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SocPen beyond ten: A process evaluation of the DSWD social pension (SocPen) program for indigent senior citizens amid the COVID-19 pandemic

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DISCUSSION PAPER SERIES NO. 2021-31

SocPen Beyond Ten: A Process Evaluation of the DSWD Social Pension (SocPen) Program for Indigent Senior Citizens amid the COVID-19 Pandemic

Jose Ramon G. Albert, Jennifer D. Monje, and Mika S. Muñoz



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SocPen Beyond Ten:
A Process Evaluation of the DSWD Social Pension (SocPen)
Program for Indigent Senior Citizens
amid the COVID-19 Pandemic

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Abstract

Since 2011, the government, through the Department of Social Welfare and Development (DSWD), has implemented the Social Pension (SocPen) Program which gives a noncontributory monthly pension of Php500 to qualified seniors, i.e., indigent Filipinos aged 60 and above. Initially, the DSWD had sought to provide assistance to 1.2 million indigent senior citizens identified by the *Listahanan*, on a Php 8.71B budget allocation. Insufficient funds had prompted the department to realistically target only 138,960 seniors at program inception, though the actual served were 140,576 senior citizens with an actual budget of Php 843.5M. Budget allocation for the SocPen has increased exponentially since program inception to over Php 23.4B in 2021. With this 2,540% jump of a budget in a span of 10 years, the 2021 physical target has also increased to 3,835,066 senior citizens, a 2,634% increase. The 2020 physical target for SocPen is nearly two-fifths (37.8%) of senior citizens. This study describes the SocPen's design and current implementation processes, especially in the wake of Covid-19 and attempts to increase the financial assistance and coverage of beneficiaries. The examination will also look into the recent experience of DSWD with the Social Amelioration program, which included cash transfers for SocPen beneficiaries and other vulnerable populations. While overall the program is well-intentioned and is welcomed by seniors, and the SocPen has undergone some changes in response to criticisms of several external evaluations, implementation deficits persist. These need to be addressed, especially as the SocPen is currently one of the largest social protection programs of the government, and has potential to significantly impact on the lives of elderly indigent beneficiaries.

Keywords: process evaluation, senior citizens, indigent, SocPen, vulnerable population, social protection

Abbreviations

| | |
|---------|---|
| AFPMBAI | Armed Forces and Police Mutual Benefit Association Incorporated |
| ADB | Asian Development Bank |
| AO | Administrative Order |
| APIS | Annual Poverty Indicator Survey |
| ASEAN | Association of South East Asian Nations |
| BARM | Bangsamoro Autonomous Region of Muslim Mindanao |
| C/MSWDO | City/Municipal Social Welfare Development Office |
| CO | Central Office |
| COSE | Coalition of Services for the Elderly |
| CPSB | Community Programs and Services Bureau |
| DSWD | Department of Social Welfare and Development |
| EO | Executive Order |
| FIES | Family Income and Expenditure Survey |
| FGD | Focus Group Discussion |
| FO | Field Office |
| FP | Focal person |
| FSCAP | Federation of Senior Citizens Association of the Philippines |
| GIDA | Geographically Isolated and Disadvantaged Area |
| GSIS | Government Social Insurance System |
| HB | House Bill |
| ILO | International Labor Organization |
| KII | Key Informant Interview |
| LCE | Local Chief Executive |
| LGU | Local Government Unit |
| MC | Memorandum Circular |
| M&E | Monitoring and Evaluation |
| NAPC | National Anti-Poverty Commission |
| NCMB | National Coordinating and Monitoring Board |
| NEDA | National Economic Development Authority |
| NHTS-PR | National Household Targeting System for Poverty Reduction |
| NGO | Non-government organization |
| NSPS | National Social Protection Strategy |
| OSCA | Office of Senior Citizens Affairs |
| PDP | Philippine Development Plan |
| PDPB | Planning Development and Policy Bureau |
| PMB | Program Management Bureau |
| PSA | Philippine Statistics Authority |
| PSB | Protective Services Bureau |
| PSWDO | Provincial Social Welfare and Development Office |
| PVAO | Philippine Veterans Affairs Office |
| RA | Republic Act |

| | |
|-------|--|
| RSPU | Regional Social Pension Unit |
| RSPS | Regional Social Pension Staff |
| SAP | Social Amelioration Program |
| SB | Senate Bill |
| SDO | Special Disbursing Officer |
| SGV | Sycip, Gorres, and Velayo |
| SPMO | Social Pension Management Office |
| SPISC | Social Pension for Indigent Senior Citizens |
| SPOFS | Social Protection Operational Framework and Strategy |
| SSS | Social Security System |
| UCT | Unconditional Cash Transfer |
| WB | World Bank |

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SocPen beyond Ten: A Process Evaluation of the DSWD Social Pension (SocPen) Program for Indigent Senior Citizens amid the COVID-19 pandemic

Jose Ramon G. Albert, Jennifer D. Monje, and Mika S. Muñoz¹

1. Introduction

In March 2011, the Department of Social Welfare and Development (DSWD) began implementing the Social Pension for Indigent Senior Citizens (SPISC) program, also known as SocPen, by providing qualified indigent senior citizens 77 years old and older a monthly stipend of Php500.00. The objective of the SPISC program is to provide indigent elderly cash to augment their daily allowance on food and medicines. According to the DSWD (2012), much of that subsistence allowance had actually gone to food and medicines, as originally stipulated in Republic Act (RA) 9994 or the Expanded Senior Citizens Act of 2010. The DSWD then carried out the SocPen payouts quarterly, with the elderly beneficiaries collecting their cash assistance from their respective barangays.

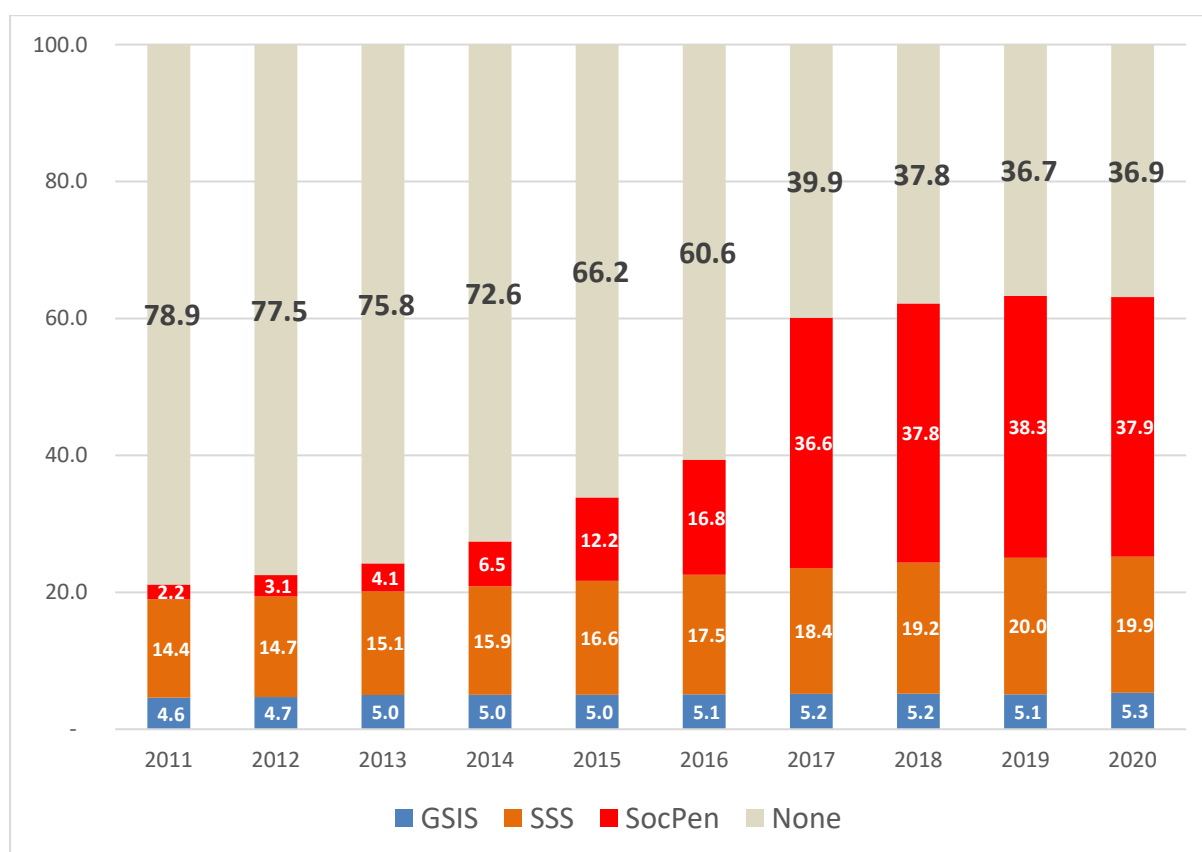
Initially, the DSWD sought to provide assistance to an estimated 1.2 million indigent senior citizens identified in the National Household Targeting System for Poverty Reduction (NHTS-PR), also known as *Listahanan*², on a Php 8.71B budget allocation. Insufficient funds had prompted the department to target only 138,960 individuals at program inception, with an actual spending of Php 843.5M for 140,576 actual beneficiaries served (DSWD 2012). The SocPen budget allocation has increased exponentially since then to over Php 23.4B in 2021. This represents a 2,540% increase in a span of 10 years, that is accompanied by a 2,634% increase in the physical target of 3,835,066 senior citizens for 2021. The 2020 physical target for SocPen is nearly two-fifths (37.8%) of the population of senior citizens.

As pointed out in Velarde and Albert (2018), the introduction of SocPen by government has practically doubled the reach of old-age pension in the country. In 2016, only a fifth (22.6%) of elderly Filipinos were covered by the Government Service Insurance System (GSIS) or the Social Security System (SSS), but this was topped up by 16.8% of seniors covered under SocPen. The coverage rate for seniors from the two contributory pensions together with SocPen has increased from 21.1% in 2011 to 39.4% in 2016 and further to 63.1% in 2020. Despite the expanded SocPen coverage, however, close to two fifths (36.9%) of senior citizens are without old-age pension as of 2020 (**Figure 1**), and there are currently no publicly available data to suggest whether this proportion represents the elderly who do not need a pension. This paper, however, will provide some estimates of this issue based on results of a nationally representative survey conducted by the Philippine Statistics Authority (PSA).

¹ The authors are senior research fellow, consultant (and associate professor at the *Pamantasan ng Lungsod ng Maynila*), and research assistant at the Philippine Institute for Development Studies (PIDS). The valuable research assistance of Norliza Nordan and Aya Rasuman who conducted the field interviews, and Sherryl Yee also of PIDS is gratefully acknowledged. The views expressed in this discussion paper are the authors' own.

² The NHTS-PR or *Listahanan* is the government's targeting database of poor Filipinos.

Figure 1. Share of senior citizens in the Philippines by old age pension: 2011-2020



Note: Authors' estimates based on data from the SSS, GSIS, and DSWD SocPen (all of which were provided by the institutions in personal communications with the PIDS Research Team), and Population projections of the PSA based on the 2010 Census of Population and Housing at https://psa.gov.ph/sites/default/files/attachments/hsd/pressrelease/Table4_9.pdf).

Further, SocPen has been implemented with a poverty focus in mind given the target to give the benefits to “indigent senior citizens”. While social protection may be viewed as a human right and thus, there is ground for clamors for universal social protection, given the huge budgetary implications to provide old-age pension for all seniors, the government has prioritized social assistance for indigent elderly. Thus, in its first years of implementation until 2014, SocPen has used and exhausted the list of poor seniors in *Listahanan*. On the other hand, SSS and GSIS were designed to provide old-age pension for formal workers in the private and public sector, respectively. Even though those in the informal sector are being enticed by SSS to contribute to their old-age pension, the reach of SSS has increased but not considerably.

As far as assistance received by SocPen beneficiaries, it should be noted that in 2018, they obtained an additional stipend of PhP 200.00 under the Unconditional Cash Transfer (UCT) program of the government, mandated by the TRAIN law (RA 10963). In 2019 and 2020, this monthly additional cash grant from UCT was increased to PhP 300.00 in 2019 and 2020 (DSWD, 2018). Further, last year, SocPen beneficiaries were also eligible to receive cash benefits from the Social Amelioration Program (SAP) of PhP 5,000.00 to PhP 8,000.00 monthly cash subsidy for two months. The SAP support was provided amid the COVID-19 pandemic, as mandated in the *Bayanihan* to Recover as One Act (RA 11494). Meanwhile, there are pending legislation in both the House, i.e., House Bill (HB) 9459, and the Senate, i.e., Senate Bills (SBs) 126, 133, 160 and 2243) that seeks to double the monthly stipend of indigent senior citizens from PhP 500.00 to PhP 1,000.00 Outside of the CCT and SAP in recent years,

the SocPen benefits have not been increased, i.e., the monthly stipend has not been indexed for inflation, and thus its impact to provide assistance is losing impact. The proposed legislations on the SocPen, which amend the Senior Citizens Act (RA 7435) and the Expanded Senior Citizens Act of 2010 (RA 9994), call for a regular review of the monthly pension by the DSWD, the Department of Budget and Management, and other relevant agencies to consider the prevailing economic conditions.

Despite the SocPen's decade-long implementation and RA 9994's requirement of a biennial review of the program, thus far the government has only conducted two studies on the SocPen: an internal DSWD (2012) research study that was conducted a year after program implementation, and a commissioned study to Sycip, Gorres, and Velayo (SGV) and Co. in 2019 (A. Salud online Google Meet interview 2021). Hitherto, results of the SGV study, however, have not been publicly released. External assessments of SocPen were also conducted, notably by the Coalition of Services of the Elderly (COSE)/HelpAge International (2015) and by the World Bank (WB), i.e., Velarde and Albert (2018). Reyes (2019) also discussed SocPen but in a larger context of social protection for the elderly, while Albert and Vizmanos (2020) discussed SocPen as a case about the need for social protection to cover not just the poor, but the vulnerable, i.e., those at risk of future poverty.

With SocPen becoming one of the largest social protection programs in the country in terms of coverage and budget (**Table 1**), and the regular need to look into issues on the program, such as benefit level and delivery, as well as identifying program enhancements, a process evaluation of the SocPen program is thus timely and relevant. Decision-makers should find ways of sustaining social protection assistance for the needy elderly. The general objective of this study is to assess SocPen implementation by reviewing its policy theory/rationale, delivery and implementation, as well as organization. Carrying out a systematic approach, this study aims to (a) examine to what extent the SocPen design has been executed, especially amid the COVID-19 pandemic (b) identify implementation deficits, if any, taking note of the issues and challenges encountered by DSWD and local government units in implementing SocPen; (c) document the benefits and experience of the senior citizens receiving SocPen assistance; and, (d) provide recommendations for improving the program.

Table 1. Budget allocation and disbursement and number of indigents served based on age requirement (2011-2020)

| Age requirement | Inclusive years | Average Number of indigent seniors served | Average Budget allocation (in million PhP) | Average funds disbursed (in million PhP) |
|-----------------|-----------------|---|--|--|
| 77 and older | 2011-2014 | 280,802 | 1,685.08 | 1,640.81 |
| 65 and older | 2015 | 930,222 | 5,962.63 | 5,946.97 |
| 60 and older | 2016-2020 | 2,960,816 ³ | 18,294.01 | 16,064.95 ⁴ |

Note: Authors' compilation

Source: Personal communication from DSWD staff

³ The figure here was based on a document sent via email to the PIDS Research team on Thursday, August 26, 2021, by the Social Pension Program, OP-PWD Unit of the Sectoral Programs Division of the Program Management Bureau (PMB).

⁴ The discrepancy reflected here may be attributed to funds that have not yet been liquidated due to the pandemic, as well as the validation process undertaken in 2018 to 2020 that led to a suspension of cash payouts.

The study is organized as follows. Section II reviews the literature on social protection and old-age pension. Section III provides an overview on the SocPen and its design, as per documents and data obtained from the DSWD. Section IV discusses how the program is implemented. Information in this section was obtained from documents on the PBB, as well as interviews with 36 program implementers and 58 senior citizens. Majority of seniors interviewed, more than double the number of males, were female, whose average age is 70 years old, have no income but receive support from children, or if working, are engaged in the informal economy. Majority of them did not finish high school, two (2) had not had any formal education, and only four (4) finished college. Among the implementers, most have been with the SocPen program for less than five years, except for the original Central Office (CO) staff who had been with SocPen since the program started, and thus have had more than ten years of implementation experience. Section V ends with conclusions and policy recommendations.

2. Review of Related Literature

Senior citizens, defined as persons 60 years old and over, constitute a vulnerable population for a couple of reasons: they have lost the means of generating income as a result of retirement, and experience medical conditions partly exacerbated by the loss of income, i.e. early diagnosis of diseases could potentially have prevented a worsening of such conditions if they had the money for timely intervention. Over the years, the traditional ways of supporting the elderly, such as family members directly contributing to the needs of the aged, and old-age pensions to provide the elderly some means of support once they retire, have proven to be undependable. Due to falling fertility rates, children moving away, and the elderly living longer lives, as well as the challenge presented by government funds earmarked for the elderly dissipating into other programs, such traditional assistance for the elderly have started to fray, to the detriment of the old (Bloom, Jimenez, & Rosenberg 2011).

Ageing is a reality globally, particularly in the Association of South East Asian Nations (ASEAN) plus Three economies, comprising the ten ASEAN Member States and the People's Republic of China, Japan, and the Republic of Korea (**Table 2**).

Table 2. Proportion of population who are 60 and over (in %)

| Country | 2000 | 2010 | 2020 | 2030 | 2040 | 2050 |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Brunei Darussalam | 3.85 | 5.36 | 9.50 | 15.67 | 22.58 | 28.68 |
| Cambodia | 4.92 | 5.88 | 7.57 | 10.18 | 11.08 | 16.39 |
| Indonesia | 7.35 | 7.53 | 10.06 | 13.96 | 18.02 | 21.09 |
| Lao PDR | 5.43 | 5.59 | 6.79 | 8.75 | 11.59 | 15.69 |
| Malaysia | 6.29 | 7.87 | 10.96 | 14.31 | 17.83 | 23.59 |
| Myanmar | 6.77 | 7.33 | 10.00 | 13.08 | 16.12 | 18.58 |
| Philippines | 5.13 | 6.50 | 8.61 | 11.25 | 13.72 | 16.52 |
| Singapore | 9.95 | 12.67 | 20.93 | 29.74 | 36.35 | 40.30 |
| Thailand | 9.84 | 12.94 | 19.22 | 27.02 | 33.14 | 35.76 |
| Viet Nam | 8.64 | 8.83 | 12.32 | 17.08 | 22.09 | 27.23 |
| People's Republic of China | 10.03 | 12.20 | 17.35 | 24.83 | 29.92 | 34.62 |
| Japan | 23.04 | 30.29 | 34.32 | 37.81 | 42.35 | 43.93 |
| Republic of Korea | 10.97 | 15.33 | 23.15 | 32.90 | 40.47 | 44.83 |
| ASEAN | 7.36 | 8.15 | 11.15 | 15.14 | 18.93 | 22.22 |
| ASEAN Plus Three | 10.18 | 12.23 | 16.61 | 22.69 | 27.19 | 31.06 |

Source: 2019 Revision of World Population Prospects - Special Aggregates, United Nations, Department of Economic and Social Affairs, Population Division (2019). <https://population.un.org/wpp/>

As of 2020, 3 out of every 20 persons (16.6%) across the entire ASEAN plus Three are 60 years old and over; the proportion of elderly aged 60 and above is projected to be 1 in 5 (22.7%) by 2030, and 1 in 3 (31.1%) by 2050. ASEAN plus Three is ageing at different rates across (and within) economies.

In the Philippines, the elderly aged 60 and older comprise 9.4 million out of an estimated 109.6 million Filipinos, as of 2020; thus, the share of senior citizens to the total population is currently at 8.6%, but this share is expected to grow to 16.5% of the population by 2050 (UN 2019). An ageing population is a policy concern as it increases the demands for medical care, health facilities, and replacement income.

A human rights-based approach on care and support of older persons provides an improved paradigm/lens of elderly as active agents of society, with rights to:

- equal accesses and affordable care and support
- choice and legal capacity
- freedom from abuse and mistreatment life
- freedom of movement and freedom of restraint
- privacy and family use
- participation and social inclusion
- freedom of expression, thought, belief, culture
- highest standard of health
- adequate standard of living
- remedy and redress.

Our ways of thinking about the elderly and ageing should be revised. We should also recognize that while some of our elderly are vulnerable (poor and/or frail/sickly/disabled), others are active. Ensuring healthy ageing and empowering the elderly to exercise their rights, of which the provision of old-age security forms part, is thus imperative.

A pioneering study of WB (1994) asserted that more than half of the world's elderly depend on their immediate and extended family for food, shelter, and care, and that this is a practice more common in developing countries than in industrialized ones. In more developed economies, the elderly, who normally live alone, depend on sources of income from non-family sources of income, such as personal savings, insurance, or publicly managed pension systems (WB, 1994, p. 5). In the rest of the world, pension systems put in place by governments ensure social protection in older age.

According to WB (1994), for countries to maintain economic growth and at the same time to protect the old, three systems of old-age security must be in place. These systems are: (a) a publicly managed system with mandatory participation, such as the GSIS for government employees in the Philippines; (b) a privately managed, mandatory savings system, such as the SSS; and (c) voluntary savings (WB 1994, p. xiv). All three systems should provide social protection against the risks associated with growing old and infirm.

In the Philippines, social protection revolves around managing situations that adversely affect the wellbeing of the poor and various marginalized sectors. Since 2007, the government has adopted a definition of social protection 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 manage risks.”⁵

Such a definition is consistent with usage in the development community (**Box 1**) pertaining to improving equity, building risk resilience, as well as promoting human capital and ensuring the rights of the needy segments of society.

Box 1. Selected Definitions of Social Protection

| | |
|--|--|
| World Bank (WB) | public interventions to (i) assist individuals, households, and communities better manage risk, and (ii) provide support to the critically poor. |
| Asian Development Bank (ADB) | The set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income. Social protection consists of five major elements: (i) labor markets, (ii) social insurance, (iii) social assistance, (iv) micro and area-based schemes to protect communities and (v) child protection. |
| International Labor Organization (ILO) | The set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or a substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner); the provision of health care; and, the provision of benefits for families with children. |

Sources: Holzmann and Jorgensen (2000); ILO (2000); ADB (2001)

Several analytical concepts are behind the concomitant theory of change for examining social protection objectives and effects. Programs on social protection can be viewed as having protective, preventative, promotive, and transformative functions (Devereux, & Sabates-Wheeler, 2004; Barrientos, 2010; Jones & Shahrokh, 2013). Social protection instruments are rather wide, owing to their differing functions from building human capital, to improving livelihoods, to building risk resilience and reducing poverty. In the Philippines, social protection consists of four core program responses, namely, (i) social insurance (i.e., programs to mitigate income risks including health insurance, crop insurance; mandated occupational or personal pension plans; voluntary occupational or personal pension plans and supplementary noncontributory schemes); (ii) labor market interventions (i.e., measures to enhance job opportunities, and protect the rights and welfare of workers, including regulations on industrial relations and labour market, and active labour market policies); (iii) social safety nets (i.e., stop-gap or urgent responses to the impact of economic shocks and disasters on vulnerable groups); and (iv) social welfare (i.e., preventive and developmental interventions to support the minimum basic needs of the poor, including homeownership support, and social assistance for the poor) (Cabral 2008). Effective social protection policies and programs form a crucial component of social policy, promote social cohesion in the midst of multiple risks faced by vulnerable groups in society, and help bring about inclusive and sustainable development. Many developing countries strengthened social protection systems as a response to the effects

⁵ Resolution No. 1 of 2007 of the Social Development Committee (SDC) of the National Economic and Development Authority (NEDA), as cited in Cabral (2008). See also PSA (2018).

of the global financial crisis in 2009. Several assessments (e.g., DAP, 2009; Manasan, 2009; Aldaba, 2008) of the social protection system in the Philippines have concluded that social protection interventions are usually fragmented and uncoordinated (especially given the many public institutions implementing social protection programs and policies), insufficiently funded, poorly designed, short-lived, in some cases, superfluous as well as overlapping, and in many cases, mistargeted aside from dysfunctional.

Social protection could be more impactful if public policies, programs and projects were interlinked and collaborative. Collaboration can enable a whole of government approach whereby various actors implementing social protection can have a common understanding of issues, a shared purpose for assisting the vulnerable, and integrate support to attain development effectiveness. When interventions are undertaken with synergy, social protection action can attain outcomes to reach the right people, at the right time with the right support that cannot be otherwise achieved if actors work independently. In the wake of the economic shocks from the global financial crisis and the resulting economic downturn across the world in 2008-2009, and also once again during the global health and economic shocks from the COVID-19 pandemic, strengthening the social protection system has taken more urgency.

Thus, the Philippines has made more efforts to synchronize, expand, and meld social protection measures into a more coherent national strategy with the adoption of the National Social Protection Strategy (NSPS)⁶. This also involved the establishment of new institutional arrangements for coordination, and the grouping of programs into a unified National Social Welfare Cluster. [Administrative Orders 232 and 232-A]. Further, the NSPS defined the objectives of the social protection system in the country: (1) To protect and prevent people from falling from their current income/consumption levels due to various risks factors; (2) To build capacity and adaptability to ensure that better quality of life is maintained and sustained; (3) To expand opportunities for income expansion and improve human capital investments in the long term; and, (4) To sustain standards of living in spite of exposure to various risks.

The last one and a half decades have seen significant strides in social protection in the Philippines, with the development and use of objective targeting mechanisms, the implementation of a conditional cash transfer that currently covers one-fifth of the population, stronger coordination as well as formulation of sectoral plans, e.g., Social Protection Plan 2020-2022 (DSWD and NEDA-SC-SP 2019). In 2012, an overarching social protection operational framework and strategy (SPOFS) was also adopted.

Underlying principles behind the SPOFS include (a) tailoring and grouping social protection interventions vis a vis vulnerabilities faced by individuals, households and communities from four major risks (viz., individual life cycle; economic; environment and disasters; and social and governance); (b) identifying and responding to targets, including using a unified national targeting system, i.e., *Listahanan*; and, (c) aiming toward progressive universal social protection coverage. Specific implementation strategies laid out in the SPOFS include (i) synchronizing interventions and policies through a whole-of-government approach and a bottom-up programming; (ii) scaling up Community Driven Development activities; (iii) building adaptive capacity among program beneficiaries; and, (iv) harnessing use of Monitoring and Evaluation (M&E) Systems.

⁶ Resolution No.2 series of 2009, SDC, NEDA.

Social Protection has figured more notably in the country's recent development plans and long-term development vision. The most recent Philippine Development Plan (PDP), PDP 2017-2022 (NEDA, 2016) has identified adopting and institutionalizing the social protection floor as a strategy to achieve universal social protection under the Strategic framework to build resilience of *individuals*, families and communities. According to Chapter 11 of the PDP:

“by the end of the planning period, Filipinos will have greater socioeconomic resiliency. A universal and transformative social protection will be provided to all, to empower the people and make them capable of preventing, responding to, and recovering from various risks (i.e., economic, governance, and political risks, risks from natural hazards and individuals' inherent vulnerabilities).” (NEDA 2017a, p.24)

The PDP identifies several specific strategies in the PDP including strengthening mechanisms to ensure enrolment in the social security system, improving the social pension system, among others. Further, the PDP also highlights the needs for addressing implementation deficits on social protection, including better M&E, collection and use of data and knowledge. The PDP provides concrete plans for attaining the long-term development vision of a prosperous, predominantly middle-class society where no one is poor (NEDA, 2017b).

Social protection can be viewed as a response to social injustice that is closely linked with social inequality created by unequal distributions of various resources, inequitable access and unequal opportunities to social services and benefits among persons, and among different social groups. While the Philippines has had success in reducing income poverty especially in recent years prior to COVID-19, not every Filipino, especially among the indigent elderly, can access his or her rights, and use these rights to gain dignity and social mobility. The marginalized and vulnerable will need to be systematically assisted to overcome impediments in accessing their rights and improving their plights. These include the indigent elderly, the underserved and the often unseen segments of society, and especially those suffering from multiple deprivations such as a disabled senior citizen who is poor and resides in a geographically isolated and disadvantaged area (GIDA). In the wake of crises from infectious diseases such as the novel coronavirus, or even their susceptibility to non-communicable diseases, some aging segments of society, such as the poor, the elderly, and persons with disability (PWDs) would need extra support to cope with vulnerabilities arising from having to face several multiple and overlapping disadvantages.

From 2009 to 2017, the country's public expenditure on social protection has grown, averaging at 0.9 percent of GDP (or 5.9% of government expenditure). The bulk of the social protection expenditure has been on social welfare/assistance programs, including *Pantawid* and SocPen. The increased public investments and improved policies in social protection in the past decade have been paying off. These investments and policies have generally led to a drop in the number and proportion of Filipinos deprived of social services, as suggested by trends in various indicators for monitoring the SDGs (see **Table 3**).

Table 3. Select SDG Indicators : Data on Early Years (2010-2015) and Latest Years (2016-2020).

| Global Goal | Selected SDG Statistics on the Social Sector | Early Years | | Latest Years | |
|-------------|---|-------------|--------|--------------|--------|
| SDG1 | Proportion of population below international poverty line (%) | 10.7 | (2009) | 2.7 | (2018) |
| SDG1 | Proportion of population living below the national poverty line (%)* | 26.3 | (2009) | 16.6 | (2018) |
| SDG1 | Proportion of population living below the national food poverty line (%)* | 9.1 | (2015) | 5.2 | (2018) |
| SDG1 | Proportion of households living in multidimensional poverty (%) | 23.9 | (2016) | 17.3 | (2017) |
| SDG1 | Proportion of population covered by at least one social protection benefit (%) | 47.1 | (2016) | 36.7 | (2020) |
| SDG1 | Proportion of children/households receiving child/family cash benefit (%) | 13.6 | (2016) | 31.1 | (2020) |
| SDG1 | Proportion of population with severe disabilities receiving disability cash benefit (%) | 3.1 | (2016) | 3.3 | (2020) |
| SDG1 | Proportion of mothers with newborns receiving maternity cash benefit (%) | 11 | (2017) | 12.4 | (2020) |
| SDG1 | Proportion of population above statutory pensionable age receiving a pension (%) | 39.8 | (2016) | 20.5 | (2020) |
| SDG1 | Proportion of poor population receiving social assistance cash benefit (%) | -- | | 100.0 | (2018) |
| SDG1 | Proportion of population covered by social assistance programs (%) | 27.4 | (2013) | 33.8 | (2015) |
| SDG1 | Poorest quintile covered by social assistance programs (%) | 57.3 | (2013) | 62.1 | (2015) |
| SDG1 | Proportion of population covered by social insurance programs (%) | 11.1 | (2013) | 8.9 | (2015) |
| SDG1 | Proportion of unemployed persons receiving unemployment cash benefit (%) | -- | | 0.0 | (2020) |
| SDG1 | Proportion of vulnerable population receiving social assistance cash benefit (%) | 7.8 | (2016) | 22.4 | (2020) |
| SDG1 | Proportion of employed population covered in the event of work injury (%) | 26.0 | (2017) | 27.8 | (2020) |
| SDG1 | Proportion of population using basic drinking water services (%) | 90 | (2010) | 94 | (2020) |
| SDG1 | Proportion of population using basic drinking water services, rural (%) | 85 | (2010) | 91 | (2020) |
| SDG1 | Proportion of population using basic drinking water services, urban (%) | 95 | (2010) | 97 | (2020) |
| SDG1 | Proportion of population using basic sanitation services (%) | 69 | (2010) | 82 | (2020) |
| SDG1 | Proportion of population using basic sanitation services, rural (%) | 63 | (2010) | 82 | (2020) |
| SDG1 | Proportion of population using basic sanitation services, urban (%) | 75 | (2010) | 82 | (2020) |
| SDG2 | Prevalence of undernourishment (%) | 13.4 | (2010) | 9.4 | (2019) |
| SDG2 | Number of undernourished people (millions) | 12.6 | (2010) | 10.1 | (2019) |
| SDG2 | Prevalence of moderate or severe food insecurity in the adult population (%) (%) | 13.4 | (2010) | 9.4 | (2019) |
| SDG2 | Total population in moderate or severe food insecurity (thousands of people) | | | 4612.1 | (2019) |
| SDG2 | Prevalence of severe food insecurity in the adult population (%) (%) | 3.2 | (2018) | 4.0 | (2019) |
| SDG2 | Total population in severe food insecurity (thousands of people) | 328.4 | (2015) | 427.7 | (2019) |
| SDG2 | Proportion of children moderately or severely stunted (%) | 33.1 | (2015) | 30.3 | (2018) |

| Global Goal | Selected SDG Statistics on the Social Sector | Early Years | | Latest Years | |
|-------------|--|-------------|--------|--------------|--------|
| SDG2 | Children moderately or severely stunted (thousands) | 3,571.1 | (2015) | 3,045.3 | (2020) |
| SDG2 | Proportion of children moderately or severely wasted (%) | 6.8 | (2015) | 5.6 | (2018) |
| SDG2 | Children moderately or severely wasted (thousands) | 782.7 | (2015) | 618.0 | (2018) |
| SDG2 | Proportion of children moderately or severely overweight (%) | 3.3 | (2015) | 4.0 | (2018) |
| SDG2 | Children moderately or severely overweight (thousands) | 423.9 | (2015) | 443.6 | (2018) |
| SDG3 | Proportion of births attended by skilled health personnel (%) | 72.8 | (2013) | 84.4 | (2017) |
| SDG3 | Maternal mortality ratio | 127 | (2015) | 121 | (2017) |
| SDG3 | Infant mortality rate (deaths per 1,000 live births) | 23.5 | (2015) | 21.6 | (2019) |
| SDG3 | Infant deaths (number) | 53448 | (2015) | 47123 | (2020) |
| SDG3 | Under-five mortality rate (deaths per 1,000 live births) | 29.8 | (2015) | 27.3 | (2019) |
| SDG3 | Under-five deaths (number) | 68285 | (2015) | 59751 | (2019) |
| SDG3 | Neonatal mortality rate (deaths per 1,000 live births) | 14.4 | (2015) | 13.6 | (2019) |
| SDG3 | Neonatal deaths (number) | 32738 | (2015) | 28992 | (2019) |
| SDG3 | Number of new HIV infections** | 9800 | (2015) | 17000 | (2020) |
| SDG3 | Number of new HIV infections per 1,000 uninfected population, men (per 1,000 uninfected population) | 0.19 | (2015) | 0.27 | (2019) |
| SDG3 | Number of new HIV infections per 1,000 uninfected population, women (per 1,000 uninfected population) | 0.01 | (2010) | 0.02 | (2019) |
| SDG3 | Tuberculosis incidence (per 100,000 population) | 550 | (2015) | 554 | (2019) |
| SDG3 | Malaria incidence per 1,000 population at risk (per 1,000 population) | 0.504 | (2015) | 0.651 | (2019) |
| SDG3 | Number of people requiring interventions against neglected tropical diseases (number) | 43,430,927 | (2015) | 47,496,283 | (2019) |
| SDG3 | Suicide mortality rate, male (deaths per 100,000 population) | 9.2 | (2015) | 9.2 | (2019) |
| SDG3 | Suicide mortality rate, female (deaths per 100,000 population) | 10.8 | (2015) | 10.9 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(cardiovascular disease) and sex (male) | 112667 | (2015) | 132245 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(cardiovascular disease) and sex (female) | 92923 | (2015) | 117754 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(chronic respiratory disease) and sex (male) | 25968 | (2015) | 31845 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(chronic respiratory disease) and sex (female) | 15230 | (2015) | 19677 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(cancer) and sex (male) | 29379 | (2015) | 32951 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(cancer) and sex (female) | 30268 | (2015) | 36060 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(diabetes) and sex (male) | 16948 | (2015) | 23815 | (2019) |
| SDG3 | Number of deaths attributed to non-communicable diseases, by type of disease(diabetes) and sex (female) | 17586 | (2015) | 25150 | (2019) |
| SDG3 | Alcohol consumption per capita (aged 15 years and older) within a calendar year (liters of pure alcohol), male | 10.68392 | (2015) | 11.21644 | (2019) |
| SDG3 | Alcohol consumption per capita (aged 15 years and older) within a calendar year (liters of pure alcohol), female | 2.72567 | (2015) | 2.86572 | (2019) |
| SDG3 | Death rate due to road traffic injuries, male (per 100,000 population) | 17.9 | (2010) | 18.9 | (2019) |
| SDG3 | Death rate due to road traffic injuries, female (per 100,000 population) | 4.9 | (2010) | 5.1 | (2019) |
| SDG3 | Adolescent birth rate (per 1,000 women aged 15-19 years) | 59 | (2011) | 36.4 | (2018) |

| Global Goal | Selected SDG Statistics on the Social Sector | Early Years | | Latest Years | |
|-------------|---|--------------------|--------|--------------------|--------|
| SDG3 | Proportion of population with large household expenditures on health (greater than 10%) as a share of total household expenditure or income (%) | 6.13 | (2012) | 6.31 | (2015) |
| SDG3 | Universal health coverage (UHC) service coverage index | 48 | (2010) | 61 | (2017) |
| SDG5 | Percentage of ever-married women age 15-49 who have ever experienced emotional, physical or sexual violence committed by their husband/partner (%) | ... | | 26.4 | (2017) |
| SDG5 | Proportion of women in senior and middle management positions (%) | 42.2 | (2010) | 29.31 | (2019) |
| SDG5 | Number of seats held by women in national parliaments (number) | 56 | (2010) | 85 | (2020) |
| SDG10 | Growth rates of household expenditure or income per capita among (a) the bottom 40 per cent of the population and (b) the total population | (a) 1.5 (b) 1.5 | (2012) | (a) 2.4 (b) 1.7 | (2015) |
| SDG10 | Labor share of Gross Domestic Product (GDP), comprising wages and social protection transfers | 31.3 | (2010) | 26.6 | (2017) |
| SDG16 | Percentage of families that were asked to give bribe or grease money by a government official with whom they transacted, by availing of social services | 4.3 | (2013) | 2.5 | (2017) |

Sources: Mainly UNSD Global Statistical Database Available at <https://unstats.un.org/sdgs/UNSDG/IndDatabasePage>; Other data from *PSA Available at <https://psa.gov.ph/poverty-press-releases/nid/144752> and **UNAIDS Available at <https://aidsinfo.unaids.org/> (Accessed November 11, 2021)

Notes: Data provided here are largely descriptive for the period 2010 to 2020 that will allow an examination of trends. The early years data typically mean 2010 to 2014, or in a few cases, 2009, while latest years refer to 2015 to 2020.

One issue that both DSWD and the PSA should take note of is why data in the Global SDG Indicators Database still puts the coverage for old-age pension in the country at 20.5 percent, unless this figure only accounts for SSS and GSIS pensioners. The corresponding figures in the Global Database for other ASEAN member states, including Thailand, Malaysia, Singapore and Brunei Darussalam, however, cover both contributory and noncontributory pensions.

Referring to the elderly, social protection refers to public, not private means, by which the elderly receive support to mitigate poverty and reduce their vulnerabilities. Private would refer to personal savings and family financial support, both providing crucial crutches for the old (Bloom, Jimenez, & Rosenberg 2011) expanding “the definition of social protection—from all public interventions that help individuals, households, and communities to manage risk or to provide support to the critically poor” (WB 2001, p. 47). The concept of social protection espoused by WB has traditionally centered on safety nets until it espoused a broader view by focusing on labor issues and reforming pensions in two landmark studies, namely, the World Development Report 1995 (WB 1995) and Averting the Old Age Crisis (WB 1994).

The Philippine Constitution calls for the provision of social protection for the elderly. Several laws have also been enacted to operationalize the national character of caring for the elderly. The earliest legislation on providing social protection for senior citizens were the Commonwealth Act No. 186 of 1936, which established the GSIS, and Republic Act (RA) No. 1161 (Social Security Act of 1954) which established the SSS. Both GSIS and SSS are mandatory pay-as-you-go insurance systems. Succeeding legislation on protecting the elderly include

- RA 7432, entitled “An Act to maximize the contribution of senior citizens to nation building, grant benefits and special privileges”, enacted on April 23, 1992;

- RA 7876, the Senior Citizens Center Act of the Philippines which mandated the establishment of a Senior Citizens Center in all cities and municipalities, enacted on Feb 14, 1995;
- RA 9257 or the Expanded Senior Citizens Act of 2003, an “Act granting additional benefits and privileges to senior citizens amending RA 7432”, enacted on Feb 26, 2004, spelled out additional grants and privileges for senior citizens;
- RA 9994 or the Expanded Senior Citizens Act of 2010 enacted on February 15, 2010, amended both RA 7432 and 9257, and provided for the establishment of the SocPen program.

Although the country has paid more attention in recent years to social protection, it still has not been able to provide old-age income security to all the elderly through contributory (as well as noncontributory) pensions. Pension systems have been given more attention especially of late, but these systems are still limited in coverage and fall short of ensuring universal social pension target (e.g., ILO, 2017; COSE/HelpAge, 2017). According to the ILO (2021), nearly all member states of the Association of South East Asian Nations (ASEAN), other than Cambodia, has an old-age pension program (**Table 4**). Brunei Darussalam offers a Universal old-age pension, aside from a Provident fund and a Mandatory individual account. Five other ASEAN member states, viz., Philippines, Malaysia, Singapore, Thailand and Viet Nam, also provide for a non-contributory social assistance program for the elderly.

Globally, a significant proportion of older people 65 years old and older remain engaged in income-generating work, especially in lower- and middle-income countries, such as South-Eastern Asia and the Pacific and sub-Saharan Africa. However, participation in active, income-generating work tapers off due to declining health and instances of disabilities among older people. Where 9 percent and 21 percent of 18-48, and 50-59 age groups, respectively, suffer some form of disability throughout the life course, a whopping 38-46% of people aged 60 and older suffer from debilitating sicknesses (ILO 2018, in Juergens and Galvani 2020). These numbers are higher in lower-income than in high-income countries. Older women across all levels spend more time doing unpaid work than her counterpart (Juergens and Galvani 2020; Abrigo and Francisco-Abrigo 2018). Worldwide, 80 percent of older people are in informal employment.

In the case of Japan, the introduction of the public elderly care system was a response to working-age people stopping work to take care of the elderly. However, the “complete externalization” of public elderly care had given rise to the unintended consequence of diminishing familial responsibility to the elderly, placing enormous financial burden on the state (APDA n.d., p. 5-6). The reverse happened in the Philippines where various legislations have been crafted to cater to the needs of the elderly and provide them with privileges and benefits, without the complete externalization of public elderly care. Some of the legislation on older people include:

- (1) RA 344 or the “Accessibility Law of 1982”. This law provides for the minimum requirements and standards to make buildings, facilities, and utilities for public use accessible to the elderly with mobility issues and PWDs.

Table 4. Old age pensions in ASEAN: Key Features of main social security programs

| Country | Scheme | Program and Benefits | Contribution rates / Source of funds | | | | Benefit Payment Level |
|-------------------|------------------------------|---------------------------------|---|----------------|----------------------------------|------------------------------|--|
| | | | Government | Self-employed | Insured person | Employer | |
| Brunei Darussalam | Universal | Old-age pension | Total cost | None | None | None | B\$250 a month is paid. |
| | Provident fund | Old-age benefit | None | Not applicable | Flat rate | 5.0% | A lump sum is paid. |
| | Mandatory individual account | Old-age pension | Any deficit (low income); flat rate (self-employed) | Flat rate | Flat rate | 3.5% or flat rate | A monthly pension is paid based on the insured's account balance at retirement. |
| | | Old-age settlement | | | | | A lump sum is paid. |
| Cambodia | No program | | | | | | |
| Indonesia | Social Insurance | Old-age pension | None | Not applicable | 1%. | 2% | 1% of the insured's average adjusted annual earnings divided by 12 and multiplied by the number of years of contributions is paid. |
| | | Old-age settlement | | | | | A lump sum is paid |
| | Provident Fund | Old-age benefit | None | Not applicable | 2% | 3.7%. | A lump sum is paid. |
| Lao PDR | Social Insurance | Old-age grant | 8.5%. | 5.0% | 2.5%; 8% (public sector) | 2.5%. | A lump sum is paid. |
| | | Old-age pension | | | | | For private-sector employees and self-employed persons, the pension is the insured's total pension points multiplied by the estimated average monthly covered earnings of all insured persons in the calendar year before retirement multiplied by 2%. |
| | | | | | | | |
| Malaysia | Provident Fund | Old-age benefit | Flat rate | Voluntary | 11%; 5.5% (elderly fund members) | 12-13%; 4% (specific groups) | The fund member can make a total or partial withdrawal. |
| | Social Assistance | Noncontributory old-age pension | Total cost | None | None | None | 350 ringgits a month is paid. |
| Myanmar | Social Insurance | Old-age pension | Subsidies | 6% | 3%. | 3%. | 15 times the insured's average monthly earnings in the total contribution period is paid as a monthly benefit or a lump sum. |
| Philippines | Social Insurance | Old age grant | Any deficit | Flat rate | Flat rate | Flat rate | A lump sum is paid |
| | | Old-age pension | | | | | The pension is the highest of: 300 pesos plus 20% of the insured's average monthly covered earnings and 2% of average monthly covered earnings for each credited year of service exceeding 10 years; 40% of the insured's average monthly covered earnings; 1,200 pesos with at least 10 but |

| Country | Scheme | Program and Benefits | Contribution rates / Source of funds | | | | Benefit Payment Level |
|-----------|-------------------|------------------------|--|---|--|-----------------------------|--|
| | | | Government | Self-employed | Insured person | Employer | |
| | | | | | | | less than 20 credited years of service; or 2,400 pesos with at least 20 credited years of service. |
| | Social Assistance | Old-age social pension | Total cost | None | None | None | 500 pesos a month is paid. |
| Singapore | Provident Fund | Old-age benefit | None | 4-10.5% | 20%; 5-13% (depends on age); flat rate (specific groups) | 17%; 9-13% (depends on age) | A lump sum is paid. |
| | | Old-age benefit | | | | | Funds can be withdrawn from the MA for medical treatments and to purchase MediShield Life and ElderShield, a severe disability long-term care insurance plan, or ElderShield Supplements for a member or his or her dependents, subject to limits. |
| | | Old-age benefit | | | | | Funds can be withdrawn to buy a life annuity from the CPF Board or approved insurers. |
| | Social Assistance | Old-age benefit | Total cost | None | None | None | S\$300 to S\$750 a quarter is paid, depending on the beneficiary's place of residence. |
| Thailand | Social Insurance | Old-age pension | 1% (mandatory); flat rate (voluntary) | Flat rate | 3%; flat rate (voluntary) | 3% (mandatory) | 20% of the insured's average monthly covered earnings in the last 60 months before retirement is paid plus 1.5% for each 12-month period of contributions exceeding 180 months. |
| | | Old-age settlement | | | | | A lump sum is paid. |
| | Social Insurance | Old-age grant | Flat rates (depends on functions covered) | Flat rates (depends on functions covered) | Not applicable | Not applicable | A lump sum is paid. |
| | Social Assistance | Old-age pension | Total cost | None | None | None | 600 baht is paid to persons aged 60 to 69; 700 baht if aged 70 to 79; 800 baht if aged 80 to 89; and 1,000 baht if aged 90 or older. |
| | Provident Fund | Old-age pension | 50%, 80% or 100% of the insured contributions (depends on age) | Flat rate | Not applicable | Not applicable | A pension is paid based on the account balance at retirement. |
| Viet Nam | Social Insurance | Old-age grant | Total cost (certain old-age pensions); | 22% | 8% | 14%. | A lump sum is paid. |

| Country | Scheme | Program and Benefits | Contribution rates / Source of funds | | | | Benefit Payment Level |
|---------|-------------------|------------------------|--------------------------------------|---------------|----------------|----------|--|
| | | | Government | Self-employed | Insured person | Employer | |
| | | | subsidies as needed | | | | |
| | | Old-age pension | | | | | 45% of the insured's average monthly covered earnings is paid for the first 16 years (men, gradually rising to 20 years by 2022) or 15 years (women) of contributions plus 2% of the insured's average monthly covered earnings for each year of contributions exceeding 16 years (men, gradually rising to 20 years by 2022) or 15 years (women). |
| | Social Assistance | Old-age social pension | Total cost | None | None | None | 405,000–1,080,000 dong a month depending on age. |

Source: Program Management Bureau, DSWD (2021).
<https://www.social-protection.org/gimi/WSPDB.action?id=1475>

- (2) RA 7876 entitled “An Act Establishing a Senior Citizens Center in all Cities and Municipalities of the Philippines, and Appropriating Funds Therefor”. This law provides for the establishment of Senior Citizens Centers to cater to older persons’ socialization and interaction needs as well as to serve as a venue for the conduct of older person-specific activities.
- (3) RA 8425, also known as “Social Reform and Poverty Alleviation Act” creates the National Anti-Poverty Commission (NAPC) through which the NAPC provides a mechanism for older persons to participate in policy formulation and decision-making on matters concerning poverty alleviation.
- (4) TA 10155, known as “The General Appropriations Act of 2012”. Section 28 of this law mandates that all government agencies and instrumentalities allocate one percent of their total agency budget to programs and projects for older persons and persons with disabilities.

In addition, several Presidential Proclamations and an Executive Order (EO) have been released to advocate for more attention to the needs of the elderly. These include:

- Presidential Proclamation No. 470, Series of 1994, declaring the first week of October of every year as “Elderly Filipino Week.”
- Presidential Proclamation No. 1048, Series of 1999, which declares one day devoted to a “Nationwide Observance in the Philippines of the International Year of Older Persons”.
- EO No. 105, Series of 2003, approved and directed the implementation of the program providing for group homes and foster homes for neglected, abandoned, abused, detached, and poor older persons and PWDs.

Policies on the elderly have also been spelled out in several government documents, such as:

- The Philippine Plan of Action for Senior Citizens (2011-2016) which aims to ensure giving priority to community-based approaches which are gender-responsive, with effective leadership and meaningful participation of senior citizens in decision-making processes, both in the context of family and community.
- DSWD AO No. 4 series of 2010, “Guidelines on the Home Care Support Services for Senior Citizens”, which establishes community-based health care services for older persons.
- The Plan of Action on Ageing 1999-2004 which includes health promotion and disease prevention for adults, by providing free flu vaccinations, osteoporosis screenings and eye tests. The National Action Plan on Senior Citizens focused on aspects of quality of life such as living independently.

Apart from laws, regulations, proclamations and policies championing the cause of older persons, as was mentioned in the first section, two external evaluations were conducted on the SocPen, viz., :

- a study by COSE/HAI (2016) which provides lessons in two key areas: (a) impact of the SocPen scheme, and (b) implementation. The study explored “the extent to which the Php 500.00 benefit, recognized by many as particularly low, has an impact on recipients and their families in terms of implementation. The major focus is to evaluate the process of targeting and validation of indigent senior citizens” (page 6).

- a report of WB (Velarde and Albert 2018). This study mentioned, among other things, the need to relink the SocPen to a poverty focus in order to curtail the LGUs' outsized discretion in its selection of potential program beneficiaries, and the need to make use of technology in facilitating the swift distribution of cash to those that need it the most.

Mandatory retirement is at 60 years for five ASEAN member states, namely, Brunei Darussalam, Malaysia, Myanmar, Philippines and Thailand, whereas retirement age is below 60 for Cambodia (55), and Indonesia (58), and above 60 for Singapore (62), which is further raising its statutory pensionable age (**Table 5**). Retirement age is higher for men than for women in Lao PDR (63 for Men | 58+ Women) and in Viet Nam (60+ Men | 55+ Women). Further, in ASEAN, only Brunei Darussalam (100%) and Thailand (89.1%) in ASEAN have managed to provide old-age pension to more than half of the elderly.

Table 5. SDG indicator 1.3.1 on effective coverage for old-age protection: Comparison of percentage of persons above statutory retirement age receiving an old-age pension in ASEAN member states, 2000 and 2015–20

| ASEAN member state | in 2000 | Year | in 2015–20 | Year | Statutory pensionable age |
|--------------------|---------|------|------------|------|---------------------------|
| Brunei Darussalam | | | 100.0 | 2020 | 60+ |
| Cambodia | 1.0 | 2000 | 6.6 | 2018 | 55+ |
| Indonesia | 6.0 | 2002 | 14.8 | 2020 | 58+ |
| Lao PDR | 3.0 | 2000 | 6.3 | 2020 | 63+ Men 58+ Women |
| Malaysia | 15.0 | 2000 | 18.6 | 2020 | 60+ |
| Myanmar | | | 14.9 | 2020 | 60+ |
| Philippines | 20.0 | 2000 | 20.5 | 2019 | 60+ |
| Singapore | | | 33.1 | 2020 | 62+ |
| Thailand | 5.0 | 2000 | 89.1 | 2019 | 60+ |
| Viet Nam | 16.0 | 2000 | 40.9 | 2019 | 60+ Men 55+ Women |

Sources: UN Statistics Division. Global SDG Database. Available at: <https://unstats.un.org/sdgs/UNSDG/IndDatabasePage>; and, International Labor Organization (ILO). World Social Protection Report 2020-22 Statistical Annexes. Available at: <https://www.social-protection.org/gimi/ShowWiki.action?id=629#stat> [Accessed on 10 November 2021].

This process evaluation study seeks to add to the existing literature on the implementation of the SocPen through the information from key informants, the implementers and beneficiaries themselves, and other senior citizens in a bid to address implementation deficits, if any, of the program.

3. Overview of the SocPen and its design

As was pointed in the previous sections, the SocPen was established by virtue of the Expanded Senior Citizens Act of 2010 (RA 9994), which mandated that the government provide cash assistance of Php500.00 to every indigent senior. To wit:

“Indigent senior citizens shall be entitled to a monthly stipend amounting to Five hundred pesos (Php500.00) to augment the daily subsistence and other medical needs of senior citizens, subject to a review every two (2) years by Congress, in consultation with DSWD. (Section 5, Paragraph H, Number 1)

To operationalize the implementation and communication of the program, the DSWD has released several Administrative Orders (AOs) and Memorandum Circulars (MCs) (see **Table 6**).

Table 6. DSWD issuances on the SocPen

| Issuance | Series | Rationale |
|--|--------|--|
| AO No. 15: Guidelines on the implementation of the SPISC | 2010 | Identifies the responsibility of agencies in the implementation of SocPen |
| AO No. 03: Operational procedure in line with AO No. 15 | 2011 | Uses the NHTS-PR for determining age and social status of potential beneficiaries |
| AO No. 04: Procedure in processing replacements for beneficiaries of the SocPen | 2012 | Defines the system of replacing delisted beneficiaries with validated qualified senior citizens from LGU and NHTS-PR data |
| AO No. 07: Amended guidelines in the operational procedure in line with AO No. 15 | 2013 | Lays out procedures for other modes of payment to address security concerns during payouts |
| AO No. 04: Amendment to AO No. 15 series of 2010 | 2014 | Amends specific provisions related to economic status of indigent senior citizens, as well as lays out the institutional structures of the DSWD |
| MC No. 25: Supplemental guidelines to AO No. 7 series of 2013 | 2014 | Supplements previous guidelines on methods of SocPen payouts |
| MC No. 15 Amended guidelines in AO No. 03 series of 2011 | 2015 | Amends schedule of release of pension to the first month of each quarter payout |
| MC No. 17 Amendment to the provisions in the guidelines (AO No. 03 series of 2011, AO No. 04 series of 2010, and MC No. 25 series of 2014) | 2015 | Provides for the release of SocPen stipend at the start of each quarter; also identifies mechanisms of payout release in case of beneficiary death |
| MC No. 02 Amendment to MC No. 17 series of 2015 | 2016 | Provides for the release of stipend for the replacement beneficiary to take effect within the quarter. |
| MC No. 04: Omnibus guidelines in the implementation of the SPISC | 2019 | Updates guidelines for the smooth implementation of the SPISC, changing the release of payout from quarterly basis in previous years to semestral basis. |

Note: Authors' compilation

Source: DSWD <https://www.dswd.gov.ph/issuances/#AOs> and <https://www.dswd.gov.ph/issuances/#MCs>

3.1. SocPen Description, Objectives, and Theory of Change

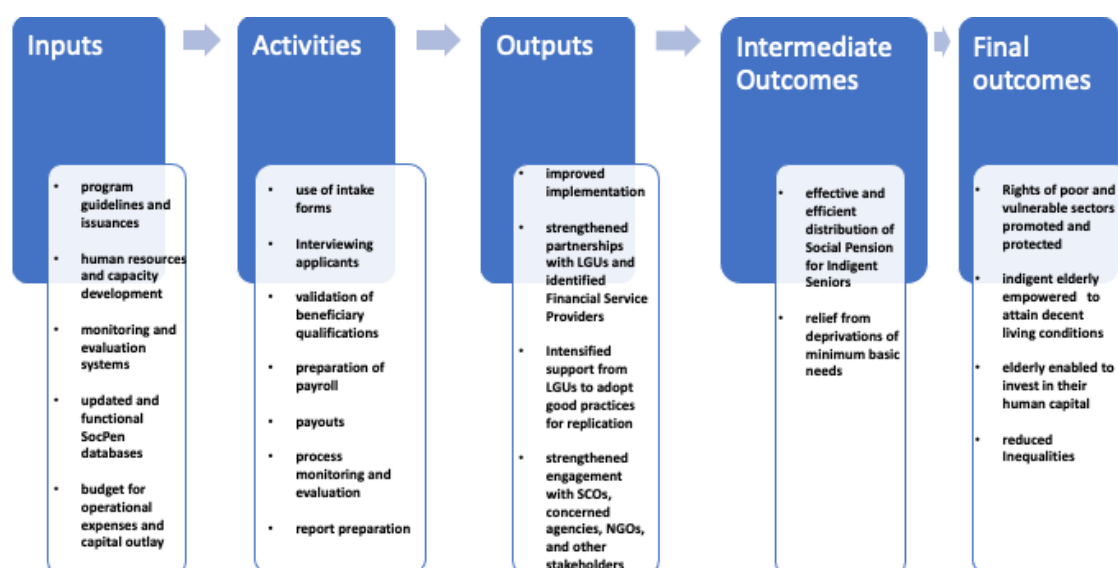
The SocPen, in comparison to the SSS and GSIS, is a rather recent scheme that adds to the Philippines' systems for elderly income security, having been introduced in 2011 to provide monthly social assistance to indigent senior citizens who are not covered by GSIS, SSS, or any form of pension. The SocPen program is a non-contributory pension targeted for indigent elderly. It is meant to fulfill some clauses on the "Expanded Senior Citizens Act of 2010" (RA No. 9994), particularly on the provision of additional benefits and privileges for indigent senior

citizens by government to maximize their participation in nation building. Extra government assistance entitlements are provided to qualified senior citizens in the form of a monthly stipend of Five hundred pesos (PhP 500.00) to augment their daily subsistence and medical needs. As stipulated in DSWD AO No. 15, series of 2010, SocPen seeks to “improve the living conditions of eligible indigent senior citizens”; specifically, the program aims

- (i) to augment capacity of indigent senior citizens to meet their daily subsistence and medical requirements;
- (ii) to reduce incidence of hunger among indigent senior citizens; and,
- (iii) to protect indigent senior citizens from neglect, abuse, or deprivation.

The Theory of Change (**Figure 2**) assumes that, to be able to achieve desired outcomes of the SocPen, inputs such as budget, evaluation mechanisms, and key players be utilized well. DSWD employees, who implement the program on the ground, together with DSWD partners should have their roles clearly identified. When all inputs are harnessed well, this leads to intermediate outcomes (such as efficient distribution of the cash assistance, and relief for the elderly from the deprivations they face without the assistance). The program is successful if all these intermediate outcomes become final outcomes, such as the indigent elderly becoming empowered to attain decent living conditions, the elderly being enabled to invest in their human capital, and inequalities reduced in the country. Process evaluations such as this study can help inform policy makers’ decision to suspend, scale back, tweak, or pour more resources into the SocPen so that the desired outcomes can be achieved.

Figure 2. Theory of Change



Source: Authors’ representation based on SocPen log frame in SocPen Operations Manual (2021).

The SocPen operations manual (OM), developed just this June 2021, describes the program objectives and logical frame, as well as the business processes for the program, viz., identification of potential social pensioners, assessment and validation of potential social pensioners, payment processes, delisting and replacement procedures, reporting, as well as M&E systems. The current draft of the SocPen OM does not specify its date of writing. It needs to be regularly updated as the current guidelines of the program have undergone changes across

the years. The current draft of the OM reflects the quarterly payout that have been implemented prior to COVID-19, although the payouts have become semestral, in certain areas annual as a result of the pandemic. Furthermore, the OM will need to be less terse and improved by including a section on grievance. The OM should also document governance structures and institutional arrangements, including specific roles and responsibilities that are required for exacting accountability. This way, as pointed out in Velarde and Albert (2018), it can be a tool for clarifying roles in program implementation, especially to new staff and stakeholders, especially as the current guidelines have undergone several changes across the years. The OM is a good input in the conduct of future process evaluations for strengthening the program, as well as serve as a deterrent to having varying auditing requirements at different locales.

3.2. Implementation Arrangements

As pointed out in the SocPen OM (DSWD 2021) and in Velarde and Albert (2018), the DSWD implements the SocPen through (a) its Social Pension Management Office (SPMO) under its Protective Services Bureau (PSB), (b) its Regional SocPen Units (RPSU) in the regional offices of DSWD, and (c) with the cooperation of LGUs through the Office of Senior Citizen Affairs (OSCA) at the city and municipal levels. In 2018, SocPen implementation was moved to the Community Programs and Services Bureau (CPSB). Transfer of some of the ‘big ticket’ DSWD programs, including SocPen, to the National Commission on the Senior Citizen (NCSC) is currently underway.

The SPMO takes charge of the overall SocPen implementation, from documentation, to program M&E. Some of these responsibilities include maintaining a SocPen national database and webpage, providing technical assistance to DSWD Regional SocPen focal persons (FPs), preparing annual costing for budget allocation, conducting social preparation and advocacy activities, developing a medium-term management plan for the program, and deploying grievance mechanisms to address SocPen related issues, among other tasks.

The RPSU oversees SocPen operations, such as the actual payouts. It is also in charge of coordination with, and furnishing of reports to, the DSWD CO particularly the SPMO for consolidating information at the national level.

At the provincial level, the LGU, which consists of the local chief executive (LCE) and the Provincial Social Welfare and Development Office (PSWDO), monitors and acts as the co-implementer of the SocPen through the OSCA and the City or Municipal Social Welfare and Development Office (C/MSWDO). The LCE and PSWDO are expected to work for the support of provincial officials, including possibly the augmentation of support funds for SocPen beneficiaries, especially in the poorest municipalities. The SocPen OM (DSWD 2021) and current existing issuances though do not specify whether PSWDOs should be producing regular reports, and in what frequency.

At the city/municipal level, the LGU, through the OSCA and the City/Municipality Social Welfare and Development Office (C/MSWDO), acts as the main co-implementer of DSWD for the SocPen. The C/MSWDO conduct home visits to SocPen prospective and actual beneficiaries. Further, the C/MSWDO staff are expected to prepare and submit reports on the SocPen implementation to the RPSU, but the frequency of the home visits is unspecified by current DSWD guidelines. DSWD AO Order No. 15 Series of 2010 stipulates that the OSCA is required to submit a monthly monitoring and accomplishment report to the C/MSWDO on the fifth of each month. Further, the C/MSWDO, in turn, should submit its own monthly

monitoring and accomplishment report to the RSPU on the tenth of the month. Although the monthly monitoring seems a bit superfluous as much of the operations (particularly the payment processes are undertaken quarterly prior to COVID-19, and now semestral amid the pandemic), some SocPen activities, particularly enrolment of new applicants, replacement of social pensioners, grievance processes continue.

Feedback and grievances may be provided by any persons or institutions about the program, and these complaints are supposed to be acted upon.⁷ During pay-outs, some personnel are assigned to handle grievance/complaints, which implementers mention are reportedly often about misunderstandings on payout processes. For instance, some waitlisted applicants expect to be provided the cash assistance immediately (as they are unaware of all the processes). Staff of OSCA, C/MSWDO or RSPUs may receive any complaint. OSCA and C/MSWDO representatives are held accountable for complaints and are made to submit reports to the RSPU on these grievances/feedback. RSPU may elevate complaints to the SPMO, which is accountable for these grievances.

The DSWD provides the public information about SocPen, making use of its linkages with LGUs as well as SCOs. The DSWD also disseminates information on the SocPen to traditional and social media for reaching both a wider audience pool and a more targeted audience, respectively. Since many elderly community-level activities, LGU social workers and SCOs at the barangay level utilize traditional word-of-mouth schemes in these activities to also spread information about the program.

Up until 2015, funds have been downloaded to the LGU for distribution. Before the seniors get to enjoy the cash assistance, a number of procedures are undertaken:

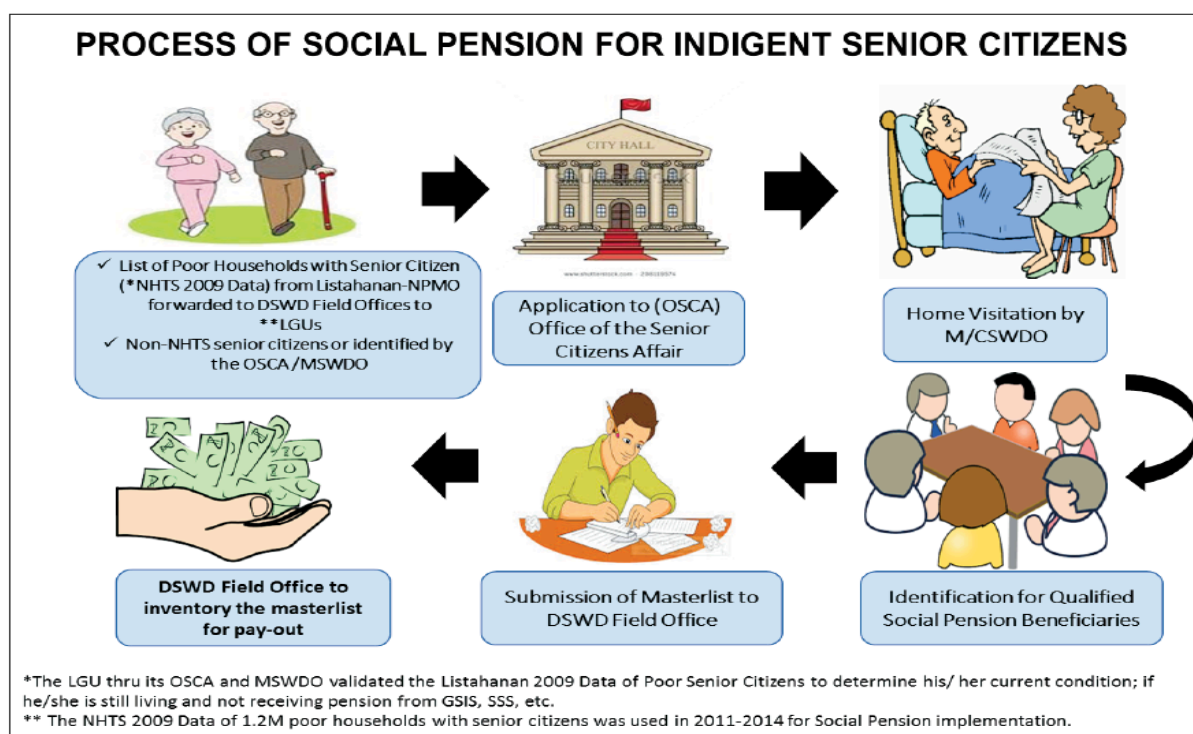
- Preparation of SocPen list of beneficiaries

As was pointed out earlier, the initial masterlist of possible beneficiaries at program inception was first sourced from *Listahanan*, but eventually OSCA has taken over the targeting system (**Figure 3**). Seniors applying for SocPen are supposed to submit either to the OSCA or C/MSWDO a government document (such as a birth certificate or a valid identification) that contains the senior's date of birth (and/or photo). In addition, the SocPen applicant is required to fill out an Application Form (see **Annex 1**), and provide a Certificate of Indigency from the barangay. These documentary requirements could be submitted personally or through a designated representative. As pointed out in the SocPen OM (2021), the OSCA and the C/MSWDO then assesses the eligibility of the applicants using age, health, and economic status as criteria. The applicant must first and foremost be a senior citizen. If the applicant is receiving pensions (from GSIS, SSS, Philippine Veterans Affairs Office or PVAO, the Armed Forces & Police Mutual Benefit Association, Inc. or AFPMBAI, or other insurance companies) or is obtaining regular income or regular support from family (i.e. relatives up the fourth level of consanguinity, including family members working abroad), then the applicant is deemed ineligible. Furthermore, program applicants are also evaluated on their health (whether they are frail, sickly, or disabled) although the extent to which health status is applied by the LGU as eligibility criteria is unclear. The SocPen OM (2021), however, suggests that the program applies all of the following eligibility criteria:

⁷ DSWD AO No. 63, Series of 2011.

“sixty (60) years old and above senior citizens who are: (a) Frail, sickly or with disability; (b) No pension from the GSIS, SSS, PVAO, AFPMBAI or any other insurance company; (c) No permanent source of income; and (d) No regular support from family or relatives for his/her basic needs.”

Figure 3. Process flow of SocPen implementation



Source: Velarde and Albert (2018)

After being deemed eligible for the program, home visits are made by OSCA to the prospective social pensioner. These seniors, however, are waitlisted for SocPen slots (since budgets have already been prepared for the fiscal year). OSCA and C/MSWDO submit the names of the eligible SocPen applicants and the corresponding General Intake Sheet (GIS) (see Annex 2) to DSWD through the RSPU. New applicants replace beneficiary slots⁸ which may open up because of the death or delisting of program beneficiaries. Velarde and Albert (2018) discuss more details on the delisting processes and new entrants into the program. DSWD MC No. 4, series of 2019, also mentions a grievance process, though this is not discussed in the Program OM (2021).

Within DSWD, the Statistician of the Program Management Bureau (PMB) conducts a first step of encoding indigent seniors' names into an Excel file. This file undergoes “data cleansing” next, which ensures that the list has been expunged of names of seniors that have died or been removed from the program. An algorithm launching an eligibility test is conducted to ensure that the implementing guidelines of the SocPen are followed: that, to enjoy the cash assistance, qualified indigent seniors are those who have met the age criteria (i.e. 60 years and older), health criterion (i.e., sickly), and income requirements in the form of not having any pension, nor any direct or regular support from family living here or abroad. The list of potential beneficiaries generated is subjected to another round of validation through cross-matching with

⁸ DSWD AO No. 4, Series of 2012.

the lists provided by public and private insurance systems. Every quarter, the SPMO through the FOs requests SSS to crossmatch the SocPen applicants with its database by filling out a template of the SSS. In the case of GSIS, PVAO or AFPMBAI data, these are currently tagged in the SocPen Information Systems installed in the FOs. Lastly, the list is prepared for the processing of payroll.

- Disbursement processes of DSWD/LGUs

Every quarter (now semester), when the final list of SocPen beneficiaries is ready, it is sent to the OSCA for posting in the community. The list also serves as basis for the payroll. In coordination with the C/MSWDO, the OSCA posts lists of beneficiaries in prominent places in the community for a week, conducts an orientation on payout protocols and documentary requirements, and informs the pensioners and/or their authorized representatives of the schedules of the payouts (Velarde & Albert 2018). Among LGUs who have good track records of prompt fund liquidation, hybrid implementation happens, where both fund downloads and SDOs are mobilized for fast and prompt SocPen distribution.

- Payouts to Social Pensioners

To receive the cash assistance, qualified beneficiaries bring original and one photocopy of the OSCA ID to the DSWD office. In case the senior citizen is unable to claim the cash assistance personally, an authorized representative can claim it. In such a case, the senior citizen's representative must bring an authorization letter bearing the signature of the beneficiary, the representative's ID and photocopy, and a photo of the pensioner holding up a newspaper dated before the scheduled payout as proof of life, on top of the above requirements for the senior citizen (Velarde & Albert 2018). Seniors receive the cash as (a) direct payouts as cash advance from designated SDOs of the DSWD, (b) direct payouts from LGU disbursing officers, coursed as fund transfer to LGUs from the DSWD FOs, (c) via Landbank cash cards. Years ago, there also was a door-to-door delivery of cash provided by service providers, but it is unclear why this practice has been suspended. The second scheme is undertaken with LGUs with good track records of disbursing and liquidation of funds. In 2020, to accelerate delivery of the SocPen cash grants to program beneficiaries amid the challenges brought about by the COVID-19 pandemic, the transfer of program funds for 2020 was authorized to LGUs under the *Bayanihan* to Recover As One Act (RA 11494), but with the expiration of this act, the transfer of funds to all LGUs is no longer permitted for 2021.

As regards the LBP Cash Cards, the PMB has reportedly endorsed to Landbank a total of 2,923,679 LBP cash cards as of 20 October 2020 but only a total of 596,761 (or 17.4% of the total endorsed number of cards are available for 6 regions: NCR, CAR, II, III, IX and Caraga for the release of the 2018 for use of the 2020 UCT grants, which can be used as well for the SocPen payouts.

3.3. SocPen Design

As a result of the Local Government Code of 1991⁹ (RA 7160), administration of social services has been devolved to LGUs. The DSWD is supposed to provide a steering rather than

⁹ Chapter II, Section 17(b) (2) (iv) of RA 7160 : "provides the role of the Municipality: Social welfare services which include programs and projects on child and youth welfare, family and community welfare, women's welfare, welfare of the elderly and disabled persons."

a rowing role in social services. However, existing law provides for the responsibility of the SocPen to be implemented chiefly by DSWD, but the Department has been jointly implementing this with the LGUs.

At program onset (i.e., specifically from 2011 to 2013), SocPen made use of DSWD data from the *Listahanan*¹⁰ to identify a masterlist of potential program beneficiaries (i.e., elderly from poor households). The DSWD's National Household Targeting Office, which manages the *Listahanan* database, shared with the SPMO a list of senior citizens living in households classified as poor in the NHTS-PR (based on a proxy means test). The SPMO then shared lists of potential social pensioners per region to the DSWD Field Offices (FOs), particularly the Regional SocPen Focal Person. The regional list was then subsequently shared with and validated by LGUs, through the OSCA and C/MSWDO. LGU validation, with assistance from Senior Citizens organizations (SCOs), was carried out through assessment interviews/home visits to the potential beneficiaries by OSCA and C/MSWDO. The LGU assessment involved an examination of eligibility criteria set forth in the definition of a social pensioner. In the original (2010) DSWD guidelines, a social pensioner refers to

“a qualified indigent senior citizen who is frail, sickly, or with disability, and without pension or permanent source of income, or regular support from his/her relatives to meet his/her basic needs as determined by the DSWD NHTS-PR.”¹¹

Since the *Listahanan* has imperfections in its poverty targeting and the database can get easily outdated given poverty dynamics (i.e., movements in and out of poverty), the DSWD allowed as early as program inception for the acceptance of “walk in” applicants into the program in cases where an elderly indigent is excluded from the *Listahanan*.¹² Evaluations of the program (e.g., DSWD, 2012; COSE/HelpAge, 2016) took notice of inclusion and exclusion errors in the use of the *Listahanan* for selecting social pensioners. In 2014¹³, the definition of a social pensioner was relaxed (without regard for the elderly's poverty status in the *Listahanan*):

“an elderly who is frail, sickly, or with disability, and without pension or permanent source of income, or regular source of income, compensation, or financial assistance from his/her relatives to support his/her basic needs.”¹⁴

This effectively redesigned the targeting system of the program and made SocPen lose its poverty focus. The LGU, through its social worker (in the C/MSWDO) and OSCA, was given

¹⁰ The *Listahanan*, also known as the National Household Targeting System for Poverty Reduction (NHTS-PR), is the government's poverty targeting system. It was first developed in 2008/2009 and maintained by DSWD to identify the poor and target them for the country's conditional cash transfer program. The system was first piloted in select areas, then expanded nationwide but covering the poorest areas identified by the then National Statistical Coordination Board in its small area estimates of poverty. Households in these areas were asked 46 sets of questions through a four-page family assessment form. These data, together with information from the barangay forms, were used through a proxy means test model (to estimate family income. Proxy means income data would then be compared with the official poverty lines to identify whether the household is poor. The DSWD has subsequently run a second *Listahanan* round in 2015 and a third in 2019 (although the last conduct has not yielded a finalized database, which reportedly will be available in the first quarter of 2022). This will be the last conduct, in the wake of the implementation of the Community Based Monitoring System Law (RA11315).

¹¹ DSWD AO No. 15, Series of 2010, p. 3.

¹² DSWD AO No. 15, Series of 2010.

¹³ DSWD AO No. 4, Series of 2014.

¹⁴ DSWD AO No. 4, Series of 2014, p.1.

the responsibility to identify social pensioners (with no longer any regard for the poverty classification in the NHTS-PR).

Since 2014, LGUs have taken a pivotal role in the identification of social pensioners. Program implementers obliged all prospective social pensioners to submit to the OSCA or C/MSWDO a birth certificate or some identification with a photo and date of birth of the applicant. Further, a prospective social pensioner is made to fill out a SocPen Application Form (see Annex 1), and provide a Certificate of Indigency (from the *barangay*, i.e. village, where senior citizen applicant resides). SocPen applicants could submit these documentary requirements personally or through a designated representative (typically a relative or family member). Eligibility of program applicants is then assessed by OSCA and the C/MSWDO not only as far as age but also in terms of economic status. The latter reportedly means that the applicant should not be receiving pensions (from GSIS, SSS, or other insurance companies) and should not have regular income or regular support from family (i.e. relatives up the fourth level of consanguinity, including family members working abroad). Lastly, applicants are also evaluated on their health; they ought to be frail, sickly, or have a disability to be eligible for the SocPen, but to what extent this criterion plays into eligibility for the program is unclear.

3.4. SocPen Expenditure and Financing

Throughout its existence, SocPen's operations have been funded by the General Appropriations Act (GAA), as part of the social protection programs implemented by the DSWD. As mentioned in previous sections, during program inception in 2011, although the *Listahanan* identified over a million senior citizens (from poor households) for that year, only about 150,000 indigent seniors aged 77 and above were targeted for SocPen due to limited budgets available, with the DSWD expecting to serve the remaining indigent seniors the following year. The age targets, however, persisted until 2014 (though in 2014, the number of targets was nearly double that of the previous year). In 2015, the minimum age of targeted beneficiaries was reduced to 65 years old, and further to 60 years old starting 2016 with the corresponding increase in coverage and budget for the program.

Physical targets have been surpassed in the first three years of SocPen's existence, but starting 2014, the number of actual served beneficiaries have fallen slightly short of target, except in 2018 (**Table 7**). Annual physical targets are drawn up by DSWD for the following year based on the number of existing social pensioners for the current year as well as the latest available data (typically as of October of the given year) on the number of waitlisted applicants from the 17 FOs. Starting 2014, the use of the *Listahanan* for targeting social pensioners was relaxed, with LGUs taking full responsibility for the identification of SocPen beneficiaries.

Table 7. Annual Physical Targets, Actual Served for Social Pension: 2011-2020.

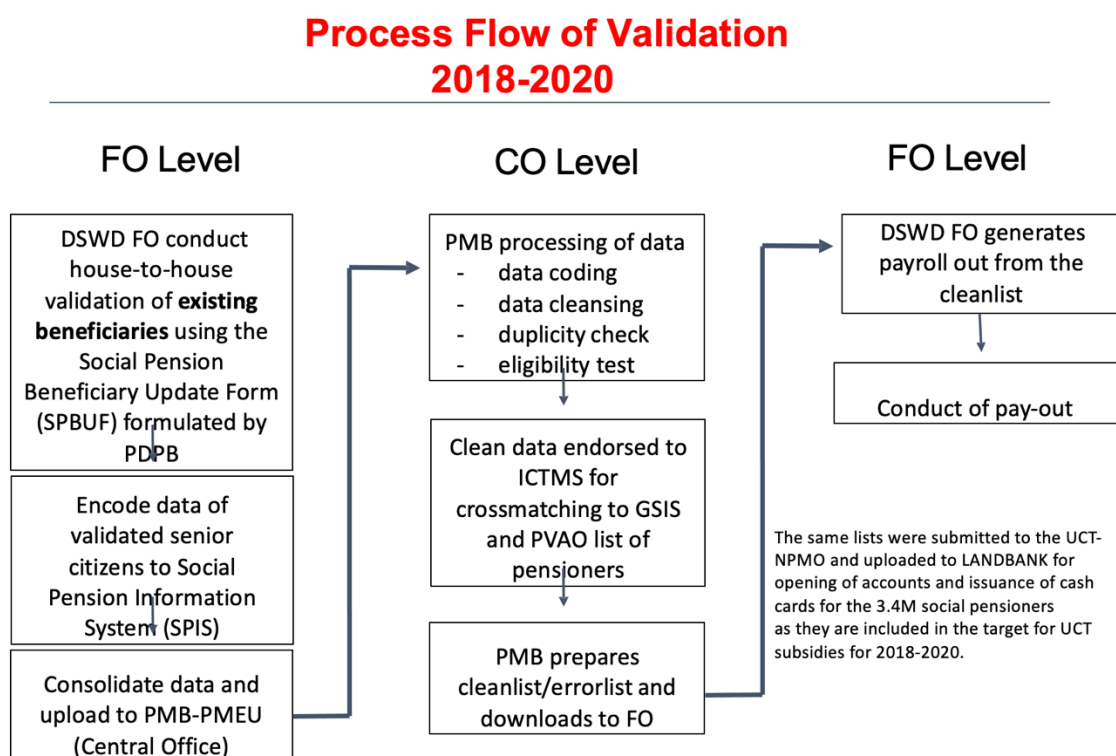
| Year | Physical Target | Actual Served | Budget Allocation (in Million PhP) | Actual Budget Stipend (in Million PhP) |
|------|-----------------|---------------|------------------------------------|--|
| 2011 | 138,960 | 140,576 | 871.0 | 843.5 |
| 2012 | 185,194 | 211,657 | 1,227.5 | 1,231.7 |
| 2013 | 232,868 | 289,371 | 1,533.0 | 1,553.6 |
| 2014 | 479,080 | 481,603 | 3,108.9 | 2,934.4 |
| 2015 | 939,609 | 930,222 | 5,962.6 | 5,947.0 |
| 2016 | 1,368,944 | 1,343,943 | 8,711.2 | 8,593.5 |

| Year | Physical Target | Actual Served | Budget Allocation (in Million PhP) | Actual Budget Stipend (in Million PhP) |
|------|-----------------|---------------|------------------------------------|--|
| 2017 | 2,809,542 | 3,058,355 | 17,107.5 | 15,804.6 |
| 2018 | 3,027,531 | 3,306,265 | 19,282.9 | 18,288.5 |
| 2019 | 3,796,791 | 3,490,454 | 23,184.2 | 16,286.4 |
| 2020 | 3,789,874 | 3,605,064 | 23,184.2 | 21,351.7 |

Source: DSWD (personal communication)

The biggest gap (in magnitude and in relative terms) between the targeted number of beneficiaries and actual number served since program inception was in 2019, largely on account of an extensive validation process started by DSWD in 2018 that continued until 2020, and is continuing with FO staff doing a house-to-house visit to validate if the beneficiaries are truly eligible for inclusion in the program, making use of a Beneficiary Update Form (see Annex 3) formulated by the Planning Development and Policy Bureau (PDPB). Once the data from the form are encoded into the Social Pension Information System (SPIS), they are then consolidated and uploaded to the CO's information system at the Program Management Bureau's Planning Monitoring and Evaluation Unit (PMB-PMEU). At the CO, the PMB processes the compiled data, subjects them to cross-matching to GSIS and PVAO, with the clean list then being sent to the FOs for subsequent payouts (**Figure 4**).

Figure 4. Process Flow of SocPen Validation

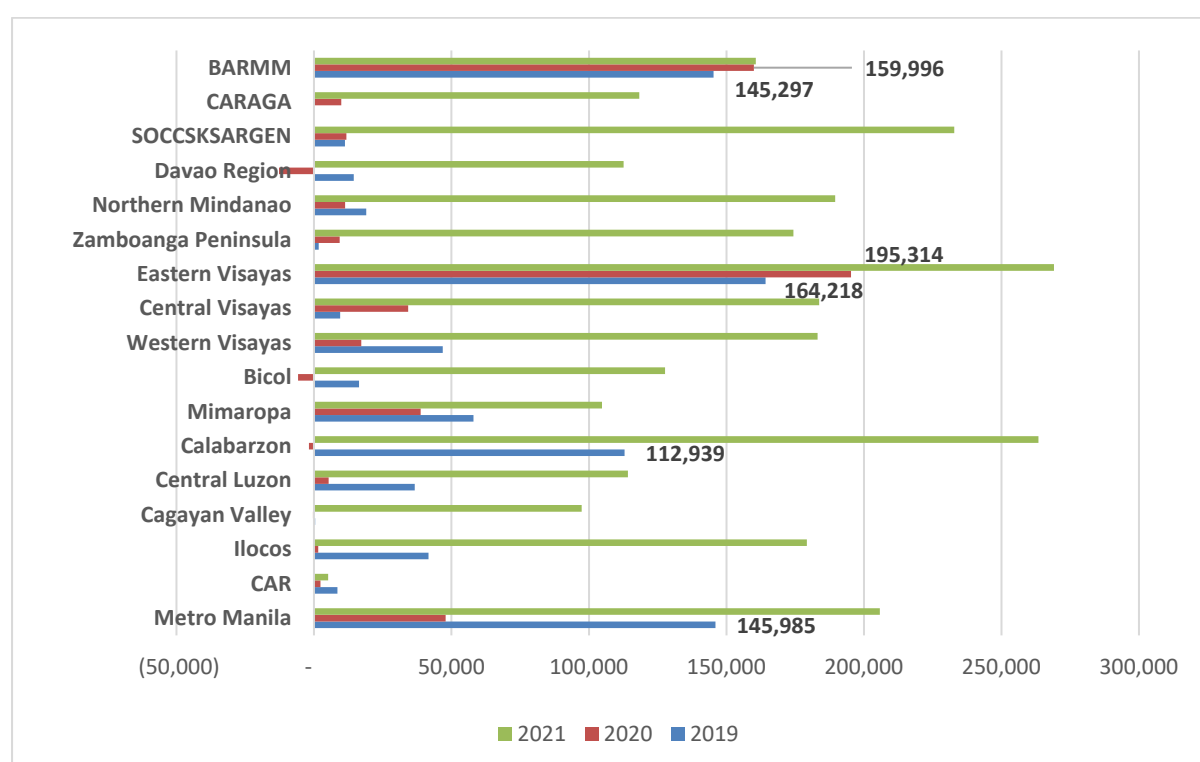


Source: DSWD personal communication

The Beneficiary Update Form does not really add more data on the SocPen beneficiary than the regular eligibility criteria, other than information on how the cash is being used. There is no way to know if the beneficiary is poor (as the many data in the *Listahanan* are not asked). Further, the validation has led to an unintended consequence of delays in payouts, resulting in

gaps between the targets and actual served at over a hundred thousand in 2019 for Eastern Visayas (164,218), the Bangsamoro Autonomous Region of Muslim Mindanao or BARMM (145,297), Metro Manila (145,985), and Calabarzon (112,939), for a national aggregate of 832,978. The DSWD was authorized to download the program funds to LGUs under the *Bayanihan* to Recover As One Act (RA 11494), which expedited the release of funds in 2020, despite the pandemic, but problems persisted in validation in Eastern Visayas and BARMM, that led these regions to continue to have gaps between targets and actual served. With the lapse of RA 11494, the downloading of funds to LGUs had to be discontinued in 2021, except for the LGUs with good track records. As of April 2021, gaps were at over 200,000 in Metro Manila Calabarzon, Eastern Visayas, and SOCCSKSARGEN. No cash distribution has thus far been made in BARMM as of April 2021 that started in 2020.

Figure 5. Gaps Across Regions between Annual Physical Targets and Actual Served for Social Pension Program: 2019-2021*



Note: Data for 2021 is as of April 30

Source: DSWD personal communication

From 2011 to 2020, annual resource utilization, on average, has been at 94%. In 2012 and 2013, utilized expenditures were above the targeted resource requirements. On the other hand, except for 2011, all the years when program expenditures fell short of budget allocations were in the period starting 2014. Across the years, 2019 is the period when the budget was least utilized at 70 percent. If not for this, the average budget utilization would have been 2.65 percentage points higher. According to SPMO staff, administrative costs cover around 3% of the total SocPen budget, and that in years when the actual number of beneficiaries was higher than the number of target beneficiaries, unutilized administrative expenses were realigned to cover the costs for the exceeded number of grantees.

4. Research Methodology and Empirical Findings on SocPen Implementation

4.1. Conceptual Framework

The main objective of this study is to conduct a process evaluation of the SocPen that was implemented through RA 9994. The approach involves collection and analysis of new primary data, which is qualitative in nature, consisting of key informant interviews (KIIs) and focus group discussions (FGDs). This is supplemented by an examination of secondary data, such as a review of existing laws catering to the elderly, policy documents, other DSWD Administrative Orders (AO), and results of the Annual Poverty Indicator Survey (APIS), conducted by the PSA. The APIS is conducted generally on years when the triennial Family Income and Expenditure Survey (FIES), is not conducted. The FIES is the data source of official poverty statistics.

4.1.1. Study Design

This process evaluation was designed to draw information from official SocPen documents of the DSWD, KIIs and FGDs with officials and rank-and-file in the DSWD, and key stakeholders, such as indigent senior citizens (and/or their caregivers), and other seniors. Further, results of a nationally representative survey, i.e. the APIS, that contains information on the SocPen and other pension systems were designed to be examined. Aside from APIS data, various secondary data were requested from DSWD on the program, aside from the publicly available external reviews of the SocPen. All these examinations were designed to be carried out to produce descriptions and hard data regarding SocPen implementation especially in the select study areas of Metro Manila, Balance Luzon, Visayas, and Mindanao.

Primary data were designed to be collected over a period of six months (June to November 2021) through face-to-face (F2F) KIIs with senior citizens, including (a) SocPen participants, (b) seniors who have been denied cash assistance for whatever reason, (c) elderly that had been de-listed after enjoying the SocPen cash assistance for some time, and (d) those that did not intentionally avail of SocPen. Because of the pandemic, no FGDs were conducted for this group. In place of F2F interviews, online interviews were conducted.

Purposive sampling was utilized to identify study participants while the fish bowl technique was employed for program beneficiaries. The choice of the sampling approach is informed by a desire to capture the breadth of program understanding, implementation, and organizational concerns. It is theorized that location may be a factor in the manner of SocPen distribution; thus, program participants must ideally come from both urban and rural areas. Selection of a DSWD office to be interviewed took account of the relative number of Covid-19 incidence to protect the field interviewers. Ten (10) senior citizen respondents from each rural and urban location were designed to be interviewed ideally from each island representation. Except for names and addresses, birthdates, household set-up, and previous type of work engaged in by program recipients, no other personal data were collected. The research team has ensured data confidentiality. The study's ultimate goal is to provide inputs in refining the design and implementation of the SocPen given DSWD's propensity to make use of information intelligently as part of the learning process, and in pursuit of its goals for transparency and productivity.

The interviews and discussions were designed to focus on the three themes of program theory/logic, service delivery and utilization, and program organization/governance. An

examination of the program theory/logic involves an assessment of how the program is supposed to work in theory, and whether the goals and objectives are feasible given the resources. Review of service delivery and utilization assesses the delivery mechanisms installed in support of the program, understanding initial successes or failures of delivery, and the responses of target beneficiaries and client satisfaction. Finally, review of program organization looks into the organizational set-up developed to support the implementation of the policy, including the extent of support it is getting from policy-makers, decision-makers, and stakeholders (Rossi *et al.* 2004).

Box 2 lists the research locales selected for the four study areas (Metro Manila, Balance Luzon, Visayas and Mindanao) to obtain readings in both urban and rural areas. Focus of interviews for non-beneficiaries of SocPen are awareness of the program, whether they had applied for the program and if so, what were the outcomes, as well as information on their living conditions, while beneficiaries were asked about their entry into the program, access of cash payouts, and how they spend their cash assistance (**Annex 3**).

Box 2. Research Locales

| Metro Manila | Balance Luzon | Visayas | Mindanao |
|---------------------------|-----------------|-------------------------------------|--|
| Commonwealth, Quezon City | Calamba, Laguna | Laoang and Catarman, Northern Samar | Cagayan de Oro (CDO), Misamis Oriental |

4.1.2. Profile of Interviewed Seniors

Fifty-eight (58) senior citizens participated in this research study, majority of whom were female whose average age is 70 years old. Most have no income, and are only receiving support from their children, or, if they are still working, are engaged in the informal economy, such as selling food and household objects. Majority of the participants did not finish high school, two (2) had not had any formal education, and only four (4) finished college. Over half of those interviewed were widow/ers (**Table 8**).

Table 8. Frequency of KII respondents by selected demographic characteristics

(a) Age and Sex of KII respondents

| Age | Sex | | |
|--------------|-----------|-----------|------------|
| | Female | Male | Both Sexes |
| 60-64 | 9 | 3 | 12 |
| 65-69 | 14 | 4 | 18 |
| 70-74 | 9 | 3 | 12 |
| 75-79 | 3 | 4 | 5 |
| 80-84 | 3 | 3 | 4 |
| 85-89 | 2 | 1 | 3 |
| 90 and older | 0 | 0 | 0 |
| Total | 40 | 18 | 58 |

(b) Education and Marital status of KII respondents

| Educational attainment | Marital Status | | | | | Total |
|-----------------------------|----------------|-----------|-----------|------------------------------|--------------------|-----------|
| | Never married | Married | Widow/er | Separated/annulled/nullified | Other arrangements | |
| No formal education | 0 | 0 | 2 | 0 | | 2 |
| Some elementary education | 2 | 7 | 11 | 1 | | 21 |
| Elementary graduate | 0 | 5 | 8 | 0 | | 13 |
| Some high school | 2 | 0 | 3 | 0 | | 5 |
| High school graduate | 0 | 5 | 2 | 0 | | 7 |
| Some College | 0 | 1 | 4 | 0 | | 5 |
| College graduate | 0 | 2 | 2 | 0 | | 4 |
| Others (such as vocational) | 0 | 2 | 0 | 1 | | 3 |
| Total | 4 | 22 | 32 | 2 | | 58 |

(c) Household living arrangements and Sex of KII respondents

| Living Arrangements | Sex | | |
|---|-----------|-----------|------------|
| | Female | Male | Both Sexes |
| Lives alone | 5 | 0 | 5 |
| Lives with husband/wife/common law | 4 | 4 | 8 |
| Lives with husband/wife, and children | 7 | 6 | 13 |
| Lives with children only | 18 | 2 | 20 |
| Lives with husband/wife and extended family | 5 | 6 | 11 |
| Lives with other indigent seniors | 0 | 0 | 0 |
| Others (Lives with sibling) | 1 | 0 | 1 |
| Total | 40 | 18 | 58 |

(d) Income Sources¹⁵ and Sex of KII respondents

| Sources of income | Sex | | |
|---|--------|------|------------|
| | Female | Male | Both Sexes |
| Social pension | 9 | 5 | 12 |
| Wages/salaries | 0 | 0 | 0 |
| Profits from business (from formal or informal means) | 10 | 9 | 7 |
| Financial support from children (here or abroad) | 12 | 1 | 7 |
| Financial support from relatives, friends, neighbors | 0 | 0 | 0 |

¹⁵ Some respondents have incomes coming from proceeds from participation in the informal economy, financial support received from children, and from pensions (including 'inherited' pensions i.e. from deceased spouses).

| Sources of income | Sex | | |
|--|--------|------|------------|
| | Female | Male | Both Sexes |
| Proceeds from insurance or savings | 0 | 0 | 0 |
| Other pensions, whether government or private (GSIS, SSS, AFPSLAI, PVAO, etc.) | 4 | 0 | 2 |
| None | 10 | 5 | 8 |

Note: Column totals not given as some seniors mentioned more than one income source

(e) Health infirmities and Sex

| Health infirmities | Sex | | |
|---|--------|------|------------|
| | Female | Male | Both Sexes |
| No disease or disability | 10 | 1 | 4 |
| Cardiovascular diseases | 16 | 6 | 11 |
| Arthritis, osteoporosis, back problems, and diseases involving mobility | 4 | 5 | 7 |
| Nephrological diseases | | | |
| Respiratory diseases | 5 | 2 | 4 |
| Diabetes and other metabolic or digestive disorders | 3 | 2 | 5 |
| Dementia, including Alzheimer's | 0 | 0 | 0 |
| Others (FI fills in this info in the profile sheet): complications brought about by many ailments, prostate | 4 | 6 | 9 |

Note: Column totals not given as some seniors mentioned more than one disease

(f) SocPen beneficiary classification and Sex

| Category | Sex | | |
|---------------|-----------|-----------|------------|
| | Female | Male | Both Sexes |
| Beneficiary | 10 | 12 | 12 |
| Waitlisted | 8 | 4 | 5 |
| Delisted | 6 | 0 | 3 |
| Rejected | 9 | 0 | 9 |
| Did not apply | 7 | 2 | 6 |
| Total | 40 | 18 | 58 |

(g) SocPen beneficiary classification and location

| Category | Location | | | | Total |
|---------------|--------------|------------|-----------------|-------------------|-----------|
| | Metro Manila | Calabarzon | Eastern Visayas | Northern Mindanao | |
| Beneficiary | 3 | 5 | 9 | 5 | 22 |
| Waitlisted | 2 | 4 | 4 | 2 | 12 |
| Delisted | 2 | 1 | 1 | 2 | 6 |
| Rejected | 1 | 1 | 2 | 5 | 9 |
| Did not apply | 2 | 1 | 4 | 2 | 9 |
| Total | 10 | 12 | 20 | 16 | 58 |

4.1.3. Profile of Interviewed SocPen Implementers

To get further insights on SocPen implementation especially in this time of the pandemic, online FGDs were conducted with program implementers, i.e., staff of DSWD's SPMO, PDPB, P/SWDOs, as well as regional OSCAs, and one senior citizen organization. A total of 36 implementer-respondents from Luzon (Metro Manila and Balance Luzon), Visayas (Eastern Visayas), and Mindanao (Northern Mindanao) participated in FGDs conducted in July, August, and November, 2021. Over half (54%) of them had been in the SocPen program for only 5 years and less, while the rest had been with the SocPen program longer than 5 years, and only a handful have been with the program for over 10 years (i.e., since program inception). Majority of the implementers interviewed were from the NCR, followed closely by Region 4-A, Region 8, and Region 10.

Table 9. Frequency of FGD participants, by selected demographic characteristics

(a) Length of years with SocPen and Sex of participant

| Number of years with SocPen | Sex | | |
|-----------------------------|-----------|----------|------------|
| | Female | Male | Both Sexes |
| 0-4 | 10 | 5 | 15 |
| 5-9 | 10 | 3 | 13 |
| 10 and over | 3 | 0 | 3 |
| Did not say | 1 | 1 | 2 |
| Total | 24 | 8 | 32* |

Note: Some FGD participants did not disclose number of years in the program.

(b) Position and Sex of participant

| Position | Sex | | |
|---|-----------|----------|------------|
| | Female | Male | Both Sexes |
| Social Welfare Officer | 8 | 3 | 11 |
| Project Development Officer | 3 | 2 | 5 |
| Supervising/Administrative Officer | 3 | 0 | 3 |
| Administrative Assistant | 1 | 1 | 2 |
| Planning Officer | 1 | 0 | 1 |
| Focal Person | 2 | 0 | 2 |
| Treasurer | 1 | 0 | 1 |
| Day Care Worker | 1 | 0 | 1 |
| Other (Computer Maintenance Specialist) | 4 | 2 | 6 |
| Total | 24 | 8 | 32* |

Note: Two of FGD participants are from senior organizations, while other respondents did not disclose job title.

(c) Position and Location of participant

| Position | Location | | | | |
|---|-----------|---------------|----------|----------|-----------|
| | NCR | Balance Luzon | Visayas | Mindanao | Total |
| Social Welfare Officer | 5 | 4 | 1 | 1 | 11 |
| Project Development Officer | 3 | 3 | 3 | 1 | 10 |
| Supervising/Administrative Officer | 1 | 1 | 0 | 1 | 3 |
| Administrative Assistant | 0 | 0 | 1 | 1 | 2 |
| Planning Officer | 1 | 0 | 0 | 0 | 1 |
| Focal Person | 1 | 2 | 0 | 1 | 4 |
| Treasurer | 0 | 1 | 0 | 0 | 1 |
| Other (Computer Maintenance Specialist) | 0 | 2 | 1 | 1 | 4 |
| Total | 11 | 13 | 6 | 6 | 36 |

As the epidemic is still ongoing, FGDs conducted with DSWD personnel from the CO and FOs were carried out completely online. Important questions about the design of the program were asked. For instance, on the theme of program theory, implementers were asked about what the thinking was behind the design of the SocPen, while beneficiaries were asked about their understanding of the logic and framework supporting the SocPen. Likewise, on the theme of service delivery and utilization, DSWD implementers and SocPen FPs were asked to describe what kind of delivery mechanisms were put in place, what kind of preparation was done, and what their rating was to the perceived success of program implementation. Finally, on the theme of program organization, DSWD implementers and rank-and-file employees were asked to provide their perspective on the adequacy of personnel to keep the program running smoothly, the presence of procedures, and the extent of usage of resources.

KII/FGD instruments were developed for both (a) agency managers who are instrumental in keeping the program running smoothly, for submission of reports on its implementation, and for ensuring implementation issues are addressed, and (b) select program beneficiaries. To develop the instruments, the PIDS research team drew issues from existing studies by COSE/HAI (2016), Velarde and Albert (2018), and DSWD initial implementation tools used in its 2012 study.

4.2. Key Findings from Interviews and Discussions

The following are key findings from the KIIs and FGDs conducted with SocPen program implementers and beneficiaries. The highlights are collected under program design, implementation, and organization.

4.2.1. Program Design

All study respondents agreed that the SocPen is a means of providing social protection to a vulnerable group. All the implementers agreed that it is a good response to the plight of the poorest and sickly elderly in Philippine society. It is seen as the fulfillment of the government's obligation to provide social protection to senior citizens, whose entire working lives may have been devoted to the country, but whose twilight years have seen them impoverished and sickly.

On a scale of 1 to 10, the ratings of implementers for the program was very positive ranging from a low of 8 to a high of 10.

Both implementers and senior citizens interviewed point out that SocPen's intent to augment the cash needs of the elderly for food and medicine has also been realized. Implementers know about the intention of the program, i.e., to simply augment whatever existing allowance on food and medicine the seniors already enjoy, and not to become a replacement income. On this aspect of the program, the DSWD (2012) has found that, indeed, the cash support had gone to where it was designed to be spent—on food (including milk) and medicines.

Implementers interviewed also clearly understood that, given limited government resources, only the poorest of the poor and the weak and with disability should qualify. In 2012, the identified number of indigent citizens identified in *Listahanan* was 1.2 million. Budget constraints provided only much fewer seniors than targeted at the onset of the program. Due to clamors for program expansion, SocPen now covers 3.8 million individuals, but the program's current loose definition of 'indigent' needs to be reexamined¹⁶ (see next subsection). The design of the program rests on the definition of 'indigency' that is currently not nuanced enough. Some implementers admit that, while some seniors receive help from family members and had qualified to the program, support for these seniors is not consistent, and usually not enough to cover their basic needs. This may be due to the fact that some family members who used to provide support to the elderly might have moved on and built their own families, and that the financial help normally earmarked for them was now being spent on their own families' needs. There were also reports of seniors who were delisted when found to live in affluent surroundings. In most cases, the seniors did not own the property, and had only been allowed to live there by relatives. Another issue raised by implementers is that the cash allowance in SocPen has not kept up with inflation. That is, PhP 500.00/month or PhP 6,000.00/annual subsistence allowance is deemed very much inadequate, especially because the cost of living in 2011, when the program was first implemented, is very different from the cost of living in 2021.

Changes in the program design are attempts to systematize cash distribution. Previous modes of payment had included fund transfer to LGUs, whereas currently, DSWD centralizes all payouts. This recent decision is posing quite a logistical challenge, especially during a pandemic where some areas are inaccessible due to quarantine restrictions. Some hybrid arrangements though continue to exist, particularly for selected LGUs with a good track record of liquidation. Another change in the design had been the frequency of payment. Where before cash payouts had been quarterly, these are now done every semester. (Some areas though still follow the quarterly payout frequency, while some areas dispense assistance on an annual basis as a consequence of the pandemic.) The decision to distribute the cash every semester rather than quarterly may provide implementers more time to validate names and make better decisions because of it, which translates to less effort in the frequency of lining up and collecting of cash assistance on the part of the seniors, reducing the elderly's chances of being exposed to viruses (**Figure 6**). By 2022, DSWD management plans to go back to quarterly distribution of cash assistance.

¹⁶ Due to the pandemic which precluded F2F data gathering, as well as because of time constraints, very few senior citizens were interviewed. Thus, to determine categorically that the actual SocPen recipients are the ones most in need of government assistance was not made.

Figure 6. Photos of SocPen payouts in (a) Laoang, N. Samar: (b) Catarman, N. Samar



(a)

(b)

(a) Beneficiaries observe physical distancing during the conduct of payout in Laoang, N. Samar in October 2021.
(b) SocPen beneficiaries in Catarman, N. Samar receive their cash assistance in July, one of two payout dates conducted in 2021. (Photos courtesy of Norliza Nordan)

4.2.2. Service Delivery and Implementation

Program implementers recognized that inclusion, exclusion, and targeting errors persist in the program. They are aware that the inclusion of senior citizens who receive pension when they should not, and the exclusion of senior citizens who should receive assistance but do not, are still happening, when such problem had already been identified as early as 2012. It is believed that inclusion errors are a result of assistance to the elderly being politicized.

While a welcome change, the expanded coverage of the program since inception has also brought about many difficulties in terms of fund liquidation. Furthermore, implementers point out that the need to re-validate or re-verify beneficiaries is a long and tedious process.

The issue of physically bringing cash to far-flung areas in the Philippines is a concern for DSWD regular employees who fear for their safety. The digitalization of payouts, including the use of cash cards, is expected to address this issue. Since LBP branches are not always found across the country, the LBP should also find ways of partnering with other banks, including private ones, which had been done in the case of SAP implementation. While digitalization may not benefit the poorest of the poor who live far away from city centers, where digital infrastructure may be absent, and/or who may not know how to use cash cards, it would certainly work for some. Hybrid operating procedures—cash cards for those who may benefit using this route, and cash for those that will not, is optimal.

Since the re-validation of beneficiaries which started in 2018 is still ongoing, some seniors have not been receiving any cash assistance. The payouts have been suspended pending the completion of validation. Implementers expressed particular concern about the non-payouts in the BARMM. In addition, unlike the GSIS which provides the DSWD a list for cross-matching,

this has not been the case with the SSS. Too often, it was the seniors who needed to provide evidence that they do not receive pension from the SSS before they can receive the payout. Although program design mandates cross-matching of SocPen pensioners with SSS pensioners, to ensure that no one senior citizen receives both pensions, the SSS had not provided the SocPen program of a list of their pensioners since program inception. Often staff in FOs must request counterparts in SSS FOs for assistance in the cross-matching. To this day, more than ten years since program inception (2021), a data-sharing agreement is still being worked out between DSWD and SSS.

From 2015, DSWD makes door-to-door payout deliveries (except in cases where LGUs have good liquidation records). For some LGUs, they simply receive the list, validate potential beneficiaries, and give the cash assistance. This change may have been prompted by complaints that LGUs practice favoritism in dispensing cash assistance. During the pandemic, door-to-door deliveries are hampered by intermittent lockdowns.

In the wake of the COVID-19 epidemic, DSWD had allowed documents to be sent via Facebook Messenger, but this change only worked for some seniors and their relatives who have access to the social media digital platform. People in far-flung rural areas, who are without access to technology, experience delays in receiving their cash payouts.

4.2.3. Organization

Implementers also unanimously expressed concern about the persistent problem of staffing. Regular DSWD employees have additional responsibilities during SocPen payouts by becoming default special disbursing officers (SDOs). In some areas, day care workers are deputized to handle crucial activities, such as facilitating applications of eligible senior citizens, conducting payouts, and addressing complaints and other issues. An oft-repeated complaint in the CO, only 7 people are tasked to work on the SocPen program despite the fact the SocPen has become the second largest social protection program of the Department in terms of budget and beneficiaries (next to *Pantawid*). Very little data analytics is undertaken to examine consolidated databases of beneficiaries from FOs at the CO because of the volume of workload. A listing of all activities for the various phases in implementing SocPen suggests that for a semestral disbursement, it would take a total of 175 days to conduct the entire program implementation, equivalent to 8 months' work for what should be done in 6 months (**Box 3**). Thus, it would be crucial to have extra DSWD staff for the program.

Box 3. Expected Time to Accomplish SocPen Activities with Current Staff

| Phase | Activities | Time Frame | Target | Existing Staff | Responsible |
|-------------------------|--|------------|---|-------------------|--------------------|
| Validation (23 days) | Replacement | Semestral | 2187 beneficiaries for replacement every semester Maximum of 1% total number of beneficiaries per LGU (218659*.01) | 12 PDO | LGU/PDO |
| | A. Crossmatching (Replacement vs. SPIS vs. reconfirmed CE) | 4 days | 50 Target Benes | 12 PDO | PDO |
| | B. Generation of Reference Codes and SPBUF forms | 30 minutes | 183 benefs per PDO | 12 PDO | c/o RICTMU and PDO |
| | C. Actual Validation | 9-10 days | 20-25 benes/ day | 12 PDO 6 Aaide IV | PDO/AA |
| | D. Encoding and Verification | 2 days | 100 forms per day | 12 PDO | PDO |
| | E. Generation and Uploading to CO | 15 minutes | 2187 | c/o RITCMU | IT |

| Phase | Activities | Time Frame | Target | Existing Staff | Responsible |
|-----------------------|--|------------|--|---|--------------------------------------|
| | F. Waiting for Clean list and resolution for error list | 7 days | 2187 with 1% expected errorlist | 6 Aaide IV | AA |
| Obligation (14 days) | 1. CE Printing and OBR/DV | 5 days | 4,374 pages per printer/5 printer available 21866 pages @ 3 Copies (218659/30benes*3 copies) | 12 PDO 6 Aaide IV with 6 functional printers. | PDO/AA |
| | 2. Approval of CE/OBR/DV | 4 days | 24 LGUs per day (2 LGUs per PDO) | 12 PDO | PDO |
| | 3. Monitoring of availability of Cheque and encashment | 5 days | 93 LGUs | 1 FA | FA |
| Cash payout (52 days) | 1. Payroll Preparation and Printing | 5 days | 4,374 pages per printer/5 printer available 21866 pages @ 1 Copy (218659/10 benes*1 copy) | 12 PDO 6 Aaide IV with 6 functional printers. | c/o RICTMU/PDO/AA |
| | 2. Approval of payroll | 7 days | 93 LGUs | 6 Aaide IV | SDO/ARDO/PSD Chief/SWO II |
| | 3. Scheduling of Payout | 3 days | 93 LGUs | RSPPMO Staff | PDO II/SWO II |
| | 4.Preparation of materials | 5 days | 24 LGUS per day (2 LGUs per PDO) | 6 Aaide IV and 12 PDO | PDO/AA |
| | 5. Actual Cash Payout | 32 days | 100/verifier/day @ 68 Verifiers for 93 LGUs | c/o other DSWD Staff plus 6 Aaide Iv | AA for T.O, S. O and Vehicle Request |
| | | | 400/paymaster/day @ 17 paymaster per day for 93 LGU | c/o Finance staff and 2 SB, FA I and SWO II | |
| | | | 3 grievance officer/per LGU | 12 PDO | PDO |
| Liquidation (86 days) | 1 filing of attachment | 15 days | 6 LGUS per day | 6 Aaide IV | PDO |
| | 2 Tagging and checking of paid/unpaid/deceased | 8 days | 24 LGUS per day (2 LGUs per PDO) | 12 PDO | PDO |
| | 3. Preparation of liquidation documents, (Printing of Summary of Payment, Recording in ENGAS, Reconciliation with returned cash to SDO | 62 days | 1 LGU every 2 days for 1 FA and 2 SB @ 62 working days for 93 LGUs | 1 FA and 2 SB | FA/SB |
| | 4. Approval of JEVS and Signing of liquidation for and JEVS | | | | |
| | 5.Transmital to COA | | | | |
| | 6 Provide list of deceased/list for delistment | 8 days | 24 LGUS per day (2 LGUs per PDO) | 1 FA and 2 SB | FA/SB |

One good practice being conducted in the FOs is on fund management. If a senior citizen dies during the immediate semester, the cash assistance is still given out to the survivors. The new pensioner will receive the cash in the next semester. Some LGUs are also quick to update their databases, which helps in the identification of senior citizens in need of assistance, and some top ups are even provided. In the case of the city of Manila, for instance, the current LCE has also provided extra support of PhP 500.00/month, on top of the SocPen assistance given to eligible senior citizens of the city.

According to implementers, some complaints on SocPen are taken directly to the CO, instead of being heard at either the city or regional level. They point out that in such cases it is possible that political interventions or patronage still persists.

4.2.4. Voices of the Seniors

4.2.4.1 Program Design

SocPen is viewed positively by the elderly. Majority of the seniors interviewed for this study reported that they were aware of government programs to assist the elderly, such as providing discounts on food, medicines, and transport costs. A few of them, especially those that did not have mobility problems, were aware of a social pension for the elderly, doubtless a result of engaging with their co-seniors in the *barangay*. Some of them knew that select seniors are receiving a pension of PhP 500.00/month from the national government, while some LGUs provide additional benefits, such as birthday gifts of PhP 500.00, birthday cake, and even, in the case of Calamba LGU a “blue card” that has a monetary value of PhP 8,500.00 to be spent on medicines in case the senior citizen falls critically ill, or upon death, as survivor benefit. Some seniors also mentioned enjoying assistance from a few LGUs where its LCE provide seniors as much as PhP1,500.00/year for medicine. LGUs in NCR are also reportedly taking care of its elderly by supplying them a few pieces of maintenance medicine every month, but that it was understood that they needed to provide the rest themselves. Such provision of maintenance medicines is not a common practice among all LGUs, however. Some seniors discover that, even after enjoying certain benefits for a number of years, they may be suspended without any notice.

Senior citizen-participants admitted that PhP500.00/month is not sufficient for their food and medicine needs, but that they are grateful for the assistance, nonetheless. Having expressed their gratitude, beneficiaries were also careful not to sound as though they were complaining of the small amount of monthly pension, for fear that their SocPen would be suspended or withheld. They also hope that the plan in Congress to increase the payout to PhP1,000.00/month materializes soon.

When asked where the money would be spent, majority responded that it would be spent on food and medicines. But some did not appear to understand that the SocPen is only for augmenting their allowance on food and medicines, and must not be a source of income for the entire family. Apart from buying food and other household supplies, some senior citizens shared that the cash they had received in the past had been spent paying off debts and settling utility bills, even buying clothes and school materials for the grandchildren.

Quite a few participants had assumed that the SocPen is an ‘automatic’ entitlement to all seniors that reached the age of retirement, or 60 years old. Lastly, many beneficiaries felt that receiving cash assistance every six months is a long wait, a sentiment shared especially by seniors of advanced ages. For them, cash assistance dispensed every three (3) months is best. Payout delays have very real consequences for the indigent elderly.

4.2.4.2 Program implementation

4.2.4.2.1 Application process

Some seniors bewailed the confusing application process of the SocPen. Some had claimed to have submitted complete documents but were not interviewed, nor were provided GIS forms. Some had pending applications even before the pandemic, but did not know whether to wait for updates or feedback or not. Some were interviewed a number of times before they succeeded in getting into the program. Some did not know what to do after submitting the

forms and having gone through an interview, and would visit the City Hall to seek out answers. Some report that after filling out applications forms, they were interviewed by DSWD personnel, but did not get any information on whether they had qualified to receive the pension or not. In one of the research locales, some seniors were ‘invited’ to apply to the program, their applications facilitated not by social workers, but by LGU staff who also double as SDOs during payouts. In NCR, some waitlisted applicants received verbal reports that they had qualified, but that they did not know when the cash assistance would begin. Others were rejected outright even without a ‘CI’ (which technically means ‘credit investigation’, a term used among applicants to describe the customary visit of their domiciles to check the veracity of their claims, normally conducted by barangay employees). Many waitlisted applicants wait close to a year before they begin receiving the cash assistance. Lastly, seniors realize that they have not qualified to the program when they find that their names are not on the list during payouts.

In the Visayas, many of the respondents found the application and payout processes efficient with the assistance provided by the concerned offices of the MSWD, OSCA, and barangay. In both research locales in the Visayas, program implementers gather the senior citizens in big venues and station personnel to assist the beneficiaries in every stage of the payout process. The barangay senior citizen association prepares the list of eligible senior citizens and submits the same to the MSWD through the Barangay Captain. The beneficiaries are informed if they are included in the payroll days before the actual payout.

4.2.4.2.2. Identification of recipients

Among rejected applicants and delisted former beneficiaries was a feeling that the decision to reject or delist them was unfair and unjust. However, they reported not proceeding with any complaints, already thinking that their complaints would fall on deaf ears. Some asserted that some beneficiaries in their barangays were better off than they were, or that these seniors were actually receiving support from their children, but which the barangay does not know about. Other seniors who did not qualify to the program because they receive SSS or GSIS pensions had claimed that the pensions were of insignificant amounts as to not count as a pension at all. But because of the rules, that had been used as a ground for their disqualification. Among the waitlisted, morbidly funny asides are swapped, one of which is to pray for existing beneficiaries to die so a slot would become available, since the number of slots allocated to each barangay is already pre-determined.

In one research locale in Luzon, the cutoff of beneficiary age remains 77 years old and older, with certain accommodations being made for younger recipients only on a case-to-case basis (as for example, if the senior citizen in question is suffering from a debilitating disease, receives no pension, gets no support from children/relatives, etc.).

4.2.4.2.3. Information dissemination

A few seniors interviewed for this study reported that they were not aware of the SocPen program, and had only recently learned about it through word-of-mouth from SocPen beneficiaries or other people from the barangay. Other respondents claimed that senior citizen organizations are good venues for getting information about government programs, and that those that do not join these associations lose out.

In the Visayas, the participants identified the barangay officials, the LGU-OSCA personnel, and other senior citizens as their main sources of information about the SocPen program. One participant mentioned about hearing it from the news over the radio. In the Visayas, as in Luzon, the strength of the information dissemination of the program may be attributed to the passing on of information among senior citizens themselves in the barangay.

In NCR, apart from the posting of payout schedules in the barangay, interviewed seniors claimed that bull horns were also used to inform beneficiaries of payout schedules and other important announcements. Online, there were also posts by the Social Marketing group of the official DSWD website for seniors to claim their pension. Nevertheless, some crucial information related to payouts are still unavailable to stakeholders as when former beneficiaries find out during payouts their names are no longer in the master list.

4.2.4.3 Program Organization

Because of lack of dedicated personnel in the SocPen program, day care workers (DCWs) or barangay health workers (BHWs) are mobilized to work with the seniors. DCWs claim that, apart from the SocPen program, they also take care of programs involving single parents, the youth, and persons with disabilities (PWDs).

Based on interviews conducted in the Visayas, there is no consistent process in the application for the SocPen program. Some interviewees said that the barangay would initiate the enlistment, while some claimed senior citizen associations are responsible for gathering qualified beneficiaries. In fact, some interviewees claimed that BHWs and DCW also assist in coming up with the lists, as well. Lists that emanated from the barangay or from senior citizen organizations would then be forwarded to LGU-OSCA, and on to the MSWD. There are other reports that the barangay councils would directly forward the lists to the MSWD. After this stage, the interviewees would have no more idea what happens next, except wait for official validation from the Regional Office.

Because there is no uniform process, according to one of the interviewees, there really is a tendency for political interventions to happen, which would become the reason why there are individuals included in the payroll that did not meet the criteria of indigency as prescribed by law. In addition, there were reports that seniors are favored if they can deliver the most votes for the person who does the listing, especially if that person is running for an elective position in the barangay. On the other hand, some seniors sometimes ask favors of the personnel doing the listing, such as to include their names in the list while they wait for their pensions from GSIS or SSS to come through, and to delist them once they receive their GSIS or SSS pensions. Although these claims of gaming the system come from either side of the fence, these had not been verified, but they were deemed important enough to include in this report.

Often, the OSCA serves as the default “grievance” arm of the program as rejected and delisted applicants seek them out for their individual concerns, but no consultations with OSCA are being conducted during identification of qualified seniors although they have first-hand knowledge of the status of seniors in the barangays. The outsized role played by the OSCA vis-à-vis the SocPen does not seem to be uniform across municipalities in the country, however. The OSCA is headed by a senior with whom senior citizen associations in the barangay coordinate with. As mandated by law, the OSCA handles all senior citizen related affairs, including the celebration of senior week, vaccination program, etc.

In Mindanao, there were reports that senior organizations charge their members Php20.00/monthly. Funds collected would then be used as “assistance” to members who need it. On top of that, seniors are also required to pay Php120.00/annual registration fee. Some senior members claimed that this is a requirement to qualify to receive the SocPen. Waitlisted applicants are “willing participants” to this set up, except if they have been paying for years and still do not become part of the program. One senior-citizen participant felt “frustrated” that they have been paying for years, and yet they still are not part of the SocPen program.

4.3. National Survey Results

Velarde and Albert (2018) provided an analysis of available national survey data then on the SocPen, particularly sourced from the APIS. This study suggested that (a) SocPen considerably increased coverage rates of the national pension system for the elderly; (b) even if SocPen was meant for the indigent, since poverty and indigency are synonymous, hard evidence from the APIS indicates that there has been under coverage among the indigent (exclusion errors) as well as leakage (inclusion errors). Recent APIS questionnaires have improved their survey question from asking whether any member of the household has SSS, GSIS, or SocPen, to making the question specific to each household-member 60 years and over. In consequence, we can examine data on the senior citizens and determine that as of 2020, the total number of seniors covered by the two contributory pension systems (SSS and GSIS) as well as the non-contributory system of SocPen is around 6.3 million out of an estimated total population of about 11.8 million elderly aged 60 and above. The pension coverage for all seniors from the three systems is thus at least 53.5 percent. This rate is still slightly underestimated as APIS does not ask questions about military pensions such as those provided by the PVAO or AFPMBAI. Administrative data in Table 1 puts the total coverage for SSS, GSIS and SocPen at 6.0 million. The total SocPen beneficiaries estimated by APIS is 3.2 million, far lower than the DSWD total beneficiaries reported in Table 1, but this may be on account of the discrepancy between survey period for APIS and the entire fiscal year as reported by DSWD.

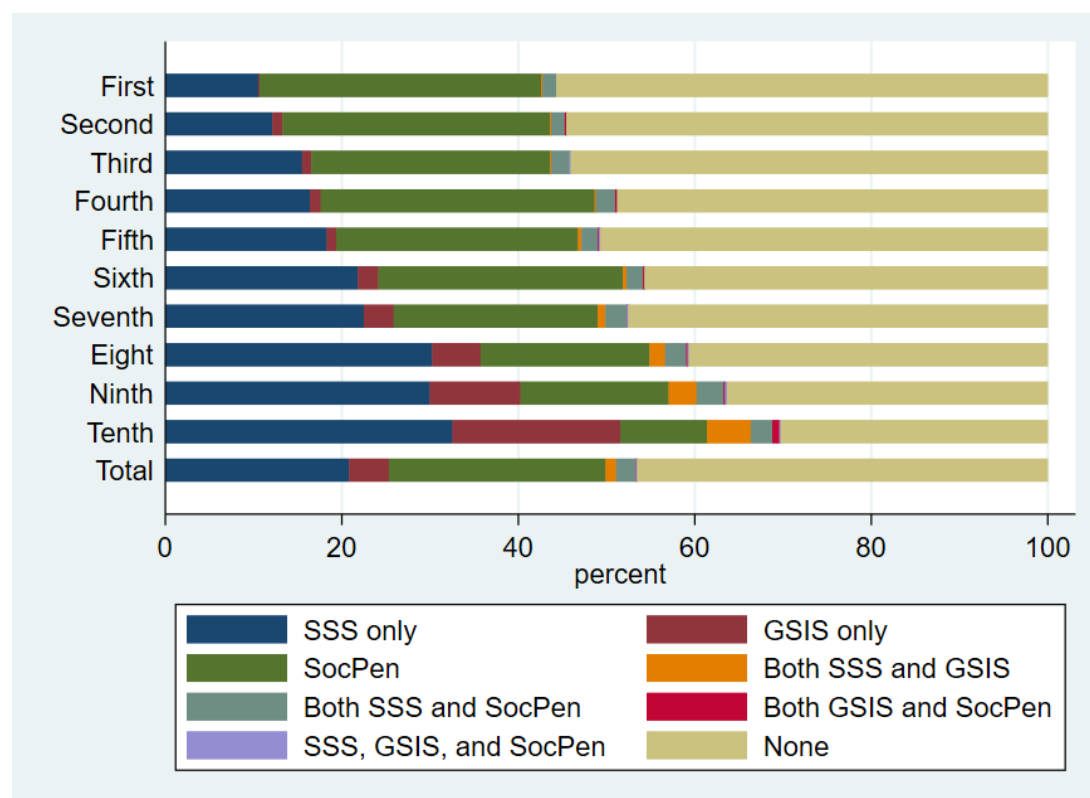
Although the latest available APIS for 2020 no longer has detailed income data by sources, it still does have an aggregate household income. We can make use of such data but recognize that this is not comparable with income data from the FIES. In other words, we can still examine monetary poverty with the per capita income data from APIS but we would need to focus on analysis of per capita income deciles. We can link the term “indigent” with monetary poverty (either with a strict definition, i.e., being in the bottom 20 percent of the per capita income distribution since as of 2018 about 17 percent of Filipinos were estimated to be monetary poor, or with a wider sense as being in the bottom 50 percent taking account of the definitions of low, middle, and upper income proposed by Albert *et al.* (2018), and their estimate that about 50 percent of Filipinos belong to the low income category, including the poor).

APIS data point out that SocPen increased by 78.5 percent the pension coverage of SSS and GSIS in 2020 (that was at 30.6%). SocPen reduced coverage gaps for the elderly especially among the lower parts of the per capita income distribution. Pension coverage increased from 15.2% to 45.8% among the bottom 20 (percent of the per capita income distribution), but this also means that the program did not cover 1.42 million elderly aged 60 and over, out of the total 2.29 million senior citizens without SSS or GSIS from the bottom 20 (for a rate of 62.7%). Among the bottom 50 percent, as much 5.38 million seniors are without SSS or GSIS, and of

these 3.56 million were not covered by SocPen (thus SocPen had an undercoverage rate of 66.1% among the bottom 50%).

Figure 7 shows that whether we use a strict or wider sense of indigency with per capita income, we still find a considerable share of senior citizens who do not need SocPen assistance. As many as 2 out of 5 senior citizen beneficiaries of SocPen (41.2%) belong to the upper 50 percent of per capita income distribution; thus, we can think of this as the program leakage (in a wide sense). But in a stricter sense of using the bottom 20 percent of per capita income distribution to define being indigent, we find that 7 out of 10 of SocPen beneficiaries do not belong to the bottom 20 percent (72.6%). Furthermore, as much as 282,000 out of an estimated 3.2 million SocPen beneficiaries (equivalent to about 8.9%) are reported to be availing of SSS or GSIS pensions (aside from the SocPen). This, of course, may be a misunderstanding of the survey question, but it may also be possible that because of poor digitalization (and the lack of a national ID for all seniors hitherto), there are cases of SocPen beneficiaries who escape the scrutiny of validation processes at LGUs, as well as DSWD, and other government agencies in charge of pensions.

Figure 7. Distribution of senior citizens by per capita income decile and by pension system.



Note: Authors' computations using microdata of the APIS 2020, provided by the PSA.

When we think of the current level of cash pensions provided to SocPen beneficiaries, we may wonder whether this is adequate enough. While there are plans in the legislature to double the current support (to PhP 1000.00 monthly stipends), and interviews with beneficiaries suggest that PhP 1,500.00 would be needed, is there some way to make a decision based on survey data? Unfortunately, there is very little monetary data to work with in the APIS 2020, other than the aggregate income, as well as an aggregate food expenditures variable. We look into these data, as well as corresponding (though not fully comparable) food expenditure data in the

FIES, together with health expenditures data. It should be noted that in both APIS and FIES, expenditures are in relation to the entire household, and not pertaining to the specific individuals (i.e., in our case, the senior citizens). The FIES data may be more reliable given the level of details being asked to jog the memory of survey respondents.

Results of APIS 2010 (**Table 10**) suggest that senior citizens in the bottom 50 percent of per capita income distribution spend, on average, about PhP 5,000.00 monthly for food (over PhP 3,000.00 for the first decile, around PhP 4,500.00 for the second decile and around PhP 6,000.00 for the third to the fifth deciles). If the SocPen database were linked to *Listahanan* then proxy mean income data would be available, and thus differentiated support may be provided depending on incomes of the seniors. The poorest tend to suffer from more risks to their living standards, thus those in the first decile, who tend to be the subsistence poor, could be provided PhP 1,000.00 monthly support which would be a third (31.7%) of their food expenditures. Those in the second decile who are likely to be poor but not subsistence poor, could be given PhP 750.00, which covers less than a fifth (16.6%) of their food expenditures. Finally, the low income but not poor who are in the third to the fifth income deciles could be given PhP 500.00, the equivalent of about a tenth (8.8%) of their food expenditures.

Table 10. Average Monthly Household Food Expenditures of Senior Citizens and Total Number of Senior Citizens by Per Capita Income Decile: 2020

| Decile | Average Monthly Food Expenditures | Total Number of Seniors |
|--------------|-----------------------------------|-------------------------|
| First | 3,151 | 1,182,847 |
| Second | 4,520 | 1,481,208 |
| Third | 5,391 | 887,195 |
| Fourth | 5,730 | 1,164,762 |
| Fifth | 5,912 | 1,186,958 |
| Sixth | 6,643 | 1,173,793 |
| Seventh | 7,947 | 1,295,442 |
| Eight | 9,023 | 1,073,712 |
| Ninth | 12,097 | 1,173,364 |
| Tenth | 22,971 | 1,180,720 |
| TOTAL | 8,305 | 11,800,001 |

Note: Authors' computations using microdata of the APIS 2020, provided by the PSA.

Food expenditure data from FIES 2018, adjusted to 2020 prices, (**Table 11**) are higher than the comparable data from the APIS for the first eight (per capita) income deciles. For the bottom half of the per capita income distribution, household food expenditures in the FIES are 27.8 percent more than the comparable APIS data, with the discrepancy getting larger for those among the poorest. For instance, for the first and second deciles, the FIES food expenditures are 74.4 percent and 29.9 percent higher, respectively than those reported in the APIS. Average health expenditures for the bottom 50 half of the per capita income distribution are about 5.9 percent of the average food expenditures, with the percentages lower for those among the poorest. For instance, for the first and second deciles, the health expenditures are 2.6 percent and 3.8 percent, respectively, of food expenditures, while for the third to the fifth deciles, the average expenditures on health is 5.9 percent of the food expenditures of this income group.

Table 11. Average Monthly Household Food, Health and Total Expenditures of Senior Citizens and Total Number of Senior Citizens by Per Capita Income Decile : 2020

| Decile | Average Monthly Food Expenditures | Average Monthly Health Expenditures | Monthly Total Expenditure | Total Number of Seniors |
|---------------|--|--|----------------------------------|--------------------------------|
| First | 5,496 | 144 | 6,154 | 1,180,290 |
| Second | 5,870 | 225 | 7,406 | 1,179,942 |
| Third | 6,282 | 296 | 8,498 | 1,179,935 |
| Fourth | 6,760 | 415 | 9,837 | 1,180,886 |
| Fifth | 7,161 | 485 | 11,728 | 1,179,102 |
| Sixth | 7,887 | 679 | 13,747 | 1,180,477 |
| Seventh | 8,679 | 847 | 16,469 | 1,180,250 |
| Eight | 9,496 | 1,103 | 20,470 | 1,181,791 |
| Ninth | 10,521 | 1,732 | 26,022 | 1,177,677 |
| Tenth | 11,505 | 3,216 | 44,177 | 1,179,647 |
| TOTAL | 7,966 | 914 | 16,451 | 11,799,997 |

Note: Authors' computations using microdata of the FIES 2018 (with the nominal values adjusted to prices for 2020), provided by the PSA.

The current SocPen cash assistance of PhP 500.00 is thus only 7.5% of the average expenditures on food and health of the bottom half of per capita income distribution. The DSWD and Congress may need to seriously consider having three levels of cash support, P1000.00 for the lowest income decile, P750.00 for the second decile, and maintain P500.00 for the third to the fifth deciles. This will not only provide bigger assistance to those in bigger need of assistance, but will also correspondingly given a bigger relative impact on spending for the needy, as these amounts specifically correspond respectively to 17.7%, 12.3% and 7.0% of the expenses on food and health for the poorest of the poor in the first income decile; the poor but not subsistence poor in the second income decile; and the low income, but not poor in the third to fifth income deciles.

5. Summary, Policy Implications, and Ways Forward

The empirical findings in this study suggested that the SocPen has contributed to improving coverage in the country's pension system. If administrative data are to be believed, the SocPen has more than doubled the pension coverage rate (from the contributory schemes of SSS and GSIS). If national surveys are to be believed, the SocPen has also increased the coverage rate by 78.5% percent. The SocPen is viewed very positively by program implementers and senior citizens alike in the sense of government providing social assistance targeted for indigent elderly without pensions. However, ten years into its existence, the SocPen continues to have a number of implementation deficits that need to be corrected to make the program more impactful. The provision of cash assistance to the indigent elderly is unarguably the best response of the government in improving the plight of this vulnerable population. Strategic policy actions are needed to be adopted. The following are a list of recommendations that can help improve program implementation:

- a. Increase the value of cash assistance/pensions but reexamine who should benefit from the SocPen program

The current cash benefits for SocPen beneficiaries have not been adjusted for inflation since program inception. Even as early as 2012, the internal DSWD (2012) already called for at least a doubling of the cash assistance, largely because the amounts are inadequate. However, the amounts were never meant to address all the senior citizens' needs. Still the value of PhP 500.00 in 2011 is much less than its value in 2021. The efforts by legislators in both the House of Representatives and the Senate to address the need to increase the grants are laudable. Congress should urgently pass the proposed legislation. However, merely doubling the cash would just double the budget of the program. It is also important for legislators and program implementers to examine if the country wants to provide universal social assistance to senior citizens (and if so, whether we can afford it, especially given the myriad problems being faced amid the pandemic), or would we want to continue targeting the program for indigent elderly (in which case, the delisting of some beneficiaries is in order).

- b. Clarify the definition of indigents, and tie this definition to the poverty or low income status of a senior, especially if the program's target beneficiaries will continue to be indigent elderly.

The current definition used in the field to identify indigency is too loose and lacks a poverty focus. Originally, to be part of the SocPen, the beneficiaries should be in the *Listahanan*. While the *Listahanan* is not a complete list of poor households given issues about the proxy means income model, both in terms of inclusion and exclusion errors, and the database gets to be static easily, there could be ways of addressing these issues. First, since official estimates of poverty among the elderly tend to be low, the DSWD could use a more generous set of poverty lines than the official poverty lines. For instance, the Department could adopt the near-poor definition, or even use twice the official poverty lines for the elderly since this group is more vulnerable. This could be justified from the studies of Albert et al. (2018) that define the low-, middle- and upper-income classes using multiples of the poverty line. However, if the Department makes use of the near-poor definition, or uses twice the poverty line as an income threshold to define indigency, then a substantial number of the beneficiaries will have to be delisted from the program. As was suggested in the previous section, the Department could use several income thresholds for different levels of cash assistance as in the case of Cambodia's support for IDPoor Level 1 (very poor), and Level 2 (poor but not very poor) in its poverty targeting system (WFP 2012). For instance, PhP 500.00 monthly assistance could continue to be given to those low-income but not poor, i.e., those with incomes between the poverty line and twice the poverty line; PhP 750.00 monthly assistance for the poor but not subsistence poor (i.e., those with incomes between the subsistence poverty threshold and the poverty line); and PhP 1000.00 monthly assistance for the subsistence poor. This way, differentiated assistance can be provided depending on needs. Further, as was indicated in the previous section, the assistance, in relative terms is much larger for those who are in need of more assistance. For this to work out, all SocPen beneficiaries must be in the *Listahanan* so that their incomes can be estimated with the proxy means income model used by DSWD. If they are not in the *Listahanan* database, then the Department can work with the LGU to collect data using the *Listahanan* household assessment forms (see Annex B). This can systematize the addition of beneficiaries into the program, and the cash assistance. Currently, those who were "rejected" from SocPen do not know why they were rejected, until the payout schedule comes (when they find out their names are not in the list). Some of them have

spent the better part of a day only to be told that they did not qualify, and there is some belief that their rejection may have been politicized. Although no new round of *Listahanan* will be undertaken anymore by the DSWD with adoption of the Community-based Monitoring System (CBMS) Law (RA 11315), the use of this system for categorizing the seniors (current SocPen beneficiaries and prospective ones) into their income status can provide an objective criterion for inclusion or exclusion into the SocPen program. Some efforts in the legislature, e.g. HB 9459, call for the removal of the health assessment (i.e., whether the senior is frail, sickly, or disabled), as health infirmities have indeed nothing to do with economic needs.

c. Deploy dedicated staff to the SocPen program alone.

A persistent problem faced by SocPen is the dearth of personnel dedicated to the program. This seriously undermines the swift and careful distribution of much-needed government cash assistance, as well as analysis of SocPen beneficiary databases. With SocPen having grown into the second largest social protection program of the Department, next only to *Pantawid*, it is crucial that dedicated staff to the SocPen program in the CO and in each region be expected to address data analytic issues and logistical challenges during payout periods.

d. Update the SocPen OM, at least annually

The fact that the OM of the program has only been written in June 2021, more than ten years into the program, suggests that the OM will need revisions, as any first draft is never complete. The OM does state that it should be revised regularly, although the frequency of expected updates is unspecified. While many areas of the business processes of the program are discussed, the discussions are quite terse. The processes for grievances, including how they are addressed, are also not discussed. Neither are the specific institutional arrangements with LGUs, and the specific roles of the LGUs vis a vis units at the DSWD. There should be a discussion of the history of changes in the program implementation to give a better rendering of the program to the OM's reader.

e. Standardize SocPen application process.

According to senior citizens interviewed for this study, if they were to provide recommendations on the implementation of the program, they would suggest that dissemination of appropriate information be done especially on the status of their application so that they would know if there were lacking documents and they would be able to submit the deficiencies prior to the release of the payroll. Another recommendation is to standardize the process of the application and a monitoring and evaluation group be present even at the LGU level. They also pointed out that while the OSCA is a crucial mediator between the enlistment personnel and the applicants, but the Law does not actually identify clearly its role. They are hoping that the establishment of the National Commission of Senior Citizens (NCSC) will provide greater relief to the piling problems faced by the SocPen program implementers.

- f. Regularly update the SocPen beneficiary database, and conduct analytics on it.

It is crucial to merge the beneficiary database with other interoperable databases in the Department, such as *Listahanan*, the Social Welfare and Development Indicators (SWDI), the SAP database, and other future databases to be developed, including the CBMS. One clear rationale for doing this is to find out what income category the SocPen beneficiaries belong to, especially as the *Listahanan* can yield an income variable using the proxy means income model. If the households of the elderly are not in the *Listahanan*, the Department can request LGU assistance to collect the requisite data with the *Listahanan* assessment form. This can also prepare the LGUs to collect the CBMS data, and subsequently analyze data gathered once the CBMS instruments have been finalized by the PSA.

- g. Adopt a digitalization mode of cash payment to SocPen beneficiaries, by using e-payments and e-wallets for cash distribution.

For the elderly who may have access to technology and who are near city centers where the cash assistance may be easily accessed and where cell signal is easy, the use of e-payments and e-wallets are a convenient and speedy means of providing cash to the SocPen beneficiaries. Doing so frees up logistical issues attendant to cash distribution such that the SDOs can focus their energies on the beneficiaries who don't live near city centers, who don't have cell phones, and who have no access to technology (no internet and no access to e-payments and e-wallets).

It is critical that SocPen be understood by everyone, from implementers to beneficiaries to stakeholders, to the public at large as an attempt by the government to provide old-age security, especially to those seniors who need the assistance the most. The suggestions given here can enhance services to lessen the logistical burden for current DSWD staff assigned to SocPen. While in the past, the SocPen beneficiaries may have wanted a means of socialization and getting the actual cash, but with the persisting risks of COVID-19 infections, the use of digital cash payments can protect the elderly. This is also part of a critical step for DSWD to digitalize its processes. Although this may not be used for everyone, having this available can be a fast way to help seniors who need urgent help. In addition, the Department should continue to strengthen its analytics on the use of its administrative data systems to determine how far its social protection is impacting or empowering beneficiaries.

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Annex 1. Social Pension Application Form



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1x1 picture

APPLICATION FORM

I. BASIC INFORMATION

Name: _____ Citizenship: _____
(Last Name, First Name, Middle Name)
Address: _____
(House No. Street Barangay City/Municipality Province)
Age: _____ Sex: _____ Civil Status: _____
Birthdate: _____ Birthplace: _____
(Month, Date, Year)
Living Arrangement: _____ Owned _____ Living Alone _____ Living with Relatives _____ Rent

II. ECONOMIC STATUS

Pensioner? _____ Yes _____ No If yes, how much? _____
Source: _____ GSIS _____ SSS _____ AFPSLAI _____ Others
Permanent Source of Income? _____ Yes _____ None If yes, from what source? _____
Regular Support from Family? _____ Yes _____ No
Type of Support? _____ Cash (How much and how often) _____ In kind (specify)

III. HEALTH CONDITION

Has existing illness? _____ Yes _____ No If yes, please specify: _____
Hospitalized within the last six months? _____ Yes _____ No

I hereby certify that the above-mentioned information are true and correct to the best of my knowledge.

(Applicant's Signature over Printed Name)

Date Submitted: _____

Received by: _____
(Signature over Printed Name and Designation)

Annex 2. Social Pension General Intake Sheet (GIS)



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS

1x1 picture

Province

City / Municipality

GENERAL INTAKE SHEET

I. IDENTIFYING INFORMATION

Name: _____ Citizenship: _____
(Last Name, First Name, Middle Name)

Present Address: _____
(House No. Street Barangay City/Municipality Province)

Age: _____ Sex: _____ Civil Status: _____ Religion: _____

Birthdate: _____ Birthplace: _____
(Month, Date, Year)

Educational Attainment: _____

Affiliation/Group: _____ Listahanan (please specify household number) _____
 _____ Pantawid Beneficiary _____ Senior Citizen Organization
 _____ Indigenous People (please specify) _____
 _____ Others (please specify) _____

ID Number: OSCA _____ TIN _____ GSIS _____
 SSS _____ Philhealth _____ Others _____

II. FAMILY COMPOSITION

| Name | Relationship | Age | Civil Status | Occupation | Income |
|------|--------------|-----|--------------|------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

Living Arrangement: _____ Owned _____ Living Alone _____ Living with Relatives
 _____ Rent _____ Others, please specify _____

III. ECONOMIC STATUS

Pensioner? _____ Yes _____ No If yes, how much? _____

Source: _____ GSIS _____ SSS _____ AFPSLAI _____ Others _____

Permanent Source of Income? _____ Yes _____ None If yes, from what source? _____

Regular Support from Family? _____ Yes _____ No

Type of Support? _____ Cash (How much and how often) _____ In kind (specify) _____
IV. HEALTH CONDITION

Condition / Illness: _____
With maintenance: ____ Yes ____ No If yes, please specify: _____

V. ASSESSMENT

I hereby certify that the above-mentioned information are true and correct to the best of my knowledge.

Interviewed by:

DSWD FO Social Pension Staff
(Signature over Printed Name)

Date of Interview: _____

(Signature over Printed Name of Senior Citizen)

Annex 3. SocPen Beneficiary Update Form

| DSWD <small>Department of Social Welfare and Development</small> <small>PDPB-SPBUF v2 October 31, 2018</small> | | <h2 style="margin: 0;">Social Pension Beneficiary Update Form</h2> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---------------------|------------------|--|--------------------|---|--|--------------------|---------------------------------------|--|--------------------|--------------------------------------|--|--------------------|--|--|--------------------|---------------------|--|--------------------|---------------------------------|--|--------------------|----------------|--|--------------------|--------------|--|-----------|---|--|--|
| SENIOR CITIZEN ID NO. | | Encoded Time Start | | Reference Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Grantee ↓ GO TO 1 | | <input type="radio"/> Not Grantee → CONTINUE | | Name of Respondent: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Pensioner/ Senior Citizen | | <div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Name Name Extension (Jr, Sr) </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Address | | <div style="display: flex; justify-content: space-between;"> Region Province City/Municipality Barangay </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> House No./Zone/Purok/Sitio Street </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Date of Birth | | 5. Name of Guardian/Care Giver | | 8. Marital Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> m m d d y y </div> | | 6. Relationship of (5) to the Senior Citizen | | <input type="radio"/> 1 Single <input type="radio"/> 2 Married <input type="radio"/> 3 Widowed <input type="radio"/> 4 Separated <input type="radio"/> 5 Live-in <input type="radio"/> 6 Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Sex | | 7. Contact Number | | 9. Household Size | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> 1 Male | | <input type="radio"/> 2 Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. SOCIOECONOMIC INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Income Sources and Financial Support | | | B. Health and Social Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Do you receive any form of pension? 1 <input checked="" type="radio"/> ↓ GO TO 11 2 <input type="radio"/> ↓ GO TO 12 3 <input type="radio"/> I don't know ↓ GO TO 12 | | | 13. Who are you living with? 1 <input type="radio"/> Living alone 2 <input type="radio"/> Living with spouse only 3 <input type="radio"/> Living with a child (including adopted children), child-in-law or grandchild 4 <input type="radio"/> Living with another relative (other than a spouse or child/grandchild) 5 <input type="radio"/> Living with unrelated people only, apart from the older person's spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. What pension/s did you receive in the past 6 months? You may read the options. 1 DSWD Social Pension 2 GSIS 3 SSS 4 AFPSLAI 5 Others: _____ | | | 14. Frailty Questions 14.1 Are you older than 85 years? <input type="radio"/> No <input type="radio"/> 1 Yes 14.2 In general, do you have any health problems that require you to limit your activities? <input type="radio"/> No <input type="radio"/> 1 Yes 14.3 Do you need someone to help you on a regular basis? <input type="radio"/> No <input type="radio"/> 1 Yes 14.4 In general, do you have any health problems that require you to stay at home? <input type="radio"/> No <input type="radio"/> 1 Yes 14.5 If you need help, can you count on someone close to you? <input type="radio"/> No <input type="radio"/> 1 Yes 14.6 Do you regularly use a stick/walker/wheelchair to move about? <input type="radio"/> No <input type="radio"/> 1 Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. What are your sources of income and financial support in the past 6 months (other than your pension/s)? You may read the options. For each source, indicate if it is regular then record the estimated amount of income and divide by the household size, if applicable. | | | 15. Do you have any disability? 1 <input checked="" type="radio"/> Disability: _____ <input type="radio"/> 2 None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 30%;">A. Source</th> <th style="width: 20%;">B. Is it regular?</th> <th style="width: 50%;">C. Amount of Income</th> </tr> </thead> <tbody> <tr> <td>1 Wages/Salaries</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>2 Profits from Entrepreneurial Activities</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>3 Household Family Members/ Relatives</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>4 Domestic Family Members/ Relatives</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>5 International Family Members/Relatives</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>6 Friends/Neighbors</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>7 Transfers from the Government</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td>8 Others _____</td> <td><input type="radio"/> 0 No <input type="radio"/> 1 Yes</td> <td>PhP _____ / ____ =</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> <td>PhP _____</td> </tr> </tbody> </table> | | | A. Source | B. Is it regular? | C. Amount of Income | 1 Wages/Salaries | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 2 Profits from Entrepreneurial Activities | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 3 Household Family Members/ Relatives | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 4 Domestic Family Members/ Relatives | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 5 International Family Members/Relatives | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 6 Friends/Neighbors | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 7 Transfers from the Government | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | 8 Others _____ | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | TOTAL | | PhP _____ | 16. Do you have any critical illness or disease? 1 <input checked="" type="radio"/> Illness: _____ <input type="radio"/> 2 None | | |
| A. Source | B. Is it regular? | C. Amount of Income | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Wages/Salaries | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Profits from Entrepreneurial Activities | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Household Family Members/ Relatives | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Domestic Family Members/ Relatives | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 International Family Members/Relatives | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Friends/Neighbors | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Transfers from the Government | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Others _____ | <input type="radio"/> 0 No <input type="radio"/> 1 Yes | PhP _____ / ____ = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | PhP _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. UTILIZATION OF SOCIAL PENSION | | | IV. INITIAL ASSESSMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Where do you spend your Social Pension? Do not read the options. 1 Food 2 Medicines and Vitamins 3 Health check-up and other hospital/medical services 4 Clothing 5 Utilities (e.g. electric and water bills) 6 Debt payment 7 Livelihood/Entrepreneurial Activities 8 Others _____ | | | 18. Initial Impression 1 <input type="radio"/> Ineligible 2 <input checked="" type="radio"/> Eligible Accomplished by: Name and Signature of Worker: _____ Date Accomplished: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Annex 4. KII/FGD Instruments

A. PROGRAM THEORISTS/FRAMERS/IMPLEMENTERS

1. To understand the imperatives of the Social Pension as envisioned by program framers, and to understand whether the policy rests on a sound, logical framework;
2. To discover the ways in which the program could potentially serve the best interests of the senior citizens to ensure they continuously make significant contribution to nation-building.

Discussion Point 1: Program Logic/Framework

1. How is 'indigent/indigency' defined? Has this definition of 'indigency' changed over time? Can we expect this definition to undergo further refinements?
2. In your experience, have people gone in and out of the program in light of the changes in the definition of who the DSWD considers 'indigent'?
3. What realities in the social structure of the Philippines is SocPen a response to? In your experience, how successful has the SocPen been in addressing these realities?
4. Seeing as RA 9994 is an expanded law, what does the SocPen hope to achieve that was not addressed in previous law/s?
5. Is the SocPen expected to democratize access to government resources and benefits that had previously excluded this vulnerable group?
6. Have there been policy changes effected after the initial implementation of the SocPen that you know of?
7. Are there deviations or modifications made from initial to current design, whether in the design, implementation, or organization, especially in the wake of COVID-10? Why were those changes necessary?
8. Is there a 3-5 year management plan that has been designed for the foreseeable future?

Discussion Point 2: Service Delivery and Utilization

9. When was the first rollout of the SocPen? Was it implemented in all municipalities at the same time? If not, why not?
10. What was the outcome of the initial implementation? Is there some documentation on this?
11. What important lessons were learned from the initial implementation?
12. What are the most common problems that you have encountered in your job, and how have you responded?
13. What action/measures have you put in place to cascade the SocPen to the elderly population?
14. Do you think regular feedback need to be sourced from key stakeholders, such as the indigent seniors? CSOs on the elderly?
15. What are the best practices of offices, districts, regions, and Central Office that you have heard of or have read about? Likewise, are there any (what might be considered) 'bad' practices that you have heard of or read about?
16. In your opinion, how successful has the DSWD been in carrying out the SocPen?
17. What documents are regularly submitted or updated?
18. Are there transparency issues in SocPen? Is there a complaint mechanisms set up to respond to concerns and issues of the elderly?
19. What changes would you be expecting in the wake of the Mandanas ruling? Will SocPen be fully devolved, or if there will be some transition, how long will this take?

Discussion Point 3: Program Organization

20. Are all SocPen funds completely liquidated for any given year? Are resources used effectively and efficiently?
21. Are operational procedures well-established and followed? Is there a process flowchart that you follow during funds disbursement?

22. Is staff coordination with bureaus/offices in the DSWD Central Office and with other key players, such as the LGU, efficient?
23. Are there regular national implementation report on the SocPen?
24. Is there a “Social Pensioner” national database and webpage?
25. What are the institutional structures of the SocPen that have been set up?
26. Are the support systems for submitting names, checking, validating, and transmitting names to the implementers on the ground carried out properly?
27. Organizationally, what aspect of the SocPen is the most difficult to carry out?

| |
|--|
| B1. PROGRAM (AND WAIT-LISTED) BENEFICIARIES |
|--|

Objectives: 1. To find out how program recipients benefit from SocPen

1. To discover challenges and issues encountered by program recipients, and the manner and quality of response to those challenges by program implementers

1. How did you know about the SocPen? How long have you been in the program (or waiting to be in the program, for the wait-listed)?
(Trans. Paano ninyo nalaman ang programang SocPen? Gaano na kayo katagal sa Programa, o nag-aantay na mapasama sa programa?)
2. What do you think is the purpose of social pension (SocPen)?
(Trans. Ano po sa pagkakaalam ninyo ang layunin ng SocPen?)
3. What positive role has the SocPen program done for you? (Trans. Ano ang magandang naidulot ng SocPen sa inyo?)
4. How do you access the payout? (Paano ninyo nakukubra ang tulong?)
5. How much do you receive, and where does the money go? (Trans. Magkano ang inyong natatanggap, at saan ginugugol ang perang nakukubra sa SocPen?)
6. Are you satisfied with the amount of financial help you receive from the government? Is it enough to help you with your needs? (Trans. Masaya ba sa nakukuha ninyong tulong mula sa gobyerno? Sapat na po ba para matugunan ang inyong pangagailanaan?)
7. What problems with SocPen have you encountered? Please provide examples from application to receipt of assistance (Trans. Anu-anong problema po ang naranasan ninyo sa programang SocPen? Magbigay ng lahat ng alam, mula sa pagpapalista hanggang sa pagkubra ng tulong.)
8. Did you seek out help for this problem? (Trans. Saan po kayo dumulog nang kayo ay nagkaproblema sa SocPen?)
9. Are there other mechanisms in place at the village, LGU or at DSWD to ensure that the SocPen caters to the needs of the elderly, such as yourself? (Trans. Mayroon po bang mekanismo sa barangay, sa LGU, o sa DSWD para matugunan ang inyong problema sa SocPen?)
10. What suggestions could you give to further improve the implementation of the SocPen? (Trans. Anong rekomendasyon po ang maibibigay ninyo para lalo pang mapagbuti ang SocPen?)
11. Are there other kinds of assistance you are getting from the LGU, or the national Government to meet your needs? (Trans. Meron po ba kayong ibang tulong na nakukuha sa LGU o sa gobyerno para matugunan ang inyong mga pangangailangan sa araw-araw?)

B2. NON-BENEFICIARIES (REJECTED APPLICANTS AND DE-LISTED RECIPIENTS)

Objective: To find out how program recipients benefit (or don't benefit) from the SocPen

1. What government programs for the elderly are you aware of? You may cite all that you know. (Trans. Anu-anong programa ng gobyerno patungkol sa mga nakatatanda ang inyong alam? Magbigay ng lahat ng nalalaman.)
2. How did you know about the SocPen? (Trans. Paano ninyo nalaman ang programang SocPen?)
3. What do you think is the purpose of Social Pension (SocPen)? (Trans. Ano po sa pagkakaalam ninyo ang layunin ng SocPen?)
4. Where did you spend the money when you were still receiving it? (Trans. Saan Ginagastos ang pera noong nakatanggap pa kayo?)
5. Given what you know of the purpose of the program, what most likely was the reason for why you were rejected or de-listed? (Trans. Sa inyong palagay, ano po ang dahilan bakit hindi na kayo nakatanggap ng SocPen?)
6. Do you have plans of applying again? (Trans. May balak pa po ba kayong muling mag-apply para sa SocPen?)
7. What can you say about SocPen's process of implementation? (Trans. Ano po ang masasabi ninyo tungkol sa proseso ng pagpapatupad ng programang ito?)
8. What can you say about Socpen's operational procedures? (Trans. Sa inyong pong pagkakaalam, ang proseso po ba ng pagpapatupad ay malinaw sa inyo at madaling nasusunod?)
9. Do you think the staff is sufficient in number and are trained to respond to problems encountered in program implementation? (Trans. Sa inyong pagkakaalam, sapat ba ang bilang ng mga staff ng SocPen at nakatutugon sa inyong mga katanungan?)
10. What suggestions could you give to improve the implementation of the SocPen? (Trans. Anong rekomendasyon po ang maibibigay ninyo para lalo pang mapagbuti ang SocPen?)

B3. NON-BENEFICIARIES (DID NOT APPLY TO THE PROGRAM)

Objective: To find out what non-recipients of the program know about the government's social protection for the elderly indigents

11. What government programs for the elderly are you aware of? You may cite all that you personally know. (Trans. Anu-anong programa ng gobyerno patungkol sa mga nakatatanda ang inyong alam? Magbigay ng lahat ng nalalaman.)
12. What do you know of SocPen? (Trans. Ano po sa palagay ninyo ang SocPen?)
13. Why did you not apply for the SocPen? (Trans. Bakit hnd po kayo nag-apply sa SocPen?)
14. Given the chance, would you have applied? (Trans. Kung may pagkakataon, mag-aapply po ba kayo sa SocPen?)
15. Do you think government cash assistance to help the elderly is a good idea? (Trans. Sa inyong palagay, ang pagbibigay ba ng cash assistance sa mga mahirap na nakatatanda ay mabuting programa?)
16. How do you think the SocPen will help the elderly? (Trans. Sa paanong paraan kaya makatutulong ang SocPen sa mga matatanda?)
17. If you were given the SocPen, where would you most likely have spent the cash assistance? (Trans. Kung nabigyan kayo ng tulong pinansiyal, saan nyo po ito gagastusin?)