Social Accountability Engagements in CCTs and Lessons Going Forward in the Philippines[1]

What is the purpose of this paper?

This paper sets out to address the following three key questions: a) Where are the principal areas of accountability within conditional cash transfer (CCT) programs that can compromise the integrity of the scheme if not properly checked?; (b) How can community participation or the direct engagement of CCT beneficiaries assist to create better accountability mechanisms?; and (c) How can a specific CCT program (*Pantawid Pamilya* or 4Ps) better use social accountability initiatives to safeguard the integrity of its program? The paper links the information that exists to answer the first two questions to better inform the response to the final question on the CCT program of the Philippines, which forms the primary purpose and objective behind the commissioning of this paper.[2]

Structure of the paper

This paper is structured into six sections. It begins with a note on the challenges of accountability that CCT programs are prone to face, no doubt influenced by the particular institutional arrangements for the program and the political-economy of the country context which are largely beyond this paper. The second section identifies the entry-points for community centered or social accountability initiatives that can strengthen the accountability mechanisms and integrity of a CCT program. This is followed by a section that surveys the global experiences of demand-side governance activities or social accountability initiatives in existing CCT programs, especially across Latin America, where CCT programs were pioneered and have expanded to more countries than any other region.

The final three sections of the paper are focused more on the Philippines and the government's major social development program, which is the CCT known locally as the *Pantawid Pamilyang Pilipino Program* or the 4Ps, and more recently commonly referred to as the 'Pantawid Pamilya'. The 4Ps CCT program was designed carefully following the learnings from the experiences of implementing CCTs in several Latin American countries and consequently has built-in institutional arrangements for ensuring its accountability and integrity are kept secure. These features of the 4Ps CCT are discussed in the fourth section of this paper. This is followed by a section on the challenges faced at the frontline in the implementation of the community-

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[1] This paper is authored by Shomikho Raha, prepared for the Partnership for Transparency Fund (PTF)
[2] This paper is not concerned with the debate on whether CCTs are successful in poverty alleviation or not, which forms a large body of literature. Nor is this paper debating the economic rationale for CCTs, which may be found elsewhere, including in Das et al, 2005; Fiszbein and Schady, 2009; Rowe, 2011.

oriented accountability measures within the 4Ps CCT program. Finally, the paper concludes with a discussion on the opportunities potentially existing to further strengthen the social accountability elements within the Pantawid Pamilya, drawing also on the evidence existing from the implementation of CCTs in other contexts.

The challenges of accountability in CCTs
Conditional Cash Transfer programs or CCTs provide for a transfer of money to poor households contingent upon certain verifiable actions, generally minimum investments in children's human capital such as regular school attendance or basic preventative health care. As this paper focuses primarily on this relatively new generation of social development programs, it is important to remind ourselves that the key characteristics of CCTs have been the following:

- Fostering social inclusion by ensuring beneficiary targeting of the poorest
- Focusing on children and women
- Delivering transfers to women and empowering them
- Changing social accountability relations between beneficiaries, service providers and governments

It is the last point in the characteristics of CCTs noted above that provides for a unique opportunity of empowering communities through the implementation of a CCT to greater citizen awareness of their entitlements, with which they can hold public services potentially more accountable to performance.

A more immediate challenge for CCTs however is to preserve their own integrity as a system of cash transfers to the particularly poor with families of small school-going children, since CCTs can be appropriated by authorities at different levels to serve political interests. CCTs programs need to mitigate against the risk of becoming vehicles for patron-client politics away from its purpose of genuinely serving the very poor. CCTs must therefore first address significant challenges to accountability *within* the program itself in order for it to effectively deliver on their aim of breaking the inter-generational transmission of poverty within poor families by investing in human capital.

Multiplicity of government departments
Unlike development programs addressing primary education or essential immunizations, CCTs that promote behavioral changes in getting children to school and regular checks at health clinics are structured as more complex programs from an administrative perspective. CCT programs present a notable implementation challenge in that responsibilities are shared across levels of government and among multiple departments. These would normally include the department of social development implementing the CCT, education departments, health departments and local municipal government departments. In addition, the number of participants

and the volume of individual payments are typically large, making the possibilities of error or misappropriation that much greater.

Areas of Risk to the Integrity of a CCT Program
The three phases of CCT programs where the integrity of the program is at particular risk are the following:

    i)   determination of eligibility, targeting, and registration (grouped here as beneficiary identification and including also recertification);
    ii) monitoring conditions and co-responsibilities; and
    iii) payment of benefits

In addition, there are further factors that influence level of program risk. These are: (a) institutional arrangements for program implementation; (b) management of beneficiary registry (that relate to Program MIS); (c) complaint resolution and appeals systems; and (d) the monitoring, control, and evaluation processes of the CCT.

From a governance and accountability analytical lens, CCT programs depend very significantly on its MIS providing the backbone of information needed for the proper functioning of the program. A MIS risk mitigation assessment for a CCT program highlights the main areas of risk as seen in Table 1, which cannot necessarily be addressed through any direct engagement with communities or beneficiaries of the program. For this paper we highlight in bold those identified risks that may potentially be mitigated through systems that engage with communities or beneficiaries. The entry-points for such engagement are further explored in the next section of this paper.

Table 1: MIS Risk Mitigation Strategies

Processes	Risks	Causes	MIS functions
Beneficiary identification	**Inclusion errors** **Exclusion errors**	Ineffective eligibility criteria Imperfect targeting tool Incoherent registration processes Human errors Fraud	Data quality Data security Records management
Monitoring of co-responsibilities	**Unwarranted penalization** **Wrong payment amounts** **Unreliable data** Misleading impact evaluations	Dishonesty Inconsistent collection/recording Human errors Complex data integration	Data governance Database management Data quality Data architecture

Payment of Benefits	**Irregular payments** **Inaccurate payments** **Interruption of payments**	Insufficient funds Human errors Systems availability Bribery/dishonesty Service disruption	Data quality Master data management Systems availability management
Institutional Arrangements	Lack of interministerial coordination Lack of enforcement Political manipulation Enforcement of decentralization arrangements Lack of funding	Confusing roles and responsibilities Political volatility Weak institutions Lack of political will	Data governance Organizational structure
Beneficiary Registry	Service interruption Unauthorized access to information Unauthorized changes **Creation of false information/transactions**	Environmental events System breakdown Malicious acts Human errors	Disaster recovery Availability management Capacity planning Security management Data warehouse
Complaints resolution and appeals	**Program abuse** **Bounce beneficiaries between offices Program credibility** **Misleading impact evaluations** **Missed opportunity for demand-driven** **Improvements**	Inexistent feedback systems Feedback black-box Broken processes Culture (resignation)	Records management Process monitoring
Monitoring & Evaluation	Uninformed decision making Reputation risks Political risks	Lack of reporting Lack of transparency	Data quality/integrity Records management Data availability Data usability Data warehouse

Source: Adapted from Baldeon and Aribas-Banos, 2008

Entry-points for social accountability in CCTs

In this paper, "social accountability" is an accountability mechanism that exists when an institution or policy enables citizens to voice preferences, complaints and concerns with the ultimate aim of holding public actors to account.

Central to the approach of CCTs is a new focus on "co-responsibilities" between the state and citizens where the state lessens its paternalistic role, time limits are placed on benefits, and beneficiaries are required to comply with certain requirements. Especially in contexts with more decentralized institutional arrangements, CCT programs have implemented a number of mechanisms designed to improve inclusion by addressing the accountability of service providers to beneficiaries through strengthened appeals mechanisms, community participation and civil society engagement.

In order to identify the entry-points for social accountability mechanisms within CCT programs more broadly, this paper draws on existing literature making more explicit the results chain in social safety net (SSN) programs, particularly CCTs. In Figure 1 below, we have an illustration of the results chain of a CCT program.

Figure 1: Results Chain of a CCT Program highlight entry-points for Social Accountability mechanisms
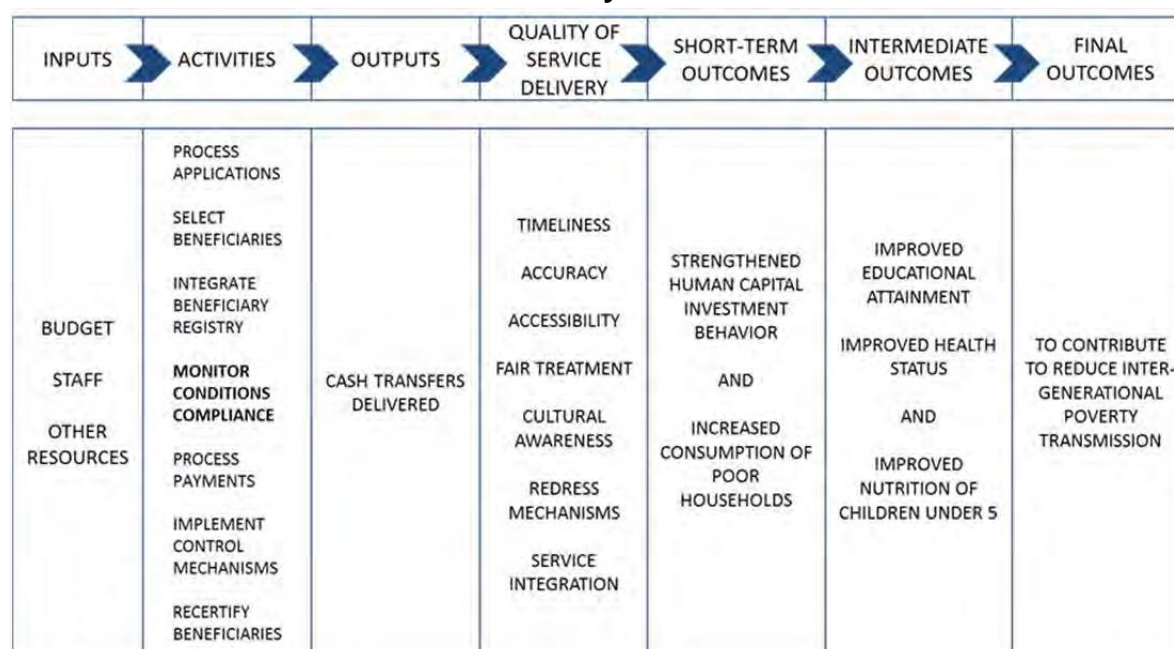
Source: Adapted from Rubio, 2012

It would be apparent from the figure above that there are several of the activities in the results chain where it is possible to conceive of some form of community-based participation, whether it be directly the CCT beneficiaries themselves or members of the wider local community including those engaged in local civil society organizations (CSOs).

A key activity of ensuring the integrity of a CCT program is to monitor compliance of conditions by beneficiaries that are to trigger the cash transfers to them. It is precisely this central activity, however, where a social accountability mechanism cannot rely primarily on the program beneficiaries, since there is an obvious conflict of interest between the reporting by beneficiaries and their desire to ensure the maximum possible cash transfer to them under the program. In this sense, CCTs are fundamentally different from, say, citizen monitoring of building roads as in the latter case citizens can provide as local informants on a public good without any obvious perverse incentives for misreporting. There may nevertheless remain a role for CSOs or other third-party monitors that connect with beneficiaries to ensure some form of bottom-up accountability of the CCT Program's management information systems (MIS) that determine the payment amounts to beneficiaries.

It would also be evident from the figure on the results chain driving an effective CCT program that opportunities for social accountability, based on some form of community participation, exists in ensuring the 'quality of service delivery'. The 'quality of service delivery' may be understood here more narrowly as restricted to the cash transfer alone, or alternatively, understood to also include the quality of the supply-side services (e.g. education, health) that the CCT beneficiaries are expected to be availing of to meet the conditions of the program. In a survey of CCTs globally (next section of this paper), it would transpire that CCTs have largely focused on the narrower understanding of 'quality of service delivery' centered on the cash transfer alone, rather than building accountability mechanisms on the wider gamut of supply-side services on which the CCT program depends.

In the results chain framework for a CCT (Figure 2), there are also opportunities for citizen-beneficiary or community participation in getting information on how well a CCT may be performing on its short-term outcomes or even intermediate-outcomes. The literature makes the following distinction between three types of sequential outcomes for any type of social development program:

Figure 2: Chain of Outcomes

SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	FINAL OUTCOMES
Are the first steps towards social change, such as: ▪ New knowledge ▪ Changes opinion/values ▪ Increased skills ▪ Changed motivations ▪ Changed attitudes ▪ Changed aspirations	Can´t happen withouth short-term outcomes and are often: ▪ Sustained change in behavior ▪ Changed practices ▪ Changed policies ▪ Changed social action ▪ Changed decisions	Are the result of several factors, including the intermediate outcomes, and may be: ▪ Changed human condition (poverty, vulnerability, etc.) ▪ Changed economic condition ▪ Changed environmental condition ▪ Changed civic condition

Source: Rubio, 2012; adapted from Innovation Network Inc.

Such periodic systematic engagement with communities on assessing the progress of short-term outcomes (e.g. changed motivations, attitudes and aspirations) can draw again on local CSOs being the providers of such vital information for the program. The potential of CSOs as information gatherers or providers can therefore be harnessed by the CCT program. Such engagement for information provision on the CCT program outcomes may not be strictly seen as a social accountability activity. There is a grey area here however as such systematic information from the community can be used by the program to flag up areas where the CCT program is delivering less-than-satisfactory outcomes. When such data becomes available, the drivers of poor performance in select geographies of CCT program coverage can be

further probed, with an intention to hold accountable the particular causes for poor performance. In doing so, the community or CSOs would have been engaged in bringing greater accountability within the CCT program, arguably meeting the definitional parameters of social accountability.

Global experiences of demand-side accountability initiatives in CCTs

Across Latin American countries that have implemented CCTs, we find essentially two types of citizen oversight mechanisms for CCTs. The first is creating mechanisms to allow individual citizens to make complaints or report irregularities through grievance redressal systems. The second mechanism is collective and might have a more direct impact on CCT program design, since it entails bringing together civil society, in particular beneficiaries, with public sector representatives.

In this section, we survey primarily the second of these two types of citizen oversight mechanisms employed by CCT programs in different countries across the world, especially from the Latin America region. CCTs were first developed in Mexico and Brazil in the 1990s and their reported success in poverty alleviation has resulted in the implementation of CCTs in 16 other countries within the region itself (see Cecchini and Madariaga, 2011; World Bank, 2011; and Fiszbein and Schady, 2009). Not all CCTs are the same and in fact almost each has developed in response to the specific political-economy context of the country and the existing institutional environment that defined the particular institutional arrangements for the CCT program, including the level of civil society participation or oversight in the program as a whole.

Box 1: Supporting Grievance Redress Mechanisms in CCTs:

In the Dominican Republic CCT program *Solidaridad*, complaints forms are available to all beneficiaries, who can file claims individually or in a group. Additionally, to enhance community participation, the Government recently created a "social network" (Red Social) of community-based organizations. The "social network" receives and channels claims about the program and also seeks to improve communication between program and beneficiaries. Complaint forms are received by Regional Committees and forwarded to the appropriate agency: the Single Beneficiary Registry (SIUBEN) for targeting and household data issues; the Social Transfer Office (ADESS) for issues about payment; and the Solidaridad Central Office for problems with information on beneficiary rights and responsibilities and access to social services (health centers and schools). Claims must be answered in writing within 30 days. The system does not yet allow follow up for claims that do not relate directly to the CCT program, such as those associated with the provision of health and education services.

Importance of local contexts and program design:
The efforts of CCT programs to consciously involve civil society and/or local government has differed. At the central government level, several programs such as those in Argentina, Brazil and Chile have established boards that include civil society representatives. Civil society is often engaged at the local level as well, through participation in consultative councils (in Argentina, Brazil and Chile) or via elected beneficiaries (in Mexico and Colombia) who serve as conduits between their communities and the program providers.

In decentralized settings, the effective provision of any social services requires the accountability of local authorities, often elected mayors, to the program's potential beneficiaries. In Brazil's *Bolsa Família* program (BFP), beneficiary selection and conditionality monitoring are delegated to municipal governments, which operate social councils to which stakeholders can appeal to claim their rights. We will see in the latter part of this paper that the CCT program in the Philippines (4Ps) is deliberately designed differently to engage much less with local municipal governments, out of initial concern that the program may be abused by local authorities to enhance existing patronage networks for electoral ends.

Institutional arrangements to enable transparency of information:
Key to a CCT program's accountability efforts is the timely flow of information from provider to consumers, which then enables the critical feedback loop on this information back from the community to the program administrators. Program managers, governmental institutions (information and service providers), financial institutions, beneficiaries, and civil society all provide and consume information vital to the successful functioning of the program. It is therefore the timely information flows that also allow for citizens, government institutions, and nongovernmental organizations (NGOs) to hold the program accountable and reduce opportunities for corruption and/or questionable program management. Existing surveys and reviews of CCT programs note that a data governance function that includes formal agreements to ensure optimal information flows is essential but rarely exists (World Bank, 2007). Transparency practices and publication of the agreements help build demand-side pressure for their enforcement.

Box 2: Enabling Legislation for the Social Control Units or Councils (SCCs) & Civil Society engagement in the *Bolsa Famila* of Brazil

- Law 10.836 of 09/01/04 – establishes that social control shall be implemented locally through a council or committee;
- Decree 5.209 of 17/09/04 – establishes rules for supervision, social control and oversight of BFP;
- Public Act 246/MDS of 20/05/05 – creates the necessary tools to allow the municipalities to join BFP. It is linked to the creation or appointment of the social control institution; and
- Instruction no.1 of 20/05/05 – publicizes the guidelines for composing, formalizing

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and operating Social Control Units.

Some Country-specific highlights of social accountability initiatives in CCTs:

PERU

In Peru, the National Committee for Supervision and Transparency, which monitors the CCT Program *Juntos* (meaning 'together'), is autonomous and composed of representatives of the executive branch, the Church, regional and local governments, the private sector and the National Roundtable for the Fight Against Poverty. There are also over six hundred local committees which gather all the members of local Vigilance Committees (*Comités de Vigilancia*), such as local Social Program or Participatory Budgeting Vigilance Committees, or representatives of local organizations. These committees identify implementation issues through surveys and complaints, and make recommendations to the Executive Council of the CCT program. In 2009, almost half of the complaints were resolved, and between 2006 and 2009, nine concrete recommendations for improvement in the CCT program design were made to this Executive Council of the program.

BRAZIL

In Brazil, nearly 6,000 local citizen groups have been created since 2005 to monitor the functioning of the BFP or *Bolsa Familia* ("Family Allowance") CCT program at the local level. They are composed of civil society and local government representatives, who work to make sure that there are no mistakes regarding the inclusion or exclusion of beneficiaries. These representative groups also address whether there currently exists sufficient and appropriate health and education services available to meet the additional demand created through the cash transfers.

Since the BFP is presently the largest CCT program in the world, it merits more attention in how it has addressed the key program risks identified in earlier sections of this paper through wider community engagement at the local levels.

Social Control Councils in Brazil:

A primary mechanism developed in the BFP to strengthen the accountability of the CCT program has been the creation of Social Control Councils (SCCs). As part of the BFP's administrative responsibilities, municipalities are obliged to establish local SCCs. These SCCs are specifically created for the control and oversight of the BFP. SCCs are expected to have representatives of local authorities and civil society in equal numbers, following the participatory management model that governs Brazil's social protection policy (Hevia 2010; 2009). Such SCCs must also include program beneficiaries and practitioners in the areas of social assistance, health, education and food security and, where appropriate, should include children and adolescents.

The representatives from civil society must be selected independently of the local government and governing authorities.

The CCT program is designed such that the SCCs have an important role to play in the enforcement, monitoring and evaluation of the BFP. More specifically, SCCs check that the poorest areas of the municipality are being prioritized in *cadastro* registration (see Box 3). They verify the local inclusion of poor and extremely poor families in the *cadastro* registry and whether those families are then actually included in the BFP. They are also in charge of periodically evaluating the local list of beneficiaries to ensure it reflects local realities and includes the truly poor, thus minimizing errors both of inclusion and exclusion. SCCs also monitor the system of benefits management to verify the suspension, blocking, cancellation or reactivation of program benefits. SCCs are furthermore responsible for monitoring the local provision of services to ensure that municipalities provide the education and health services needed for beneficiaries to be able to comply with the conditions of receiving the transfer payments. In addition, SCCs should also check whether the municipality has the mechanisms needed to monitor families that for some reason have not been able to comply with these conditions in order to identify possible solutions. Finally, they are supposed to promote community participation in the oversight of BFP implementation and contribute to the development of public information campaigns concerning the BFP (Linder et al. 2007, Hevia 2008).

In reality, there is considerable doubt concerning their functionality and impact, in spite of the SCC being expected by program design to potentially serve a very important instrument for social accountability. Reports suggest 60 per cent of the SCCs did not regularly visit schools or health facilities to oversee the monitoring of conditionalities. In addition, where functional, there is the fear that SCCs have been captured by the local municipal authority, with surveys showing that over 70 per cent of members were supporters of the local mayor. Many observers agree with this criticism, claiming that social control of the BFP is largely ineffective. SCCs, in practice, lack autonomy and beneficiaries have only weak powers to represent themselves and their interests.

It is argued by some (Hevia, 2009) that even in program design, the powers of the SCC were limited. The SCC members, unlike Councilors in other areas, such as the management of the Single System for Social Assistance (SUAS), lack veto power over municipal resources. In response, the CCT Program authorities have launched an institutional strengthening strategy for SCCs, focused on improving access to information for the SCCs, capacity-building for members, opening up information flows from SCCs to higher authorities.

Box 3: Functions of the SCC in the BFP in Brazil

The most important specific functions are –
- to verify municipal *cadastro* targeting,
- evaluate the list of BFP beneficiaries,
- monitor local provision of health and education services, and
- verify local benefits management and monitoring of conditionalities

On Single Registry -
- Check whether families which are poor or extremely poor in the municipality are registered;
- Verify whether the poorest regions in the municipality were prioritized in the central registration;
- Check whether the registered data reflect the reality of the lives of the families included;
- Check which are the means adopted by the local public authorities to register and control the authenticity of information;
- Verify whether there are procedures for updating registered data

On Management of Benefits –
- Check whether poor or extremely poor families included in the single registry benefited from BFP;
- Periodically evaluate the list of beneficiaries of the BFP; and
- Monitor through the System of Management of Benefits (consultation module) management actions of the benefits (suspension, re-activation, cancelling, re-admission) of the BFP

MEXICO

In Mexico, the Committees of Community Development that regulate and oversee monitoring of the *Oportunidades* ("Opportunities") CCT program benefit from the existing institutional environment in that country of extensive and strong networks of supportive judicial and legal frameworks. These committees are composed of the representatives of the beneficiaries and they receive information requests and complaints from beneficiaries themselves.

The existence of clientelism, especially closer to elections, has however resulted in these Committees of Community Development comprising members who have used political associations to corrupt the independent status of these social audit mechanisms (Hevia, 2007). Further, in the absence of strong intermediary linkages between the program authorities and the beneficiaries, there was increasing possibility for local authorities with discretionary powers on determining payment amounts to beneficiaries abusing such powers of control.

In such circumstances, there is an even greater need to disseminate information to beneficiaries as a means to empower them (Hevia, 2007; 2009). Ensuring open channels of information to beneficiaries also limits discretion, further enhancing transparency and accountability. The *Oportunidades* program had very weak

relations with NGOs and civil society that it has begun to change only in more recent years.

The Citizens' Service System had been created in Mexico to provide information about *Oportunidades* and to receive requests, complaints or accusations regarding the program. This system is operated within the same administrative framework as the program and is obliged to pass on complaints to the Special Prosecutor's Office for Electoral Offenses (FEPADE). One of the most serious charges registered through this system has to do with clientelism; in particular, using the program to get beneficiaries to turn up to political events or to vote for a certain political party, usually the one in power. This is done, for example, by promising to extend benefits to those who attend a certain political meeting or, inversely, by threatening to curtail the benefits of those who fail to attend (Hevia, 2007). The number of accusations of political proselytism received between the last six months of 2004 and the first six months of 2005 was 225. In 81% of these cases, the people who represent the CCT program at the local level - namely committee members known as *vocales*, liaison officers called *enlaces*, and municipal authorities - were singled out as the perpetrators.

In a recent research study, the majority of CSOs interviewed (over two thirds) felt that arrangements for civil society participation on behalf of beneficiaries was inadequate. Half the critics of the Program consider that the beneficiaries' participation is passive or imposed. Responses from some CSOs also suggest that *Oportunidades* does not generate conscientious participation. According to one of the interviewees, "People only go to the talks because they have to, they only go to the check–ups because they have to (…) they participate because they know they will get an economic benefit, but not because they are conscience of the importance of participation" (Velasco and Gonzales, 2012). It is precisely this failure of the CCT program to encourage the creation of citizenship that is being addressed through an innovative creation of Family Development Sessions (FDS) within the Philippines CCT program discussed in following sections of this paper.

INDONESIA
The importance of incentives for engaging beneficiaries of programs is therefore essential to factor into program design. In Indonesia, the *PNPM Generasi* Project used an experimental design where some of the communities involved in implementation were incentivized and others not. The incentivization consisted of bonus payments in subsequent programming years linked to performance. The preliminary impact evaluation results showed that the communities incentivized had better health outcome (Olken et al. 2010). It is also an interesting example on how to use an impact evaluation to provide information on the importance of collective action within communities. Such collective action can not only increase participation

of community members, but their increased engagement also leveraged to hold the program more accountable.

The survey of experiences of community participation in the oversight of programs suggests that record of success has been very mixed. There have been weak enabling legislative and administrative institutional environments for such community participation even when they exist in program design. Alternatively, when the enabling legal environment has been more conducive to such community participation, the CCT program itself has been slow and wary of engaging with CSOs and the wider civil society to assist in the governance of the program. The role of CSOs, however, appears to be critical as intermediaries between the CCT program and the families of beneficiaries. Finally, the incentives for communities to genuinely participate in the program to further assist in improving oversight and quality of its implementation calls for a closer assessment than has been normally the case.

To promote bottom-up social accountability implies beneficiaries and civil society become involved in key stages of the CCT to hold implementing authorities to account and complement existing accountability mechanisms. The survey of CCTs in this section highlights that simply the assumption that participation of community stakeholders in CCT program implementation improves program outcomes is insufficient. Such involvement should also reflect on who should be involved precisely when and if they have the basic conducive legal and administrative environment to participate, as well as the incentives themselves to improve the quality of the program as a whole. As the Table 2 below shows, community involvement can range from beneficiary selection to verification and monitoring.

Table 2: Key Moments for Accountability in CCT Programs

Moment/activity	Implications for Control and Accountability
Eligibility and targeting	Eligibility and targeting processes are critical to ensure that the appropriate beneficiaries are identified and errors of inclusion are minimized.
Verifying compliance with co-responsibilities	Verification of compliance is important as CCT programs only provide payment if there is evidence of compliance with co-responsibilities. Control regarding compliance is related to ongoing monitoring; information systems linking local information to the payment process; quality-control reviews; and policies on the consequences of noncompliance.
Payment	Payment involves the delivery of cash as well as the process of determining the amount, frequency, and mechanism(s) for the transfer of funds. It is critical to ensure proper procurement, financial management, and corruption control at this phase.
Exit	Processes and guidelines defining how and when beneficiaries exit from the CCT should be transparent and communicated to beneficiaries in advance of their exit.
Communications	Communications strategies provide outreach and information to potential and actual beneficiaries and the public at large. Transparency in communication allows for public accountability.
M&E, including Management Information Systems (MIS)	M&E systems include MIS, audits (process, fiduciary, etc.), internal and external quality control mechanisms, management of complaints and grievances, social controls, spot checks, and impact evaluation. MIS are important for accountability as they link and reconcile information on eligibility, co-responsibilities, and information to and from payment providers.

Source: World Bank, 2011

- Beneficiary selection (entry): This stage refers to the entry of beneficiaries in the system and reflects not only on the targeting mechanisms (geographical, means-tested, community participation), but also on the procedures in place on the ground for selecting beneficiaries. It therefore includes socialization and communication strategies in place to inform potential beneficiaries about the program and its eligibility requirements, as well as the role of the community in terms of 'social auditing' and ensuring compliance.

- Processing of benefit applications (registration and eligibility verification): This stage refers to the actual process of registration of benefits, how files are processed at different levels of the administration and what verification takes place on the eligibility of the application at the outset of the claim.

- Payment of benefits: This stage represents not only the delivery of payments but also the process of determining the amount, frequency, and mechanisms for transfer of funds.

- Verification and monitoring: This refers to what monitoring and verification takes place during the period of the claim and at what level. It includes the use of management information systems, audits, quality control mechanisms, complaint management, social controls, and evaluation of impact assessment. It also reflects on policies with regards to the consequences of non-compliance.

Box 4: Innovative Measures to Improve Targeting of Beneficiaries in CCTs

- In Brazil, the *Bolsa Familia* program uses several mechanisms to reward and improve municipalities' performance in managing the roster of beneficiaries. Municipalities receive performance-based financial incentives in the form of administrative cost subsidies to partially reimburse the cost of implementing a biannual recertification of eligibility of beneficiaries.
- In Bolivia and the Dominican Republic, the CCT programs coordinate with other institutions to reduce the number of poor people without documentation. This, in turn, allows beneficiaries to become eligible, reducing the risk of exclusion errors.
- In Jamaica, the government has instituted several mechanisms to reduce targeting errors (inclusion and exclusion), including the use of an objective and transparent Beneficiary Identification System (BIS) (which is being improved to produce a new scoring formula based on the latest household survey), home visits, recertification, database crosschecks, and the establishment of appeals committees to reassess the situation of households at the margin of eligibility

Source: World Bank, LAC 2011

Pantawid Pamilya (4Ps): Accountability mechanisms in the Philippines CCT program

Launched in February 2008, the 4Ps has now become one of the largest anti-poverty and social protection programs in the Philippines, implemented by the Department for Social Welfare and Development (DSWD) as the nodal agency. The 4Ps CCT

program has drawn on the experiences of several countries in Latin America and the Caribbean in informing its design to address accountability challenges.

Data Systems for ensuring accountability:
The information to be used by DSWD project administrators in monitoring program outputs will come from the following main sources:

- First, program administrative records and the MIS systems will produce the information required for informed and timely policy decisions and adjustments.
- Second, spot checks to monitor targeting implementation and the 4Ps program will be undertaken as a source of information to monitor implementation processes and outputs and as a form of social audit.

The actual implementation of the spot checks and the preparation of reports verifying these data against program administrative records will be carried out by an independent, external party chosen based on its credibility and technical capacity.

The MIS of the program is the backbone in the 4Ps architecture of ensuring accountability, which stores the 4Ps database and all the data processing requirements of the 4Ps. It has the following modules: household information, registration, updates, compliance verification system (CVS), payments, and grievance redress system (GRS). In this paper, we focus primarily on the demand-side initiatives that engage with communities and beneficiaries of the CCT.

Table 3: MIS Modules in the 4Ps CCT Program

MIS Module	Function
Household Information	Stores information from the assessment forms completed by the households (the Household Assessment Form) and from information processed on eligible households provided by the targeting MIS. From the household information, this module produces cross tables or queries and helps check for duplicates of household beneficiaries.
Registration	Validates the information provided by households at the assessment stage. As some eligible households may have reported false information, the registration of the beneficiaries' information is done at village assemblies, where household information contained in the database is verified for accuracy. This module produces the final list of registered beneficiary households.
Updates	Gathers, validates, reports, and records the changes that have occurred on the status or condition of any member of the beneficiary household while under the program as well as all other relevant information that could change the eligibility of the household. This module has all the validation routines according to the rules established in the Operations Manual of 4Ps and it has different levels for checking veracity of the updates presented.
Compliance Verification System (CVS)	Serves as a monitoring system for verifying compliance of conditionalities, controlling payments to beneficiary households, and generating managerial reports and progress indicators. This module links payments of grants to compliance of conditionalities.
Payments	Controls and produces payments to beneficiaries based on reports of compliance and updated household information.
Grievance Redress System (GRS)	Captures, resolves, and analyzes grievances from beneficiaries and non-beneficiaries about the program. This module includes the process of filing and following-up on complaints such as generating forms for complaints, updating and processing the information, assigning a tracking number to every complaint as well as the person responsible for solving it, and producing reports of complaint resolution.

Source: Arulpragasam et al., 2010

The key demand-side accountability mechanism built into the 4Ps is the Grievance Redress System or GRS. The GRS design for 4Ps includes a grievance database, which tracks the nature, origin, location and status of complaints such as targeting errors, payment irregularities, fraud, and corruption. Multiple channels can be used to submit grievances—through the Municipal Link; direct to 4Ps offices; via an SMS hotline, email, letter, and fax; and drop boxes at the barangay level. There have been simple GRS forms developed for wide distribution to beneficiaries, Parent Leaders, Municipal Links, Barangay Captains, government officials and local NGOs. As institutional support to the GRS, the DSWD has established a two-person Grievance Redress Unit at the Central Level and designated grievance redress staff at the regional level to resolve complaints within a set timeframe stipulated in a GRS Manual.

Institutional arrangements for ensuring accountability:
The 4Ps has also given importance to defining roles and responsibilities in the institutional arrangements created for program implementation, in order to bring clarity on the accountability of different functionaries in the results chain. Upon the creation of the 4Ps in 2007, the government formalized the institutional arrangement among the agencies involved through a series of government administrative orders.[3] This institutional structure helps ensure that the responsibilities and lines of authority are clear between agencies and levels of government in terms of who is expected to do what. In addition, national, regional and municipal advisory committees have been mandated by the CCT program to ensure smooth coordination between relevant government departments and ensure the availability of health and education services in the targeted areas.

These municipal advisory committees (MAC) are important in the program design to bring in community participation in the oversight of the CCT program. A MAC is organized in all 4Ps municipalities, with the mayor as chair and with the participation of relevant municipal-level representatives of the National Advisory Committee (NAC) member-agencies[4]. The Advisory Councils at each level also serve as the Grievance Committee to handle public complaints.

Social accountability mechanisms for ensuring accountability:
The DSWD, in more recent times, has stretched out to civil society groups to assist in the implementation and oversight of the 4Ps. CSO and volunteer partners are viewed by the CCT program as the "third eye" of the DSWD. The program uses the current government's platform of Good Governance and Poverty Reduction to facilitate public-private partnership (PPP) arrangements of cooperation between DSWD and CSOs for the purpose of delivering basic social services to the poor, implementing development projects of the Government and instituting transparency and accountability mechanisms to fight corruption. According to DSWD, this is being done in any of the following four ways:

1) "Bantay" – CSOs as watchdogs against corruption in projects and activities;
2) "Tulay" – CSOs facilitating action, feedback and monitoring
3) "Gabay" – CSOs extending technical assistance, utilizing social technologies they have that government draw on;
4) "Kaagapay" – CSOs as partners especially in microenterprise networks and organizations for sustainable livelihood as part of our Transition Strategy;

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[3] The institutional arrangement among government agencies in the implementation of 4Ps was formalized in the following: Memorandum Circular 9 Series of 2007, Creating the Ahon Pamilyang Pilipino (APP) Program National Advisory Committees and Defining Their Roles and Responsibilities; Administrative Order 16, Series of 2008, Guidelines on the Implementation of Pantawid Pamilyang Pilipino Program (4Ps); and Joint Memorandum Circular 1, Series of 2009, Defining the Institutional Arrangements for the Implementation, Monitoring, and Evaluation of the Pantawid Pamilyang Pilipino Program (4Ps)

[4] The NAC comprises representatives from the DSWD, National Anti-Poverty Commission (NAPC), National Economic and Development Authority (NEDA), Department of the Interior and Local Government (DILG), Department of Health (DOH), Department of Education (DepEd) and National Nutrition Council.

The first two ("Bantay" and "Tulay") directly provide opportunities for social accountability mechanisms to be piloted within the CCT program.

The opportunity of the FDS:
In the 4Ps, one of the conditionalities of the program is the attendance to Family Development Sessions (FDS). The FDS serves as a unique venue created by the CCT program where topics on effective parenting, husband and wife relationships, child development, laws affecting the Filipino family, gender and development and home management are being discussed. Of importance to the subject of this paper is that through the FDS parents are also informed of their rights as individuals as well as their obligations as citizens. This provides an opportunity for building collective action towards social accountability that makes the 4Ps different from other CCT programs, such as the *Oportunidades* in Mexico where there had been concern that the CCT failed to make beneficiaries truly aware of the reasons why their participation in the program was important in the long-term (see Hevia, 2007).

Implementation challenges at the frontlines[5]
As is often the case with most programs, there is a gap between how the program is implemented in the frontlines of engagement with the beneficiaries and the way the program was designed to be implemented at the local level. The case of the 4Ps is no exception. In the field visits undertaken to Pangasinan and Abra provinces in Northern Luzon, the majority of the parent leaders and the beneficiaries were much less aware of the mechanisms of the Grievance Redress System than would have been ideal in order for the program to make full use of the GRS. In several focus group discussions undertaken, there were almost negligible instances of beneficiaries having made proper use of the formal grievance redress mechanisms, partly due to lack of awareness and partly due to the lack of expectations that the GRS would yield timely results.

The cursory knowledge on the 4Ps among key health officials in Abra alongside the responses from parent leaders and municipal links also made it apparent that the Municipal Advisory Committee (MAC) was not a truly functional entity. The MAC, according to program design, is expected to be an institutional mechanism to bring the supply-side department officials (i.e. health, education, local government units) into regular periodic consultations with the CCT program in addressing weaknesses in program implementation. They also serve as a local forum and unit for grievance redress for beneficiaries of the CCT. The failure to have fully functional MACs was also reflected in the apathy of some of the local municipal mayors towards the CCT

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[5] This section is based on field-visits that were facilitated by the Concerned Citizens of Abra for Good Government (CCAGG) and Pangasinan-based CSO, Responsible Citizens, Empowered Communities and Solidarity towards Social Change (RECITE). The author is grateful to both CSOs and especially to Emy Perez for her assistance in the focus-group discussions and interviews.

and their lack of awareness on the operation of 4Ps within the *barangays* of their jurisdiction.[6]

Civil society organizations, however, were providing an important role in monitoring the functioning of the 4Ps and were a channel of intermediation between the families of beneficiaries and the officials of the DSWD. CSOs were either explicitly implementing projects that aimed to monitor the functioning of the 4Ps by engaging with the community or were, alternatively, information gatherers from the community of beneficiaries through regular engagement with them by convening FDS or providing other pastoral services. There was a level of trust between the beneficiaries and the CSOs encountered during field visits that had been harder to establish between program authorities, municipal links and the beneficiaries. The building of trust between CSOs and beneficiaries also partly stemmed from the FDS+ initiative of DSWD, under which CSOs facilitated additional sessions (beyond the CCT) for the CCT beneficiaries (mostly women), such as classes on adult literacy, livelihood skills and building citizenship through a community-oriented module.

Finally, it is important to question the assumption that parent leaders of the 4Ps are motivated to undertake the jobs they are tasked with. The list of activities here can be considerable, especially in certain periods. These include:
1. Update School Records
2. Assist other members/parents
3. Conduct FDS Sessions
4. Assist in Problem / Conflict Resolution
5. Assist Beneficiary Members in the Allocation of the Grants
6. Coordinate with the *Barangay* Officials
7. Stand-in for *Barangay* Captains in attending meetings
8. Reproduce Forms given by MLs
9. Follow-up on Compliance of Member Visits to Rural Care Units
10. Serve as member of the Community Health Team

The long list of activities that parent leaders are confronted with after their "election" often comes as a surprise to them, effectively take them away from their more immediate daily family chores, and at times result in personal expenses that are never reimbursed. Several of the parent leaders reported seeing their own work as a "thankless role", caught in between overworked Municipal Links and uncooperative members within their community of beneficiaries who don't recognize them as "leaders". Given the important role that parent leaders actually play in the proper

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[6] Due to the distaste of the municipal Mayors regarding the 4Ps and their own ignorance of the program, both a mayor and program beneficiaries during the field visit have reported that the latter are often given a kind of a second class citizenship, being forced to carry out community work, such as sweeping the streets or healthcare posts. If they denounce such practices, the beneficiaries fear losing their benefits altogether, given the way in which the control of co-responsibilities works is assumed to work in their minds.

functioning of the CCT program in the frontlines, regardless of the role that may have been defined for them in program design, they are not additionally incentivized at all to carry out their tasks. Those parent leaders who are champions within their communities presently undertake their tasks entirely out of an intrinsic motivation to serve other CCT beneficiaries. No monetary incentives are provided deliberately by design.

Conclusion

The 4Ps CCT in the Philippines has been designed following the experiences of implementing cash transfer program (both conditional and unconditional) in other parts of the world, especially in Latin America and the Caribbean. In many ways, consequently, 4Ps reflects the developing "best practices" for such programs as they continue to spread further in Asia, sub-saharan Africa as well as the Middle East and North Africa. The beneficiary targeting system in the 4Ps, for instance, relies on a proxy means test (PMT) method to identify poor households that is now being held up as the global standard in regions with especially large informal sectors, which make determining reported income difficult to verify.

The accountability systems within the 4Ps are also developed so that they borrow from the best MIS practices, which took longer to develop in programs such as the *Bolsa Familia* in Brazil. The MIS in the Philippines CCT program makes use of new ICT systems for all data processing requirements and in maintaining the database for the beneficiaries of 4Ps. It has built-in validation and duplicity checker routines, which help correct potential errors in the system. Moreover, unlike in several CCT programs elsewhere in the world, the MIS for the 4Ps is designed in an integrated manner to include into a single ICT platform the following: household information, registration, updates, compliance verification system, payments, and grievance redress system. Similarly, the grievance reporting mechanisms use ICT channels that have developed in some cases only in the last decade, such as Facebook, Google Network Sites, and Twitter alongside a dedicated Text Hotline using the DSWD SMS platform and email.

The 4Ps has therefore adapted "best practice" systems from other CCT programs (*Bolsa Familia* in Brazil, *Oportunidades* in Mexico and the *Familias en Acción* program in Colombia), but these were nevertheless still in the process of development as the 4Ps has rapidly expanded. This has meant that the systems themselves have not been universally applied across the 4Ps or are at different stages of full implementation. One example here is that beneficiary targeting has not always relied only on the PMT method, since municipalities were selected on different criteria as the 4Ps has scaled up (e.g. unlike "Set 2", covering "Set 3"

beneficiary households did not take poverty incidence into account in selecting municipalities). Further, this rapid scale-up of the 4Ps implementation has brought to light implementation issues that could undermine its ability to reach the target population by 2016. It has also created new challenges that were not there during the pilot phase.

Going Ahead: Better utilizing the existing opportunities in 4Ps to strengthen CSO involvement for furthering social accountability mechanisms

Improving Beneficiary Targeting: An important area for further improvement in the 4Ps, given the changes happening in other CCTs such as in the *Bolsa Familia* and also new programs in Africa (Sierra Leone and Kenya) is the greater engagement with beneficiaries and broader civil society in the program implementation areas. CSOs have already begun to report large exclusion errors, far outweighing the inclusion errors in the program.[7] Such exclusion errors (that is, non-inclusion of eligible households) could become a more serious issue over time. Much like other CCT programs, the 4Ps generally appears to be managing the risk of inclusion errors, while exclusion errors remain largely unaddressed, constrained potentially by budgetary or geographical reasons.[8] Even if inclusion errors are minimized—that is, if all CCT recipients fall within the lowest quintiles of the income distribution—there may be eligible citizens who are not targeted or recruited into the program. This would not only be a serious challenge to the integrity of program in reaching all the poorest and most vulnerable, but also limit its success in alleviating poverty in areas that are eligible for cash transfers.

Partnership with CSOs for more legitimate beneficiary lists: Unlike grievance reporting on CCTs that can be more confrontational between a single individual and the government, social accountability efforts using a community approach by CSOs can potentially be undertaken more in the spirit of partnership with government to improve the quality of 4Ps implementation. In addition, CSOs have an important role to play in the transmission of information on the CCT and other allied programs to the communities of beneficiaries. This is not only to improve access to existing information, but to also harness greater transparency of such information and data that can enable greater accountability. Nowhere is this perhaps more real than the challenge of targeting beneficiaries, where beneficiary records made available through legislations on greater transparency of records remain however inaccessible

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[7] In Abra, a CSO, CCAGG, reported inclusionary error of 60 households but an exclusionary error of approximately 1500 households after a survey of 12 municipalities in the province.

[8] Methodological issues in the NHTS appear to contribute to significant exclusion. It has been raised by some that the poorest municipalities and cities in the provinces were selected based on the 2003 Small Area Poverty estimates. Only those with poverty incidence greater than or equal to 36.99% are included in the screening process. Already poor households who happen to live in mixed and upper-income areas remain excluded from the program.

to the communities of beneficiaries. There is the significant potential for CSOs to act as intermediaries in making such beneficiary registers more accessible at the local level in order to reveal exclusion or inclusion errors in the beneficiary lists; thereby bringing greater accountability and integrity to the CCT program as a whole.

In short, engaging CSOs systematically as the DSWD has begun to do, can increase the possibility of using social accountability mechanisms better to report on targeting errors. Targeting errors can also be reduced during implementation by good validation and by the GRS also better incorporating CSOs as information providers. Already through the current GRS, the DSWD report a total of 46,740 households having been delisted from the 4Ps since 2008. Furthermore, part of the design features of CCT programs is its ability to re-evaluate assumptions about recipient eligibility and the frequency of recertification. Among OECD countries, it is common for recertification to take place after two years or less. In the case of the NHTS in the Philippines, recertification is being required every 3 years. Such recertification is less frequent among developing countries primarily because of institutional capacity or resource constraints. There may be possibilities to engage CSOs and the wider civil society in such recertification, which is worth exploring with the additional benefit perhaps of being more cost-effective than single household surveys administered country-wide.

Building Awareness among the beneficiaries: CSOs may also be better involved in the 4Ps than at present to support government efforts to design an effective communication strategy to broaden awareness and sustain public and political support. Misconceptions about the 4Ps have been rooted from lack of awareness and knowledge about its design and features. Chief among them is that the 4Ps is a dole-out rather than a development program. The communication strategy, already a core part of program design, must be able to impress upon the public the soundness of the technical design and rules of the 4Ps, especially in the targeting and selection process. This will reinforce the credibility of the program, as well as of the participating institutions, and minimize perception of political capture of the process. Local CSOs can be uniquely placed to tailor such communication on 4Ps to a local audience that can be more effective than a blanket communication plan.

Information through such communication efforts would in addition provide the foundations for greater awareness of communities on their rights and entitlements in health or education. It is only once such foundations are stronger than they currently are, arguably helped by CSOs, as argued in this paper, that we may have the possibility of effective collective action for greater accountability in services of health and education. Accountability mechanisms in CCTs, as noted earlier in the paper, have largely been more narrowly focused, for very practical reasons, on the cash transfer process and verification of beneficiaries meeting CCT program conditions, rather than on the quality of supply-side services in health or education. However,

given that the 4Ps program is seen more broadly as a vehicle for enhancing coordination within the government in assisting the poor and for increasing the effectiveness of social protection programs, the supply-side cannot be excluded from the remit of the 4Ps. CCT programs across the world make the fundamental assumption that the cross-cutting nature of social protection will entail cross-agency coordination, but this assumption has been a particularly weak link. CSOs have not been adequately used in CCTs so far to increase the awareness of cash transfer beneficiaries on the existing education, health and livelihood programs the governments may also be running in parallel. In the Philippines, the institutional mechanism of the FDS built into the design of the 4Ps and the potential for engaging CSOs to facilitate such sessions allows for an opportunity to address this weakness found in most other cash transfer programs.

Implementing more participatory M&E activities within the 4Ps: Cash transfer programs around the world have been weak in involving communities in social audits or feedback loops. Even when respondents been involved in evaluation activities (such as in the Kenya cash transfer program), they had not yet received any follow-up on the findings. Such citizen engagement mechanisms go beyond the current design of the GRS within the 4Ps. Measuring staff performance in implementing the 4Ps, such as reporting on the Municipal Links, is almost non-existent. The challenge has been to empower beneficiaries significantly enough for them not to feel threatened to report on the failings of the 4Ps for fear of losing their cash benefit entirely by doing so. This is partly due to the lack of awareness of the beneficiaries of their own legitimate entitlements (which are not "gifts" or "charity" on the part of government officials), but also stem further from the weak institutional mechanisms existing (such as social audits) that can provide platforms for collective voice.

CSOs, through greater engagement with community of CCT beneficiaries and civil society, could therefore better participate in specific actions related to the program. These may more specifically be:
1. Facilitating the participation of the beneficiaries in improving the design and evaluation of the CCT program;
2. Participating themselves in the evaluation process and in dialogue geared towards reformulating the program;
3. Collaborating in the diagnosis of the local population's needs, their problems and necessities;
4. Providing feedback with regards to possible local development projects that may be linked to the CCT program, and
5. Giving instruction in the subjects that they are skilled in and that are linked to the program.

It is likely that several of the activities that engage CSOs in such a way would develop into social accountability initiatives complementing existing program MIS, as has been the experience in some other countries.

It remains, however, debatable whether CSOs should be engaged at all in 'third-party monitoring' of 4Ps planned for verifying data against administrative records or the MIS. This is partly a theoretical dilemma, since CSOs will find it harder to be independent of the program as monitors, if they are increasingly going to be expected to be partners in program implementation and assisting officials on program oversight, as is being argued here. There is also further the practical challenge faced of CSOs trying to remain independent as monitors, potentially criticizing government and the DSWD, when they are also beholden to the same government department for grants to undertake such tasks. It may be not entirely unworthy to presume that resource-poor CSOs would be incentivized to be favorably biased toward the program in order to ensure a continuation of grant support from the government department to undertake such independent monitoring tasks. One possibility of addressing such a conflict of interests is by keeping the funding source for third-party monitoring entirely separate from the DSWD, the key implementing agency for the 4Ps.[9]

What remains clearly established through the evidence reviewed for this paper is that greater local participation at different stages of program implementation (*viz.* beneficiary identification, FDS-like learning opportunities, social audits, etc.) can increase beneficiaries' buy-in and understanding of the program and ability to hold the CCT program more accountable, which in turn improves outcomes. Involving communities and beneficiaries in general, is pivotal also for program legitimacy.
CSOs constitute an important social actor because of a level of autonomy they can exercise *vis-à-vis* the government and because of their ability to act as watchdogs on any electoral use of the program, which is a challenge to the integrity of CCT programs faced across the world.

On a final note, it would be impractical and unfounded, as the literature on social accountability now increasingly reminds us, to drive such initiatives led by CSOs in isolation from government efforts and as being *more* effective than its own MIS and initiatives to address accountability challenges. Social accountability mechanisms, when they are most effective, complement existing monitoring and auditing measures and are not parallel to them. Even in program design, the 4Ps recognized and acknowledged this (Figure 2).

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[9] A similar arrangement to the suggestion here exists in Mexico.

Figure 2: Relationship between Supply-side & Demand-side initiatives in the 4Ps CCT program
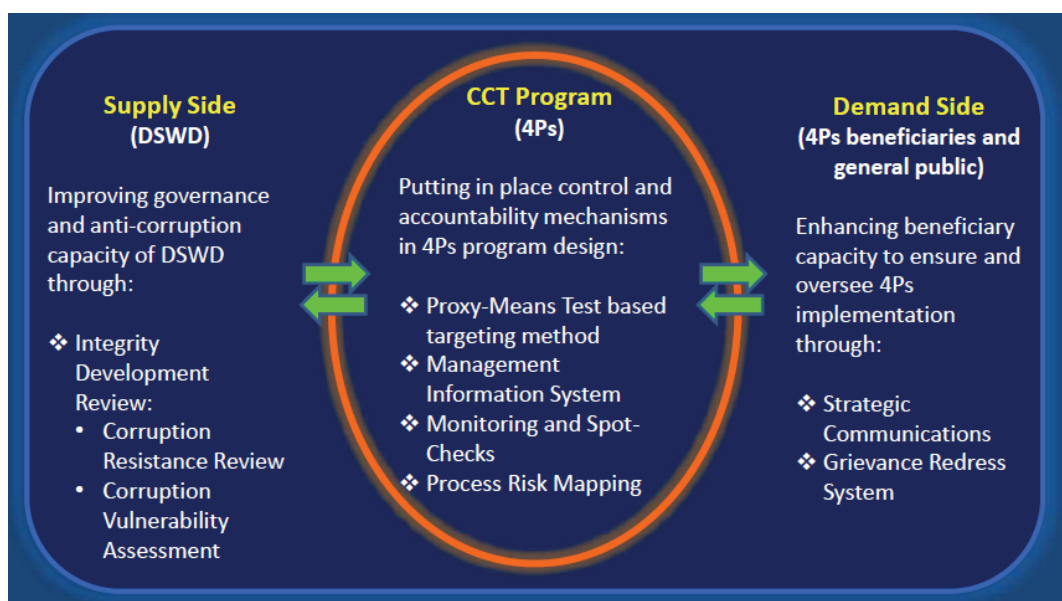
Source: World Bank, 2011.

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