



RESEARCH PAPER SERIES NO. 2022-05

**SocPen Beyond Ten:
A Process Evaluation of
DSWD's SocPen Program
amid the COVID-19 Pandemic**

**Jose Ramon G. Albert
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Philippine Institute for Development Studies
Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas

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ISSN 1908-3297
ISSN 2508-0830 (electronic)
RP 09-22-600

Cover photo from: <https://www.facebook.com/dswdserves>

Editorial and production team:

Sheila V. Siar, Gizelle G. Manuel, Wenilyn M. Asuncion, and Maryam P. Tubio

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List of Acronyms

ADB	Asian Development Bank
AFPMBAI	Armed Forces and Police Mutual Benefit Association Incorporated
AO	administrative order
APIS	Annual Poverty Indicator Survey
ASEAN	Association of Southeast Asian Nations
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BHW	barangay health worker
C/MSWDO	City/Municipal Social Welfare Development Office
CALABARZON	Cavite, Laguna, Batangas, Rizal, and Quezon
CAR	Cordillera Administrative Region
CBMS	Community-Based Monitoring System
CCT	conditional cash transfer
CO	central office
COSE	Coalition of Services for the Elderly
COVID-19	coronavirus disease 2019
DCW	daycare worker
DSWD	Department of Social Welfare and Development
EO	executive order
F2F	face-to-face
FGD	focus group discussion
FIES	Family Income and Expenditure Survey
FO	field office
FP	focal person
FSCAP	Federation of Senior Citizens Association of the Philippines
GDP	gross domestic product
GIS	General Intake Sheet
GSIS	Government Social Insurance System

HB	house bill
ID	identification
ILO	International Labor Organization
KII	key informant interview
LBP	Land Bank of the Philippines
LCE	local chief executive
LGU	local government unit
M&E	monitoring and evaluation
MC	memorandum circular
NCR	National Capital Region
NCSC	National Commission of Senior Citizens
NEDA	National Economic and Development Authority
NGO	nongovernment organization
NHTS-PR	National Household Targeting System for Poverty Reduction
NSPS	National Social Protection Strategy
OM	operations manual
OSCA	Office of Senior Citizens Affairs
PDP	<i>Philippine Development Plan</i>
PDPB	Planning Development and Policy Bureau
PHP	Philippine peso
PIDS	Philippine Institute for Development Studies
PMB	Program Management Bureau
PSA	Philippine Statistics Authority
PSWDO	Provincial Social Welfare and Development Office
PVAO	Philippine Veterans Affairs Office
PWD	person with disability
RA	Republic Act
RSPS	Regional Social Pension Staff
RSPU	Regional Social Pension Unit
SAP	Social Amelioration Program
SB	senate bill

SCO	senior citizen organization
SDG	Sustainable Development Goal
SDO	special disbursing officer
SGV	SyCip Gorres Velayo & Co.
SOCCSKSARGEN	South Cotabato, Sultan Kudarat, Sarangani, and General Santos City
SocPen	Social Pension
SPIS	Social Pension Information System
SPISC	Social Pension for Indigent Senior Citizens
SPMO	social pension management office
SPOFS	Social Protection Operational Framework and Strategy
SSS	Social Security System
UCT	unconditional cash transfer
UN	United Nations
WB	World Bank

Acknowledgment

The authors acknowledge the crucial research assistance of Norliza Nordan in Northern Samar and Aya Rasuman in Cagayan de Oro and the administrative help of Sherryl Yee of the Philippine Institute for Development Studies.

They also acknowledge the anonymous reviewer for the invaluable inputs to improve the clarity and organization of the paper.

Additionally, the authors are grateful for the participation and assistance of the staff of the Department of Social Welfare and Development (DSWD), specifically the Program Management Bureau, Policy Development and Planning Bureau, and the DSWD field offices in Regions VIII and X, in coordinating with different stakeholders who participated in this study. The help extended by Celina Manabat, Edna Pajuelas, and other staff of the City Social Services Department of Calamba, Laguna; Coleen Chavez and Carlo Wabe Jr. of the Office of Senior Citizens Affairs, Cagayan de Oro; and Luz Galit and Felicidad Dulay of OSCA, Laoang, Northern Samar, are likewise acknowledged.

Finally, the authors wish to express their gratitude to all study participants for providing their valuable time and views.

Abstract

Since 2011, the government, through the Department of Social Welfare and Development (DSWD), has been implementing the Social Pension (SocPen) Program for Indigent Senior Citizens. SocPen gives a noncontributory monthly pension of PHP 500 to qualified seniors (i.e., indigent Filipinos aged 60 and above). Initially, the DSWD had sought to help 1.2 million indigent senior citizens identified by the *Listahanan* on a PHP 8.71-billion budget allocation. However, insufficient funds had prompted the department to target only 138,960 seniors at program inception, though the actual served were 140,576 senior citizens with a budget of PHP 843.5 million. Budget allocation for the SocPen has increased exponentially since program inception to over PHP 23.4 billion in 2021. With this 2,540-percent jump in budget within 10 years, the 2021 physical target has also expanded to 3,835,066 senior citizens, a 2,634-percent increase in target beneficiaries. The 2020 physical target for SocPen is nearly two-fifths (37.8%) of the country's senior citizens. This study describes SocPen's design and current implementation processes, especially in the wake of coronavirus disease 2019 (COVID-19) and attempts to increase beneficiaries' financial assistance and coverage. 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 welcomed by seniors, and despite the improvements taken 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 the potential to impact the lives of elderly indigent beneficiaries significantly.

Introduction

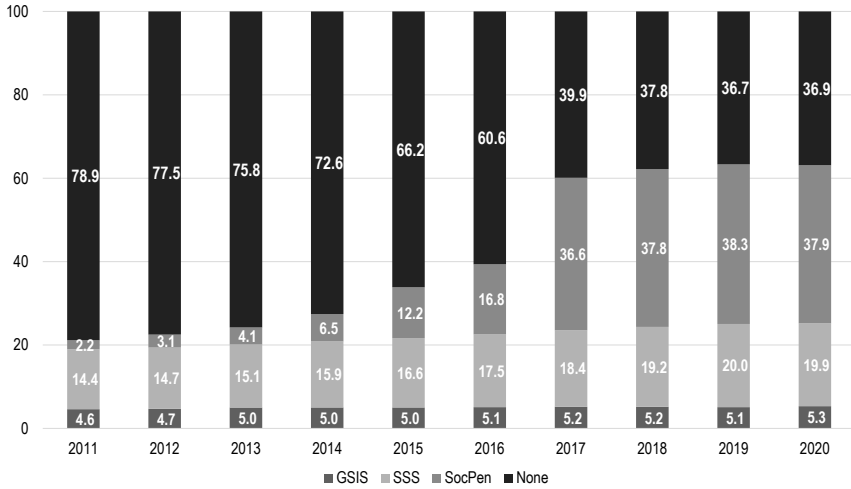
In March 2011, the Department of Social Welfare and Development (DSWD) began implementing the Social Pension for Indigent Senior Citizens (SPISC) program, also known as SocPen, by providing qualified indigent senior citizens 77 years old and older a monthly stipend of PHP 500. The SPISC program aims to provide indigent elderly cash to augment their daily allowance for food and medicines. According to the DSWD (2012a), much of the subsistence allowance had 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 assist an estimated 1.2 million indigent senior citizens identified in the National Household Targeting System for Poverty Reduction (NHTS-PR), also known as *Listahanan*,¹ on a PHP 8.71-billion budget allocation. Insufficient funds had prompted the department to target only 138,960 individuals at program inception, with actual spending of PHP 843.5 million for 140,576 actual beneficiaries served (DSWD 2012a). Since then, the SocPen budget allocation has increased exponentially to over PHP 23.4 billion in 2021. This represents a 2,540-percent increase in 10 years and a 2,634-percent 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 country's senior citizen population.

As pointed out in Velarde and Albert (2018), the introduction of SocPen by the government has practically doubled the reach of old-age pensions 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 percent of seniors covered under SocPen. The coverage rate for seniors from the two contributory pensions and SocPen has increased from 21.1 percent in 2011 to 39.4 percent in 2016. The old-age pension coverage rate went up further to 63.1 percent in 2020. However, despite the expanded coverage, nearly two-fifths (36.9%) of senior citizens remain without an old-age pension as of 2020 (Figure 1). Likewise, there are currently no publicly available data to suggest whether this proportion represents the elderly who do not need a pension. Hence, this paper will provide estimates of this issue based on a nationally representative survey conducted by the Philippine Statistics Authority (PSA).

¹ 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



GSIS = Government Service Insurance System; SSS = Social Security System; SocPen = Social Pension
 Note: Authors’ estimates are based on data from the SSS, GSIS, and DSWD SocPen (through personal communication with the authors on July 14, 2021) and population projections of the PSA (2010).

Source: Authors’ computations; PSA (2010)

Further, SocPen has been implemented with a poverty focus in mind, given the target to give benefits to “indigent senior citizens”. Social protection is viewed as a human right; thus, there is ground for clamors for universal social protection. However, given the huge budgetary implications of providing old-age pensions for all seniors, the government has prioritized social assistance for indigent elderly. Hence, in its first years of implementation until 2014, SocPen had used and exhausted the list of poor seniors in Listahanan.

On the other hand, SSS and GSIS were designed to provide old-age pensions for formal workers in the private and public sectors, respectively. Even though SSS has been enticing informal workers to contribute to their old-age pension, the increase in its reach has been negligible.

As far as the assistance received by SocPen beneficiaries, it should be noted that they obtained an additional stipend of PHP 200 under the unconditional cash transfer (UCT) program of the government, as mandated by the Tax Reform for Acceleration and Inclusion law (RA 10963) in 2018. In 2019 and 2020, this additional monthly UCT increased to PHP 300 in 2019–2020 (DSWD 2018). Further, in 2020,

SocPen beneficiaries became eligible to receive cash benefits of PHP 5,000 to PHP 8,000 per month for two months under the Social Amelioration Program (SAP). The SAP support was provided amid the coronavirus disease 2019 (COVID-19) pandemic, as mandated in the *Bayanihan to Recover as One Act* (RA 11494). Meanwhile, there are proposals in the House of Representatives (House Bill [HB] 9459) and Senate (Senate Bills [SBs] 126, 133, 160, and 2243) to double the monthly stipend of indigent senior citizens from PHP 500 to PHP 1,000. Outside of the conditional cash transfer (CCT) and SAP, the SocPen benefits have not increased in recent years. The monthly stipend has not been inflation-indexed; thus, its impact on providing assistance is losing impact. Given the prevailing economic conditions, the proposed laws on the SocPen, which will amend the Senior Citizens Act (RA 7432) and the Expanded Senior Citizens Act of 2010 (RA 9994), call for a regular review of the monthly pension by the DSWD, Department of Budget and Management, and other relevant agencies.

Despite the SocPen's decade-long implementation and RA 9994's requirement of a biennial program review, the government has thus far conducted two studies on the program. These are the internal DSWD (2012) research study completed a year after program implementation and a commissioned study to Sycip Gorres Velayo and Co. (SGV) in 2019.² Hitherto, results of the SGV study, however, have not been made public. External assessments of SocPen were also conducted by several organizations, notably the Coalition of Services of the Elderly/Help Age International (Knox-Vydmanov et al. 2016) and the World Bank (Velarde and Albert 2018). Reyes et al. (2019) also discussed SocPen but in a larger context of social protection for the elderly, while Albert et al. (2018) discussed 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 need to look into the program issues (e.g., benefit level and delivery, program enhancements) regularly, a process evaluation of the SocPen program is thus timely and relevant. Decisionmakers should find ways of sustaining social protection assistance for the needy elderly.

² Based on the authors' Google Meet interview with Analiza B. Salud (Social Welfare Officer IV, Program Management Bureau, Department of Social Welfare and Development) on July 23, 2021.

Table 1. Geographic distribution of pool of treated households identified from merged DSWD datasets

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*	18,294.01	16,064.95**

DSWD = Department of Social Welfare and Development; PHP = Philippine peso

* This figure is based on a document from the Social Pension Program, OP-PWD Unit of the Sectoral Programs Division of the DSWD’s Program Management Bureau (PMB) via personal communication with the authors on August 26, 2021.

** The discrepancy may be attributed to unliquidated funds due to the pandemic and the validation process undertaken from 2018 to 2020 that led to the suspension of cash payouts.

Source: Authors’ compilation

The general objective of this study is to assess the SocPen implementation by reviewing its policy theory/rationale, delivery and implementation, and organization. This study uses a systematic approach 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 (LGUs) in implementing SocPen; (c) document the benefits and experience of the senior citizens receiving SocPen assistance; and (d) recommend ways to improve the program.

Review of Related Literature

Senior citizens, defined as persons 60 years old and over, constitute a vulnerable population for two reasons: (1) they no longer generate income as a result of retirement, and (2) they experience medical conditions partly exacerbated by their loss of income (i.e., early diagnosis of diseases could have prevented medical conditions from worsening if they had the money for timely interventions). Over the years, the traditional ways of supporting the elderly, such as family members directly contributing to the needs of the aged or through old-age pensions as some means of support, 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, these traditional forms of

assistance for the elderly have started to fray, to the detriment of the old (Bloom et al. 2011).

Aging is a reality globally, particularly in the Association of Southeast Asian Nations (ASEAN) Plus Three economies, composed of the 10 ASEAN member-states plus China, Japan, and Korea (Table 2).

Table 2. Proportion of population aged 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
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
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

ASEAN = Association of Southeast Asian Nations (Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam); ASEAN Plus Three = ASEAN plus China, Japan, and Korea

Source: UN (2019)

As of 2020, 3 in 20 persons (16.6%) across ASEAN Plus Three are 60 years and older. The proportion is projected to increase to 1 in 5 (22.7%) by 2030 and 1 in 3 (31.1%) by 2050. However, ASEAN Plus Three is aging at different rates across (and within) economies.

In the Philippines, the elderly aged 60 and older comprise 9.4 million of an estimated 109.6 million Filipinos as of 2020. Thus, the share of senior citizens in the total population is 8.6 percent and is expected to

grow to 16.5 percent by 2050 (UN 2019). An aging population is a policy concern, as it increases the demands for medical care, health facilities, and replacement income.

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

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

Our ways of thinking about the elderly and aging should be revised. We should recognize that not all elderly are vulnerable (poor and frail/sickly/disabled). Ensuring healthy aging and empowering the elderly to exercise their rights, of which the provision of old-age security forms part, is thus imperative.

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

Therefore, for countries to maintain economic growth and at the same time protect the elderly, three systems of old-age security must be in place: (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 (World Bank 1994). All three systems should provide social protection against the risks of growing old and infirm.

In the Philippines, social protection revolves around managing situations that adversely affect the well-being 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.”³

Such a definition is consistent with how the development community defines social protection, which is associated with improving equity, building risk resilience, promoting human capital, and ensuring the rights of the needy segments of society (Box 1).

Box 1. Select definitions of social protection

World Bank	Public interventions to (i) assist individuals, households, and communities in managing risk better and (ii) provide support to the critically poor.
Asian Development Bank	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 Labour Organization	Public measures that 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 Jørgensen (2000); ADB (2001); ILO (2003)

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 and Sabates-Wheeler 2004; Barrientos 2012; Jones and Shahrokh 2013).

³ The definition is based on Resolution 1 (s. 2007) by the Social Development Committee of the National Economic and Development Authority, as cited in Cabral (2008). See also PSA (2018).

Social protection instruments are rather broad owing to their differing roles—from building human capital to improving livelihoods to building risk resilience and reducing poverty. In the Philippines, social protection is composed of four core program responses: (i) social insurance (i.e., programs to mitigate income risks, including health insurance and 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 labor market and active labor 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 amid multiple risks faced by vulnerable groups in society, and help bring about inclusive and sustainable development. Many developing countries strengthened their social protection systems to respond to the global financial crisis in 2009. Several assessments of the social protection system in the Philippines (e.g., Aldaba 2008; DAP 2009; Manasan 2009) have concluded that social protection interventions are usually fragmented and uncoordinated (especially given the many public institutions implementing social protection programs and policies). These studies also noted that, in some cases, these programs are insufficiently funded, poorly designed, short-lived, superfluous, overlapping, mistargeted, and 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 a way to integrate support to attain development effectiveness. When interventions are synergized, 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 in 2008–2009 and 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 by adopting the National Social Protection Strategy (NSPS).⁴ This also involved the establishment of new institutional arrangements for coordination and grouping programs into a unified National Social Welfare Cluster, as stated in Administrative Orders (AOs) 232 and 232-A. Further, the NSPS defined the objectives of the social protection system in the country: (1) protect and prevent people from falling from their current income/consumption levels due to various risks factors, (2) build capacity and adaptability to ensure that better quality of life is maintained and sustained, (3) expand opportunities for income expansion and improve human capital investments in the long term, and (4) sustain standards of living despite 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, implementation of a CCT covering one-fifth of the population, stronger coordination, and formulation of sectoral plans, such as the *Social Protection Plan 2020–2022* (DSWD and NEDA 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-à-vis vulnerability faced by individuals, households, and communities from four major risks (i.e., 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 bottom-up programming; (ii) scaling up the community-driven development activities; (iii) building adaptive capacity among program beneficiaries; and (iv) harnessing the use of monitoring and evaluation (M&E) systems.

⁴ NEDA-SDC Resolution 2 (s. 2009)

Social protection and long-term development plans

Social protection has figured more notably in the country's current development plans and long-term development vision. The *Philippine Development Plan (PDP) 2017–2022* (NEDA 2017a) has identified adopting and institutionalizing the social protection floor as a strategy to achieve universal social protection under the strategic framework to build the 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 strategies, such as strengthening mechanisms to ensure enrollment in the social security system and improving the social pension system. Further, the PDP highlights the need to address implementation deficits in social protection, including better M&E and collecting and using 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 the social injustice closely linked with social inequality created by unequal distribution of various resources, inequitable access, and unequal opportunities for social services and benefits among persons and different social groups. While the Philippines has successfully reduced income poverty, especially in recent years before COVID-19, not every Filipino, particularly the indigent elderly, can access their rights and use them to gain dignity and social mobility. The marginalized and vulnerable must be assisted systematically 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, especially those suffering from multiple deprivations, such as a disabled senior citizen who is poor and resides in a geographically isolated and disadvantaged area.

In the wake of a crisis from infectious diseases, such as the coronavirus, or their susceptibility to noncommunicable diseases, some segments of society (i.e., the poor, the elderly, and persons with disabilities [PWDs]) would need extra support to cope with vulnerabilities arising from having to face multiple and overlapping disadvantages.

From 2009 to 2017, the country's public expenditure on social protection has grown, averaging at 0.9 percent of gross domestic product (GDP) (or 5.9% of government expenditure). The bulk of the social protection expenditure has been on social welfare/assistance programs, such as the *Pantawid* and SocPen, which account for about 0.12 percent of the gross domestic product (GDP) in 2020 (or 0.52% of the national budget). The increased public investments and improved social protection policies 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 Sustainable Development Goals (SDGs) (Table 3).

One issue that the DSWD and PSA should note is why data in the UN SDG Global 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). However, the corresponding figures in the SDG Global Database for other ASEAN member-states, including Thailand, Malaysia, Singapore, and Brunei Darussalam, cover both contributory and noncontributory pensions.

Social protection laws in the Philippines

Social protection for the elderly refers to public (not private) means by which the elderly receive support to mitigate poverty and reduce their vulnerabilities. Meanwhile, private means pertain to personal savings and family financial support that provide crucial crutches for the old (Bloom et al. 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" (World Bank 2001, p.47). The World Bank's concept of social protection 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* (World Bank 1995) and *Averting the Old Age Crisis* (World Bank 1994).

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
SDG 1	Proportion of population below international poverty line (%)	10.7 (2009)	2.7 (2018)
SDG 1	Proportion of population living below the national poverty line (%)	26.3 (2009)	16.6 (2018)
SDG 1	Proportion of population living below the national food poverty line (%)	9.1 (2015)	5.2 (2018)
SDG 1	Proportion of households living in multidimensional poverty (%)	23.9 (2016)	17.3 (2017)
SDG 1	Proportion of population covered by at least one social protection benefit (%)	47.1 (2016)	36.7 (2020)
SDG 1	Proportion of children/households receiving child/family cash benefit (%)	13.6 (2016)	31.1 (2020)
SDG 1	Proportion of population with severe disabilities receiving disability cash benefit (%)	3.1 (2016)	3.3 (2020)
SDG 1	Proportion of mothers with newborns receiving maternity cash benefit (%)	11 (2017)	12.4 (2020)
SDG 1	Proportion of population above statutory pensionable age receiving a pension (%)	39.8 (2016)	20.5 (2020)
SDG 1	Proportion of poor population receiving social assistance cash benefit (%)	– –	100.0 (2018)
SDG 1	Proportion of population covered by social assistance programs (%)	27.4 (2013)	33.8 (2015)
SDG 1	Poorest quintile covered by social assistance programs (%)	57.3 (2013)	62.1 (2015)
SDG 1	Proportion of population covered by social insurance programs (%)	11.1 (2013)	8.9 (2015)
SDG 1	Proportion of unemployed persons receiving unemployment cash benefit (%)	– –	0.0 (2020)
SDG 1	Proportion of vulnerable population receiving social assistance cash benefit (%)	7.8 (2016)	22.4 (2020)
SDG 1	Proportion of employed population covered in the event of work injury (%)	26.0 (2017)	27.8 (2020)
SDG 1	Proportion of population using basic drinking water services (%)	90 (2010)	94 (2020)

Table 3 (continued)

Global Goal	Selected SDG Statistics on the Social Sector	Early Years	Latest Years
SDG 1	Proportion of population using basic drinking water services, rural (%)	85 (2010)	91 (2020)
SDG 1	Proportion of population using basic drinking water services, urban (%)	95 (2010)	97 (2020)
SDG 1	Proportion of population using basic sanitation services (%)	69 (2010)	82 (2020)
SDG 1	Proportion of population using basic sanitation services, rural (%)	63 (2010)	82 (2020)
SDG 1	Proportion of population using basic sanitation services, urban (%)	75 (2010)	82 (2020)
SDG 2	Prevalence of undernourishment (%)	13.4 (2010)	9.4 (2019)
SDG 2	Number of undernourished people (millions)	12.6 (2010)	10.1 (2019)
SDG 2	Prevalence of moderate or severe food insecurity in the adult population (%)	13.4 (2010)	9.4 (2019)
SDG 2	Total population in moderate or severe food insecurity (thousands)	–	–
SDG 2	Prevalence of severe food insecurity in the adult population (%)	3.2 (2018)	4.0 (2019)
SDG 2	Total population in severe food insecurity (thousands)	328.4 (2015)	427.7 (2019)
SDG 2	Proportion of children moderately or severely stunted (%)	33.1 (2015)	30.3 (2018)
SDG 2	Children moderately or severely stunted (thousands)	3,571.1 (2015)	3,045.3 (2020)
SDG 2	Proportion of children moderately or severely wasted (%)	6.8 (2015)	5.6 (2018)
SDG 2	Children moderately or severely wasted (thousands)	782.7 (2015)	618.0 (2018)
SDG 2	Proportion of children moderately or severely overweight (%)	3.3 (2015)	4.0 (2018)
SDG 2	Children moderately or severely overweight (thousands)	423.9 (2015)	443.6 (2018)

Table 3 (continued)

Global Goal	Selected SDG Statistics on the Social Sector	Early Years	Latest Years
SDG 3	Proportion of births attended by skilled health personnel (%)	72.8 (2013)	84.4 (2017)
SDG 3	Maternal mortality ratio	127 (2015)	121 (2017)
SDG 3	Infant mortality rate (deaths per 1,000 live births)	23.5 (2015)	21.6 (2019)
SDG 3	Number of infant deaths	53448 (2015)	47123 (2020)
SDG 3	Under-five mortality rate (deaths per 1,000 live births)	29.8 (2015)	27.3 (2019)
SDG 3	Number of under-five deaths	68285 (2015)	59751 (2019)
SDG 3	Neonatal mortality rate (deaths per 1,000 live births)	14.4 (2015)	13.6 (2019)
SDG 3	Number of neonatal deaths	32738 (2015)	28992 (2019)
SDG 3	Number of new HIV infections	9800 (2015)	17000 (2020)
SDG 3	Number of new HIV infections per 1,000 uninfected population, men	0.19 (2015)	0.27 (2019)
SDG 3	Number of new HIV infections per 1,000 uninfected population, women	0.01 (2010)	0.02 (2019)
SDG 3	Tuberculosis incidence (per 100,000 population)	550 (2015)	554 (2019)
SDG 3	Malaria incidence per 1,000 population at risk	0.504 (2015)	0.651 (2019)
SDG 3	Number of people requiring interventions against neglected tropical diseases	43,430,927 (2015)	47,496,283 (2019)
SDG 3	Suicide mortality rate, male (deaths per 100,000 population)	9.2 (2015)	9.2 (2019)
SDG 3	Suicide mortality rate, female (deaths per 100,000 population)	10.8 (2015)	10.9 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (cardiovascular disease) and sex (male)	112667 (2015)	132245 (2019)

Table 3 (continued)

Global Goal	Selected SDG Statistics on the Social Sector	Early Years	Latest Years
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (cardiovascular disease) and sex (female)	92923 (2015)	117754 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (chronic respiratory disease) and sex (male)	25968 (2015)	31845 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (chronic respiratory disease) and sex (female)	15230 (2015)	19677 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (cancer) and sex (male)	29379 (2015)	32951 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (cancer) and sex (female)	30268 (2015)	36060 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (diabetes) and sex (male)	16948 (2015)	23815 (2019)
SDG 3	Number of deaths attributed to noncommunicable diseases, by type of disease (diabetes) and sex (female)	17586 (2015)	25150 (2019)
SDG 3	Alcohol consumption per capita (aged 15 years and older) within a calendar year (liters of pure alcohol), male	10.68392 (2015)	11.21644 (2019)
SDG 3	Alcohol consumption per capita (aged 15 years and older) within a calendar year (liters of pure alcohol), female	2.72567 (2015)	2.86572 (2019)
SDG 3	Death rate due to road traffic injuries, male (per 100,000 population)	17.9 (2010)	18.9 (2019)
SDG 3	Death rate due to road traffic injuries, female (per 100,000 population)	4.9 (2010)	5.1 (2019)
SDG 3	Adolescent birth rate (per 1,000 women aged 15–19)	59 (2011)	36.4 (2018)
SDG 3	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)

Table 3 (continued)

Global Goal	Selected SDG Statistics on the Social Sector	Early Years	Latest Years
SDG 3	Universal health coverage service coverage index	48 (2010)	61 (2017)
SDG 5	Percentage of ever-married women aged 15–49 who have ever experienced emotional, physical, or sexual violence committed by their husband/partner (%)	–	26.4 (2017)
SDG 5	Proportion of women in senior and middle management positions (%)	42.2 (2010)	29.31 (2019)
SDG 5	Number of seats held by women in national parliaments	56 (2010)	85 (2020)
SDG 10	Growth rates of household expenditure or income per capita among (a) the bottom 40 percent of the population and (b) the total population	(a) 1.5 (2012) (b) 1.5	(a) 2.4 (2015) (b) 1.7
SDG 10	Labor share of gross domestic product, comprising wages and social protection transfers	31.3 (2010)	26.6 (2017)
SDG 16	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)

SDG = Sustainable Development Goal; HIV = human immunodeficiency virus

Notes:

(1) Data are primarily descriptive for the period 2010 to 2020 to allow an examination of trends.

(2) Early years typically refer to 2010–2014, or in some cases, 2009, while the latest years refer to 2015–2020.

Sources: PSA (2019); UNAIDS (n.d.); UNSD (various years)

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 186 of 1936, which established the GSIS, and RA 1161 (Social Security Act of 1954), which established the SSS. Both the GSIS and SSS are mandatory pay-as-you-go insurance systems. Succeeding legislation on protecting the elderly include the following:

- RA 7432: An act to maximize the contribution of senior citizens to nation building and grant benefits and special privileges (enacted on April 23, 1992)
- RA 7876: 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: Expanded Senior Citizens Act of 2003, which granted additional benefits and privileges to senior citizens and amended RA 7432 (enacted on Feb 26, 2004)
- RA 9994: Expanded Senior Citizens Act of 2010, which amended RAs 7432 and 9257 and provided for the establishment of the SocPen program (enacted on February 15, 2010)

Despite paying more attention to social protection in recent years, the government has been unable to provide old-age income security to all the elderly through contributory (and 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 a universal social pension (e.g., COSE/HAI 2017; ILO 2018). According to the ILO (2021), nearly all ASEAN member-states, except Cambodia, have an old-age pension program (Table 4). Brunei Darussalam offers a universal old-age pension besides a provident fund and a mandatory individual account. Five other ASEAN member-states, namely, the Philippines, Malaysia, Singapore, Thailand, and Viet Nam, also provide a noncontributory social assistance program for the elderly.

Globally, especially in lower- and middle-income countries such as Southeast Asia and the Pacific and Sub-Saharan Africa, a significant proportion of older people (65 years and older) remain engaged in income-generating work. However, participation in active, income-generating work tapers off due to declining health and instances of

disabilities among older people. Where 9 percent of 18–48 and 21 percent of 50–59 age groups suffer some form of disability throughout their life course, a whopping 38–46 percent of people aged 60 and older suffer from debilitating sicknesses (ILO 2018, cited in Juergens and Galvani 2020). These numbers are higher in lower-income than high-income countries. Older women across all levels spend more time doing unpaid work than their male counterparts (Abrigo and Francisco-Abrigo 2019; Juergens and Galvani 2020). Worldwide, 80 percent of older people are in informal employment.

Meanwhile, Japan introduced the public elderly care system in response to working-age people stopping work to take care of the elderly. However, the “complete externalization” of public elderly care has given rise to the unintended consequence of diminishing familial responsibility to the elderly, placing an enormous financial burden on the state (APDA 2020, p.5–6). The reverse happened in the Philippines, where various legislation 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:

- 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.
- RA 7876 or the 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. These centers also serve as a venue for conducting older person-specific activities.
- RA 8425 or the Social Reform and Poverty Alleviation Act. This law created the National Anti-Poverty Commission, which is mandated to provide a mechanism for older persons to participate in policy formulation and decisionmaking on poverty alleviation.
- RA 10155 or 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 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	BND 250 a month is paid.	
	Provident fund	Old-age benefit	None	Not applicable	Flat rate	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
Lao PDR	Provident Fund	Old-age benefit	None	Not applicable	2%	3.7%	A lump sum is paid.
	Social Insurance	Old-age grant	8.5%	5.0%	2.5%; 8% (public sector)	2.5%	A lump sum is paid.
		Old-age pension					
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	RM 350 a month is paid.

Table 4 (continued)

Country	Scheme	Program and Benefits	Contribution Rates/Source of Funds			Benefit Payment Level	
			Government	Self-employed	Insured Person		Employer
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 at PHP 300 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; PHP 1,200 with at least 10 but less than 20 credited years of service; or PHP 2,400 with at least 20 credited years of service.
	Social Assistance	Old-age social pension	Total cost	None	None	None	PHP 500 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/her dependents, subject to limits.
	Social Assistance	Old-age benefit	Total cost	None	None	None	Funds can be withdrawn to buy a life annuity from the CPF Board or approved insurers.
							SGD 300 to SGD 750 a quarter is paid, depending on the beneficiary's place of residence.

Table 4 (continued)

Country	Scheme	Program and Benefits	Contribution Rates/Source of Funds				Benefit Payment Level
			Government	Self-employed	Insured Person	Employer	
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	THB 600 is paid to persons aged 60 to 69; THB 700 if aged 70 to 79; THB 800 if aged 80 to 89; and THB 1,000 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); subsidies as needed	22%	8%	14%	A lump sum is paid.
		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	VND 405,000–1,080,000 a month, depending on age

BND = Brunei dollar; RM = Malaysian ringgit; MA = Medisave Account (Singapore's Social Security Savings System); CPF = Central Provident Fund; SGD = Singapore dollar; THB = Thai baht; VND = Vietnamese dong
 Sources: DSWD (via personal communication with authors on August 26, 2021); ILO (2021)

In addition, there are several Presidential Proclamations and an Executive Order (EO) advocating for more attention to the needs of the elderly. These include:

- Presidential Proclamation 470 (s. 1994), declaring the first week of October of every year as “Elderly Filipino Week”;
- Presidential Proclamation 1048 (s. 1999), devoting one day to a “Nationwide Observance in the Philippines of the International Year of Older Persons”; and
- EO 105 (s. 2002), approving and directing the implementation of the program to provide group homes and foster homes for neglected, abandoned, abused, detached, and poor older persons and PWDs.

Policies on the elderly are also spelled out in several government documents as follows:

- The *Philippine Plan of Action for Senior Citizens 2011–2016* (DSWD 2011a) ensures that priority is given to gender-responsive community-based approaches and guarantees senior citizens’ effective leadership and meaningful participation in decisionmaking processes, both in the context of family and community.
- DSWD AO 4 (s. 2010) provides the guidelines for establishing “Home Care Support Services for Senior Citizens”, which are community-based health care services for older persons.
- The Plan of Action on Ageing 1999–2004 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 quality of life, such as living independently.

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

- The study by COSE/HAI (2016) provided lessons in two key areas: (a) impact and (b) implementation of the SocPen scheme. The study explored “the extent to which the PHP 500 benefit, recognized by many as particularly low, impacts recipients and their families in terms of implementation. The major focus is

to evaluate the process of targeting and validation of indigent senior citizens” (p.6).

- A World Bank report (Velarde and Albert 2018) discussed, among others, the need to relink the SocPen to a poverty focus to curtail LGUs’ outsized discretion in its selection of potential program beneficiaries and use technology in facilitating the swift distribution of cash to those that need it the most.

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

Table 5. SDG indicator 1.3.1 on effective coverage for old-age protection: Comparison of percentage of persons above statutory retirement age receiving old-age pension in ASEAN member-states, 2000 and 2015–2020

ASEAN Member-state	2000	Year	2015–2020	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

“–” = no data available; SDG = Sustainable Development Goal; ASEAN = Association of Southeast Asian Nations

Sources: UN (various years); ILO (various years)

This process evaluation study seeks to add to the existing literature on the SocPen implementation through the information gathered from key informants, implementers, beneficiaries, and other senior citizens. It also aims to identify program implementation deficits that the government must address.

Overview of the SocPen and Its Design

The SocPen, established under the Expanded Senior Citizens Act of 2010 (RA 9994), mandates the government to provide cash assistance of PHP 500 to every indigent senior. To wit:

“Indigent senior citizens shall be entitled to a monthly stipend amounting to five hundred pesos (PHP 500) to augment the daily subsistence and other medical needs of senior citizens, subject to review every two (2) years by Congress, in consultation with DSWD” (sec. 5, par. H-1).

To operationalize the implementation and communication of the program, the DSWD has released several AOs and MCs (Table 6).

Table 6. DSWD issuances on the SocPen

Issuance	Series	Rationale
AO 15: Guidelines on the implementation of the SPISC	2010	Identifies the responsibility of agencies in the implementation of SocPen
AO 3: Operational procedure in line with AO 15	2011	Uses the NHTS-PR for determining the age and social status of potential beneficiaries
AO 4: Procedure in processing replacements for SocPen beneficiaries	2012	Defines the system of replacing delisted beneficiaries with validated qualified senior citizens from LGUs and NHTS-PR data
AO 7: Amended guidelines in the operational procedure in line with AO 15	2013	Lays out procedures for other modes of payment to address security concerns during payouts
AO 4: Amendment to AO 15 (s. 2010)	2014	Amends specific provisions related to the economic status of indigent senior citizens, as well as lays out the institutional structures of the DSWD

Table 6 (continued)

Issuance	Series	Rationale
MC 25: Supplemental guidelines to AO 7 (s. 2013)	2014	Supplements previous guidelines on methods of SocPen payouts
MC 15: Amended guidelines in AO 3 (s. 2011)	2015	Amends schedule of pension release to the first month of each quarter payout
MC 17: Amendment to the provisions in the guidelines (AO 3, s. 2011; AO 4, s. 2010; and MC 25, s. 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 2: Amendment to MC 17 (s. 2015)	2016	Provides for the release of stipend for the replacement beneficiary to take effect within the quarter
MC 4: 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 in previous years to semestral basis

SocPen = Social Pension; AO = administrative order; MC = memorandum circular; SPISC = Social Pension for Indigent Senior Citizens; LGU = local government unit; NHTS-PR = National Household Targeting System for Poverty Reduction
 Note: Authors' compilation

SocPen description, objectives, and theory of change

Compared to the SSS and GSIS, the SocPen is a relatively recent scheme that adds to the Philippines' systems for elderly income security. Introduced in 2011, it provides monthly social assistance to indigent senior citizens not covered by the GSIS, SSS, or other pension schemes.

The SocPen program is a noncontributory pension targeted at the indigent elderly. It is meant to fulfill some clauses of the Expanded Senior Citizens Act of 2010 (RA 9994), particularly on providing additional benefits and privileges for indigent senior citizens by the government to maximize their participation in nation building. Extra government assistance entitlements are provided to qualified senior citizens as a monthly stipend of PHP 500 to augment their daily subsistence and medical needs. As stipulated in DSWD AO 15 (s. 2010),

SocPen seeks to “improve the living conditions of eligible indigent senior citizens”. Specifically, the program aims to:

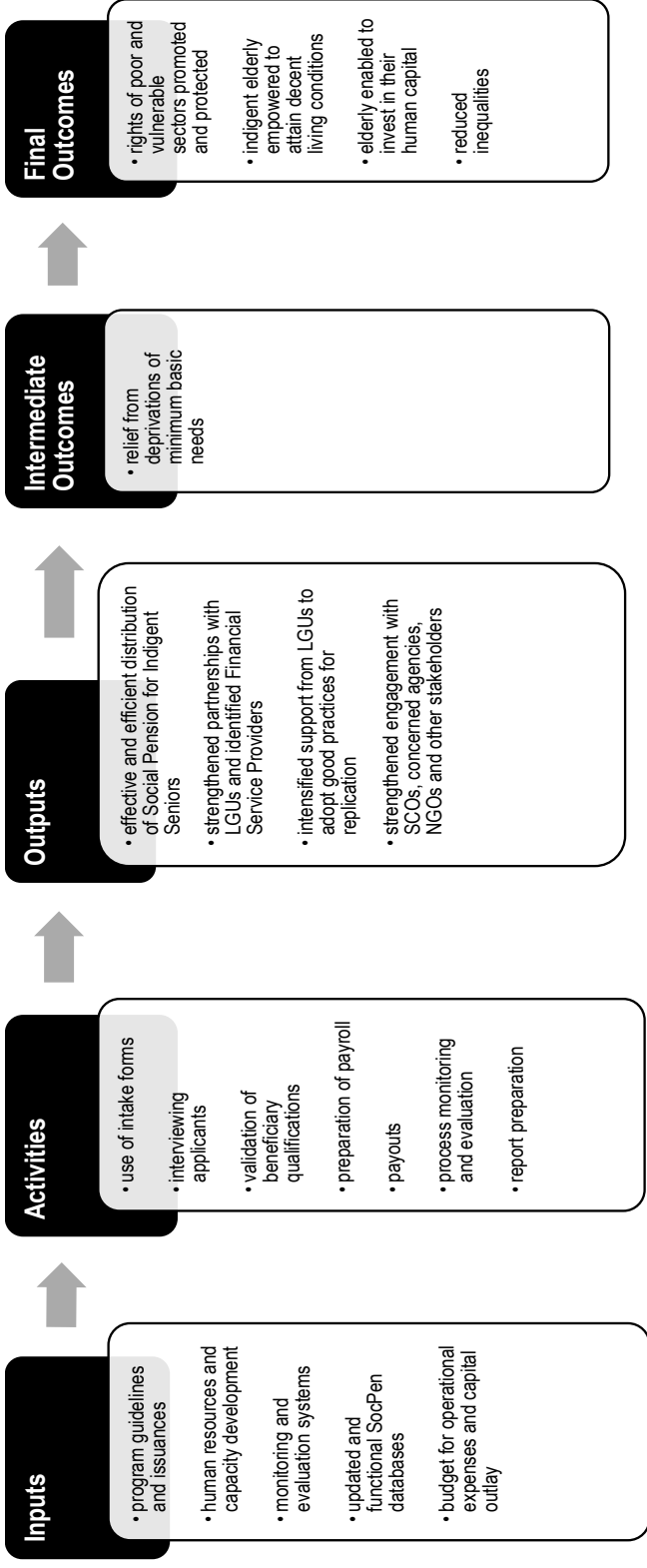
1. augment the capacity of indigent senior citizens to meet their daily subsistence and medical requirements;
2. reduce the incidence of hunger among indigent senior citizens; and
3. protect indigent senior citizens from neglect, abuse, or deprivation.

The theory of change (Figure 2) assumes that to achieve the desired SocPen outcomes, inputs such as budget, evaluation mechanisms, and key players must be utilized well. In addition, the roles of DSWD employees who implement the program on the ground and DSWD partners must be clear and specific. When all inputs are harnessed well, intermediate outcomes (e.g., efficient distribution of cash assistance and relief for the elderly from the deprivations they face without the aid) can be attained. The program is successful if all these intermediate outcomes become final outcomes (e.g., the indigent elderly becoming empowered to achieve decent living conditions, the elderly being enabled to invest in their human capital, reducing inequalities in the country). Process evaluations such as this study can help inform policymakers' decisions to suspend, scale back, tweak, or pour more resources into the SocPen to achieve the desired outcomes.

The SocPen operations manual (OM) was developed in June 2021. It describes the program objectives, logical frame, and business processes for the program, namely, identification of potential social pensioners, assessment and validation of potential social pensioners, payment processes, delisting and replacement procedures, and reporting and M&E systems. However, the current draft of the SocPen OM does not specify its date of writing. It is crucial to know whether it has been updated regularly, as its current guidelines have changed across the years. For instance, the current draft of the OM reflects the quarterly payout implemented before COVID-19. However, payouts have become semestral or annual in certain areas due to the pandemic.

Furthermore, the OM must be improved by providing more details about the program implementation, such as including a grievance section. The OM should also document governance structures and institutional arrangements, including specific roles and responsibilities required for

Figure 2. Theory of change



LGU = local government unit; SCO = senior citizen organization; NGO = nongovernment organization
Source: Authors' representation based on DSWD (2021)

exacting accountability. This way, it can be a tool for clarifying roles in program implementation, especially for new staff and stakeholders, as the current guidelines have undergone several changes over the years (Velarde and Albert 2018). The OM is a good input in future process evaluations to strengthen the program and avoid varying auditing requirements at different locales.

Implementation arrangements

As pointed out in the SocPen OM (Velarde and Albert 2018; DSWD 2021a), the DSWD implements the SocPen through (a) the Social Pension Management Office (SPMO) under its Protective Services Bureau and (b) Regional SocPen Units (RSPUs) in its regional offices, with the cooperation of LGUs through the Office of Senior Citizens Affairs (OSCA) at the city and municipal levels. In 2018, the Community Programs and Services Bureau took over SocPen's implementation. The transfer of some of DSWD's 'big ticket' programs, including SocPen, to the National Commission of Senior Citizens (NCSC) is 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.

The RSPU oversees SocPen operations, such as the actual payouts. It is also in charge of coordinating and furnishing reports to the DSWD CO, particularly the SPMO, which will consolidate the information at the national level.

At the provincial level, the LGU, composed of the local chief executive (LCE) and the Provincial Social Welfare and Development Office (PSWDO), monitors and acts as the coimplementer of the SocPen through the OSCA and the City or Municipal Social Welfare and Development Office (C/MSWDO). The LCE and PSWDO support provincial officials, including the augmentation of support funds for SocPen beneficiaries, especially in the poorest municipalities. However, the SocPen OM (DSWD 2021a) and current issuances do not specify whether PSWDOs should produce regular reports and in what frequency.

At the city/municipal level, the LGU, through the OSCA and the C/MSWDO, acts as the main coimplementer of DSWD for the

SocPen. The C/MSWDO conducts home visits to prospective and actual SocPen beneficiaries. Further, the C/MSWDO staff prepare and submit reports on the SocPen implementation to the RSPU, but current DSWD guidelines do not specify the frequency of the home visits. DSWD AO 15 (s. 2010) stipulates that the OSCA submit a monitoring and accomplishment report to the C/MSWDO on the fifth of each month. In turn, the C/MSWDO should submit its monitoring and accomplishment report to the RSPU on the tenth of every month. Although the monthly monitoring seems superfluous, some SocPen activities, particularly enrollment of new applicants, replacement of social pensioners, and grievance processes, must be monitored regularly.

Any persons or institutions may provide feedback and grievances about the program, and these complaints should be acted upon.⁵ During payouts, some personnel are assigned to handle grievances or complaints. According to implementers, these complaints are usually about misunderstandings on payout processes. For instance, some waitlisted applicants expect to receive cash assistance immediately (as they are unaware of the processes). The staff of OSCA, C/MSWDO, or RSPUs may receive any complaint. OSCA and C/MSWDO representatives are held accountable for complaints and must submit reports to the RSPU on these grievances/feedback. RSPU may elevate complaints to the SPMO, which is assigned to handle these grievances.

The DSWD informs the public about SocPen through its linkages with LGUs and senior citizen organizations (SCOs). The DSWD also disseminates information on the SocPen through traditional channels to reach a wider audience pool and social media for a more targeted audience. Since there are many elderly community-level activities, LGU social workers and SCOs at the barangay level also use traditional word-of-mouth schemes to spread information about the program.

From 2011 to 2015, SocPen funds have been downloaded to the LGU for distribution. Before the seniors get to enjoy the cash assistance, several procedures are undertaken:

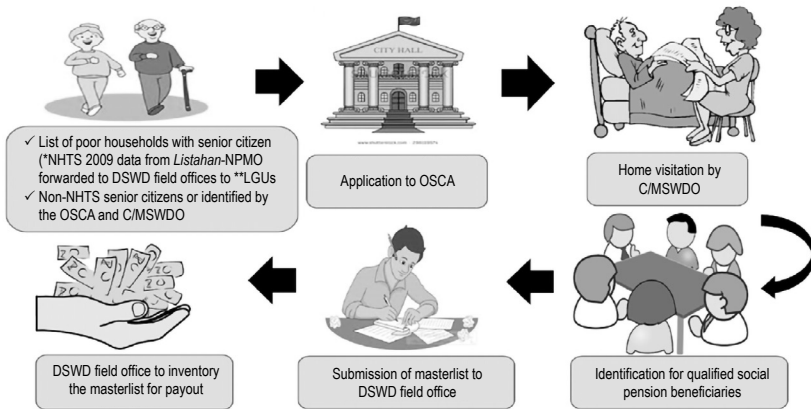
Preparation of SocPen beneficiary list

The initial master list of possible SocPen beneficiaries was sourced from Listahanan. However, OSCA eventually took over the targeting system (Figure 3). Seniors applying for SocPen must submit either to the OSCA

⁵ DSWD AO 3 (s. 2011)

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 must fill out an application form (see Annex 1) and secure a Certificate of Indigency from the barangay where he/she resides. These documentary requirements could be submitted personally or through a designated representative.

Figure 3. Process flow of SocPen implementation



*The LGU through its OSCA and C/MSWDO validated the Listahan 2009 data of poor senior citizens to determine his/her current condition; if he/she is still living and not receiving pension from GSIS, SSS, etc.

**The NHTS 2009 data of 1.2 million poor households with senior citizens was used in 2011–2014 for social pension implementation.

NHTS = National Household Targeting System; NPMO = National Program Management Office; DSWD = Department of Social Welfare and Development; LGU = local government unit; OSCA = Office of Senior Citizens Affairs; CSWDO = City Social Welfare and Development Office; MSWDO = Municipal Social Welfare and Development Office
Source: Lifted in full from Velarde and Albert (2018)

The OSCA and the C/MSWDO then assess the applicants’ eligibility using age, health, and economic status as criteria (DSWD 2021a). The applicant must first and foremost be a senior citizen. If the applicant is receiving pensions (e.g., GSIS, SSS, Philippine Veterans Affairs Office or PVAO, the Armed Forces and Police Mutual Benefit Association Inc. or AFPMBAI, other insurance companies), then he/she is deemed ineligible. Furthermore, if the senior citizen regularly receives financial support from family (i.e., relatives up the fourth level of consanguinity, including family members working abroad), he/she is likewise disqualified from receiving the cash assistance. Program applicants are also evaluated based on their health (frail, sickly, or disabled). However, the extent to which

the LGU uses health status as eligibility criteria is unclear. However, the SocPen OM mandates the program implementers to apply all of the following eligibility criteria:

“Sixty (60) years old and above senior citizens who are (a) frail, sickly, or with a 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” (DSWD 2021a, p.14).

After being deemed eligible for the program, OSCA visits the prospective social pensioner’s home. These seniors, however, are waitlisted for SocPen slots (since budgets have already been prepared for the fiscal year). OSCA and C/MSWDO then 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 beneficiaries⁶ in the master list if slots open because of death or delisting. Velarde and Albert (2018) discuss the delisting processes and how new entrants are accepted into the program. DSWD MC 4 (s. 2019) also mentions a grievance process, but this is not mentioned in the program OM (DSWD 2021a).

Within DSWD, the process starts with encoding the indigent seniors’ names into an Excel file by the statistician of the Program Management Bureau (PMB). Next, this file undergoes data cleansing to ensure that the names of seniors who died or were removed from the program are excluded from the list. An algorithm launching an eligibility test is then conducted to ensure that the implementing guidelines of the SocPen are followed—that is, to enjoy the cash assistance, indigent seniors must meet the age criteria (i.e., 60 years and older), health criterion (i.e., sickly), and income requirements (i.e., not having any pension or any direct/regular support from family). Afterward, the list of potential beneficiaries is subjected to another round of validation through crossmatching with the lists provided by public and private insurance systems. Every quarter, the SPMO, through the field offices (FOs), requests SSS to crossmatch the SocPen applicants with the latter’s database by filling out a template provided by the SSS. In the case of GSIS, PVAO, or AFPMBAI data, pensioners are tagged in the SocPen Information Systems installed in the FOs. Finally, the SPMO generates the list for the processing of the payroll.

⁶ DSWD AO 4 (s. 2012)

Disbursement processes of DSWD/LGUs

The process starts with DSWD sending the final list of SocPen beneficiaries, which also serves as the basis for the payroll, to the OSCA for posting in the community. The C/MSWDO, in coordination with the OSCA, publishes the beneficiary lists in prominent places in the community for a week, conducts orientation on payout protocols and documentary requirements, and informs the pensioners or their authorized representatives of the payout schedules (Velarde and Albert 2018). Meanwhile, LGUs with good track records of prompt fund liquidation can do a hybrid implementation, where both fund downloads and special disbursing officers (SDOs) are mobilized for SocPen distribution.

Payouts to social pensioners

To receive the cash assistance, qualified beneficiaries must bring the original and one photocopy of their OSCA ID to the DSWD office. If the senior citizen cannot claim the cash assistance in person, he/she can designate an authorized representative to claim it. In such a case, the senior citizen's representative must bring an authorization letter bearing the beneficiary's signature, the representative's ID and a photocopy, and a photo of the pensioner holding a newspaper dated before the scheduled payout as proof of life (Velarde and Albert 2018).

Seniors receive the cash (a) as direct payouts in the form of 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; and (c) via Landbank cash cards. Door-to-door cash delivery via service providers was also done in the past, but it is unclear why this practice was suspended. LGUs with good track records of disbursing and liquidating funds undertook this scheme. To accelerate the delivery of the SocPen cash grants to program beneficiaries amid 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). However, with the expiration of this law, this process was no longer permitted for 2021 funds.

Meanwhile, the PMB reported that it had endorsed to Landbank 2,923,679 LBP cash cards as of October 20, 2020. However, only 596,761 (or 17.4% of the total endorsed cards) have been released as of May 3, 2021 for six regions: National Capital Region (NCR), Cordillera Administrative Region (CAR), Caraga, and Regions II, III, and IX. Initially intended for the universal cash transfer grants in 2018 and 2020, these cash cards can also be used for the SocPen payouts.

SocPen design

With the passage of the Local Government Code of 1991⁷ (RA 7160), the administration of social services has since been devolved to LGUs. Hence, DSWD's role in social services should be steering rather than rowing. Although the existing law assigns the responsibility of implementing the SocPen chiefly to DSWD, the department has been jointly implementing the program with the LGUs.

From the program onset (i.e., 2011) until 2013, SocPen had used DSWD data from the Listahanan⁸ to identify a master list 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 the list of potential social pensioners per region with the DSWD FOs, particularly the regional SocPen FPs. Subsequently, these regional lists were shared with and validated by LGUs, through the OSCA and C/MSWDO. LGUs, through OSCA and C/MSWDO and with assistance from SCOs, validated the lists through assessment interviews or home visits to the potential beneficiaries. The LGU assessment involved an examination of eligibility criteria outlined in the definition of a social pensioner in the original DSWD guidelines issued in 2010, which state that:

“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.”⁹

⁷ Chapter II, Section 17(b)(2)(iv) of RA 7160 specifies the role of the municipality in the provision of “social welfare services, which include programs and projects on child and youth welfare, family and community welfare, women’s welfare, and welfare of the elderly and disabled persons”.

⁸ The Listahanan, also known as the 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 CCT 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 poverty estimates. 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 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 Act (RA 11315).

⁹ DSWD AO 15 (s. 2010, p.3)

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 has allowed the acceptance of “walk-in” applicants into the program as early as program inception in cases where an elderly indigent is excluded from the Listahanan.¹⁰ Evaluations of the program (e.g., DSWD 2012a; COSE/HAI 2016) have pointed out the inclusion and exclusion errors in using the Listahanan for selecting social pensioners.¹¹ In 2014, 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.”¹²

This change in the definition has 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 tasked with identifying social pensioners (without any regard for the poverty classification in the NHTS-PR).

Since 2014, LGUs have taken a pivotal role in identifying social pensioners. Program implementers obliged all prospective social pensioners to submit to the OSCA or C/MSWDO a birth certificate or any identification cards with a photo and date of birth of the applicant. Further, a prospective social pensioner must fill out a SocPen Application Form (see Annex 1) and secure a Certificate of Indigency from the barangay (i.e., the village where the senior citizen applicant resides). SocPen applicants could submit these documentary requirements personally or through a designated representative (typically a relative or family member). OSCA and the C/MSWDO then assess the eligibility of program applicants not only as far as age but also in terms of economic status. The latter means that the applicant should not be receiving any pension (e.g., GSIS, SSS, other insurance companies) and must not have a regular income or support from family (i.e., relatives up the fourth level of consanguinity, including family members working abroad). Lastly,

¹⁰ DSWD AO 15 (s. 2010)

¹¹ DSWD AO 4 (s. 2014)

¹² DSWD AO 4 (s. 2014, p.1)

applicants' health status is also evaluated; they ought to be frail, sickly, or have a disability to be eligible for the SocPen, but to what extent this criterion plays into the eligibility for the program is unclear.

SocPen expenditure and financing

Throughout its existence, SocPen's operations have been funded by the General Appropriations Act as part of the social protection programs implemented by the DSWD. However, due to limited budgets, only about 150,000 indigent seniors aged 77 and above were targeted for SocPen during the program's inception in 2011. In comparison, the Listahanan identified over 1 million senior citizens (from poor households) that year; hence, the DSWD had to serve the remaining indigent seniors the following year. Meanwhile, the age requirement for the program beneficiaries persisted until 2014 (though the number of targets nearly doubled in 2014 versus the previous year). The minimum age of targeted beneficiaries was also reduced to 65 years in 2015 and 60 years in 2016, as coverage and budget for the program increased.

Physical targets had been surpassed in the first three years of SocPen's existence. However, starting in 2014, the number of beneficiaries who received the assistance has fallen slightly short of the target, except in 2018 (Table 7). The DSWD draws up annual physical targets for the following year based on the current year's existing social pensioners and the latest available data (typically as of October of the given year) on the number of waitlisted applicants from the 17 FOs. The use of the Listahanan for targeting social pensioners was relaxed starting in 2014, with LGUs taking full responsibility for identifying SocPen beneficiaries.

The biggest gap (in magnitude and relative terms) between the targeted number of beneficiaries and the actual number of beneficiaries served since program inception was in 2019, mainly because of an extensive validation process started by DSWD in 2018 that continued until 2020. The validation continues, with FO staff doing house-to-house visits to validate if the beneficiaries are genuinely eligible for inclusion in the program using the 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), these are consolidated and uploaded to the central office's (CO) information system at the PMB's Planning Monitoring and Evaluation Unit. At the CO, the

Table 7. Annual physical targets, actual beneficiaries served for Social Pension: 2011–2020

Year	Physical Target	Actual Beneficiaries 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
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

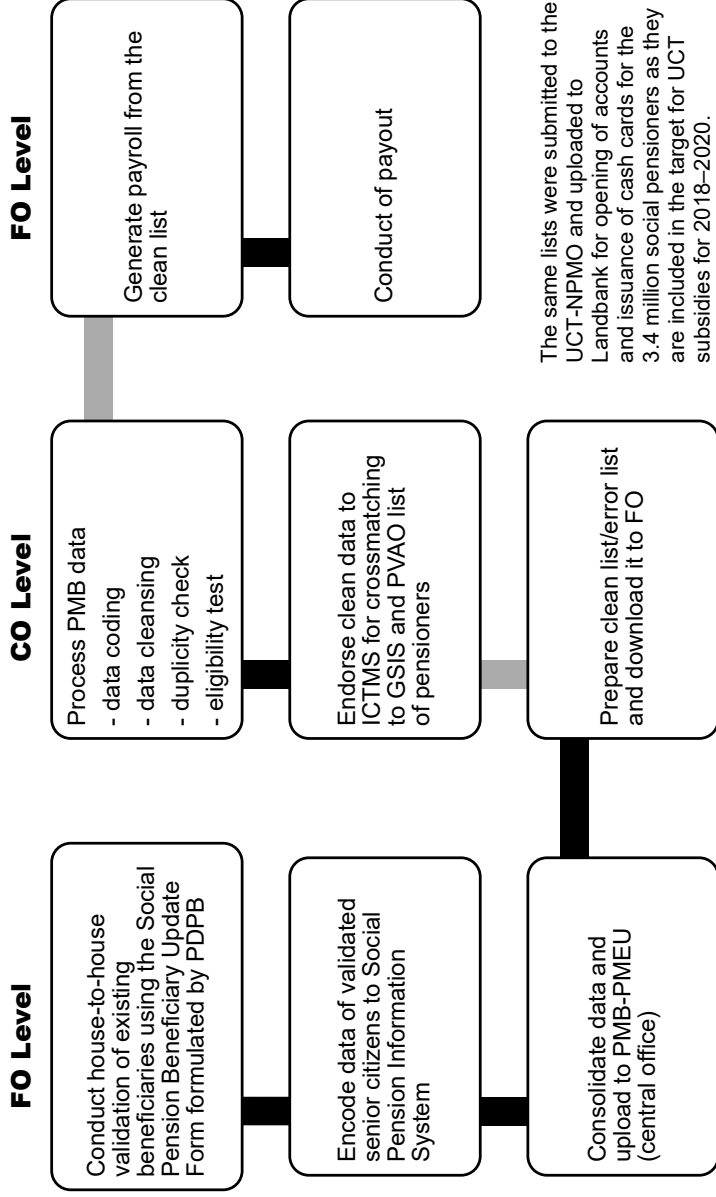
PHP = Philippine peso

Source: DSWD (via personal communication with authors on August 26, 2021)

PMB processes the compiled data and subjects them to crossmatching with GSIS and PVAO. Finally, the PMB sends the clean list to the FOs for subsequent payouts (Figure 4).

The Beneficiary Update Form only gathers information on how beneficiaries spend the cash assistance. Hence, it does not add more data on the SocPen beneficiary than the standard eligibility criteria. For instance, there is no way to know if the beneficiary is poor (as the questions 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 the actual beneficiaries served in 2019, particularly in Eastern Visayas (164,218), the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) (145,297), NCR (145,985), and CALABARZON (112,939), at 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), expediting funds release in 2020 amid the pandemic. However, validation problems persisted in Eastern Visayas and BARMM, which led these regions to continue having gaps between targets and actual served. With the expiration of RA 11494 in 2021, the downloading of funds to LGUs was

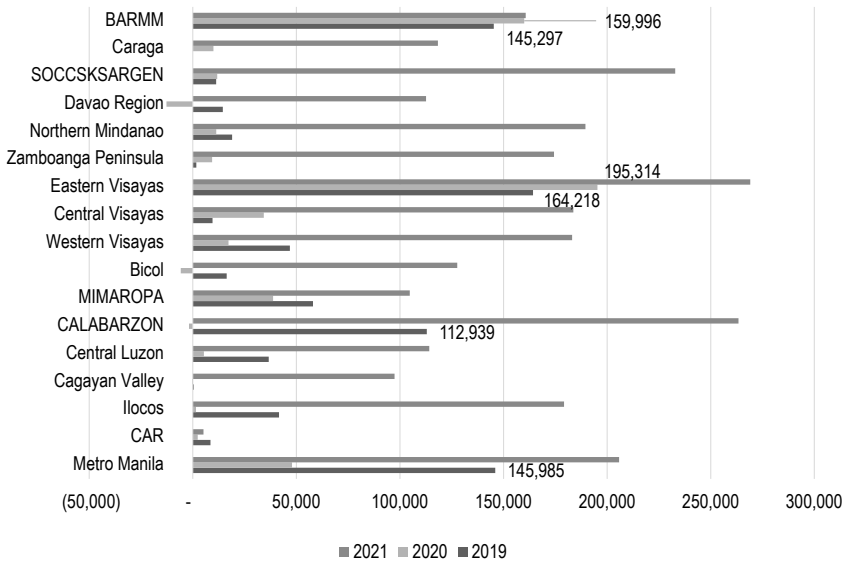
Figure 4. Process flow of SocPen validation, 2018–2020



SocPen = Social Pension; FO = field office; CO = central office; PDPB = Policy Development and Planning Bureau; PMB = Program Management Bureau; PMB-PMEU = Program Management Bureau-Planning Monitoring and Evaluation Unit; ICTMS = Information and Communications Technology Management Service; GSIS = Government Service Insurance System; PVAO = Philippine Veterans Affairs Office; UCT = unconditional cash transfer; UCT-NPMO = Unconditional Cash Transfer-National Project Management Office
 Source: DSWD (via personal communication with authors on August 26, 2021)

discontinued, except for LGUs with good track records. As of April 2021, gaps were at over 200,000 in NCR, CALABARZON, Eastern Visayas, and SOCCSKSARGEN (South Cotabato, Sultan Kudarat, Sarangani, and General Santos City). Meanwhile, since 2020 until April 2021, there has been no cash distribution for SocPen beneficiaries in BARMM.

Figure 5. Gaps across regions between annual physical targets and actual served for Social Pension Program, 2019–2021



BARMM = Bangsamoro Autonomous Region in Muslim Mindanao; SOCCSKSARGEN = South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General Santos City; MIMAROPA = Mindoro, Marinduque, Romblon, and Palawan; CALABARZON = Cavite, Laguna, Batangas, Rizal, and Quezon; CAR = Cordillera Administrative Region

Note: Data for 2021 is as of April 30, 2021.

Source: DSWD (via personal communication with authors on November 29, 2021)

From 2011 to 2020, the program’s average annual resource utilization was 94 percent, except in 2012 and 2013, when utilized expenditures were above the targeted resource requirements. On the other hand, expenditures have fallen short of budget allocations for all the years since 2014, except for 2011. Across the years, the budget was least utilized in 2019 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 percent of the total SocPen budget, which decreased to 1.8 percent in 2021. In years when the

actual number of beneficiaries was higher than the target beneficiaries, unutilized administrative expenses were realigned to cover the costs for the additional grantees. Further, administrative costs varied considerably across the regions in 2021, with regional spending ranging between 0.7 percent (Bicol) and 4.7 percent (CAR).

Research Methodology and Empirical Findings on SocPen Implementation

Conceptual framework

The main objective of this study is to conduct a process evaluation of the SocPen, which was implemented through RA 9994. The approach involved collecting and analyzing new qualitative primary data, consisting of key informant interviews (KIIs) and focus group discussions (FGDs). Likewise, secondary data, such as existing laws catering to the elderly, policy documents, other DSWD AOs, and the Annual Poverty Indicator Survey (APIS) results, were also reviewed and analyzed. The PSA conducts the APIS in years when the triennial Family Income and Expenditure Survey (FIES), the official poverty statistics data source, is not implemented.

Study design

This process evaluation was designed to draw information from official SocPen documents of the DSWD and KIIs and FGDs with officials, DSWD rank-and-file employees, and key stakeholders, such as indigent senior citizens (and/or their caregivers), and other seniors. Further, results of the APIS, a nationally representative survey that contains information on the SocPen and other pension systems, were examined. Aside from APIS data and the publicly available external reviews of the SocPen, various secondary data on the program were requested from DSWD. 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, the Visayas, and Mindanao.

Primary data were designed to be collected over 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 delisted after enjoying the SocPen cash assistance for some time, and (d) those who did not intentionally avail of the SocPen. Because of the pandemic-related restrictions, no FGDs were conducted for this group. Instead, online interviews were conducted in place of F2F interviews.

Purposive sampling was utilized to identify study participants, while the fishbowl technique was employed for program beneficiaries. The choice of the sampling approach was 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 deciding the manner of SocPen distribution; thus, program participants must ideally come from urban and rural areas. The relative number of COVID-19 incidence was considered in the selection of a DSWD office to be interviewed to protect the field interviewers. Based on the design, 10 senior citizen respondents from each rural and urban location (ideally representing the three major island groups) were to be interviewed. The research team also ensured data confidentiality. Except for recipients' names and addresses, birthdates, household setup, and previous type of work engaged in, no other personal data were collected. The study's ultimate goal is to provide inputs in refining the design and implementation of the SocPen, given DSWD's propensity to use information intelligently as part of the learning process and in pursuit of its goals for transparency and productivity.

The interviews and discussions focused on the following themes: program theory/logic, service delivery and utilization, and program organization/governance. Examining the program theory/logic involves assessing how the program is supposed to work in theory and whether the goals and objectives are feasible given the resources. Meanwhile, a review of service delivery and utilization assesses the delivery mechanisms installed in support of the program to understand the initial successes or failures of delivery and the responses of target beneficiaries and client satisfaction. Finally, a review of the program organization looks into the organizational setup developed to support the implementation of the policy, including the extent of support it is getting from policymakers, decisionmakers, 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 urban and rural areas. The interviews for nonbeneficiaries of SocPen

focused on their awareness of the program, whether they had applied for the program, and, if so, the outcomes and information on their living conditions. At the same time, beneficiaries were asked about their entry into the program, access to cash payouts, and how they spent their cash assistance (see Annex 3).

Box 2. Research locales

Metro Manila Commonwealth, Quezon City	Balance Luzon Calamba, Laguna	Visayas Laoang and Catarman, Northern Samar	Mindanao Cagayan de Oro, Misamis Oriental
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Source: Authors' compilation

Profile of interviewed seniors

Fifty-eight senior citizens participated in this research study; most were females aged 70 years, on average. Majority were without income and only receiving support from their children or, if still working, were engaged in the informal economy, such as selling food and household objects. Most participants did not finish high school, two had no formal education, and only four finished college. Over half of those interviewed were widows or widowers. Table 8 shows some of the demographic characteristics of the KII respondents.

Table 8. Frequency of KII respondents by selected demographic characteristics

(a) Age and sex of KII respondents

Age	Sex		Both Sexes
	Female	Male	
60–64	9	3	12
65–69	14	4	18
70–74	9	3	12
75–79	3	4	7
80–84	3	3	6
85–89	2	1	3
90 and older	0	0	0
Total	40	18	58

Table 8 (continued)**(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 (live with sibling)	1	0	1
Total	40	18	58

Table 8 (continued)**(d) Income sources and sex of KII respondents**

Sources of Income*	Sex		
	Female	Male	Both Sexes
Social pension	9	5	14
Wages/salaries	0	0	0
Profits from business (from formal or informal means)	10	9	19
Financial support from children (here or abroad)	12	1	13
Financial support from relatives, friends, neighbors	0	0	0
Proceeds from insurance or savings	0	0	0
Other pensions, whether government or private (GSIS, SSS, AFPSLAI, PVAO, etc.)	4	0	4
None	10	5	15

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

Note: Column totals are 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	11
Cardiovascular diseases	16	6	22
Arthritis, osteoporosis, back problems, and diseases involving mobility	4	5	9
Nephrological diseases	–	–	–
Respiratory diseases	5	2	7
Diabetes and other metabolic or digestive disorders	3	2	5
Dementia, including Alzheimer's disease	0	0	0
Others (FI fills in this info in the profile sheet): complications brought about by many ailments, prostate	4	6	10

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

Table 8 (continued)

(f) SocPen beneficiary classification and sex

Category	Sex		
	Female	Male	Both Sexes
Beneficiary	10	12	22
Waitlisted	8	4	12
Delisted	6	0	6
Rejected	9	0	9
Did not apply	7	2	9
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

KII = key informant interview; GSIS = Government Social Insurance System; SSS = Social Security System; AFPSLAI = Armed Forces and Police Savings and Loans Association Inc.; PVAO = Philippine Veterans Affairs Office; FI = financial institution; SocPen = Social Pension; CALABARZON = Cavite, Laguna, Batangas, Rizal, and Quezon
 Source: Authors’ computations

Profile of interviewed SocPen implementers

Online FGDs were conducted with program implementers (i.e., staff of DSWD’s SPMO, PDPB, P/SWDOs, regional OSCAs, and one SCO) to get further insights on SocPen implementation, especially during the pandemic. 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%) had been in the SocPen program for only 5 years and less, while the rest had been with the program longer than 5 years. Only a handful have been with the program for over 10 years

(i.e., since program inception). Most of the implementers interviewed were from the NCR, followed closely by Regions IV-A, VIII, and X.

Because of the ongoing epidemic, FGDs conducted with DSWD personnel from the CO and FOs were carried out entirely online. Important questions about the design of the program were asked. For instance, on the theme of program theory, implementers were asked about the thinking behind the design of the SocPen. In contrast, 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 the kind of delivery mechanisms put in place, the type of preparation done, and their rating on 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 perspectives 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 agency managers who are instrumental in keeping the program running smoothly, submitting reports on its implementation and ensuring that issues are addressed, and selecting program beneficiaries. To develop the instruments, the PIDS research team drew issues from existing studies by COSE/HAI (2016) and Velarde and Albert (2018) and used the initial implementation tools of DSWD in its 2012 study. Table 9 shows some of the demographic characteristics of the FGD participants.

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*

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

Table 9 (continued)

(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*

* Two FGD participants are from senior organizations, while other respondents did not disclose job titles.

(c) Position and location of participant

Position	Location				Total
	NCR	Balance Luzon	Visayas	Mindanao	
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

NCR = National Capital Region; SocPen = Social Pension; FGD = focus group discussion
Source: Authors' computations

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.

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. They see it as fulfilling the government's obligation to provide social protection to senior citizens, who devoted their entire working lives to the country but become impoverished and sickly in their twilight years. On a scale of 1 to 10, they rated program implementers very positively, ranging from a low of 8 to a high of 10.

Both implementers and senior citizens interviewed pointed out that SocPen's intent to augment the cash needs of the elderly for food and medicine has also been realized. Implementers knew about the program's intention, which is to supplement whatever existing allowance on food and medicine the seniors already enjoy and not to become a replacement income for beneficiaries. On this aspect of the program, the DSWD (2012) has found that 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 number of indigent citizens identified in Listahanan was 1.2 million. However, due to budget constraints, fewer seniors than what was targeted at the program's onset were covered by the SocPen. 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 reexamined.¹³ The program's design rests on the definition of 'indigency', which, at present, is not nuanced enough. Some implementers admitted that, while some seniors received help from family members and had qualified for the program, support for these seniors is not consistent and usually not enough to cover their basic needs. This may be because some family members who used to

¹³ Due to the pandemic, which precluded face-to-face data gathering, as well as time constraints, very few senior citizens were interviewed. Thus, this study failed to determine categorically whether the actual SocPen recipients are the ones most in need of government assistance.

support the elderly might have moved away and built their own families; hence, the financial help they usually earmarked for senior relatives is spent instead on their own families' needs. There were also reports of seniors being delisted when found to live in affluent surroundings.

In most cases, however, the seniors do not own the property and are only allowed to live there by their relatives. The implementers also pointed out that the cash allowance in SocPen has not kept up with inflation. That is, the PHP 500-per-month (PHP 6,000 per year) subsistence allowance is deemed very much inadequate, especially because the cost of living has increased substantially since 2011, when the program was first implemented.

Changes in the program design are attempts to systematize cash distribution, and all changes emanate from the CO. Previous modes of payment had included fund transfer to LGUs, but DSWD currently centralizes all payouts. This recent decision to centralize fund transfer poses a logistical challenge, especially during a pandemic where some areas are inaccessible due to quarantine restrictions. Some hybrid arrangements continue to exist, particularly for select LGUs with good track record of liquidation.

Another change in the design was the frequency of payout. Where before cash payouts were done quarterly, some regions shifted to giving payouts every semester. Moreover, some regions had begun dispensing cash assistance annually in 2020 due to the pandemic. Distributing the cash assistance twice yearly rather than quarterly may provide implementers more time to validate names and make better decisions. This also leads to less effort in the frequency of lining up and collecting cash assistance on the part of the seniors, thus reducing the elderly's risks of being exposed to viruses (Figure 6). Still, many seniors prefer a shorter payout frequency. By 2022, the DSWD plans to return to a quarterly cash assistance distribution.

Service delivery and implementation

Program implementers recognize that inclusion, exclusion, and targeting errors persist in the program. They are aware that the inclusion of senior citizens in the SocPen program when they should not and the exclusion of senior citizens in dire need of cash assistance are still happening, although this targeting error had been identified as early as 2012. Program implementers believe that inclusion errors result from SocPen being politicized.

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



(a) Beneficiaries observe physical distancing during payout in Laoang, Northern Samar, in October 2021. (b) SocPen beneficiaries in Catarman, Northern Samar, receive their cash assistance in July, one of two payout dates conducted in 2021. (Photo courtesy of Norliza Nordan)
 Source: Authors' compilation

While a welcome change, the expanded coverage of the program also brought many challenges in fund liquidation. Furthermore, implementers pointed out that revalidating or reverifying beneficiaries is a long and tedious process.

The issue of physically bringing cash to far-flung areas is a concern for DSWD regular employees who fear for their safety. The digitalization of payouts, including using cash cards, is expected to address this issue. Since its branches may not be present in some rural areas, the Landbank should partner with other banks, including private banks, to distribute the social pension. Using private banks has been effective in the SAP distribution during the pandemic. While digitalization may not benefit the poorest of the poor who live far away from city centers and who may not know how to use cash cards, it would undoubtedly work for some. Hybrid operating procedures—cash cards for those who may benefit from this route and cash for those who will not—are optimal.

Since the revalidation of beneficiaries that started in 2018 is still ongoing, some seniors have not received any cash assistance, as payouts have been suspended pending the completion of validation.

Implementers expressed particular concern about the nonpayouts in the BARAMM. In addition, unlike the GSIS, which provides the DSWD a list for crossmatching, this has not been the case with the SSS. Too often, the seniors need to provide evidence that they do not receive a pension from the SSS before receiving the payout. Although program design mandates crossmatching of SocPen pensioners with SSS pensioners to ensure that no senior citizen receives both pensions, the SSS had not provided the SocPen program with a list of their pensioners since program inception. Often staff in FOs must request counterparts in SSS FOs for assistance in the crossmatching. More than 10 years since the program's inception, a data-sharing agreement between the DSWD and SSS is still being worked out as of 2021.

Since 2015, DSWD has made door-to-door payout deliveries (except in cases where LGUs have good liquidation records). Some LGUs simply receive the list, validate potential beneficiaries, and give cash assistance. This change may have been prompted by complaints that LGUs practice favoritism in dispensing cash assistance. However, door-to-door deliveries were hampered by intermittent lockdowns during the pandemic.

In the wake of the COVID-19 epidemic, DSWD had allowed the sending of documents via Facebook Messenger. However, this change only worked for some seniors and their relatives with access to the social media platform. People in far-flung rural areas without access to technology experienced delays in receiving their cash payouts.

Organization

Implementers also unanimously expressed concern about the persistent problem of staffing. Regular DSWD employees have additional responsibilities during SocPen payouts by becoming default SDOs. In some areas, daycare workers are deputized to handle crucial activities, such as facilitating applications of eligible senior citizens, conducting payouts, and addressing complaints and other issues. Understaffing has been an oft-repeated complaint in the CO, with only seven people tasked to work on the SocPen, despite being the Department's second-largest social protection program (next to *Pantawid Pamilyang Pilipino* Program) in terms of budget and beneficiaries. Hence, 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 175 days to conduct the entire program implementation, equivalent to 8 months' work for what should be done in 6 months (Table 10). Thus, it would be crucial for DSWD to assign additional staff to the program.

One good practice in the FOs is on fund management. For instance, if a senior citizen dies during the immediate semester, the cash assistance is still given to his/her survivors. The new pensioner who gets the freed up slot will receive the cash in the following semester. Some LGUs are also quick to update their databases, which helps identify senior citizens needing assistance, and provide some top-up assistance. In the case of the City of Manila, for example, the current LCE has provided extra support of PHP 500 a 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 the city or regional level. They pointed out that possible political interventions or patronage persists in such cases.

Voices of the seniors

Program Design—“Maliit, pero mabuti na kaysa wala”

SocPen is generally viewed quite positively by the elderly. The majority of the seniors interviewed for this study reported that they were aware of the government programs to assist the elderly, such as discounts on food, medicines, and transport costs. A few of them, especially those without mobility problems, were aware of a social pension for the elderly because of their engagements with other seniors in the barangay. Some of them knew that selected seniors receive a pension of PHP 500 per month from the national government, while some LGUs provide additional benefits, such as birthday gifts of PHP 500 and birthday cake. In the case of Calamba LGU, a “blue card” with a monetary value of PHP 8,500 for medicines is given in case the senior citizen falls critically ill or as a survivor benefit in case of death. Some seniors claimed that this program appears to have been discontinued. Some seniors also mentioned enjoying assistance from a few LGUs where its LCE provides seniors as much as PHP 1,500 per year for medicine.

Table 10. Expected time to accomplish SocPen activities with current staff

Phase	Activities	Time Frame	Target	Existing Staff	Responsible
Validation (23 days)	Replacement	Semestral	2,187 beneficiaries for replacement every semester	12 PDO	LGU/PDO
	A. Crossmatching (replacement versus SPIS versus reconfirmed CE)	4 days	Maximum of 1% total number of beneficiaries per LGU (218659*.01)	12 PDO	PDO
	B. Generation of reference codes and SPBUF forms	30 minutes	183 beneficiaries per PDO	12 PDO	c/o RICTMU and PDO
	C. Actual validation	9–10 days	20–25 benes per day	12 PDO 6 Aide IV	PDO/AA
	D. Encoding and verification	2 days	100 forms per day	12 PDO	PDO
	E. Generation and uploading to CO	15 minutes	2,187	c/o RICTMU	ITO
Obligation (14 days)	F. Waiting for clean list and resolution for error list	7 days	2,187 with 1% expected error list	6 Aide IV	AA
	1. CE printing and OBR/DV	5 days	4,374 pages per printer/5 printer available 21,866 pages @ 3 Copies (218659/30 benes*3 copies)	12 PDO 6 Aide 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

Table 10 (continued)

Phase	Activities	Time Frame	Target	Existing Staff	Responsible
Cash payout (52 days)	1. Payroll preparation and printing	5 days	4,374 pages per printer/5 printer available 21,866 pages @ 1 Copy (218659/10 benes*1 copy)	12 PDO 6 Aide IV with 6 functional printers	c/o RICTMU/ PDO/AA
	2. Approval of payroll	7 days	93 LGUs	6 Aide IV	SDO/ARDO/PSD Chief/SWO II
	3. Scheduling of payout	3 days	93 LGUs	RPMO staff	PDO II/SWO II
	4. Preparation of materials	5 days	24 LGUS per day (2 LGUs per PDO)	6 Aide IV and 12 PDO	PDO/AA
	5. Actual cash payout	32 days	100/verifier/day @ 68 verifiers for 93 LGUs 400/paymaster/day @ 17 paymaster per day for 93 LGU	c/o other DSWD Staff plus 6 Aide IV c/o Finance staff and 2 SB, FA I, and SWO II	AA for TO, SO, and Vehicle Request
			3 grievance officer per LGU	12 PDO	PDO

Table 10 (continued)

Phase	Activities	Time Frame	Target	Existing Staff	Responsible
Liquidation (86 days)	<ol style="list-style-type: none"> 1. Filing of attachment 2. Tagging and checking of paid/unpaid/deceased 3. Preparation of liquidation documents (printing of Summary of Payment, recording in eNGAS, reconciliation with returned cash to SDO 4. Approval of JEVs and signing of liquidation for and JEVs 5. Transmittal to COA 6. Provide a list of deceased/list for delisting 	<p>15 days</p> <p>8 days</p> <p>62 days</p>	<p>6 LGUs per day</p> <p>24 LGUs per day (2 LGUs per PDO)</p> <p>1 LGU every 2 days for 1 FA and 2 SB @ 62 working days for 93 LGUs</p>	<p>6 Aide IV</p> <p>12 PDO</p> <p>1 FA and 2 SB</p>	<p>PDO</p> <p>PDO</p> <p>FA/SB</p>

SocPen = Social Pension; SPIS = Social Pension Information System; CE = Certificate of Eligibility; SPBUF = Social Pension Beneficiary Update Form; CO = central office; OBR = obligation request; DV = disbursement voucher; LGU = local government unit; PDO = project development officer; RICTMU = Regional Information and Communications Technology Management Unit; FA = financial analyst; AA = administrative assistant; ITO = information technology officer; RPMO = Regional Project Management Office; DSWD = Department of Social Welfare and Development; SWO = social welfare officer; SDO = special disbursing officer; ARDO = Assistant Regional Director for Operations; PSD = Protective Services Division; TO = travel order; SO = special order; eNGAS = Electronic New Government Accounting System; JEVs = journal entry vouchers; COA = Commission on Audit; SB = senior bookkeeper

Source: Authors' compilation

LGUs in NCR reportedly take care of its elderly by supplying them with a few pieces of maintenance medicine every month, but it was understood that they needed to provide the rest themselves. However, such provision of maintenance medicines is not a common practice among all LGUs. Some seniors are aware that even after enjoying for several years, certain benefits may be suspended without notice.

Senior citizen-participants admitted that the monthly PHP 500 is insufficient for their food and medicine needs. Still, they are grateful for the assistance nonetheless. As one senior citizen said, “*maliit, pero mabuti na kaysa wala* (insignificant, but it is better than nothing).” Beneficiaries were also careful not to sound as though they were complaining about the small monthly pension amount for fear that their SocPen would be suspended or withheld. They also hope that the plan in Congress to increase the payout to PHP 1,000 a month materializes soon.

When asked where they spend the money, the majority responded that it is spent on food and medicines. But some did not appear to understand that the SocPen is only for augmenting their allowance for 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 received had been spent paying off debts, settling utility bills, and even buying clothes and school materials for their grandchildren.

A few participants assumed that the SocPen is an ‘automatic’ entitlement to all seniors who had reached retirement age or 60. One senior citizen from Quezon City interviewed for this study admitted that he knew that the SocPen is only intended for the very poor and with disability.

Lastly, many beneficiaries felt that receiving cash assistance every 6 months is a long wait, a sentiment shared especially by seniors of advanced ages from urban and rural areas. For them, cash assistance dispensed every 3 months or a quarterly payout is best. Payout delays have very real consequences for the indigent elderly.

Program implementation

Application process

Some seniors bewailed the confusing application process of the SocPen. Some claimed to have submitted complete documents but were not interviewed or given GIS forms. Some had pending applications

even before the pandemic but did not know whether to wait for updates or feedback. Some were interviewed several times before they were accepted into the program. After submitting the forms and having gone through an interview, some did not know what to do and would visit the municipal or city office to seek answers. Some report that after filling out application forms, they were interviewed by DSWD personnel but did not get any information on whether they had qualified to receive the pension. In one of the research locales, some seniors were 'invited' to apply to the program. Their applications were 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 did not know when the cash assistance would begin. Others were rejected outright even without a 'CI' (technically means credit investigation, a term used among applicants to describe the customary visit of their domiciles to check the veracity of their claims, usually conducted by barangay employees). Many waitlisted applicants waited close to a year before they began receiving the cash assistance. Lastly, many seniors realized they did not qualify for the program after finding that their names were not on the list during payouts.

In the Visayas, many respondents found the application and payout processes efficient with the assistance provided by the MSWD, OSCA, and barangay offices. In both research locales in the Visayas, program implementers gathered the senior citizens in big venues and stationed personnel to assist the beneficiaries in every stage of the payout process. The barangay SCOs prepared the list of eligible senior citizens and submitted the same to the MSWD through the barangay captain. The beneficiaries were informed if they were included in the payroll days before the actual payout.

Identification of recipients

Some rejected applicants and delisted beneficiaries expressed that the decision to reject or delist them was unfair and unjust. However, they reported not proceeding with filing complaints, thinking these would only fall on deaf ears. In addition, the pandemic had proscribed their mobility because they belong to a vulnerable group. Some asserted that there were beneficiaries in their barangays who were better off than they were or that these seniors were receiving support from their children. However, the barangay officials did not know about these.

Other seniors who did not qualify for the program because they are SSS or GSIS pensioners claimed that their pensions were insignificant enough to count as a pension, but that had been used as a ground for their disqualification. Moreover, the number of slots allocated to each barangay is predetermined. Hence, those who are on the waitlist will have the chance to be accepted into the program if an existing beneficiary dies, which would make a slot available.

In one rural research locale in Luzon, the cutoff of beneficiary age remains at 77 years old and older, with specific accommodations being made for younger recipients based on health (i.e., the senior citizen in question is suffering from a debilitating disease or has lost mobility, has no pension, and not receiving any support from children/relatives). Further, there were instances when daycare workers (DCWs) sought seniors out directly by bringing the application forms to their houses so that they could apply to the program.

Information dissemination

A few seniors interviewed for this study reported that they were unaware of the SocPen program and had only recently learned about it through word-of-mouth from SocPen beneficiaries or from the barangay staff. Other respondents claimed that SCOs are suitable 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 primary sources of information about the SocPen program. One participant mentioned hearing the news on SocPen over the radio. As in Luzon, the strength of the information dissemination of the program in the Visayas may be attributed to the passing on of information among senior citizens in the barangay.

In NCR, apart from posting payout schedules in the barangay offices, interviewed seniors claimed that bull horns were used to inform beneficiaries of payout schedules and other important announcements. The social marketing staff of DSWD also posted online announcements for seniors to claim their pensions through the official DSWD website. Nevertheless, some crucial information related to payouts remained unavailable to stakeholders, such as when former beneficiaries only found that their names were no longer on the master list during payouts.

Program organization

Because of a lack of dedicated personnel in the SocPen program, 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 PWDs.

The results of interviews conducted in the Visayas showed a lack of consistent process for applying for the SocPen program. Some interviewees claimed that the barangay initiated the enlistment, while some reported that SCOs were responsible for gathering qualified beneficiaries. Some interviewees claimed that BHWs and DCWs assisted in coming up with the lists. Subsequently, lists emanating from the barangay or SCOs were forwarded to LGU-OSCA and, eventually, to the MSWD. However, there were reports that some barangay councils directly forwarded the lists to the MSWD. The interviewees admitted they do not know what happens after this stage, except wait for the official validation from the regional office.

Because there was no uniform process, one interviewee cited a tendency for political interventions to happen, which could be the reason why some individuals who failed to meet the criteria of indigency as prescribed by law were included in the payroll. In addition, there were reports that favors were given to seniors who could deliver the most votes for the person who does the listing, especially if that person is holding an elective position in the barangay. On the other hand, some seniors sometimes ask favors from personnel doing the listing, such as to include their names in the list while they wait for their pensions from GSIS or SSS and eventually delist them once they receive them. Although these claims of gaming the system came from either side of the fence, these had not been verified. Nonetheless, it would be worthwhile to investigate this further.

Often, the OSCA serves as the program's default "grievance" arm for rejected and delisted applicants who seek them out for their concerns. Still, no consultations with OSCA, which has first-hand knowledge of the status of seniors in the barangays, are being conducted during the identification of qualified seniors. Further, the outsized role played by the OSCA vis-à-vis the SocPen does not seem uniform across municipalities in the country. The OSCA is headed by a senior with whom barangay SCOs coordinate with. As mandated by law, the

OSCA handles all senior citizen-related affairs, including the celebration of senior week and vaccination programs.

In Mindanao, there were reports that SCOs charge their members PHP 20 monthly. Funds collected would then be used as “assistance” to members who need it. On top of that, seniors are also required to pay a PHP 120 annual registration fee. Some senior members claimed that this is a requirement to qualify for the SocPen. Waitlisted applicants are “willing participants” in this setup, 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, yet they are still not part of the SocPen program.

National survey results

Velarde and Albert (2018) analyzed national survey data on the SocPen, particularly sourced from the APIS. They suggested that SocPen considerably increased coverage rates of the national pension system for the elderly. However, 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) and leakage (inclusion errors). Recent APIS questionnaires have improved survey questions, from asking whether any household member has SSS, GSIS, or SocPen to asking questions specific to household members who are 60 years and above. Hence, this study examined data on senior citizens and determined that as of 2020, the total number of seniors covered by the two contributory pension systems (SSS and GSIS) as well as the noncontributory 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 AFPMBAL. Administrative data in Table 1 puts the total coverage for SSS, GSIS, and SocPen at 6 million. The total SocPen beneficiaries estimated by APIS is 3.2 million, far lower than the DSWD total beneficiaries reported in Table 1. However, the discrepancy may have been caused by the gap between the survey period for APIS and the entire fiscal year as reported by the DSWD.

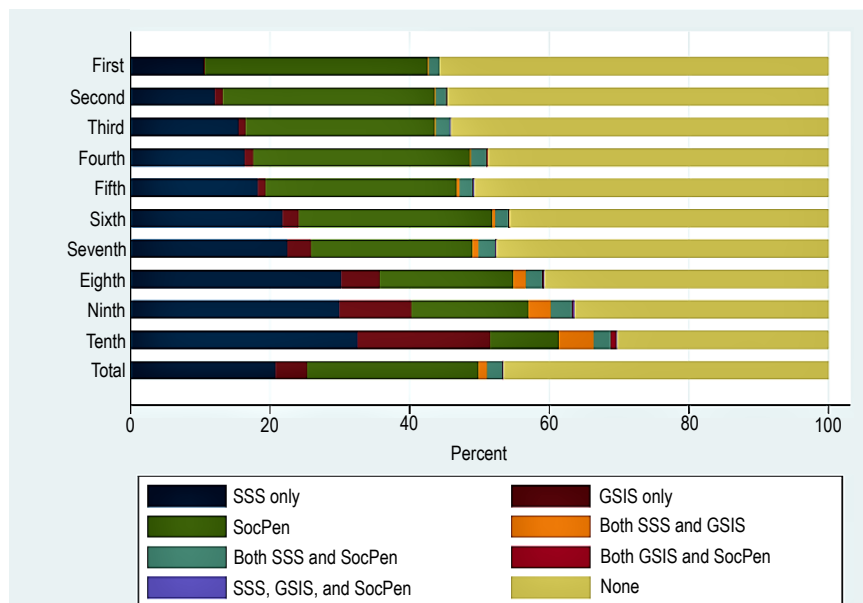
Although the latest available APIS for 2020 no longer includes detailed income data by sources, it still does have an aggregate household income, which can be used to determine the income level of seniors. However, these are not comparable with income data from the FIES. Nonetheless, monetary poverty can be examined using the per capita income data from APIS, focusing on the analysis of per capita income deciles. Hence, the term “indigent” can be linked with monetary poverty using a strict definition—that is, being at the bottom 20 percent of the per capita income distribution—given that as of 2018, about 17 percent of Filipinos were estimated to be monetary poor. Another option is to broaden the scope (i.e., being at the bottom 50 percent), taking into account 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 show that SocPen increased the pension coverage of SSS and GSIS by 78.5 percent in 2020. Without the SocPen, old-age pension coverage in the country would have been 30.6 percent only in 2020. SocPen reduced coverage gaps for the elderly, especially among the lower parts of the per capita income distribution. Pension coverage increased from 15.2 percent to 45.8 percent among the bottom 20 percent of the per capita income distribution. However, this also means that the program failed to cover 1.42 million (62.7%) elderly aged 60 and over out of the total 2.29 million senior citizens without SSS or GSIS from the bottom 20 percent. Among the bottom 50 percent, as many as 5.38 million seniors are without SSS or GSIS; of these, 3.56 million are not covered by SocPen. Thus, SocPen has an undercoverage rate of 66.1 percent among the bottom 50 percent.

Figure 7 shows that a considerable share of senior citizens who do not need SocPen assistance are benefitting from the program, regardless of whether a strict or broader sense of indigency with per capita income is used. As many as 2 in 5 senior citizen beneficiaries of SocPen (41.2%) belong to the upper 50 percent of the per capita income distribution, which can be considered the program leakage (in a broad sense). But in a stricter sense of using the bottom 20 percent of per capita income distribution to define indigency, 7 in 10 (72.6%) SocPen beneficiaries do not belong to this income bracket. Furthermore, as many as 282,000 of an estimated 3.2 million (about 8.9%) SocPen beneficiaries are reported to be SSS or GSIS pensioners. Respondents may have misunderstood the

survey question, but it is also possible that some SocPen beneficiaries were able to escape the scrutiny of the validation processes of LGUs, DSWD, and other government agencies in charge of pensions because of poor digitalization (and the lack of a national ID for all seniors hitherto).

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



SSS = Social Security System; SocPen = Social Pension; GSIS = Government Service Insurance System
 Note: Based on microdata of the APIS 2020 provided by the PSA (via personal communication with authors on August 10, 2021).
 Source: Authors' computations

The current cash pensions provided to SocPen beneficiaries may not be adequate. Hence, there are plans in the legislature to double the current support to PHP 1,000 per month. Meanwhile, interviews with beneficiaries suggest that PHP 1,500 would be needed as a pension. However, there is very little monetary data to work within the APIS 2020, other than the aggregate income and food expenditures variables, to decide on the appropriate amount based on survey data. This study looked into these data, supplemented by the corresponding (though not fully comparable) food expenditure data in the FIES and health expenditures data. It should be noted, however, that expenditure data in APIS and FIES concern the entire household and not the specific individuals (i.e., in this case, the

senior citizens). Likewise, 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 11) suggest that, on average, senior citizens in the bottom 50 percent of per capita income distribution spend about PHP 5,000 monthly on food (over PHP 3,000 for the first decile, around PHP 4,500 for the second decile, and around PHP 6,000 for the third to the fifth deciles). If the SocPen database were linked to Listahanan, then proxy means income data would be available, and, thus, differentiated support may be provided depending on the seniors' incomes. 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 can be provided PHP 1,000 monthly support, which is 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, which covers less than a fifth (16.6%) of their food expenditures. Finally, the low income but not poor in the third to the fifth income deciles could be given PHP 500, the equivalent of about a tenth (8.8%) of their food expenditures.

Table 11. 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
Eighth	9,023	1,073,712
Ninth	12,097	1,173,364
Tenth	22,971	1,180,720
Total	8,305	11,800,001

Note: This table uses the microdata of the APIS 2020 provided by the PSA (via personal communication with authors on August 10, 2021).

Source: Authors' computations

Food expenditure data from FIES 2018 adjusted to 2020 prices (Table 12) are higher than the comparable data from the APIS for the first eight (per capita) income deciles. For the bottom half of the per

Table 12. 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
Eighth	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: This table uses the microdata of the APIS 2020 provided by the PSA (via personal communication with authors on August 10, 2021).

Source: Authors' computations

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. In contrast, for the third to the fifth deciles, the average expenditure on health is 5.9 percent of the food expenditures of this income group.

The current SocPen cash assistance of PHP 500 is thus only 7.5 percent of the average expenditures on food and health of the bottom half of the per capita income distribution. The DSWD and Congress may

consider having three levels of cash support: PHP 1,000 for the lowest income decile, PHP 750 for the second decile, and PHP 500 for the third to the fifth decile. This will not only provide bigger assistance to those in bigger need of assistance but will also correspondingly give a bigger relative impact on spending for the needy, as these amounts specifically correspond to 17.7 percent, 12.3 percent, and 7 percent 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, respectively. This is relatively straightforward to do if DSWD decides to relink the SocPen beneficiary database to the Listahanan and whatever future targeting database the government adopts.

Summary, Policy Implications, and Ways Forward

The empirical findings in this study suggest that the SocPen has contributed to the improving coverage of 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 by 78.5 percent. The SocPen is viewed very positively by program implementers and senior citizens alike, particularly in terms of the government providing social assistance targeted at indigent elderly without pensions. However, 10 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 must be adopted. The following are recommended to help improve the program's implementation:

- **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 the program's inception. Even as early as 2012, an internal evaluation by the DSWD (2012) already called for at least a doubling of the cash assistance, mainly because the amounts were inadequate. However, it must be noted that the amounts were never meant to address

all the senior citizens' needs. Still, the value of PHP 500 in 2021 is much less than its value in 2011. Thus, the efforts by legislators in both the House of Representatives and the Senate to increase the grants are laudable.¹⁴ Congress should urgently pass the proposed legislation. However, merely doubling the cash would double the program's budget. Therefore, legislators and program implementers must examine if it is feasible to provide universal social assistance to senior citizens (i.e., whether the government can afford it, given the myriad problems brought by the pandemic). Finally, the government must also assess whether it wants to continue targeting the program for indigent elderly, in which case, the delisting of some beneficiaries is in order.

- **Clarify the definition of indigents and tie this definition to the poverty status of seniors, 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. Initially, to be part of the SocPen, the beneficiaries should be in the Listahanan. 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 fact that the database gets to be static easily. However, there are ways to address 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 DSWD 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 by the study of Albert et al. (2018) that defines the low-, middle- and upper-income classes using multiples of the poverty line.

However, if the DSWD decides to use the near-poor definition or twice the poverty line as an income threshold to define

¹⁴ Under Republic Act 11916, which lapsed into law on July 30, 2022, the monthly pension of qualified senior citizens under the SPISC program of the government has been increased from PHP 500 to PHP 1,000. The said law also encourages the hiring of seniors by providing tax incentives to employers.

indigency, then a substantial number of beneficiaries will have to be delisted from the program. As suggested in the previous section, the Department could use several income thresholds for different levels of cash assistance, similar to 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 monthly assistance could continue to be given to low-income but not poor (i.e., those with incomes between the poverty line and twice the poverty line); PHP 750 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 1,000 monthly assistance for the subsistence poor. This way, differentiated assistance can be provided depending on needs.

Further, as indicated in the previous section, the assistance, in relative terms, is much larger for those in need of more assistance. For this to work, all SocPen beneficiaries must be in the Listahanan so that their incomes can be estimated using DSWD's proxy means income model. If they are not in the Listahanan database, then the Department can work with the LGUs 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 (when they find out their names are not listed). Some had spent the better part of a day only to be told they did not qualify, and some believe their rejection may have been politicized.

Although the DSWD will no longer undertake a new round of the Listahanan with the adoption of the Community-Based Monitoring System (CBMS) Act (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. Linking program beneficiary databases with Listahanan or the future CBMS targeting system can help

the government examine the extent to which welfare changes result. Some legislative efforts, such as House Bill 9459, call for the removal of the health assessment (i.e., whether the senior is frail, sickly, or disabled), as health infirmities have nothing to do with economic needs.

- **Deploy dedicated staff to the SocPen program.** A persistent problem faced by SocPen is the shortage of personnel dedicated to the program. This seriously undermines the swift and careful distribution of much-needed government cash assistance and 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 to have dedicated staff to the SocPen program in the CO and regional offices to address data analytics issues and logistical challenges during payout periods.
- **Update the SocPen operations manual at least annually.** The operations manual of the program was only written in June 2021, more than 10 years into the program. This suggests that the manual must be revised, as any first draft is never complete. Although the operations manual states that it should be revised regularly, the frequency of regular 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 not discussed, as well as the specific institutional arrangements with LGUs or the roles of the LGUs vis-à-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 operations manual's reader.
- **Standardize the SocPen application process.** When asked if they were to provide recommendations on the implementation of the program, senior citizens interviewed for this study suggested that dissemination of appropriate information must be done. In particular, they pointed out their need to be informed of the status of their application so that they would know if

there were lacking documents and would be able to submit the deficiencies before the payroll release. Other recommendations include standardizing the application process and creating a monitoring and evaluation group at the LGU level. They also pointed out that while the OSCA is a crucial mediator between the enlistment personnel and the applicants, the law does not clearly identify its role. They are hoping that the establishment of the NCSC will provide greater relief to the piling problems faced by the SocPen program implementers.

- **Update the SocPen beneficiary database regularly and conduct analytics on it.** It is crucial to merge the beneficiary database with other interoperable databases of the DSWD, such as the Listahanan, Social Welfare and Development Indicators, 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 DSWD 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 the data gathered once the PSA has finalized the CBMS instruments.
- **Adopt a digital mode of cash distribution to SocPen beneficiaries using e-payments and e-wallets.** 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 to distribute cash to them. Doing so frees up logistical issues attendant to cash distribution, and SDOs can focus more on beneficiaries who live in remote locations away from city centers, do not have cell phones, and have no access to technology (i.e., those without access to internet and e-payments and e-wallets).

SocPen must be understood by everyone—from implementers to beneficiaries to stakeholders and the public at large—as an attempt by the government to provide old-age security, especially to those seniors who need the most assistance. The recommendations of this study can enhance services to lessen the logistical burden for current DSWD staff assigned to SocPen. While getting the actual cash could have been a means of socialization among SocPen beneficiaries in the past, digital cash payments can protect the elderly from the persisting risks of COVID-19 infections. Hence, it is critical 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 DSWD must 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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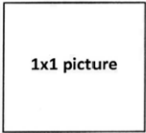
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Annex 1. Social Pension Application Form



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS



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.

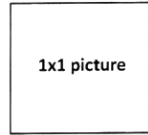
(Applicant's Signature over Printed Name) Date Submitted: _____

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

Annex 2. Social Pension General Intake Sheet (GIS)



SOCIAL PENSION FOR INDIGENT SENIOR CITIZENS



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
 Indigent 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

Annex 2 (continued)

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)

A Process Evaluation of DSWD's SocPen Program amid the COVID-19 Pandemic

Annex 3. SocPen Beneficiary Update Form

 DSWD <small>Department of Social Welfare and Development</small> <small>POP-S - SPSUP v2 October 11, 2018</small>		Social Pension Beneficiary Update Form			
SENIOR CITIZEN ID NO: _____ Encoded Time Start: _____ AM/PM <input type="radio"/> Grantee - GO TO 1 <input type="radio"/> Not Grantee -> CONTINUE Name of Respondent: _____ Reference Code: [] [] [] [] [] [] [] [] [] [] Time Ended: _____ AM/PM					
I. IDENTIFICATION					
1. Name of Pensioner/Senior Citizen Last Name: _____ First Name: _____ Middle Name: _____ Name Extension (Jr/Sr): _____					
2. Address Region: _____ Province: _____ City/Municipality: _____ Barangay: _____ House No./Zone/Purok/Sito: _____ Street: _____					
3. Date of Birth [] m m d d y y		5. Name of Guardian/Care Giver _____		8. Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Live-in <input type="radio"/> Others	
4. Sex <input type="radio"/> 1 Male <input type="radio"/> 2 Female	6. Relationship of (S) to the Senior Citizen _____	7. Contact Number _____	9. Household Size _____		
II. SOCIO-ECONOMIC INFORMATION					
A. Income Sources and Financial Support		B. Health and Social Condition			
10. Do you receive any form of pension?		13. Who are you living with?			
1 <input checked="" type="radio"/> GO TO 11 2 <input checked="" type="radio"/> GO TO 12 3 <input type="radio"/> I don't know - GO TO 12		1 <input type="radio"/> alone 2 <input type="radio"/> with spouse only 3 <input type="radio"/> with a child (including adopted children), child-in-law or grandchild 4 <input type="radio"/> with another relative (other than a spouse or child/grandchild) 5 <input type="radio"/> 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.		14. Frailty Questions			
1 DSWD Social Pension		14.1 Are you older than 85 years? <input checked="" type="radio"/> No <input type="radio"/> 1 Yes			
2 GSIS		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			
3 SSS		14.3 Do you need someone to help you on a regular basis? <input type="radio"/> No <input type="radio"/> 1 Yes			
4 AFP/SLAI		14.4 In general, do you have any health problems that require you to stay at home? <input checked="" type="radio"/> No <input type="radio"/> 1 Yes			
5 Others _____		14.5 If you need help, can you count on someone close to you? <input checked="" 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.		14.6 Do you regularly use a stick/walker/wheelchair to move about? <input checked="" type="radio"/> No <input type="radio"/> 1 Yes			
A. Source	B. Is it regular?	C. Amount of Income			
1 Wages/Salaries <input type="radio"/> 0 No <input type="radio"/> 1 Yes PHP _____ / ____ =	15. Do you have any disability?				
2 Profits from Entrepreneurial Activities <input type="radio"/> 0 No <input type="radio"/> 1 Yes PHP _____ / ____ =	1 <input checked="" type="radio"/> Disability: _____ <input type="radio"/> 2 None				
3 Household Family Members/ Relatives <input type="radio"/> 0 No <input type="radio"/> 1 Yes PHP _____ / ____ =	16. Do you have any critical illness or disease?				
4 Domestic Family Members/ Relatives <input type="radio"/> 0 No <input type="radio"/> 1 Yes PHP _____ / ____ =	1 <input checked="" type="radio"/> Illness: _____ <input type="radio"/> 2 None				
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.					
18. Initial Impression					
1 <input type="radio"/> Food 2 <input checked="" type="radio"/> Eligible					
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 _____					
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 you 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. Is 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 waitlisted) beneficiaries

Objectives:

- To find out how program recipients benefit from SocPen
 - 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)? *(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)? *(Ano po sa pagkakaalam ninyo ang layunin ng SocPen?)*
 3. What positive role has the SocPen program done for you? *(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? *(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? *(Masaya ba sa nakukuha ninyong tulong mula sa gobyerno? Sapat na po ba para matugunan ang inyong pangangailangan?)*
 7. What problems with SocPen have you encountered? Please provide examples from application to receipt of assistance *(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? (*Saan po kayo dumulong 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? (*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? (*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? (*Mayroon 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 do not benefit from the SocPen

1. What government programs for the elderly are you aware of? You may cite all that you know. (*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? (*Paano ninyo nalaman ang programang SocPen?*)
3. What do you think is the purpose of Social Pension (SocPen)? (*Ano po sa pagkakaalam ninyo ang layunin ng SocPen?*)
4. Where did you spend the money when you were still receiving it? (*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? (*Sa inyong palagay, ano po ang dahilan bakit hindi na kayo nakatanggap ng SocPen?*)
6. Do you have plans of applying again? (*May balak pa po ba kayong muling mag-apply para sa SocPen?*)

7. What can you say about SocPen's process of implementation? (*Ano po ang masasabi ninyo tungkol sa proseso ng pagpapatupad ng programang ito?*)
8. What can you say about Socpen's operational procedures? (*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? (*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? (*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. (*Anu-anong programa ng gobyerno patungkol sa mga nakatatanda ang inyong alam? Magbigay ng lahat ng nalalaman.*)
12. What do you know of SocPen? (*Ano po sa palagay ninyo ang SocPen?*)
13. Why did you not apply for the SocPen? (*Bakit hindi po kayo nag-apply sa SocPen?*)
14. Given the chance, would you have applied? (*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? (*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? (*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? (*Kung nabigyan kayo ng tulong pinansiyal, saan ninyo po ito gagastusin?*)

The Authors

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Since 2011, the government, through the Department of Social Welfare and Development (DSWD), has been implementing the Social Pension (SocPen) Program for Indigent Senior Citizens. SocPen gives a noncontributory monthly pension of PHP 500 to qualified seniors (i.e., indigent Filipinos aged 60 and above). Budget allocation for the SocPen has increased exponentially over the years with a budget of PHP 23.4 billion in 2021 (from an initial budget of PHP 8.71 billion at program inception). With this 2,540-percent jump in budget within 10 years, the 2021 physical target has also expanded to help 3,835,066 senior citizens identified by the *Listahanan*. The 2020 physical target for SocPen is nearly two-fifths (37.8%) of the country's senior citizens. This study describes SocPen's design and current implementation processes in the wake of the coronavirus disease 2019 pandemic, as well as attempts to increase beneficiaries' financial assistance and coverage. It also investigates the recent experience of DSWD with the Social Amelioration Program. While overall, the program is well-intentioned and welcomed by seniors, and despite the improvements taken in response to criticisms of several external evaluations, implementation deficits persist. These issues need to be addressed, especially as the SocPen is one of the government's largest social protection programs and has the potential to impact the lives of elderly indigent beneficiaries significantly.



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