

disadvantaged groups who are not covered by regular Pantawid, the DSWD through the Modified Conditional Cash Transfer of the Pantawid Pamilyang Pilipino Program crafted a program which shall be termed as MCCT for Families in Need of Special Protection. The MCCT for FNSP shall seek to make Pantawid inclusive to all poor Filipinos and improve existing frontline services to address the survival and protection needs of the clientele and ultimately, to secure human investments in the pursuit of promoting social justice.

II. Legal Bases

1. **1987 Constitution, Article II, Section 9.** The State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.
2. **1987 Constitution, Article II, Section 22.** The State recognizes and promotes the rights of indigenous cultural communities within the framework of national unity and development.
3. **Republic Act 10121 or The Philippine Disaster Risk Reduction and Management Act of 2010.** The PDRRM Act focuses on disaster prevention and risk reduction by putting more emphasis on strengthening the communities' and people's capacity to anticipate, cope with and recover from disasters, as an integral part of development programs. It adopts and adheres to principles and strategies consistent with the international standards set by the HFA which is a comprehensive, action-oriented response to international concern about the growing impacts of disasters on individuals, communities, and national development.
4. **Republic Act 8371 or Indigenous Peoples' Rights Act of 1997.** The IPRA is an expression of the principle of *parens patriae* and that the State has the responsibility to "guarantee the realization of the rights of the indigenous people, taking into consideration their customs, traditions, values, belief interests and institutions, and to adopt and implement measures to protect their rights to their ancestral domain."
5. **Social Development Committee Resolution No. 3, series of 2012, "Approving and Adopting the Social Protection Operational Framework".** The framework is envisaged to serve as the overall guide for implementing social protection programs / interventions and other policies related to SP. The core of the framework is the underlying purpose and objective of social protection which is better and improved quality of life for its beneficiaries. It is contextualized within the over-all inclusive development goals and poverty strategy of the country – *"to empower and protect the poor, vulnerable and disadvantaged individuals, families and communities from individual life cycle, economic, environmental and social risks"* (Chapter 8, Philippine Development Plan 2011-2016).
6. **Administrative Order No. 16- Guidelines on the Implementation of Pantawid Pamilyang Pilipino Program (4Ps)-** The Pantawid Pamilya is a poverty reduction

strategy that provides cash grant to extreme poor households to address their immediate consumption needs, while the conditionalities are focused on building human capital and thus break the intergenerational cycle of poverty.

III. Definitionf Terms

For purposes of this program, the following shall be defined as:

1. **Disaster-** a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences, Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, Social and economic disruption and environmental degradation².

(Note: Disasters do not occur only as result of natural events- drought, earthquakes, volcanic eruptions, tsunamis, cyclones, storm surge and typhoons. They are also the products of the social and political environment (human-induced)- armed conflict, fire and development aggression. There are also disasters prompted by people and environment's peculiar capacity (combination of natural and human-induced) - fishkill, flood, landslide and red tide.)

2. **Families in Need of Special Protection-** refer to families with insufficient income and income-earning opportunities as well as lack of human development opportunities. They are in need of special protective interventions including basic specialized services by reason of their difficult circumstances which gravely threaten their social and economic development. FNSP includes disaster stricken families, indigenous people not found in GIDA and vulnerable groups under hazardous and disabling working conditions.
3. **Disaster-stricken Families-** refer to families afflicted by a disaster of catastrophic magnitude to require external assistance. They were displaced as a result thereof and were either temporarily placed in an evacuation center or in transitory shelters.
4. **Indigenous Peoples not found in GIDA-** refer to ethnic minorities who may have resettled outside their ancestral lands for economic reasons, were not captured in the Regular CCT and are unable to meet its corresponding conditionalities. They are also

² Congress of the Philippines. An Act Strengthening the Philippine Disaster Risk Reduction and Management System Providing for the National Disaster Risk Reduction and Management Framework and Institutionalizing the National Disaster Risk Reduction and Management Plan, Appropriating Funds therefor and for other Purposes. Republic Act No. 10121 of 2010. , Senate and House of Representatives, Fourteenth Congress, Third Regular Session. www.lawphil.net. Retrieved on September 24, 2014.

found not eligible to form part in the MCCT for IP in GIDA by reason of their residence. IPs not in GIDA may also refer to those who are socially discriminated and politically isolated.

5. **Vulnerable groups under hazardous and disabling working conditions-** refer to group of people exposed to hazards such as heavy workloads, long working hours, deplorable working conditions and exhaustion. They are often underpaid and enjoy no benefits (i.e agricultural sector, mines and quarries, deep sea fishing vessel, pyrotechnic factories)
6. **Evacuation** – is a process by which people are moved from a place where there is immediate or anticipated danger to a place of safety.

IV. Objectives

General Objectives: To assist Families in Need of Special Protection under extreme condition of poverty to address their social and economic issues and overcome barriers from accessing the benefits of the government's social protection program particularly the Pantawid Pamilyang Pilipino Program

More specifically, the program aims:

1. To enforce school attendance either in formal schooling or Alternative Delivery Mode and other special learning modes.
2. To facilitate availment of health and nutrition services through regular visits to the health center
3. To enhance the performance of parental roles and improve the parent's decision to invest in the human capital development of their children
4. To prepare and mainstream them into the Regular CCT after 2 years of implementation
5. To provide opportunities for community participation through FDS

V. Target Beneficiaries

A. Areas

- Areas most seriously affected by various disasters
- Other areas inhabited by indigenous peoples and vulnerable groups outside their ancestral domain

B. Clientele

Eligible households for the program shall meet the following qualifications:

- They must be identified disaster stricken families who are temporarily placed in the evacuation center or in transitory shelters; or
- They must be identified indigenous peoples not found in geographically isolated and disadvantaged areas; or
- They must be identified vulnerable groups under hazardous and disabling working conditions;
- They must be either excluded from NHTS database or included but tagged as non-poor provided that they have fallen below the poverty threshold overtime and has not yet been covered by Regular CCT
- They must have children aged 0-18 years old and/or with pregnant member at the time of selection
- They must be willing and committed to comply with the program conditionalities to cooperate in the helping process

VI. Program Conditionalities

Household beneficiaries will receive cash grants from the program as long as they comply to the program conditions on health, education, and FDS. Conditionalities are designed to improve their social and health outcomes as well as to transform towards positive outlook in life and commitments for their eventual mainstreaming to Pantawid Pamilya Pilipino Program by familiarizing and habituating them to the program conditions.

a. Education

- Compliance verification to education to each child beneficiary, **regardless if enrolled in school or not**, commences on the **fourth month** from the date of registration
- Children aged 3-5 years old must attend Day Care Program or Pre-school Classes or home based ECCD programs while children 6-18 years old must enroll in Elementary and Secondary Education whether formal or by Alternative Delivery Modes of Learning. In the absence of which, children may avail of the Alternative Learning System and Supervised Neighborhood Play for Day Care Children.
- Children must observe school attendance of at least 85% of the total number of school days per month

b. Health

- Compliance verification for Health grants shall commence on the **fourth month** from the date of registration in the program.
- In accordance with Department of Health (DOH) protocols:
 - ✓ Pregnant household members must avail of pre- and post-natal care starting from the first trimester of pregnancy and delivery must be assisted by skilled personnel in a birthing facility
 - ✓ Children 0-5 years old shall visit the City/Municipal Health Center to avail of immunization, monthly weight monitoring and nutrition counseling, and proper management of diseases
 - ✓ Children 6-14 years old in elementary school are required to take deworming pills
- Health care services availed by household beneficiaries during medical missions or outreach program is sufficient to qualify the beneficiaries as compliant if services availed followed the DOH protocols.

c. Family Development Sessions

- Compliance verification to Family Development Sessions shall commence on the **second month** upon registration.
- Attendance to the Family Developments Sessions shall be made:
 - ✓ Four times a month for the first two months;
 - ✓ Twice a month for the next two months; and
 - ✓ Once a month for the succeeding months

d. Children covered by the program grants are prohibited from engaging in any form of child-labor or income-generating activities that expose them to hazardous situations

- Compliance verification to this condition shall commence on the first month upon registration.

VII. Program Package

A. Direct Grants

The Modified CCT provides health and education grants, with the total amount of grants per household depending on the number of eligible household members aged 3-18 years old and on their compliance to conditionalities.

1. Education

- The education grant of P300 per month is provided for each child in the beneficiary household if enrolled in day care, pre-school, and elementary.

The maximum allowed for the education grant is up to three children for a period of 10 months during the year if enrolled in formal school system or 12 months (or less) if under ALS or SNP, unless otherwise the number of school months for the latter is provided.

- The education grant of P500 per month is provided for each child in the beneficiary household if enrolled in high school. The maximum allowed for the education grant is up to three children for a period of 10 months during the year if enrolled in formal school system or 12 months (or less) if under ALS or SNP, unless otherwise the number of school months for the latter is provided.
- The grant for compliance to non-involvement of children in hazardous occupation or activity shall be tied with the Family Development Session grants

2. Health

- The health grant of P500 is provided for each beneficiary household and the same is flat regardless of the number of eligible children. All members of the beneficiary household should comply with the health conditions to receive the health grant. Otherwise, failure of any member of the beneficiary household to comply with any of the conditionalities may lead to the revocation of the health grant.

3. Family Development Session

- Beneficiary households attending Family Development Sessions meet the conditionality of the FDS grant of P500 per month which will be given on the first three months from the date of registration to the program.
- The FDS grant will be subsumed under the health grant on the fourth month of membership to the program.

B. Psychosocial Interventions

Psychosocial Interventions are responses that appropriately address specific psychosocial issues and aim to promote psychosocial well-being. For purposes of this program, psychosocial interventions are offered to target clients to help them achieve an adequate level of well-being and as ways of reducing the toll of individual traumatic events.

- Offering General Information-** “consists of reassuring explanations about normal reactions, the provision of the indicators for when to seek help, and advice on how to continue with the daily routine”³

³ Brake, H.T, et al (2009), *Early Psychosocial Interventions after Disasters, Terrorism, and other Shocking Events: Guideline Development*, Nursing and Health Sciences pp 336-343, Blackwell Publishing Asia Pty Ltd., <http://www.coe.int/t/dg4/majorhazards/ressources/virtuallibrary/materials/netherlands/fulltext.pdf>. Retrieved on September 26, 2014.

- b. Other disaster related interventions, for follow-up along:
- **Psychological Debriefing-** “described as a standardized crisis intervention, the purpose of which is to prevent and reduce the adverse psychological effects of traumatic events”⁴It focuses on disclosure of traumatic experiences and education about stress reactions as well as enhancement of effective coping mechanisms.
 - **Critical Incident Stress Management-** includes debriefing, pastoral crisis intervention, family CISM, organizational consultation and follow-up/referral.
 - **Psychological First Aid-** “prevents the development of chronic psychological disorders”⁵. PFA aims at reducing the initial distress caused by the trauma, and to foster short- and long- term adaptive functioning
- c. **Counseling Services-** “promotes the setting of personal goals and offers positive models according to which one can enhance its strengths and get for him/herself the opportunity for optimal functioning and quality of life.”⁶
- d. **Brief Cognitive- Behavior Interventions-** consists of teaching of coping skills for managing symptoms of stress and anxiety⁷ especially those who are experiencing imminent danger within their work place.
- e. **Psychosocial Care-** “consists of health assessments needed to monitor the health of those affected and based on these assessments support can be directed appropriately”⁸
- f. **Liberating the Indigenous People From Indignity (LIPI) –** provision of LIPI modules to the itinerant IPs to make them appreciate again their culture and indigenous way of living.

VIII. Mode of Implementation

DSWD-Run

This mode of implementation shall be carried out by DSWD Field Offices.

⁴ Ibid.

⁵ Ibid.

⁶ Counselling Psychology. <http://counsellingpsychology.elpse.gr/en/the-counseling-psychology.html>. Retrieved on November 17, 2014.

⁷ Tong, A.K.K, Psychological Intervention in Disaster Management, http://www.ha.org.hk/haconvention/hac2006proceedings/doc/ST4_2.pdf. Retrieved on September 26, 2014.

⁸ Ibid.

The following areas shall be undertaken by the Regional Program Management Office using the Regular Pantawid System and Components:

- ✓ Conduct of Family Development Sessions
- ✓ Compliance verification to those beneficiary households under formal schools and regular health centers. The same will be accomplished by the Social Workers or Municipal Links and to be processed by the CV Focal in Field Office.
- ✓ Payment processing to be performed by the UFMS in Field Offices
- ✓ Grievance redress system
- ✓ Social marketing and advocacy
- ✓ Capability building
- ✓ Planning, monitoring and evaluation
- ✓ Partnership and coordination

The following areas, on the other hand, shall be undertaken by the MCCT staff:

- ✓ Identification, assessment, validation and registration of FNSP
- ✓ Social preparation
- ✓ Conduct of Family Development Sessions to beneficiary households
- ✓ Compliance verification to those beneficiary households under non-formal school arrangement, health outreach programs and medical missions, and monitoring of children for their non-involvement to any hazardous activities or occupation

IX. Components and Phases of Implementation

A. Geographic Targeting

Selection of areas for the implementation of the program shall be facilitated by the Field Offices in consultation with the Local Government Units. Selection shall be based on the number of potential FNSP beneficiaries and on the availability of supply side on health and education based on the results of surveillance and rapid assessment activities.

B. Supply Side Assessment

Supply side assessment shall be conducted to determine not only the availability and utilization of education and health services in the target areas prior to the implementation of MCCT but also to ensure the readiness of the city/municipal local government to deliver substitute services such as Alternative Learning System,

Alternative Delivery Modes, Supervised Neighborhood Play as well as medical missions and health outreach service providers to respond to the demand for such facilities.

C. Preparation for Mainstreaming

C.1 Criteria for Mainstreaming into Regular CCT

1. Active registered MCCT household who are compliant to the conditionalities of MCCT
 - Children with 85% attendance in school for at least 12 months in the 20 month period prior to the mainstreaming
 - Visit to health centers (85% for the last five months of program implementation)
 - 85% compliance to FDS (5 months prior submission of endorsement of compliance data)
2. Poor based on the result of the Proxy-Means Test

C.2 Procedural Guide

Preparatory Activities

1. The RPMO shall complete and comply the following required documents for mainstreaming:
 - Accomplished Enrollment form
 - Signed Oath of Commitment
 - Case Folders
 - Completed SWI tool and other assessment tool
 - Updated and complete compliance data
 - Liquidation Reports
 - Terminal Report
2. The RPMO to review the masterlist of households submitted by the case workers and to determine those who are compliant
3. The RPMO to finalize the list of households targeted for mainstreaming to Regular CCT
4. The RPMO to provide confirmation to the final list of households for mainstreaming
5. The Regional Office to endorse the e-copy of the masterlist of households for mainstreaming to NPMO for onward endorsement of the same for ODA to NHTO
6. Orientation to case workers and provision of technical assistance on mainstreaming procedures and conduct of On-Demand application/ household assessment
7. Scheduling of ODA/HA by the NHTU with the case workers
8. Informing the households and ensuring their availability on the schedules of ODA in their respective communities

9. RPMO-MCCT team with the NHTU to finalize plan and schedules for the conduct of ODA.

Procedures for Mainstreaming to Regular CCT

1. The case workers shall turn-over the following documents to the DSWD Regional Office:
 - Accomplished Pre-screening form
 - Signed Oath of Commitment
 - Case Folders
 - Completed SWI Tool and other assessment tool (if completed)
 - Updated and complete compliance data
 - Liquidation reports
 - Terminal report
2. Conduct of Household Assessment by the National Household Targeting Unit (NHTU)
3. Release of initial poor households based on Proxy Means Test by NHTU
4. Submission of final list of poor HHs to PMED
5. Conduct of eligibility check routine (ECR) and duplicity check by PMED
6. Validation and registration into the regular CCT
7. Updating of beneficiary data as needed
8. Compliance Monitoring
9. Release of cash grants
 - The initial grants under Regular CCT shall be compliance-based.

Post-implementation Activities on the Mainstreaming of Beneficiaries

1. Turn-over of documents to Regional Offices/Provincial Operation Offices/Cluster Operations Office
2. Referral to Other Support Services of unqualified households to the Regular CCT
3. Delisting of beneficiaries to the MCCT database
4. Preparation of summary list of mainstreamed MCCT cases to regular Pantawid and those referred to other agencies for other appropriate support services to the NPMO/Secretary
5. Submission of final report of the RPMOs on transferred cases
6. Conduct follow through activities by the DSWD on mainstreamed cases as may be needed.

C.3 Roles and Functions

Concerned LGUs

- Provide orientation or focus group discussion to household beneficiaries for their eventual mainstreaming if found eligible
- Ensure the completion of case folders, results of compliance monitoring, required financial documents including liquidation report and terminal report for submission to DSWD-Field Office
- Turn-over of all MCCT-related documents to the Regional Office

Regional Program Management Office (RPMO)

- Ensure smooth mainstreaming of cases to Regular CCT including manpower requirements
- Review of cash grants released to the families/households and facilitate release to those unable to receive cash grants
- Review and validate documents submitted by the case workers and assess if all the files are complete and accurate
- Endorse financial report and terminal report to the NPMO
- Endorsement of clean list of registered beneficiaries using the NHTO template

National Program Management Office (NPMO)

- Endorse the clean list of MCCT households to NHTO as basis for the conduct of household assessment survey.
- Facilitate the conduct of eligibility check and downloading of list of eligible households to the FOs
- Monitor the registration of households to ensure that all found eligible to Regular CCT shall be enrolled through community assembly.
- Ensure that the ineligible households for Pantawid Pamilyang Pilipino Program shall be assisted to access other support interventions
- Ensure the conduct of eligibility check routine
- Ensure the conduct of validation, registration and updating of eligible MCCT households for Regular CCT

National Household Targeting Office (NHTO)

- Ensure the conduct of household assessment
- Release of clean list initial poor HHs and conduct of validation

- Endorse result of Proxy Means Test to Pantawid Pamilyang Pilipino Program
- Endorse to NPMO/PMED the final list of eligible households to be mainstreamed to Regular CCT

D. Beneficiary Targeting and Registration

A household enumeration shall be conducted in the target areas using the enrollment form. The enrollment form covers the necessary information to ensure that target beneficiaries are eligible per set criteria. Names of the prospective target beneficiary household shall be forwarded to the RPMO to run the name-matching test using the Pantawid database. The result of the name-matching shall be subject for automatic enrollment.

When eligible household beneficiaries are identified, the community assembly in the barangay shall be undertaken. The purpose of the community assembly is to orient them about the mechanics and procedure of the program. The conduct of the community assembly shall be initiated by the RPMO in close coordination with the Local Government Units.

E. Family Registry Preparation

All identified beneficiaries who agreed to participate in the program must sign the oath of commitment indicating their willingness to comply with the conditionalities of the program. Issuance of MCCT identification cards shall also be undertaken.

F. Monitoring and Compliance Verification

The monitoring system for verifying beneficiary household compliance with conditionalities shall involve the following steps:

1. MCCT-NPMO generates the MCCT Compliance Verification forms to RPMO
2. RPMO downloads and prints the MCCT CV forms and disseminates them to the case workers
3. Case workers distribute the MCCT CV Forms to schools and health centers to record compliance or non-compliance with conditionalities during the reported period and collect them and forward the hard copies and summary of compliance to RPMO
4. RPMO reviews the non-compliance data and submits them to MCCT-NPMO to serve as the basis for payment during the period

G. Succeeding Release

The processing of payments depends on the submission of CVS forms from the field. Hence, the results of beneficiaries' compliance with the program conditionalities shall be used to determine the amount of subsequent releases of cash grants to beneficiaries.

H. Grievance Redress System

The procedures in processing grievances and complaints arising from program implementation will be filed before the Grievance Redress Unit of the RPMO to be forwarded to Grievance Redress Division-NPMO. This is to achieve a uniform, transparent, and due process resolution of claims without prejudice to any party involved.

The main types of grievances expected to be handled are non-compliance, ineligibility, not listed, problems with payment, and supply side complaints. In order to ensure that appropriate and timely resolutions are provided to grievances, the general rule that initial resolution of claims shall be provided no more than one month from the onset or intake date of the complaint.

X. Institutional Arrangements

The composition of the National, Regional, and Local Advisory Committees is the same from the existing structure established for Regular CCT. It shall also draw inter-agency policies for the implementation of the program in accordance with the mandates of the agencies concerned such as the Department of Education, Department of Health, and National Anti-Poverty Commission. Organization of Advisory Committee shall be undertaken down to the regional and municipal levels in order to strengthen coordination in the implementation and operationalization of sectoral activities and to better execute the requirements in the implementation of the program of meeting the conditionalities on education and health.

To ensure effective and efficient implementation, the following are the specific roles and functions of the Department as the lead implementing agency:

Department of Social Welfare and Development

A. Central office

1. Prepare guidelines and program materials
2. Oversees and provides technical support to the over-all management and implementation of MCCT
3. Allocate funds for the implementation of the project
4. Provide capability building activities to field implementers
5. Conduct spot checks and impact evaluation

B. Regional Office

1. Translate national policies to region specific operational guidelines to ensure smooth implementation of the program
2. Coordinate the implementation of sectoral activities with stakeholders to better execute program objectives and functions
3. Review and resolve all regional concerns and requirements needing actions
4. Ensure that supply side on health and education are available at the target areas
5. Prepare/ submit monthly/ quarterly accomplishment report

C. Local Government Units

1. Provides fund augmentation and generate resources in the community
2. Ensures meeting the supply side requirements of the program
3. Identifies/access resources for the provision of support services to the beneficiaries
4. Support advocacy activities to generate public support and awareness on the program

XI. Project Costs and Parameters

A. Required Staffing

- ✓ 1 case worker/ social worker for every 300 households
- ✓ 1 child welfare aid for every 300 households

If the case load is lower or higher than the prescribed ratio, additional staff can be hired provided that the number is at least the fraction of the ideal ratio (i.e if there are 150-400 HHs, FO can only hire 1 case worker/ child welfare aid)

B. Eligible Expenditures

1. Transportation allowance (during staff functions, trainings, seminars, workshops, meetings, orientations and consultations) is to be computed with a ceiling of P3000 per staff per month.

Travel expenses, including per diem, of MCCT Focal for the conduct of technical assistance and monitoring shall be computed on actual travel expenses. This shall be based on their work base and destinations, the frequency of conduct of TA and monitoring, as well as reasonable level of spending based on a fare matrix per area of operations.

2. Communication Allowance
 - ✓ Case worker/ social worker at P500 per month
 - ✓ Child welfare aide at P300 per month
3. Office Supplies and Materials
For MCCT operations- P10.00 per capita/household
4. Board and Lodging for DSWD-initiated Trainings, Seminars, and Workshops
 - ✓ Beneficiary level at P500-P900 per participant per day
 - ✓ Staff level at P1500-P1800 per participant per day
5. Honoraria for Resource Persons

Payment of honoraria resource persons shall be subject to the DBM Circular 2007-1.
6. Meals during Meetings and Case Conferences
 - ✓ Morning Snack- Php75/participant
 - ✓ Lunch- Php200/participant
 - ✓ Afternoon Snack- Php75/participant
7. Orientations and Consultations
It shall cover meals, transportation, board and lodging expenses according to the approved rates.



XII. Monitoring and Evaluation

Internal Monitoring through the MCCT Database shall be put in place to monitor the household grantees' compliance with the conditionalities both for health and education. Further, external monitoring shall be conducted by the National Project Management Office to assess performance of the Field Offices in the procedural requirements and guidelines of the program. This shall be undertaken through regular spot checks to validate accuracy, effectiveness and efficiency of program implementation. This will also include conduct of periodic inspection and evaluation through submission of financial and physical reports and visitorial audit by the Commission on Audit.

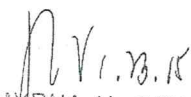
XIII. Effectivity

This Memorandum Circular shall take effect immediately and copies of this order shall be disseminated to all concerned Offices, Bureaus and Services at the DSWD Central and Field Offices.

Issued in Quezon City, this 23rd day of January 2015.


CORAZON JULIANO-SOLIMAN
Secretary 

Certified Copy:


MYRNA H. REYES
Officer In-Charge
Records Unit