

National report Philippines

GLOBAL STUDY ON CHILD
POVERTY AND DISPARITIES



The cover design of this report was inspired by the Global Study on Child Poverty and Disparities, a multi-country initiative to leverage evidence, analysis, policy and partnerships in support of child rights. The overlapping, multi-coloured frames symbolize the national, regional and global contributions to the Global Study, which form the basis for exchanging experiences and sharing knowledge on child poverty.

The design encapsulates three central tenets of the Global Study: ownership, multidimensionality and interconnectedness.

Ownership: Although children's rights are universal, every country participating in the study has its own history, culture and sense of responsibility for its citizens. The analyses aim to stimulate discussion and provide evidence on how best to realize child rights in each country.

Multidimensionality: No single measure can fully reflect the poverty that children experience. A multidimensional approach is therefore imperative to effectively understand and measure children's wellbeing and the various forms of poverty that they experience.

Interconnectedness: Today's world is increasingly interconnected through economic, social, technological, environmental, epidemiological, cultural and knowledge exchanges. These exchanges have important implications for child poverty – and can also help provide avenues for its reduction.



GLOBAL STUDY ON CHILD POVERTY AND DISPARITIES

The Case of the Philippines



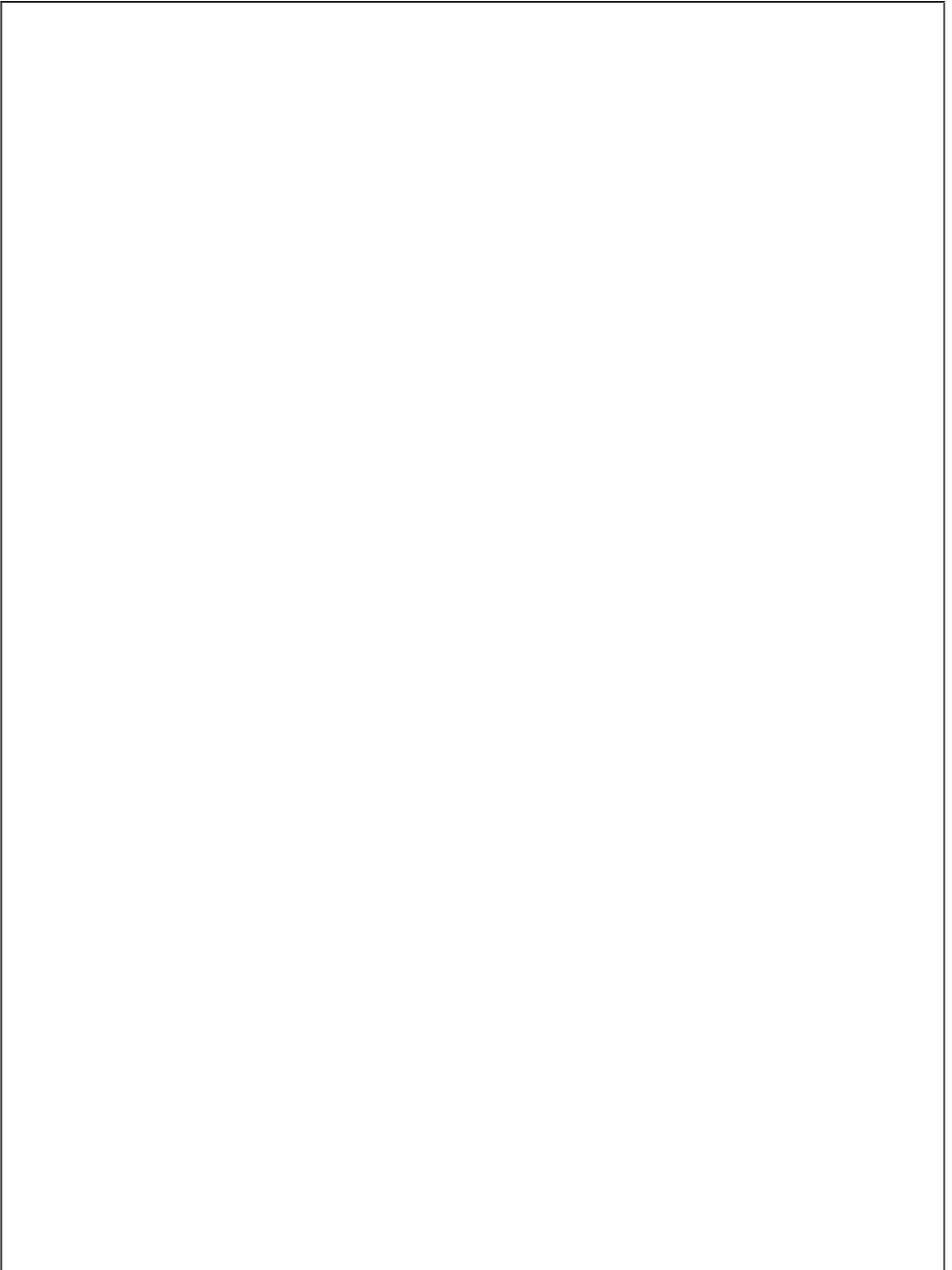


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List of Acronyms

ADB	Asian Development Bank
AHMP	Accelerated Hunger Mitigation Plan
ALS	Alternative Learning System
APIS	Annual Poverty Indicators Survey
ARMM	Autonomous Region in Muslim Mindanao
BESRA	Basic Education Sector Reform Agenda
CALABARZON	Cavite, Laguna, Batangas, Rizal, and Quezon
CAR	Cordillera Administrative Region
CARP	Comprehensive Agrarian Reform Program
CPC	Country Programme for Children
CPCP	Comprehensive Programme on Child Protection
CRC	Convention on the Rights of the Child
CWC	Council for the Welfare of Children
DBM	Department of Budget and Management
DepEd	Department of Education
DOH	Department of Health
DOLE	Department of Labor and Employment
DSWD	Department of Social Welfare and Development
ECE	Early Childhood Education
EPI	Expanded Program on Immunization
FIES	Family Income and Expenditure Survey
FNRI	Food and Nutrition Research Institute
FSP	Food-for-School Program
GAA	General Appropriations Act
GDP	Gross Domestic Product
GOCCs	Government-Owned and Controlled Corporations
IMR	Infant Mortality Rate
MDGs	Millennium Development Goals
MIMAP	Micro Impacts of Macroeconomic and Adjustment Policies
MIMAROPA	Oriental Mindoro, Occidental Mindoro, Marinduque, Romblon, and Palawan
NCR	National Capital Region
NCWDP	National Council for the Welfare of Disabled Persons
NEDA	National Economic and Development Authority
NFA	National Food Authority
NNC	National Nutrition Council
NPAC	National Plan of Action for Children

NSCB	National Statistical Coordination Board
NSO	National Statistics Office
NWPB	National Wages and Productivity Board
OFWs	Overseas Filipino Workers
PNSFPDC	Philippine National Strategic Framework for Plan Development for Children
PPAN	Philippine Plan of Action for Nutrition
SOCCSKSARGEN	South Cotabato, Cotabato, Sultan Kudarat, Saranggani, and General Santos City
UCP	Unregistered Children Project
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
WB	the World Bank
WHSMP	Women's Health and Safe Motherhood Project

Definition of Terms

Sanitation:

Sanitary toilet facility (used in the Child Deprivation section) refers to water-sealed and closed-pit types of toilet facilities.

Severe deprivation in sanitation refers to the condition where a household does not have a toilet facility of any kind.

Less severe deprivation refers to the state where a household uses unimproved toilet facilities like closed pit, open pit, and pail system.

Water:

Safe water sources include faucet, community water system, and tubed or piped well either owned by the household or shared with others.

Severe deprivation of water refers to a situation where a household obtains water from springs, rivers and streams, rain, and peddlers.

Less severe deprivation of water refers to a condition where the household obtains water from a dug well.

Shelter and Security of Tenure:

Makeshift housing refers to a dwelling unit where the material of either the roof or the wall is made of salvaged and/or makeshift materials, including those mixed types but predominantly salvaged materials.

Severe deprivation refers to inadequate wall and roof. Inadequate means that the wall and roof are made of salvaged and/or makeshift materials.

A less severe deprivation of shelter refers to inadequate roofing or wall. More specifically in this case, inadequate roofing/wall refers to one that is made of salvaged and/or makeshift materials or mixed but predominantly salvaged and/or makeshift materials.

An informal settler refers to one who occupies a lot without the consent of the owner.

Information:

Severe deprivation of information refers to a case where a family does not have any of the following: radio, television, telephone, or computer. In the report, only children 7–14 years old living in these households were estimated.

Less severe deprivation refers to the state where a household has any of the following: radio or television. As in severe deprivation, the estimation captured only children 7–14 years old for this indicator.

Food:

Less severe deprivation of food refers to a case where a child is underweight for his/her age using International Standards. A child whose weight is less than two standard deviations away from the average is considered underweight.

Education:

Severe deprivation of education refers to a condition where a child of school-age is not currently attending school

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Executive Summary

In a country where poverty is prevalent, a significant number of children are likely to be illiterate, malnourished, and prone to abuse and physical violence. The Philippines is no different.

Using known indicators on education, social protection, poverty and health, this report summarizes the Filipino children's welfare and living conditions taking account the disparities in gender, income and geographic location.

This report shows that poverty incidence among children living in rural areas is more than twice that of children living in the urban areas. In fact, 7 of 10 poor children are from the rural areas. Moreover looking at the regional patterns, some regions are consistently ranked as being 'worse off' compared to other regions. All these suggest wide disparities in poverty incidence across regions and between urban and rural areas.

Chapter 2 of the report describes the many facets of deprivation that could either be severe or less severe. In 2006, 18.6% of children or 5.4 million children were deprived of at least one of the three dimensions of well-being covered by the study, namely, shelter, sanitation and water. Children who experienced two of the severe deprivations estimated to be around 840,000, are mostly from the Visayas region. Also in 2006, a little over half a percentage of all children suffered all three deprivations. The report finds some remarkable improvements in the plight of the children based on recent data and indicator estimates.

The five pillars of child well-being are examined more closely in Chapter 3 of this report. The first section deals with child nutrition and highlights the fact that malnutrition is one of the underlying causes of child mortality. It also shows disparities in malnutrition incidence among regions. The section on child health meanwhile analyzes trends and issues on infant mortality and child immunization. Specifically, high infant mortality rate is found prevalent among infants born to mothers with no education, no antenatal and delivery care, and those who are either too young or too old for pregnancy. Compared to its close neighbors in Asia, the Philippines posted a drastic decline in immunization rates in 2003. Meanwhile, children under-five who are most likely to suffer acute respiratory infection belong to households in the lowest quintile, whose household heads have lower level of education. Results of regression analysis used to identify the determinants of maternal care utilization and child immunization were also discussed at length.

The section on child protection cites the Philippine government's efforts to protect the rights of families and children which begun as early as 1935. The section widely covers issues on child protection and the challenges confronting the Filipino children such as child labor, commercial sexual exploitation, physical and sexual abuse, children in conflict with the law, and children affected by armed conflict and displacement.

Another section is devoted to education and highlights various basic education indicators and

trends. It narrates how the 2007 level of elementary participation rate became at par with 1990 level, thus, requiring that the 25-year millennium development target be achieved in eight years. Disparities in education outcomes were also observed in different socioeconomic dimensions.

In the section for social protection, policies and programs that aim to prevent, manage, and overcome the risks that confront the poor and vulnerable people were presented. More importantly, this section suggests critical areas that should be considered in assessing social safety net programs.

In conclusion, the report proposes different strategies for action using the rights-based approach. Some specific recommendations include pursuing an effective population management program; stabilizing macroeconomic fundamentals; building up data and giving due consideration to regional disparities in aid of planning, and policy and program formulation; and, allocating more financial and rational manpower resources for health, education, and child protection.

In particular, the report pointed out the need for a policy that would require building up of database or repository of information on child well-being indicators. These data and information should be made available to all, especially to policy-makers. Geographical Information System based mapping of child well-being indicators for example, will be a helpful tool for duty-

bearers in determining where and what interventions are necessary.

Also given the urban bias of most health services, there is an urgent need to reach those mothers and children that reside in remote rural areas, and also to beef up investments in health logistics, infrastructure, and facility and management capacity of health workers. Similarly, increasing participation in early childhood education which should be a main priority in basic education programs will require more government resources to ensure wider coverage and better quality of teaching.

As regards other government programs, the report finds that it is not sufficient that budget is allocated adequately. What is crucial is proper targeting and making sure that resources are given to that segment of population where interventions are needed the most. Moreover, research works should continue to look for reasons why gaps persists, to analyze the correlation between interventions and outcomes, and to examine the interrelated forces and relationship that would strengthen the pillars of child well-being.

The report ends with a view on how the role and active participation of public institutions, private organizations, communities, and individuals must be upheld and coordinated to promote the welfare of the Filipino children.

Overview

“There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want, and that they can grow up in peace.” – Kofi Annan

Introduction

A typical poor Filipino girl child is one who lives in a rural area with her parents and siblings—not all of whom are able to attend or to complete school, particularly the boys. As the firstborn of a large family, she was able to get immunization from the health center, unlike some of her younger siblings. However, all the younger ones were able to get Vitamin A supplementation. She and her siblings are prone to diarrhea, though they finally have sanitary toilet facilities recently installed. She is not sure if she could continue to attend the nearby public school or if she will simply find a job to help her parents provide for the family.

This brief account summarizes the profile of the poor Filipino child, described and established in this report based on data from surveys and estimates. This report shows it is necessary to take into account the various indicators to fully capture the general living conditions of Filipino children. Disparities in terms of multiple indicators of child poverty, including and beyond income, were described looking at income differentials, gender parity, and geographic differences.

While the definition of childhood in various cultures and societies differ, it is universally accepted that childhood should be a time for growth and development, for developing skills, and for forming aspirations. By being born poor, a child is robbed of these opportunities and freedom. It is for this reason, as surely there are others, that child poverty is distinct from the nature of poverty experienced by adults.

Poverty-related issues

In a country where poverty is prevalent, Filipino children are vulnerable to issues such as mortality, health, education, violence and abuse, and forced labor. Under a host of environmental issues bigger than they are, children can be adversely affected by poverty in many ways.

The link between high population growth and poverty incidence has been established by empirical studies showing that the larger the family, the more likely it is to be poor. High fertility is associated with decreasing investments in human capital, hence, children in large families do not usually perform well in school, have poorer health, and are less developed physically. Meanwhile, high levels of corruption reduce economic growth, distort the allocation of resources, and affect the performance of government in many aspects. Corruption has a pervasive and troubling impact on the poor since it distorts public choices in favor of the wealthy and powerful, and reduces the state’s capacity to provide social safety nets. There is also evidence

that economic benefits were not equitably shared and recent studies have argued that an inequitable distribution of wealth is a constraint to economic growth and development.

The present crisis that is crippling economies the world over has not spared the Philippines. Though the direct impact can be considered minimal, given the nominal participation of the Philippine economy in global financial dynamics, the indirect effects are being proven to be substantial due to dwindling export earnings and retrenchments in the manufacturing sector. Low productivity and low income limit a family's capacity to provide for the needs of its children, thus, affecting the children's general well-being. On top of this, remittances of overseas Filipino workers are expected to decline as they themselves try to cope with possible loss of working hours and worse, livelihood and employment. Families dependent on these migrant workers are bracing for the shock this situation would bring, and could worsen their children's vulnerability.

While the government is instituting coping mechanisms to deal with the crisis, it must also examine and address the chronic macroeconomic problems that plague the country, which has weakened economic performance and aggravated poverty incidence. Foremost of these are declining revenue collection, which creates fiscal deficit and heavy public sector debt; poor investment climate, which results in low foreign direct investment due to macroeconomic stability; uncertainty in some economic policies; corruption; high crime rate; and the gradual loss of international competitiveness due to poor performance of the export industry. These, and the current global financial crisis, call on the government to establish social protection measures in the midst of meager resources.

Poverty incidence across regions

The wide disparities across and within regions must also be considered, as well as in terms of urban and rural settings. Poverty incidence among children living in rural areas is more than twice that of children living in urban areas. In fact, 7 of 10 poor children are from the rural areas. A closer look at the regional pattern of child poverty indicators, across a range of domains, shows that the same regions are consistently ranked as being worse off, compared to the other regions. Figures in Chapter 2 show

that while poverty incidence is only 16% in the National Capital Region (NCR), the equivalent at the Autonomous Region in Muslim Mindanao (ARMM) is 69%. Other regions experiencing relatively low poverty rates are those situated around NCR in the island of Luzon. Meanwhile, poverty rates are higher in the Visayas and Mindanao regions. Among the provinces within regions, differences in poverty rates were also observed.

Types of deprivations among children

This report presents more than one type of deprivation being experienced by children. Chapter 2 shows that there are multiple deprivations, and each one could either be severe or less severe. In 2006, 18.6% of children (5.4 million) were deprived of at least one of the three dimensions of well-being covered by the study, namely, shelter, sanitation, and water. This proportion is slightly lower than the 19.7% estimate in 2003. In ARMM, 4 of 10 children face at least one severe deprivation. The largest number, however, is in Cavite, Laguna, Batangas, Rizal, and Quezon (CALABARZON) region where more than half a million children suffer from one type of severe deprivation. Children who face two (at most) of the severe deprivations are estimated to be around 840,000. The bulk of this number come from the Visayas region. The worst case is when a child faces all three types of deprivation. In 2006, a little over half a percentage of all children suffered all three deprivations. Figures for multiple deprivations (two or three types) have not declined significantly. Children who suffered all three types of deprivation, though very small in percentage, have increased between 2003 and 2006.

About 17,000 children are facing all three kinds of deprivations. Many of them are from NCR, South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General Santos City (SOCCSKSARGEN) and Central Luzon. NCR, the region with the lowest income poverty rate, needs closer examination. Though most households may be non-income poor due to greater opportunities for employment or are engaged in small enterprises, interventions are still seen to be necessary to reduce the number of children that suffer from multiple deprivations.

One of the important findings from the analysis of child poverty is that, many of the deprivation indicators showed improvements. This is a positive

and significant occurrence as the incidence of material (income) poverty has reversed recently its downward trend or simply put, poverty incidence has started to rise again.

Favorable trends

In general, favorable general trends were noted, particularly improvements in infant mortality and under-five mortality rates. The proportion of children without access to electricity went down, as well as figures for access to sanitary toilet facilities and safe water. It is quite possible that these positive outcomes came about due to the international and national efforts to improve the plight of children. The United Nations Convention on the Rights of the Child serves as the beacon and guiding framework for the various dimensions of human rights accorded to children. In the Philippines, aside from the government's framework for action and plans, there were recent legislations aimed at protecting children from falling into (or for rescuing them from) various forms of exploitative conditions. These are the Anti-Child Labor Law (Republic Act 9231) enacted on December 19, 2003 and Anti-Trafficking in Persons Act of 2003 (Republic Act 9208) enacted on May 26, 2003. These legal, conceptual, and planning frameworks are also translated into programs and projects that cater to the particular needs of children and these are presented in this report under the five pillars of child well-being.

The five pillars of child well-being are examined more closely in Chapter 3. The first section deals with child nutrition. Highlights of findings include the fact that malnutrition is considered to be one of the underlying causes of child mortality. To address malnutrition among children, various policies were put in place, from infant feeding, micronutrient supplementation, to weight and height monitoring.

The section on child health states that the government declares public health programs and primary health care services as one of its main priorities. The government is primarily responsible for funding health education, immunization, maternal care, and eradication of communicable diseases. However, the general government budget indicates that only 39% was used for public health in 2005. Even local government units (LGUs), which were charged to implement public health programs at their level due to decentralization in government, spent only

45% of their budgets for health services. It is highly probable that due to such low expenditures, indicators of child health as found in this report, are not encouraging. Specifically, high infant mortality rate is prevalent among infants born to mothers with no education, no antenatal and delivery care, and those who are either too young or too old for pregnancy. Death rate is also higher among very small infants, those born below two years interval, and those born at birth parity of seven and above. Among its close neighbors in Asia, the Philippines posted a drastic decline in immunization rates in 2003. Children under-five who are most likely to suffer acute respiratory infection are those from households that belong to the poorest wealth index quintile, and whose household heads have lower levels of education. Children belonging to households in the poorest quintile are also more likely to suffer diarrhea, at a rate of 13.2%. To establish causality, the section on health features regressions of variables to identify the determinants of maternal care utilization and child immunization. Results show that a woman's characteristics and circumstances may influence her decision to use maternal care. These factors are: number of children she already has, her decision-making power, and desire for or "wantedness" of a child. For determinants of child immunization, findings showed that:

- the higher the level of education a mother has, the more likely her children will be fully immunized;
- as a mother gets older, chances are higher that she will take her child for immunization;
- household wealth has no impact on increasing complete immunization uptake;
- a mother's working status, her desire for a child, and her decision-making power have no effect on utilization; and
- perceived difficulty due to distance lowers the probability of seeking immunization services.

Of these two child characteristics, birth parity matters more than gender in the decision to immunize a child. This suggests that both boy and girl child have equal access to child care in the Philippines. Firstborn babies, however, have higher probabilities of having complete immunization than those born later in the birth order.

Child protection issues

The section on child protection cites the Philippine government's conscious efforts to protect the rights of families and children as early as 1935 as reflected by the Constitution at that time. In 1974, former President

Ferdinand E. Marcos signed Presidential Decree (PD) 603, or "The Child and Youth Welfare Code." PD 603 codifies laws on the rights of children and the corresponding sanctions in case these rights are violated. PD 603 (Article 205) or the Council for the Welfare of Children (CWC) was created to act as the lead agency to coordinate the formulation, implementation, and enforcement of all policies, programs, and projects for the survival, development, protection, and participation of children. This section of the paper also discusses child protection issues and the types of challenges confronting the Filipino children. In Philippine context, child protection issues include those relating to child labor, commercial sexual exploitation of children, physical and sexual abuse, children in conflict with the law, street children, children affected by armed conflict and displacement, children and drugs, children with disabilities, children of minorities and indigenous peoples, and other children in need of special protection.

The section on education notes that in 2002, the Philippines had a medium probability of meeting the millennium development target in elementary participation. However, between 2002 and 2006, elementary participation rate decreased, resulting in a low likelihood of meeting the millennium development target. Data shows an increase in elementary participation rate. However, the 2007 level is the same as the 1990 level, thus, requiring that the 25-year target be achieved in eight years. To achieve a net enrolment of 100% by 2015, net enrolment should increase by an average of 1.9% annually. In 2002, the Philippines had a low probability of meeting its targets on elementary cohort survival rate and completion rates. Its performance worsened even more in the following years. In 2006 and 2007, however, performance in these indicators improved. To achieve targets in cohort survival and completion rates, these should increase by at least 1% annually until 2015.

Disparities in education outcomes were also observed in different socio-economic dimensions and can emanate from individual, household, and community factors. Discussed in this section are the three common indicators for these three factors, namely, age and sex for individual factors, income for household factors, and location for community factors. Household factors can be a confluence of individual factors while community factors may be the result of a confluence of household factors.

Finally, the section on social protection explains the policies and programs that aim to prevent, manage,

and overcome the risks that confront poor and vulnerable people. These risks may take various forms such as economic recession, political instability, unemployment, disability, old age, sickness, sudden death of a breadwinner, and drought, among others. Currently, there are two major social protection programs in the Philippines. These are the Food-for-School Program (FSP) and the ***Pantawid Pamilyang Pilipino Program*** or the 4Ps. An initial monitoring done by the Department of Education in 2006 of the FSP validated the experience in other countries that social transfers can act as effective incentives to increase the poor's demand for services and improve their education outcomes. Results show that this program had positive impact on both school attendance and nutrition status of the pupils who benefited from the FSP. Of the total respondents, 62% said their number of school days missed declined while 44% of the children weighed gained weight. In addition, 20.1% reported an enhanced knowledge on basic nutrition because of the program.

Strategy for action

The final chapter outlines the proposed strategy for action, using the rights-based approach to guide those responsible for ensuring that the human rights of children are preserved and enjoyed. By getting to the root causes of the factors that lead to child poverty and deprivation, it becomes easier to understand and address the problems. Some specific recommendations for policies and programs include pursuing an effective population management program to stop the vicious cycle of poverty and underdevelopment; stabilizing macroeconomic fundamentals to strengthen the country's economic performance in order to reduce the incidence of poverty; building up data and giving due consideration to regional disparities in aid of planning, and policy and program formulation; and, allocating more financial and rational manpower resources for health, education and child protection; among others.

More important, it has been emphasized in this paper that, "duty-bearers" comprising public institutions, private organizations, individuals, and the community should have clearly defined roles in the child development process and be able to work in synergy with all stakeholders to narrow the disparities among children and continuously promote their well-being. This, after all, is the right of every Filipino child.

Children and Development

Introduction

Recognition of child poverty as a distinct issue in the study of poverty is a new development and only achieved universal recognition recently. The traditional, widely accepted monetary approach in identifying and measuring poverty is found to be inadequate to define the forms of deprivation experienced by children suffering from poverty. Hence, thorough conceptualization and empirical studies are needed to capture the nuances of child poverty and their implications for policymaking in order to address them.

The United Nations estimates that half of the 1.2 billion people in developing countries living in poverty are children, while an estimated 10 million children die each year. Poor children are robbed of their childhood and are denied a chance to achieve their potentials, thereby depriving them the opportunity to live healthy and fulfilling lives. Poverty breeds poverty and creates a cycle that is passed from generation to generation. Consequently, poor children are most likely to grow into poor adults. This cycle will continue as long as there are poor families that could not break the chain and do not benefit from poverty reduction strategies (Minujin et al. 2006).

Education and health are important to break the intergenerational transfer of poverty. Universal access to education is important to enhance skills and increase employment opportunities. Likewise, studies

show that malnourished children are likely to become vulnerable as adults and may have reduced chances to secure sustainable livelihood in the future. Recognizing this, the Millennium Development Goals (MDGs) include in its targets the need for universal access for primary education, and for improving child survival to meet the target of halving absolute poverty by 2015.

To understand the dynamics and follow the achievement of countries in meeting this goal, the United Nations Children's Fund (UNICEF) launched the Global Study on Child Poverty and Disparities, which is carried out in 40 countries and seven regions. This Global Study aims to address issues that hamper the progress of meeting the MDGs, and to tackle issues on gender equality and child poverty.

1. Children, Poverty, and Disparities

Conceptual Framework

In international law, a child is defined as a human being below the age of 18. While the definition of childhood in various cultures and societies differ, it is universally accepted that childhood should be a time for growth and development, for developing skills, and for forming aspirations. By being born poor, children are robbed of these opportunities and freedoms.¹

¹ Minujin, A., E. Delomonica, A. Davidzuk, and E. Gonzalez. 2006. "The Definition of Child Poverty: A Discussion of Concepts and Measurements." *Environment and Urbanization* 18 (2).

Child poverty is different from adult poverty. It has different causes and has different effects and impact on children. UNICEF has distinguished child poverty from poverty in general, creating a comprehensive definition that includes household structure, gender, age, and other factors. Based on UNICEF's definition, lack of economic security is only one component of

child poverty. Other aspects of material deprivation like access to basic services and issues related to discrimination and exclusion that affect a child's self-esteem and psychological development, are included.

A comprehensive child poverty concept should build on existing definitions and measures of poverty. It should also bring in the unique way that children experience poverty, while maintaining linkages to broader, systemic policy concerns at family, community, national, and even international level. Guided by global, regional, and country level efforts to define and measure the various dimensions of child poverty, the UNICEF's Guide to the Global Study on Child Poverty and Disparities takes a three-part approach to child poverty, as shown in Figure 1.1.² This concept considers how child poverty fits in as a vital part of the general discussion on poverty, taking note of the strengths and weaknesses of various concepts in given contexts.

Figure 1.1: Child Poverty Approaches: Three models

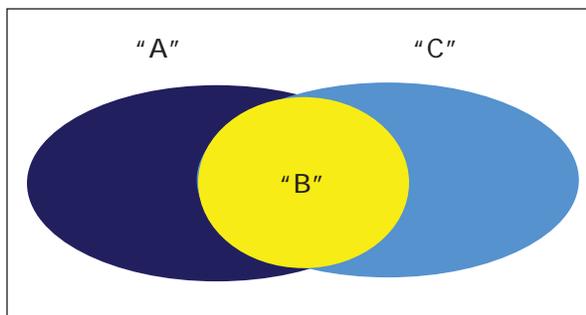


Table 1.1: Three Models of Child Poverty

Model	Implications	Advantage	Disadvantage	Examples
Model A: Child Poverty = Overall Poverty	Focus on materials poverty as well as powerlessness, voicelessness	Seek solutions addressing the underlying or core causes of poverty in the country	Child-specific concerns and/or urge for immediate relief ignored	<ul style="list-style-type: none"> Per capita GDP People living on less than \$1 USD a day (at PPP) or in different wealth/asset quintiles
Model B: Child Poverty = the poverty of households (families) raising children	Focus on materials poverty	Seeks solutions addressing the main underlying or core causes of poverty in the country as well as the inadequate support and services to families raising children	Non-materials aspects of child deprivations ignored	<ul style="list-style-type: none"> Number of children living in households less than 50% of the median income or under national poverty threshold (UNICEF IRC Report Card No 6) Children with two or more severe deprivations (shelter, water, sanitation, information, food, education and health service)³
Model C: Child poverty = the flip side of child well being	Strongest focus on child outcomes	Besides material poverty addresses also the emotional and spiritual aspects of child deprivation therefore brings in the concerns for child protection	Methodological difficulty to produce standard poverty measures (headcount, poverty gap) and/or lack of indicators/statistical data especially in developing country contexts	<ul style="list-style-type: none"> Composite indices on child well being in the rich countries⁴ Complex child poverty measures in some OECD countries (e.g. UK)

Source: Fajth, G. and K. Holland. 2007 "Poverty and Children: A Perspective." UNICEF Division of Policy and Planning Working Paper, New York.

² Based on the UNICEF Guide to the Global Study on Child Poverty and Disparities, 2007-2008, September 2007.

³ 'Bristol Concept' in Townsend et al., 2003, or State of the World's Children (SOWC) 2004.

⁴ Bradshaw et al. 2006, UNICEF IRC Report Card No. 7.

In Figure I.1, Model “A” presents the simplistic way in which the world generally sees child poverty—as indistinguishable from overall poverty. This approach starts with a macro view of poverty that must be made more specific (or disaggregated) to reveal poverty at the community or household level. Model “A” is a strategic situation for advocates of child rights, since children are already included (although in an implicit or invisible manner) in this broad concept of poverty. It must be remembered here that disadvantaged children could benefit from economic growth through two key channels: through employment opportunities delivered to their care providers/parents, or via social services delivered to them by their household/community environment.

Model “B” equates child poverty with the poverty of families raising children. The advantage of this model is that it takes the household-level perspective, which is much closer to the level at which children come into focus. This model can capture the income and labor disadvantage that families (especially women) raising children may face as they seek a balance between work and family responsibilities. However, concepts at this level are prone to ignore non-material aspects of child deprivations, and could mask child disparities that exist within the household, including gender inequalities.

For a model that captures individual child outcomes and also brings in non-material aspects of poverty, Model “C” is the best fit. It considers child well-being and child deprivation to be “different sides of the same coin.”

Children, Poverty and Disparity: The Case of the Filipino Children⁵

In a country where poverty is prevalent, Filipino children have become vulnerable to a host of issues such as mortality, health, education, violence and abuse, and labor to name a few. Child poverty is an outcome of deprivation in the family, thus, as poverty incidence in families rise, more and more children are

deprived of their basic needs and are pushed to join the labor force at an early age, becoming exposed to exploitation and abuse.

In 2006, poverty incidence among families increased by 2.5% nationwide. The country’s poorest region, ARMM, experienced the steepest rise in poverty incidence among families in three years, at almost 10%. Four regions, namely Regions VI, IX, X and Caraga, showed slight decline in poverty incidence among families. However, the rest of the country, NCR included, showed more families becoming worse off in the past three years (Table I.1).

Table I.1. Poverty Incidence among Families, 2003 and 2006 (in %)

	2003	2006
Philippines	24.4	26.9
NCR	4.8	7.1
CAR	25.8	28.8
Region I – Ilocos	24.4	26.2
Region II - Cagayan Valley	19.3	20.5
Region III - Central Luzon	13.4	16.8
Region IVA – CALABARZON	14.5	16.7
Region IVB – MIMAROPA	39.9	43.7
Region V – Bicol	40.6	41.8
Region VI - Western Visayas	31.4	31.1
Region VII - Central Visayas	23.6	30.3
Region VIII - Eastern Visayas	35.3	40.7
Region IX - Zamboanga Peninsula	44.0	40.2
Region X - Northern Mindanao	37.7	36.1
Region XI – Davao	28.5	30.6
Region XII - SOCCSKSARGEN	32.1	33.8
Caraga	47.1	45.5
ARMM	45.4	55.3

Source: National Statistical Coordination Board

A survey conducted in 2005 revealed that almost a quarter of Filipino children (24.6% of the population) 0–5 years old are underweight. Data showed that six regions had an increase in the number of underweight children from 2003 to 2006 (Table I.2).

⁵ Data based on DevPulse of the National Economic and Development Authority.

Table I.2. Prevalence of Underweight Children 0-5-Years Old, 1989-2005

Region	1989/1990	1992	1993	1996	1998	2001	2003	2005
tab	34.5	34	29.9	30.8	32	30.6	26.9	24.6
NCR	28.6	27.8	29.8	23	26.5	20.3	17.8	16.2
CAR	24.8	17.8	17.5	27.9	26.7	23.4	16.3	17.5
I. Ilocos	35.2	33.1	32.5	26	36.2	31.5	28.9	28.5
II. Cagayan Valley	30.2	34.8	23.5	34.5	32.3	31.2	34.1	17.9
III. Central Luzon	28	23.3	19.6	25.3	26.7	25.9	21.7	19.7
IV. Southern Tagalog	30.6	30.3	32.5	26.2		27.8		
IV-A CALABARZON							22.4	20.5
IV-B MIMAROPA							34.2	35.8
V. Bicol	41.3	39.2	31.5	37.6	36.5	37.8	32.8	26.4
VI. Western Visayas	46	44.9	34.4	36.3	39.6	35.2	32.6	28.3
VII. Central Visayas	40.7	42.2	25.5	32.2	33.8	28.3	29.4	27
VIII. Eastern Visayas	38.1	37.4	34.4	40.1	37.8	32	29.9	32.1
Western Mindanao	33.8	33.2	36.3	35.3				
IX. Zamboanga Peninsula					34.4	31.8	31.5	33.9
X. Northern Mindanao	31	35	30.1	31	29.8	34.1	24.3	25.4
Southern Mindanao	37.1	37.1	34.6	37.1				
Central Mindanao	33.2	35.7	32.8	36.8				
XI. Davao					32.9	32.3	22.6	23.1
XII. SOCCKSARGEN					32.4	30.2	30.3	27.8
Caraga				34.4	34.1	33.5	30.2	24.3
ARMM	31.3	33.1	28	29.7	29.1	27.9	34	38

Source: National Nutrition Survey, as cited in DevPulse, National Economic and Development Authority.

According to the 2003 Situation Analysis of Children and Women in the Philippines, malnutrition among infants and young children was found to be associated with the mothers' level of education, health, and nutrition status. Older children and adolescents are not spared from malnutrition as reports showed that 3 of 10 children have stunted growth due to malnutrition, and 33 of 100 among the age group 11–19 are underweight.

Child labor incidence is also staggering, with figures showing that 4 million of the 25 million children between ages 5–17 are engaged in child labor. Sexual and physical abuse and exploitation are also rising. Records show that there are 44,435 street children nationwide. A total of 10,045 abused children had been under the care of the Department of Social Welfare and Development (DSWD) as of 2002.

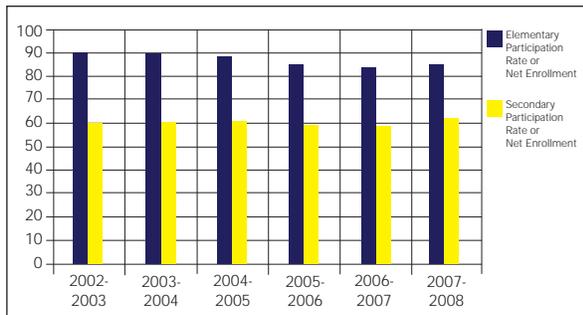
Many Filipino teenagers admitted to having engaged in commercial sex. A recorded 21% paid for sexual favors

while 13% were paid for these. To date, 766 HIV seropositive children and youth were accounted for in the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) registry.

Conflict and insurgency problems also exposed some Filipino children to grave threats and danger. As a result of the continued armed conflict and security problems in Central and Western Mindanao and ARMM, half a million families were displaced and had tremendous impact on children with their education disrupted, their exposure to the elements due to meager facilities in evacuation centers, and the psychological trauma of being displaced.

Since 2002, net enrolment rate declined for elementary school children (Figure I.2). Participation rate declined from 90.29% in school year (SY) 2002–2003 to 84.84% in SY 2007–2008. Secondary school participation was also noticeably low and fluctuated between 59% and 62% from 2002 to 2008.

Figure I.2. Net Enrolment Rate



Source: Department of Education, Philippines.

With little success achieved in eradicating child poverty in the past decades, policy gaps and disparities must be expediently addressed to improve the condition and to give the protection and support that Filipino children deserve. Thus far, two important laws were passed to protect the children:

Anti-Child Labor Law (Republic Act 9231)—Enacted on December 19, 2003, this law aims to eliminate the worst forms of child labor such as slavery, child prostitution, and the use of children for illegal and hazardous activities. The new law increased the penalties for violators up to a maximum of P5 million and up to 20 years imprisonment. It also authorized the Department of Labor and Employment (DOLE) to shut down business establishments found to have violated this law.

Anti-Trafficking in Persons Act of 2003 (Republic Act 9208)—Enacted on May 26, 2003, the law institutes policies to eliminate trafficking of persons, particularly women and children. The Act also provides for mandatory shelter or housing, counseling, free legal services, medical or psychological services, livelihood and skills training, and educational assistance to the victim.

The government's commitment to achieve its MDG targets by 2015 helped in setting the right targets to address issues affecting the Filipino children. These targets are:

- a. Reduce child mortality – Reduce children under-five mortality rate by two-thirds by 2015.
- b. Promote gender equality – Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

- c. Improve maternal health – Reduce maternal mortality by three-quarters by 2015 and increase access to reproductive health services to 60% by 2010 and 80% by 2015.
- d. Ensure environmental sustainability – Implement national strategies for sustainable development by 2005 to reverse loss of environmental resources by 2015, halve the proportion of people with no access to safe drinking water and basic sanitation facilities or those who cannot afford it by 2015, and achieve a significant improvement in the lives of at least 100 million slum dwellers by 2020.
- e. Develop global partnership for development – Develop further an open, rulebased, predictable, non-discriminatory trading and financial system. Include a commitment to good governance, development, and poverty reduction – both nationally and internationally; deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term; and provide access to affordable essential drugs in cooperation with pharmaceutical companies.

Progress in achieving these targets is shown in Appendix 1.

2. Political, Economic, and Institutional Context of Poverty in the Philippines

Poverty and inequality has become a feature of the Philippine economy. Latest figures show that 32.9% of the population is poor. The poorest region, ARMM, has 61.8% of its population suffering from poverty (Table I.3). The highest concentration of the poor is in the rural areas, with large variations in poverty incidence across regions.

Poverty incidence is highest among families whose household heads are employed in agriculture, fishing, and forestry sectors. These sectors contribute 61.6% of poverty incidence in the country. Other sectors with recorded high incidence of poverty are construction, mining, and transport. (Table I.4)

Table I.3. Poverty Incidence among the Population, 2003 and 2006 (in %) Poverty incidence

	2003	2006
Philippines	30.0	32.9
NCR	6.9	10.4
CAR	32.2	34.5
Region I – Ilocos	30.2	32.7
Region II - Cagayan Valley	24.5	25.5
Region III - Central Luzon	17.5	20.7
Region IVA – CALABARZON	18.4	20.9
Region IVB – MIMAROPA	48.1	52.7
Region V – Bicol	48.5	51.1
Region VI - Western Visayas	39.2	38.6
Region VII - Central Visayas	28.3	35.4
Region VIII - Eastern Visayas	46.0	48.5
Region IX - Zamboanga Peninsula	49.2	45.3
Region X - Northern Mindanao	44.0	43.1
Region XI – Davao	34.7	36.6
Region XII – SOCCSKSARGEN	38.4	40.8
Caraga	54.0	52.6
ARMM	52.6	61.8

Source: National Statistical Coordination Board

Table I.4. Poverty Measures by Sector of Employment of the Household Head, 2000

	Share of Household Heads (%)	Poverty Incidence (%)	Contribution to Poverty Incidence (%)
Agriculture, Fishing, and Forestry	35.5	48.5	61.6
Mining	1.0	44.8	1.7
Manufacturing	7.1	16.6	4.2
Utilities	0.5	7.7	0.1
Construction	6.6	28.5	6.7
Trade	11.8	14.8	6.3
Transport	8.9	17.2	5.4
Finance		0.6	2.1
Services	11.6	11.4	4.7
Unemployed	16.4	15.7	9.2
Total	100.0		100.0

Source: National Statistical Office Family Income and Expenditure Survey, 2000.

Several factors could explain the high level of poverty incidence in the country. Major causes of poverty and underdevelopment could be traced to the following:⁶

⁶ Asian Development Bank. 2005. "Poverty in the Philippines: Assets, Income, and Access." January, pp. 85-107.

High Population Growth Rate

Philippine population has been growing at a rate of 2.04% (as of 2000–2007) and is projected to reach 103 million by 2015. The ballooning population is creating a strain on the country's limited resources. The link between high population growth and poverty incidence has been established. Empirical studies show that the larger the family, the more likely it is to be poor. High fertility is associated with decreasing investments in human capital (health and education). Moreover, children in large families usually do not perform well in school, have poorer health, and are less developed physically.

There are studies showing that the country's high population growth is the result of the poor's limited access to family planning services, higher unwanted fertility, and higher unmet needs for family planning (Orbeta 2002). ARMM, the poorest region, also has the highest population growth rate at 5.46%.

An effective population management program should, therefore, be an integral component of the government's poverty reduction strategy.

Low Income and Underemployment

As of 2008, the unemployment rate was 7.4%. What this relatively low figure implies is that the problem is not unemployment per se, but low incomes derived from employment and underemployment. Data show that most of the poor are employed, but belong to jobs that do not provide sufficiently for the basic needs of the family. In a study conducted by Asian Development Bank (ADB), it was shown that minimum wage levels are only about 40% of the family living wage⁷, as estimated by the National Wages and Productivity Board (NWPB). Underemployment is pervasive as there are a sizeable number of workers who want to work longer hours to augment their income but do not have the opportunity or access to work.

Agriculture: Low Productivity and Land Reform Issues

The Philippine agriculture sector has been mired by low productivity and structural problems. It is not

surprising that more than half of farming households are suffering from poverty. This proportion remained almost unchanged since 1985, despite a fall in poverty incidence nationally. This suggests that poverty is increasingly concentrated in the agriculture sector (Table I.5). Domestic issues remain the same for a long period, particularly lack of support to farmers, inadequate infrastructure, and access to land. After more than two decades, the Comprehensive Agrarian Reform Program (CARP) is still yet to deliver its basic promise of land for the landless. The deadline for CARP's completion has been postponed while cases of wealthy landlords that continue to circumvent the CARP law persist.

Table I.5. Poverty Incidence among Farming Households, 1985–2000

Year	Poverty Incidence (%)
1985	56.7
1988	55.5
1991	57.3
1994	55.4
1997	52.3
2000	55.8

Sources: Reyes (2002a), and Family Income and Expenditure Survey data, (M92).

Agriculture provides 25% of employment in the Philippines. Improving the performance of this sector will be a huge triumph in poverty reduction efforts. An effective land reform program, coupled with investments in productivity enhancement strategy and infrastructure, are therefore critical.

Corruption and Good Governance

High levels of corruption reduce economic growth. It can distort the allocation of resources and the performance of government in many aspects. It has a pervasive and troubling impact on the poor since it distorts public choices in favor of the wealthy and powerful, and reduces the state's capacity to provide social safety nets. It exacerbates poverty, most especially in developing and transitional economies.

Among the identified effects of a corrupt regime are (UNDP 2000):

- Lower level of social services,
- Infrastructure projects biased against the poor since public officials will design public projects with maximum bribery receipts and with minimum chance of detection,
- Higher tax burdens yet fewer services, and
- Lower opportunities for farmers to sell their produce and for small and medium enterprises (SMEs) to flourish as their ability to escape poverty through their livelihood is severely restricted by corruption of the state's regulatory apparatus.

Corruption has been identified as a major reason for the underdevelopment of the Philippines. The country landed at the 141st spot in the 2008 Corruption Perception Index of Transparency International, falling below Vietnam and Indonesia, and listed as the worst performer in middle-income Southeast Asia in corruption perception rating (Table I.6).

Table I.6. 2008 Corruption Perception Index

Rank	Country	Score
4	Singapore	9.2
47	Malaysia	5.1
80	Thailand	3.5
121	Viet Nam	2.7
126	Indonesia	2.6
141	Philippines	2.3

Source: Transparency International.

Corruption is the anti-thesis of good governance. While the latter aims to serve public interest, corruption serves the narrow interest of a few families and their allies. While good government is bound by rules aimed to create a transparent and accountable government, corruption plays directly, and sometimes discreetly, on these rules to make decisions that benefit only those who have access to power and the highest bidder. Thus, more insidiously, corruption has a far-reaching effect on the national psyche, which eventually goes back to undermine the whole system of good governance (Balboa and Medalla 2005).

⁷ The family living wage is comprised of (i) food expenditures based on the menus set by the NSCB, (ii) nonfood expenditures derived using the food expenditure ratios of families with 6 members that is solely dependent on wages and salary, and (iii) an additional 10% to allow for savings and investment. (ADB 2005).

Conflict

Conflict has a wide-ranging impact on development. Goodhand (2001) summed up the negative effects of conflict into five dimensions: human capital, financial capital, social capital, natural capital, and physical capital. Conflict writes off any gains achieved in development; disrupts flow of services needed by the people from their government; creates physical, mental and social damages; and produces a generation that knows nothing but violence.

Based on Goodhand's analysis, conflict and poverty has a bi-directional causal relationship, making it one of the most complex and difficult issues to address in human development. On the one hand, conflict breeds poverty as a result of damages to physical infrastructure, death, displacement, disability, and breaking down of rules and order. On the other hand, poverty, inequality, and grievances could ultimately breed conflict, especially if the condition remains unaddressed for a long period.

The conflict-ridden areas of the country, particularly ARMM and the insurgency areas in Eastern Visayas and Caraga are the poorest, yet most deprived of basic services, primarily because the armed conflict made it more difficult for basic services to be delivered and necessary infrastructure for development to be built. An alarming result is the involvement of children in armed conflict, including being among the combatants. Child soldiers are being recruited and trained for guerrilla warfare. There were also cases of detainment of Muslim women and children because of their suspected relationship with terrorists.

3. Macroeconomic Strategies and Resource Allocation

The situation and outcomes described earlier are related to the general macroeconomic environment. It will be useful to link macroeconomic policies with decisions at the household level. This will help trace the impact of macroeconomic policy—in particular, decisions on resource allocation—on child poverty. Such a framework is described in the next section.

MIMAP Framework

A useful framework to adopt is that of microeconomic impact of macroeconomic adjustment policies or MIMAP. Measures that are initiated at the aggregate level are considered as 'macroeconomic adjustment policies.' The general MIMAP framework is illustrated in Figure I.3 while Box I.1 describes this program at length. In this framework, the macroeconomy determines the aggregate supply and demand of goods and services, the overall price and employment levels, and the aggregate balance of trade in goods and services and international financial flows with the rest of the world. The interface between the macroeconomy and household outcomes is where output, relative and general price levels affect sectoral factor demand and supply, factor quantities employed, factor returns, and the functional distribution of income.

The stipulated ownership and access to the various productive factors then determines the size distribution of income. Relative prices, employment, the level and distribution of public goods and services, and the size and distribution of income influence household choices. The latter are translated to outcomes that determine the level of human development.

MIMAP-type models evaluate the impact of macroeconomic adjustment policies on poverty incidence, income distribution, health outcomes, education, gender bias, and the environment. Unfortunately, there is a dearth of studies that deal solely on the impact on child poverty. It should be noted that the MIMAP approach is not unique in relating macroeconomic policies with microeconomic outcomes. The more recent quantitative tools with similar objectives were reviewed in a World Bank study (Bourguignon and Pereira da Silva 2003).

Box 1.1 The MIMAP Program*

The Context

In the 1980s, many developing countries introduced measures to meet structural adjustment targets and to promote sustained economic growth. These included reducing public spending, devaluing local currencies, and liberalizing the trade and financial sectors. These macroeconomic changes had drastic and unintended effects on the poor and vulnerable. Concern about these effects was reinforced by the publication of important studies by the United Nations Children's Fund, the World Bank, and the Organisation for Economic Co-operation and Development. Although tools for measuring poverty at the household and community levels and for modeling national economies were developed to address these concerns, their use suffered from the limited involvement of developing-country researchers and policymakers. It became clear that local capability and knowledge base were essential to sustain efforts to measure poverty and analyze the impacts of macroeconomic policies and shocks. To that end, the International Development Research Centre (IDRC) launched the Micro Impacts of Macroeconomic and Adjustment Policies (MIMAP) program in 1990.

The Program

The MIMAP program helps developing countries design policies and programs that meet economic stabilization and structural adjustment targets while alleviating poverty and reducing vulnerability. The program established the MIMAP Network that connects developing-country researchers, policy officials, nongovernment organizations (NGOs), and international experts. Through research, training, and dialogue, the network works to increase knowledge of the human costs of macroeconomic policies and shocks, improve policies and programs to alleviate poverty and increase equity, and press for their consideration and implementation at the subnational, national, and international levels. The network includes more than 40 research teams from Asia, Africa, and Canada.

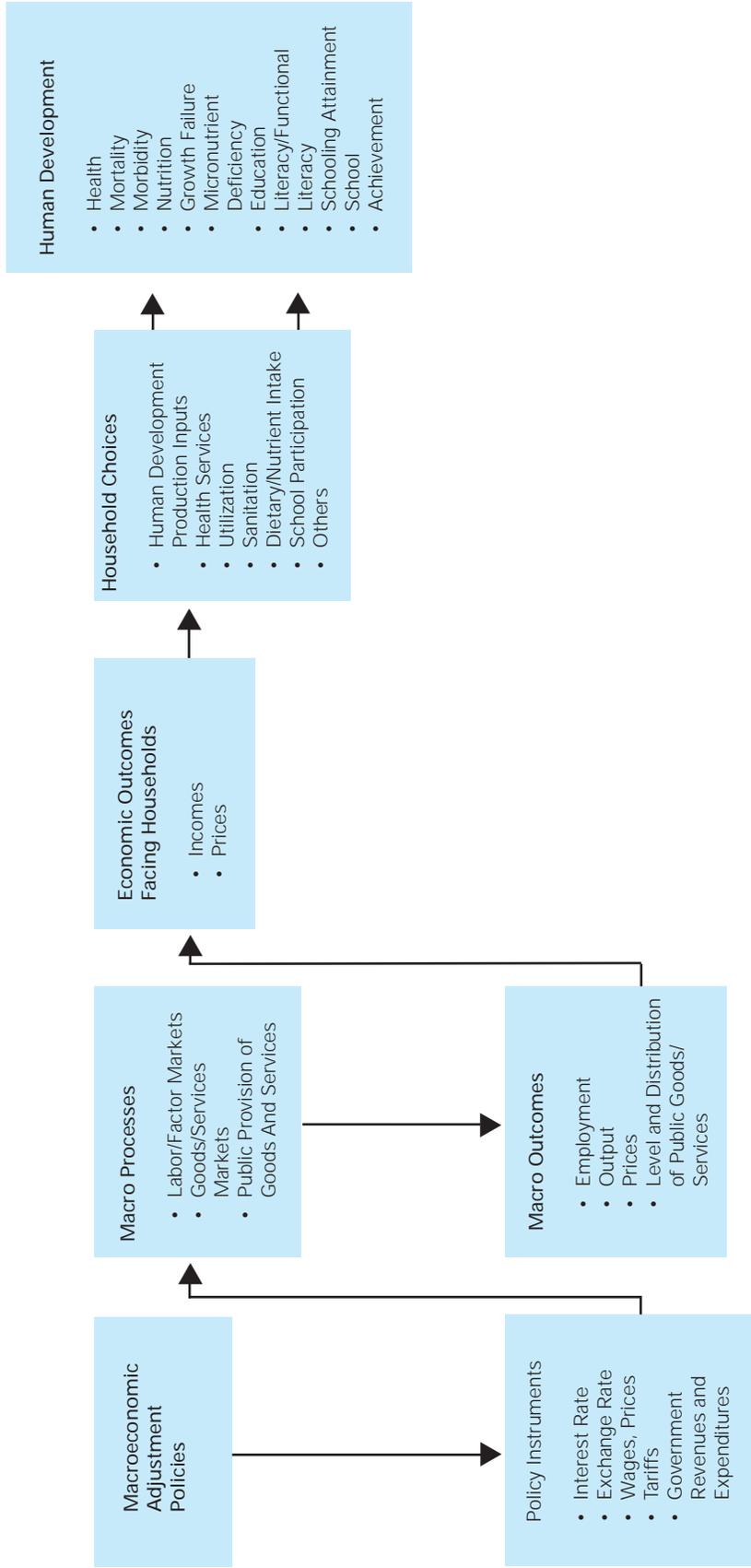
Country Projects

Africa: Benin, Burkina Faso, Morocco, Senegal, Ghana

Asia: Bangladesh, India, Lao PDR, Nepal, Pakistan, Philippines, Sri Lanka, Viet Nam

**From MIMAP website: http://network.idrc.ca/ev.php?ID=6672_201&ID2=DO_TOPIC*

Figure 1.3 Analytical Framework for Assessing the Microeconomic Impact of Macroeconomic Adjustment Policies



* Modified diagram version of Table 1 of Herrin, A. N. (1992): "Micro Impacts Of Macroeconomic Adjustment Policies On Health, Nutrition, And Education," Workshop paper (July).

Macroeconomic Trends in the Philippines

Poverty and Growth

Sustainable economic development continues to be elusive for the Philippines. Compared with other economies in East Asia, the Philippines' economic growth record has been disappointing. While the region's middle- and high-income economies experienced at least 2% average growth of real per capita gross domestic product (GDP) during the past 50 years, the Philippines recorded only a 1.9% average (Table I.7). As a result, the Philippines was not even described as a "high-performing economy" by the World Bank in its 1993 study of the East Asian Miracle while Thailand, Malaysia, and Indonesia were included in this select group.

The Philippines' per capita GDP was almost twice as large as that of Thailand and thrice that of Indonesia in 1960 (Table I.8). The gap narrowed through time and by 1984, Thailand's per capita GDP was higher than that of the Philippines. In 2006, Thailand's per capita GDP was more than double that of the Philippines while Indonesia—which has a population more than twice as large—has nearly caught up.

Meanwhile, the Philippines is also a laggard in East Asia in terms of poverty alleviation. Absolute poverty incidence—based on the one-dollar-a-day threshold applied to recent data—is 13.2% in the Philippines, higher than Indonesia (7.7%) and Viet Nam (8.40%). In stark contrast, Malaysia and Thailand have virtually eliminated absolute poverty (Table I.9). At 0.44, the Philippines' Gini coefficient per capita income is highest among all middle-income countries in

Southeast Asia (Table I.9). This is evidence that economic benefits have not been equitably shared and recent studies argued that an inequitable distribution of wealth is a constraint to economic growth and development.

Resource Allocation

A major reason for the disappointing record of the Philippines in terms of economic growth and poverty reduction is the allocation of fiscal resources. The Philippines had a fragile fiscal position since 1980. This was largely a result of the international debt crisis that erupted in 1982, leading to a large external debt overhang. Not only did the Philippine government borrow heavily between 1976 and 1980, it assumed responsibility over many debts extended to the private sector. This was facilitated by President Corazon Aquino's Proclamation 50, which mandated the government to honor all Philippine debts and, thus, legitimized the assumption of debts by the national government, including private loans. This policy dovetails with Presidential Decree 1177, which appropriates debt service automatically into the national budget.

In 2005, the national government's debt was equivalent to 79.3% of GDP, while the consolidated public sector debt accounted for more than 130% of GDP. Figure I.4 shows that since 1985, debt service dominated government expenditures except for the period 1995–2000. Between 1986 and 2002, the national government paid \$74.7 billion for servicing its outstanding debt. This is, on average, 7% of GDP and does not even include the operations of government-owned and controlled corporations (GOCCs).

Table I.7. Annual Average Growth Rate of Real Per Capita GDP, 1950–2006 (in %)

Period	Hong Kong, China	Indonesia	Korea	Malaysia	Philippines	Singapore	Taipei, China	Thailand
1951–1960	9.2	4.0	5.1	3.6	3.3	5.4	7.6	5.7
1961–1970	7.1	2.0	5.8	3.4	1.8	7.4	9.6	4.8
1971–1980	6.8	5.3	5.4	5.3	3.1	7.1	9.3	4.3
1981–1990	5.4	4.3	7.7	3.2	-0.6	5	8.2	6.3
1991–2000	3.0	2.9	5.2	4.6	0.9	4.7	5.5	2.4
2001–2006	4.0	3.3	4.2	2.7	2.7	3.2	3.4	4.0
Average growth rate for 56 years	5.9	3.6	5.6	3.8				

Source: Asian Development Bank, 2007.

Table I.8: Per Capita in GDP (in 2000 US\$)

	1960	1983	1984	2006
Hong Kong, China	1,960	13,028	14,163	31,779
Indonesia	196	444	467	983
Korea, Republic of	1,110	3,884	4,147	13,865
Malaysia	784	2,059	2,161	4,623
Philippines	612	1,004	908	1,175
Singapore	2,251	10,386	11,042	27,685
Taipei, China	1,468	2,846	3,169	15,482
Thailand	329	897	933	2,549

Source: Asian Development Bank, 2007.

Table I.9. Poverty and Inequality in East Asia

Country	Population Poverty (in %)	Proportion of Population Below \$1 (PPP) a day (%)	Gini Coefficient
People's Republic of China	2.50	10.80	0.47
Indonesia	16.70	7.70	0.34
Malaysia	5.10	0.00	0.40
Philippines	30.00	13.20	0.44
Thailand	9.80	0.00	0.42
Viet Nam	19.50	8.40	0.37

Source: Asian Development Bank Key Indicators, 2007.

Meanwhile, GOCCs exacerbated the country's fiscal position as many of these suffer from poor cost recovery due to inadequate tariff adjustments, political interference in tariff setting, government intervention in pricing policy, liabilities that they had contracted through the years, poor revenue generation performance, and overstuffed structures with grossly overpaid staff. Manasan's study (2004) showed that 14 GOCCs of the country are responsible for the huge deficit of the non-financial public sector. The most notable in terms of contribution to the deficit are the: National Power Corporation (NPC), National Food Authority (NFA), Light Rail Transit Authority (LRTA), Metropolitan Waterworks and Sewerage System (MWSS), National Irrigation Administration (NIA), and Home Guaranty Corporation (HGC).

Despite these problems, the Philippines was able to consolidate its fiscal balance in early 1990s, partly because of proceeds from the privatization of government assets. The result was surpluses of less

than 1% of GDP in 1994 to 1997, a stark contrast from years of fiscal deficit in the 1980s up to the early 1990s (Figure I.5). While the Philippines did not suffer as much as the other East Asian countries, one visible mark left by the financial crisis in 1997 is that it squandered fiscal gains achieved in the 1990s. Deficits persistently grew, from 1.9% of GDP in 1998 to 4.1% in 2000, and reached a peak of 5.4% in 2002. The level subsequently fell from 2003 to 2007, largely as a result of reforms aimed at increasing revenues.

In general, the government relied on expenditure cuts to maintain fiscal stability. This took a heavy toll on public services as government agencies had to work with budgets so much smaller than what is needed to effectively deliver social services and the much-needed physical infrastructure. For example, the World Bank estimates that a middle-income country in East Asia will need to spend at least 5% of GDP annually on infrastructure to meet its needs in the next 10 years. Infrastructure expenditure in the Philippines is way below this benchmark as it only accounts for 2%–3% of GDP.

In addition, resources allotted for infrastructure development are spent inefficiently. At the World Summit for Social Development held in Copenhagen in 1995, the 20/20 Initiative was crafted. This initiative proposed that to achieve universal coverage of basic social services, 20% of budgetary expenditure in developing countries and 20% of aid flows should, on average, be allocated to social services. However, on average, basic social services account for only 8.6% of the Philippine national budget, in contrast to the combined debt service and defense budgets which account for 40.6%.

Figure 1.4 Government Expenditure by Type of Services (%GDP):1985-2007

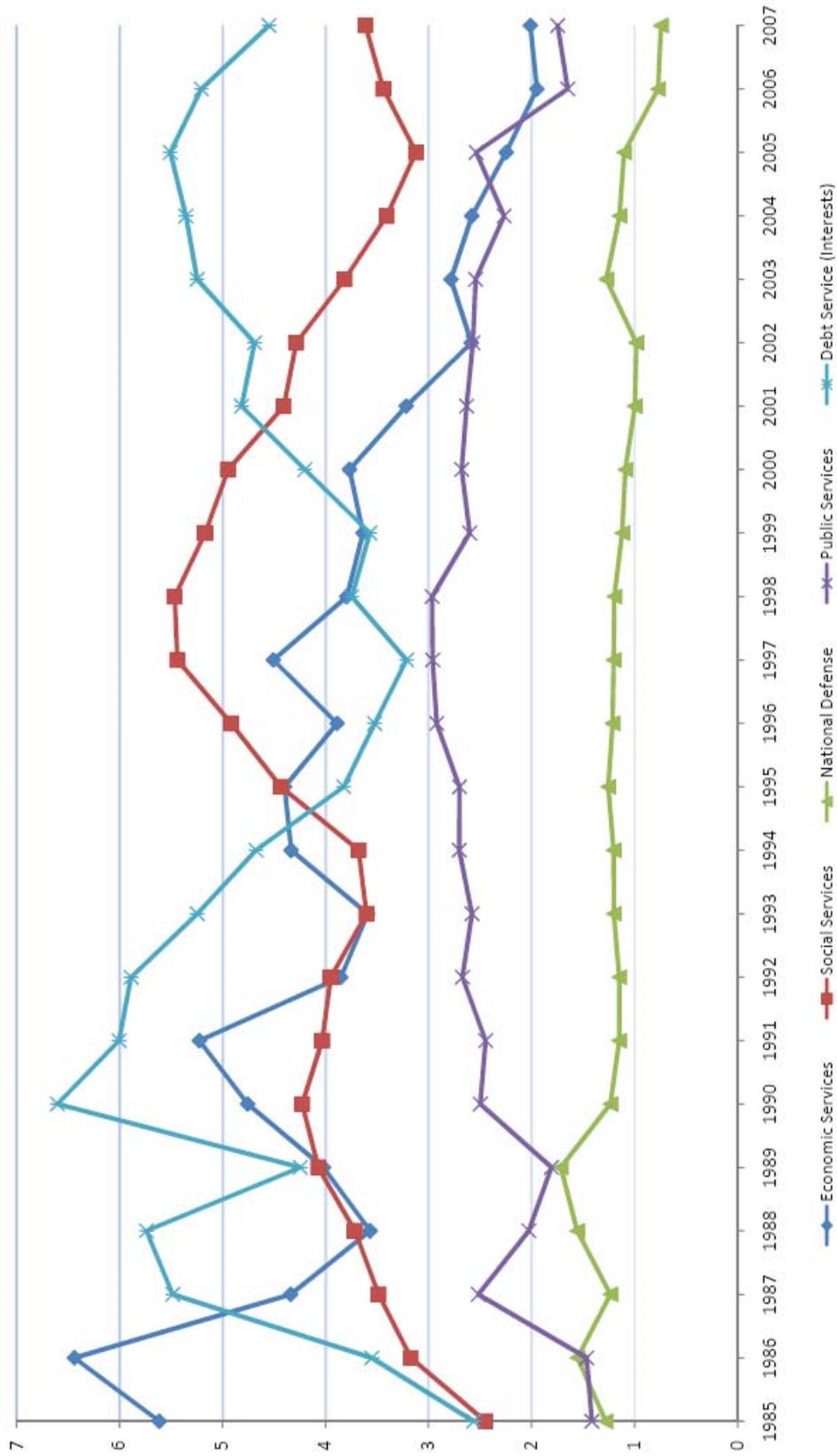
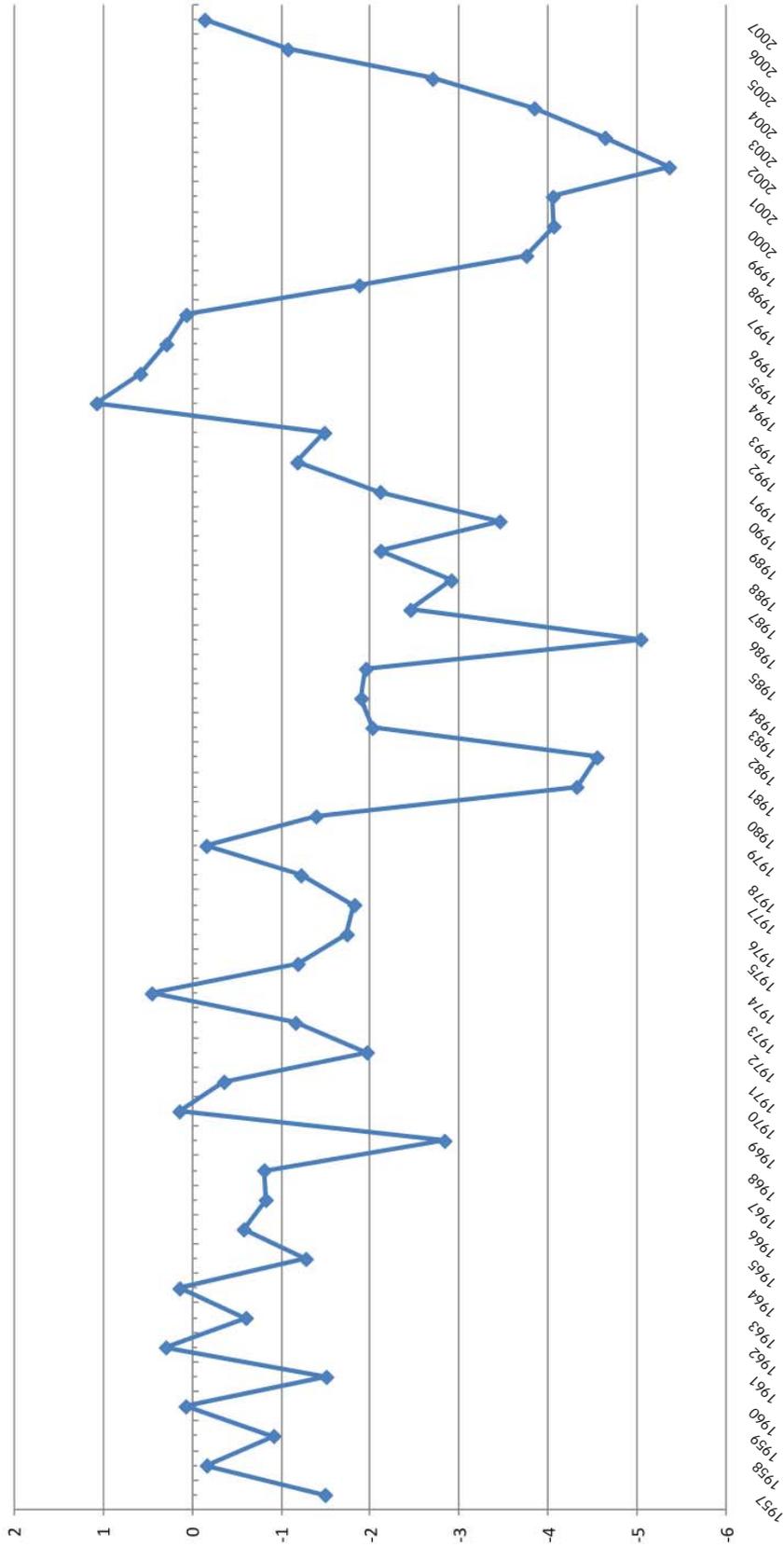


Figure 1.5 National Government Deficit, Philippines (% of GDP)



4. Outcomes and Policy Recommendations

The country's poverty reduction strategy is embodied in the Medium-Term Philippine Development Plan (MTPDP), 2004–2010. The MTPDP is guided by the 10-point agenda in the areas of livelihood, education, fiscal strength, decentralized development, and national harmony, which are important strategies in attaining the MDGs.

An assessment on the performance of the Philippines in attaining its MDG targets showed a patchy record, as critical goals such as achieving universal primary education, improving maternal health, and increasing access to reproductive health services project low probability of being met. Nonetheless, the Philippines showed a strong record on its goal of eradicating extreme poverty and hunger in 2015; reducing child mortality and the incidence of HIV and AIDS, malaria and other diseases; and ensuring environmental sustainability (Manasan 2007).

Expenditures on basic social services and MDG targets have declined since 1996, particularly national government expenditures on basic health/nutrition, water and sanitation, housing, infrastructure, and land distribution. The cumulative resource gap of all MDGs from 2007 to 2010 is estimated to be Php350.6–Php389 billion (or 1.1%–1.2% of the GDP), based on the low-cost assumption made by Manasan (2007). Given this huge resource gap, it is unlikely that the Philippines will achieve all its targets unless it prudently channels scarce resources or will tap other sectors to help.

Utmost care should be exercised in allocating the scarce resources given the fiscal bind faced by the government. Balisacan (2007) drew a menu of government spending that would yield high returns to the poor with the least leakage of benefits to unintended non-poor groups. These seven areas had proven to be effective in directly benefiting the poor (Table I.10).

Serious attention should be given to control rapid population growth, particularly in the Philippines. Unless an effective population management program is implemented, the country would remain captive in the grinding cycle of poverty and underdevelopment.

It is also important that the government examines and addresses the chronic macroeconomic problems that plague the country, which not only weaken economic performance but also aggravate poverty incidence. Foremost of these are declining revenue collection, which creates fiscal deficit and heavy public sector debt; poor investment climate, which results in low foreign direct investment as a result of macroeconomic instability; corruption; high crime rate; uncertainty in economic policy; and the gradual loss of international competitiveness due to poor performance of the export industry.

The government should address these challenges and focus on measures to meet the financial requirements of MDGs. Policies that support these goals should be implemented and sustained to reduce poverty and subsequently combat child poverty in the country

Table I.10 Indicative Areas for National Government Spending on Poverty Program

Areas to Spend More	Areas to Spend Less
1. Basic education, especially teaching materials; technical education, and skills development especially in rural areas.	Tertiary education: cost recovery (but with scholarship)
2. Basic health and family planning services	Tertiary health care: Impost cost recovery
3. Rural infrastructure, especially transport and power	Public works equipment program (except for short-term disaster relief)
4. Targeted supplemented feeding programs and food stamps	General food price subsidies
5. R&D and small irrigation systems	Post-harvest facilities (private goods)
6. Capacity building for LGUs and microfinance providers	Livelihood programs (except for short term disaster relief)
7. Impact monitoring & evaluation	

Source: Balisacan, 2007.

Poverty and Children

Introduction

This chapter focuses on poverty and the Filipino children. It provides estimates on the number of poor children in the country and how these poor children are distributed across subgroups and regions in the country. It also shows the severity of the deprivations the children experience and how many are experiencing multiple deprivations. This chapter is divided into two main parts. The first section discusses the poverty profile of Filipino children and the types and severity of deprivations they experience, with focus on the general trends in poverty rates and sub-national disparities. The second part briefly discusses the notion and characteristics of child survival.¹

Sources of basic data are the different rounds of the Family Income and Expenditure Survey (FIES) of the National Statistics Office (NSO) and poverty thresholds used are those officially released by the National Statistical Coordination Board (NSCB).² These are region- and province-specific poverty thresholds. The poverty thresholds are provided in the appendices.

In this report, children are defined as those aged below 15.³ The FIES dataset—the official source of income and expenditure data—contains information on the number of members who are less than 1 year old, 1 to less than 7, 7 to less than 15, 15 to less than 25,

and 25 years and over. It does not provide information on the number of members aged below 18 in the family, which is the usual definition of children. Thus, the discussions in this report concern mainly those children below 15 years old.

1. Income Poverty and Deprivations Affecting Children

Income/Consumption Approach

This section discusses the general poverty and deprivation situation of the country and how these are correlated with the situation of the child. In 2006, approximately 29 million Filipino children are in age range 0–14.⁴ Seven of 10 families in the country have children belonging to this age cohort. A typical family (5.5 members) with children of this age range is bigger than the average Filipino family (4.8 members). Poverty incidence among households with children is higher at 33.8% than the overall poverty incidence of Filipino households at 26.9%.

Estimates in this paper are calculated at the standpoint of the Filipino family simply because the survey used is the FIES. Since no dataset with the income levels of individuals is available, the number of members in

¹ Due to data limitations, causal analysis called for has not been done.

² Except for 2006, the weights used in the estimations are those provided by the NSCB. In 2006, the NSO weights were used as the NSCB weights for poverty estimation were not yet obtained.

³ The age categories of family members in the ordinary Public-Use Files (PUF) of the FIES allows only this kind of tabulation. To obtain an age range of 0–17, the FIES has to be merged with the Labor Force Survey (LFS).

⁴ Refers to estimates from the FIES, not official population projection.

households considered poor or deprived of basic needs provided this study with rough but convenient measures. The assumption was that income and opportunities inside the family is equally distributed among its members. Thus, when a family is poor, all the members are considered poor.

Analyzing the poverty situation of the Filipino child is anchored on examining the poverty profile of Filipinos in general. The definition of poor is someone who does not have sufficient income to meet the basic food and non-food requirements. These basic food and non-food requirements are determined by the NSCB, which also sets the poverty threshold.

Official estimates of income-based poverty measure show that poverty incidence increased in 2006 to 32.9% of the population from 30% in 2003 and in 2000. This is a reversal (if one looks at the trend, although there have been changes in the methodology over time)⁵ from 1985 to 2000. This upward movement of the poverty rate was also captured in the data by the World Bank (WB). The WB's PovcalNet estimates, which are based on consumption poverty lines, show that those in poverty slightly increased in 2006 compared to 2003 figures (see Table II.1 in the Appendices).

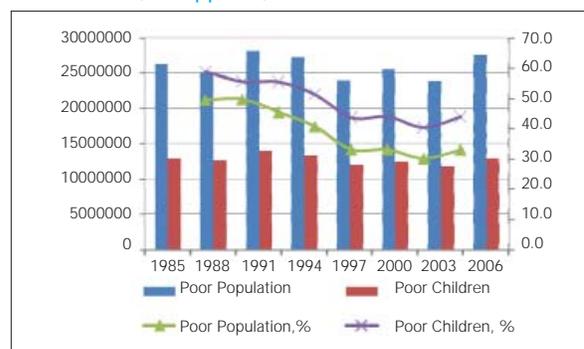
Though the rates show relatively minimal movements, what may be of greater interest are the changes in the magnitude of income-poor. Figure II.1 shows that although the percentage of poor households has gone down since 1985, the number did not actually decline but rather went up. In 1985, the official estimate of the income-poor population is 26.3 million. In 2006, this figure grew to 27.6 million, showing an increase of 1.4 million.

While the series is not exactly comparable across time, the figures indicate that the country has not yet won the fight against poverty. There are several possible explanations for this trend. It may be that poverty reduction efforts did not pay off and/or that population growth has offset all the supposed effects of programs. High fertility rates were found as one of the reasons why the fight against poverty has been tough (Orbeta 2003). Larger families were known to experience higher poverty rates.

In Figure II.1, the trends of child poverty rate and magnitude were drawn against the overall poverty measure of the general population. Note that child

poverty rates move alongside the trend of the poverty incidence of the population. In 2006, there were 12.8 million children, aged below 15, living in families that did not meet the basic food and non-food requirements based on their income. This represented 44% of all children of that same age range. This estimate is higher by around 1 million from the 2003 figure of 11.8 million, and is almost the same as the rate more than two decades ago. It was also noted that though the rates have declined since 1985, the absolute number has not been reduced but, in fact, grew by around 70,000 during the past two decades. Among the children suffering from income poverty, school-goers (i.e., 7–14 years old) comprise the majority.

Figure II. 1. Magnitude and Percentage of Poor Population and Children, Philippines, 1985-2006



Sources: FIES, National Statistics Office; and National Statistical Coordination Board.

The above figure made use of Philippine Institute for Development Studies (PIDS) estimates based on available Public-Use Files (PUF) of the FIES conducted by the NSO, and poverty thresholds developed by the NSCB. Looking at the official estimates on poverty rates among children aged below 18 released by the NSCB, the trend is consistent with the PIDS estimates. The estimates produced, however, were only for two survey years, 2000 and 2003. These show that estimates of children in poverty went down to 38.8% in 2003 (about 13.5 million children) from 42.5% (more than 14 million) in 2000.⁶

Apart from the alarming trend in poverty magnitudes, there are wide disparities among geographic locations in the country that are too glaring to ignore. To start with, poverty incidence among children living in rural areas (31.4%) is more than twice that of those living in urban areas (12.5%). In fact, 7 of 10 poor children are from the rural areas (Table II.1).

⁵ Please take note of the break in the series. The data from 1985 to 1994 are not consistent with 1997 data. The series 2000 to 2006 use a different methodology from the previous series.

⁶ Poverty estimates on basic sectors released by the NSCB.

Table II.1. Trends in Income/Consumption Poverty, 1985-2006

	1985	1988	1991	1994	1997	2000	2003	2006
Philippines								
Poverty incidence among families with children 0-14 years old								
- by national poverty line ^[1]	50.33	46.46	46.17	41.7	33.92	33.81	30.28	33.77
Magnitude of poor families with children 0-14 years old	3,867,092	3,784,653	4,228,110	3,978,000	3,552,201	3,653,348	3,602,477	4,124,385
Families with children 0-14 years old as percentage of poor families	88.80	89.46	88.34	87.79	89.19	88.11	89.55	88.18
Poverty incidence among all families								
- by national poverty line ^[2]	44.2	40.2	39.9	35.5	28.1	27.5	24.4	26.9
- by international poverty line ^[3]			20.19		13.61	13.54	13.49	n.a.
Magnitude of poor								
-families	4,355,052	4,230,484	4,780,868	4,531,170	3,982,766	4,146,663	4,022,695	4,677,305
-population	26,261,305	25,005,345	28,119,758	27,274,205	23,952,927	25,472,782	23,836,104	27,616,888
Number of children (below 18 years) in poverty (NSCB)								
- by national poverty line (%) ^[4]						42.5	38.8	
-number						14,093,102	13,469,849	
- by international poverty line								
Number of children (below 15 years) (PIDS estimates)								
- in poor families, by national poverty line, (%)	58.79	55.53	55.41	51.25	43.53	43.93	40.22	43.87
- in poor families, by national poverty line	12,816,090	12,500,861	13,933,663	13,317,835	11,996,790	12,331,583	11,803,412	12,886,631
- in poor families in urban area, (%)	16.42	15.10	21.19	17.33	11.37	11.73	10.84	12.51
- in poor families in urban area	3580464	3,399,704	5,329,857	4,503,799	3,133,649	3,293,074	3,180,281	3,675,437
- in poor families in rural area, (%)	42.36	40.43	34.21	33.92	32.16	32.20	29.38	31.36
- in poor families in rural area	9235626	9,101,157	8,603,807	8,814,036	8,863,141	9,038,509	8,623,130	9,211,194
National poverty line (Philippine peso) ^[5]	3,744	4,777	7,302	8,885	9,843	11,458	12,309	15,057
Number of families with children	7,683,355	8,145,962	9,157,195	9,538,635	10,473,758	10,804,853	11,898,048	12,214,718
Total number of families	9,847,339	10,533,927	11,975,441	12,754,944	14,192,463	15,071,941	16,480,393	17,403,482
Total number of children (0-14 years old)	21,801,475	22,510,479	25,148,373	25,987,542	27,559,344	28,071,934	29,349,234	29,375,602
Average household size	5.506	5.307	5.27	5.287	5.116	5.118	4.816	4.82
Average household size among families with children	6.074	5.851	5.841	5.906	5.742	4.532	5.474	5.549

^[1] Sources of basic data: Family Income and Expenditure Survey (FIES), National Statistics Office (NSO). 1991 data is not comparable with the rest of the estimates shown here; 1997 figure is not comparable with 2000 onwards but using the same method, the rate for 2000 was 28.4; 2000 to 2006 data are comparable.

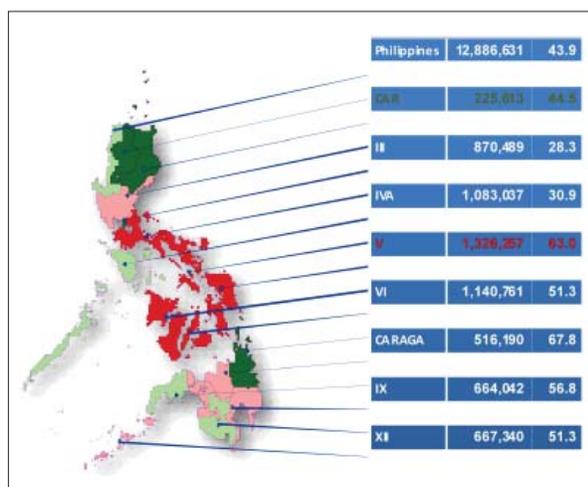
^[2] Data refer to poverty rates of sample households based on FIES, NSO. Source: National Statistical Coordination Board (NSCB). 1991 data is not comparable with the rest of the estimates herein shown; 1997 figure is not comparable with 2000 onwards, but using the same method the rate for 2000 was 28.4; 2000 to 2006 data are comparable. For Notes, please refer to http://www.nscb.gov.ph/technotes/poverty_tech.asp.

^[3] Poverty headcount among population, World Bank's PovcalNet data, 1993 PPP prices at http://research.worldbank.org/PovcalNet/jsp/ChoiceControl.jsp?WDI_Year=2007 Retrieved July 15, 2008.

^[4] NSCB. Data are available at http://www.nscb.gov.ph/pressreleases/2007/Sept21_PR-200709-SS1-04_Poor.asp

^[5] NSCB. Annual Per Capita Poverty Thresholds, in Philippine pesos; 1991 figure not comparable with 1997 onwards; 1997 figure not comparable with those of 2000 onwards.

Figure II.2. Children Below 15 Years Old in Poverty, by Region, 2006 (PIDS estimates)



Sources: 2006 Family Income and Expenditure Survey, National Statistics Office (NSO); National Statistical Coordination Board; and based on NSO weights.

There are also differences among the provinces within regions. In CAR, Apayao province has a very high income poverty rate at 73%, but Benguet has only 16%. In CALABARZON region, while the majority of children in Quezon are considered income poor, only few children are income poor in Rizal (15%). Across all provinces, Tawi-Tawi has the highest income poverty rate with 8 in 10 children not being able to meet the basic food and non-food needs. In contrast, the 4th district in Metro Manila/NCR only has 1 in 10 children.

However, absolute numbers do still matter. Although provinces in Ilocos Region do not have wide disparities in poverty rates, more than half (68%) of the income poor children are located in only one province, Pangasinan. Although Tawi-Tawi has 8 of 10 children considered poor, in terms of absolute magnitude, it only has over a quarter of what Negros Occidental has, with almost half a million poor children.

Table II.2 shows provinces with the highest and lowest poverty rates among children. Note the staggering gaps in the estimates. Tawi-Tawi's rate is more than five times than that of NCR-4th District.

Comparing families with children to an average Filipino family reveal interesting insights. As mentioned earlier, the former has higher income poverty incidence as compared to all families in general. In 1985, half of families with children are considered poor. The proportion has been declining ever since. In 2006, the poverty incidence among these families is down to about 34%. In terms of magnitude, however, the situation has worsened. While the number of poor

Table II.2. Provinces with the Highest and Lowest Poverty Incidence among Children, 2006 (PIDS estimates)

Province (Highest)	Incidence (%)	Province (Lowest)	Incidence (%)
Tawi-Tawi	79.6	NCR-4th District	14.6
Maguindanao	77.4	Rizal	14.7
Zamboanga del Norte	75.3	NCR-2nd District	15.1
Apayao	73.4	Pampanga	15.3
Northern Samar	73.0	NCR-1st District (Manila)	15.7
Abra	72.4	Benguet	16.2
Aklan	71.7	Bataan	17.6
Masbate	69.5	Cavite	18.2
Surigao del Norte	68.2	NCR-3rd District	18.4
Lanao del Sur	67.7	Laguna	18.8

Source: National Statistical Office Family Income and Expenditure Survey, 2000.

families with children was around 3.9 million in 1985, the estimate in 2006 was 4.1 million.

A typical family with children of this age cohort is, as expected, bigger than the average Filipino family (5.5 members as compared to 4.8).

Income poverty among families with children is illustrated by family characteristics and geographic dimensions in Table II.3. Poverty incidence among households with children tends to increase as the size of family increases, and tends to be lower when the education of the family head is higher. Poverty headcount rate is higher among male-headed families compared to female-headed families. It is important to note, however, that headship in the Philippines does not always correspond to who is actually providing economic support to the family.

Poverty incidence among families with children in urban centers (NCR and CALABARZON) is lower. The highest rates of income poor families with children are in Caraga and ARMM. Although the rate of poor families with children in these areas is the highest among the regions, the highest numbers come from Bicol and Western Visayas regions. The combined poor families from these regions make up around 20% of the total poor families that have children in the country.

Aside from the usual poverty measure of poverty incidence based on poverty thresholds, one can also use the subsistence incidence. This measure provides estimates of children whose families could not meet

Table II.3. Poverty Headcount Rate among Families with Children 0–14 Years Old, by Subgroups

Country	Poverty headcount rate (in %) 2003 FIES	Poverty headcount rate (in %) 2006 FIES
All families with children (0–14 years old)	30.28	33.77
Family size		
Less than 3	10.48	12.17
3–4 members	18.21	20.04
5–6 members	31.62	36
7+	47.51	50.29
Education of the head of the family		
None	68.19	71.86
Elementary graduate	39.24	46.71
At least secondary undergraduate	17.53	20.26
Gender of the head of the family		
Male	32.06	35.83
Female	18.11	21.81
Geographic dimension		
1 - Ilocos Region	31.45	33.73
2 - Cagayan Valley	24.90	25.91
3 - Central Luzon	17.76	21.58
4A - CALABARZON	18.26	22.61
4B - MIMAROPA	48.44	51.76
5 - Bicol	49.67	50.88
6 - Western Visayas	39.32	40.50
7 - Central Visayas	28.37	36.12
8 - Eastern Visayas	43.37	50.89
9 - Zamboanga Peninsula	49.79	47.50
10 - Northern Mindanao	43.63	42.46
11 - Davao	34.80	37.39
12 - SOCCSKSARGEN	37.59	41.92
13 - National Capital Region	6.63	9.95
14 - Cordillera Administrative Region	31.54	36.60
15 - Autonomous Region of Muslim Mindanao	52.46	62.01
16 - Caraga	54.69	52.48
Residence		
Urban	16.16	19.29
Rural	43.66	47.27

the basic food requirements based on their per capita income.⁷ These are the subsistent poor. In 2006, about 6.2 million children were living with less than the subsistence threshold. This means that 1 in every 5 children may not be meeting basic food requirements. This figure is slightly lower than the 2000 estimate but higher than that in 2003 (see Appendices Table II.7 and Table II.9 for the trend in subsistence incidence).

With this measure, the disparity among children in urban and rural areas becomes wider. The rate in rural areas (16.95%) is four times that of the urban areas (4.3%). In fact, 8 of 10 subsistent poor children live in the rural areas. Most of these children come from the Bicol and Western Visayas regions. Both regions comprise 20.6% of the total subsistent poor children. In contrast, there are only around 64,000 of them in Metro Manila.

Among the provinces in the country, Zamboanga del Norte has the worst subsistence rate, with majority of its children population living in subsistence. The contrast is so big if one looks at Pampanga, with only 1.3% of its children considered subsistent poor. Zamboanga del Norte also has the 2nd highest, number of poor children at around 224,000, next to Negros Occidental. Other provinces with over 200,000 children in subsistence are Leyte, Camarines Sur, and Cebu.

Table II.4. Provinces with the Highest and Lowest Subsistence Incidence among Children, 2006 (PIDS estimates)

Province (Highest)	Incidence (%)	Province (Lowest)	Incidence (%)
Zamboanga del Norte	62.00	Pampanga	1.30
Northern Samar	53.70	NCR-2nd District	1.30
Tawi-Tawi	50.20	NCR-1st District (Manila)	1.70
Kalinga	49.00	NCR-3rd District	2.20
Masbate	47.40	NCR-4th District	2.30
Apayao	46.70	Cavite	2.50
Surigao del Norte	44.20	Rizal	2.60
Surigao del Sur	43.30	Bataan	2.90
Antique	42.20	Bulacan	3.00
Agusan del Sur	41.60	Benguet	3.50

⁷ In 2003, the national food poverty line set by the NSCB was P8,149 per person per year. This is roughly equivalent to only P22.32 or US\$0.43 per day. The poverty threshold however differs for each region in the country. There are instances when the poverty thresholds differ for the provinces. For a list of the poverty thresholds used in this report, please refer to the Appendices on poverty thresholds.

Deprivation Approach

While the income-based measure is a popular way of measuring poverty, it may not capture other dimensions of poverty that are equally important. It is helpful that other measures be examined. The following section discusses the overall trend and patterns of various dimensions of child deprivation in the country. The dimensions tackled in this paper are deprivations of food, shelter, sanitation facilities, water, electricity, information, education, and health.⁸

Food deprivation is measured by malnutrition data. The prevalence of malnutrition among Filipino children aged 0–5 has been continuously declining, though very modestly, since 1998. However, still a quarter of all children in this age cohort are considered underweight for their age, thus, considered suffering from less severe deprivation of food, according to the 2005 estimates of the Food and Nutrition Research Institute (FNRI).

More than a quarter of all children are considered under height and although the percentage of overweight is at a very low level, the estimate is recently showing a consistent upward trend (Table II.5).

Table II.5. Prevalence of Underweight, Under Height, Thin, and Overweight Children 0–5 Years Old, Philippines, 1989–2005 (in %)

Year	Under-weight	Under Height	Thinness	Over-weight-for-Age
1989–1990	34.5	39.9	5.0	0.6
1992	34.0	36.8	6.6	0.7
1993	29.9	34.3	6.7	0.4
1996	30.8	34.5	5.2	0.5
1998	32.0	34.0	6.0	0.4
2001	30.6	31.4	6.3	1.0
2003	26.9	29.9	5.3	1.4
2005	24.6	26.3	4.8	2.0

Source: *Facts & Figures 2005, Food and Nutrition Research Institute.*

The proportion of underweight children by region is likewise shown in Table II.6. It is again noted that the disparity is wide when NCR (17.8%) is compared with ARMM (38%). Though the national average has been declining, one should pay attention to regions that are exhibiting upward trend recently. For example,

ARMM's rate has been continuously increasing at quite a significant rate. Although Zamboanga Peninsula and Eastern Visayas showed very slight increases, these two regions also have relatively high income poverty rates.

Table II.6. Prevalence of Underweight Children 0–5 Years Old, by Region

Region	2001	2003	2005
Philippines	30.6	26.9	24.6
NCR	20.3	17.8	16.2
CAR	23.4	16.3	17.5
Ilocos Region	31.5	28.9	28.5
Cagayan Valley	31.2	34.1	17.9
Central Luzon	25.9	21.7	19.7
CALABARZON	27.8	22.4	20.5
MIMAROPA	27.8	34.2	35.8
Bicol	37.8	32.8	26.4
Western Visayas	35.2	32.6	28.3
Central Visayas	28.3	29.4	27.0
Eastern Visayas	32.0	29.9	32.1
Zamboanga Peninsula	31.8	31.5	33.9
Northern Mindanao	34.1	24.3	25.4
Davao	32.3	22.6	23.1
SOCCSKSARGEN	30.2	30.3	27.8
Caraga	33.5	30.2	24.3
ARMM	27.9	34.0	38.0

Source: *Food and Nutrition Research Institute, Department of Science and Technology. 2001. Regional Updating of Nutritional Status, Philippines.*

Another dimension of poverty is deprivation of shelter. In 2006, 1.05% (307,000) of all children suffered from severe deprivation of shelter. Severe deprivation of shelter refers to inadequate roof and wall.⁹ The estimate is almost the same as that in 2003 (1.04%) but is slightly lower than in 2000 (1.07%). There is, however, a growing concern on this aspect of poverty. The magnitude of those suffering from severe deprivation of shelter has been continuously growing as shown in Figure II.3.

Among the regions, Metro Manila has the largest number and percentage of those in severe deprivation of shelter, while CAR, a less densely populated region, has the smallest number and percentage.

⁸ Deprivation indicators produced are based on information/details that are in the FIES dataset. These may not be exactly the same as the proposed definitions mentioned in the Global Study guide.

⁹ The FIES do not have information on flooring of the dwelling units. Thus, roof and wall data were used instead.

Figure II.3. Children Experiencing Severe Deprivation of Shelter, Philippines, 2000–2006 (PIDS estimates)

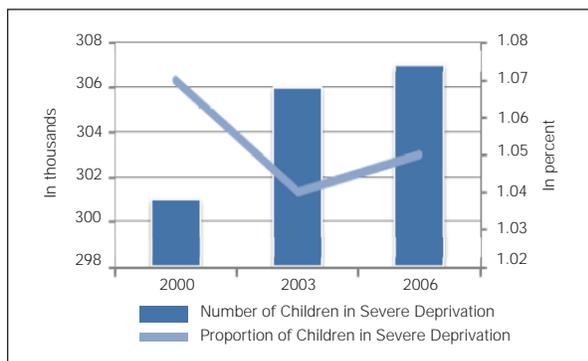
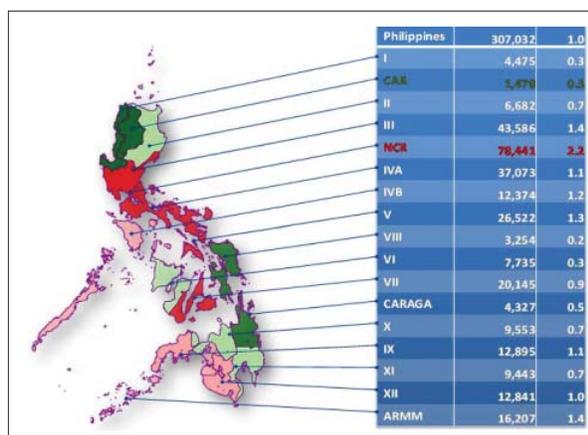


Figure II.4. Children Experiencing Severe Deprivation of Shelter, by Region, 2006 (PIDS estimates)



The province and/or city with the highest percentage of children in severely deprived shelters is Cotabato City while the lowest, for those with above zero percentages, is Leyte. Although 36 Cotabato City has the highest, it contributes only 2.5% to the total. The bulk (10.2%) come from the 3rd District of NCR.

It may be noted that there are provinces that do not have this type of deprivation. These are Camarines Norte, Sorsogon, Antique, Iloilo, Siquijor, Misamis Occidental, Compostela Valley, and Agusan del Sur, among many others. Many of these provinces have very high rates of income poverty. They may be income poor but shelter does not appear to be much of a problem for them.

A less severe deprivation of shelter is defined as living in dwelling units where the roof or wall is made of salvaged and/or makeshift materials, or where dwelling is made of mixed but predominantly salvaged and/or makeshift materials. In 2006, 2.1% of all children below 15 years old (about 380,000) are living in

Table II.7. Provinces with the Highest and Lowest Percentage of Children Experiencing Severe Deprivation of Shelter, 2006

Province (Highest)	Incidence (%)	Province (Lowest)	Incidence (%)
Cotabato City	11.87	Leyte	0.17
Maguindanao	4.69	Cotabato	0.24
NCR-3rd District	4.06	Pangasinan	0.28
Zamboanga			
Sibugay	3.49	Davao del Sur	0.29
Occidental			
Mindoro	2.82	Benguet	0.31
Nueva Ecija	2.67	Batangas	0.31
Camarines Sur	2.67	Sultan Kudarat	0.34
NCR-4th District	2.2	Negros Occidental	0.38
Davao Oriental	1.98	Masbate	0.47
Quezon	1.82	Abra	0.47

Table II.8. Children Experiencing Less Severe Deprivation of Shelter by Region, 2006 1/ (PIDS estimates)

Region	Number	% of total children	Share
Ilocos Region	12,651	0.85	2.06
Cagayan Valley	8,932	0.95	1.46
Central Luzon	69,106	2.25	11.27
CALABARZON	66,237	1.89	10.80
MIMAROPA	25,890	2.45	4.22
Bicol	67,350	3.2	10.98
Western Visayas	25,241	1.14	4.12
Central Visayas	49,298	2.3	8.04
Eastern Visayas	12,742	0.82	2.08
Zamboanga Peninsula	23,715	2.03	3.87
Northern Mindanao	43,433	3.14	7.08
Davao Region	18,239	1.3	2.97
SOCCSKSARGEN	19,548	1.5	3.19
NCR	109,461	3.13	17.85
CAR	5,000	0.99	0.82
ARMM	29,983	2.54	4.89
Caraga	26,398	3.16	4.30
Urban	327,294	2.44	3.37
Rural	285,930	1.79	46.63
Total	613,224	2.09	00.00

1/ If roof or wall of a house is made of salvaged and/or makeshift materials; also when it is made of mixed but predominantly salvaged and/or makeshift materials.

shelters that have inadequate roofing or wall. This is lower than the 2000 estimate of 2.28% but is slightly higher than the 1.92% in 2003. NCR/Metro Manila, again, has the highest magnitude of these children among all the regions. Those located in the rural areas are less likely to experience deprivation of shelter.

Table II.9 shows the best and worst performing provinces in terms of less severe deprivation of shelter. As in severe deprivation, Cotabato City is the worst-performing city while its province, Cotabato, is the best (only among provinces that have percentages above zero). Cotabato City is a city that is taken separately from the province of Cotabato in the FIES. There are 17 provinces with zero percentage of this type of deprivation (Appendix Tables II.19).

Table II.9. Provinces with the Highest and Lowest Percentage of Children Experiencing Less Severe Deprivation of Shelter, 2006

Province (Highest)	(%)	Province (Lowest)	(%)
Cotabato City	11.87	Cotabato	0.24
Maguindanao	7.60	Iloilo	0.33
Misamis Oriental	6.29	Sarangani	0.44
NCR-3rd District	5.63	Samar (Western)	0.46
Agusan del Sur	5.57	Abra	0.47
Quezon	5.49	Ifugao	0.58
Camarines Sur	5.04	Rizal	0.58
Oriental Mindoro	4.67	Pangasinan	0.66
Guimaras	4.61	Sultan Kudarat	0.68
Albay	4.54	Leyte	0.69

In terms of sanitation, around 10 million children are experiencing severe and less severe deprivation of sanitation facilities. In particular, 11.8% or 3.4 million children below 15 years old do not have access to a toilet facility of any kind in 2006, hence, suffering from severe deprivation. Meanwhile around one-fifth of all children are using unimproved facilities like closed pit, open pit, and pail system. This is categorized as less severe deprivation of sanitation facilities.

The rate of children who suffer from severe deprivation has gone down from 12.6% in 2003. However, the absolute numbers are still higher than the 2000 estimate.

Figure II.5. Children Experiencing Severe Deprivation of Sanitation Facilities, Philippines, 2000–2006 (PIDS estimates)

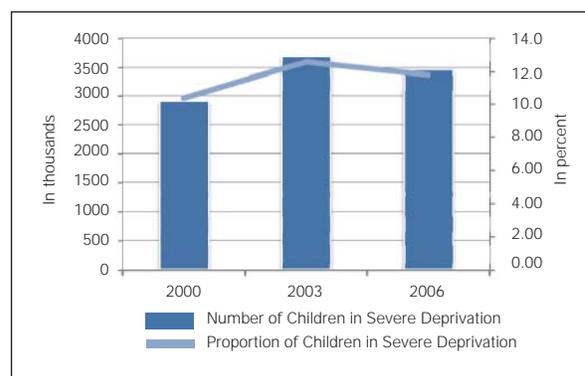


Figure II.6 shows the number of children with no toilet facility by region. It shows that although the national average is 11.8%, the percentages of those suffering from severe deprivation in some regions, like Eastern Visayas and Bicol, are much higher at 30.6% and 23.4%, respectively, than those of NCR which only has below 2%. The proportion is higher for children in rural than in urban areas.

There are also glaring disparities across provinces within regions. In CALABARZON area, the number of children in this dire state in Quezon province is 14 times larger than those in Rizal. While Negros Occidental has 34% of its children being severely deprived, Capiz only has 5%.

Figure II.6. Children Experiencing Severe Deprivation of Sanitation Facilities, by Region, 2006 (PIDS estimates)

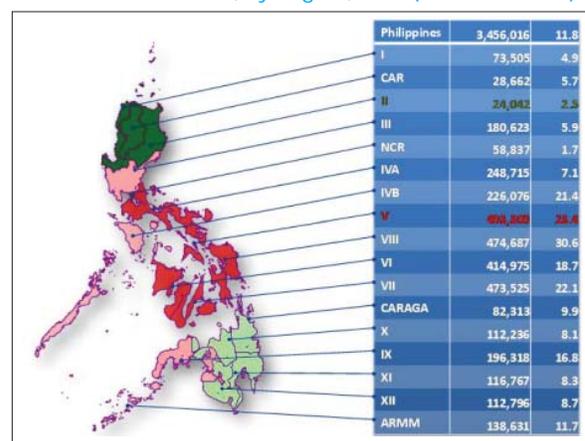


Table II.10 shows the best and worst-performing provinces in terms of this indicator. Masbate has the highest deprivation rate while Apayao, Batanes, Quirino, Aurora, Benguet, and Siquijor have zero rates. Masbate and Northern Samar are provinces with the highest income poverty rates.

Table II.10. Provinces with the Highest and Lowest Percentage of Children Experiencing Severe Deprivation of Sanitation Facilities, 2006 (PIDS estimates)

Province (Highest)	(%)	Province (Lowest)	(%)
Masbate	64.13	Apayao	0.00
Isabela City	51.12	Batanes	0.00
Northern Samar	38.65	Quirino	0.00
Eastern Samar	37.96	Aurora	0.00
Samar (Western)	37.92	Benguet	0.00
Romblon	36.94	Siquijor	0.00
Catanduanes	36.15	Nueva Vizcaya	0.28
Negros Occidental	34.20	NCR-2nd Dist.	0.42
Kalinga	32.87	NCR-4th Dist.	0.74
Negros Oriental	29.38	Ilocos Norte	0.82

The proportion of children experiencing less severe deprivation of sanitation facilities in the country has declined quite substantially from 23.1% in 2000 to 17.9% in 2006. This is equivalent to a 1.2 million reduction in the number of deprived children.

Table II.11 shows the geographical distribution of those suffering less severe deprivation in sanitation. Almost 8 of 10 children in ARMM are using unimproved toilet facilities. At the same time, ARMM also has the largest magnitude of children experiencing less severe deprivation of sanitary facilities.

As expected, provinces in the ARMM have the highest rates of less severe deprivation in sanitation. In fact, 88 of 100 children in ARMM are suffering from deprivation of sanitation in varying degrees. Poor sanitation has a direct implication on the health of children. This suggests the urgency of addressing the sanitation problem in this region.

One dimension where improvements have taken place is on deprivation of water. In 2006, 11.6% of all children in the age group obtained water from springs, rivers, streams, rain, and peddlers, which is categorized as severe deprivation. This rate has been continuously declining. In fact, children suffering from this type of deprivation have declined in number by around 300,000 since 2000.

Table II.11. Children Experiencing Less Severe Deprivation of Sanitary Facilities by Region, 2006 ^{1/} (PIDS estimates)

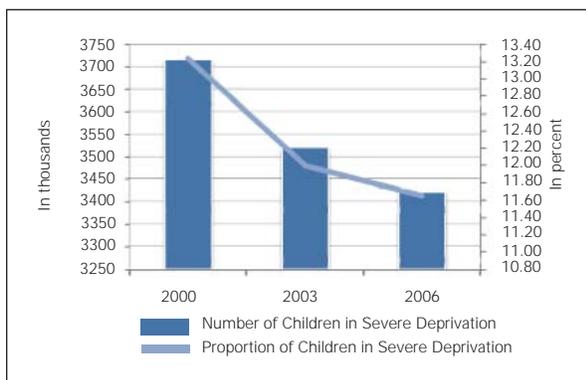
Region	Number	% of total children	Share of Total
Ilocos Region	126,346	8.47	2.4
Cagayan Valley	190,862	20.24	3.6
Central Luzon	249,928	8.12	4.8
CALABARZON	413,306	11.8	7.9
MIMAROPA	229,493	21.76	4.4
Bicol	320,212	15.21	6.1
Western Visayas	534,037	24.02	10.2
Central Visayas	348,278	16.22	6.6
Eastern Visayas	167,854	10.83	3.2
Zamboanga Peninsula	340,536	29.11	6.5
Northern Mindanao	308,796	22.32	5.9
Davao Region	293,013	20.85	5.6
SOCCSKSARGEN	368,325	28.33	7.0
NCR	230,572	6.59	4.4
CAR	112,709	22.25	2.1
ARMM	906,788	76.72	17.3
Caraga	105,789	12.66	2.0
Urban	1,251,163	9.31	23.8
Rural	3,995,682	25.07	76.2
Total	5,246,845	17.86	100.0

^{1/} Less severe deprivation of sanitation facilities refers to the use of closed pit, open pit, and other toilet facilities such as pail system.

Table II.12. Provinces with the Highest and Lowest Percentage of Children Experiencing Less Severe Deprivation of Sanitation Facilities, 2006 (PIDS estimates)

Province (Highest)	(%)	Province (Lowest)	(%)
Tawi-Tawi	82.57	Batanes	0.00
Sulu	80.93	Marinduque	0.34
Lanao del Sur	78.69	Ilocos Sur	0.93
Maguindanao	75.78	La Union	1.31
Basilan	56.03	Rizal	1.62
Ifugao	53.31	Eastern Samar	2.02
Capiz	47.66	Bataan	2.48
Palawan	43.25	NCR-2nd District	2.65
Quirino	36.99	Laguna	3.21
Davao Oriental	35.58	Bulacan	3.38

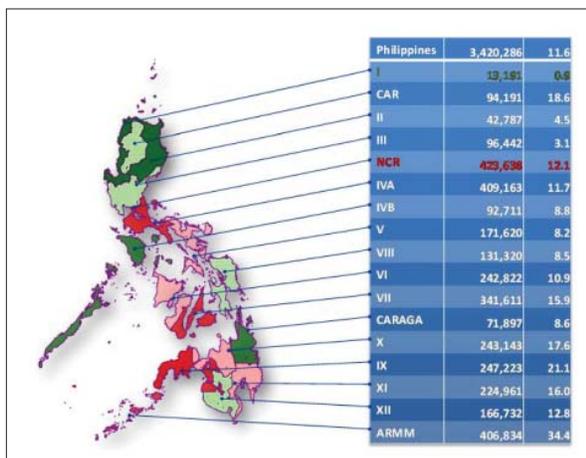
Figure II.7. Children Experiencing Severe Deprivation of Water, Philippines, 2000–2006 (PIDS estimates)



NCR, the urban capital, has the largest number of children suffering from water deprivation.

In fact, 400,000 children are deprived severely of water. Aside from NCR, CALABARZON and ARMM regions have large numbers of children experiencing severe water deprivation. In relation to the reference population, ARMM has the highest percentage among those without safe water source at around 35%.

Figure II.8. Children Experiencing Severe Deprivation of Water, by Region, 2006 (PIDS estimates)



Among the provinces and cities, the 4th District of NCR has the largest number of such children at 237,000. Lanao del Sur, in ARMM, has the 2nd highest magnitude of children severely deprived of water. It also has the highest percentage of this type of deprivation among all provinces.

Table II.13. Provinces and Cities with the Highest and Lowest Percentage of Children Experiencing Severe Deprivation of Water, 2006 (PIDS estimates)

Province (Highest)	(%)	Province (Lowest)	(%)
Lanao del Sur	60.18	Tarlac	0.00
Tawi-tawi	39.42	Ilocos Sur	0.00
Benguet	35.26	Batanes	0.00
Cotabato City	34.69	Aklan	0.00
Misamis Occidental	32.04	Billiran	0.00
Davao Oriental	28.8	Isabela City	0.00
NCR-4th District	25.7	Camiguin	0.00
Basilan	25.6	Isabela	0.14
Sultan Kudarat	25.38	Pampanga	0.23
Bukidnon	24.76	Cagayan	0.23

For less severe deprivation of water, there were no significant changes in the national level data. From 10.8% in 2000, the rate of children suffering from this kind of deprivation slightly declined to 10.4 % (around 3.1 million) in 2006. These refer to children in households who obtain water from dug well.

Table II.14. Children Experiencing Less Severe Deprivation of Water, by Region, 2006^{1/} (PIDS estimates)

Region	Number	%	Total Number of Children
Ilocos Region	91,457	6.13	1,492,052
Cagayan Valley	116,569	12.36	942,850
Central Luzon	47,151	1.53	3,077,409
CALABARZON	212,011	6.06	3,501,359
MIMAROPA	134,216	12.72	1,054,778
Bicol	457,757	21.74	2,105,749
Western Visayas	568,565	25.57	2,223,700
Central Visayas	310,361	14.46	2,146,700
Eastern Visayas	188,585	12.16	1,550,296
Zamboanga Peninsula	185,188	15.83	1,169,907
Northern Mindanao	48,613	3.51	1,383,372
Davao Region	86,191	6.13	1,405,514
SOCCKSARGEN	114,131	8.78	1,300,283
NCR	23,385	0.67	3,497,685
CAR	23,975	4.73	506,553
ARMM	377,757	31.96	1,181,968
Caraga	77,653	9.29	835,428
Urban	590,907	4.40	13,436,310
Rural	2,472,657	15.51	15,939,293
Total	3,063,563	10.43	29,375,602

^{1/} Those that obtained water from dug well.

Again, the highest percentage comes from ARMM and the largest numbers are from Western Visayas and Bicol regions. It may be noted that these regions have the highest income poverty rates as well. The total number of Filipino children suffering from severe and less severe deprivations is estimated to be around 6.5 million.

Among provinces within these regions, the most number of children experiencing severe deprivation are found in Negros Occidental, Masbate, Quezon, Cebu, Iloilo, Maguindanao, Sulu, Palawan, Camarines Sur, and Cagayan. Guimaras has the worst problem in this area, followed by Masbate, Tawi-Tawi, Sulu, and Camarines Norte.

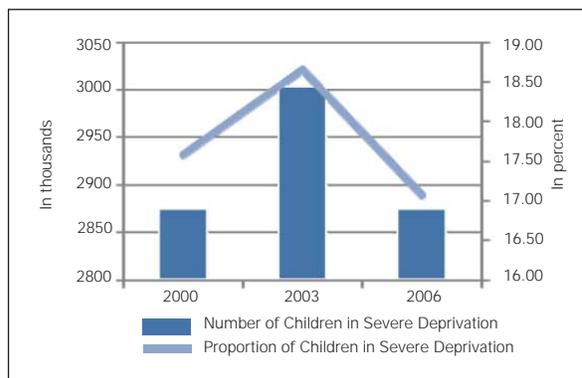
Table II.15. Provinces and Cities with the Highest and Lowest Percentage of Children Experiencing Less Severe Deprivation of Water, 2006 (PIDS estimates)

Province (Highest)	(%)	Province (Lowest)	(%)
Guimaras	61.5	Batanes	0.0
Masbate	54.3	Catanduanes	0.0
Tawi-tawi	52.2	Biliran	0.0
Sulu	49.7	Camiguin	0.0
Camarines Norte	37.2	Abra	0.0
Capiz	36.9	Mountain Province	0.0
Zamboanga	36.2	Nueva Vizcaya	0.0
Sibugay	36.2	Bataan	0.0
Maguindanao	33.9	Laguna	0.0
Cagayan	30.5		

It is likewise interesting to see how Filipino children have been doing in terms of access to information. Greater access (or lower deprivation) to information denotes greater opportunity for learning. Severe deprivation of information was examined by counting the number of children in households which do not have radio, television, telephone, and computer as reported in the FIES. However, one cannot say whether or not they truly have no access to such media facilities as lack of ownership may not always mean that children or their households do not have access to these media.

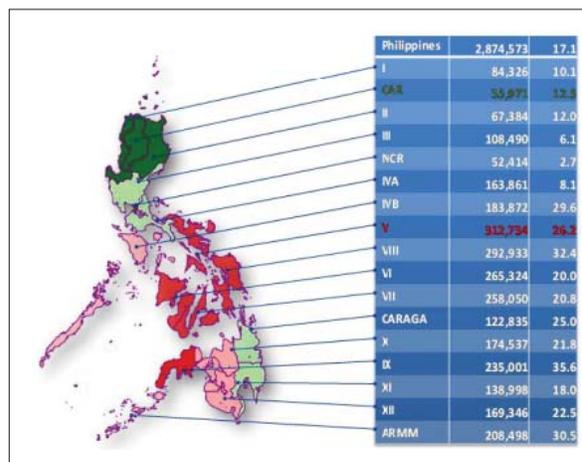
Nevertheless, it is possible to generate data on information deprivation from the FIES. Of the 16.8 million children 7–14 years old, about three million children, or 17%, are reported to be experiencing severe deprivation of information. This rate is better than both 2000 and 2003 estimates.

Figure II.9 Children 7–14 Years Old Experiencing Severe Deprivation of Information, Philippines, 2000–2006 (PIDS estimates)



In Zamboanga Peninsula, 36% of children do not have access to information. The NCR estimate is only 3%. Areas around NCR, likewise, have very low deprivation of information with Central Luzon and CALABARZON estimated at only 6% and 8%, respectively.

Figure II.10. Children 7–14 Years Old Experiencing Severe Deprivation of Information, by Region, 2006 (PIDS estimates)



The provinces with the largest number of children severely deprived of information are Zamboanga del Norte and Sur, Leyte, Cebu, and Negros Occidental. Relative to the population of children in this age cohort, provinces in Samar, ARMM, and Zamboanga Peninsula have the highest rates of information deprivation.

Table II.16. Provinces and Cities with the Highest and Lowest Percentage of Children 7–14 Years Old Experiencing Severe Deprivation of Information, 2006 (PIDS estimates)

Province (Highest)	(%)	Province (Lowest)	(%)
Northern Samar	53.00	Batanes	0.00
Tawi-Tawi	49.01	NCR-2nd District	1.28
Eastern Samar	45.42	Manila	1.56
Sulu	43.55	Benguet	2.49
Zamboanga del Norte	43.20	Pampanga	3.04
Isabela City	42.86	Bataan	3.15
Zamboanga Sibugay	38.69	NCR-4th Dist.	3.52
Kalinga	37.97	Apayao	4.02
Antique	37.47	Bulacan	4.08
Camiguin	37.24	Aklan	4.14

Table II.17. Children 7–14 Years Old Experiencing Less Severe Deprivation of Information by Region, 2006^{1/} (PIDS estimates)

Region	Number	% to total children	Total Number of Children
Ilocos Region	98,105	11.8	3.0
Cagayan Valley	76,795	13.67	2.4
Central Luzon	141,237	7.89	4.4
CALABARZON	189,411	9.42	5.9
MIMAROPA	213,335	34.3	6.6
Bicol	355,169	29.71	11.0
Western Visayas	289,980	21.86	9.0
Central Visayas	271,884	21.91	8.4
Eastern Visayas	330,913	36.61	10.3
Zamboanga Peninsula	254,678	38.53	7.9
Northern Mindanao	189,765	23.74	5.9
Davao Region	154,462	20.01	4.8
SOCCKSARGEN	189,714	25.22	5.9
NCR	65,896	3.44	2.0
CAR	42,850	14.89	1.3
ARMM	218,457	31.94	6.8
Caraga	139,213	28.3	4.3
Urban	679,794	8.98	21.1
Rural	2,542,072	27.4	78.9
Total	3,221,866	9.13	100.0

^{1/} Those children that do not have any of the following: radio or television.

Children experiencing less severe deprivation were estimated to be 19% or 3.2 million children. These are reported to have no radio and television. The bulk of these children live in rural areas.

The disparities, again, vary widely across regions. In Zamboanga, 4 of 10 children (38%) aged 7–14 live in households that do not have either TV or radio. The equivalent rate for NCR is only 3%.

The bulk of these numbers is from Zamboanga del Norte and Sur, Leyte, Cebu, and Negros Occidental. The best and worst performers in terms of proportions are shown in Table II.18. NCR districts have very low incidence of information deprivation. The highest deprivation rates are recorded in Samar provinces, Tawi-Tawi, Sulu, and Zamboanga provinces, among others

Table II.18. Provinces and Cities with the Highest and Lowest Percentage of Children 7–14 Years Old Experiencing Less Severe Deprivation of Information, 2006 (PIDS estimates)

Province (Highest)	(%)	Province (Lowest)	(%)
Northern Samar	54.78	Batanes	0.00
Eastern Samar	51.83	Manila	1.94
Tawi-Tawi	49.01	NCR-2nd District	2.09
Zamboanga del Norte	47.61	Bataan	3.15
Isabela City	46.62	Benguet	3.41
Sulu	44.92	Aklan	4.14
Kalinga	43.45	NCR-4th District	4.64
Palawan	40.45	Nueva Vizcaya	4.71
Zamboanga Sibugay	39.90	Pampanga	5.12
Antique	38.57	NCR-3rd District	5.42

Another dimension of poverty with serious implications to the long-term welfare of the child is education. The number of children experiencing deprivation in this aspect was estimated using the Annual Poverty Indicators Survey (APIS). Children aged 6–16 not currently attending school in 2002 were estimated to be 1.8 million. This represents 9% of the total number of children in this age group. Of the 1.8 million children not currently attending school, 69% (or 1.3 million children) are income poor. Moreover, 13% of all poor children and 14% of those in bottom 30% did not attend school.

Table II.19. Children 6–16 Years Old Who are Poor and Not Currently Attending School (PIDS estimates)

Children	Not attending school	Total	Percentage to total
2002			
Poor children	1,262,076	9,710,255	13.0
Children in bottom 30%	856,538	6,091,937	14.1
All	1,826,297	20,592,266	8.9
2004			
Poor children	–	–	–
Children in bottom 30%	–	–	–
All	2,203,793	22,384,358	9.8

Source of basic data: Annual Poverty Indicators Survey (APIS) 2002, National Statistics Office.

In 2004, the percentage of children not attending school has gone up to 9.8%. This is another serious issue that needs to be addressed.

The main reasons for children not attending school are lack of personal interest and high cost of education. Table II.20 shows other reasons for not attending school.

Table II.20. Reasons for not Attending School, 2002 (PIDS estimates)

Reason	Frequency	%
Schools are far/No school within the barangay	92,835	5.1
No regular transportation	10,372	0.6
High cost of education	435,796	23.9
Illness/Disability	110,397	6.0
Housekeeping	46,079	2.5
Employment/Looking for work	165,307	9.1
Lack of personal interest	604,998	33.1
Cannot cope with school work	126,454	6.9
Finished schooling	4,419	0.2
Others	229,640	12.6
Total	1,826,297	100.0

Source of basic data: Annual Poverty Indicators Survey (APIS) 2002, National Statistics Office.

Aside from data showing non-attendance in schools, it is likewise important to look at basic education indicators. These are school participation rates, cohort survival rates, completion, and dropout rates.

Based on the administrative data of the Department of Education (DepEd), school participation rates for both elementary and secondary levels have been declining since School Year (SY) 2002–2003 until recently. However, these and other indicators namely cohort survival and completion rates have been showing improvements in recent years. Participation rate is the ratio of enrolment of children in the school-age cohort to the total population of that age range. Elementary school participation rate declined from 90% in SY 2002–2003 to 83% in SY 2006–2007 but rose to almost 85% in SY 2007–2008. Secondary school participation rate also declined slightly from 60% to 58.5% between SY 2003–2004 and SY 2005–2006 but rose to almost 62% in SY 2007–2008. Still, the country has a low probability of hitting the MDG goal of universal basic education by 2015.

Cohort survival rates for both elementary and secondary levels exhibited slight improvements over the same period. Nevertheless, the data suggest that only 73 of 100 children who enter Grade 1 will reach Grade 6 after 6 years. They also suggest that only 77 of 100 children who enter first year high school will reach fourth year high school after four years.

Completion rates are not also showing improvements. Only 72 of 100 students who enter Grade 1 will finish elementary and only 72 of 100 students who enter high school will finish high school.

On health deprivation, 7.3% of children 12–23 months old in the country did not receive vaccinations in 2003. This was obtained from the 2003 National Demographic and Health Survey (NDHS) conducted by the NSO. This deprivation is slightly higher in rural than in urban areas. Among the regions, Caraga and Zamboanga Peninsula have the highest incidence of deprivation with at least over one-fifth of these children not being immunized. The percentage of those not immunized increases as the birth order becomes higher. The percentage is lower for more educated mothers and for richer families. (Please refer to Appendix Table II.21, which was lifted from NSO's website on the 2003 NDHS.)

In addition to these dimensions, issues like lack of access to electricity and living in informal settlements' areas are also important concerns in the Philippines and have direct or indirect impact on the well-being of children.

The number of children in households with no access to electricity has generally been declining over the survey years. In 1985, there were about 10 million children (over 45% of all children) who were living in households that do not have access to electricity. In 2006, this number went down to 6.4 million. This estimate is 24.5% lower than the figure in 2003. The bulk of these numbers are reported in the Bicol region, Western Visayas, and ARMM. Disparities are wide if one looks at NCR, which only has 3 of 10 children not being able to have access to electricity, while ARMM has five.

Meanwhile, the magnitude and percentage of those in informal settlements have doubled through the years. From only 445,000 in 1985, there are now 1.2 million or more than 4% of all the children in the country. An informal settler refers to one who occupies a lot without the consent of the owner. Among the regions, NCR has the largest number of children considered informal settlers at 382,510. This estimate is 170,000 higher than the 2003 estimate showing a 6- percentage point increase. In 2006, 1 of 10 children in NCR live in an informal settlement

To sum up, though the rates of deprivation among children have been somewhat declining, the changes are very slight to make significant improvements. This is shown in Table II.23. Special attention should be focused on education because of increasing deprivation in this area. Also, deprivation in sanitation facilities is another dimension that has to be addressed in the immediate future. Although the rate and magnitude have gone down quite a lot, a huge number of children are still experiencing deprivation in this area, way above the estimates in other aspects. Special attention must be given to ARMM, which not only exhibited very high income poverty rate but also high deprivation rates and magnitudes in sanitation and water.

Also a growing concern in this country that is due to high urbanization rate is the increasing number of children in informal settlements and those that live in inadequate shelters. Policies that aim to fast

Table II.21. Participation, Cohort Survival, Completion, and Dropout Rates in the Philippines, 2002–2007

Indicator	SY 2002-2003	SY 2003-2004	SY 2004-2005	SY 2005-2006	SY 2006-2007
Participation Rate					
Elementary	90.29	88.74	87.11	84.44	83.22
Secondary	59.00	60.15	59.97	58.54	58.59
Cohort Survival Rate					
Elementary	72.44	71.84	71.32	70.02	73.43
Secondary	76.99	77.71	78.09	67.32	77.33
Completion Rate					
Elementary	71.55	70.24	69.06	68.11	71.72
Secondary	74.81	71.67	72.38	61.66	72.14
Dropout Rate					
Elementary	6.69	6.89	6.98	7.33	6.37
Secondary	8.45	8.16	7.99	12.51	8.55

Source: Fact Sheet: Basic Education Statistics, Department of Education.

Note: Data of the laboratory schools of state universities and colleges (SUCs), Commission on Higher Education (CHED) and Technical Education and Skills Development Authority (TESDA)-supervised schools are included. The official school-age population for elementary and secondary are 6–12 and 12–15, respectively.

Table II.22. Deprivation of Electricity and Secure Tenure, 1985-2006 (in millions) (PIDS estimates)

Indicator	1985	1988	1991	1994	1997	2000	2003	2006
Children in households with no electricity (in %)	10.051	10.092	10.822	10.091	9.589	8.189	8.034	6.454
In informal settlements (in %)	44.65	46.29	43.03	38.83	34.79	29.17	27.37	21.97
Total number of children	.445	.633	.664	.820	1.004	1.035	1.166	1.222
	1.98	2.91	2.64	3.16	3.64	3.69	3.97	4.16
	22.510	21.801	25.148	25.988	27.559	28.072	29.349	29.376

Sources of basic data: Family Income and Expenditure Survey, 1985, 1988, 1991, 1994, 1997, 2000, and 2003

Table II.23. Incidence of Deprivations, 2003 and 2006 (PIDS estimates unless otherwise specified)

	Number of children in relevant age cohort ('000)	Of which experiencing 'severe' deprivation		Of which experiencing 'less severe' deprivation	
		%	Magnitude ('000)	%	Magnitude ('000)
2003					
1. Shelter (0-14)	29,349	1.04		1.92	
2. Sanitation (0-14)	29,349	12.55	3,684	21.68	6,362
3. Water (0-14)	29,349	11.99	3,519	11.29	3,314
4. Information (7-14)	16,102	18.65	3,003	18.91	3,045
5. Food	-	-		26.9 ^{1/}	-
6. Education (6-16)	20,592 ^{2/}	8.87 (2002) ^{2/}	1,826 ^{2/}	-	
7. Health	1,348 (samples)	7.3			
2006					
1. Shelter (0-14)	29,376	1.05		2.09	
2. Sanitation (0-14)	29,376	11.76	3,456	17.86	5,246
3. Water (0-14)	29,376	11.64	3,420	10.43	3,063
4. Information (7-14)	16,846	17.06	2,874	19.13	3,221
5. Food	-	-		24.6 ^{3/}	-
6. Education		9.8 (2004) ^{2/}	2,203		
7. Health	-	-		-	

^{1/} < .2SD from the average, weight-for-age, Food and Nutrition Research Institute (FNRI).

^{2/} Based on the Annual Poverty Indicators Survey (APIS), percentage of children 6-16 years old not currently attending school.

^{3/} 2005, FNRI estimate.

Source of basic data: Family Income and Expenditure Survey 2003, 2006 and APIS 2002; National Statistics Office weights for 2006, National Statistical Coordination Board thresholds.

A severe case is when a child faces two or more deprivation. Those that face two at the most of the severe deprivations are estimated to be around 840,000. The bulk of these come from the Visayas regions. The worst case is when a child faces all three types of deprivation. In 2006, a little over half a percentage of all children suffered all three deprivations.

The number of those suffering from multiple deprivations, either two or three in this case, has

not been declining significantly. Those that suffer all three, though in very small percentage, have increased between 2003 and 2006.

There are about 17,000 children facing all three kinds of deprivations. Many of them are from NCR, SOCKSARGEN, and Central Luzon (see Table II.22 in Appendices). NCR, being the region with lowest income poverty rate, needs closer examination.

Table II.24. Child Poverty as Multiple Deprivations, 2003 and 2006 (PIDS estimates)

Country	Of which experiencing 'severe' deprivation ^{4/} , (% to total)	
	2003	2006
Number of children in relevant age cohort ('000)	29,349	29,376
Only 1 deprivation		
Any of the 3	19.71	18.57
Sanitation only ^{1/}	12.32	11.5
Water only ^{2/}	9.27	8.93
Shelter only ^{3/}	0.81	0.78
2 of any deprivations:		
Any 2	2.87	2.86
Shelter and sanitation but not water	0.23	0.26
Water and sanitation but not shelter	2.54	2.53
Water and shelter but not sanitation	0.14	0.12
3 deprivations: Sanitation, water and information	0.04	0.06

^{1/} Severely deprived in sanitation but not in water and shelter.

^{2/} Severely deprived in water but not in sanitation and shelter.

^{3/} Severely deprived in shelter but not in water and sanitation.

^{4/} Please refer to previous section for definitions of severe deprivation in sanitation, water, and shelter

Though most people may be non-income poor due to greater opportunities in the capital for employment and being engaged in small enterprises, interventions are still necessary to help children who suffer from multiple deprivations.

It may be useful to look into specific types of deprivations. Around 3.3 million children in the country experience severe deprivation in terms of sanitation only (which means they do not experience water and shelter deprivations). If one looks only at those deprived of shelter (or water) only, there are over 230,000 (2.6 million) of them.

Combinations of the abovementioned deprivations were also tabulated. Regions with high numbers of children experiencing two deprivations are Central Visayas, NCR, and CALABARZON. NCR also has the most number of children suffering all three kinds of deprivations (see Appendix Tables II.23 to II.25).

2. Child Survival

To assess the situation of Filipino children in terms of survival, the infant and under-five mortality indicators

were examined. Infant mortality rate in the Philippines has declined through the years. From 34 per 1,000 live births in 1993, the number of infants dying before they reach the age of 1 has declined to 25 in 2008. The under-five mortality rate has gone down as well. The under-five mortality rate refers to the number of children who died before they can even reach their fifth birthday as a proportion of every 1,000 children born alive. From 1993–2008, the under-five mortality rate declined from 54 to 34 (see Table II.25). These estimates are from various rounds of the National Demographic and Health Survey conducted by the NSO. These cover approximately five years prior to the survey year.

Table II.25. Trends in Childhood Mortality Rates, per 1,000 Live Births

Survey Year	Approximate Calendar Period	Infant Mortality Rate	Under-Five Mortality Rate
1993	1988-1992	33.6	54.2
1998	1993-1997	35.1	48.4
2003	1998-2002	28.7	39.9
2008	2003-2007	24.9	33.5

Sources: 1993 National Demographic Survey, 1998, 2003 and 2008; National Demographic and Health Survey, National Statistics Office.

Table II.26. Early Childhood Mortality Rates, per 1,000 Live Births, by Region, 2003

Region	Infant Mortality	Under-Five Mortality
Philippines	29	40
NCR	24	31
CAR	14	34
Ilocos Region	29	39
Cagayan Valley	28	35
Central Luzon	25	31
CALABARZON	25	31
MIMAROPA	44	68
Bicol	28	43
Western Visayas	39	50
Central Visayas	28	39
Eastern Visayas	36	57
Zamboanga Peninsula	27	43
Northern Mindanao	38	49
Davao Region	38	47
SOCCSKSARGEN	27	37
Caraga	35	49
ARMM	41	72

Source: National Demographic and Health Survey, 2003.

Though the country estimates declined over the years, there is still the problem of wide disparities across regions. In 2003, 7 regions have infant mortality rates higher than the national average. MIMAROPA had the highest rate at 44 per 1000 live births, almost three times that of the CAR. The regions located in Visayas and Mindanao have higher rates than those in Luzon. This is also true for under-five mortality rate.

It is to be noted that regions with relatively high mortality rates are the same regions with high income poverty incidence rates. These are ARMM, MIMAROPA, and Bicol region, to name a few. Conversely, NCR, which has lower poverty incidence, has also lower infant and under-five mortality rates.

3. Summary and Policy Implications

Children's living conditions have not really improved over time, notwithstanding the limitations of the data used. A look at income-based poverty incidence alone leads one to conclude that, indeed, children's living conditions have been getting worse. Data points to an upward trend in the most recent survey. During the period 2003–2006, poverty incidence went up by four percentage points and the number of poor children increased by about one million. The estimated number of poor children is, in fact, slightly higher in 2006 than in 1985. This is a controversial finding amidst the continuous growth that the country experienced prior to this time. The number of children in households that do not have incomes adequate to meet basic food and non-food needs numbered 12.8 million in 2006. Child poverty rates moved alongside the trend of poverty incidence of the general population. An important conclusion that can be drawn from this is that reducing poverty in general will most likely reduce child poverty. The current global financial and economic crises are expected to further lead to a worsening of the poverty situation, likely leading to a further increase in the number of poor children.

Income poverty alone is not adequate to monitor the multiple dimensions of poverty. It is necessary to take into account the various non-income indicators to really capture the general living conditions of the Filipino children.

A vital dimension is access to education. One issue that has to be dealt with utmost urgency is the

growing number of children not attending school. Both administrative data and survey data show this trend. Elementary school participation rate, which now stands at 83%, has been declining in recent years, and this could have serious implications on the children's future productive capacity. Secondary school participation rate remains relatively low at 59%. Cohort survival rates at the elementary and secondary levels have increased slightly at 73% and 77%, respectively. The most common reasons for non-attendance are lack of personal interest and high cost of schooling.

In addition to education, other areas that were examined were nutrition, shelter, sanitation, water, and electricity.

The prevalence of malnutrition among children 0–5 years old have been declining since 1998. The proportions of underweight and under height children have been cut down by 7.4% and 7.7%, respectively, from 1998 to 2005. However, 2005 estimates show that 24.6% of these children are underweight for their age, 26.3% are under height, and 2% are overweight. On shelter, more children are now experiencing severe deprivation (i.e., those with no adequate roof and wall). Although the percentage has slightly declined from 1.07% in 2000 to 1.05% in 2006, the magnitude has grown continuously. In 2006, there are 307,000 children who do not have adequate shelter, the bulk of which live in Metro Manila. In addition, more children are now living in informal settlements than before.

Sanitation is another area that needs immediate action. Compared to estimates for 2000, the number of children suffering from severe deprivation in sanitation has increased quite significantly. Severe deprivation means not having any toilet facility at all. In 2006, 3.4 million children did not have any kind of toilet facility, around half a million higher than the estimate in 2000.

One dimension of well-being that has shown significant improvement is water. The magnitude and proportion of children without safe water sources have been consistently declining. From 2000 to 2006, the deprivation rate in water went down from 13.2% to 11.6%. The magnitude as well has been cut down by around 300,000.

Children with no access to electricity or those living in households without access to electricity have been continuously declining, both in percentage and in number. In 2006, 22% was without access to electricity, a 7 percentage-point decline from the 2000 figure.

On child survival, available data show some improvements. Infant mortality rate was reduced by half, from 63 per 1,000 livebirths in 1986 to 30 per 1,000 livebirths in 2003. The underfive mortality rate also declined from 79.6 deaths per 1,000 children in 1990 to just 40 in 2003. Data after 2003 are being awaited to verify whether or not the positive trends will hold up amidst the series of shocks that have buffeted the country.

The above statements summarize in a nutshell the poverty profile of children below 15 years old in the country. Note, however, that developments in these indicators at sub-national levels have to be taken seriously because of the large disparities among regions and provinces, which are too glaring to ignore. Although general trends of the national level data are helpful in analyzing the performance of the country, more attention should be devoted in scrutinizing and addressing the gaps.

ARMM, Caraga, and Visayas regions experienced the worst cases in most of the dimensions of poverty. Many times, some of these regions are constants in income poverty and deprivation figures. For instance, ARMM is both worst performer in terms of percentage and magnitude in sanitation and water.

Moreover, absolute numbers still matter. While poverty rates are highest in ARMM, the larger number of poor children is located in more densely populated areas like Bicol, CALABARZON, and Western Visayas. This fact is crucial in developing effective targeting schemes to improve the welfare of children, especially in regions with high rates and magnitudes of poor people.

SECTION THREE

The Pillars of Child Well-Being

Introduction

The previous chapter demonstrated that income indicators alone cannot capture the true condition of deprivation among children. It also illustrated that there are dimensions and correlates of income poverty that have to be tracked and monitored to come up with adequate and appropriate responses. Due to the wide disparities in the situation of children across the regions of the country, it is helpful to trace these indicators geographically. Having a spatial picture helps planners and decisionmakers to effectively point out the 'hot spots' and to prioritize where meager but precious resources should be directed.

Among the interrelated dimensions of child deprivation, there are five counterpoints, also known as the pillars of child well-being. These are nutrition, health, child-specific protection, education, and social protection. The first four comprise the core minimum components of a child's well-being as enshrined in the Convention on the Rights of the Child (CRC). The fifth, social protection, serves to reduce the risk of families with children from falling into the cracks of poverty and deprivation, especially when there are economic and social shocks.

This chapter discusses the Philippine efforts in building up and strengthening the five pillars of child well-

being. As far as data are available, it also discusses the outcomes of these efforts via a standard set of indicators that show if there are still proportions of children that were left behind, or if there were significant improvements in their condition. There are cases in all the five pillars, and pathways were laid out to address the gaps or to engender more positive outcomes.

1. Nutrition

National Laws, Policies, and Key Programs

The fourth Millennium Development Goal (MDG) aims to reduce under-five mortality by two-thirds from 1990 to 2015. The Philippine government agreed to attain this goal, among others, when it committed to achieve the MDGs by 2015. Malnutrition is estimated to be one underlying cause of child mortality. To address this special need of children, various policies were put in place—from infant feeding to micronutrient supplementation to weight and height monitoring.

The Bright Child Program (Executive Order [EO] 286) seeks to promote a National System for Early Childhood Care and Development by pursuing an integrated approach through convergence at home,

¹ Due to data limitations, causal analysis called for has not been done.

² Except for 2006, the weights used in the estimations are those provided by the NSCB. In 2006, the NSO weights were used as the NSCB weights for poverty estimation were not yet obtained.

³ The age categories of family members in the ordinary Public-Use Files (PUF) of the FIES allows only this kind of tabulation. To obtain an age range of 0-17, the FIES has to be merged with the Labor Force Survey (LFS).

⁴ Refers to estimates from the FIES, not official population projection.

at the community centers, and in schools. Among the many components of this program are growth monitoring and promotion, nutrition education, micronutrient supplementation, complementary feeding/food assistance, and home and community food production, among others.

As a response to the 1981 International Code on Marketing of Breastmilk Substitutes by the World Health Organization (WHO), various breastfeeding promotions were enacted into laws. The World Fit for Children goal states that children should be exclusively breastfed for six months and continue to be breastfed with safe, 100 appropriate, and adequate complementary feeding for up to two years and beyond (MICS 2007).

The Rooming-In and Breastfeeding Act of 1992 requires public and private hospitals to promote the practice of breastfeeding. Prior to this, the Milk Code (EO 51) of 1986 limits the marketing of breastmilk substitutes.

The Philippine Plan of Action for Nutrition (PPAN) 2005–2010 and Accelerated Hunger Mitigation Plan (AHMP) are the Philippines’ two main national plans for nutrition. The PPAN aims to reduce the proportion of households with food intakes below the dietary requirement, reduce underweight, stunting, iron deficiency, and Vitamin A deficiency disorders among children, and contribute to the reduction of low birth weight prevalence. Among the strategies rolled-out to attain these goals are food-based interventions through food fortification, focus to needier areas, and attention to children 0–3 years old. The Food Fortification Act (RA 8976) requires that mandatory food fortification be carried out by manufacturers and producers of rice, flour, edible oil, and sugar to compensate for inadequacies in Filipino diet.

The AHMP aims to help solve the problem of unavailability of food to eat. Among its interventions are:

- a. Food-for-School Program of the Department of Health (DOH), which provides a daily ration of one kilo of rice to families of Grade 1, preschool, and day care center children;
- b. Tindahan Natin Project of the National Food Authority (NFA) and the Department of Social Welfare and Development (DSWD), which sells low-priced rice and noodles; and

- c. Gulayang Masa/Barangay Food Terminal programs of the Department of Agriculture (DA), which promotes backyard gardening to provide alternative food sources.

Following the 1990 World Summit for Children, which aims for the virtual elimination of vitamin A deficiency and its consequences, the DOH, through the Garantisadong Pambata Program, provides vitamin A to children 6–71 months old. This program is a bi-annual weeklong delivery of health services to children 0–59 months old. Aside from vitamin A supplementation, preschoolers are also given regular weighing and deworming.

The National Nutrition Council (NNC) is the lead agency in implementing nutrition and hunger-mitigation programs. Created in 1974 through Presidential Decree 491, NNC is the highest policymaking and coordinating body on nutrition. Starting in 2005, the DOH serves as the chair of NNC, a role it took from the DA, which served as its chair from 1988 to 2005.

Hunger mitigation was only given priority in the national budget in the last three years. Prior to 2006, the NNC was allocated a relatively stable budget of PhP42–PhP51 million every year. In 2008, NNC’s budget increased 8 times to PhP473 million, which was further increased to PhP3.8 billion in 2009. On a per capita level, while expenditures of NNC amounted to barely PhP1 until 2006, it has increased to PhP2 in 2007, PhP5 in 2008, and PhP43 in 2009.

Table III.1. National Nutrition Council Expenditures, 1997–2009

	Actual (PhP)	Proposed (PhP)	
1997	84,196,000	46,673,000	
1998	46,144,000	51,188,000	
1999	47,892,000	45,941,000	
2000	49,286,000	49,976,000	NNC under
2001	45,318,000	48,122,000	DA
2002	45,287,000	45,024,000	
2003	42,455,000	42,867,000	
2004	41,813,000	46,327,000	
2005	46,756,000	46,327,000	
2006	48,047,000	45,627,000	
2007	177,828,000	52,400,000	NNC under
2008	–	473,325,000	DOH
2009	–	3,816,337,000	

Source: National Expenditure Program, Department of Budget and Management.

Actual expenditures of LGUs on nutrition are difficult to ascertain because their reports are usually lumped with health and population expenditures. What can be gleaned from Table III.2 is that aggregated expenditures on health, nutrition, and population (HNP) of provinces, cities, and municipalities have been decreasing at constant prices from 2003 to 2005. While expenditures slightly increased in 2006, HNP expenditure as a percentage of total LGU expenditure was down by 2% at the provincial level and 1% at city and municipality level, compared to its share in 2003.

Table III.2. Expenditure on Health, Nutrition, and Population Control, in 2000 prices

	2003	2004	2005	2006
Provinces	78,593.46	79,590.05	70,920.52	71,859.49
Cities	38,304.41	36,948.57	33,602.73	35,087.51
Municipalities	2,838.64	2,696.98	2,573.10	2,617.71
Health, Nutrition and Population Expenditure per Capita, in 2000 prices				
Provinces	88.74	89.87	80.08	81.14
Cities	145.77	140.61	128.98	132.02
Municipalities	73.43	69.77	66.52	68.39
Health, Nutrition, and Population Control Expenditures as Percentage of Total LGU Expenditure (in %)				
Provinces	19.04	20.19	18.50	17.02
Cities	8.11	7.97	7.31	7.40
Municipalities	8.52	8.37	8.12	7.69

Source: Statement of Income and Expenditures, Department of Finance.

Child Outcomes, Disparities, and Gender Inequalities

Child Outcomes

According to the National Nutrition Survey of 2003, 27.6% of children below 5 years old in the Philippines are underweight. There are disparities in malnutrition incidence among regions. In NCR, underweight prevalence is 15.7% compared to 36.1% in Bicol region and 32.2% in MIMAROPA.

Causes of Disparity and Inequality

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe (MICS 2007). Using the 2003 NDHS dataset, among the WHO and UNICEF feeding recommendations that will be examined are: (i) exclusive breastfeeding for the first six months, and (ii) breastfeeding initiation within one hour of birth.

Table III. 3. Underweight Children, by Region

Region	Sample Size	% Underweight	Standard Error
I. Ilocos	201	28.8	3.5
II. Cagayan Valley	164	19.5	3.9
III Central Luzon	275	17.7	2.8
IV-A CALABARZON	280	22.5	2.5
IV-B MIMAROPA	176	32.2	4.9
V. Bicol	205	36.1	3.7
VI. W. Visayas	221	30.8	3.4
VII. C. Visayas	262	25	3.6
VIII. E. Visayas	225	35	4.3
IX Zambo. Peninsula	138	29.9	4.3
X. N. Mindanao	156	26.7	4.4
XI. Davao Region	150	22.3	3.4
XII. SOCCSKSARGEN	195	29.7	2.7
Caraga	186	31.7	3.9
NCR	285	15.7	2.4
CAR	132	21.7	4.4
ARMM	185	23.7	4.1

Source: National Nutrition Survey, 2003, Food and Nutrition Research Institute.

Despite the recommendation of exclusive breastfeeding for the first six months of an infant, the average duration of exclusive breastfeeding across the country is only 2.6 months (Table III.4). Female and infants from the rural areas are breastfed longer compared to males and those in urban areas. Women with lower education and those from the poor quintiles are exclusively breastfeeding their infants longer than infants from richer quintiles. Infants in Western Visayas are exclusively breastfeeding longer than the rest of infants in the Philippines, with duration of 3.2 months. NCR, Ilocos, Davao, Central Visayas, and ARMM posted the shortest duration ranging from 0.5 to 0.6 months.

It is essential that breastfeeding be initiated within one hour of birth because the first milk called colostrum contains high levels of antibodies to protect infants from disease. Data from the 2003 NDHS show that half of the infants were given breastmilk within an hour after birth. There is not much data difference within males and females and urban and rural residents in this regard. Early breastfeeding seems to have an inverse relationship on mother's educational attainment and wealth status. Infants in Ilocos, Bicol, and Central Luzon are less likely to be breastfed early compared to those in Northern Mindanao, Central

Table III.4. Breastfeeding Indicators

	% of children breastfed within one hour of birth	Exclusive breastfeeding (median duration of months)
Total Incidence/Prevalence	54.0	2.6
Individual Dimension		
Sex		
Male	53.6	0.7
Female	54.5	1.0
Household Dimension		
Women's education		
None	60.8	2.4
Primary	53.2	2.0
Secondary	55.0	0.9
Tertiary+	52.8	0.5
Wealth Index Quintiles		
Q1 (lowest)	54.9	2.2
Q2 (second)	55.9	1.7
Q3 (middle)	52.8	0.6
Q4 (fourth)	53.1	0.6
Q5 (highest)	51.5	0.5
Geographic dimension		
National Capital Region	63.0	0.5
Cordillera Autonomous Region	61.1	1.8
I-Ilocos	28.8	0.6
II-Cagayan Valley	60.1	1.4
III-Central Luzon	35.7	0.7
IV-A-CALABARZON	55.1	0.7
IV-B-MIMAROPA	54.0	2.0
V-Bicol	34.9	1.9
VI-Western Visayas	60.7	1.3
VII-Central Visayas	66.5	0.6
VIII-Eastern Visayas	63.7	3.2
IX-Zamboanga Peninsula	56.6	1.3
X-Northern Mindanao	66.6	1.8
XI-Davao	49.0	0.6
XII-SOCCSKARGEN	48.6	2.1
XIII-Caraga	59.9	1.9
ARMM	56.7	0.6
Residence		
Urban	54.4	9.9
Rural	53.7	1.6

Data source: National Demographic and Health Survey, National Statistics Office, 2003.

Table III.5. Vitamin A Supplementation among Children 6–59 Months Old

	Consumed Vitamin A Supplements
Total Incidence/Prevalence	76.0
Individual Dimension	
Sex	
Male	76.3
Female	75.7
Household Dimension	
Women's education	
None	36.9
Primary	67.4
Secondary	77.7
Tertiary+	85.3
Wealth Index Quintiles	
Q1 (lowest)	64.4
Q2 (second)	73.3
Q3 (middle)	79.5
Q4 (fourth)	83.7
Q5 (highest)	87.3
Geographic dimension	
National Capital Region	80.8
Cordillera Autonomous Region	74.9
I-Ilocos	74.6
II-Cagayan Valley	65.3
III-Central Luzon	83.2
IV-A-CALABARZON	82.3
IV-B-MIMAROPA	68.5
V-Bicol	70.9
VI-Western Visayas	76.9
VII-Central Visayas	77.9
VIII-Eastern Visayas	76.1
IX-Zamboanga Peninsula	64.4
X-Northern Mindanao	76.7
XI-Davao	72.3
XII-SOCCSKARGEN	79.5
XIII-Caraga	79.7
Autonomous Region of Muslim Mindanao	50.2
Residence	
Urban	79.9
Rural	72.0

Data source: National Demographic and Health Survey, National Statistics Office, 2003.

The survey finding is complemented by reports from the Field Health Service Information System of the DOH which showed an increase in Vitamin A supplementation from 1998 to 2006 (Table III.6).

Table III.6. Micronutrient Supplementation, Agency Data, 1998–2006

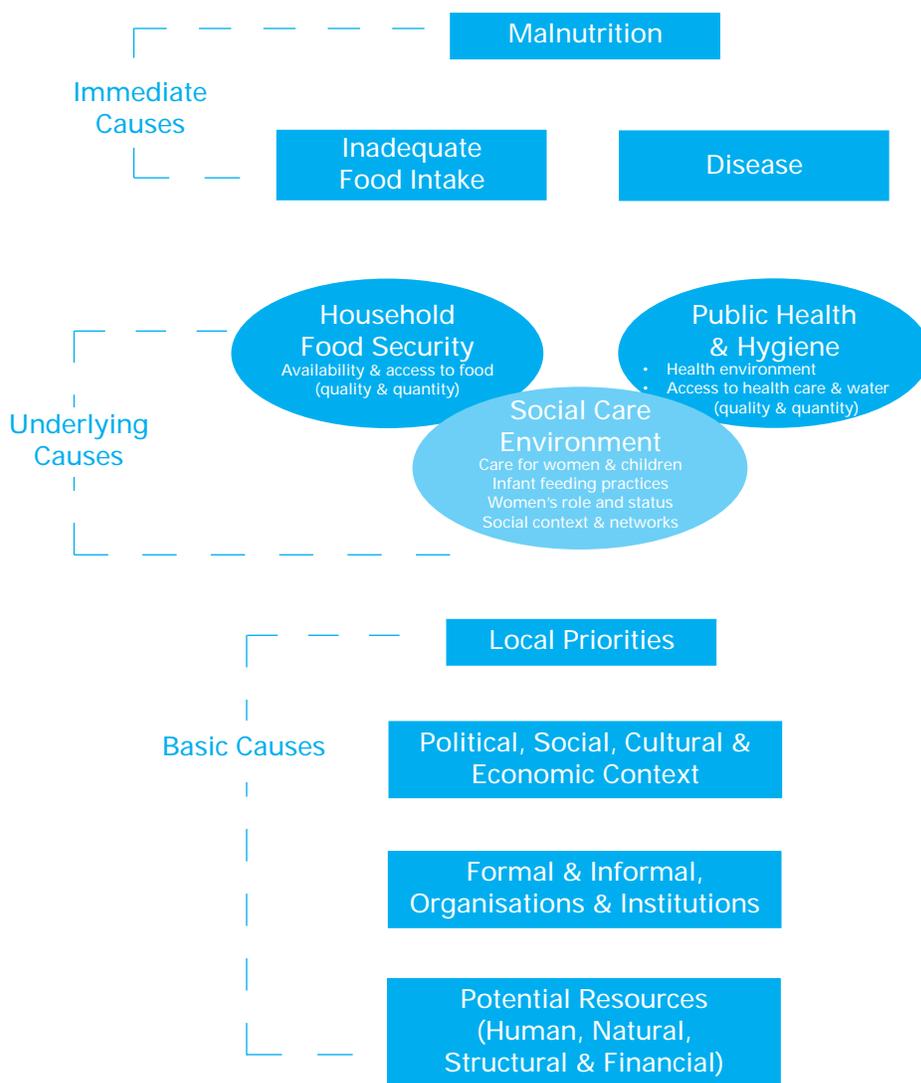
National	1998	1999	2005	2006
Vitamin A				
Children (9–11 months old) given supplementation	72.80	74.00	80.00	81.00
Children (12–59 months old) given supplementation	89.60	84.10	97.80	95.70

Data source: Field Health Service Information System, various years, Department of Health.

Causes of Malnutrition

The conceptual framework developed by UNICEF identifies three underlying causes of malnutrition: social care environment, public health and hygiene, and household food security (Figure III.1).

Figure III.1. Conceptual Framework of Malnutrition, UNICEF



Adapted from UNICEF, Conceptual Framework of Malnutrition, 1997

Child Nutrition and Social Care Environment

The nutritional status of children depends on the kind of “care” they receive. In the same context, it also depends on the kind of care mothers receive while pregnant. Maternal care during pregnancy and delivery has a major influence on health, wellbeing, and nutritional status of both mothers and babies (Mason et al. 2001). Low birth weight is strongly associated with under nutrition of pregnant mothers. About 60% of women in South Asia and 40% in Southeast Asia are underweight (>45 kg). Low birth weight is probably the main reason why over 50% of children in Asia are underweight. This also increases the risk of other health and developmental problems (Allen and Gillespie 2001).

Breastfeeding is vital to infant nutrition. Based on WHO and UNICEF feeding recommendations, it is essential that breastfeeding be initiated within one hour of birth, to ensure that infants get colostrum, which has high levels of antibodies to protect them from diseases. Exclusive breastfeeding—which means nothing except breastmilk is given, not even water—has been established as beneficial to infants up to 4–6 six months old (Mason et al. 2001). In a 1996 study by Yoon et al., it noted the increase in mortality rate associated with diarrhea and acute respiratory infection if a child is not breastfed during the first six months of that child’s life. The risk of mortality associated with not breastfeeding was also greater for infants with low birth weight, and infants whose mothers had little formal education. Partial breastfeeding also had no protective effect and presented risks of giving contaminated weaning foods (Kanade 1992). NDHS 2003 data show that 54% of infants were breastfed within one hour after birth, 33.5% of infants six months old and below were exclusively breastfed, and 32.7% of infants 6–9 months old were not breastfeeding.

Mothers play a crucial role in effective infant feeding practices. In a study done by Liaqat, Rizvi, Qayyum, and Ahmed in 2007, there is a positive correlation between the nutritional status of infants and the educational status of mothers. Majority of infants with evidence of malnutrition belonged to mothers with no education. With better educational status of mothers, complementary foods were introduced at an appropriate age. At the household level, a study on Philippine households by Agdeppa and Barba (n.d.) shows the different factors influencing the prevalence

of over/underweight children. These include the following:

- a. a mother’s educational level,
- b. a mother’s occupation,
- c. number of children in the household,
- d. energy and nutrient intake,
- e. children’s preference of meats, sweets and sugars,
- f. a mother’s preference of meats and fried foods,
- g. a mother’s perception on body size, and
- h. a mother’s and child’s physical activities.

Child Nutrition and Provision of Safe Water and Sanitary Facilities

Access to water and sanitary facilities have a major effect on malnutrition. In a five country analysis by Fuentes, Pfitze, and Seck in 2006, findings were consistent on the importance of safe water in rural areas, and that access to improved sanitation facilities can increase the chances of child survival in cities. Non-shared water source and private toilets also have a positive impact in the survival chances of children. For shared water sources, lack of clear accountability may lead to pollution of water source, and to a higher risk of early death. Having to transport water from relatively long distances can be another source of possible contamination. In the Philippines, the DOH’s Field Health Surveillance Information System (FHSIS) reports that in 2007, 85.7% of households have access to safe water while 77.5% have sanitary toilet facilities.

Child Nutrition and Food Insecurity

The cheapest foods generally have the lowest content of nutrients except energy, yet, it is the types that the poor can afford and consume (Mason et al. 2001). Risk factors for food insecurity, as identified by Campbell in her 1991 study, are anything that limits the household resources (money, time, health, and others) or the proportion of those resources available for food acquisition. Because food insecurity is the limitation or uncertainty of the availability or the ability to acquire food, it can be argued, based on that study, that this is also a nutrition issue that should be addressed.

Building Blocks and Partners for Strategy

The introduction of AHMP marks the first time that hunger mitigation is considered a top government priority. The NNC stated that the next step in ensuring that AHMP is implemented is to focus on needier areas and population groups using a lower level of data aggregation and improved monitoring and evaluation systems.

At present, collection of anthropometric data is currently under the Food and Nutrition Council (FNRI) of the Department of Science and Technology. However, the dataset is not available to researchers outside of FNRI, making it difficult to understand the correlates of under-5 malnutrition in the Philippines. Because FNRI data could not be used in identifying policies, the Family Income and Expenditure Survey (FIES) is used to identify vulnerable areas. This current method of identifying hungervulnerable provinces, based on food poor ranking using the FIES, give results that are not consistent with the findings of the National Nutrition Survey (NNS). For instance, the NNS showed that underweight prevalence is highest in Bicol and MIMAROPA regions but only 2 of 6 provinces in the Bicol Region were included in Top One Priority areas of AHMP while all provinces in MIMAROPA were included in Top Two Priority Areas. Most of the provinces in Top One areas are from ARMM. But in the NNS survey, ARMM had an average incidence of underweight children with 23.7%—almost at par with richer regions such as Davao (22.3%) and CALABARZON (22.5 %). This discrepancy underscores the point out that the food poor threshold may be inferior in capturing data of undernourished children.

A possible solution to lack of access to anthropometric data is to include this indicator in the next round of MICS surveys of UNICEF. Another pragmatic solution is to include underweight data in FHSIS reports. At present, weight and height data are routinely collected during Garantisadong Pambata and Operation Timbang. however, data collected are at the national level and, therefore, not used for policymaking.

2. Health

National Laws, Policies, and Key Programs

The Philippine government is one of the signatories in the global formal commitment to achieve the MDGs.

Achieving improvements in child health is explicit in MDG Goal #4, which aims to reduce under-five child mortality by two-thirds in 2015 and implicitly, MDG Goal #5, which aims to reduce maternal mortality ratio by threefourths.

To achieve these goals, the Medium-Term Philippine Development Plan (MTPDP) for 2005–2010 was designed to attain the goals of the MDGs, and to address the problems of poverty. The MTPDP, in general, includes goals focused on reducing prices of essential drugs, expanding the coverage of health insurance, improving local health systems, improving the healthcare management system, and improving health and productivity through research and development.

The MTPDP is reflected in the DOH's National Objectives for Health (NOH) for 2005–2010. The NOH has three specific goals: better health outcomes, more responsive health systems, and more equitable health financing. The Fourmula-1 for Health was designed as the implementation framework to achieve these primary goals. For the manageable implementation of the framework, four components were identified, namely, health financing, regulation, service delivery, and good governance.

In maternal and childcare, the NOH states that:

“ Although infant and mortality rates have improved over the years, the rate of decline is slow, thus, the Philippines still lags behind our close neighbors in the Southeast Asian Region.”

Policies were put in place to support the achievement of the NOH goals. These policies are then translated into programs specific to the special needs of women and children. Among these are the Bright Child Program (EO 286), which promotes a comprehensive policy on children's welfare, and a National System for Early Childhood Care and Development, which pursues an integrated approach through convergence of services at home, at the community centers, and in schools. In 2007, the national government reiterated its commitment to WHO goals of eliminating measles, neonatal tetanus and polio, and controlling Hepatitis B and other vaccinepreventable diseases through EO 663. Another law enacted in 2004 is the Newborn Screening Act (Republic Act [RA] 9288) which institutionalized a national newborn screening system for every infant born to spare them of conditionals that can lead to mental retardation and death.

The Maternal, Neonatal, and Child Health and Nutrition (MNCHN) Strategy, through DOH Administrative Order (AO) 2008–2009, was also issued, which identifies a standard set of interventions to ensure healthy mothers and newborns. The set of services include:

- a. pre-pregnancy services;
- b. antenatal care, including iron and folate supplementation and tetanus toxoid immunization to name a few;
- c. care during delivery by shifting from home-based to facility-based deliveries in either a Basic Emergency Obstetric and Newborn Care (BEmONC) or a Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility; and
- d. post-partum and postnatal care for mothers and neonates.

The AO, a reiteration of the Philippines' commitment to the Safe Motherhood Initiative, was also adopted in 1988 with the basic premise that "childbirth must not carry with it the risk of death or disability for the woman and her infant (DOH 1988). This initiative recommends that all pregnant women have at least four antenatal visits during each pregnancy and the first antenatal check-up should occur in the first trimester of the pregnancy to detect complications early. To prevent anemia, it is also essential that women had iron or folate supplementation (NSO 2004). Delivery should be conducted in health facilities or birthing centers with a skilled professional birth attendant. The Philippine Midwifery Act of 1992 (RA 7392) institutionalized the professionalization of midwives, and defined their role in the provision of care to pregnant women during pregnancy, labor, and management of delivery.

Other pertinent laws and policies on mother and childcare include the Breastfeeding Act of 1992 (RA 7600), which stipulates that newborns are to be roomed-in and breastfed immediately after birth. The practice of breastfeeding is said to be advantageous, and benefits both the infant and the mother. EO 51, or the National Code for Marketing Breastmilk Substitutes and Supplements, mandates that only authorized and approved advertisements of breastmilk substitutes and supplements shall be allowed, and that breastfeeding shall be encouraged and promoted. The National Newborn Screening Act (RA 9288) aims to ensure that every baby born in the Philippines is given

the opportunity to undergo newborn screening and to be spared from hereditary conditions that can lead to mental retardation and death if undetected and untreated.

These laws are crystallized into national programs for children such as The Philippine Plan of Action for Children of 1991, the Philippine National Strategic Framework for the Development of Children, 2000–2025, and Children's Health 2025, a DOH plan for children.

DOH programs focused on child health are abundant. National programs to protect newborns, infants, and children include:

- a. infant and young child feeding (IYCF), which presents guidelines for optimal feeding, thus, improving the nutritional status, growth, and development of infants and young children;
- b. newborn screening;
- c. expanded program on immunization (EPI), which aims to protect children against vaccine-preventable diseases;
- d. integrated management of childhood illnesses (IMCI), which was established as an approach to strengthen the provision of comprehensive and essential health package to children; and
- e. micronutrient supplementation, dental health, early child development, and child health injuries.

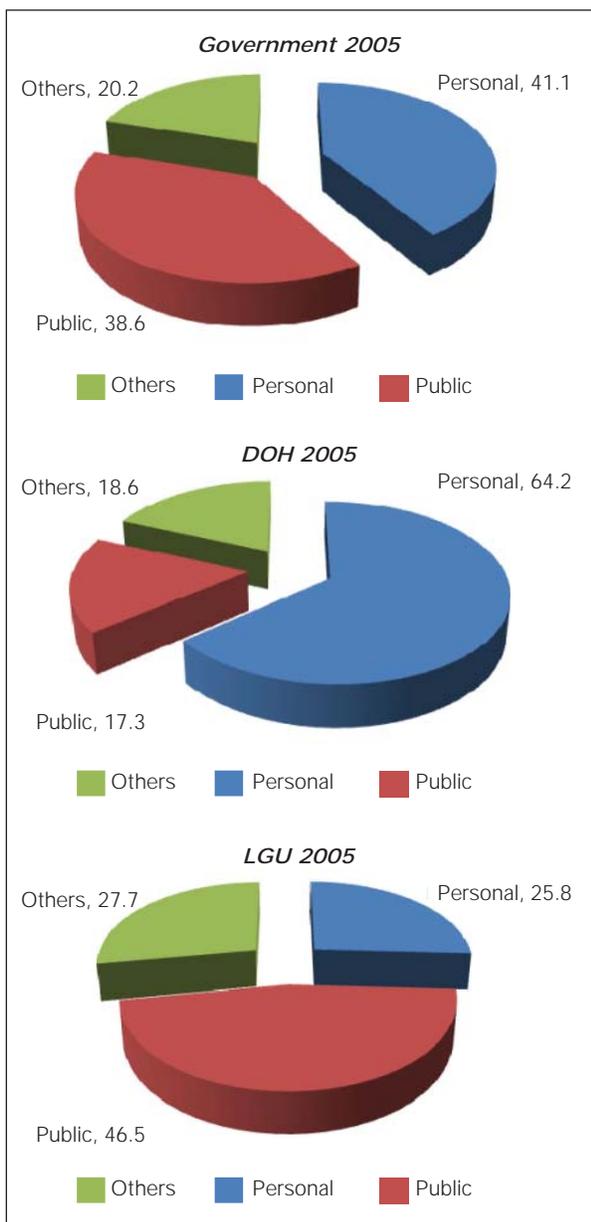
Implementation of these programs was strengthened by the passage of the National System for Early Childhood Care and Development (RA 8980). This law recognizes the rights of children to survival, development, and special protection, and the role of parents as primary caregivers and as their first teachers. The system refers to the full range of health, nutrition, early education, and social services programs that provide for the basic needs of children up to six years of age. These programs include centerbased and home-based programs.

Budget Allocation for Health

The government declares public health programs and primary healthcare services as its main priority. Responsibility for funding health education, immunization, maternal care, and eradication of communicable diseases falls primarily on the

government. However, a look into the uses of funds for health in the national government budget shows that only 39% was used for public health in 2005. Figure III.2 shows that DOH used 64% of its budget for personal services, primarily for the upkeep of its retained hospitals, and only 17% left for public health. Even LGUs, which were placed at the helm of public health program implementation due to the decentralization of health services, spent only 45% of their budgets for such expenditures.

Figure III.2. Total Health Expenditure, by Uses of Funds (National Government, Department of Health and Local Government Units), 2005



Source: Philippine National Health Accounts, 2005. National Statistical Coordination Board.

Central government expenditure on all these programs (Table III.7) comprised 4.99% of its total budget in 2005, 5.26% in 2006 and 3.8% in 2007. Relative to total government expenditures, the amount directly spent for child health programs was only 0.05% of total expenditures in 2005 and 2006, and 0.04% in 2007.

At least three-fifths of total health expenditures come from private sources (Figure III.3) of which out-of-pocket expenditures constitute around 80% (Figure III.4). There has been an increasing contribution of health maintenance organizations (HMOs) and private insurance in the last five years, but their overall share remains insignificant. With a very limited mechanism for risk pooling in the country, safety nets are not adequately provided, particularly for the poor when they get sick.

Child Outcomes, Disparities, and Gender Inequality

Child Outcomes

Infant mortality rate (IMR) is defined as the number of infant deaths per 1,000 live births during the first 12 months of life. It is described as the probability of dying between birth and one year of age. In the Philippines, 29 in 1,000 infants died before reaching their first birthday in 2003 (Table III.8). This figure is lower than the IMR of 34 in 1993.

Because the level of mortality is higher at the early ages than at the later ages of infancy, IMR is disaggregated into neonatal mortality (NN) or the probability of dying within the first month of life, and post-neonatal mortality (PNN) or the probability of dying after the first month of life but before one year old. Improvements in IMR in the past decade can be traced from reductions in PNN from 16 to 12 per 1,000 live births. Unfortunately, efforts to improve the survival of infants within the first month of life have not resulted in any improvements in the past 10 years. According to DOH, the leading causes of infant deaths are pneumonia, bacterial sepsis, and disorders related to short gestation and low birth weight.

Child mortality rate (CMR) is the probability of dying between the exact age of 1 and age 5, defined as the number of deaths of children 1–4 years old, per 1,000 children surviving up to age 12 months. CMR was reduced from 19 to 12 in 2003. Adding IMR and CMR will yield under-five mortality rate (U5MR) or the probability of dying between birth and exact age five. From a U5MR of 52 in 1993, the Philippines was able to reduce its rate to 40 in 2003. This means a reduction of 23% in 10 years.

Despite the reduction, DOH contends that the decline has not been at par with the Philippines' neighboring countries (Figure III.5). High IMR is prevalent among infants born to mothers with no education, no antenatal and delivery care, and those who are either too young or too old for pregnancy. There is also a greater tendency of death for infants born below two

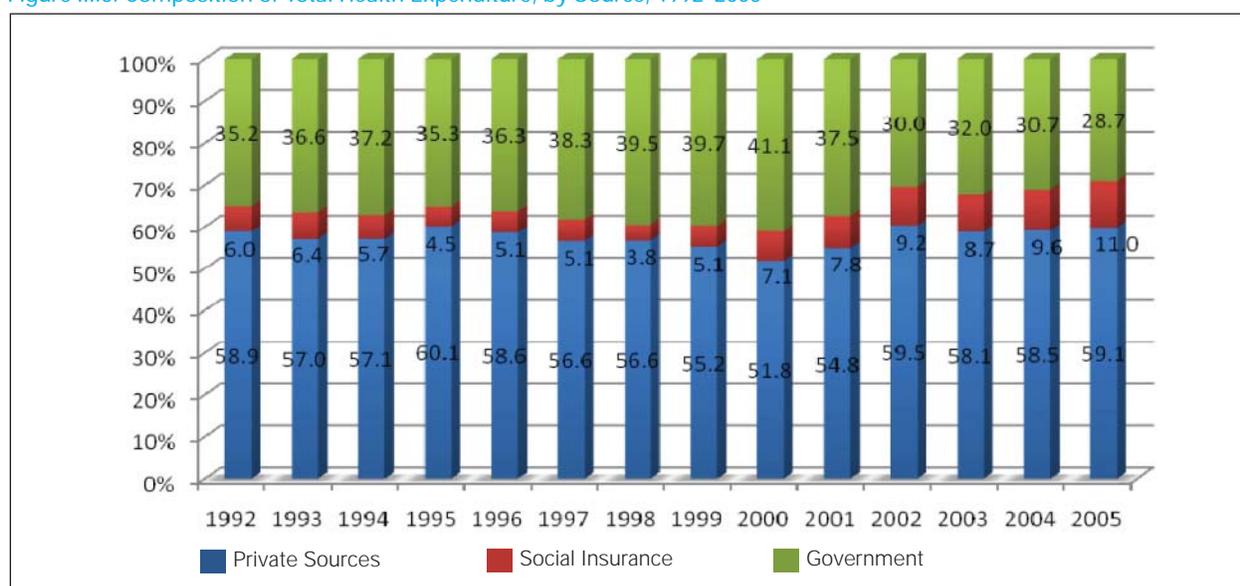
years interval, and born at birth parity of seven and above. Table III.9 clearly shows different mortality rates among wealth quintiles. Childhood mortality rates are an inverse function of income. Children born in wealthier families are more likely to survive than children born from poorer households.

Table III.7. Central Government Expenditure on Health Programs, 2005–2007

Programs	Total spending in 2005 currency	Total spending in 2006 currency	Total spending in 2007 currency	Total spending as % of gov. spending in 2005	Total spending as % of gov. spending in 2006	Total spending as % of gov. spending in
Vaccine preventable disease control						
Expanded program on immunization	318,994,160.00	487,796,576.77	408,551,952.88	0.03367	0.04669	0.03536
Vaccine self-sufficiency	56,034,089.87	25,000,000.00	24,375,000.00	0.00591	0.00239	0.00211
Prevention and control of other infectious diseases including food and water-borne diseases, acute respiratory infection, etc.	28,691,768.16	20,404,435.27	24,275,296.13	0.00303	0.00195	0.00210
Artificial family planning	45,600,700.00		5,666,168.67	0.00481	0.00054	no data
Natural family planning	738,000.00	627,475.00	255,836.00	0.00008	0.00002	0.00002
Family health and primary health care	70,270,845.00	14,743,717.96	43,264,499.09	0.00742	0.00141	0.00374

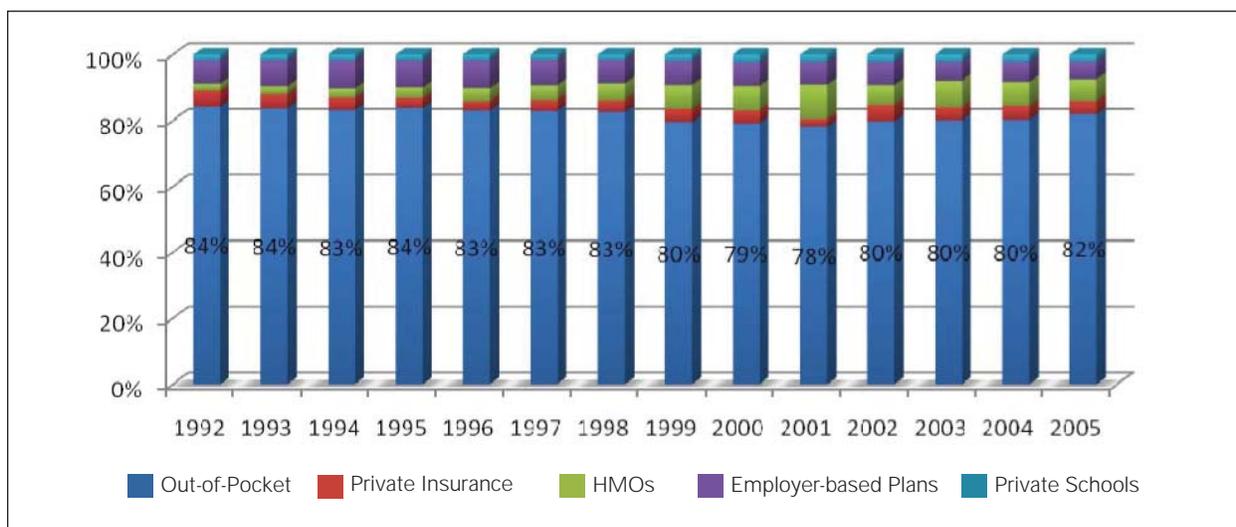
Sources: Total Spending per Line Item: Statement of Allotment and Obligations Incurred, Budget Division, Department of Health – Central Office; National Government Obligations: National Expenditure Program, Department of Budget and Management.

Figure III.3. Composition of Total Health Expenditure, by Source, 1992–2005



Source: Philippine National Health Accounts, 2005, National Statistical Coordination Board.

Figure III.4. Composition of Private Health Expenditure, by Source, 1992–2005



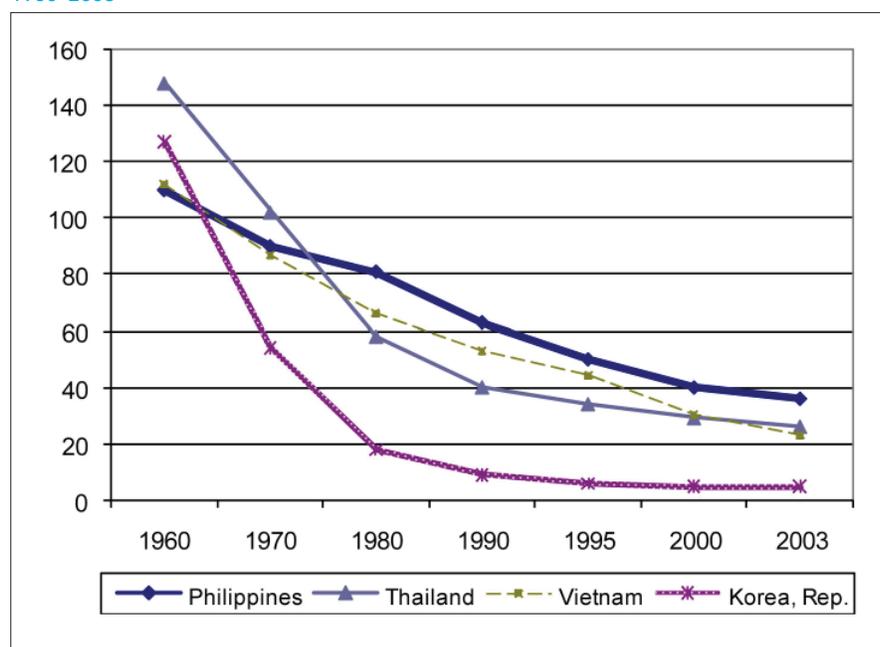
Source: Philippine National Health Accounts, National Statistical Coordination Board, 2005.

Table III.8. Child Mortality Rates, Philippines 1993–2003

Year	Neonatal Mortality	Post-Neonatal Mortality	Infant Mortality	Child Mortality	Under-Five Mortality
2003	17	12	29	12	40
1998	17	14	31	12	43
1993	18	16	34	19	52

Source: National Demographic and Health Surveys, 1993, 1998 and 2003. National Statistics Office.

Figure III.5. Trends in Children Under-Five Mortality Decline in Selected Asian Countries, 1960–2003



Source: World Development Indicators, 2005. The World Bank.

Table III.9. Early Childhood Mortality Rates, by Socioeconomic Characteristics, 2003

	<i>Neonatal Mortality</i>	<i>Post-Neonatal Mortality</i>	<i>Infant Mortality</i>	<i>Child Mortality</i>	<i>Under-Five Mortality</i>
Wealth Index Quintile					
Lowest	21	21	42	25	66
Second	19	13	32	15	47
Middle	15	10	26	6	32
Fourth	15	7	22	4	26
Highest	13	6	19	1	21

Source: National Demographic and Health Survey, 2003. National Statistics Office.

Causes of Disparity and Inequality

UNICEF applies the framework on the continuum of care, which suggests service interventions during critical points in the life cycle of mothers and children, instead of single, disease-specific interventions. Using available data, this section probes the causes of disparity and inequality in the provision of continuum care for mothers and children.

The essential services (UNICEF 2008) required to support the continuum of maternal and newborn care include:

- a. enhanced nutrition;
- b. safe water, sanitation, and hygiene facilities and practices;
- c. disease prevention and treatment;
- d. quality reproductive health services;
- e. adequate antenatal care;
- f. skilled attendance at delivery;
- g. basic and comprehensive emergency obstetric and newborn care;
- h. postnatal care;
- i. neonatal care; and
- j. Integrated Management of Neonatal and Childhood Illnesses.

Maternal Care to Ensure Healthy Newborns

Adequate Antenatal Care

Antenatal visits will help detect, treat, and prevent infectious diseases, thus, helping ensure healthy newborns. UNICEF and WHO recommend a minimum of four antenatal visits from a skilled health provider to enable women to receive key interventions such as tetanus toxoid immunization, screening and treatment for infections, and vital information on complications during pregnancy and delivery. Using the NDHS 2003, characteristics of women who gave birth one year before the survey period was analyzed. The number of antenatal care and the corresponding characteristics of the sample are shown in Table III.10. A woman with no education has the least percentage of having adequate antenatal care visit (36.7%) as opposed to college-educated women (83%). It is worrisome that those considered high-risk pregnancies of young women (15–20 years old) and older women (36 and above) have lesser percentage of having sufficient number of check-ups when compared to the sample falling under the safe age range of pregnancy. As expected, those residing in urban areas are more likely to have adequate number of visits, as well as those belonging to the richer and richest quintiles.

The same trend was observed for women who had their first antenatal visit during the first trimester of pregnancy (Table III.11). The higher the educational level a woman has, the more likely she will have her first check-up at the first trimester. More women are following this recommendation in the urban areas than in the rural areas, and compliance is higher among richer women.

Table III.10. Number of Antenatal Visits, 2003

	No antenatal visits (%)	1 visit (%)	2 to 3 visits (%)	4 + visits (%)	Don't know (%)	Total (%)	No. of women
EDUCATION							
No education	20.0	6.7	33.3	36.7	3.3	100.0	30
Primary	12.3	7.9	26.9	51.6	1.2	100.0	416
Secondary	4.3	6.4	21.4	67.5	0.5	100.0	627
Higher	2.0	1.7	11.5	83.5	1.0	100.0	406
AGE							
15–20	5.8	6.4	33.6	54.0	0.2	100.0	179
21–25	5.9	5.0	22.4	65.2	1.6	100.0	414
26–30	5.0	5.2	16.5	72.9	0.3	100.0	384
31–35	6.0	4.0	20.5	68.8	–	100.0	277
36–40	10.7	4.5	26.6	57.3	1.0	100.0	165
41+	28.3	15.7	18.7	37.4	–	100.0	61
REGION							
National Capital Region	5.4	3.5	8.9	77.8	4.5	100.0	202
Cordillera Admin. Region	13.6	4.5	27.2	54.5	–	100.0	22
I - Ilocos	11.0	4.1	23.3	61.7	–	100.0	73
II - Cagayan Valley	9.4	3.8	26.4	60.4	–	100.0	53
III - Central Luzon	4.4	9.6	11.1	74.1	0.7	100.0	135
IVA - CALABARZON	5.6	3.3	19.4	71.8	–	100.0	180
IVB - MIMAROPA	9.1	5.5	16.3	67.3	1.8	100.0	55
V - Bicol	5.0	9.9	31.7	53.6	–	100.0	101
VI - Western Visayas	5.9	5.9	20.8	66.4	1.0	100.0	101
VII - Central Visayas	2.6	1.7	21.8	73.8	–	100.0	115
VIII - Eastern Visayas	6.7	5.3	30.7	57.3	–	100.0	75
IX - Zamboanga Peninsula	12.1	8.6	17.2	62.1	–	100.0	58
X - Northern Mindanao	7.2	7.2	31.9	53.3	–	100.0	69
XI – Davao	4.8	6.3	19.1	69.8	–	100.0	63
XII - SOCCSKSARGEN	9.6	2.7	16.4	69.8	1.4	100.0	73
XIII – Caraga	4.7	4.7	11.6	79.1	–	100.0	43
ARMM	1.8	10.5	45.6	42.3	–	100.0	57
RESIDENCE							
Urban	5.9	4.0	12.6	75.8	1.6	100.0	734
Rural	6.6	7.3	28.5	57.5	0.1	100.0	741
WEALTH INDEX QUINTILE							
Poorest	11.2	8.9	28.4	50.4	1.0	100.0	383
Poorer	6.7	7.6	26.3	58.9	0.6	100.0	342
Middle	4.6	5.5	20.5	69.1	0.3	100.0	307
Richer	4.0	1.6	12.0	81.4	1.2	100.0	251
Richest	1.0	1.0	5.6	91.1	1.0	100.0	194
Total	6.2	5.6	20.5	66.8	0.8	100.0	1,477

Source: Author's calculations based on the 2003 National Demographic and Health Survey.

Table III.11. Number of Months Pregnant at the Time of First Antenatal Visit, 2003

	No antenatal visit (%)	First Trimester (%)	Second Tri-mester (%)	Third Trimester (%)	Total (%)	Number of women
EDUCATION						
No education	20.0	33.3	30.0	16.7	100.0	30
Primary	12.3	35.8	42.0	9.8	100.0	414
Secondary	4.3	45.3	42.1	8.3	100.0	628
Higher	2.0	63.8	31.0	3.2	100.0	406
AGE						
15-20	5.6	40.5	25.3	28.7	100.0	185
21-25	5.8	46.8	40.3	7.1	100.0	416
26-30	5.0	53.1	34.8	7.1	100.0	389
31-35	1.0	10.6	7.0	1.4	100.0	277
36-40	10.7	39.1	42.5	7.6	100.0	165
41+	28.4	21.3	33.2	17.1	100.0	60
REGION						
National Capital Region	5.4	60.6	27.6	6.5	100.0	203
Cordillera Admin. Region	12.0	40.0	40.0	8.0	100.0	25
I - Ilocos	11.0	48.0	34.3	6.8	100.0	73
II - Cagayan Valley	9.6	57.7	26.9	5.7	100.0	52
III - Central Luzon	4.4	56.6	28.6	10.3	100.0	136
IVA - CALABARZON	5.6	58.7	28.5	7.3	100.0	179
IVB - MIMAROPA	9.1	41.8	40.0	9.0	100.0	55
V - Bicol	5.1	26.4	53.6	15.1	100.0	99
VI - Western Visayas	5.9	41.2	48.0	4.9	100.0	102
VII - Central Visayas	2.6	42.7	50.5	4.4	100.0	117
VIII - Eastern Visayas	6.5	26.0	55.9	11.7	100.0	77
IX - Zamboanga Peninsula	11.9	50.9	30.6	6.8	100.0	59
X - Northern Mindanao	7.4	41.2	47.0	4.4	100.0	68
XI - Davao	4.8	50.8	36.5	8.0	100.0	63
XII - SOCCSKSARGEN	9.7	49.9	34.8	5.6	100.0	72
XIII - Caraga	4.5	45.4	47.8	2.3	100.0	44
ARMM	1.8	28.1	57.9	12.3	100.0	57
RESIDENCE						
Urban	5.9	55.3	32.6	6.1	100.0	735
Rural	6.6	39.8	44.5	9.2	100.0	742
WEALTH INDEX QUINTILE						
Poorest	11.3	32.9	44.5	11.2	100.0	382
Poorer	6.7	35.1	46.8	11.4	100.0	342
Middle	4.6	51.8	37.2	6.6	100.0	307
Richer	4.0	59.5	34.2	2.4	100.0	252
Richest	1.0	76.2	21.2	1.6	100.0	193
Total	6.2	47.5	38.7	7.5	100.0	1476

Source: Author's calculations based on the 2003 National Demographic and Health Survey.

Table III.12. Iron Supplements, 2003

	During pregnancy, given or bought iron tablets/syrup				
	No (%)	Yes (%)	Don't Know (%)	Total (%)	No. of women
EDUCATION					
No education	66.7	33.3	–	100.0	30
Primary	28.8	71.0	0.2	100.0	417
Secondary	22.2	77.6	0.2	100.0	626
Higher	11.6	88.4	–	100.0	406
AGE					
15–20	36.2	63.8	–	100.0	178
21–25	24.7	75.3	–	100.0	414
26–30	18.9	80.5	0.5	100.0	386
31–35	18.2	81.8	–	100.0	273
36–40	23.7	76.3	–	100.0	163
41+	39.6	60.4	–	100.0	62
REGION					
National Capital Region	21.2	78.8	–	100.0	203
Cordillera Admin Region	37.5	62.5	–	100.0	24
I - Ilocos	18.9	81.1	–	100.0	74
II - Cagayan Valley	30.8	69.2	–	100.0	52
III - Central Luzon	17.9	82.1	–	100.0	134
IVA - CALABARZON	21.8	78.2	–	100.0	179
IVB - MIMAROPA	18.5	81.5	–	100.0	54
V - Bicol	26.7	73.3	–	100.0	101
VI - Western Visayas	13.9	85.1	1.0	100.0	101
VII - Central Visayas	10.3	89.7	–	100.0	117
VIII - Eastern Visayas	27.6	72.4	–	100.0	76
IX - Zamboanga Peninsula	27.1	72.9	–	100.0	59
X - Northern Mindanao	20.6	77.9	1.5	100.0	68
XI - Davao	21.0	79.0	–	100.0	62
XII - SOCCSKSARGEN	28.2	71.8	–	100.0	71
XIII - Caraga	15.9	84.1	–	100.0	44
ARMM	44.8	55.2	–	100.0	
RESIDENCE					
Urban	18.1	81.9	–	100.0	736
Rural	26.0	73.8	0.3	100.0	743
WEALTH INDEX QUINTILE					
Poorest	33.9	65.9	0.3	100.0	384
Poorer	21.3	78.7	–	100.0	342
Middle	20.5	79.2	0.3	100.0	308
Richer	17.5	82.5	–	100.0	252
Richest	8.8	91.2	–	100.0	194
Total	22.1	77.8	0.1	100.0	1480

Source: Author's calculations, based on the 2003 National Demographic and Health Survey.

Basic and Comprehensive Emergency Obstetric and Newborn Care

Birth delivery in a medical facility is very much encouraged among pregnant women to ensure the use of safe water, hygienic facilities and good sanitation practices. These ensure that mothers are protected from infections. The indicator on deliveries in a medical facility shows wide differences, depending on a woman's educational attainment and her household wealth. A very high percentage of women have their deliveries at home if they have secondary or lower level of education and if they belong to the poorest, poor, and middle wealth quintiles. In Table III.13, 82.6% of birth deliveries happened at home for women belonging to the poorest quintile and only 20.1% for those in the richest quintile. Again, a higher percentage of birth deliveries happened at home for high-risk pregnancies. Women in the rural areas had more deliveries at home than women in the urban areas.

Among births delivered in a medical facility, majority were in government hospitals. The number of deliveries in private clinics and hospitals was only half the number reported in government hospitals. Government health centers are underutilized, accounting for only 1.9% of births in the sample. However, this may be attributed to the fact that

government health centers, rural health units in particular, were only upgraded or accredited recently as birthing facilities.

Skilled birth attendance is helpful in reducing the risk of post-partum hemorrhage, a leading cause of maternal deaths. There is always the risk of having complications during childbirth. Timely care in a medical facility is always necessary to save a mother's life if complications arise during childbirth. Birthing facilities with complete medical equipments, supplies, medicines, and trained personnel ensure quality medical care. Postnatal care for both mother and newborn is also recommended to check and monitor neonatal health and breastfeeding practices, and to promote hygienic childcare (UNICEF 2008).

In its State of the World's Children 2009, UNICEF reports that in the Philippines, 70% of pregnant women had at least four antenatal check-ups, 60% had skilled attendants at birth, and 38% had institutional deliveries. The country achieved higher in antenatal care than the regional figures for East Asia and the Pacific, which reported 66% coverage rate for at least four antenatal visits. However, achievements in skilled birth attendance and facility-based deliveries are trailing below the regional average of 87% and 73%, respectively.

Table III.13. Places of Delivery, 2003

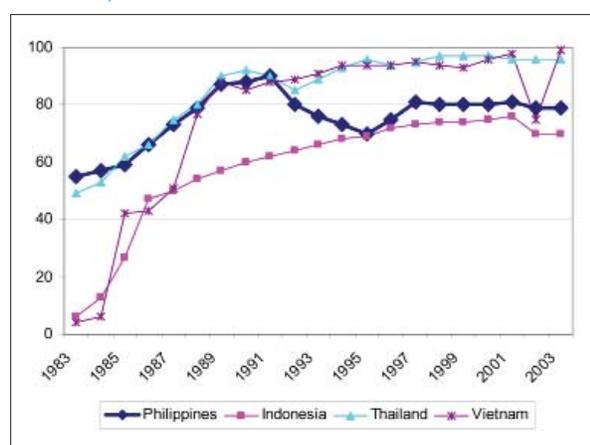
Region	Places of Delivery (in %)							Total	Number of Women
	Respon- dents' home	Other home	Gov't. hospital-	Govt. health center	Private hospital/ clinic	Other private facility	Other		
EDUCATION									
No education	93.3	3.3	–	–	3.3	–	–	100.0	30
Primary	77.2	4.6	3.9	1.7	2.6	–	–	100.0	416
Secondary	59.8	4.5	22.6	2.2	10.5	0.2	0.2	100.0	627
Higher	27.0	2.0	40.3	1.7	28.7	–	0.2	100.0	407
AGE									
15–20	68.6	3.7	17.3	3.5	6.7	0.2	–	100.0	181
21–25	52.3	4.7	25.2	3.2	14.0	–	0.6	100.0	413
26–30	54.5	3.7	24.7	1.6	15.4	–	–	100.0	385
31–35	57.9	4.3	25.1	1.1	11.7	–	–	100.0	275
36–40	60.2	1.7	27.8	0.4	9.8	–	–	100.0	161
41–49	84.2	1.2	6.5	0.0	8.1	–	–	100.0	61
REGION									
NCR	25.1	1.0	40.9	3.9	29.1	–	–	100.0	203
CAR	43.5	4.3	43.5	–	8.7	–	–	100.0	23
I - Ilocos	70.3	2.7	16.2	–	9.5	–	1.4	100.0	74
II - Cagayan Valley	64.2	1.9	30.2	–	3.8	–	–	100.0	53
III - Central Luzon	51.1	3.0	27.4	–	17.8	0.7	–	100.0	135
IVA-CALABARZON	47.2	6.2	24.7	2.8	19.1	–	–	100.0	178
IVB - MIMAROPA	75.9	5.6	14.8	1.9	1.9	–	–	100.0	54
V - Bicol	67.3	4.0	17.8	2.0	7.9	–	1.0	100.0	101
IX - Zamboanga Peninsula	78.3	1.7	13.3	3.3	3.3	–	–	100.0	60
X - Northern Mindanao	64.7	2.9	26.5	–	5.9	–	–	100.0	68
XI - Davao	41.9	11.3	22.6	–	24.2	–	–	100.0	62
XII - SOCCSKSARGEN	74.6	2.8	11.3	2.8	8.5	–	–	100.0	71
XIII- Caraga	65.9	4.5	25.0	2.3	2.3	–	–	100.0	44
ARMM	83.1	1.7	8.5	–	6.8	–	–	100.0	59
RESIDENCE									
Urban	41.6	3.0	31.6	2.7	21.1	–	–	100.0	735
Rural	70.9	4.6	17.9	0.9	5.2	0.1	0.3	100.0	743
WEALTH INDEX QUINTILE									
Poorest	82.6	5.2	9.9	0.8	1.6	–	–	100.0	384
Poorer	67.8	5.3	19.6	1.5	5.3	0.3	0.3	100.0	342
Middle	52.9	3.3	32.4	2.3	9.2	–	–	100.0	306
Richer	33.1	2.8	37.8	3.6	22.3	–	0.4	100.0	251
Richest	20.1	0.5	34.0	1.5	43.8	–	–	100.0	194
Total	56.4	3.8	24.7	1.8	13.1	0.1	0.1	100.0	1477

Source: Author's calculations based on the 2003 National Demographic and Health Survey.

Child Immunization

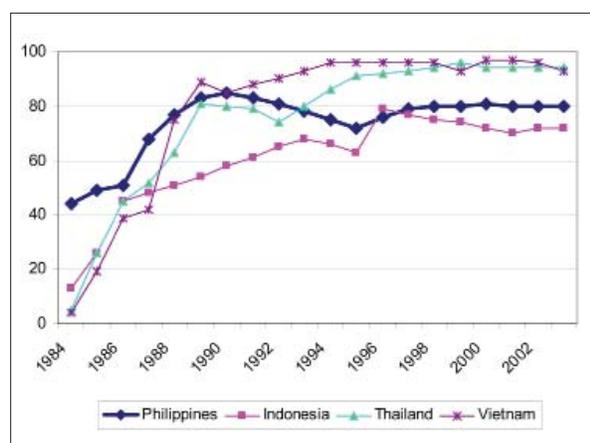
In 1983, Indonesia, Thailand, and Vietnam had much lower immunization rates than the Philippines. In Vietnam, only 4% of children below 23 months old were immunized against diphtheria, pertussis and tetanus (DPT) and measles. In 2003, only Indonesia exhibited a lower immunization rate. Among the four countries presented in Figures III.6 and III.7, only the Philippines exhibited a drastic decline in immunization rates. Indonesia may have lower rates but it has shown, albeit modest, increases in coverage every year.

Figure III.6. DPT Immunization Rates in Selected Asian Countries, 1983–2003



Source: World Development Indicators, 2005. The World Bank.

Figure III.7. Measles Immunization Rates in Selected Asian Countries, 1983–2003



Source: World Development Indicators, 2005. The World Bank.

Based on FHSIS data, immunization rate remained below 85% from 2004 onward. It may be noted that the rate has been decreasing each year. More alarming is the inconsistent finding of NDHS that only 70% of children were fully immunized in 2003. While agency data report that FIC rates have somehow been constant, survey data reveal a substantial decrease in the percentage of children being immunized.

Table III.14. Fully Immunized Children, 2003–2007

Year	FHSIS (9–11 months old) (%)	NDHS (12–23 months old)
2003		69.80%
2004	84.80	
2005	83.70	
2006	82.90	
2007	82.70	

FHSIS – Field Health Surveillance Information System
 NDHS – National Demographic and Health Survey
 Sources: Department of Health and National Statistics Office

Table III.15 examines the characteristics of children with complete vaccination. The percentage of children below 5 years old with complete immunization increases with mother's education. Some 85% of children whose mothers had university education have complete vaccination compared to only 33% of children whose mothers had no education. Birth parity is inversely related to immunization. While 80% of the firstborn children were fully immunized, only 58% was reported for those in the birth order of six or higher. There is not much difference in the treatment of a female or male child in the Philippines. More children are reached by immunization programs in urban areas (77%) than in rural areas (68%).

Although routine EPI vaccines are 100% financed by the government and offered free at health centers, immunization coverage still varies with wealth status. While 84% of children whose households belong to the richest quintile are immunized, only 57% of the poorest children are. This may suggest that despite the subsidy, there remains some gap in the distribution of vaccines.

UNICEF's 2009 State of the World's Children reports that the country's immunization coverage rates for 2007 for bacille Calmette-Guérin or BCG, DPT, polio, measles, and hepatitis B range from 87% to 92%, while East Asia and the Pacific region coverage rates range from 87% to 93%.

Table III.15. Children's Immunization, 2003

	No complete immunization (%)	With complete immunization (%)	Vaccination card %	No. of children
MOTHER'S EDUCATION				
No education	66.67	33.33	10.20	61
Primary	38.19	61.81	22.65	971
Secondary	26.65	73.35	27.36	1,426
Higher	15.15	84.85	26.38	943
CHILD'S AGE				
1-2	30.73	69.27	31.74	1,217
2-3	27.16	72.84	26.25	903
3-4	25.36	74.64	19.77	783
4-5	21.56	78.44	18.07	498
BIRTH PARITY				
One	19.80	80.20	33.16	787
2-3	24.56	75.44	24.56	1,364
4-5	29.20	70.80	29.20	688
6+	42.18	57.82	42.18	562
GENDER				
Male	27.23	72.77	25.61	1,707
Female	27.17	72.83	25.47	1,694
REGION				
NCR	18.81	81.19	19.62	486
CAR	27.27	72.73	27.27	124
I - Ilocos	23.94	76.06	18.88	141
II - Cagayan Valley	24.17	75.83	20.00	150
III - Central Luzon	24.20	75.80	22.45	256
IVA - CALABARZON	26.44	73.56	21.10	310
IVB - MIMAROPA	31.68	68.32	16.83	142
V - Bicol	38.02	61.98	23.96	194
VI - W. Visayas	21.46	78.54	34.70	188
VII - C. Visayas	26.02	73.98	35.37	213
VIII - E. Visayas	29.75	70.25	31.65	184
IX - Zamboanga Peninsula	39.72	60.28	28.37	166
X - Northern Mindanao	32.21	67.79	28.19	158
XI - Davao	31.82	68.18	35.71	167
XII - SOCCSKSARGEN	25.49	74.51	37.01	192
XIII - Caraga	23.47	76.53	30.93	162
ARMM	48.33	51.67	13.33	168
RESIDENCE				
Urban	22.73	77.27	26.05	1,635
Rural	31.95	68.05	25.00	1,766
WEALTH INDEX QUINTILE				
Poorest	42.62	57.38	22.88	888
Poorer	29.59	70.41	30.25	748
Middle	22.73	77.27	28.06	634
Richer	20.16	79.84	22.82	588
Richest	15.99	84.01	23.30	543
Total	27.18	72.82	25.52	3,401

Source: Author's calculations based on the 2003 National Demographic and Health Survey.

Children's Illnesses

In the 2003 NDHS, 10% of children below five years old had diarrhea and symptoms of acute respiratory infection (ARI) two weeks before the survey. Some 59% of children with diarrhea were given oral rehydration therapy (ORT) while 46% of those with ARI symptoms were brought to a health facility (Table III.16).

Acute Respiratory Infection (ARI)

Appendix Table III.1 shows the prevalence of ARI by individual, household, and geographic dimension in 2005. In the last two weeks prior to the survey, 10% children had ARI, and only 55% received antibiotics. The NDHS in 2003 reports that 10.2% had ARI and 46% sought treatment at a health facility.

ARI is prevalent among children 7–23 months old, which varies little by gender of child. Children under-five who are most likely to have ARI belong to the poorest wealth index quintile, and have household heads with lower level of education. Children belonging to households with elder person (+70) are also more likely to have ARI.

Western Visayas (Region VI) has the highest prevalence rate at 20.7%, followed by MIMAROPA (Region IV-B) at 19.2%, compared to NCR's rate of 4.3%, which is the lowest. Children in rural areas (12.2%) are also more likely to have ARI, compared to those in urban areas (8.3%). Based on ethnicity, the Manabo tribe of Abra has the highest rate at 49%, followed by the Cuyuno tribe of Palawan at 34.1%. The Kapampangans have the lowest rate at 0.7%. Children who are more likely to receive antibiotics for treatment are those whose caregivers have higher level of education, belong to higher level of wealth index quintile, and those residing in urban areas.

However, the higher the dependency ratio (4+ children per adult), the less likely for a child to have ARI, and the more likely for a child with ARI to receive antibiotics.

Diarrheal Disease

Appendix Table III.2 shows the prevalence of diarrhea by individual, household, and geographic dimensions in 2005. Diarrhea is most prevalent among children 7–12 months old (20%–22%), and least prevalent among children 0–3 months old, at least in the last two weeks

prior to the survey. The percentage varies little with a child's sex. However, only around 50% among those who had diarrhea received oral rehydration solution (ORS) or increased fluids and continued feeding, for treatment.

Children belonging to households in the poorest quintile are more likely to suffer from diarrhea (13.2%). However, children who had diarrhea and belonging to the second richest quintile are most likely to receive ORS treatment (51%). The lower the quintile the household belongs to, the more likely for children to suffer from diarrhea; the higher the quintile the household belongs to, the more likely for children to receive ORS treatment.

CAR has the highest (21.1%) prevalence of diarrhea episodes while Zamboanga Peninsula has the lowest (4.2%). As regards ORT, NCR has the highest rate (53%) of children receiving ORS while Ilocos Region has the lowest (1.9%). Prevalence rate varies little with urban-rural residency. There is higher prevalence of the disease among the Igorots, Manabo, Kankanaey, and Ibaloi at 20%–25%, all of which reside in the Cordillera Region. The Pangasinenses and Boholanos have the lowest prevalence rate at 4.5%–4.9%.

With lower dependency ratio, however, there is a higher prevalence rate for diarrhea at 10.9%, compared with 4.9% for higher (4+ per adult) dependency ratio. The percentage of children with diarrhea varies little by household size, sex of household head, religion, and if household head is a single parent.

Analysis on Causality and Correlation

Following the framework of Schultz (1984) and Behrman and Deolalikar (1988), health outcomes (Y_i) are determined by a health production function which is composed of health endowment (H_i) which is an exogenous variable not controlled by the individual, and demanded health inputs (I_i), an endogenous variable. The health production function is represented as:

$$Y_i = c_0 + c_1 + c_2 H_i = u_i$$

Demand for health inputs is chosen by individuals and households to attain the best possible health outcome. This choice depends on individual's health endowment and preferences (P_i) and is subject to his own and his household's economic resources (E_i) and environment (X_i). Economic resources are composed of educational

attainment and non-human assets such as wealth, while environmental variables include the household's access to health facilities, water and sanitation, and availability of information in the community, among others. Input demand function is, thus, a reduced form equation of all exogenous variables expressed as:

$$I_i = a_0 + a_1 H_i + a_2 P_i + a_3 E_i + a_4 X_i + u_2$$

Following these two equations, a reduced-form function for health outcome can be derived:

$$Y_i = b_0 + b_1 H_i + b_2 P_i + b_3 E_i + b_4 X_i + u_2$$

Logistic regressions were conducted to estimate the reduced form function for health outcome. There are five indicators considered for maternal health: (a) adequate number of antenatal care visits, (b) timing of first antenatal care visits, (c) iron intake, (d) delivery with the aid of medical professional, and (e) delivery in a medical institution.¹ A child is considered fully immunized if he/she received three dosages of DPT and oral polio vaccines, and one dose each of measles and BCG vaccines, based on mother's oral report.

The conditional demand function are determined by the woman's education, household wealth, individual and household characteristics, and demographic characteristics.

The education variable used in this study pertains to the highest year completed by the woman. This variable takes a value of 0 if there is no year of education completed, 1 if the woman finished grade 1, 10 if the woman is a high school graduate, 14 if a college graduate, and so on. The wealth index used in this paper is calculated by ORC Macro, which is supplied in the dataset.² The index is then ranked and divided into quintiles: poorest, poor, middle, richer, and richest. Among the woman's characteristics that might influence her decision are age, occupational status, the number of children she had, the number of children who died, and decision-making power. Decision-making power is measured by the number of positive responses to making own decisions regarding own

healthcare, making large purchases, visits to family or relatives, and what food to cook each day. It takes a value of 5 when the woman makes all the decisions by herself. On average, a woman in both sub-samples participates in at least three of the five specified areas of decision-making.

Since this study is concerned with Maternal and Child Care Programs, it is also important to consider if the woman really wanted to have a baby at the time she was pregnant. In other words, she planned her pregnancy to be at that time, and she does not prefer her pregnancy to be later or not at all. In this sample, 50% of women replied that they wanted to become pregnant at the time of their pregnancy and 50% replied otherwise.

Some characteristics of children may also influence the decision to seek healthcare. Literature showed that in some countries, a child's gender has some effect on health decisions. This variable is included to check whether such gender bias occurs in the Philippines.

Household characteristics included in the regression are the number of household members and level of urbanity. Approximately half of the sample is from the urban areas while half is from the rural areas. An average household is made up of six members.

Determinants of Maternal Care Utilization

Education. A mother's education has long been established in the literature as one of the main factors affecting health outcomes. Education enables people who are more educated to choose a better mix of health inputs and makes them more perceptive to modern methods and practices. The education variable used in this study pertains to the highest year completed by the mother. As expected, the higher the education the mother has, the higher the probability of seeking care during her pregnancy.

¹ Antenatal visit takes the value of 1 when the woman had four or more check-ups, and 0 otherwise. Antenatal timing takes the value of 1 when the check-up was held during the first three months of pregnancy, and 0 otherwise. Iron supplementation takes a value of 1 when the respondent answered that she took iron or folate supplements during her pregnancy. The variable for deliveries that were assisted by a medical professional will take a value of 1 when the woman had delivery with a doctor, nurse, and/or midwife, and 0 otherwise. The variable for delivery in a medical facility will be equal to 1 if the woman had her delivery in a health center, government hospital, and private clinics and hospitals. It will take a value of 0 if the respondent replied that she delivered her baby at home or in other places not classified as medical institutions.

² The asset index is composed of television, refrigerator, radio, washing machine, CD/VCD/DVD player, stereo component, personal computer, tractor, boat, car/jeep/van, motorcycle, and bicycle. Utilities are composed of connection to power supply and telephone, and type of water source.

The mother's type of employment has an impact on the use of prenatal care services. In a study by Miles-Doan and Brewster in 1998, using the Cebu Longitudinal Health and Nutrition Survey as data source, wage workers and white collar workers were more likely to obtain prenatal care, and more likely to adopt a contraceptive method in the year following childbirth than those who are not employed. The study also suggests that factors such as husband's education, a resident grandmother, and household assets contributed to a higher likelihood of seeking early prenatal care.

In a study in 1996 by Costello, Lleno, and Jensen using the results of the 1993 National Demographic Survey, parental education, father's occupational status, and residence in Metro Manila had a negative association with current illness of either ARI or diarrhea, but a positive association with the quality of healthcare provided. Also, mothers working in a professional position tended not to bring their child ill with ARI for treatment. Work status of mother, single parent status, and sex of child were minor determinants of disease or treatment. These findings, according to the study, indicate that couples with lower socioeconomic status practice ORT and accept community health stations more than wealthier and better-educated couples.

Household Wealth. With the exception of iron supplementation, all indicators are significantly affected by wealth. The poorest quintile is always less likely to seek healthcare than the richest quintile.

A household's hygiene behavior is also affected by socioeconomic status and household environment (Sakisaka et al. 2002). Frequent hand washing with soap has significant impact on children's health. Hygiene practices such as hand washing before feeding children, and after defecation are predicted by the availability of domestic electricity, mother's educational level, and possession of private lavatory and private well, which may be due to the household's wealth.

Individual Characteristics. Among a woman's characteristics that may influence her decision are the number of children she has had, decision-making power, and 'wantedness' of child. The number of children the woman has reared, or birth parity, negatively affects the demand for maternal care. This is expected since more experienced mothers may not perceive a strong need for antenatal care and counselling. Having higher decision-making power

significantly increases the probability of having adequate number of check-ups, iron supplementation, and birth delivery with a skilled attendant. Regression results show that when the child being conceived is wanted, the mother also has a higher probability to seek check-ups early and to give birth in a medical facility.

Children suffer when they are born into a household where they are not wanted, as suggested by Jensen and Westley in their study in 1996. Children who had been unwanted at the time of conception were more likely to have had diarrhea or respiratory infections. However, 'unwantedness' had little effect on the likelihood of treatment once the child was ill.

Household Characteristics. As the number of household members increases, the probability of seeking healthcare decreases, particularly during delivery. Having an educated husband increases the probability of seeking care during pregnancy. Family size did not have an effect on the likelihood that a child would become ill, but it has a significant influence on whether or not an ill child would receive treatment (Jensen and Brewster 1996).

Geographic Dimension. In all five indicators, these regions, compared to NCR, exhibited consistently low probability of seeking healthcare: ARMM, Caraga, Bicol, and Eastern Visayas.

One of the deficiencies of these models is the non-inclusion of variables on prices and travel time. Such data were not available in the survey but questions on the perceived difficulty of the woman in accessing healthcare due to prices, distance, and transportation were asked. Regressions were run using these variables as proxies. Only in birth delivery was price viewed as a big problem. Data on travel time to nearest health facility is also available for 588 observations. Replacing the variables—based on perceptions on distance and transportation problems with actual travel time—yielded insignificant results.

Inequities in health outcomes and access to primary healthcare services among regions in the country were pronounced. The uptake of maternal and child health programs in the country has been reasonably satisfactory, however the poor continues to have low utilization of maternal care services, not only in using each maternal service (prenatal check-up, iron supplementation, birth assisted by skilled attendant, and facility-based delivery) but in terms of

completeness of the utilized services. Vast differences in patterns and extent of utilization across regions also exist.³ This reiterates that women residing in richer regions have higher and more complete utilization of maternal and child care services while the poorer regions are left out.

Determinants of Child Immunization

Similar to maternal care utilization, children are more likely to be fully immunized if the mother's education is higher. Household wealth has no impact on increasing complete immunization uptake. This is also confirmed by the insignificant coefficient of a woman's perception on the difficulty of accessing care because of lack of money. This is different from the trend shown in the descriptive analysis earlier. This may imply that there are reasons other than money that prevent poor people from getting immunization.

As a woman gets older, the higher the chances that she will take her child for immunization. This is probably because she is more aware of government programs compared to younger mothers. Other characteristics such as working status, her 'wantedness' of child and her decision-making power have no effect on utilization. Perceived difficulty due to distance lowers the probability of seeking immunization services.

Among the two child characteristics, birth parity matters more in the decision than the gender of the child. This suggests that both boy and girl children have equal access to childcare in the Philippines. First-born babies, however, have higher probabilities of having complete immunization than those born later in the birth order. This finding supports earlier studies that show there is higher health access for families with fewer children (Orbeta 2005).

The regions with significant disadvantage, compared to NCR in terms of immunization coverage, are Bicol and ARMM.

Building Blocks and Partners for Strategy

Improving Data Collection. Conflicting outcomes data from agency reports, through the FHSIS and

survey findings, point out the deficiencies of FHSIS in capturing correct information. A major limitation of FHSIS is its failure to capture the delivery of health services by the private sector. This explains the relatively lower achievement for highly urbanized cities. Right now, health offices rely on the private sector to submit data on voluntary basis. If the private sector does not submit its data, this makes the figures under-reported, and therefore, policymakers will not have an accurate picture of what is going on in the sector. The DOH, through the Provincial Health Office (PHO), should set rules and sanctions that will ensure the compliance of private health service providers when it comes to data submission.

Barangay health workers (BHWs) are crucial in data collection because they are the ones who tabulate the first line of information. To ensure that data collected are accurate, they should be given appropriate incentive. It is also important that data be archived properly. While data on the most recent year were available, many LGUs in this case study found it very difficult to show data from previous years because of poor archiving methods. Having a longer set of data enables tracking of progress. In current practice, FHSIS is collected by the DOH central office only at the level of provinces and highly urbanized cities. With decentralization, however, municipalities were placed in the frontline of health services delivery. Data from municipalities should be assessed to be able to zero-in on areas in need of intervention. DOH central office, with the help of its Centers for Health Development (CHDs), needs to start collecting information at the municipal level.

Workforce. Shortage of health personnel is one of the main impediments in implementing maternal and childcare programs. With ceilings imposed by the Department of Budget and Management (DBM) on personal services, it is not possible for LGUs to create plantilla positions to augment health staff. An interim solution is to hire casual employees through job orders. A problem with this, however, is that casual employees cannot be sent to DOH trainings. The temporary nature of their job also makes it difficult to integrate them with the rest of the health staff. The persistent clamor for more health personnel points to the need to revisit DBM limitations on personal services to see whether such limitation is indeed appropriate for the health sector.

³ Lavado, R. 2007. "Essays in Health Economics." Unpublished Ph.D. dissertation. Hitotsubashi University.

Table III.16. Children's Illnesses, 2003

	Child Diarrhea		Child Fever		
	Diarrhea in the two weeks preceding the survey	% of children given ORT	% of children with symptoms of ARI	% of children with symptoms of fever	Among children with symptoms of ARI and/or fever, treatment was sought from a health facility/provider
Total incidence/prevalence	10.6	58.9	10.2	23.8	46.3
Individual Dimension					
Sex and age					
Male	11.1	57.3	9.9	24	46.1
Female	10.2	60.8	10.6	23.5	46.5
Women's education					
None	13.4		11.8	26.1	29.1
Primary	11.1	53.8	13.3	27	43.8
Secondary	11.6	59.0	10.2	23.6	47
Tertiary+	8.4	67.4	6.9	20.5	50.1
Wealth index quintiles					
Q1 (lowest)	13.0	49.8	14.6	27.9	43.6
Q2 (second)	11.1	59.4	10.9	25.5	42.9
Q3 (middle)	9.3	68.6	9	22.8	49.4
Q4 (fourth)	9.1	62.7	7.6	21.3	46
Q5 (highest)	9.2	64.0	5.8	17.7	57
Geographic Dimension					
National Capital Region	9.6	61.3	4	15.7	51.3
Cordillera Autonomous Region	20.4	43.9	16.9	23.9	50.2
Ilocos	12.9	62.9	7.2	20.7	54.5
II-Cagayan Valley	6.6	22.4	10.7	16.5	43.8
III-Central Luzon	9.5	70.1	7.7	20.8	47.2
IV-A-CALABARZON	10.8	74.4	7.4	20	49.1
IV-B-MIMAROPA	17.7	38.3	18.5	31.5	38.1
V-Bicol	11.4	55.7	9.6	25.6	38.2
VI-Western Visayas	15.0	45.5	19.9	32.7	46.5
VII-Central Visayas	8.5	68.7	11.5	26.4	45.5
VIII-Eastern Visayas	9.8	71.8	15.6	27.4	51.9
IX-Zamboanga Peninsula	4.2	39.8	5.2	21	41.5
X-Northern Mindanao	10.2	44	15.1	33.2	55
XI-Davao	9.6	69.7	15.5	29.8	41.3
XII-SOCCSKSARGEN	11.4	44.4	11.5	24.6	38.2
XIII-Caraga	9.5	60.9	16.8	38.5	39.6
Autonomous Region of Muslim Mindanao	12.0	68.3	5.2	23	48.9
Residence					
Urban	10.7	67.6	8.3	21.8	50.5
Rural	10.6	50.2	12.2	25.8	42.9

Source: 2003 National Demographic and Health Survey Report. National Statistics Office.

Table III.17. Children's Illnesses, 2003

	Immunization		Immunization
Woman's Education		Demographic Characteristics (dropped=NCR)	
Education (years)	0.042*** (4.69)	Cordillera Administrative Region	-0.105 (-0.69)
Household Wealth (dropped=richest)		Ilocos -	0.039 (-0.28)
Poorest (1=yes)	-0.241** (-2.1)	Cagayan Valley	0.017 (0.12)
Poor (1=yes)	-0.064 (-0.62)	Central Luzon	-0.067 (-0.6)
Middle (1=yes)	0.002 (0.02)	CALABARZON	-0.157 (-1.47)
Richer (1=yes)	-0.037 (-0.39)	MIMAROPA	-0.052 (-0.37)
Individual Characteristics		Bicol	-0.257** (-2.02)
Woman's Age	0.023*** (4.38)	Western Visayas	0.231* (1.71)
Woman currently working (1=yes)	-0.019 (-0.37)	Central Visayas	0.04 132 (0.32)
Wanted child (1=yes)	0.042 (0.83)	Eastern Visayas	0.068 (0.5)
Decision-making power	-0.025 (-1.42)	Zamboanga Peninsula -	0.201 (-1.5)
Difficulty in accessing healthcare due to distance (1=yes)	-0.197*** (-2.73)	Northern Mindanao	-0.172 (-1.27)
Difficulty in accessing healthcare due to transportation (1=yes)	-0.025 (-0.34)	Davao	-0.209 (-1.61)
Difficulty in accessing healthcare due to price (1=yes)	0.045 (0.73)	SOCCSKSARGEN	0.129 (0.97)
Child Characteristics		Caraga	0.194 (1.38)
Birth parity	-0.089*** (-4.92)	Autonomous Region of Muslim Mindanao	-0.302** (-2.24)
Child is male (1=yes)	0.004 (0.08)	Constant	-0.051 (-0.22)
Household Characteristics		Log-likelihood	-1818.16
Number of household members	0.00 (0.02)	Observations	3343
Residence in urban area (1=yes)	-0.053 (-0.86)		
Education Externalities			
Husband's education (years)	0.016* (1.87)		

Data source: National Demographic and Health Survey, 2003. National Statistics Office.

Note: Absolute value of t-statistics in parentheses

* significant at 10%;

** significant at 5%; and

*** significant at 1%.

Lack of medical doctors seems to point to the need for re-examining the roles of city/municipal health officers (CHO/MHO) and public health nurses (PHN). Some of the functions of the CHO/MHO are administrative, which could be passed on to the PHN. This would enable the CHO/MHO to allocate more time for clinic hours. Similar to other countries, medical students subsidized by the government (e.g., those studying in public universities) should have minimum years of service to the government.

Unfunded laws such as the Magna Carta for Health Workers (RA 7305) created some incentive problems. Under this law, public health workers are entitled to, among others, subsistence allowance, laundry allowance, longevity pay, hazard pay, higher salary grade upon retirement, among others. Since its passage in 1992, the government has not been able to provide fully in the budget for such benefits as prescribed in the law. The Implementing Rules and Regulations of this law states that, local chief executives (LCEs) should allow the grant of Magna Carta benefits to all local public health workers and should ensure that funds are set aside and made readily available.⁴ At present, only the subsistence and laundry allowances⁵ are provided by most LGUs. Public health workers are eligible to receive hazard pay⁶ when the nature of their work exposes them to high risk/low risk hazards for at least 50% of their working hours.⁷ Staggered implementation⁸ of the hazard pay ended in 2003. As of 2008, very few LGUs granted hazard pay to any of its public health workers. Differences in LGUs' capacity to pay have resulted to differences in benefits received by health workers of equal ranks. This may lead to adverse effects that may result in more confusion rather than empowerment of health workers. A rational strategy should be outlined to fund the mandated Magna Carta benefits.

Proper incentives need to be given to persuade hilot to refer their clients to medical personnel. A current strategy espoused by the Women's Health and Safe Motherhood Project (WHSMP) is including hilot in the Women's Health Team (WHT). Through the Facility-Based Childbirth Performance-Based Grant,

WHTs are given a P1,000 incentive for every pregnant woman they refer to a BEmONC or CEmONC facility for childbirth services. Since this amount is bigger than what is charged by hilot in assisting deliveries,⁹ this may be enough incentive for them to refer their clients to facilities. Hopefully, the same arrangement can be made for other provinces, which are not currently part of the WHSMP project, through reimbursements from PhilHealth.

Mobilizing Societies. In mobilizing societies to strive for better health, strengthening the role of BHWs—the grassroots health workers—could not be overemphasized. Appropriate incentives must be given to ensure that they carry out their tasks. Given their important role in WHTs, their tenure should be protected from political interference. There have been many cases where trained BHWs were replaced when new barangay officials are elected in office.

Civic organizations are supposed to be part of the local health system through their participation in the local health boards (LHB). In many LGUs, however, the LHBs are not functional. Some LCEs lament that too many boards in an LGU makes it difficult to attend all meetings. A possible solution would be to make the LHB a subcommittee of the Local Development Council (LDC) since LHB members are normally from the LDC as well. This way, it can be assured that LCEs will be present in LHB meetings and civic organizations will be well represented.

Sustainable Financing. Performance needs to be linked to the budget. To push reforms forward, budgets should be used as leverage to improve performance. It is unfortunate however, that actual amount spent on maternal and child health is not being tracked by the DOH at the moment. While there are very detailed costing plans during budget preparation, actual expenditure is not recorded, making it difficult to link expenditure with outcomes.

Targets set at the budget preparation form should not be treated merely as compliance to budget preparation requirements. The current strategy of DOH in giving

⁴ Implementing Rules and Regulations of RA 7305, Magna Carta for Public Health Workers, dated November 1999 (<http://www.doh.gov.ph/ra/ra7305>).

⁵ Subsistence allowance or meal stipend of at least PhP50/meal or PhP1,500/month; laundry allowance equivalent to PhP150/month.

⁶ Hazard pay of 25% of actual salary for SG 19 and below, and 5% for health worker's salary for SG 20 and above.

⁷ "High-risk hazardous areas is defined by law as: work areas in hospitals, sanitarium, rural health units, health centers, clinics, barangay health centers, clinics, barangay health stations, municipal health offices, and infirmaries. Personnel covered are public health workers but not limited to medical and allied health personnel directly involved in the delivery of services to patients with highly contagious and communicable diseases, including those handling hospital paraphernalia used by patients such as linen, utensils, bed pan, etc. Under this category, all field health workers giving direct service delivery are already classified as high risk." Implementing Rules and Regulations of RA 7305, Magna Carta for Public Health Workers, dated November 1999 (<http://www.doh.gov.ph/ra/ra7305>).

⁸ "The implementation of Hazard Pay shall be made on staggered basis provided that at the fifth year (2003), the 25% and 5% differentiation shall have been fully complied with or fully satisfied." Implementing Rules and Regulations of RA 7305, Magna Carta for Public Health Workers, dated November 1999. (<http://www.doh.gov.ph/ra/ra7305>).

⁹ PIDS-UNICEF survey conducted in Agusan del Sur and Dumaguete found that the average price of birth deliveries with a hilot costs below P1,000.

performance-based grants¹⁰ can be used as leverage with LGUs. If budgets match actual accomplishments, DOH can use this tool to gauge its progress in meeting its targets.

Identifying the True Poor. Identifying the true poor for the Sponsored Program of PhilHealth has always been murky. Cases of indigent cardholders availing of services at private hospitals and pay wards at public hospitals signal that there are leakages in the program. It is also difficult to ascertain the strategy of LGUs in expanding coverage. Some LGUs are not even willing to provide counterpart for their indigent population.

Many beneficiaries of the Sponsored Program of PhilHealth lament that they do not feel the supposed benefits. Outpatient Benefit (OPB) packages seem to benefit only the RHUs with the release of capitation fund per enrolled indigent. In some RHUs, sponsored beneficiaries are not even provided free preventive care and laboratory services as stipulated in the package. This makes the sponsored indigent feel that enrolment in PhilHealth has no benefit.

In addition, sponsored members have lower claim rates, owing probably to the conflicting rules regarding charging of indigents. At present, indigents may avail of free hospitalization even without PhilHealth cards if they have been classified as indigents at the Medical Social Service department of the hospital.

While it is very difficult to ensure that those enrolled in the Sponsored Program are indeed poor, a more pragmatic approach is to guarantee that all those who will receive the *Pantawid Pamilyang Pilipino Program* (4Ps) are also given PhilHealth cards. The number of recipients may be less than the actual number of indigents but, at least, there is assurance that the poorest of the poor are indeed covered by PhilHealth. The use of the card should also be adequately explained to these recipients.

Investing in Infrastructure, Logistics, Facilities, and Management Capacity. For key programs such as EPI and Micronutrient Supplementation, supplies should be provided by the national government, at all cost. The DOH may need to revisit its policy of letting the LGUs purchase their own syringes for EPI use and its administrative order on micronutrient supplementation, which states that LGUs must augment DOH's supply

of micronutrients.¹¹ Such practice adds impediment to the implementation of otherwise very important programs.

A one-size-fits-all strategy does not apply to the sector. While policies such as facility-based delivery are appropriate, implementation needs to be tailored to the realities in the provinces. A key challenge that is evident in all indicators is reaching mothers and children that reside in remote rural areas. Aside from problems with transportation, this is compounded by insufficient number of health personnel deployed in remote areas. Thus, while the DOH policy of facility delivery through BEmONC/CEmONC may be easier to implement in urban areas, such may not be the case in rural areas.

3. Child Protection

Based on UNICEF's definition,¹² child protection pertains to "preventing and responding to violence, exploitation and abuse against children." More specifically, it encompasses all processes, policies, programs, interventions, and measures that aim to prevent and respond to violence, exploitation, and abuse against children, with the ultimate goal of ensuring the overall development of children to their fullest potential.

National Laws, Policies, and Programs

The Philippine government's conscious effort to protect the rights of families and children dates back as early as 1935, as reflected in the Constitution at that time. In 1974, then President Ferdinand E. Marcos promulgated the Presidential Decree (PD) 603 or "The Child and Youth Welfare Code." PD 603 codifies laws on the rights of children and the corresponding sanctions in case these rights are violated. PD 603's Article 205 created the Council for the Welfare of Children (CWC) to act as the lead agency in coordinating the formulation, implementation, and enforcement of all policies, programs, and projects for the survival, development, protection, and participation of children. Also, Article 87 of PD 603 provides that "every barangay council shall encourage the organization of a Local Council for the Protection of

¹⁰ AO 2006-0022 "Guidelines for Establishment of Performance-Based Budget for Public Health."

¹¹ AO 2003-119 "Updated Guidelines on Micronutrient Supplementation (Vitamin A, Iron and Iodine)."

¹² From UNICEF's Child Protection Information Sheets.

Children and shall coordinate with the Council for the Welfare of Children and Youth in drawing and implementing plans for the promotion of child and youth welfare.”

Almost 16 years later, the Philippines was the 31st State to ratify the United Nations Convention on the Rights of the Child (CRC). The CRC highlights the rights of children on survival, protection, development and participation. It grants all children and young people a comprehensive set of fundamental rights, including the right to be protected from economic exploitation and harmful work, all forms of sexual exploitation and abuse, drug abuse, physical and mental violence, and trafficking. It also defines categories of children in need of special protection (CNSP). In 2002, the Philippines ratified the two Optional Protocols to the CRC on the (i) Involvement of Children in Armed Conflict;¹³ and (b) Sale of Children, Child Prostitution, and Child Pornography.¹⁴

The government also acceded to the World Declaration on the Survival, Protection, and Development of Children, which was adopted in support of the CRC during the World Summit for Children in September 1990. In doing so, the country adopted specific child-related human development goals for 2000, which were identified in the Plan of Action for Implementing the Declaration. The accession to the Declaration and the ratification of the CRC and its Optional Protocols affirmed the government’s commitment to promote the well-being of children. Such commitment entailed translating the principles, provisions, and standards of these international agreements into national laws, policies, concrete programs, and actions that have positive impacts on children.

Using the CRC as framework, and in consultation with multisectoral groups, the CWC drafted the Philippine Plan of Action for Children (PPAC) of 1991–2000, which was a holistic and integrated plan to uphold the right of the Filipino child. Through PPAC, the government responded to the alarming increase in the number of children in need of special protection (CNSP). The CWC also came up with the Philippine National Strategic Framework for Plan Development for Children (PNSFPDC), 2000–2025, which is considered a sequel of the PPAC. This framework was inspired by the Millennium Development Goals (MDGs) and the United Nations General Assembly

Special Session (UNGASS) document “A World Fit for Children.” The government recognizes the link between child protection and the MDGs. Child protection is viewed as a prerequisite to attaining the MDGs. Conversely, achieving the MDGs (e.g., promoting universal primary education, empowering women, and reducing child mortality) is essential in addressing children’s vulnerability and preventing all forms of violence, abuse, neglect, and exploitation.

Dubbed as Child 21, the PNFPDC is a roadmap for planning programs and interventions meant to promote and safeguard the rights of Filipino children. Since it is not a comprehensive and detailed plan, the National Plan of Action for Children (NPAC) for 2005–2010 was formulated to help realize Child 21’s vision of a “child-sensitive and child-friendly society.” This vision is based on child’s rights throughout the life cycle. Looking closely at Box III.1, child protection rights include the right of a child:

- a. to be safe from hazardous conditions;
- b. to be safe from any form of violence, abuse, and exploitation; and
- c. to be registered at birth.

The implementation of the CRC in the country included efforts to harmonize it with national legislations and policies. Prior to 1990, the Philippines already had a strong legislative framework for upholding the rights of children. The “Child and Youth Welfare Code” is regarded as the main legislative instrument for protecting Filipino children. The 1987 Constitution, Civil Code, Labor Code, and Family Code all contain legal provisions that protect children. Overall, PD 603 and the Philippine Constitution provide a framework for the promotion of the welfare of the Filipino children.

Article 1 of PD 603 states that...

“The child is one of the most important assets of the nation. Every effort should be exerted to promote his/[her] welfare and enhance his/[her] opportunities for a useful and happy life.”

Article 15, Section 3 of the Constitution also states that...

“The State shall defend the right of children

¹³ This means that the Philippines committed to raise to 18 years old the minimum age for recruitment to the military service.

¹⁴ By this, the Philippines committed to criminalize the sale of children, child prostitution, and pornography.

to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.”

The provisions of Family Code of 1988 are intended to strengthen the role of family in ensuring the growth and development of children. To address concerns on abandoned and neglected children, the Code provides for alternative family arrangements particularly on local adoption.

With CRC, Philippines became more resolute to protect and promote the rights of children especially those in need of special protection. Children in need of special protection (CNSP) include those:

- a. involved in exploitative and hazardous or worst forms of child labor,¹⁵
- b. neglected and abandoned children,

- c. street children,
- d. victims of commercial sexual exploitation,
- e. victims of physical and sexual abuse,
- f. children in situations of armed conflict,
- g. children in conflict with the law,
- h. children involved in illicit activities such as sale and trafficking of drugs,
- i. children with disabilities,
- j. children of minorities and indigenous peoples,
- k. children affected by HIV/AIDS, and
- l. child victims of trafficking.

Since 1990, child-specific legislations were guided by the principles, provisions, and standards of the CRC. The first law enacted in compliance with the CRC is RA 7610,¹⁶ which is ***“an act providing for stronger deterrence and special protection against child abuse, exploitation and discrimination.”*** Box III.2 presents a listing of select enacted laws that protect Filipino children against violence, abuse, neglect, and exploitation.

Box III.1. Child's Rights throughout the Life Cycle

Life Cycle	Description	Child's Right
Throughout the life cycle	Parental care/support, caring/nurturing family environment	<ul style="list-style-type: none"> • To have adequate nourishment • To have access to safe water and sanitation • To have a clean and safe home and community environment • To be safe from hazardous conditions • To be safe from any form of violence, abuse and exploitation • To be provided with parental care and support
Pre-natal period (Unborn)	The period of conception lasting approximately 9 months. A single cell develops into a complex organism with a complete brain and behavioral capabilities. Mother's nourishment, health and well-being (physical, emotional, psychological), and safety directly affect the unborn child. Brain development is affected by the mother's nutrition.	<ul style="list-style-type: none"> • To be carried to term with the proper nutrition and have normal fetal development in the womb of a healthy and properly nourished mother • To be born healthy, well, and wanted
Infancy (0-2 years)	From birth to about 24 months. The child is dependent on parents especially the mother for love, nutrition, and stimulation. A loving, nurturing, and supportive parents is needed for survival and development of the child.	<ul style="list-style-type: none"> • To be registered at birth • To be exclusively breast-fed immediately after birth • To receive complete and timely immunization from common childhood diseases • To be provided with parental care and support

¹⁵ Includes commercial sexual exploitation, mining and quarrying, pyrotechnics, deep-sea fishing, domestic service, and work on commercial sugarcane farms or plantations.
¹⁶ Enacted on June 17, 1992

Box III.1. Child's Rights throughout the Life Cycle

Life Cycle	Description	Child's Right
Early Childhood (3-5 years)	Child explores the environment of the home and develops interpersonal and socialization skills. Psycho-motor development occurs. Parents and other care givers enrich the child's world	<ul style="list-style-type: none"> To experience early childhood care stimulation for development To avail of free-micronutrient supplement
Childhood (6-12 years)	Change from home to school changes the child's perspective and contributes to their development. Schools redirect behavioral patterns through the preferences of teachers and institution's culture.	<ul style="list-style-type: none"> To receive free and compulsory elementary education To avail of open and flexible learning systems To participate in quality and relevant education that is appropriate to the child's development stage and evolving capacity
Adolescence (13-17 years)	A period of transition and rapid physical changes. The pursuit of independence and identity are pre-eminent. More and more time is spent outside the family; Increased peer influence	<ul style="list-style-type: none"> To receive free secondary education To further avail of open and flexible learning systems To further participate in quality and relevant education appropriate to the child's development stage and evolving capacity To participate in the development process

In the Philippines, there have been efforts to enforce or put these laws and policies into action as they are viewed as powerful instruments for protecting children if translated into concrete programs and interventions. One concrete example is the formulation of the CPCP for 2006–2010. With CPCP, it is envisioned that by 2010, all identified CNSP will have been provided with appropriate interventions including rescue, recovery, healing, and reintegration services; and legal and judicial protective measures. Children at risk shall also be prevented from becoming victims of various forms of abuse, neglect, exploitation, and violence by making available and improving basic social services such as education, health, and nutrition (SCPC 2006).

The CPCP uses an integrated approach in dealing with the different levels of causes (i.e., immediate, underlying, and root) of exploitation, abuse, and violence against children. It focuses on cross-cutting strategies and interventions to address all CNSP categories. These cross-cutting strategies and interventions are categorized in CPCP as follows:

- **Preventive Actions and Early Interventions** – This approach includes actions and interventions that will (i) sensitize families, communities and LGUs on the CRC; (ii) facilitate effective access of children at risk to relevant early and basic education and vocational training; (iii) equip children with knowledge and life skills to protect

themselves; (iv) promote responsible and effective parenting education among families of CNSP; (v) support livelihood activities and facilitate access to credit and employment opportunities; (vi) establish effective built-in screening and monitoring mechanisms for children at risk within basic social services at barangay, city, and municipal levels; and (vii) organize, activate, and strengthen local councils for the protection of children (LCPC), particularly at barangay level.

- **Rescue, Psychological Recovery, and Social Reintegration Services** – This approach requires services that will (i) strengthen and expand monitoring and rescue mechanisms such as Sagip-Bata Manggawa (SBM) and Bantay Banta, among others, and link them with the LCPCs; (ii) improve psychosocial recovery and healing services and social reintegration programs; (iii) promote alternative family care for children without families or children deprived of a family environment; (iv) empower families and communities to facilitate psychosocial recovery, healing, and social reintegration; and (v) upgrade technical competencies of program managers, supervisors, social workers, and other service providers in helping children.

Box III.2. Enacted Laws to Protect Filipino Children against Violence, Abuse, Neglect and Exploitation

Life Cycle	Description
Articles 263, 265, 266 of the Revised Penal Code (RA 3815) of 1930	Define and specify the punishments for child battery, sexual abuse, and verbal or physical assaults that debase the dignity of a child
RA 7610 (1992)	An Act for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination, Providing Penalties for its Violation, and for Other Purposes
Article 166 of PD 603 and Implementing Rules and Regulations of RA 7610	Prescribe the procedure for the identification, reporting and referral of cases of maltreatment, where the head of any public or private hospital or medical facility and attending physician must report to the Department of Social Welfare and Development (DSWD) within 48 hours regarding an examination and/or treatment of a child who appears to have suffered abuse
Section 5 of Implementing Rules and Regulations of RA 7610	Requires all government workers, especially teachers, to report to the DSWD incidence of abuse and neglect in schools, including truancy. The social worker of the DSWD shall immediately proceed to the house, school, or establishment where the alleged child victim is, within 48 hours of receipt of report. The child will be interviewed and a social case study shall be conducted by the social worker to determine whether the child had been abused. When necessary, protective custody of the child will be assumed, and the case study will be brought to court.
RA 7658 (1993)	An Act Prohibiting the Employment of Children Below 15 Years of Age in Public and Private Undertakings, which amends for the purpose Section 12, Article VIII of RA 7610
Proclamation No. 326 (1994)	Declares as national policy the free registration of births, deaths, marriages and foundlings
RA 8043 (1995)	Inter-country Adoption Act, which declares the policy of the State to provide every neglected and abandoned child a family that will provide such child with love and care as well as opportunities for growth and development
RA 8371 (1997)	The Indigenous Peoples Rights Act, which recognizes the vital role of children of indigenous peoples in nation-building and supports mechanisms to protect their rights. Specifically, it addresses the emerging problem of child-recruitment in rebel-infested areas of the Philippines
RA 8552 (1998)	Domestic Adoption Act/An Act Establishing the Rules and Policies on the Domestic Adoption of Filipino Children and for Other Purposes
RA 8972 (2000)	Solo Parents Welfare Act, which provides for benefits and privileges to solo parents and their children, and aims to develop a comprehensive package of social development and welfare services to solo parents and their children to be undertaken by the DSWD and other relevant government agencies and non-government organizations (NGOs)
RA 9208 (2003)	An Act to Institute Policies to Eliminate Trafficking in Persons Especially Women and Children, Establishing the Necessary Institutional Mechanism for the Protection and Support of Trafficked Persons, Providing Penalties for its Violations, and for Other
RA 9231 (2003)	An Act Providing for the Elimination of the Worst Forms of Child Labor and Affording Stronger Protection of Filipino Children Against Abuse and Neglect, which amends RA 7610 and prohibits the employment of children in the worst forms of child labor
RA 9255 (2003)	An Act Allowing Illegitimate Children to Use the Surname of their Father, which aims to spare illegitimate children the shame and stigma normally attached to their status. It amends Article 176 of the Family Code, which prohibited illegitimate children from using their father's surname
RA 9262 (2004)	Anti-Violence Against Women and Children Act, which protects women and children from all kinds of abuses - physical, emotional, sexual, psychological, and economic
RA 9344 (2008)	Juvenile Justice and Welfare Act/An Act Establishing a Comprehensive Juvenile Justice and Welfare System, Creating the Juvenile Justice and Welfare Council Under the Department of Justice, Appropriating Funds Therefore and for Other Purposes

- **Legal and Judicial Protection Measures**
 - This approach focuses on (i) wide dissemination of and orientation on various laws and policies, which include RA 9344, RA 7610, RA 7858, RA 8359, RA 9208, RA 9231, RA 9262, and other child protection laws, including conduct of trainings on gender sensitivity in legal and judicial processes; (ii) formulating and implementing a comprehensive juvenile intervention program; (iii) building models of community-based delinquency prevention program; (iv) building models of community-based diversion programs for children in conflict with the law (CICL); (v) continuing training and capacity building for the five pillars of justice on the CRC and its Optional Protocol, and other UN standards on justice for children and national protection laws; and (vi) developing and executing research agenda for the enactment, review and reform, and effective enforcement of child protection laws.

Building Blocks and Partners for a Strategy

In 1974, the CWC was established to:

- a. coordinate the implementation and enforcement of all laws that promote child and youth welfare;
- b. prepare, submit to the President, and circulate copies of long-range programs and goals for physical, intellectual, emotional, moral, spiritual, and social development of children and youth, and to submit to the President an annual progress report;
- c. formulate policies and devise, introduce, develop, and evaluate programs and services for the general welfare of children and youth;
- d. call upon and utilize any department, bureau, office, agency, or instrumentalities, public, private or voluntary, for such assistance as it may require in the performance of its functions; and
- e. perform such other functions as provided by law.

Since then, CWC has been mandated to coordinate with various offices in the implementation of laws and programs on child and youth welfare. Article 208 of PD 603 enumerates the offices as:

- a. Department of Justice,

- b. Department of Social Welfare,
- c. Department of Education and Culture,
- d. Department of Labor,
- e. Department of Health,
- f. Department of Agriculture,
- g. Department of Local Government and Community Development (now Department of Interior and Local Government (DILG)),
- h. Local Councils for the Protection of Children, and
- i. Other government and private agencies with programs on child and youth welfare.

At present, CWC coordinates the (i) implementation and monitoring of NPAC/Child 21, (ii) formulation of all policies for children, and (iii) monitoring of CRC implementation.

With the passage of RA 8980 or the Early Childhood Care and Development (ECCD) Act of 2000, CWC was mandated to serve as the National Early Childhood Care and Development Coordinating Council (NECCDCC) as well. As such, it is expected to promulgate policies and guidelines for the nationwide implementation of ECCD Program. The Regional Sub-Committee/Committee for the Welfare of Children (RSCWC/RCWC) was designated as subnational extension of the national CWC, based on the implementing rules and regulations of RA 8980. At the regional level, 17 RSCWC/RCWC function as the focal institution and facilitate collaborative efforts in child protection. In addition, they also link up collective efforts between the national government and the local government units (LGUs).

The RSCWC/RCWC is composed of directors and heads of agencies that include:

- a. Department of Social Welfare and Development (DSWD);
- b. Department of Health;
- c. Department of Education, Culture, and Sports;
- d. Department of Labor and Employment;
- e. Department of Agriculture;
- f. Department of Justice (DOJ);
- g. Department of Interior and Local Government;
- h. National Economic and Development Authority (NEDA);
- i. National Nutrition Council Secretariat;
- j. at least three NGO representatives;
- k. a youth representative;
- l. the ABC regional president; and
- m. the president of the Mayor's League.

LCPCs were also established at the provincial, municipal, city and barangay levels with guidance from DILG. They are expected to draw up and implement programs for child welfare and development, and to coordinate and monitor CRC implementation at the local level. Based on the National Barangay Operations Office (NBOO) data as of 2007, 90% of provinces, 95% of cities, 91% of municipalities, and almost 98% of barangays have organized LCPCs. Nevertheless, not all organized LCPCs are functional.¹⁷ Only 67% of the Provincial Councils for the Protection of Children (PCPCs) and 56% of the City Councils for the Protection of Children (CCPCs) are functional. At the municipal and barangay levels, only 40% and 20% are functional, respectively (Table III.18). Apparently, there is a serious challenge on how to convince all LGUs to organize their own LCPC and more importantly, on how to encourage them to activate, strengthen, and sustain the already organized LCPC.

Table III.18. Status of Local Councils for the Protection of Children, 2007

Governance level	No. of LGUs	No. of LCPC Organized	%	LCPC Functional	% of LCPC Organized
Provinces	81	73	90.12	49	67.12
Cities	132	126	95.45	71	56.35
Municipalities	1,496	1,365	91.24	548	40.15
Barangays	41,994	40,994	97.62	8,324	20.31

Source: National Barangay Operations Office (NBOO), Department of Interior and Local Government (Available in *CirW C's Subabay Bata Monitoring System*)

There are other interagency bodies including NGOs and faith-based organizations (FBOs) that advocate child protection. These include the:

- a. Special Committee for the Protection of Children (SCPC), co-chaired by the DOJ and the DSWD, which was created in 1995 under EO 275 to monitor the implementation of RA 7610 or the Child Protection Act of 1992;
- b. Juvenile Justice Network (JJN), which actively advocated and lobbied for the passage of a comprehensive law on juvenile justice;
- c. Juvenile Justice and Welfare Council (JJWC), created in 2006 to oversee the implementation of RA 9344 or the Juvenile Justice and Welfare Act of 2006;

- d. Inter-Agency Council Against Trafficking (IACAT), created to coordinate and monitor the enforcement of RA 9208 or the Anti-Trafficking in Persons Act of 2003; and
- (e) Inter-Agency Committee on Children Involved in Armed Conflict (IACCIAC), led by the Office of the Presidential Adviser on the Peace Process (OPAPP).

Collaborative efforts are also pursued between the Philippine government and international organizations, which in turn foster stronger linkages among the different sectors of society. In cooperation with the UNICEF, the Philippines launched in 1999 the Child Friendly Movement (CFM)¹⁸ initiative to facilitate the realization of Child 21 by mainstreaming children's rights into local development planning. The focus of CFM is to transform the United Nations CRC from "a legal framework into a well-defined, national, strategic movement and into development interventions such as child friendly policies, institutions, and programmes."¹⁹ Such a strategy involves localizing the National Plan of Action for Children (NPAC), which is geared to the realization of Child 21.

Government agencies such as the CWC and its regional subcommittees, National Economic and Development Authority Regional Social Development Committee (NEDA-SDC) and the DILG along with the leagues of municipalities, cities, and provinces, and the Union of Local Authorities of the Philippines (ULAP) work together to localize the NPAC, with technical and financial assistance from UNICEF through its Country Programme for Children (CPC). Under CPC, LGUs play a critical role in localizing the NPAC by

- a. translating it into local development plans and annual investment plans for children,
- b. enacting local codes for children, and
- c. drafting the annual local state of children report.

To facilitate all these, DILG drew up the manuals "Mainstreaming Child Rights in Local Development Planning: A Guide to Localizing Child 21" and "LGU Guide on MDG Localization." These manuals serve as guide for LGUs in localizing Child 21 and NPAC.

¹⁷ Functional LCPCs are those LCPCs that meet regularly and have minutes of meetings, have an action plan and approved budget for children, and that submit annual report on children. The field officers of DILG monitor the functionality of the LCPCs.

¹⁸ According to the CWC, an LGU is child-friendly "if it is able to assure that all children possess survival, development, protection and participation rights and that their needs are realized."

¹⁹ <http://www.childfriendlycities.org>

However, the success of the CFM does not depend on government agencies and LGUs alone. Other sectors of the society also contribute in this initiative, creating a synergy among the national and local government, families and communities, including NGOs and FBOs, toward a child-friendly environment. In particular, NGOs actively participate in the many sectoral committees of CWC such as (i) Family and Alternative Parental Care, (ii) Health and Nutrition, (iii) Basic Education, (iv) Civil Rights and Freedoms, and (v) Children in Need of Special Protection (CNSP). The active involvement of NGOs is remarkable, particularly in the committee on CNSP, due to increasing issues and challenges on child protection. These issues and challenges have prompted NGOs to spearhead advocacy, research, program development, capacity building, and service provision.

The NGO coalition²⁰ for CRC monitoring has important support roles in the childfriendly movement. Some of these roles include:

- a. membership in the National Steering Committee for the UNICEF-assisted 6th Country Programme for Children (CPC 6),
- b. participation in the working group organized by CWC to develop the micro monitoring subsystem²¹ of the Child 21/NPAC monitoring system (i.e., **Subaybay Bata Monitoring System**²²),
- c. the review of the Philippines' periodic report on CRC implementation, and
- d. preparation and submission of an independent report on CRC implementation.

CWC and UNICEF worked together to create the Philippine Inter-Faith Network for Children (PHILINC), which is a mechanism for the different faith communities and FBOs to collaborate in promoting child rights and in protecting children. PHILINC is composed of bishops from the Catholic Bishops of the Philippines (CBCP), the National Council of Churches in the Philippines (NCCP), and the Philippine Council of Evangelical Churches (PCEC). Its strategic thrusts and directions include the creation of "child-friendly faith communities." In support of the national childfriendly movement, PHILINC developed a manual to guide the different faith communities in transforming themselves into child-friendly faith

communities. PHILINC is an active member of the Special Committee for the Protection of Children (SCPC).

The importance of putting in place institutional mechanisms such as those mentioned above is underscored in the CPCP for 2006–2010. CPCP elaborates on the role of key players including the family, school system, health system, legislative system and policymaking bodies, justice system, LGUs, national government agencies, NGOs, FBOs, and other civil society organizations (CSO), media, and even children in caring for and protecting children from abuse, violence, and exploitation. CPCP highlights the issues, challenges, and strategies that are addressed to key players. Box III.3 attempts to summarize the mechanisms for action, coordination, and networking among the key players, as described in the CPCP.

Child Protection Issues

Upholding the best interest of every child is the rationale behind all child-related laws, policies, and programs. More specifically, these laws, policies and programs are intended to address a number of child protection issues including birth registration and issues surrounding each CNSP category, as detailed in earlier subsection. For the purpose of this report, CNSP issues include only those related to children with disabilities, street children, child labor, children in conflict with the law, and victims of child abuse, due to data constraints.

Birth Registration

Every child has a right to be born and to have a name and a nationality. This is clearly stated in the CRC. Birth registration refers to the official record of the birth of a child. It certifies the existence and identity of a child through the given name as well as his/her nationality. As a basic document, it can secure all the rights due to the child.

Birth registration can help protect children in many ways by providing reliable information on their age. Hence, child labor can be prevented by ensuring that

²⁰ Composed of 16 major international and national NGOs involved with child rights promotion and protection.

²¹ A system where disaggregated local level data on children, including CNSP, will be collected.

²² Initiated by CWC in 2003, it literally means child surveillance and monitoring and has three components: (i) macro monitoring system, (ii) micro monitoring system, and (iii) project-based monitoring system.

the minimum age required for a worker is satisfied. In the same manner, early marriage and recruitment of children in armed conflict can be countered.

Unfortunately, many children are deprived of their rights to be registered because birth registration is not free and not all parents have access to it, particularly those in remote areas and among minority groups and indigenous peoples (IPs). Based on the country's periodic reports on the implementation of CRC (CWC 2007), there are 2.6 million unregistered children in the country and most of them are Muslim and IP children. In terms of geographical location, 70% of these children are in ARMM, Eastern Visayas, Central Mindanao, Western Mindanao, and Southern Mindanao.

The issue of unregistered children goes beyond the country's borders with increasing number of children of overseas Filipino workers (OFWs) born abroad and left unregistered. Since more and more Filipinos are leaving the country to work abroad, this issue must also be addressed. According to CWC (2007), documented OFWs increased from 1,204,862 in 2005 to 1,221,417 in 2006, reflecting a 1.4% growth. These OFWs are employed in 197 country destinations but majority of them are in Saudi Arabia, United Arab Emirates, Hong Kong, Kuwait, Qatar, Taiwan, Singapore, Italy, United Kingdom, and South Korea. Japan is not among the top 10 country destinations but CWC (2007) noted that there are around 100,000 Japanese-Filipino children who are most likely unregistered and, thus, deprived of their rights to a name, nationality, identity, and access to basic services.

Strategies, Programs, and Interventions

In 2000–2004, NSO and Plan Philippines collaborated on the conduct of the Unregistered Children Project (UCP) to address the issue of unregistered children. The UCP was implemented in 32 municipalities and 2 cities where many unregistered Muslim and IP children, and CNSP were found. As a follow-through activity, NSO and Plan Philippines jointly worked on the Birth Registration Project (BRP) in 2004–2007. The BRP had a wider coverage of local government units with a number of unregistered Muslim and IP children; and CNSP. In particular, the BRP covered 127 municipalities across the 17 regions of the country with the end in view of attaining 100-percent birth registration. More specifically, it aims to:

1. Institutionalize the Barangay Civil Registration System (BCRS) to make the civil registration system more accessible to the people;
2. Using IEC strategies and tools, achieve nationwide awareness-raising on the right of children to name and nationality;
3. Advocate for relevant laws, policies, and procedures on birth registration; and
4. Train civil registrars and civil registration agents to make them more equipped, responsive, and committed to the goal of 100% birth registration

UNICEF, through its 6th Country Programme for Children (CPC6), augmented the efforts of NSO and Plan Philippines by giving support for LGU training programs for frontline health workers integrating modules on birth registration.

CWC (2007) provided a rundown of the gains from the UCP and the BRP, as follows:

- a. Some 127 municipalities now have computerized birth registration systems;
- b. As of May 2006, there were 1,987 barangay chairmen; 2,405 barangay secretaries; and 5,508 barangay civil registration agents trained in civil registration law and procedures of mobile birth registration (Table III.19);
- c. As of 2006, a total of 1,863,232 unregistered children have been registered broken down as follows: 970,304 boys and 892,928 girls;
- d. February 23, 2005 and every year thereafter was proclaimed by the President as National Birth Registration Day;
- e. Passage of RA 9048, a law that authorizes the city and/or municipal civil registrar or consul general to correct a clerical or typographical error in an entry and/or change of first name or nickname in the civil register without the need for judicial order;
- f. Issuance of Administrative Order No. 3 Series 2004, on the rules and regulations governing registration of acts and events concerning civil status of indigenous peoples;
- g. Issuance of Memorandum Circular 2004-01 concerning birth registration for children in need of special protection; and
- h. Establishment of Barangay Civil Registration System (BCRS) as a grassroots mechanism to facilitate and sustain 100% registration at all times.

Box III.3. Mechanisms for Action, Coordination, and Networking Among Key Players

Key Players	Role	Issues/Challenges	Strategies
Family particularly the parents	<ul style="list-style-type: none"> Meet their children's needs and rights to food, health, nutrition, education, and special protection as parental interventions on these areas can prevent the possibility of their children becoming victims of abuse, exploitation and violence 	<ul style="list-style-type: none"> Build and strengthen family stability, particularly among the poor and disadvantaged families Family interventions require resources 	<ul style="list-style-type: none"> Promote responsible and effective parenting with emphasis on the role of men and fathers by educating the parents on the CRC; the psychosocial dynamics of children; the social, economic, and political conditions affecting the lives of children; the effects of abuse, violence and exploitation on children; and the different local ordinances and laws protecting children Parents must seek ways and means to avail of support for livelihood and employment opportunities as this will address the economic context of child abuse, violence and exploitation.
School System/Education	<ul style="list-style-type: none"> Major preventive intervention against the various forms of abuse and exploitation such as child labor, trafficking, commercial sexual exploitation, children going to the streets, children's involvement in armed conflict, substance abuse and other risky behaviors 	<ul style="list-style-type: none"> DepEd must review its educational policies and procedures and see whether or not these are relevant and responsive to the unique needs and circumstances of children in need of special protection (CNSP) DepEd should aim to get all children to school and keep them in school until they complete at least high school education. For children who are out of school, DepEd together with NGOs, FBOs and barangays should maximize the Alternative Learning System (ALS) modules to reach a greater number of CNSP and other children at risk. 	<ul style="list-style-type: none"> Schools should continue to integrate child rights education and life skills education into the basic education curriculum as this will help equip the children and young people with the appropriate information, knowledge, and skills so that they can guard themselves against forces of abuse, exploitation and violence.
Health System	<ul style="list-style-type: none"> Formulate an updated and clear national policy on early detection and intervention on childhood disabilities as well as youth health and development promotion oriented towards the provision of youth-friendly health services for young people including CNSP 	<ul style="list-style-type: none"> The national youth health policy should promote, among other things, the active participation of young people in their own health and development; development of youth-friendly health services, particularly at the barangay and district levels; outreach programs and services for young people in crisis; and the 	

Box III.3. Mechanisms for Action, Coordination, and Networking Among Key Players

Key Players	Role	Issues/Challenges	Strategies
		<ul style="list-style-type: none"> • positive role of mass media in influencing young people's values and behavior that affect their health and development (e.g. smoking, drug abuse, alcohol use, risky and unsafe sexual behavior, gender stereotypes, and violence). • Health workers should have basic respect for young people, are especially trained to work with young people, have adequate time for interaction and counseling, and honor privacy and confidentiality. • Health facilities must have separate space or special time set aside for young people, adequate space and sufficient privacy, and convenient location and consultation hours. 	
Legislative System and Policy-Making Bodies	<ul style="list-style-type: none"> • Review and asses existing legislation in order to (a) determine whether these are congruent or in harmony with the CRC provisions and other UN standards on child protection; (b) identify the remaining gaps in child protection laws and their enforcement such as on substance abuse, child trafficking, child pornography, and juvenile justice, among others; and (c) and enact laws if necessary 	<ul style="list-style-type: none"> • The local sanggunian must pass local ordinances to reinforce effective enforcement of already existing national laws on child protection. • Also at the local level, information dissemination among various audience on existing child protection laws is crucial for the effective implementation of laws. • All legislators and policy makers at the national and local levels should recognize their strategic roles in effective advocacy against various forms of child abuse, violence, and exploitation. 	
Justice System	<ul style="list-style-type: none"> • Provide speedy legal and judicial protection measures to children who are victims of abuse, violence, and exploitation as well as children in conflict with the law. 	<ul style="list-style-type: none"> • In handling children, all pillars of the justice system must strictly observe child-sensitive and child-friendly rules and procedures and must consider the psychosocial make-up and the best interests of children at all times. 	

Box III.3. Mechanisms for Action, Coordination, and Networking Among Key Players

Key Players	Role	Issues/Challenges	Strategies
		<ul style="list-style-type: none"> • Police officers, judges, prosecutors, public attorneys, and court social workers must take it as part of their responsibility to have continuing education and professional upgrading on the CRC and other UN standards, new child protection laws and their implementing rules and regulations, and new technologies available to make the administration of the child and juvenile justice system more child-sensitive and child friendly . • All the pillars of the justice system must coordinate among each other in the disposition of cases involving children and young people. They must have in place an operational monitoring system on all legal and judicial cases that involve children. 	
<p>Local Government Units (LGUs)</p>	<ul style="list-style-type: none"> • Ensure adequate provision for all children of basic social services in health, nutrition, education and development, special protection, and participation. 	<ul style="list-style-type: none"> • Each LGU must have updated and disaggregated database on children, local development plan for children, investment plan for children, local code for children, and monitoring and reporting system. Annually, the LGU must render a report on the situation and progress of all children within its jurisdiction. • For child protection, the LGUs must organize, activate, strengthen and sustain local councils for protection of children (LCPC), which will be responsible for advocacy and programming efforts for and on behalf of CNSP. • LGUs must have enough professional social workers or community organizers who will be responsible for training and organizing LCPCs. 	<ul style="list-style-type: none"> • To provide strong mandate for the LCPCs to implement programmes and activities for CNSP, LGUs must pass local ordinances on child protection - specifically on child labor, substance abuse, child trafficking, commercial, sexual exploitation, child pornography, and children involved in armed conflict.

Box III.3. Mechanisms for Action, Coordination, and Networking Among Key Players

Key Players	Role	Issues/Challenges	Strategies
National Government Agencies (NGAs)	<ul style="list-style-type: none"> Responsible for advocacy and resource mobilization; capacity building and technical assistance; law review, law reform and law enforcement monitoring Establish a national research agenda and a national databank on child protection Set policies and standards of care and protection Forge cross-border and international alliances particularly against child trafficking, prostitution and pornography Monitor progress, assess impact of interventions, and prepare relevant national reports 		
NGOs, FBOs, and other CSOs	<ul style="list-style-type: none"> Non-government organizations (NGOs), faith-based organizations (FBOs), and other civil society organizations (CSO) are strategic partners in child protection. Internet Service Providers (ISP), internet cafes and other ICT outlets have unique roles to play in child protection particularly in terms of child pornography on the internet. 		
Media	<ul style="list-style-type: none"> Responsible reporting and open discussion on issues of abuse, violence and exploitation against children to generate broad public awareness on child protection issues, which in turn will bring about prompt and appropriate actions from the relevant agencies, groups and care for children. 	<ul style="list-style-type: none"> The media must be guided by the principles and provisions of the CRC and the guidelines of the CRC and the guidelines issued by the Committee for the Special Protection of Children and the CWC. 	
Children	<ul style="list-style-type: none"> Best advocates as the know best their own situation Children can become part of the LCPC, the local faith communities, relevant national bodies such as CWC, NAPC, and other relevant agencies. 	<ul style="list-style-type: none"> Children should be given opportunities for continuing child rights education, life skills education, values formation and clarification, leadership development, and protective behavior training. Their efforts to organize themselves at the local, regional and national level must be facilitated and supported. 	

Source: A Comprehensive Programme on Child Protection, 2006-2010

Table III.19. Birth Registration Project
Beneficiaries of Training in the Mobile/OutofTown Civil Registration Programs
(As of May 2006)

	Mobile/Out of Town Civil Registration Programs							
	BCRS Training	No. of BCRS Training	Beneficiaries of the Training					
			# of brgys trained	# of NSO staff trained	# of LCR/s staff trained	# of brgy chairman trained	# of brgy trained	# of brgy chairman trained
1. NCR	<input type="checkbox"/>							
2. CAR	<input checked="" type="checkbox"/>	12	132	27	20	102	132	453
3. Region I	<input checked="" type="checkbox"/>	12	101	6	10	101	101	350
4. Region II	<input checked="" type="checkbox"/>	18	238	22	19	181	213	878
5. Region III	<input checked="" type="checkbox"/>		49	4	5	49	49	82
6. Region IV A	<input checked="" type="checkbox"/>		46	10	9	36	46	62
7. Region IV B	<input checked="" type="checkbox"/>	4	44	5	5	44	44	134
8. Region V	<input checked="" type="checkbox"/>	6	72					84
9. Region VI	<input checked="" type="checkbox"/>	10	312	4	32	249	47	132
10. Region VII	<input checked="" type="checkbox"/>	7	158		12	158	158	454
11. Region VIII	<input checked="" type="checkbox"/>	11	144	11	14	144	144	126
12. Region IX	<input checked="" type="checkbox"/>	776				124	766	49
13. Region X	<input checked="" type="checkbox"/>	30	444	52		1141		
14. Region XI	<input checked="" type="checkbox"/>		394	13	140	551	530	919
15. Region XII	<input checked="" type="checkbox"/>		3	87				195
16. Caraga	<input checked="" type="checkbox"/>		404	80	35	248	175	449
17. ARMM	<input checked="" type="checkbox"/>		90					
TOTAL		889	2,715	234	301	1,987	2,405	5,508

Legend: without training
 with training

Acronyms: BCRS Barangay Civil Registration System
BCRA Barangay Civil Registration Agent
NSO National Statistics Office
LCR Local Civil Registry

Source: National Statistics Office (Available in CWC's Subaybay Bata Monitoring System)

Issues on unregistered and undocumented children born abroad were also addressed through RA 8042 or the Migrant Workers and Overseas Filipino Act. Among the actions taken were as follows:

1. Overseas parents were advised, through the Philippine embassy or consulate in the country where they work, to register their children born abroad;
2. As part of their functions, lawyers and social workers assigned to the different Migrant Workers and Other Overseas Filipinos Resource Centers (MWOFRCS)²³ conducted awareness-raising sessions with parents on the need and value of birth registration; and

3. The DSWD has strengthened its social welfare services in countries cited earlier by assigning professional social workers oriented and trained in various issues and challenges in the protection of children's and women's rights, including the right of a child to a name, identity, and nationality.

Despite the gains mentioned above, CWC (2007) identified the gaps that should be addressed to further improve birth registration. The gaps are attributed to the facts that there are still unregistered children in the country, and that population increases yearly at the rate of 2.11%, which means that more than a million children need to be registered each year. There is a

²³ There are more than 20 MWOFRCS in countries with large concentration of Filipino overseas workers including Saudi Arabia, UAE, Hongkong, Kuwait, Qatar, Taiwan, Singapore, Italy, United Kingdom, and South Korea, among others.

need for BRP to clear the barriers to birth registration, which include:

- a. lack of awareness among parents, particularly among Muslims and IPs, on the relevance of birth registration;
- b. economic costs, which discourage poor parents from registering their children (while the civil registry law states that birth registration is free, some local ordinances on civil registration seek to generate revenues for LGUs, hence, fees are imposed);
- c. remaining gaps in civil registration law and procedures; and
- d. physical and geographical barriers affecting families living in remote and hard-to-reach barangays, although the latter obstacle has been remedied by forming mobile civil registration teams in selected areas. There should be continued training on the BCRS to reach more barangays, particularly where Muslim and indigenous families live and where it is inaccessible and affected by armed conflict.

To ensure that children of OFWs born abroad are registered, the Department of Foreign Affairs (DFA), the DSWD, the Commission on Filipinos Overseas (CFO), and other concerned agencies must include the birth registration of Filipino children born abroad as part of their priority concerns and institute the processes and procedures to ensure implementation.

Children with Disabilities

Based on NSO's 2000 Population Census, there were 948,098 persons with disabilities (PWDs), which accounts for 1.23% of the 75.3 million population in the same year. The reported number of children with disabilities was 191,680 or about 20% of PWDs. The children's group comprised 54% males and 46% females. Of the PWDs, about 70% were found in rural and remote areas (CWC 2007).

Table III.21 shows that the greatest number of children falls in the age group 10 to 14 for 7 out of 13 forms of impairment. In contrast, the least number of children with impairment falls under the age group under-1 and this is possibly because some forms of impairment do not manifest at early stage of infancy. Newborn screening or other tests may help detect possible impairment (e.g., mental retardation) that could still be prevented. The most appropriate preventive measure,

however, is for expectant mothers to go for prenatal check-ups to ensure baby's proper development. Unfortunately, some mothers do not avail of this health service due to lack of knowledge of its benefits or, in some cases, due to the distance of their houses from health facilities.

According to SCPC (2006), more than 50% of disabilities among children are acquired, thus, highly preventable. Based on DOH report, malnutrition and unsanitary living conditions as a result of extreme poverty are considered the most significant causes of disability especially among children. The prevalence of disability among children 0–14 years old is highest in urban slum and rural areas where health services are limited or worse, not accessible at all for poor families living in rural areas as health clinics and hospitals are generally concentrated in urban areas. Other causes of disability include vehicular accidents and the continuing armed conflict although there are no reliable data on these (CWC 2007).

DOH has a significant role in helping prevent some disabilities like blindness. The major challenge lies in expanding and sustaining coverage of its expanded program for immunization (EPI), Vitamin A supplementation, nutrition education, use of iodized salt promotion, prenatal and postnatal care, and other preventive programs. Despite DOH's efforts to expand and sustain these programs, more must be done to really reach children in poor, remote, and densely populated areas.

Since children with disability are mostly from poor families and from rural areas, they do not have access to appropriate basic education unlike their rich counterparts who can afford to avail of special education. To address this need, DepEd has been promoting inclusive education by mainstreaming children with disabilities in regular classes. About 500 deaf and blind children are mainstreamed in regular schools yearly but only 3%–5% of children with disabilities have completed elementary education. This is way below the target under the Biwako Millennium Framework, which is 75% of school-age children with disabilities should complete at least elementary schooling. To really address the special needs of children with disabilities, DepEd has been training public school teachers. DOH supports DepEd by establishing a health sector alliance for children with learning disabilities. This alliance centers on inclusive education and on the specific roles of health professionals in terms of screening and diagnosis.

Table III.20. Birth Registration Project
Registration Program & Corresponding Number of Children Registered by Region
Birth Registration Project (As of May 2006)

Region	Number of Registered Births					
	No. of Registered children through mobile registration (ABR)	Birth Registration Statistics of Special Sector				
		Pursuant to AO3s 2004 (IP)	Pursuant to AO1s 2004 (Muslim)	Pursuant to MC 2004 -01 CNSP	Foundling	RA 9255
1. NCR	59,458	0	0	0	0	0
2. CAR	3,138	123	7	0	1	3,569
3. Region I		0	0	0	0	0
4. Region II	1,167	0	0	0	0	287
5. Region III		0	0	0	0	0
6. Region IV A		421	126	3	0	0
7. Region IV B		0	0	0	0	0
8. Region V		0	16	0	0	0
9. Region VI		1,638	12	0	2	4,233
10. Region VII		53	2	11	9	2,071
11. Region VIII		175	120	0	10	17,322
12. Region IX		6,691	8,244	33	10	4,692
13. Region X		1,189	0	63	1	22,668
14. Region XI		2,727	6,050	38	21	14,340
15. Region XII		64	1,595	0	0	0
16. Caraga		44	30	0	2	387
17. ARMM		0	0	0	0	0
TOTAL	63,763 1	3,125	16,202	148	56	69,569

Acronyms: ABR Actual Birth Registration; IP Indigenous People; CNSP Children in Need of Special Protection
N.B.:

Pursuant to AO3s. 2004 [IP]

- o ADMINISTRATIVE ORDER NO. 3 Series of 2004 Rules and Regulations Governing Registration of Acts and Events concerning Civil Status of Filipino Indigenous Peoples

Pursuant to AO1s.2005 [Muslim]/Pursuant to Section 2 of Act No. 3753

- o ADMINISTRATIVE ORDER NO. 1 Series of 2005 Rules and Regulations Governing Registration of Acts and Events concerning Civil Status

Pursuant to MC 200401 [CNSP]

- o The CNSP shall refer to all persons below 18 years of age, or those 18 years old and over but are unable to take care of themselves because of physical or mental disability or condition; who are vulnerable to or victims of abuse, neglect, exploitation, cruelty, discrimination and violence (armed conflict, domestic violence) and other analogous conditions prejudicial to their development.

Foundling

- o Foundling is a deserted or abandoned infant or child found or a child committed to DSWD or duly licensed institution with unknown facts of birth and parentage. RA 9255

o ADMINISTRATIVE ORDER NO. 1 Series of 2004

- Rules and Regulations Governing the implementation of Republic Act No. 9255 (An Act Allowing Illegitimate Children to Use the of Muslim Filipino Surname of their Father, Amending for the Purpose, Article 176 of Executive Order No. 209, Otherwise Known as the "Family Code of the Philippines")

Source: National Statistics Office (Available in CWC's Subaybay Bata Monitoring System)

Table III.21. Children with Disabilities, By Age Group and Type of Disability As of 2000 Census

Type of Disability	Under 1	1-4	5-9	10-14	15-19
Total blindness	428	2,041	3,455	2,921	2,798
Partial blindness	716	3,260	4,449	4,646	4,272
Low vision	817	3,776	4,716	5,864	6,089
Total deafness	260	1,526	3,683	4,387	3,589
Partial deafness	193	1,079	2,322	2,707	2,230
Hard of hearing	46	331	992	1,312	1,001
Oral defect	797	3,575	7,071	7,482	5,895
Loss of one or both arms/hands	674	2,822	3,515	3,258	3,021
Loss of one or both legs/feet	150	1,019	2,952	2,884	2,785
Quadriplegic	206	2,517	5,524	5,498	4,402
Mentally retarded	199	2,439	7,793	10,743	9,077
Mentally ill	1,195	4,516	4,644	5,638	5,680
Multiple impaired	225	1,359	2,229	2,232	1,987
Total	5,906	30,260	53,345	59,572	52,826

Source: 3rd & 4th Periodic Reports on the Implementation of the CRC, Philippines, 2007

DSWD also issued AO No. 61, which guides the implementation of the “Tuloy Aral Walang Sagabal” Project (TAWAG, which literally means continuing education without barriers). This Project aims to mainstream 3–5 year old children with disabilities in the regular daycare services. This has been ongoing since 2004 in 21 provinces, 19 cities, 23 municipalities, and 851 barangays. DSWD also issued Administrative Order No. 85, which guides the implementation of community-based social laboratory for children and youth with disabilities. This social laboratory is intended for building capacities and upgrading competencies of day care workers, parents and siblings in mainstreaming children and youth with disabilities into normal community life.

To rationalize all disability-related efforts, the National Council for the Welfare of Disabled Persons (NCWDP), in cooperation with national and local government agencies, NGOs, and grassroots organizations of persons with disabilities, formulated a Comprehensive National Plan of Action which translates into action the

- a. objectives of RA 7277 or the Magna Carta for Disabled Persons;
- b. provisions of RA 9442, an Act amending RA 7277;
- c. provisions of Batas Pambansa Bilang 344 or the Accessibility Law; and

- d. the commitments of the Philippine government under the Biwako Millennium Framework for Action Towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific (1993–2002), which was extended for another decade covering 2003– 2012.

However, some factors hampered the implementation of said plan. CWC (2007) enumerated these factors as:

1. Lack of resources actually allocated for priority programs and projects despite Presidential Proclamation 240, which requires all relevant government agencies to allocate at least 1% of their annual budget for PWDs;
2. Continuing difficulties in collecting disaggregated data on PWDs, particularly children, despite NCWDP’s efforts to set up its monitoring and profiling system;
3. Existing gaps in technical competencies and skills of professionals working with and for children with disabilities such as medical personnel, teacher, and social workers; and
4. Migration of professionals such as speech pathologists, development pediatricians, and special education teachers.

To ensure sustainability, CWC (2007) recommended that programs and projects on prevention and rehabilitation of children with disabilities be linked with broader development initiatives such as poverty reduction and social equity promotion. To mainstream disability issues and concerns in the total development process, four major aspects must be emphasized.

These are as follows:

- i. Inclusion – children and PWDs become visible in policy and decisionmaking, strategy formulation, and program development,
- ii. Participation – children and PWDs will have their voices and opinions heard,
- iii. Access – barriers are removed and opportunities are created so that children and PWDs will enjoy their right to basic social services, and
- iv. Quality – children and PWDs deserve a quality life through knowledge and capacity building.

To monitor children with disabilities, the existing database and monitoring system on children with disabilities must be further improved. The current data have to be disaggregated further (i.e., by gender, rural or urban, ethnic group, and others) for more focused advocacy and programming. Also, the NCWDP has to strengthen its focus on children with disabilities and improve its data collection system in collaboration with DSWD, DepEd, DOH, NSO and LGUs.

Street Children

The Lamberte (2000) study, "Ours to Protect and Nurture: The Case of Children Needing Special Protection," distinguished between "street children" in general and the "highly visible children on the streets." The latter refers to children who stay on the streets and in public places at least four hours daily to engage in varied activities such as playing with friends and peers, sleeping, and earning a living. In the study, this category of street children is also referred to as the "targeted priority group," which needs utmost attention due to the risks and hazards involved in staying most of the time on the streets without adult supervision. The "highly visible children on the streets" also include those staying in temporary shelters, drop-in centers, and processing centers. The distinction between the two is based on the (i) frequency of the child's contact with family and whether or not the child lives with family/relatives

or with other people, (ii) number of hours a child is staying on the streets, (iii) location, and (iv) activities a child is engaged in. The study estimates the population of street children in the Philippines to be 3% (246,011) of the population 0–17 years old. Street children comprise 5% of the country's urban poor children, which is estimated to be 4,832,000. Of the 246,011 street children, 20% are identified to be "highly visible on the streets." This cohort of street children comprises 1.61% of the urban young population between 0–17 years old. Using the criteria set in Lamberte (2000), the estimated number of highly visible street children for the 22 major cities covered in the study is 22,556. Metro Manila had the highest number at 11,346 children. The disaggregation is as follows:

- Manila City – 3,266
- Quezon City – 2,867
- Kalookan City – 1,530
- Pasay City – 1,420
- Rest of Metro Manila – 2,263

Highlights of the Lamberte study are:

1. Majority of the children covered in the study were located in barangays and/or areas outside their place of residence. Thus, it is important to use a Metropolitan approach to address the problem on street children.
2. Most of the street children are engaged in income-generating activities such as vending; scavenging; washing or watching over cars, buses, and market stalls; shoe-shining; and making deliveries.
3. Children covered in the survey were much older than those in previous studies, with an average age of 14.6 or approximately 15 years old. Most are in their middle (6–12 years old) and adolescent years (13–15 years old).
4. Children belong to large family size having an average of 5 children, three of whom are males.
5. Some 34.4% of the children were found not having gone to school within the past school year. Educational assistance may have helped lessen dropout rates among street children since present figure is much lower than what was recorded in the previous study.
6. Of the fathers, 87% have gainful work and are generally in the service sector. Of the mothers, 63% are engaged in gainful work and are mostly in sales and/or vending.

7. Almost all of the children (96.42%) have living parents or at least a living mother or a father. Of this group, only 76.83% live with their parents or any parent. The rest live with other relatives and non-relatives. Others stay in temporary shelters. Marital status of parents contributes to the living arrangement of the children. A higher percentage of children living with non-relatives have separated parents. Having a single parent also seems to explain why children live with other relatives rather than with own parents.
8. About 86% (8 of 10) of the children established contacts with their families and this occurs for children who live with their families and/or relatives. Contrary to previous studies, children refused to go home not because of poverty and influence of peers but more of unfavorable family conditions. Across areas, children did not go home to their families either because of physical abuse experienced at home or mere dislike of their own home arrangement. Those living with family and/or relatives go home daily while those residing with non-relatives rarely or infrequently go home.
9. Quite a number of the street children indulged in high risk behaviors such as substance abuse (ever use of prohibited drugs (15.4%); recent use (56.6%)); and unprotected sex practice (ever engaged in sex (8.4%); recent engagement in sex (89.7%)). About 17.9% have been apprehended by police due to vagrancy, substance abuse, and illegal acts. The relatively low incidence of substance abuse and sex practice among the children, as compared to the figures in previous studies, may plausibly be explained by the program interventions and services, which could have produced positive outcomes. In contrast, incidence of police arrests is much higher because of strict enforcement of the laws or ordinances among local governments.
10. Those in substance abuse are likely to be males, in their adolescent years, middle child among the siblings, were dropouts not only in recent year but also for a longer period of time, and have parents who are separated. Those who were apprehended by the police are likely to be males, in their adolescent years, middle child among the siblings, were school dropouts, have separated parents, and their mothers were engaged in gainful work.
11. About 21.7% were considered "hardcore." These are likely the ones who grew up and stayed for much longer hours on the streets. Typically, they are males, in their adolescent years, the middle child among the siblings, they do not live with parents or any of the parents, parents were separated, and mothers were economically productive. Most of the "hardcore" do not go home to their families. Quite a number of these children indulged in high risk behaviors - 43.3% in substance abuse and 20.3% in sex. About 43.1% got apprehended by police mainly because of involvement in illegal acts.
12. About 15.4% of the children were ever admitted to the centers; the incidence of institutionalization is higher in NCR possibly because it has the most number of shelters or centers; the majority (59.7%) stayed for more than one month, and one year but less than 3 years. Reasons for leaving the center were due to problems related to the management of the centers, and the type of child-service provider interaction taking place in the center. Others left the centers due to family reintegration intervention.
13. On visibility, children stay on the streets for an average of 9 hours in a day. The range is from 4 hours to 24 hours. About 8% stay on the streets the whole day and the greatest number of these children is in Metro Manila. Factors that determine the visibility of children on the streets are as follows:
 - i. **Age** – the older the child is, the more likely he stays longer in the streets;
 - ii. **Gender** – males tend to be highly visible compared to females;
 - iii. **School participation** – being away from school, children tend to stay on the streets for a longer period of time;
 - iv. **Living arrangement** – growing up on the streets and becoming one of the "hardcore" children also make them stay longer in the streets; living with other people instead of being with one's family and relatives pushes children to stay longer in the streets;
 - v. **Frequency of going home** – establishing frequent contacts with family prevents children from staying long in the streets;
 - vi. **Assistance extended by street educators and workers** – presence of

individuals assisting children while on the streets serves as a magnetic or pull factor attracting children to stay longer on the streets; and

- vii. **Child's knowledge of organizations and agencies providing assistance** – knowledge of the existence of NGOs serving the needs of street children serves as deterrent to the prolonged stay of children on the streets.

With these findings, Lamberte (2000) emphasized the importance of guiding policies, programs, and interventions to make all efforts child-focused and rights-based. The study points to the need to respect the dignity of children. Children should be viewed as human resource, thus, efforts must be aimed at developing their capacities and selfesteem. Efforts should also be concerned about their own interests and thus, should be child- and culturally sensitive. It is helpful not to view these children as defenseless or dependent but rather people must nurture images and views that they are creative, resilient, imaginative, and surviving individuals in the streets. Moreover, efforts must be child-focused, particularly in addressing high risk acts indulged by children.

The study argues that the problem on street children is structural and organizational, thus, program interventions must be systematic, institutional, and organized. In this sense, programs and activities must be systematically organized such that assistance to children is readily available and sustainable. Sporadic and seasonal forms of assistance should be discouraged to avoid attracting children to stay in the streets. Assistance and donations should be channelled to organizations and agencies working with and for the street children. Preventive approaches must be employed as well. These include continuous counselling and nurturing skills on the part of parents. Frequency of family contacts needs to be enhanced as well.

There is a need to review, examine and rethink the strategies adopted by "streetbased" programs and interventions given the findings that individual assistance encourages visibility and stay of children on the streets. Likewise, there is a need to study closely the community-based strategies and program outcomes to strengthen and appropriately design programs.

On monitoring, a systematic and well-organized information system should be in place to generate solid data on children. Lamberte (2000) recommended the creation of a Children Information Network to be led by an independent entity. The Network is meant to coordinate the information system not only on street children but on children, in general. The proposed Network may be composed of organizations and agencies with track record on their services. For instance, De La Salle University (DLSU) for data and information on street children, Ateneo de Manila University (ADMU) for data and information on children in conflict with the law, and University of the Philippines (UP) for data and information on victims of sexual abuse and commercial exploitation. It is envisioned that the Network will greatly facilitate the feedback mechanism among interested parties particularly those organizations, agencies and institutions working with and for the children and stakeholders as well.

Child Labor

The International Labour Organization (ILO) has three categories of child labor based on Conventions 138 and 182. They are as follows:²⁴

1. labor that is performed by a child who is under the minimum age specified for that kind of work (as defined by national legislation in accordance with accepted international standards) and is likely to impede the child's education and full development;
2. labor that jeopardizes the physical, mental, or moral well-being of a child either because of its nature or because the conditions in which it is carried out is known as hazardous work; and
3. the unconditional worst forms of child labor, which are internationally defined as slavery, trafficking, debt bondage, and other forms of forced labor, forced recruitment of children for use in armed conflict, prostitution and pornography, and other illicit activities.

In the Philippines, RA 7658 defines child labor as the "illegal employment of children below the age of fifteen, where they are not directly under the sole responsibility of their parents or legal guardian, or the latter employs other workers apart from their children who are not members of their families, or their work endangers their life, safety, health and

²⁴ Aldaba, Lanzona, and Tamangan. 2003. "A National Policy Study on Child Labour and Development in the Philippines."

morals or impairs their normal development including school.”

DOLE expanded this definition by including the situation of children below 18 years old who are employed in hazardous occupations, which include

- a. work that causes exposure to physical, psychological, or sexual abuse;
- b. work underground, under water, or at dangerous heights;
- c. work with dangerous machinery, equipment and tools, or that involves manual handling or transport of heavy loads;
- d. work in an unhealthy environment; and
- e. work under particularly difficult conditions.

Protecting children from child labor, particularly the worst forms of child labor, is well-emphasized in Article 32 of the CRC. The article states that...

“State Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development.”

At the national level, RA 7610 and RA 7658) are considered as landmark child protection laws (Box III.2).

The main government program that deals with child labor is the Philippine Time-Bound Programme (PTBP) on the Elimination of the Worst Forms of Child Labor from 2002 to 2007. This program has financial assistance from the US Department of Labor through ILO-IPEC and World Vision. The PTBP covers Regions 3, 5, 6, 7, 11, and the NCR. As of April 2007, CWC (2007) says more than 40,000 children had been prevented and withdrawn from the six²⁵ worst forms of child labor. This was done through provision of various services such as education (through formal education and the ALS), psychosocial counselling, rehabilitation assistance, basic healthcare, legal assistance, and livelihood alternatives for their families.

Fundamental activities implemented under the PTBP on the Elimination of the Worst Forms of Child Labor include:

- a. Development of advocacy and IEC materials such as video series on child labor (in DVD format), and TV and radio plugs that heighten awareness on the six worst forms of child labor;
- b. Provision of opportunities for education, both through the formal system and through ALS, and vocational skills training;
- c. Livelihood generation using appropriate technology and microenterprise development for families of child laborers;
- d. Training on basic life skills for children and promoting occupational health and safety;
- e. Capacity building and training on child labor monitoring;
- f. Strengthening and sustaining the Sagip-Batang Manggagawa or SBM (which literally means rescue the child laborer) mechanism to rescue children from the worst forms of child labor;
- g. Expansion of the labor force survey to include data on working children and inclusion of child labor concerns in DOLE’s labor standards enforcement framework;
- h. Master-listing of 23,922 children in the worst forms of child labor; 3,243 siblings of child laborers; and 21,924 children-at-risk; and
- i. Institutionalization of child monitoring systems.

Sagip Batang Manggagawa (SBM) or Rescue the Child Workers Program. SBM is an inter-agency quick action mechanism that responds to cases of worst and hazardous forms of child labor. It started in 1994 with DOLE as the implementing agency. This program has the following eight objectives:

1. To establish a community-based mechanism for detecting, monitoring, and reporting the most hazardous forms of child labor to proper authorities who can either refer cases to appropriate institutions or provide direct assistance;

²⁵ Includes mining and quarrying; deep sea fishing; children in commercial agriculture particularly sugarcane plantations; children in domestic work; pyrotechnics; and commercial sexual exploitation.

2. To establish a 24-hour Quick Action Team Network Centers to respond to immediate and/or serious child labor cases;
3. To undertake immediate relief for child laborers in hazardous and/or exploitative conditions through conduct of search-and-rescue operations or other appropriate interventions;
4. To provide appropriate medical, psychosocial, and other needed services for the child labor victims;
5. To impose sanctions on violators of child labor laws;
6. To provide technical assistance in the prosecution of civil or criminal cases filed against employers and employment agencies violating laws and policies on child labor;
7. To facilitate the return or commitment of child laborers to parents, guardians, or appropriate child-caring institutions; and
8. To upgrade the capabilities of implementers in coming up with childfriendly procedures in protecting children.²⁶

SBM is operational across 16 regions of the country. To date, there are 33 SBM Quick Action Teams (QATs) in 7 provinces and 8 cities. In 2001–2007, a total of 507 rescue operations were conducted with 1,723 child laborers rescued (Table III.22). In 2008, DOLE closed down nine establishments for employing minors in prostitution or in lewd shows pursuant to RA 9231.

Situation of Child Workers²⁷ in the Philippines

Aldaba et al. (2003) noted that 1 of 6 Filipino children has to work to support his/her family, based on NSO figures. Using the National Survey on Children (NSC) covering October 1, 2000 to September 30, 2001, the number of “economically active” children was estimated at 4 million (16%) of the 25 million Filipino children 5–17 years old. This proportion is almost the same as the survey done for 1994–1995. About 60% of the “economically active” children were involved in hazardous work (Sardaña 2000). The most physically hazardous industry was mining and quarrying. In terms of chemical exposure, transport, communication, and construction industries were the most hazardous while mining, quarrying, and agriculture were considered as the worst biological hazards.

Aldaba et al. (2003) found out that the majority of working children were male, 10–17 years old, and that 7 of 10 children worked in rural areas. Unfortunately, most of them were unskilled and unpaid laborers in family farms. Survey data revealed regional disparities in child work incidence. In 2001, child work incidence in some regions was more than 20%, as follows: 29.7% in Northern Mindanao, 25.81% in Eastern Visayas, 24.34% in Central Mindanao, 22.31% in Caraga, 21.75% in Central Visayas, and 21.42% in Cagayan Valley. Aldaba et al. (2003) attributed such disparities to factors such as regional growth trends, security and peace-and-order issues, government and

Table III.22. Summary of the Number of Child Workers Rescued Sagip Batang Manggagawa Statistical Report on Rescue Operation, 20012007

Year	No. of Rescue Operations	Number of Workers Rescued								
		Overall Total	Total	Minors			Total	Adults		
				Male	Female	ND		Male	Female	ND
2001	70	311	201	49	134	18	110	15	89	6
2002	106	599	363	41	160	162	236	53	157	26
2003	87	531	406	215	191	0	125	30	95	0
2004	74	293	240	78	162	0	53	0	53	0
2005	63	187	151	41	110	0	36	5	31	0
2006	50	355	218	68	150	0	137	70	67	0
2007	57	167	144	61	83	0	23	11	12	0
Total	507	2,443	1,723	553	990	180	720	184	504	32

ND no disaggregation

*Sex disaggregation data started in 1998 only

Source: Department of Labor and Employment DOLE RO's Statistical and Performance Reporting System (SPRS) (Available in CWC's Subaybay Bata Monitoring System)

²⁶ Famador, Eva. 2001. A Consolidated Report of the Sagip Batang Manggagawa Assessment Workshops.²⁷ Or child laborers depending on three considerations such as hazards faced by the child, age, and parental supervision.

²⁷ Or child laborers depending on three considerations such as hazards faced by the child, age, and parental supervision.

private sector interventions, and the creation of Caraga as another region in Mindanao.

Child work affected the performance of children in school. It resulted in low grades, absenteeism, and tardiness. Children's lack of interest in school, coupled with high cost of schooling, led children to drop out from school. Among the 4 million "economically active" children in 2001, about 30% or 1.25 million children were out of school. These children came from different age groups where 9.6% are 5–9 years old, 18.2% are 10–14 years old, and 48% are 15–17 years old. Aldaba et al. (2003) noted that the older the working children were, the less likely they were attending school.

Building Blocks and Partners for a Strategy

Key policies and programs are already in place to address child labor. Nevertheless, there is a need to strengthen their implementation. There is also a need to further strengthen the linkages among government agencies, NGOs, and civil society organizations. Aldaba et al. (2003) presented a taxonomy of responses to child labor (Box III.4). It shows the possible linkages

that can be established among different sectors to address child labor concerns and issues.

These linkages are best exemplified by the groups and committees that were formed to respond to child labor. An example is the National Child Labor Committee (NCLC). Its Technical Working Group is composed of five subgroups as follows:

1. Research, Law, and Policy
2. Social Protection
3. Education
4. Capacity
5. Economic Opportunities

DOLE heads the committee with the members from government agencies such as DOH, DepEd, DSWD, and DILG; various employers (e.g., Employers Confederation of the Philippines) and labor groups (e.g., Trade Union Congress of the Philippines); NGOs; and LGUs. The subgroups are envisioned to be a forum for the different program partners to share their inputs to the National Program Against Child Labor (NPACL). The NPACL is a joint undertaking of the Philippine government, the private sector (trade unions, employers, and labor groups), international

Box III.4. Taxonomy of Responses to Child Labor

Forms of Responses	Main Sectors Involved	Examples
1. Macroeconomic Stability and Sustained Economic Growth	National Government and Private Sector	Medium-Term Philippine Development Plan 2001-2004
2. Legislation and National Policy, Local Ordinances	National and Local Government (i.e., Department of Labor and Employment (DOLE))	R.A. 7658, Ratification of ILO Convention 182
3. Awareness Raising and Social Mobilization and Fund Raising	Civil Society Groups International Institutions	PRRM Radio Program, ILO-IPEC Programs, Bantay Bata, Children's Hour
4. Enforcement, Surveillance, and Monitoring	Local Government and Civil Society	DOLE, Kamalayan Development Foundation, Sagip-Bata Manggagawa
5. Community Organization and Livelihood Programs	Civil Society and Private Sector	PRRM
6. Provision of Educational Assistance and Scholarships	Civil Society and Private Sector	ERDA Foundation, World Vision Development Foundation
7. Advocacy	Government and Civil Society	Visayan Forum
8. Coordination and Networking	All stakeholders	National Child Labor Committee DPNet
9. Policy Research and Statistical Analysis	Academe, Government and International Institutions	ILO-IPEC studies, UNICEF studies, NSO surveys

welfare and social development institutions, and NGOs.²⁸ It aims to eliminate exploitative and worst forms of child labor, remove children less than 18 years old from hazardous work, and protect and rehabilitate the abused and exploited working children.²⁹

Children in Conflict with the Law

Children in conflict with the law (CICL) are those under 18 years old who are suspected or accused of committing offences such as petty crimes, vagrancy, truancy, begging, or alcohol use. The 2009 Situationer on Filipino Children prepared by the CWC provides a profile of CICL as usually male; between 14–17 years old; have low educational attainment; belong to large,

low-earning family of six members; charged with property-related crimes; use drugs and alcohols; and have stopped schooling.

Based on data obtained from Subaybay Bata Monitoring System, there were 1,955 CICL in 2006 but this does not include other CICL recorded by other institutions. A close look at Table III.23 shows the number of CICL to be declining since 2001 and the rate of decline is highest in 2005 (38%) in relation to 2004. The two most common crimes committed by CICL are theft and illegal use of rugby. In contrast, data from Juvenile Justice and Welfare Council (JJWC) shows that the number of CICL nationwide in 2006 was 5,297 (Table III.24). No comparison can be made as the 2007 data is still very preliminary.

Table III.23. Summary of the Number of Juvenile Delinquents/CICL By Type of Cases

<i>Cases</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
Rape	410	258	211	246	200	194
Attempted rape	28	27	15	17	12	14
Acts of lasciviousness	81	68	95	49	33	45
Physical injuries	386	289	299	258	140	122
Murder	34	38	43	29	20	22
Attempted rape	14	59	205	11	11	6
Theft	2,629	2,559	2,274	1,952	937	846
Robbery	289	494	323	324	259	136
RA 6425 (Prohibited drug)	154	199	113	88	68	36
PD 1619 (Illegal use of rugby)	1,027	912	553	577	352	216
Seduction	8	85	16	5	2	1
Grave threats	8	8	5	4	4	8
Abduction	24	9	7	15	4	6
Homicide	47	45	13	37	23	17
Malicious mischief	68	64	20	30	20	17
Estafa	3	6	5	2	2	4
Vagrancy	153	81	30	33	46	21
PD 1866 (Illegal possession of firearms)	31	34	8	31	8	23
PD 1602 (Illegal gambling)	61	44	13	17	19	16
Others related crimes	440	377	15	213	270	205
TOTAL	5,895	5,656	4,263	3,938	2,430	1,955

Source: WCCD (Available in CWC's Subaybay Bata Monitoring System)

²⁸ <http://www.dole.gov.ph>

²⁹ <http://www.childprotection.org.ph>

Table III.24. Inventory of CICL by Region as Per Records of JJWC, 2006 & 2007

Region/Institution	No. of CICL as of Dec 2006	No. of CICL as of Dec 2007
Region I	276	70
Region II	123	6
Region III	257	6
Region IVA	418	60
Region IVB	251	9
Region V	89	30
Region VI	416	8
Region VII	456	83
Region VIII	174	8
Region IX	412	58
Region X	158	63
Region XI	478	11
Region XII	518	11
Caraga	102	33
CAR	102	24
ARMM	23	6
NCR	155	80
BuCor	355	428
CRADLE	179	171
MOLAVE	103	91
MYRC	80	113
Pasay Youth Home	10	23
BJMP National	162	
Total	5,297	1,392

Source: 3rd & 4th Periodic Reports on the Implementation of the CRC, Philippines, 2007

Data from the Bureau of Jail Management and Penology (BJMP) of the DILG show that crimes committed by CICL are mostly property-related, which can be attributed to children's deprivation and poverty. Crimes against property account for 69% of the total number of index crimes³⁰. The number of such crimes varies across regions. NCR has the highest while ARMM has the lowest incidence of crimes against property. Other regions that include Region IV-A and Region VII have a considerably high incidence of crimes of this type. On crimes against person

committed by CICL, NCR is again highest in number, followed by Region IV-A and VII. In sum, NCR, Regions IV-A and VII are the three regions with high incidence of crimes committed by CICL against person and property (Table III.28). What is distinct about these three areas is their level of economic development. NCR is highly urbanized while the other two regions are urbanizing fast. It is believed that the advantages of urbanization also brings about a number of disadvantages including spawning marginalized and disadvantaged families, which may be linked with the incidence of crimes in urbanized areas like NCR, Region IV-A and Region VII.

Table III.23 and Table III.25 show that crimes committed by CICL are a mixture of serious and non-serious crimes but regardless of the gravity of the crime, CICL, in many cases, are subjected to judicial measures. For instance, CICL, more often than not, are detained with adult offenders under very poor conditions (e.g., overcrowded detention cells with poor sanitation; and inadequate food, health care, and educational programs). With the passage of RA 9344 or the Juvenile Justice and Welfare Act (JJWA), the number of CICL detained with adults has decreased. Efforts are being done to provide separate detention cells for children, however, more work is needed given the current state of jails in the country. The majority of jails in the country still do not have separate cells for minors (Table III.26), while jails are generally well known for their very poor conditions.

The Philippine government, through DSWD, has put in place programs that protect CICL as they are vulnerable to abuse, violence, and human rights violations. These are classified into community-based and center-based programs. Some 2,759 CICL were served in community- and center-based programs in 2007 of which 2,565 are male. This translates into 93% of the total number of CICL served. Community-based programs catered to a greater number of CICL (1,686) compared with center-based programs (1,073). More specifically, community-based programs served 62% of the male CICL. However, the two programs served an almost equal number of female CICL (Table III.27).

³⁰ Index crimes are those that occur with regularity. These are violations of the revised penal code such as murder, homicide, rape, theft, and the like. In contrast, non-index crimes are violations of special laws such as RA 6425.

Table III.25. Common Crimes Committed by Children in Conflict with the Law Average for 2007

	Index Crimes								Non-Index Crimes			Grand Total
	Crime vs. Person				Crime vs. Property				Violation of RA 6425/9165	Other Crimes	Sub-Total	
	Murder	Homecide	Rape	PHY-INJ	Sub-Total	Robbery	Theft	Sub-Total				
NCR	9	10	15	2	36	62	43	105	9	36	45	186
I	3	1	2	0	6	4	6	10	4	2	6	22
II	0	1	1	0	2	1	2	3	1	1	2	7
III	0	0	0	0	0	1	1	2	1	0	1	3
IVA	3	2	4	8	17	21	21	42	7	10	17	76
IVB	1	1	0	0	2	2	4	6	0	1	1	9
V	1	1	5	0	7	7	6	13	1	4	5	25
VI	2	0	1	0	3	2	3	5	2	4	6	14
VII	5	3	12	0	20	20	21	41	19	15	34	95
VIII	0	0	0	0	0	1	2	3	0	3	3	6
IX	9	0	4	1	14	7	4	11	16	15	31	56
X	2	3	4	0	9	19	10	29	6	8	14	52
XI	1	0	0	0	1	1	4	5	2	1	3	9
XII	1	1	1	0	3	4	3	7	2	2	4	14
XIII	3	2	1	0	6	1	6	7	0	4	4	17
CAR	2	2	4	2	10	9	6	15	3	5	8	33
ARMM	2	0	0	0	2	0	1	1	0	3	3	6
Total	44	27	54	13	138	162	143	305	73	114	187	630

Source: Bureau of Jail Management and Penology, DILG (Available in CWC's Subaybay Bata Monitoring System)

JJWC developed a national juvenile intervention program, in consultation with relevant government agencies, NGOs, and youth organizations. This program needed to be localized and instituted at the LGU level - from the provinces down to the cities, municipalities, and barangays (CWC 2007). This will take much time, however, given the number of LGUs in the country. Based on NSCB's report, there are 81 provinces, 136 cities, 1,495 municipalities, and 42,008 barangays.

Child Abuse

Child abuse encompasses all forms of physical and/or emotional maltreatment, and sexual abuse and exploitation. The issue on child abuse is disturbing as it has harmful effects on the child's health, survival, development, and on his/her dignity. A

number of Filipino children suffer from child abuse or maltreatment. Table III.28 presents the number of reported cases of child abuse served by DSWD through its community- and center-based programs. Across the years covered by the study, the most common form of abuse is sexual abuse, which includes rape, incest, and acts of lasciviousness. Cases of sexual abuse served by DSWD in 2001 is 3,980, which increased by 4% in 2002. It may be noted that this has been decreasing since 2003 with the highest rate of decline in 2007 at 19%. Cases of sexual exploitation served by DSWD declined in 2005. It continued to decline, with the highest rate occurring in 2007 at 32%. In contrast, cases of physical abuse or maltreatment served by DSWD decreased during 2003–2006 but increased by 8% in 2007.

Table III.26 Number of BJMP and PNP Jails With and Without Separate Cells for Minors As of May 2008

Region	With separate cells for minor	Without separate cells for minors
NCR	1	22
CAR	12	40
Region I	8	78
Region II	14	4
Region III	22	74
Region IVA	12	112
Region IVB	8	49
Region V	24	11
Region VI	21	82
Region VII	14	62
Region VIII	7	99
Region IX	8	48
Region X	19	41
Region XI	6	7
Region XII	10	13
Caraga	17	49
ARMM	5	78
Total	208	869

Source: Bureau of Jail Management and Penology (BJMP)

In general, cases of child abuse served by DSWD have been declining during 2003–2006 but notably they increased from 6,606 in 2006 to 7,182 in 2007. This is due to the significant increase in cases of most types of child abuse particularly neglect, child labor, illegal recruitment, child trafficking, and armed conflict. However, there should be caveat in analyzing available data as there may be cases which remained unreported, particularly in remote and far-flung areas. Thus, the actual number of child abuse cases could be higher. This argument is more valid if one is to consider the other organizations, institutions, and NGOs aside from DSWD that maintain database on child abuse. There is a need for the CWC) to consolidate all data through its macro monitoring system to capture a complete picture of child abuse in the country.

The fact that child abuse, maltreatment, or other forms of violence continue to afflict children at home, in schools, and in communities is a cause of serious concern. The government and other sectors of society should be more vigilant and more aggressive in combating child abuse. DSWD has organized an interagency and interdisciplinary intervention nationwide to respond to the needs of the victims of sexual abuse. However, there should also be intervention of this sort to deal with other forms of child abuse. Current efforts such as tri-media campaign and information dissemination at the barangay level should be continued. These efforts raise awareness on the actual and potential harm of child abuse and maltreatment and hopefully, help prevent child abuse. There should also be a more systematic effort to help victims deal with the psychological trauma of child abuse such as psychological counselling programs for the abused child, as well as his/her family (CWC 2007).

Concluding Remarks

The importance of having solid data on children, particularly those relating to child protection, is highlighted in the various sections of this report. The CWC's initiative to establish the Subabay Bata Monitoring System (SBMS) is commendable. While CWC already collaborates with government agencies such as DSWD, DOH, DepEd, DOLE, DOJ, PNP, BJMP, National Bureau of Investigation (NBI), and NNC, among others, there is a need to forge stronger linkage with data-generating agencies such as the NSO particularly in obtaining data on birth registration and orphanhood, and the NSCB, since the latter has formulated the statistical framework and glossary on the protection of women and children. In fact, NSCB also generates statistics on violence against women and children.

This report recognizes the great help of the SBMS in its completion. However, there could have been discussion and analysis on child outcomes, disparities and gender inequality as well as analysis on causality and correlation if there were available data particularly on birth registration, orphanhood and child vulnerability, child labor, and early marriage.

Table III.27. Number of Children in Conflict with the Law Served By Program/Project/Service, by Sex, by Region, CY 2007

Region	Total No. of CICL Served in Community-and Center-Based Programs			Total No. of CICL Served in Community-Based Programs			Total No. of CICL Served in Center-Based Programs		
	Both	Male	Female	Both	Male	Female	Both	Male	Female
Total	2,759	2,565	194	1,686	1,588	98	1,073	977	96
NCR	80	13	67	12	10	2	68	3	65
CAR	50	40	10	42	40	2	8	0	8
I	217	213	4	106	102	4	111	111	0
II	87	81	6	82	77	5	5	4	1
III	308	300	8	193	189	4	115	111	4
IVA	227	223	4	19	18	1	208	205	3
IVB	15	15	0	15	15	0	0	0	0
V	74	73	1	54	53	1	20	20	0
VI	76	76	0	16	16	0	60	60	0
VII	280	255	25	167	149	18	113	106	7
VIII	173	166	7	96	91	5	77	75	2
IX	213	193	20	138	118	20	75	75	0
X	326	314	12	291	279	12	35	35	0
XI	363	337	26	206	186	20	157	151	6
XII	247	243	4	247	243	4	0	0	0
Caraga	23	23	0	2	2	0	21	21	0
Age Group	2,759	2,565	194	1,686	1,588	98	1,073	977	96
9 to below 10	58	58	0	0	0	0	58	58	0
10 to below 14	57	54	3	0	0	0	57	54	3
14 to below 18	789	715	74	0	0	0	789	715	74

Source: Department of Social Welfare and Development (CWC's Subaybay Bata Monitoring System)

Table III.28. Number of Child Abuse Cases Served, By Type of Abuse

Types of Abuse	2001	2001	2002	2003	2004	2005	2006
Abandoned	985	1,079	1,134	1,026	936	1,039	878
Neglected	2,285	2,549	2,560	2,627	2,420	1,267	2,249
Sexually Abused	3,980	4,129	4,097	3,416	2,939	2,803	2,277
Rape	2,192	2,259	2,395	1,981	1,634	1,526	1,377
Incest	1,245	1,332	1,189	1,084	1,018	921	692
Acts of Lasciviousness	543	538	513	351	287	356	208
Sexually Exploited	249	284	311	348	267	244	165
Victims of Prostitution	224	245	247	43	242	236	121
Victims of Pedophilia	21	32	51	294	19	7	17
Victims of Pornography	4	7	13	11	6	1	27
Physically Abused/ Maltreated	1,445	1,440	1,370	1,214	1,009	796	863
Victims of Child Labor	412	358	268	333	268	231	285
Victims of Illegal Recruitment	21	21	30	54	24	14	77
Victims of Trafficking	29	95	66	135	102	146	204
Victims of Armed Conflict	42	90	208	44	371	66	184
Total	9,448	10,045	10,044	9,197	8,336	6,606	7,182

Source: Department of Social Welfare and Development (Available in CWC's Subaybay Bata Monitoring System)

4. Education

National Laws, Policies, and Programs

Basic education is mandated in the Constitution. This is translated into specific laws governing the operations of the education sector. The national longer-term development program, such as the MTPDP, contains the periodic objectives and strategies for the sector. International development objectives such as the Education For All and the MDGs, also help shape national goals and programs for the sector. Specific programs are implemented to achieve these objectives.

The 1987 Constitution mandates the State to "... protect and promote the right of all citizens to quality education at all levels" and "...to make such education accessible to all." It provides for "free public education" in elementary and high school, and compulsory elementary education. It also provides for the establishment of an incentive system including "scholarship grants, student loan programs, (and) subsidies" especially for the disadvantaged in both public and private schools. It also encourages "nonformal, informal, and indigenous learning systems, as well as selflearning, independent and out-of-school study programs, particularly those that respond to community needs. Finally, it aims to provide civic, vocational, and other training for adults and the disabled. The Constitution also commits the State to "assign the highest budgetary priority to education."

RA 9155 or the Governance of Basic Education Act of 2001 provides the framework for governing basic education and reconstitutes the then Department of Education, Culture and Sports (DECS) into the DepEd. Apart from affirming the constitutional provision for "free and compulsory education in the elementary level and free education in the high school level," it also provides the department "authority, accountability, and responsibility for ensuring access to, promoting equity in, and improving the quality of basic education."

The periodic education goals, strategies, and plans on early childhood and basic education embodied in the MTPDP, are anchored on the Education for All program and in the MDGs. The 2004–2010 MTPDP aims to deliver quality basic education and to provide "more resources to schools to widen coverage and improve the management of operations of the public school system." It proposes to give greater attention to

schools and alternative learning centers, and advises DepEd to give greater supervision on teaching content and methodology. The MTPDP hopes to promote early childhood education (ECE) by (i) making preschool a prerequisite to Grade 1, (ii) tapping the barangay daycare centers to provide ECE services, (iii) expanding the coverage of ECCD programs "to reach all five-year old children with priority to children of poorest households," (iv) assessing children's readiness for school and addressing delays in their development, and (v) expanding nutrition and health programs.

To enhance basic education, the MTPDP aims to:

- a. address classroom gap with the construction of classrooms, adoption of double- or multiple-shift classes, expanding subcontracting programs or providing scholarships and financial aid to high school students;
- b. install a distance learning system especially in conflict areas;
- c. improve teaching and learning of mathematics, science and English;
- d. strengthen values formation;
- e. provide computers to all public high schools;
- f. pursue the optional high school bridge program;
- g. strengthen Madrasah and indigenous peoples' education;
- h. promote school-based management;
- i. enhance pre-service teacher education and link this with in-service training; and
- j. rationalize the budget for basic education.

The MTPDP states that poverty weakens access to education. Education allows individuals and families to break out of poverty and gain greater opportunities. Knowledge is important for national prosperity and competitiveness. It allows the youth to participate in the country's development, to become productive, and to enhance their well-being.

The Philippine Education for All (EFA) 2015 Plan is the country's long-term plan aimed at improving basic education outcomes. The overall goal is to achieve functional literacy for all. The program has the following objectives:

1. Functional literacy for out-of-school youth and adults;
2. Universal school participation and elimination of dropouts and repetition in the first three grades;

3. Satisfactory completion of elementary and secondary cycles by all children 6–11 and 12–15 years old, respectively; and
4. Obtain the commitment of communities to supporting these objectives.

The plan focuses on six key production and three enabling tasks. The production tasks intend to

- a. make every school continuously perform better,
- b. expand the ECCD coverage,
- c. yield more EFA benefits,
- d. transform nonformal and informal interventions into an alternative learning system (ALS) yielding more EFA benefits,
- e. get all teachers to continuously improve their teaching practices,
- f. adopt a 12-year cycle for formal basic education, and
- g. continue to enrich the curriculum development in the context of pillars of new functional literacy.

The three enabling tasks are to provide adequate public funding for countrywide attainment of EFA goals, create a network of community-based groups to attain EFA's local goals, and monitor progress of efforts to attain EFA goals.

To achieve the EFA goals, DepEd is undertaking a package of reforms called Basic Education Sector Reform Agenda (BESRA). The reforms focus on five Key Reform Thrusts namely,

1. get all schools to continuously improve;
2. enable teachers to enhance their contribution to learning outcomes;
3. increase social support to attain desired learning outcomes;
4. improve impact on outcomes from complementary early childhood education, alternative learning systems, and private sector participation; and
5. change institutional culture of DepEd to better support these key reform thrusts.

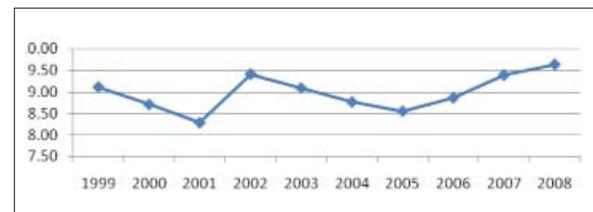
To achieve the third EFA goal, DepEd is implementing "more responsive quality Alternative Learning System (ALS) Programs." These include the (i) Basic Literacy Program, (ii) the ALS program for dropouts of formal education including an Accreditation and Equivalency (A&E) Program and a back-to-school program for outof-

school adults, (iii) ALS for differently-abled persons, and (iv) ALS program for Indigenous Peoples, (v) Informal Education, and (vi) Arabic Language and Islamic Values Education (ALIVE) for Muslim Migrants.

Budget Allocation for Education

The share of social services in central government spending (i.e., social allocation ratio) decreased from 27% in 1998 to 18% in 2005 before increasing to 19% in 2006 and 2007 (Manasan 2009). The share of basic education, in particular, decreased from 16% in 2006 to 12% in 2005 although it increased to 13% in 2007. Data in Chapter 1 show that the share of social services to GDP has generally risen between 1985 and 2000 from 2.5% to 17%. However, it decreased since 2000 to 14% in 2005. The figures recently rebounded, reaching a high of 19% in 2007. The budget for basic education as a percentage of GDP fluctuated in the past 10 years (Figure III.8). From 9.1% in 1999, it decreased to 8.3% in 2001. After a brief rise to 9.4% in 2002, it gradually decreased to 8.6% in 2005. However, it picked up again in recent years and reached a high of 9.6% in 2008.

Figure III.8: Basic Education Budget as Percentage of GDP, 1999–2008



From 1991 to 1998, NSCB compiled the National Education Expenditures Accounts (NEXA). The accounts show that households spent the largest share on education (47%), followed closely by government (46%). Together, they contributed the bulk of spending on education. Nonfinancial corporations contributed 4% to education spending while financial corporations shared 2%. Nonprofit institutions contributed the least to education spending with only 0.1%. The Rest of the World (ROW) contributed 0.4%. Spending on basic education comprises the bulk of education spending, increasing from 54% in 1991 to 72% in 1995. Although this share declined to 64% in 1996, it rose back thereafter, reaching 71% in 1998. After 1998, the NSCB no longer compiled the NEXA, which is unfortunate as this is an important resource for the analysis of education at the national level.

Therefore, current analysis of education spending across sectors rely more on location-specific data as the following illustrates.

Manasan and Maglen (1998) analyzed the distribution of household spending on education. Among households with children in public schools, 16% of spending on basic education in 1997 went to school fees with the bulk going to other private costs (excluding uniforms, board, and lodging). In private schools, school fees comprised around 48% of household education spending. The greater half went to other private costs. A very small proportion went to voluntary contribution, less than 2% in public schools and less than 1% in private.

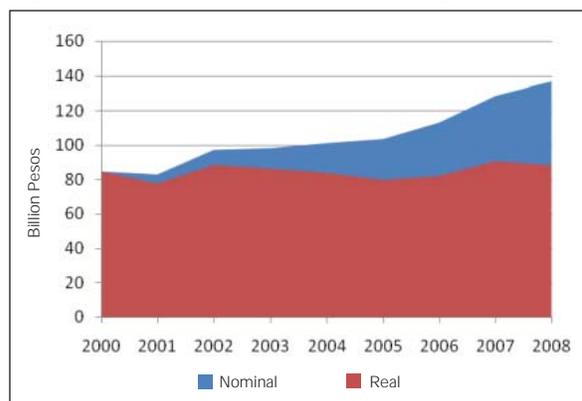
A picture of the current distribution of education spending can be seen in the case of a secondary school in Agusan del Sur. In SY 2007–2008, over 90% of the school's finances came from DepEd's allocation. Households, through the Parents Teachers Community Association (PTCA) provided 6% of the school's funds, which is more than that contributed by the local government. About 2.5% came in the form of school fees, 1.4% from monthly donations, 0.9% from fund drives, and 0.8% from PTCA fees. The LGU provided 3.4% of the school resources, mostly from the general fund. The Special Education Fund (SEF) accounted for a very small share of the school's resources at only 0.2%.

Apart from school fees and contributions to school maintenance and operations, households spend much more on other school-related expenses as shown by a household survey in Dumaguete City and in three municipalities of Agusan del Sur. In public schools, allowances make up from one-third to one-half of household spending on education. Transportation takes up between a quarter to four-tenths of education spending. Uniforms comprise 5%–8% of education spending. Books constitute around 4%–7% while projects make up 3%–6%. For households sending their children to private schools, tuition fee constitutes a significant portion of household spending. Tuition fees in private elementary schools average PhP12,000 and makes up between one-fifth and over one-half of education spending. School fees also comprise onesixth of spending on education. Books make up close to one-fifth of expenses. Allowances take up one-fifth of spending while transportation comprise one-sixth. Projects constitute 7% of spending.

In SY 2007–2008, the average amount of fees collected by DepEd's partnersecondary schools³¹ was about PhP11,000. A little over PhP7,000 were collected as tuition fees while almost PhP4,000 were collected as miscellaneous and other fees. In Dumaguete City and the three municipalities of Agusan del Sur, tuition fees in private secondary schools make up one-fourth to one-third of household spending on education while school fees constitute about one-eighth. Another one-fourth to one third goes to allowances while another eighth goes to transportation. The rest are spent on books, projects, uniform, and PTCA.

Between 2000 and 2008, DepEd's budget grew nominally by 6% annually (Figure III.9). In real terms, however, it has grown by less than 1% annually (0.39%) on average. After decreasing in 2000 to 2001, it grew by almost 14% in 2002 but declined again in 2003 to 2005. It recovered in 2006 and grew by over 10% in 2007. However, it decreased again in 2008.

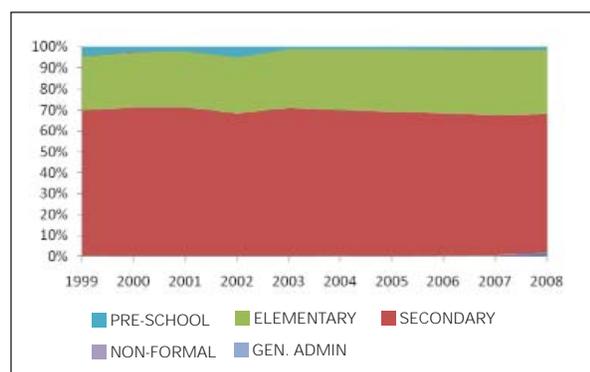
Figure III.9: Department of Education's Budget, 2000–2008



Elementary education comprises the bulk of the budget for education, taking up two-thirds of the department's budget in 2008, down only from a peak of 71% in 2000 to 2001 (Figure III.10). Secondary education constitutes three-tenths of the department's budget, rising steadily from one-fourth in 1999. Preschool education has a very small budget. It steadily accounted for only 0.2% in early 2000. It even decreased to 0.1% in 2005. However, it has since increased, and in 2008 it reached 1.5%. The share of nonformal education is equally small. From 0.4% in 2000, it stagnated at 0.1% in 2000–2006. In 2007 and 2008, however, its share doubled.

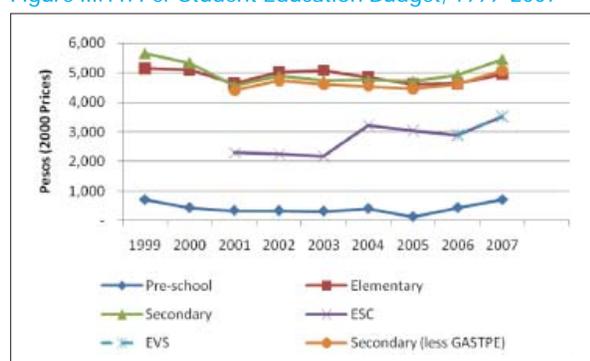
³¹ These are the 2,565 secondary schools involved in the Educational Service Contracting (ESC) Scheme and Educational Voucher System (EVS) for SY 2007-2008.

Figure III.10: Distribution of the Department of Education Budget, by Level, 1999–2008



Between 1999 and 2007, real allocation per student in elementary and secondary levels averaged Php5,000 (in 2000 prices) (Figure III.11). This decreased in 2000–2001 but picked up in 2002. In 2003, as real allocation for elementary continued to increase, that for secondary again decreased. However, as the latter picked up in 2004, the former decreased. After reaching a trough in 2005, real per student allotments for elementary and secondary education increased in 2006 and 2007. The real per student budget for the Government Assistance to Students and Teachers in Private Schools (GASTPE) increased from Php2,300 in 2001 to Php3,500 in 2007. Per student allocation in preschool is far below those in elementary and secondary. Since 1999, it generally decreased, reaching a low of Php135 in 2005. In 2007, however, this increased to Php719, the same level as in 1999.

Figure III.11: Per Student Education Budget, 1999–2007



Source of basic data: Fund Assistance to Private Education, Department of Education.

Budget for MOOE

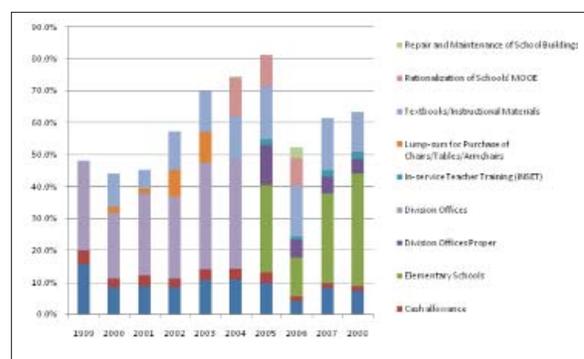
The bulk of the budget for elementary goes to personal services, although this has significantly decreased from a peak of 92% in 2003 to 81% in 2008. After

levelling off at 5% in the early 2000s, the share of maintenance and other operating expenses (MOOE) finally rose starting in 2006 and in 2008, it stood at 13%. Capital outlay also rose from 4% in 2006 to 6% in 2008. At the secondary level, the share of personal services also decreased from a high of 86% in 2003 to 71% in 2008. MOOE rose from 11% to 19% over the same period. The share of capital outlay also increased from a low of 2% in 2001 to 9% in 2008.

In preschool, personal services increasingly made up most of the budget in the early 2000s. By 2005, personal services constituted practically the entire budget, except for a small amount for MOOE. However, this has changed in recent years as the share of personal services decreased to 27% in 2006 and 17% in 2007. Although it reached 5% in 2008, this decrease is primarily due to a large allocation for capital outlay, an item absent for preschool in earlier years.

For elementary, the bulk of the budget goes to operations, the share of which rose from 54% in 2006 to 89% in 2008. The share of general administration and support is a far second, only 5.7% in 2008, down from 7.4% in 2007. Budget for locally funded projects stood at 4.1%, decreasing from a high of 36% in 2007 when a school feeding program was implemented. The share of foreign-assisted projects (FAPS) decreased from 10% in 2005 to only 0.1% in 2008. For operations (Figure III.12), the budget for the divisions constitutes the largest share at 42%. Although this share decreased in 2006, it has risen thereafter and in 2008 returned to its share in 2005. The share of nationwide operations decreased from 28% in 2006 to 14% in 2009. The share of lump sum expenditures also generally fell between 2005 and 2008.

Figure III.12: Distribution of Elementary MOOE, 1999–2008

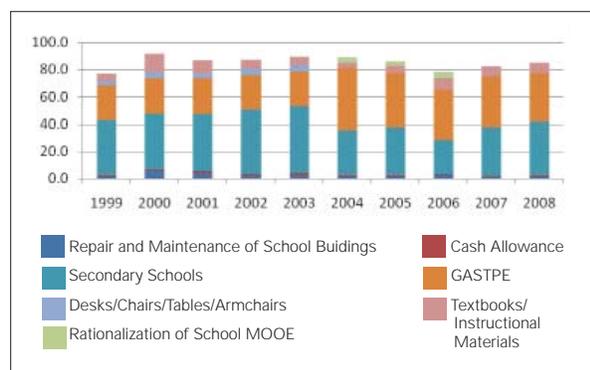


The bulk of MOOE goes to operations, with its share generally rising from 66% in 2000 to 89% in 2008. Although its share decreased in 2006 due to the rise

in the share of locally funded projects, its level has nevertheless risen. In 2008, 35% of the MOOE went to schools, rising from 12% in 2006. MOOE for the division proper made up 5% while 2% (5% of division MOOE) was allotted for teachers' in-service training. The share of textbooks and/or instructional materials generally rose from 10% in 2000 to 16% in 2007. However, this decreased to 13% in 2008. Local repair and maintenance of school buildings has risen from 9% to 12% in the early 2000s and has since declined, especially in 2006, but this was offset by a separate nationwide allocation for repair and maintenance. In 2008, the budget for repair and maintenance stood only at 7.4%. The share of cash allowances also decreased from 3% in 2005 to 1% in 2007 although it increased somewhat in 2008. From 2004 to 2006, an average of 10% of the MOOE budget was allotted for the rationalization of schools' MOOE.

Schools have the largest share of MOOE in secondary level (Figure III.13). This increased from 40% in 1999 to almost half in 2003. However, this decreased to two-thirds in 2004 and to as low as one-fourth in 2006. Recently, though, the share of secondary schools increased, reaching close to four-tenths in 2008. The second largest share went to the GASTPE. In early 2000, this proportion was about 26%. In 2004, it rose to 46% as the share of secondary schools decreased. However, it has since decreased and stood at 36% in 2008. The share of textbooks and/or instructional materials fluctuated with a peak of 14% in 2000 and a low of 4% in 2004. In 2008, the share of textbooks and/or instructional materials was 8%. The share of desks, chairs, tables, and armchairs in the early 2000s was 4%–5%. Since 2004, this item has been classified under capital outlay. The share of repair and maintenance gradually decreased from 5.4% in 2000 to 1.2% in 2005. This share has since fluctuated and stood at 1.4 % in 2008. The share of cash allowances also decreased from 1.32% in 2001

Figure III.13: Distribution of Secondary MOOE, 1999–2008



to 0.49 % in 2007 but increased to 0.88 % in 2008. In 2004–2006, 4% was allotted for the rationalization of schools' MOOE.

The MOOE for preschool was mostly for the nationwide Preschool Education Program (Figure III.14). In 1999, a separate budget was added for Early Childhood Care and Development. In 2000, 13% of the budget was funded by the World Bank and ADB through the Early Childhood Development Project. In 2005, there was no funding for preschool except for cash allowances. In the 2008 National Expenditure Program, the entire budget for preschool was practically allotted to the locally funded project Preschool Education for All.

From 1999 to 2006, real MOOE per pupil in elementary (division level) rose by an average of 5.5% annually (Figure III.15). Real MOOE per student in secondary fell by an average of 3.6% annually. Similarly, real MOOE per student in preschool fell by an average of one-third yearly between 1999 and 2005. In 2007, however, real MOOE per pupil in preschool, elementary, and secondary rose significantly by 84% in preschool, by 104% in elementary, and by 77% in secondary. In 2008, MOOE per elementary student at the division level was PhP180. However, at the school level, it was only PhP142.

Figure III.14: Distribution of Preschool MOOE, 1999–2008(2000 prices)

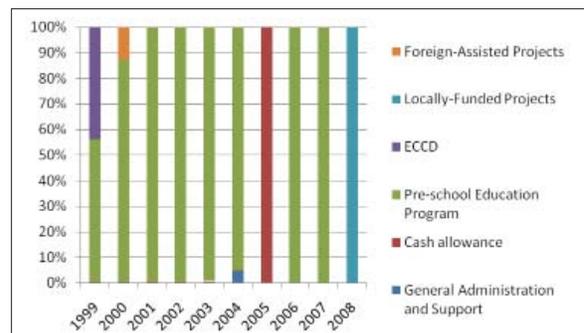
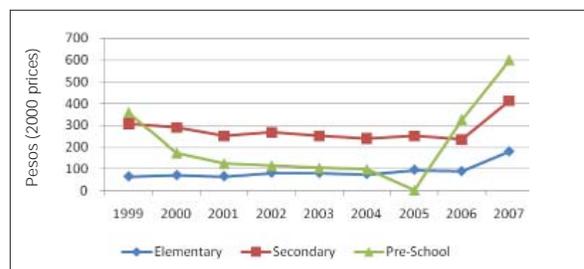


Figure III.15: Real MOOE per Pupil/Student, 2000–2007 (2000 prices)



Note: Budget for preschool is at the national level, budget for elementary is at the division level, and budget for secondary is at the school level.

In 2006, a Program Implementation Plan (PIP 2006) was developed to guide the implementation of BESRA. The PIP activities were financed from five sources: (i) DepED's annual budget under the General Appropriations Act (GAA), (ii) proceeds from a World Bank loan under the National Programme Support for Basic Education Project (NPSBE), (iii) proceeds from an AusAid grant, (iv) Special Education Funds of LGUs, and (v) funds from the private sector and NGOs such as under the Adopt-ASchool program.

The BESRA budget under the 2008 GAA (RA 9498) was almost PhP11.3 billion. 33.4% of this GAA budget was allotted for the construction of school buildings in areas experiencing acute classroom shortage. Another 28% was for the construction, repair, rehabilitation, and/or replacement of classrooms and school buildings. Meanwhile, 18.3% was for the purchase of textbooks/instruction materials, 11.4% was for training, and 4.4% was for the installation of the school-based management (SBM) system. The remainder is shared by ICT equipment, National English Proficiency Program, hardship allowance, and policy formulation, program, planning and standard development.

Budget for FAPs

The NPSBE project aims "to improve quality and equity in learning outcomes for all Filipinos in basic education." The project is funded by a World Bank loan of US\$200 million. It aims to (i) strengthen SBM, (ii) improve teaching effectiveness, (iii) enhance quality and equity of education through the use of standards that address disparities in basic education inputs and outcomes, and (iv) effectively mobilize resources.

There are five other FAPs with a total budget of PhP3.35 billion for 2008 onward. This amount is shared among the following:

- a. Support for Philippine Basic Education Sector Reforms (SPHERE) - **43.4%**
- b. Basic Education Assistance of Mindanao (BEAM) - Stage 2 - 21.0%
- c. Strengthening the Implementation of Basic Education in Selected Provinces in the Visayas (STRIVE) - Stage 2 - 18.00%
- d. Education Performance Incentive Partnership (EPIP) - 11.00%
- e. Improvement of the Quality of Primary Education in Bicol and Caraga Regions (GOS-GOP) - 7.00%

The SPHERE project complements NPSBE by assuming activities that are not covered and/or areas with additional needs. With US\$32 million budget for 2008–2011, from an Australian government grant administered as a Trust Fund by the World Bank, SPHERE is the largest project in the entire budget for FAPs.

The Government of Australia is also financing BEAM 2, a four-year project (2004– 2008) aimed "to improve the quality of and access to basic education in Mindanao thereby contributing to the attainment of peace and development in the Southern Philippines." The project will specifically work "to improve the quality of teaching and learning in basic education in Regions XI, XII, and ARMM and to implement strategies that will provide opportunities for all children in these three Regions to access quality education and develop key life skills." With a P696 million budget from 2008 onward, BEAM 2 is the second largest FAP on education.

DepEd is also implementing the STRIVE – Stage 2 project. The goal of the threeyear project (July 2007– June 2010) is "to contribute to the improvement in the quality of, and access to, basic education in the Visayas." Its purpose is "to develop and strengthen selected education management and learning support systems, in part by applying and modifying available responses for improved access to quality basic education appropriate to geographic isolated and disadvantaged populations." The project covers Regions VI, VII, and VIII particularly Negros Occidental, Tagbilaran, Bohol, and Northern Samar. For 2008 onward, STRIVE has the third largest FAPs budget (18%) at over PhP600 million.

To speed up the establishment of BESRA, DepEd forged an Education Performance Incentive Partnership (EPIP) with the Government of Australia, with the latter providing a grant to establish a school-based financial management system and a human resource management system, and to provide support to planning, implementation, monitoring, and program management. The grant of Aus\$10 million financed activities in 2007–2008. For 2008 onward, the budget is PhP370 million or 11% of the total FAPs budget.

To improve the quality of primary education particularly in areas of greatest need, DepEd is implementing the Government of Spain and Government of the Philippines' Elementary Education Project for Bicol and Caraga Regions. The project will provide school

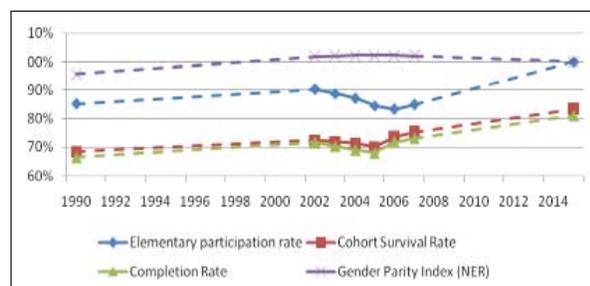
facilities, train teachers, and strengthen institutional support in Bicol (Camarines Sur, Albay, and Sorsogon) and Caraga (Agusan del Norte, Surigao del Norte, and Siargao). For 2008 onward, the budget is over PHP229 million or 7% of the FAPs budget.

Education Outcomes, Disparities, and Gender Inequality

In 2002, the Philippines had a medium probability of meeting the MDG target in elementary participation (NEDA-UNDP 2005). However, between 2002 and 2006, elementary participation rate decreased (Figure III.16), hence, the low likelihood of meeting the target (NEDA-UNDP 2007). Latest data show an increase in elementary participation rate. However, the 2007 level is the same as the 1990 level, requiring the achievement of a 25-year target in just eight years. To achieve a net enrolment of 100% by 2015, this should increase by an average of 1.9% annually. In 2002, the Philippines had a low probability of meeting its targets on elementary cohort survival rate and completion rates. Its performance worsened even more in the following years. In 2006 and 2007, however, performance improved. To achieve its targets in cohort survival and completion rates, these should increase by at least 1% annually until 2015. Gender equality in enrolment is also an MDG target. While enrolment rates among males were higher in 1990, this was reversed in recent years with more females attending primary school.

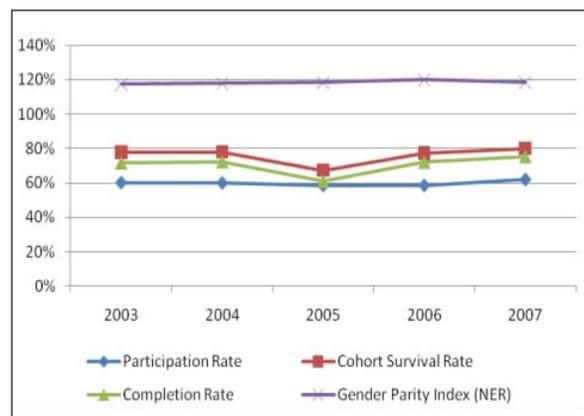
Secondary participation remained relatively unchanged between 2003 and 2007: only 3 in 5 youth 12–15 years old attended high school (Figure III.17). In fact, cohort survival and completion rates even decreased in 2005 but returned to their previous levels in 2006. There was only a modest improvement in 2007. Gender disparity in secondary participation remains high and somewhat increased. Participation rate among females is 20% higher than among males.

Figure III.16: Performance on MDG Indicators, 2002–2007



Source: Department of Education Fact Sheet: Basic Education Statistics, 2008.

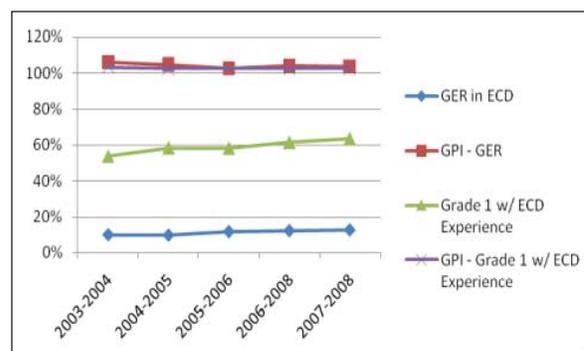
Figure III.17: Secondary Participation, Cohort Survival, and Completion Rates, 2003–2007



Source: Department of Education Fact Sheet: Basic Education Statistics, 2008.

Gross enrolment in early childhood development programs (ECD) among 4–5 year olds gradually increased from 10% in SY 2003–2004 to 13% in SY 2007–2008 (Figure III.18). However, assessment of this performance relative to the EFA target is rather difficult. While gross enrolment targets are disaggregated for 3–4 year olds and 5-year olds, data on gross enrolment are lumped together. Gender disparity in ECD enrolment decreased. Remarkable increase was noted in Grade 1 with ECD experience from 54% in SY 2003–2004 to 64% in SY 2007–2008. Despite this achievement, attaining the EFA target of universal ECE experience among Grade 1 by 2010 seems unlikely. Gender disparity remained relatively unchanged.

Figure III.16: Performance on MDG Indicators, 2002–2007



Source: Department of Education Fact Sheet: Basic Education Statistics, 2008.

Disparities in education outcomes are observed across different socioeconomic dimensions. Disparities can emanate from individual, household, and community factors. Common indicators at the individual level are age and sex, income at the household level, and location at the community level. Household factors can

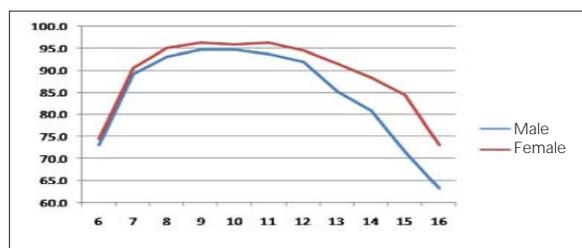
result from the confluence of individual factors while community factors can result from the confluence of household factors.

By Sex. Gender equality in education outcomes is one of the millennium development goals. In the Philippines, the performance rating of girls surpassed that of boys, which is the opposite of what is commonly observed in other countries in South Asia. Data from the Basic Education Information System (BEIS) of DepEd for SY 2006–2007 show higher enrolment ratios among females (except for gross), particularly for the secondary level (Table III.29). Cohort survival rates, which is the proportion of students enrolled in the initial year of the cycle who were able to reach the final year of the cycle, also show higher rates for females compared to males, both for elementary (Grade VI) and secondary (Fourth Year) levels. The same is true for completion rate, which measures the proportion of those who were able to complete their respective cycles. Transition rate, which measures the proportion of students who went into the next level (e.g., from Grade IV to V in the elementary and from elementary to high school for secondary) also show a higher rate for females compared to males. Finally, school leaver rates are also lower for girls compared to boys.

By Age. Progress in attendance rates across ages provides clarification on what is observed on the average. Using data from the 2006 Labor Force Survey (LFS), one finds an inverted-U shaped curve relating attendance rates to age (for children 6–16 years old) (Figure III.19). School attendance rises for ages 6 to about 10 or 11 then starts to decline. It is important to note that male attendance rates are always below that of females. A lesser proportion of school-age boys attend school; they also leave school earlier than girls. Thus, one observes a widening disparity in attendance rates starting at about age 12. Attendance rates across

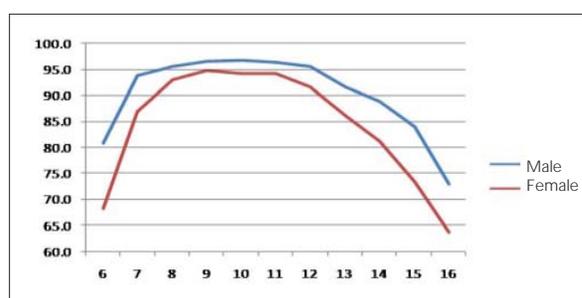
ages for rural and urban areas clearly reflect higher attendance in urban areas for all school-age groups (Figure III.20).

Figure III.19: School Attendance, by Age and by Sex, 2006



Source: Labor Force Survey, 2006, National Statistics Office.

Figure III.20: School Attendance, by Age and by Location, 2006



Source: Labor Force Survey, 2006, National Statistics Office.

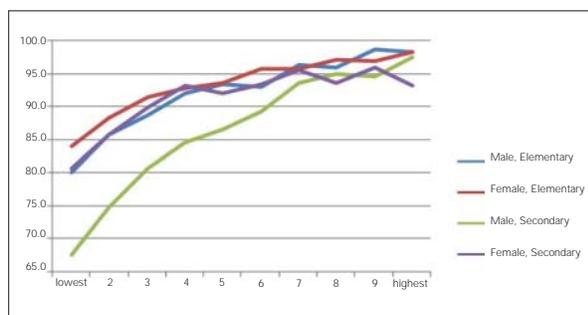
By Income. Income class is another source of disparity in income. Unfortunately, only attendance rates can be computed from available data. The LFS provides data on school attendance for all members 5–24 years old of the survey households. The Family Income and Expenditure Survey (FIES) is a rider to the LFS. Merging the two data sets will enable the tabulation of school attendance by income class. Figure III.21 shows the disparity of attendance rates by income class. It is clear that disparity is bigger in secondary compared to primary level. There is also greater disparity for males compared to females across income classes.

Table III.29. Performance Indicators in Elementary and Secondary Levels, SY 2006–2007

	Elementary			Secondary		
	Total	Male	Female	Total	Male	Female
Gross Enrolment Ratio	99.87	100.69	99.00	79.50	76.44	82.62
Net Enrolment Ratio	83.22	82.39	84.08	58.59	53.85	63.44
Cohort Survival Rate (Grade VI/Year IV)	73.43	68.79	78.64	77.33	72.74	81.77
Completion Rate	71.72	67.28	76.70	72.14	67.17	76.96
Transition Rate	96.19	95.10	97.33	97.53	98.51	96.57
School Leaver Rate	6.37	7.64	5.00	8.55	10.45	6.69

Source: Basic Education Information System, 2006–2007, Department of Education.

Figure III.21: School Attendance of Elementary and Secondary School-Age Children, by Income Decile, 2006



Sources: Merged Labor Force Survey, 2006; Family Income and Expenditure Survey, 2006, National Statistics Office.

By Location. Location also provides an important dimension of disparity. Location is usually discussed in terms of geographic groupings such as administrative regions, rural-urban location, ethnicity, and language. The following data and figures illustrate the disparities in various education indicators across locations.

Attendance Rates

Table III.30 shows that net enrolment in elementary between 2002 and 2006 decreased across all regions.

Latest data reveal that Western Visayas has the lowest net enrolment rate in elementary; only about 75% of children 6–11 years old are enrolled in grade school. This contrasts with NCR where almost 93% of children are enrolled. Davao and SOCCSKARGEN have the second and third lowest net enrolment rates, at around 76%. Most other regions have net enrolment rates of between 77% and 90%. Apart from NCR, only CALABARZON has an enrolment rate above 90%.

Gender disparity in elementary enrolment is relatively unchanged; participation among females is 2% higher than among males. Gender disparity is highest in ARMM where participation among females in ARMM is 10% more than males. This is followed by Eastern Visayas and SOCCSKARGEN where over 4% more females than males are enrolled. Gender parity is highest in Ilocos where participation rates between males and females are roughly the same. It even improved in favor of males. Gender parity is also high in Central Luzon, Cagayan Valley, CALABARZON, and Western Visayas; participation rate among females is only 1% more than that among males.

As of 2005, net elementary enrolment in urban areas is, on average, 10% higher than in rural areas. The advantage of urban areas is most evident in Mindanao

Table III.30. Primary Net Enrolment Rates, by Region, Gender, and Urbanity

	Net Enrollment Ratio		Gender Parity Index		Urban Rural
	2005-2006	2007-2008	2005-2006	2007-2008	2005-2006
PHILIPPINES	90.29	83.22	1.02	1.02	1.10
NCR	97.38	92.89	1.02	1.02	
CAR	91.52	80.86	1.02	1.02	1.22
I - ILOCOS REGION	89.64	82.74	0.99	1.00	1.05
II - CAGAYAN VALLEY	86.71	77.70	1.01	1.01	1.02
III - CENTRAL LUZON	93.58	89.14	1.01	1.01	1.1
IV-A (CALABARZON)	95.97	92.36	1.01	1.01	1.07
IV-B (MIMAROPA)	91.52	83.84	1.00	1.02	1.02
V - BICOL REGION	90.95	83.80	1.02	1.02	1.05
VI - W. VISAYAS	85.95	74.96	1.02	1.01	1.01
VII - C. VISAYAS	88.09	78.87	1.01	1.02	1.13
VIII - E. VISAYAS	85.91	78.15	1.03	1.04	0.98
IX - ZAMBOANGA	89.74	77.59	1.01	1.02	1.12
X - N. MINDANAO	89.04	78.96	1.01	1.03	1.17
XI - DAVAO REGION	84.96	75.89	1.02	1.03	1.17
XII - SOCCSKARGEN	82.01	76.35	1.03	1.04	1.2
ARMM	92.72	85.82	1.10	1.10	1.61
CARAGA	80.73	77.76	1.01	0.99	1.03

Sources: Basic Education Information System, Department of Education; Census of Population CY 2000, National Statistics Office.

where enrolment in urban areas in all regions is 12%–18% more than in rural areas, except in Caraga. For most regions in Luzon, enrolment in urban areas is only 2%–10% higher than in rural areas. However, the urban lead is 20% in Cordillera. In Central Visayas, enrolment in urban areas is 13% more than in rural areas. In Western and Eastern Visayas, however, enrolment rates are similar between urban and rural areas.

Secondary net enrolment rates across all regions decreased from 2002 to 2006, as shown in Table III.31. Secondary participation remains lowest in ARMM, despite increasing from 24% in 2002 to 33% in 2006. Net enrolment in NCR is still the highest at 75%. While most regions had enrolment rates above 50% in 2005, most now have rates below this figure. Apart from NCR, only Ilocos, CALABARZON has an enrolment rate above 70%.

Gender parity in secondary participation has changed only slightly between 2002 and 2006. In 2006, net enrolment among females was 18% higher than among males. Gender disparity was highest in Eastern Visayas, with female participation higher than male participation by 31%. Gender disparity in Bicol was

among the highest, having risen from 2002. Disparity remains high in CAR, Caraga, and ARMM despite an improvement. Gender disparity remains lowest in NCR, Ilocos, Central Luzon, and CALABARZON.

Disparity between urban and rural areas is higher in secondary than in elementary participation. On average, secondary enrolment in urban areas is 19% higher than in rural areas. Disparity is highest in Mindanao where high school participation in cities is 45%–55% more than in towns for two-thirds of the regions, namely ARMM, Zamboanga, Davao, and SOCCSKSARGEN. In Luzon, urban areas fared better than rural areas by 53% in the Cordillera and by 46% in Bicol. Disparity is lower in the Visayas with Central Visayas having the highest at 26%. Disparity between urban and rural areas is lowest in Caraga (3%), Central Luzon (4%) and Western Visayas (6%) with rural areas in the latter two even having higher enrolment rates than urban areas.

Figure III.22 shows school attendance rates by ethnicity. The Manobos have the lowest school attendance rate with only 2 of 3 children attending school. The Maguindanaons have a slightly higher attendance rate (68%) but this is still much lower

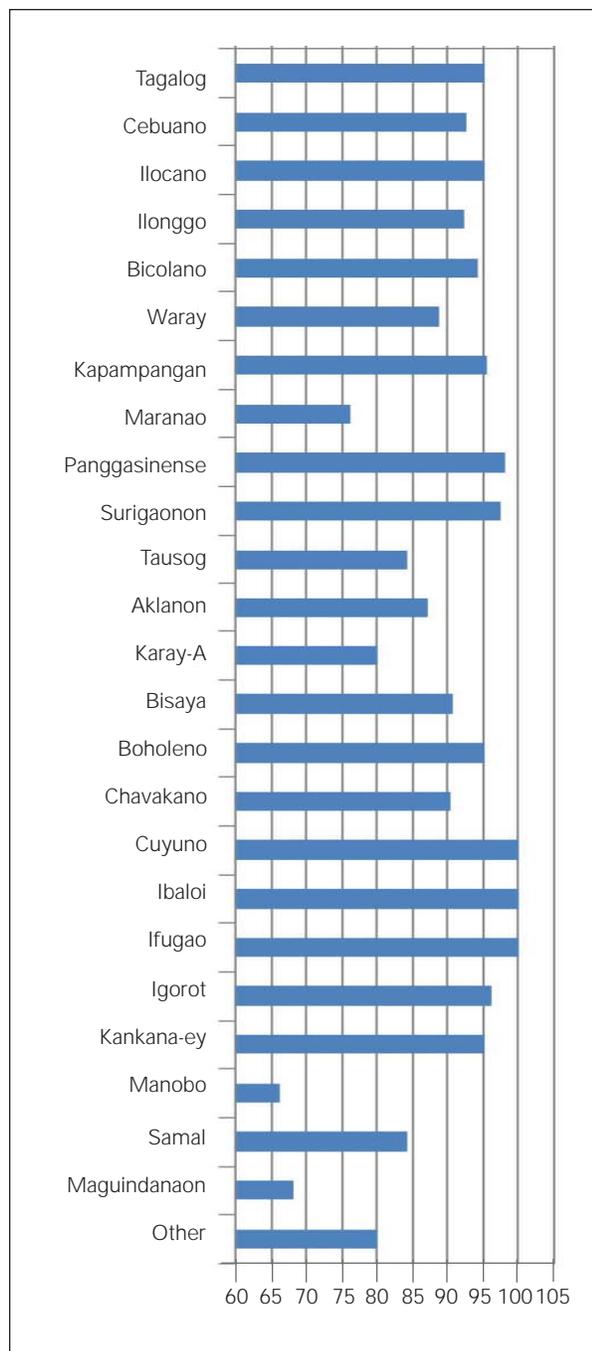
Table III.31. Secondary Net Enrolment Rates, by Region, Gender, and Urbanity

	Net Enrollment Ratio		Gender Parity Index		Urban Rural
	2005-2006	2007-2008	2005-2006	2007-2008	2005-2006
PHILIPPINES	59.00	58.59	1.17	1.18	1.19
NCR	75.28	75.12	1.07	1.06	
CAR	59.64	59.10	1.30	1.25	1.53
ILOCOS	68.33	68.19	1.11	1.12	1.23
CAGAYAN VALLEY	59.54	58.85	1.19	1.20	1.33
CENTRAL LUZON	67.74	69.13	1.13	1.12	0.96
CALABARZON	68.16	71.26	1.12	1.13	1.09
MIMAROPA	57.55	58.86	1.21	1.22	1.25
BICOL	54.86	54.33	1.24	1.26	1.46
W. VISAYAS	57.32	52.89	1.21	1.25	0.94
C. VISAYAS	57.30	53.86	1.20	1.23	1.26
E. VISAYAS	48.99	49.88	1.29	1.31	1.14
ZAMBOANGA	49.24	47.70	1.20	1.23	1.54
N. MINDANAO	53.40	51.23	1.21	1.24	1.27
DAVAO REGION	52.28	47.84	1.20	1.23	1.53
SOCCSKSARGEN	53.38	48.85	1.23	1.23	1.48
CARAGA	49.77	48.89	1.26	1.24	1.03
ARMM	23.69	32.56	1.33	1.25	1.55

Sources: Basic Education Information System, Department of Education; Census of Population CY 2000, National Statistics Office.

than most ethnic groups. The Maranaos have the third lowest attendance rate with only a little over 3 of 4 children attending school. The rest of the ethnic groups have attendance rates above 80% with six groups posting between 80% and 89% while 13 others posting rates between 90% and 98%. Three ethnic groups—the Cuyuno, Ibaloi, and Ifugao—have full (100%) attendance rates.

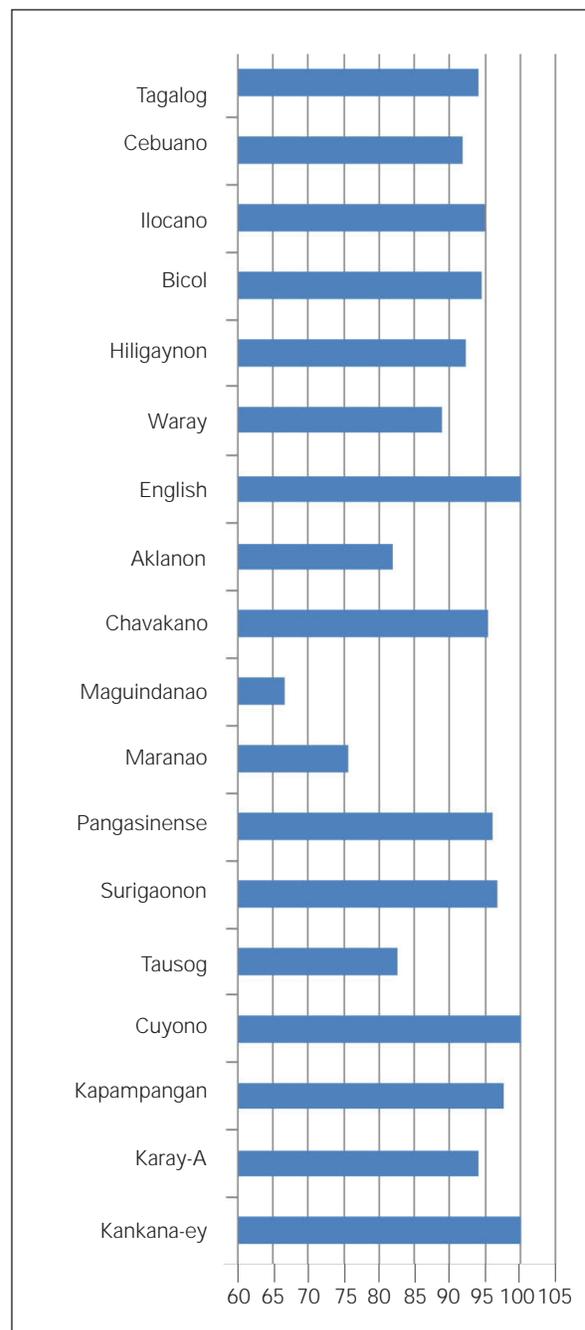
Figure III.22. School Attendance, by Ethnicity



Source: National Demographic and Health Survey 2003, National Statistics Office.

Figure III.23 shows school attendance rates by language. The Maguindanaons have the lowest school attendance rate at only 2 of 3 children attending school. The Maranaos posted the second lowest at 76% while the Aklanon and Tausog ranked third and fourth at 82% and 83%, respectively. The rest of the language groups have attendance rates 89% and over, with those speaking English, Cuyono, and Kankanaey having complete attendance rates.

Figure III.22. School Attendance, by Ethnicity



Source: National Demographic and Health Survey 2003, National Statistics Office.

Apart from the generally low gross enrolment in ECD programs, there is also a notable disparity across regions (Table III.32). For instance, while enrolment in Ilocos region in SY 2007–2008 was 25%, in Cagayan Valley and ARMM, it was only about 6%. Even the capital region has a lower than average enrolment rate. Gender disparity in enrolment is highest in Northern Mindanao where enrolment among girls is 8% more than among boys. It is lowest in MIMAROPA, Western Visayas, Zamboanga, and SOCCSKSARGEN at 1%–2%.

Disparity in ECD experience across regions is very wide. In Western Visayas, 9 of 10 Grade 1 pupils have ECD experience. In ARMM, only 1 of 10 has such experience. Gender disparity in ECD experience among Grade 1 is highest in NCR, with ECD experience among girls 6% higher than among boys. Meanwhile, ECD experience among girls and boys in ARMM are roughly the same.

The Annual Poverty Indicators Survey (APIS) 2004 also includes data on educational poverty. Among 6-year old

children in the country, 18% are not attending school. ARMM has the largest proportion at 72%, far above the rest of the regions. Cordillera has the smallest rate at only 8%. Among 6-year old children attending school, almost one-third attends nursery, kinder, or preparatory school; this is lower than the ideal Grade 1 level. Across regions, the rates are highest in Western Visayas (43%), SOCCSKSARGEN and Caraga (42%). Cagayan Valley, CALABARZON, ARMM, and CAR have the least proportion of 6-year olds attending levels lower than Grade 1.

Completion Rates

Table III.33 shows completion rates in elementary and high school across regions for SY 2005–2006. The average primary school completion rate is 68%. Half of the regions have lower than average completion rates, including all regions in Mindanao and Western and Eastern Visayas. Completion rate is lowest in ARMM where only over one-third of elementary students completed their grade level.

Table III.32. Early Childhood Education Indicators, 2004/2007*

Region	Gross Enrollment Ratio in ECD Programs (SY 2007-2008)		Grade 1 with ECD Experience (SY 2007-2008)		6 years-old not attending school (2004)	6 years-old in Kinder/ Prep/ Nursery (2004)
	%	Gender Parity Index	%	Gender Parity Index		
Philippines	12.7	1.03	63.5	1.03	18.5	31.8
I - Ilocos Region	25.0	1.03	75.2	1.03	13.8	28.9
II - Cagayan Valley	5.5	1.07	72.7	1.03	11.0	20.0
III - Central Luzon	16.0	1.03	71.4	1.04	10.6	26.8
IV-A (CALABARZON)	12.9	1.05	61.3	1.05	9.1	24.9
IV-B (MIMAROPA)	14.8	1.01	64.2	1.05	12.7	32.1
V - Bicol Region	15.3	1.03	68.0	1.04	18.7	31.6
VI - Western Visayas	16.1	1.02	87.5	1.01	15.6	42.7
VII - Central Visayas	14.0	1.04	77.5	1.03	19.4	34.5
VIII - Eastern Visayas	9.2	1.03	60.4	1.05	21.0	33.6
IX - Zamboanga	9.2	1.02	48.3	1.03	30.1	28.8
X - Northern Mindanao	7.4	1.08	63.4	1.04	20.3	37.5
XI - Davao Region	9.5	1.05	61.4	1.04	20.6	30.5
XII - SOCCSKSARGEN	11.1	1.02	60.7	1.05	31.3	41.8
Caraga	12.9	1.05	64.3	1.03	13.8	41.5
ARMM	6.0	1.05	13.1	0.99	71.8	25.8
CAR	11.6	1.06	77.4	1.02	8.0	25.9
NCR	10.3	1.06	62.4	1.06	8.5	33.7

*Sources: Basic Education Information System 2007, Department of Education; Annual Poverty Indicators Survey, 2004. National Statistics Office.

Table III.33. Completion and Dropout Rates, by Region and by Gender (Public Schools)

Region	Completion Rate (SY 2005-2006)				Dropout Rate (SY 2004-2005)			
	Elementary		Secondary		Elementary		Secondary	
	Dropout Rate (in %)	Gender Parity Index	Dropout Rate (in %)	Gender Parity Index	Dropout Rate (in %)	Gender Parity Index	Dropout Rate (in %)	Gender Parity Index
Philippines	68	1.16	62	1.24	1.33	0.56	6.52	0.48
NCR	82	1.06	66	1.13	0.48	0.59	7.79	0.52
CAR	no data	no data	no data	no data	0.78	0.48	5.15	0.43
I	85	1.11	72	1.19	0.77	0.60	4.66	0.43
II	76	1.17	69	1.19	0.88	0.59	5.38	0.49
III	80	1.12	70	1.21	0.66	0.60	6.57	0.47
IV-A	77	1.14	68	1.24	0.65	0.59	6.76	0.44
IV-B	67	1.20	53	1.26	1.59	0.57	5.71	0.50
V	72	1.19	54	1.31	1.19	0.62	5.85	0.51
VI	66	1.25	61	1.31	2.53	0.52	6.67	0.40
VII	69	1.25	53	1.41	3.29	0.50	6.82	0.45
VIII	58	1.24	54	1.22	1.88	0.55	6.13	0.47
IX	54	1.27	47	1.28	0.88	0.57	5.64	0.51
X	60	1.24	57	1.23	0.96	0.63	7.24	0.52
XI	57	1.24	51	1.36	0.45	0.58	6.82	0.55
XII	58	1.25	49	1.27	2.94	0.61	8.22	0.53
Caraga	67	1.23	58	1.20	1.32	0.62	5.27	0.49
ARMM	35	0.99	53	1.08	no data		no data	no data

*Sources: Basic Education Information System 2007, Department of Education; Annual Poverty Indicators Survey, 2004. National Statistics Office.

Dropout Rates

Table III.33 shows the dropout rates in public elementary and high school across regions for SY 2004–2005. On average, 1.33% of students drop out from elementary school. Central Visayas has the highest rate (3.29%), followed by SOCCSKSARGEN (2.94%), and Western Visayas (2.53%). Eastern Visayas and MIMAROPA also have rates above the national average. The rest of the regions have lower than average rates. Davao has the lowest rate (0.45%) followed by NCR (0.48%).

One in 15 students (6.5%) at the secondary level drops out of school. Dropout rates are highest in SOCCSKSARGEN (8.22%), NCR (7.79%) and Northern Mindanao (7.24%). Davao, CALABARZON, Central Visayas, and Western Visayas also have rates above the national average. Dropout rate among girls in elementary is 44% less than that for boys. Disparity is highest in Cordillera with dropout rate among girls at 52% less than among boys. Central Visayas follows at 50%, Western Visayas at 48%, and Eastern Visayas at

45%. For the rest of the regions, dropout rates for girls are below 44%, less than that for boys.

In high school, dropout rate among females is 52% less than that among males. Disparity in dropout rates is highest in Western Visayas where dropout rate for females is 60% less than that for males, followed by NCR and CAR (57%), CALABARZON (56%) and Central Visayas (55%). Disparity in dropout rates is lowest in Davao (45%), Caraga (47%), NCR, and Northern Mindanao (48%).

Aside from addressing hunger and malnutrition, the government's Food-for-School program also aims to improve retention rates in school. This suggests an acknowledgement of the relationship of education with poverty reduction. The program was implemented in public elementary schools in 49 provinces with severe food insecurity and vulnerability to hunger, including Sulu and Tawi-Tawi in ARMM. Actual impact of the program on retention and dropout rates has yet to be studied. What has been studied is the benefit incidence of the program. Manasan and Cuenca

(2007) noted a 62% leakage rate in the transfers distributed by DepEd and 59% in those distributed by DSWD. The inclusion of all cities and municipalities in NCR accounts for most of the leakages. NCR “accounts for 71% of the total number of non-poor households who benefit from the program.”

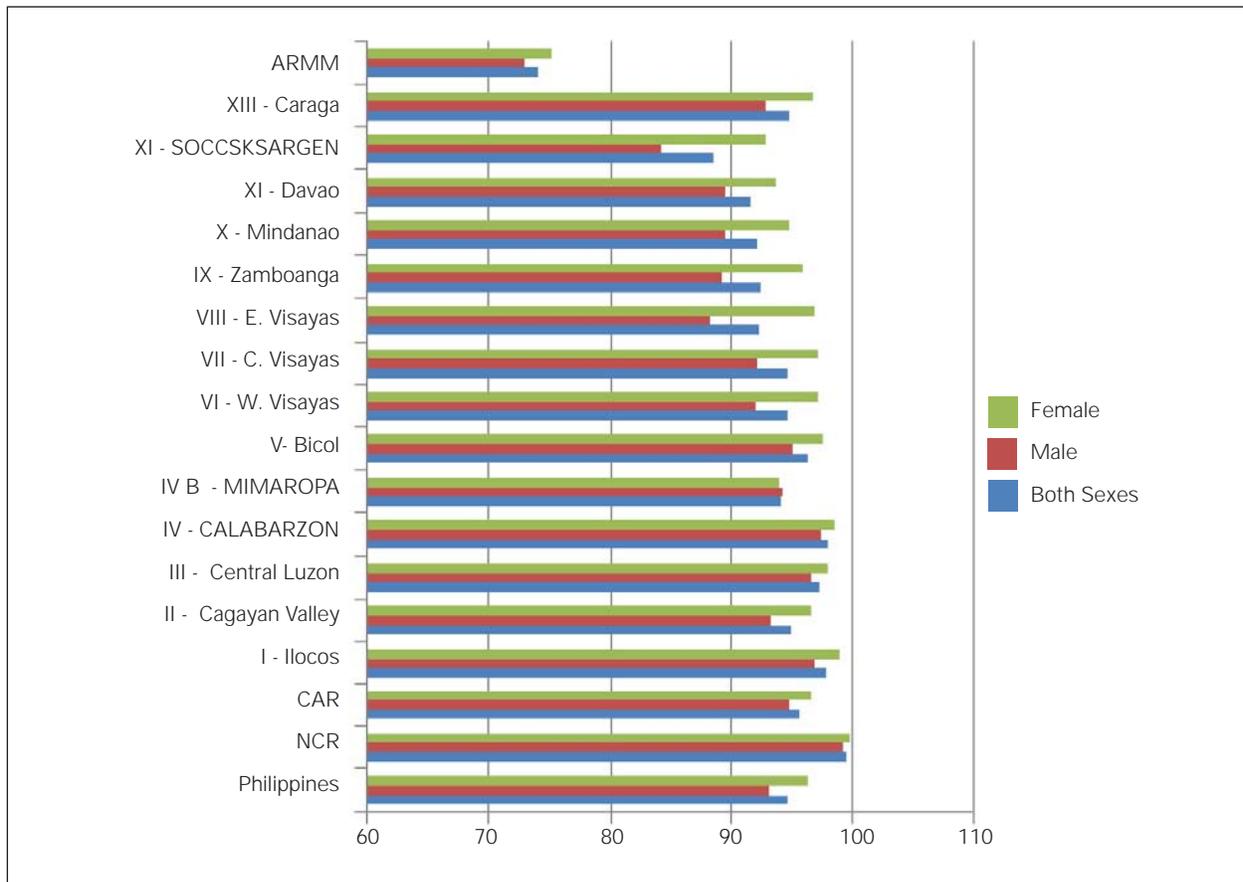
Literacy

Analyzing enrolment, transition, and completion rates is not sufficient to assess educational performance. It is important that children learn skills essential for living productive social and economic lives. These include the ability to read, write, and do basic computations. Figure III.24 shows the basic literacy rates for youth 10–14 years old across regions in 2003. It shows that almost 95% of the youth can read and write. However, literacy rates vary across regions. While almost all youth 10–14 years old in NCR can read and

write, only 3 in 4 can in ARMM, the lowest among regions. SOCCSKSARGEN had the second lowest literacy rate with less than 9 in 10 found to be literate. Literacy rates among females are generally higher than among males, by 4%, overall. Gender disparity in literacy is highest in SOCCSKSARGEN, Eastern Visayas (both at 10%), Zamboanga (7%), and Northern Mindanao (6%).

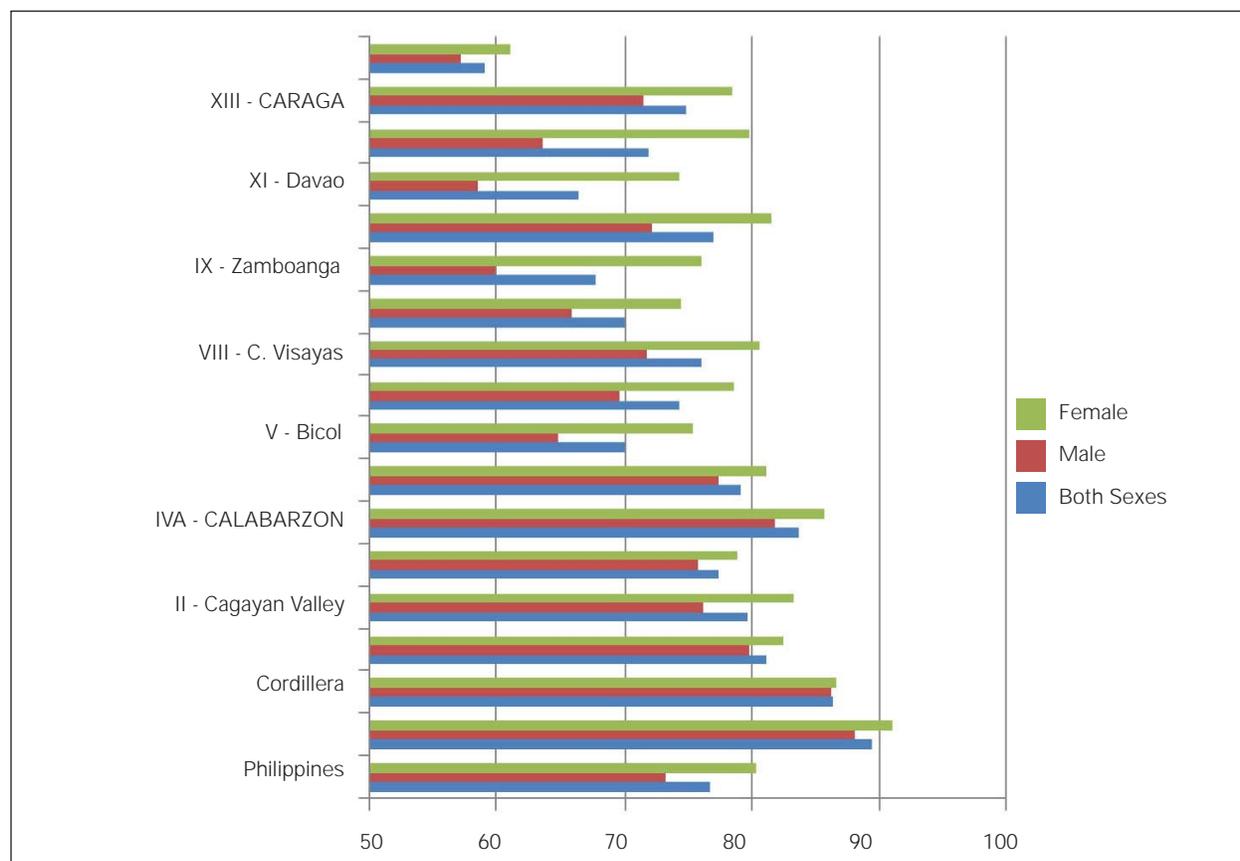
Although basic literacy is generally high, functional literacy among the youth 10–14 years old is not as high (Figure III.25). Overall, only a little over 3 of 4 are functionally literate (i.e., have numeracy skills). Disparity is wide, with functional literacy rates ranging from 90% in the capital region to less than 60% in the ARMM. Gender disparity is higher than in basic literacy. Functional literacy among females is 10% higher than that of males. Gender disparity also varies across regions: highest in Zamboanga, Davao, and SOCCSKSARGEN and lowest in Cordillera and NCR.

Figure III.24. Basic Literacy Rate of Population 10–14 Years Old, by Sex, Age Group, and Region, 2003



Source: 2003 Functional Literacy, Education and Mass Media Survey, National Statistics Office.

Figure III.25. Functional Literacy Rate of Population 10–14 Years Old, by Sex, Age Group, and Region, 2003



Source: 2003 Functional Literacy, Education and Mass Media Survey, National Statistics Office.

Achievement Test Scores

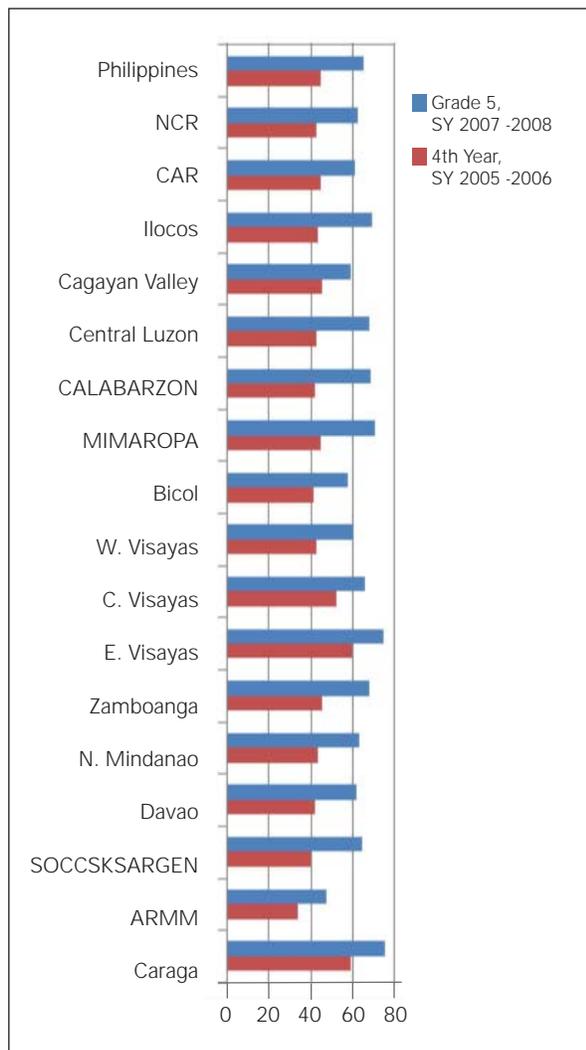
Figure III.26 shows the latest available data on performance in the National Achievement Test for Grade 6 and 4th Year students. Achievement scores in Grade 6 for SY 2007–2008 are lowest in ARMM at only 47%, followed by Bicol (57%), Cagayan Valley (59%), and Western Visayas (60%). Most of the other regions have scores between 61% and 70%. Caraga and Eastern Visayas have the highest scores at 76% and 75%, respectively. The average score for females (66.12%) is higher than that for males (63.98%). Interestingly, rural areas have a higher average achievement score (65.52%) compared to urban areas (64.43%).

Average scores in the national achievement test in 4th year for SY 2005–2006 are lowest in ARMM at only 34%, followed by SOCCSKSARGEN (39%), and Bicol (41%). Most other regions have scores between 42% and 52%. Again, ARMM has the lowest average score at 37%. Eastern Visayas and Caraga have the highest scores at 60% and 59%, respectively. Males have

a lower average score (43.15%) relative to females (45.51%). The average achievement score in rural areas (45.49%) is higher than in urban areas (43.69%).

Education projects such as the Third Elementary Education Program (TEEP) aimed at poor divisions have made improvements in education outcomes (World Bank 2007). Net enrolment rates improved better in TEEP areas than for the entire country. Completion rates in TEEP areas also improved while rates for the whole country remained the same. Above all, achievement rates in TEEP schools improved significantly compared to non-TEEP schools. The Secondary Education Development and Improvement Program (SEDIP) is also said to have improved achievement rates in high school (ADB 2008). Southern Leyte, one of the beneficiaries of SEDIP, recently topped the National Achievement Test. SEDIP provided training in planning and management for school heads, subject area knowledge and teaching skills for teachers, textbooks, and alternative learning programs for students.

Figure III.26. National Achievement Test: Mean Percentage Scores



Source: National Education and Testing Research Center, Department of Education

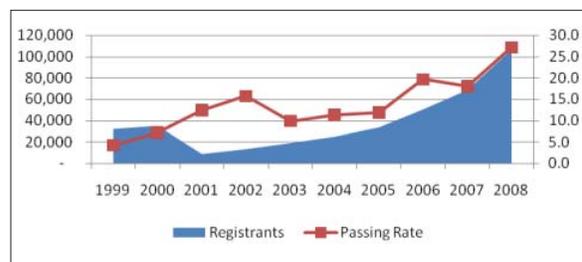
Alternative Learning

In school year 2003-2004, the population of children 6-11 years old was 12,280,388. 85 percent of them were in school. The population of children 12-15 years old was 7,296,824. Of this, only 46 percent were in school; the majority (54 percent) was out-of-school. The DepEd's Alternative Learning System (ALS) is targeting out-of-school youth in addition to another 10.5 million youth and adults 16-77 years old. The ALS is composed of the Basic Literacy Program, Accreditation and Equivalency (A&E) Program, and Informal Education.³²

Through the years, the reach of the ALS program has increased. Registration for the Accreditation and

Equivalency test, for instance, increased by an average of 26% between 1999 and 2008 (Figure III.27). The quality of the program may have also improved with the increase in the proportion of passers from 6% in 1999 to 29% in 2008. In 2007, the ALS had 18,800 learners under the Basic Literacy Program, 28,200 out-of-school youth learners, and 11,949 adult learners.

Figure III.27: ALS Accreditation and Equivalency Test Registrants (Number) and Passing Rate, 1999-2008



Source of data: Bureau of Alternative Learning System, Department of Education

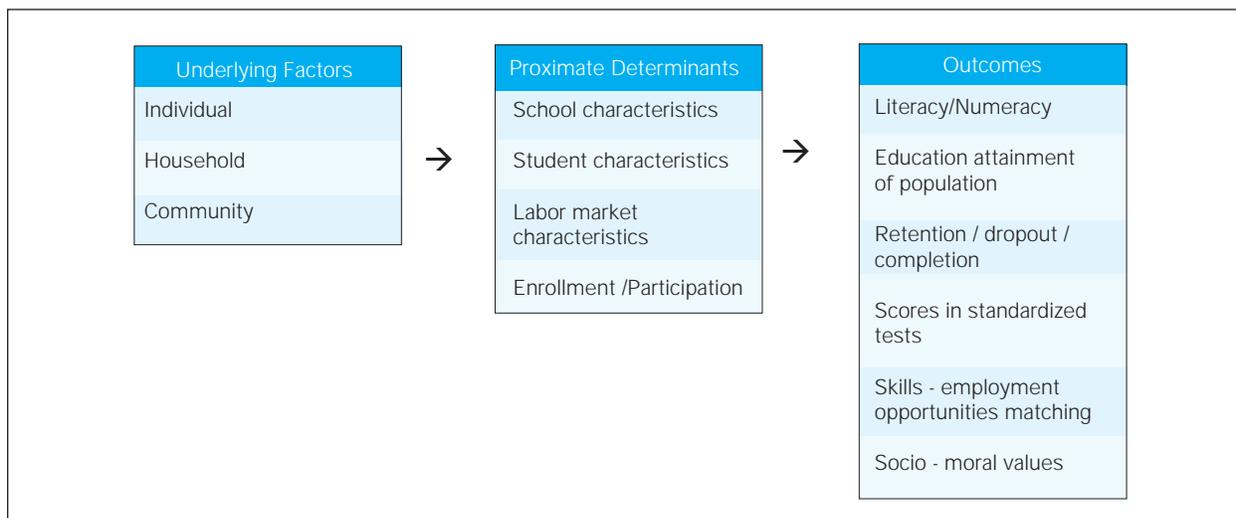
Analysis on Causality and Correlation

Causality and correlation analysis reveals important factors that affect education outcomes. Figure III.28 provides a framework for analysing the relationships. It must be recognized that there are many measures of education outcomes. For this particular study, the key outcome is school attendance. This is the focus of this brief analysis of causality and correlation relationships. Education outcomes are always the result of individual, household, and community characteristics. The subsequent discussion will deal with each.

Personal Characteristics. Among the personal characteristics that determine school outcomes, age and sex are the most common. Ability is known to be an important personal determinant of school outcomes; unfortunately, this is an unobserved characteristic. The pattern of school attendance across age groups was earlier presented. A non-linear behavior is observed: school attendance rises in early ages, reaches its peak at about 10-11 years old, then starts to come down (Figure III.19). Attendance rates are higher for females compared to males. This is opposite to those found in other developing countries such as South Asia. These tabulations are also borne out in econometric estimates of school attendance functions (e.g., Alba and Orbeta 1999).

³² Bureau of Alternative Learning System, 2009, ALS (presentation) for Secretary Jesli A. Lapuz (3-11-2009), Pasig City, Department of Education.

Figure III.28: Determinants of Education Outcomes



Source: Orbeta, 1994.

Household Characteristics. Three of the most common household determinants of education outcomes are family size, income, and education of parents (particularly the mother). A review on the impact of family size on school outcomes in Orbeta (2005) shows conflicting results but considering the endogeneity of family size consistently shows a negative impact, i.e., larger family size leads to lower school attendance. Estimation results of the study, in particular, show that an additional child will cause an average decline of 19% in the probability of school attendance of children 6–24 years old. In addition, the impact is higher among poorer households and bigger as one goes up the education ladder.

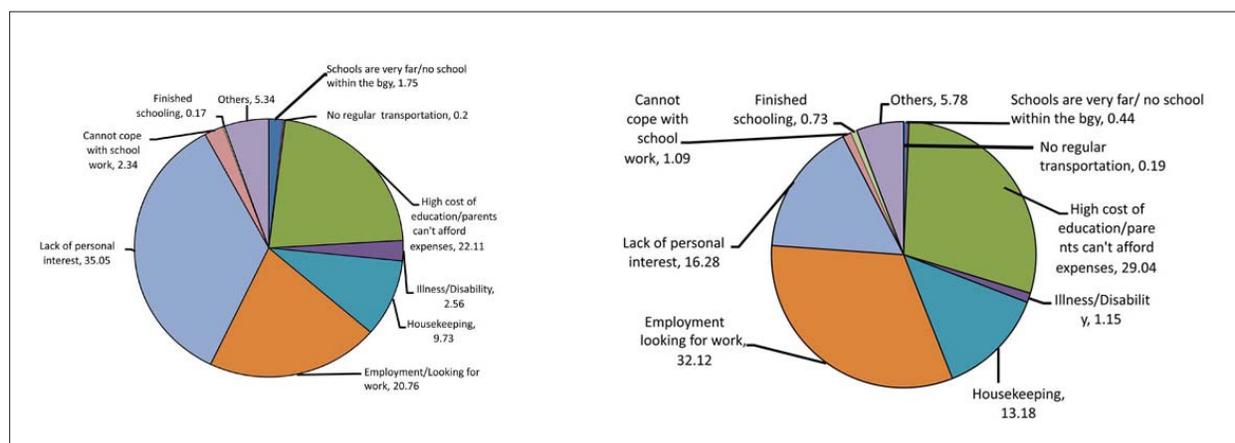
Berhman and Knowles (1999) provide a summary of the literature that attest to the positive impact of household income on education, that includes not only attendance but other indicators as well such as grade attainment, completed years, repetition, ever attending school, dropping out, achievement test scores, and progression possibilities. Using Philippine data, Alba and Orbeta (1999) shows positive impact of income per capita on school attendance of children 7–14 years old.

Berhman (1997) shows that while mother's education was found to be a consistent positive determinant of schooling, it is not clearly established that this is big enough to warrant the conclusion that there can be efficiency gain by subsidizing female education. Alba and Orbeta (1999) confirm the enrolment-enhancing effect of the education of the household head.

Community Characteristics. Community norms and preferences are important (demand) determinants of education outcomes; unfortunately, these are difficult to quantify. For lack of better indicators, community dummy variables are often employed. For instance, as shown earlier, school attendance in urban areas are always higher than in rural areas for all age groups (Figure III.20). The basic community characteristic that determine education outcome is school characteristics. School characteristics can range from mere availability of schools to measures of real inputs available in school. School availability was found to be a positive determinant of school enrolment (Handa 1999). Real inputs include teachers, textbooks, instructional materials, facilities, and school organization. Both quantity and quality measures are used. Pupil-teacher ratio has mixed results but the quality of teachers is consistent in giving positive impact. Expenditure per student is a positive determinant of enrolment (e.g., Alba and Orbeta 1999). General economic conditions of the community, as indicated, for instance, by urbanity, presence of electricity or road density, were shown to have positive impact on school attendance.

Also instructive are the reasons given by school-age children when asked why they are not attending school. The APIS asks school-age children who are not currently attending school the main reasons for this decision. Figure III.29 shows the distribution of the main reasons for not being school for both elementary and secondary school-age children. The most popular reasons are economic (such as high cost—22% for

Figure III.29. Reasons for not Attending School, 2004



Source: Annual Poverty Indicators Survey 2004, National Statistics Office.

elementary and 29% for secondary) and employment or looking for work (21% for elementary and 32% for secondary). Interestingly, 35% of elementary dropouts say they are not attending school because of lack of personal interest while less than half (16%) mentioned this same reason for those with secondary education. Housekeeping is the reason given by 10% of elementary school-age children and 13% of secondary students. Notable also is the finding that lack of school in the barangay is not a very important reason (2% for elementary and 0.4% for secondary).

Comparing children's reasons for not attending school in the poorest and richest quintile also highlight the differences. For children of the bottom 20% in the elementary grades, lack of personal interest is the most oft-cited reason (36%), followed by high cost of education (24%), looking for work (14%), and housekeeping (13%) (Table III.34). For the children of the top 20% looking for work is the most popular reason (38%) followed by lack of personal interest (27%), high cost of education (12%), and housekeeping (8%). For children in the secondary

grades, the most popular reason for the bottom 20% is high cost of education (34%) followed by looking for work (18%), lack of personal interests (18%) and housekeeping (16%). For the top 20%, the most popular reason is looking for work (45%), followed by high cost of education (19%), lack of personal interest (16%), and housekeeping (11%). The higher proportion among the top 20% (even higher than for the bottom 20%), looking for work as the children's reason for not attending school is certainly surprising.

Focus group discussions conducted in Agusan del Sur and Dumaguete City also highlight the causes of non-attendance in schools. Participants with children not attending school identify lack of income among the principal barriers to school participation. This is due to low wages among laborers, while farmers say it is due to cheap prices for their produce, which is attributed to bad weather. This is aggravated by a large family size such that some children give way to other siblings when it comes to attending school. Large family size is attributed to the non-utilization of family planning services for fear of side effects. Preferences also play

Table III.34. Reasons for not Attending School by Bottom and Top Quintile, 2004

	Elementary		Secondary	
	Bottom 20%	Top 20%	Bottom 20%	Top 20%
Schools are very far/no school within village	2.7	0.5	0.9	0.1
No regular transportation	0.2	0.3	0.1	0.3
High cost of education	24.1	11.8	34.5	18.9
Illness/Disability	1.3	5.5	0.7	1.7
Housekeeping	12.8	8.4	16.5	11.1
Employment/Looking for work	13.8	38.1	18.4	44.9

Source: Annual Poverty Indicators Survey 2004, National Statistics Office.

an important role in school participation. Among young adults especially females, the most common reason for not attending school is early marriage as child rearing hinders school attendance. Males, on the other hand, prefer to be idle, hanging out with peers, and oftentimes falling into using drugs.

The above analyses show that among the demand determinants, the cost of education is a very consistent reason for not attending school, whether one uses bivariate or multivariate analyses. This, too, has shown up in focus group discussions. This was shown to be particularly true among the poor. This is more pronounced in secondary education, highlighting the role of scholarships and subsidies for the poor.³³ Another important demand determinant is high population growth at the aggregate and large family size at the household level. High population growth has made schools spread their meager resources thinly while large family sizes reduce the probability of school-age children attending schools. Still preferences were another *important* demand determinant as expressed in “lack of personal interest” starting right at the elementary school levels. While this can be interpreted as primarily a preference indicator, there are reasons, too, that point to the role of supply factors, e.g., if the students perceive schools, because of lack of resources, do not to provide the skills needed to improve their chances of a productive life in the future. Supply factors also play important roles but not in the usual forms. For instance, absence of a school in the village is not a popular reason for not attending school even among the poor. However, school characteristics such as expenditure per pupil and teacher quality, are shown to be significant determinants of school attendance. This highlights the role of resources allocated for schools. If schools that cater to the poor get lower resources, then supply factors contribute to the known demand factors that lower the probabilities of school-age children attending school.

Building Blocks and Partners for Strategy

The foregoing analysis shows deep-seated sources of disparities in education outcomes. Economic status is one of the primary reasons, which can only be addressed by more sustained and inclusive economic

growth. However, within a growth scenario and the corresponding resources that will be made available to the education sector, there are opportunities for addressing disparities. For one, the allocation of available education resources can have built-in equalization factors based on poverty. Scholarships for the poor can also be expanded. Over and above economic reason, there are substantial proportions of school-age children who are not in school because of “lack of personal interest.” This can be due to several reasons including lack of appreciation of the value of education or that the educational system is not producing relevant results for them. This can only be addressed by a concerted effort to improve not only the efficiency of the school system but also its relevance, coupled with improving personal appreciation of the value of education. This would require involvement of key education partners.

From the perspective of the school, there are at least five key partners in any basic education strategy. These are the

- a. Department of Education, particularly the Division Office;
- b. school heads;
- c. teachers;
- d. local school board; and
- e. communities.

A brief discussion of the roles of each is provided in this section.

Department of Education and the Division Office.

Basic education is primarily provided by the public sector. This highlights the role of the primary instrument of public policy in basic education – the DepEd. But even closer to the school level is the local Division Office. Since most of the budget in basic education are in personnel, the meager resources left for MOOE defines what comes with the teachers as they go to the classroom. While for public secondary schools, the MOOE is allocated at the school level, the ones for elementary are lumped into the budget of the Division Office. This gives the division a distinct role in dealing with disparities in education outcomes, besides their important role of determining and allocating teaching positions.

³³ The government subsidizes some (almost half a million students in SY 2007-2008) students in private schools who cannot be accommodated in public schools through the Education Service Contracting (ESC) program. However, the support value is very much lower than the cost of education so that the student-grantees are necessarily those who can complement the subsidy with additional funds to cover the rest of the tuition fee above the value of the subsidy. Even the poor in public schools may need subsidies to cover their spending on food and transportation, among others.

School Heads. The role of school heads in the education process is slowly being recognized. Experience under the Third Elementary Education Program (TEEP) shows the importance of empowering school heads in improving education outcomes (WB 2004a). By specifying the authority, accountability, and responsibility of school heads, RA 9155 provides the framework for their empowerment.

Teachers. The role of teachers in learning cannot be overemphasized. Although tangible resources (buildings, textbooks, and others) are important for school outcomes, research indicates that teachers have the largest impact on student learning (WB 2004b). Education qualification of teachers is a consistent, significant determinant of education outcomes (Orbeta 2008). Local School Board. Given the limited resource available for public schools, the Local School Board (LSB), which authorizes the disbursements of the SEF, plays a key role. Mayor Jesse Robredo (n.d.) expressed the opinion that the LSB can go beyond being the reactive manager of the SEF and become a proactive partner by leading the building of stakeholdership, resource mobilization, and policymaking in the education sector at the local level.

Community Support. Support of the immediate community consisting of parents, teachers, and NGOs have proven to be effective in improving education outcomes. Studies by the Synergeia Foundation have shown that community support are important in improving school outcomes (OPAE 2008).

5. Social Protection

National Laws, Policies, and Key Programs

Social protection consists of policies and programs that aim to prevent, manage, and overcome the risks that confront poor and vulnerable people. These risks may take various forms such as economic recession, political instability, unemployment, disability, old age, sickness, sudden death of a breadwinner, and drought, among others. Based on the Asian Development Bank (ADB) definition,³⁴ social protection is meant to reduce poverty and vulnerability through effective and efficient implementation of policies and programs categorized into five main areas, namely,

1. Labor market policies and programs designed to promote employment, efficient operation of labor markets, and protection of workers;
2. Social insurance programs to cushion the risks associated with unemployment, ill health, disability, work-related injury, and old age;
3. Social assistance and welfare service programs for the most vulnerable groups with no other means of adequate support, including single mothers, the homeless, or physically or mentally challenged people;
4. Micro- and area-based schemes to address vulnerability at the community level, including microinsurance, agricultural insurance, social funds, and programs to manage natural disasters; and
5. Child protection to ensure the healthy and productive development of children.

For the purpose of this report, the discussion on social protection is limited to the fifth area only as it has the most direct impact on children. It should be noted that child protection in the context of social protection is more focused on programs envisaged to reduce poverty and vulnerability. A rundown of these programs is given below. In contrast, child protection, as discussed earlier, centers on programs that prevent and respond to violence, exploitation, and abuse against children. Discussion on social protection is focused on the two social safety net programs³⁵ that the country is currently implementing.

The Convention on the Rights of the Child (CRC) contains provisions on social protection for children particularly Articles 4, 6, 24, 26, 27 and 28 (Box III.5). CRC emphasizes the right of every child to life, survival, and development. Likewise, Article 15, Section 3 of the Constitution states that...

“The State shall defend the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.”

Thus, the Philippine government must provide the necessary services and infrastructure to uphold the rights of children to life, survival, and development. Investing in children by ensuring their access to basic

³⁴ <http://www.adb.org/SocialProtection/default.asp>

education, health, and nutrition services is expected to enhance their potential to earn income in the future. In this sense, social protection for children holds a promise for breaking the intergenerational transmission of poverty.

Social protection for children includes but is not limited to:³⁶

- a. early child development—to ensure the balanced psychomotor development of the child through basic nutrition, preventive health, and educational programs;
- b. school feeding programs, scholarships, or school fee waivers;
- c. waiving of fees for mothers and children in health services;
- d. initiatives for street children;
- e. child rights advocacy and awareness programs against child abuse, child labor, and other related issues;
- f. youth programs to avoid marginalization in teenagers, criminality, sexually transmitted diseases such as HIV/AIDS, early pregnancies, and drug addiction; and
- g. family allowances - either means-tested cash transfers or coupons/stamps for basic goods and services (e.g., food, clothing) -to assist families with young children to meet part of their basic needs.

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- g. family allowances - either means-tested cash transfers or coupons/stamps for basic goods and services (e.g., food, clothing) -to assist families with young children to meet part of their basic needs

In recent years, the Philippine government launched two social assistance programs with direct positive impact on children. These are Food-for-School Program (FSP) and Pantawid Pamilyang Pilipino Program (4Ps). The FSP was originally launched in November 2005 while the 4Ps was pilot-tested in 2007.

³⁵ Non-contributory transfer programs aim to protect individuals or households against either a chronic incapacity to work and earn (chronic poverty) or a decline in this capacity due to adverse events like sudden death of a breadwinner, economic recession/transition, or bad harvests. They are meant to redistribute income and resources to vulnerable groups and help the poor to proactively manage risks so that they are better able to engage in activities, which may involve some risks but which can yield higher returns. They are also viewed as effective programs in reaching those (especially children) who are not covered by traditional social insurance programs, which are often linked with formal sector employment.

³⁶ <http://www.adb.org/socialprotection/child.asp>

Box III.5. CRC Articles on Social Protection

Article No.	Description
Article 4	States Parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources, and where needed, within the framework of international co-operation.
Article 6	<ol style="list-style-type: none"> 1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child.
Article 24	<ol style="list-style-type: none"> 1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
Article 26	<ol style="list-style-type: none"> 1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
Article 27	<ol style="list-style-type: none"> 1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
Article 28	<ol style="list-style-type: none"> 1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity.

Food-for-School Program³⁷

The FSP is a conditional in-kind transfer program and as such, it has dual objectives. These are 1) address hunger among poor families, and 2) improve school attendance by reducing the dropout rate. Eligible households may only receive the program benefit if they actually send their children to school. In particular, FSP provides (1) kilo of rice to eligible families for every day that their children continue to attend school. In practical terms, the rice ration is provided to each eligible pupil after class.³⁸ In this sense, the FSP uses public elementary schools and day care centers (DCCs) as distribution point of the program. Thus, eligible households are assured of having rice on their tables every day as long as their children attend school or day care centers. Hence, the FSP may be viewed as a conditional in-kind transfer program.

Beneficiaries of the program are households in selected geographic areas with children enrolled in eligible grade levels in public elementary schools or children who attend DCCs. Thus, the FSP combines geographic targeting with institutional targeting at the level of the public school or day care center. DepEd implements the preschool/Grade1 component of the FSP while DSWD manages the DCC component of the

FSP. Under the FSP, the DSWD organizes the parents of DCC children into Day Care Parents Group to encourage their participation and sustain their support and commitment to the program. In like manner, DepEd mobilizes the Parents-Teachers- Community Associations (PTCAs) to assist selected schools in implementing the program.

Aside from rice distribution to eligible children in selected schools, complementary activities are also put in place to improve the nutrition status of children. First, the height and weight of children are measured by the school nurse or teacher-in-charge at the start of the school year. Another assessment is done in November to determine progress from the baseline. Day care workers also prepare a permanent growth monitoring record for each child enrolled in the day care program. Second, deworming of children beneficiaries is undertaken at the start of the program. Third, parents and caregivers are trained in effective parenting and home care, the adoption of desirable food, health and nutrition practices, sustainable food production and gardening technologies and livelihood and self-sufficiency projects by the LGUs. This is done in collaboration with NGOs and other government agencies to sustain family food security, increase school retention, and improve nutritional status of children in the long term. Fourth, school, home, and

³⁷ Draws heavily from Manasan and Cuenca (2007) and Manasan (2009).

³⁸ When two or more siblings are enrolled in the eligible grade levels in public elementary schools or in identified daycare centers, only one child will receive the rice ration.

community food production is encouraged by

- having schools allot an area for selective production of nutrient-rich fruits and vegetables for the feeding of underweight children,
- having the barangay councils designate an area in the community where parents of children beneficiaries could establish a communal vegetable garden, and
- having the LGU agriculture office provide initial planting materials to selected schools and communities.

To date, the FSP is in its third cycle of implementation (at current school year (SY) 2008–2009). The first cycle of implementation was in SY 2005–2006 and SY 2006–2007 while the second cycle was in SY 2007–2008. The targeting mechanism employed for the first cycle was the Food Insecurity and Vulnerability Information Mapping System (FIVIMS). Through FIVIMS, 17 cities and municipalities of NCR and 49 provinces were identified as either very, very vulnerable (VVV), very vulnerable (VV) or vulnerable (V). More specifically, the FSP was targeted to include all pre-school/Grade 1 pupils in all public schools, and all children enrolled in all DSWD-supervised day care centers in the following areas:

- a. all municipalities and 17 cities in the NCR;
- b. all the 49 municipalities of provinces classified as very, very vulnerable (VVV) in the FIVIMS;
- c. all the 283 5th and 6th class municipalities of provinces classified as very vulnerable (VV) and vulnerable (V) in the FIVIMS;
- d. all the 27 4th class municipalities in the very vulnerable and vulnerable provinces where there are no 5th and 6th class municipalities; and
- e. all the 3 3rd class municipalities in the very vulnerable and vulnerable municipalities where there are no 4th, 5th, and 6th class municipalities.

In November 2005 – March 2006, the target number of FSP beneficiaries was 380,553 households with children in the preschool and Grade 1 in public elementary schools; and 74,261 households with children attending DSWD-supervised day-care centers or a total of 454,814 households. The program actually reached 97.6% of its target during this period (Table III.35).

The target number of beneficiaries for SY 2006-2007 was programmed to increase to a total of 902,000

households with children in pre-school and Grade 1 in public elementary schools and some 239,483 households with children in DSWD-supervised DCCs. The actual number of beneficiaries in the DepEd-managed pre-school/Grade 1 component reached 596,939 households in SY 2006-2007 while that of the DSWD managed DCC component reached 289,877 (Table III.35). Notably, the DepEd implemented component of the FSP failed to reach the target number of beneficiaries for SY 2006-2007 while the DSWD exceeded the program target. This point is discussed in some detail below relative to the consistency of the program size as per the plan with the targeting rules that are being followed.

In the second cycle of FSP implementation, target LGUs were selected based on poverty incidence estimates derived from the 2003 FIES following its official release in October 2006. The FSP in SY 2007–2008 targeted all eligible pupils in all public schools and day care centers in the following LGUs:

- a. all municipalities and cities in the NCR;
- b. all municipalities in Priority 1 provinces (i.e., the 10 poorest provinces based on the 2003 subsistence incidence);
- c. all 5th and 6th class municipalities in Priority 2 provinces (i.e., the 20 poorest provinces based on the 2003 poverty incidence but excluding those classified as Priority 1 provinces) and Priority 3 provinces (i.e., 24 provinces with existing hunger mitigation programs); and
- d. all 4th class municipalities in Priority 2 and Priority 3 provinces where there are no 5th and 6th class municipalities.

Target beneficiaries under the DepEd component refer to all pupils in preschool/Grades 1–6 in all public elementary schools in all the municipalities and cities in Priority 1 provinces and the NCR; and all pupils in preschools/Grade 1 in all public elementary schools in the target LGUs in Priority 2 and Priority 3 provinces. Meanwhile, target beneficiaries under the DSWD component refer to all DCC children in all the target LGUs in NCR and Priority 1, Priority 2, and Priority 3 provinces.

For the third cycle of FSP implementation, the target LGUs were selected based on poverty incidence estimates derived from the 2006 FIES and the small area estimates (SAE) of poverty incidence for municipalities. The FSP for SY 2008-2009 targeted all preschool/Grades 1–3 pupils in all public elementary

schools and all children attending DSWD-supervised day care centers in the following LGUs:

- 21 barangays of NCR identified as “hotspots” by the DILG for the DepEd component, and all cities and municipalities of the NCR for the DSWD component;
- all municipalities in the 20 food-poorest provinces based on the 2006 FIES; and
- the poorest 100 municipalities based on SAE, excluding municipalities already covered in the 20 food-poorest provinces.

Changes in the targeting rule for the current cycle of FSP implementation were introduced to reduce the leakage rate in the DepEd component from 62% in SY 2006–2007 and 54% in SY 2007–2008 to just 22% in SY 2008–2009. Nevertheless, a similar reduction in the leakage rate in the DSWD component cannot be expected because of the continued inclusion of all NCR day care centers in the program.

On the actual benefits of the program, a thorough assessment of FSP has yet to be done. Such assessment depends largely on the availability of data and information on FSP implementation. However, DepEd conducted in February 27–March 11, 2006 an initial monitoring of FSP implementation. Results of initial monitoring validated experiences in other countries that social transfers can act as effective incentives to increase poor’s demand for services and improve their education outcomes. Indeed, the program had positive impact on both school attendance and nutrition status of the pupils who benefited from the FSP (Table III.36). In particular, 62% of the respondents said that the number of school days missed declined while 44% of the children gained weight. Also, 20.1% of the respondents reported they gained enhanced knowledge on basic nutrition because of the program.

Table III.35. Target Beneficiaries and Outreach of Food for School Program, SY 2005-2006 and SY 2006-2007

	Actual No. of Beneficiaries			Actual No. of Beneficiaries		
	Grade 1 & PS	DCC	Total	Grade 1 & PS	DCC	Total
NCR	294,997	123,311	418,308	272,459	30,820	303,279
I	2,313	1,200	3,513	9,850	n.a	9,850
II	9,136	n.a.	9,136	7,768	2,446	10,214
IV-A and B	14,569	11,312	25,881	8,433	n.a	8,433
V	60,461	36,772	97,233	6,337	7,423	13,760
VI	30,081	19,848	49,929	6,640	2,349	8,989
VII	14,900	8,340	23,240	7,100	9,756	16,856
VIII	40,783	29,294	70,077	6,078	8,335	14,413
IX	11,274	6,777	18,051	9,010	2,750	11,760
X	16,592	10,153	26,745	5,387	2,335	7,722
Caraga	17,447	10,500	27,947	6,748	460	7,208
XI	2,011	1,195	3,206	3,752	n.a	3,752
XII	20,060	11,771	31,831	5,364	4,884	10,248
ARMM	52,595	10,269	62,864	12,581	741	13,322
CAR	9,720	9,135	18,855	2,333	1,962	4,295
Total	596,939	289,877	886,816	369,840	74,261	444,101
% to target	66.2	121.0	77.7	97.2	100.0	97.6
Memo item:						
Target no. of beneficiaries	902,000	239,483	1,141,483	380,553	74,261	454,814

a/ includes additional target family-beneficiaries resulting from President Gloria Macapagal-Arroyo's provincial visits.
n.a. - not targeted in the bringing year program of DSWD.

Source: National Food Authority and Department of Social Welfare and Development.

Table III.36. Perceived Gains from FSP

Gains	Percent*
1. No missed meals in the past 3 months	33.7
2. Decreased number of schooldays missed	62.1
3. Increased weight of child	44.4
4. Additional food for the family	89.6
5. Enhanced knowledge on basic nutrition	20.1

* Total is not equal to 100% due to multiple answers.
 Source: National Nutrition Council.

Pantawid Pamilyang Pilipino Program³⁹

The Pantawid Pamilyang Pilipino Program (4Ps)⁴⁰ is designed to promote investment in human capital among poor families with children 0–14 years old. It is a conditional cash transfer program with dual objectives: (i) social assistance, where 4Ps provide cash assistance to the poor to alleviate poverty in the short-term; and (ii) social development, where 4Ps aims to break the inter-generational transmission of poverty through investment on education, health, and nutrition in the long term. This program also aims to achieve the millennium development goals (MDGs), particularly

- MDG2: Achieve universal primary education,
- MDG4: Reduce child mortality, and
- MDG5: Improve maternal health.

This is possible as long as the conditionalities attached to the education and health grant are met.

The 4Ps provides an education grant equal to PhP300 per child per month during the school year (i.e., for 10 months a year, up to a maximum of 3 children) provided the beneficiaries comply with the following conditions:

- a. Children 6–14 years old are enrolled in school and attend school at least 85% of the time, and
- b. Children 3–5 years old are enrolled in a DCC/ preschool and they attend school at least 85% of the time.

In sum, the education grant amounts to PhP3,000 per year for a household with one child or PhP9,000 a year for a household with three children assuming that they comply with the education conditionalities.

In addition, 4Ps provides a health grant equal to PhP500 per month per eligible household, provided they comply with the following conditions:

1. Pregnant women get prenatal and post-natal care, attend breastfeeding counselling, and family planning counselling sessions;
2. Childbirth must be done in a health facility and must be assisted by a health professional;
3. Parents and/or guardians attend family planning sessions, mother's classes, and parent effectiveness seminars;
4. Children 0–5 years old get regular preventive check-ups and immunization and micro-nutrient supplementation; and
5. Children 0–2 years old have monthly weight monitoring and nutrition counselling.

In all, the health grant amounts to PhP6,000 per year for a household that complies with the health conditionalities. Thus, a household with one child under 4Ps stands to receive a total of PhP9,000 per year while a household with three children stands to receive a total of PhP15,000 in government assistance. Payment of the cash grants is made to the most responsible adult (usually the mother) in the household through automated teller machines (ATM) of the Land Bank of the Philippines.

The 4Ps is envisaged to bring about the following outcomes:

- a. a significant decrease in the prevalence of stunting
- b. a significant increase in the number of pregnant women getting ante- and postnatal care and in the number of childbirths assisted by skilled health professional
- c. a significant increase in the number of children 0–5 years old availing of health preventive services and immunization;
- d. a significant increase in school attendance;
- e. a significant increase in enrolment in elementary and high school;
- f. a significant increase in average years of education completed;
- g. a significant increase in elementary and high school gross enrolment rate;
- h. a significant increase in per capita household expenditure;

³⁹ "Pantawid Pamilyang Pilipino Program" (4Ps), a DSWD presentation; also draws heavily from Manasan (2009).
⁴⁰ 4Ps was fully implemented in 2008.

- i. a significant increase in food expenditure as percent of household budget;
- j. a significant increase in expenditure on nutrient-dense foods;
- k. a significant increase in involvement of parents and/or mothers in the grievance committee;
- l. a significant increase in participation of mother leaders in monitoring activities;
- m. a significant increase in the attendance of parents and/or mothers in responsible parenthood, parent effectiveness sessions, and family planning seminars;
- n. a significant increase and/or interest of mothers in transacting with banking institutions (e.g., LandBank); and
- o. a significant increase in the knowledge and ability of parents and/or mothers in appropriately using and mobilizing government and other community services and facilities.

The 4Ps is expected to benefit the poorest 300,000 households in the 20 poorest provinces (with the exception of three ARMM provinces) and the poorest province in each of the five regions not represented by the 20 poorest provinces.⁴¹ In each of the poorest provinces, the poorest municipalities are selected based on SAE of poverty incidence and on peace and order situation. Subsequently, a household survey is administered in selected municipalities. Households are then selected based on a proxy means test (PMT). The use of the PMT enforces the credibility of the program and reduces the risks associated with political interference in the selection of beneficiaries.

Beneficiaries are registered and issued identification cards and bank cards. Cash grants made to the most responsible adult in the household are withdrawn through LandBank's ATMs. To monitor compliance of beneficiaries with the conditionalities, a verification system has been put in place. A grievance system was also established to ensure that complaints and grievances on program implementation, noncompliance, and other matters are appropriately acted upon.

Assessing Social Safety Net Programs

Just like the FSP, a comprehensive assessment of the 4Ps has yet to be done. It will only be possible if there is more solid data and information on its actual implementation. Meanwhile, this report suggests critical areas that should be considered in assessing social safety net (SSN) programs such as the FSP and 4Ps.

They are as follows:

1. Choice of Program and its Design

The extent and nature of poverty and the country-specific conditions, including growth prospects, policy reforms, and infrastructure constraints are central to the choice of SSN programs.⁴² Subbarao et al. (1997) emphasized that previous experiences in social assistance can either help or hinder political acceptability of new programs. It is, therefore, important for planners and policymakers to have a good understanding of the nature and extent of poverty to be able to define clearly program objectives. A good understanding of the following issues is important in this regard. The following stylized facts from Subbarao et al. (1997) provide a useful starting point.

- To what extent is poverty a permanent or a temporary problem?
- What is the depth and severity of poverty? For instance, if poverty incidence is high and the poor are difficult to identify, cash transfer program may not be fiscally sustainable but public work programs may be appropriate. Cash transfers may be more appropriate in situations where poverty incidence is not that high and the poor are easily identified. Where poverty is rural and infrastructure is inadequate, public works program during slack season may be used. Where poverty is concentrated in urban areas, targeted food transfers and urban employment programs may be useful.

⁴¹ Poverty incidence is based on the 2006 Family Income and Expenditure Survey (FIES).

⁴² <http://www1.worldbank.org/sp/safetynets/Gender.asp>

- What are the characteristics of the poor? Which types of households are likely to be chronically poor? Transient poor? For those who are able to work but whose incomes are low and irregular, income and/or consumption smoothing during slack seasons and/or more regular livelihood creation may be in order. For those who are unable to provide themselves through work, long-term assistance may be needed. For those capable of earning adequate incomes, but cannot do so because of temporary shocks, short-term assistance, public works, or income-generation programs may be indicated.

The kind of benefit to be provided (whether in cash or in-kind) is dependent on the type of need being addressed. What is needed depends on the nature of poverty as discussed above. The appropriate benefit level should be consistent with the depth of poverty (i.e., the distance between income of households and poverty threshold).

Country-specific conditions include macroeconomic conditions, socio-economic profile or demographics, infrastructure constraints, administrative constraints, and political constraints. Subbarao et al. (1997) stressed that programs be designed with a clear appreciation of the country situation — not crowding out private safety nets and growth-promoting investments while cognizant of political economy constraints.

Gender issues should also be factored in the program design as vulnerabilities to such risks vary significantly by gender. Adverse events can affect differently men and women as well as boys and girls. According to the World Bank,⁴³ it is important to incorporate gender considerations in the design of social safety nets due to these reasons:

“...men and women may be vulnerable or exposed to different types of risks; there is evidence that women are often more disadvantaged than men and therefore should benefit more assistance programs; programs that take into account the gender dimension of transfer programs may be desirable because of added benefits to other members in the household; and this

approach might help to increase the impact of safety nets programs on poverty and human development outcomes.”

The World Bank enumerated some ways on how to integrate gender considerations in safety nets strategies, as follows:

- “designing specific projects for women, like micro-credit programs and promotion of crèches and day care centers; and
- enhancing the direct or indirect (i.e., distributing resources in kind) targeting of existing programs toward women; and
- ensuring that projects accommodate the needs of participating women.”

2. Cost, Operational Efficiency, and Cost Effectiveness

The direct cost of a program is determined by the size or level of the benefit, the number of beneficiaries reached, and the administrative cost of implementing it. The operational efficiency of a program, on the other hand, depends on whether inputs of a given quality are procured at the lowest possible price, whether there is no wastage in the delivery of the transfers, and whether administrative cost is not excessive, among other considerations.

Programs are said to be effective if they actually achieve their goals. It should be emphasized that the cost-effectiveness of a program is different from cost. As the cost of the program increases with the size of the benefit, so does its effectiveness.

Indirect or opportunity cost is measured in terms of (i) reduced labor supply as income transfers may result in disincentive to work, (ii) increased government size in case public works programs are undertaken; and (iii) poor investment decisions when SSN programs crowd out long-term investments for growth. There should be a balance between the need to protect the poor and the desire to maintain economic efficiency in the long run.

As to benefit of the program, the kind of benefit provided (whether in cash or in-kind) is dependent on the type of need being addressed. What is needed depends on the nature of poverty, as discussed earlier. The benefit level is appropriate if

⁴³ Subbarao, K. et al. 1997. Safety Net Programs and Poverty Reduction: Lessons from Cross-Country Experience. Washington, D.C.: World Bank.

it is consistent with the depth of poverty (i.e., the distance between income of households and the poverty threshold). Some countries apply differential payments based on gender to reduce or at best, reverse educational discrimination against girls by providing higher level of benefit for girls enrolling in school.

3. Targeting

Targeting is a tool meant to concentrate the benefits of transfer program to the poorest segments of the population. It is a key to the cost-effectiveness of any program. All targeting mechanisms have the same objective: to identify correctly which households or individuals are poor and which are not.

Targeting involves costs: administrative costs, private costs, social costs, and incentive costs. These costs mean that less of the program budget will be available and be distributed as benefits to beneficiaries. Thus, in evaluating which targeting method is appropriate, one has to weigh the benefits from reduced leakage against the cost of implementing finer targeting methods.

Moreover, it is worthwhile to consider the gender of the household head in targeting the beneficiaries, as female-headed households are generally poorer than male-headed households. Evidences suggest the importance of targeting programs to women as they manage resources better than men do and so, programs are most likely to have a positive impact on household and child welfare.

4. Registration of Beneficiaries

Creating unified electronic registries of beneficiaries is critical to minimize overlap and duplication of benefits. A unique social identification number is assigned to beneficiaries to monitor records over time and across programs. It would be good to have a systematic list of beneficiaries according to sex to facilitate gender analysis of SSN programs.

The registries are updated based on other databases on formal employment, death registry, and pensions. Although the quality of the registries tends to improve with the program operations, the privacy of beneficiaries, the overall reliability and potential manipulation of databases, and the inevitability of

errors of inclusion and exclusion remain to be a cause of concern.⁴⁴

5. Compliance with 'Conditionality' (in the case of conditional cash or in-kind transfer) Compliance of program recipients with 'conditionalities' ensures their continued enrolment in the program. High level of effort on the part of program implementers is required to monitor accurately the behavior of beneficiaries. Basic monitoring approach involves random check of school and health records.

6. Modes of Delivery of Benefits, Payment, Distribution Point

The effectiveness of social safety net programs highly depends on the delivery mechanism used. It should be emphasized that the modality of payment or distribution of benefits depends on the program being implemented and on the country's own characteristics such as openness and coverage of its financial sector, which is one conduit of payment or benefits. In the case of conditional cash transfers, adopting new payment technologies (e.g., use of debit cards or ATM cards) will help ensure that benefits reach program recipients in exact amount and on time. However, this is impossible in the absence of banks and remittance centers. Alternative mode of delivery of benefits such as direct payment can be done instead.

In case of direct payment, it is important to "accommodate the needs of participating women by ensuring that transactions for eligibility and receipt of benefit in transfer programs takes place at convenient hours and in culturally acceptable conditions."⁴⁵

7. Financial Management

For cash transfers, a strategic negotiation with a public or private banking sector must be explored to lower the transaction cost of making payments to beneficiaries.

8. Participation of Institutions, Line Ministries or Agencies, and Local Stakeholders.

The national and local governments can forge new accountability relationship when implementing SSN programs. Such relationship can vary depending on the program design particularly on the degree of program decentralization. In this sense, the

⁴⁴ de la Briere, Benedicte and Laura Rawlings. 2006. Examining Conditional Cash Transfer Programs: A Role for Increased Social Inclusion? SP Discussion Paper No. 0603.
⁴⁵ <http://www1.worldbank.org/sp/safetynets/Gender.asp> World Bank. Washington, D.C.

success of the program becomes a shared goal between national and local authorities. It should be emphasized, however, that SSN programs must be free of political influence, especially when it comes to targeting and selection of beneficiaries. This calls for transparency in the eligibility criteria and selection of program recipients. Inter-institutional coordination is critical to avoid duplication of programs and wastage of limited government resources. It will also strengthen synergies in protecting the poor and vulnerable. In addition, encouraging community participation and engaging civil society in consultative councils foster transparency in program implementation and can be viewed as one way of establishing a good feedback mechanism.

9. Monitoring and Evaluation

There is a need to ensure that resources indeed reach the target beneficiaries. It is important to evaluate SSN programs in terms of targeting mechanism used; appropriateness of the benefit and its level; cost, operational efficiency, and cost-effectiveness; administrative feasibility; and gender considerations. A good monitoring and evaluation mechanism should be in place. Such mechanism provides useful information that can be used as basis for program expansion (e.g. geographic expansion and scaling up of effective programs) and modification.

10. Exit and/or Graduation from the Program

A culture of dependency among recipients of SSN programs must be avoided. This can be done by limiting the size and duration of benefits. It should be noted, however, that those who graduate from the program may need other forms of assistance to ensure that they continue to improve their economic well-being.

Chapter Conclusion

This chapter clearly showed that frameworks for ensuring the rights of children are well established. Aside from being a signatory to the CRC, the Philippines has a constitution that firmly entrenches the role of the State in ensuring that children are well cared for. Beyond these legal frameworks, the state has also the capability to design programs that would put these frameworks and statements into action. The review of national programs in the preceding chapter clearly indicated that for each pillar of child well-being, there are action plans with financial, institutional, and human resources in place to implement them. In addition to government resources, there are international and development institutions that are committed to promote child well-being by providing grants and soft loans for these programs. The launching of innovative programs considered as “best practices” in other countries indicates that the government is continuously seeking responsive mechanisms to optimize resources and respond to needs.

Despite these efforts, however, disparities remain among children in different conditions and circumstances. Given the data presented in this chapter, there is a significant number of children being left behind by these programs due to factors such as individual, household, and community characteristics. It is also possible that such a situation is due to the programs’ design. The question then is what must be done to address the wide disparities and ease up the lamentable state of child poverty? The next chapter provides possible strategies for achieving positive results.



Addressing Child Poverty and Disparities: A Strategy for Results

Introduction

Based on the authors' estimates, 7 of 10 families in the country have children between 0–14 years old in 2006. In 1985, half of the families were considered income poor but the proportion has been declining ever since. In 2006, poverty incidence among these households was down to 34%. In terms of magnitude, however, the situation has worsened. While the number of poor families with children was around 3.9 million in 1985, its estimate in 2006 was 4.1 million. Translating these figures into incidence of poverty among children, estimates show that in 2006, there were 12.8 million children 0–14 years old living in families that did not meet the basic food and non-food requirements based on their household income. This represented 44% of all children of that same age range. This estimate is higher by around 1 million from the 2003 figure of 11.8 million, and almost the same rate more than two decades ago.

This situation can be explained by one or by all of the following: One, poverty alleviation programs have not truly permeated the root causes of the problem or that targeting mechanisms are still not effective. Two, population growth has surpassed any economic gains that may have trickled down to the lowest income deciles of the population. Three, resource allocation and spending priorities are skewed so that public expenditures for social services that matter most to children's welfare are channelled elsewhere. As pointed out in Chapter 1 and detailed in subsequent chapters, expenditures on Basic Social Services and on MDG targets had declined since 1996, particularly

national government expenditures on basic health and nutrition, water and sanitation, housing, infrastructure, and land distribution.

While only sustained and inclusive economic growth can make a huge dent in poverty reduction, other dimensions or correlates of poverty that should be looked into. For children's welfare, focus is on the five pillars, believed to be the foundation for promoting and sustaining child well-being. As pointed out earlier in this report that while there are conceptual and legal frameworks already in place—both at international and national levels—it is essential that these are translated into doable action plans and programs.

Frameworks for Defining Effective Strategies

The Philippines is not wanting in programs and projects particularly on the five pillars of child well-being. Though not yet empirically established, improvements in some of the multiple indicators of child poverty may be attributable to these programs. As discussed in Chapter 2, infant mortality rate was halved from 63 per 1,000 livebirths in 1986 to 30 per 1,000 livebirths in 2003. The under-five mortality rate also declined from 79.6 deaths per 1,000 children in 1990 to just 40 deaths in 2003. Children without access to electricity went down to 5.4% in 2003 while those without sanitary toilets and safe water were also reduced to 2.4% and 1.2%, respectively. By no means, these gains should not be reasons for complacency but instead serve as catalysts for more cost-effective and efficient efforts.

Some recent trends, however, are alarming particularly on the education front with a growing number of children not attending school. Elementary school participation rates have been declining in recent years and this could have serious implications on the children's future productive capacity. Secondary school participation rate remains relatively low at 59%. Moreover, the large disparities among regions and provinces are too obvious and significant to ignore. Although general trends of national level data give helpful insights in analyzing performance at the country level, scrutinizing and addressing the gaps at within-country level should be given more attention. This is particularly true in the country's present decentralized regime.

With the breadth and depth of deprivation among Filipino children, a comprehensive strategy comprising policies, institutional reforms, and synergistic partnerships should be formulated and put into action.

Information and analyses coming from multiple correlates of child poverty would enable stakeholders to look at the child in an integrated and holistic manner. The rights-based approach being promoted by the United Nations places on the shoulders of rights givers and stakeholders like parents, the community, and the state—the dutybearers—the obligation of ensuring that the rights of the child are well-preserved, adhered to, and adequately claimed by children. Under this approach, the duty-bearers are obliged to respect, protect, and fulfil these claims to children's rights as detailed in the CRC. This approach equally gives importance to both the processes of development and their outcomes. Thus, development interventions should not focus solely on the rights-holders but also on strengthening the capacities of duty-bearers to enable them to perform their obligations.

In laying down the pathways toward promoting the well-being of children and reducing disparities, this should be approached through the lens of rights-based mechanisms while focused on the glaring disparities in terms of income, gender, and location to help prioritize and optimize resources.

In any development programming exercise, one looks at the macroeconomic picture and prospects for socioeconomic growth of the country in general, and the local level in particular, as one of the guiding frameworks. The current global economic slowdown experienced by the developed world is expected to be felt eventually in the developing countries. Efforts to

prepare for this eventuality may pull out meager resources from various directions, adversely affecting the social sectors. This has to be "guarded" by the duty-bearers to ensure that adequate resources remain for child rights-holders, at the same time, rationalizing priorities based on data and information for evidence-based responses.

The detrimental effects of global warming are slowly being felt through erratic weather. Climate not only affects children's health but also the income situation of their families due to climate impacts on livelihood sources. Labor migration will continue over the years, bringing with it the possibility of more children being left to fend for themselves or left to caregivers that have conflicting priorities. Migration complexities also bring forth other sociological issues both within the receiving and sending countries. The technological revolution that has led to conveniences in the workplace and in household activities has, unfortunately, become another tool for unscrupulous persons to prey on children by drawing them into pornography and trafficking. The confluence of these realities also served as forces that led children to early sex and marriage and even commercial exploits that carry risks such as AIDS and child exploitation.

Armed conflict, especially in areas where ideological and religious differences could not be tolerated by parties, traps children into a culture of violence and despair. Children trapped in conflict grow up in less than normal circumstances, further constraining their rights to education and good health. The number of children with developmental delays is also increasing, based on unofficial data. The fact that official data are not available is already an indication of the neglect that children with special needs are experiencing. An increasing number of children with special needs could be a function of the availability of more appropriate measurements for diagnosis, or greater awareness of parents, or could be due to environmental factors and negative externalities arising from heightened economic activities and hard infrastructure.

Strategies for Action

In three of the five pillars where data and standard indicators are available, it was found that poor children continue to be the least educated and the least reached by health and nutrition services. It is ironic that the group that needs the services the most are the ones that could not be reached, if not being left

behind. The reasons behind this, however, are not that simple. In the complex issue of child poverty, there are individual, household, and community factors that come into play, while all the multiple dimensions of child well-being (disparity) are also affecting each other. It has been well established, not only in this report but in various literatures as well, that serious attention should be given to controlling rapid population growth in the country. Unless an effective population management program is implemented, the country could remain captive in the grinding cycle of poverty and underdevelopment.

It is also imperative to deal with the chronic macroeconomic problems that plague the country as these not only weaken economic performance but also aggravate the incidence of poverty.

At the micro level, the geographical disparities are glaring across regions beyond what is usually reported, that is, between urban and rural areas. Such disparities show that stakeholders, including policymakers and service providers, should enter into their configurations the differences among regions or localities in the country. It does not help to look at the situation of children in the country at the national level alone since the disparities are significant enough at the local level. The regional data is a helpful tool for the same stakeholders—both national and local governments—in terms of prioritization and targeting. These data provide the direction as to where to channel meager resources—to specific needs and to areas needing them most.

The previous chapters pointed out the regional ‘hot spots’ in the country and for most of the five pillars of well-being, the same set of regions were highlighted. Poverty incidence among children residing in rural areas is more than twice as that in urban areas. From the detailed information presented in the previous chapters, it can be established that the regions of ARMM, Bicol, Western Visayas, MIMAROPA, and SOCCSKSARGEN are the ‘hot spots’ when it comes to child poverty and disparities in the country. These are clear signals of where resources should be channelled, depending on the indicator of child deprivation.

As illustrated in Chapter 3, there are quite a number of recent programs and projects being implemented in the Philippines based on the five pillars of children’s well being. These clearly show that, resources (i.e., institutional, human, and financial) are being allocated to elevate the plight of children, be it nutrition,

health, education, child protection, and overall social protection. Innovative efforts such as conditional cash transfer programs are relatively still on their early stages but the fact that such programs combine both geographical and institutional targeting, they affirm that it is a step in the right direction.

Poverty and Children

Chapter 2 correctly pointed out that to understand better the poverty situation of Filipino children, one has to look deeper into their profiles and not just into the families to which they belong. The fact that available survey data are quite fragmented and difficult to put together to make deeper analysis on the correlates of child poverty highlights the need for a concrete policy toward building up a database or a repository of information on children’s well-being. Prior to this, the methodologies for estimating the various indicators of child well-being/deprivation should be established and agreed upon first to lend meaning and depth on analyses of indicators. NSCB’s technical committee for poverty statistics can be tapped to consider this issue in its deliberations, if it has not already done so.

It should be acknowledged that data building in relation to child well-being (or poverty and disparities) indicators are increasing. The Multiple Indicator Cluster Survey (MICS) survey and the Bristol University studies, among others, helped in sorting out the conceptual definition of child poverty and the multiple indicators related to it. In the Philippines, sectoral data are being published by the NSCB, including statistics on child welfare. Barring differentials in standards and definitions, data build up should be maintained, sustained, and augmented with information that are equally significant but remained uncollected. Data that are currently available and to be augmented in the near future should be used by researchers and policy analysts to promote evidence-based policymaking and program planning. These data and analyses should be made widely available and accessible to the public and treated as public goods. Geographical Information System (GIS)-based mapping of child wellbeing indicators is a helpful format for duty-bearers to appreciate better the information and to enable them to easily determine where and what interventions are most needed.

These efforts should lead to the formulation of a composite index of child poverty that could eventually be a companion to the Human Development Index.

Children's Health and Nutrition

Having established that the nutritional status of children depends on the kind of care they receive (from the kind of care mothers receive while pregnant—maternal care programs—to vitamin supplementation, information sharing, and others), this should be continuously pursued. Since breastfeeding is vital to infant nutrition, massive information campaign on its benefits and proper practice should be continued. Incentives for breastfeeding may likewise be offered to ensure that conducive and safe breastfeeding places, for both mother and infant, are available in areas they frequent such as hospitals and malls. Since mothers are crucial in effective infant-feeding practices, vital information should be made available to them. A widespread program providing better access to water and sanitary facilities should be launched as these have a major effect on malnutrition. In the Philippines, DOH's FHSIS reports that in 2007, 85.7% of households have access to safe water, and 77.5% of households have sanitary toilet facilities.

To promote the health status of Filipino children, a key policy direction would be to invest in infrastructure, logistics, facilities, and management capacity. For key programs such as EPI and Micronutrient Supplementation, the national government should provide the supplies, at all costs. There may be a need to revisit DOH's policy of letting LGUs purchase their own syringes for EPI use, and its administrative order on micronutrient supplementation, which states that LGUs must augment DOH supply of micronutrients. This practice adds impediment to the implementation of otherwise very important programs.

It must be recognized that a one-size-fits-all strategy does not apply to the sector. While policies such as those promoting facility-based delivery are steps in the right direction, their implementation must be tailored to the realities in the provinces. A key challenge that is evident in all indicators is reaching mothers and children that reside in remote rural areas. Aside from transportation problems, this is compounded by the insufficient number of health personnel deployed in remote areas. Thus, while the DOH policy of facility delivery through BEmONC/CEmONC may be easier to implement in urban areas, such may not be the case in rural areas.

Children's Education

To enhance participation in early childhood education, the government should boost the program on early childhood education and put more resources into it. Essentially, the government needs to invest more on early childhood education, teachers and facilities. In addition, the program should include mass feeding in schools and appropriate lessons on proper nutrition and sanitation programs. While increasing participation is not enough, the quality of early childhood education should also be improved through investments in teacher training, particularly in the early stages of the program.

The youth seem to be leaving school early with only basic literacy skills and without sufficient functional literacy. In this regard, there should be a conscious effort to significantly improve secondary school enrolment, given the relatively stagnant enrolment rate in secondary education at 59 percent. The high gender disparity in enrolment rate in favor of girls and the particularly sharp decline in enrolment rate among boys at the secondary level require an encouragement of more participation among boys in this cohort. Innovative ways of supporting secondary education for the poor, e.g., transportation, school supplies, incentives and/or premium for transition to secondary school and completion, should be explored. Moreover, existing assistance for private education for the poor, in the form of scholarships among others, should be increased to cover full tuition and other related expenses.

It is equally important to give attention to the out-of-school youth since the poor is over-represented in this group as indicated by disparity in enrolment rates in terms of income decile. There must be a concerted effort to bring back the out-of-school youth into formal schools or alternative learning systems. Economic reasons such as high cost of education and employment are important factors cited for being out of school and these can only be addressed by a consistent and a more inclusive economic growth and scholarships for the poor. Lack of interest also figures prominently among the reasons for non-participation in early elementary grades. This can be due to several reasons such as a lack of appreciation for the value of education or that the educational system is not producing relevant results for them. These can be addressed by improving the efficiency and relevance of the school system. At the same time, these should be accompanied by a sustained advocacy

on the value of education among parents, particularly among the poor where lack of personal interest is a much more prevalent reason for children not attending school.

Further, there is a need to address disparities in education outcomes across areas, e.g., urban, rural and across administrative regions. Allocation of education resources should have built-in equalizing factors because household and community characteristics all favor the better endowed. Public school resources should not contribute to but instead counteract this normal resource allocation tendency and reduce the prevailing disparities. Engaging key education partners' greater involvement should always be an important pillar of the strategy to improve the efficiency and equity in the school system as well as enhance the relevance of schools.

Child Protection Policies

The section on child protection provided comprehensive information on the policy frameworks and programs that cater to Filipino children, particularly children in need of special protection. It also extensively tackled the circumstances and conditions faced by children (i.e., disability, lack of formal registration, life in the streets, early marriage, child labor, exploitation and abuse) and what the duty-bearers are doing to alleviate their plight. While palliative measures are enforced, it is equally important to determine ways and means to prevent children from falling prey into these insidious conditions. These children must be prioritized in resource allocation and program implementation. For instance, the establishment of registration centers at the barangay levels, especially in areas where many Muslims and IPs reside, is a step in the right direction.

Among the duty-bearers, the national and local governments have the most critical role in advocating for children's rights as they are the ones that formulate and implement plans and programs. However, LGUs are ideally the prime movers in the delivery of basic social services such as basic education and healthcare because of their proximity to their constituents. They are in the best position to assess the plight of children and their families in the community.

Resource Allocation and Targeting

Implementing policies and programs require financial resources that are not abundant in this country. As earlier noted, the expenditures on Basic Social Services and MDG targets had declined since 1996, specifically national government expenditures on basic health and nutrition, water and sanitation, housing, infrastructure, and land distribution. The cumulative resource gap of all MDGs from 2007 to 2010 is estimated to be PhP350.6–PhP389 billion (or 1.1%–1.2% of the GDP), based on a low-cost assumption. Given this huge resource gap, it is unlikely that the Philippines will achieve all its targets unless it prudently channels scarce resources or will tap other sectors to help. Caution must also be made when allocating scarce resources given the fiscal bind faced by the government. The menu of government spending presented in the first chapter that are expected to yield high returns to the poor with the least leakage of benefits to unintended non-poor groups should well be considered.

Alongside the efficient allocation, proper targeting must be done to concentrate the benefits of policies and programs to the segment of the population that need them most. As the section on social protection pointed out, the key to the cost-effectiveness of any program is to identify correctly which households or individuals are poor and which are not. Another overriding concern is to prevent the occurrence of leakages, as much as possible. In targeting efforts, consider the gender of the household head, as female-headed households are generally poorer than male-headed households. Evidences suggest the importance of targeting programs to women as they manage resources better than men. If done well, programs are most likely to have a positive impact on household and child welfare.

Resource allocation does not refer only to financial matters but to human resources as well. The manpower complement in institutions serving the education and health needs of children must also be considered. Quality of teacher skills was emphasized as an important driver of educational outcomes among children. The dearth in health personnel was also indicated as affecting health services for children. Due to hiring limitations, an interim solution was to hire

casual employees through job orders. However, casual employees cannot be sent to DOH trainings. The temporary nature of the job also makes it difficult to integrate these personnel with the rest of the health staff. This probably signifies the need to revisit DBM limitations on personal services to see whether such limitation is indeed appropriate for the health sector.

The dearth of medical doctors in the country also points to the need for reexamining the roles of city/municipal health officers and public health nurses. Some of the functions of the CHO/MHO are administrative, which could be passed on to the PHN. This would enable the CHO/MHO to allocate more time for clinic hours.

Similar to other countries, medical students subsidized by the government (e.g., those studying in public universities) should have minimum years of service to the government. Incentive problems created by unfunded laws such as the Magna Carta for Health workers should likewise be addressed.

Institutional Reforms

The framework for ensuring the rights and well-being of children in the Philippines are already well established. Action plans are already in place as well as programs providing direct and indirect interventions, as discussed in this report under the five pillars of child well-being. These interventions operate under appropriate legislative framework and international agreements, which the Philippines has committed to adhere to. Public institutions such as the CWC, and private organizations particularly NGOs have their own niches when it comes to responding to children's needs. Beyond the performance of their individual mandates, structures ensuring intersectoral and interagency cooperation are likewise in place. The chapter on child protection has presented the many iterations of these intersectoral and interagency groupings and the various avenues of cooperation and collaboration.

Resources, though meager, is available every year from public appropriations or from grants and soft loans from development institutions. This is affirming that the infrastructure for enabling children to claim their rights is available. Perhaps, more attention should be given to program design involving as many duty-bearers as possible, even the children themselves, to make it more participatory and responsive. The 'Voices

of the Poor' initiative of the World Bank comes to mind as a possible model for getting inputs from children, based on their own circumstances and aspirations.

Good Governance

Needless to say, good governance benefits children as the efficient, transparent, and accountable delivery of services addresses their particular needs. However, with the country ranked very high in terms of prevalence of corruption, some benefits accruing to children, particularly poor children, are channelled toward self-interested individuals and groups to the detriment of children's well-being. Though the impact on children may be indirect, the effects nevertheless, permeate the lives of children as "bad" governance aggravates their deprivation and erodes their moral values, further affecting the future of this country.

Monitoring and Evaluation

Putting together data and information on the various indicators of child poverty and disparities is an important mechanism toward identifying appropriate responses. Duty-bearers should be able to translate this information into evidence-based interventions and monitor them continuously for impact assessment and evaluation. Each of the child-directed programs should be time-bounded to allow for periodic assessments and redirection of resources or rationalization of program designs when necessary. Otherwise, it will only draining the coffers of the government and grantgiving development institutions. This implies that research work should continue to look for reasons why gaps persists, to analyze the correlation between interventions and outcomes, and to examine the interrelated forces and relationships that would strengthen the pillars of child well-being. In fact, there are already existing studies that propose appropriate interventions corresponding to the desired outcomes. However, utmost care must be exercised when allocating scarce resources and when choosing from a menu of public spending. Combined with proper targeting mechanisms, these should yield high returns for the poor.

Partnership

Identifying Duty-Bearers and their Specific Roles

Under each pillar of child well-being, responsible institutions are clearly identified. The overall duty-

bearer is the national government, particularly DSWD and CWC. With health and social services already devolved to LGUs, the local chief executives become important duty-bearers as well. It is quite easy to determine responsible agencies under each pillar, given their state-given mandates. Nutrition and health services are the responsibilities of the DOH, National Nutrition Council, and LGUs. Education services are the purview of the DepEd at the national level and the Local School Boards at the LGU level. Child protection is primarily the responsibility of DSWD and CWC but draws enforcement agencies like the DILG, PNP, Bureau of Immigration and Deportation, and DOLE. Social protection, a pillar that is more complex and multidimensional, involves institutions that have something to do with mitigating the vulnerability of children. Meanwhile, there are private institutions, mostly NGOs that have taken upon their shoulders the role of duty-bearers. Many are involved in advocacy, protection, and delivery of services. Other important dutybearers, those with global orientation and holistic view of the condition of children, are development institutions such as the UNICEF. Aside from providing the guiding frameworks and state-of-the-art approaches, UNICEF provides technical, professional, and financial resources to ensure that direct and indirect interventions for children do take off.

What is essential is the definition of roles of these duty-bearers and identifying the areas where their capacities should be built in to enable them to perform their obligations to the children.

Synergistic Mechanisms

Aside from acknowledging and performing their obligations as duty-bearers in promoting the well-being of children, they should also be able to work together in synergy to ensure that service gaps are covered. The Philippines has shown possible models of synergistic mechanisms. One is the National Child Labor Committee (NCLC) organized into five subgroups namely, research, law, and policy; social protection; education; capacity; and economic opportunities. The Committee brings together under one umbrella relevant government agencies, employers, labor groups, LGUs, and NGOs. Organized into subgroups, these duty-bearers are able to focus their efforts in specific advocacies and programs, thereby avoiding the risk of spreading their resources too thinly in multiple efforts. Under the education

sector, there is increasing awareness of the clear roles of each of the duty-bearers involved.

For the school, there are at least five key partners in any basic education strategy. These include the DepEd particularly the Division Office, school heads, teachers, Local School Board, and the community. Evidences show that adequate involvement of these partners in any education strategy lead to positive education outcomes. Impact could even be maximized if these partners can be brought together into one synergistic mechanism. The same should be true among duty-bearers in nutrition and child health.

In mobilizing societies to strive for better health, strengthening the role of the grassroots health workers is necessary. These BHWs should be given appropriate incentives to ensure that they carry out their tasks. Given their role in WHTs, their tenure should be protected from political interference. Civic organizations are supposed to be part of the local health system, through their participation in the local health boards. However, it was found that in many LGUs, they are not functional. To address this issue and to encourage local leaders to be active in the LHBs, a possible solution is to make the Board a subcommittee of the Local Development Council since the LHB members are normally from the LDC as well. This way, it can be assured that local executives will be present in LHB meetings and civic organizations.

Moving Forward

As the preceding section has shown, a long list of public action in the form of both policies or programs needs to be done by various duty-bearers to reduce child deprivation in the Philippines. While each of the strategies for action is important, limitations in resource allocation is a constraint that requires conscientious prioritization. Strategies to address child deprivation, from macro to pragmatic perspective are summarized below:

- Pursue an effective population management program to stop the vicious cycle of poverty and underdevelopment.
- Stabilize macroeconomic fundamentals to strengthen the country's economic performance in order to reduce the incidence of poverty.

- With geographical disparities found to be glaring across regions, there is a need to go deeper and beyond the data that are usually reported. These data should enter into the configuration when prioritizing programs and projects, so that meager resources could be channelled to specific needs and to areas that are most needed.
 - Data relating to child deprivation indicators are quite fragmented. This makes it difficult to conduct deeper analysis on the correlates of child poverty. A policy that would require building up of database or repository of information on such indicators would address this problem. NSCB's technical committee for poverty statistics can take the lead in drawing up the methodologies and documentation necessary. A GIS-based mapping of child deprivation indicators would enable duty-bearers to better appreciate the information and pinpoint where interventions are most needed. These efforts should lead to the formulation of a composite index of child poverty that could eventually be a companion to the Human Development Index.
 - A key policy direction to promote the health status of Filipino children would be to invest in infrastructure, logistics, facilities, and management capacity in the health sector. A key strategy is to reach out mothers and children in remote areas of the country who have difficulties accessing health services and information.
 - Public investments aimed at improving the efficiency of the education system are needed. Community and personal appreciation of the value of education should be promoted, given the finding that more children are out of school due to "lack of personal interest." All these actions require the concerted effort of key education partners.
 - Allocate more resources to alleviate the plight of children who have to face disability, lack of formal registration, life in the streets, early marriage, child labor, exploitation, and abuse. Duty-bearers should determine ways and means to prevent children from falling prey into insidious conditions, while laws passed to protect children should be widely disseminated and strictly enforced.
 - LGUs as duty-bearers should take a more active role in ensuring that the rights of children are preserved. Local government executives must join networks and consortia promoting child well-being and allocate enough resources to support these efforts.
 - Resource allocation does not refer only to financial matters but to human resources as well. Manpower complement in institutions serving the education and health needs of children must be considered. More service personnel should be on hand than those taking on administrative roles, which entail rationalizing the roles and functions of key personnel. As quality of teacher skills is an important driver of educational outcomes among children, appropriate teacher training programs should continue to be implemented along with periodic assessments of competencies and teaching skills. The dearth in health personnel was also indicated as affecting health services for children.
 - Pursue decisive actions that would eradicate corruption and leakages, particularly involving programs and services for children as these incidences erode their significant impacts to child well-being.
 - Institute monitoring and evaluation systems in each of the child-directed programs, which should be time-bounded to allow for periodic assessments and redirection of resources or rationalization of program designs when necessary.
 - Conduct research that would continue to look for reasons why gaps persist, to analyze the correlation between interventions and outcomes, and to examine the interrelated forces and relationships that would strengthen the pillars of child well-being.
- With guiding frameworks and appropriate structures in place (such as the NCLC and similar organizations), mechanisms for collaboration should be instituted to strengthen interventions, optimize resources, and minimize duplication of efforts. Grassroots or community-based organizations and personnel must be mainstreamed into program design, implementation, and monitoring and evaluation. Continued partnerships with development organizations that cater to the needs and welfare of children would augur well for the success of these interventions.

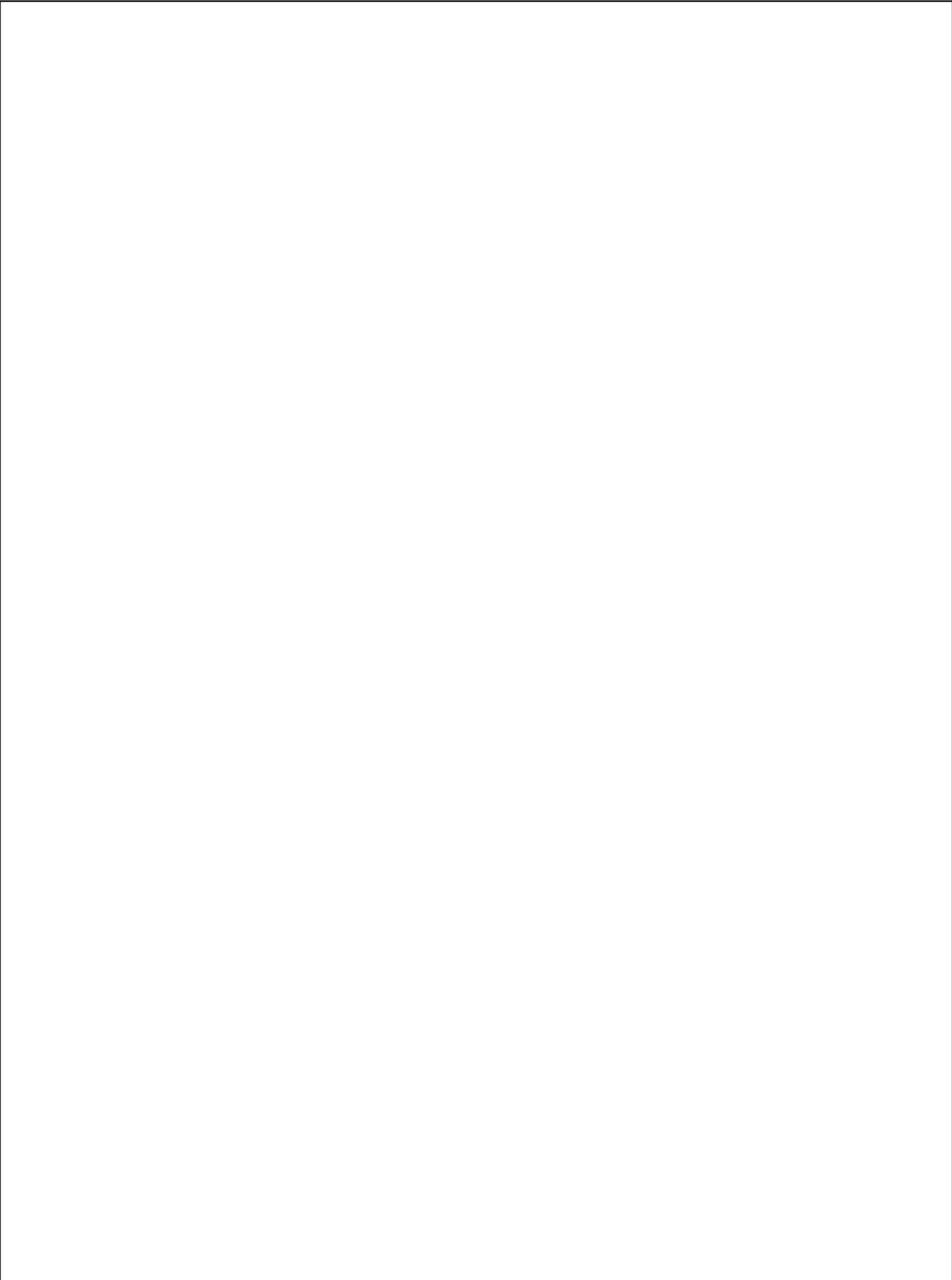
Conclusions

This country report has come up with very significant findings that can directly feed into the design of development interventions in the country. Among others, it has provided a profile of the poor Filipino child and discovered the fact that although income poverty among children in general has improved over the years, recent estimates show that there are more poor Filipino children at present than a few years back. It was able to establish that income indicators alone could not capture the actual conditions of well-being, and on the flipside, the details of deprivations of the Filipino child. Under the five pillars of well-being are various measures that could be useful in providing insights about the conditions and challenges faced by the Filipino child.

The report also highlighted that beyond disparities surrounding income and gender characteristics, there

are significant differences in the condition of children across the regions of the country. Based on data presented, it has become clear that the regions of ARMM, Bicol, Western Visayas, MIMAROPA, and SOCCSKSARGEN are the worse-off localities in the country in terms of the multiple indicators of child poverty. Armed with this information, location-specific policies, resource allocation, and programmatic priorities can be established.

All these information—including the macroeconomic context by which the well-being of the Filipino child is being shaped, and the rights-based approach to attacking child poverty as framework—serve as building blocks toward laying down the pathways to promoting child well-being. All the mechanisms that were proposed and discussed make use of infrastructures already in place while calling for synergistic relationships among the duty-bearers.



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Appendix 1: Progress in the Achievement of Millennium Development Goals in the Philippines¹
Philippines MDG Rate of Progress at the National Level

MDG Goals and Targets	Baseline (1990 or year closest to 1990)	Current level (2005/2006 or year closest to 2005/2006)		Target by year 2015	Average Rate of Progress (1990-2005/2006 or year closest to 2005/2006)	Required Rate of Progress (2005/2006-2015) (b)	Ratio of Required Rate to Average Rate to (l=b/a)	Probability of Attaining the Targets
Eradicate extreme poverty and hunger								
A. Proportion of families below								
Subsistence threshold	2 0.40	1 0.20	(2003)	1 0.20	-0.85	0.00	0.00	High
Poverty threshold	3 9.90	2 4.40	(2003)	1 9.95	-1.29	-0.37	0.29	High
B. Proportion of population below								
Subsistence threshold	2 4.30	1 3.50	(2003)	1 2.15	-0.90	-0.11	0.13	High
Poverty threshold	4 5.30	3 0.00	(2003)	2 2.65	-1.28	0.61	0.48	High
Prevalence of malnutrition among 0-5 year-old children (%underweight)-	3 4.50	2 4.60	(2005)	1 7.25	-0.66	-0.74	1.11	High
Based on international reference standards								
Proportion of households with per capita intake below 100 percent dietary energy requirement	6 9.40	5 6.90	(2003)	3 4.70	-1.25	-1.85	1.48	High
Achieve universal primary education								
Elementary participation rate	8 5.10	8 4.44	(2005-06)	100.00	-0.05	1.37	28.98	Low
Elementary cohort survival rate	68.65	6 9.90	(2005-06)	8 4.67	0.09	1.48	16.54	Low
Elementary completion rate	6 6.50	6 7.99	(2005-06)	8 1.04	0.11	1.30	12.26	Low
Improved maternal health								
Maternal mortality ratio	209.00	1 62.00	(2006)	5 2.20	-3.62	-12.20	3.37	Low
Increase access to reproductive health services								
Prevalence rate of men and women/couples practicing responsible parenthood	4 0.00	5 0.60	(2006)	8 0.00	0.82	3.27	4.01	Low
Reduce child mortality								
Under 5-mortality rate (per 1,000 live births)	8 0.00	3 2.00	(2006)	2 6.70	-3.00	-0.59	0.20	High
Infant mortality rate (per 1,000 live births)	5 7.00	2 4.00	(2006)	1 9.00	2.06	-0.56	0.27	High
Combat HIV and AIDS, Malaria and other Diseases								
HIV prevalence	<1%	<1%	(2005)	<1%	0.00		0.00	High
Malaria morbidity rate (per 10,000 population)	123.00	5 9.00	(2004)	2 4.00	-4.57	-5.83	1.28	High
Ensure environmental sustainability								
Proportion of households with access to safe drinking water	7 3.70	8 0.20	(2004)	8 6.80	0.50	0.60	1.20	High
Proportion of households with sanitary toilet facility	67.60	8 6.20	(2004)	83.80	1.33	-0.22	0.17	High

¹ Manasan, R. G. 2007. Financing the Millennium Development Goals: The Philippines. Philippine Institute for Development Studies (PIDS) Discussion Paper Series No. 2007-06. Makati: PIDS.

Appendix Table II.1. Poverty Incidence, Philippines

Year	National Poverty Line 1/		Percentage of Population, International Poverty Line 2/
	% of Families	% of Population	
1985	44.2	49.3	34.9
1988	40.2	49.5	30.48
1991	39.9	45.3	30.68
1994	35.5	40.6	28.11
1997	28.1	33	21.61
2000	27.5	33	22.45
2003	24.4	30	21.99

Sources: National Statistical Coordination Board, National Statistics Office, and World Bank's PovcalNet.

1/ Family Income and Expenditure Survey, National Statistics Office.

Please take note of breaks in the series, 1997 estimates are not comparable with the rest of the estimates shown here; 1985 to 1994 are comparable with each other, so are 2000 to 2006 data.

For Notes, please refer to http://www.nscb.gov.ph/technotes/poverty_tech.asp

2/ Percentage of population living in households with consumption per person below the World Bank poverty line of \$1.25 per day or \$38 per month based on 2005 PPP rates.

Appendix Table II.2. Percentage of Children 0–14 Years Old in Poor Families, by Region, Series of Years

Region	1985	1988	1991	1994	1997	2000	2003	2006
Ilocos Region	54.5	63.2	64	64.4	49.5	46.3	41.2	43.6
Cagayan Valley	52.9	53.6	61	53.2	43.1	38.9	33.7	34.5
Central Luzon	42	44.2	44.3	39.8	24.5	29.7	25.7	28.3
CALABARZON	51.1	49.8	47.4	38.5	30.4	28.7	26.3	30.9
MIMAROPA	65.4	73.8	72.1	68	54.2	56.8	58.7	63.9
Bicol	77.5	70.6	70.3	69.1	64.5	64.3	61	63
Western Visayas	78.2	67.5	66.1	61.4	56	57.2	51.3	51.3
Central Visayas	71.6	62.3	57.5	47.9	46.3	47.5	38.1	46
Eastern Visayas	74.2	64.2	56.3	54.4	58.6	57.7	54.4	62.2
Zamboanga Peninsula	68.9	58.7	61.2	59.7	48.4	54.8	59.8	56.8
Northern Mindanao	62.6	55.6	64.7	62.5	55.1	55.1	54.6	53.4
Davao Region	57.1	59.2	56.5	57.1	45.2	41.7	44.6	48.5
SOCCKSARGEN	61.2	55.9	68	59	56.6	56.4	47.2	51.3
NCR	34.8	33.8	24.2	16.3	10.2	13	11.7	15.8
CAR	46.3	58	63.8	64.7	51.1	46.9	41.2	44.5
ARMM	55.7	36.5	62.2	69.5	61.3	66.2	60.4	69.3
Caraga	64	55.9	68.1	64.7	60.8	61.3	64.6	61.8
Total	58.8	55.5	55.4	51.2	43.5	43.9	40.2	43.9

Source of basic data: Family Income and Expenditure Survey, National Statistics Office.

Appendix Table II.3 Number of Children 0–14 Years Old in Poor Families, by Region, Series of Years

Region	1985	1988	1991	1994	1997	2000	2003	2006
Ilocos Region	703,518	832,092	883,305	875,196	722,619	651,643	614,733	650,760
Cagayan Valley	467,646	461,002	564,635	529,995	456,857	369,989	326,992	325,653
Central Luzon	870,631	918,409	1,078,771	1,016,587	667,029	791,189	799,508	870,489
CALABARZON	1,033,792	934,273	1,137,287	916,830	782,091	855,864	957,167	1,083,037
MIMAROPA	448,281	584,652	596,406	556,867	495,614	540,308	586,842	673,910
Bicol	1,270,515	1,261,673	1,383,422	1,439,788	1,452,923	1,313,452	1,237,754	1,326,257
Western Visayas	1,524,532	1,440,204	1,536,828	1,489,187	1,310,455	1,320,473	1,140,058	1,140,761
Central Visayas	1,125,586	1,026,034	1,003,865	884,386	887,359	937,722	807,871	986,425
Eastern Visayas	917,895	834,036	799,512	801,166	910,005	856,316	864,125	963,722
Zamboanga Peninsula	599,569	533,995	562,323	613,023	504,729	609,746	689,369	664,042
Northern Mindanao	719,317	652,296	819,791	810,868	773,377	754,618	755,556	739,188
Davao Region	647,748	645,243	666,305	728,069	590,014	561,906	644,672	681,179
SOCCKSARGEN	521,149	528,283	709,046	600,595	614,530	733,084	624,589	667,340
NCR	872,824	874,592	742,896	506,538	350,736	466,801	415,999	552,529
CAR	205,644	266,627	348,748	339,032	280,964	255,799	217,672	225,613
ARMM	434,841	309,333	568,478	645,778	660,328	793,852	594,043	819,537
Caraga	452,601	398,117	532,044	563,930	537,160	518,820	526,459	516,190
Total	12,816,090	12,500,861	13,933,663	13,317,835	11,996,790	12,331,583	11,803,412	12,886,631

Source of basic data: Family Income and Expenditure Survey, National Statistics Office.

Appendix Table II.4. Children in Poverty, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Number of Children 0- 14 Years Old in Poor Families	Number of Children 0-14 Years old in Subsistence Poor Families
Philippines	29,375,602	12,886,631	6,235,928
NCR	3,497,685	552,529	64,432
Manila	558,567	87,939	9,441
NCR-2nd District	1,242,069	187,096	16,618
NCR-3rd District	775,356	142,763	17,348
NCR-4th District	921,693	134,731	21,025
CAR	506,553	225,613	122,367
Abra	76,331	55,283	31,453
Benguet	201,125	32,681	6,977
Ifugao	65,949	30,776	9,834
Kalinga	70,481	46,339	34,517
Mountain Province	54,084	32,221	21,578
Apayao	38,585	28,313	18,009
Ilocos Region	1,492,052	650,760	257,076
Ilocos Norte	167,064	49,173	21,877
Ilocos Sur	172,251	72,665	15,878
La Union	218,591	88,524	35,973
Pangasinan	934,146	440,398	183,348
Cagayan Valley	942,850	325,653	126,963
Batanes	11,474		
Cagayan	313,153	90,738	33,582
Isabela	434,634	187,566	81,740
Nueva Vizcaya	125,899	30,763	8,077
Quirino	57,690	16,586	3,565
Central Luzon	3,077,409	870,489	209,477
Bataan	186,026	32,655	5,403
Bulacan	886,890	170,199	27,041
Nueva Ecija	576,896	287,408	91,501
Pampanga	721,783	110,120	9,337
Tarlac	371,015	138,920	34,097
Zambales	264,226	102,318	26,036
Aurora	70,574	28,869	16,062
CALABARZON	3,501,359	1,083,037	349,472
Batangas	699,866	288,086	100,403
Cavite	814,411	148,161	20,598

Appendix Table II.4. Children in Poverty, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Number of Children 0- 14 Years Old in Poor Families	Number of Children 0-14 Years old in Subsistence Poor Families
Laguna	693,978	130,294	31,022
Quezon	645,887	421,668	180,678
Rizal	647,217	94,828	16,771
MIMAROPA	1,054,778	673,910	369,101
Marinduque	88,743	55,991	21,815
Occidental Mindo	190,289	123,283	75,089
Oriental Mindoro	305,067	205,324	121,328
Palawan	351,624	213,881	106,766
Romblon	119,055	75,431	44,102
Bicol Region	2,105,749	1,326,257	727,930
Albay	464,897	268,551	131,456
Camarines Norte	213,570	135,220	69,635
Camarines Sur	674,152	418,819	214,360
Catanduanes	92,756	52,608	26,445
Masbate	371,996	258,545	176,492
Sorsogon	288,378	192,514	109,543
Western Visayas	2,223,700	1,140,761	558,997
Aklan	156,713	112,414	61,522
Antique	185,961	120,514	78,551
Capiz	248,656	115,528	35,557
Iloilo	668,518	271,701	117,493
Negros Occidental	912,914	495,994	255,036
Guimaras	50,938	24,610	10,836
Central Visayas	2,146,700	986,425	549,686
Bohol	416,290	253,695	163,414
Cebu	1,302,270	472,903	217,718
Negros Oriental	404,730	253,990	166,308
Siquijor	23,409	5,837	2,246
Eastern Visayas	1,550,296	963,722	562,406
Eastern Samar	174,035	114,791	71,713
Leyte	666,173	400,668	211,288
Northern Samar	248,888	181,693	133,748
Samar (Western)	276,504	169,409	103,246
Southern Leyte	121,399	64,505	28,874
Biliran	63,297	32,655	13,536

Appendix Table II.4. Children in Poverty, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Number of Children 0- 14 Years Old in Poor Families	Number of Children 0-14 Years old in Subsistence Poor Families
Zamboanga Peninsula	1,169,907	664,042	450,116
Zamboanga del Norte	362,007	272,546	224,494
Zamboanga del Sur	566,248	261,560	154,473
Zamboanga Sibuga	213,093	112,512	60,663
Isabela City	28,558	17,424	10,486
Northern Mindanao	1,383,372	739,188	465,575
Bukidnon	448,663	223,730	131,799
Camiguin	30,888	18,008	11,019
Lanao del Norte	305,604	185,941	122,774
Misamis Occidental	172,979	111,302	70,663
Misamis Oriental	425,238	200,206	129,319
Davao Region	1,405,514	681,179	375,454
Davao	279,846	161,546	84,896
Davao del Sur	698,965	270,952	147,040
Davao Oriental	191,865	119,318	67,462
Compostela Valley	234,838	129,363	76,055
SOCCKSARGEN	1,300,283	667,340	337,293
Cotabato	367,590	168,423	81,806
South Cotabato	431,587	211,415	101,229
Sultan Kudarat	232,026	127,234	70,104
Sarangani	204,079	124,511	69,292
Cotabato City	65,001	35,757	14,863
Caraga	835,428	516,190	321,381
Agusan del Norte	218,943	108,967	56,642
Agusan del Sur	227,600	146,468	94,646
Surigao del Norte	186,142	126,927	82,367
Surigao del Sur	202,743	133,828	87,726
ARMM	1,181,968	819,537	388,202
Basilan	108,542	55,307	8,328
Lanao del Sur	340,074	230,308	115,751
Maguindanao	345,739	267,639	138,857
Sulu	224,227	136,292	43,321
Tawi-Tawi	163,386	129,991	81,945

Source of basic data: Family Income and Expenditure Survey, National Statistics Office.

Appendix Table II.5. Comparison of Families with Children and All Families in General, Series of Years

Year	Income Poverty Rate (in %)	
	All Families	Families with Children
1985	44.2	50.3
1988	40.2	46.5
1991	39.9	44.2
1994	35.5	41.7
1997	28.1	33.9
2000	27.5	33.8
2003	24.4	30.3
2006	26.9	33.8 ^{2/}
Average Family Size		
1985	5.506	6.074
1988	5.307	5.851
1991	5.27	5.841
1994	5.287	5.906
1997	5.116	5.742
2000	5.118	4.532
2003	4.816	5.474
2006	4.82	5.549

^{1/} PIDS estimates.

^{2/} Based on National Statistics Office weights, and National Statistical Coordination Board thresholds.

Appendix Table II.6. Number of Poor Families with Children 0–14 Years Old, by Region

Region	1985	1988	1991	1994	1997	2000	2003
Ilocos Region	201,586	253,787	276,301	281,775	217,283	202,578	195,031
Cagayan Valley	140,570	155,644	188,330	163,255	143,060	125,686	104,449
Central Luzon	252,511	288,314	345,472	306,755	192,125	243,335	229,454
CALABARZON	323,226	291,965	354,346	272,788	241,640	248,988	284,888
MIMAROPA	135,947	172,738	178,419	166,659	145,350	146,327	179,196
Bicol	368,242	362,022	404,114	417,923	412,779	367,119	357,577
Western Visayas	470,199	420,915	444,360	435,793	402,550	388,745	345,053
Central Visayas	367,972	312,949	313,786	257,566	260,464	282,367	241,694
Eastern Visayas	286,898	257,957	237,902	237,174	267,834	248,381	247,216
Zamboanga Peninsula	174,325	153,475	183,995	184,150	149,478	186,118	224,704
Northern Mindanao	206,197	205,281	253,813	258,997	232,267	229,034	245,015
Davao Region	185,898	186,345	199,763	210,376	173,588	171,699	206,765
SOCCKSARGEN	145,145	147,400	213,999	181,934	192,393	230,818	201,439
NCR	278,514	286,023	206,647	135,568	89,916	121,578	104,731
CAR	61,659	79,238	94,498	98,527	80,841	70,289	62,927
ARMM	138,116	87,587	174,348	205,584	189,015	232,695	200,177
Caraga	130,086	123,013	158,018	163,178	161,619	157,593	172,164
Total	3,867,092	3,784,653	4,228,110	3,978,000	3,552,201	3,653,348	3,602,477

Source of basic data: Family Income and Expenditure Survey, National Statistics Office.

Appendix Table II.7. Trends in Subsistence Poor

	1985	1988	1991	1994	1997	2000	2003	2006
Philippines								
Subsistence incidence among families with children (0-14 years old)								
- by national poverty line ⁽¹⁾	28.71	24.36	24.69	16.99	15.69	13.14	14.42	
Magnitude of poor families with children 0-14 years old								
Households with children 0-14 years old as percentage of poor families	91.80	92.77	92.45	92.13	91.62	93.32	92.45	
Subsistence incidence among all families								
- by national poverty line ⁽²⁾	24.4	20.3	20.4	13.6	12.3	10.2	11.0	
- by international poverty line ⁽³⁾								
Magnitude of subsistence poor families								
-families	2,403,195	2,139,303	2,445,065	2,303,785	1,930,914	1,849,876	1,675,179	1,913,668
-population	15,400,234	13,620,295	15,106,542	14,649,965	12,339,291	12,200,041	10,751,883	1,227,312
-population in %	28.5	24.3	24.3	25.8	15.8	13.5	14.6	
Number of children in subsistence poor								
- by national poverty line (%) ⁽⁴⁾								
-number								
- by international poverty line								
Number of children 0-14 years old (PIDS estimate)								
- in poor families, by national poverty line, (%)	36.67	32.02	29.78	23.96	22.72	19.60	21.23	
- in poor families, by national poverty line	7,994,245	7,208,873	8,112,088	7,739,984	6,601,874	6,379,229	5,751,354	6,235,928
- in poor families in urban area, (%)	8.59	6.82	10.90	4.80	4.38	3.53	4.28	
- in poor families in urban area	1,872,761	1,534,551	2,742,372	2,212,393	1,322,683	1,229,902	1,036,713	1,257,589
- in poor families in rural area, (%)	28.08	25.21	21.35	19.16	18.34	16.07	16.95	
- in poor families in rural area	6,121,484	5,674,322	5,369,716	5,527,591	5,279,191	5,149,327	4,714,641	4,978,338
National poverty line (food threshold) (Philippine peso) ⁽⁵⁾								
Number of families with children ⁽⁶⁾	7,683,355	8,145,962	9,157,195	9,538,635	10,473,758	10,804,853	11,898,440	12,214,718
Total number of families ⁽⁶⁾	9,847,339	10,533,927	11,975,441	12,754,944	14,192,463	15,071,941	16,480,393	17,403,482

Appendix Table II.7. Trends in Subsistence Poor

Philippines	1985	1988	1991	1994	1997	2000	2003	2006
Total number of children (0-14)[6]	21,801,475	22,510,479	25,148,373	25,987,542	27,559,344	28,071,934	29,341,871	29,375,602
Average family size[6]	5.506	5.307	5.27	5.287	5.116	5.118	4.816	4.82
Average family size among families with children[6]	6.074	5.851	5.841	5.906	5.742	4.532	5.475	5.549

^[1] Source of basic data: Family Income and Expenditure Survey (FIES), National Statistics Office (NSO).

1991 data is not comparable with the rest of the estimates shown here:

1997 figure is not comparable with 2000 onwards but using the same method the rate for 2000 was 28.4; and 2000 to 2006 data are comparable. For Notes, please refer to http://www.nscb.gov.ph/technotes/poverty_tech.asp

^[2] Data refer to poverty rates of sample households based on the FIES, NSO.

Source: National Statistical Coordination Board (NSCB).

1991 data is not comparable with the rest of the estimates shown here, 1997 figure is not comparable with 2000 onwards but using the same method the rate for 2000 was 28.4, 2000 to 2006 data are comparable. For Notes, please refer to http://www.nscb.gov.ph/technotes/poverty_tech.asp.

^[3] Poverty headcount among population, World Bank's PovcalNet data, 1993 PPP Prices at

http://research.worldbank.org/PovcalNet/jsp/CChoiceControl.jsp?WDL_Year=2007 [Retrieved July 15, 2008]

^[4] NSCB. Data are available at http://www.nscb.gov.ph/pressreleases/2007/Sept21_PR-200709-SS1-04_Poor.asp

^[5] NSCB. Annual Per Capita Poverty Thresholds, in Philippine pesos:

1991 figure not comparable with 1997 onwards; 1997 figure not comparable with those of 2000 onwards.

^[6] Basic source of data: FIES, NSO; PIDS Staff STATA runs, refer to households with children 0–14 years old.

Appendix Table II.8. Percentage of Children 0–14 Years Old in Subsistence Poor Families, by Region, Series of Years

Region/Year	1985	1988	1991	1994	1997	2000	2003	2006
Ilocos Region	26.9	33.2	38.2	38.7	33.4	23.6	17.3	17.2
Cagayan Valley	30.6	29.2	32.8	31.4	25.4	16.6	11.4	13.5
Central Luzon	20.2	18.0	18.9	17.0	9.2	8.6	6.3	6.8
CALABARZON	24.0	26.6	21.3	16.6	12.4	10.9	7.4	10.0
MIMAROPA	51.8	52.5	50.6	43.6	36.5	32.7	31.3	35.0
Bicol	54.4	47.2	45.4	47.0	46.9	38.4	36.4	34.6
Western Visayas	53.2	41.2	38.4	37.9	34.6	32.2	25.5	25.1
Central Visayas	56.3	40.7	36.6	28.7	32.8	28.3	21.6	25.6
Eastern Visayas	58.7	46.4	41.4	36.1	41.5	33.3	28.5	36.3
Zamboanga Peninsula	52.0	40.9	39.6	41.0	33.5	33.3	42.1	38.5
Northern Mindanao	45.2	33.7	44.9	43.7	38.4	32.6	33.8	33.7
Davao Region	36.4	36.5	34.9	34.4	32.6	22.7	25.2	26.7
SOCCKSARGEN	36.6	34.1	45.6	37.9	40.9	29.8	24.5	25.9
NCR	10.7	8.8	4.5	1.7	1.7	2.0	1.2	1.8
CAR	21.3	25.6	43.4	37.7	37.4	25.0	20.2	24.2
ARMM	28.2	18.4	35.6	32.3	34.6	32.8	28.3	32.8
Caraga	42.3	34.9	45.8	44.7	47.8	39.1	39.5	38.5
Total	36.7	32.0	32.3	29.8	27.6	22.7	19.6	21.2

Basic source of data: Family Income and Expenditure Survey, National Statistics Office.

Appendix Table II.9. Number of Children 0–14 Years Old in Subsistence Poor Families, by Region, Series of Years

Region/Year	1985	1988	1991	1994	1997	2000	2003	2006
Ilocos Region	347,094	436,473	526,760	525,836	487,346	331,810	258,293	257,076
Cagayan Valley	270,359	251,249	303,978	312,602	268,420	157,552	110,956	126,963
Central Luzon	417,999	374,318	459,790	435,250	250,911	229,610	194,459	209,477
CALABARZON	485,175	498,346	510,911	396,383	319,677	325,514	271,378	349,472
MIMAROPA	354,961	415,884	418,574	357,558	333,594	311,072	312,475	369,101
Bicol	891,872	842,940	892,917	980,379	1,057,391	785,015	737,707	727,930
Western Visayas	1,036,043	879,496	892,712	918,494	810,980	742,094	566,351	558,997
Central Visayas	885,006	669,816	639,699	529,957	628,680	558,130	458,028	549,686
Eastern Visayas	725,491	602,170	587,218	530,649	644,240	495,284	453,250	562,406
Zamboanga Peninsula	452,685	372,315	363,735	421,049	349,242	370,237	484,460	450,116
Northern Mindanao	519,915	395,785	568,323	566,541	539,330	445,724	466,692	465,575
Davao Region	413,544	398,077	411,759	439,132	426,242	305,933	364,464	375,454
SOCCKSARGEN	311,420	321,957	475,535	386,539	444,204	387,094	324,198	337,293
NCR	268,527	228,289	138,908	53,144	58,763	73,322	41,260	64,432
CAR	94,578	117,477	237,337	197,417	205,376	136,197	106,570	122,367
ARMM	220,356	156,073	325,879	299,912	373,072	393,350	278,818	388,202
Caraga	299,220	248,208	358,053	389,141	422,146	331,291	321,997	321,381
Total	7,994,245	7,208,873	8,112,088	7,739,984	7,619,613	6,379,229	5,751,354	6,235,928

Source of basic data: Family Income and Expenditure Survey (FIES), National Statistics Office (NSO).

Appendix Table II.10. Number of Subsistence Poor Families with Children 0–14 Years Old, by Region

Region/Year	1985	1988	1991	1994	1997	2000	2003	2006
Ilocos Region	84,287	116,857	148,450	149,798	100,382	87,900	68,562	73,700
Cagayan Valley	74,163	74,879	92,362	82,897	60,561	48,186	30,421	36,182
Central Luzon	111,564	105,876	133,078	119,439	55,789	62,154	49,417	63,071
CALABARZON	134,915	140,945	142,626	105,227	86,931	88,495	70,951	92,194
MIMAROPA	103,708	114,958	112,225	99,181	70,909	73,569	83,810	98,486
Bicol	234,594	216,983	244,666	257,263	244,506	197,427	188,257	182,642
Western Visayas	279,553	232,103	223,886	236,348	193,749	192,136	150,710	154,355
Central Visayas	270,811	191,734	184,343	141,282	152,124	155,415	119,088	162,115
Eastern Visayas	211,417	171,926	161,763	148,557	168,915	129,603	111,476	148,578
Zamboanga Peninsula	124,163	99,162	109,490	118,471	74,181	103,369	146,750	136,940
Northern Mindanao	141,470	120,465	166,853	165,652	122,306	122,080	133,001	132,779
Davao Region	107,425	106,978	118,422	117,330	92,379	83,065	106,353	110,564
SOCCKSARGEN	84,581	81,915	133,607	104,274	112,535	107,331	92,192	105,061
NCR	73,644	67,349	32,058	12,356	10,630	14,866	7,950	16,076
CAR	27,148	32,113	63,957	54,834	46,743	33,222	27,398	38,167
ARMM	63,262	39,046	93,338	86,376	81,681	105,007	82,828	113,221
Caraga	79,387	71,251	99,434	106,497	104,722	91,493	93,901	96,939
Total	2,206,092	1,984,540	2,260,556	2,105,780	1,779,041	1,695,317	1,563,065	1,761,069

Appendix Table II.11. Children Experiencing Severe Deprivation of Shelter^{1/}, by Region

Region/Year	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	11,248	0.80	1,407,336	5,426	0.36	1,492,137	4,475	0.30	1,492,052
Cagayan Valley	4,464	0.47	951,782	4,652	0.48	970,033	6,682	0.71	942,850
Central Luzon	37,210	1.40	2,666,918	45,220	1.46	3,106,484	43,586	1.42	3,077,409
CALABARZON	36,327	1.22	2,981,983	45,096	1.24	3,645,384	37,073	1.06	3,501,359
MIMAROPA	10,981	1.15	951,188	12,206	1.22	999,222	12,374	1.17	1,054,778
Bicol	12,694	0.62	2,042,824	11,830	0.58	2,028,949	26,522	1.26	2,105,749
Western Visayas	21,407	0.93	2,307,149	13,342	0.60	2,220,793	7,735	0.35	2,223,700
Central Visayas	10,859	0.55	1,974,904	26,773	1.26	2,120,583	20,145	0.94	2,146,700
Eastern Visayas	1,909	0.13	1,485,259	11,479	0.72	1,588,446	3,254	0.21	1,550,296
Zamboanga Peninsula	7,186	0.65	1,112,550	7,848	0.68	1,152,100	12,895	1.10	1,169,907
Northern Mindanao	32,879	2.40	1,368,865	10,927	0.79	1,382,574	9,553	0.69	1,383,372
Davao Region	21,528	1.60	1,349,058	8,435	0.58	1,446,442	9,443	0.67	1,405,514
SOCCSKSARGEN	3,789	0.29	1,300,832	7,070	0.53	1,323,120	12,841	0.99	1,300,283
NCR	78,506	2.19	3,579,586	85,788	2.42	3,545,238	78,441	2.24	3,497,685
CAR	967	0.18	545,238	1,468	0.28	528,697	1,478	0.29	506,553
ARMM	5,954	0.50	1,199,842	6,548	0.67	984,124	16,207	1.37	1,181,968
Caraga	2,943	0.35	846,622	1,418	0.17	814,907	4,327	0.52	835,428
Urban	184,464	1.44	12,768,828	216,212	1.61	13,457,317	192,332	1.43	13,436,310
Rural	116,385	0.76	15,303,106	89,315	0.56	15,891,917	114,700	0.72	15,939,293
Total	300,849	1.07	28,071,934	305,527	1.04	29,349,234	307,032	1.05	29,375,602

1/ If roof of house is made of salvaged/makeshift materials, also when it is made of mixed but predominantly salvaged/makeshift materials.

Appendix Table II.12. Children Experiencing Less Severe Deprivation of Shelter, ^{1/}by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	21,654	1.54	1,407,336	10,080	0.68	1,492,137	12,651	0.85	1,492,052
Cagayan Valley	11,318	1.19	951,782	10,866	1.12	970,033	8,932	0.95	942,850
Central Luzon	64,497	2.42	2,666,918	67,962	2.19	3,106,484	69,106	2.25	3,077,409
CALABARZON	53,404	1.79	2,981,983	90,114	2.47	3,645,384	66,237	1.89	3,501,359
MIMAROPA	21,148	2.22	951,188	24,106	2.41	999,222	25,890	2.45	1,054,778
Bicol	42,946	2.10	2,042,824	35,197	1.73	2,028,949	67,350	3.20	2,105,749
Western Visayas	61,754	2.68	2,307,149	36,936	1.66	2,220,793	25,241	1.14	2,223,700
Central Visayas	41,424	2.10	1,974,904	38,895	1.83	2,120,583	49,298	2.30	2,146,700
Eastern Visayas	16,259	1.09	1,485,259	17,313	1.09	1,588,446	12,742	0.82	1,550,296
Zamboanga Peninsula	39,889	3.59	1,112,550	24,484	2.13	1,152,100	23,715	2.03	1,169,907
Northern Mindanao	53,545	3.91	1,368,865	21,705	1.57	1,382,574	43,433	3.14	1,383,372
Davao Region	32,236	2.39	1,349,058	26,305	1.82	1,446,442	18,239	1.30	1,405,514
SOCCSKSARGEN	8,342	0.64	1,300,832	17,386	1.31	1,323,120	19,548	1.50	1,300,283
NCR	123,589	3.45	3,579,586	109,143	3.08	3,545,238	109,461	3.13	3,497,685
CAR	4,529	0.83	545,238	1,629	0.31	528,697	5,000	0.99	506,553
ARMM	21,949	1.83	1,199,842	19,768	2.01	984,124	29,983	2.54	1,181,968
Caraga	21,303	2.52	846,622	12,816	1.57	814,907	26,398	3.16	835,428
Urban	348,946	2.73	12,768,828	330,924	2.46	13,457,317	327,294	2.44	13,436,310
Rural	290,839	1.90	15,303,106	233,781	1.47	15,891,917	285,930	1.79	15,939,293
Total	639,785	2.28	28,071,934	564,705	1.92	29,349,234	613,224	2.09	29,375,602

1/ If roof of house is made of salvaged/makeshift materials, also when it is made of mixed but predominantly salvaged/makeshift materials.

Appendix Table II.13. Children Experiencing Severe Deprivation of Toilet Facilities,1/ by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	47,418	3.37	1,407,336	71,790	4.81	1,492,137	73,505	4.93	1,492,052
Cagayan Valley	14,059	1.48	951,782	22,562	2.33	970,033	24,042	2.55	942,850
Central Luzon	156,246	5.86	2,666,918	260,294	8.38	3,106,484	180,623	5.87	3,077,409
CALABARZON	180,701	6.06	2,981,983	306,808	8.42	3,645,384	248,715	7.10	3,501,359
MIMAROPA	165,994	17.45	951,188	221,676	22.18	999,222	226,076	21.43	1,054,778
Bicol	407,664	19.96	2,042,824	498,919	24.59	2,028,949	493,309	23.43	2,105,749
Western Visayas	411,136	17.82	2,307,149	399,759	18.00	2,220,793	414,975	18.66	2,223,700
Central Visayas	442,348	22.40	1,974,904	570,751	26.91	2,120,583	473,525	22.06	2,146,700
Eastern Visayas	373,030	25.12	1,485,259	473,885	29.83	1,588,446	474,687	30.62	1,550,296
Zamboanga Peninsula	145,406	13.07	1,112,550	163,526	14.19	1,152,100	196,318	16.78	1,169,907
Northern Mindanao	102,827	7.51	1,368,865	80,668	5.83	1,382,574	112,236	8.11	1,383,372
Davao Region	85,034	6.30	1,349,058	78,377	5.42	1,446,442	116,767	8.31	1,405,514
SOCCSKSARGEN	89,419	6.87	1,300,832	120,354	9.10	1,323,120	112,796	8.67	1,300,283
NCR	63,468	1.77	3,579,586	55,874	1.58	3,545,238	58,837	1.68	3,497,685
CAR	23,959	4.39	545,238	42,302	8.00	528,697	28,662	5.66	506,553
ARMM	141,365	11.78	1,199,842	220,730	22.43	984,124	138,631	11.73	1,181,968
Caraga	63,090	7.45	846,622	95,685	11.74	814,907	82,313	9.85	835,428
Urban	753,809	5.90	12,768,828	863,684	6.42	13,457,317	826,160	6.15	13,436,310
Rural	2,159,358	14.11	15,303,106	2,820,275	17.75	15,891,917	2,629,856	16.50	15,939,293
Total	2,913,166	10.38	28,071,934	3,683,959	12.55	29,349,234	3,456,016	11.76	29,375,602

1/ Severe deprivation to toilet facilities refers to the absence of any toilet facility.

Appendix Table II.14. Children Experiencing Less Severe Deprivation of Toilet Facilities,1/ by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	211,695	15.04	1,407,336	288,727	19.35	1,492,137	126,346	8.47	1,492,052
Cagayan Valley	172,414	18.11	951,782	195,973	20.20	970,033	190,862	20.24	942,850
Central Luzon	375,027	14.06	2,666,918	443,610	14.28	3,106,484	249,928	8.12	3,077,409
CALABARZON	441,560	14.81	2,981,983	401,133	11.00	3,645,384	413,306	11.80	3,501,359
MIMAROPA	323,709	34.03	951,188	307,210	30.74	999,222	229,493	21.76	1,054,778
Bicol	503,262	24.64	2,042,824	409,597	20.19	2,028,949	320,212	15.21	2,105,749
Western Visayas	834,130	36.15	2,307,149	663,011	29.85	2,220,793	534,037	24.02	2,223,700
Central Visayas	363,861	18.42	1,974,904	377,503	17.80	2,120,583	348,278	16.22	2,146,700
Eastern Visayas	275,314	18.54	1,485,259	311,734	19.63	1,588,446	167,854	10.83	1,550,296
Zamboanga Peninsula	399,152	35.88	1,112,550	412,780	35.83	1,152,100	340,536	29.11	1,169,907
Northern Mindanao	404,543	29.55	1,368,865	403,556	29.19	1,382,574	308,796	22.32	1,383,372
Davao Region	258,033	19.13	1,349,058	414,647	28.67	1,446,442	293,013	20.85	1,405,514
SOCCSKSARGEN	393,255	30.23	1,300,832	435,392	32.91	1,323,120	368,325	28.33	1,300,283
NCR	257,020	7.18	3,579,586	392,376	11.07	3,545,238	230,572	6.59	3,497,685
CAR	203,777	37.37	545,238	149,590	28.29	528,697	112,709	22.25	506,553
ARMM	888,254	74.03	1,199,842	647,745	65.82	984,124	906,788	76.72	1,181,968
Caraga	169,186	19.98	846,622	107,504	13.19	814,907	105,789	12.66	835,428
Urban	1,619,663	12.68	12,768,828	1,798,914	13.37	13,457,317	1,251,163	9.31	13,436,310
Rural	4,854,528	31.72	15,303,106	4,563,175	28.71	15,891,917	3,995,682	25.07	15,939,293
Total	6,474,191	23.06	28,071,934	6,362,089	21.68	29,349,234	5,246,845	17.86	29,375,602

1/ Less severe deprivation to toilet facilities refers to the use of closed pit, open pit and other toilet facilities such as pail system.

Appendix Table II.15. Children Experiencing Severe Deprivation of Safe Water,1/ by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	22,861	1.62	1,407,336	41,029	2.75	1,492,137	13,191	0.88	1,492,052
Cagayan Valley	31,813	3.34	951,782	62,443	6.44	970,033	42,787	4.54	942,850
Central Luzon	59,127	2.22	2,666,918	92,873	2.99	3,106,484	96,442	3.13	3,077,409
CALABARZON	297,028	9.96	2,981,983	347,292	9.53	3,645,384	409,163	11.69	3,501,359
MIMAROPA	86,637	9.11	951,188	125,102	12.52	999,222	92,711	8.79	1,054,778
Bicol	198,133	9.70	2,042,824	194,673	9.59	2,028,949	171,620	8.15	2,105,749
Western Visayas	284,609	12.34	2,307,149	210,007	9.46	2,220,793	242,822	10.92	2,223,700
Central Visayas	384,907	19.49	1,974,904	373,697	17.62	2,120,583	341,611	15.91	2,146,700
Eastern Visayas	157,363	10.59	1,485,259	176,761	11.13	1,588,446	131,320	8.47	1,550,296
Zamboanga Peninsula	253,276	22.77	1,112,550	266,407	23.12	1,152,100	247,223	21.13	1,169,907
Northern Mindanao	180,505	13.19	1,368,865	222,409	16.09	1,382,574	243,143	17.58	1,383,372
Davao Region	334,429	24.79	1,349,058	267,480	18.49	1,446,442	224,961	16.01	1,405,514
SOCCSKSARGEN	182,153	14.00	1,300,832	188,428	14.24	1,323,120	166,732	12.82	1,300,283
NCR	628,505	17.56	3,579,586	552,781	15.59	3,545,238	423,638	12.11	3,497,685
CAR	93,743	17.19	545,238	76,999	14.56	528,697	94,191	18.59	506,553
ARMM	412,052	34.34	1,199,842	205,017	20.83	984,124	406,834	34.42	1,181,968
Caraga	107,840	12.74	846,622	116,079	14.24	814,907	71,897	8.61	835,428
Urban	1,400,966	10.97	12,768,828	1,357,471	10.09	13,457,317	1,119,255	8.33	13,436,310
Rural	2,314,016	15.12	15,303,106	2,162,008	13.60	15,891,917	2,301,030	14.44	15,939,293
Total	3,714,982	13.23	28,071,934	3,519,479	11.99	29,349,234	3,420,286	11.64	29,375,602

1/ Those that obtain water from springs, rivers and streams, rain and peddlers.

Appendix Table II.16. Children Experiencing Less Severe Deprivation of Safe Water,1/ by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	135,167	9.60	1,407,336	131,780	8.83	1,492,137	91,457	6.13	1,492,052
Cagayan Valley	128,922	13.55	951,782	118,793	12.25	970,033	116,569	12.36	942,850
Central Luzon	46,640	1.75	2,666,918	65,671	2.11	3,106,484	47,151	1.53	3,077,409
CALABARZON	220,740	7.40	2,981,983	211,930	5.81	3,645,384	212,011	6.06	3,501,359
MIMAROPA	104,290	10.96	951,188	161,090	16.12	999,222	134,216	12.72	1,054,778
Bicol	394,982	19.34	2,042,824	437,465	21.56	2,028,949	457,757	21.74	2,105,749
Western Visayas	500,330	21.69	2,307,149	562,107	25.31	2,220,793	568,565	25.57	2,223,700
Central Visayas	270,168	13.68	1,974,904	316,869	14.94	2,120,583	310,361	14.46	2,146,700
Eastern Visayas	187,573	12.63	1,485,259	217,803	13.71	1,588,446	188,585	12.16	1,550,296
Zamboanga Peninsula	207,684	18.67	1,112,550	216,365	18.78	1,152,100	185,188	15.83	1,169,907
Northern Mindanao	139,830	10.22	1,368,865	98,632	7.13	1,382,574	48,613	3.51	1,383,372
Davao Region	97,780	7.25	1,349,058	150,953	10.44	1,446,442	86,191	6.13	1,405,514
SOCCSKSARGEN	122,385	9.41	1,300,832	134,250	10.15	1,323,120	114,131	8.78	1,300,283
NCR	9,410	0.26	3,579,586	40,750	1.15	3,545,238	23,385	0.67	3,497,685
CAR	15,784	2.89	545,238	20,183	3.82	528,697	23,975	4.73	506,553
ARMM	386,705	32.23	1,199,842	360,895	36.67	984,124	377,757	31.96	1,181,968
Caraga	66,241	7.82	846,622	68,545	8.41	814,907	77,653	9.29	835,428
Urban	495,540	3.88	12,768,828	520,778	3.87	13,457,317	590,907	4.40	13,436,310
Rural	2,539,090	16.59	15,303,106	2,793,304	17.58	15,891,917	2,472,657	15.51	15,939,293
Total	3,034,630	10.81	28,071,934	3,314,082	11.29	29,349,234	3,063,563	10.43	29,375,602

1/ Those that obtained water from dug well.

Appendix Table II.17. Children 7–14 Years Old Experiencing Severe Deprivation of Information,1/ by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	96,305	11.44	841,941	88,859	10.89	815,789	84,326	10.14	831,722
Cagayan Valley	127,417	21.60	589,865	90,851	16.38	554,567	67,384	12.00	561,598
Central Luzon	82,089	5.31	1,546,955	123,623	7.22	1,712,415	108,490	6.06	1,790,914
CALABARZON	120,081	7.02	1,710,466	151,288	7.81	1,937,804	163,861	8.15	2,010,744
MIMAROPA	127,983	23.55	543,427	162,177	29.25	554,433	183,872	29.56	621,929
Bicol	345,370	29.47	1,171,823	314,083	28.73	1,093,239	312,734	26.16	1,195,536
Western Visayas	256,173	18.49	1,385,828	256,164	20.14	1,271,992	265,324	20.00	1,326,464
Central Visayas	251,937	21.86	1,152,496	265,240	22.48	1,179,794	258,050	20.80	1,240,739
Eastern Visayas	268,608	30.83	871,127	288,066	32.45	887,685	292,933	32.41	903,911
Zamboanga Peninsula	251,759	39.03	645,033	226,402	34.39	658,394	235,001	35.55	660,985
Northern Mindanao	187,950	23.01	816,923	187,181	24.36	768,485	174,537	21.83	799,503
Davao Region	141,472	17.35	815,599	160,347	20.42	785,186	138,998	18.01	771,868
SOCCSKSARGEN	164,292	20.53	800,431	185,422	25.08	739,197	169,346	22.51	752,338
NCR	53,846	2.80	1,922,733	42,842	2.32	1,849,791	52,414	2.74	1,914,008
CAR	47,629	14.73	323,389	47,824	16.61	287,946	35,971	12.50	287,727
ARMM	169,322	24.26	698,086	248,600	45.95	541,029	208,498	30.49	683,896
Caraga	182,133	35.73	509,712	163,948	35.33	464,050	122,835	24.97	491,842
Urban	638,420	8.79	7,264,467	588,673	8.12	7,249,629	566,413	7.49	7,566,841
Rural	2,235,945	24.62	9,081,369	2,414,244	27.27	8,852,166	2,308,160	24.88	9,278,886
Total	2,874,365	17.58	16,345,836	3,002,917	18.65	16,101,794	2,874,573	17.06	16,845,726

1/ Children 7 to 14 that do not have any of the following: radio, television, phone and computer.

Appendix Table II.18. Children 7–14 Years Old Experiencing Less Severe Deprivation of Information,1/ by Region (PIDS estimates)

Region	2000			2003			2006		
	Number	%	Total	Number	%	Total	Number	%	Total
Ilocos Region	96,676	11.48	841,941	89,663	10.99	815,789	98,105	11.80	831,722
Cagayan Valley	127,417	21.60	589,865	92,868	16.75	554,567	76,795	13.67	561,598
Central Luzon	83,440	5.39	1,546,955	129,294	7.55	1,712,415	141,237	7.89	1,790,914
CALABARZON	121,167	7.08	1,710,466	153,930	7.94	1,937,804	189,411	9.42	2,010,744
MIMAROPA	127,983	23.55	543,427	164,768	29.72	554,433	213,335	34.30	621,929
Bicol	345,370	29.47	1,171,823	316,713	28.97	1,093,239	355,169	29.71	1,195,536
Western Visayas	256,173	18.49	1,385,828	258,324	20.31	1,271,992	289,980	21.86	1,326,464
Central Visayas	251,937	21.86	1,152,496	270,813	22.95	1,179,794	271,884	21.91	1,240,739
Eastern Visayas	268,608	30.83	871,127	288,693	32.52	887,685	330,913	36.61	903,911
Zamboanga Peninsula	251,759	39.03	645,033	227,430	34.54	658,394	254,678	38.53	660,985
Northern Mindanao	189,850	23.24	816,923	190,352	24.77	768,485	189,765	23.74	799,503
Davao Region	141,472	17.35	815,599	161,158	20.52	785,186	154,462	20.01	771,868
SOCCSKSARGEN	164,292	20.53	800,431	188,137	25.45	739,197	189,714	25.22	752,338
NCR	55,284	2.88	1,922,733	49,800	2.69	1,849,791	65,896	3.44	1,914,008
CAR	47,782	14.78	323,389	49,717	17.27	287,946	42,850	14.89	287,727
ARMM	170,187	24.38	698,086	248,600	45.95	541,029	218,457	31.94	683,896
Caraga	183,579	36.02	509,712	165,207	35.60	464,050	139,213	28.30	491,842
Urban	642,756	8.85	7,264,467	613,683	8.47	7,249,629	679,794	8.98	7,566,841
Rural	2,240,222	24.67	9,081,369	2,431,783	27.47	8,852,166	2,542,072	27.40	9,278,886
Total	2,882,978	17.64	16,345,836	3,045,466	18.91	16,101,794	3,221,866	19.13	16,845,726

1/ Those children that do not have any of the following: radio or television.

Appendix Table II.19. Children in Deprivation, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Children Experiencing Severe Deprivation of Toilet Facilities ¹	Children Experiencing Less Severe Deprivation of Toilet Facilities ²	Children Experiencing Severe Deprivation of Safe Water ³	Children Experiencing Less Severe Deprivation of Safe Water ⁴	Children Experiencing Severe Deprivation of Shelter ⁵	Children Experiencing Less Severe Deprivation of Shelter ⁶	Children 7-14 Years Old Experiencing Severe Deprivation of Information ⁷	Children 7-14 Years Old Experiencing Less Severe Deprivation of Information ⁸
Philippines	29,375,602	3,456,016	5,246,845	3,420,286	3,063,563	307,032	613,224	2,874,573	3,221,866
NCR	3,497,685	58,837	230,572	423,638	23,385	78,441	109,461	52,414	65,896
Manila	558,567	25,313	92,315	41,959	638	7,663	9,327	5,117	6,345
NCR-2nd Dist.	1,242,069	5,160	32,883	44,292	492	19,083	31,123	8,740	14,204
NCR-3rd Dist.	775,356	21,500	58,939	100,488	12,173	31,444	43,661	21,283	22,552
NCR-4th Dist.	921,693	6,863	46,435	236,900	10,081	20,251	25,350	17,275	22,796
CAR	506,553	28,662	112,709	94,191	23,975	1,478	5,000	35,971	42,850
Abra	76,331	1,669	16,654	928	0	362	362	8,999	10,253
Benguet	201,125	0	30,901	70,911	5,881	616	1,651	2,889	3,955
Ifugao	65,949	773	35,155	5,685	4,803	0	380	3,921	5,082
Kalinga	70,481	23,168	7,102	9,335	5,310	501	1,697	14,733	16,857
Mountain Province	54,084	3,053	13,951	1,529	0	0	0	4,547	4,912
Apayao	38,585	0	8,947	5,803	7,981	0	911	880	1,791
Ilocos Region	1,492,052	73,505	126,346	13,191	91,457	4,475	12,651	84,326	98,105
Ilocos Norte	167,064	1,364	8,106	2,928	23,487	0	1,556	4,831	4,831
Ilocos Sur	172,251	10,574	1,597	0	5,140	0	0	9,929	11,601
La Union	218,591	23,582	2,873	8,101	18,951	1,884	4,897	13,690	14,912
Pangasinan	934,146	37,985	113,771	2,162	43,879	2,591	6,198	55,876	66,762
Cagayan Valley	942,850	24,042	190,862	42,787	116,569	6,682	8,932	67,384	76,795
Batanes	11,474	0	0	0	0	0	0	0	0
Cagayan	313,153	3,210	48,298	723	95,627	2,377	2,377	31,126	36,381
Isabela	434,634	20,475	86,421	629	18,131	4,305	5,658	28,882	32,448
Nueva Vizcaya	125,899	357	34,806	27,677	0	0	0	3,939	3,939
Quirino	57,690	0	21,337	13,758	2,811	0	898	3,437	4,027

Appendix Table II.19. Children in Deprivation, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Children Experiencing Severe Deprivation of Toilet Facilities ¹	Children Experiencing Less Severe Deprivation of Toilet Facilities ²	Children Experiencing Severe Deprivation of Safe Water ³	Children Experiencing Less Severe Deprivation of Safe Water ⁴	Children Experiencing Severe Deprivation of Shelter ⁵	Children Experiencing Less Severe Deprivation of Shelter ⁶	Children 7-14 Years Old Experiencing Severe Deprivation of Information ⁷	Children 7-14 Years Old Experiencing Less Severe Deprivation of Information ⁸
Central Luzon	3,077,409	180,623	249,928	96,442	47,151	43,586	69,106	108,490	141,237
Bataan	186,026	14,958	4,607	7,167	0	0	4,057	3,129	3,129
Bulacan	886,890	8,621	29,957	51,830	9,669	14,871	28,164	20,592	29,884
Nueva Ecija	576,896	46,140	90,093	30,326	5,380	15,379	15,899	34,671	40,520
Pampanga	721,783	55,681	34,459	1,665	4,537	6,713	7,876	12,725	21,428
Tarlac	371,015	22,213	44,851	0	13,774	2,846	9,334	16,671	20,062
Zambales	264,226	33,011	35,771	3,263	12,331	3,777	3,777	17,052	20,464
Aurora	70,574	0	10,191	2,190	1,460	0	0	3,650	5,749
CALABARZON	3,501,359	248,715	413,306	409,163	212,011	37,073	66,237	163,861	189,411
Batangas	699,866	66,944	98,230	82,903	20,798	2,172	5,073	27,575	35,096
Cavite	814,411	31,585	74,048	72,460	5,437	13,180	14,659	21,122	28,471
Laguna	693,978	31,253	22,303	25,408	0	6,219	7,311	25,986	30,615
Quezon	645,887	111,006	208,246	124,179	178,557	11,766	35,457	64,435	70,485
Rizal	647,217	7,927	10,479	104,214	7,219	3,737	3,737	24,744	24,744
MIMAROPA	1,054,778	226,076	229,493	92,711	134,216	12,374	25,890	183,872	213,335
Marinduque	88,743	25,902	298	1,757	3,868	644	644	7,203	9,038
Occidental Mindoro	190,289	49,557	11,339	19,777	2,095	5,365	1,514	31,636	37,456
Oriental Mindoro	305,067	61,186	46,987	16,628	4,800	0	14,241	56,548	64,812
Palawan	351,624	45,448	152,084	33,296	105,912	5,573	8,435	71,044	80,727
Romblon	119,055	43,983	18,786	21,254	17,541	792	1,056	17,441	21,302
Bicol Region	2,105,749	493,309	320,212	171,620	457,757	26,522	67,350	312,734	355,169
Albay	464,897	76,680	95,433	19,250	25,264	6,761	21,117	54,599	68,367
Camarines Norte	213,570	26,671	41,371	27,642	79,364	0	2,437	37,840	47,103
Camarines Sur	674,152	46,463	78,007	36,762	101,646	18,014	33,958	81,554	85,715
Catanduanes	92,756	33,533	15,288	8,710	0	0	0	14,857	17,397

Appendix Table II.19. Children in Deprivation, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Children Experiencing Severe Deprivation of Toilet Facilities ¹	Children Experiencing Less Severe Deprivation of Toilet Facilities ²	Children Experiencing Severe Deprivation of Safe Water ³	Children Experiencing Less Severe Deprivation of Safe Water ⁴	Children Experiencing Severe Deprivation of Shelter ⁵	Children Experiencing Less Severe Deprivation of Shelter ⁶	Children 7-14 Years Old Experiencing Severe Deprivation of Information ⁷	Children 7-14 Years Old Experiencing Less Severe Deprivation of Information ⁸
Masbate	371,996	238,555	21,522	46,347	201,924	1,747	4,606	70,789	79,600
Sorsogon	288,378	71,409	68,592	32,909	49,558	0	5,231	53,094	56,987
Western Visayas	2,223,700	414,975	534,037	242,822	568,565	7,735	25,241	265,324	289,980
Aklan	156,713	13,263	38,815	0	34,800	2,454	2,454	3,737	3,737
Antique	185,961	33,610	29,383	6,265	23,093	0	0	42,266	43,499
Capiz	248,656	11,722	118,502	36,876	91,752	1,787	2,680	14,751	18,792
Iloilo	668,518	41,313	161,923	79,188	169,310	0	2,233	52,833	67,082
Negros Occidental	912,914	312,247	179,130	120,023	218,260	3,494	15,524	147,024	151,672
Guimaras	50,938	2,819	6,285	470	31,350	0	2,349	4,713	5,198
Central Visayas	2,146,700	473,525	348,278	341,611	310,361	20,145	49,298	258,050	271,884
Bohol	416,290	38,251	33,316	90,507	69,979	7,298	11,062	44,899	48,018
Cebu	1,302,270	316,374	232,247	187,751	178,481	12,846	27,991	127,192	132,328
Negros Oriental	404,730	118,901	80,468	62,711	60,617	0	10,245	83,686	89,264
Siquijor	23,409	0	2,246	642	1,284	0	0	2,273	2,273
Eastern Visayas	1,550,296	474,687	167,854	131,320	188,585	3,254	12,742	292,933	330,913
Eastern Samar	174,035	66,064	3,517	21,574	11,711	0	3,371	46,214	52,737
Leyte	666,173	185,390	62,791	57,779	84,107	1,127	4,625	94,737	117,527
Northern Samar	248,888	96,200	54,718	34,656	44,327	2,127	3,479	74,227	76,726
Samar (Western)	276,504	104,857	24,762	16,740	45,114	0	1,267	50,224	55,122
Southern Leyte	121,399	15,711	15,603	571	3,325	0	0	23,477	24,460
Biliran	63,297	6,465	6,462	0	0	0	0	4,054	4,342
Zamboanga Peninsula	1,169,907	196,318	340,536	247,223	185,188	12,895	23,715	235,001	254,678
Zamboanga del Norte	362,007	69,196	94,902	77,826	44,429	0	7,531	89,574	98,700
Zamboanga del Sur	566,248	69,985	170,532	135,902	59,512	5,453	7,001	91,017	99,531

Appendix Table II.19. Children in Deprivation, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Children Experiencing Severe Deprivation of Toilet Facilities ^{1/}	Children Experiencing Less Severe Deprivation of Toilet Facilities ^{2/}	Children Experiencing Severe Deprivation of Safe Water ^{3/}	Children Experiencing Less Severe Deprivation of Safe Water ^{4/}	Children Experiencing Severe Deprivation of Shelter ^{5/}	Children Experiencing Less Severe Deprivation of Shelter ^{6/}	Children 7-14 Years Old Experiencing Severe Deprivation of Information ^{7/}	Children 7-14 Years Old Experiencing Less Severe Deprivation of Information ^{8/}
Zamboanga Sibuga	213,093	42,538	70,603	33,494	77,092	7,442	9,183	48,424	49,936
Isabela City	28,558	14,599	4,500	0	4,155	0	0	5,986	6,511
Northern Mindanao	1,383,372	112,236	308,796	243,143	48,613	9,553	43,433	174,537	189,765
Bukidnon	448,663	10,988	153,631	111,082	27,630	2,284	11,887	68,429	75,529
Camiguin	30,888	3,232	4,304	0	0	285	285	6,660	6,660
Lanao del Norte	305,604	36,106	68,322	36,919	14,002	0	0	34,691	38,947
Misamis Occident	172,979	18,749	27,815	55,417	3,013	0	4,528	23,626	25,241
Misamis Oriental	425,238	43,162	54,724	39,725	3,967	6,984	26,734	41,130	43,389
Davao Region	1,405,514	116,767	293,013	224,961	86,191	9,443	18,239	138,998	154,462
Davao	279,846	7,292	46,934	35,475	32,659	3,602	3,947	33,374	33,752
Davao de Sur	698,965	73,001	143,765	96,127	25,469	2,046	7,476	39,966	45,764
Davao Oriental	191,865	32,484	68,267	55,266	11,788	3,795	6,815	33,273	37,803
Compostela Valle	234,838	3,990	34,047	38,093	16,275	0	0	32,384	37,144
SOCKSARGEN	1,300,283	112,796	368,325	166,732	114,131	12,841	19,548	169,346	189,714
Cotabato	367,590	20,248	115,368	34,428	71,054	887	887	44,855	47,864
South Cotabato	431,587	24,288	125,057	27,617	13,454	3,441	8,477	50,983	56,768
Sultan Kudarat	232,026	12,161	79,712	58,895	17,063	794	1,569	35,356	41,882
Sarangani	204,079	48,107	30,962	23,245	8,684	0	897	35,629	40,678
Cotabato City	65,001	7,992	17,225	22,547	3,876	7,718	7,718	2,523	2,523
Caraga	835,428	82,313	105,789	71,897	77,653	4,327	26,398	122,835	139,213
Agusan del Norte	218,943	19,574	21,227	12,587	20,891	2,265	8,247	27,516	34,084
Agusan del Sur	227,600	6,012	37,625	34,385	25,708	0	12,666	30,096	30,379
Surigao del Norte	186,142	11,216	11,156	6,696	22,082	0	0	26,718	31,197
Surigao del Sur	202,743	45,510	35,781	18,229	8,973	2,063	5,485	38,504	43,553

Appendix Table II.19. Children in Deprivation, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Children Experiencing Severe Deprivation of Toilet Facilities ^{1/}	Children Experiencing Less Severe Deprivation of Toilet Facilities ^{2/}	Children Experiencing Severe Deprivation of Safe Water ^{3/}	Children Experiencing Less Severe Deprivation of Safe Water ^{4/}	Children Experiencing Severe Deprivation of Shelter ^{5/}	Children Experiencing Less Severe Deprivation of Shelter ^{6/}	Children 7-14 Years Old Experiencing Severe Deprivation of Information ^{7/}	Children 7-14 Years Old Experiencing Less Severe Deprivation of Information ^{8/}
ARMM	1,181,968	138,631	906,788	406,834	377,757	16,207	29,983	208,498	218,457
Basilan	108,542	29,179	60,821	27,789	27,719	0	0	15,909	16,324
Lanao del Sur	340,074	15,377	267,601	204,645	36,092	0	0	33,773	33,773
Maguindanao	345,739	59,121	262,005	56,914	117,340	16,207	26,287	55,365	63,137
Sulu	224,227	22,819	181,459	53,082	111,342	0	0	56,549	58,321
Tawi-tawi	163,386	12,136	134,902	64,403	85,263	0	3,697	46,902	46,902

^{1/} Severe deprivation to toilet facilities refers to the absence of any toilet facility.

^{2/} Less severe deprivation to toilet facilities refers to the use of closed pit, open pit and other toilet facilities such as pail system.

^{3/} Those that obtain water from springs, rivers and streams, rain and peddlers.

^{4/} Those that obtained water from dug well.

^{5/} If roof of house is made of salvaged/makeshift materials, also when it is made of mixed but predominantly salvaged/makeshift materials.

^{6/} If roof of house is made of salvaged/makeshift materials, also when it is made of mixed but predominantly salvaged/makeshift materials.

^{7/} Children 7 to 14 that do not have any of the following: radio, television, phone and computer.

^{8/} Those children that do not have any of the following: radio or television.

Appendix Table II.20. Participation, Cohort, Completion, and Dropout Rates in the Philippines

Indicators	SY 1999-2000	SY 2000-2001	SY 2001-2002	SY 2002-2003	SY 2003-2004	SY 2004-2005	SY 2005-2006	SY 2006-2007	SY 2007-2008
Participation Rate									
Elementary	96.95	96.77	94.31	90.29	88.74	87.11	84.44	83.22	84.84
Secondary	65.43	66.06	69.35	59.00	60.15	59.97	58.54	58.59	61.91
Cohort Survival Rate									
Elementary	63.46	63.45	69.05	72.44	71.84	71.32	70.02	73.43	75.26
Secondary	69.5	71.68	71.49	76.99	77.71	78.09	67.32	77.33	79.91
Completion Rate									
Elementary	68.38	66.13	66.33	71.55	70.24	69.06	68.11	71.72	73.06
Secondary	69.89	70.62	69.97	74.81	71.67	72.38	61.03	72.14	75.37
Dropout Rate									
Elementary	7.72	7.67	6.51	6.69	6.89	6.98	7.36	6.37	5.99
Secondary	9.55	8.5	8.53	8.45	8.16	7.99	12.51	8.55	7.45

Source: Fact Sheet: Basic Education Statistics, Department of Education.

Notes:

Data on participation rate SY 1997-1998 to SY 2001-2002: The official school-age population for elementary and secondary are 7-12 and 13-16 years old, respectively.

Data on participation rate SY 2002-2003 to SY 2007-2008: The official school-age population for elementary and secondary are 6-11 and 12-15 years old, respectively.

Cohort Survival Rate (EFA formula)

Appendix Table II.21. Percentage of Children without Vaccinations, 2003

Subgroups	Not Immunized
Sex	
Male	7.8
Female	6.8
Birth Order	
1	4.4
2-3	4.8
4-5	10
6+	16.5
Residence	
Urban	6.1
Rural	8.5
Region	
National Capital Region	5.6
Cordillera Administrative Region	11.7
I - Ilocos Region	4.9
II - Cagayan Valley	4
III - Central Luzon	3.5
IVA - CALABARZON	5.7
IVB - MIMAROPA	2
V - Bicol Region	5.6
VI - Western Visayas	8.7
VII - Central Visayas	7.9
VIII - Eastern Visayas	4.9
IX - Zamboanga Peninsula	22.6
X - Northern Mindanao	7.5
XI - Davao Peninsula	5.4
XII - SOCCSKSARGEN	7.5
ARMM	3.3
Caraga	26.3
Mother's Education	
No education	45.7
Elementary	12.4
High school	5.7
College or higher	2.3
Wealth Index Quintile	
Lowest	15.1
Second	5.7
Middle	5
Fourth	4.4
Highest	2.2
Total	7.3

Source: National Demographic and Health Survey, National Statistics Office.

Appendix Table II.22. Children without Electricity and Security of Tenure, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Number of children 0– 14 years old without access to electricity	Number of children 0–14 years old in informal settlements
Philippines	29,375,602	6,454,354	1,222,229
NCR	3,497,685	93,404	382,510
Manila	558,567	10,603	79,833
NCR-2nd District	1,242,069	8,888	177,940
NCR-3rd District	775,356	55,885	36,306
NCR-4th District	921,693	18,027	88,431
CAR	506,553	128,103	3,267
Abra	76,331	21,186	0
Benguet	201,125	9,588	1,932
Ifugao	65,949	36,246	0
Kalinga	70,481	26,877	1,335
Mountain Province	54,084	17,657	0
Apayao	38,585	16,549	0
Ilocos Region	1,492,052	173,787 33,	512
Ilocos Norte	167,064	11,931	0
Ilocos Sur	172,251	17,228	0
La Union	218,591	13,275	5,181
Pangasinan	934,146	131,353	28,331
Cagayan Valley	942,850	212,640	7,831
Batanes	11,474		
Cagayan	313,153	90,289	2,897
Isabela	434,634	65,204	4,934
Nueva Vizcaya	125,899	34,620	0
Quirino	57,690	22,527	0
Central Luzon	3,077,409	219,458	85,868
Bataan	186,026	10,374	595
Bulacan	886,890	41,015	33,825
Nueva Ecija	576,896	64,205	18,007
Pampanga	721,783	22,257	29,385
Tarlac	371,015	36,599	2,052
Zambales	264,226	31,258	2,004
Aurora	70,574 1	3,750	0
CALABARZON	3,501,359	357,464	74,567
Batangas	699,866	45,372	11,712
Cavite	814,411	20,518	20,363
Laguna	693,978	34,269	30,920

Appendix Table II.22. Children without Electricity and Security of Tenure, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Number of children 0– 14 years old without access to electricity	Number of children 0–14 years old in informal settlements
Quezon	645,887	217,465	6,732
Rizal	647,217	39,839	4,840
MIMAROPA	1,054,778	451,324	27,553
Marinduque	88,743	25,088	3,143
Occidental Mindoro	190,289	80,417	1,054
Oriental Mindoro	305,067	112,526	8,365
Palawan	351,624	173,041	14,156
Romblon	119,055	60,252	835
Bicol Region	2,105,749	680,668	51,082
Albay	464,897	92,778	14,545
Camarines Norte	213,570	72,475	6,460
Camarines Sur	674,152	173,483	17,674
Catanduanes	92,756	23,839	0
Masbate	371,996	225,716	8,465
Sorsogon	288,378	92,377	3,938
Western Visayas	2,223,700	605,180	100,214
Aklan	156,713	22,566	1,509
Antique	185,961	50,707	0
Capiz	248,656	82,591	8,869
Iloilo	668,518	148,256	37,254
Negros Occidental	912,914	277,449	52,582
Guimaras	50,938	23,611	0
Central Visayas	2,146,700	535,999	84,647
Bohol	416,290	96,845	2,246
Cebu	1,302,270	208,593	64,786
Negros Oriental	404,730	225,058	17,616
Siquijor	23,409	5,503	0
Eastern Visayas	1,550,296	489,017	60,321
Eastern Samar	174,035	58,674	0
Leyte	666,173	218,468	14,366
Northern Samar	248,888	114,333	6,057
Western Samar	276,504	63,629	28,487
Southern Leyte	121,399	28,429	9,582
Biliran	63,297	5,484	1,830
Zamboanga Peninsula	1,169,907	456,741	65,380

Appendix Table II.22. Children without Electricity and Security of Tenure, by Region and by Province, 2006 (PIDS estimates)

Region/Province	Number of Children	Number of children 0- 14 years old without access to electricity	Number of children 0-14 years old in informal settlements
Zamboanga del Norte	362,007	175,224	9,332
Zamboanga del Sur	566,248	183,013	27,317
Zamboanga Sibugay	213,093	86,967	27,868
Isabela City	28,558	11,537	862
Northern Mindanao	1,383,372	396,489	55,748
Bukidnon	448,663	200,665	11,605
Camiguin	30,888	10,997	3,701
Lanao del Norte	305,604	72,294	8,710
Misamis Occidental	172,979	43,252	1,593
Misamis Oriental	425,238	69,280	30,139
Davao Region	1,405,514	401,666	13,662
Davao	279,846	73,215	1,474
Davao de Sur	698,965	176,582	8,068
Davao Oriental	191,865	80,131	405
Compostela Valley	234,838	71,738	3,715
SOCCKSARGEN	1,300,283	453,303	56,133
Cotabato	367,590	175,072	3,946
South Cotabato	431,587	82,625	19,808
Sultan Kudarat	232,026	120,887	7,587
Sarangani	204,079	71,356	17,959
Cotabato City	65,001	3,364	6,833
Caraga	835,428	200,658	32,517
Agusan del Norte	218,943	52,471	7,969
Agusan del Sur	227,600	79,391	5,985
Surigao del Norte	186,142	24,132	604
Surigao del Sur	202,743	44,665	17,959
ARMM	1,181,968	598,454	87,417
Basilan	108,542	35,048	
Lanao del Sur	340,074	77,247	18,109
Maguindanao	345,739	177,502	7,950
Sulu	224,227	185,403	10,313
Tawi-tawi	163,386	123,255	51,045

Source of basic data: Family Income and Expenditure Survey, National Statistics Office .

Appendix Table II. 23. Children Experiencing Only One Severe Deprivation, by Region, 2006

Region	1985	1988	1991	1994	1997	2000	2003
Ilocos Region	1,492,052	71,346	4.78	13,191	0.88	2,316	0.16
Cagayan Valley	942,850	22,018	2.34	42,787	4.54	4,658	0.49
Central Luzon	3,077,409	172,387	5.60	82,278	2.67	35,349	1.15
CALABARZON	3,501,359	237,567	6.78	341,342	9.75	25,926	0.74
MIMAROPA	1,054,778	223,299	21.17	37,750	3.58	9,597	0.91
Bicol	2,105,749	483,287	22.95	107,315	5.10	16,500	0.78
Western Visayas	2,223,700	410,018	18.44	154,157	6.93	2,779	0.12
Central Visayas	2,146,700	465,879	21.70	183,468	8.55	12,498	0.58
Eastern Visayas	1,550,296	471,433	30.41	41,233	2.66	0	0.00
Zamboanga Peninsula	1,169,907	191,104	16.33	183,266	15.67	7,681	0.66
Northern Mindanao	1,383,372	107,146	7.75	212,926	15.39	4,463	0.32
Davao Region	1,405,514	116,767	8.31	197,028	14.02	9,443	0.67
SOCCKSARGEN	1,300,283	108,295	8.33	134,439	10.34	8,340	0.64
NCR	3,497,685	52,326	1.50	371,040	10.61	71,930	2.06
CAR	506,553	28,161	5.56	86,051	16.99	978	0.19
ARMM	1,181,968	138,631	11.73	368,931	31.21	16,207	1.37
Caraga	835,428	79,813	9.55	67,140	8.04	1,828	0.22
Urban	13,436,310	780,808	5.81	921,245	6.86	146,979	1.09
Rural	15,939,293	2,598,669	16.30	1,703,098	10.68	83,513	0.52
Total	29,375,602	3,379,476	11.50	2,624,343	8.93	230,492	0.78

1/ Severely deprived in sanitation but not in water and shelter;

2/ Severely deprived in water but not in sanitation and shelter; and

3/ Severely deprived in shelter but not in water and sanitation.

Appendix Table II.24.Children Experiencing Two Severe Deprivations, 2006

Region	Total	Safe Water and Sanitation ^{1/}	%	Safe Water and Sanitation ^{2/}	%	Shelter Only ^{3/}	%
Ilocos Region	1,492,052	-	-	-	-	2,159	0.14
Cagayan Valley	942,850	-	-	-	-	2,024	0.21
Central Luzon	3,077,409	7,413	0.24	3,529	0.11	8,236	0.27
CALABARZON	3,501,359	62,287	1.78	3,851	0.11	11,148	0.32
MIMAROPA	1,054,778	54,025	5.12	936	0.09	2,777	0.26
Bicol	2,105,749	63,876	3.03	428	0.02	10,022	0.48
Western Visayas	2,223,700	88,665	3.99	-	-	4,956	0.22
Central Visayas	2,146,700	155,931	7.26	444	0.02	7,646	0.36
Eastern Visayas	1,550,296	90,087	5.81	-	-	3,254	0.21
Zamboanga Peninsula	1,169,907	62,759	5.36	1,198	0.1	5,214	0.45
Northern Mindanao	1,383,372	30,217	2.18	-	0	5,090	0.37
Davao Region	1,405,514	27,111	1.93	822	0.06	0	0
SOCCKSARGEN	1,300,283	25,415	1.95	3,092	0.24	4,501	0.35
NCR	3,497,685	26,110	0.75	20,637	0.59	6,510	0.19
CAR	506,553	7,639	1.51	-	-	501	0.1
ARMM	1,181,968	37,903	3.21	-	-	-	-
Caraga	835,428	4,757	0.57	-	-	2,500	0.3
Urban	13,436,310	153,105	1.14	32,047	0.24	45,353	0.34
Rural	15,939,293	591,091	3.71	2,891	0.02	31,187	0.2
Total	29,375,602	744,196	2.53	34,938	0.12	76,540	0.26

1/ Severely deprived in sanitation but not in water and shelter;

2/ Severely deprived in water but not in sanitation and shelter; and

3/ Severely deprived in shelter but not in water and sanitation.

Appendix Table II.25. Children Experiencing Deprivations, by Region, 2006

Region	All Children	Any one deprivation		Any 2 deprivations		Any 3 deprivations	
		Number	%	Number	%	Number	%
Ilocos Region	1,492,052	86,853	5.82	2,159	0.14	-	-
Cagayan Valley	942,850	69,462	7.37	2,024	0.21	-	-
Central Luzon	3,077,409	279,073	9.07	15,957	0.52	3,221	0.1
CALABARZON	3,501,359	538,695	15.39	75,604	2.16	1,683	0.05
MIMAROPA	1,054,778	215,684	20.45	57,738	5.47	-	-
Bicol	2,105,749	542,798	25.78	74,327	3.53	-	-
Western Visayas	2,223,700	478,289	21.51	93,621	4.21	-	-
Central Visayas	2,146,700	505,470	23.55	162,254	7.56	1,767	0.08
Eastern Visayas	1,550,296	422,578	27.26	93,341	6.02	-	-
Zamboanga Peninsula	1,169,907	318,094	27.19	69,171	5.91	-	-
Northern Mindanao	1,383,372	294,317	21.28	35,307	2.55	-	-
Davao Region	1,405,514	295,306	21.01	27,933	1.99	-	-
SOCCSKSARGEN	1,300,283	222,568	17.12	29,222	2.25	3,786	0.29
NCR	3,497,685	448,549	12.82	47,406	1.36	5,851	0.17
CAR	506,553	107,552	21.23	7,639	1.51	501	0.1
ARMM	1,181,968	485,865	41.11	37,903	3.21	-	-
Caraga	835,428	144,023	17.24	7,257	0.87	-	-
Urban	13,436,310	1,663,881	12.38	217,646	1.62	12,858	0.1
Rural	15,939,293	3,791,297	23.79	621,219	3.9	3,951	0.02
Total	29,375,602	5,455,177	18.57	838,865	2.86	16,809	0.06

Appendix Table II.26. Combined Child Poverty Incidence

Country	Who live in households under the national poverty line (%)	Who live in households under the national poverty line (Magnitude)	Number of children in relevant cohort
All children (0-14 years old)	40.22	11,803,412	29,349,234
Household dimension			
Household size			
Less than 3	10.41	30,704	294,884
3-4 members	20.14	1,322,447	6,565,573
5-6 members	36.91	4,249,429	11,512,158
7+	56.49	6,200,831	10,976,620
Household head's education			
None	77.37	567,542	733,590
Elementary graduate	50.22	3,007,273	5,988,501
At least secondary undergraduate	25.22	4,057,440	16,089,999
Gender of the head of the household			
Male	42.18	1,103,689	2,616,765
Female	24.09	766,520	3,181,584
Geographic dimension			
Region			
1 - Ilocos Region	41.2	614,733	1,492,137
2 - Cagayan Valley	33.71	326,992	970,033
3 - Central Luzon	25.74	799,508	3,106,484
5 - Bicol	61	1,237,754	2,028,949
6 - Western Visayas	51.34	1,140,058	2,220,793
7 - Central Visayas	38.1	807,871	2,120,583
8 - Eastern Visayas	54.4	864,125	1,588,446
9 - Zamboanga Peninsula	59.84	689,369	1,152,100
10 - Northern Mindanao	54.65	755,556	1,382,574
11 - Davao	44.57	644,672	1,446,442
12 - SOCCSARGEN	47.21	624,589	1,323,120
13 - NCR	11.73	415,999	3,545,238
14 - CAR	41.17	217,672	528,697
15 ARMM	60.36	594,043	984,124
16 - Caraga	64.6	526,459	814,907
4A - CALABARZON	26.26	957,167	3,645,384
4B - MIMAROPA	58.73	586,842	999,222
Residence			
Urban	23.63	3,180,281	13,457,317
Rural	54.26	8,623,130	15,891,917

Appendix Table II.27. Correlation between Under-Five Mortality Rate and Income Poverty at Sub-National Level, 2003 (in %)

Region	Under- 5 Mortality Rate	Poverty Incidence Rate
Philippines	26.9	24.4
NCR	17.8	4.8
CAR	16.3	25.8
Ilocos	28.9	24.4
Cagayan Valley	34.1	19.3
Central Luzon	21.7	13.4
CALABARZON	22.4	14.5
MIMAROPA	34.2	39.9
Bicol	32.8	40.6
Western Visayas	32.6	31.4
Central Visayas	29.4	23.6
Eastern Visayas	29.9	35.3
Zamboanga Peninsula	31.5	44.0
Northern Mindanao	24.3	37.7
Davao	22.6	28.5
SOCCKSARGEN	30.3	32.1
Caraga	30.2	47.1
ARMM	34	45.4

Source: Food and Nutrition Research Institute-Department of Science and Technology Regional Updating of Nutritional Status, Philippines 2001, 2003, 2005, FNRI.

Source of basic data: 2000–2003 Family Income and Expenditure Survey, National Statistics Office.

Appendix Table II.28. Annual Per Capita Poverty Threshold: 2000, 2003, and 2006

Region/Province	Annual Per Capita Food Threshold		
	2000	ALL AREAS 2003	2006
PHILIPPINES	11,458	12,309	15,057
NCR	15,722	16,737	20,566
1st District	16,218	17,223	20,868
2nd District	15,727	16,715	20,085
3rd District	15,090	16,298	20,908
4th District	16,359	17,137	20,582
Region I	12,687	13,281	15,956
Ilocos Norte	13,143	12,893	16,024
Ilocos Sur	13,515	12,824	16,922
La Union	12,978	13,356	16,372
Pangasinan	12,363	13,412	15,656
Region II	11,128	11,417	13,791
Batanes	15,264	12,279	14,970
Cagayan	10,209	10,320	12,928
Isabela	11,616	11,808	14,124
Nueva Vizcaya	11,611	11,880	14,325
Quirino	10,713	12,463	14,665
Region III	13,760	14,378	17,298
Aurora	11,405	12,898	16,275
Bataan	12,434	13,607	15,538
Bulacan	13,882	15,027	17,768
Nueva Ecija	14,750	14,394	17,830
Pampanga	14,698	15,148	17,243
Tarlac	12,578	13,866	16,463
Zambales	12,733	12,754	16,685
Region IV-A	13,670	14,720	17,761
Batangas	15,192	15,957	19,616
Cavite	14,742	16,150	18,718
Laguna	12,937	13,921	17,724
Quezon	12,501	13,349	16,125
Rizal	13,676	13,903	17,464
Region IV-B	12,013	12,402	14,800
Marinduque	11,553	11,781	14,041
Occidental Mindoro	11,745	12,522	14,219
Oriental Mindoro	13,510	13,813	16,723

Appendix Table II.28. Annual Per Capita Poverty Threshold: 2000, 2003, and 2006

Region/Province	Annual Per Capita Food Threshold		
	2000	ALL AREAS 2003	2006
Palawan	11,163	11,591	13,850
Romblon	10,758	11,769	13,832
Region V	11,375	12,379	15,015
Albay	12,144	12,915	16,128
Camarines Norte	11,505	12,727	14,854
Camarines Sur	11,054	11,873	14,634
Catanduanes	11,587	11,815	13,654
Masbate	11,019	12,504	14,248
Sorsogon	11,146	12,452	15,687
Region VI	11,314	12,291	14,405
Aklan	11,527	11,980	15,150
Antique	10,938	11,377	14,650
Capiz	10,536	11,298	14,242
Guimaras	10,759	11,694	14,811
Iloilo	12,122	13,221	14,810
Negros Occidental	11,126	12,131	13,975
Region VII	9,659	9,805	13,390
Bohol	9,762	10,032	13,610
Cebu	9,914	10,222	13,960
Negros Oriental	8,981	9,017	12,159
Siquijor	8,892	9,767	12,733
Region VIII	9,530	10,804	13,974
Biliran	9,858	11,144	12,028
Eastern Samar	9,108	11,025	13,873
Leyte	9,447	10,600	13,919
Northern Samar	8,898	9,945	14,275
Southern Leyte	9,459	10,668	13,998
Western Samar	10,338	11,675	13,869
Region Ix ^a	9,128	10,407	13,219
Zamboanga Norte	9,417	10,871	13,947
Zamboanga Surb	8,975	10,310	12,741
Zamboanga Sibugayc		9,580	12,188
Isabela City ^d		10,429	14,115
Region X	10,509	11,605	14,199
Bukidnon	9,201	11,083	12,186

Appendix Table II.28. Annual Per Capita Poverty Threshold: 2000, 2003, and 2006

Region/Province	Annual Per Capita Food Threshold		
	2000	ALL AREAS 2003	2006
Camiguin	12,155	12,109	16,145
Lanao del Norte	11,296	12,103	15,225
Misamis Occidental	10,184	11,711	14,555
Misamis Oriental	11,176	11,594	14,787
Region XI	10,278	11,399	14,942
Davao del Norte ^e	10,566	11,833	15,753
Davao del Sur	9,987	11,470	14,452
Davao Oriental	9,906	10,580	13,741
Compostela Valley ^f		11,422	15,822
Region XII	10,458	11,328	14,225
North Cotabato	9,990	10,972	13,315
Saranggani	10,419	10,846	13,746
South Cotabato	10,686	11,741	15,431
Sultan Kudarat	10,544	10,870	13,036
Cotabato City	12,670	13,805	17,335
CAR	13,071	14,033	16,810
Abra	13,426	14,654	17,900
Apayao	11,368	12,256	17,837
Benguet	14,014	14,447	17,483
Ifugao	11,809	13,148	15,556
Kalinga	11,652	13,284	15,031
Mt. Province	15,122	14,855	16,785
ARMMg	12,199	12,733	15,533
Basilan	9,509	10,987	13,255
Lanao del Sur	13,892	13,702	16,567
Maguindanao	11,906	12,322	15,556
Sulu	11,672	13,473	15,651
Tawi-tawi	12,003	11,707	14,765
Caraga	10,903	11,996	15,249
Agusan del Norte	10,933	11,460	13,986
Agusan del Sur	11,017	12,150	14,544
Surigao Del Norte	11,160	12,998	16,961
Surigao Del Sur	10,421	11,227	15,264

a - 2000 estimates do not include Isabela City.

b - 2000 estimates still include Zamboanga Sibugay

c - No separate estimate yet; still included in Zamboanga del Sur.

d - No separate estimate yet; still included in Basilan

e - 2000 estimates include Compostela Valley

f - No separate estimate yet; still included in Davao del Norte

g - 2000 estimates include Isabela City

Notes:

1. Zamboanga Sibugay (Region IX) and Compostela Valley (Region XI) are new provinces created under EO 36 and EO 103.

2. Isabela City (Region IX) and Cotabato City (Region XII) have been separated from their respective mother provinces - Basilan and Maguindanao (both ARMM) under the present

Appendix Table II.29. Annual Per Capita Food Threshold: 2000, 2003 and 2006

Region/Province	Annual Per Capita food Threshold ALL AREAS		
	2000	2003	2006
PHILIPPINES	7,707	8,149	10,025
NCR	9,570	9,974	11,807
1st District	9,570	9,974	11,807
2nd District	9,570	9,974	11,807
3rd District	9,570	9,974	11,807
4th District	9,570	9,974	11,807
Region I	8,552	8,898	10,608
Ilocos Norte	8,997	9,505	11,106
Ilocos Sur	8,937	9,098	10,788
La Union	8,797	9,045	10,839
Pangasinan	8,386	8,693	10,459
Region II	7,560	8,010	9,346
Batanes	9,973	8,328	10,680
Cagayan	7,210	7,497	9,018
Isabela	7,674	8,212	9,564
Nueva Vizcaya	8,021	7,991	8,939
Quirino	7,305	7,881	9,266
Region III	8,764	9,347	10,897
Aurora	8,281	8,795	10,303
Bataan	8,366	8,565	9,741
Bulacan	8,760	9,661	11,124
Nueva Ecija	9,389	9,636	11,248
Pampanga	9,336	9,719	10,835
Tarlac	8,455	8,824	10,307
Zambales	8,461	9,259	10,898
Region IV-A	8,783	9,224	10,781
Batangas	9,399	9,787	11,299
Cavite	9,316	10,300	11,530
Laguna	8,793	8,970	10,768
Quezon	8,543	8,764	10,447
Rizal	8,815	8,802	10,707
Region IV-B	8,078	8,328	9,781
Marinduque	8,152	8,209	9,532
Occidental Mindoro	7,820	8,235	9,599
Oriental Mindoro	8,356	9,043	10,673

Appendix Table II.29. Annual Per Capita Food Threshold: 2000, 2003 and 2006

Region/Province	Annual Per Capita food Threshold ALL AREAS		
	2000	2003	2006
Palawan	7,816	7,843	9,067
Romblon	7,999	8,426	9,453
Region V	8,047	8,379	10,174
Albay	8,265	8,646	10,497
Camarines Norte	7,929	8,514	10,165
Camarines Sur	7,836	8,008	9,615
Catanduanes	7,951	7,828	9,527
Masbate	8,172	8,500	10,276
Sorsogon	8,200	8,649	10,812
Region VI	7,983	8,384	9,962
Aklan	7,987	8,161	9,914
Antique	7,916	8,193	10,216
Capiz	7,297	7,737	9,638
Guimaras	7,714	7,982	10,229
Iloilo	8,227	8,463	9,861
Negros Occidental	8,021	8,544	9,973
Region VII	6,759	7,016	9,502
Bohol	6,851	7,424	9,803
Cebu	6,732	7,147	9,696
Negros Oriental	6,670	6,612	8,959
Siquijor	6,497	6,832 8,414	
Region VIII	7,080	7,689	9,671
Biliran	7,271	7,992	8,837
Eastern Samar	7,162	7,936	9,414
Leyte	6,933	7,486	9,501
Northern Samar	6,717	7,331	10,115
Southern Leyte	7,026	7,673	9,638
Western Samar	7,542	8,177	9,775
Region IX ^a	6,574	7,244	9,406
Zamboanga Norte	6,914	7,473	9,787
Zamboanga Sur ^b	6,325	7,046	8,978
Zamboanga Sibugay ^c		7,003	9,095
Isabela City ^d		7,205	8,913
Region X	7,296	7,995	9,757
Bukidnon	6,706	7,693	9,219

Appendix Table II.29. Annual Per Capita Food Threshold: 2000, 2003 and 2006

Region/Province	Annual Per Capita food Threshold ALL AREAS		
	2000	2003	2006
Camiguin	7,950	8,617	10,418
Lanao del Norte	7,692	8,381	10,196
Misamis Occidental	7,304	7,906	9,717
Misamis Oriental	7,385	7,987	9,830
Region XI	7,087	7,856	10,283
Davao del Norte	7,207	8,063	10,792
Davao del Sur	6,880	7,601	9,784
Davao Oriental	7,027	7,799	10,061
Compostela Valley ^f		8,116	10,848
Region XII	7,235	7,807	9,702
North Cotabato	7,188	7,528	8,994
Sarangani	7,204	7,860	9,694
South Cotabato	7,114	7,932	10,190
Sultan Kudarat	7,454	7,706	9,616
Cotabato City	7,965	8,402	10,385
CAR	8,744	9,141	10,837
Abra	8,845	9,410	11,505
Apayao	7,919	8,347	11,099
Benguet	8,846	8,980	10,325
Ifugao	8,490	8,623	9,919
Kalinga	8,194	8,620	10,234
Mt. Province	9,726	9,755	10,874
ARMM ^g	8,313	8,730	10,318
Basilan	6,956	7,336	9,256
Lanao del Sur	8,635	9,119	10,571
Maguindanao	8,242	8,496	10,190
Sulu	8,615	9,322	11,085
Tawi-tawi	7,769	7,900	9,839
Caraga	7,667	8,361	10,342
Agusan del Norte	7,542	7,969	9,429
Agusan del Sur	7,655	8,288	10,080
Surigao Del Norte	7,998	8,988	10,830
Surigao Del Sur	7,519	8,136	10,724

a - 2000 estimates do not include Isabela City.
b - 2000 estimates still include Zamboanga Sibugay
c - No separate estimate yet; still included in Zamboanga del Sur.
d - No separate estimate yet; still included in Basilan
e - 2000 estimates include Compostela Valley
f - No separate estimate yet; still included in Davao del Norte
g - 2000 estimates include Isabela City

Notes:
1. Zamboanga Sibugay (Region IX) and Compostela Valley (Region XI) are new provinces created under EO 36 and EO 103.
2. Isabela City (Region IX) and Cotabato City (Region XII) have been separated from their respective mother provinces - Basilan and Maguindanao (both ARMM) under the present

Appendix Table III.1. Young Children's Health Outcomes, Related Care, and Correlates for Acute Respiratory Infection, 2005

		Children with ARI		Children with ARI who received antibiotics	% who received antibiotics
		Number (1)	Per 1,000 (2)	Number (3)	(1)/(3)
Age group by sex	Male, 0–3 months	9	46	4	45
	Male, 4–6 months	15	90	9	58
	Male, 7–12 months	51	138	35	68
	Male, 13–23 months	82	136	39	47
	Male, 24–35 months	68	103	40	59
	Male, 36 months+	101	78	56	55
	Female, 0–3 months	12	63	6	49
	Female, 4–6 months	17	112	11	65
	Female, 7–12 months	44	128	25	57
	Female, 13–23 months	74	125	40	54
	Female, 24–35 months	69	109	31	45
	Female, 36 months+	128	98	71	56
	Household size	< 3 members			
3–4 members		162	94	89	55
5–6 members		240	104	129	54
7+		268	108	149	55
Education level of					
head of household	None	23	126	10	43
	Primary	317	126	161	51
	Secondary +	328	86	193	59
Sex of head of					
household	Male	627	103	344	55
	Female	44	96	22	51
Wealth index quintiles					
	Poorest	260	148	131	50
	Second	166	111	82	49
	Third	115	91	67	58
	Fourth	81	74	50	61
	Richest	48	52	38	78
Ethnicity					
	Tagalog	112	65	74	66
	Cebuano	193	120	109	56
	Ilocano	53	94	23	43
	Ilonggo	95	159	54	57
	Bicolano	35	80	19	55
	Waray	48	139	25	52
	Kapampangan	1	7	1	100
	Maranao	3	29	1	28
	Pangalatak/Pangasinense	6	72	3	55
	Surigaonon	11	221	7	66
	Tausog	4	38	3	91
	Akeanon/Aklanon	12	317	5	40
	Karay-a	2	338	2	100

Appendix Table III.1. Young Children's Health Outcomes, Related Care, and Correlates for Acute Respiratory Infection, 2005

		Children with ARI		Children with ARI who received antibiotics	% who received antibiotics
		Number (1)	Per 1,000 (2)	Number (3)	(1)/(3)
	Bisaya	4	71	1	39
	Boholano	5	107	1	13
	Chavakano	3	100	3	100
	Cuyuno	8	341	1	18
	Ibaloi	2	177	1	60
	Ifugao	1	117	1	100
	Igorot	3	222	3	100
	Kankanaey	1	89	0	49
	Manabo	14	490	6	41
	Maguindanaon	8	71	4	49
	Others	49	142	19	39
Language	Tagalog	174	68	115	66
	Cebuano	231	131	122	53
	Ilocano	46	107	21	45
	Bicol	27	84	15	54
	Hiligaynon	79	177	38	49
	Waray	37	143	18	48
	Aklanon	39	167	16	41
	Chavakano	4	95	3	64
	Maguindanao	8	82	5	60
	Maranao	1	15	1	100
	Pangasinense	4	74	2	58
	Surigaonon	4	147	2	50
	Tausog	4	30	3	68
	Cuyono	8	354	3	36
	Karay-a	4	200	2	67
	Kankanay (Kankaney)	1	272	1	100
Religion	Christian	631	106	345	55
	Islam	16	42	10	61
	Secular-Nonreligious-				
	Agnostic-Atheist	1	76		
DK or others	22	133	12	52	
Adult of primary working age in household	Yes	670	103	367	55
Working child in household	No data				
Adult(s) with chronic illness in household	No data				
Child with disability in household	No data				

Appendix Table III.1. Young Children's Health Outcomes, Related Care, and Correlates for Acute Respiratory Infection, 2005

		Children with ARI		Children with ARI who received antibiotics	% who received antibiotics
		Number (1)	Per 1,000 (2)	Number (3)	(1)/(3)
Single parent (adult)					
household	No	660	103	361	55
	Yes	10	101	6	58
Orphan child in					
household	No data				
High dependency ratio					
(4+ children per adult)	No	662	104	359	54
	Yes	9	68	8	89
Elder person (70+) in					
household	No	635	101	343	54
	Yes	36	145	23	65
Region	National Capital Region	42	43	28	67
	Cordillera Admin. Region	18	169	8	46
	I - Ilocos	21	71	12	55
	II - Cagayan Valley	23	107	11	47
	III - Central Luzon	46	71	31	67
	IVA - CALABARZON	58	75	38	65
	IVB - MIMAROPA	41	192	18	44
	V - Bicol	39	95	23	58
	VI - Western Visayas	90	207	50	56
	VII - Central Visayas	58	116	30	52
	VIII - Eastern Visayas	54	157	28	53
	IX - Zamboanga Peninsula	13	50	5	38
	X - Northern Mindanao	44	150	30	67
	XI - Davao	44	160	18	41
	XII - SOCCSKSARGEN	35	114	17	49
	XIII - Caraga	31	163	13	42
	ARMM	15	50	8	53
	Residence Urban	270	83	172	64
	Rural	401	122	194	49
	National	670	103	367	55

Source: National Demographic and Health Survey, 2003, National Statistics Office.

Appendix Table III.2. Young Children's Health Outcomes, Related Care, and Correlates for Diarrhea, 2005

		Children who had diarrhea in last 2 weeks prior to survey		Child w/ diarrhea-recycled ORS and continued feeding	% who received ORS
		Number (1)	Per 1,000 (2)	Number (3)	(1)/(3)
Age group by sex	Male, 0-3 months	12	57		
	Male, 4-6 months	24	146	6	23
	Male, 7-12 months	80	217	32	40
	Male, 13-23 months	91	151	47	52
	Male, 24-35 months	81	123	38	47
	Male, 36 months+	81	62	35	44
	Female, 0-3 months	6	32	1	16
	Female, 4-6 months	18	119	5	28
	Female, 7-12 months	70	203	26	37
	Female, 13-23 months	95	161	47	49
	Female, 24-35 months	69	109	29	41
	Female, 36 months+	75	57	31	42
	Household size	< 3 members			
3-4 members		185	107	77	42
5-6 members		262	113	114	43
7+		255	103	107	42
Education level of head of household	None	18	94	6	36
	Primary	288	114	109	38
	Secondary +	392	103	182	46
Sex of head of household	Male	652	107	276	42
	Female	50	110	21	43
Wealth index quintiles	Poorest	231	132	88	38
	Second	164	110	68	42
	Third	121	96	52	43
	Fourth	98	90	50	51
	Richest	88	95	40	45
	Ethnicity Tagalog	169	98	75	44
	Cebuano	162	100	70	43
	Ilocano	66	117	18	28
	Ilonggo	86	144	41	48
	Bicolano	42	95	22	54
	Waray	35	103	12	33
	Kapampangan	15	81	10	67
	Maranao	8	90	5	63
	Panggalatok/Pangasinense	4	45		
	Surigaonon	6	130	2	29
	Tausog	13	129	7	52
	Akeanon/Aklanon	7	190		
Karay-a					

Appendix Table III.2. Young Children's Health Outcomes, Related Care, and Correlates for Diarrhea, 2005

	Children who had diarrhea in last 2 weeks prior to survey		Child w/ diarrhea-recycled ORS and continued feeding	% who received ORS (1)/(3)
	Number (1)	Per 1,000 (2)		
	Bisaya	7	130	3 47
	Boholano	2	49	73
	Chavakano	3	104	
	Cuyuno	5	219	29
	Ibaloi	3	215	35
	Ifugao	2	157	25
	Igorot	3	258	57
	Kankanaey	2	238	63
	Manabo	7	255	26
	Sama	1	77	50
	Maguindanaon	19	172	57
	Other	35	101	33
Language	Tagalog	263	103	48
	Cebuano	153	87	38
	Ilocano	61	141	26
	Bicol	34	107	47
	Hiligaynon	68	152	47
	Waray	30	115	40
	English	2	382	
	Aklanon	36	155	30
	Chavakano	3	64	
	Maguindanao	18	193	54
	Maranao	2	31	
	Pangasinense	2	31	
	Surigaonon	2	73	67
	Tausog	14	115	41
	Cuyono	5	226	29
	Kapampangan	8	98	84
	Karay-a	2	133	100
	Kankanay (Kankanaey)			
Religion	Christianity	637	107	41
	Islam	45	120	53
	Secular-Nonreligious-Agnostic- Atheist			
	DK or others	19	116	49
Adult of primary working age in household	Yes	702	108	42
Working child in household	No data			
Adult(s) with chronic illness in household	No data			

Appendix Table III.2. Young Children's Health Outcomes, Related Care, and Correlates for Diarrhea, 2005

		Children who had diarrhea in last 2 weeks prior to survey		Child w/ diarrhea-recycled ORS and continued feeding	% who received ORS
		Number (1)	Per 1,000 (2)	Number (3)	(1)/(3)
Child with disability in household	No data				
Single parent (adult) household	No	690	107	293	43
	Yes	12	117	4	36
Orphan child in household	No data				
High dependency ratio (4+ children per adult)	No	695	109	293	42
	Yes	6	49	4	68
Elder person (70+) in household	No	673	107	293	44
	Yes	29	118	5	16
Region	National Capital Region	97	100	51	53
	Cordillera Admin. Region	22	211	9	40
	I – Ilocos	37	126	7	19
	II - Cagayan Valley	15	69	4	27
	III - Central Luzon	60	93	26	43
	IVA – CALABARZON	85	110	40	47
	IVB – MIMAROPA	38	176	15	41
	V – Bicol	46	113	21	47
	VI - Western Visayas	67	154	25	38
	VII - Central Visayas	42	85	20	47
	VIII - Eastern Visayas	33	97	10	29
	IX - Zamboanga Peninsula	11	42	6	51
	X - Northern Mindanao	30	104	10	33
	XI – Davao	28	99	12	42
	XII – SOCCSKSARGEN	36	118	19	53
	XIII – Caraga	19	98	7	35
	ARMM	35	121	15	43
Residence	Urban	352	109	165	47
	Rural	349	106	132	38
National		702	108	298	42

Source: National Demographic and Health Survey, 2003, National Statistics Office.

Appendix Table III.3. Determinants of Maternal Care Utilization

	ANTENATAL VISIT	FIRST TRIMESTER	IRON INTAKE	MEDICAL PROFESSIONAL	MEDICAL FACILITY
Women's Education					
Education (years)	0.054*** (4.23)	0.005 (0.37)	0.069*** (5.15)	0.074*** (5.37)	0.096*** (7.08)
Household Wealth (dropped=richest)					
Poorest (1=yes)	-0.664*** (-3.52)	-0.577*** (-3.53)	-0.325* (-1.73)	-0.823*** (-4.4)	-1.017*** (-5.85)
Poor (1=yes)	-0.657*** (-3.82)	-0.705*** (-4.88)	-0.134 (-0.79)	-0.653*** (-3.85)	-0.883*** (-5.89)
Middle (1=yes)	-0.614*** (-3.67)	-0.471*** (-3.47)	-0.181 (-1.11)	-0.212 (-1.27)	-0.585*** (-4.21)
Richer (1=yes)	-0.259 (-1.48)	-0.320** (-2.33)	-0.178 (-1.07)	0.169 (-0.92)	-0.151 (-1.05)
Individual Characteristics					
Woman's age	0.009 (1.05)	0.014* (1.71)	0.014 (1.64)	0.012 (1.37)	0.01 (1.14)
Woman currently working (1=yes)	0.203** (2.43)	0.179** (2.24)	-0.015 (-0.17)	0.099 (1.11)	0.07 (0.79)
Wanted child (1=yes)	0.086 (1.15)	0.273*** (3.73)	-0.042 (-0.53)	0.082 (1.03)	0.138* (1.73)
Birth parity	-0.081*** (-2.82)	-0.072** (-2.48)	-0.054* (-1.82)	-0.056* (-1.81)	-0.064** (-2.00)
Number of children who died	0.015 (0.19)	-0.073 (-0.84)	-0.008 (-0.1)	-0.048 (-0.56)	-0.107 (-1.04)
Decision-making power	0.052* (1.8)	0.036 (1.31)	0.068** (2.29)	0.068** (2.24)	-0.014 (-0.46)
Household Characteristics					
Number of household members					
	0.004 (0.26)	-0.025 (-1.52)	0.008 (0.43)	-0.035* (-1.9)	-0.031* (-1.77)
Residence in urban area (1=yes)	0.196** (2.13)	-0.026 (-0.29)	0.102 (1.03)	0.466*** (4.94)	0.181** (1.96)
Husband's education (years)	0.035*** (4.00)	0.030*** (3.68)	0.020** (2.21)	0.021** (2.3)	0.012 (1.44)
Geographic Dimension (dropped=NCR)					
Cordillera Administrative Region	-0.587** (-2.54)	-0.402* (-1.8)	-0.299 (-1.33)	-0.246 (-0.96)	-0.254 (-1.05)
Ilocos	-0.356* (-1.78)	-0.195 (-0.99)	0.217 (1.03)	-0.152 (-0.68)	-1.036*** (-4.95)

Appendix Table III.3. Determinants of Maternal Care Utilization

	ANTENATAL VISIT	FIRST TRIMESTER	IRON INTAKE	MEDICAL PROFESSIONAL	MEDICAL FACILITY
Women's Education					
Cagayan Valley	-0.365*	0.081	-0.16	-0.26	-0.621***
	(-1.71)	(0.38)	(-0.75)	(-1.12)	(-2.84)
Central Luzon	-0.101	-0.091	0.207	0.556**	-0.594***
	(-0.54)	(-0.54)	(1.1)	(2.22)	(-3.42)
CALABARZON	-0.205	-0.05	0.01	-0.253	-0.549***
	(-1.2)	(-0.32)	(0.06)	(-1.34)	(-3.43)
MIMAROPA	0.234	-0.196	0.592***	-0.865***	-0.831***
	(1.11)	(-1.01)	(2.65)	(-3.87)	(-3.67)
Bicol	-0.427**	-0.752***	0.082	-0.429**	-0.686***
	(-2.28)	(-4.09)	(0.43)	(-2.14)	(-3.58)
Western Visayas	0.122	-0.237	0.688***	-0.411*	-0.323
	(0.59)	(-1.24)	(3.04)	(-1.9)	(-1.59)
Central Visayas	0.111	-0.413**	0.716***	-0.027	-0.249
	(0.58)	(-2.41)	(3.35)	(-0.13)	(-1.35)
Eastern Visayas	-0.027	-0.624***	0.245	-0.456**	-0.694***
	(-0.14)	(-3.15)	(1.23)	(-2.15)	(-3.18)
Zamboanga Peninsula	0.005	0.067	0.197	-0.571**	-0.714***
	(0.02)	(0.32)	(0.91)	(-2.53)	(-3.16)
Northern Mindanao	-0.258	-0.301	0.351	-0.614***	-0.367*
	(-1.28)	(-1.53)	(1.64)	(-2.84)	(-1.77)
Davao	0.077	-0.097	0.339	-0.540**	-0.092
	(0.36)	(-0.49)	(1.57)	(-2.41)	(-0.44)
Soccsksargen	0.248	-0.051	0.24	-0.918***	-0.704***
	(1.22)	(-0.27)	(1.18)	(-4.25)	(-3.35)
Caraga	0.452**	-0.188	0.563**	-0.648***	-0.635***
	(2.03)	(-0.96)	(2.44)	(-2.89)	(-2.95)
Autonomous Region of Muslim Mindanao	-0.533***	-0.673***	-0.255	-0.816***	-0.966***
	(-2.61)	(-3.39)	(-1.27)	(-3.7)	(-4.13)
Constant	-0.004	0.142	-0.475	-0.149	-0.21
	(-0.01)	(0.44)	(-1.35)	(-0.41)	(-0.62)
Log-likelihood	-820.77	-873.456	-731.427	-703.785	-719.773
Number of Observations	1515	1427	1526	1526	1526

Data source: National Demographic and Health Survey, 2003. National Statistics Office.

Note: Absolute value of t-statistics in parentheses

* significant at 10%;

** significant at 5%; and

*** significant at 1%

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For further information on the Global Study on Child Poverty and Disparities please contact:

SPLID

The United Nations Children's Fund

31st Floor Yuchengco Tower

RCBC Plaza, Makati City, Philippines

www.unicef.org

email:

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