

Department of Social Welfare and Development  
**PANTAWID PAMILYANG PILIPINO PROGRAM**  
**NATIONAL ADVISORY COMMITTEE (NAC)**

**NAC Resolution No. 40**  
Series of 2017

**Additional Reasons For Replacement Of Monitored Children Within  
Pantawid Pamilya Household To Maximize The Three Children-Limit**

*WHEREAS*, the Pantawid Pamilyang Pilipino Program National Advisory Committee (NAC) is the highest policy-making interagency body that provides policy directions and guidance on matters pertaining to program implementation;

*WHEREAS*, Pantawid Pamilyang Pilipino Program is a rights-based program that focuses on human capital development through provision of cash grants to eligible poor households upon compliance to health and education conditions;

*WHEREAS*, Pantawid Pamilya Operations Manual defines eligible poor households as households that have children aged 0-18 year old children and/or at least pregnant member that will be *monitored* for compliance with the program conditions specified by the program;

*WHEREAS*, the same Operations Manual allows each household to select up to three (3) eligible children that will be *monitored* for 85% monthly attendance in schools as basis for the provision of education grants;

*WHEREAS*, as per NAC Resolution 18 series of 2014, *monitored* children in education shall be continuously covered by the program until they reach the period of *natural attrition*, i.e., they graduate from high school or reach 19 years old, whichever comes first;

*WHEREAS*, such *natural attrition* of monitored children do not allow for the monitoring of the next eligible child/ren within the household as the reasons for replacement of monitored children is only limited to 3 reasons, i.e., (1) monitored child/ren acquired full scholarship, (2) monitored child/ren was diagnosed to be differently-abled and was found to be unable to benefit from any form of education, or (3) monitored child/ren died, as provided for in the program Operations Manual;

*WHEREAS*, in 2015, the program reached **9,162,681 monitored children**, the highest number of monitored children that the program has achieved so far. As of September 30, 2017, **709,694 children are no longer being monitored** primarily due to the *natural attrition* of children beneficiaries. And for School Year 2017-2018, another 19,000 children is projected to reach 19 years old;

WHEREAS, of the remaining 8,452,987, only **7,184,755 monitored children** are validated to be in school. The remaining 1,268,232 are either not attending school or have no registered school facility<sup>1</sup>. This is way below the target **8,875,796 children** appropriated with education cash grants based on General Appropriations Act of 2017. This target still remains the same for 2018;

WHEREAS, consequently, this is resulting to underutilization of program funds. At the beneficiary level, it is depriving other willing and abled children within the household to maximize the benefits of education grants that the program is providing to contribute to the objective of the program to increase the enrollment rate in Day Care, Kindergarten, Elementary and Secondary schools, and at the same time increase attendance rate;

Now therefore, be it RESOLVED as it is hereby resolved by the members of the NAC, the following additional reasons for the replacement of monitored children within Pantawid Pamilya households to maximize the three children-limit:

- a. monitored child beneficiary reached 19 years old;
- b. monitored child beneficiary graduated from high school;
- c. monitored child, after exhaustive interventions<sup>2</sup> within the purview of the program, could not still comply with the conditions on education.

Adopted this 21 day of November, Two Thousand and Seventeen, in Dumaguete City



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<sup>1</sup> Based on the Beneficiary Tracking Record, the top reasons children are not in school are the following:

1) Lack or loss interest in school; 2) Sickly; 3) Sibling Care; 4) Child work; and 5) Bullied

<sup>2</sup> Interventions may include 1) counselling of parents and children either during house visits or FDS; 2) Encouragement to enroll to ADM or ALS; 3) Reiteration on the program conditionality

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