



UNRISD

United Nations Research Institute for Social Development

Targeting versus Protection in Philippine Cash Transfers

*Reassessing Best Practices in a Celebrated
Case of Social Protection*

Emma Lynn Dadap-Cantal

*International Institute of Social Studies (ISS) of the Erasmus University
The Netherlands*

Charmaine Ramos

*International Institute of Social Studies (ISS) of the Erasmus University
The Netherlands*

Andrew Fischer

*International Institute of Social Studies (ISS) of the Erasmus University
The Netherlands*

Draft paper prepared for the UNRISD Conference

**Overcoming Inequalities in a Fractured World:
Between Elite Power and Social Mobilization**

8–9 November 2018, Geneva, Switzerland

**DRAFT FOR DISCUSSION ONLY
PLEASE DO NOT QUOTE WITHOUT THE AUTHORS'
WRITTEN PERMISSION**

The United Nations Research Institute for Social Development (UNRISD) is an autonomous research institute within the UN system that undertakes multidisciplinary research and policy analysis on the social dimensions of contemporary development issues. Through our work we aim to ensure that social equity, inclusion and justice are central to development thinking, policy and practice.

UNRISD ▪ Palais des Nations ▪ 1211 Geneva 10 ▪ Switzerland
info.unrisd@un.org ▪ www.unrisd.org

Copyright © United Nations Research Institute for Social Development

This is not a formal UNRISD publication. The responsibility for opinions expressed in signed studies rests solely with their author(s), and availability on the UNRISD website (www.unrisd.org) does not constitute an endorsement by UNRISD of the opinions expressed in them. No publication or distribution of these papers is permitted without the prior authorization of the author(s), except for personal use.

Abstract

This paper critically reassesses the dominant narrative about the conditional cash transfer (CCT) programme in the Philippines, the *Pantawid*, which has been promoted as one of the largest and most successful of its kind. Through extensive documentary analysis and key informant interviews conducted during fieldwork in the Philippines in 2017 and 2018, we argue that various political economy dynamics underlying the expansion of the *Pantawid* through the targeting modality of the associated social registry has undermined its protective functioning as a system that is able to adapt to changing conditions of poverty among the targeted population. Instead it has involved the formation of a group-based system of entitlements, through the creation of a quasi-permanent constituency of beneficiaries defined by the increasingly outdated poverty identification exercise. The struggles over the ways forward have emerged from tensions amongst different agendas within the government, while the advancement of *Listahanan* appears to serve discursive objectives among donors as well as their interests of piloting sectoral integration, such that they have not challenged the nature of the targeting modalities. As such, these dynamics can be understood as reinforcing political processes of claims making, although not necessarily of the sort conceived by rights-based forms of citizenship.

Keywords

Social protection; social provisioning; conditional cash transfers; targeting; inequality

Bio

Emma Lynn Dadap-Cantal is a PhD student at ISS of the Erasmus University in the Netherlands. Her dissertation is a comparative case study of the political economy of social protection in Cambodia and the Philippines, particularly exploring the ways by which donors/external actors shape the social provisioning systems in the two countries.

Dr. Charmaine Ramos is post-doctoral researcher at the ISS, working in the ERC-funded AIDSOCPRO project, which explores the political economy of international development assistance directed towards social expenditures. Her current research is on the politics of structural transformation and redistribution in Southeast Asia and Latin America.

Dr. Andrew M. Fischer is Associate Professor of Social Policy and Development Studies at ISS, and laureate of the European Research Council Starting Grant, which he won in the 2014 round. He is also the founding editor of the book series of the UK and Ireland Development Studies Association, published by Oxford University Press, entitled *Critical Frontiers of International Development Studies*, and editor at the journal *Development and Change*. His forthcoming book, *Poverty as Ideology*, won the 2015 International Studies in Poverty Prize, awarded by the Comparative Research Programme on Poverty (CROP).

Introduction

This paper provides a critical corrective to the dominant narrative about conditional cash transfers (CCT) in the Philippines as a social protection programme constituting best practice, both in terms of its impact on the behaviour of its beneficiaries and in terms of poverty targeting. The latter concerns the channelling of public funds to only the poor and vulnerable through a national targeting system that ostensibly curtails political discretion in determining the recipients of social assistance. The *Pantawid Pamilyang Pilipino Program* (Bridging Programme for the Filipino Family), hereafter the *Pantawid*, identifies its beneficiaries through a national targeting system-cum-social registry of poor households called *Listahanan*¹. What started as an ad hoc poverty measure in 2007 has evolved into a mammoth social protection programme with some 4.4 million household-beneficiaries and a budget of around 1.72 billion U.S. dollars, accounting for 63 percent of the overall budget of the Department of Social Welfare and Development (DSWD) and 2 percent of the proposed overall national budget in 2018. Pantawid also automatically entitles its beneficiaries to a host of assistance from government, as part of an effort of what is called ‘convergence’, or the cross-sectoral integration of programmes through the vehicle of the social registry.

The narrative of Pantawid’s purported success is partly based on impact evaluations showing how the programme has reached, if not exceeded, its objectives of keeping children in school, addressing child labour by decreasing the number of days that children work, and improving the utilization of important healthcare services such as pre- and antenatal care for women, as well as immunization and growth monitoring for children (Chaudhury and Okamura 2012; Onishi et al. 2013; Orbeta et al. 2014). Such studies also argue that, contrary to critiques, the programme does not promote ‘bad behaviours’ such as indolence and unwillingness to work, or spending on less essential things like gambling, cigarettes, and alcohol. These positive changes have been used to justify the huge programme budget and to deem it as ‘money well spent’ (Schelzig 2015). Pantawid has also been commended for its ‘adaptive’ quality, that is, the ability to build resilience among poor households and adapt its programming when necessary (WB 2018). This means that through minimal cash incentives attached with education and health conditionalities, the programme is claimed to help build the human capital of poor households, allowing them to be better equipped in dealing with shocks.

Another important focus of this narrative of success is on how Pantawid has reached the truly poor and vulnerable households, with hardly any political discretion in allocating social assistance, through the *Listahanan*. By using purportedly objective criteria and an IT-based selection method, as well as the highly centralized design of the targeting system, *Listahanan* has helped minimize intervention by local ‘politicos’ in selecting beneficiaries for Pantawid, and all social assistance programmes for that matter (Kim and Yoo 2015; Hayakawa et al. 2015; Mendoza and Olfindo 2016; cf. Swamy 2016). Meanwhile, a number of reports reveal that the concentration of Pantawid beneficiaries in 2009 and 2013, about 92 and 82 percent of the total number, respectively, were found to be in the poorest and second poorest income quintiles (Fernandez and Olfindo 2011; Acosta and Velarde 2015). The *State of Social Safety Nets 2015* showed that Pantawid had a high benefit incidence, a measure that the World Bank uses to determine how well a program is targeted and that is defined as ‘the proportion of transfers that the poorest quintile receives as a percentage of total transfers’ (WB 2015a: 47). An indicator of more than 20 percent supposes the distribution to be ‘pro-poor or progressive’. With a benefit

¹ Portmanteau combining Filipino words for list (*lista*) and home (*tahanan*).

incidence of 45.2 percent in 2013, Pantawid not only meets the World Bank's standard of being a pro-poor or progressive programme, but also deemed by it as one of the best-targeted social safety nets programmes in the world (WB 2015a, WB 2015b). Of course, these measures appear to be somewhat misleading insofar that we would expect a programme that is supposed to be targeted to the bottom quintile to have a high benefit incidence, although this point likely speaks to the high degree of inaccuracy of targeting systems elsewhere in developing countries.²

The positive reviews of Pantawid in these evaluations, particularly the programme's 'adaptive quality' and success in channelling resources to the poor and vulnerable, are premised on the assumption that the poverty identification exercise undertaken to pick out the poor in the Philippines provides an accurate picture of who should be targeted as programme beneficiaries. However, during fieldwork we conducted in 2017 and 2018, we found reason to question this premise in that the identification of beneficiaries up to 2015, the last year when beneficiaries were added, was actually identified through an increasingly outdated social registry, based on a first round of household assessments undertaken in 2009 (even despite a new survey in 2015). This implies that even if we accept the studies showing strong targeting performance in the years closer to this initial date (although these could also be questioned in various ways), such performance in targeting would have been increasingly difficult to maintain over time in the absence of any updates to the assessments, both in terms of movements out of poverty among those identified and movements into poverty among those not identified, and particularly in the context of the high degree of mobility in the Philippine society. Moreover, there are possible institutional consequences and political dynamics that also need to be explored in terms of.

This paper differs from these performance-focused analyses by examining the political economy dynamics underlying the expansion of the Pantawid, and how the modality of identification and targeting, and the so-called 'convergence' efforts that were made on the basis of this, have conditioned the evolution of the broader social protection system. We argue that these dynamics have served to reinforce fragmentation and stratification within the broader social protection system, as well as inequities with respect to the broader potential target population, e.g. the bottom two quintiles of the population. Based on extensive documentary analysis, and elite and beneficiary interviews conducted during fieldwork in the Philippines in 2017 and 2018, we shed light on how the programme has not been effectively functioning as system of social protection, in the sense of a system that is able to adapt to changing conditions of poverty among targeted populations. Instead, it has involved the formation of a group-based system of entitlements, through the creation of a quasi-permanent constituency of beneficiaries defined by the poverty identification exercise of the initial registry, based on the first round of household assessments in 2009. While the number of beneficiaries increased rapidly, up to the current level that was reached in 2015/16, these expansions were not made through new assessments of poverty, but through the incremental inclusion of more people identified in the original 2009 registry, regardless of changing circumstances or the completion of the second round in 2015, which had not yet been implemented as of the time of writing. Moreover, in the absence of time limits, there has been only marginal attrition through so-called 'graduation' of the beneficiaries. 'Convergence' efforts within this group of beneficiaries has subsequently served to entrench fragmentation and inequities in the broader social provisioning system, by extending the targeting modality across a variety of policy sectors even whilst not first addressing the gradual

² Work in progress; will add references to this latter.

obsolescence of the targeting modality and stasis in the coverage of beneficiaries at a partial level.

We further explore the various political rationales among various elite actors within the national bureaucracy and international development agencies, as well as among emergent social forces, for advancing the narrative of success despite these evident realities. Indeed, struggles over the ways forward have emerged from tensions amongst different agendas within the governments of then-President Benigno Aquino III and President Rodrigo Duterte the government, while the advancement of Listahanan appears to serve discursive objectives among donors as well as their interests of piloting sectoral integration, such that they have not challenged the nature of the targeting modalities. In the midst of these confluences, an alliance of Pantawid beneficiaries has also arisen as a political constituency that has started to champion the institutionalisation of the Pantawid, including its targeting modality and quasi-permanent character of beneficiaries. As such, these dynamics can be understood as reinforcing political processes of claims making, although not necessarily of the sort conceived by rights-based forms of citizenship. Rather, the form of politics that seems to be emerging out of this modality of social provisioning is one that reinforces group-based forms of claims-making in defense of particularist interests, which in turn appears to have reinforced political tendencies in favour of fragmentation within social provisioning.

The analysis we present in this paper offers a corrective assessment of Pantawid—one that highlights the potential limitations of CCT programmes in fostering integrated and equitable systems of social protection. In cases like the Philippines, which could be considered a best-, ideal- or most-likely case—with relatively strong state capacity, sufficient resources at least in our period of study after 2010, and generally supportive politics at least at the level of the central government—the logic of these initiatives, in the way they are designed and with the overriding institutional emphasis on targeting versus other types of objectives such as integration, exhibits a tendency towards stasis at a fairly low level of coverage. It leaves cross-class integration unaddressed and the large swath of the population, say the middle three quintiles, unprotected. Meanwhile, the inefficiencies of targeting in turn also lead to an ineffective coverage of even the bottom quintile.

This corrective assessment is presented in the following three sections. In the first, we discuss the broader context of social protection provisioning in the Philippines into which Pantawid has been inserted, illustrating how residualism and fragmentation are exhibited in central aspects of the social protection system in the Philippines. By residualism, we mean the tendency that ascribes a minimal role to the state in welfare distribution, stepping in only and often temporarily when normal channels of welfare, like the family and the market, fail (see Titmuss 1974), or to correct some of the adverse outcomes of macroeconomic policies (e.g. see Mkandawire 2005). By fragmentation, we refer what Sanchez Ancochea and Martinez Franzoni (2016) refer to as ‘diverse mechanisms of access, funding, entitlements and providers, as well as the presence of large market option’ (p. 19; cf. Fischer 2012), or to what various official agencies refer to as the existence of multiple, typically small-scale, and uncoordinated programmes, leaving out a huge number of those in need of social protection (WB 2012: 15; see also ILO 2007 and 2015; DAP 2009). In the second section, we discuss the political dynamics that underpin the adoption and evolution of Pantawid. In the third section, we explain the institutional consequences of Pantawid and Listahanan on the broader system of social protection in the country. In the fourth, we flag the political dynamics triggered by the two

initiatives, which make it difficult for the government to reform social protection provisioning in the Philippines.

Residualism and fragmentation in Philippine social protection: framing the broader context

Evaluations of social protection in the Philippines repeatedly highlight the problem of fragmentation across programmes. Fragmentation tends to be cast in these studies as an administrative problem with a technical fix. Hence, recommendations often focus on refining institutional frameworks and synchronising approaches and tools in order to achieve consistent programmes and provide compatible assistance/benefits (WB 2012).

Residualism, which is reflected in the preference for poverty-targeting, is not problematised in evaluation reports, as well as donor and government documents on social protection in the Philippines. Rather, targeting is seen as an important instrument that ensures efficiency in the use of limited public resources (Fernandez and Velarde 2012; Acosta and Velarde 2015). What is not recognised is the possibility or propensity for targeting to entrench multiple systems of social protection provisioning, i.e., for the poor and the non-poor, and for benefits to the poor to become marginal in the process. Meanwhile, fragmentation is problematised, although it is mostly focused on fragmentation across policy sectors or programmes (e.g. ILO 2007 and 2015; DAP 2009), rather than across social groups, as with stratification as is considered the more important dimension in social policy with respect to social inclusion and political sustainability. Perhaps this is influenced by the general attention on universal coverage, which was referred to by donor and government officials in our interviews as meaning that everyone, especially the poor, have access to some form of welfare, no matter the programme, funding, and providers. Such strong attention on coverage tends to obscure other important dimensions in social provisioning, so that universal coverage ends up being equated with universalism, such as in healthcare, where according to some of our interviews with multilateral agencies in the Philippines, even access to privatised and fully commoditised health care is considered to be part of ‘universal’ coverage. As critical scholars emphasise, universal coverage is a necessary, but insufficient, dimension of universalism (Mkandawire 2005; Fischer 2012; Franzoni and Sánchez-Ancochea 2016).

In effect, the extant social protection system in the Philippines has been and remains characterised as residualist and fragmented, as evidenced by the following features. First, the country’s social assistance programmes are ‘historically small and patchy’, whereby the welfare needs of the poor tend to be addressed piecemeal, largely through clientelistic channels (Swamy 2016: 73; see also Arulpragasam et al. 2011). There are government agencies that implement or contribute funds to social assistance programmes, but they are largely uncoordinated (ILO 2007, DAP 2009). Take for example, healthcare or medical needs. In the Philippines, the national health insurance programme is administered by the Philippine Health Insurance Corporation (PhilHealth). The national health insurance programme for the poor, called ‘PhilHealth for Indigent Members’, has expanded its beneficiary base in recent years by including all those identified as ‘poor’ by Listahanan. However, given incomplete coverage and exclusion errors, not all the poor are included and many if not most ‘near-poor’ have to rely on other means for their medical needs. One option for them is to seek the help of their local governments. In this case, it is important that they are backed by politicians, or are registered voters in the concerned

locality. An example is the Cebu City government, where the basic requirement for prospective beneficiaries of the city government's medical assistance is a valid voter identification card for the City.³ Another example involves 'congresspersons depositing money with a hospital to cover the medical costs of any person the legislator nominates, turning health care into a discretionary benefit' (Swamy 2016: 13).

There are also other public institutions that provide medical assistance. The DSWD has a free medicine assistance programme for the indigent and people in crisis situations. However, apart from the fact that prospective beneficiaries are required to provide proof that they are truly indigent or deserving of assistance based on certain criteria, the programme is closely attached to the President who allocated one billion pesos for this undertaking (DSWD 2016a). This puts to question the sustainability of the funding and the programme itself given the discretionary, non-institutionalised nature of such funding sources. Meanwhile, the Philippine Charity Sweepstakes Office (PCSO) since 1995 has implemented the 'Individual Medical Assistance Programme' that, while open to all Filipinos, is designed merely to augment beneficiaries' other sources of medical funds. As one PCSO official points out, 'If you rely on the PCSO, you will die', implying the inadequacy of assistance under the programme (PDI 2017). Likewise, some local governments have their own medical assistance programmes, which are contingent on their financial capacity, or closely associated with government officials, e.g., the mayor or congressperson.

For the poor people who are not covered by any of the aforementioned programmes, they rely on out-of-pocket expenditures, which in 2005-2015 accounted for more than half of current health expenditures in the country. Based on national health accounts data submitted to the World Health Organisation, the Philippines had among the highest shares of out-of-pocket payments in total current health expenditure in this period in Southeast Asia, surpassed only by Myanmar.⁴ The rapid inclusion of the poor into the national health insurance programme in 2010 (to be discussed further below), has not seemed to have made a huge enough dent in decreasing the share of out-of-pocket payments, which even increased from 55 percent of current health expenditure in 2010 to 59 percent in 2011, although it gradually decreased from that in the years following, falling to 54 percent in 2015.

Similar trends can be observed in terms of employment or livelihood needs of the poor. There are different government agencies that provide employment or livelihood support. For example, DSWD, has implemented the 'Sustainable Livelihood Programme', which, since its inception in 2011, has prioritised Pantawid household-beneficiaries (Acosta and Avalos 2018). The Department of Labour and Employment (DOLE), for its part, implements a livelihood programme that provides grant assistance for 'capacity-building on livelihood ventures either for individual or group undertakings' (DOLE 2017a: 2). As explained in the interviews by DOLE representatives, this is one option for non-Pantawid beneficiaries, as the labour department is explicit about the programme being meant for those people who have been excluded from Pantawid mainly because Pantawid beneficiaries are enjoying a number of

³ Based on the field insights from one of the co-authors (Dadap), having worked with urban poor families in the city for more than 10 years.

⁴ Based on data from WHO, published on <http://apps.who.int/nha/database/ViewData/Indicators/en>, accessed on 30 October 2018, we compute the average share of out-of-pocket payments in current health expenditure in 2005-2015 in countries in Southeast Asia to be as follows: Myanmar, 79 percent; Philippines, 56 percent; Cambodia, 56 percent; Indonesia, 51 percent; Laos, 44 percent; Singapore, 41 percent; Vietnam, 39 percent; Malaysia, 35 percent; Thailand, 15 percent.

government assistance. The labour department also provides emergency employment for displaced, underemployed, or seasonal workers for a minimum of 10 days and a maximum of 30 days (DOLE 2017b). Meanwhile, the Technical Education and Skills Development Authority (TESDA) provides vocational and skills trainings to all Filipinos, except that the courses require certain levels of education (mostly high school graduate) and skills that may hinder the less educated and/or low-skilled citizens from participating. Additionally, although most of the courses are free, attending them require resources for transportation, meals, and sometimes materials, which may not be affordable for many people.

Second, the Philippine social security system, as in most developing countries, is still fragmented and largely excludes the poor, although it has an option for self-inclusion. In the Philippines, the two major public social insurance institutions are the Government Service Insurance System (GSIS) that is exclusive for public servants and the Social Security System (SSS) that is intended for private sector employees or the bulk of the working population for that matter. Between the two institutions, SSS has the potential for integrating the poor into formal social security and it has made advances along this line. Over the years, it has opened its membership to the informal sector through its voluntary membership/contribution scheme. However, as cited by studies, coverage remains low and concentrated in the formal sector, as the informally employed and the poor continue to grapple with such challenges as unstable income that hinders them from paying the voluntary contributions, lack of awareness on social security, and complex policies and procedures (Gonzales and Manasan 2002; ILO 2007; Orbeta 2011; ILO et al. 2014; Ramesh 2014). The absence of government subsidy for SSS (as well as GSIS), further prevents the informally employed and the poor from taking part in formal social security.

It is important to emphasise that GSIS and SSS operate separately and are organised along different rules and standards, i.e., they have their own charters and are governed by their respective boards, resulting, among others, in different contribution rates and benefit levels. Contribution rate in GSIS is higher than in SSS, hence, the former is in a better position to provide more generous benefits for its members⁵. In terms of old-age pension, for example, replacement value in GSIS is larger than in SSS, 75 percent and 60 percent for 30 years of service, respectively (Orbeta 2011). However, the (in)adequacy of benefits is another matter altogether. Since pension levels in the Philippines are tied to contribution/previous income levels, the pensions for the lower-income members of SSS is based on the lower contribution bracket, which such members can afford. Of course, the significant portion of poor who remains excluded from formal social security.

Third, the Philippine healthcare system, while reaching near-universal coverage, is still segregated due in part to the poor quality of the public health system and the unregulated private health sector that has become outside option for the formally employed and the better off. PhilHealth has seen a doubling of estimated beneficiaries from 22 million individuals in 2010 to more than 41 million in 2015; and the expansion of coverage rate of the population from 67 percent in 2013 to 92 percent in 2015 (Cabalfin 2016: 8,10). This significant expansion in its beneficiary base in recent years is in large part a result of the inclusion of the poor identified through Listahanan in the national health insurance system. While ‘indigent’ members, whose

⁵ GSIS contribution rate is 21% of the employee's basic gross monthly salary. Employee's portion is 9%, while employer's portion is 12%. SSS contribution rate is 11%, where employee's share is 3.63%, while employer's share is 7.37%. (GSIS n.d.; SSS n.d.).

premiums are fully subsidised by the government, accounted for 29 percent of the total members of the insurance scheme in 2008, their share rose to 43 percent in 2015 (Cabalfin 2016:12). The mixed funding sources of PhilHealth, which include the contributions of the formally employed and individually paying members, sponsorships for non-Listahanan poor and the near-poor by private and public entities, and the national government's subsidies for 'indigent' members identified through Listahanan, have paved the way for such near-universal coverage and the cross-class subsidisation⁶ in the system. It is also worth highlighting that since the 1990s, PhilHealth benefit package has been similar across membership categories, and in fact, indigent members have been entitled to a special outpatient benefit package through PhilHealth-accredited rural health units (PhilHealth 2000; Schneider and Racelis 2004). Efforts at enhancing the generosity of benefits for everyone, and heightening the proportion of costs covered for subsidised sections of the population were most pronounced in the period 2010-2015, when a series of reforms were introduced, including: (1) providing access to a primary care package (consultation, medicines, diagnostic tests), but limited only to sponsored/indigent members; and (2) expanding the benefit package to include a number of 'catastrophic diseases' for everyone. Measures to enhance financial protection of the poor were also put in place including: a policy to disallow billing indigent members beyond case rates paid for by the insurance; and enrolment of the poor at point care. However, demand side-reforms are just one side of the healthcare system. The other crucial side is health services supply.

As a result of the decentralisation process that began in 1991/92, whereby vital government functions like health services delivery were devolved to local governments, significant disparities in health resource allocation among localities have been observed (Grundy et al. 2003; Cetrángolo et al. 2013). Not only has the quality of public health services varied among localities, but so has the quantity, wherein the general pattern is a 'concentration of health services in relatively affluent urban areas' (Cetrángolo et al. 2013: 59). Reports from the Department of Health (DOH) also reveal that public hospitals are often outnumbered by private ones. For example, in 2009, there were 721 public and 1,075 private hospitals, and presently, there are 475 public versus 966 private hospitals (DOH n.d. and 2018). The DOH is tasked to regulate the entire healthcare system, but regulation is limited to accreditation/licensing of health facilities and practitioners. The DOH does not regulate the price of private sector services, for example, hence, they remain inaccessible to lower-income groups. Indeed, health services delivery has turned into parallel systems of public and private provisioning, where public health facilities are mostly used by the poor and the near-poor, while private ones are used by around 30 percent of the population who can afford higher user fees (WHO and DOH 2012; DOH n.d.).

Enter the Philippines' Pantawid and Listahanan

The adoption of CCTs in the Philippines was influenced by donors, notably the World Bank and the Asian Development, according to our interviews with donor and DSWD representatives who were involved in the early stages of the programme. It was adopted against a backdrop of DSWD's reform process in 2005/2006. After fifteen years decentralisation, whereby the delivery of most social welfare services had been devolved to local governments, DSWD

⁶ See Cabalfin (2016) for more on cross-class subsidisation in PhilHealth.

struggled on its national leadership or ‘steering’ role in social assistance and social protection (DSWD 2006). In 2005/2006, the department started a project called ‘National Sector Support for Social Welfare and Development Reform’, which was supported by a grant from the government of Japan, which the World Bank administered. The project involved, among others, assessments of DSWD’s different programmes and services, and drawing inputs on innovative models from relevant actors through consultations and workshops (WB 2006). It was in one of these workshops that DSWD heard about CCTs. An ADB officer revealed during the interview that she made a presentation about the scheme and discussed the possibility of the department leading the CCT implementation in the country in a ‘visioning workshop in Tagaytay in 2005.

Interest in CCTs was heightened when, in 2006, the World Bank invited the Philippine government to the ‘Third International Conference on Cash Transfers’ in Istanbul, Turkey. The Philippine government sent a delegation composed of senior officials of DSWD, as well the budget and the finance departments (Kim and Yoo 2015; Reid 2016). There, they heard about the CCT experiences of other countries and spoke with Tarsicio Castañeda, a Colombian expert who was assisting Indonesia’s CCT programme at that time. As described by the ADB officer we interviewed, it was a ‘South-South exchange of information’. Upon their return to the Philippines, they decided to share what they learned from that World Bank-sponsored conference in a forum with different government agencies. They then met with World Bank representatives who agreed to sponsor the forum and bring in the Colombian expert to speak at that event (Debonneville and Diaz 2013).

In a subsequent major initiative, DSWD proposed a CCT pilot to the cabinet of then-President Gloria Macapagal-Arroyo. The combined efforts of DSWD and donors proved fruitful as the proposed pilot was approved in March 2007 and officially launched in September that same year, with a target of 6,000 household-beneficiaries (Howlett et al. 2018). The pilot, initially called *Ahon Pamilyang Pilipino* (Filipino Family Ascend), was implemented in four rural municipalities and two cities in Metro Manila (Fernandez and Olfindo 2011). The original plan was to run it for a year, from September 2007 to September 2008. However, just three months into the implementation, President Arroyo decided on a full-scale CCT programme for 2008, expanding the target to 320,000 household-beneficiaries and allocating five billion pesos from the windfall of the expanded value-added tax (Dadap 2011). The full-scale programme was then named *Pantawid Pamilyang Pilipino Program*. Further expansions in its beneficiary base were undertaken later in light of another executive decision to reach one million household-beneficiaries by the end of 2009, President Arroyo’s last year in office (see Table 1) (Fernandez and Olfindo 2011).

According to a former DSWD official closely involved with Pantawid, the official narrative surrounding President Arroyo’s decision on the dramatic expansion of the CCT initiative was that she was convinced that the scheme could cushion the impact of the financial crisis in 2008. However, scholars like Reid (2016) alluded to the political pressures emerging from electoral fraud and accusations of corruption and violence that President Arroyo was facing at that time. While there are dissenting narratives as to what triggered her decision, what was certain was that DSWD was not prepared for the dramatic expansion. Another key informant, a DSWD official who used to work in Pantawid, described the situation as ‘chaotic’ in that full-scale implementation preceded the setting-up and/or consolidation of necessary systems, e.g., IT system for registration of beneficiaries, monitoring of compliance to conditionalities, and payment of cash grants. As explained by the aforementioned former DSWD official, Pantawid

deals with large datasets, hence, its effective implementation depends on a reliable targeting and IT systems. Yet when it was substantially expanded for the first time, the targeting system was still to be developed. The official added that the targeting system should have been established first before the CCT, but what happened was that the two initiatives were developed parallel to each other. In the meantime, DSWD had to deploy its own targeting tool, a one-page questionnaire, to identify the beneficiaries from 2008 to 2009. The official revealed that the full-scale CCT programme was already running for more than two years when the targeting system, then called National Household Targeting System for Poverty Reduction (NHTS-PR), was undertaken. She further revealed that there were many technical issues when DSWD tried to integrate the existing and the ‘new’ datasets.

It was in that context—DSWD’s unpreparedness in the midst of rapid CCT expansion—that the aforementioned Colombian expert, Tarsicio Castañeda, and his wife, Luisa Fernandez, were hired as in-house consultants beginning in mid-2008. As repeatedly mentioned in interviews with DSWD officials who were involved with Pantawid, Castañeda led a 10-person team in DSWD to come up with policies and procedures for the CCT programme and draft its manual of operations, among other tasks. Meanwhile, Fernandez, an expert in targeting and proxy-means testing, worked closely with the targeting and IT staff to set-up the targeting system and eventually the conduct of the first nationwide household assessment in 2009/2010.

When then-President Benigno Aquino III assumed office in 2010, he decided not only to continue the CCT programme, but also substantially expand its beneficiary base despite donors’ initial reluctance (see Table 1) (Fernandez and Olfindo 2011; ADB 2015; Interviews). Later into Aquino’s term, DSWD effected some adjustments in the programme. First, beginning in 2012, it implemented, the Modified Conditional Cash Transfer (MCCT), an additional feature of Pantawid, designed to reach out to poor families who could not be covered by the regular CCT programme, e.g., homeless families and indigenous communities in remote areas. Second, in that same year, with the approval of the cabinet, it expanded Pantawid benefits to include the automatic membership of CCT beneficiaries to the national health insurance programme (PhilHealth). Third, starting in 2013, it extended, the age cohort of children-beneficiaries from 0-to-14 to 0-to-18 years old, effectively removing the five-year limit in programme participation (more on this in the fourth section of the paper). Pantawid benefits were further expanded in 2017 by the current administration of President Rodrigo Duterte, who, in a bid to fulfil a campaign promise, decided to provide monthly rice subsidies to CCT beneficiaries (see table 2). This Pantawid implementation has been the basis of two sets of policy loans from the World Bank and the ADB. These loans are budget support, conditioned upon the Philippine government’s continuation and expansion of the CCT programme. The first set of loans were contracted during Aquino’s term (2010-16), and were worth 505 million USD from the World Bank and 400 million USD from ADB. The second set commenced at the start of Duterte’s administration in 2016, and amounted to 450 million USD from the World Bank and 400 million USD from ADB. (ADB 2016; World Bank 2016)

Table 1: Cumulative Number of Actual Household-Beneficiaries of Pantawid (net of attrition or graduation)

Year/Sets	Regular CCT	Modified CCT	Total
President Arroyo's Term			
2008 (Set 1)	282,917	-	282,917
2009 (Set 2)	242,056	-	242,056
President Aquino's Term			
2010 (Set 3)	372,529	-	372,529
2011 (Set 4)	1,171,665	-	1,171,665
2012 (Set 5)	812,868	-	812,868
2013 (Set 6)	844,546	-	844,546
2014 (Set 7)	369,846	205,320	575,166
2015 (Set 8)	55,103	26,252	81,355
TOTAL	4,151,530	231,572	4,383,102

Source: DSWD 2017

Note: Expansion in the number of household-beneficiaries was suspended beginning in 2016. The moratorium on expansion was still enforced during fieldwork in the first quarter of 2018.

Table 2: Pantawid Benefits (in pesos? What is the approx. exchange rate over this period?)

Presidential Terms	Monthly Health Grant (12 months/year)	Monthly Education Grant (10 months/year; max of 3 children per household)	Additional Benefits
President Arroyo (2006 – 2010) <i>*Max monthly cash grant: PhP1,400 (roughly 28 USD at PhP50 to 1 USD)</i>	<ul style="list-style-type: none"> PhP500/household 	<ul style="list-style-type: none"> PhP300/child 	
President Aquino (2010 – 2016) <i>*Max monthly cash grant: PhP2,000 (roughly 40 USD at PhP50 to 1 USD)</i>	<ul style="list-style-type: none"> PhP500/household 	<ul style="list-style-type: none"> PhP300/child in primary school PhP500/child in high school 	<ul style="list-style-type: none"> Automatic membership to PhilHealth Livelihood assistance/training
President Duterte (2016 – 2022) <i>*Max monthly cash grant: PhP2,600 (roughly 42 USD at PhP50 to 1 USD)</i>	<ul style="list-style-type: none"> PhP500/household 	<ul style="list-style-type: none"> PhP300/child in primary school PhP500/child in high school 	<ul style="list-style-type: none"> Automatic membership to PhilHealth Livelihood assistance/training Monthly rice subsidy of PhP600/household

Source: DSWD n.d.; Interviews

Note: Maximum monthly cash grant was PhP1,400 (roughly 36 USD [at what rates when?]) in Arroyo's term; PhP2,000 (roughly 40 USD) in Aquino's term; and PhP2,600 (roughly 42 USD) in Duterte's term.

As with other CCT programmes, Pantawid started with the selection of household-beneficiaries. To be eligible, a household must be identified as poor by the Listahanan (prior to the national targeting system, DSWD used its own questionnaire); have (a) child/children aged 0 to 18 years old or pregnant member(s) upon enumeration; and be willing to comply with the conditionalities attached to the cash grants, including immunisation and growth monitoring for children, prenatal care and professionally attended childbirth for pregnant members, at least 85 percent school attendance, as well as regular participation of parents or guardians in family development sessions. Household-beneficiaries are also required to submit pertinent documents, like marriage

certificates and children's birth certificates (DSWD n.d.). These are the same conditionalities since the first expansion of the CCT programme during President Arroyo's term. Compliance with these conditionalities is closely monitored by DSWD field staff (Acosta and Velarde 2015). Needless to say, compliance with conditionalities is closely monitored by DSWD field staff. (DSWD n.d.; Pantawid Webpage).

Meanwhile, as earlier discussed, what is now known as Listahanan used to be a part of the CCT pilot. It started from the one-page questionnaire that DSWD used to select the first set of CCT beneficiaries. It was in 2009 that the department decided to separate the targeting system from Pantawid and hence officially called it the National Household Targeting System for Poverty Reduction (NHTS-PR). This decision, as explained by a former Listahanan official interviewed, was in line with the government's intent to have a dataset that is 'true to all', i.e., relevant to other departments and programmes besides DSWD and Pantawid. The name would later be changed to Listahanan during President Aquino's term.

Donors were nonetheless heavily involved in the processes of setting-up and consolidating the targeting system. Apart from paying for the services of consultants through grants, the World Bank also funded study missions abroad. The said former Listahanan official was part of the delegation that visited Colombia in 2010. Another delegation mainly composed of IT staff visited Mexico that same year.

According to the 2013 Listahanan Operations Manual, the identification of poor households is a two-stage process. The first involves geographic targeting, which, based on the Manual, entails coming up with a list of rural and urban *barangays* (villages)⁷ based on the latest census of population⁸. The second involves household assessment, which covered all households in rural barangays and households in pockets of poverty⁹ in urban barangays. The Listahanan used proxy-means test to estimate household income based on characteristics¹⁰ that are deemed highly correlated to it. Households are categorized as poor in Listahanan when the estimated income is below the official provincial poverty threshold (Fernandez 2012). In Listahanan 1 (2009–11), more than 11 million households were surveyed, and 5.2 million were found to be poor. Of this number, 4.9 million were qualified to become Pantawid beneficiaries (Fernandez 2012; COA 2017). Meanwhile, in Listahanan 2 (2015–16), 15.2 million households, which accounted for 75 percent of the household population in 2015 (World Bank 2016; Listahanan 2016; author's calculation based on PSA data). Out of this number, 5.1 million were identified as poor.

The construction of Listahanan as a registry of poor households and its use in identifying beneficiaries of Pantawid is a cornerstone of the narratives on the programme's success. In the section that follows we show that the use of such a registry in the actual practice of targeting in the Philippines, and challenges that emerged in the process of constructing and applying Listahanan 2, together form the basis for the construction of a quasi-permanent beneficiary base,

⁷ Barangay (village) is the smallest administrative division in the Philippines.

⁸ This task is jointly done by the National Household Targeting Office (NHTO) of the Department of Social Welfare and Development (DSWD) and the Philippine Statistics Authority (PSA).

⁹ DSWD has guidelines in identifying pockets of poverty in urban areas and municipalities with a poverty incidence of less than 50%.

¹⁰ These include: ownership of appliances and/or assets; educational attainment of a proportion of family members; household composition; employment/kind of business; housing materials and access to basic services; geographic location (rural vs urban) (Mapa 2013)

which does not reflect changing conditions of poverty. The analysis we present thus interrogates the positive narratives anchored on Listahanan.

Institutional consequences of Pantawid

Pantawid has conditioned and structured the policy architecture and institutional modalities of social protection provisioning in the Philippines along particular important trajectories. This refers to the concepts of policy feedbacks and legacies within the institutionalist political economy literature, which essentially mean that once instituted, a new policy creates institutions, actors and alliances, and demands that could either frustrate or support the implementation of future policies. For instance, in her study of social policy in the United States, Skocpol (1992) proposes two ways by which policy feedback takes effect: first, it builds or transforms state capacities that could either imply administrative ease or difficulty for latter initiatives; and second, it transforms identities, goals, and capacities of social groups that later on ally or struggle in politics. In the developing country context, particularly in middle-income countries, Franzoni and Sánchez-Ancochea (2016) similarly examine the long-term feedback effect of policy architectures (i.e., benefits, eligibility, funding, providers, and outside options) by creating constraints or opportunities for subsequent initiatives.

In this respect, the institutionalisation of Listahanan, the national targeting system-cum-social registry of poor households in the Philippines, can be understood as having been an important mechanism through which Pantawid has entrenched residualism and fragmentation in the social protection system of the country. It has done so in two important ways.

First, challenges in the process of updating the social registry has contributed to a ‘stasis’ in Pantawid’s beneficiary base. A static beneficiary base means that Pantawid is unable to function as an effective social protection programme that is able to adjust to changing conditions of poverty. This was foremost caused by the delay in updating the social registry. Based on its Operations Manual (2013), Listahanan should be conducted/updated every four years, which means that following the construction of social registry in 2009, an updating should have been done in 2013. Unfortunately, Listahanan 2 was only conducted in 2015 and an updated social registry was only officially launched in 2016. The delay was caused by DSWD’s difficulty in securing the budget for Listahanan 2, as some cabinet officials and lawmakers during the term of then President Benigno Aquino III were critical of the (in)accuracy of the targeting system (Interview). It is important to note that Listahanan 2 was based on a revised proxy-means test (PMT) model, supposedly to address the high leakages produced by the earlier model, i.e., 30% exclusion rate and 24 percent inclusion rate (Mapa and Albis 2013). DSWD consultants, in fact, have not only revised the previous PMT model, but also recommended the use of two slightly different models, one for the National Capital Region (NCR) and another for the rest of the country (DSWD 2013; Mapa and Albis 2013)¹¹. The consequences of these changes are non-benign as we shall soon illustrate.

¹¹ The changes included the use of additional characteristics, such as the presence of infrastructure and number of establishments in the barangays where the households are located; restricting the least squares estimation to include only the poorest 40% of the households in the sample (to deal with exclusion errors); and use of lower limit of the 95% prediction interval (rather than the point estimate) as threshold against which to compare the predicted income (Mapa and Albis 2013: 8–9). Meanwhile, the objective of using two PMT models is to further minimize errors, given that evaluation of single models being explored showed high exclusion rate of 70 to 80 percent for the NCR households. The NCR PMT model had 39 significant explanatory variables, while the non-NCR PMT model had 76 (ibid.).

When Judy Taguiwalo was appointed DSWD Secretary by President Rodrigo Duterte, assumed office in 2016, she learned that some 1.3 million household-beneficiaries of Pantawid have been identified by Listahanan 2 to have supposedly escaped from poverty. However, she soon found out that no concrete actions (i.e., attrition and follow-through programmes) were taken regarding these beneficiaries. She also questioned whether these beneficiaries had truly transitioned from poverty, noting that the comparability of the results of the two Listahanans might be compromised by the use of different PMT models. These factors led her to issue a moratorium on the expansion of Pantawid's beneficiary base pending the results of community validations, called Kamustahan, wherein DSWD officials and staff would visit poor communities to profile and account for Pantawid beneficiaries, and assess the programme implementation on the ground (Interview; DSWD 2016b). Even if the moratorium arose from good intention and practical administrative consideration, it has evidently contributed to the stasis in Pantawid's beneficiary base. The moratorium was still in effect during fieldwork for this research in the first quarter of this year.

Another factor contributing to the stasis is the expansion of age cohort of children-beneficiaries, from zero-to-14 to zero-to-18 years old, which effectively lifted the original five-year limit of programme participation. Experts proposed—to which DSWD heeded—that high school graduates have better employment and income prospects than those with merely elementary education. The idea was to 'deepen the assistance rather than expand the coverage' (Reyes et al. 2013: 37). Noble, indeed, but it has exacerbated the lack of attrition in the programme.

Second, efforts to use the social registry to select beneficiaries for other welfare services feed into technicist strategies to address fragmentation in the provisioning of social protection. An ADB (2016) report enumerates 25 national programmes using Listahanan to identify beneficiaries. Among the biggest users are the PhilHealth for Indigent Members and the unconditional cash transfer (UCT)¹² programme.

The Listahanan–Pantawid tandem has become a model for 'evidence-based' programming within the Philippine government. Where Listahanan is/could not be used mainly because it is unable to determine individual-based vulnerabilities, like those of people with disabilities or poor senior citizens, the ethos of targeting remain and is upheld. Take social pension, for example. Instead of furthering the inclusion of more informal workers and the poor in SSS, say, through subsidies, the government mandated the DSWD to embark on a social pension programme that is narrowly targeted to indigent senior citizens. DSWD uses a different set of criteria to ascertain indigency, which makes senior citizens deserving of the minimal monthly pension of PhP500 (approximately, 10 USD).

In summary, attrition in the programme based on improved socio-economic condition of beneficiaries is minimal, if any, so is the addition of 'new' poor. This has promoted/reinforced a tacit division/segregation within low-income groups, wherein on the one hand, there is the select group of Pantawid beneficiaries—many of whom have been in the programme for quite some time—who, under the aegis of technicist strategies for convergence, are entitled to a host of government assistance (e.g., PhilHealth membership, livelihood assistance, college scholarship),

¹² The UCT serves to help the poor cope with the impact of the new Tax Reform for Acceleration and Inclusion (TRAIN) law, which raises/imposes new excise taxes on cigarettes, sweetened drinks, and petroleum products, among other goods, to compensate for the restructured personal income tax regime, which raises the tax exemption cap from PhP10,000 to PhP250,000 annual salary.

and on the other, the rest of the poor who, through the impartial ‘workings of the computer’, are excluded from Pantawid. Interestingly, this ‘stasis’ is a product of institutional inertia wrought partly by wrangling in government, serving to exhibit that a targeted social provisioning programme is not inure to political tensions. In the section that follows, we elaborate on other political dynamics fostered by Pantawid.

Political Dynamics Triggered by Pantawid¹³

Still drawing on the concepts of policy feedbacks and legacies, beyond institutional legacies, modes of Pantawid implementation can also be seen to have triggered political dynamics that make it difficult for the government to reform social protection provisioning in the Philippines. Skocpol (1992: 58) posits that ‘as politics creates policies, policies also remake politics’. Much of what we illustrate in this section is related to Skocpol’s point in which she stresses that a new policy affects the identities and aspirations of social groups, which in turn affect the possibility for their alliance and contestation in politics. Although Korpi and Palme (1998) are not explicit about policy feedback, their explanation for the ‘paradox of redistribution’ suggests the political implications of social policies. They argue that institutions of welfare not only reflect the conflicts of different social groups, but also impact their definitions of identities and interests, and hence their potential for coalition formation, which in turn help determine the overall budget for redistribution and the final degree of redistribution reached.

In the case of the Philippines, we identify two ways by which the political dynamics/implications of Pantawid implementation unfold. First, the aforementioned World Bank and ADB policy loans or budget support on which Pantawid is conditioned help ensure that the Philippine government sustains CCT and abides by the core programme design. This also means that the Philippine government cannot make fundamental changes to programme design while the loans are still in force.

A DSWD official who used to be heavily involved with Pantawid revealed during the interview that the first set of loans was approved during the term of President Aquino’s predecessor, particularly a few months before the 2010 national elections, but that the loans were only released in Aquino’s time. He believed that one reason for the timing of the initial loan disbursements was that donors wanted to ensure that the next president would support and continue the programme. His observation may not be totally unfounded. The DSWD Secretary of Aquino also revealed during the interview that she intentionally worked towards a second set of loans to ensure that Pantawid would be continued by the succeeding president and that programme gains would be sustained. Indeed, the second set of loans, 450 million from WB and 400 million from ADB, began at the onset of President Duterte’s term (WB 2016a; ADB 2016). Whether or not it is a deliberate strategy of donors, the loans they have extended to the Philippine government and the timing of their enforcement have helped prolong/sustain the Pantawid implementation.

Also, it is important to note that one of the major outputs of the initial technical assistance for DSWD was the formulation of the ‘Pantawid Pamilya Operations Manual’, the ‘bible’ for programme implementation. This document helps ensure that DSWD does not deviate from the core programme design. To be sure, the department was able to pursue some changes/initiatives,

¹³ This section is work in progress.

such as making attendance to family development sessions as additional conditionality upon beneficiaries and extending Pantawid to homeless/street families and indigenous families living in the so-called Geographically Isolated and Disadvantaged Areas (GIDAs)—to which donors initially disapproved. However, these changes are superficial and do not really alter the core programme features, which are targeting the very poor, imposition of conditionalities, and close policing of beneficiaries' compliance with the conditionalities. It is unlikely that donors will allow the Philippine government to turn Pantawid into a universal basic income, for example, or to make it an unconditional programme. The ethos of targeting and governmentality of the beneficiaries remain intact.

Apart from the loans, it must be recognized that donors have nurtured champions for Pantawid within and outside government. Meanwhile, Pantawid has founded a constituency in its beneficiaries, which may be regarded as an emergent social force whose current preoccupation is campaigning for the institutionalisation of the programme (more on this below). The point is, even if the loans were to cease, champions and constituencies have already been developed, who, for sure, will not only defend Pantawid, but also maintain the ethos of targeting underpinning it.

Second, an alliance of Pantawid beneficiaries has emerged. They call themselves *Samahan ng Nagkakaisang Pamilya ng Pantawid* (SNPP; Organisation of United Pantawid Families). This is not a non-government organisation representing beneficiaries, but Pantawid beneficiaries themselves representing their particular agenda. Indeed, Pantawid has reinforced processes of claims-making, except that the form of politics that has emerged serves to protect a particularist interest, embodied by the call to institutionalise Pantawid through legislation. The alliance of Pantawid beneficiaries, as revealed by some officers during interviews, was borne out of the concern that the programme might undergo substantive changes, if not discontinued, in President Duterte's administration given the fact that some people in the DSWD leadership are critical of CCTs and targeting in general. Hence, to protect the programme and ensure its continuity, the alliance has been campaigning for institutionalisation of Pantawid through a republic act. To date, the Pantawid bill has been approved on third reading in the House of Representatives. The alliance has intensified its lobbying with the Senate to fast-track the enactment of the bill. The institutionalisation of Pantawid means not just the continuation of the programme, but also the perpetuation of the ethos of targeting in social provisioning.

Conclusion¹⁴

In summary, we find that Pantawid fails as a social protection programme in the sense of being able to adapt to changing conditions of poverty among the targeted population. Instead, it has reinforced group-based system of entitlements through an observed stasis in its beneficiary base. While the number of beneficiaries has increased dramatically, from a pilot of 6,000 households in 2007 to more than four million households in 2016, the expansion was not made through new assessments of poverty, but through the inclusion of more people identified from the first registry, which was constructed in 2009 and remains to be the basis for selecting beneficiaries almost ten years hence. Moreover, in the absence of time limits, there has only been marginal attrition through so-called 'graduation' of the beneficiaries. 'Convergence' efforts within this

¹⁴ This section is work in progress – to be elaborated.

group of beneficiaries has subsequently served to entrench segregation in social provision, by extending the targeting modality across a variety of policy sectors.

We also find that Pantawid has triggered political dynamics that effectively foster residualism and segregation in the country's systems of social provisioning. For one, the involvement of donors/external actors, who are generally concerned with resource constraints and ensuring efficiency via poverty targeting, has constrained the government from effecting substantive changes in policy and/or programme design, more so from pursuing expansive modalities in social provision. Additionally, while the emerging alliance of Pantawid beneficiaries has reinforced political processes of claims-making, the form of politics that seems to occur is not necessarily of the sort conceived by rights-based forms of citizenship, but rather, one that supports group-based claims-making in defense of particularist interest, in this case, the institutionalisation of Pantawid.

[to be elaborated]

Bibliography

[tbc]

Acosta, P. A. and J. Avalos (2018) 'The Philippines Sustainable Livelihood Program: Providing and expanding access to employment and livelihood opportunities', World Bank Social Protection Policy Note No. 13. Metro Manila, Philippines: The World Bank Office Manila.

ADB (2016) 'Philippines: Social Protection Support Project', Project Data Sheet as of 31 March 2016. Accessed 6 July 2016 < <https://www.adb.org/projects/43407-013/main#project-pds>>.

Agoncillo, J. (2017) 'So how much can you expect from PCSO?', *Philippine Daily Inquirer* 23 April. Accessed 18 July 2018 <<https://newsinfo.inquirer.net/891168/so-how-much-can-you-expect-from-pcso>>.

Cabalfin, M. R. (2016) 'Health Financing for the Poor in the Philippines: Final Report', PIDS Discussion Paper No. 2016-37. Metro Manila, Philippines: Philippine Institute for Development Studies.

Cetrángolo, O., C. Mesa-Lago, G. Lazaro, and S. K. Carisma (2013) *Health Care in the Philippines: Challenges and Ways Forward*. Metro Manila, Philippines: Friedrich-Ebert-Stiftung-Philippine Office.

Chaudhury, N. and Y. Okamura (2012) 'Conditional Cash Transfers and School Enrolment: Impact of the Conditional Cash Transfer Program in the Philippines', Philippine Social Protection Note No. 6. Metro Manila, Philippines: The World Bank Office Manila.

DAP (2009) 'Review and Strengthening of National Social Protection and Welfare Program', Project Terminal Report prepared for the National Social Welfare Program Cluster and National Economic and Development Authority. Metro Manila, Philippines: Development Academy of the Philippines.

Department of Health (2018) 'Statistics of the Month: Health Facility by the Numbers (as of January 2018)'. Accessed 12 September 2018 < <https://www.doh.gov.ph/stat-of-the-month/2018january>>.

Department of Health (n.d.) 'Chapter 1: The Philippine Health System at a Glance'. Accessed 26 August 2018 <<https://www.doh.gov.ph/sites/default/files/basic-page/chapter-one.pdf>>.

DOLE (2017a) 'DOLE Integrated Livelihood Program (DILP) or Kabuhayan Program'. Metro Manila, Philippines: Department of Labour and Employment (brochure).

DOLE (2017b) 'TUPAD: Tulong Panghanapbuhay sa ating Disadvantaged/Displaces Workers Program'. Metro Manila, Philippines: Department of Labour and Employment (brochure).

DSWD (2013) 'Listahanan, Talaan ng mga Pamilyang Nangangailangan, Operations Manual'. Metro Manila, Philippines: Department of Social Welfare and Development.

DSWD (2016a) 'Guidelines on the Availment of Medicine Assistance Funded under the President's 1Billion Fund', Department of Social Welfare and Development Memorandum Circular No. 14 Series of 2016. Accessed 20 August 2018 <https://www.dswd.gov.ph/issuances/MCs/MC_2016-014.pdf>.

DSWD (2016b) 'DSWD in 2016: Public service centred on genuine compassion', Department of Social Welfare and Development press release. Accessed 20 August 2018 <<https://sites.google.com/site/humanrightspromotions/in-the-news/dswdin2016publicservicecenteredongenuinecompassion?override=true&tmpl=%2Fsystem%2Fapp%2Ftemplates%2Fprint%2F&showPrintDialog=1>>.

Esping-Andersen, G. and W. Korpi (1987) 'From Poor Relief to Institutional Welfare States: The Development of Scandinavian Social Policy', *International Journal of Sociology* 16(3/4): 39–74.

Fernandez, L. and R. Velarde (2012) 'Who Benefits from Social Assistance in the Philippines? Evidence from the Latest National Household Surveys', Philippine Social Protection Note No. 4. Metro Manila, Philippines: The World Bank Office Manila.

Fernandez, L. and R. Olfindo (2011) 'Overview of the Philippines' Conditional Cash Transfer Program: The Pantawid Pamilyang Pilipino Program (Pantawid Pamilya)', Philippine Social Protection Note No. 2. Metro Manila, Philippines: The World Bank Office Manila.

Fischer, A. M. (2012) 'Inequality and the Universalistic Principle in the Post-2015 Development Agenda', official background paper prepared for the global thematic consultation on Addressing Inequalities in the Post-2015 Development Agenda, organised by UNICEF and UN Women (November 2012).

Franzoni, J.M. and D. Sánchez-Ancochea (2016) *The Quest for Universal Social Policy in the South: Actors, Ideas and Architectures*. Cambridge, UK: Cambridge University Press.

Gonzalez, E. T. and R. Gregorio-Manasan (2002) 'Social Protection in the Philippines' in E. Adam, M. von Hauff, and M. John (eds) *Social Protection in Southeast and East Asia*, pp. 171–229. Bonn, Germany: Friedrich-Ebert-Stiftung.

Government Service Insurance System (n.d.) 'Contributions'. Accessed 16 July 2018 <<http://www.gsis.gov.ph/active-members/contributions/>>.

Grundy, J., V. Healy, L. Gorgolon, and E. Sandig (2003) 'Overview of the devolution of health services in the Philippines', *The International Electronic Journal of Rural and Remote Health Research, Education, Practice, and Policy* 3. Available at <http://rrh.deaken.edu.au>.

Hayakawa, M., R. J. E. van den Brink, and A. Posarac (2015) 'Why Does the Conditional Cash Transfer Program Matter in the Philippines? A Governance Perspective', Philippine Social Protection Note No. 7. Metro Manila, Philippines: The World Bank Office Manila.

ILO (2015) 'Social Protection in Asia: Philippines'. Accessed 21 December 2016 <<http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=49737>>.

ILO and the Philippine Government (2014) 'Assessment Matrix'. Unpublished report of ILO and various agencies of the Philippine Government on existing social protection programs in the Philippines. Accessed 20 August 2018 <<http://www.social-protection.org/gimi/ShowProjectRessource.do?ressource.ressourceId=45984&pid=250>>.

ILO (2007) 'Social Protection Expenditure and Performance Review in the Philippines'. Metro Manila, Philippines: International Labour Organization Subregional Office for South-East Asia and the Pacific.

Kim, E. and J. Yoo (2015) 'Conditional Cash Transfer in the Philippines: How to Overcome Institutional Constraints for Implementing Social Protection', *Asia and the Pacific Policy Studies* 2(1): 75–89.

Korpi, W. and J. Palme (1998) 'The Paradox of Redistribution and Strategies of Equality: Welfare State Institutions, Inequality, and Poverty in the Western Countries', *American Sociological Review* 63(5): 661–87.

Mapa, D. S. and M. L. F. Albis (2013) 'New Proxy Means Test (PMT) Models: Improving Targeting of the Poor for Social Protection', Paper presented during the 12th National Convention on Statistics, Metro Manila, Philippines (1–2 October).

Mendoza, R. U. and R. Olfindo (2016) 'Politics and Conditional Cash Transfer Programs: Lessons from the Philippines', Ateneo School of Government Working Paper. Metro Manila, Philippines: Ateneo de Manila University.

Mkandawire, T. (2005) 'Targeting and Universalism in Poverty Reduction', Social Policy and Development Programme Paper No. 23. Geneva, Switzerland: United Nations Research Institute for Social Development.

Onishi, J. et al. (2013/2014) 'Philippines Conditional Cash Transfer Program: Impact Evaluation 2012 (Report Number 75533-PH)'. Metro Manila, Philippines: The World Bank Office Manila.

Orbeta, A. C. et al. (2014) 'Keeping children healthy and in school: Evaluating the Pantawid Pamilya Using Regression Discontinuity Design, Second Wave Impact Evaluation Results'. Metro Manila, Philippines: The World Bank Office Manila.

Orbeta, A. C. (2011) 'Social Protection in the Philippines: Current State and Challenges', PIDS Discussion Paper No. 2011–02. Metro Manila, Philippines: Philippine Institute for Development Studies.

PhilHealth (2002) 'Implementing Guidelines for Outpatient Consultation and Diagnostic Package under the Medicare Para Sa Masa Program', PhilHealth Circular No. 40 Series of 2000. Metro Manila, Philippines: Philippine Health Insurance Corporation.

Ramesh, M. (2014) 'Social Protection in Indonesia and the Philippines: Work in Progress', *Journal of Southeast Asian Economies* 31(1): 40–56.

Reyes, C. M., A. D. Tabuga, C. D. Mina, and R. D. Asis (2013) 'Promoting Inclusive Growth through 4Ps', Philippine Institute for Development Studies Discussion Paper No. 2013–09. Metro Manila, Philippines: PIDS.

Schelzig, K. (2015) 'Social Protection Brief: The Social Protection Support Project in the Philippine', ADB Briefs No. 38. Metro Manila, Philippines: Asian Development Bank.

Schneider, P. and R. Racelis (2004) 'The Impact of PhilHealth Indigent Insurance on Utilization, Cost, and Finances in Health Facilities in the Philippines'. Bethesda, MD: The Partners for Health Reform *plus* Project and USAID/Philippines.

Skocpol, T. (1992) 'Introduction' in *Protecting Soldiers and Mothers, The Political Origins of Social Policy in the United States*, pp. 1–62. Massachusetts, US and London, UK: The Belknap Press of Harvard University.

Skocpol, T. (1990) 'Targeting within Universalism: Politically Viable Policies to Combat Poverty in the United States', in C. Jencks and P. E. Peterson (eds) *The Urban Underclass*, pp. 411–36. Washington, D.C.: The Brookings Institution.

Social Security System (n.d.) 'Schedule of Contributions'. Accessed 16 July 2018 <<https://www.sss.gov.ph/sss/appmanager/pages.jsp?page=scheduleofcontribution>>.

Titmuss, R. M. (1974) 'What is Social Policy?', in S. Leibfried and S. Mau (eds) *Welfare States: Construction, Deconstruction, Reconstruction Volume 1, Analytical Approaches* (2008), pp. 138–47. Cheltenham, UK and Massachusetts, US: Edward Elgar Publishing Inc.

Titmuss, R. M. (1968/1976) 'Welfare State and Welfare Society', in *Commitment to Welfare*, pp. 124–37. London, UK: George Allen and Unwin Ltd.

WB (2018) *The State of Social Safety Nets 2018*. Washington, D.C.: The World Bank.

WB (2016a) 'Project Appraisal Document on the Social Welfare and Development Reform Project (Report No. PAD1321-PH)'. Washington, D.C.: The World Bank.

WB (2016b) 'Implementation Completion and Results Report on the Social Welfare and Development Reform Project (Report No. ICR00003741)'. Washington, D.C.: The World Bank.

WB (2015a) *The State of Social Safety Nets 2015*. Washington, D.C.: The World Bank.

WB (2015b) 'Philippines: CCT Proven to Keep Poor Children Healthy and in School—World Bank'. Accessed 18 June 2018 <<http://www.worldbank.org/en/news/press-release/2015/09/23/philippines-cct-proven-to-keep-poor-children-healthy-and-in-school>>.

WB (2012) 'Resilience, Equity, and Opportunity: The World Bank 2012–2022 Social Protection and Labor Strategy'. Washington, D.C.: The World Bank.

WHO and DOH (2012) 'Health Service Delivery Profile: Philippines, 2012'. Unpublished report of WHO and DOH. Accessed 12 September 2018 <http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf>.

WHO (2011) *The Philippines Health System Review (Health Systems in Transition, Vol. 1 No. 2 2011)* Metro Manila, Philippines: World Health Organization Regional Office for the Western Pacific.