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Social Protection System: A Brief Review of
International Experience and Data on a Philippine
Pilot Program**

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Including Homeless Families and Children in the Social Protection System: A Brief Review of International Experience and Data on a Philippine Pilot Program

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ABSTRACT

The Philippines' social protection system is anchored on the Pantawid Pamilyang Pilipino Program (4Ps). Under the management of the Department of Social and Welfare Development (DSWD), the 4Ps covered over 3 million families and about 7.5 million children for a period of 64 months (February 2008 to May 2012), helping ensure that these children will grow up to be educated, healthy, and productive members of Philippine society. Part of its program innovations and improvements to keep pace with the challenges of a rapidly growing and urbanizing economy is the launched in late 2012, the pilot program - Modified Conditional Cash Transfer for Homeless Street Families (MCCT-HSF). This program aims to provide immediate support and services (e.g. health, education, and housing grants) to homeless families with a long-term view towards empowerment to find alternatives to the harsh life on the streets, as well as integration into the 4Ps. Protecting street children from the potential harm and abuse of street life, and creating a stable environment which could eventually see them going back to school and receiving further investments in their wellbeing are also among the program objectives.

Previous research uncovered evidence that homeless children performed poorly in school, and have higher risks of learning disabilities and behavioral problems, compared to children with homes. Alternatively, social protection interventions for the homeless in various countries differ

*The views expressed in this paper do not necessarily represent those of the Asian Institute of Management. Questions and comments on this draft should be addressed to David Yap (dyap@aim.edu).

widely. The present study analyzed the key information of the MCCT-HSF beneficiaries, reviewed country experiences (in Chile, South Africa, India, and Brazil) support and services for the homeless, and determined main areas for consideration to enhance the design of the MCCT-HSF.

Data on MCCT-HSF beneficiaries revealed that street dwellers in Metro Manila mostly originate from the poor regions of the Philippines. Majority of the preliminary MCCT-HSF recipients reached only elementary level of education, and most of them have no source of livelihood. Review of international programs for the homeless demonstrated that inclusion of homeless as beneficiaries to aid poor families is seen in Brazil's Bolsa Familia, through a conditional cash transfer program. Similarly, a transitional housing may also render social assistance to homeless, as done by South Africa, under management of the Department of Human Settlement. The relevance of housing provision to the homeless is practiced by Gauteng Street Children Shelters Act 1998, enabling the government to support NGO-run shelters, this is also true for India's Supreme Court's issued guidelines on mandatory shelters for cities under the Jawaharlal Nehru National Urban Renewal Mission with more than 500,000 population. Meanwhile, in Chile, a complementary psychosocial support service demonstrated an equal relevance to provide personalized attention to the homeless.

Lessons from international experiences when juxtaposed against the present features of the Philippines' pilot program for the homeless families focus on the appropriate targeting approach for the homeless beneficiaries, as well as program design features such as the use of catch, the inclusion of psychosocial support, and the use of temporary shelters.

Keywords: homeless street families; homeless street children; social protection; conditional cash transfer; psychosocial support; temporary shelters

INTRODUCTION

The Philippines' social protection system is anchored on the *Pantawid Pamilyang Pilipino Program* (or 4Ps).¹ Under the management of Department of Social and Welfare Development (DSWD), the 4Ps has rapidly expanded in its scope and coverage in recent years, owing to the government's commitment to promote a more inclusive growth pattern. As of May 2012, the 4Ps covered well over 3 million families and about 7.5 million children.² Put simply, for every 1.8 to 2 million children born every year in the Philippines (Commission on Population, 2013), about 30 percent or up to six hundred thousand are born to poor families (Tan, 2005 as cited by CLAN Child Health). The 4Ps helps to ensure that these children will grow up to be educated, healthy, and productive members of Philippine society, contributing to economic competitiveness in the longer term.

Inclusive growth hinges on a variety of factors, and international evidence and experience suggest that one important ingredient is the presence of a robust social protection system that boosts investments in children and offers a platform to monitor and respond quickly to the needs and challenges of poor Filipino families. In a crisis-prone environment—including climatic and economic shocks—sustained investments in the country's social protection system are critical to systematically promote more inclusive economic growth for years to come.

Even at this early stage, DSWD is undertaking a number of program innovations and improvements, in order to keep pace with the challenges of a rapidly growing and urbanizing economy. In late 2012, it launched the *Modified Conditional Cash Transfer for Homeless Street Families* (MCCT-HSF), a pilot program of the Department of Social and Welfare Development (DSWD). This program includes not only targeted grants (e.g. education and housing grants), but also attempts to provide specialized assistance for parents and for children exposed to homelessness. Among other objectives, the program aims to provide immediate support and services to homeless families with a long-term view towards empowering the families to find alternatives to the harsh life on the streets, as well as integrating them into the social protection system. In line with this, immediately protecting street children from the potential harm and abuse of street life, and creating a stable environment which could eventually see them going

¹ Further details on the program could be obtained here: <http://pantawid.dswd.gov.ph/>.

² Pantawid Pamilya Pilipino Program updates as of May 2012 <http://pcdspo.gov.ph/downloads/2012/07/Pantawid-pamilya.pdf>

back to school and receiving further investments in their wellbeing are also among the program objectives.

The challenges and risks faced by homeless families and children are myriad, and will necessarily need program interventions that more specifically and effectively address these. This paper is intended as an input towards further improvement in the program before it is scaled up, by drawing on international experience on how other countries have addressed the issue of homelessness in their respective social protection systems; and by briefly analyzing the emerging information from the Philippines' pilot program.

In what follows, section 1 summarizes the key information on the program beneficiaries of the MCCT-HSF. Section 2 then reviews various country experiences, focusing on the support and services for the homeless as part of their respective broader social protection systems. Finally, a brief conclusion outlines the main areas for consideration in order to enhance the design of the MCCT-HSF Program.

I. Homelessness and the MCCT-HSF Program

Homelessness is a condition of “detachment from society, characterized by lack of the affiliative bonds that link people into their social structures, it also carries implications of belonging nowhere rather than simply having nowhere to sleep” (UN-Habitat, 2000). Contemporary definitions emphasize the lack of housing or access to conventional dwelling brought by extreme poverty (Lee et al., 2010). According to UN Habitat, homelessness can be understood by differentiating two categories of people with problems:

- ***Transient homelessness***: people experiencing periods of crisis (fire, flood, or death of a family member) that are linked to poverty. Governments typically support them by providing shelters and appropriate assistance.
- ***Chronic homelessness***: people who typically constitute a minority part of homeless people, but who dominate the image. They are unemployed and shelterless because of collective problems on family, alcohol, drugs, physical, and mental sickness. Their issues are more complicated than those of the first category. Nevertheless, there are cases on alcohol and drug abuse, as well as physical and mental illness, which are outcomes of

homelessness. Hence, even transient homelessness, if left unaddressed, could have dire consequences leading to a more chronic condition.

Street children comprise one of the vulnerable groups among the homeless, as they bear their parent's poverty. Homeless children perform poorly in school and they also have higher risks of learning disabilities and behavioral problems, as compared to children with homes.³ These educational disadvantages translate into weaknesses carried well into their adulthood, leading to weakened capability to engage in the labor market and also perhaps increasing the risk of falling into a poverty trap (as their eventual families will also have fewer resources to meet their needs and make investments in the next generation).

As part of the response to the myriad challenges attached to homelessness, countries have created specially designed programs. In the Philippines, the *Modified Conditional Cash Transfer for Homeless Street Families* (MCCT-HSF) is a pilot program of the Department of Social and Welfare Development (DSWD) that was launched in 16 August 2012 in San Andres Sports Complex, Malate, Manila. The program aims to reduce the number of street families in Metro Manila while addressing the children's education and health needs through the support of a number of interventions including (but not limited to) a conditional cash transfer. The MCCT-HSF is designed to augment the Pantawid Pamilyang Pilipino Program (4Ps), meant to incorporate the homeless as one of the beneficiaries of the 4Ps. More specifically, the MCCT-HSF aspires to address key needs, such as ensuring suitable and permanent homes for children, attendance in school, health and nutrition, and the street families' normal psycho-social functioning.

The target beneficiaries of the Modified CCT for the Homeless are shelterless families with children and infants (aged 0-14) living in the streets of Metro Manila. Based on a physical inventory count ("rapid appraisal") conducted in November 2010, the DSWD in collaboration with the Council for the Welfare of Children and the Local Government Units in Metro Manila, around 657 street families were identified to have been homeless for a long period of time. In June to September 2012, a series of enumeration using an interview questionnaire were conducted in Metro Manila by the National Household Targeting Office to identify the MCCT-HSF beneficiaries.

³ Rafferty et al. (2004) examined data on 46 adolescents in homeless families and 87 adolescents in housed families with public assistance from New York City in 1992-1993, and uncovered evidence that homeless children not only performed poorly in school (lower school attendances, lower achievement test scores).

Although it is planned that the homeless CCT beneficiaries will eventually be integrated into the formal 4Ps, the targeting scheme utilized was different in the MCCT-HSF pilot implementation, as the vulnerable group – homeless is the focus of the program. The homeless do not have household characteristics thus, National Household Targeting system for Poverty Reduction (NHTS-PR) cannot be applied. According to the concept note of the MCCT-HSF, the National Household Targeting Office will revise its enumeration tool by picture-taking and finger scanning to target homeless beneficiaries. Ideally, prior to the possible scale up of the MCCT-HSF this scheme will be implemented along with the in-depth interview as an enumeration tool. Moreover, since one of the beneficiary qualifications is being homeless for at least 3 months, it is highly recommended to give priority to street dwellers that have been homeless for a long period of time as beneficiaries of the MCCT-HSF. While the intended duration of the CCT for the homeless program is 6 months to 1 year, beneficiaries will be integrated to the formal 4Ps afterwards.

The intended support and services to be provided by the MCCT-HSF to beneficiary street families include: an education grant (P300/child/month - maximum of 3 children), health grant (P500/family/month), “balik probinsya” or housing grant (P70,000/family), sustainable livelihood (P10,000/family), limited financial assistance on transportation, transition and house rental (P5,000/family), support services for older street children on regular educational assistance, referral to alternative learning system or acceleration program, and skills training and other forms of assistance as deemed necessary (amount is based on assessment of the municipality links), and cash for work assistance (P303/day or 75% of the National Wages and Productivity Commission’s prevailing daily wage rate).

However, among the intended grants, only education, health, and transition and house rental grants (P3,000 to 4,500/family) were provided to the homeless beneficiaries so far. The maximum support amount for education and health for the beneficiary family is P1,400 per month. Meanwhile, the “balik probinsya” or housing grant was transferred to the *Comprehensive Program for Street Children, Street Families and Indigenous Peoples, especially Bajaus*.

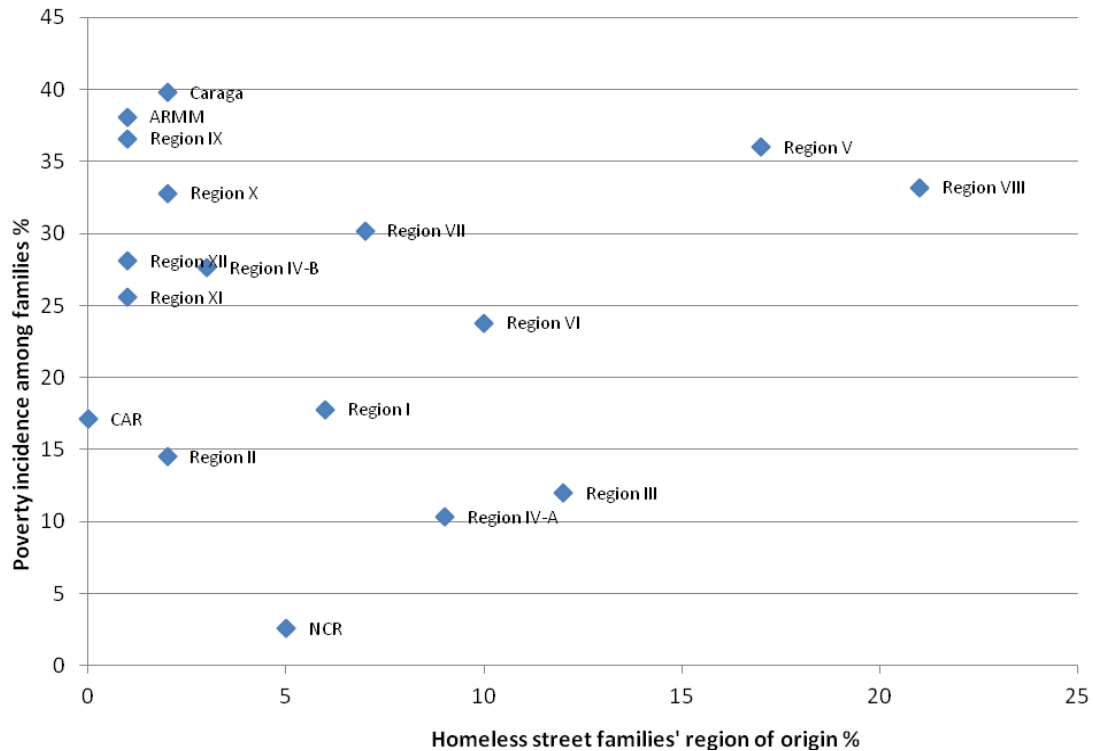
Although information and data gathering on the beneficiaries of the pilot program are still in the initial stages, we do have some relevant information that might shed light on the specific circumstances and risks faced by the homeless, in turn informing possible enhancement of the program in its next phase. The following is a brief synthesis of some of the available data

managed by DSWD. The dataset covers 507 families who have been enrolled in the pilot program during the period August to November 2012.

Origins of indigent beneficiaries. Identifying the origins of the potential beneficiaries of the program could help inform future improvements on its design. In particular, if homeless families are primarily coming from the provinces (i.e. they fall under chronic homelessness), then closer coordination with the local governments in these provinces are necessary in order to address the root cause of the challenge.

An examination of the preliminary beneficiary street families' data as of 20 November 2012 revealed that a meager 5% (13 of 252) of them originated from the National Capital Region, despite that Metro Manila is in NCR. Manila street dwellers mostly came from other regions, typically from the Southern Luzon and Visayas shares of households from Regions V, VI, and VIII. These are among the regions with the highest poverty incidences, way above the country average of 20.9%. Region VIII that comprises 21% (52 of 252) of the total number of initial beneficiaries, incidentally, Region VIII is ranked by the National Statistical Coordination Board with the fifth highest poverty incidence in 2009. Similarly, Region V ranked fourth in terms of poverty in 2009—17% (43 of 252) of the homeless in our sample come from Region V. Figure 1 also shows that geographical proximity to Metro Manila plays a role in the migration process of the homeless. Even with the highest poverty incidence at 38.1%, only 1% of the sample came from ARMM. This pattern is true for the other regions in Mindanao and Southern Visayas.

Figure 1. Homeless Street Families' Region of Origin and Poverty Incidence of among Families in Regions



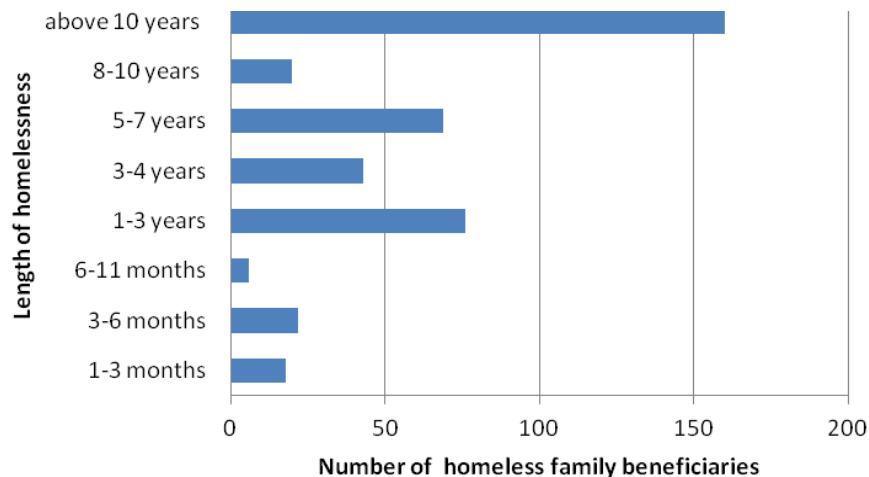
**2009 poverty incidence (estimate %) from the National Statistical Coordination Board*

These figures and the resulting pattern of migration and the resulting pattern of migration suggest that challenges at the local government level could be critically linked to the flow of migrants, with some ending up as homeless in Metro Manila. Poor and low income families may migrate into a more vulnerable situation, merely transforming—but not reducing—the risks that they face. Migration then could be considered both a cause and a result of poverty (Kothari, 2002). Such a phenomenon is relevant in the Philippine case, as the primary reason for the observed phenomenon of migration of homeless street families from poor regions to Metro Manila is the hope for better livelihood. Among the 138 homeless family heads⁴ interviewed, 93% of them left their respective provinces because of such hope perceived in the Metro Manila. Other reasons for migration are family conflict (4%), hope perceived for better education for children (2%), and armed conflict displacement (1%).

⁴ Data on reason for leaving the province is only available for 138 out of the 507 families in the dataset.

Length of homelessness. Figure 2 illustrates the length of being homeless of Modified CCT beneficiaries. Most of the MCCT-HSF beneficiaries are homeless for more than 10 years (157 of 435 or 36%), followed by homeless for 1 to 3 years (77 of 435 or 18%) and the least beneficiaries are homeless for 3 to 6 months (22 of 435 or 1%).

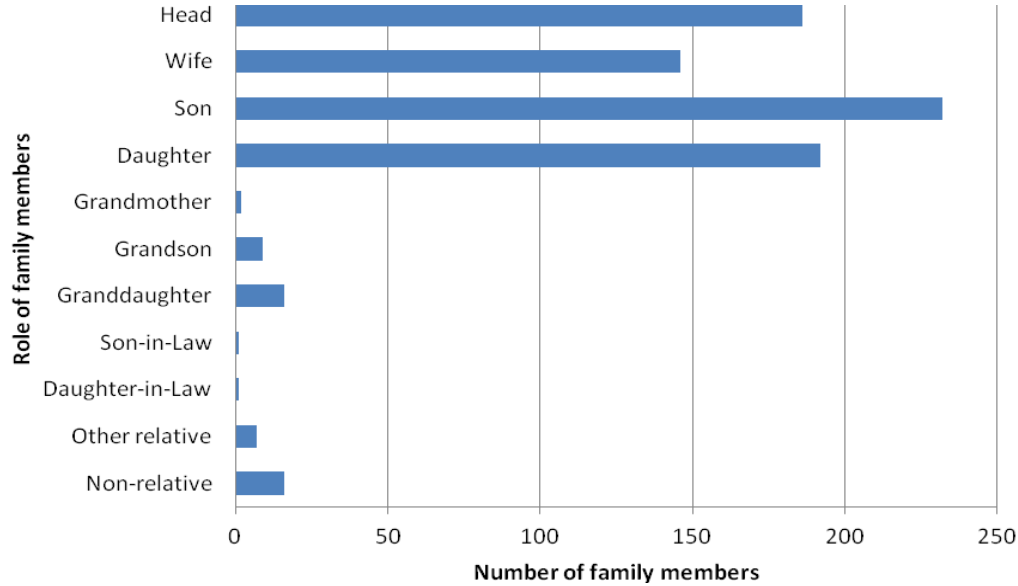
Figure 2. Length of Homelessness of Modified CCT Beneficiaries



Demographic characteristics of homeless family heads. The sample consists of families with household heads ranging from 17 to 72 years old, and averaging at 37 years old (6.46 SD) years old. Male-headed households dominate the share, at around 81% (150 of 186), while only 19% (36 of 186) are female-headed households.

The interviewed sons or daughters are between 0 and 34 years of age, with an average of 8 years old. Such wide age range that reaches until adulthood indicates that the “son” or “daughter” status of interviewed individuals do not necessarily imply young children. In fact, two families are headed by the “son/daughter”, while 13 families are three generation households headed by a grandparent. Figure 3 illustrates the role of members in the family.

Figure 3. Distribution of Family Members Composition



Family size and number of children. Figure 4 shows the distribution of family size of the homeless families. We see a decreasing share of interviewed households for each increment of family size, with the most number of homeless families having 3 members at 27% (50 of 186). This is followed by family size of 4, comprising 23% (42 of 186), while the least family size is 8 and, 9 and above, both having shares of 2% (6 of 186).

On the other hand, Figure 5 illustrates the number of children in the homeless family, not differentiating between son/daughter or grandchild. The most number of children per family is 3 (45 of 170 or 26%), though we do not interpret it as a representative figure. A potential selection bias exists due to the program design of the Modified CCT for the Homeless that allows for a maximum of only 3 children for the education grant (300/child/month). Like the distribution of the family size, there is also a decreasing pattern with the distribution of the number of children in the family. Four-children families comprise 24% (40 of 170) of the sample, followed by 5 children per family (31 of 170 or 18%), 6 children per family (18 of 170 or 11%), 2 children per family (13 of 170 or 8%), 7 children per family (12 of 170 or 7%), and lastly 8 children per family (11 of 170 or 6%).

Figure 4. Distribution of the Family Size of the Homeless

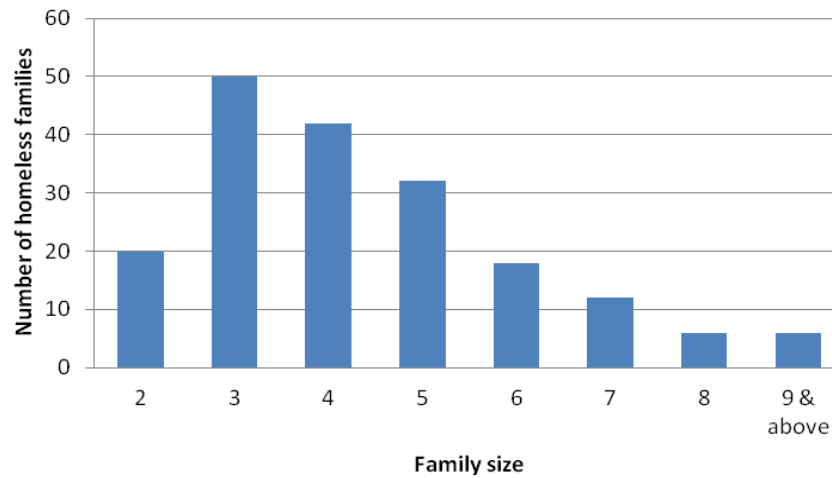
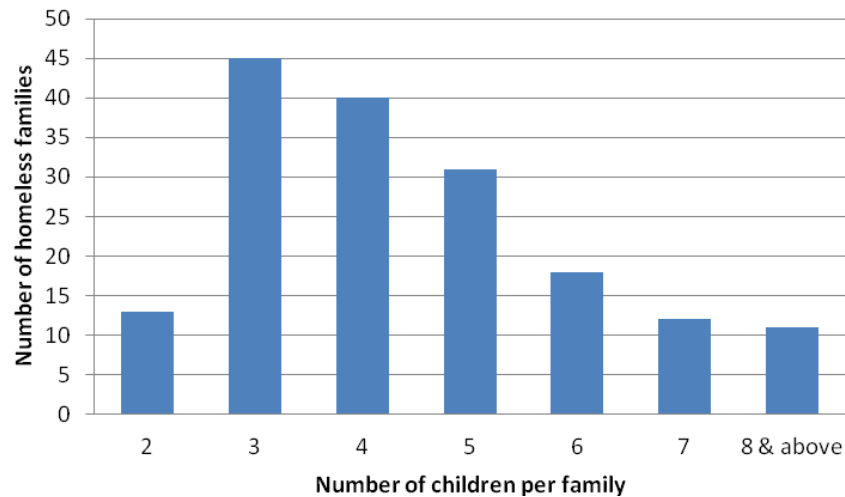


Figure 5. Distribution of the Number of Children of the Homeless Families

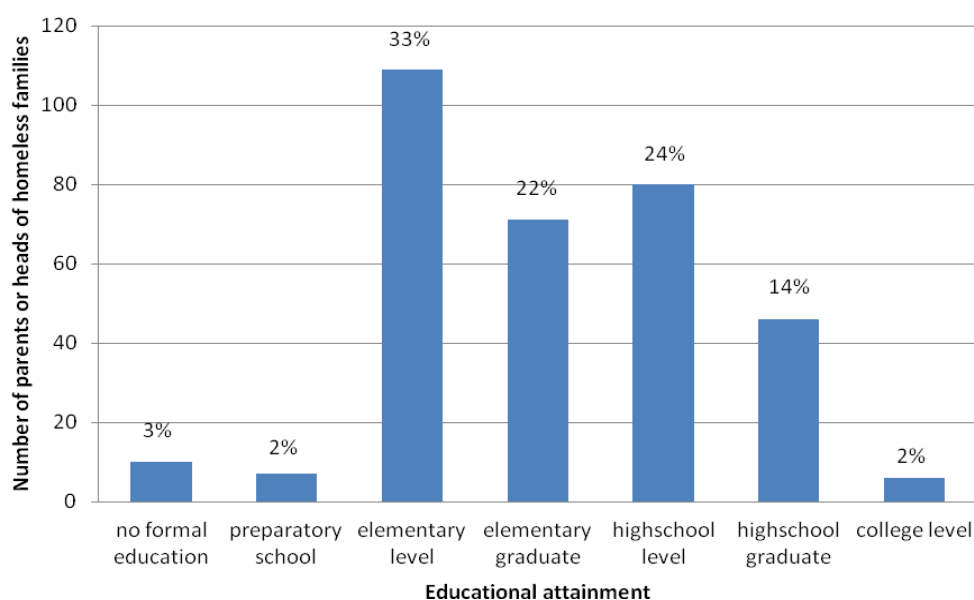


Education of heads of families. Access to education by members of the family could also be a key element to monitor, given its influence on the potential prospects for securing a job or for gaining skills to that end.⁵ With regard to the education achievement of the head of family of the homeless in our sample, more than one-third (109 of 329) of heads of the street families reported to have reached but not finished elementary education, while 22% (71 of 329) graduated

⁵ International evidence suggests that access to education influences employment and wages, in which higher educational attainment and employment wage translate into higher household income (Machin and McNally, 2006). In fact, poverty alleviation programs in developing countries often involve investment in education including the *Modified CCT for the Homeless* and *4Ps* of the Philippines.

from elementary. An additional 24% (80 of 329) completed some high school education, whereas 14% (46 of 329) obtained a full high school education. Among the heads of street families, 3% (10 of 329) had no formal education, 2% (6 of 329) reached college level, and another 2% (7 of 329) finished no more than preparatory school (see figure 6).

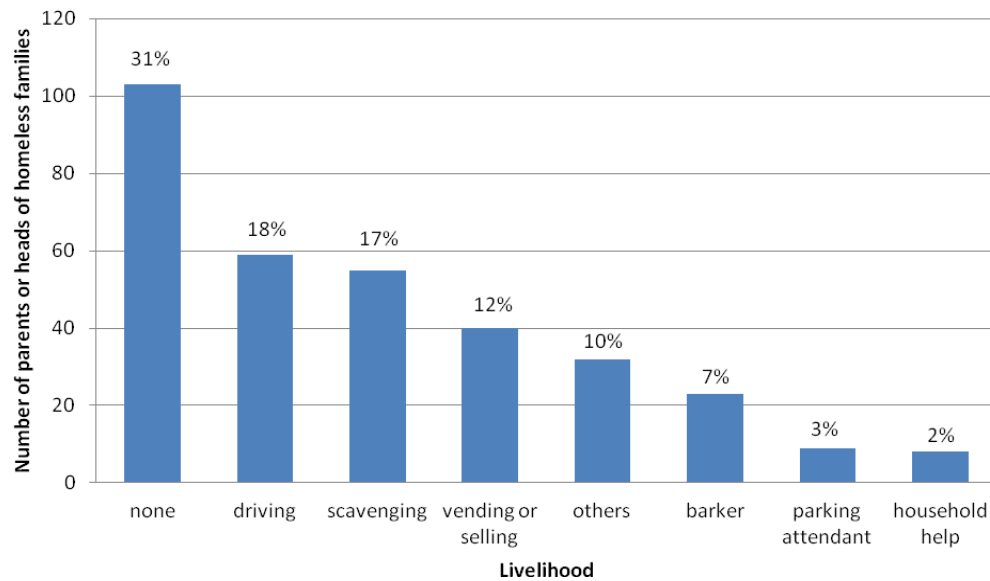
Figure 6. Educational Attainment of Heads of Beneficiary Homeless Street Families



Livelihood of homeless street family heads. It would be critical to begin to assess the job prospects of members of the homeless family, if we are to consider their eventual ability to escape life on the streets. Figure 7 provides the descriptive statistics for the main sources of livelihood (or income) of the heads. Among the sample, 31% (103 of 329) do not have any means of living, while 18% (59 of 329) are drivers, 17% (55 of 329) are scavengers⁶, 12% (40 of 329) are vendors, 7% (23 of 329) are barkers, 3% (9 of 329) are parking attendants, and 2% (8 of 329) are engaged as household help. The remaining 10% (32 of 329) have other forms of livelihood, such as fishing and picking vegetables in public markets.

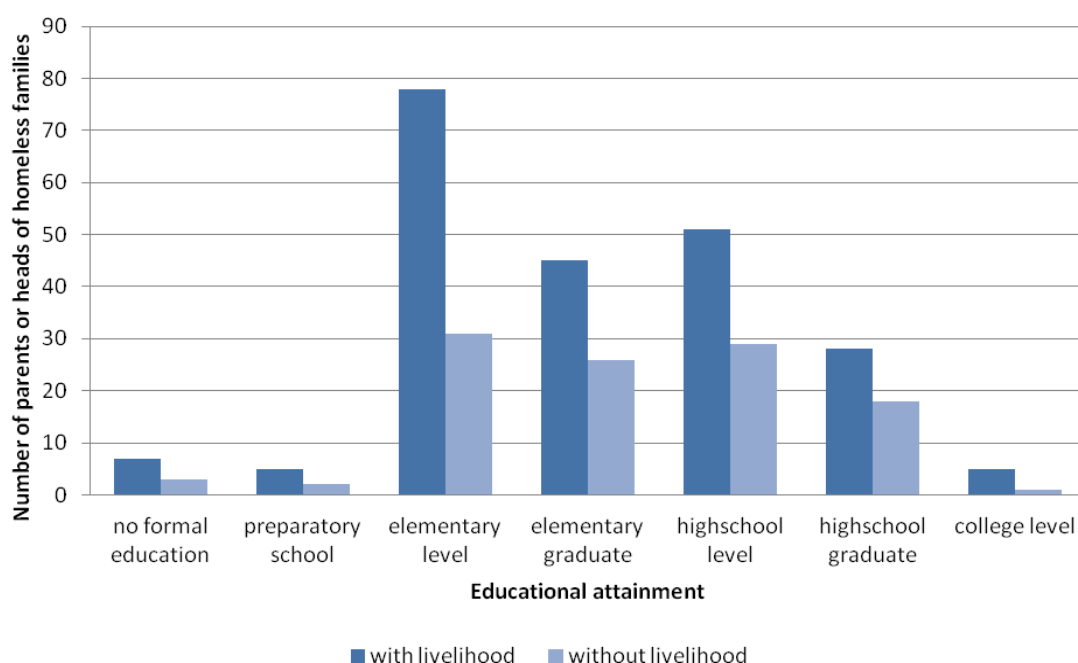
⁶ We consider scavenging separately from “no source of living,” as it may occasionally provide a source of living for the homeless families.

Figure 7. Sources of Livelihood of the Heads of Beneficiary Homeless Street Families



Less educated individuals are expected to have weaker chances for formal employment. Comparing the distribution of educational attainment of the heads, according to whether they have a source of livelihood or not, we see a consistently larger share of heads with a source of livelihood for each incremental increase in education. However, to deduce that higher educational attainment is correlated with a greater opportunity to a source of livelihood is not yet possible from the data, given the stark concentration of heads having elementary education, and given the nature of the sampled individuals.

Figure 8. Distribution of Educational Attainment, According to Source of Livelihood



Preference for “Balik probinsya” (return to the province of origin) or housing grant. A key design feature of the pilot program seeks to address the possibility that homeless families may wish to return to their home province (should they have come from outside Metro Manila). DSWD plans to provide a P70,000 housing grant to homeless families going back to their province of origin. Among the 436 heads, only 7% (29 of 436) prefer to return and stay in their respective provinces, while a staggering 93% (407 of 436) opt to stay in Metro Manila. Some homeless street dwellers from Albay, Negros Occidental, Nueva Vizcaya, Masbate, Quezon, Leyte, Albay, Batangas, Bohol, Bicol, Sulu, Bataan, Pangasinan, Iligan, and Bukidnon are willing to avail of the “balik probinsya” or housing grant. Most of the street families who are decided to go back to their place of origin came from Region V (5 families) and Region VIII (3 families).

Further analysis of the initial causes for leaving their respective home provinces may also shed light on whether that could have been averted, had sufficient social protection been available. For instance, if they migrated due to an adverse household income shock (e.g. from a storm or a drought), then perhaps access to some form of social insurance could have tempered the motivation to migrate.

II. Synthesis of International Policy Experience in Addressing Homelessness

In what follows, we undertake a brief review of the social protection interventions for the homeless in Chile, South Africa, India, and Brazil. Table 1 illustrates the key design features for each program, highlighting how different countries have used a variety of programs to try and address the challenges faced by homeless families and children. Some notable patterns here suggest that:

- Few countries provide cash to the homeless; support is usually provided in kind.
- Providing temporary shelter appears to be a more common program element, rather than providing subsidized housing.
- Providing psychosocial support and treatment appears to be a common element in most country programs for the homeless. These forms of treatment seek to address vulnerabilities and risks faced by different household members, including notably children.
- As more evolved programs include interventions that are specifically designed to address risks faced by beneficiaries, these programs also include strong information and monitoring systems to gather data, plus inform and guide program implementation.

Table 1. Notable Features of Selected Countries' Programs for Homeless Families and Children

Country	Program for the homeless	Psychosocial support	Cash transfer	Temporary shelters	Subsidized housing development
Chile	Calle	✓			
	Chile Solidario	✓	✓	✓	✓
South Africa	Dept. of Human Settlements			✓	✓
	Dep't. of Social Development	✓			
India	Night Shelter for Urban Shelterless			✓	
	Supreme Court			✓	
Brazil	CREAS	✓		✓	
	Bolsa Familia		✓		

Chile Solidario

Chile Solidario is the social protection system introduced by the government of Chile in 2002. The program recognizes poverty as a multidimensional problem that not only centers on low income but also considers lack of social, economical, human, and psychosocial assets. Hence, it employs an integrated antipoverty design that provides *psychosocial support, cash transfers, and priority access to social programs* (Barrientos & Santibanez, 2009). At present, the Ministry of Social Development manages the *Chile Solidario* at the central level. There are several social programs and monetary subsidies under the *Chile Solidario* which caters to special groups of people that include: *Puente* (entrance door of the program and family support phase), *Vínculos* (for the elderly), *Calle* (for the homeless), and *Caminos* (for children with one parent in jail); *Programa de Habitabilidad* (housing) and *Programa de Producción Familiar para el Autoconsumo* (food security).

Program design: *Calle* or *Chile Solidario Street Program* works towards the improvement of homeless citizens' welfare conditions, psychosocial conditions, and opportunity structure. Its primary focus is psychosocial support service, wherein personalized attention is continuously provided to the homeless for a minimum period of 12 months. During this phase, the situation of each beneficiary is determined through profile account history, characteristics, and conditions. The gathered individual information is relevant in establishing a support and service differential plan. Through the personalized guidelines from the *Calle* program, the homeless people will eventually be integrated into the social protection system, by which the type of social assistance (such as civil identification, access to the public health and access to safety, and cash grants) will depend on *Calle* program's assessment. If eligible, the homeless may benefit from the cash transfer program under the *Chile Solidario* (Chile Solidario Street Program Document Diagram, ND).

One of the reported factors causing social exclusion is loss of connection with parental groups and different reference groups. Hence, the objective of psychosocial support is to reconnect and strengthen linkages through individual and customized support per beneficiary. Supportive opportunity networks can be utilized by the homeless people to promote individual's autonomy. Finally, improvement of opportunity structure is carried out by identification of beneficiaries' needs and then matched with the respective institutions that can assist or provide

the appropriate social service to the homeless (Chile Solidario Street Program Document Diagram, ND).

Targeting system: *Chile Solidario* selects its beneficiaries based on Social Protection Scorecard or Ficha de Protección Social (FPS) wherein a proxy means (multidimensional) test ranks potential beneficiaries according to the family's vulnerability. The FPS implements a national unified cut-off point of extreme poverty estimate, and those below the cut-off point are considered as beneficiaries of *Chile Solidario*. Ficha CAS was replaced by the FPS in 2006 as the latter includes the possibility of updating changes on beneficiaries' information using a web-based system. Moreover, as of 2009 *Chile Solidario* has benefitted 306,000 household or approximately 1.3 million people, which is equivalent to 7.6% of Chile's national population. The *Chile Solidario* was able to include 65.9% of its poor population as beneficiaries with 0.11% of Chile's total GDP (Larranaga & Contreras, 2010).

Challenges: Given that *Chile Solidario* recognized a multidimensional aspect of poverty, the facets are addressed through different programs facilitated by several government institutions. One of the main challenges of *Calle* and *Chile Solidario* is institutional coordination among government agencies and municipalities involved in the integrated approach of poverty eradication program, which is critical to ensure that individuals and families exit not only from the program but also from poverty. There were reported tensions between the implementing government institutions of *Chile Solidario*, specifically Ministry of Planning and Cooperation or Ministerio de Planificación y Cooperación (MIDEPLAN) and Solidarity and Social Investment Fund or El Fondo de Solidaridad e Inversión Social (FOSIS). The former is responsible for general administration of the *Chile Solidario*, while the latter manages the *Puente* program (entrance door of the program and family support phase) in collaboration with municipalities. Conflicts arose when some municipal mayors preferred to coordinate directly with the MIDEPLAN instead of the bureaucratic agency FOSIS. The tension persists despite the enforced coordination between the two government agencies (Temin & Better Care Network, 2008). MIDEPLAN was replaced by the recently established, Ministry of Social Development (Cecchini et al., 2012).

Impact: The most remarkable outcome of *Calle* program is the inclusion of a total of over 2,700 homeless people into the *Chile Solidario* a year after its implementation in 2006.

This is a significant figure considering the different individual and personalized psychosocial support provided to the homeless beneficiaries (Chile Solidario Street Program Document Diagram, ND).

South Africa's Housing for the Poor

Legislation and policy in South Africa were influenced by the fact that a large portion of its population dwells in informal housing. South Africa's constitution⁷ addresses the need to equalize past discriminatory practices and neglect related to shelter and social services, and is expanded onto South Africa's National Action Plan for the Promotion and Protection of Human Rights that covers the special needs of the homeless (Cross et al. 2010). Aside from the Department of Human Settlements, South Africa also has the Department of Social Development (DSD) that administers the national social protection program. "The special status accorded to the street homeless was confirmed, in the DSD's Strategic Plan, which included the homeless under 'vulnerable' groups and defined them as 'people who have limited or no social protection and who are therefore exposed to social ills' (DSD, 2006)." The social protection service that the homeless people receive is the same as other vulnerable groups. It was reported that 25% of South Africa's population benefits from social assistance in the form of grants and services (Naidoo, 2010).

Program design: Housing sector policies in South Africa are indirectly oriented towards solving the homeless problem by assuring access to adequate housing for all. The Department of Human Settlements works on social housing for low income families and on fixing informal settlements. South Africa also has "special needs housing" initiative which provides shelters through *transitional housing*. The government subsidized the restoration and repairs of temporary accommodation for homeless people who want to transfer to a more permanent living situation (Naidoo, 2010). The Gauteng Street Children Shelters Act 1998 which enables government support to NGO-run shelters is distinct from the transitional housing scheme referred to earlier, and remains the primary vehicle for rendering social welfare support to the homeless. The social grants system is state funded in South Africa, taken entirely from government revenue. In order to qualify into the social grants, the potential recipients must prove

⁷ Bill of Rights Section 26 stated that "Everyone has the right to have access to adequate housing."

that they are destitute. In order to meet the poor families' basic needs, cash or in kind social assistance is provided. This mechanism is necessary for such individuals' survival by providing them with a safety net (Triegaardt, 2012).

Table 2. Local Metropolitan Government Responses to Homelessness in South Africa

	Johannesburg	eThekweni	Cape Town	Tshwane
Department responsible for Homelessness	Social Development (Social Services)/ Housing	Housing	Social Development (Programme for Street People)	Social Development/ Housing
Current approaches to Homelessness	Coordinating Civil Society Responses/ Transitional Housing	Street Children Programmes/ relocation/ enforcing minimum standard requirements in shelters	Coordinating civil society responses / awareness campaigns / promoting social justice / community participation / strengthening existing public and private sector services	Coordinating civil society responses/ skills development / social and economic upliftment

Source: Jacques Louis du Toit (2010).

Targeting system: While there is no one centralized program for the homeless of South Africa, the Department of Human Settlements has been trying to produce a centralized demand database. The current system is said to be plagued with mistrust and a lack of transparency. Families used to sign up on various lists for municipal housing and wait to be subsidized or be given a grant or a house by the government. The system had its difficulties that spurred initiatives to centralize the lists starting 2008. The new system to be introduced will try to extract a National Housing Needs Registrar from the municipal lists. After the information of each applicant is verified, it will be collated and included in the newly formed National Housing Demand Database (NHDD). The needs of each family will be reviewed for the selection of potential beneficiaries. The new system is envisioned to reduce discrepancies and improve data management (Tessington, 2011).

Challenges: Recent information suggests that challenges remain, including insufficient funds and inadequate reach so that enough homeless people are supported. The DSD is experiencing difficulty with monitoring the shelters and risk homeless people rejecting its support. In addition, homeless people face barriers to getting access to the services provided since they do not have documents for identification. In some cases, the homeless need to reside in shelters to receive some aid. Finally, the government has to consider the location of the subsidized housing development in relation to street livelihoods. (South African Social Security Agency, ND).

Impact: Cross and Seager (2010) mentioned that the impact of the government's efforts for the prevention and remediation of homeless is difficult to assess. They also stated that the social safety net still fails to reach the vast majority of the homeless. Most of the social grants end up with the young, the aged, and the disabled. Regarding the housing situation, the government started with a large backlog in 1994 because of the number of people without access to adequate shelter. According to the Department of Human Settlements, from 1994 to 2012, 2.65 million government subsidized homes were built through the approved housing programs. Despite this accomplishment, a recent 2011 census shows that 2.3 million households do not have adequate housing.

India's Shelter and Sanitation Facilities for the Footpath Dwellers in Urban Areas

The Shelter and Sanitation Facilities for the Footpath Dwellers in Urban Areas was established in India in 1992 through the Housing and Urban Development Corporation (HUDCO) loan and government assistance. They were built to "ameliorate the living conditions and shelter problems of the absolutely shelterless households till such time as they can secure affordable housing from ongoing efforts of state housing agencies" (Shelter and Sanitation Facilities for the Footpath Dwellers in Urban Areas, 1992).

Program design: The program provided shelter, pay-as-you-use toilets and washing facilities, supplies, lockers, and dormitories. The project was later renamed as the Night Shelter for Urban Shelterless in 2002 and the toilet scheme removed. The project became restricted to the construction of night shelters with toilets and baths. It was used like a dormitory with plain floors for sleeping at night, and adult education and health care center during the day.

Targeting system: The National Housing Policy of India targets footpath dwellers who cannot secure a shelter in major urban centers, the scheme is demand driven (MHUPA, 1992).

Challenges: The program appears to have slowed in 2005 because of the lack of demand, as homeless people regarded the shelters as less desirable than the streets. Night shelters were described as crowded, expensive, dangerous, and a place where one could get contagious disease. Most state governments also did not utilize the funds properly, and implementation was said to be poor – “Managed by HUDCO, the scheme had very little detailing of design, amenities, costs, operational guidelines, implementation, accountability, and review mechanisms” (Supreme Court Commissioners, 2011). Since there isn’t any running program for the homeless currently in place, the Supreme Court of India issued guidelines on shelters and other specifics: (As stated in the National Report on Homelessness for Supreme Court of India, 2011)

1. All cities covered under Jawaharlal Nehru National Urban Renewal Mission (city modernization system of India) with more than 5 lakhs are to have one 24-hour, 365-day-a year, homeless shelter with a capacity of 100 persons for every one lakh population.
2. There should be basic amenities provided in the shelters, which are to include mattress, bed roll, blanket, potable drinking water, functional latrines, first aid, primary health facilities, addiction and recreation facilities, etc.
3. 30% of these are to be special shelters for women, old, and infirm.

Supreme Court Order dated 5 May 2010, ordering Further States and Union Territories to:

- a) Undertake a detailed survey on the homeless and respond to their entitlements accordingly;
- b) Construct a shelter for a lakh population in all urban centers and provide basic facilities and amenities such as clean drinking water, light, toilet, and provisions for their security and;
- c) Formulate comprehensive policies protecting the rights of the homeless.

Impact: Although the Supreme Court and the High Court responded to the call for protection for the homeless, only a few of state governments were able to implement its policies. Homelessness continues to persist, leaving them vulnerable to abuse and acts of violence,

particularly at the hands of law enforcers upholding the Bombay Prevention of Begging Act. Although there are movements to establish a National Programme for the Urban Homeless, how and when it will be implemented is still not clear (WGHR, 2012).

Brazil's Bolsa Familia

In 2004, the Ministry of Social Development and Fight against Hunger was created. It unified the government of Brazil's strategies in strengthening social policies and in reducing extreme poverty. This Ministry implemented social policies focusing on social assistance system, as well as food and nutrition security system. The two systems are executed through programs for poor families, thus including conditional cash transfers, social assistance service, right to proper food and nutrition, and support of livelihood opportunities for social inclusion (De Souza, 2009).

Program design: The Social Service Reference Centre responsible for aiding the homeless is the Specialised Social Assistance Reference Centres (Centros de Referencia Especializada de Assistencia Social) or CREAS. The implementation of social protection was divided into two levels of complexity - Basic Social Protection (Protecao Social Basica, PSB) and Special Social Protection (Protecao Social Especial, PSE). The former is preventive in nature to avoid poverty, while the latter caters to more serious and complex cases such as neglect, physical or psychological abuse, sexual abuse, child labor, and homelessness. The attention to these target groups is more focused, and CREAS is the service unit addressing them. Children, elderly, people with special needs, and homeless people are offered full institutional care as well, such as access to nursing homes, temporary homes, and housing centers (Jaccoud et al., 2010). In addition to the social service for the homeless, Brazil's conditional cash transfer program, the *Bolsa Familia*, gradually integrated the homeless with no permanent address as its recipients (Britto & Soares, 2011). For operational conditions, care institutions serve as the entryway for the homeless people to access the *Bolsa Familia*. The Ministry of Social Development administers the *Bolsa Familia* Conditional Cash Transfer that composes majority of the social protection system in Brazil. It is worthy to note however that the social assistance in Brazil is a responsibility of the municipal government (Jaccoud et al., 2010). Although as mentioned public sector like CREAS also provides social services.

Coordination between existing federal and municipal institutions to implement the *Bolsa Familia* cash transfer program was recognized to be efficient. Aside from the program establishing on existing capacity, it also protects the social service program from changing political administrations and government ministries (Temin & Better Care Network, 2008).

Targeting system: Brazil's *Cadastro Único Targeting System*, a single national database for the identification, registration, and evaluation of social assistance programs beneficiaries. In 2001, the federal government initiated the unified system that was adopted by the Ministry of Social Development (MDS) and the *Bolsa Familia* Program. Previously, different pre-reform programs have their own targeting system. A unique database (*Cadastro Único*) with unique social identification numbers were created to reduce administrative costs across different programs, also to prevent duplication of benefits among beneficiaries and improve targeting efficiency and inter-agency coordination (Lindert et al., 2007).

Bolsa Familia's targeting mechanism is based on geographic allocation and family assessment per capita income. The MDS is responsible for the design and implementing guidelines of the *Cadastro Único*. Three basic steps of the *Cadastro Único* are as follows: 1) data collection and entry in respective municipalities, 2) database consolidation and management by the Caixa Economica Federal (a federal bank contracted by MDS), the bank also assigns identification numbers and conducts cross checks, and 3) eligibility determination and verification by MDS. Eligible families are included in the *Bolsa Familia* Program payroll list (Lindert et al., 2007).

Challenges: The Ministry of Social Development and Fight against Hunger administers the *Bolsa Familia* while respective municipalities are in charge of linkage with local beneficiaries. Federal fund from the Ministry of Social Development and Fight against Hunger (MDS) is provided to municipalities with social assistance centers. Municipalities performing well receive cash incentives. Performance is based on number of registered beneficiaries; however, the cash recipient's participation in social services particularly education and health services are not tracked and accounted (Temin & Better Care Network, 2008). Monitoring and evaluation culture is being developed to help implement social programs, the Evaluation and Information Management Secretariat was created in the MDS.

Impact: According to the impact evaluation conducted by Langou & Forteza (2012), cash transfer to destitute communities provided a boost to the local economy, in terms of expenditures focused on necessities such as food, clothes, and school supplies. There is then an increase in human capital investments among cash beneficiaries compared to those who did not receive any social assistance. In addition, *Bolsa Familia*'s conditionality of education for children beneficiaries also increased their school attendance by 4.4 % from 2005 to 2009, and reduced number of school drop-outs from 2004 to 2005 as opposed to non-beneficiary children (IFPRI, 2010). In terms of cash transfer beneficiaries health evaluation, children were observed to have regular vaccination and pregnant women had 1.5 more prenatal check-ups (IFPRI, 2010). However, there was an apparent decrease in female beneficiaries' labor participation upon implementation of the program. Langou and Forteza (2012) noted however that the negative incentive brought by injection of income or higher time in domestic chores is not caused by the cash transfer program.

III. Lessons for the Philippines' Modified CCT for the Homeless Street Families

It is possible to glean several key lessons from international experiences reviewed in section 2, when juxtaposed against the present features of the Philippines' pilot program for homeless families. These focus on the appropriate targeting approach for homeless beneficiaries as well as program design features such as the use of catch, the inclusion of psychosocial support, and the use of temporary shelters.

Targeting the homeless

Targeting beneficiaries is often motivated by the need to efficiently allocate scarce resources to the poorest and most vulnerable groups of society. Targeting might also allow for a more appropriate match between specific program interventions with the specific type of needs and risks faced by the intended beneficiaries. Nevertheless, targeting programs for the homeless will be challenging because of the very nature of homelessness. Securing reliable information on the homeless over time and maintaining contact are critical to program effectiveness. From

international experiences, it appears that partnering with NGOs that work with homeless people offers a way to solve some of the information challenges in targeting the homeless.

A similar attempt at partnership has been utilized in the case of the Philippines' program to assist homeless families. Based on a physical inventory count ("rapid appraisal") conducted in November 2010, the DSWD in collaboration with the Council for the Welfare of Children, local government units in Metro Manila, and non-governmental organizations (NGOs), around 657 street families were identified to have been homeless for a long period of time. In June to September 2012, a series of enumeration using an interview questionnaire were conducted in Metro Manila by the National Household Targeting Office to identify the MCCT-HSF beneficiaries.

Moreover, since one of the beneficiary qualifications is being homeless for at least 3 months, it is highly recommended that the long-term homelessness be given priority as beneficiaries of the MCCT-HSF. As stated by UN Habitat (2000) chronic homelessness entails more complicated outcomes such as alcohol and drug abuse, as well as physical and mental illness due to homelessness. Furthermore, Booth et al. (2002) found that homeless people that are drug dependent have many vulnerabilities that should be appropriately addressed first before a permanent living situation is attained.

Furthermore, *Bolsa Familia* offers some useful approaches in targeting the homeless more effectively. Recent suggestions to improve Brazil's *Cadastro Unico* might also be useful in the Philippines' case:

- The first recommendation is *universal and on-going access to the registry*. This system encourages dynamic safety net to families deemed eligible in the program since they are allowed to apply any time, not only during survey period.
- Secondly, efforts towards *cost efficiency* while maintaining integrity is ought to be done; self-selection and geographic targeting may reduce the cost by eliminating or reducing the occurrences of interviewing ineligible beneficiaries.
- Thirdly, *outreach to the poor* through certain activities and linkage is vital for the poor to be knowledgeable of their possible eligibility to social protection programs. Through outreach activities, the poor will be informed and may avail of the program by

application and interview process that also reduces incidences of inequality among the population.

- Lastly, *transparency* in each of the selection, registration, and eligibility process should have a clear set of criteria and should be disclosed to the public. (De la Briere & Lindert, 2005).

Primary recipient of CCT Program

For the 4Ps the cash grant is received by the household member who is responsible for the decision-making process, typically the mother. This is adopted by the MCCT-HSF in which the cash grant is entitled to the mother or the female head of the family. Several studies proved that mothers or female heads tend to focus expenses on goods and services that improve the welfare of their children (Costa et al, 2009 & Handa et al., 2009). In fact, a notable element of the conditional cash transfers in Latin America is their selection of the mother or the female household head as the primary recipient. A similar practice is done in Chile, Brazil, and Colombia (Soares and Silva, 2010).

Psychosocial support, role of cash, and self-sufficiency

Aside from the *Family Development Sessions (FDS)*, the MCCT-HSF also includes a *Family Life Education and Counseling and Family Casework* component. The former is meant to inform the homeless of the hazards of living in the street and to provide support to the families' plan. The latter is a family camp, wherein parents and children are informed of their rights and needs, and together, they build a plan to improve their living conditions. Parents or heads of the street families are required to attend the FDS conducted every week in the first two months of the CCT program, and every other week in the 3rd to 6th months or until they are transferred to the regular *Pantawid Pamilyang Pilipino Program*. Compliance with additional conditions on health and education are necessary on the 3rd to 4th months of the cash transfer program.

Among the other social protection systems, Chile is the country that also provides psychosocial support program. The design of its psychosocial support considers evidence on the factors causing social exclusion in that country, including loss of connection with parental

groups and different reference groups. This informs the way psychosocial support is provided—focused on an effort to reconnect and strengthen linkages through individual and customized support per beneficiary--making it much more tailored to the needs of the beneficiary. In addition to the selection process, in which priority is given to those who are homeless for a long period of time, psychosocial support is particularly crucial for those who are homeless for a long duration.

However, a significant difference with that of the Philippines is on the timing of provision of social assistance grants or money support. In the *Calle* program of Chile, psychosocial support is provided to the homeless early in the program, and assessment towards the end of the program determines the appropriate social assistance which may include cash grants. On the contrary, the Philippines' *Modified CCT for the Homeless Street Families* provides upfront monetary subsidy to its identified and registered homeless beneficiaries, along with psychosocial support. Perhaps it is useful to revisit this program feature to see if timing and sequencing of these support features (notably the disbursement of cash) needs to be improved.

Integration into the main social protection system

Also similar with the *Calle* program is the integration of its homeless beneficiaries to its social protection system –the *Chile Solidario* in Chile's case, and the *4Ps* in the Philippine case. In the case of *Calle* program, specific needs, abilities, problems, and aspirations of the shelterless are first identified through intensive psychosocial support and personalized guideline. That is deemed necessary in building the homeless' skills development and in making use of different opportunity networks that would aid them to achieve self-sufficiency. Moreover, a review of various international experiences on social assistance for the homeless showed that interventions need not focus solely on cash transfers. In fact, two of the assessed countries, India and South Africa, provided temporary shelters and implemented subsidized housing development programs to the homeless as part of their social and other support services.

Interagency coordination

The pilot implementation of *CCT for the Homeless* is a responsibility of the following branches of DSWD: Social Technology Bureau, Pantawid Pamilyang Pilipino Program National Program Management Office, National Household Targeting Office, Protective Services Bureau, Standards Bureau, DSWD NCR Field Office, and Regional Program Management Office. While the Department of Health, Department of Education, Technical Education and Skills Development Authority (TESDA) and Local Government Units worked with DSWD for the *Modified CCT for the Homeless*. If the program is scaled up, there should be serious consideration regarding coordination with appropriate institutions, such as Department of Labor and Employment (DOLE), National Anti-Poverty Commission, and most especially the National Housing Authority (NHA). Since NHA is the country's national agency responsible for providing housing programs primarily to the homeless and low-income families.

A fragmented system of governance and poverty alleviation scheme hinders the way to a sustainable way of addressing poverty. This is evident in the international social assistance programs reviewed. More specifically, reconsider Chile's multidimensional approach to fight extreme poverty in a single social protection system. The selection and coordination of appropriate institutions is vital to the program's success. Inter-agency collaboration is essential in order to strategically address homelessness by preventing gaps and duplication among development institutions.

Integrating assistance to the homeless with regional economic development and social assistance

Recall the staggering percentage (95% or 239 of 252) of homeless respondents who originated from outside Metro Manila. Despite the primary reason for migration being hope for better livelihood, migration can be both a cause and result of poverty in that the poor's initial intention to migrate to escape poverty leads them to move into a more vulnerable situation, making them poorer (Kothari, 2002).

The observed phenomenon of the indigents' migration from the regions to the capital calls for an integrated social protection system that coordinates aspects such as program

interventions, data gathering and beneficiary identification into the over-all program design. In addition, the provision of social protection for many “would-be” indigent citizens could also help temper the flow of would-be homeless into urban centers. Additionally, since among the 436 homeless street family heads, only 7% (29 of 436) prefers to go back and stay in their respective province, and about 93% (407 of 436) do not want to return to their province of origin, then a key condition for long term success lies in promoting more inclusive economic growth that boosts the prospects for development particularly in the poorest regions of the country.

Sustainable investments in education and employment

Since there is strong evidence that education influences employment and wage, in which higher educational attainment and employment wage translate into higher household income (Machin and McNally, 2006), poverty alleviation programs in developing countries often involve investments in education. The Philippines’ CCT program is no different, as homeless children are required to attend any mode of learning as one of the program conditionalities. However, sustainability of this education policy lies on the children finishing an educational level that would later qualify them for employment. The initial data of Philippines CCT for the homeless revealed that the largest share or 33% (109 of 329) of the household heads’ highest educational attainment is elementary level and none among the beneficiaries earned a college degree. Promoting the education of the children can also minimize the intergenerational transmission mechanism of poverty.

An alternative skills development for the heads of households is also required to achieve self-sufficiency. This is similarly important, particularly for the 31% (or 103 of 329) of the interviewed homeless family heads who do not have any means of living.

Work is undeniably essential for people’s economic survival, such that enterprise and development skills trainings are must-haves for such programs (UN Habitat, 2000). Development of human capacity addresses one of the main criticisms of CCT programs by “teaching beneficiaries to fish instead of giving them fish to eat.” DSWD in collaboration with TESDA and DOLE have to start with their efforts on livelihood, skills training, and cash for work.

Data gathering, monitoring and evaluation

The 4Ps has the Planning, Monitoring and Evaluation Division mandated to assess the Philippine CCT programs. Strict implementation of monitoring and evaluation is then suggested to the *Modified CCT for the homeless* especially before its possible scale up. Brazil's *Bolsa Familia* provides a learning lesson, with its creation of Evaluation and Information Management Secretariat within the Ministry of Social Development and Fight against Hunger (MDS) to improve the monitoring and evaluation culture. An effective monitoring and evaluation process ensures that social services particularly education and health are tracked and accounted. Such an approach could also ensure that data and information allow for a more effective matching between specific program elements and the specific beneficiaries that need these the most. For example, children from the streets who are victims of abuse and violence will need counseling, and their parents will likely require family development sessions geared towards minimizing these risks to children.

Brazil's Social Service Reference Centre, which aids the homeless, leverages beneficiary information in order to effectively deploy the right intervention for the type of risk and need of the beneficiary. Program interventions are nuanced enough to address serious cases of neglect, physical or psychological abuse, sexual abuse, child labor, and homelessness. As noted earlier, the attention to these target groups is more focused.

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ANNEX

Table 1. Beneficiary homeless street families' region of origin

Region of origin	Homeless street families' region of origin %	2009 Poverty Incidence Among Families (Estimate %)
Caraga	2	39.8
ARMM	1	38.1
Region IX	1	36.6
Region V	17	36.0
Region VIII	21	33.2
Region X	2	32.8
Region VII	7	30.2
Region XII	1	28.1
Region IV-B	3	27.6
Region XI	1	25.6
Region VI	10	23.8
Region I	6	17.8
CAR	0	17.1
Region II	2	14.5
Region III	12	12.0
Region IV-A	9	10.3
NCR	5	2.6

**2009 Poverty incidence among families (estimate %) from the National Statistical Coordination Board*



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