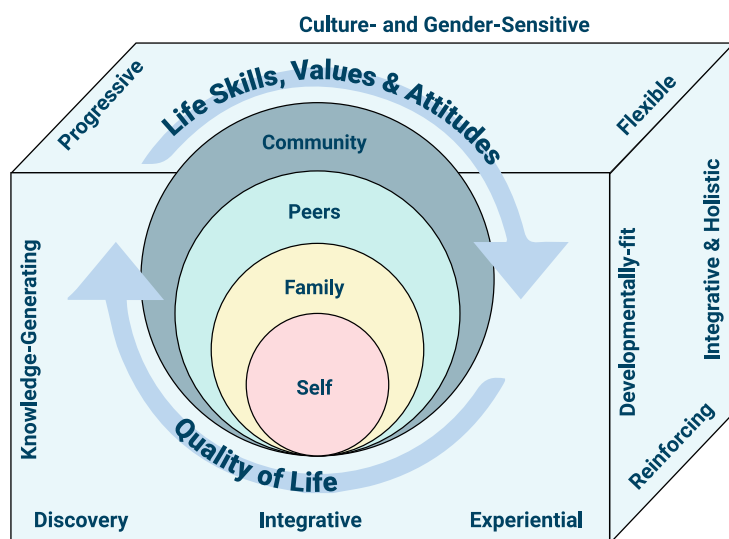
YDS considers the individual person as the foundation of growth and development. It is influenced by the family, peers, and the community, and they all contribute to the development of life skills, attitudes and knowledge of 4Ps adolescent children. Strategy and approach vary in the implementation of YDS. They are founded on the objective of helping the 4Ps youth establish a positive lifestyle and total well-being, nurture positive values that strengthen emotional and mental well-being, and develop entrepreneurial and career readiness skills that will prepare them for higher

education, training, and employment. Eventually, the YDS helps build a community of conscientious youth leaders and citizens.

YDS cultivates core life skills such as self-awareness, critical thinking, creative thinking, decision-making, problem-solving, effective communication, interpersonal relations, empathy, coping with stress, and coping with emotion.

YDS needs assessment

Like the FDS, the YDS consists of needs assessment and monitoring mechanisms based on a set of behavioral indicators. The YDS offers a transformative learning intervention design with topics and sessions focusing on the development of the self, relationship with family and peers, and involvement in the community. Also, there may be special or supplemental learning interventions that may be developed to respond to the continuing needs and challenges of the youth sector, and as the Program facilitates the graduation and exit of HH-beneficiaries from the seven-year program.

Target participants

The target participants of the YDS include the 4Ps youth enrolled in high school (junior and senior; ages 12-18 years old) and youth who are enrolled in alternative learning systems. Children who are not attending school (NAS) may also be targeted for YDS delivery, especially through specific and focused learning materials that encourage them to enroll back to school. Non-4Ps youth may also be encouraged to join the YDS. As in the FDS, YDS participants are grouped based on their individual needs, age, learning abilities, and issues with the self, family, or community.

The YDS is implemented based on a set of guidelines and principles. The delivery may be school-based or community-based and is usually supported by the local government unit and other stakeholders in the community. Refer to the Youth Development Session manual for the full details of YDS implementation.

Chapter 11
Livelihood and Other Interventions

The Program provides demand-driven social service interventions for specific sectors, such as indigenous peoples (IP), homeless families (HFs), and other vulnerable groups. This support is called Enhanced Support Services Intervention (ESSI), which is provided to maximize the reach of the Program and ensure a more responsive implementation.

Goal

The goal of ESSI is to build empowered communities through the self-determined development of IPs and HFs. Through ESSI, they will be supported in achieving the following:

- Increase in HH financial resources

- Safe shelter for the HH

- Increase in school enrollment

- Regular health checkup

- Protection and promotion of IP rights

- Equal access to services and opportunities

- Full and meaningful participation in community activities

ESSI is provided to IPs, HFs, and other vulnerable HH-beneficiaries on top of the cash grants to help them manage and overcome their challenges, such as uplifting their socio-economic status towards improved well-being. The ESSI interventions are designed to be more responsive to their situation and help support their compliance with program conditions.

The ESSI strategy also aims to ensure the full implementation of program safeguards specific to IPs and other vulnerable groups, and to coordinate with relevant agencies and LGUs concerned in responding to their needs based on assessment results.

It complements various other government services for household beneficiaries, such as DSWD's Sustainable Livelihood Program (SLP) and Kalahi-CIDDS National Community-Driven Development Program (KC-NCDDP). Beneficiaries are also automatically covered by PhilHealth.

ESSI Phases

The ESSI adopts a more intensive case management approach following the Kilos-Unlad Framework. It addresses the needs of HH-beneficiaries through assessment, planning, intervention, facilitation and advocacy through a community-organizing approach.

1. Social preparation

This involves conducting a social analysis, including area selection and social investigation or integration. It focuses on setting up the necessary arrangements and conducting preliminary activities to ensure effective and efficient program implementation.

The program implementer conducts enhanced SSI orientation sessions for the local government unit, HH-beneficiaries and other stakeholders.

a. Municipal Advisory Committee orientation

In this orientation for the Municipal Advisory Committee (MAC), the program implementer completes the following tasks:

1. Discuss the rationale and objectives of the ESSI.

2. Discuss its general implementing procedures.

3. Explain the roles of each stakeholder, especially at the local level.

4. Present initial data on areas within the locality where target HH-beneficiaries have been identified.

5. Inquire from MAC members about sources of secondary data for the HH or community profile.

6. Develop an ESSI social preparation action plan with the MAC members.

b. Community orientation

In this orientation, the program implementer should do the following:

1. Conduct coordination meetings with key persons from the HH-beneficiaries and IP leaders in IP communities to plan and prepare for the activity.

2. Conduct the actual orientation in the community, discuss the overall program, and emphasize the objectives, procedures, and expected roles of stakeholders.

3. Validate the ESSI target areas and HH-beneficiaries with the community.

4. Agree on a tentative timeline with the community on the major activities of the ESSI for the year.

5. Submit a meeting documentation to the RPMO, the MAC, and the community.

2. Community and beneficiary profiling

This involves the documentation and collection of pertinent information about the HH-beneficiaries and their immediate environment. The community and beneficiary profile is used by the program implementer and partner-stakeholders in identifying the needs and appropriate interventions for the HH-beneficiaries and their community. In this activity, the program implementer completes the following tasks:

1. Coordinate with the LGU and other stakeholders in the locality to collect and review secondary sources of data about the community, which will then be organized into a comprehensive community profile using the community profile template.

2. Validate and update the consolidated data with the HH-beneficiaries and other persons or institutions concerned.

3. Complete the required information in the community profile template in coordination with the HH-beneficiaries and their community.

3. Participatory intervention planning

The participatory intervention planning or PIP is the phase where HH-beneficiaries, their community, and the program implementer collectively develop intervention plans through the identification of projects and services based on their needs. It commences six months after program implementation, when the program systems and other components are already in place and the local partner-stakeholders are prepared to deliver on their roles and commitments. The PIP involves the following activities:

a. Core group formation

1. Identify potential leaders among the HH-beneficiaries or members of the community who can serve as core group members.

2. Engage with the potential leaders and facilitate the formation of a core group that will be the foundation for organizing the whole community

3. Facilitate small group discussions for the core group members, share insights and ideas on how to move forward with their current situation in the community. Support from partner-stakeholders in developing the skills of core group members is also welcome.

4. Once formed, the core group develops a plan for the conduct of a participatory situational analysis (PSA) that will involve the HH-beneficiaries and the rest of the community, in coordination with other program implementers concerned.

b. Participatory situational analysis

1. Conduct the actual PSA using community mapping, stakeholders mapping, problem-tree analysis, solution-tree analysis, or other similar tools. Refer to the community profile during the analysis. The PSA should yield the following outputs:

   • Issues and needs identified based on their priority or urgency

   • Other factors relevant to the issues that should be considered in developing projects and activities, such as the available resources in the community, existing and potential stakeholders, physical barriers and other kinds of barriers

2. Submit the documentation of the PSA to the RPMO, the MAC, and the community

c. Participatory intervention planning

1. Facilitate the conduct of the PIP with the core group members and the community.

2. Use the following documents as references in creating the PIP:

   • Community profile

   • PSA results

   • Local Development Plan (LDP)

   • Ancestral Domain Sustainable Development and Protection Plan (ADSDPP), if available

   • Other references such as available services and support from local stakeholders

3. Ensure that the PIP has a clear and logical sequence of projects.

   • It is appropriate and sustainable for addressing each issue identified during the participatory situational analysis.

- It has corresponding objectives, resource requirements, and desired outputs.

- It has monitoring and evaluation processes for each activity and a timeline and persons responsible.

4. If necessary, facilitate the creation of several committees among the community members who will be responsible for specific tasks or deliverables in the implementation of each project, including those who will present the PIP to the MAC.

5. Finalize the PIP, provide copies to the MAC for discussion in the next MAC meeting, and assist the selected representative to the meeting in preparing the PIP presentation.

3. SSI implementation

This phase focuses on the implementation of SSI projects based on the PIP of the community and the HH-beneficiaries.

a. Presenting the participatory intervention plan to the Municipal Advisory Council

The objective of the presentation is to inform the MAC members of the problems and needs of the community, as well as to solicit support from them in the planned projects and activities.

The program implementer should complete the following tasks:

1. Include the PIP presentation in the agenda of the next MAC meeting.

2. Assist the representative in presenting the PIP, especially in soliciting support from MAC members.

3. Identify and present which projects in the PIP can be supported by the project through the SSI based on the available budget.

4. Ensure that the community gets a copy of the minutes of the MAC meeting, particularly the discussion and agreements relevant to the PIP.

b.   Developing project proposals

The program implementer assists the community in creating a project proposal based on the finalized PIP for both SSI and non-SSI funded projects. The project implementer completes the following tasks:

1. Give the project proposal template to the community and HH-beneficiaries and provide technical assistance when necessary.

2. Coordinate with the core group members in reviewing each proposal for correctness and completeness. Check that the design of each project can result to indirect benefits for the community, especially the IPs.

3. Endorse the SSI-funded proposal, along with attachments and the approved PIP, to the Provincial Operations Office for further review. The POO subsequently endorses the reviewed proposals, all attachments, and the PIP to the RPMO for approval.

4. Assist in endorsing the non-SSI funded proposal to the appropriate office, agency, or stakeholder.

c.   Project implementation and monitoring

Upon approval of the proposals, the project implementer facilitates the implementation of the project, in partnership with the core group members and MAC members.

1. If necessary, seek assistance from the LGU and other relevant offices in ensuring that all specifications in the proposals are met, especially those that require procurement.

2. Conduct meetings on the specific tasks and deliverables of each person and group involved. For non-SSI projects, the program implementer assists the community through the committees and focal persons in coordinating with partner-stakeholders.

3. Ensure that the monitoring and evaluation system in all approved projects is implemented based on the set timeline and procedures.

4. Facilitate the regular updating of the status of implementation as part of the agenda in every Community and Family Development Session.

5. Strengthening and transition

This phase involves preparing HH-beneficiaries and their community for their eventual exit from the Program by further strengthening their partnerships with stakeholders. The project implementer completes the following tasks:

a. Assessment of the participatory intervention plan

1. Facilitate a participatory assessment of the PIP based on the monitoring and evaluation system in the projects. Supplemental activities and projects may be identified to strengthen the sustainability of the interventions, as well as to the capacity of the HH-beneficiaries as they prepare to exit from the Program.

2. Check that the supplemental projects to be funded under SSI do not exceed 50% of the budget for the primary project.

b. Transition and referral

1. Assist the community and HH-beneficiaries in presenting the PIP assessment results to the MAC to solicit for support.

2. Assist the community and HH-beneficiaries in integrating the projects in the Local Development Plan of the barangay or municipality.

3. Ensure that the MAC makes a transition and referral plan for the HH-beneficiaries and their community after exiting the Program.

4. Endorse the approved transition and referral plan to the RPMO for monitoring and follow-up.

Demand-Driven Interventions

Household-beneficiaries are encouraged to initiate projects that promote livelihood and income generation. They are also given cash to cover specific expenses, such as house rental and transportation cost.

Eco-cultural livelihood assistance and income generating projects

- **Competency Development for Livelihood Grant (CDLG).** This grant is used for programs that help the community or HH-beneficiaries acquire the skills, knowledge, and other input for starting and managing livelihoods and enterprises as well as enhancing productivity and profitability. The competency development for livelihood can come in the form of workshops, technical-vocational education, training courses, on-the-job training, orientation and modular courses.

- **Capital Assistance Grant (CAG).** This is a financial assistance given to a member of a qualified HH-beneficiary to be used as capital for a livelihood or income-generating project.

- **Grant for Pre-Employment Assistance (GPEA).** This provides pre-employment financial assistance that can be used to cover the cost of transportation and employment documents that need to be secured for a job application.

Community and youth development projects

These projects aim to strengthen the participation of HH-beneficiaries in community development activities. The projects are as follows:

- Values formation training

- Volunteer development

- Leadership training

- Community development

The activities must enhance the knowledge, skills, and attitude of community members in managing their resources and advocating for their needs. The activities could also include assistance to HH-beneficiaries in securing important documents, such as their ID and health, education, and employment records.

Small-scale community projects

These projects aim to address the needs identified by the community or the felt needs of HH-beneficiaries in a purok or sitio. Examples of these projects include:

- Access to basic services

- Communal water supply

- Sanitation facilities

- Risk reduction such as in disaster preparedness

- Rehabilitation such as after a typhoon

- Community kitchen

- Small access infrastructure

To avail of the funding for a small-scale community project, a group or community must have a minimum of five members who are HH-beneficiaries. Each project can receive a maximum of Php 25,000 per household or a maximum of Php 375,000 per group or community. Expenses in excess of the total project cost may be financed by the LGU or other partner institutions.

Alternative Family Home

The Alternative Family Home (AFH) provides house rental subsidy to qualified HH-beneficiaries so that they have the resources to comply with the conditions of the Program. Qualified to avail of this grant are the following groups:

- **Homeless families**, including itinerant IPs, can receive a maximum of Php 6,500 a month for 12 months. An assessment on the 12th month determines whether there is a need to extend the rent subsidy for a maximum of six months.

- **Monitored IPs in GIDA** that have HH-beneficiaries enrolled in high school and who need temporary lodging can receive a maximum of Php 20,000 per student per school year, provided that they are not receiving higher education scholarships or grants.

- **Pregnant IP women in GIDA** who need a halfway house near a birthing facility can receive a maximum of Php 4,500 per month for two months (i.e., 1 month before the expected date of delivery and 1 month after giving birth).

Chapter 12
Graduation and Exit

DSWD implements graduation and exit procedures under the Convergence Framework and the 4Ps's Kilos-Unlad (KU) Framework, anchored on the DSWD Social Case Management Strategy, to provide support and referrals to programs and services that prepare the HH-beneficiaries for exit from the Program. These programs and services include the Sustainable Livelihood Program (SLP), Family Development Sessions (FDS) Plus, the Kalahi-CIDDS National Community-Driven Development Program (KC-NCDDP), case management, referrals, and other available services from other national government agencies (NGAs) and Local Government Units and other partner stakeholders.

Kilos-Unlad Phases

The Kilos-Unlad (KU) Framework is a seven-year operational period divided into three phases: phase-in, mid-phase, and phase-out. Each phase is guided by behavioral and social change output indicators that signify the readiness of HH-beneficiaries to move up to the next phase. KU also has five components spread throughout the major phases within a given timeline (see Figure 1). These components are as follows:

- Enrollment
- Assessment and analysis
- Agreement setting
- Building and sustaining resilience
- Transition

There are tasks with their corresponding output indicators in each component that need to be completed by both the program implementer and the HH-beneficiary. The goal is to improve the latter's well-being and prepare them for graduation and exit from the Program. The tasks are as follows:

1. Registration

2. Determination of level of well-being

3. Assessment of conditions, needs, risks and vulnerabilities

4. Family visioning

5. Planning and contracting

6. Integrated delivery of social development programs and services

7. Referrals

8. Networking, complementation and convergence of services

9. Transition assessment

10. Graduation and exit

The first five years of program exposure are devoted to identifying the strengths and opportunities for behavioral and social change. Risks, threats, and vulnerabilities are identified, assessed, and addressed by helping HH-beneficiaries build up their skills and resiliency. Social and economic groups are organized with the maximum participation of the beneficiaries, along with the support of the social service workforce to ensure that plans are made and implemented.

On the fifth year, HH-beneficiaries are assessed on their readiness to move forward to the last two years of the Program. Once assessed as ready for transition, the beneficiaries are enrolled in the "Graduation to Exit" stage. Meanwhile, HH-beneficiaries assessed to be in especially difficult circumstances (e.g., IPs, homeless) can be recommended for ESSI (see *ESSI Phases, p.149*).

Pantawid household-beneficiaries who have been assessed and have expressed agreement to exit from the program, i.e., they have attained a self-sufficiency level of well-being and assessed as empowered, are tagged in the PPIS as Client Status

03 (CS3)– Graduated Due to Improved Level of Well-being. Tagging is done by the Regional Beneficiary Data Officer (RBDO) upon the recommendation of the case manager, reviewed and concurred by the Social Welfare Officer III and Provincial Link, and approved by the Regional Director.

Complementary Interventions

Various interventions are used to help HH-beneficiaries in their graduation and exit from the Program. For example, in effecting behavioral change, the enhanced FDS uses group work interventions to appropriately respond to the learning developmental needs of an HH-beneficiary. In conducting case management, capability building interventions are provided to program implementers to build their competencies in helping HHs move towards improved well-being. The households are also supported with psychosocial services to ensure that they observe self-care and group-care. Periodic monitoring is facilitated by the 4Ps implementer to guide the HH-beneficiaries as they work on the agreed intervention plans. The Social Welfare Development Indicators (SWDI), which is a tool for both assessment and monitoring, is periodically administered to ascertain the level of improvement in well-being and the gaps in achieving this outcome.

As HH-beneficiaries move towards graduation and exit, the program implementer is expected to act on possible untoward incidents and circumstances, such as child protection and gender-based violence. Such cases need to be immediately referred to the appropriate agencies for supportive and psychosocial interventions. Here, linkages and established relationships with the social service workforce strengthen enabling mechanisms in helping beneficiaries access the services appropriate to their needs and context.

Graduation and Exit Components

Graduation and exit from 4Ps has been of increasing significance, especially after the passage of RA 11310. The exit procedures identify follow-through activities and interventions for the HH-beneficiary's eventual exit from the Program while ensuring that the gains made in the Program are not jeopardized. Transition and exit from 4Ps require the completion of specific procedures and interventions that aim

to ensure the sustainable and continuing improvement of the level of well-being of the HH-beneficiary, with minimal risk of reverting to pre-program levels.

1. Social preparation

a. Orientation on the strategy

Consultation meetings are held with LGUs, national government agencies, and other stakeholders or intermediaries through the auspices of the Regional Program Management Office (RPMO).

Orientation sessions on the 4Ps KU seven-year social case management strategy and exit procedures are also conducted, most especially among the HH-beneficiaries who are entering the graduation stage. The orientation helps them better understand the mechanics and objectives of the strategy, as well as the contributions and roles of other agencies or organizations.

b. Identification of exiting HH-beneficiaries

Household-beneficiaries that are qualified to exit from the Program are identified using three tools:

- **Standardized targeting system or STS**. Currently, this is the Listahanan, which is the same tool for identifying HH-beneficiaries entering the Program.

- **Social Welfare and Development Indicators** or SWDI

- **Case manager's recommendation** in the case management report

Data from the SWDI establish the living conditions of 4Ps HHs. They are used in social case management and monitoring the improvement of the well-being of 4Ps HHs. They are also used by DSWD and other stakeholders in determining the social protection services and interventions that can respond to the immediate needs of the HH-beneficiaries.

To be eligible for exit, HH-beneficiaries should possess at least two of the following characteristics:

- **Level 3** self-sufficiency in the current or most recent SWDI assessment cycle
- **Level 3** – self-sufficiency in the preceding SWDI assessment cycle
- **Non-poor** in the most recent STS
- **Prepared to exit from the Program** by the case manager at any given period using the transition assessment tool

c.   Transition planning

A household transition plan has a timeline of between six months to a year. It is developed by the case manager in collaboration with the HH and tailored to the circumstances of the HH. It provides a clear guidance on the transition phase that will be carried out to prepare the HH for self-reliant living.

2. Provision of services

The following are the priority services or interventions that are provided based on the assessed needs outlined in the HH transition plan:

a.   Family Development Sessions

The monthly Family Development Sessions or FDS strengthens the capacity of the 4Ps HH, particularly the grantee or parents, to become more responsive to the health and education needs of their children. It also helps them develop social awareness.

Modules used for FDS during the transition are contextualized based on the needs of the transitioning HH. Sessions focus on preparing the HH for its continued progress outside of the Program. The sessions include enhancing advanced life-skills, building confidence and resilience, and promoting responsible financial management. See *Family and Youth Development Sessions (p.130)* for more information.

b.   Conditional cash transfers

During the transition, an HH-beneficiary continues to receive cash grants in the form of conditional cash transfers (CCT) until its eventual exit from the Program.

CCT is a social protection mechanism that augments the income of the HH-beneficiary. It aims to reduce poverty and vulnerability by addressing severe budget constraints and investment needs, specifically education, health, and livelihood.

c. Case management and coaching

Through the interactive process of case management and coaching sessions, a case worker provides a personalized response to the needs of a transitioning HH. The process further mitigates risks and ensures the continuity of its graduation progress. During this process, the well-being of the HH-beneficiary is closely monitored.

d. Sustainable livelihood

Qualified HH-beneficiaries are prioritized in the Sustainable Livelihood Program (SLP) of DSWD, as well as in other similar programs offered by the government or accredited private institutions. Full employment and livelihood opportunities are vital to the HH, because they help the HH cope with stress and shocks, recover from them, maintain or enhance its capacities and assets, and give better opportunities for the next generation.

e. Educational assistance

The educational assistance helps the HH further its education and learning goals. The assistance can come in the form of scholarships, grants, student loans, and subsidy for school fees or costs related to instruction.

f. Skills training

To enhance the employability of its members, an HH-beneficiary is provided with training on specialized or technical skills in the members' chosen field or enterprise. The training may include capacity building activities (e.g., training on managing assets for steady income), technical-vocational courses, and refresher trainings (e.g., a refresher for a previous technical training course that is needed for employment).

g. Community building

This comprises the sustained initiatives of organized groups and communities, which is embodied in the community's sustainability plan. Examples of such initiatives are as follows:

- Lobbying with the LGU for the passage of barangay resolutions supporting the seven-year social case management process of 4Ps
- Funding support through a local budget allocation in the Annual Investment Plan for the implementation of projects that address the SWDI Gaps and Supply Side Gaps
- Hiring of LGU staff who will assist in program implementation

h. Other services or interventions

These can include disaster risk reduction and management programs, re-integration, housing, disability support, senior citizens' pension, small business support (e.g., temporary waiver of local fees and charges), financial inclusion, and small commercial loans.

In all aspects of the transition phase, the case manager considers the best interest of the HH-beneficiary by closely monitoring progress as agreed in the HH transition plan, maintaining an updated HH case report, and adhering to the 4Ps KU Social Case Management Framework and other relevant policies and standards.

3. Capability building

Program implementers and frontline workers are given an orientation on the implementing schemes of the strategy. All direct service workers conduct capability building activities such as seminars, sessions, and workshops with local leaders, volunteers, and HHs. These activities should equip participants with the necessary knowledge and skills for the effective turnover, follow-up support, and assistance to exiting 4Ps HH-beneficiaries.

Direct service workers or frontline workers include LGU links, staff of the Local Social Welfare and Development Office, other DSWD regional office staff, or partner organizations and agencies that contribute to program implementation.

4. Networking and referral system

An HH-beneficiary is provided with opportunities to sustain its efforts and initiatives through complementary services that can be accessed by individuals, groups, or the whole community.

An HH will require support in finding resilient sources of livelihood, sustained income, building assets, house acquisition or improvement, tuition to continue one's studies or pursue a tertiary degree, and access to finance (e.g., setting up a savings account or availing of bank loans).

To help an HH with these support services, strong linkages and networking with various groups and agencies are needed, such as the following:

- Local government units, including the Municipal or City Social Welfare and Development Officer
- National government agencies
- Nongovernment organizations and other civil society groups
- Organizations with corporate social responsibility programs
- Educational institutions
- Business groups
- Faith-based organizations
- Neighborhood support groups or associations

5. Program exit and transfer

In preparation for program exit, the Case Manager reviews the milestones and targets outlined in the Household Transition Plan to assess whether the household is ready

for exit. As needed, the Case Manager may use an objective tool such as the SWDI or some other appropriate tool and client-centric evaluative approach to determine the household-beneficiary's overall well-being and functioning.

a. Prior to transition and exit, the HH should have achieved economic and social advancement, which may include the following conditions:

   •   The HH transition plan's goals and objectives have been successfully achieved.

   •   The family is empowered to manage its life and its risks, vulnerabilities, and challenges.

   •   The LGU is informed, ready, and equipped to provide continuing support services to its graduating constituents.

b. The case manager discusses with the HH-beneficiary how program exit is considered an achievement and a natural conclusion to its partnership with DSWD. The HH is reassured that government support for their unique needs will be provided by the LGU and other government agencies that are in a better position to provide such services.

c. A discharge session is conducted to conclude the beneficiary's partnership with 4Ps. Arrangements regarding the HH's next steps, network and other services (e.g., Sustainable Livelihood Program and other referrals) are discussed and documented. During the discharge session, the HH-beneficiary signs a case summary that outlines the process undertaken, results achieved, and agreed termination of program eligibility.

d. An HH-beneficiary graduate that is assessed as ready to exit participate in a culminating ceremony with other HH graduates. The ceremony acknowledges and reinforces the milestones, accomplishments, and overall improvement of each HH's well-being. Each HH-beneficiary is given a Certificate of Improved Well-Being, and endorsed to the LGU for continued support services.

6. Post-service intervention

After-care or post-program services are provided by LGU social workers, as mandated in the Local Government Code and according to the agreement set in the sustainability plan. The LGU monitors the state of the HH after exiting the Program, including its progress on the agreements relevant to the HH's continued development. Necessary basic support services must be given to ensure its successful reintegration and access to mainstream government services.

7. Continuing care

A beneficiary-oriented process is conducted through a comprehensive array of social services, new strategies, and collaboration with various stakeholders to guide and track the HH status and improve its level of well-being. Continuing care is explained in a separate set of guidelines titled "Guidelines on Graduation to Exit Procedure".

Chapter 13
Organizational Structure

After the passage of RA 11310 in 2019, 4Ps was institutionalized and became a regular program of DSWD. It then required further recalibration of the Program's thrusts and priorities, as well as realignment and enhancement of policy guidelines. The modifications required revisiting the key results areas (KRAs), description and functions of the workforce complement along with the respective terms of reference, and the organizational structure. This was done to achieve better clarity of accountabilities and focus on deliverables. Central to this effort was the modification of the case management initiative, a framework and strategy geared towards the improvement of the well-being of 4Ps HHs within a seven-year cap as program beneficiaries.

Enabling law

A periodic review of the 4Ps Program structure, key functions, and staff requirements is paramount in maintaining the organization's relevance and responsiveness to the evolving thrusts and priorities of the Program. This initiative is further strengthened by the fact that the DSWD is the lead agency in planning, coordinating, implementing, and monitoring the implementation of the Program, as stated in Section 14 of RA 11310 and Section 36, Rule XVI of its Implementing Rules. RA 11310 states:

> *Section 14. Lead Agency. -The DSWD serves as the central planning, coordinating, implementing, and monitoring body of the Program. In the implementation of this Act, the DSWD performs the following functions:*
> *a. Select and use an appropriate, effective, and cost-efficient method to identify and select qualified household beneficiaries.*
> *b. Identify and select the target household-beneficiaries on the basis of a uniform, objective, and transparent selection process as indicated in Section 5 of this Act.*
> *c. Coordinate with different national and local government agencies, including organizations from the private sector to ensure full implementation of statutory commitments herein.*

d. Set up participatory monitoring and evaluation systems and methodologies on compliance of conditions, implementation of operations, and output and impact assessments.

e. Coordinate with the NAC and with the Independent Monitoring Committee at the national and local levels, to verify compliance on a monthly basis, using the monitoring and evaluation systems designed for the purpose.

f. Recommend to the NAC measures and policies for the responsive delivery of the commitments under this Act.

g. Identify the coverage of the 4Ps based on the Standardized Targeting System.

h. Provide the seminar-workshops and training programs to educate qualified household-beneficiaries about the conditions and other actions pertaining to this Act.

i. Organize a session on entrepreneurship, disaster preparedness, and risk reduction, or arrange a community development activity in the qualified household beneficiary's respective barangay or municipality or city, whichever is available annually.

j. Submit an annual report to Congress on all aspects of its operations, financial status, and other relevant data.

k. Formulate implementing rules and guidelines for the enforcement of this Act.

l. Perform such other functions as may be necessary or incidental to the proper implementation of the provisions of this Act.

Organizational review

To build an enabling environment that is conducive to growing and learning while fostering the values of accountability, integrity, professionalism, commitment, and productivity, the 4Ps National Program Management Office (NPMO), in coordination with its regional counterparts, underwent a series of workshops on workforce planning and assessment. This culminated in an updated competency-based job description (CBJD) in 2020. The workshops identified five positions in the terms of reference that were critical in adapting to the demands of the Program and aligning

with the 3,030 new contractual positions approved by the Department of Budget and Management. These positions were as follows:

- Regional Program Coordinators (RPCs)

- Provincial Links

- Social Welfare Officer III (SWO III)

- City or Municipal Links (C/MLs)

- Social Welfare Assistants (SWAs)

Subsequent changes

The DSWD Executive Committee may recommend changes in the organizational structure of 4Ps or any of its aspects, including the setup and responsibilities of specific divisions, units, and staff within the NPMO and the Regional Program Management Office (RPMO).

National Organizational Structure

The 4Ps Program is headed by the Secretary or the designated Undersecretary as the National Project Director, assisted by the Deputy Project Directors for Operations and Finance. As shown in Figure 8, under their leadership is the 4Ps National Program Management Office, which is directly managed by a National Program Manager (NPM) and is assisted by the Deputy Program Managers (DPMs) for Operations and Support.

Figure 8. **National Organizational Structure**
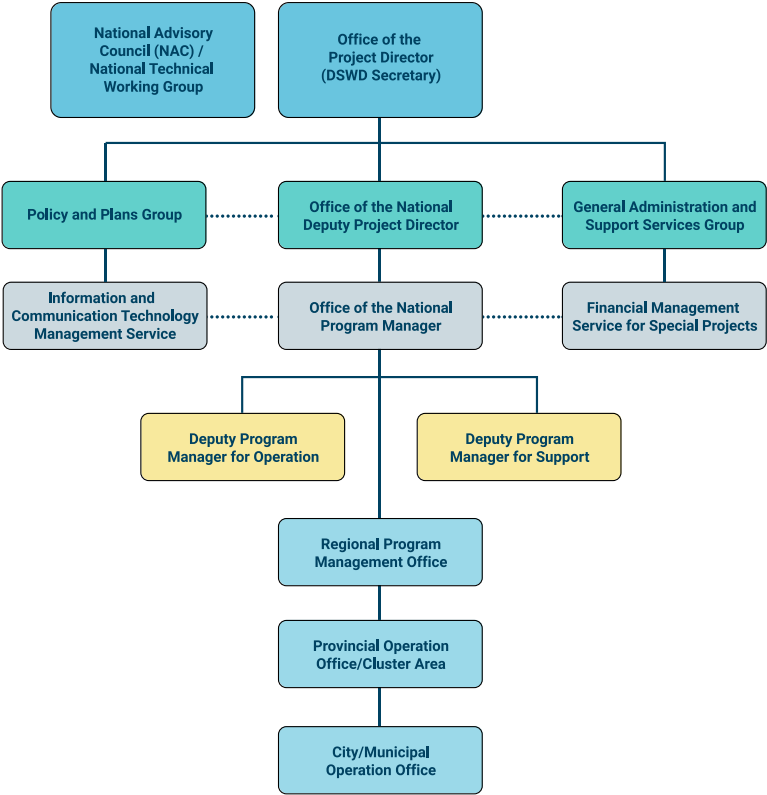
National Program Management Office

The 4Ps NPMO ensures the responsive and efficient implementation of 4Ps. It executes all plans, policies, services, and activities in the implementation of the Program to achieve the overall goal of reducing poverty and contributing to human capital investment, primarily through effective management, monitoring, evaluation, and provision of technical assistance.

Functions

Through the National Program Manager, the NPMO executes and implements 4Ps policy standards, guidelines, and regulations. It oversees, monitors, and evaluates overall program implementation and provides proper technical assistance and guidance to the RPMOs through its core divisions. This is done for the effective and efficient operation and delivery of services, while ensuring appropriate feedback, planning, and reporting for efficient program administration.

Composition

The NPMO structure consists of several divisions and units, operating across functional clusters of Operations and Support and representing a diverse workforce from several backgrounds and disciplines. While the organizational structures of the Program Management Offices (PMOs) may evolve to effectively respond to the thrusts and priorities of the Program, the relevance of each unit and division is effectively grounded on the necessary functions for which it was established.

The NPMO has a core structure that undertakes the following key functions:

1. Program Operations and System Management

2. Program Planning, Monitoring and Evaluation

3. Capacity Building and Institutional Development

4. Program Risk Management, Quality Assurance, and Good Governance

5. Administration, Human Resource, and Financial Management

6. Program Performance Management and Strategic Support Supervision

7. Program Delivery and Management and Troubleshooting

8. Program Oversight, Coordination, and Collaboration with Stakeholders

9. Program Exit and Mainstreaming to LGUs

Outputs and Outcomes

The NPMO ensures the attainment of the following major outputs based on the Program's results framework and logical framework and through the support of the RPMO:

1. 4Ps managed effectively at the national level

2. Cash grants for education, health, and other support services reached 4Ps households on time and in correct amounts

3. Quality development services (viz., Family, Youth, and Community Development Sessions as well as Support Service Interventions) delivered

4. Partners engaged to provide complementary services to 4Ps households

Office of the Deputy Program Manager for Operations

The Office of the Deputy Program Manager for Operations (ODPMO) assists the National Project Manager (NPM) and manages the day-to-day operation of the Program Operations group to ensure timelines of outputs, efficiency of processes, and completion of unit performance targets.

This Operations cluster is primarily involved in managing the operations and processes for providing grants to the beneficiaries. This is done through an automated system of processing and delivering support services and interventions, and ensuring the timely and accurate processing and tracking of updates and developments in program implementation.

Functions

The specific functions of the ODPMO are as follows:

1. Oversee and monitor the effective and efficient system operations and database updating and integrity at the national and regional levels.

2. Assess and facilitate changes and enhancement strategies in program operations to better respond to program needs, challenges, and new directions.

3. Provide technical supervision and input in the formulation of policies, guidelines, program operations materials, reportorial requirements, and documentation requirements.

4. Review and ensure the submission of the work and financial plan of the Operations Divisions.

5. Supervise and coach division heads, unit heads, and other key personnel in facilitating team performance and outputs.

Office of the Deputy Program Manager for Support

The Office of the Deputy Program Manager for Support (ODPMS) assists the NPM and manages the overall day-to-day operations of the Program Support group. It ensures that there are efficient and responsive operational systems and mechanisms for the effective delivery of grants and services and interventions as part of overall performance outputs and deliverables.

The Support cluster facilitates the day-to-day activities needed to carry out the overall implementation of the Program. Its functions include capacity and institutional development, conduct of research, planning and evaluation, and administration of overall logistical and other administrative requirements of the Program.

Functions

The specific functions of the ODPMS are as follows:

1. Oversee the effective and efficient delivery of program support services to various internal clients following established service standards.

2. Consolidate the human resources and physical resources requirements (such as facilities, equipment, vehicles, and supplies) of the Program.

3. Perform a regular assessment of the Program's divisions and support services units. It directs heads to institute changes or enhancements, or recommends the same to the appropriate authority, in order to respond to program needs, changes in directions, as well as technology developments.

4. Formulate the Program Support Group's work and financial plan.

NPMO Divisions

The different divisions of the NPMO support the overall requirements in program operations and management. They maintain the household database, facilitate compliance monitoring, and respond to grievances and complaints received by the Program.

The NPMO has its own capacity development thrusts addressing the needs of beneficiaries, field implementers, and other stakeholders. These thrusts are aligned with the overall goal of helping the beneficiaries achieve independence and self-reliance as they exit from the Program after a seven-year period.

Beneficiary Data Management Division

The Beneficiary Data Management Division (BDMD) maintains the Beneficiary Updating System (BUS) for processing, reviewing, and approving registration and updates of 4Ps household-beneficiaries. It tracks household data to ensure and monitor the beneficiaries' continued eligibility in the Program. It also provides technical assistance

on the Beneficiary Registration and Updating System in the regions, including in monitoring, maintaining, and using beneficiary data.

Compliance Verification Division

The Compliance Verification Division (CVD) manages the Compliance Verification System (CVS) for monitoring and recording the compliance of household-beneficiaries with program conditions. The CVD processes compliance data, which is used as the basis for cash grant payment. It implements the Program's compliance monitoring procedures and mechanisms and develops guidelines for ensuring timely and accurate compliance results. Finally, it engages with partner agencies in facilitating compliance verification.

Grievance Redress Division

The Grievance Redress Division (GRD) facilitates the resolutions of grievances at all levels of implementation. It prepares detailed guidelines and instructions for project implementers in responding to grievances in the Program.

GRD ensures that the grievance committees function at the national, regional, and provincial levels. It provides technical assistance and monitoring of field implementation of the Grievance Redress System (GRS).

Institutional Partnership Division

The Institutional Partnership Division (IPD) is primarily involved in facilitating coordination and engagement with various stakeholders for resource augmentation, policy development, and technical support towards enhanced program implementation, improved well-being of the beneficiaries and their sustainable transition out of poverty. Specifically, it collaborates with national government agencies (NGAs) and engages with civil society organizations (CSOs) and the private sector for a strategic and sustainable partnership.

The IPD, through the RPMOs, establishes and strengthens partnership and convergence at the local level to facilitate the provision of necessary support in addressing the beneficiaries' needs. It assesses the condition of health and education systems,

determines intervention gaps, and identifies and coordinates with various stakeholders at various levels for the needed complementary and supplemental programs and services for the beneficiaries.

The Program's strategy consists of partnership with CSOs, people's organizations, and the private sector; and convergence with national and local government agencies in providing the appropriate support to the beneficiaries to ensure their compliance with program conditions, help them achieve an improved level of well-being, and sustainably transition them out of poverty.

Modified Conditional Cash Transfer Division

The Modified Conditional Cash Transfer Division (MCCTD) implements the conditional cash transfer (CCT) program for other poor, vulnerable, and disadvantaged families who are eligible for CCT but not covered by the 4Ps' regular CCT. The MCCT is the bridging intervention for assisting the following groups and their possible integration into the regular CCT program:

- Homeless street families (HSF) that have no permanent housing and live and work on the streets, including itinerant indigenous peoples
- Indigenous peoples in geographically-isolated and disadvantaged areas (IP-GIDA)
- Families in need of special protection (FNSP), including families affected by disasters
- Other vulnerable groups under hazardous and disabling working conditions
- MCCTD also gives technical assistance to regional offices and monitors the IP component of the Program.

Social Marketing Division

The Social Marketing Division (SMD) develops and implements the social marketing activities of 4Ps. It uses social marketing as an approach to promote the Program and its goals, to gain political and social support for the Program, to influence beneficiaries to value health and education by complying with the program conditions, and to communicate the positive changes that such behavior could bring to their lives.

Social Services Management and Delivery Division

The Social Services Management and Delivery Division (SSDMD) manages and monitors social service delivery and implementation among HH-beneficiaries. To ensure that the service is appropriate for the beneficiaries' needs and situations, SSDMD uses case management approaches and tools that help HHs improve their well-being and eventually graduate from the Program. The interventions are paired with follow-through services provided by the local government.

The SSDMD facilitates and enhances referral systems and the provision of support through convergent actions and mechanisms. It ensures the institutionalization of the Social Welfare Development Indicator (SWDI) as a primary assessment tool, the Gender and Development (GAD) Framework, and other procedures for program implementation.

Administrative Support Division

The Administrative Support Division (ASD) is responsible for providing, maintaining, and managing the logistical requirements of the NPMO for the administration and program operations of 4Ps.

ASD is in charge of procuring goods, services, and supplies; as well as managing records, property, communication, and transportation. It provides support and technical assistance to the NPMO and RMPOs, specifically in human resource management, procurement, budgeting, records and property management, supplies, and other logistical requirements. When providing this support, ASD coordinates with DSWD's Offices, Bureaus, Services and Units (OBSUs).

Capability Building Division

The Capability Building Division (CBD) conducts capacity building activities to equip 4Ps staff and stakeholders with the necessary knowledge, skills, and attitude needed in implementing the Program. It is also the clearinghouse of 4Ps knowledge management products.

Family Development Division

The Family Development Division (FDD) develops policies, guidelines, and learning modules for Family Development Sessions (FDS). It oversees the integration of 4Ps in the convergence process of DSWD and in the case management strategies for the conduct of FDS.

Planning, Monitoring and Evaluation Division

The Planning, Monitoring and Evaluation Division (PMED) leads in developing strategic plans for achieving the goals of the Program as well as in implementing the monitoring and evaluation mechanisms of such plans. PMED also generates pertinent data, usually for the use of external agencies and groups.

Risk Management and Quality Assurance Division

The Risk Management and Quality Assurance Division (RMQAD), which is directly under the NPM, leads the NPMO in identifying, assessing, characterizing, communicating, and responding to the different risks that may impede effective and efficient program implementation. It ensures that the Program can prevent or manage the impact of identified risks.

Regional Program Management Office

The Regional Program Management Office (RPMO), through the Regional Program Manager or Regional Director, ensures the effective day-to-day delivery, management and operation of 4Ps in the region, its provinces, cities, and municipalities.

Functions

There are three levels of operations that manage the overall implementation of the Program. While the NPMO is directly involved in the overall planning and development of program policies, guidelines, and procedures, the RPMO is more involved in adapting and applying the policies and guidelines in the region and cascading them to the provincial, city, and municipal levels. This authority given to the RPMO helps

capacitate the regional office and its sub-offices in implementing the delivery of the Program with efficiency, responsibility, and accountability.

The RPMO is also responsible for program planning and report preparation for field operations at the regional, provincial, city, and municipal levels. Specifically, the RPMO carries out the following key functions:

1. Managing funds

2. Approving system inputs, which include any data related to beneficiary updates

3. Building internal and external stakeholder support

4. Monitoring and quality check of field operations

5. Providing technical assistance

6. Human resources and staffing

7. Giving policy recommendations

Composition

The Regional Program Manager (Regional Director) leads the RPMO. The Regional Deputy Program Manager (Assistant Regional Director for Operations) assists the Regional Director, while the Regional Program Coordinator (RPC) oversees the implementation of the Program at the regional and provincial levels (Figure 9).

By program structure, the 4Ps RPMO is lodged under the Office of the Assistant Regional Director for Operations (ARDO) as a separate office that is headed by a chief of division. This arrangement is pursuant to the 2021 Amendment of Administrative Order (AO) 1, Series of 2018, or the Functional Structure of the Field Offices, in relation to AO 1, Series of 2019, or the Management Reorganization of the DSWD Central Office.

Administrative Order (AO) 1, Series of 2018, or the Functional Structure of the Field Offices, in relation to AO 1, Series of 2019, or the Management Reorganization of the DSWD Central Office.

Figure 9. **Regional Organizational Structure**
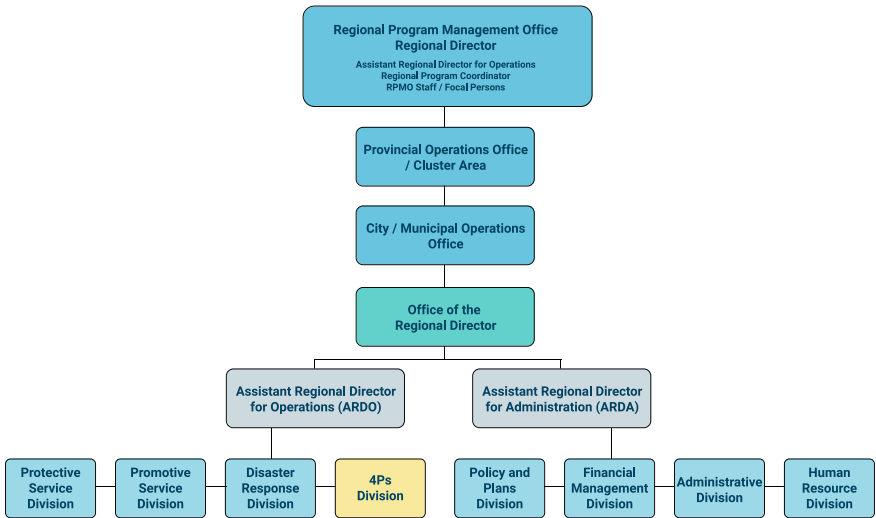
Outputs and outcomes

The RPMO ensures the attainment of the following key outputs:

1. 4Ps is managed efficiently at the regional level.

2. Cash grants for education, health, and other support services reached 4Ps households within the areas of concern (provinces, cities, and municipalities) on time and in correct amounts.

3. Quality development services (viz., Family, Youth, and Community Development Sessions as well as Support Service Interventions) are delivered to the beneficiaries in the region.

4. Partners are engaged to provide complementary services to 4Ps households in the provinces, cities, and municipalities.

Provincial Operations Office

The Provincial Operations Office (POO) facilitates the coordination and management of program implementation at the local level. The POO is composed of cluster offices in the province, with the number of cluster offices depending on the total number of household-beneficiaries in the province. The POO directly supervises the local operation in the city or municipality. It provides support and technical assistance to field implementers in the efficient and timely performance of all functions.

Composition

The Provincial Link (PL) heads the POO and supervises a Provincial Grievance Officer, a Monitoring and Evaluation Officer, and an Administrative Assistant (Figure 10). The PL also oversees the operations of municipal clusters in the province. A Social Welfare Officer (SWO) II and Community Development Assistants (CDAs, former Convergence staff) may also form part of the POO.

Figure 10. **Provincial Organizational Structure**
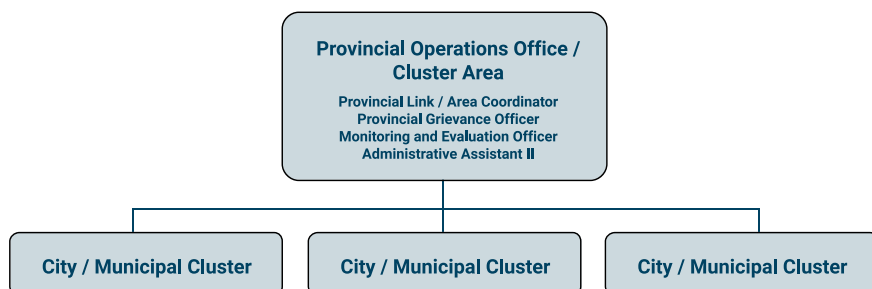
Clusters

Provinces are divided into municipal clusters depending on the number of 4Ps HHs in the area.

- 100,000 or more HHs – the province is extra big, divided into 4 municipal clusters
- 75,000-100,000 HHs - big, 3 municipal clusters
- 50,000-75,000 HHs - medium, 2 municipal clusters
- 25,000-50,000 HHs - small, 1 municipal cluster
- Less than 25,000 HHs - 1 municipal cluster, but no POO; the SWO III heads and acts as the PL

The municipal cluster undertakes frontline systems operations such as intake of updates and grievances, distribution and retrieval of CVS forms. It is responsible for conducting and monitoring the FDS and the FDS Plus as well as implementing intervention plans and convergence and advocacy for supply side requirements. See *City or Municipal Operations Office (p.185)* for more information.

Functions

1. The POO is responsible for the following tasks:

2. Monitoring and quality assurance of systems and field operations

3. Entry, consolidation, and processing of data

4. Formulating and monitoring the implementation of interventions plans

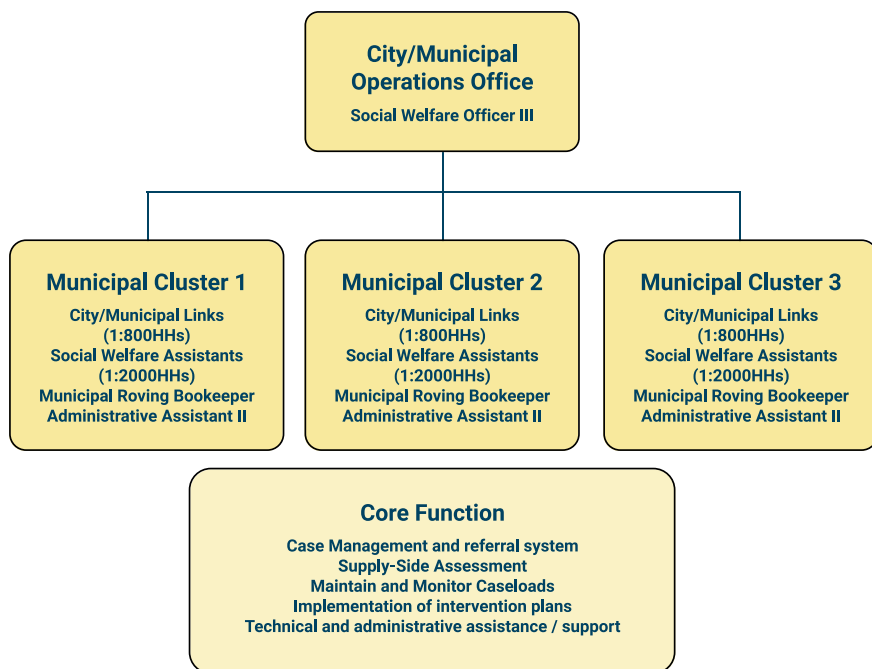5. Convergence and advocacy for the supply side requirements

City or Municipal Operations Office

The City or Municipal Operations Office (C/MOO) is in charge of clusters of municipalities within the province. The number of clusters is proportionate to the number of 4Ps HHs in the area. See *Clusters (p.184)* for more information.

Composition

The City or Municipal Operations Office (C/MOO) oversees program implementation in the city or municipality. It is headed by the Social Welfare Officer III (SWO III) who supervises the City or Municipal Links (C/MLs), the Social Welfare Assistants (SWAs), Administrative Assistants (cluster level), and LGU Links who are in charge of program implementation at the local level.

Figure 11. **City or Municipal Organizational Structure**

City/Municipal Operations Office
Social Welfare Officer III

Municipal Cluster 1
City/Municipal Links (1:800HHs)
Social Welfare Assistants (1:2000HHs)
Municipal Roving Bookeeper
Administrative Assistant II

Municipal Cluster 2
City/Municipal Links (1:800HHs)
Social Welfare Assistants (1:2000HHs)
Municipal Roving Bookeeper
Administrative Assistant II

Municipal Cluster 3
City/Municipal Links (1:800HHs)
Social Welfare Assistants (1:2000HHs)
Municipal Roving Bookeeper
Administrative Assistant II

Core Function
Case Management and referral system
Supply-Side Assessment
Maintain and Monitor Caseloads
Implementation of intervention plans
Technical and administrative assistance / support

Functions of the City or Municipal Operations Office

The C/MOO is responsible for the following tasks:

1. Maintenance and monitoring of caseloads

2. Implementation of intervention plans

3. Supply side assessment

4. Case management and referral system

Functions of the Social Welfare Officer III

The SWO III, as head of the C/MOO, has the following tasks:

1. Review proposed activities and budgetary requirements and provide inputs and recommendations at the Provincial level.

2. Check and evaluate the resource requirements of provincial operations (viz., personnel, materials, and logistics), follow up with units concerned, coordinate with field staff, and allocate resources accordingly.

3. Provide technical assistance and supervision through consultation, meetings, dialogues, and case conferences.

4. Conduct spot checks and mentoring to the C/MLs and field implementers in the performance of their tasks and functions and the achievement of deliverables.

5. Check and provide technical assistance to direct reports to ensure that the following advisory committees and action teams in the province are functioning: Municipal, Local, Provincial Advisory Committees; and Action Teams.

6. Evaluate the Program in the province by conducting consultative meetings, communicating with stakeholder counterparts, discussing issues and concerns, and seeking their involvement in the resolution of issues

7. Promote the Program, specifically in meeting the supply side requirements, advocacy and convergence thrusts, including mobilizing community resources.

8. Monitor and supervise the systems operations at the provincial level, particularly the timely response to the requirements of key systems, e.g., timely and complete submission of update forms; dissemination and completion of CVS forms by partner agencies and stakeholders; retrieval of documents and submission to the RPMO; response to queries and complaints; validation of GRS cases; and conduct of cash grants releases.

9. Review and monitor the following consolidated reports on the provincial caseload:

    a. Registration and Enrollment IDs, Oath of Commitment, and Land Bank of the Philippines (LBP) forms

    b. Household data updating

    c. Verifications of compliance for households, children, schools, and health centers

    d. Updating of the library of schools and health centers, in coordination with the Information Technology Officer (ITO)

    e. Response and resolution of grievances (added from SWO IV/PL duties and responsibilities)

10. Assist City Link/Caseworkers on the conduct of case management of households with families in difficult or challenging situation and/or whose household members are in difficult circumstances, such as child and women abuse cases, child in conflict with the law, marital conflict, and systems-related cases.

11. Ensures the facilitation of community organizing at the District/City level where resource mobilization is maximized to uplift the level of well-being of partner beneficiaries.

Functions of the City or Municipal Link

The C/ML and SWA work closely with the City or Municipal Social Welfare Development Office (C/MSWDO) in the management and operation of 4Ps at the local level.

The C/ML has the following tasks and responsibilities:

1. Maintain and monitor the city or municipal caseload, which includes the following:

Total registration and enrollment: IDs, Oath of Commitment, and LBP forms
   • No. of HHs with cash cards

   • Updated list of schools: day care center, pre-school, elementary and high school

   • Updated list of health centers and health stations

   • No. of parent leaders

   • No. of HHs provided with other support programs and services

   • No. of HH subjected to case management intervention

   • No. of HHs administered with SWDI

   • No. of HHs for graduation

   • No. of organized parent groups

   • No. of HHs for waiver, delisting, or graduation

2. Facilitate community development activities in coordination with the C/MSWDO and other key stakeholders.

3. Facilitate, review, and monitor the submission of complaints and grievances through the LGU Links, parent leaders, and other members of the community.

4. Prepare the supply side assessment results and share with LGU and partners.

5. Serve as the secretariat to the Municipal Advisory Committee.

6. Prepare case summary reports of households with families in difficult or challenging situation or whose HH members are in difficult circumstances.

7. Prepare other administration and system-related reports for submission to the SWO III for review, input, and technical assistance.

8. Conduct SWDI enumeration and validation, as assigned by the immediate supervisor once a year.

9. Conduct interviews, home visits, field visits, counseling, and case management of the beneficiaries of the Program.

10. Conduct montly Family Development Session, and Youth Development Session (schedule depends on the school arrangement)

11. Perform other program-related tasks that may be assigned.

Functions of the Social Welfare Assistant

The SWA, together with the C/ML, work closely with the C/MSWDO in the management and operation of 4Ps at the local level.

The SWA is responsible for the following tasks:

1. Assist the C/MLs in managing and implementing 4Ps in the municipality and city.

2. Facilitate the distribution and retrieval of compliance verification forms.

3. Prepare the summary of CVS forms.

4. Consolidate the issues and concerns on the distribution and retrieval of CVS forms, and submit to the C/ML for appropriate action.

5. Coordinate with school and health facilities for CVS monitoring, distribution, retrieval, and validation of non-compliant children.

6. Facilitate, review, and monitor the submission of system forms (viz., CVS Forms, GRS Forms) through the LGU Links and parent leaders, check their completeness and correctness.

7. Assist and facilitate systems update (viz., CV/GRS/BDM), report related concerns for review of the C/ML.

8. Conduct SWDI enumeration and validation among 4Ps households once a year.

9. Facilitate supply side assessment in coordination with the focal persons of partner agencies and the LGU (can be added to the functions of the SWO IV who coordinates with partner LGUs and facilities).

10. Gather the profiles of beneficiaries, parent leaders, and LGU Links (can be added to the functions of the PDO II, specifically on the caseload inventory, PL profiling, and stakeholders/CSO inventory per district/barangay).

11. Assist the C/ML in conducting the FDS and monitoring health and education facilities; may also facilitate the FDS.

12. Submit required reports.

13. Respond and track queries and grievances at the field level.

14. Augment to regional and local activities, if needed

Attached Offices, Bureaus, Services, and Units

National Household Targeting Office

The National Household Targeting Office (NHTO) ensures the development and adoption of scientific criteria in identifying poor households who could be potential

beneficiaries of social protection programs and services. It aims to improve the access and utilization of the national database of poor households by various social protection stakeholders.

Information and Communications Management Technology Service

The Information and Communications Management Technology Service (ICTMS) maintains the Pantawid Pamilya Information System (PPIS) database. ICTMS is under the supervision of the Department's Policy and Plans Group, and performs the following tasks:

1. Conduct business process and requirement analysis.

2. Conduct system analysis and develop system design.

3. Design, write, test, debug, troubleshoot, and maintain the source code of the information system.

4. Conduct systematic monitoring of the software engineering processes, tools, and methods used to ensure the quality of applications developed.

5. Provide technical assistance in the preparation of system maintenance, monitoring, change management, and sustainability plans.

6. Process requests for change management and sustainability plans.

7. Coordinate with other ICT teams or groups on project management requirements and the performance of assigned tasks.

8. Prepare and submit the documentation of tasks performed and service rendered.

9. Prepare ICT service management reports and recommendations.

Financial Management Service – Special Projects

The Financial Management Service – Special Projects (FMS-SP) manages the financial requirements of the Program. It facilitates the subsequent utilization and disbursement of funds allocated at the national and regional levels, including fund liquidation and reporting. It is part of the Financial Management System (FMS) of DSWD under the supervision of the General Administration Service and Support Group.

Chapter 14
DSWD and Advisory Councils

DSWD sets up the appropriate program structure and sufficient staffing personnel for effective program implementation. Rule XVI (Lead Agency) of the 4Ps Act Implementing Rules and Regulations (IRR) states:

Section 35. The DSWD serves as the central planning, coordinating, implementing, and monitoring body of the program. It establishes an arrangement of line of authority, communications, and responsibilities of the different divisions, including regional, provincial, city, and municipal structures. The DSWD ensures cultural appropriateness and gender responsiveness of its program management cycle, including planning, implementation, and evaluation. Appropriate data and statistics on gender and vulnerable sectors, among others, are regularly collected, generated, and analyzed to inform assessment processes.

National Advisory Council

The National Advisory Council (NAC) is the policy-making body for 4Ps. Its functions are described in Rule XVII (Advisory Council) of the 4Ps Act IRR:

Section 39. The National Advisory Council (NAC) is the policy-making body manifested through the approval of resolutions and the enhancement of guidelines, aimed towards ensuring supply side requirements, provision of necessary support for household members to meet the conditions for entitlement, and strengthening of overall implementation of the program. The NAC formulates and recommends to the President, as stated in the Act, policies and strategies to enhance and improve program implementation.

The head of a member-agency sits in the NAC. The head may designate a senior official such as an Undersecretary or Assistant Secretary as an alternate member, and this alternate becomes the focal person who attends the inter-agency advisory committees set up for the Program. The alternate ensures that the agency responsibilities and

commitments are carried out. The focal person coordinates with the NPMO to ensure synergy of action and synchronization of project-related activities.

Members

1. Secretary of DSWD, Chair

2. Secretary of DOH, Vice Chair

3. Secretary of DepEd, Vice Chair

4. Secretary of Department of Labor and Employment (DOLE), Member

5. Secretary of Department of Agriculture (DA), Member

6. Secretary of Department of Agrarian Reform (DAR), Member

7. Secretary of Department of Science and Technology (DOST), Member

8. Secretary of Department of Trade and Industry (DTI), Member

9. Director-General of Technical Education and Skills Development Authority (TESDA), Member

10. Heads of 2 DSWD-accredited NGOs, Member. The NAC and the Regional Advisory Council (RAC) select two nongovernment organizations (NGOs) that are to become members of the council. The NAC and RAC must independently select the NGOs based on the criteria and process to be provided by the NPMO.

Functions

1. Meet regularly to promote coordination across agencies to enhance the implementation of the Program and jointly address and resolve program implementation issues.

2. Recommend to the President—upon recommendation from the RAC—of measures and policies for the responsive delivery of the commitments under the 4Ps Act and integration with the general poverty reduction strategy of the government.

3. Ensure that the funding requirements for livelihood, training and employment facilitation (EF) programs are included in the annual budgets of the government agencies implementing such programs.

4. Promulgate a Grievance Redress System (GRS) and accept complaints and grievances pertaining to the implementation of 4Ps.

5. Review the monitoring and assessment reports of the Independent Monitoring Committee (IMC) and submit necessary policy recommendations to Congress to improve and strengthen the Program.

National Technical Working Group

The National Technical Working Group (NTWG) facilitates the complementation of programs and services, strengthens inter-agency convergence, and enhances the operational efficiency of 4Ps. It provides support to the NAC through inputs and recommendations on proposed policies and guidelines. It convenes to discuss updates, strategies, good practices, and recommendations to strengthen the 4Ps implementation at the national, regional, and local levels.

An NTWG member may be a Director or Division Head designated through an agency memorandum as the agency's permanent or alternate member.

Members

1. National Program Manager, 4Ps – DSWD, Chairperson

2. Director for Planning or Director for Operations of the following agencies:

3. DOH, Vice-Chair

4. DepEd, Vice-Chair

5. Director, Bureau of Small & Medium Enterprise Development, DTI

6. Director, Planning Office, TESDA

7. Director, Bureau of Agrarian Reform Beneficiaries Development, DAR

8. Director, Planning Service, DOST

9. Director, Planning Office, DA

10. Director, Bureau of Local Government Development, DILG

11. Director, Bureau of Workers with Special Concern, DOLE

12. Director, Social Development Staff, National Economic and Development Authority

13. Director, Planning Office, National Anti-Poverty Commission

14. Deputy Executive Director, National Nutrition Council

15. Director Budget and Management Bureau, Department of Budget and Management

16. Head, Localization and Institutionalization Division, Council for the Welfare of Children

17. Head, Sectoral Coordination Division, Philippine Commission on Women

18. Executive Director, National Commission on Indigenous Peoples

19. Deputy Executive Director, Population Commission

20. Head, Sectoral, Philhealth

21. Head, Research Fellows, Philippine Institute for Development Studies

The NPMO provides technical and secretariat support to the NTWG.

Functions

1. Review program progress and evaluation reports.

2. Recommend necessary policies, strategies, and actions to ensure the effective and efficient implementation of the Program nationwide.

3. Monitor the compliance of concerned agencies to agreed actions and recommendations.

4. Facilitate efficient information exchange among member agencies to ensure that the needed support for the program areas is considered in the preparation of individual agency plans and programs and covered with appropriate funds in the agency's annual budget.

5. Enable functional partnership structures of counterparts at the regional and local levels to ensure that appropriate services are delivered, and potential gaps are identified and addressed.

6. Facilitate effective resource mobilization and complementation, including resource sharing (e.g., knowledge materials, expertise), compliance with agreements on systems integration, and data sharing.

7. Consolidate all inter-agency resource commitments to ensure convergence and complementation of resources in program areas

8. Enable and facilitate coordinated livelihood interventions with tools on monitoring progress and outcomes consistent with the Social Welfare and Development Indicators.

9. Support and promote 4Ps beneficiaries' resilience and engagement with local stakeholders (e.g., community groups, parent leaders associations) that will enhance their ability to cope with crisis situations and initiate mutual aid practices

Regional Advisory Council

The Regional Advisory Council (RAC) provides policy directions at the regional level. Its functions are described in Rule XVII (Advisory Council) of the 4Ps Act IRR:

> *Section 39. XXX The Regional Advisory Council (RAC) shall provide policy directions and recommendations on program implementation at the regional level. They translate national policies to region specific operational guidelines to ensure smooth implementation of the Program. This joint effort shall promote regional ownership among other agencies and local implementers to guarantee the availability and provision of necessary support services or access to basic services for the qualified household-beneficiaries.*

The Regional Director sits as a member of the RAC or may be represented by the Assistant Regional Director or Division Head who is designated through an agency memorandum as the agency's permanent alternate member to the RAC.

Members

1. Regional Director, DSWD Field Office, Chair

2. Regional Director, DOH-Center for Health and Development, Vice Chair

3. Regional Director, DepEd Office, Vice Chair

4. Regional Director, DOLE Regional Office, Member

5. Regional Director, DA, Regional Office, Member

6. Regional Director, DAR, Regional Office, Member

7. Regional Director, DOST, Regional Office, Member

8. Regional Director, DTI, Regional Office, Member

9. Regional Director, TESDA, Regional Office, Member

10. Heads of 2 DSWD-accredited NGOs, Member

The RPMO provides technical assistance to the RAC. Representatives of the Provincial Advisory Council can be invited as resource persons during meetings.

Functions

1. Translate national policies to region-specific operational guidelines to ensure the smooth implementation of the Program.

2. Coordinate the implementation and operationalization of sectoral activities to better execute program objectives and functions.

3. Monitor program implementation and provides necessary technical assistance and other forms of support needed by field workers.

4. Refer all concerns requiring higher level of intervention or resolution to the NAC.

5. Ensure that the supply side requirements for health and education are available at the target municipalities.

6. Monitor the supply side gaps of all implementation areas.

7. Hold regular quarterly council meetings and special meetings, should the need arise, to facilitate the resolution of grievances and address supply side issues within its respective administrative jurisdiction.

8. Prepare and submit monthly or quarterly accomplishment reports.

Provincial Advisory Council

The Provincial Advisory Council (PAC) oversees the overall implementation of 4Ps in the province.

Members

1. Provincial Governor, Chairperson

2. Provincial Social Welfare and Development Officer, Vice Chair

3. Provincial Health Officer, Vice Chair

4. Division Superintendent, DepEd, Vice Chair

5. Provincial Agriculturist Officer, DA, Member

6. Provincial Science and Technology Officer, DOST, Member

7. Provincial Trade and Industry Officer, DTI, Member

8. Provincial Agrarian Reform Program Officer, DAR, Member

9. Provincial Technical Education and Skills Development Officer, TESDA, Member

10. Provincial Planning and Development Officer, Member

11. Provincial Local Government Officer, Member

12. Sangguniang Panlalawigan Chairperson for Women and Children, Member

13. Provincial Nutrition Action Officer, Member

14. DSWD Field Office Social Welfare and Development (SWAD) Team Leader, Secretariat

15. 4Ps Provincial Cluster Focal Person, Secretariat

16. Provincial Officer, NCIP, Member

17. Indigenous Peoples' Mandatory Representative (IPMR), Member

18. Provincial Population Officer, Member

19. Representatives of 2 NGOs accredited by DSWD or LGU, Member

The Provincial Social Welfare and Development Office (PSWDO) provides technical support to the PAC.

Functions

1. Assist the DSWD Field Office in addressing the supply side gaps of the province and preparing the supply side assessment.

2. Monitor the availability of required supplies, accessibility and functionality of facilities and services, and logistical support provided by the municipalities.

3. Recommend to the provincial government the provision of necessary augmentation or logistical support to the municipalities, particularly on the supply-side of health and education, and the enrollment of beneficiaries to PhilHealth.

4. Ensure that the required support for the municipalities is covered by appropriate funds in the annual budget of the province.

5. Monitor the compliance of the municipalities in the submission of compliance verification forms, grievance redress, and other reporting requirements.

6. Provide technical assistance to municipal counterparts in the provision of support services and programs (e.g., value formation, education, livelihood assistance, health and sanitation) and in the organization of neighborhood groups to support 4Ps implementation.

7. Refer all concerns requiring higher level intervention or resolution to the RAC.

8. Assign a member to sit as the province's representative to the 4Ps RAC.

9. Advocate for the Program among partner agencies, NGOs, people's organizations (POs), and other intermediaries to gain their support in the implementation of 4Ps, specifically in addressing supply side gaps.

10. Hold regular meetings, or as the need arises, to address the supply side needs, requirements, or other pertinent matters related to program implementation.

City or Municipal Advisory Council

The City or Municipal Advisory Council (C/MAC) oversees the overall implementation of 4Ps at the city or municipal level. Its responsibilities are stipulated in the Unified Memorandum of Agreement or Understanding (UMOA/U) and Specific Implementation Agreement (SIA) signed with the DSWD.

Members

1. Local Chief Executive (LCE), Chair

2. City or Municipal Social Welfare and Development Officer, Vice-Chair

3. City or Municipal Health Officer, Vice-Chair

4. School District Supervisor, Vice-Chair

5. City or Municipal Planning Officer, Member

6. School Principal, Member

7. City or Municipal Labor and Employment Officer, Member

8. City or Municipal Agriculturist Officer, Member

9. City or Municipal Science and Technology Officer, Member

10. City or Municipal Trade and Industry Officer, Member

11. City or Municipal Agrarian Reform Program Officer, Member

12. City or Municipal Technical Education and Skills Development Officer, Member

13. City or Municipal Local Government Operations Officer, Member

14. NCIP City Officer (for cities) or Community Service Center (CSC) Head (for municipalities)

15. Indigenous Peoples' Mandatory Representative (IPMR)

16. City or Municipal Population Officer/Worker

17. City or Municipal Nutrition Action Officer

18. Representatives from 2 NGOs accredited by DSWD or LGU, Member

19. The City or Municipal Social Welfare and Development Officer (C/MSWDO) provides the technical and secretariat support to the C/MAC.

Functions

1. Ensure that education and health services and facilities required by the Program are available and adequate for the beneficiaries within the duration of the Program.

2. Allocate budget to support the implementation of the Program in the Annual Investment Plan.

3. Facilitate the Philhealth accreditation of Rural Health Units (RHUs).

4. Facilitate the designation of counterpart LGU Links that will assist the DSWD-hired Municipal Link in the implementation of all 4Ps activities in the city or municipality.

5. Provide office space and other logistical support to the Municipal and LGU Links, such as office supplies, equipment, and other paraphernalia for the period of program implementation.

6. Ensure the establishment of an efficient recording system in all health and education facilities to facilitate the faster retrieval of compliance data and the timely submission of compliance reports.

7. Review progress reports on the verification of commitments and the supply of services.

8. Produce actions as needed to improve program operation.

9. Ensure the implementation of intervention plans for the HH-beneficiaries' aftercare program.

10. Hold regular and special meetings to ensure the timely resolution of implementation issues.

Governance Systems and Processes

Chapter 15
Convergence and Partnerships

To fulfill the Program's mandate of alleviating poverty among the targeted HHs and helping them remain non-poor after they transition out of the Program, a synchronized and coordinated multistakeholder approach is used in providing the HHs with responsive and appropriate interventions.

Rule XVIII on Convergence of Programs and Services of the 4Ps Act Implementing Rules and Regulations (IRR) states:

> *Section 46. Within the framework of a national poverty alleviation strategy and a holistic social protection program, the various agencies of government implementing multistakeholder programs and services for the poor shall guarantee that the same complement and converge seamlessly with the aim of ensuring that the targeted household-beneficiaries are alleviated from poverty and remain non-poor even after the prescribed maximum period for the conditional cash grant. Such convergence shall focus on the enhancement of operational efficiency and strengthening of inter-agency partnership, and funding of the Program. The government shall monitor the performance of these agencies to ensure the sustainability and positive impact of its pro-poor programs.*

Considering the government's finite resources and varying capacities, the different beneficiaries' needs, and the supply side gaps in the communities, pooling the stakeholders' capacities, resources, and expertise is key to providing appropriate and timely interventions that will have a significant positive impact on the well-being of the beneficiaries. Convergence and partnership focus on establishing, facilitating, and managing strategic and sustained engagements with existing and potential partners. Convergence with government agencies at the national and local levels and partnerships with nongovernment organizations (NGOs) and the private sector are carried out as a strategy for achieving the goals and commitments set in the law.

In support of convergence, DSWD helps local government units (LGUs), NGOs, national government agencies (NGAs), people's organizations (POs), and other civil society groups implement poverty alleviation programs, projects, and services.

Objectives

The 4P's multistakeholder approach in convergence and partnerships is presented in Figure 12. The partnership framework has the following objectives:

1. Increase the access of HH-beneficiaries to health and education facilities and services so that they can comply with program conditions.

2. Enhance the complementation of services among various stakeholders.

3. Improve program implementation through regular monitoring and evaluation as well as formulation of relevant policies.

4. Inform decision making, policy making, and the development of processes as well as the achievement of outcomes.

5. Ensure accountable and effective resource mobilization and complementation.

6. Coordinate livelihood interventions.

Figure 12. **Partnership Framework**
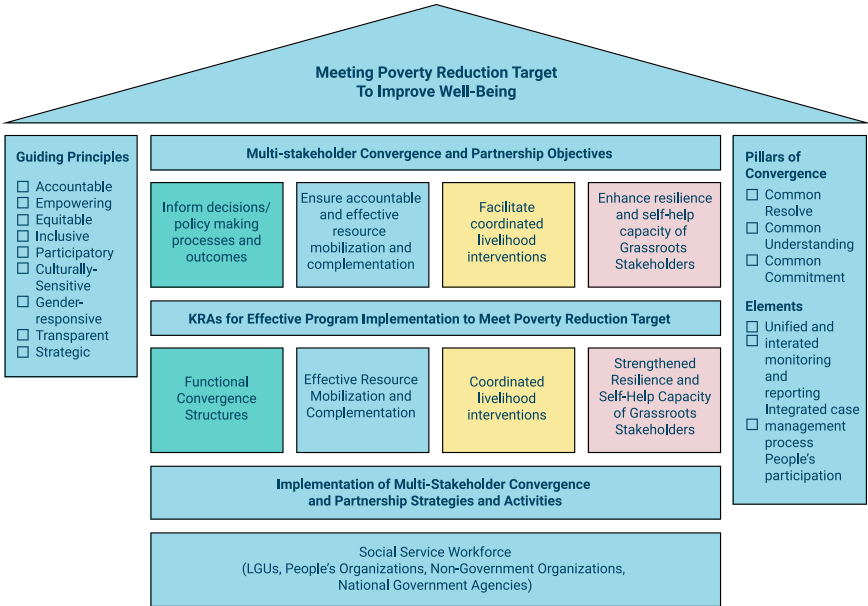
Internal Convergence

The DSWD, as the lead agency in the social welfare and development sector, implements three core social protection programs: 4Ps; Kapit-Bisig Laban sa Kahirapan – Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS); and Sustainable Livelihood Program (SLP). All these programs are aimed at improving the level of well-being of poor households in the country.

To promote a more streamlined and harmonized approach in poverty reduction, internal collaboration between the DSWD's three flagship programs and other relevant DSWD offices and units is prioritized and will continue to be strengthened. In fact, in compliance with RA 11310, 4Ps beneficiaries are prioritized in the provision of modalities and interventions under the SLP, including employment facilitation services and other similar programs.

External Partnerships and Convergence

NGOs and other civil society groups, the private sector, and national and local government agencies with social protection programs are engaged in the pursuit of shared objectives. These external partnerships and collaboration focus on improving program implementation through monitoring, policy recommendations, and provision of appropriate complementary support services to the HH-beneficiaries.

The Regional Program Management Offices (RPMOs) utilize a set of partnership tools in identifying potential partners for the provision of sustainable and strategic program and services to improve the beneficiaries' well-being. For more information, see *Partnership tools, p.214.*

In line with the Kilos Unlad (KU) Framework, the results of the Social Welfare Development Indicators (SWDI) assessment, including trends on well-being, are shared with partner agencies and organizations. The information is used as a basis for intervention and complementation.

Partnership with national government agencies

The Institutional Partnership Division coordinates with partner agencies and other stakeholders for resource augmentation and technical support. The main NGA players for 4Ps are the Department of Education (DepEd) and Department of Health (DOH), supported by other government agencies that implement multistakeholder programs and services for the poor.

Objectives

1. Facilitate joint efforts to effectively implement the Program.

2. Expand HH-beneficiaries' access to different programs and services of other NGAs.

3. Promote transparency and accountability through convergence of efforts.

Areas of engagement

The NGAs may provide support in addressing identified needs and gaps, such as in health and nutrition, education, livelihood and employment.

Partnership with local government units

LGUs are responsible for the delivery of basic services to their constituents. They are crucial in providing complementary and supplemental programs and services to the HHs, so that the beneficiaries can move out of poverty and remain non-poor.

Objectives

The DSWD Regional and Field Offices coordinate and engage with the LGUs in pursuing the following objectives:

1. Ensure the availability, accessibility, functionality, and adequacy of supply side requirements, so that beneficiaries can comply with program conditions.

2. Provide complementary support services.

3. Prepare the households for their exit from the Program.

Areas of engagement

DSWD's Institutional Partnership Development Officer (IPDO) takes the lead in the overall partnership with LGUs.

The Provincial and Municipal Advisory Councils are platforms for this partnership. Based on the IRR of RA 11310, these councils are formed to enhance operational efficiency and strengthen inter-agency partnerships.

Engagement with LGUs may be formalized through a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with a Specific Implementing Agreement (SIA). The partner LGUs' commitments are detailed in the SIA, with

the commitments varying across LGUs based on their capacities, priority programs, and projects.

The LGUs are expected to provide support services to HHs that graduate from the Program and refer them to other relevant institutions for assistance in addressing their needs.

The Program monitors the LGUs' fulfillment of their commitments in the SIA through the supply side inventory or assessment, and through their demonstrated accomplishments. Unmet commitments are discussed through the C/MAC where the IPDO participates. Should there be gaps that the LGUs cannot address, the IPDO identifies other stakeholders that can help, such as national government agencies and civil society organizations.

Partner LGUs undergo orientation sessions participated in by the local chief executives, Municipal or City Social Welfare and Development, and the LGU Link. The 4Ps objectives, implementation requirements, expectations, and program updates are presented during the orientation. The beneficiaries' needs and program gaps are also discussed, actions to address them are negotiated, and agreements are finalized with the LGUs and recorded in the SIA.

Partnership with civil society and the private sector

The National Program Management Office (NPMO) oversees the engagements with civil society organizations (CSOs) such as NGOs and POs as well as businesses and other private sector groups. NPMO enhances the implementation guidelines and policies of such partnerships.

Civil society

DSWD Regional Offices are in charge of direct coordination, negotiation, and partnership building with CSOs through a memorandum of agreement (MOA) signed by the Regional Director and the organization head.
CSOs become partner conduits in the implementation of the Program. They follow the prescribed partnership procedures and terms of engagement as described in the following documents:

- MOA
- Memorandum Circular No. 11, Series of 2015, Operational Guidelines on the Engagement with Civil Society Organizations in the Implementation of the DSWD's Social Protection Programs
- Terms of Reference on the DSWD-CSO Engagement on the Implementation of the FDS and FDS Plus in the 4Ps (including YDS, when applicable)

The organizations must also coordinate with DSWD and ensure the submission of necessary accomplishment reports and requirements, which are used in evaluating the partnership in program implementation, including whether to continue the partnership.

Academe and private sector

Partnerships with the academe and private sector are established for short-term and long-term engagements related to service delivery, capacity building, knowledge management, and advocacy.

The academe is commonly tapped for research and consultations for expert opinions on program implementation, quality, and impact.

Areas of engagement

The Program works with CSOs and the private sector in the following areas of engagements:

- **"Bantay"** (or watchdog), where DSWD and partners cooperate in implementing projects and activities geared towards fighting or preventing corruption
- **"Gabay"** (or mentor), where the expertise of partner NGOs and other CSOs is used to enhance the technical capacities of DSWD staff or direct service workers on a specific program area
- **"Kaagapay"** (co-implementer), where the partnership focuses on implementing anti-poverty and social protection projects and activities, targeting a specific sector or geographical area

- **"Tulay"** (or link), where the partnership facilitates action, feedback, and monitoring of a specific program and area of implementation with the partner as a facilitator or link between DSWD and its target sectors

Engagement Duration

The engagement period must be clearly set in the submitted action plan, which is to be reviewed by the RPMO and NPMO and must be concurred by the partner organization and DSWD.

Monitoring and evaluation

1. NPMO-initiated engagements

The proponent 4Ps Division monitors the NPMO-initiated engagements. The Division prepares the monitoring reports, highlighting the accomplishments, good practices, issues, and concerns encountered in the program implementation.

Upon the recommendation of the Division and in accordance with the approved project work plan, project evaluation can be conducted to assess the project status and results. This evaluation will be the basis for project modification, continuation, or termination.

2. RPMO-initiated engagements

Monitoring of engagements with partners is based on the MOA or MOU signed by the parties. The regional focal person prepares the monitoring report, which should include details about implementation issues and concerns. The focal person submits the accomplishment report to NPMO every quarter for NPMO's monitoring. The report is used as a basis for determining what technical assistance or spot checks are needed by the regional focals.

The RPMO is expected to conduct the following:

- Regular coordination meeting
- Monitoring visits
- Spot checks or visits at the external partner's offices

3.   Independent Monitoring Committee

Based on the approved NAC Resolution No. 4, Series of 2021, the Independent Monitoring Committee is tasked with the following:

1. Ensure the effectiveness of the implementation processes.

2. Monitor the inter-agency implementation of the program at all levels; participate in the review and assessment of the compliance of beneficiaries and LGUs with the conditions of the Program.

3. Solicit the participation of the private sector in collaborating with the government in the implementation of the Program.

Partnership tools

The 4Ps uses several partnership tools to engage new partners and sustain existing partnerships in different sectors.

SWDI and the Case Management Process in the KU Framework

The Social Welfare and Development Indicators (SWDI) is a case management tool used to assess the progression of the level of well-being of 4Ps household-beneficiaries and to monitor their improvement from Survival to Subsistence to Self-sufficiency Level.

The SWDI is one of several assessment tools used by the case manager or social worker in the case management process. The Family Risk and Vulnerability Assessment (FRVA) and the Household Transition Assessment (HTA) are among these tools. The

information captured through the SWDI assessment helps the case manager or social worker determine the level of well-being or the psycho-social and economic status of a household. The information gathered through the SWDI is used in intervention planning, which includes referral or leveraging for resources and support services or program complementation.

More effective if done annually, the SWDI assessment is administered through household visits and face-to-face interviews by the case manager or DSWD personnel. The SWDI focal person (Regional and National) consolidates, analyzes, and presents the SWDI results. They can be used in strengthening the convergence and partnership engagements at the local and national levels.
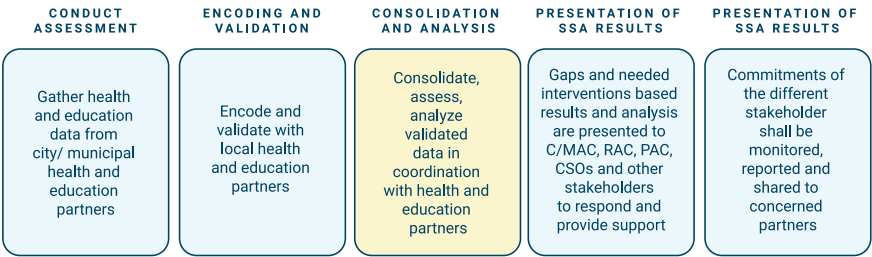
Supply side assessment

Supply side assessment (SSA) determines the availability, accessibility, adequacy, and state of health and education facilities in the 4Ps areas. It identifies the gaps, needs, and corresponding interventions and recommendations. It is conducted annually and is used in securing the commitment of LGUs, other key NGA partners, CSOs, and other stakeholders in helping HH-beneficiaries comply with program conditions.

Supply side data for the municipality or city are gathered; these are verified by the local health and education head, analyzed, and presented to the City or Municipal Advisory Council. With this information, the council and other stakeholders can find ways to address the gaps through convergence and collaboration.

The IPDO, specifically the LGU focal person, leads the conduct of the SSA, its analysis and presentation of results to the NPMO. The IPDO prepares the partnership and intervention plan detailing the needs and gaps, including the proposed interventions and partnerships with key stakeholders (Figure 13). The NPMO subsequently shares the results with other key NGA partners.

Figure 13. **Supply Side Business Process**

CONDUCT ASSESSMENT	ENCODING AND VALIDATION	CONSOLIDATION AND ANALYSIS	PRESENTATION OF SSA RESULTS	PRESENTATION OF SSA RESULTS
Gather health and education data from city/ municipal health and education partners	Encode and validate with local health and education partners	Consolidate, assess, analyze validated data in coordination with health and education partners	Gaps and needed interventions based results and analysis are presented to C/MAC, RAC, PAC, CSOs and other stakeholders to respond and provide support	Commitments of the different stakeholder shall be monitored, reported and shared to concerned partners

SSA Procedures

1. Gather supply side data and information. These data pertain to health and education services in the barangay, municipality, and city; specifically, the services' availability, accessibility, adequacy, and functionality. The supply side data may come from the Municipal or City Planning and Development Office, or the local health and education partners. The current data are compared with the baseline supply side data from the RPMO, and the historical data on supply side gaps are updated using the current data.

2. Encode and validate the data. The data are presented to the local health and education facilities for vetting.

3. Consolidate and analyze the data. The health and education focal accomplishes the SSA inventory or validation template. Data are then consolidated and analyzed.

4. Present the SSA results and partnership plan. The gaps and needed interventions based on the SSA results and analysis are presented to City or Municipal Advisory Council, Regional Advisory Council, Provincial Advisory Council, CSOs, and other stakeholders. The SSA results and analysis are used in crafting the partnership plan for pursuing the interventions that will address the supply side gaps.

5. Monitoring of commitments. The delivery and implementation of the commitments made by the partners are monitored, documented, and reported to the partners themselves and the NPMO.

Stakeholder analysis

The RPMO prepares a stakeholder analysis that lists all stakeholders at the regional, provincial, municipal, and barangay levels. It details the interests, nature and scope of services, interests, and possible support for the program that the stakeholders can provide. The list can be used in matching the beneficiaries' needs and gaps with the appropriate stakeholder and potential strategic partner.

Chapter 16
Risk Management and Quality

A risk is an uncertain event or condition that—if it occurs—has an effect on organizational, program, or project objectives. To manage risks, the 4Ps Risk Management and Quality Assurance (RQMA) uses a comprehensive strategy that encompasses all program process, policies, administrative support, and systems. Figure 14 illustrates how RQMA is embedded in 4Ps' processes.

Figure 14. **Risk Management and Quality Assurance Core Process**
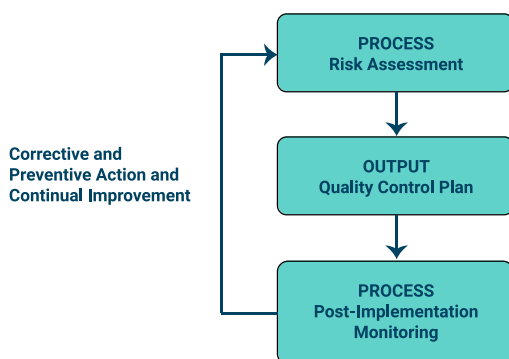
Risk management in 4Ps consists of five interrelated phases, as shown in Figure 15. Complementing the process is communication and coordination among the groups involved in risk management, as well as external communication with stakeholders.

Figure 15. **Risk Management Process Flow**
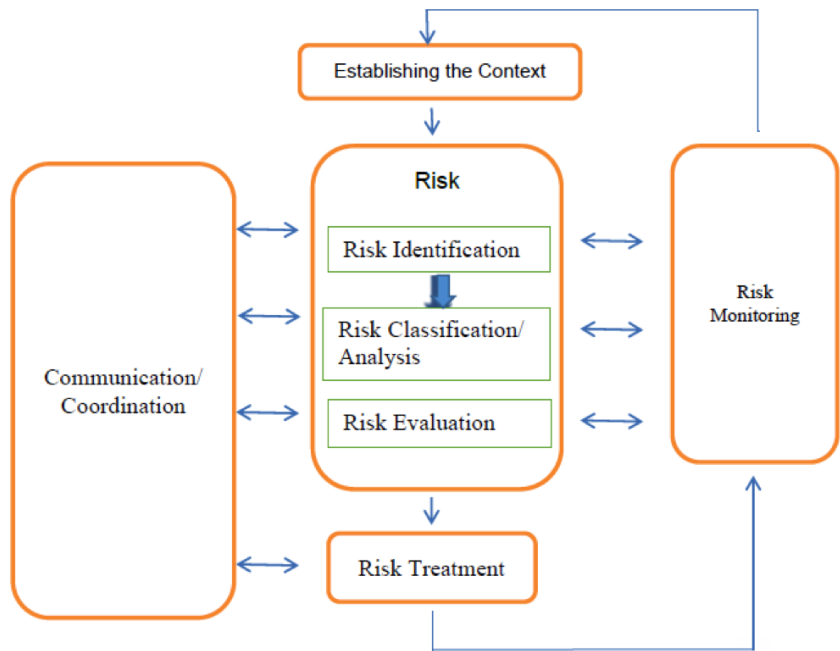
Risk Treatment

Inherent in all risk management processes is risk treatment, a critical part where one or more options for addressing each unacceptable risk are identified and chosen. The process is documented, which is used in creating a Risk Treatment Plan (Figure 16) that guides program actions in addressing risks. The risk treatment or approach may reduce, avoid, accept, or transfer the risks.

Figure 16. **Risk Treatment Plan**

Risk Identification

Risks are identified and documented in a risk register, accomplished by all process owners (i.e., program divisions). Its primary objective is to capture all possible risks comprehensively, based on the events that may create, enhance, prevent, degrade, accelerate, or delay the achievement of program objectives. The risk register helps define the scope and objectives of risk management.

The Risk Management and Quality Assurance Division (RMQAD) facilitates the development of the risk register in collaboration with all the 4Ps Divisions and Regional Program Management Office (RPMOs). RMQAD periodically monitors the progress of the interventions taken to address each identified risk.

Classification and Analysis

In this process, identified risks are analyzed, categorized, and prioritized. This prioritization guides 4Ps decision makers and risk owners in managing the risks that may have a high impact and a high probability of occurrence. It indicates which risks should be attended to first, given the resources at hand at a given time.

Evaluation

The level of risk identified in the preceding analysis is compared with the established criteria. The result is then used in deciding whether the risks require treatment or some other action.

Treatment

The risk treatment or mitigation measures are discussed and agreed upon to lessen the probability of the risks occurring or escalating. There are four options of options:

1. **Tolerate** – Accept or Retain, the risk is tolerable and the program needs to take no further action.

2. **Treat** – Control or Reduce, the risk is addressed while continuing the process or activity that causes it.

3. **Transfer** – Insurance or Contract, the risk is transferred to other process owners who can accurately respond to it.

4. **Terminate** – Avoid or Eliminate, the risk is treated by totally terminating the process or activity that may be causing it. However, termination of a process should be a last resort.

Monitoring

This procedure entails the periodic assessment of each risk listed on the risk register. The effectiveness of the mitigating approaches are assessed to determine whether it is sufficient or needs further improvement. An additional description of the risk (i.e., recurring, inherent, tolerable, etc.) is likewise provided whenever there is a significant change to the risk over time. Monitoring is also an opportunity to update the register for any emerging or resolved risks.

Communication with Oversight Agencies

The Division in charge of RMQA handles the responses to observations, findings, and memoranda from oversight agencies such as the Joint Oversight Committee, Commission on Audit (COA), and Office of the Ombudsman (OMB). These agencies, along with DSWD's Internal Audit Service, monitor the Program as part of their mandate.

Periodically, the agencies send letters of communications containing findings that must be responded to by 4Ps. Data and other documentary requirements must be submitted to clarify certain points in the findings. RMQAD coordinates with other divisions in responding to the findings while observing the requirements in the Ease of Doing Business and Efficient Government Service Delivery Act (the law seeks to reduce processing time and eliminate red tape).

Quality Assurance

Quality assurance (QA) seeks to achieve the desired quality of output based on the standards provided by operational policies and guidelines. RMQAD performs quality assurance on the following processes, alongside others that may be established in the future:

A. Registration, replacement, or mainstreaming HHs

The inclusion of new HH-beneficiaries in the database undergoes QA to ensure that the data are clean and reliable. The Data QA Officer inspects the consistency of the systems' outputs and benchmarks the performance of each system by performing the following tasks:

1. Receive the list of potential HHs for inclusion in the Program.

2. Check data completeness and accuracy with the use of analytical tools, such as Stata.

3. Check the consistency of the HH information in accordance with the set parameters.

4. Check whether any of the HHs is already registered in the database and look for possible duplicate members.

5. Provide complete findings and recommendations to mitigate the identified risk.

6. Prepare and submit a report to the divisions and offices concerned for appropriate action within the allotted time.

7. Monitor the action taken on the findings submitted by requesting feedback from the divisions and offices.

B. Updating the database

The Beneficiary Data Management Division (BDMD) updates the database. To facilitate the process, the Data QA Officer performs the following tasks:

1. Receive the lists of encoded updates from the BDMD.

2. Check the encoded updates to determine whether there is any inconsistency in the information (e.g., duplicate monitored children, age versus grade level, sex versus pregnancy status, age versus pregnancy status, in-school children versus grade level, in-school children versus facility name).

3. Provide complete findings and recommendations to correct or address these findings.

4. For duplicate HHs, submit recommendations to the National Program Manager (NPM) to tag them with "Client Status – 19" while validation is ongoing.

5. Endorse the findings to the field offices concerned for validation within 30 days upon receipt.

6. Be informed of the actions taken on the findings submitted and the list of approved updates from the BDMD.

7. Compare the encoded and approved updates to ensure that the actions taken are reflected in the records.

8. Monitor the actions taken on the findings submitted.

C. Computation of grants for HHs in NAPA and Payroll

Part of QA involves ensuring that only compliant HH-beneficiaries are included in the Notice of Approved Payroll Action (NAPA) and Payroll. To do this, the Data QA Officer performs the following tasks:

1. Check the NAPA or Payroll from the division or unit that performed the compliance verification or the Finance Management System (FMS) to see whether the list actually pertains to an outstanding pay period, and whether the data are complete.

2. Consolidate all payroll files received and prepare the NAPA or Payroll for quality assurance.

3. Perform QA by check for either of the following:

   • HHs that are possible duplicates

   • HHs that have a status other than Codes 1, 14, and 19

4. Analyze the list of possible duplicates and HHs with status other than Codes 1, 14, and 19, and save the list as a separate file.

5. For possible duplicate HHs, perform the following:

   a. Analyze the variables on the list to determine whether to include the HHs in the report. For example, compare the addresses of HH members and check whether they live in different municipalities that are far from each other. Perform a roster analysis. If the analysis shows that they are duplicates, exclude the HHs from the report.

   b. Trace whether the HHs are already part of the pool of duplicates, or whether they were previously tagged as Code 19.

   • If yes, indicate the date or period when they were first detected.

   • If no, do a roster analysis of the HH composition based on the set parameters (viz., same set grantee, child-beneficiaries, and other members). If found to be hard duplicates, include them in the pool. Otherwise, exclude them from the report.

6. For monitoring purposes, save the final list of possible duplicate HHs submitted for reporting to the NPM and divisions concerned.

7. In a separate file, save the list of HHs with status other than Codes 1, 14, and 19.

8. Provide complete findings and recommendations for resolution.

9. Prepare and submit a report to concerned offices and divisions for appropriate action.

10. Monitor the actions taken on the findings submitted.

D. Manual retro payment of HHs

Manual retro payment must undergo QA to ensure that only compliant HH-beneficiaries with corrections on their previous pay-out are included in the process. To do this, the Data QA Officer performs the following tasks:

1. Receive the list of eligible and compliant HH-beneficiaries.

2. Check data completeness and accuracy with the use of analytical tools.

3. Trace whether any beneficiaries are already part of the previously endorsed list to FMS for retro payment.

   • If yes, indicate the months or periods when they were first detected.

   • If no, do the roster analysis.

4. Perform QA and assess the list of HHs for either of the following:

   • with double entries and possible overpayment within the same pay period in education or health

   • provided with rice subsidy of more than Php 1,200 per pay period

5. Provide a report of complete findings and recommendations.

6. Prepare and submit report to offices or divisions concerned for appropriate action.

7. Monitor the action taken on the findings and recommendations.

E. Emergency subsidies

When additional cash assistance is given to 4Ps beneficiaries, QA of the HHs that are nominated as recipients is done to ensure that no duplicate or irregular payments are made based on the emergency subsidy parameters. The assigned Data QA Officer performs the following tasks:

1. Receive the list of nominated HH-beneficiaries.

    a. Check data for completeness and accuracy using analytical tools.

    b. Apply the parameters for emergency subsidy guidelines as indicated by law, in the regulations, guidelines, or procedures.

    c. Check whether any of the beneficiaries are already part of the list previously endorsed to FMS for the same purpose. If yes, exclude the beneficiary.

    d. Check the remaining HHs for duplicates and other entitlements based on the parameters of the emergency subsidy.

2. Provide a report detailing the complete findings and recommendations to the NPM, copy-furnished the originating office.

3. Monitor the action taken on the findings and recommendations.

Service Standards Process and Systems Review

Service Standards is a document introduced by the Division for RMQA to guide process owners on the step-by-step procedures for accomplishing the required outputs. Through the Service Standards process, 4Ps ensures that critical processes such as encoding, beneficiary updating, changing of grantee, cash card replacement, and compliance monitoring are performed based on set standards.

The following protocols should be observed to ensure the effectiveness of Service Standards:

1. Generation of Coded Service Standard Forms by the RMQA Focal Person in Field Offices

2. Distribution of the Service Standard Forms

3. Accomplishment of the Service Standard Forms

4. Reporting of the Accomplished Service Standard Forms

5. Monitoring of the Accomplished Service Standard Forms

6. Provision of Feedback on the Implementation of the Service Standard Process

The NPMO conducts spot checks in the RPMO to monitor the process. The results of the monitoring and review are used in enhancing the Service Standards.

Chapter 17
Social Marketing, Communication and Advocacy

Rule XXII (Program Transparency and Promotion) of the 4Ps Act Implementing Rules and Regulations (IRR) states:

> *Section 58. The Program uses social marketing and advocacy strategies to promote program goals and objectives, gain social acceptance and support, foster significant values on health and education, and advance positive and productive changes in the lives of qualified household-beneficiaries.*

Similar to communication for development (C4D), social marketing is used to promote social ideas and values, while advocacy is used to gain political and social leadership and prepare society for a development program. It is a mechanism used to amplify voices, facilitate meaningful participation, and foster social change.

Communication Goals

The 4Ps communication goals and objectives guide the use of social marketing as a strategy.

1. Attain developmental goals by implementing appropriate communication strategies.

2. Mobilize stakeholders to provide meaningful participation in the successful implementation and sustainability of 4Ps.

Communication Objectives

1. Build trust and acceptance for the program processes by fostering community-wide understanding.
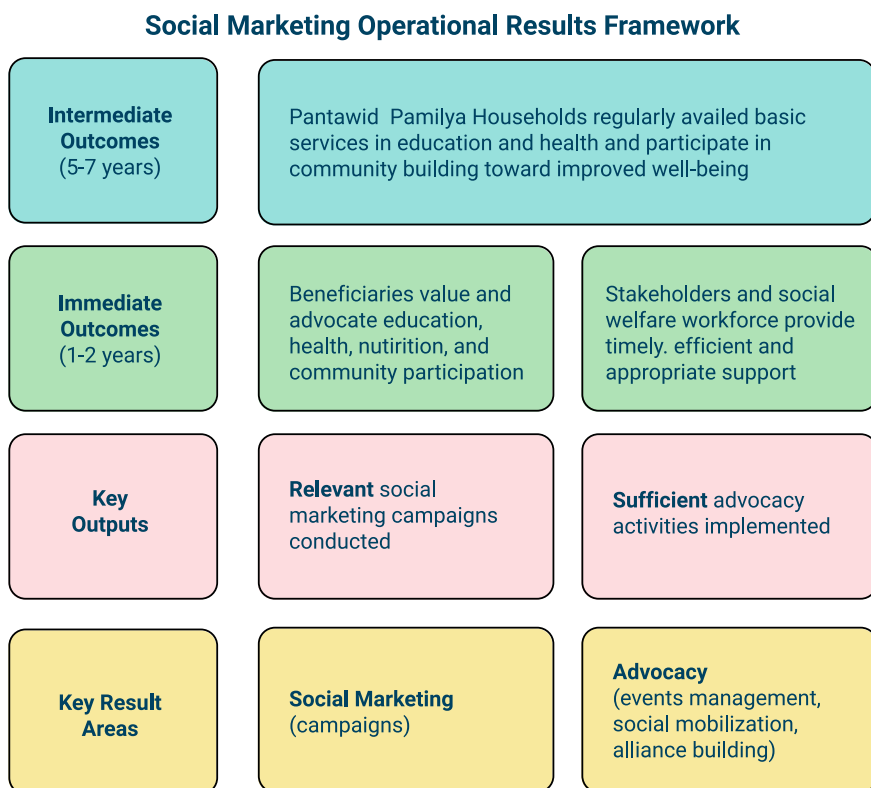
2. Foster understanding and strengthen commitment among partner agencies and institutions to the performance of their roles and responsibilities in the Program.

3. Elicit the support of local government units (LGUs) in promoting compliance with program conditions by developing local mechanisms and community champions and providing transition plans for beneficiaries exiting the Program.

4. Inform new and potential stakeholders about program systems and processes for efficient and maximum systems utilization and program operationalization.

5. Protect the Program against undue politicking and abuse by empowering the beneficiaries.

6. Instill among beneficiaries the value of health, education, family values, and improved well-being.

7. Facilitate the integration of other social protection programs besides 4Ps, which are aimed at protecting social welfare rights and promoting social development among the people.

8. Inform the general public about the Program, including its updates, highlights, and milestones.

Social Marketing Operational Framework

The Social Marketing Operational Framework caters to the needs of 4Ps for efficient operations as well as active and meaningful support from internal and external stakeholders for the improvement of the beneficiaries' level of well-being.

The essence of the Social Marketing Operational Results Framework (Figure 17) is to implement effective social marketing strategies that can lead to impactful change of behavior.

Figure 17. **Social Marketing Operational Results Framework**

Social Marketing Operational Results Framework

Intermediate Outcomes (5-7 years)	Pantawid Pamilya Households regularly availed basic services in education and health and participate in community building toward improved well-being	
Immediate Outcomes (1-2 years)	Beneficiaries value and advocate education, health, nutirition, and community participation	Stakeholders and social welfare workforce provide timely. efficient and appropriate support
Key Outputs	**Relevant** social marketing campaigns conducted	**Sufficient** advocacy activities implemented
Key Result Areas	**Social Marketing** (campaigns)	**Advocacy** (events management, social mobilization, alliance building)

The Social Marketing Operational Results Framework, developed by the Social Marketing Division, February 2020

Developing a Communication Plan

Every year, the National Program Management Office (NPMO) develops or updates the 4Ps communication plan based on the needs of the Program. These needs can include addressing pressing issues, increasing awareness and knowledge on program-related developments, and strengthening stakeholder support, among others.

The following steps guide the Regional Program Management Offices (RPMOs) in developing their localized 4Ps communication plan. The steps are based on the C4D approach, which focuses on bringing about social change.

1. Conduct a situational analysis.

Study the Program's thrusts, priorities, directions, mission, vision, and current situation to know the appropriate direction for the communication plan. The plan can be used to help address a problem, change the behavior of stakeholders, or disseminate information to the public.

In situational analysis, the communication efforts must clarify the vision of 4Ps and the goals it aims to achieve for its HH-beneficiaries. The vision and goals must be equally felt and shared by all stakeholders.

The situational analysis reveals the challenges and root causes that block the attainment of the shared vision. 4Ps will need to understand these root causes and, in a collaborative effort, provide appropriate solutions through the KU Framework.

The situational analysis also provides the communication landscape and determines the resources, capacities, and contributions from stakeholders, which are needed to carry out the communication strategies.

2. Identify the audience.

The audience refers to the recipients of the message. For the communication plan to be strategic, a specific audience needs to be targeted. The audiences of the Program are as follows:

a. Beneficiaries, who can be parent leaders, grantees, or children; and who can be further grouped into sub-categories, such as transient poor, chronic poor, ultra-poor, and IPs

b. Field implementers

c. Cabinet Secretaries or heads of agencies

d. Local chief executives and local government units

e. Legislators

f. Civil society organizations such as NGOs and faith-based groups

g. Development partners

h. Media

i. Private sector

j. Non-beneficiaries

3. Develop the communication objectives.

The communication objectives guide the Information Officers (IOs) and other personnel towards achieving the goals of 4Ps by carrying out social marketing activities. Communication objectives need to be SMART: specific, measurable, attainable, realistic, and time-bound. They must focus on what the stakeholders or audience need to know, understand, and do.

The communication objectives must reflect the behavioral changes expected in the audience. Behavioral change refers to the transformation in behavior brought about by the implementation of advocacy or social marketing programs. Note, however, that not all communication objectives aim to achieve behavioral change.

Here is a sample communication objective:

> *After listening to a local radio program on 4Ps' rice subsidy, at least five HH-beneficiaries from Brgy. A can articulate how they can receive the rice subsidy.*

4. Craft the messages.

Messages communicate the idea or information that the audience needs to know. To influence their behavior and attitude, the messages are often made to answer the question, "What's in it for me?". The audience needs to be informed of the benefit and positive impact of the Program and its activities.

Here is a sample message meant for the graduating HH-beneficiaries. The message aims to help them develop a positive outlook about leaving the Program.

> *Exiting 4Ps is a celebration of the positive changes in our lives, which the Program helped us attain.*

5. Identify the appropriate communication strategies.

Communication strategies refer to the activities and approaches used to reach the target audience. It can consist of a strategy or a combination of strategies such as information dissemination through traditional and social media, interpersonal communication through the Family Development Sessions (FDS), community assemblies, meetings, and house visits. In employing these strategies there is a need to be consistent with the program priorities and directions.

Some of the most common strategies employed by 4Ps are as follows:

a. Mass media

These include print, radio, TV, and social media. The Social Marketing Division (SMD) conducts press conferences, produces radio programs, sets up radio and TV interviews, and writes press releases to reach the general public. The social media accounts and website of the Program are maintained to help boost online presence and give the public real-time updates, especially during advocacy events.

- OFFICIAL WEBSITE: www.pantawid.dswd.gov.ph
- FACEBOOK: www.facebook.com/DSWDpantawidpamilya
- TWITTER: www.twitter.com/pantawidpamilya

b. Information, education and communication or IEC materials

These refer to posters, flyers, briefers, brochures, videos, and audio-visual presentations. IEC materials are used to reinforce the desired behavioral change in the target audience.

c. Information and advocacy campaigns

These are implemented as targeted and phased strategies, such as the Active Citizenship campaign that protects the Program and its HH-beneficiaries from undue politicking.

d. Social marketing activities or events

These serve as avenues for audience participation. They provide a better platform for communicating the gains of the Program. Examples are the National Search for Huwarang Pamilya and National Search for Exemplary 4Ps Children, which promote the success stories of family-beneficiaries and children-beneficiaries, respectively.

e. Community communication

This is the process of facilitating social interaction among small groups using interpersonal or indigenous small media, such as public address technology, low-power radio broadcasts, puppetry, audiovisual media used in group settings, community theater, and other folk media and expressions. Community communication is highly participatory, and involves the community in planning, producing, and evaluating the message.

f. Network, linkage, and alliance building

This involves forging partnerships, linkages, networks, or alliances with other organizations, sectors, or communities that have interests, programs, or objectives similar to 4Ps. This helps facilitate resource-sharing and synergizing efforts among different sectors towards common goals.

6. Identify the timeframe.

This refers to the time or period of implementation of the activities.

7. Designate the person or unit responsible.

This refers to the focal person or unit assigned to lead an activity.

8. Determine the budget or resources needed.

This refers to the financial and logistical needs of the communication activities. The budget is usually sourced from the General Appropriations Act (GAA) and technical assistance funds.

9. Determine the monitoring and evaluation activities or tools.

Monitoring determines whether the social marketing activities are on track, while evaluation assesses whether the social marketing efforts meet the Program's communication objectives. Performance indicators are used to determine whether the objectives are met. Data are gathered through surveys, interviews, focus group discussions (FGDs), or feedback questionnaires.

4Ps Branding Strategies

The Program generally adheres to the DSWD corporate branding as its parent branding. The 4Ps branding is a sub-brand established for brand equity return and brand awareness growth. This is an established standard where the DSWD logo is paired with the 4Ps logo in all IEC materials and collaterals.

Multi-branding strategy is used to categorize specific activities for specific purposes and audiences. This is seen in institutionalized advocacy activities implemented by 4Ps, such as the Search for Huwarang Pantawid Pamilya, Search for Exemplary Child/ National Children's Congress, and other activities initiated at the national level.

Culturally-Sensitive and Gender-Fair Communication

4Ps follows the IP Communication Framework and Plan and the Gender and Communications Protocols to ensure that its communication activities and materials are culturally-sensitive and gender-fair. The general guidelines are as follows:

1. Develop communication messages that are culturally-appropriate for indigenous peoples. Consult with community leaders and traditional leaders.

2. Use culturally-appropriate, nondiscriminatory, and respectful language.

3. Utilize indigenous communication (e.g., traditional dances, folk songs, and other communication approaches) to make program information easily accessible and understandable.

4. Understand gender in the context of indigenous peoples' culture. For example, while the Program promotes women empowerment, IPs often obey or adhere to the patriarchal culture of their tribe.

Crisis Communication

Crisis communication refers to "the communication activities that DSWD's Central Office and Regional Offices undertake when a disaster or crisis occurs. These activities include the gathering, processing, and transmission of information about the event or incident to employees and their families, various partners, other government agencies involved in responding to the crisis, media, and the general public. This information could help reduce the impact of a crisis on the population or the department." (DSWD Crisis Communication Manual)

The information collected can be used for developing key messages to be disseminated to people outside the crisis communication team, especially to the stakeholders of the Program. Crisis communication may not be a component of social marketing, but it helps in maintaining the good reputation that the Program needs for gaining the support of stakeholders.

The manner of implementing crisis communication is regulated by an existing DSWD-wide crisis communication plan, which is especially important given the global pandemic. The social marketing and advocacy plan is re-crafted accordingly as a contingency plan to provide doable program support activities. It adheres to all emerging protocols and issuances of the government and DSWD.

Part of preparing for a crisis is creating a crisis management team, crisis management plan and protocols, and a crisis communication plan.

1. Evaluate the climate.

Identify whether what is happening can be called a crisis. Crises are critical events which, if not handled properly, can dramatically impact an organization's profitability, reputation, or ability to operate (Table 14).

Table 14. **Common Crisis Scenarios**

Natural or Human-made Disasters	Typhoon, earthquake, flood, non-deliberate fire, or disease outbreak (pandemic/epidemic)
Security Issues	Armed conflict, insurgency, civil disorder, terrorist acts, executive kidnapping, consumer or activist protests, disease outbreaks (pandemic/epidemic), and community quarantine
Human Resource and Safety Issues	Employee sabotage, workplace violence, labor strike, issues related to performance incentives, alleged discrimination, diversity, layoffs
Operational Issues	Large-scale IT failures, technical problems that resulted in unreleased or delayed release of cash grants, supply chain disruptions, power outage, fires or explosions, stampede, warehouse mismanagement
Legal, Regulatory, and Government Issues	Violation or perceived violation of laws or accepted practices, allegations of financial misconduct or blatant mistakes, missteps in regulatory reporting

Business and Marketing Issues	Product recall
Corporate Governance Issues	Allegations of misbehavior of either the organization or its key leaders, nepotism, politicking
Community Relations and Environmental Issues	Conflict between the organization and the community; deforestation
Financial and Economic Issues	Catastrophes related to bank closures, unemployment, lack of business investments

2. Identify what is doable, not what is ideal.

In creating a crisis communication plan, all the possible crisis scenarios are identified and an evaluation of resources is done. It is similar to developing a strategic communication plan that factors in the audience, behavior, message, communication strategies, timeframe, person or unit responsible, budget, resources, and monitoring and evaluation.

3. Determine how the organization can respond to the crisis.

a. Determine the activities allowed by the 4Ps Act or the 4Ps Operations Manual in responding to crises.

b. Inform the people within the organization about the situation and the action that needs to be done.

c. Manage the information or message to be given to the media.

d. Prepare a quick response to questions, know where to get the data, and brief the spokesperson.

e. Update the media every day for the first two weeks, and if deemed appropriate, every other day for the succeeding weeks.

4. Differentiate between what is strategic and what is therapeutic.

Strategic is long-term and therapeutic is urgent. A crisis requires urgent action. Ensure that the crisis response is aligned with the long-term goals of the Program and it does not harm the Program's reputation.

5. Do not assume that the public thinks as you do.

Provide them with a clear, concise, and accurate message to prevent misinformation.

6. Identify and implement decisive actions.

Focus on tangible measures to improve and demonstrate operational results, not heartfelt promises, self-congratulation, or aspirations for better days. Decisive action and results can boost the Program's reputation.

7. Favorable public perception follows demonstrable performance.

Post-crisis involves dissecting the crisis management effort; communicating the necessary changes to stakeholders, specifically affected individuals; and providing follow-up crisis messages as needed.

8. Develop key messages.

   a. Acknowledge the mistake or recognize the problem.

   b. Stress the importance of the beneficiaries and the efficient delivery of services to them.

   c. Enumerate the steps being undertaken to solve the problem, if necessary.

   d. Assure the public that the management is taking action to determine what caused the problem (if necessary) and is closely monitoring the situation.

   e. Reassure the public that measures are being put in place to avoid a similar situation in the future.

Sample public statement

We admit that there was a delay in releasing the cash grants through over-the-counter payments in Catarman and Mahinog, Camiguin. This was due to technical glitches in the IT systems used by DSWD Northern Mindanao and the Land Bank of the Philippines.

We apologize for this problem. As an organization that operates with 'malasakit', we prioritize the efficient delivery of services to our beneficiaries.

As of 8 AM, our IT team has already coordinated with the Land Bank of the Philippines' IT team to fix the problem.

We are closely monitoring the situation. Rest assured that the teams are working fast to solve the problem.

We promise to find ways to improve the delivery of services and ensure that this kind of problem will not happen again.

9. Don't forget these important considerations.

a. Crisis communication involves preparing preemptive strategies, messages, and spokespersons before the crisis happens.

b. Consistently communicating the same accomplishment weakens reputation.

c. Hope is not a strategy in crisis communication. Make concrete statements complemented by actions.

d. Monitor the news and social media sites every day for mentions of the organization. Evaluate whether you need respond to negative posts or not. If they are from a reliable source, you may have to address them.

e. Maximize the use of social media. You may need to make an average of four posts a day.

Social Media Management

The 4Ps NPMO maintains its own social media platforms. This allows the Program to share critical information during crises. It also enables the Program to manage the narrative on key issues. Through social media, the Program uses partner experts to share information and create an open channel for beneficiaries' interaction and engagement.

DSWD also benefits from social media as they allow users to quickly know which messaging resonates best with the target audience. Through the years, the use of social media has allowed the Program to gain increased trust from the public and reach people and communities on platforms they already use.

4Ps NPMO maintains the following social media platforms:

- **4Ps Official Website**: https://pantawid.dswd.gov.ph/
- **4Ps Official FB Page**: https://www.facebook.com/DSWDPantawidPamilya/

Developing Stories of Change

Behind the positive gains of 4Ps are stories that can bring about increased awareness and deeper understanding of the Program among the public. These stories are captured in the Tunghay-Salaysay: Ang 4Ps at iba't-ibang kuwento ng paglalakbay tungo sa tagumpay (Uncovering the journey in achieving pieces of success among 4Ps HH-beneficiaries).

Tunghay-Salaysay

"Tunghay", or to raise the head, serves as the overall concept of the stories. These stories will highlight how HH-beneficiaries were able to remain optimistic in life, and how the Program looks up to them as empowered individuals.

Through valuable storytelling, the Program can encourage the audience to witness or "tunghayan" the changes in their lives. As part of the Program's social marketing

strategies, Information Officers are instructed to produce feature stories and other relevant storytelling executions (photo essay, snapshots, etc.) which can be categorized into:

a. Stories of Change (Mga Kuwento ng Pagbabago)

These are stories that follow the "then & now" form of storytelling and highlight the significant changes in the lives of 4Ps beneficiaries. They are considered success stories that showcase sustainable change connected to a larger solution, that is, they feature pieces of significant life situations that complement the bigger goal of the Program of achieving improved well-being. They position the people as main subjects talking about their experiences guided by the following questions:

1. Ilarawan po ang inyong buhay o ang kalagayan ng inyong komunidad bago maging benepisyaryo ng Pantawid Pamilya?

2. Anu-ano po ang inyong mga naisin o pangarap sa buhay noon, maaaring pansarili, pampapamilya, o para sa komunidad? Nagkaroon po ba ng pagkakataon na sinukuan niyo na ang mga ito?

3. Bilang isang benepisyaryo, anu-ano po ang mga pagbabago sa inyong buhay o komunidad? Anu-ano na ang mga bagay na inyong napagtagumpayan, maliit man o malaki, at paano niyo ito isinakatuparan?

4. Paano naging instrumento ang Pantawid Pamilya sa mga pagbabagong ito?

5. Ano po ang inyong ginagawa o plano pang gawin upang mapanatili o mas mapaunlad pa ang inyong pamumuhay bilang isang pamilya o komunidad?

After culling out the "pieces of success" through the questions, supporting data are incorporated to complement the stories. The storytelling approach highlights the Program's role in facilitating the positive changes described in the stories, and how the changes can lead to bigger success in the future.

b. Stories of Triumph (Salaysay ng Tagumpay)

These stories chronicle the journey of HH-beneficiaries towards self-sufficiency or improved well-being. The stories may feature any of the following themes:

- Their life experiences and achievements before exiting the Program
- Their seven-year journey as a beneficiary of 4Ps
- Their situation after exiting the Program

Since the focus of these stories is the graduating beneficiaries, the guide questions used for the first storytelling category can be used, albeit in the context of exiting from the Program and achieving improved well-being. The following guiding questions can be used:

1. Paano naging gabay ang Pantawid Pamilya sa inyong mga tagumpay sa buhay?

2. Anu-ano ang iba pang serbisyong inyong natanggap upang makamit ang mga tagumpay na ito?

3. Ano ang inyong mensahe sa iba pang mga pamilyang Piipinong dumaranas ng hirap sa buhay?

4. Paano kayo magsisilbing inspirasyon sa kanila?

For stories focused on good practices or initiatives that are proven to be effective and impactful among HH-beneficiaries, communities, or field implementers, the focus can be the implementation process. The following guiding questions can be used:

1. Paano nagkaroon ng malawak na epekto ang iyong o inyong inisyatibo sa komunidad? Anu-ano ang mga positibong pagbabagong naidulot nito sa inyong pamilya o komunidad?

2. Intensyunal ba ang mga resultang naidulot ng inisyatibong ito? Paano ito naisakatuparan? Sinu-sino ang mga tumulong sa iyo o sa inyo?

3. Paano pa ito makakapagdulot ng mas pangmatagalang epekto sa inyong komunidad?

4. Maaari ba itong maipatupad sa iba pang mga lugar?

c. Taas-noo sa Tagumpay ng Pamilyang Pilipino

As HH-beneficiaries' confidence continues to be boosted by the recognition of all their hard work, the Program also takes pride in their achievements and the impactful activities and strategies initiated in pursuit of these achievements.

The stories of triumph also send the message: Taas-noo ang 4Ps sa Tagumpay ng mga Pamilyang Benepisyaryo nito. With supporting data, the achievements of individuals, HHs, and initiatives can be used in research and impact assessments. The assessments can demonstrate the Program's role in facilitating success among HH-beneficiaries.

d. Editorial requirements

Information Officers must use concise and effective language, making sure to not exceed 500 words. All stories are submitted with at least two appropriately captioned high-resolution photos.

Stories gathered must give emphasis to the efforts of the beneficiaries in improving their lives, and how they continuously persevere to pave their way out of poverty. It is also important to document the step-by-step process (see *Story Spine, p.245*) in achieving the HHs' goals and how they plan to sustain their gains.

NPMO Biweekly Story Conference

Materials for this activity come from the feature stories or materials submitted by Regional Information Officers. The stories cover the journey of HH-beneficiaries in their own "pieces of success". In this mini-workshop, the NPMO Monitors, i.e., the NPMO Information Officers, will pitch the stories and endorse them for distribution and publication.

This initiative aims to bring out unique stories of success from different families and communities. It also intensifies the storytelling of 4Ps by exploring the journeys of its HH-beneficiaries from their different "pieces of success", and eventually creating a more holistic story of triumph among HH-beneficiaries nationwide.

Story Spine

The story spine is a guide for Information Officers in framing their stories. The NPMO can help in framing the story angle and supplying other needed information. The story spine contains the following details:

1. What is the story about? (thematic focus)

2. Why is this a story of change, triumph, or good practice?

3. What are your evidence?

4. HH-beneficiary profile:

5. Visual support:

Framing

The narrative uncovers "pieces of success" and how the specific achievements of HH-beneficiaries are borne out of their own perseverance. When story angles or slants are followed, they should highlight the HH-beneficiaries' journey towards the featured "pieces of success" and how the HHs plan to sustain these gains towards improved well-being.

The stories can feature a specific individual, family, community, or process. It can also showcase omnibus stories or a collection of short stories from different areas. The thematic or creative execution remains the prerogative of the Information Officer, as long as the storytelling is clear and aligned with the "journey" feature.
The Information Officers can also encourage HH-beneficiaries to write their own stories or produce literary outputs such as poems and short stories. Their outputs

must highlight their personal take on the journey of overcoming poverty and other adversities in life.

Social Marketing Division

The communication, social marketing and advocacy functions for 4Ps are lodged under the Social Marketing Division (SMD) that caters to both internal and external audiences and stakeholders. It plans, builds, and manages campaigns and day-to-day social marketing and communication services for the Program, and ensures that its messages reach the target audiences.

The SMD consists of Information Officers (IO), a Public Relations Officer, and Media Production Specialists. It prepares and implements the annual communication plan of the Program.

Each Regional Program Management Office (RPMO) has a 4Ps IO who handles its social marketing and advocacy efforts. The IO at the regional level coordinates with the SMD in developing and carrying out the 4Ps regional communication plan. While the Program has IOs, all the other 4Ps personnel in the Regional, Provincial, and City or Municipal Offices contribute to attaining the Program's communication objectives by conducting activities related to social marketing.

Chapter 18
Planning, Monitoring and Evaluation

Planning, monitoring and evaluation are key to ensuring that program performance is underpinned by 4Ps' officially adopted program results or logical framework (Figure 18).

Figure 18. **4Ps Results Framework**

Planning

Planning is a very crucial component of the Program, as it helps translate program goals and objectives into thrusts, priorities, targets, and timelines.

Planning ensures effective coordination within and between the divisions, units, and levels of program implementation, in the formulation of work and financial plans, the preparation of periodic reports, and the enhancement of program design.

It is critical that performance indicators or targets are set, so that performance can be measured and managed accordingly.

The planning process includes the assessment of program performance through various means of monitoring and evaluation. Lessons learned through reviews, assessments, and evaluations must be fed back into the planning process and incorporated in the revision or creation of new plans.

Planning tasks and activities

1. Establishing program goals and objectives

2. Designing framework and assessment tools

3. Setting planning parameters

4. Target setting and forecasting

5. Formulating a strategy

6. Crafting work and financial plans as well as action plans

7. Setting and defining success and performance indicators

8. Consulting stakeholders and informing them about the plans

9. Incorporating lessons learned when crafting new plans

Essential planning documents

- Theory of Change (or any equivalent document)
- Results Framework or Logical Framework (or any equivalent document)
- Monitoring and Evaluation Plan
- Strategic Plan (or any equivalent document)
- Work and Financial Plan

Monitoring

Monitoring checks whether each phase or aspect of program implementation follows the plans and policies. Monitoring can also be considered as process evaluation, and its main focus is on the performance indicators for inputs, activities, and outputs. Rule XX (Regular Planning, Monitoring and Evaluation) of the 4Ps Act Implementing Rules and Regulations (IRR) states:

> *Section 55. The DSWD monitors the program implementation, and reports its status at least once every three years to ensure the attainment of the goals enumerated in Section 2 of the Act and this IRR to the House of Representatives and the Senate of the Philippines.*

Program monitoring in this context refers to the ongoing collection of data that are used in assessing how the following areas of implementation are conducted: targeting, registration, supply side assessment, compliance with program conditions, grants payment, updating of beneficiary information, grievance resolution, collaboration with program partners, and other implementation areas.

Program monitoring can be done internally or externally. Internal monitoring is done when the program staff themselves conduct monitoring activities. External monitoring, on the other hand, is conducted by a third party.

In most cases, monitoring comes in the form of an operational spot check—a mode of program monitoring where a third party or program staff make an unannounced visit (ideally) to observe a program activity at the office or in the field. They ask questions about the status of program implementation and collect documents or data to be used in assessing program performance and identifying gaps and issues that need to be resolved immediately.

Other data gathering methods used in monitoring are surveys, key informant interviews, focus group discussions, and observations.
Site selection can be done nationwide to include Luzon, Visayas, and Mindanao, or be limited to certain localities. Random sampling of HHs and individual respondents is preferred, although other sampling methods such as purposive sampling are

acceptable, especially in spot checks that have very specific respondent selection criteria, or in cases where target respondents are scarce in a chosen locality. In this case, the sample need not be a representative of the entire beneficiary population, but only a segment of it.

Ideally, the details of the data gathering methodology and tools in both internal and external spot check monitoring are not known to the offices, groups, or persons who are the subject of the spot check. Not disclosing such information helps ensure that program implementation can be observed in its "natural" setting or how it actually happens.

The type of data collected during spot check monitoring depends on the program performance indicators that were set in the results framework and other planning documents. Additional pertinent data can be collected if deemed necessary, based on a specific spot check plan.

Evaluation

As a human capital investment program, the 4Ps is evaluated mainly through impact evaluation. Impact evaluation determines the effects and changes in the lives of beneficiaries that can be attributed to the Program and the Program alone. It measures the improvements and achievements of the beneficiaries on short, medium, and long-term outcomes, and assessed using health, education, and socioeconomic indicators. The Philippine Institute for Development Studies (PIDS) conducts the impact evaluation, as provided for in Rule XI (Periodic Assessment) of the 4Ps Act IRR:

> *Section 25. The Philippine Institute for Development Studies (PIDS) conducts an impact assessment every three years. The impact assessment covers the evaluation of:*
>
> *a. Effectiveness of the Program;*
> *b. Veracity of the list of qualified beneficiaries*
> *c. Behavioral and social outcomes*
> *d. Social exclusion among covered and non-covered children*

e. *Impact on child poverty, income poverty, and multidimensional poverty*

f. *Other matters relevant to program implementation.*

PIDS shall include in their budget the conduct of the said impact assessment.

Section 26. The amounts indicated in Rule VI, Section 10 of this IRR must be made available to the qualified household-beneficiaries during the first three years of the implementation of this IRR, provided that every six years after the effectivity of the Act, the PIDS recommends to the NAC whether the cash grants should be adjusted to its present value using the consumer price index published by the PSA. Provided, further, that the NAC ensures that the grant amounts are sufficient to make a positive impact on health, nutrition, and education, and that they are timely received and spent by the qualified household-beneficiaries.

Methodology

A rigorous impact evaluation that uses experimental or quasi-experimental design is used. Impact evaluation data must be quantitative data collected through a survey of a nationally representative sample. For an impact evaluation to be valid, it must have the following elements:

1. **A valid counterfactual.** This involves comparable treatment and the use of control group samples that will be subjected to impact evaluation analysis. Counterfactual refers to the alternative scenario without 4Ps, illustrating what would have happened to the beneficiaries had they not participated in the Program. The characteristics of the control or comparison group are used to estimate the counterfactual.

2. **A large sample**. The sample size determines the extent of the program effect weighed by the impact evaluation analysis. The appropriate sample size must be properly determined through a method called Power Calculation.

3. **A carefully selected treatment group** (HH- beneficiaries) and control group (non-beneficiaries). This is important because it ensures the validity of the estimates of program impacts. The specific selection of treatment and control groups depends on impact evaluation designs, such as the following:

    a. **Randomized Control Trial or Randomized Evaluation**. This is the classic experimental design where the evaluation sample is randomly assigned to treatment and control groups.

    b. **Regression Discontinuity Design**. The treatment and control groups are assigned based on their proximity to a pre-defined eligibility cutoff.

    c. **Matching or Propensity Score Matching**. The comparison group is selected based on how closely it matches the characteristics of the treatment group.

    d. **Difference-in-Difference or Double Difference**. The difference in the characteristics of the treatment and control groups is observed at a starting point in time, and again measured at another point in time. An instrumental variable is used where the treatment and control groups are regarded as if they were randomly assigned using an extraneous factor or variable.

Budget Guidelines for M&E

In National Budget Circular No. 560 or the Implementing Guidelines on Monitoring and Evaluation (M&E) Expenses, issued on July 31, 2015, by the Department of Budget and Management (DBM), the following are considered M&E activities:

- Activities that support the improvement of public service delivery by providing evidence-based information on the efficiency, effectiveness, and impact of governance programs

- Activities that enable informed decision-making by integrating experience and lessons into improving resource management, program or project identification, design, and implementation.

To support the conduct of M&E activities, the M&E expenses of the agencies should not exceed 3% of the total project or program cost.

Difference between M&E and capacity building

There is a thin line between an M&E activity and a capacity building (CB) activity, and there are hybrid activities where they overlap. The purpose of CB activities is to develop the competencies of individuals, while M&E activities is generally to gather ideas and inputs from program implementers.

CB activities are based on individual needs, whereas M&E activities are based on program needs in support of operations and overall implementation.

Expenses that can be charged against M&E funds

The Department of Budget and Management's (DBM) National Budget Circular No. 560 lists the following expenses that can be charged against M&E funds:

- Hiring of personnel under casual or job order status
- Travel expenses
- Communication expenses
- Professional services
- Printing and publication expenses
- Supplies and materials expenses (e.g., office supplies, fuel, and lubricants)
- Conduct of meetings
- Expenses for consultations with stakeholders
- Data collection, processing or analysis expenses
- Other incidental M&E expenses

Common 4Ps M&E Activities

- Meetings, workshops, and conferences

- Consultancies (Impact Evaluation, ICT system development, development of modules for Family Development Sessions)

- Technical assistance

- Spot checks

- Field validations

- Internal assessment (not evaluation) and reviews

4Ps Reporting Process

DSWD set up a 4Ps reporting process and an accompanying flowchart (Figure 19) in compliance with Rule XXI (Report of the Program) of the 4Ps Act IRR:

Section 56. The DSWD annually publishes a full report of covering the implementation of 4Ps during the previous fiscal year. The said report includes the financial disclosures and the number of households included in 4Ps. It also includes recommendations to the Advisory Council, the President, and to both chambers of the Congress on how to further enhance the program. This report is submitted to Congress before the submission of the President's Budget Message.

The DSWD shall develop a flowchart to be included in the OM, for the detailing and streamlining of the reportorial process regarding the M&E and implementation. The flowchart shall also provide the timeline for the submission of the reports. The program report shall include an evaluation of the impacts of the Program to the community.

Figure 19. **4Ps Reporting Process**
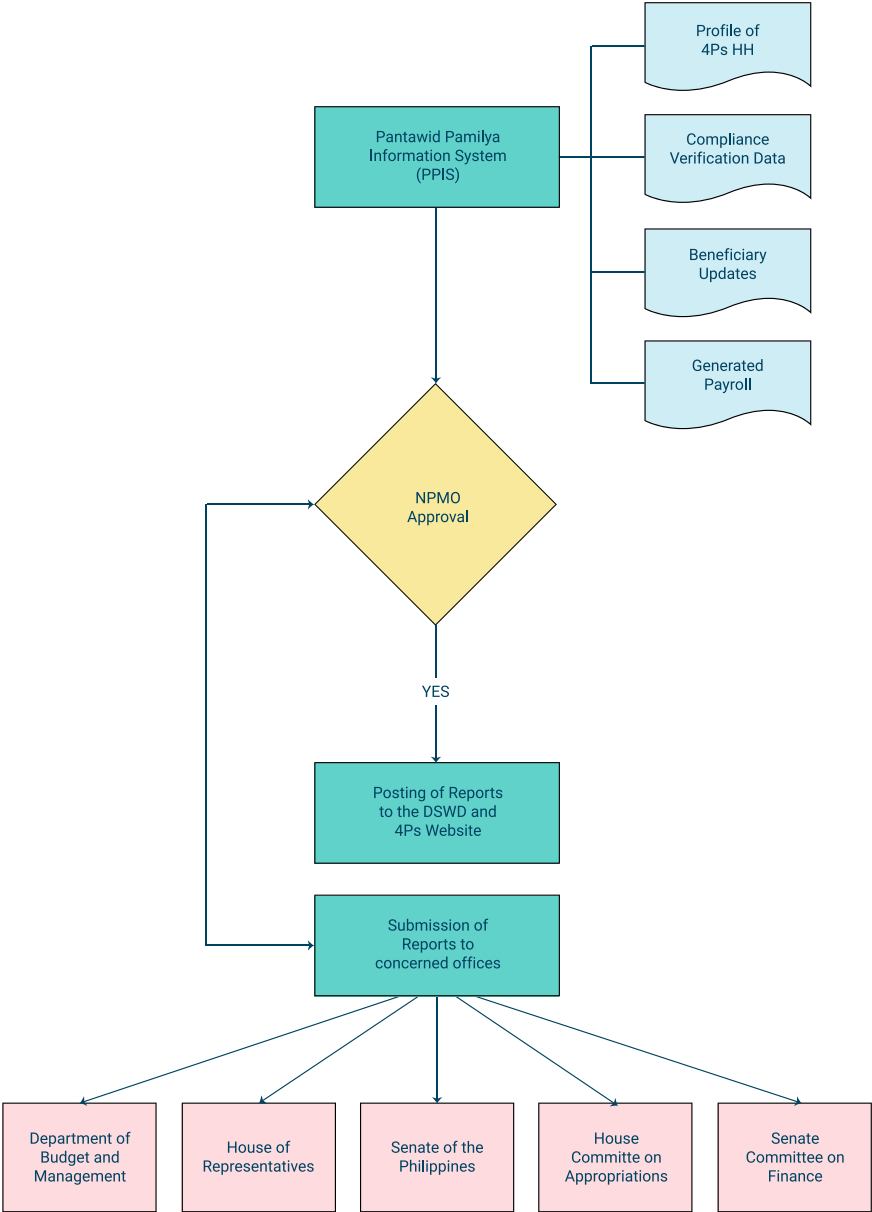
1. **Generate data.**

Data mining is done from the Pantawid Pamilya Information System (PPIS), which is the main source of data on the profiles of 4Ps HHs, compliance verification data, beneficiary updates, generated payrolls, and other related data.

2. **Approve the reports.**

Reports on program implementation are prepared once the relevant data are made available by the division concerned or the OBSU (office, bureau, service, or unit). The National Project Manager (NPM) approves the reports.

3. **Post the reports on the DSWD and 4Ps websites.**

Upon approval of the reports by the NPM, they are uploaded on the websites for public disclosure.

4. **Submit the reports to the offices concerned.**

The reports are submitted to the government agencies concerned, such as DBM, House of Representatives (HRep), HRep Committee on Appropriations, Senate of the Philippines, and Senate Committee on Finance.

4Ps implementation reports and other related reports are also sent to the members of the National Advisory Council (NAC) and the National Technical Working Group (NTWG).

Moreover, the same reports are submitted to the NPMO every two months by the agencies concerned. The submission should be made in the month following a given program implementation period. A minimum of six implementation reports in a year should be submitted by the agencies concerned.

Legislative Review

A Congressional Oversight Committee is to conduct a review of the Program in aid of legislation, as required in Rule XXIII (Joint Congressional Oversight Committee) of the 4Ps Act IRR:

Section 59. Upon effectivity of the Act and this IRR, a Congressional Oversight Committee, hereafter referred to as the 4Ps Oversight Committee, is hereby constituted. This Committee sets the overall framework to review the implementation of the Act. It likewise determines inherent weaknesses in the law, and recommends necessary remedial legislation or executive measures.

Section 60. The 4Ps Oversight Committee is composed of 14 members, with two co-chairpersons from the Committee on Poverty of Alleviation of the House of Representatives and the Committee on Social Justice, Welfare and Rural Development of the Senate, and six members from each House, to be designated by the Speaker of the House of Representatives, and the Senate President, respectively.

Section 61. For the purpose of determining remedial legislation, the 4Ps Oversight Committee must, within three years after the effectivity of the Act, conduct a sunset review that includes a systematic evaluation of the impact of the Act, the accomplishments of the Program, and the performance of its implementing agencies.

Chapter 19
Capability Building and Capacity Development

In the implementation of 4Ps, RA 11310 provides for building the capability of program implementers, social service workforce, and most importantly, the HH-beneficiaries. Rule XVI (Lead Agency) of the 4Ps Act Implementing Rules and Regulations (IRR):

> *Section 37. Capability-building and related capacity development activities for parent leaders, household members, partners, and 4Ps personnel are implemented by DSWD in collaboration with the NGAs, LGUs, and other stakeholders.*

Capability building (CB) focuses on enhancing human resource, structural, and organizational competence. Its aim is to sufficiently equip program implementers and institutional stakeholders with the necessary knowledge, skills, and attitude for improving the delivery of social services and interventions, thereby contributing to the efficient and effective implementation of 4Ps.

Capacity development (CD), on the other hand, is aimed at developing and strengthening local stakeholders, particularly the HH-beneficiaries, as program partners. This is done by building their competence as an integral part of overall program management and implementation. CD addresses the capacity needs and gaps of partner beneficiaries so that they can be transformed into empowered and productive individuals, leaders, groups, and communities. It promotes stakeholder collaboration and partnership, a sense of involvement, and ownership of the program process, benefits, and attainment of sustained efforts towards their development. The main goal of CD is to build a larger pool of active, committed, and skilled partner HH-beneficiaries and local stakeholders that will support and contribute to the facilitation and achievement of program goals.

Twinning Approach

Capability building for implementers focuses on ensuring that they are competent in facilitating the program processes, systems and mechanisms so that HH-beneficiaries can receive the appropriate services and interventions due them. Among HH-beneficiaries, meanwhile, the law requires that they exit the Program after seven years in 4Ps.

Given these demands, much is needed not only in terms of organizational competency but also in capacity development, that is, in building a strong commitment from the social service workforce to ensure that plans are in place and the needed support from the community and local government is available.

Family Development Sessions (FDS), for example, are interventions that aim for behavior modification and change among HH-beneficiaries and organization and mobilization of parent groups, volunteers, and advocates of the Program at the community level.

Both CB and CD are approaches towards strengthening capacities for optimum productivity, driving and adapting to change, and sustaining success indicators based on the existing pool of talents, skills, and knowledge of individuals, groups and institutions. Thus, it is both a challenge and an opportunity for every organization to continuously stay relevant and responsive, in the same manner that its people, processes, structures, programs, and services must maximize the best capital value of its people in an evolving environment.

CB and CD are important components in creating and strengthening the capacity of the Program to manage the pace of change rooted in the demands of the Program and the expected change among HH-beneficiaries.

"Capacity shall start from the principle that people shall be best empowered to realize their full potential when the means of development shall be sustainable, homegrown, long term and generated and managed collectively by those who stand to benefit it. The 4Ps shall see and commit to the process of capacity development to obtain and strengthen the capabilities of its program implementers to achieve the program

goals and for the partner HH-beneficiaries to achieve their development objectives over time." (UNDP Primer)

Capacity Building Results Framework

Capability building aims to develop the competencies of staff, HH-beneficiaries, partners, and stakeholders in supporting 4Ps beneficiaries attain self-sufficiency and improve their level of well-being. *Figure 20* illustrates the actions that will facilitate the achievement of this goal.
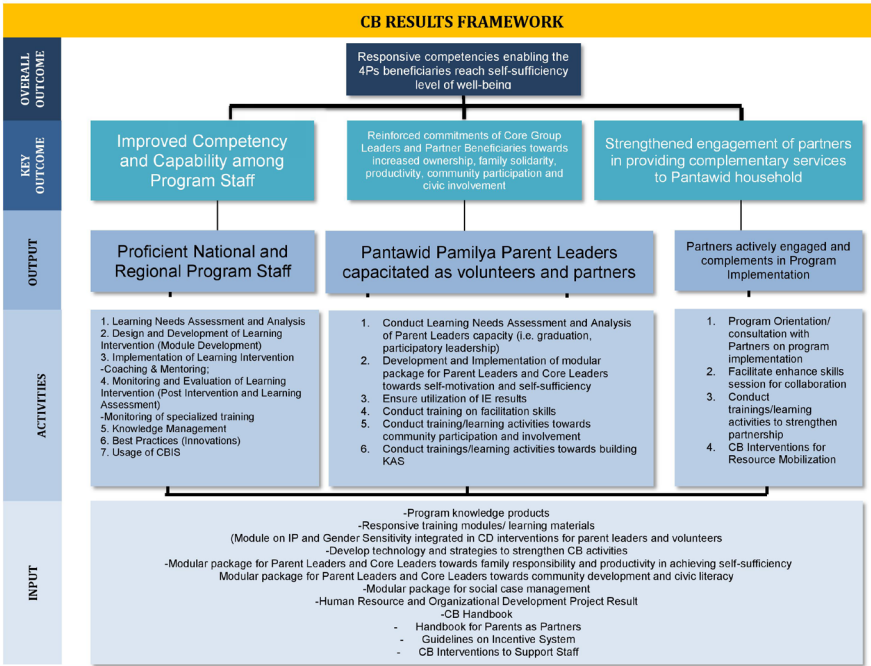
Figure 20. **Capability Building Results Framework**

Table 15. **Capability Building Objectives**

Objectives	Objective Statement
Overall Outcome	Responsive competencies capacitating the 4Ps HH-beneficiaries reach and sustain self-sufficiency level of well-being

Objectives	Objective Statement
Key Outcomes	Improved Competency and Capability among program staff at all levels of implementation
	Reinforced commitments of Core Group Leaders and partner HH-beneficiaries towards increased ownership, family solidarity, productivity, community participation andcivic involvement
	Strengthened engagement of other stakeholders in providing complementary services to 4Ps HH
Outputs	Increased knowledge and skills of National and Regional Program Staff
	Increased knowledge and skills of partner HH-beneficiaries as partner leaders and volunteers
	Partners actively engaged in program implementation

Guiding Principles

CB and CD are guided by the Capacity Building Results Framework and the following principles:

- **Needs-based** – Develops training interventions based on the competency requirements of the Program or the external environment

- **Learner-centered** – A collaborative participatory approach that focuses on the learner—not as a passive actor—but as an active contributor in the learning process

- **Inclusive** - Considers age, sex, gender, disability, culture, and ethnicity in the learning process to ensure meaningful participation

CB and CD Process

The CB and CD process *(Figure 21)* consists of interrelated phases that need to be completed to attain quality learning interventions and achieve program goals.

Figure 21. **Capability Building and Capacity Development Process**
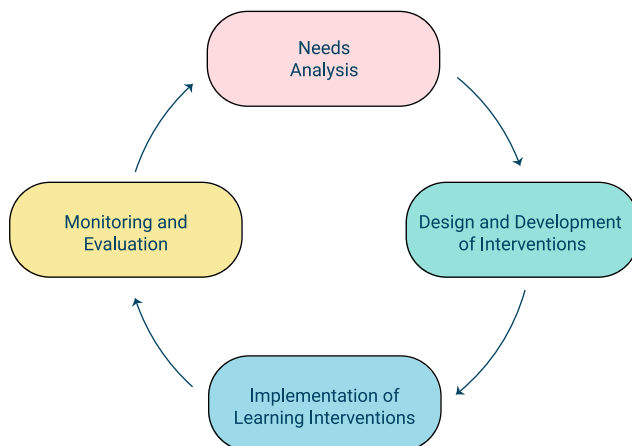
1. Conduct a needs analysis.

This involves the conduct of a training needs assessment (TNA) among 4Ps staff to determine their competencies and identify training gaps. The TNA is used in putting together the appropriate learning and development interventions.

In this phase, the proponent, such as a Division, completes the following tasks:

a. Develop TNA tools, such as competency assessments and surveys

b. Conduct TNA data collection through either of the following:

- Administration of TNA tool
- Review of training evaluation reports and other training-related feedback and documents; profiling of competencies

c. Prepare the draft TNA report. The report is used in designing, developing, delivering, and evaluating learning interventions.

In this phase, the Capability Building Division provides technical assistance to the proponent Divisions of the National Program Management Office (NPMO) when necessary or when requested.

Note that in the region, it is the Regional Training Specialist who conducts the needs analysis.

Integrating capacity development in organizational plans

The NPMO and the Regional Program Management Office (RPMO) must include the CB interventions in their Institutional Development and Capability Building (IDCB) and Work and Financial Plan (WFP) for 4Ps.

Alignments and negotiations are undertaken with respective Divisions and units as the DSWD prepares its WFP for the upcoming fiscal year. When providing an input to the WFP, refer to the following documents:

- DSWD thrust and priorities
- 4Ps thrust and priorities
- CB and CD plan detailing priority trainings based on the results of the needs assessment
- CB and CD guidelines, which include instructions regarding cost parameters, prioritization of training activities, and policies on developing training activities.

Once the WFP is approved, processing of training proposals can begin. Processing involves drafting, review and clearance from CBD, and approval by management.

2. Design and develop interventions.

This includes the preparation of activity proposals, training design, development of training materials, formation of a training management team, and coordination of logistical needs.

Design and interventions vary, depending on the activity to be conducted, such as training, immersion, coaching, exposure visits, hands-on workshops, on-the-job training, consultations and other non–classroom activities.

There are various CB and CD approaches that can be used:

- **Training and Development**. The process of equipping individuals with the necessary skills and knowledge to improve their competency so that they can perform their functions effectively.

- **Volunteer and Leadership Development**. Activities that reinforce the commitment of core group leaders and partner beneficiaries towards increased ownership, family solidarity, productivity, community participation, and civic involvement.

- **Stakeholders Engagement**. A process that creates a supportive environment by linking and strengthening support across various groups and at different levels of implementation. The intent is to strengthen local capacity and participation.

- **Innovative Technology Support**. Information and communications technology used to develop database information about the 4Ps' training programs and training modules. This can also include a learning platform for both implementers and social service workforce.

Team building for meeting preparations

It is imperative that the training team is gathered for one or two team building sessions to discuss the activity, roles, administrative and logistical requirements, and other preparatory activities. The team building session is facilitated by the Activity Manager with support from the Content Manager. All members of the training management team should be present.

3. Implement the learning intervention.

This is the actual delivery of the plan based on the design of the learning intervention. It includes training management, preparation of training reports or feedback, and

encoding of training reports in the Capacity Building and Implementation Support (CBIS) system.

The training team ensures that the environment is conducive to learning, queries of participants are answered, and concerns that require a response are addressed by the staff or venue manager concerned. The training team also ensures that participants are fully engaged and that target objectives and outputs are met. Finally, the training team implements the agreed house rules for the training activity.

In the RPMOs, the Regional Training Specialist is the overall in-charge of the implementation of learning interventions for 4Ps stakeholders.

At the end of each training day, a critiquing session is conducted to gather feedback on how the day went; the things that need to be sustained and improved; and the necessary adjustments in the training design, program flow and schedule, depending on the feedback gathered. The critiquing involves the training team and selected participants.

Reports are also prepared at the completion of each training. For a list of these reports, see *Monitoring, p.265*.

4. Monitor and evaluate.

Monitoring and evaluation is essential in assessing the effectiveness of the learning intervention and measuring its outcomes.

Monitoring

Monitoring reports are used in determining any follow-through activity and recalibrating future training activities. They are also used as references or knowledge products, deposited in the 4Ps Learning Resource Center, and endorsed to the Social Welfare Institutional Development Bureau (SWIDB).

The following reports are submitted after each training activity:

1. Training management team's report to be prepared by the training manager

2. Full documentation of the training, both narrative and photo documentation, to be prepared by the documenter

3. External facilitator's report

4. External resource person's report

5. Incident report, to be prepared by the training manger, if there are untoward incidents during the training that need the attention of the NPMO

The reports by the documenter, facilitator, and resource person are used in processing their service payments.

For learning applications, monitoring is based on the learning action plan (LAP).

With the CB activities of the RPMO, the NPMO Capability Building Division (CBD) monitors them through the RPMO's monthly accomplishment reports, knowledge products, and utilization of the CBIS.

Evaluation

A standard training evaluation form is given to all participants at the end of the training activity. This form gauges the effectiveness and efficiency of the various aspects of the training, such as the learning environment, training content, training management and administration, resource persons and facilitators, and the achievement of learning objectives. The evaluation results are used for follow-through activities and fine-tuning future training activities.

Participants submit their evaluation forms to the training manager, who then gives them their certificate of appearance and certificate of participation.

Focused group discussions are also held with the training management team. The evaluation looks into the same areas covered in the participants' evaluation form. The proponent Division also evaluates the training manager.

For learning applications, the evaluation report is based on the learning interventions provided.

Feedback and Reflection

This is an opportunity to gather feedback on the capability building interventions and activities—comments which are relevant and timely in the learning situation. Information about performance may come from the team but it can also be gathered from the participants. All comments, suggestions and recommendations are documented and used in reflecting on what occurred and what could help improve the learning interventions.

Developing Local Capacity

Developing the local capacity of HH-beneficiaries is key to strengthening the effectiveness and efficiency of program implementation. They can be trained as volunteers and leaders who will facilitate, build and sustain support for the Program in the community. Working with other HH-beneficiaries and collaborating with other members of the social service workforce, they can help address the critical needs of the HH-beneficiaries and the community.

A seven-year curriculum for leadership and management of volunteerism among parent leaders can capacitate them and help foster volunteerism, cooperation, and community partnership. This environment can create and sustain a shared vision towards the achievement of program goals.

The seven-year curriculum for parent leaders complements the implementation of the seven-year learning interventions for the HH-beneficiaries of the Program, which in turn is anchored on the seven-year social case management strategy. The strategy facilitates the provision of appropriate social services and interventions to the HH beneficiaries, and adoption of a simplified but concrete convergence mechanism where

the Program, institutional partners, and social service workforce work together in a sustained effort and collaboration to improve the well-being of HHs.

Functions of Capacity Building Division

Capability Building and Development

1. Administration of CB tools

Administer, collate, and analyze the results of the Competency Assessment Tool, Training Needs Assessment Tool, and Post-Intervention Application of Learning Assessment Tool in the NPMO; assist the RPMO on the same tasks. The tools are used by the training team and other training proponents in developing competency-based training interventions and participant-centered training methodologies as well as in evaluating the impact of training interventions.

2. Research

Conduct timely and relevant research and development initiatives that will lead to innovations in implementing capability building activities. Research may focus on the latest training methodologies, enhancing the skills of program staff and other trends in capability building. The research forms part of the regular assessment and evaluation of the current capability building and capacity development interventions and activities of the Program.

3. Development and design of CB interventions, modules and learning materials

Formulate and develop CB initiatives based on the priority agenda of the 4Ps Program; develop training modules, training manuals and other learning materials. Other CB interventions may also be designed and undertaken such as program immersion, coaching and mentoring, consultations, program exposure and other non-classroom-based approaches. CB programs and interventions should address the required skills, knowledge and competencies of the program implementers, intermediaries, and other stakeholders to meet the competency requirements and support for a more efficient and effective program implementation.

4. Management and implementation of capability building interventions

The CB learning interventions and other related activities, such as the conduct of training and other forms of technical assistance, capacitates field implementers, parent-leaders, intermediaries and other stakeholders. Regular monitoring of CB learning interventions at different levels of implementation—national, regional, provincial, city, and municipal—is conducted and used in developing new and enhancing current interventions. Reports and documentation are prepared to meet knowledge management requirements.

Knowledge Management and Learning Network Development System

1. Set up and maintain the KM Portal

Manage the Knowledge Management (KM) Portal, which is an online workspace for the creation, exchange, retention, and reuse of knowledge. The system runs in the backend and can be used for mobile access, setting up KM communities, knowledge sharing, reporting and analytics, and networking.

2. Monitor and maintain the Capability Building Database

Ensure that the database systems of the CBD are updated and utilized. These databases include staff training profile, inventory of training and training venues, listing of external service providers, intermediaries and other stakeholders that can facilitate and mobilize CB learning interventions resources in support of program goals and objectives. They also include an inventory of internal and external training materials. Updating requires encoding and following up with Regional Training Specialists (RTS) to submit their updates. The Knowledge Management unit generates, analyzes, and shares relevant data with offices, bureaus, service, or units.

3. Manage the 4Ps Learning Center

Maintain the Center and maximize its utilization for CB learning activities and interventions. The 4Ps Learning Center of the NPMO offers 4Ps knowledge products and serves as a hub for learning exchange between 4Ps and DSWD staff, partner implementers, intermediaries, and the general public. It is maintained and directly

supervised by the 4Ps NPMO. A regular program of activities in the Center is undertaken to keep all schedules updated and monitored by the NPMO.

4. Sustain the Knowledge Learning Network

Foster continuous development and sharing of knowledge and expertise between DSWD and its partner implementers, parent-leaders, intermediaries, and other stakeholders; facilitate collaborative support and involvement in the community to meet program requirements and attain program goals and objectives; facilitate sharing, linking and accessing of other training facilities, expertise and CB resources; work with intermediaries and other stakeholders to sustain the network.

5. Manage the Learning Management System

Establish a fully-automated Learning Management System (LMS) for developing and delivering training courses for field implementers, parent-leaders and volunteers, intermediaries and other stakeholders. The LMS offers pre-recorded videos of lectures or classes, images and files of CB intervention tools and learning materials. The LMS makes learning resources available online anytime and offers blended learning (i.e., online and offline learning), hence giving learners the flexibility to study at their own pace, anywhere and anytime, using their computer and mobile devices.

Chapter 20
Gender Mainstreaming and Indigenous Peoples Safeguards

The Program cultivates people-centered development and uses participatory decision-making in promoting self-reliance, self-worth, and social justice in local communities. 4Ps also promotes and protects the core-rights of the individual, and recognizes and respects the cultural diversity of people and communities during program implementation. Moreover, it tailor-fits program interventions and ensures that they responsive to the realities of HH-beneficiaries.

As one of the core social protection programs of DSWD, 4Ps plays a significant role in advocating for gender and development (GAD). The Program recognizes that promoting gender equality also furthers inclusive and sustainable development. As a conditional cash transfer (CCT) program, it increases and strengthens the access of vulnerable sectors to health and nutrition, education, and other complementary and development services. Thus, GAD is viewed as both a perspective and a process that is participatory, empowering, equitable, sustainable, free from violence, respectful of human rights, and supportive of self-determination and actualization of human potentials.

Likewise, DSWD ensures that the implementation of 4Ps is strategic, participatory, empowering, equitable, and transparent. This is an integral step in achieving the Department's organizational outcome of "improved well-being of poor families".

Gender and Development in the Pantawid Pamilya Program

Cognizant of Section 2 of the Implementing Rules and Regulations of Republic Act 11310 or an Act Institutionalizing the 4Ps Program, the government shall establish programs that invest and harness human capital and improvement of the delivery of basic services to the poor, specifically promoting the gender equality and empowerment of women and protection of chidren's rights.

Gender and Development ensures that all processes, procedures and output of policy making, planning, budgeting, implementation, monitoring and evaluation address the gender issues and concerns affecting the full development of families.

To ensure that gender issues and concerns are addressed in the delivery of 4Ps,strategies and other inteventions are designed and developed for gender mainstreaming.

4Ps creates opportunities for women to transcend their traditional and stereotypical roles by building their awareness of their basic rights, capacities, and potentials for active community participation and leadership.

Moreover, 4Ps concretizes achieving gender equality by effecting "transformed gender relations" among 4Ps HHs. Transformed gender relations is an outcome where intra-household dynamics are influenced to change towards sharing in all spheres of life (i.e., shared decision-making, shared parenting, shared budgeting). This aims to eliminate all forms of gender-based discrimination and violence.

Advocating for GAD loses purpose if structural changes in gender relations and dynamics are overlooked. Thus, the Program strengthens men's involvement as allies, champions, and advocates of GAD, specifically by promoting positive masculinities, fighting against all forms of gender-based discrimination, promoting family welfare, and protecting the rights of women and children.

Generally, the expected output of mainstreaming GAD in the Program is gender equality and equal access to opportunities for both men and women. The GAD is also expected to promote active participation in decision-making in the development context.

To mainstream GAD, the Program will carry out the following:

1. Institutionalize and integrate the GAD Mainstreaming Framework in the formulation and implementation of policies, processes, programs, and activities.

2. Integrate sex-disaggregated data in all the systems of the Program, along with the utilization of gender analysis in program design, review, and management.

3. Ensure that all documents such as memoranda, reports, manuals, and advocacy materials use gender-fair and culturally-sensitive language

4. Strengthen the 4Ps GAD Focal Point System as the enabling mechanism for GAD mainstreaming in every component of the Program.

5. Secure the issuance of gender safeguard policies that will guide program implementers and partner-stakeholders in integrating gender-sensitivity in program operations and systems.

6. Conduct timely assessments of the program's gender responsiveness and adopt mechanisms to monitor its progress and evaluate its impact at various levels of implementation.

Gender Mainstreaming

In compliance with the Republic Act 9710 or the Magna Carta of Women (2009), and in alignment with Administrative Order No. 5, Series of 2012 (as amended through AO 15, Series of 2018), 4Ps uses gender mainstreaming as a process and a strategy to achieve the twin goals of women empowerment and gender equality. 4Ps uses GAD as a development approach and a practice perspective in its core processess and operational procedures. It is intergrated into the program development, implementation, monitoring, and evaluation. As a practice perspective, 4Ps seeks out solutions to reduce, if not ultimately eliminate, the impediments to one's capacity to fully participate, access, and benefit from the Program.

The Program's GAD Mainstreaming Framework (Figure 22) guides all program components so that they contribute to achieving women's empowerment and gender equality. The framework speaks of different sets of gender perspectives and strategic objectives anchored on the Program and DSWD's mandate.

Figure 22. **4Ps Gender and Development Mainstreaming Framework**
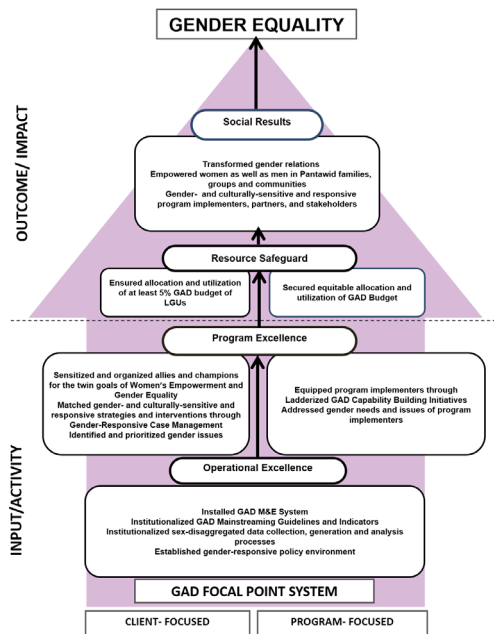
Through the 4Ps GAD Focal Point System, 4Ps uses a two-pronged approach in gender mainstreaming: program-focused and client-focused planning, program design, and budgeting. Through situational and gender analysis processes, gendered vulnerabilities are identified as they intersect with the gender issues experienced by HH-beneficiaries, implementers, and partner-stakeholders.

The framework strives for gender equality in four areas: Operational Excellence, Program Excellence, Resource Safeguard, and Social Results. The specific objectives under each area integrate GAD as a practice perspective in all program components, mechanisms, systems, policies, and strategies.

Entry Points

Gender mainstreaming uses the following primary entry points:

1. People as an entry point

This refers to stakeholders who assume the task of gender mainstreaming within and outside the organization, namely:

- **Sponsors** – persons or groups that have the power to legitimize change
- **Change agents** – persons or groups that can effect change
- **Target groups** – persons in the bureaucracy, field implementers, and HH-beneficiaries
- **Advocates** – persons or groups that want to achieve change, but may not have a direct influence on the change process

To mainstream gender among the staff, 4Ps applies the GAD Learning Needs Assessment. The assessment is used in profiling GAD capacities in the team, as well as in determining the focus of the Ladderized GAD Capability Building interventions, which are comprised of the following:

Foundational GAD (Level 1)

This includes trainings on gender sensitivity, cultural sensitivity, and the GAD perspective. It also includes orientations on the GAD mainstreaming initiatives of 4Ps, and sessions on each individual's personal transformative gender journey.

Competency-Based (Level 2)

This builds the core competency of internal change agents in the Program and includes such topics as gender analysis concepts and tools. In this level, the staff learn how to do a situational analysis of the gendered vulnerabilities and gender issues of clients, which weaken their capacities to comply with program conditions on health, nutrition, and education, and which impede the achievement of improved well-being and transformed gender relations. Core GAD competencies also include training on GAD mandates, GAD planning and budgeting, and GAD monitoring and evaluation.

Issue-Based (Level 3)

This addresses the specific skills requirements of staff who may be dealing with special and severe cases in their caseloads. Training is on Gender-Responsive Case Management (GRCM), Child Sexual Abuse Prevention (CSAP), special GAD laws and legal protocols, setting up case referral pathways, gender in education, gender in health, and similar topics.

2. PAPs as an entry point

Gender mainstreaming in 4Ps identifies programs, activities and projects (PAPs) where engendering or gender dimension can be highlighted and strengthened. This entails looking at flagship or strategic operations and business processes in each program component and applying a gender lens in analyzing the gender dimension of data and statistics.

Data analysis using a gender lens

The engendering of 4Ps through some of its systems, namely the Compliance Verification System (CVS), Beneficiary Data Management System (BDMS), and Beneficiary Updating System (BUS), starts with the production of relevant sex-disaggregated data and analyzing them for possible gendered differentials. The numbers and statistics may indicate the possible presence of gender issues among 4Ps HH-beneficiaries.

For instance, non-compliance with program conditions could signify the presence of gender issues. Thus, the Beneficiary Tracking Report (BTR), which lists the possible reasons for non-compliance, may be examined for its gender dimension. For example, GAD mapping may reveal that a non-compliant child is experiencing early pregnancy or is engaged in child labor. Gender-related reasons for non-compliance are examined and validated through community-based GAD mapping exercises, so that individual assessments and necessary case management services can be employed. The goal of GAD mapping is to identify the gender needs, issues and gaps that impinge on the capacity of partner-beneficiaries from complying with Program conditions, and which eventually hamper the achievement of "transformed gender relations" and "improved well-being."

Gender issues in NAS cases

Another way of using PAPs as an entry point is by capturing gender-related issues and data about children who are not attending school (NAS) in the Electronic Case Management System (ECMS). Subsequently, child protection and gender-based violence cases may be addressed and presented in a case conference in collaboration with partners. Beneficiary data from change of address requests, transfer of residence requests, change grantee requests, and reasons for NAS, are some of the information that will be examined for gender dimensions.

FDS for preventive and developmental interventions

Another platform is the Family Development Session (FDS), which can be used for preventive and developmental interventions with HH-beneficiaries, and from the FDS build a critical mass of advocates for women empowerment and gender equality.

GAD Attribution Checklist

When applicable, the GAD Attribution Checklist is used in proposed flagship activities under the training, M&E, advocacy, and administrative budget of the Program. After such flagship activities are implemented, they are evaluated using the same checklist.

3. Enabling mechanisms as an entry point

4Ps installs structural and procedural mechanisms to ensure that GAD is embedded in its program cycle. These mechanisms are employed not only at the program level, but also at the field and partnership levels. At the National Program Management Office (NPMO), 4Ps has a program component that is devoted to GAD mainstreaming. In the Regional Program Management Office (RPMO), the Project Development Officer translates gender mainstreaming directions and strategies into creative initiatives at the regional level.

GAD working group

In both the NPMO and RPMO, the Program has a GAD Focal Point System called the 4Ps GAD Working Group (PGWG), which is considered as a sub-committee of the DSWD GAD Technical Working Group (TWG).

At the NPMO, GAD focal designates and their permanent alternates from each program component or division comprise the PGWG.

At the RPMO, the PGWG is composed of representatives from select offices with critical roles in ensuring the achievement of the gender-responsive outcomes of the Program. The RPMO has the autonomy in choosing its GAD focal designates, including at the provincial and municipal operations offices. To ensure that GAD mainstreaming initiatives are implemented, GAD key result areas are expected not only from the Regional GAD Officer, but also from every staff that has a critical role in gender-responsive program implementation.

Given the extent of 4Ps operations, the PGWG ensures that gender safeguard indicators are formulated, delivered, and monitored in all program components and processes, and translated into specific gender-responsive interventions for the HH-beneficiaries.

GAD mapping

The designation of the GAD Trainers' Pool in 4Ps is another creative mechanism in support of the implementation of the Ladderized GAD Capability Building Program at the NPMO, RPMO, and client levels.

At the client level, the GAD mapping activity becomes an enabling mechanism for surfacing the gender issues experienced by 4Ps HH-beneficiaries. GAD mapping is used as a platform for verifying cases of non-compliant HH-beneficiaries whose reasons could be related to gender issues and gender-based violence (GBV). GAD mapping offers a process of engaging partner-stakeholders in pooling resources and services to respond to special cases involving gender issues. These stakeholders may include local government units (LGUs), nongovernment organizations (NGOs), people's organizations (POs), other civil society organizations (CSOs), Philippine National Police (PNP), Department of Education (DepEd), and Local Health Offices.

Gender red sites

Through the GAD component, "gender red sites" are identified as areas with high rates of consistent non-compliant and NAS cases. They are analyzed for their gender-

related dimensions. Using the Gender Red Sites reporting system, the RPMO can present data and information to decision makers and partners so that appropriate interventions can be mobilized. These data are packaged as knowledge products and endorsed to the DSWD GAD TWG to be registered for reporting, tracking, and monitoring of the resolution of individual cases. The individual cases that are identified and validated from gender red sites are referred to the appropriate services provided by offices, agencies, and partners.

GAD mainstreaming mechanisms promote affirmative support for the most vulnerable sectors in the Program. The mechanisms include referral pathways for special cases among 4Ps HH-beneficiaries, as well as the formation of the "Care for the Carers" among 4Ps implementers.

Model families

To expand the advocacy network for GAD, organizing male allies and champions from both 4Ps employees and 4Ps HHs is undertaken. GAD advocacies are mainstreamed through the annual recognition of family-beneficiaries who had exemplary practices or achievements that created a positive impact in their community.

GAD Budget

Funds are continuously allocated for GAD-focused activities. The Program as a whole is annually assessed using the Harmonized Gender and Development Guidelines (HGDG) to determine its rate and level of gender mainstreaming, its weak areas for improvement, and its effective areas that will be further strengthened and sustained. The assessment shows the proper utilization of DSWD's GAD attributable budget. Annually, the GAD mainstreaming initiatives of 4Ps are reviewed and assessed. GAD Planning and Budgeting activities are also conducted in collaboration with regional counterparts and other key program actors.

4. Policies as an entry point

To safeguard the gender responsiveness of the Program, GAD policies are developed and formulated in cooperation with regional counterparts and select partner implementers.

To make GAD policies comprehensive given the range of program operations, 4Ps aligns them with the DSWD GAD Mainstreaming and the 4Ps Results Framework. The framework consists of objectives and indicators that guide GAD planning and budgeting, setting targets, and monitoring and evaluation. The Program also has a set of GAD Mainstreaming Guidelines that regional offices should align with. The guidelines articulate the entry points and strategies for mainstreaming gender in every program component.

Finally, there are policies that support the use of gender-fair and cultural-sensitive language and the use of sex-disaggregated data for informed and evidence-based decision-making.

Advocating for Indigenous Peoples' Rights

The Indigenous Peoples (IP) Safeguards consists of operational policies that seek to avoid, minimize, or mitigate adverse impacts on IPs who may be affected or marginalized in the development process. The Safeguards promote the following:

1. Full and meaningful IP participation and empowerment

2. IP rights and protection from any adverse results during the whole cycle of the development processes

3. Social and economic benefits that are culturally appropriate and gender and inter-generational inclusive

In the Program, the rights of IPs are recognized and promoted in accord with national and international laws, declarations, and policies such as the Indigenous Peoples' Rights Act (IPRA), the United Nations Declaration on the Rights of IPs (UNDRIP), and the World Bank Policy on IPs.

Consultations with IPs are undertaken to solicit their participation in designing, implementing, and monitoring development projects, programs, and plans to avoid any adverse impacts on their lives and well-being.

4Ps Indigenous Peoples Framework

The 4Ps Indigenous People's Framework (IPF) is a declaration of policies and standard procedures in implementing 4Ps among IPs. It was initially developed for the implementation of World Bank's Social Welfare and Development Reform Project (SWDRP), and eventually used by DSWD as a reference for the development of other projects. The IPF facilitates an IP-sensitive and responsive program implementation. The 4Ps IPF has six strategies, which are undertaken together with the National Commission on Indigenous Peoples (NCIP)

Figure 23. **4Ps Indigenous Peoples' Framework Strategies**
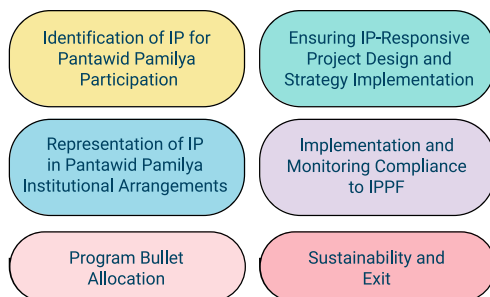
1. Participative program inclusion

The Program ensures that there is a minimum of 10% active IP HHs from the total number of HH-beneficiaries. The Program coordinates and partners with Indigenous Cultural Communities or Indigenous Peoples (ICCs/IPs) in mapping and validating potential HH-beneficiaries upon their free, prior and informed consent (FPIC). The Program's Standardized Targeting System (STS) adopts IP-responsive indicators, which are then used by teams of enumerators assigned to IP areas and the ICCs/IPs in identifying the IP HHs. In the event of non-inclusion, ICCs/IPs are prioritized in assessing On-Demand Applications.

Through the course of implementation, the Program gathers and validates information about ICCs, in partnership with the NCIP and the communities themselves through

their IP leaders. Field validations and monitoring activities are regularly conducted, again in coordination with the ICCs, to ensure that the IP data are correct and updated.

2. IP-responsive program design and management

4Ps guarantees IP-sensitive service delivery. It ensures that IP-responsive mechanisms and support services are developed and adopted in partnership with the NCIP, government agencies, ICCs, and other stakeholders.

IP-appropriate systems and services in health and nutrition, education, and other prerequisites for human development are continuously explored in partnership with the Department of Education and Department of Health (converged in the Program through the National Advisory Council or NAC).

All program components embed an IP component in their systems and sub-systems. IP-responsive mechanisms are found in compliance verification, payment of cash grants, Family Development Sessions, updating of beneficiary information, supply side assessment, grievance redress, case management, Social Welfare and Development Indicators, and other processes.

The Program ensures that no policies, interventions, and services would have adverse effects on ICCs/IPs. Assistance is made available to ICCs/IPs in the acquisition of IP-sensitive requirements.

Research and documentation activities about Indigenous Knowledge Systems and Practices (IKSPs) are conducted to gather evidence and insights that can be used in improving 4Ps as well as the programs of other member-agencies of the National Advisory Council (NAC). This is in accordance with Administrative Order No. 1, Series of 2012, issued by the NCIP.

Due consideration is given to IPs and their culture when actions and adjustments are made to increase their program participation. Through training needs assessment, the Program develops capability building activities and technical assistance that are relevant and sensitive to IPs. IP modules for the Community and Family Development

Sessions (CFDS) are developed or enhanced. Other FDS modules and program materials are reviewed and updated for IP-sensitivity.

Psychosocial and other related interventions, such as support services interventions (SSI), are also provided to ICCs/IPs.

3. Representation in 4Ps institutional arrangements

The Program ensures the representation of ICCs/IPs in advisory committees by including the NCIP, the IP Mandatory Representatives, the IP leaders identified through their indigenous political system, and other similar representatives in the said committees.

At the local level, ICCs/IPs are represented in the Provincial or Municipal Advisory Committee by the Mandatory IP Representative or IP leader chosen by the community. ICCs/IPs can provide inputs on policies through consultations and IP community resolutions. The Program acknowledges and includes these inputs and resolutions in the agenda of the advisory committee meetings. Formal written and verbal feedback about the results of the meetings are given to ICCs/IPs.

The Program maintains a list of IP leaders. They are recognized as local partners in the conduct of program activities in the communities. The collaboration is coordinated with the NCIP and the Office of Southern Cultural Communities Autonomous Region in Muslim Mindanao (OSCC-ARMM) to ensure that the IPs' traditional governance systems and indigenous political structures are duly recognized and promoted. Regular IP consultations are conducted to address emerging IP concerns. In addition, issues are raised for action before the national and regional advisory committees where NCIP is represented. Appropriate feedback is provided to the ICCs on the results and findings during the IP consultations, meetings, and field visits.

4. Implementation of the IP Framework and monitoring compliance

Within the NPMO, a dedicated division or unit is assigned to manage all IP concerns, including the implementation and monitoring of the IPF. In addition, a TWG for IP is created consisting of representatives from the various components of the Program. This TWG monitors the operationalization of IPF strategies.

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IP action plans based on the IPF strategies are created by the TWG every year as part of the deliverables of the Program. IP-specific reports are submitted by each division to the lead division, and the data are analyzed for compliance with the IPF. Moreover, IP-disaggregated data are used in all reports and databases of the Program. In the RPMO, Regional Program Coordinators and IP focal persons, in collaboration with other regional focal persons, coordinate the implementation and monitoring of all IP-related dimensions of the Program.

Monitoring activities in coordination with the NCIP and other relevant stakeholders are regularly conducted through consultations, field visits, spot-checks, and community profiling. This is subject to FPIC of the IP groups in accordance with NCIP Administrative Order No. 3, Series of 2012.

At the field level, IP-dedicated staff are assigned to IP HH-beneficiaries, with caseloads assigned to them in clusters of contiguous geographical locations of ICCs/IPs. Program implementers working with ICCs/IPs are given additional technical assistance and due consideration in terms of caseload count. Program policies and related guidelines on travel reimbursements and other arrangements are reviewed and, if necessary, amended by the relevant offices. Program implementers are provided with an enabling working environment to conduct quality service delivery to ICCs/IPs.

Program budget

The financial requirements of the activities and materials needed to operationalize the IPF strategies are funded through regular appropriations and form part of the overall 4Ps budget. At least one IP-centered activity per semester is allotted with a budget. Further, the Program works with DSWD's finance management unit to explore, develop, and enhance the policies on administrative and logistical support to staff working with ICCs/IPs to help them perform their functions effectively. Finally, there is a budget allocation for Support Services Intervention for ICCs/IPs in the Program.

Sustainability and exit

4Ps ensures the sustainability of program interventions among ICCs upon program exit. Services and projects in ICC/IP areas are based on adequate consultations with stakeholders and community profiles subject to FPIC. Interventions provided to ICCs/IPs prioritize their most pressing needs, as well as the development or enhancement of existing structures and processes.

Projects are developed based on the Ancestral Domains Sustainable Development and Protection Plan (ADSDPP) if available, and in consultation with the ICCs/IPs. In areas where the ADSDPP is not available or needs updating, Sustainable Development Plans are developed by the Program together with the ICCs/IPs three years prior to program exit. The plan will cover several development areas, such as the social and environmental component, apart from the economic component. The plan also includes the provision of capability building interventions to ICCs/IPs and other stakeholders, improvement of the economic conditions of the community, and strengthening of local structures. The needs identified in these development plans are coordinated with stakeholders for their support and intervention.

Chapter 21
## Pantawid Pamilya Information System

The Pantawid Pamilya Information System (PPIS) supports the overall operation of the Program. It provides the information technology needed to capture the process, generate data, and facilitate the required processes and procedures of the various components of the Program. The PPIS is under the management and supervision of the Information and Communication Technology Management Service (ICTMS) – Business Solutions and Services Development Division (BSSDD) – Special Project Unit (SPU).

To systematize and support the implementation cycle, key information systems have been developed to ensure that procedural guidelines and business processes meet program requirements and objectives (Figure 24). These information systems are a collection of web-based systems connected to the 4Ps database maintained by the ICTMS.

The key processes in the implementation of the program start with the identification of priority areas based on the results of the accomplished nationwide HH assessment using the adopted Standardized Targeting System (STS), which for now is the National Household Targeting System for Poverty Reduction (NHTS-PR).

The NHTS-PR database of poor and near-poor HHs is maintained by the National Household Targeting Office (NHTO). This data is forwarded to the NPMO to determine the HHs' eligibility in the Program.

Figure 24. **General Operations of the Pantawid Pamilya Information System**
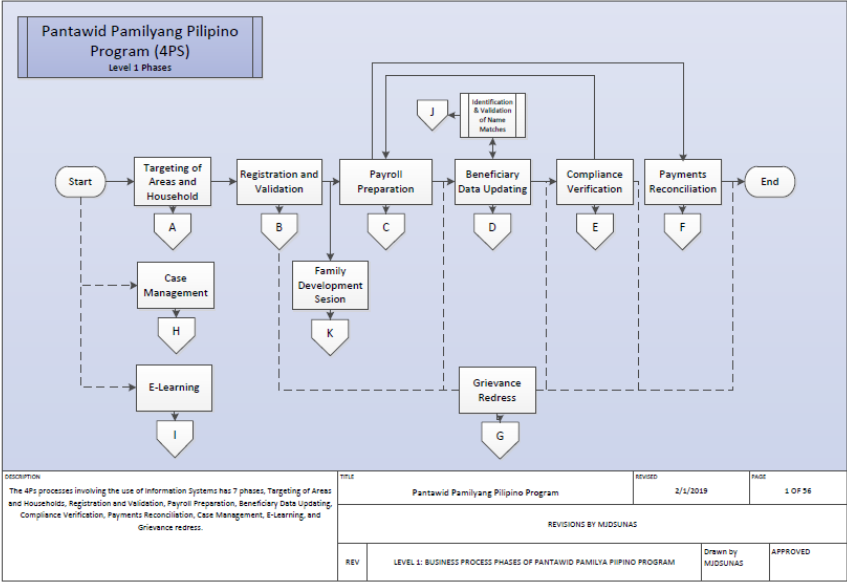
Operational Systems

The following operational information systems support 4Ps: Eligibility Check Routine (ECR), Community Assembly Registration System (CARS), Beneficiary Update System (BUS), Compliance Verification System (CVS), Payroll Generation System (PGS), and Grievance Redress System (GRS).

1. Eligibility Check Routine

Once the data on poor and near-poor HHs are received, the National Program Management Office (NPMO) runs the ECR. This process determines which HHs have pregnant women and children between 0-18 years old.

Upon the completion of the ECR, the list of eligible HHs is transmitted to the field offices for posting in their respective localities. After a minimum of one week from posting, the actual validation of HH-beneficiaries is conducted using the registration

form, either through a community assembly or house-to-house (see *Validation Proper, p.65*).

2. Community Assembly Registration System

CARS is used to encode the captured information from the registration form. If the HHs meet the eligibility criteria, they are tagged and duly registered in the Program.

3. Beneficiary Update System

The BUS is used primarily for capturing and encoding the changes in the HH status or the profile of its members, especially the grantees, children (members ages 0-18 years old), and pregnant women. The encoded updates are approved by the Regional Director within a set timeline. The generation of the approved updates can be accessed from the Updates Summary module.

4. Compliance Verification System

Compliance verification is conducted regularly through the CVS. The system uses simple and easy-to-follow verification tools that are accessible through the client server with an internet connection.

The CVS tracks compliance using CV Forms 1 to 4:

- **Form 1** - the Masterlist of beneficiaries, filled out by the City or Municipal Links (C/MLs)
- **Form 2** – for Education, filled out by schoolteachers or principals
- **Form 3** – for Health, filled out by health personnel at the health centers
- **Form 4**- for FDS, filled out by the C/MLs

The data captured in these forms are encoded in the database to track the compliance of beneficiaries with program conditions.

5. Payroll Generation System

The PGS is used to compute the cash grants of HH beneficiaries who passed the compliance verification process. It also generates the payroll for the HH beneficiaries.

6. Grievance Redress System

The GRS captures the grievances received through various channels (see Table 12) and at all levels of implementation. It can effectively track the progress of each case and facilitate its resolution. DSWD will further strengthen the GRS by effecting seamless and automated grievance processing, which will improve the current manual escalation and referral of certain grievances, especially those that involve several grievance actors across multiple offices.

7. Case Management System

The Case Management System (CMS) provides case managers with the capability to file case documents electronically, thus reducing the burden of paperwork and ensures that all documents are completed and filed correctly.

8. Retroactive Payment System

This system is be used for the automated processing of retroactive grants due for previous pay-out as corrections to discrepancies in the amounts of cash grant for eligible and compliant HH-beneficiaries.

9. Payment Reconciliation System

This system is used for the reconciliation of payments made to HH-beneficiaries.

Systems Under Development

Additional information systems are developed to support the operations of 4Ps.

1. 4Ps E-Learning Portal

This is a web-based catalog and repository of 4Ps learning and development resources about the Program.

2. Family Development Session Information System

The FDS-IS can be used to collect administrative forms and monitor the topics discussed in the Family Development Sessions.

Systems Development Life Cycle

The Information and Communications Technology Management Service (ICTMS) is responsible for the development, maintenance, and enhancement of the PPIS. Every system developed by the ICTMS for 4Ps goes through a project management cycle (Figure 25) that closely follows the standard Systems Development Life Cycle (SDLC) model.

Figure 25. System Development Life Cycle
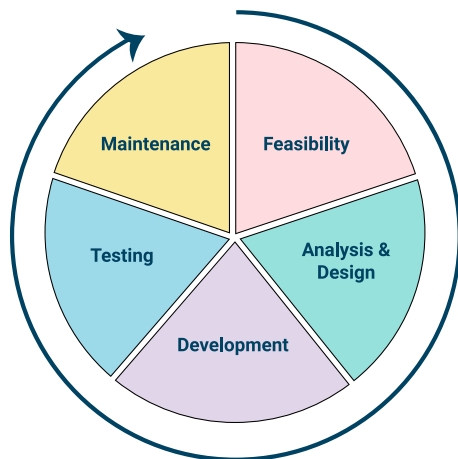
1. Feasibility

The feasibility study determines whether a project has enough basis to proceed. If the project proceeds, the feasibility study advances to a project plan and time estimates for the future stages of project development.

2. Requirements analysis and design

This phase determines the business requirements for the development of the system. It includes a detailed study of the business processes of the organization. Options for changing the business process may be considered. The process focuses on high-level design that addresses program needs, ease of interaction, low-level design (how the individual programs will work), interface design (how users will interact with the system), and data design (what data will be required). During this phase, the software's overall structure is defined.

3. Development

In this phase, the designs are translated into program codes and database structures. The PPIS is implemented using PHP codes that interact with a MySQL database for saving and retrieving beneficiary data.

4. Testing

In this phase, the system is tested. Normally, programs are written as a series of individual modules that are subjected to separate and detailed tests. The individual modules are then brought together and tested as a complete system. Systems are tested to ensure that interfaces between modules work (integration testing), that the system works on the intended platform with the expected volume of data (capacity testing), and that the system can do what the user requires (acceptance or beta testing).

5. Maintenance

Systems need regular maintenance. Every software undergoes change once it is deployed and utilized by users. Thus, a software is developed to accommodate

changes that could happen post-implementation. There could be many reasons for these changes. For example, change could happen because of some unexpected input values into the system. Significant changes in business rules, policies, and procedures trigger enhancements in system features. Such changes in the system could directly affect software operations.

Systems Administration and Integration

1. Database administration

The PPIS uses an enterprise grade relational database management system. It is managed by a database administrator at the ICTMS – Data Management Division (DMD).

2. Infrastructure and connectivity

By design, the PPIS is a web application accessible only within the DSWD wide area network (Figure 26). The wide area network connects all DSWD and 4Ps offices via an internet protocol broadband network that enables voice and data connections. The DSWD wide area network utilizes the services of telecommunications companies that provide appropriate service levels to support the connectivity requirements of the program.

Figure 26. **DSWD Enterprise Network Architecture**

3. Security and access control

Security and access control is of paramount importance for the PPIS. The ICTMS implements security policies and procedures in the operation of the systems. Remote users can access the PPIS via IP-VPN or SSL-VPN, depending on the level of security access administered by the system administrator of ICTMS. Authorized users defined in the access control table approved by the NPMO are provided with remote access to the PPIS via the internet.

Management of the Pantawid Pamilya Information System

The ICTMS implements ICT service management to develop, maintain, and enhance the Pantawid Pamilya Information System (PPIS). It plans, builds, and operates the software applications to automate many of the 4Ps activities. ICTMS ensures the integrity, accessibility, and security of the 4Ps information systems and databases.

It provides support services in activities requiring information technology, such as systems development, security, infrastructure, service delivery, and service support.

Chapter 22
Sanctions and Penalties

Section 63 of the Implementing Rules and Regulations of Republic Act 11310 specifies the acts or omissions that are expressly punishable under the law. It is incumbent upon any person, public official, or employee, especially those engaged in program implementation, to diligently follow the proper conduct and behavior expected of one's office and position.

> *Section 63. Any person, whether or not acting in conspiracy with public officials or employees, who, by act or omission, inserts or allows the insertion of data or false information, or who diverts from what ought to be contained in the registry, with the view of altering the fact, or aiding in the grant of the money to other persons other than the qualified household-beneficiaries, shall be penalized with imprisonment of not less than one (1) month but not more than one (1) year, or a fine of not less than Ten Thousand Pesos (PhP10,000.00) but not more than One Hundred Thousand Pesos (PhP100,000.00) or both imprisonment and fine, at the discretion of the court.*

Safeguarding the integrity of program data and information extends beyond the call of duty. It is essential in good governance that this be present at all levels of program implementation. Everyone is obligated to maintain utmost professionalism, loyalty, respect, and good faith in all dealings with the public.

Pertinent laws, rules, and regulations, though not expressly mentioned in this manual, are understood to be built-in to every contract, appointment, agreement, or undertaking that each staff signs prior to employment. Some of these related issuances are as follows:

2017 Revised Rules on Administrative Cases in the Civil Service

The 2017 RRACCS applies to all disciplinary and non-disciplinary proceedings in administrative cases. They also apply to matters brought before the Civil Service Commission (CSC), its regional/field offices, agencies of the national government, local government units, state universities and colleges, and government-owned or controlled corporations with original charters. Exceptions to this rule are provided by law.

The objective of these rules is to promote just, speedy, and inexpensive disposition of administrative cases, where administrative investigations are conducted without strict recourse to technical rules of procedures and evidence applicable to judicial proceedings.

> *Disciplinary and Administrative cases are not covered by the Grievance Machinery, and they are resolved pursuant to the provisions of 2017 Rules on the Administrative Cases in the Civil Service (2017 RRACCS), consistent with Item VII, No. 2 (a), DSWD AO 06, series of 2021).*

Administrative offenses and penalties

Administrative Offenses with corresponding penalties are classified into grave, less grave, and light.

A.   Grave offenses punishable by dismissal from service

RRACCS 2017, Section 50.A, Nos. 1-12:

1. Serious dishonesty

2. Gross neglect of duty

3. Grave misconduct

4. Being notoriously undesirable

5. Conviction of a crime involving moral turpitude

6. Falsification of official document

7. Physical or mental disorder or disability due to immoral or vicious habits

xxx

B. Grave offenses punishable by suspension of 6 months and 1 day to 1 year for the first offense, and dismissal from service for the second offense

RRACCS 2017, Section 50.B, Nos. 1-15:

1. Less serious dishonesty

2. Oppression

3. Disgraceful and immoral conduct

4. Insufficiency and incompetence in the performance of official duties

5. Frequent unauthorized absences (habitual absenteeism)

6. Habitual tardiness in reporting for duty causing prejudice to the operations of the office

7. Loafing from duty during regular office hours

8. Refusal to perform official duty

9. Gross insubordination

10. Conduct prejudicial to the best interest of the service

xxx

RRACCS 2017, Section 50.C:

> *The grave offense of Inefficiency and Incompetence in the performance*
> *of official duties are punishable by Demotion.*

C. Less grave offenses punishable by suspension of 1 month and 1 day to 6 months for the first offense, and dismissal from service for the second offense

RRACCS 2017, Section 50.D, Nos. 1-10:

1. Simple neglect of duty

2. Simple misconduct

3. Discourtesy in the course of official duties

4. Violation of existing Civil Service Law and rules of serious nature

5. Insubordination

6. Habitual drunkenness

xxx

D. Light offenses punishable by reprimand for the first offense, suspension of 1 to 30 days for the second offense, and dismissal from service for the third offense

RRACCS 2017, Section 50.F, Nos. 1-16:

1. Simple discourtesy in the course of official duties

2. Improper or unauthorized solicitation of contributions from subordinate employees

3. Violation of reasonable office rules and regulations

4. Habitual tardiness

5. Gambling prohibited by law

6. Refusal to render overtime services

7. Disgraceful, immoral or dishonest conduct prior to entering the service

8. Borrowing money by superiors from subordinates

xxx

E. Sexual harassment

Specific offenses related to sexual harassment are likewise punishable. Refer to RRACCS 2017, Section 51.A.

Jurisdiction of disciplining authorities

Disciplining authorities of agencies (i.e., DSWD Secretary or Head of Offices/ Bureaus/Services or HOBS) and local government units have original concurrent jurisdiction with the CSC over their respective officials and employees. Their decisions are final if the penalty imposed is suspension for not more than 30 days or a fine not exceeding 30 days' salary. This is subject to RRACCS, Section 7.A, No. 5.
In case the decision rendered by a bureau or office head is appealable to the CSC, the case can be initially appealed with DSWD before the CSC. The case is executory except when the penalty is dismissal from service, in which case it becomes executory only after confirmation is given by the DSWD Secretary (RRACCS, Section 9).

Who can initiate complaints

Administrative proceedings can be initiated by the disciplining authority motu proprio (on its own initiative) or upon complaint of any other person (RRACCS, Section 10). In cases initiated by the proper disciplining authority or an authorized representative, a show cause order is sufficient (Section 11). This show cause order consists of a written document requiring a person to explain or justify within a given period why

no disciplinary action should be taken against said person before the disciplining authority or its duly authorized representative.

When and where to file a complaint

An administrative complaint can be filed anytime with the CSC or any of its regional offices, heads of departments, or agencies, except when otherwise provided by law (RRACCS, Section 13). Complaints involving sexual harassment are filed with the Committee on Decorum and Investigation (CODI), as mandatorily enforced in all agencies xxx (Section 14) that have original jurisdiction over sexual harassment cases.

Action on complaint and preliminary investigation

1. Upon receipt of a complaint that is sufficient in form and substance, the disciplining authority conducts a preliminary investigation to determine a prima facie case. The disciplining authority may create an investigating committee or designate an investigator for this purpose (RRACCS, Section 17). This prima facie case refers to the evidence which, if unexplained or uncontradicted, is sufficient to sustain a judgment in favor of the issue it supports but could still be contradicted by other evidence (Section 4, u).

2. A preliminary investigation is a mandatory proceeding that determines whether a prima facie case warrants the issuance of a formal charge or a notice of charge (Section 18). This preliminary investigation can be conducted in any of the following ways:

   a. Require the submission of a counter affidavit or comment and/or other documents from the person being complained of within five days from the receipt of the complaint

   b. Evaluate the records ex-parte, that is, one party should be present without the representation from other parties

   c. Meet with the parties to discuss and clarify the merits of the case (Section 19, par.1)

3. Failure to submit a comment, counter-affidavit, or explanation within the prescribed period is considered a waiver, and the preliminary investigation can be completed even without the counter-affidavit, comment, or explanation (Section 19, par.1).

4. A preliminary investigation commences within a non-extendible period of 5 days upon receipt of the complaint by the disciplining authority. This will be terminated within 20 days but is extendible for meritorious cases (Section 20).

5. Within 5 days from the termination of the preliminary investigation, the investigation body or officer submits the Investigation Report with recommendation and the complete records of the case to the disciplining authority (Section 21).

6. If prima facie case is established after the preliminary investigation, the disciplining authority may issue either a formal charge or a notice of charge pursuant to Rule 5 of RRACCS.

Formal charge or notice of charge

1. After finding a prima facie case, the disciplining authority formally charges the person who is the subject of the complaint with a directive to answer the charge in writing, under oath, in no less than 3 days but not more than 10 days from receipt thereof. A specification of the charge and a brief statement of material or relevant facts are accompanied by certified true copies of documentary evidence, sworn statements of witness testimony in this formal charge (RRACCS, Section 23).

2. If the complaint is initiated by a person other than the disciplining authority, a Notice of Charge is issued by the disciplining authority against the person who is the subject of the complaint. This notice comes attached with copies of the complaint, the sworn statement, and other submitted documents. This notice also includes a directive to the person to answer the charge in writing, under oath, within the same period as a formal charge.

3. The disciplining authority must not entertain requests for clarification, bills of particulars, motions to dismiss, motions to quash, motions for reconsideration, and motions for extension of time to file answer. These are considered prohibited

pleadings. These requests must be noted without providing action and attached to the records of the case (Section 25).

4. A formal investigation is conducted if the merits of the case cannot be decided judiciously without conducting such an investigation, or when the respondent elects to have one. In this case, the investigation must be held not earlier than 5 days and not later than 10 days from receipt of the respondent's answer or the expiration of the period to answer.

5. The formal investigation must be finished within 30 days from the issuance of the Formal Charge or Notice of Charge unless an extension was granted on meritorious cases (Section 34).

6. The disciplining authority must decide the case within 30 days from receipt of the Formal Investigation Report.

Preventive suspension

Preventive suspension is not a penalty, but merely a measure of precaution taken while an investigation is pending (RRACCS, Section 28). The proper disciplining authority, upon motion or on its own prerogative, may issue an order of preventive suspension against the respondent after a formal charge or notice of charge is issued, if either of the following conditions is true:

1. The charge involves dishonesty, oppression, grave misconduct, neglect in the performance of duty, or other offense punishable by dismissal from service, or if the administrative offense is committed on its second or third instance and the penalty is dismissal from service.

2. The respondent is in a position to exert undue influence or pressure on the witness or tamper with the evidence.

For more information about Preventive Suspension, refer to RRACCS, Rule 7, Sections 28-33. As to the conduct of Formal Investigation as when there was already a Formal Charge or a Notice of Charge, refer to Rule 8.

Decision

The disciplining authority decides the case within 30 days from receipt of the Formal Investigation Report (RRACCS, Section 48).

The rendered decision is final and executory if the penalty is a reprimand, a suspension of not more than 30 days, or a fine not exceeding 30 days' salary. An exception is made if there is a reasonably filed motion for reconsideration. However, the respondent may file an appeal or petition for review if the issue raised concerns a violation of due process (Section 49).

If the imposed penalty is a suspension exceeding 30 days or a fine exceeding 30 days' salary, the decision is final and executory after the lapse of the reglementary period. This is the period to file a motion for reconsideration or an appeal.

Code of Conduct and Ethical Standards for Public Officials and Employees

It is a declared policy of the State to promote high standards of ethics in public service. Public officials and employees must be accountable to the people at all times. They must discharge their duties with utmost responsibility, integrity, competence, loyalty, patriotism, and justice. They must lead modest lives and uphold public interest over personal interest. These standards are set in RA 6713 or the Code of Conduct and Ethical Standards for Public Officials and Employees, Section 1, in relation to 1987 Philippine Constitution, Section 1, Article XI on the Accountability of Public Officers.

Administrative offenses and violations are detailed in the 2017 Revised Administrative Cases in the Civil Service.

DSWD Code of Conduct

The Enhanced Guidelines on the Code of Conduct for Personnel of the DSWD (DSWD Memorandum Circular No. 21, Series of 2012) should also be referred to for Norms of Behavior, especially those mentioned in Observance of Fidelity to Duty (MC 21, s.2012, Item IV).

Fidelity to duty

DSWD personnel must serve the public loyally, in good faith, and in accordance with the provision of DSWD's mandate and lawful provisions at all times. All personnel are obligated to:

1. Exhibit utmost respect to the public and a deep sense of commitment to the mandate of the Office.

2. Perform their duties efficiently, courteously, honestly, promptly, fairly, and without bias or prejudice.

3. Avoid impropriety or the appearance of any impropriety in all their work-related activities.

4. Exhibit good character, strictly observe existing rules and regulations, respect authorities, and observe proper office decorum and protocol in the performance of their duties.

5. Avoid engaging in activities incompatible with the faithful discharge of their duties.

6. Avoid discriminating or manifesting, by word or by conduct, bias or prejudices based on race, religion, national or ethnic origin, gender, gender preferences, political belief, or affiliation.

7. Use the assets and resources of the office, including funds, properties, goods, and services, economically, productively, effectively, and solely for official purposes required by law.

Norms of behavior

Memorandum Circular 21, Series of 2012 (Item IV, Nos. 3-7) also specify the norms of behavior for the following:

1. Transparency

2. Confidentiality

3. Relations with colleagues, subordinate employees, and the public

4. Outside employment and private practice of profession

5. Post-employment

Administrative disciplinary procedures

Memorandum Circular 21, Series of 2012 (Item X) states:

> *No DSWD official or employee shall be removed from services, suspended, or otherwise subjected to any disciplinary sanction, except for cause and after due process was provided in accordance with the law and applicable rules and regulations.*

Any deviation from or violation of the MC is subject to appropriate sanctions in accordance with Rule XIV of the Omnibus Rules Implementing Book V of EO 292 and other pertinent civil service laws and rules.

DSWD National Grievance Machinery

The Grievance Machinery is provided for in Administrative Order No. 6, Series of 2021.

DSWD National Grievance Committee

Objective

To have a fair and responsive settlement of grievances between and among officials and employees, thereby promoting organizational harmony and productivity in the Department.

a. Create a mechanism to address issues and concerns raised by or against the employees of the Department.

b. Provide fair and amicable settlement of disputes among employees of the Department.

c. Activate and strengthen the existing Grievance Machinery of the Department.

d. Settle grievances at the lowest possible level.

e. Develop the capabilities of personnel on dispute settlement, especially among the supervisors of the Department.

f. Generate a genuine venue for airing grievances that evokes the feelings of full faith and confidence.

g. Exhaust all available remedies within the organization to settle grievances.

Composition

Role	Office
Chair	Undersecretary for General Administration and Support Services Group
Alternate Chair	Assistant Secretary (To be rotated among the Assistant Secretaries, as designated by the Secretary)
Members	Human Resource Management and Development Services as the Bilis Aksyon Partner (BAP)
	Representative from each Cluster (To be recommended and designated by the Cluster Heads, with the principal member and alternate member not lower than Division Chief level)
	Accredited Union Representative (First Level) (To be recommended by the Employees Association with principal and alternate members)
Secretariat	Human Resource Management and Development Service

Procedure

1. Discuss with Immediate Supervisor.

2. Appeal to the Higher Supervisor.

3. Appeal to the Grievance Committee.

4. Appeal to the Secretary in the Central Office and Regional Director in the Field Office.

5. Appeal to the Civil Service Commission.

Types of complaints or cases

1. Non-implementation of policies, practices, and procedures on economic and financial issues and other terms of employment fixed by law; includes salaries, incentives, working hours, leave benefits, and other related terms and conditions

2. Non-implementation of policies, practices, and procedures that affect an employee's recruitment, promotion, reassignment, detail, transfer, retirement, termination, and other related issues

3. Inadequacies in the physical working conditions, such as lack of proper ventilation in the workplace or insufficient facilities or equipment necessary for safety and protection

4. Interpersonal and inter-organizational relationships and linkages

5. All other matters resulting in employee dissatisfaction and discontentment

4Ps Grievance Machinery Committee

Role	Office
Chairperson	Chief of the Administrative Support Division
Alternate Chairperson	Division Chief (To be rotated among Heads of Division, as designated by the Regional Director)
Members	Human Resource Management and Development Services as the Bilis Aksyon Partner (BAP)
	Representative from each Division (To be recommended and designated by the Division Chief, with the principal member and alternate member not lower than Officer level. All Divisions in the Field Office must be properly represented.)
	Accredited Union Representative (First Level) (To be recommended by the Employees Association, with principal and alternate members
	Accredited Union Representative (Second Level) (To be recommended by the Employees Association, with principal and alternate members)
Secretariat	Human Resource Management and Development Division

Presidential Complaint Center

The Presidential Complaint Center (PCC) is a frontline desk in the Office of the President that serves as a liaison unit with various departments and agencies of the government and private institutions or companies on all requests for assistance and information, as well as complaints and grievances of the general public.

It aims to effectively bridge the delivery of services to the general public, as it strives to provide satisfactory conclusion to the needs of the public, through the most appropriate and efficient means available.

The PCC hopes to serve as a rich source of valuable data, providing the Office of the President with enhanced insight as to the most pressing of public concerns.

- **Email**: pcc@malacanang.gov.ph
- **Postal**: PCC, Bahay Ugnayan, J.P. Laurel Street, Malacañang, Manila
- **Telefax**. +63 2 873 68621

    Source: https://op-proper.gov.ph/presidential-action-center

8888 Citizen's Complaint Center

The 8888 Citizen's Complaint Center serves as a mechanism where the citizens may report their complaints and grievances on acts of red tape, as defined under Republic Act 9845 and other relevant laws, and/or corruption of any national government agency, government-owned or controlled corporation (GOCC) / government financial institution (GFI), and any other instrumentalities of the government. It is under the direction and supervision of the Office of the Cabinet Secretary (OCS) who shall be collaborating with the government agencies mentioned who shall provide a concrete and specific action within 72 hours from receipt of the complaint.

The 8888 Citizen's Complaint Center operates 24/7, excluding national holidays and work suspensions, through the following communication channels:

- Telephone hotline
- Short Messaging Service
- Electronic Mail
- Website/Webpage
- Social Media, as well as and other communication medium

    Source: https://www.officialgazette.gov.ph/ downloads/2016/10oct/20161014-EO-6-RRD.pdf

Civil Service's Contact Center ng Bayan

The Contact Center ng Bayan (CCB) is the government's main helpdesk. Through the CCB, citizens can request for information and assistance from government frontline services or report any complaint or feedback. It supports the implementation of Republic Act 0485 or the Anti-Red Tape Act (ARTA) of 2007.

The CBB serves as a centralized contact point where all communications from the public are routed, logged, responded to, and forwarded to government agencies for proper handling and resolution.

Reports to the CBB can be submitted through the following platforms:

- **SMS/Text**: 0908 881 6565
- **CCB Hotline**: 1-6565* via PLDT and SMART landline
- **Email**: email@contactcenterngbayan.gov.ph
- **Website**: www.contactcenterngbayan.gov.ph
- **Facebook**: www.facebook.com/contactcenterngbayan

Ease of Doing Business and Efficient Government Service Delivery

Republic Act 11032 or the Ease of Doing Business and Efficient Government Service Delivery Act of 2018 aims to streamline the current systems and procedures of government services. It amends RA 9485 or the Anti-Red Tape Act of 2007, by promoting and facilitating prompt actions or resolutions of all government transactions in all government offices and agencies in the Executive Department. This includes local government units and other government instrumentalities.

Processing time

RA 11032, Section 9, requires that:

(1) All applications or requests submitted shall be acted upon by the assigned officer or employee within the prescribed processing time stated in the Citizen's Charter which shall not be longer than three (3) working days in the case of simple transactions and seven (7) working days in the case of complex transactions from the date the request and/or complete application or request was received.

For applications or requests involving activities which pose danger to public health, public safety, public morals, public policy, and highly technical application, the prescribed processing time shall in no case be longer than twenty (20) working days or as determined by the government agency or instrumentality concerned, whichever is shorter.

Type of Transaction	No. of Days
Simple	3 days
Complex	7 days
Highly technical	20 days

Violations

RA 11032 specifies the following acts as violations of EODB:

Section 21. Violations and Persons Liable. - Any person who performs or cause the performances of the following acts are considered liable:

a. Refusal to accept application or request despite complete requirements being submitted by an applicant or requesting party without due cause
b. Imposition of additional requirements other than those listed in the Citizen's Charter
c. Imposition of additional costs not reflected in the Citizen's Charter
d. Failure to give the applicant or requesting party a written notice on the disapproval of an application or request
e. Failure to render government services within the prescribed processing time on any application or request without due cause

f. Failure to attend to applicants or requesting parties who are within the premises of the office or agency concerned prior to the end of official working hours and during lunch break

g. Failure or refusal to issue official receipts

h. Fixing or colluding with fixers in for economic gain or advantage

Penalties

Penalties for violations, as provided for in RA 11032, are as follows:

Section 22. Penalties and Liabilities. – Any violations of the preceding actions will warrant the following penalties and liabilities.

(a) First Offense: Administrative liability with six (6) months suspension: Provided, however, That in the case of fixing and/or collusion with fixers under Section 21(h), the penalty and liability under Section 22(b) of this Act shall apply.

(b) Second Offense: Administrative liability and criminal liability of dismissal from the service, perpetual disqualification from holding public office and forfeiture of retirement benefits and imprisonment of one (1) year to six (6) years with a fine of not less than Five hundred thousand pesos (P500,000.00), but not more than Two million pesos (P2,000,000.00).

Criminal liability shall also be incurred through the commission of bribery, extortion, or when the violation was done deliberately and maliciously to solicit favor in cash or in kind. In such cases, the pertinent provisions of the Revised Penal Code and other special laws shall apply."

Annexes

Annex 1
DSWD 4Ps TEAM

Executive Committee and Management Committee

DSWD – PANTAWID PAMILYANG PILIPINO PROGRAM (4PS)
DSWD EXECUTIVE COMMITTEE (EXECOMM) OFFICIALS

Danilo G. Pamonag
Undersecretary for Social Welfare and Development
Office of the Secretary

Atty. Aimee S. Torrefranca-Neri
Undersecretary for Operations
National Project Director, 4Ps

Rhea B. Peñaflor
Assistant Secretary for Specialized Programs
Deputy Project Director for Operations, 4Ps

DSWD 4PS NATIONAL PROGRAM MANAGEMENT OFFICE (NPMO)
DSWD MANAGEMENT COMMITTEE (MANCOMM) OFFICIALS

Director (IV) Gemma B. Gabuya
National Program Manager, 4Ps

Director (III) Ernestina Z. Solloso
Deputy Program Manager
for Support, 4Ps

Director (III) Venus F. Rebuldela
Deputy Program Manager
for Operations, 4Ps

Annex 2
Offices and Staff Involved in OM Updating

Office / Division	Name of Personnel
4Ps National Program Management Office	
Administrative Support	Grace R. Bernardo; Miziel S. Pasia, Bienvenido M. Oller, Ryan A. Delos Reyes, and Katherine Mae K. Delmendo
Beneficiary Data Management	Alnair Isauro V. Espinosa, Harish P. Viñas, Randy V. Hugo, and Mary Rose G. Oquindo
Capacity Building	Rosylyn M. Arnigo; Marry Ann T. Dealo, Karen Theresa E. Alfonso, Jerico Roy S. Germar, Jessica Inah C. Pangan, and Christian Ranche
Compliance Verification	Christian Joseph M. Regunay and Antoniet I. Perez
Family Development	Maricel Grace L. Gomez, Janrius C. Reyes, and Arvin T. Longcop
Social Services Delivery and Management (formerly known as Gender and Development	Ronald E. Castro, Nellibeth V. Mercado (former Division Chief), Wina P. Beltran, Andyleen C. Feje, and Maria Theresa C. Gulapa
Grievance Redress	Jimmy Francis T. Schuck, II, Ma. Asuncion D. Basco (former Division Chief), Elvie L. Umpad, Janice G. Pol, and Katherine Valdez-Domingo
Institutional Partnership	Khristina U. Umali, Maridith B. Jul, Jenny Rosh S. Navarez, Charelle P. Pasion, Aldrin J. Corachea, and Mary Kris Ann F. Obrique
Modified CCT	Julieta D. Alegarme, Sanily E. Romero, Briann Fred V. Lipardo, Vanessa Bianca B. Velasquez, Gavino A. Gallego, and Maria Blesmin L. Tan
Planning, Monitoring and Evaluation	Christian Thomas R. Deloria, Jimmy Francis T. Schuck, II (former OIC-Division Chief), Ely Czar C. Andal, Arnold N. Dela Rosa, Daianne S. Valencia, Frederick F. Valdez, Glory Mae B. Diego; Jayvee F. Vanzuela, Mellanie C. Yubia, and Joy Raquel R. Tadeo

Office / Division	Name of Personnel
Risk Management and Quality Assurance	Atty. Macario M. De Villa, Joan Sabina P. Tabo, Analiza C. Soliven, Aljon Y. Laconsay, and Phil Russel B. Palomo
Social Marketing	Ofelia DR. Escauriaga, Marie Grace O. Ponce, May Ann M. Ramos, and Maria Alyssa L. Esguerra (lay-out design review)
Finance and Management Service	Dir. Wayne C. Belizar, Dir. Zaida L. Pulido (former OIC-Assistant Director), Mary Antoinette L. Duero, and Shiela Maria P. Vista
National Household Targeting Office	Dir. Andrew J. Ambubuyog, Aljo R. Quintans, Daniel S. Bristol, and Abigail C. Ling
Information and Communication Technology Management Service	Dir. Andrew J. Ambubuyog, Felix M. Armeña, and Mary Jeykle D. Suñas

Annex 3
4Ps OM Editions

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
1st Edition	2010	This edition of the OM was used as guidance in the early years of 4Ps operations. It consolidated all program-related issuances – National Advisory Committee (NAC) Resolutions, Memorandum Circulars (MCs), Joint MCs (with concerned agencies) and Memoranda to the Regional program Management Offices (RPMOs). Particularly, the following issuances were reiterated in this 1st OM edition: 1. Memorandum Circular (MC) No. 9 Series of 2007 2. Creation of Ahon Pamilyang Pilipino Program NAC and Defining their Roles and Responsibilities; 3. Administrative Order (AO) No. 16 Series of 2008 4. Guidelines on the Implementation of 4Ps; 5. JMC No.01 Series of 2008 6. Defining the Institutional Arrangements, Monitoring and Evaluation (M&E) of 4Ps; 7. NAC Resolution No. 1 Series of 2010 8. 4Ps Implementation Polices; and 9. Executive Order (EO) No. 867 Series of 2010 10. Providing for the Adoption of NHTS-PR as the Mechanism for Identifying Poor HHs who shall be Recipients of Social Protection Nationwide.
2nd Edition	2012	1. NAC Resolution No. 2 Series of 2010 Sanctions for Various Cases Filed Under the GRS; 2. NAC Resolution No. 3 Series of 2010 4Ps Additional Policy on Updating Basic Information of Household (HH)-Beneficiaries;

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		3. NAC Resolution No. 4 & 5 Series of 2011 Inclusion of the NCIP, PCW & Commission on Population as Regular Members of the NAC; 4. JMC No. 2 Series of 2011 Amendment to JMC No. 1 Series of 2010: Formation of NAC – Technical Working Group (TWG); 5. JMC No. 3 Series of 2011 – Amendment to JMC No. 2 Series of 2011: Clarification and delineation of roles and responsibilities of the national and regional counterparts, including provincial and city/ municipal counterparts; and 6. Memorandum to the RPMOs from the NPMO dated 18 January 2010 New Implementing Procedures in the Beneficiary Updating System: • Guardianship of Orphaned 4Ps Child-Beneficiary & Assigning New Grantee; • Inter-Office, City and Municipal Change of Address of 4Ps Beneficiaries; & • Use of Tracking System
3rd Edition	2015	1. NAC Resolution No. 6 Series of 2012 Adoption of MCCT under 4Ps; 2. NAC Resolution No. 7 Series of 2012 Updating of Pregnancy Status of 4Ps Beneficiaries under BUS; 3. NAC Resolution No. 8 Series of 2012 Inclusion of DOLE as Regular Member of NAC; 4. NAC Resolution No. 10 Series of 2012 Amendments to NAC Resolution 2 Series of 2010: • Updated Policy on Cash Card-Pawning • Updated Policy on Fraudulent Information/ Statement recorder in the HH Assessment Form (HAF);

Annexes

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		5. AO No. 18 Series of 2012 Guidelines for the Accreditation of Supervised Neighborhood Play; 6. MC No. 5 Series of 2012 Family-Decision' in Selecting Household-Members to be Monitored for Education; 7. MC No. 7 Series of 2012 Framework on the Engagement with CSOs on the Implementation of the DSWD's Social Protection Programs; 8. MC No. 15 Series of 2012 Guidelines on the Pilot implementation of MCCT for FNSP; 9. MC No. 19 Series of 2012 Mechanics of the Adoption of Alternative Modes of education in 4Ps; 10. MC No. 22 Series of 2012 Guidelines on the Pilot Implementation of MMCT for HHs with 15-17 Years Old Children; 11. MC No. 23 Series of 2012 Revised Guidelines on the Adoption of ADMs of Education in 4Ps; 12. MC No. 24 Series of 2012 Guidelines on the Conduct of Activities on 4Ps During 2013 Campaign and National and Local Election Period; 13. MC No. 26 Series of 26 Implementing Procedures in the Conduct of Family Camp as Part of Pilot Implementation of MCCT; 14. NAC Resolution No. 12 Series of 2013 Continued Support for Children Beneficiaries of 4Ps to Finish High School;

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		15. NAC Resolution No. 13 Series of 2013
		Handling of CV in Cases of State of Calamity, Disaster, Complexity and Other Exceptional Cases;
		16. NAC Resolution No. 14 Series of 2013
		Inclusion of CSOs in Advisory Committees at the Regional, Provincial and City Municipal Levels;
		17. NAC Resolution No. 15 Series of 2013
		Procedural Guidelines on Handling Election-Related Grievances;
		18. AO No. 8 Series of 2013
		Revised Operational Guidelines on DSWD-CSO Engagement for FDS Plus;
		19. MC No. 2 Series of 2013
		Guidelines on the 2013 Communication Campaign Against Politicking in 4Ps Implementation;
		20. MC No. 12 Series of 2013
		Amendment to MC No, 15 Series of 2012 - Guidelines on the Pilot Implementation of MCCT for FNSP;
		21. NAC Resolution No. 17 Series of 2014
		Adoption of MCCT under 4Ps to Include Responding to the Situation of IPs in GIDAs;
		22. NAC Resolution No. 18 Series of 2014
		Continued of Health Grant for 4Ps Beneficiaries Having More than 5 Years of Tenure in the Program;
		23. NAC Resolution No. 19 Series of 2014
		Amendment to NAC Resolution No. 6 Series of 2012 –
		Additional Guidelines on the Implementation of MCCT-Homeless Street Families (HSF);

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		24. NAC Resolution No. 20 Series of 2014

Procedural Guidelines on Misdemeanor Cases with Amendment to the Approved Policy on Misbehavior of Beneficiaries in NAC Resolution Nos. 2 (Series of 2010) & 10 (Series of 2012);

25. NAC Resolution No. 22 Series of 2014

Amendment to NAC Resolution No. 3 Series of 2010 – 4Ps Additional Policy on Updating Basic Information of HH-Beneficiaries:

- Use of social case study by C/ML, instead of re-running the PMT on transferred HH;

26. NAC Resolution No. 23 Series of 2014

Mandatory Attendance of Couples to Specific Sessions in Modules 2.1 & 2.2 of the FDS;

27. AO No. 1 Series of 2014

Amendment to AO No. 08 Series of 2013, otherwise known as the "Revised Operational Guidelines on DSWD-CSO Engagement for FDS and FDS Plus;"

28. MC No. 9 Series of 2014

Revised Guidelines on the Implementation of the MCCT for HSFs;

29. MC No 19 Series of 2014

Guidelines for the Pilot Implementation of the MCCT for IP in GIDAs;

30. NAC Resolution No. 24 Series of 2015

A Resolution in Bringing 4Ps Children Back to School;

31. NAC Resolution No. 25 Series of 2015

Data-Sharing Among NAC Member-Agencies; and

32. NAC Resolution No. 26 Series of 2015

Amendment to NAC Resolution No. 13 Series of 2013:

- Additional circumstances considered as Exceptional Cases (Handling of CV). |

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		33. MC No. 11 Series of 2015 Operational Guidelines on the Engagement with CSOs in the Implementation of the DSWD's SP Programs;
4th Edition	2018	1. NAC Resolution No. 28 Series of 2015 Inter-Agency Collaboration on Strengthening FDS; 2. NAC Resolution No. 31 Series of 2016 Amending the Program Duration & Conditions of the Beneficiaries in the MCCT Program; 3. NAC Resolution No. 33 Series of 2016 Continued Support for Returning Learners to Finish High School under K-12 Program; 4. NAC Resolution No. 34 Series of 2016 The YDS of 4Ps; 5. NAC Resolution No. 36 Series of 2016 Rice Subsidy for 4Ps Beneficiaries; 6. MC No. 5 Series of 2016 Children for Adoption Whose Families are Beneficiaries of 4Ps; 7. MC No. 7 Series of 2016 Guidelines on Strengthening SSI Implementation for MCCT Beneficiaries; 8. MC No. 8 Series of 2016 Mainstreaming Guidelines of the MCCT Beneficiaries to the RCCT; 9. NAC Resolution No. 39 Series of 2017 Strengthening & Expanding the Implementation of SSI of 4Ps; and 10. NAC Resolution No. 41 Series of 2017 Policy on the Return of Cash Grants to BTr;

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		11. NAC Resolution No. 42 Series of 2018
		Amendment to NAC Resolution 1 on the Deworming Age Coverage of Pantawid Children Beneficiaries
		12. NAC Resolution No. 43 Series of 2018
		Pantawid Pamilya Household Replacement Policy to Reach the Annual Household Coverage
		13. MC No. 6 Series of 2017
		Guidelines on the Provision of Rice Subsidy to 4Ps HHs;
		14. MC No. 2 Series of 2018
		Revised Mainstreaming Guidelines of the MCCT Beneficiaries to the RCCT;
		15. MC No. 3 Series of 2018
		Implementing Guidelines for the UCT Program;
5th Edition	2020	Given the effectivity of the 4Ps Act and its IRR, this latest version of the OM reflects the following major program updates:
		1. Until a new standard targeting system is adopted, Listahanan shall be used as the targeting system for 4Ps HHs (in anticipation of the implementation of the CBMS Act of 2019);
		2. Seven (7) year maximum duration of HH-beneficiaries in the Program;
		3. Increase in the amount of health and education grants;
		4. Possibility of non-limitation to three (3) of coverage for education monitoring for HH members aged 3-18 years old (but still limited to the children or grandchildren of HH-head);
		5. Conversion of cash card accounts (and over-the-counter) mode of payment to transaction accounts;
		6. Non-distinction of modified CCT HH-beneficiaries from regular (no more such classification);

Version	Year	Major Provisions/ Significant Changes/ Key Updates based on New Policies
		7. Regular conduct of HH Replacement to reach the set annual physical target considering MC No. 12 Series of 2019 – Implementing Guidelines on the Replacement of 4Ps HHs to Reach the Annual HH Coverage;
		8. Creation of a National Advisory Council (formerly Committee) with four (4) retained member-agencies from the previous NAC (DSWD, Department of Health [DOH], Department of Education [DepEd] and Department of Labor and Employment [DOLE]); five (5) new member-agencies (Department of Agriculture [DA], Department of Agrarian Reform [DAR], Department of Trade and Industry [DTI], Department of Science and Technology [DOST] and Technical Education and Skills Development Authority [TESDA]; and two (2) accredited nongovernment organizations (NGOs); and
		9. Retention of former NAC member-agencies as part of the new NAC-Technical Working Group (TWG);
		In addition, there are also 4Ps-related issuances by the Department in 2018 and 2019 that are adopted in this latest version of the OM, as these are deemed applicable and still aligned with the 4Ps Act and its IRR.
		10. MC No. 22 Series of 2018
		Enhanced Guidelines on the Implementation of the FDS of the 4Ps;
		11. MC No. 17 Series of 2019 – Guidelines in the Implementation of the ECT during Disaster;
		12. MC No. 22 Series of 2019 – Comprehensive Guidelines on the Implementation of the SLP.

Glossary

advocacy - the deliberate process, based on demonstrated evidence, to directly or indirectly influence decision makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of children's and women's rights. Advocacy aims to: 1) promote new policies, change existing laws, policies or rules; 2) redefine public perceptions, social norms and procedures; and 3) support protocols that benefit populations affected by existing legislation, norms, and procedures; and influence funding decisions for specific initiatives.

authorized government depository bank (AGDB) - a banking institution accredited and managed by the government, which is also categorized as a government-owned and controlled corporation (GOCC) or government financial institution.

beneficiary - a grantee or child who is a member of the eligible poor households enrolled in the program.

capability building (CB) - a continuing process of strengthening the organization's human resources with the goal of increasing its access to information and technical know-how.

case management - a process used by DSWD to enable qualified household-beneficiaries to improve their functioning by dealing with their difficulties, specifically in complying with the terms of the Program. It is a mutually agreed process of assessing, planning, managing, coordinating and advocating for services and other interventions for improving the well-being of households using the Social Welfare and Development Indicator (SWDI) and other-related tools.

case manager – a program staff working directly with qualified household-beneficiaries to effect change and assist them in improving their well-being. A case manager can be a City or Municipal Link or other staff trained in case management process, counseling, family therapy, group process, project management, and other related training, as may be determined by DSWD.

child protection - the prevention and response to violence, exploitation and abuse against children, including commercial sexual exploitation, trafficking, child labor, and harmful traditional practices.

communication for development (C4D) - a social process, designed to seek a common understanding among all participants of a development initiative and create a basis for concerted action. It is a two-way process of sharing ideas and knowledge using a range of communication tools and approaches that empowers individuals and communities to take action in improving their lives.

community building – a process of bringing together people with common interests or issues to plan and implement collective actions for the fulfillment of desired goals. compliance verification – checking and monitoring through the use of standardized monitoring tools to ensure that qualified household-beneficiaries comply with the conditions for entitlement set forth by the 4Ps.

conditional cash grant - the amount received by the qualified household-beneficiaries who comply with the conditions for entitlement.

development communication - communication that facilitates social development. It engages stakeholders and policy makers, establishes conducive environments, assesses risks and opportunities, and promotes information exchange to create positive social change through sustainable development. It utilizes such techniques as information dissemination and education, behavior change, social marketing, social mobilization, media advocacy, communication for social change, and community participation.

direct service worker – also called frontline worker, can be an LGU link, staff of the Local Social Welfare and Development Office, other DSWD regional office staff, partner organization or agency that contributes to program implementation.

educational facility – a school or any structure or space, with or without marked visible boundaries, which is either recognized by the government or known by the community as a learning space for children.

Family Development Session – a monthly activity conducted with and attended by a grantee or a responsible person, and whose aim is to enhance parenting capabilities, thereby encouraging the grantee or person to be a more active citizen in society.

Gender and Development (GAD) Focal Point System - a mechanism for ensuring and advocating for GAD, guiding, coordinating, and monitoring the development, implementation, review, and updating of GAD plans and GAD-related programs, activities, and projects. It is implemented by an interacting and interdependent group of people in all government instrumentalities tasked to catalyze and accelerate gender mainstreaming.

gender analysis - a framework for comparing the relative advantages and disadvantages faced by women and men in various spheres of life, including the family, workplace, school, community, and political system. It considers how class, age, race, ethnicity, culture, social and other factors interact with gender to produce discriminatory results.

gender-based violence - any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men, and boys.

gender equality - the state of equal access to resources and opportunities regardless of gender, including economic participation and decision-making, and the state of valuing different behaviors, aspirations, and needs equally.

gender issue - any concern determined by gender-based and sex-based differences between women and men.

gender mainstreaming - the process of assessing the implications for women and men of any planned action, including legislation, policies, or programs, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programs in all political, economic, and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of gender mainstreaming is gender equality.

geographically isolated and disadvantaged area (GIDA) - an area or community with a marginalized population that is physically and socio-economically hard-to-reach

or separated from the mainstream society and characterized by absence or limited access to roads, opportunities for development, social services, and food security. graduation - the improvement of the level of well-being of poor households from survival and subsistence to self-sufficiency towards their eventual exit from the Program. Graduation is facilitated by the provision of integrated and holistic support services.

grantee - the most responsible adult member of a qualified household-beneficiary who is authorized to receive the conditional cash transfer.

Grievance Redress System - the mechanism of DSWD that addresses and resolves issues and concerns related to the implementation of the Program.

health facility - a barangay health station, rural health unit, barangay health center, infirmary, or hospital.

household - the social unit consisting of a person living alone or a group of persons who sleep in the same housing unit, including any place of dwelling or facility, and have common arrangements for the preparation and consumption of food.

household registration - the process of enrolling eligible household-beneficiaries in the Program.

household intervention planning - the process of mapping out strategies or action plans that are mutually agreed by the case manager (C/ML) and the household-beneficiary to meet the agreed goals within a specific timeline.

household transition planning - a dynamic, interactive, and collaborative process of assessing and evaluating the HIP in order to develop a new action plan for the next stage of intervention, which should lead to the eventual exit from the Program. See also *transition*.

institutionalization - making the 4Ps an added function of DSWD and a regular program funded from the agency's annual appropriation.

knowledge management (KM) - the process of creating an environment where people's experience and knowledge about social protection and social welfare program delivery are valued; and where internal processes are structured to support social welfare policy makers, program managers, and service providers in creating, sharing, and using knowledge.

monitoring - the routine collection and analysis of information to track progress against set plans and check compliance with established standards. It cuts across all offices, divisions, and units of the Program, thus making monitoring a function of all program staff at all levels of implementation.

near poor household – a household whose estimated per capita income is within ten percent (10%) above the poverty threshold in a given year. The 10% cut-off is to be used as basis until the government establishes an official near-poor policy. A household is considered near poor due to the high risk of subsequently falling again into poverty. It is identified through the standardized targeting system.

parent group – a cluster of qualified household-beneficiaries that are grouped together based on their residence proximity. It is headed by a parent-leader.

planning - the process of setting goals, objectives, and targets; designing frameworks that integrate elements of operations; developing strategies; outlining implementation arrangements; and allocating resources to achieve the goals.

poor – a household whose income falls below the poverty threshold as defined by the National Economic and Development Authority (NEDA), and who cannot afford in a sustained manner to provide for its members' minimum basic needs of food, health, education, housing, and other essential amenities of life.

poverty threshold - the minimum income or expenditure required for a family or individual to meet the basic food and non-food requirements as specified by the Philippine Statistics Authority (PSA).

preventive health check-up – the health and nutrition services comprising of complete immunization, deworming, growth and development monitoring, management of

childhood diseases, malnutrition, and services for pregnant, lactating, and postpartum women.

Program – when capitalized, refers to the Pantawid Pamilyang Pilipino Program or 4Ps. program implementer –the person, office, or agency that implements the 4Ps, for example, DSWD, DepEd, DOH and LGUs.

qualified household-beneficiary – a household identified by DSWD for entitlement to the monthly conditional cash grant as provided under Rule V of the Implementing Rules and Regulations of Republic Act 11310 (the Act the institutionalizes the 4Ps). Only a household whose members are resident Filipino citizens can qualify for the Program. The household is considered a partner of the Program.

quality assurance (QA) - the process of ensuring that the services provided and the system outputs of the 4Ps meet the desired quality level based on the standards stated in operational policies and guidelines.

responsible person - the parent or guardian in the qualified household-beneficiary. risk level category - the classification of risk level consisting of low, medium, and high. It is used as a basis for case prioritization and case assignment.

risk management - the identification, analysis, assessment, control and avoidance, minimization or elimination of unacceptable events. It is a systematic and complex strategy employed by an organization to avoid or prevent the consequences of unwanted and uncertain events, thereby enhancing the possibility of attaining its objectives.

skilled health professional - a competent maternal, newborn, child and adolescent health and nutrition professional, who is educated and trained and whose practice is regulated in accordance with national and international standards.

social marketing - a process that applies marketing principles and techniques in creating, communicating, and delivering value in order to influence target audience behaviors. Its aim is to benefit society (public health, safety, the environment, and communities), as well as the target audience. Its practice is guided by ethical principles.

It seeks to integrate research, best practice, theory, and audience and partnership insight to inform the delivery of competition-sensitive and segmented social change programs that will be effective, efficient, equitable, and sustainable.

social services - a range of services that facilitates the achievement of the level of well-being of qualified household-beneficiaries.

social service workforce - a broad range of government and nongovernment professionals and paraprofessionals who work with children, youth, adults, older persons, families, and communities in ensuring healthy development and well-being. They engage with people, structures, and organizations to facilitate access to needed services; alleviate poverty; challenge and reduce discrimination; promote social justice and human rights; and prevent and respond to violence, abuse, exploitation, neglect, and family separation.

Social Welfare and Development Indicators (SWDI) - a case management tool developed by DSWD for assessing and monitoring the well-being of beneficiary-households.

special and difficult circumstance/peculiar situation – a complex situation faced by vulnerable groups requiring special attention and practical support to help them overcome the difficult situation, especially when there is a threat to the health and safety of the individual or family.

standardized targeting system - a system for identifying who and where poor households are, through the generation of a socio-economic database of poor households that is adopted by national government agencies (NGAs). The system is implemented by DSWD.

support group - a group smaller than the parent group, organized for purposes of providing mutual support to groups of household-beneficiaries with similar experiences, especially those beneficiaries facing difficulties.

supply side - the educational and health facilities such as schools, health centers, and other related services in an area, which are needed by qualified household-beneficiaries in complying with the conditions of the Program.

Sustainable Livelihood Program - the livelihood and capability building program managed by DSWD for the poor, vulnerable and marginalized families and individuals. It helps them improve their socio-economic conditions by accessing and acquiring the necessary assets to engage in and maintain thriving livelihoods. It includes a one-time livelihood assistance in the form of micro-enterprise development (MD) and employment facilitation (EF). The MD track provides microenterprise interventions for the poor or savings generation, while the EF track provides interventions that facilitate employment.

sustainability plan - the overall plan of a local government unit (LGU) in supporting exiting households of 4Ps sustain the initiatives they started while they were in the Program.

transaction account - an account in the form of a deposit account or electronic money/wallet, held with an AGDB or other financial service provider regulated by the Bangko Sentral ng Pilipinas (BSP), and which can be used to store money, send payments, and receive deposits. It is an essential financial service in its own right and can also serve as a gateway to other financial services.

transformed gender relations - an outcome or condition in household-beneficiaries where intra-household dynamics are influenced to change towards sharing in all spheres of life, such as shared decision-making, shared parenting, shared budgeting, and elimination of all forms of gender-based discrimination and violence.

transition - the new phase of intervention that involves planning for the future and building self-reliance and independence skills in preparation for program exit. In this phase, connections to new support networks and services that promote permanency of improved well-being of self-sufficient 4Ps households are identified and built. See also household transition planning.

vulnerable group – a group that experiences a higher degree of social exclusion and deprivation than the general population and goes through difficult circumstances, including but not limited to the following: (i) children, (ii) women, (iii) indigenous people (IPs), (iv) homeless street families (HSF), and (v) groups that experience a higher risk of poverty according to the Special Protection Operational Framework of NEDA.

women empowerment - the process by which women gain power and control over their own lives and acquire the ability to make strategic choices.

Glossary