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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

PRESIDENT OF THE PHILIPPINES
RODRIGO R. DUTERTE
(Chairperson)

SEC. LIZA MAZA
(Lead Convenor)
NAPC SECRETARIAT

VICE CHAIRPERSON
for Government Sector

25 Heads of NGAs
4 Presidents of Leagues
Members

RUPERTO B. ALEROZA
VICE CHAIRPERSON
for Basic Sector

Sectoral Representatives of the
14 Basic Sectors
Members
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
9. Persons with Disabilities (PWDs)
10. Urban Poor
11. Victims of Disasters & Calamities
12. Women
13. Workers in the Informal Sector
14. Youth and Students
<table>
<thead>
<tr>
<th>NAPC Member Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperative Development Authority</td>
</tr>
<tr>
<td>Commission on Higher Education</td>
</tr>
<tr>
<td>Council for the Welfare of Children</td>
</tr>
<tr>
<td>Department of Agriculture</td>
</tr>
<tr>
<td>Department of Budget and Management</td>
</tr>
<tr>
<td>Department of Education</td>
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<tr>
<td>Department of Environment and Natural Resources</td>
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<tr>
<td>Department of Finance</td>
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<tr>
<td>Department of Health</td>
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<tr>
<td>Department of the Interior and Local Government</td>
</tr>
<tr>
<td>Department of Labor and Employment</td>
</tr>
<tr>
<td>Department of Agrarian Reform</td>
</tr>
<tr>
<td>Department of Social Welfare and Development</td>
</tr>
<tr>
<td>Department of Trade and Industry</td>
</tr>
<tr>
<td>Housing and Urban Development Coordinating Council</td>
</tr>
<tr>
<td>Philippine Commission on Women</td>
</tr>
<tr>
<td>National Commission on Indigenous Peoples</td>
</tr>
<tr>
<td>National Disaster Risk Reduction and Management Council</td>
</tr>
<tr>
<td>National Economic Development Authority</td>
</tr>
<tr>
<td>National Youth Commission</td>
</tr>
<tr>
<td>Office of the Presidential Adviser on the Peace Process</td>
</tr>
<tr>
<td>People’s Credit and Finance Corporation</td>
</tr>
<tr>
<td>Presidential Commission for the Urban Poor</td>
</tr>
<tr>
<td>Liga ng Mga Barangay</td>
</tr>
<tr>
<td>League of Municipalities of the Philippines</td>
</tr>
<tr>
<td>League of Cities of the Philippines</td>
</tr>
<tr>
<td>League of Provinces of the Philippines</td>
</tr>
</tbody>
</table>
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

Poverty reduction in multiple dimensions, massive quality employment creation

Equal development opportunities, sustainable and climate-resilient environment (Spatially, sectorally focused strategies)

Rapid and sustained economic growth

INCLUSIVE GROWTH

CCT, PhilHealth

Education, skills and health of workforce
Science, tech and innovation
Infrastructure

Competitiveness
Investments

Jobs

Market demand

Access to financing

Macroeconomic stability

NATIONAL SECURITY
GOOD GOVERNANCE
ECOLOGICAL INTEGRITY

BuB
KC
**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:*

1. **ERADICATE EXTREME POVERTY AND HUNGER**
2. **ACHIEVE UNIVERSAL PRIMARY EDUCATION**
3. **PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**
4. **REDUCE CHILD MORTALITY**
5. **IMPROVE MATERNAL HEALTH**
Set of Conditionalities

**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

**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

**Other Condition:**

Parents must attend Family Development Sessions (FDS) monthly.
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%

*Source: World Bank, 2015*
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.

<table>
<thead>
<tr>
<th>Members</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Members in the formal economy</td>
<td>Government and private sector employees, househelpers, family drivers, business owners</td>
</tr>
<tr>
<td>2. Members in the informal economy</td>
<td>WIS, self-earning professionals, individuals below 21YO but are not valid dependents of a PhilHealth member, etc.</td>
</tr>
<tr>
<td>3. Indigents</td>
<td>NHTS households</td>
</tr>
<tr>
<td>4. Sponsored</td>
<td>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</td>
</tr>
<tr>
<td>5. Lifetime members</td>
<td>Individuals who have paid their premium contribution for 120 months, retired members of the PNP, AFP, etc.</td>
</tr>
</tbody>
</table>
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.

No. of Paid Claims

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>3,479,453</td>
</tr>
<tr>
<td>2011</td>
<td>3,941,412</td>
</tr>
<tr>
<td>2012</td>
<td>4,863,818</td>
</tr>
<tr>
<td>2013</td>
<td>5,786,932</td>
</tr>
<tr>
<td>2014</td>
<td>6,625,089</td>
</tr>
<tr>
<td>2015</td>
<td>8,386,505</td>
</tr>
</tbody>
</table>

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
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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!)