

Poverty Alleviation Strategies in the Philippines

Office of the President of the Philippines
National Anti-Poverty Commission

Disclaimer:

The views expressed in this document are those of the author, and do not necessarily reflect the views and policies of the Asian Development Bank (ADB), its Board of Directors, or the governments they represent. ADB does not guarantee the accuracy of the data included in this document, and accept no responsibility for any consequence of their use. By making any designation or reference to a particular territory or geographical area, or by using the term “country” in this document, ADB does not intend to make any judgments as to the legal or other status of any territory or area.



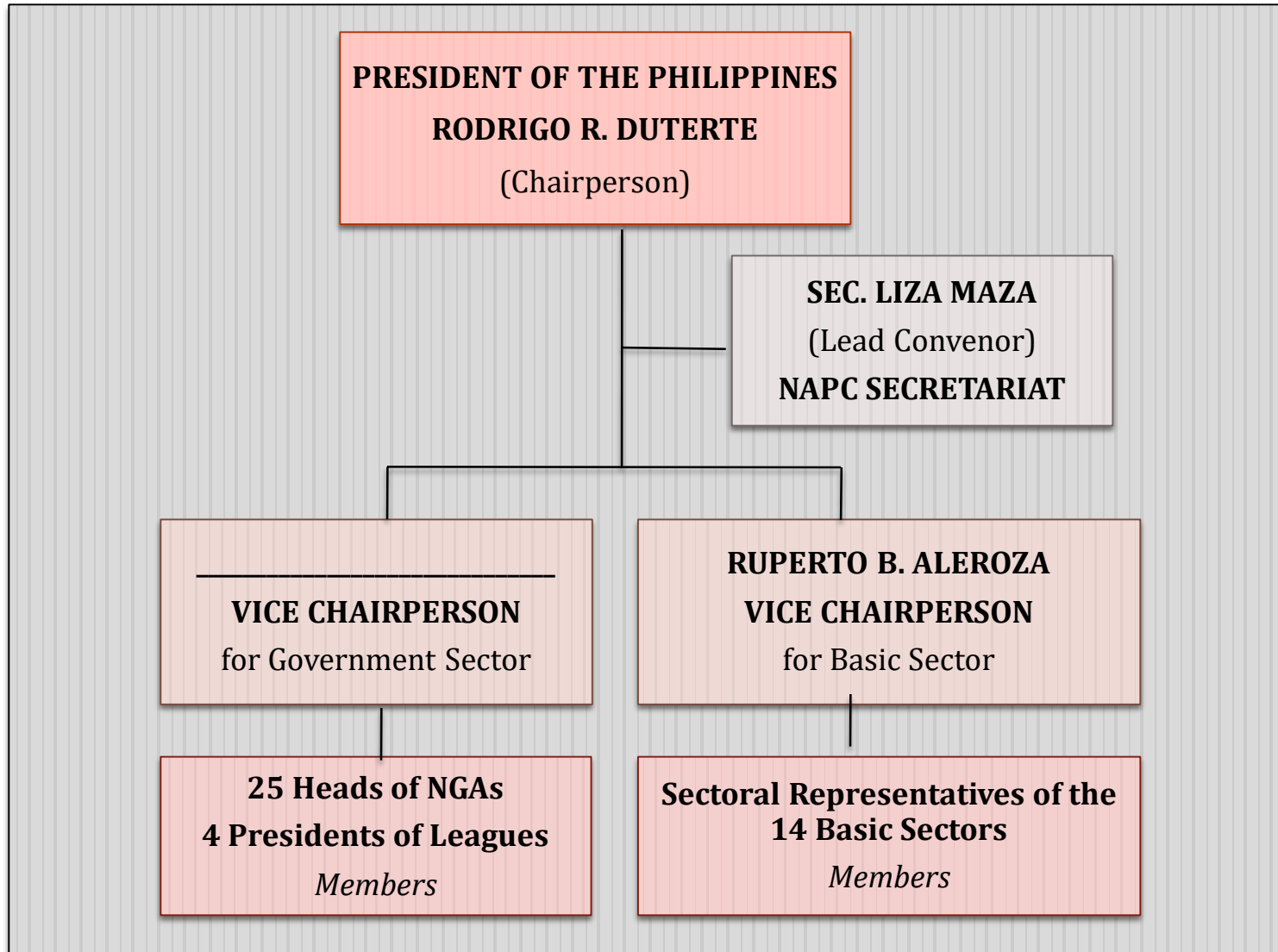
NATIONAL ANTI-POVERTY COMMISSION



Was created by virtue of RA 8425, or the Social Reform and Poverty Alleviation Act in 1997.

NAPC is mandated to serve as the coordinating and advisory body for the implementation of the government's Social Reform Agenda (SRA) to strengthen and invigorate the partnerships between the National Government Agencies (NGAs) and the Basic Sectors.

STRUCTURE



THE NAPC 14 BASIC SECTORS



1. Artisanal Fisherfolk
2. Children
3. Cooperatives
4. Formal Labor & Migrant Workers
5. Indigenous Peoples
6. Farmers & Landless Rural Workers
7. Non-Government Organizations
8. Senior Citizens
8. Persons with Disabilities (PWDs)
10. Urban Poor
11. Victims of Disasters & Calamities
12. Women
13. Workers in the Informal Sector
14. Youth and Students



NAPC MEMBER AGENCIES



Cooperative Development Authority
Commission on Higher Education
Council for the Welfare of Children
Department of Agriculture
Department of Budget and Management
Department of Education
Department of Environment and Natural Resources
Department of Finance
Department of Health
Department of the Interior and Local Government
Department of Labor and Employment
Department of Agrarian Reform
Department of Social Welfare and Development
Department of Trade and Industry
Housing and Urban Development Coordinating Council
Philippine Commission on Women

National Commission on Indigenous Peoples
National Disaster Risk Reduction and Management Council
National Economic Development Authority
National Youth Commission
Office of the Presidential Adviser on the Peace Process
People's Credit and Finance Corporation
Presidential Commission for the Urban Poor

Liga ng Mga Barangay
League of Municipalities of the Philippines
League of Cities of the Philippines
League of Provinces of the Philippines

NAPC's POWERS AND FUNCTIONS



Coordinate with different national and local government agencies to assure full implementation of all social reform and poverty alleviation programs.

Coordinate all provinces in the Philippines in the formulation of social reform and poverty alleviation programs for their respective areas.

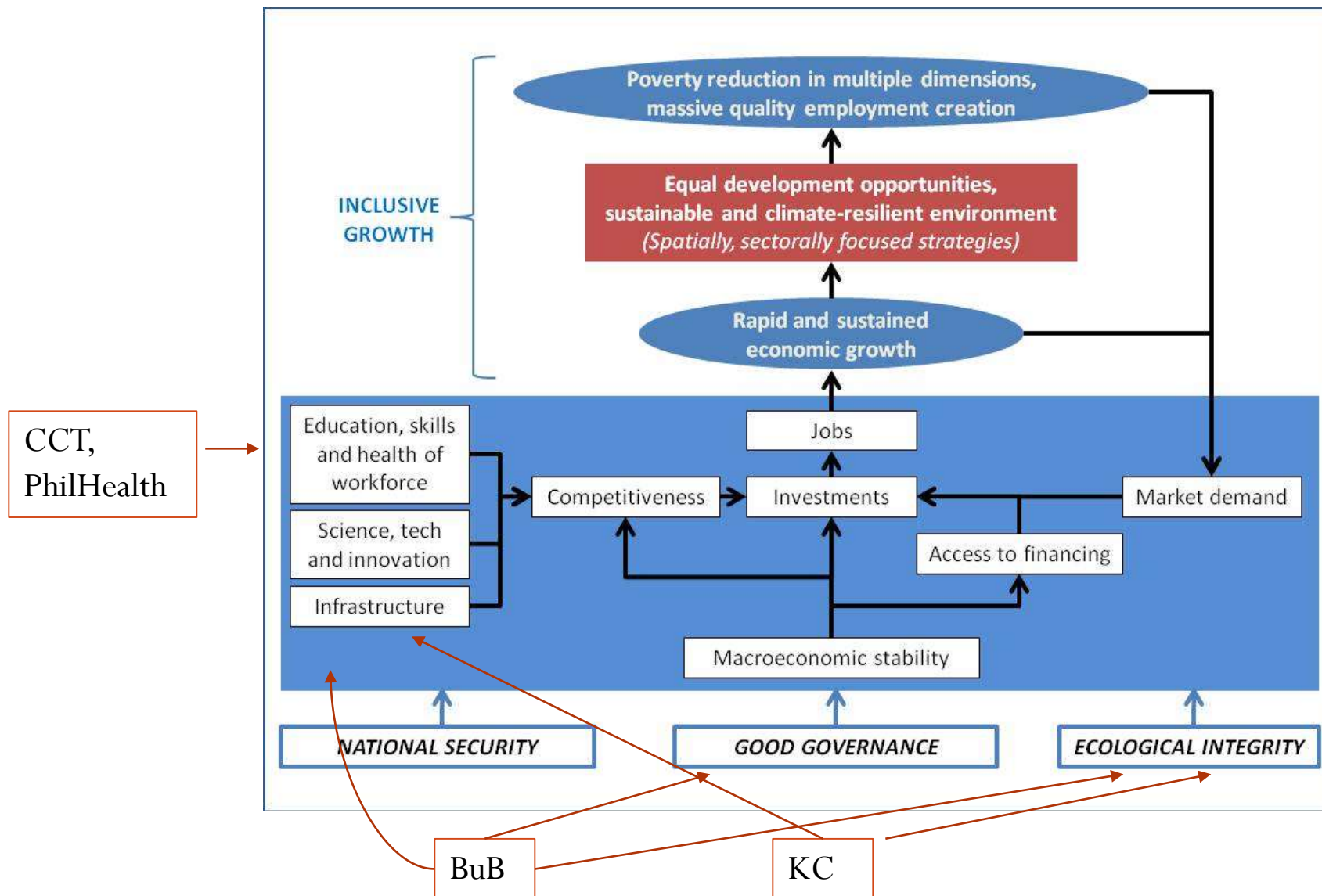
Ensure meaningful representation and active participation of the basic sectors.

PROGRAM THRUSTS



- **FOCUS ON THE POOREST OF THE POOR.** Interventions are focused on the poorest municipalities from the poorest regions and provinces.
- **PEOPLE'S PARTICIPATION AND EMPOWERMENT.** People's participation in governance can make poverty reduction work more effective.
- **RATIONALIZATION OF POVERTY REDUCTION PROGRAMS.** Poverty reduction strategy that locates poverty reduction within economic development planning, and bridges national and local poverty planning.

STRATEGIC FRAMEWORK FOR POVERTY ALLEVIATION



SOCIAL PROGRAMS IN THE PHILIPPINES



- **Conditional Cash Transfers** – The Pantawid Pamilyang Pilipino Program or 4Ps is patterned after the conditional cash transfer (CCT), provides cash grants to beneficiaries provided they comply with the set of conditions required by the program. As of August 2015, 4,353,597 registered households in all 17 regions.

To fulfill the country's commitment to meet the Millennium Development Goals, namely:



Set of Conditionality



Education

- 3- to 5-year-old children must attend daycare or preschool classes at least 85 percent of the time;
- 6- to 14-year-old children must enroll in elementary or high school and must attend at least 85 percent of the time

P3,000 per year or P300 per month per child (elementary) for 10 months a year and; P5,000 per year or P500 per month per child (high school) for 10 months a year

**maximum of 3 children per household*

**Other
Condition :**

Parents must attend Family Development Sessions (FDS) monthly

Health

- Pregnant women must avail pre- and post-natal care and be attended during childbirth by a trained health professional;
- 0-5 year old children must receive regular preventive health check-ups and vaccines;
- 6- to 14-year-old children must receive deworming pills twice a year

* P6,000 per year or P500 per month per household

Impact



CCT is delivering on its objectives: Keeping poor children in school and healthy:

Enrollment in school

Increased by 5 % (Elementary)

Increased by 7 % (Secondary)

Health

Prenatal and Postnatal care increased by 10 %

Delivery of babies in health facilities by skilled health professionals increased by 20 %

Children intake of vitamin A and iron Increased by 12 %

Increased weight monitoring visits to health facilities by 18 %



Impact on Poverty

- Poverty Monitoring
 - Income-based measures of poverty
 - Multi-dimensional lens of poverty
- Poverty Incidence (2015): 26.3%
 - This is 1.6% lower compared to the 2012 first semester poverty statistics.

Conclusion

- Indicators pointing to the right direction
 - Short term indicators appear to be achieved; minimal achievement on long term outcome
- Programs are still work in progress
 - Continuous improvement
 - Budget for M&E be embedded in a project (2015 MOA between NEDA and DBM)
 - Is the scale of the program minimal, resulting to minimal poverty reduction?

SOCIAL PROGRAMS IN THE PHILIPPINES



- Philhealth** – is a Government-Owned and Control Corporations (GOCCs), to implement the National Health Insurance Program of the country towards Universal Health Care and provide financial risk protection to all Filipinos accessing healthcare, prioritizing the indigents, women and children, elderly and PWDs.

Members

Source

1. Members in the formal economy	Government and private sector employees, househelpers, family drivers, business owners	Premium contributions
2. Members in the informal economy	WIS, self-earning professionals, individuals below 21YO but are not valid dependents of a PhilHealth member, etc.	Premium contributions
3. Indigents	NHTS households	DOH (through the Sin Tax)
4. Sponsored	PWDs, OSY, Senior citizens, abandoned children, abused women, BHWs, barangay tanod, women about to give birth but are not PhilHealth members, low-income individuals not included in the NHTS list	DSWD, LGUs, Private institutions
5. Lifetime members	Individuals who have paid their premium contribution for 120 months, retired members of the PNP, AFP, etc.	Premium contributions



Benefits

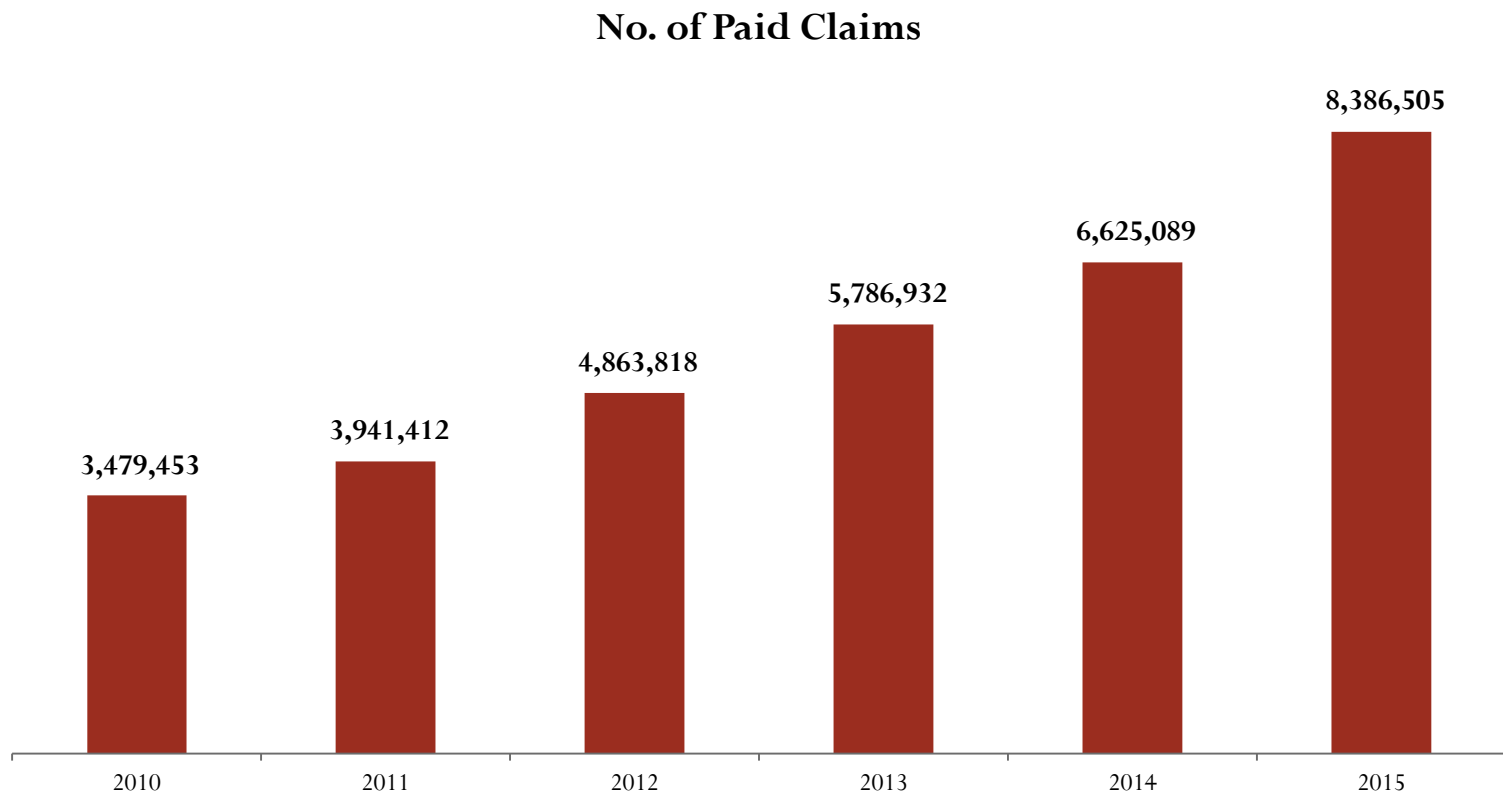
- **ALL CASE RATES** - fixed payment amount per health condition;
- **Z BENEFITS** - for catastrophic illnesses that require long-term treatment/ medication;
- **OUTPATIENT BENEFITS**;
- **PRIMARY CARE BENEFITS/ TSeKaP**- package that includes preventive services, diagnostic services, selected drugs and available medicines and for specific member types only;
- **NO BALANCE BILLING (NBB)**- no other fees shall be charged against indigent members, sponsored members, and kasambahay members;
- **POINT-OF-CARE ENROLMENT** - enrolment of indigent individuals not yet covered in the Sponsored and Indigent Programs; premium shouldered by the facility (*Mandatory in all DOH-retained hospitals*)

About 92% of the total population, or 93M Filipinos, are now covered by PhilHealth. This includes **15.3M indigent families** and **5.9M senior citizens** whose premiums are fully subsidized by the national government. (*Source: 2015 PhilHealth Stats & Charts, various years*)

Users of Philhealth Card



More Filipinos are able to use their PhilHealth card for healthcare services as evidenced by the increasing number of paid claims.



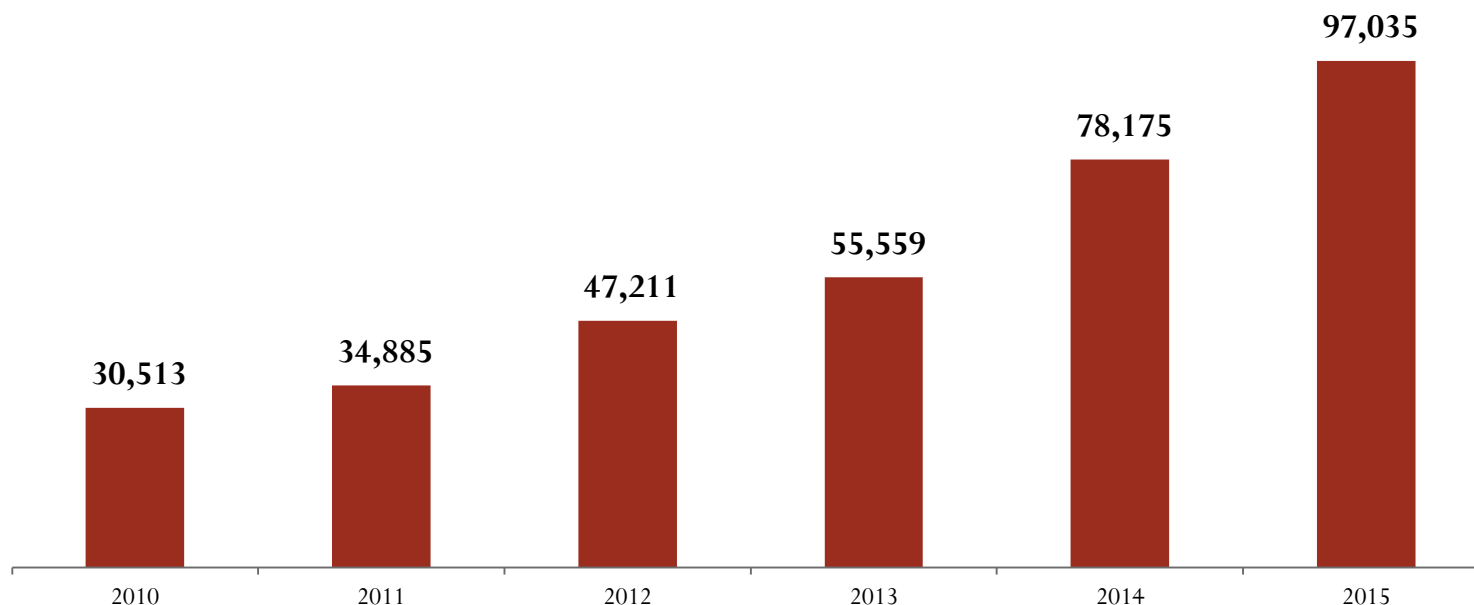
Source: PhilHealth Stats & Charts, various years

Higher Benefit Payment



Benefit payment tripled from P31 Billion in 2010 to P97 Billion in 2015. In 2015, 51% of the indigent/sponsored beneficiaries who used their PhilHealth card did not pay any amount for the healthcare services.

Benefit Payment (in million pesos)



Source: PhilHealth Stats & Charts, various years



Impact on Poverty

- Poverty Monitoring
 - Income-based measures of poverty
 - Multi-dimensional lens of poverty
- Poverty Incidence (2015): 26.3%
 - This is 1.6% lower compared to the 2012 first semester poverty statistics.

Conclusion

- Indicators pointing to the right direction
 - Short term indicators appear to be achieved; minimal achievement on long term outcome
- Programs are still work in progress
 - Continuous improvement
 - Budget for M&E be embedded in a project (2015 MOA between NEDA and DBM)
 - Is the scale of the program minimal, resulting to minimal poverty reduction?

OTHER SOCIAL PROGRAMS



- BuB or the Bottom-up Budgeting;
- Kalahi-CIDDS or NCDDP;
- Farmers – Agrarian Reform, Rural Development, Sustainable Agriculture;
- Cooperative – Sustainable Development, Value Chain, Social Solidarity Economy;
- Indigenous Peoples (IPs) – Sustainable Agriculture through Organic Farming

Maraming Salamat po!
(Thank you!)