Human Rights Situation Report on the Right to Social Security of Persons with Disabilities, Indigenous Peoples, Farmers and Fisherfolk.

Introduction

This human rights situation report was produced by the Commission on Human Rights of the Philippines (CHRP), an independent national human rights institution (NHRI) mandated to monitor the human rights situation in the country as well as government's compliance with international treaty obligations in relation to human rights.[1]

Providing social assistance has always been at the root of human activity, and thus is the foundation for social security. Persons with disabilities, older persons, indigents, the unemployed, and the indigenous peoples of our land, to name a few. We also need utmost care and protection during times of sickness and disability. Women during pregnancy need assistance and concern especially during childbirth. If we were to ignore such basic humane actions, fundamental human rights are violated, and society would be in turmoil.

The Economic, Social and Cultural Rights Center (ESCRC) has embarked on several studies regarding the rights to food, health, housing, and water and sanitation.[2] From these particular rights, we now inquire on the right to social security that encompasses the previously mentioned rights. Through social security, the state promotes the welfare and protection of its people by ensuring access to resources and means in order to secure food, water, shelter, and the promotion of health and well-being.

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1 *See* Constitution, Art. XIII, Sec. 18

2 March-April 2018, Human Rights Situation of Persons with Disabilities in Cavite, Iloilo, and Davao del Sur. March-April 2019, Human Rights Situation of Persons with Disabilities in Batangas City, Region VI, Region XI.

Methodology

The ESCR Center conducted the study regarding the realization of the right to social security during the first semester of 2019. The participants come from randomly selected provinces in Region IV-A,[3] Region VI,[4] s and Region XI.[5] These participants represent some of the most marginalized and vulnerable sectors of society. Consultations with persons with disabilities happened in Batangas City,[6] Iloilo City,[7] and Davao City.[8] Consultations with farmers and fisherfolk, and indigenous peoples were done in Digos City.[9] There were also consultations with concerned national government agencies[10] including their regional offices.[11]

The researchers gathered information from the participants through open forum and focus group discussions. The topics ranged from the circumstances, issues, concerns, and/or challenges, as well as their recommendations, involving the realization of their Right to Social Security. The researchers also considered relevant literatures to identify existing policies, programs and initiatives, determine their effectiveness – or ineffectiveness – in practice, and identify the best practices and efforts of the duty-bearers in ensuring realization of the said right.

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3 Batangas City

4 Iloilo, Aklan, Capiz, Guimaras, Negros Occidental

5 Davao Del Norte, Davao Del Sur, Davao Oriental, Davao Occidental, Compostela Valley

6 27 March 2019, Provincial Capitol Conference Room, Batangas City. 40 Persons with Disabilities

7 26 April 2019, Diamond Jubilee Hall, Iloilo City. 40 Persons with Disabilities

8 24 April 2019, Grand Menseng Hotel, Davao City 40 Persons with Disabilities

9 8-9 May 2019, Avenue One Hotel, Digos City. 40 Farmers/Fisherfolk, 40 Indigenous Peoples

10 Social Security System (5 March 2019), PhilHealth (11 March 2019), GSIS (through email answered 5 April 2019)

11 Social Security System Digos Branch (23 April 2019), Department of Social Welfare and Development Region XI (24 April 2019), and PhilHealth Region XI (24 April 2019)

This report is not a comprehensive research on the realization of the right to social security and all current programs and initiatives of the national and local government. Being the first CHRP document on the subject, the paper is exploratory in nature. It is intended to manifest the scoping process on the Philippine experience to respect, protect and fulfill the right to social security. The report based its findings and recommendations on the consultations conducted and the review of related literature.

International Standards on the Right to Social Security

Several international documents and treaties give rise to the importance of social security in the guarantee of a dignified life for all persons. Article 22 of the Universal Declaration of Human Rights (UDHR) provides that "everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality"[12] Article 25 meanwhile guarantees that everyone has "the rights to security in the event of unemployment, sickness, disability, widowhood, old age, or lack of livelihood in circumstances beyond his control"[13]

Article 9 of International Covenant for Economic, Social, and Cultural Rights (ICESCR) adds that along with social security, social insurance must also be guaranteed. In the guarantee of the right to access these benefits without discrimination, an internationally accepted minimum standards were agreed upon which also established the nine principal branches which the social security system must provide coverage for. Convention 102 of the International Labor Organization declares these branches as:

12 *"The Universal Declaration of Human Rights"* from http://www.un.org/en/universal-declaration-human-rights/

13 Ibid. Article 22

A. Medical Care
B. Sickness Benefits
C. Unemployment Benefits
D. Old Age Benefits
E. Employment Injury Benefits
F. Family and Child Support
G. Maternity Benefits
H. Disability Benefits
I. Survivor and Orphan Benefits

Convention 102 was recognized by the International Labour Conference in 2011[14] as a benchmark and reference in the gradual development of comprehensive social security coverage at the national level.

The principle of equality and non-discrimination requires States to ensure that social protection programs meet the standards of availability, accessibility, adaptability, acceptability and adequacy for all rights holders. The Committee on Economic, Social and Cultural Rights (CESCR) has recommended these standards through several UN General Comments including 13, 14 and 19.[15] These elements are regarded as essential factors in determining the effectiveness and efficiency of the State's Social Security programs.

Availability means that the implemented social security system established by law, either publicly administered or under public supervision, be made available whether through single or a variety of schemes.[16] It should also be fully sustainable, including those concerning provisions of pension,[17] for the program to be fully realized throughout several generations. The benefits must be enough to cover the basic needs such as food, clothing and housing. Eligibility could be due to poverty, lack of income because of unemployment, sickness, disability, pregnancy and old age.

14 PR No. 24 *"Report of the Committee for the Recurrent Discussion on Social Protection"* Available from https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_157820.pdf

15 Par 1. *"Standards of Accessibility, Adaptability, and Acceptability"* Available from http://socialprotection-humanrights.org/framework/principles/standards-of-accessibility-adaptability-and-acceptability/ (3 June 2019)

16 Schemes could be Contributory or Non-contributory. Non-contributory schemes can take form of Targeted or Universal schemes.

17 Par 11. *"General Comment 19" f*rom the United Nations Economic and Social Council

Accessibility means that the social protection programs are easily attainable, understandable and affordable, irrespective of age, disability, ethnicity, geographical location or other factors. The state should ensure the participation of the beneficiaries and their right to receive information regarding programs and initiatives. They should actively pursue removing bureaucratic obstacles in the enjoyment of the right to social security, such as complex forms or requirements that are much harder to obtain for marginalized groups such as birth certificates for indigenous peoples. General Comment 19[18] states the following elements of accessibility: Coverage; Eligibility; Affordability; Participation and Information; and Physical Access.[19]

Adaptability means that the social protection program should be constructed in ways that recognize and accommodate the local context. For example, outreach and information about a program should be adapted to reach the most vulnerable segments of society, who may be illiterate, by using channels such as radio, and be available in languages used by minority and indigenous groups.[20]

Acceptability refers to sensitizing a social protection program toward the multiple forms of discrimination that might arise at the intersection of sex, race, gender, class, ethnicity, disability, civil, political, social, or other status and backgrounds[21] that has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to social security.

Adequacy describes the minimum levels of the amount and duration of the assistance, for the beneficiary to realize his or her rights to an adequate standard of living and a dignified life. Recommendation 202[22] from the International Labour Organization (ILO) provides guidance in building comprehensive social security

18 Ibid. Par 23.

19 Benefits must be provided in a timely manner and beneficiaries must have physical access to receive benefits and information.

20 Par 1. *"Standards of Accessibility, Adaptability, and Acceptability"* Available from http://socialprotection-humanrights.org/framework/principles/standards-of-accessibility-adaptability-and-acceptability/ (3 June 2019)

21 Ibid. Par 5.

systems by establishing nationally defined Social Protection Floors which ensure effective access to essential health care and basic income security throughout the life cycle. These social protection floors include:

a. access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and adequacy;

b. basic income security for children, at least at a nationally defined minimum level, providing access to nutrition, education, care and any other necessary goods and services;

c. basic income security, at least at a nationally defined minimum level, for persons in active age who are unable to earn sufficient income, in cases of sickness, unemployment, maternity and disability;

d. basic income security, at least at a nationally defined minimum level, for older persons.

Philippine Context of Social Protection

In 2007, the National Economic Development Agency-Social Development Council[23] (NEDA-SDC) issued Resolution No. 1[24] based on the recommendations made by government agencies, development organizations and other stakeholders. The resolution titled "Adopting A Philippine Definition of Social Protection" defines social protection in the local context as "Policies and programs that seek to reduce poverty and vulnerability to risks and enhance the social status and rights of the marginalized by promoting and protecting livelihood and employment, protecting against hazards and sudden loss of income, and improving people's capacity to

22 Par 5. *"Recommendation 202: Social Protection Floors Recommendation"* Available from https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:3065524:NO (3 June 2019)

23 Composed of cabinet level secretaries from DOLE, DA, DepEd, DILG, DAR, DSWD, HUDCC, NAPC, CHED, TESDA as members. It coordinates the activities of government agencies; to recommend appropriate policies and programs; and, to advise the President and the NEDA Board on matters concerning social development.

24 Page 1,*"The Philippine Social Protection Framework and Strategy: An Overview"* by Florita R. Villar, Undersecretary, Department of Social Welfare and Development, Available from https://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=47717 (4 June 2019)

manage risk."[25] Along with this definition, it also enumerated the four components of the Philippine Social Protection:

a. Labor Market Programs/Interventions – Measures aimed at enhancing employment opportunities which includes trade policies and skills development and training, and protection of the rights and welfare of the workers including compliance with labor standards such as minimum wages or health and safety in the workplace

b. Social Insurance – Programs that seek to mitigate income risks by pooling resources and spreading risks across time and classes. This component includes micro and area-based schemes to address vulnerability at the community level. (such as micro-insurance and social support funds)

c. Social Welfare – Preventive and developmental interventions that seek to support the minimum basic requirements of the poor, particularly the poorest of the poor, and reduce risks associated with unemployment, resettlement, marginalization, illness, disability, old age and loss of family care.

d. Social Safety Nets – Stop-gap mechanisms or urgent responses that address effects of economic shocks, disasters and calamities on specific vulnerable groups with specific objective of providing relief and transition. Measures include emergency assistance, price subsidies, food programs, employment programs, retraining programs and emergency loans.

In response to the global financial crisis of 2008[26] the government issued Administrative orders 232 and 232-A which clustered social welfare programs to a National Social Welfare Program Cluster (NSWP). The Social Security System (SSS) Administrator would serve as chairman of the Policy Group whilst the Department of Social Welfare and Development (DSWD) would serve as coordinator and secretariat.[27] Refer to Annex 1 in Annexes to see which specific agency responds to the needs of each social protection component.

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25 Adopting a Philippine Definition of Social Protection *NEDA-Social Development Committee Resolution No. 1, series of 2007*

26 Page 2,*"The Philippine Social Protection Framework and Strategy: An Overview"* by Florita R. Villar, Undersecretary, Department of Social Welfare and Development, Available from https://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=47717 (4 June 2019)

27 Aside from the SSS and DSWD, included in the program cluster are major agencies responding to social risks like GSIS, DOLE, POEA, DOH, DAR, DepEd, DND among others.

The cluster commissioned the Development Academy of the Philippines (DAP) to assess social welfare and protection programs in the country. The study results recommended that the programs need to be in concert in order to avoid overlaps in target beneficiaries. It was also recommended that the government needs to integrate poverty reduction with social protection programs and strategies. As a response, the NSWP core group drafted the Social Protection Strategy Paper which paved the way for the creation of the Sub-Committee on Social Protection (SCSP) under SDC Resolution no. 2, series of 2009. The inter-agency mechanism was created to operationalize the identified imperatives for action under the Social Protection Strategy.[28]

In 2012 a draft for a Social Protection Operation Framework was endorsed by the SDC Technical Boards and consequently approved by the SDC Cabinet in May 2012 under SDC Resolution no. 3: Approving and Adopting the Social Protection Operation Framework.[29] Significant contributions to the finalization of the framework are the results of workshops conducted in 2011 participated by Civil Society Organizations, Local Government Units, the SCSP, and DSWD among others.

28 Ibid. *"The Philippine Social Protection Framework and Strategy: An Overview",* Note No. 26

29 Ibid. Page 3

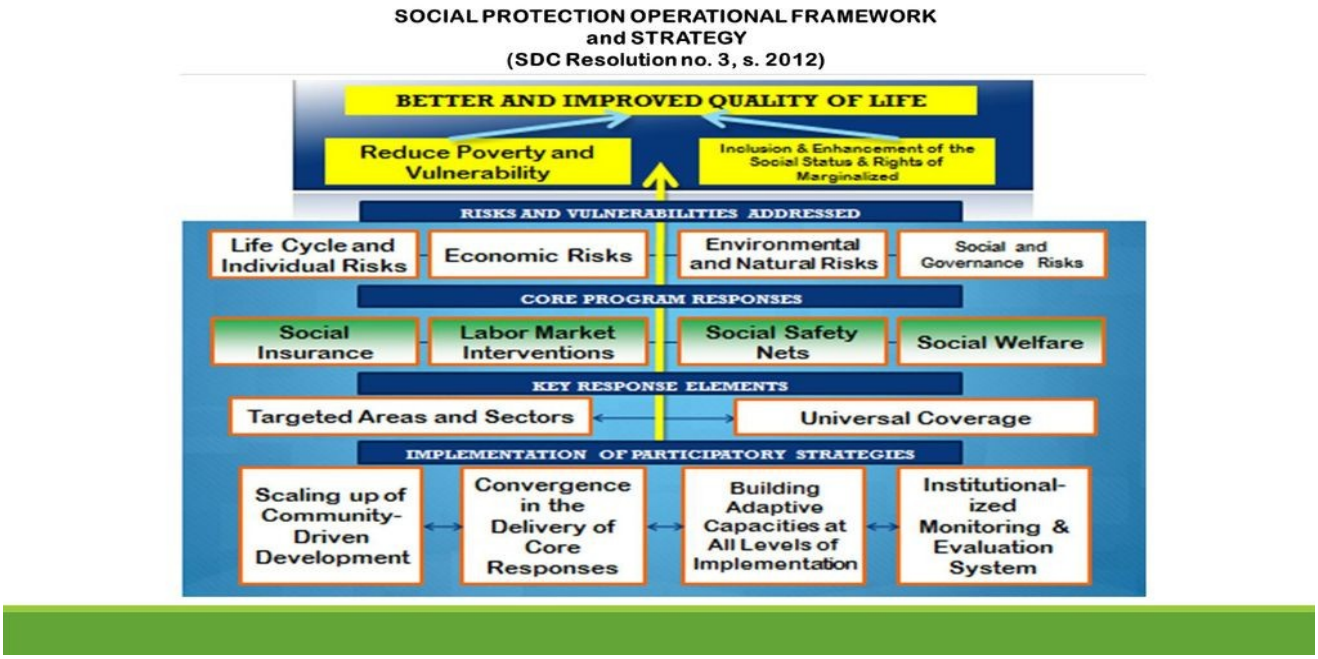

Fig 1. **The Social Protection Operation Framework and Strategy**

The framework is meant to serve as a guide in the implementation of social protection programs and policies. The core of the framework goes back to the adopted definition of social protection in the Philippines and core principles of social security which is the promotion of welfare and protection of the people and ensuring a "Better and Improved Quality of Life." Specific objectives for social protection programs were enumerated as such:

a. protects and prevents the people from falling from their current income/consumption levels due to various risk factors,

b. build capacity and adaptability to ensure that better quality of life is maintained and sustained,

c. expands opportunities for income expansion and improve human capital investments in the long term,

d. sustains standard of living despite exposure to risks of different types.[30]

30 Page 3, *"The Philippine Social Protection Framework and Strategy: An Overview"* by Florita R. Villar, Undersecretary, Department of Social Welfare and Development, Available from https://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=47717 (4 June 2019)

Inventory of Social Protection Programs in the Country

In the PDP 2017-2022, under the pillar of "Pagbabago",[31] it was highlighted that Social Protection will aim to build the socioeconomic resilience of individuals and families by reducing their vulnerability to various risks and disasters, and that the government aspires to provide universal and transformative social protection that will benefit the entire population.[32] Among its objectives were: equity, social cohesion, nation-building, conflict management, disaster-risk reduction and management, and human capital formation. In noting that the government attributes great importance to Social Protection in its national development policy, the International Bank for Reconstruction and Development/The World Bank, conducted an inventory[33] of the country's social protection programs with the objective of determining the relevance of such programs to the Social Protection Framework.

The review used the four social protection components outlined by the SPOFS in categorizing over 60 different programs which it has identified. Although they did cluster social welfare and social safety nets together under the pillar of 'social assistance.' Annex 2 in Annexes provides a list of the programs that the World Bank study identified[34] and included are other programs identified as belonging in the social protection umbrella.[35]

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31 Page 172, Strategic Framework *"The Philippine Development Plan 2017-2022: Full Version"* available from http://pdp.neda.gov.ph/wp-content/uploads/2017/01/PDP-2017-2022-07-20-2017.pdf (6 June 2019)

32 Ibid. Page 173, Strategies

33 Executive Summary, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

34 Ibid. Annex B

35 List of some social security programs in the country, *International Labour Organization* website, Available from http://www.ilo.org/dyn/ilossi/ssimain.schemes?p_lang=en&p_geoaid=608 (6 June 2019)

According to the study, about one third of the identified programs are focused on labor market and employment, it also shows maturity across the other SP pillars. The country has achieved a relatively good coverage of the poor and extreme poor by its social welfare schemes and has proven resilient to changes in administration. But while there is increasing coverage for the poor and traditionally adequate protection for those in the formal sector, those who are mostly employed in the informal sector lack adequate protection and inclusion in risk insurance schemes.[36] Since most of the programs are designed to reach the poorest and vulnerable population, there has been a serious commitment to the level of spending for social protection. SP expenditure has increased from 2009 to 2017, averaging .9% of the GDP or approximately 5.9% of the national government expenditure. [37] For the descriptive purposes of the study, the World Bank zeroed in on six core programs of the Social Protection umbrella of the country. These programs were selected as they represented a cross-section of the SP strategy.[38] Annex 2.1 shows the six programs chosen for in-depth assessment.

Looking at the six programs selected for in-depth assessment, we can see that most of the programs are in the social welfare/social assistance pillar. These programs target the poorest of the poor of the population living in high-poverty areas. This appears consistent considering the poverty profile of the nation. Although it does highlight the glaring disparity between social risk insurance schemes meant for the poor and those of the middle class, including those belonging to the informal sector.

Some new programs are specifically tackling this issue, AlkanSSSya from the Social Security System (SSS) is such a program. Recognizing the informal sector as an economic contributor and employment generator, SSS deemed it necessary to extend social security coverage to this sector. In 2011, the SSS Las Piñas Branch

36 Conclusion, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

37 Overall 3.1, *"A Public Expenditure Review of Social Protection Programs in the Philippines",* available from https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1831.pdf (6 June 2019)

38 Annex A, *"Social Protection Review and Assessment"*

developed a solution to cover and collect from self-employed members with irregular income, like tricycle drivers hired to ply passengers on routes that common passenger vehicles do not service. Known as "TrikanSSSya", it involved the monthly collection of social security contributions from tricycle drivers, who make deposits of 10 to 20 php daily – until they make the 330 php monthly contribution – in a giant steel box installed at the tricycle terminal. TrikanSSSya expanded in 2012 to cover other informal sector workers who can join through their workers' associations or ISGs and renamed "AlkanSSSya", a play on the Filipino word "alkansya" (piggy bank) and the triple-S for SSS as the implementing agency.[39] As of 2018, there are 108,588 members of 1,445 AlkanSSSya program accredited partners. Collection for the program is at 797.54 million.[40] We can also see from Annex 2 that there are now a vast number of programs that focus on labor protection measures and productive inclusion. This is aimed specifically at the population of informal wage employment sector as the study notes that 45% of the labor force belong to the urban informal and rural agrarian self-employed.[41] These labor market programs, according to the study remain relatively small, significantly fragmented, and poorly coordinated, evidenced by how intermittent and precarious jobs still dominate the market, making labor protection and regulation, as well as inclusion to social security schemes, still limited to the formal working sector. The main remedy to improve coverage is by increasing the number and quality of wage-based employment, although these measures are beyond the scope of the SSS scheme design or delivery system.[42]

Migrant workers have also had limited access to social protection services in the past. Under the old rules, OFWs can only avail of SSS benefits as a 'voluntary' member, and their protection thus only falls under that bracket. A new law is seeking to provide much better options for overseas Filipinos, Republic Act 11199 or the

39 Background and Problem, *"AlkanSSSya Program: Moving Towards Inclusive Growth"* available from https://www.dap.edu.ph/coe-psp/innov_initiatives/alkansssya-program-moving-towards-inclusive-growth/ (6 June 2019)

40 Ibid.

41 Conclusion p. 41, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

42 Ibid. Conclusion p. 42

Social Security Act of 2018 aims to make land based and sea based OFWs mandatory members of SSS, which now gives them access to better benefits and ensure the growing number of overseas Filipinos social security protection. It also enhances the range of the funds that SSS can collect, with the 10 million OFWs[43] at present, only 550,000 of them are covered by the voluntary membership. By making them mandatory, it will greatly increase the funds that can be collected and thus also enhance the actuarial life of the state pension fund. Migrant workers can now also enjoy an improved Medical Repatriation Assistance Package (MRAP) due to the signing of a Joint Memorandum Circular (JMC) on the Integrated Policy Guidelines and Procedures in the Conduct of Medical Repatriation of Overseas Filipinos. The JMC aims to streamline the inter-agency efforts of the government in facilitating the MRAP, which aids overseas Filipinos with severe medical illnesses who need to be transported back to the country for further medical care and attention.[44]

Legislations and Regulations Governing Social Protection in the Country

Aside from the programs enumerated in the inventory, effective legislation and policies are required to ensure that the right to social security will be fully realized. Existing legislation, strategies and policies should be reviewed to ensure that they are compatible with obligations arising from the right to social security and should be repealed, amended, or changed if inconsistent with covenant requirements.[45] The adoption of the Social Protection Operational Framework meant that policy makers now have a guide in designing legislation and intervention programs for social protection. The Philippine Development Plan 2017-2022 outlined specific strategies meant to accelerate human capital development, reducing vulnerability of individuals and families, and building safe and secure communities.[46] Annex 3 shows the specific strategies that highlight the social protection initiatives as outlined in the PDP.

43 Dooc statement, *"Bicam Oks SS Act of 2018 to strengthen state pension fund"* available from https://www.sss.gov.ph/sss/appmanager/viewArticle.jsp?page=NR2018_057 (6 June 2019)

44 *Joint Memorandum Circular on Medical Repatriation of Overseas Filipinos Signed* available from http://www.pmrw.org.ph/2017/06/joint-memorandum-circular-on-medical.html (7 June 2019)

45 Par. 67, *"General Comment 19"* by the Committee on Economic, Social, and Cultural Rights, 2007

A robust and clearly defined legal framework forms the backbone of a country's social protection and national development policies. The study notes that our social protection sector seems to be well developed and have clear framework of laws and regulations with different actors with well-defined roles and controls in place to ensure good governance.[47] Social protection in the country is not governed by a single, unified group of legislation, but rather by a collection of sector-specific or program-specific laws that evolve over time.[48] These laws cover areas such as labor regulation, pensions, migrant worker protection, and health insurance. Annex 3.1 shows a list compiled by the World Bank study, and additional laws and policies that govern social protection in the country.

Laws that are of particular importance to the social protection framework of the country are:

- NEDA-SDC Resolution #1, series of 2007, or the Adoption of a Philippine definition of social protection.
- NEDA-SDC Resolution #3, series of 2012, or Approving and adopting the Social Protection Operational Framework.
- NSCB Resolution #18, series of 2009, or the Establishment of the NHTS-PR (National Household Targeting System for Poverty Reduction)
- 1974 Labor Code of the Philippines, for labor protection laws. (labor regulation)
- PDP for 2011-2016, which contains the 'Magna Carta for protecting the rights of workers in the informal sector and domestic workers.'
- RA 9710, or the 'Magna Carta for Women.'
- RA 10354, or the 'Responsible parenthood and reproductive health act of 2012'
- RA 7277, or the 'Magna Carta for Disabled Persons.'
- RA 10524, or an 'Act expanding the positions reserved for Persons with Disabilities.'

46 Pages 21-26, *"The Philippine Development Plan 2017-2022: Abridged Version"* available from http://www.neda.gov.ph/wp-content/uploads/2018/01/Abridged-PDP-2017-2022_Updated-as-of-01052018.pdf (7 June 2019)

47 Conclusion p. 41, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

48 Legal Framework p. 20, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

- RA 10754, or an 'Act expanding the benefits and privileges of all Persons with Disabilities.'
- RA 10821, or the 'Children's emergency relief and protection act.'
- RA 8042 and RA 10022, or the 'Migrant Workers Act' of 1995 and 2009 respectively.
- AO 16 of 2008, or the 'Establishment of the Pantawid Pamilyang Pilipino Program'
- Commonwealth Act no. 186 of 1936, which replaces earlier pension legislation and establishes the Government Service Insurance System (GSIS). PD 1146 of 1977 and RA 8291 of 1997 which refines the GSIS and governs current operations.
- RA 7875, or the 'National Health Insurance Act' which established PhilHealth
- RA 10351, or the 'Sin Tax Law' which generates revenues that fully subsidize the premium requirement for senior citizens and indigents.
- RA 1161, or the 'Social Security Act of 1954' later amended by RA 8282 of 1997.
- RA 7432 and RA 9257 which establishes privileges and the role of senior citizens in nation building.
- RA 10645, or an 'Act providing for mandatory PhilHealth coverage for all senior citizens'
- RA 10121, or the 'National Disaster Risk Reduction and Management act'

More recent landmark legislations that were enacted include the RA 11223 or the Universal Healthcare Act which aims for universal coverage of Filipinos under the National Health Insurance program. RA 11188 provides protection for children in situations of armed conflict; RA 11199 or the Social Security Act of 2018 which now makes OFW's mandatory members of SSS among others; RA 11210 or the Extended Maternity Leave Act which provides 105 days of leave for female workers in the private and government sector; RA 11310 which institutionalizes the Pantawid Pamilyang Pilipino Program making it a permanent program of the DSWD with regular appropriations from the agency's budget; RA 11291 or the Magna Carta for the Poor which seeks to uplift the standard of living and quality of life for the poor through an area-based, sectoral and focused intervention to poverty alleviation.

RA 11166 or the Philippine HIV/AIDS Policy Act seeks to promote programs and give sufficient medical attention to fight the increase in HIV/AIDS victims; promote a multi-sectoral approach in tackling the issue of HIV/AIDS; eliminate all

forms of discrimination against individuals with HIV/AIDS so that they will not be afraid to seek help; and intensively address the conditions that are the root causes of HIV/AIDS like poverty, gender inequality, and marginalization. RA 11036 or the Mental Health Act of the Philippines paves the way to a total integration of mental health into the Philippines general healthcare system, the Mental Health Law will provide patients and sufferers access to the benefits of government medical insurance like PhilHealth.

Measures Taken by the Relevant Duty-Bearers

The ESCR Center conducted consultations with relevant national government agencies (NGAs) in the national[49] and regional[50] level. The aim of the consultations was to know how each of them contributes to the social protection framework of the country, their key performance indicators (KPI), the challenges that the agency face in the realization of its mandates, and their upcoming plans with respect to policy and program development. We also asked the offices about the current social protection situation in their constituency and how this affects their programs and initiatives. The transcripts of the interviews and the data sent by the agencies, can be viewed in Annexes 4-4.5

The **DSWD** as the lead social protection agency in the country, maintains that the local government unit (LGU) is true implementer of social protection programs.[51] They provide the LGU with a Social Protection Development Manual which contains guidelines on how to identify needs within their locale. As output, the LGU must submit a situation report, and a social protection development report. The implementation of national government initiatives happens at the local level and this is where issues take place as the initiatives are not integrated in the local process.

49 Social Security System (5 March 2019), PhilHealth (11 March 2019), GSIS (through email answered 5 April 2019)

50 Social Security System Digos Branch (23 April 2019), Department of Social Welfare and Development Region XI (24 April 2019), and PhilHealth Region XI (24 April 2019)

51 Consultation with DSWD Region XI (24 April 2019)

The LGU supposedly prefers programs wherein there is a download of resources from the national government and there is a tangible benefit to its constituencies.[52] But if it involves only work, (i.e. collection of data, reporting, monitoring, etc.) the LGU is less likely to cooperate.

Lack of resources in some LGUs to implement programs, or lack of budget allocated to ongoing programs is another challenge the agency face. Implementation in GIDA is also compromised since there are security and safety risks for social workers. Procurement is also a problem since there are no available suppliers near these areas. Logistics can be expensive since the supplies have to transported by airlift or by boat.[53]

The agency does not have clout/power over the LGUs. That authority lies with the Department of Interior and Local Government (DILG) to compel an LGU to act on a social protection program/initiative.[54] The agency can only encourage, advocate, and train people regarding these programs. DSWD wants to advocate for the LGUs to actively provide them with reports and data (comprehensive development reports, hazard maps) so that they can use the validated data for their risk/vulnerability assessment.[55] The data and reports are needed for proper implementation of basic social services and initiatives.

The agency classifies its programs into 2 categories, Promotive Programs which includes 4Ps (Regular and Modified CCT), KALAHI-CIDSS, and SLP; and Protective Programs which include its sectoral programs, adoption services, assistance to individuals in crisis situations, social pension for indigent senior citizens, and supplementary feeding programs among others.[56] There is interface with other NGAs and LGUs through the Regional Action Committee where they

52 Ibid.

53 Ibid.

54 Consultation with DSWD Region XI (24 April 2019)

55 Ibid.

56 The data provided by DSWD also lists different types of programs of the agency

discuss social protection programs/initiatives that can be availed/implemented in the region.[57]

The agency sent data regarding their performance indicators for the period of 2016-2018. Within this dataset are the number of persons served for their programs. The data covers the agency's protective and promotive programs, as well as their disaster response and management program and the NHTS-PR.[58] According to the agency, the poverty level/situation in Region XI is improving in the current administration.[59] An evidence of this is the year-by-year decrease in the number of households under the Pantawid program provided with conditional cash grants.[60]

Promotive Social Welfare Program	2016	2017	2018
Number of Pantawid households provided with conditional cash grants:			
a. Regular CCT	233,796	231,864	225,933
b. Modified CCT	29,450	29,065	29,069

Through the Regional Development Council, they create caravans of social protection programs and bring it to far-flung areas (Geographically Isolated and Disadvantaged Areas or GIDA) so that they can reach the people who cannot manage to go to regional or satellite offices.[61] They also want to educate sectoral/community leaders on social protection programs so that they could become force multipliers for the agency. They also advocate for the installation of officers/personnel-in-charge of persons with disabilities (PDAO) especially in provincial and municipal LGUs.[62]

57 Ibid. Consultation with DSWD Region XI, Note No. 53

58 From data provided by DSWD Region XI through consultation on 24 April 2019

59 Ibid. Consultation with DSWD Region XI, Note No. 53

60 Ibid. From data provided by DSWD Region XI, Note No. 57

61 Consultation with DSWD Region XI (24 April 2019)

62 Ibid.

The **National Health Insurance Corporation (PhilHealth)** declared agency coverage level at 98%[63] with the remaining 2% probably belonging to indigenous peoples (IPs), and workers in the informal sector. Although they are lacking in data on IPs, they have a partnership with NCIP in providing identification so that the agency can record them in their database and provide access to services. The agency's KPI are coverage rate, benefit payments, collection efficiency rate, turn-around time for payment of claims, customer satisfaction rate, and percentage of support value.[64] The amount of benefit payments that they make exceeds the rate of collection. It is said that they payout benefits at a rate of 3 Billion Php per week, and their collections are 400 Million Php lower than benefit payments last year[65] Coverage numbers as of December 2018 are as follows[66]

Category	Count
Government (permanent/regular, casual, contractual, job order)	2,814,078
Informal Sector	6,682,616
Overseas Filipino Workers	3,672,908
NHTS-PR	21,987,834
Private (permanent/regular, casual, contract/project-based)	14,217,561
Self-Earning Individual	1,399,210
Senior Citizen (under RA 10645)	7,600,025

The high coverage level is due to the "point-of-service program" (POS) wherein you become a member at the point where you decide to use PhilHealth in an accredited health service facility. This was part of the previous administration's PDP, in order to secure coverage for the poor and indigent, and those who "fall in the cracks" of the current PhilHealth system.[67] If they pass the DSWD means-test, they would also be included in the 4Ps immediately the year after. They also offered coverage for women about to give birth,[68] by allowing them to make an annual

63 With 2018 population estimated at 106M

64 Actual value paid by PhilHealth to the health service provider

65 Consultation with PhilHealth national office (11 March 2019)

66 Data from PhilHealth Corporate Planning Department, available from https://drive.google.com/open?id=17_w6oDZ6P6DL3YJ0ILx-pURyBzKjOGcL

67 Consultation with PhilHealth national office (11 March 2019)

68 Ibid.

premium contribution of 2,400 Php. Inactive members are also allowed to update their contributions. Expectant mothers classified under C-3 to D segments of the population will be enrolled under the point-of-service program.[69]

Barangay Hopping or "Bar Hopping" for short, is an initiative from their regional offices wherein they go from town to town and enroll those who are not yet covered by the program.[70] This especially benefits indigenous peoples who usually have no means to go from the hinterlands to the nearest local government or PhilHealth office. Another initiative by the agency in securing coverage, especially for marginalized sectors, is the Social Health Insurance Academy. A department in PhilHealth that creates modules that enables community leaders to be force multipliers for the agency. These force multipliers will teach their communities on the importance of health insurance. They have plans to develop easy to understand modules of mostly pictograms, which is very useful especially for those with issues of illiteracy.[71]

In Region XI, PhilHealth has a total figure of 4,483,626 beneficiaries as of March 2019.[72] 29.2% come from workers from private companies while 5.7% are from government, and 4.9% are migrant workers. Individually paying members make up 27.1% while program sponsored members are at 20.2%. Senior citizens and lifetime members round up the numbers at 12.9%. They have also managed to enroll 7,850 indigenous peoples under the program.[73] Benefit payouts from Jan 2019, 390 million Php for indigent members, 187 million Php for sponsored program members. Total payouts in 2018 amounted to 6.5 Billion. There has been a dramatic increase in

69 "Women about to give birth" available from https://www.philhealth.gov.ph/news/2016/pregnancy_benefits.html (6 June 2019)

70 Consultation with PhilHealth regional office (24 April 2019)

71 Consultation with PhilHealth national office (11 March 2019)

72 Ibid. Consultation with PhilHealth regional office, Note No. 69

73 Consultation with PhilHealth regional office (24 April 2019)

sponsored program payouts by 237% from 140 million in 2017 to 479 million in 2018.[74]

A prevalent issue for the agency is the claims of fraud. It was mentioned both by the national and regional offices.[75] This speaks volumes to the seriousness of the problem. There is allegedly fraud among hospitals and other service providers[76] and claims that even beneficiaries and agency staff[77] are part of the scam. Another issue is the lack of service providers and doctors willing to be placed in GIDAs impacts the agency's accessibility and availability.[78] There is also an inadequate number of personnel for the regional offices due to the vastness of the area covered. Since the agency will cover all Filipinos, it will basically be the biggest social protection provider and largest government owned and controlled corporation. (GOCC) With the passage of the UHCL, the agency hopes this will fast-track the creation of the restructured organization because that will help define how many personnel are needed to provide quality service.

The agency holds several public and partner consultations including the "Alaga Ka Forum" which is meant especially for indigent members,[79] Health Care Providers Forum and PhilHealth Forward which gathers all relevant stakeholders including private hospitals and local executives to discuss programs, initiatives and ways forward with the agency.[80]

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74 Ibid.

75 Consultation with PhilHealth national office (11 March 2019) and regional office (24 April 2019)

76 Just recently, a high-profile case involving payments allegedly made to 'ghost' dialysis patients, has made headlines in the country. https://newsinfo.inquirer.net/1128819/nbi-arrests-wellmed-owner-over-ghost-dialysis-issue (11 June 2019)

77 "PhilHealth, Faltering in Fight Against Fraud" available from https://newsinfo.inquirer.net/1132225/philhealth-faltering-in-fight-against-fraud (19 June 2019)

78 Consultation with PhilHealth national office (11 March 2019)

79 Consultation with PhilHealth regional office (24 April 2019)

80 Ibid.

For the **SSS**, Registered members are around 38 million but the actively paying is only 16 million Php. This is mostly due to lack of security of tenure for most jobs in the country.[81] They partner with cooperatives in order to increase the range and number of beneficiaries. These cooperatives become remittance channels for the members, while also becoming force multipliers for the agency in advocating for members to update their contributions.[82] In so far as they have aligned with cooperatives, there has yet to be an indigenous people cooperative partner.

Aside from the previously mentioned AlkanSSSya, another program meant to increase coverage for the agency is the Kaltas-Collect Program, which is for job-orders in LGUs who cannot avail of benefits under the GSIS. It is currently implemented in 11 municipalities in Digos.[83] The LGU facilitates the payments and the job-orders are enrolled under the self-employed membership.

Collection versus benefit payments from 2016-2018 are as follows:[84]

Year	Collection	Benefit Payments
2016	144 Billion Php	131 Billion (before 1,000 Php increase in pensions)
2017	159 Billion Php	169 Billion Php
2018	180 Billion Php	181llion Php

Although the agency is lacking terms of collection, they are slowly catching up with benefit payments. This gap is due to the 1,000 Php increase in pensions. The inherent problem in increasing pensions today is that it affects the collection for 2-3 batches of the next generation.[85] The agency must make sure that there will be funds available for future pensioners, which are today's actively paying members.

81 Consultation with SSS Main office (5 March 2019)

82 Ibid.

83 Consultation with SSS Region XI office (23 April 2019)

84 Ibid. Consultation with SSS Main office, Note No. 81

85 Ibid.

The Digos City branch of SSS, which caters to Davao Del Sur and Davao Occidental, has a total population of 948,936, with 431,000 of them in the total labor force.[86] Only 36.69% of that number are covered under the system. 85,752 employed, 71,092 self-employed and voluntary, and 1,300 overseas Filipino workers.[87] Under their AlkanSSSya program, 8,249 are farmers and fisherfolk, and only 318 are indigenous peoples. Average collection in branch is around 25-26 million per month. In 2018, their collection was around 287 million Php total.[88] The number of members in the region is increasing but the employee numbers are not growing. This affects the quality of service delivery especially for areas like Digos where the vastness of the service area presents a lot of challenges.[89]

There are a lot of far-flung areas which is very hard for the agency to be present. Areas like Malita and Balut Island in Region XI,[90] is perilous to reach except on choice conditions. (time, winds, advice from coast guard, etc.) The agency is actively partnering with LGUs and working with cooperatives and organized groups to ensure the people in GIDAs can access the programs and services of SSS. The agency also seeks to reinforce the Kaltas-Collect and AlkanSSSya programs.[91] They also aim to strengthen information drives, coverage caravans, and reaching out to organized groups and cooperatives to facilitate membership and sustaining contributions

86 Consultation with SSS Region XI office (23 April 2019)

87 Consultation with SSS Region XI office (23 April 2019)

88 Ibid.

89 Ibid.

90 Ibid.

91 Ibid.

Based on the agency's annual corporate plan for 2020, the focus will be on income generation.[92] The primary thrust will be contribution collection (short term) and an increase in investment income. (long term) With the passage of the SS Act of 2018, it frees the agency from political interventions[93] and hopefully will result in a more streamlined service and better implementation of its programs. [94]

As designed by its charter, the **GSIS** is social insurance institution under a defined benefit scheme. It insures its members against the occurrence of certain contingencies in exchange for their monthly premium contributions. These premium-based schemes protect households from lifecycle and health related risks.[95] It also administers the Employees' Compensation (EC) Benefits Program for the public sector as mandated by Presidential Decree (PD) 626, as amended. It is a program that provides adequate income, medical and other related benefits to employees and their dependents in the event of work-connect disability or death.[96]

Key performance indicators for the agency are contained in the 2019 Performance Scorecard of GSIS as committed to the State through the submission to and approval by the Governance Commission for GOCCs. These indicators include, among others, the processing of social insurance and general insurance claims within the turn-around time prescribed by the Ease of Doing Business Act.[97]

GSIS has identified 'Service Quality' and 'Sound Financial Management' as the areas the system needs to excel in order to ensure the attainment of its mandate and vision. These themes apply to every part of the system and defines the major strategic

92 Consultation with SSS Main office (5 March 2019)

93 Under the new law, it allows the Social Security Commission or the policy-making body of the pension fund to adjust contribution rates and monthly salary credits of its members without the president's approval.

94 Ibid.

95 Based on answers sent by the agency through email. Available from https://drive.google.com/open?id=1-TtV12d8o6Mh-9CNIJZ9i6OdKpDTOyp4

96 Ibid.

97 Ibid.

thrusts that the GSIS is pursuing in order to achieve its vision.[98] With reference to the internal and external analysis conducted by the agency in preparation for the Board Conference in 2018, some of the other challenges identified are: implementation of the Ease of Doing Business Law Act (RA 11032); need for comprehensive risk management framework; asset-side focus of investment policies; and a need for IT infrastructure support for the demands of the stakeholders and management.[99]

The agency plans to expand its products and services through: Multi-purpose loans; partnership with payment facilities for the acceptance of direct payments for GSIS Individual Loans; and a joint GSIS-CSC circular making GSIS pre-retirement seminar as part of the employee's clearance requirement. They also plan to have a pension review to assess an increase in the maximum limit of the yearly cash given to pensioners; and correction of Average Monthly Compensation (AMC) computation in accordance with RA 8291. The agency is also looking into making use of new technology like mobile connectivity and accessibility (i.e. Motor Vehicle Claim System).[100]

98 Ibid.

99 Ibid.

100 Based on answers sent by the agency through email. Available from https://drive.google.com/open?id=1-TtV12d8o6Mh-9CNIJZ9i6OdKpDTOyp4

Issues and Concerns Identified During the Focus-Group Discussions

The ESCR Center conducted several activities during the first semester of 2019, that tackled the right to social security.[101] During these activities, focus-group discussions (FGD) were held with the aim of knowing what issues and concerns hamper the participants' enjoyment of their right, and what are their recommendations in order to allow them full realization and appreciation.

The participants from the focus-group discussions in Batangas,[102] Davao[103] and Iloilo[104] were Persons with Disabilities, while the 2-day activity in Digos City[105] featured Farmers and Fisherfolk in the 1st day, and Indigenous Peoples on the 2nd day. The participants were chosen with the help of the respective CHR Regional Offices and NGAs like the National Anti-Poverty Commission (NAPC) and the National Commission on Indigenous Peoples[106]. (NCIP) For the participants in Batangas City, we also had the help of the its LGU through its Provincial PDAO.

101 March-April 2019, Human Rights Situation of Persons with Disabilities in Batangas City, Region VI, Region XI. May 2019, Monitoring the Realization of the Right to Cultural Participation and Right to Social Security of Farmers/Fisherfolk and Indigenous Peoples of Region XI.

102 27 March 2019, Batangas Capitol, Batangas City

103 24 April 2019, Grand Men Seng Hotel, Davao City

104 26 April 2019, Diamond Jubilee Hall, Iloilo City

105 8-9 May 2019, Avenue One Hotel, Digos City

106 NCIP Region XI, Davao City

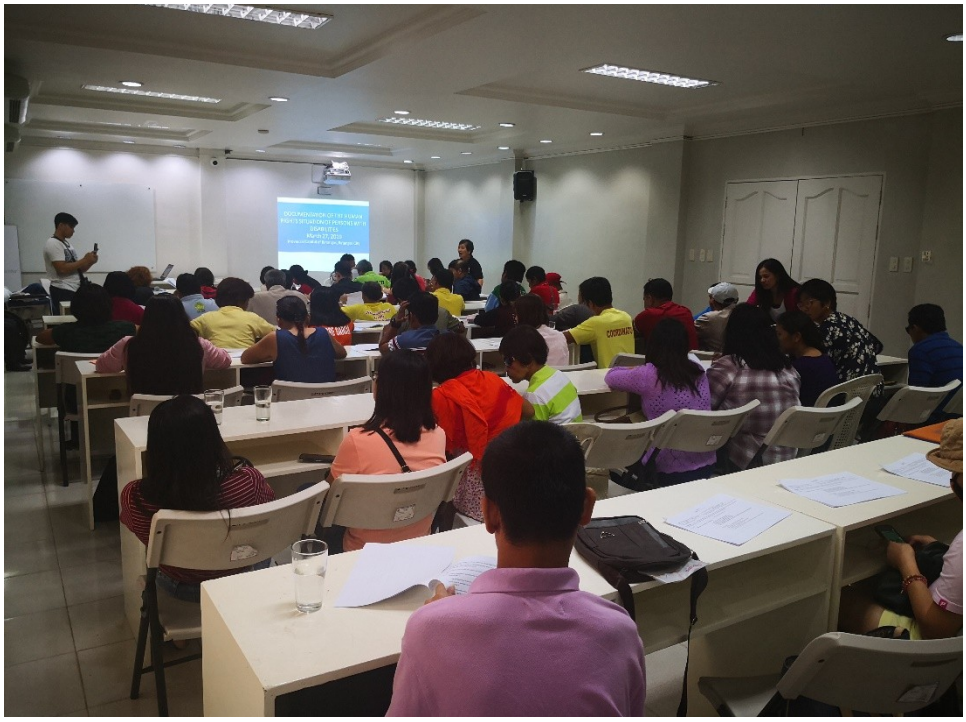

Fig. 2 **Monitoring the Human Rights Situation of Persons with Disabilities in the Province of Batangas 27 March 2019**

During the discussions, persons with disabilities were grouped according to their specific disability[107], while for the farmers/fisherfolk and indigenous peoples, they were grouped according to the province that they came from[108]. This was done to highlight specific issues stemming from their disability or from the area which they came from. It is important to note that since some of the participants also are elderly citizens, their issues stemming from being part of that sector also arose. Indeed, even though we gathered them into different groups, there was no "separateness in their separation." [109]

From the discussions, one of the primary issues of the participants when it comes to the realization of their right to social security, are concerns on the implementation of the programs.[110] Myriad issues range from problems with the qualification of beneficiaries for 4Ps, 1% allocation of persons with disabilities in the workforce, inconsistency from the LGU in implementing social protection programs,

107 Orthopedic Disability, Visual Impairment, Hearing Impairment, Psychosocial Disorder, and Parents of Children with Disabilities

108 Provinces in Region XI, Davao Del Norte, Davao Del Sur, Davao Oriental, Davao Occidental, and Compostela Valley

109 A Buddhist teaching.

110 See Annex 5 and 5.1 for FGD results from Region IV-A, Region VI, and Region XI

and the lack of consultation between program implementors and concerned groups.

Other issues that seem to be consistent across the different sectors are; [111]

a. Discrimination – they feel discriminated by program qualifications or conditionalities and they also experience discrimination in their respective workplace or from society.
b. Insufficient facilities for their needs – especially for persons with disabilities. Indigenous participants remark that most facilities are far from their ancestral domain and that makes it problematic to access them or to comply with conditionalities of the program.[112]

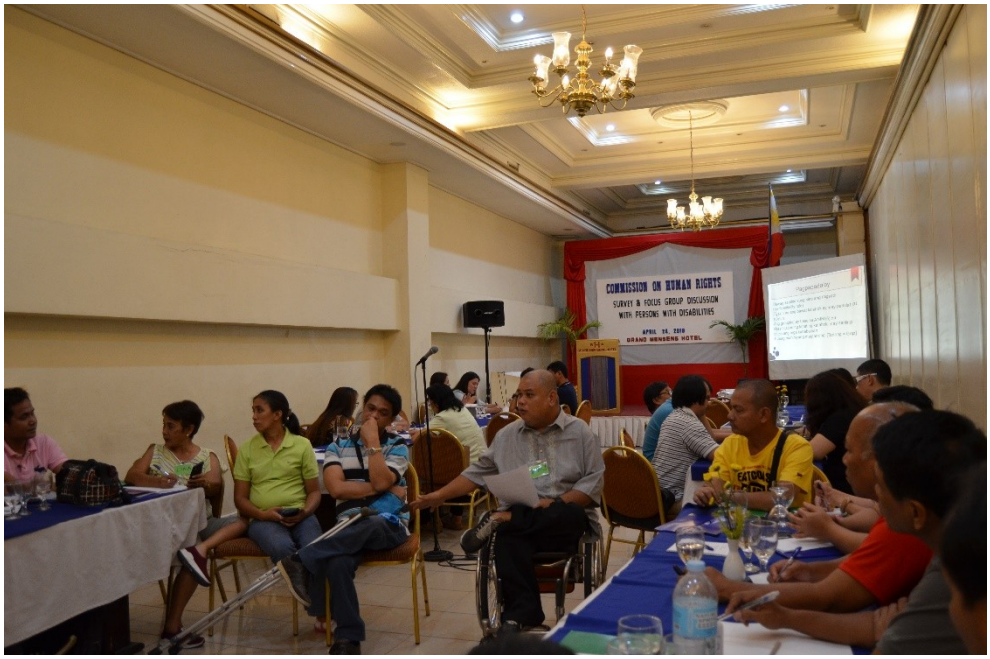

Fig 3. **Monitoring the Human Rights Situation of Persons with Disabilities in Region XI 24 April 2019**

c. Lack of sufficient resources for programs – whether it be monetary or personnel resource, the participants felt that they are inadequate. Some GIDA don't even have health workers according to the participants, while some LGUs lack funds to make the social protection programs effective.
d. Difficulty in claiming benefits – there seems to be a consensus that there are too much requirements to claim benefits. This is particularly cumbersome for sectors

111 Ibid.

112 One of the conditionalities for the MCCT is that children must have regular check-ups from accredited health service providers.

like indigenous peoples[113] who have difficulty producing requirements like birth certificate or other documents due to their traditional or geographical limitations.

e. No data on vulnerable sectors – participants particularly from Region VI and Region XI lament the lack of data/census on persons with disabilities and indigenous peoples from their local government unit.
f. Lack of adequate information regarding social protection programs – there is either lack of information or lack of initiative from the program implementers to supply information to the people.

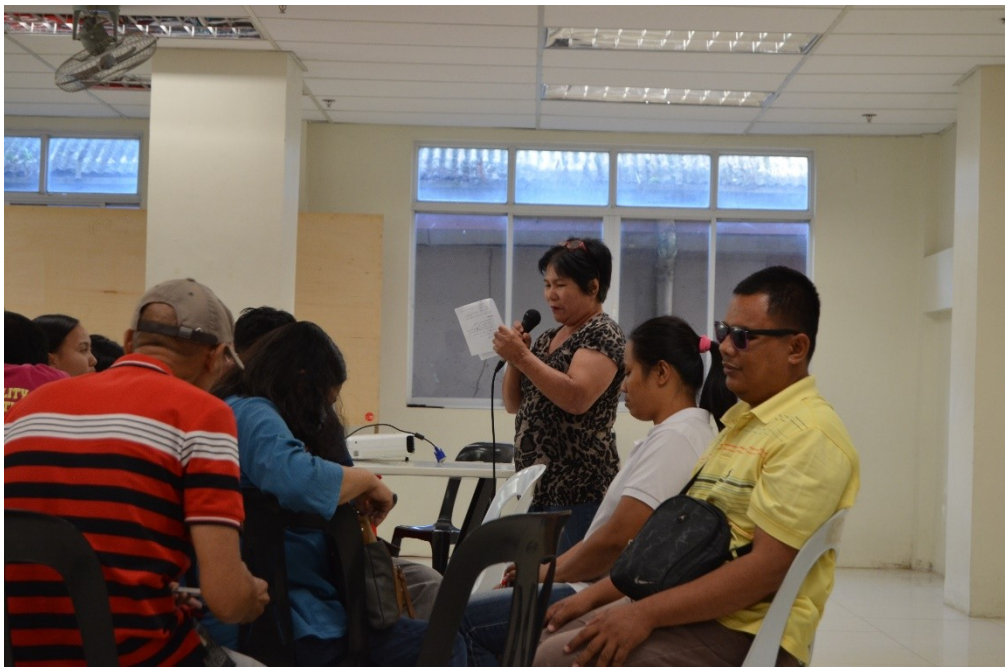

Fig 4. **Monitoring the Human Rights Situation of Persons with Disabilities in Region VI. 26 April 2019**

Using the normative standards recommended by the CESCR,[114] we categorized the prominent issues and concerns raised during the focus-group discussions.

113 See Annex 5 and 5.1 for FGD results from Region IV-A, Region VI, and Region XI

114 Par 1. *"Standards of Accessibility, Adaptability, and Acceptability"* Available from http://socialprotection-humanrights.org/framework/principles/standards-of-accessibility-adaptability-and-acceptability/

From here we can see which areas the relevant duty-bearers and program implementors are lacking, and what were the recommendations set forth by the participants.[115]

Normative Standard	Issues/Concerns	Recommendations
Availability	- lack of health centers in their areas (especially GIDA) - no programs for financial assistance for assistive devices	- additional health centers and health workers in their areas - subsidies from the national government for assistive devices
Accessibility	- design of accessibility features in public spaces is not properly done - health centers or service providers are too far from their place of residence - the nearest office to avail of the social protection program is very far from their place of residence - issues on selection and qualification of 4Ps beneficiaries - political accommodation is rampant within the 4Ps. "padrino" or "palakasan" exists - LGU stopped paying for the PhilHealth premium of 4Ps beneficiaries - there are no indicators in the NHTS-PR for persons with disabilities, it means they are not identified through that system - some establishments do not honor disability card - implementation of programs across different LGUs is inconsistent - lack of data on vulnerable sectors - difficulty in claiming benefits from SSS/PhilHealth - lack of adequate information regarding programs and services - not all government offices follow the 1% allotment of persons with disabilities for work opportunity - not all LGUs follow RA 10070 and establish PDAO	- national government must effectively implement laws and issuances affecting persons with disabilities - facilities should be built nearer places of residence, infrastructure should also be built to ensure access to all kinds of service facilities - there should be a system for the beneficiaries to be validated for inclusion in 4Ps - there should be transparency and equality in the selection process. Avoid special treatment and political accommodation - consider indicators for persons with disabilities in the NHTS-PR in order to provide specific services - there should be uniform rules and regulations across every municipality - accessible information for all social protection programs - ensure that provision of hiring of persons with disabilities is followed and should even be expanded to private companies - concerned NGAs including DILG, should order the LGU to establish PDAO
Adequacy	- insufficient medicines in health centers - insufficient health workers in	- evaluate the policies and implementation of the social protection program

115 See Annex 5 and 5.1 for FGD results from Region IV-A, Region VI, and Region XI

	locale - delay in release of senior citizen pensions, 4Ps, MCCT payout - lack of adequate resources for proper implementation of program - the benefits received are inadequate, some of them have not experienced refunds for hospitalization from PhilHealth - there are still a lot of bills and fees even when admitted in an accredited health facility - some machines, given from the livelihood program are substandard and easily broken	- need for greater subsidy coming from a national fund for all social protection programs - need for concrete national policies for assistance claims - LGU and concerned NGAs should needs to have realistic and actual consultation with public about its programs - relevant government agencies should monitor procurement of machines to ensure that they are functional and up to standard
Acceptability Adaptability	- some social workers do not understand their dialect - difficulty in sharing of medical complaints to health worker who does not understand sign language - lack of interpreters of sign language in LGU or NGA offices - no special distinction for maternity care of persons with disabilities - there are conditionalities in the MCCT that some indigenous peoples find hard to comply, like the requirement for 85% completion of classes for children since the school is very far from the ancestral domain	- It should be mandatory in all government offices that there be at least a person who can understand sign language - pregnant persons with disabilities should have specialized care programs - there should be consultations about the conditionalities for the MCCT, if the beneficiaries can adhere to them in practice - they do advocate for construction of schools and health centers in ancestral domains, but it must follow the FPIC[116] process.

It is evident in the data that most of the issues and concerns are about the accessibility of social protection programs. It is emphasized by the number of issues surrounding program implementation, particularly in the LGU level. The issues on acceptability and adaptability highlight the need to pay special attention to groups that suffer from structural discrimination. Their needs should be given distinction in the design, implementation, and monitoring of programs, in order to meet obligations assumed in human rights instruments.

116 Free Prior and Informed Consent, a specific right that pertains to indigenous peoples and is enshrined in the United Nations Declaration on the Rights of Indigenous Peoples

In terms of adequacy, the insufficiency of resources points to the importance of organizational structure and governmental commitment in improving the quality of service delivery. Still, there is good availability and awareness of social protection programs in the country, and there are a variety of programs that cater to the different needs of the population.[117] There is still room for improvement, especially when it comes to facilities and services that can serve geographically isolated and disadvantaged areas.

Fig. 5 **Monitoring the Realization of the Right to Cultural Participation and Social Security in Region XI**
8-9 May 2019

During the consultations in Digos City[118], the ESCR Center immediately made an impact on the participants realization of their right to social security. The SSS Digos branch was able to provide valuable information about social insurance and their programs to the participants. They also answered queries and clarifications and more importantly, allowed the participants sign into the agency's programs and become beneficiaries. This was particularly useful for the indigenous participants as they do have a hard time interacting with the agency because of how far the nearest office is from their place of residence.

117 Annex 2, Social Protection Map

118 8-9 May 2019, Avenue One Hotel, Digos City.

Synthesis

Based on the dialogues, the overall availability for social protection services in the country and the level of initiatives and efforts that constitute the social protection umbrella is consistent with the varying needs of the population. Most of the programs are anchored around 3 of the pillars: social welfare; social insurance; and labor market interventions. There are efforts to improve the social safety nets pillar through the creation of a Department for Disaster Resilience[119] which would be tasked to respond to the needs of communities in times of calamities. The DSWD, in coordination with Office of Civil Defense (OCD) has interventions with communities including disaster preparedness, capacitating LGUs and social workers through Camp Coordination and Camp Management workshops.[120]

There is serious commitment to raise the level of spending for social protection, at par with other developing countries.[121] Commitment to ensure sustainability of programs is also seen with relevant government agencies such as the SSS and GSIS, with focus on investment income and expansions of its other programs to promote income generation.

With the Universal Health Care Law looming, PhilHealth is also dedicated in sustaining the program through the amendment of the sin-tax bill,[122] additional funds allotted to the Department of Health (DOH) for the UHCL, and special funds from the Philippine Gaming Corporation (PAGCOR) and the Philippine Charity Sweepstakes Office (PCSO).[123] They will however, also seek to increase contributions for a 7-year period as they deem that premiums right now are too low.[124]

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119 House Bill 6075

120 Consultation with DSWD Region XI (24 April 2019)

121 Overall 3.1, *"A Public Expenditure Review of Social Protection Programs in the Philippines",* available from https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdps1831.pdf (6 June 2019)

122 Senate Bill 2233

123 Annex 4.2 on How to Sustain the UHC

124 Ibid.

There is a conscious effort to increase coverage of programs particularly in the social insurance and social welfare pillars. The SSS now has programs that extend membership to those that work in the public sector. The Kaltas-Collect program allows job-orders, who doesn't have employee-employer relationship with the LGU, access to social security services, pensions, and other employment benefits. They also have the AlkanSSSya program which recognizes the informal sector as an economic contributor and employment generator, deeming it necessary to extend social security coverage to this sector.

DSWD is also considering extending its services beyond targeted programs and to move to universal coverage.[125] They have extended the 4Ps beyond just the indigent and poor targeted under the NHTS-PR. They now have the MCCT which is a program specifically made for Indigenous Peoples, Homeless Street Families, and Families in Need of Special Protection.[126] This move by the DSWD is affirmed by General Comment 19[127] and the principle of universal social protection.

Despite good availability of programs, the discussions revealed that issues on accessibility hinder the full realization of the right to social security. The implementation of national government initiatives happens at the local level and this is where issues take place as the initiatives are not integrated in the local process.[128] There is inconsistency among LGUs in the implementation of programs as some provinces and municipalities execute social protection programs, while some do not.[129]

125 Annex 4. Interview with DSWD Region XI Representative

126 Target Beneficiaries, available from https://pantawid.dswd.gov.ph/mcct/

127 Par 23. *"General Comment 19" f*rom the United Nations Economic and Social Council

128 From consultation with DSWD Region XI 24 April 2019

129 Annex 5 FGD with Region VI and Region XI

There are also rampant issues and concerns within the 4Ps particularly in the selection and qualification of beneficiaries as the participants reported instances of political accommodation in their inclusion/exclusion from the NHTS-PR.[130] They also reported delays and unreasonable deductions in the payouts of the cash grants.[131] The participants also felt that the requirements needed to claim benefits are restrictive.

Aside from system or process issues, there are also logistics issues as access to government offices and accredited health facilities is hindered due to the distance between them and the place of residence of the participants.[132] This is especially difficult for the indigenous participants as most of them live in far-flung areas. Even agencies such as the SSS have admitted that they have trouble reaching these areas due to the inherent[133] risks and perils. PhilHealth has also acknowledged that the lack of service providers and doctors willing to be placed in GIDAs impacts the agency's accessibility and availability.[134]

In improving the quality of service delivery, the agencies have several action plans in the pipeline. DSWD is advocating for the LGUs for full and proper implementation of its initiatives with a special emphasis on data and report submission. The data and reports are needed for proper implementation of basic social services and initiatives.[135] GSIS, aside from expanding its products and services, wants to take advantage of mobile technology to improve its connectivity and accessibility.

130 Annex 5 and 5.1

131 Annex 5.1

132 Annex 5.1 FGD in Digos City with Indigenous Peoples

133 Annex 4.4 and 4.5 Interviews with SSS, (travel time, winds, advice from coast guard, etc.)

134 Annex 4.2 and 4.3 Interviews with PhilHealth Representatives

135 Consultation with DSWD Region XI 24 April 2019

Most of the agencies are into adding force multipliers through community and organized groups. They train leaders[136] within the communities to become advocates for the system to remind members to make regular contributions and advocate social insurance. For SSS, cooperatives also become remittance channels for members to update their contributions within their communities.[137] There are also several landmark laws[138] that have since been passed that will improve the policy horizon for social protection in the country. These laws all point to the state obligation of ensuring the progressive realization of the right to social security.

Recommendations

1. For the CHRP, through the ESCR Center, to continue the monitoring and research on the right to social security to gain additional data relative to the key findings in this report. The monitoring and evaluation of the efficiency and effectiveness of national social security programs, particularly flagship national social protection programs such as the Pantawid Pamilyang Pilipino Program, will be beneficial to intelligently assess future policy directions.
2. For the national agencies and local government units to strictly and consistently implement and strengthen policies which protect and promote the right to social security. Emphasis is given to RA 10070 for the creation of PDAO in every province, city and municipality, and for the full implementation of RA 10524 or the expansion of positions reserved for persons with disability. National agencies and LGUs should actively formulate policies supporting the right, especially provisions that ensure adherence to the normative standards of social protection services particularly in geographically isolated and disadvantaged areas.
3. For the national agencies and LGUs to ensure sufficient, accountable and transparent public spending for social protection services and programs. The

136 Annex 4.2 and 4.3 Interviews with PhilHealth Representatives

137 Annex 4.5 Interview with SSS Representatives

138 Ibid. Page 14

legislative body should also consider institutionalizing key government programs that support social protection initiatives under the Philippine Medium-Term Development Plan (PDP 2017-2022).[139]

4. For the NEDA-Social Development Committee, in collaboration with relevant government agencies, to ensure that the specific strategies for the social protection initiatives under the PDP 2017-2022 are fully achieved for the improvement of the living standards of the People. Full realization of the right to social security should be considered in all national level development and poverty reduction efforts.

5. For the DSWD, in collaboration with the DILG, considering the latter's current recognition system, to establish a process of integrating the submission of the Social Protection Development Report in the requirements for getting the Seal of Good Local Governance. This will ensure compliance and accountability from the LGU in submitting data and reports needed for proper implementation of basic social services and initiatives. The data should also be used to effectively formulate policies and programs at the national level.

6. For the DSWD, in collaboration with TESDA, DOLE and DTI, to improve its active market labor programs including the access to education, skills and professional development to expand opportunities for employability and productivity, and to enhance labor mobility and income security particularly for those under their promotive programs who they mention prefer work over livelihood.[140]

7. For the agencies under the social insurance pillar, SSS, GSIS, and PhilHealth, guarantee that their members receive adequate benefits, corresponding to the risks and vulnerabilities that they experience. These agencies must ensure that their remittance process[141] is improved, and they must have sound actuarial

139 They have recently institutionalized 4Ps.

140 Annex 4 Interview with DSWD Region XI

141 The SSS must improve on their collections from delinquent employers through their condonation programs.

principles to enhance their financial situation, in order to ensure that their current and future beneficiaries receive their commensurate benefits.

8. For agencies such as PhilHealth, to ensure transparency and accountability in the investigation of issues on fraudulent claims from service providers and connivance with the agency staff. With the UHCL looming, they should guarantee that such issues will not hamper the enjoyment and realization of the universal coverage of Filipinos under the National Health Insurance.

9. For the LGUs, in collaboration with the relevant government agencies such as the NCIP, DOH, among others, to train health personnel in facilities to be sensitive to the culture, needs, and circumstances of the people in the areas they serve. Best practices in communities where exemplary health facilities have been set-up must be studied and replicated in other areas, customized to the cultural practices of each locale.

Appendices

Annex 1 Agencies and agency programs designed to implement Social Protection schemes.

Social Protection Component	State Agency	Programs and services
Labor Market Programs/Interventions	DOLE, DTI, DAR, DA, TESDA, DSWD, LandBank	- Worker protection and security of tenure - Active labor market - Migrant worker protection - Entrepreneurship and microcredit programs - National Rice Subsidy program -Community-driven development programs - Housing assistance - Scholarship programs
Social Insurance	GSIS, SSS, PhilHealth, DSWD, DOH	- National health insurance schemes - Pensions - Employment benefits
Social Welfare	DSWD, PCSO, DepEd, NHA	- Social assistance and transfers - Social care, social services programs and other social assistance programs - Subsidized housing
Social Safety Nets	DSWD, DOLE, OCD	- Emergency and disaster relief - Employment assistance for distressed/displaced individuals

In response to the global financial crisis of 2008[142] the government issued Administrative orders 232 and 232-A which clustered social welfare programs to a National Social Welfare Program Cluster (NSWP). The Social Security System (SSS) Administrator would serve as chairman of the Policy Group whilst the Department of Social Welfare and Development (DSWD) would serve as coordinator and secretariat. Aside from the SSS and DSWD, included in the program cluster are major agencies responding to social risks like GSIS, DOLE, POEA, DOH, DAR, DepEd, DND among others.

142 Page 2,*"The Philippine Social Protection Framework and Strategy: An Overview"* by Florita R. Villar, Undersecretary, Department of Social Welfare and Development, Available from https://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=47717

Annex 2 Social Protection Map: Agency specific programs and social protection schemes

State Agency	Program/Scheme	Program Type
DOLE	Public Employment Service Office (PESO)	Labor market services
	Phil-Job Net	Labor market services
	Social Amelioration Program (SAP) Cash Bonus	Monetary benefits for sugar workers
	Emergency Employment Program for Global Crisis Affected Workers	Emergency employment
	Special Program for the Employment of Students (SPES)	Other ALMP
	Workers Micro Finance Program (Kalinga para sa Manggagawa)	Livelihood assistance
	Work Appreciation Program (WAP)	Other ALMP
	Integrated Services for Livelihood Advancement of the Fisherfolk (ISLA)	Other ALMP
	Youth Education Youth Employability Fund (YEYE)	Other ALMP
	DOLE Integrated Livelihood and Emergency Employment Program (DILEEP)	Livelihood assistance
DILEEP component	Kabuhayan Starter Kit Project	Startup incentives
DILEEP component	NEGO-KART Program (NegosyosaKariton)	Startup incentives
DILEEP component	KaMaSa (Kabuhayan para sa Magulang ng Batang Manggagawa Program)	Training
DILEEP component	Working Youth Center-Youth Entrepreneurship Solutions (WYC-YES)	Startup incentives
DILEEP component	Tulong Alay sa mga Taong May Kapansanan (TULAY)	Labor market services
DILEEP component	Promotion of Rural Employment through Self-Employment and Entrepreneurship (PRESEED)	Startup incentives
DILEEP component	Women Workers Employment and Entrepreneurship Development (WEED)	Startup incentives
DILEEP component	Workers Income Augmentation Program	Other ALMP
DILEEP component	Tulong Panghanap Buhay para sa Ating Disadvantaged Workers (TUPAD)	Other ALMP
DOLE/TESDA	Invigorating Constituent Assistance in Reinforcing Employment (I-CARE)	Other ALMP

DOLE/TESDA	Technical and Vocational Education and Training (TVET)	Training/Scholarship
DOLE/Private Company	Kasanayan at Hanapbuhay (KaSH)	Other ALMP
TESDA	Iskolar ng Mahirap na Pamilya	Scholarships
DSWD	Provision of Services for Center-based Clients	Social services
	Self-Employment Assistance Kaunlaran Project (SEA-K)	Community/Livelihood assistance
	Sustainable Livelihood Program	Livelihood assistance
	Micro-Enterprise Development Track	Training
	Employment Facilitation Track	Training
	Kapit-bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS)	Other cash transfer
	Social Pension for Indigent Senior Citizens	Old age cash transfer
	Protective Services for Individuals and Families in Difficult Circumstances	Social care services
	INA Healing Center	Social care services
	Rehabilitation Sheltered Workshop (RSW)	Social care for PWD
	National Vocational Rehabilitation Center (NVRC)	Social care for PWD
	Assistance to Persons with Disability and Senior Citizens	Cash assistance
	Pantawid Pamilyang Pilipino Program (4P's)	Poverty targeted cash transfer
	Modified Conditional Cash Transfer	Poverty targeted cash transfer
	Katas ng VAT para kay Lolo at Lola	Other cash transfer/electricity allowance
	Recovery and Reintegration Program for Trafficked Persons	Cash assistance
	National Community Driven Development (NCDD)	Community enhancement programs
	Job Network Services for Clients at Crisis Intervention Units (CIU)	Labor market services
	Supplemental Feeding Program	School feeding/take home
	Core Shelter Program	Housing benefits
	Emergency Shelter Assistance (ESA)	Housing benefits
	Cash-for-Work/Food-for-Work	Cash for work for distressed,

		displaced individuals
DSWD/DepEd	Food for Schools	School feeding/take home
DAR/DA	Agrarian Production Credit Program (APCP)	Credit assistance
	Credit Assistance Program for Program Beneficiaries Development (CAP-PBD)	Credit assistance
	Seed and Fertilizer Subsidy	General subsidies
NFA	Rice Price Subsidy/Stabilization and Food Subsidy	General subsidies
PCIC	Crop Insurance	Agricultural insurance
NLDC (LandBank Executive Committee)	National Livelihood Support Fund (NLSF)	Livelihood assistance
LandBank	Micro Finance Program for Microfinance Institution Retailers	Credit assistance
	Micro Loans for Small Farms and Fisherfolk	Loans
OWWA	Overseas Workers Welfare Administration	Migrant worker protection
NCIP	Educational Assistance Program	Training
OCD/NDRRMC	Disaster Operations and Support	Calamity/Disaster assistance
PCSO	Individual Medical Assistance Program (IMAP)	Cash assistance
	Endowment Fund/Institutional Program	Support for health facilities
	Assistance to Charitable Institutions	Social services
	Calamity Aid	Calamity/Disaster assistance
LGU	Localized Social Protection Services	Social services
Pag-Ibig Fund	Home Development Mutual Fund	Housing benefits
PCFC	People's Credit Finance Corporation (government credit corporation)	Credit assistance
NGO's/Cooperatives, Rural Banks	Micro Insurance	Risk protection
Mutual Benefit Associations	Micro-insurance MBA	Credit assistance
GSIS	Pensions	Pension
	Disabled Carer's Allowance	Cash assistance
	Employment Injury Benefits	Contributory benefits
	Pension Loan Program	Loans
	Calamity Loan Program	Loans

	Hospitalization Support Program	Contributory benefits
SSS	Social Insurance System (Sickness, Maternity, Disability, Retirement, Death, Funeral)	Contributory benefits/Pensions
	Sickness Benefit (Informal Workers, Poor)	Cash assistance
	AlkanSSSya	Social insurance benefits for informal sector
	KaltaSSS-Collect	Employment benefits
PhilHealth	National Health Insurance Program (NHIP)	Universal health coverage
	NHIP Sponsored Program for Indigents	Health benefits for vulnerable groups

Annex 2.1 Programs selected for in-depth assessment for the World Bank study

Name/Implementing Agency	Description	Target Beneficiary	Benefits
Pantawid Pamilyang Pilipino Program (4Ps) (DSWD)	Flagship national social protection program. Provides conditional cash transfer to 4.4 million beneficiaries. Objectives: **social assistance**, giving monetary support to extremely poor families to respond to their immediate needs; **social development**, breaking the intergenerational poverty cycle by investing in the health and education of poor children through preventive health care programs.[143]	Residents of the poorest municipalities, based on 2003 Small Area Estimates (SAE) of the National Statistical Coordination Board (NSCB) -Households whose economic condition is equal to or below the provincial poverty threshold (based on NHTS-PR) -Households that have children 0-18 years old and/or have a pregnant woman at the time of assessment -Households that agree to meet conditions specified in the program: 1. Pregnant women must avail pre- and post-natal care, and be attended during childbirth by a trained professional; 2. Parents or guardians must attend the family development	The 4Ps has two types of cash grants that are given out to household-beneficiaries: **health grant:** P500 per household every month, or a total of P6,000 every year **education grant:** P300 per child every month for ten months, or a total of P3,000 every year (a household may register a maximum of three children for the program) For a household with three children, a household may receive P1,400 every month, or a total of P15,000 every year for five years, from the two types of cash grants given to them.[145]

143 Objectives, *Pantawid Pamilyang Pilipino Program,* Official Gazette, available from https://www.officialgazette.gov.ph/programs/conditional-cash-transfer/

		sessions, which include topics on responsible parenting, health, and nutrition; 3. Children aged 0-5 must receive regular preventive health check-ups and vaccines; 4. Children aged 6-14 must receive deworming pills twice a year; and 5. Children-beneficiaries aged 3-18 must enroll in school and maintain an attendance of at least 85% of class days every month.[144]	
National Health Insurance Program (PhilHealth)	PhilHealth is the national health insurance scheme. It covers the premiums for poor and vulnerable households to participate in the NHIP to effectively assure them of access to free medical services. The program covered about 9.6 million beneficiary households in 2013, covering 31.6 million direct beneficiaries, [146] representing about one-third of the population. Objectives:	3 types of PhilHealth membership: (as of writing) -**indigents** identified through the NHTS-PR operated by the DWSD (premiums for this group are financed entirely by the national government) -**sponsored members** identified as needy by local government or other agencies, whose premiums may be paid by a	The direct benefit provided is the premium paid on behalf of the beneficiary. Members granted lifetime coverage are entitled to full PhilHealth benefits and are no longer required to pay premiums. The true ***value*** of the benefit consists of the effective value of the medical services received by the beneficiaries[148] The package of

144 Coverage/Conditions and Compliance, *Pantawid Pamilyang Pilipino Program,* Official Gazette, available from https://www.officialgazette.gov.ph/programs/conditional-cash-transfer/

145 *Ibid.* Cash grants

146 Statistics, Bureau of Labor and Employment, 2014

	- to provide all citizens with the mechanism to gain financial access to health services, in combination with other health programs, - to give the highest priority to covering the entire population with at least a minimum package of health insurance benefits, - to be equitable and be implemented in consultation with LGUs[147]	mix of public and private funding (typically the contribution is being paid by another individual, government agency (such as the LGU), or NGO or faith-based organization) -**lifetime members** all retirees under the SSS and GSIS, and all PhilHealth members who are at least 60 years and have paid at least 10 years monthly contributions, for whom no premiums are levied.	services includes: - Inpatient benefits, subsidy for room, board, drugs and medicines. - Outpatient benefits - Deliveries and a package of newborn care services - Specialized disease treatment packages including for tuberculosis, severe acute respiratory syndrome, and influenza.
Kapitbisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) (DSWD)	Kalahi-CIDSS, is one of the poverty alleviation programs of the Philippine Government being implemented by the Department of Social Welfare and Development (DSWD). It uses the community-driven development (CDD) approach, a globally recognized strategy for achieving service delivery, poverty reduction, and good governance outcomes. The development objective of Kalahi-CIDSS is to have barangays/communities of targeted municipalities become empowered to achieve improved access to	The program provides grants to communities for infrastructure. It does not support individual or household beneficiaries, except to the extent that they live in such communities and are collective beneficiaries of the assets created (although some local individuals may be employed on the sub-projects financed, and thus receive an immediate transfer in the form of wages).[150]	Grants to municipalities are calculated based on population and poverty incidence. Per capita rates vary depending on municipal income classification, poverty incidence, and the extent to which a community was affected by Typhoon Yolanda. The minimum level of municipal block grant is PHP 2 million and the maximum PHP 20 million. All eligible municipalities receive at least four annual block grant

147 Sec. 5, National Health Insurance Act of 1995, available from https://www.philhealth.gov.ph/about_us/ra7875.pdf

	services and to participate in more inclusive local planning, budgeting, and implementation.[149]		allocations. It also consists of a stream of benefits flowing from the assets created and the (largely intangible) benefits associated with a greater sense of community self-determination.[151]
Government Service Insurance System (GSIS)	This is a compulsory, contributory pension and insurance scheme for all government employees, except for those covered by separate retirement schemes, such as members of the judiciary, the armed forces, and the police. The program is primarily a retirement fund but also provides a range of other insurances (life and disability) and access to savings, borrowing, and investment products.[152]	Active members are required to remit 9% or 12% based on their actual monthly salary.[153] Compulsory for all government employees except for the members of the Judiciary and Constitutional Commissions covered by separate retirement laws, the Armed Forces, the PNP including the BJMP and BFP, and contractual employees who have no employer-employee relationship with their agencies.[154]	**-Retirement benefits** (not more than 90% of their monthly salary) **-Survivor benefits** (survivors of pensioner or pensioner with at least 3 years of service) **-Funeral benefits** **-Disability benefits** **-Separation benefits** (members who separate from government service before retirement age with at least 3 years of service) **-Life Insurance** (provides policy loans and annual dividends) **-Lending Program** **-Optional Life**

148 Program Design p.53, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

149 What is KALAHI-CIDSS, available from https://ncddp.dswd.gov.ph/site/page/1

			Insurance -GSIS Mutual Fund
DOLE Integrated Livelihood and Emergency Employment Programs (DILEEP)	The program seeks to contribute to poverty reduction and reduce the vulnerability to risks of the working poor, vulnerable and marginalized workers either through emergency employment, and promotion of entrepreneurship and community enterprises.[155] It has two components, Kabuhayan, which represents the smaller existing programs targeting the informal sector, and TUPAD which is an emergency employment program for disadvantaged or displaced workers.	Through a DOLE accredited partner (LGU, worker's organization, union, cooperative, faith-based organization, private foundation, educational institution) target beneficiaries are: - workers in the informal sector already engaged in small livelihood undertakings - vulnerable groups including out-of-school youth, out-of-work women, persons with disabilities, indigenous persons, parents of child laborers, displaced workers, and older persons	The Kabuhayan component aims to provide support for income generating activities set in three phases: - Pre-implementation Phase is a provision of training in business planning, entrepreneurship and, product technology. - Implementation Phase is a provision of startup capital/raw materials and other support, including enrollment in SSS, PhilHealth, and other micro-insurance - Post-implementation Phase is a provision of continuing

150 Beneficiaries p.57, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

151 *Ibid.* Benefits p. 58

152 Program Objectives p. 61, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati, M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

153 Contributions, GSIS, available from https://www.gsis.gov.ph/active-members/contributions/

154 Compulsory Membership and Coverage, GSIS, available from https://www.gsis.gov.ph/active-members/compulsory-membership/

155 DILEEP, DOLE, available from http://www.bwsc.dole.gov.ph/programs-and-projects-submenu1/dileep.html

		- community groups consisting of unemployed or underemployed persons in communities with high poverty incidence - low wage workers seeking to improve their income.[156]	technical and business advisory services. TUPAD is a short-term intervention geared towards long term employment for the displaced workers, the underemployed and unemployed poor.[157]
Sustainable Livelihood Program (SLP) (DSWD)	The SLP is a capability-building program for poor, vulnerable and marginalized families and individuals in acquiring the necessary assets to engage in and maintain thriving livelihoods that help improve their socio-economic conditions.[158] The SLP has two components: the business development service (BDS), which provides participants with funds and training to set up their own microenterprise and the employment facilitation (EF) track, a job search assistance style program that provides employable individuals access to locally available jobs through public-private partnerships.[159]	The target population consists of poor individuals living in households, identified by Listahanan, with the potential and willingness to establish a microenterprise or look for employment. Families from households not included in the Listahanan registry may still be covered by the program through a proxy means test to determine if they are poor. This includes individuals who	Benefits consist of both cash assistance and services and inputs to support income-generation activities by participants. The material benefits consist of a one-off, in-kind injection of inputs such as raw materials, tools, or equipment to beneficiaries. Modalities available: - Skills Training Fund (training fee, living allowance, training supplies and materials) - Seed Capital Fund (working capital for small tools, raw materials, startup expenses, permits to operate, and

156 Target Population p.64, *"Social Protection Review and Assessment"*

157 *Ibid.* Program Objectives p.66

158 Sustainable Livelihood Program, South-South Knowledge Collaboration: Designing and Implementing Social Protection Programs for Employment, available from http://socialprotection.org/system/files/DSWD%20Sustainable%20Livelihood%20Program_0.pdf

159 Program Objectives p.71, *"Social Protection Review and Assessment"* by Acosta, P. Yemtsov, R. Honorati,

		are part of vulnerable or marginalized groups, for example, persons in conflict-affected areas, PWDs, senior citizens, out-of-school youth, and disaster-affected communities. Beneficiaries of 4Ps are priority target participants in SLP [160]	large and long-lived tangible assets required for microenterprise) - Cash for Building Livelihood Assets (employment for 11 days, with possible extension maximum of 3 months) - Employment Assistance Fund (acquiring employment requirements and meal and transportation allowance within the first 15 days of guaranteed employment)[161]

M. Velarde, R. and Avalos J. (2018) on behalf of International Bank for Reconstruction and Development/The World Bank

160 *Ibid.*

161 *Ibid.* Table A.5 p.72,

Annex 3 Social Protection Initiatives under the PDP 2017-2022

Theme	Outcomes/Strategy		
Accelerating Human Capital Development	Improve Nutrition and Health for All -guarantee care at all life stages -ensure access through functional service delivery -sustain health financing -cross cutting strategies for health	Ensure Lifelong Learning Opportunities for All -achieve quality accessible, relevant, and liberating basic education for all -improve the quality of higher and technical education and research for equity and global competitiveness	Improve Employability and Income Earning Potential of Individuals -improve employability -improve productivity -enhance labor mobility and income security
Reducing Vulnerability of Individuals and Families	-mitigate risks faced by vulnerable groups (indigents, informal workers, migrant workers, children, persons with disabilities, older persons) -manage economic risks (social security protection for informal workers, sudden unemployment, socioeconomic reintegration of overseas Filipinos and their families) -deal with natural hazards (disaster vulnerability and risk assessment, opportunities during rehabilitation and recovery period, adequate and mental health and psychosocial support services) -address governance and political risks (address concerns of children in situations of armed conflict, statelessness of individuals) -achieve a universal social protection (adoption and institutionalization of social protection floor,[162] mainstreaming social protection in local development processes, improve policy and laws implementation)		
Building Safe and Secure Communities	-expand people's access to affordable, adequate, safe, and secure shelter in well planned communities (strengthening housing as a platform to reduce poverty and improve social outcomes)		

The Philippine Development Plan 2017-2022 outlined specific strategies meant to accelerate human capital development, reducing vulnerability of individuals and families, and building safe and secure communities.[163]

162 *"Recommendation 202: Social Protection Floors Recommendation"* available from https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:3065524:NO

163 Pages 21-26, *"The Philippine Development Plan 2017-2022: Abridged Version"* available from http://www.neda.gov.ph/wp-content/uploads/2018/01/Abridged-PDP-2017-2022_Updated-as-of-01052018.pdf

Annex 3.1 Legislation and Regulation for Social Protection in the Philippines

Area	Regulation/Law	Function
Broad Social Protection Policy	NEDA SDC Resolution, Series of 2007	Formal adoption of Philippine definition of 'Social Protection'
	Administrative Orders 232 and 232-A	Amalgamated Social Protection programs into a single National Social Welfare Program Cluster
	SDC Resolution No. 2, Series 2009	Creates the Sub-Committee on Social Protection (SCSP) under NEDA SDC
	NEDA SDC Resolution No. 3, Series of 2012 "Approving and adopting the "Social Protection Operational Framework"	The framework seeks to serve as the overall guide for implementing Social Protection programs/interventions and other related policies.
National Household Targeting System for Poverty Reduction	NSCB Resolution No.18, Series of 2009	Supports establishment of NHTS-PR
	Executive Order 867 of 2010	Provides for adoption of the NHTS-PR as the mechanism for identifying poor households' eligibility for Social Protection programs
Labor Regulation	1974 Labor Code of the Philippines	Mandates working conditions, payment of minimum wages, statutory hours, overtime, and leave
	RA 8187, 8282, and 8972	Provide for maternity/paternity and related leave
	PD 881 of 1975	Provides for a 13th month of pay each year
	RA 10361	An Act Instituting Policies for the Protection and Welfare of Domestic Workers
	RA 9710	Magna Carta of Women
	RA 10151	Employment of Night Workers Act
	RA 6725	Act Strengthening the Prohibition on Discrimination Against Women in Employment
	RA 10911	Anti-Age Discrimination in Employment Act of 2016

	R.A. 10524	An Act Expanding the Positions Reserved for PWDs 2016
	RA 7322	An Act increasing maternity benefits in favor of women in the private sector
	RA 7877	Anti-Sexual Harassment Act
	RA 10821	Children's Emergency Relief and Protection Act
	PDP for 2011-16	Containing the Magna Carta for protecting the rights of workers in the informal sector and domestic workers
	DOLE DO 149 series of 2016	Guidelines in Assessing and Determining Hazardous Work in the Employment of Persons Below 18 Years of Age
	Department Order (DO) 18-A series of 2011	Rules Implementing Articles 106 to 109 of the Labor Code
	DO No. 131-B series of 2016	Revised Rules on Labor Laws Compliance System (LLCS)
Labor Market Interventions	RA 10771	Philippine Green Jobs Act of 2016
	RA 10816	Farm Tourism Development Act of 2016
	RA 10869	JobStart Philippines Act
	RA 10679	Youth Entrepreneurship Act
	RA 10644	Go Negosyo Act
	RA 7323	Special Program for the Employment of Students (SPES)
	RA 10691	Public Employment Services Offices (PESO) Act
Migrant Worker Protection	RA 8042	Migrant Workers Act of 1995
	RA 10022	Migrant Workers Act of 2009
Cash Transfers	Administrative Order 16 of 2008	Establishing the 4Ps CCT program
	R.A. 10868	Centenarians Act of 2016

Disaster Management	RA 10121 National Disaster Risk Reduction and Management Act	Governs DSWD disaster response role
	AO 2013-0014	specifies activities, such as yearly assessments, monitoring and evaluation of plans, policies and guidelines and documentation of best practices through Post-Incident evaluation (PIE), Program Implementation Review (PIR), drills and exercises
Pensions	Commonwealth Act No. 186 of 1936	Replaces earlier pension legislation and establishes GSIS
	PD 1146 of 1977 and RA 8291 (GSIS Act of 1997)	Refines GSIS and governs current operations
	Senior Citizens Law	Covers social pension to the elderly
Health Insurance	RA 7875 National Health Insurance Act of 1995	Establishes PhilHealth
	RA 10606 National Health Insurance Act of 2013	Shifts premium sharing and commits to subsidized premiums for the poor
	RA 7875, as amended by RA 9241	Mandates all individuals, including workers, to contribute to PhilHealth
	UHC-HI-5	Universal Health Care High Impact Five
	R.A. 10645	An Act Providing for the Mandatory PhilHealth Coverage for All Senior Citizens
	R.A. 10351	Sin Tax Law: generates revenues which fully subsidize the premium requirement for both senior citizens and indigents
Welfare Services	RA 10754	An Act Expanding the Benefits and Privileges of Persons with Disabilities
	R.A. 7432	An Act to Maximize the Contribution of Senior Citizens to Nation-Building, Grant Benefits and Special Privileges and for Other Purposes
	RA 10354	Responsible Parenthood and Reproductive Health (RPRH) Act of 2012

	RA 9502	Cheaper Medicines Act
	(PPAN) 2011-2016	Philippine Plan of Action for Nutrition
	DOH-NCIP-DILG JMC 2013-1 and DOH MC 2013-0037	Guidelines on the Delivery of Health Services for IPs/ICCs

Annex 4 Interview with DSWD Region XI

1. Current Social Protection situation in Region XI
   - With DSWD taking the lead among the social protection agencies in the country, it maintains that the true implementer of social protection programs is the local government unit.
   - The initiatives do come from the national government, but implementation happens at the local level. And this is where some issues happen since these initiatives are not integrated in the local process.
   - Some LGUs are not aware that some initiatives/policies are part of the social protection plan
   - Usually if a program involves download of resources to the LGU wherein it will be used for a "tangible" project with direct benefit to the LGUs constituencies, the LGU is amenable. But if it involves only work, like collection of data, reporting, research, etc. the LGU is less likely to cooperate.
   - There are 6 municipalities in the Region XI that conducted the Family Risk/Vulnerability Assessment, these municipalities were Lupon, San Isidro, Gov. Generoso, Tarragona, Caraga, and Baganga. DSWD is thinking of repeating the assessment as the understanding of the enumerators and indicators by the barangay social workers were different from the expectations of the agency. This was probably due to lapses in coordination between the Municipal LGU, Municipal Social Welfare Office and Municipal Planning and Development Coordinator.
   - Quarterly Accomplishment Report (data provided)
   - Number of poor and qualified families for 4Ps (both identified thru the NHTS)
   - Most social welfare programs in the country are **targeted** programs. First world countries often implement **universal** programs.
   - Social Pension Programs are the source of the biggest payouts among the programs. These are pensioners identified thru the LISTAHAN-NHTS.
   - There are no variations among the qualifications for CCT and MCCT per region.
   - From 2015-2016 there was data on "survival" rate and self-sufficiency rate of those enrolled under the 4Ps. This data was used to assess those that are ready to "graduate" or move out of the 4Ps into another set of initiatives. (KALAHI-CIDSS and SLP)
   - Most Filipinos want work (even blue-collar work) rather than a business. The SLP does not only provide livelihood amelioration but employment programs as well.
   - Poverty level/situation in Region XI is improving in the current administration since development has been seen owing to the President coming from Davao City.
2. How does the agency contribute/compliment the Social Protection component of the Philippine Development Plan?

- The agency provides the LGU with a Social Protection Development Manual which contains guidelines on how to identify needs within their locale. The manual request for two outputs, a Situationer, and a Social Protection Development Report. This report uses a Risk Vulnerability Assessment Tool which is used to identify risks and vulnerabilities in a community.
- Most areas with poor population are now covered under the NHTS and the 4Ps program. This is the flagship program of the agency. They admit that there exist gaps in the implementation of the program. (there have been several instances with our consultations with different sectors, where these problems arise)
- The 4Ps beneficiaries also become automatic members for PhilHealth, thus ensuring that they will be covered by a social insurance component of the Social Protection umbrella.
- The agency classifies its programs as such:
    a. Promotive Programs – 4Ps, KALAHI-CIDSS, NCDDP, SLP
    b. Protective Programs – Sectoral programs, adoption services, assistance to individuals in crisis situations, social pension for indigent senior citizens, supplementary feeding program, community-based programs, protective services for travelling children
- They posit that with the implementation of the UHCL, it will decrease the number of individuals in crisis situations and lessen the burden on the agency's resources.
- The DSWD Region XI has 4 centers catering to different sectors:
    a. **RRCY** – Regional Rehabilitation Center for Youth (for children in conflict with the law)
    b. RCDD – Regional Center for Drug Dependents (transferred to local government, now known as Davao City Treatment and Rehabilitation Center for Drug Dependents)
    c. **HGW** – Home for Girls and Women
    d. **HFA** – Home for the Aged (abandoned older persons)
    e. **RSCC** – Reception and Study Center for Children (for abandoned, neglected children)
- There is interface with other national government agencies and LGUs thru Regional Action Committee. In here they discuss social protection programs/initiatives that can be availed/implemented in the region.
- They have Modified Conditional Cash Transfers for Indigenous Peoples, which have different qualifications from the normal CCT. It has the same benefits as the 4Ps beneficiaries.
- Although they are just waiting for the IRR on the creation of a Department of Disaster Resilience, the agency in coordination with OCD, has interventions with communities including disaster preparedness, capacitating local government units and social workers thru Camp Coordination and Camp Management (issues and concerns in evacuation sites)
- Thru the Regional Development Council, they create caravans of social protection programs to bring it to far-flung areas so that they can reach those people.

3. Key Performance Indicators of the agency?
    - Number of persons/sectors served (data sent)
    - The agency uses several tools in gathering first-hand data and reports:

        a. Social Protection Development Manual given to LGU
        b. A sample Social Protection Development Report
        c. Risk Vulnerability Assessment Tool (RVA Tool, used for FRVA)
        d. Social Welfare and Development Indicator (SWDI Tool)
    - They also have the annual Program Implementation Review where they get which issues and concerns will be the thrust of the agency. This review is on a national level.

4. What are the challenges that the agency face in the realization of its mandates?
    - DSWD does not have clout/power over the LGUs. That is the responsibility of DILG to compel an LGU to act on a social protection program. The DSWD can only encourage, advocate, and even train people regarding these programs.
    - Lack of resources in the LGU to implement programs, or lack of budget allocated to the ongoing programs. Implementation of social protection programs in GIDA is also compromised since there are security and safety risks for the social workers, procurement is also a problem since there are usually no available suppliers near these areas. If they do find suppliers, logistics is expensive since it must be transported either by airlift or by boat.
    - Lack of manpower in the regional offices. When they did the FRVA for the 6 municipalities in Davao Oriental, they got the raw data, but did not have enough manpower to process the data except for 2 of the municipalities (San Isidro, and Gov. Generoso)
    - The 4Ps has a grievance mechanism to report those who are abusing the system, but due to the culture of Filipinos, and the fear of being targeted in the community, very few reports.
    - Within this administration, the agency has changed secretaries 4 times already. They cannot sustain the thrust since each new leader presents different advocacies and priorities.
5. What are the upcoming plans of the DSWD with respect to policy and program development?
    - They want to change the coverage of social protection programs from targeted to universal. This is to ensure that everybody will be able to access programs at the point of need.
    - Advocating installation of offices/personnel in charge of Persons with Disabilities especially in Provincial and Municipal LGUs. (PDAO) It is in the law but not all LGUs comply.
    - DSWD wants to push the LGUs to actively provide them with reports and data (comprehensive development reports, hazards maps) so that they can use the validated data for their risk/vulnerability assessment. These data and reports are needed for proper implementation of basic social services and initiatives. In Region XI they have initiated workshops on RVA using secondary data (validated data), due to prior experience that firsthand data from the LGU is not that reliable.
    - Cleaning the data for Social Pension (indigents). There are currently validation activities happening on a national level.
    - Currently in a partnership with AFP and PNP, the agency is looking into the cases of children in situations of armed conflict. When the AFP/PNP clear areas of insurgency, they usually find child soldiers, and currently there are no facilities to take care of them.
    - They want to educate sectoral/community leaders on social protection programs so that they could become force multipliers for the agency.

Annex 4.1 Statistical Data from DSWD Region XI

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
FY (2018)

Objective/ Program/ Sub-Program/Performance Indicator	2016	2017	2018
Promotive Social Welfare Program			
Number of Pantawid households provided with conditional cash grants:			
a. Regular CCT	233,796	231,864	225,933
b. Modified CCT	29,450	29,065	29,069
Number of SLP households assisted through the Microenterprise Development Track	6,442	5,013	5,858
Number of SLP households assisted through Employment Facilitation Track	5,661	472	861
Number of KC-NCDDP sub-projects completed	227	213	240
Protective Social Welfare Program			
Residential and Non-Residential Care Sub-Program			
Number of clients served in residential care facilities			
a. RSCC (Reception and Study Center for Children)	87	85	92
b. RRCY (Regional Rehabilitation Center for Youth)	143	138	145
g. HGW (Home for Girls and Women)	110	112	126
p. HE (Home for the Elderly)	82	87	76
Supplementary Feeding Sub-Program			
Number of children in CDCs and SNPs provided with supplementary feeding	92,913	127,746	114,348
Social Welfare for Senior Citizens Sub-Program			
Number of senior citizens who received social pension within the quarter	82,531	136,067	254,465
Number of centenarians provided with cash gift			35
Protective Programs to Individuals and Families in Especially Difficult Circumstances Sub-Program			
Number of beneficiaries served through AICS: (Medical Assistance,Burial Assistance,Educational Assistance,Transportation Assistance,Food Assistance & Other Cash Assistance)	45,011	54,415	74,183
Number of clients served through community-based services			
a. Women	50	147	493
b. Children	3	9	153
c. Youth	160	160	160
d. PWDs	100	355	55
e. Senior Citizens	20	7	21
d. FHONA	97	26	108
Number of clients served through the Comprehensive Program for Street Children, Street Families and Badjaus			
a. Children			
a.1 Street children	1,056	631	303
a.2 Badjau children			8
b. Families/Adults			
b.1 Street families/adults		199	253
b.2 Badjau families/adults			-
Number of children served through Alternative Family Care Program			
a. Children Placed Out for Domestic Adoption	21	20	38
b. Children Placed Out for Foster Care	91	119	148
c. Children Endorsed for Inter-country Adoption	33	24	13
Number of minors traveling abroad issued with travel clearance	1,129	1,611	1,635
Social Welfare for Distressed Overseas Filipinos and Trafficked Persons Sub-Program			
Number of trafficked persons provided with social welfare services	131	99	165
Number of distressed and undocumented overseas Filipinos provided with social welfare services:		343	226
Disaster Response and Management Program			
Number of poor households that received cash-for-work for CCAM			95,883
Number of LGUs provided with augmention on disaster response services			24
Number of internally-displaced families provided with disaster response services	92,181	262,892	46,805
Number of households with damaged houses provided with early recovery services:			
a. ESA / MSAP			329
b. CFW			2,438
National Household Targeting System for Poverty Reduction			
Number of households assessed to determine poverty status			
Number of households assessed for special validation			107,876

Annex 4.2 Interview with PhilHealth (National) Representative

1. Current social security situation in the country (data sets to follow)

a. The data supplied in the Philippine Development Plan 2017-2022 is based from 2011-2015, could there be data available after those years?
   - Yes, but it will be to follow since she does not have it with her. (already sent email detailing data sets that we need from the agency)
   - There are several types of data including membership/coverage numbers, benefits payments, including pertinent data that they used during the press conference regarding the passage of the **Universal Healthcare Act**.
   - **Declared coverage of UHC at 98%**, because of the introduction of the **"Point-of-Service"** program wherein you become an automatic member at the point where you decide to use PhilHealth in an accredited health service facility. This was part of the previous administration's PDP, in order to secure coverage to those that "fall into the cracks" of the current PhilHealth system at the time. The program was targeting the poor/informal

sector who would only access PhilHealth at the time of need. If they pass the DSWD means-test, they would also be included in the 4P's program immediately the year after.

- They decided to implement this program when coverage was still at 92% to cope with the difficulty of covering informal sector. She added that they focused the program for this sector because other sectors were already being taken care of. (poor/indigents thru the NHTS, older persons thru the expanded national health insurance program, the formal sector thru their employers)
- They offered coverage as well for women about to give birth even if they have not yet updated their payments at the time of childbirth, by allowing them to pay an updated 1-year payment at the time of childbirth. This was included in the Millennium Development Goals.
- All households targeted under the NHTS program are also beneficiaries of PhilHealth. (**14 million under NHTS**)

b. Is there data available on coverage of members from inherently disadvantaged and marginalized sectors? (i.e. women, persons with disabilities, indigenous peoples, older persons) and groups facing economic risks? (i.e. overseas Filipinos and their families, workers in the informal sector, indigents)

- Only indigenous peoples have lacking data, but they have a partnership with NCIP in order to provide identification for our indigenous peoples so that PhilHealth can record them in the database and provide access to services.
- They do have data, which is broken down to the sectors, but they do have difficulty with OFW's which are undocumented. (data to follow)
- They are part of the PDOS, PEOS, and PAOS program of POEA and OWWA so that most documented migrant workers are already members of PhilHealth
- They also institutionalized coverage for Barangay Health Workers, LGU volunteers.
- They also pushed for creating a unified allowance for health workers.
- She goes on to detail the difficulties with the CCT program of the NHTS wherein some beneficiaries have a hard time to access benefits and there are also political issues especially with the 4Ps (i.e. households who have cement houses should not receive benefits, even the mayor sometimes receives cash transfers)
- The DSWD sends them a list of NHTS targeted household every year but this list is only updated once every 3 years so every year PhilHealth receives the same list even though they have "cleaned" it.
- **The remaining 2% of lacking coverage probably belong to IPs, workers in the informal sector.**
- There is data available on number of beneficiaries versus amount of payout to beneficiaries (to follow)
- Amount of benefit payments do exceed amount of collection. It is said that PhilHealth pays out benefits at the rate of 3 Billion PHP per week, their collections are 400 million lower than the benefit payments as of last year.
- They are still working on the IRR of the UHCL especially when it comes to update of payments from contributing members. She reiterates that for contributing members, they can still use PhilHealth even without updated payments, but it does not mean that they will not pay.
- The benefits are commensurate with the amount of premium paid. She does add that of the sectors, older persons comprise the biggest chunk of benefit payments.

2. How does the agency contribute to the Social Protection component of the Philippine Development Plan?

   a. Specific steps the agency is taking in order to help the realization of the PDP

- Since the agency urges its members to use government hospitals, they have initiated a policy of no balance-billing. These means that poor and indigent members should not be asked to pay for use of these facilities. It is a guarantee of 100% support value from the agency.
- But they admit that the system is also being implemented improperly by erring hospitals. (i.e. the hospital asking the patient to buy medicines outside the facility and then being reimbursed once PhilHealth pays the hospital)
- There are also LGUs which have no hospital or other health facility. This is especially true in **Geographically Isolated and Disadvantaged Areas (GIDA)**
- Under the UHC law, priority for health resources will be the GIDA. There will also be incentives given to health professionals who are willing to be stationed to these areas.
- Strengthening the **Primary Care Benefit Package**. This program works like an outpatient benefit package HMO wherein you get free check-ups/consultation with registered doctors, this will include free diagnostics and laboratory testing and will act as preventive care for members. This has been done for the poor/indigent for the past 15 years, but as said before, some LGUs are not equipped with facilities to provide this service. Under the UHCL, all members will be able to enjoy this program.
- Some doctors only care about their honorarium/professional fees than providing quality health service.
- Started in 2018, those in the employed sector can choose who can give them a primary care package. It can be directly thru PhilHealth or a PhilHealth accredited HMO.
- The primary care package will also act as a "navigator" for members to know if they need to avail first level or a higher level of care.
- The agency has a partnership with DepEd to include PhilHealth information in the K to 12 Curriculum. They developed modules to teach Grade 10 students about the benefits of the National Health Insurance system as they will be the future beneficiaries of this. There are also partnerships with some tertiary education institutions to create modules on health financing and insurance. This will also encompass the teaching of social solidarity and social justice.

   b. The other components of the UHCL which will contribute directly to the PDP and realization of the right to social security

- It is to be understood that the UHCL is not for PhilHealth only, it is the entire reform of the health sector. The UHCL has three components:
  - **Population coverage** – enrollment of the population to PhilHealth
  - **Service coverage** – in here there is a big role to be played by the public and private health sector as well as the national (thru DOH) and local governments. It is encompassed thru the **Health Service Delivery Network** which will become the new system of accreditation for PhilHealth (pending in IRR). This network of health services covers primary care until higher level of health care. (works like referral system of HMOs)

-**Financial coverage** – this is the assurance that medicines and other fees will be affordable and that the poor and indigent will be able to access these services at low or even without cost.

- All benefit payments will go to a special health fund which shall be managed (pending in IRR) either by the province or the city. It is supposed to be outside of the general fund of the LGUs. It is placed outside the GAA funds so that it will be easier accessed for health services.
- All these network delivery services have always been in PhilHealth, it was used to be called **Inter-local Health District Zone** for the sole purpose of referral, with the primary care deliverers acting as a gatekeeper. But it could be that it takes a law for these to be properly implemented. The law also streamlines the partnership between the agencies, (i.e. DOH, CHED, DepEd – pertaining to health promotions) as well as private health institutions.
- There will be public hearings and FGD on whether private institutions would be willing to join the health service delivery network due to issues that some doctors fail to get their professional fees from the LGU, which is wrong since there are provisions of incentives for health professionals.
- There will be a price index for medicines that can be subsidized by the UHCL and it will be available to view for all.

c. How will PhilHealth ensure that the UHCL will reach the GIDA and other far-flung areas.

- **The POS is supposed to be the catch-all-basin for the UHCL**. If they are not caught within the other programs (NHTS, Expanded Senior Citizen, PWDs etc.) this is supposed to act as the safety net to ensure that coverage will reach everybody.
- PhilHealth really needs the help of NCIP with regards to the records for indigenous peoples in order to ensure effective coverage
- The agency also has promotions for informal sector, particularly highlighting the **6.60 PHP** needed daily for PhilHealth coverage including your dependents. Their regional offices go around neighborhoods and tap specific groups like tricycle drivers, women groups, and involve non-government organizations, civic organizations, micro-finance institutions and the like.

3. What are the Key Performance Indicators for the agency?
   - **Coverage, benefit payments, percentage of support value** (the percentage of the actual value paid by PhilHealth based on the hospital bill) she adds that it is the obligation of the hospitals to tell the patient how much is the benefit package offered by PhilHealth and what relative services can be covered by the package based on the type of case. (Case rate – they used to have a per service fee, but they changed it on a per case basis and there is a corresponding rate relative to the type of case/sickness i.e. the Pneumonia case rate is 16,000 PHP which covers everything from hospital fee, professional fees, room rates etc.)
   - Under the UHCL, all the relevant data pertaining to benefit payments and support value should be rigorously provided by the hospital for checking. This will ensure that the agency is paying correct amounts and dubious practices by some hospitals will be prevented.

- They are also strengthening their IT system to support online submission of claims which will speed up the process, and the agency will just directly deposit the claims to their account.

a. Do you have PhilHealth Attaches overseas?
- They don't have but they do caravans for places with a lot of OFWs. But they do plan to open one this year in Hong Kong.

b. Is the UHCL a reaction to the agendas laid out in the PDP? Or has it always been in the pipeline for PhilHealth?
- It has always been in the pipeline for PhilHealth, but it came in different forms, or different names, depending on the advocacy of the health secretary.

Health Sector Reform Agenda (Sec. Romualdez)
|
Continuation of reform agenda (Sec. Dayrit)
|
Kalusugan Pangkalahatan (Sec. Ona)
|
All for Health, Health for All (Sec. Ubial)
|
FOURmula 1 for Health (Sec. Duque)
|
Universal Health Care

- With the passage of the law, it has become more concrete than just a memorandum or a secretarial platform. It's now become more tangible and enacting.

c. How do you sustain the UHC?
- One of the ways is thru the **sin-tax** which is proposed in the TRAIN 2 to be further increased the percentage allotted or the UHCL. The **member contributions** will also be increased for a 7-year period as premiums are too low.
- There will also be **funds allotted to DOH** for the UHCL as well as thru the **GAA.** Special funds will also be coming from **PAGCOR** with 50% of their shares and **PCSO** where 40% of their charity fund will be allotted to PhilHealth to improve their benefit packages. The PCSO fund however will only be half of the 40% for the first 2 years, and the full 40% afterwards.
- However, there are still issues with the IRR as to what part will PCSO and PAGCOR play in the IRR besides allotting special funds. There are talks of moving the endowment fund program to PhilHealth, wherein they would be the implementing agency instead of PCSO or PAGCOR. This could be good as it would create a one-stop shop for those that are in dire need of funds for health care. But in the onset, this could be chaotic for PhilHealth, and could create a problem where everything would be funneled to PhilHealth because other government agencies might say that they would have nothing to do with health care anymore as everything is with PhilHealth.
- Since the IRR planning is scheduled for 180 days, they expect it to be straightened out by October and the full implementation can be done by next year.

- One of the sure-fire ways to ensure sustainability is if PhilHealth successfully delivers the programs and services under the UHCL. This will ensure continued support from the national government and also from the population.

  Off topic question: Is chemotherapy and dialysis sessions truly free?
- The agency pays several sessions before a member pays the rest.
  Dialysis – maximum of 90 sessions before member pays
  Chemotherapy – It will depend on the cycle
  Cancer – Z benefit packages (depending on type of cancer)
  Stroke/Infarction – there are benefit packages available as well.
  Coronary Artery Bypass Graft (CABG) procedures are also available but with very few hospitals that accept PhilHealth's price of 500,000 PHP

4. What are the challenges that the agency faces in the realization of its mandates?
   - Proper coordination with other agencies and LGUs, especially in implementation of programs.
   - Very few health professionals are willing to be placed in GIDAs and so this impacts the accessibility and availability of the programs.
   - There are also several issues on the truthfulness of some hospitals in declaring their PhilHealth claims, and sometimes even members are part of this "modus"
   - There is also this issue about the concept of social solidarity and social justice and why some contributing members gripe about high premiums while there are non-contributing members who don't pay anything while still enjoying benefits.

   a. Do you have data on compliant and delinquent remitters?
   - Yes, they do, but it comprises only a small number, mostly coming from contract agencies. (data to follow)

5. What are the upcoming plans of PhilHealth with respect to policy and program development?
   - The Social Health Insurance Academy is a department in PhilHealth that creates modules that will teach community leaders to be force multipliers for PhilHealth. These people will reach out to their community on the importance of health insurance. They are currently developing modules for indigenous peoples, barangay health workers, senior citizens, etc. They have plans to develop easy to understand modules of mostly pictograms, which is very useful especially for those with issues of illiteracy.
   - They also have plans to institutionalize CBD programs which will generate even more reach for their programs.
   - We will be working with private health insurance companies and HMOs, on introducing a tier system of care and where will PhilHealth be situated in the tier. This is a streamlining of services where each level of care is complimenting of each other.

   a. Is the agency exploring providing safety net responses that address the effects of shocks? (natural and human induced disaster, economic shocks, etc.)
   - The agency has always been doing some quick response programs, for example, during Typhoon Yolanda, everyone who became sick or was hospitalized was subsidized by PhilHealth. This has been institutionalized, so whenever a state of calamity is raised in an area, anyone who is hospitalized or become sick due to it will be covered by PhilHealth.

- This will also act as a point-of-service for people who are not yet members.

Annex 4.3 Interview with PhilHealth Region XI Representative

1. Current social security situation in the region
   - Stats given as of March 2019 for Region XI

Member Type	# of Members	# of Dependents	Total in Figures	Total %
Private	681,471	628,391	1,309,862	29.2%
Government	99,187	155,909	255,096	5.7%
Migrant Workers	116,919	102,693	219,612	4.9%
Individually Paying	572,051	643,187	1,215,238	27.1%
Sponsored (SP and NHTS)	402,785	501,283	904,068	20.2%
SC (Senior and Lifetime)	427,177	152,573	579,750	12.9%
Total	2,299,590	2,184,036	4,483,626	100%

   - The data for Sponsored Programs (LGU) and NHTS (4Ps) beneficiaries still needs to be cleaned as it has issues like duplication, inaccuracy in classification, spelling mistakes, etc.
   - Local executives personalize SP PhilHealth membership, sometimes using it for their political benefit, but it is noted that the local government do pay for the premium of those enrolled in their specific sponsored programs.
   - Stats on Indigenous Peoples in Region XI

Province	ComVal	Davao Del Norte	Davao City	Davao Del Sur	Davao Occidental	Davao Oriental	Total
Enrolled	1,932	2,800	2,465	532	89	32	7,850

   - Since there is no IRR yet for the Expanded Person with Disability law, beneficiaries will be treated as point-of-service clients if they are not enrolled, or if they qualify, under the NHTS guidelines.
   - The UHCL will set provisions on more flexible payment options, allowing members to access the service even without updated payments.
   - The agency is still at the level of identifying potential institutions which can join its Service Delivery Network.
   - Benefit Payouts from Jan 2019, 390M indigent members 187M sponsored program members. Total 2018 6.5B, it has seen a dramatic increase in sponsored program payout by 237% from 140M to 479M from 2017 to 2018. It may be due to a lot of members being aware of their benefits, or because a lot of payouts from the point-of-service.
2. Agency contributions/initiatives to the social protection component of the PDP
   - “Bar Hopping” or Barangay Hopping is an initiative from the PhilHealth Regional Office wherein they go from town to town, to try and enroll those who are not yet covered by PhilHealth. This program especially benefits Indigenous Peoples who usually have no means to go from the hinterlands to the nearest local government or PhilHealth office.
   - Point-of-Service, catch-all program and check measure meant to capture beneficiaries at the point of need for PhilHealth service.

- Even without updated list from DSWD (NHTS) the agency gives a certificate of eligibility for indigents so they can enjoy benefits.
- For women about to give birth, if they can pay contributions but are not enrolled, they will be asked to pay 1-year premium. If they are not financially capable, they will be enrolled as NHTS member.
- "The Universal Health Care Law is a gift to the Filipino people, because it ensures that everyone will be covered under the National Health Insurance Program." The question will no longer be IF you can avail of the service, but only what type of membership.
- Since the UHCL is law, it has more teeth to go after those who would abuse the system, be it the health care provider or even PhilHealth staff. Ensuring that the program will remain fair and equitable, and the providers well-behaved.
- To provide better preventive care under the UHCL, PhilHealth will accredit outpatient units of private hospitals. This is in connection with the creation of a Service Delivery Network.
- Advocating for hospitals/service providers to do more quality service and go the extra mile for beneficiaries and patients. They made a "benchbook" which assures quality of service thru performance indicators from the book. Both private and public hospitals argued that this is an added layer of standards testing together with the DOH accreditation, so PhilHealth said that they will accredit partners with DOH accreditation. DOH eventually integrated some of the benchbook standards in their monitoring checklist. PhilHealth still does monitoring along with deploying their P-Cares staff to selected hospitals.
- Several public/partner consultations including the **Alaga Ka Forum,** which is meant especially for indigent members, **Health Care Providers Forum**, **PhilHealth Forward** which gathers all relevant stakeholders including private hospitals and local executives to discuss programs and initiatives and ways forward with the agency.
- They give awards for service providers who have done best practices and gave quality service. They also give recognition to exemplary staff thru the PHRASE Program.

3. Key performance indicators for the agency
   - Collection of contributions/premiums from all sources (Collection Efficiency Rate)
   - Turnaround time for payment of claims, Satisfaction rate,
4. The challenges that the agency face in the realization of its mandates
   - Fraud still happens, (Fraud among hospitals and other service providers) and there are a lot of overlap payments. There are also problems within the organization that hinders the realization of the agency's mandates.
   - Some higher care (level 3) hospitals still serve very basic or lower level of care ailments. This is a problem because they often occupy resources meant for complicated cases.
   - Lack of doctors, and service providers in GIDA.
   - There is a lack of adequate number of staff due to the very large area of coverage in the region. PhilHealth will cover all Filipinos, so it is basically the biggest social protection provider/national government agency in the country.
   - The list coming from DSWD for NHTS contains lots of errors and it entails more work to "clean" it.
5. Upcoming plans/initiatives with respect to policy/program development
   - Focus on coverage for the remaining 2% which are still not enrolled in PhilHealth.
   - Thru the UHCL, fast track the creation of the restructured organization in because that will define how many people are needed to provide the service.

Annex 4.4 Interview with SSS Main office representative

1. Current social security situation in the country.
   - There are only 3 types of membership in SSS. Employed, Self-Employed, and Voluntary. There is no disaggregated data on whether these members belong in inherently vulnerable sectors. Members belonging in the informal sector usually are covered under Self-Employed.
   - The major challenge in the data is that even the PSA has no concrete/updated data on how many people are in the informal sector. If the PSA would have the data, then the SSS can do the targeting of these people for coverage.
   - Registered members are around 38M but the actively paying is only 16M. This is mostly due to lack of security of tenure for most jobs in the country.
   - The agency provides annual reports to the office of the President, Congress, and Senate. Included in this report is the financial statement of the agency; its revenue streams including member collection, investment income, operating expenses, and benefit payments.
   - In 2016 collection was 144B, in 2017 159B, in 2018 180B. In 2016 before the approval of 1000 increase in pensions, benefit payments were 131B, in 2017 it was 169B, in 2018 it was 181B. In terms of collection, it is slowly catching up with the benefit payments, but it is still behind overall and there was a big increase due to the 1000 additional pension.
   - Based on current actuarial data, SSS currently pays for pension an average of 20 years. A minimum paying member (Php 110 per month) needs only 120 months of payment to qualify for the pension. With the Php 1,000 increase in pension payments, (now Php 2,200) the member has claimed back his payments with only 6 monthly pensions. The agency must find ways to fund the rest of the pension payments (19 years and 6 months) thru better collection and investments and balancing operating expenses and benefit payments.
   - There is difficulty in getting Filipinos to save for the future. The concept of social insurance is hard to inculcate as most of Filipinos manage finances only for day-to-day. The SSS concept of saving for the future and being a financial contingency is still farfetched to most people.
   - There is data on how many women among employed, self-employed/voluntary members. Data on indigenous peoples. (follow-up)
   - As of 2018 there are 108,588 members of 1,445 AlkanSSSya program accredited partners. Collection is at 797.54M
2. How does the agency contribute to the Social Protection component of the Philippine Development Plan?
   - They usually target cooperatives in order to increase the range and number of coverages. These cooperatives become partners and remittance channels for the members. In so far as they have partnered with cooperatives, there has yet to be an Indigenous People cooperative partner.
   - Each peso contributed to SSS has a return. Short term benefits are sickness, maternity, partial disability, funeral, and the unemployment. Long term benefits are pensions, and survivor pensions. Per actuarial studies, each peso now has a benefit return from Php 5 all the way to Php 16. It also shows that those who are paying less are getting more.

- Talking about trying to cover indigenous peoples under the AlkanSSSya program which has successfully been implemented for informal sector communities.

3. Key Performance Indicators for the agency
   - Increasing coverage of those in the vulnerable sector. (but reiterates that they need the data from the PSA to help in the targeting)
   - Coverage %, Collection, Benefit Payments, Investment Income, Operation Expense.
4. What are the challenges that the agency face in the realization of its mandates?
   - They don't have baseline data to start with in terms of targeting sectors for coverage.
   - Making sure that there will be funds available for returns to future pensioners which are today's actively paying members.
   - The discrepancy between collection versus benefit payments.
   - The inherent problem with increasing this generation's pensions is that it affects the collection on 2-3 batches of future generation.
   - There are a lot of far-flung areas which is very hard for the agency to reach. They are making efforts to ensure these people can access the services of SSS. They are partnering with LGUs and are open to working with cooperatives and organized groups.
5. What are the upcoming plans of the SSS with respect to policy and program development?
   - For 2020 (based on annual corporate plan) the focus will be on income generation. The primary thrust will be contribution collection (short term) as well as increase in investment income. (long term)
   - The SS Act of 2018 frees the agency from political interventions and hopefully will result in a more streamlined service and better implementation of its programs.
   - Provident fund. This is included in the provisions of the charter. It will take effect in 2021 when the maximum salary level increases to 35,000.

Recommendations/Suggestions:

- Try a partnership event with SSS to connect the Indigenous Peoples of La Trinidad, Benguet.
- Involve the CHR in consultations and policy level inter-agency meetings.

Annex 4.5 Interview with SSS Digos Branch Representative

1. Current Social Security situation in the locale (Digos branch)
   - The branch caters to 2 regions, Davao del Sur and the newly created Davao Occidental. Site inspection has been done for creation of service office in Malita, Davao Occidental.
   - Undocumented membership around 150,000 covered in Digos branch
   - 85,752(employed sector) 71,092(self-employed, voluntary) 1,300(OFW) Documented members. 948,936 total population in Digos. 431,000 total labor force with 36.69% covered
   - Most of the time, members don't file change of address unless they will claim some benefits
   - As of February 2019, 8,249 Farmers/Fisherfolk, 318 recorded Indigenous Peoples under the **AlkanSSSya** Program. The program is also used to target groups under the 4Ps as Indigents and Indigenous Peoples are also included in that program.
   - The branch reaches out to organized groups in order to facilitate membership but from their experience, these groups seldom maintain contributions due to lack of funds.

- The branch conducts information and coverage drives/caravans, two such areas where they conducted these were Sinawilan and Kapatagan in Digos City. They have been successful in getting members from these activities, but the problem is sustaining the payments.
- Being that they also target the informal sector as a source of membership, the branch does a lot of campaigns to promote regular contributions. Ms. Gopo even went as far as to write personal letters to the members of certain locales. She also creates slogans to remind members to regularly update their contributions.
- No data on amount of collection versus amount of payout.
- Average collection of Digos branch is around 25M to 26M per month. In 2018 they collected around 287M total.

2. Steps that the branch takes to ensure that their members continually enjoy the benefits.
   - Regular information drives and follow-up with members.
   - Encourage leaders of organized groups to be force-multipliers of SSS to ensure that their members are updated in their payments.
   - Since the new SS laws (Maternity Act, SS Charter, etc.) don't have an IRR yet, they cannot discuss it with their members for the meantime. Only the changes in the contribution rate are being disseminated.
   - **Kaltas-Collect Program**: for job-orders in LGUs who cannot avail of benefits like GSIS. Currently implemented in 11 municipalities in Digos. The LGU facilitates the payments and the job-orders are listed under the self-employed membership. As this is not mandatory, some LGUs give shares in the contributions.
   - Strengthen PACD (Public Assistance and Complaints Desk) in SSS offices to improve service delivery.
   - Increase collection thru better service delivery and follow-up with delinquent employers.
3. What are the key performance indicators in the region?
   - Coverage, Collection, and Service Delivery (Ms. Gopo is not in liberty to give the specific data of these 3 indicators)
   - Charters in the SSS offices outline the process flow and how long does it usually take for service to be rendered.
4. What are the challenges that the branch face in the realization of its mandates?
   - The service area is too big, not in terms of constituency, but in land size. The service area is vast and rural. The office itself in Digos is also small in relation to the number of members.
   - There are areas (Malita, Balut Island) that are quite hard and perilous to reach except on choice conditions (must consider time, winds, advice from coast guard, etc.)
   - Increasing number of members but employee numbers are not growing in line with it. This affects quality of service delivery.
   - Delinquent employers, although in the region there is a relatively small number. (less than 1000) They follow-up the contributions of these employers thru the condonation program.
5. Strategies per branch with regards to increasing coverage.
   - Strengthen Kaltas-Collect and AlkanSSSya program
   - Stengthen information drives and coverage caravans
   - Reaching out to organized groups to facilitate membership coverage.
   - Linking with LGUs to facilitate coverage of their constituency.

Annex 5 Focus Group Discussions with Persons with Disabilities in Batangas, Iloilo and Davao

FGD BATANGAS		
Person with Disability Group	**Issues**	**Recommendations**
Deaf, Hard of Hearing	-insufficient health center in our areas -insufficient information on government programs for deaf -Some social workers are not able to recognize deaf persons -insufficient medicine for specific sickness (ex. Depression) -No specific health worker catering to our needs (ex. Psychologist, counselor)	-sufficient information should be available about health centers in our areas -additional medical professionals to be able to cope with our needs - give enough opportunities for deaf persons to work in government agencies or private companies -program or project to give financial support and alternative jobs according to injuries -sufficient pensions for our daily needs -financial assistance or scholarship programs for families with deaf children -information about proper breastfeeding, immunizations, and maternity leave benefits -tax exemption (income) for persons with disabilities -accessibility stickers/signages in public places -a sign language interpreter in establishments and government offices -Persons with Disabilities should be automatic members for 4Ps program
Psychosocial Illness	-issues on implementation of allowance of work for Persons with Disabilities in government agencies (1% allocation)	-the law should be expanded to private companies as well. There should be information campaigns to raise awareness for the persons with disability community, and there should be free pre-employment

		training to prepare persons with disabilities for any type of work and to build capacities of the community.
Blind, Visually Impaired	-lack of financial assistance from rural companies -insufficient insurance benefits from companies -problems with implementation of 4Ps -difficulty in obtaining Persons with Disability IDs	-expand PhilHealth coverage, and continue to improve Gov. Mandamas Health Card -establish more SPED schools to other provinces in Batangas -scholarships for children of blind, visually impaired parents -separate pensions for Persons with Disabilities -subsidy for assistive devices
Orthopedic Disabilities	-lack of specific programs that caters to Persons with Disabilities -the existing programs have problems in implementation or are lacking in sufficient funds to be fully effective -designs of accessibility features are often not properly done	-expand programs under the Gov. Mandamas Health Card -additional allowance for sickness benefit -pensions for Persons with Disabilities -Livelihood programs and capital for Persons with Disabilities -support for families of Persons with Disabilities -programs for care of pregnant persons with disabilities
Parents of Children with Disabilities	-the system to evaluate who should be given free coverage is not implemented well. There are families with multiple members covered while some families are not covered at all -the “no-deposit policy” of PhilHealth is not implemented properly -although there are pensions for the elderly, there are different rules and regulations for every municipality -even though there is 1% allotted in government agencies for persons with disabilities, opportunity for work is still very difficult	-the system of coverage for PhilHealth should be fixed -there should be proper guidance and information available regarding the “no-deposit policy” as well as the “no-balance-billing policy” of PhilHealth -there should be uniform rules and regulations for every municipality -there should be active campaigns to give opportunities for persons with disabilities to work -more accessible payment areas for persons with disabilities and awareness

	-not all persons with disabilities are able to religiously pay their contributions to SSS, PhilHealth, etc.	campaigns for their benefits

FGD DAVAO		
Person with Disability Group	**Issues/Findings**	**Recommendations**
Parents of Children with Disabilities	-There are available social protection programs and there is good overall awareness for these programs -Not all government services are accessible -Not all benefits are commensurate to the risk they are experiencing -They felt that the local government is doing its best to ensure enjoyment of their rights, but the national government is lacking in efforts -There is inconsistency in the acceptability standards	-They want the national government to improve implementation of the programs -They hope that the CHR continue to conduct regular consultations with them in order to have space to relay their messages
Orthopedic Disabilities (1st group)	-No program/access to assistive devices -No clarity in implementation of government health care -No exact data on Persons with Disabilities -No financial assistance from the government. No proper allocation of budget for Persons with Disabilities to be used for assistance -Difficulty in claiming disability benefits from SSS -SPMC has no exact data for Persons with Disabilities -No incentives for Senior Citizen Persons with Disabilities -No programs for family and child support of Persons with Disabilities -No special distinction for maternity care of persons with	-Need for greater subsidy for all Persons with Disabilities coming from the National Fund -Need for concrete national policies for assistance claims and the National Fund -Government should initiate action to provide membership for all Persons with Disabilities to appropriate programs -Government should provide shelter programs, livelihood, and social insurance

	disabilities	
Orthopedic Disabilities (2nd group)	-No program for assistive devices -Some Persons with Disabilities don't have access to PhilHealth -Inconsistent implementation of RA 7277 (PDAO desk) -No exact data on Persons with Disabilities -lack of IRR for new SSS charter -No government assistance for Family and Child support	-There should be a National Fund for Persons with Disabilities -Address policy issues pertaining to: a. issuing IDs -Government should provide shelter programs, livelihood, and social insurance b. address Regional Council for Disability Affairs c. Municipal level policies -Address services for Persons with Disabilities especially Social Services -Espouse principles of RA 7277 as rights based and not welfare based
Visually Impaired	-Awareness in social protection programs is good -Need for accessibility devices thru a national program -Not all pharmacies honor person with disability card -As a 4Ps beneficiary, LGU stopped payment of PhilHealth premium -Sector can access programs specific to them, but there are issues in implementation -The benefits received are perceived to be not adequate -Generally, there are few acceptability issues, apart from a few bad experiences of the participants from some social workers	-Medical assistance thru LGU
Deaf/Hearing Impaired	-Although they do receive health benefits, majority of the Deaf in their communities don't have such benefits -They shared stories of discrimination and unfair labor practices at work -Although some of them have work, their salaries are not enough to cover for their	-Information on National Social Protection Services should be made accessible to persons with hearing impairment -There should be security of tenure to all employees including Persons with Disabilities. And there should be expansion of the hiring

	expenses -They have no idea of some of the government programs (CCT, 4Ps) or have no idea how to avail of them -There is difficulty in sharing of medical complaints to a physician who does not understand sign language -They feel that the benefits received are inadequate. Some of them have not experienced refunds for hospitalization from PhilHealth -It is hard for them to access these services or information for these services due to lack of awareness of the needs of those with hearing impairment and lack of available interpreters -Most of the time they are required to provide their own interpreters before they are entertained. Most social workers are limited to finger spelling and most of the time, they don't understand and feel uncomfortable communicating with them	provision for persons with disabilities in government offices -It should be mandatory in all government offices that there be at least a person who can understand sign language in order to easily facilitate communication with people with hearing impairment

FGD ILOILO		
Person with Disability Group	**Issues/Findings**	**Recommendations**
Orthopedic Disabilities (1st group)	-Some LGUs do not provide booklet -Questionable classifications -Problems in data banking especially in remote areas -Not all LGUs provide social pensions -Although some LGUs employ persons with disabilities, there is still discrimination/padrino system, and some do not match the skills with the work	-Organizations must have funding to augment activities for advocacy but LGU must be obliged to give the allotted budget for Persons with Disabilities -LGU needs to have realistic and actual consultation about programs and services for Persons with Disabilities -Employment standards must be implemented. Create monitoring and grievance committee

	-Not all LGUs have PDAO, no provincial PDAO, no plantilla for PDAO head -Lack of sustainability for livelihood -Not all LGUs have sports and recreation programs for Persons with Disabilities -Not all LGUs have educational assistance	-Person with disability organizations together with DILG must push the LGU for the creation of PDAO -Organize training for financial and management capability for sustainability of livelihood -Better info dissemination
Orthopedic Disabilities (2nd group)	-Some pharmacists don't accept the person with disability ID -Lack of SPED teachers, no teachers for deaf children -Nearest facility with SPED teachers is in Iloilo only -Limited accessibility in schools, not all schools accept children with disabilities, and some parents cannot afford education for their children due to economic situations -There is discrimination when applying for social services like PhilHealth	-Expedite issuance of UHCL IRR -Additional DepEd teachers -Strengthen implementation of person with disability ID clients -Encourage employment of Persons with Disabilities -Encourage shorter list of requirements for persons with disabilities -DILG must fully implement creation of PDAO in LGUs
Deaf/Hearing Impaired	-Discounts in jeepney fare are not given -Some companies don't have priority lanes for the deaf -No interpreters when taking the civil service exam -It is hard to communicate if there are no interpreters in public establishments like police stations, hospitals, and government offices	-There should be at least one employee in a government office who know how to use sign language -Provide honorarium for interpreters in court, hospitals, and other offices
Parents of Children with Disabilities	-They still experience discrimination and persecution, along with emotional, physical, and spiritual stress -Economic problems -Lack of support from LGU especially for medical needs -Lack of school facilities and personnel to cater to children	-Expedite implementation of IRR for Universal Health Care -Additional fund, manpower for our Children with Disabilities -LGU must implement laws and issuances affecting persons with disabilities effectively

	with disabilities and special needs -Lack of employment for persons with disabilities	-Equal access for employment of persons with disabilities
Blind/Visually Impaired	-Discrimination at work still exists -No educational assistance for SPED -Lack of training programs for visually impaired after graduation -Lack of proactiveness from LGU to seek out persons with disabilities from their respective constituencies -Programs are not well implemented, there is a lack of consultation between LGU and concerned groups -Lack of financial assistance -Lack of programs designed specifically for visually impaired persons	-Organize persons with disability groups in order to amplify their voice to the LGU -LGU must be active in reaching out to marginalized sector -Strengthen financial assistance programs -Promote trainings for persons with disabilities in order to facilitate self-sufficiency. Prioritize them for TESDA trainings.

Annex 5.1 Focus Group Discussions with Farmers/Fisherfolk and Indigenous Peoples from Region XI

FGD Digos (Indigenous Peoples)		
Place of Origin	**Issues/Comments**	**Recommendations**
Compostela Valley/Davao Oriental	-They are aware of some social protection programs like Senior Citizen's Discount, 4Ps, SLPs, PhilHealth incentives like "no balance billing" in hospitals -There is delay in release of senior citizen pension, 4Ps and MCCT payout -There are deductions during MCCT payout which are not properly explained or is not fair (when they fail to attend meetings, they are deducted Php500) -There are delays in the handout of TESDA training toolkits	-Evaluate the policies and implementation of the Social Protection Program -Ensure protection of ICCs and IPs especially when filing legal actions against erring government officials, private companies, and individuals found violating the provisions of IPRA Law
Davao Del Norte/Davao City	-There is good awareness within the group of various Social Protection programs not only from the National Government but from the Local Government Units as well -Issues in selection and qualifications of beneficiaries -Lack of proper coordination with beneficiaries -Issues with standards for IP scholarship -Distance of school from Ancestral Domain -Lack of infrastructure especially farm to market roads in IP areas	-Proper coordination with legitimate tribal councils and leaders -Conduct free mobile registration for Social Protection services within the Ancestral Domain -Approve and implement the 1% national budget for IPs -Easier access to basic services -Construct infrastructure especially schools within the Ancestral Domain -Recognize the FPIC process
Davao Del Sur/Davao Occidental	-Again, there is good overall awareness of basic social protection programs -They assert that only 60% can avail of these programs due to:	-Government agencies should coordinate with IP leaders and IPMRs -Government should provide free access to birth/marriage/death

	1. lack of information on the program 2. cannot afford the fees on documents required to avail of programs 3. political intervention 4. peace and order 5. discrimination	registration -Access to free notary of documents (affidavits)
FGD Digos (Farmers/Fisherfolk) Mixed Groups		
Group/Programs they are aware of	**Issues/Comments**	**Recommendations**
Group 1 -Senior Citizen Pension -SSS, GSIS -4Ps -DSWD Sub-projects -DA projects	-Department of Agriculture's projects have helped their communities have better lives -There are problems in the implementation of the programs -Some beneficiaries are better off in life than those who are not 4Ps beneficiaries	-Fix the system of choosing the beneficiaries -There should be consistent monitoring of the programs implemented -There should be a system of validation for the beneficiaries if they are indeed qualified for the program
Group 2 -Livelihood programs from DOLE, DTI, DAR, MSSDO, DA, BFAR -Boat/Banca Dispersal -4Ps -Senior Citizen Pension -PWD Pension -Scholarship programs -Health Insurance -Free Land Titling -Loans from Landbank, PCUP, GSIS, SSS	-No monitoring of implementation -Lack of proper implementation "ningas cogon" -No sustainability of programs -Selective beneficiaries -Lack of information/campaign drive - "Padrino" or "Palakasan" system -Too much excess payments and too many requirements	-Educational campaigns -Monitor all the projects and implementation -Transparency in the program -Equality and no special treatment -Implement the law
Group 3 -4Ps -PhilHealth -SSS/ECC	-They are thankful for the CCT they receive every 2 months as it helps for the education of their children and their daily food -It is also a big help towards their health as it includes free insurance from PhilHealth -There are some who have a hard time qualifying for 4Ps as even though they are needy and poor, they do not	-Create more sub-offices in provincial area -Additional budget for feeding programs -Implement free PhilHealth for every Filipino -Ensure that pension for senior citizens are allotted and received accordingly

	qualify -They are times that the cash grants are not enough -Not everyone can avail of social protection programs (palakasan system) -The travel from place of residence to nearest duty-bearer office is hard	
Group 4 -Senior citizen's pensions, discounts -PhilHealth -4Ps -SSS -SLP	-The subsidies from the social protection programs are not enough for their daily needs -The claims take too long or are hard to claim due to a lot of requirements -Some sustainable livelihood programs are not implemented well	-Additional subsidies from the social protection programs -Lesser requirements from SSS and the like, so that it will be easier for the claimant
Group 5 -Pumpboats given by BFAR -SSS -PhilHealth -DSWD programs -Senior Citizen pensions and discount -Hand tractors given by their coop -Programs to avail of seeds for coconuts, coffee, cacao, and fertilizers	-The boats given are not well made by the winning bidder, they use common nails instead of bronze nails -When they are admitted in hospitals there are a lot of excess bills and fees -Some establishments do not honor discounts -Some machines given are not appropriate for the place and is substandard and easily broken -The price of copra is low, but it is being sold at a high price	-BFAR should monitor that the boats given are durable and of high quality -Full implementation of 20% discount for persons with disabilities and senior citizen in all establishments -Monitor the use of machinery and equipment if it's still being used and/or functional -PCA should find ways on how to increase price of copra