

PHILIPPINES
2010

Progress Report on the Millennium Development Goals



Philippines Progress Report on the Millennium Development Goals 2010



Australian Government
AusAID




**MALACAÑAN PALACE
MANILA**

These past few years, our country has experienced modest economic growth, but the real life situations of our countrymen have only gotten worse. There have been few developments in the lives of Filipinos, especially in the areas of education and maternal health.

The Millennium Development Goals exist to provide us with concrete socioeconomic targets as we work towards social justice and poverty alleviation amid sustained growth, and ultimately, towards global development. It is imperative that this progress report be released in order to assess our progress in the betterment of the lives of our countrymen and people all over the world.

Above all, however, this report reminds us of the amount of change that must be made and the workload that has been put on the shoulders of us Filipinos. As we look after the interests of our people vis-à-vis the global community, and as we move towards change not just in the Philippines, but the world, we call upon NEDA and other public and private firms, along with the Filipino people, to undertake this challenge. We will restore our national dignity. We will show the world how it is to hope, and how it is to bring about genuine, meaningful change.

Sama-sama nating tahakin ang tuwid na landas tungo sa pagbabago.


BENIGNO S. AQUINO III
MANILA
13 August 2010





The Philippines Fourth Progress Report on the Millennium Development Goals (MDGs), as with the previous three reports, is a result of the collaborative effort among government agencies, academe, research institutions, civil society and the UN Country Team (UNCT). It provides a comprehensive review of the progress of MDGs in the Philippines since the adoption of the Millennium Declaration by 189 member states of the UN during the Millennium Summit in September 2000.

The MDGs are a set of time-bound, concrete and specific goals to reduce extreme poverty, illiteracy and disease by 2015. For the past ten years, the MDGs have been integrated in the Philippine government's core development agenda. The MDGs are top priority concerns of the government in its efforts to ensure a brighter future for Filipinos. Through the Medium-Term Philippine Development Plan (MTPDP) 2004-2010 whose overall goal is to fight poverty, the government has affirmed its commitment to achieve the MDGs.

The crafting of this report comes at a time the Philippine government is in the process of preparing the MTPDP for the next six years. This Plan shall spell out the government's development priorities and shall serve as the roadmap for the implementation of government programs and projects. The findings presented in this report will be useful in addressing concerns that must be given priority in the next MTPDP.

The recommendations of this report on the MDGs, on the other hand, shall serve as guides in the formulation of the strategies to address the priority concerns raised in the MTPDP.

This report, which was prepared in consultation with various sectors of society, presents the progress made for each of the MDGs over the past two decades, the challenges encountered along the way, and a concrete set of actions needed to keep the Philippines on track to achieve the MDGs.





Preface

So far, the Philippines has been doing well in the following areas: (a) reducing under-five mortality rate and infant mortality rate; (b) reducing both the prevalence rate and the death rate associated with malaria; (c) increasing tuberculosis treatment success rate; (d) increasing the proportion of households with access to safe water supply; and (e) providing equal opportunities for girls in the area of education.

However, we need to catch up in three major areas where we are lagging behind: poverty, education and maternal health.

The report indicates that a significant proportion of population has remained poor over the past two decades and that poverty incidence among the population even worsened from 30.0 percent in 2003 to 32.9 percent in 2006. There is thus this need to intensify the implementation of effective antipoverty interventions to improve the welfare and income status of the poor and the vulnerable groups.

On education, the current trend in elementary participation, survival and completion rate suggests that the target of universal access to elementary education might not be achieved if we do not address factors that continually affect efforts in keeping the children in school. These factors include poverty, poor health, peace and order and child labor, among others. Moreover, efforts should be focused on boys to achieve gender equality in education.

On health, there is a need to increase investments in improving maternal health as the current rate of decline in maternal mortality ratio indicates that the 2015 target of 52 deaths per 100,000 live births is unlikely to be met. There is also a need to intensify efforts to reduce the HIV and AIDS prevalence.

This report also highlights the impact of recent developments that continually affect our poverty reduction efforts, such as the food and fuel price hikes in the first half of 2008, the global financial crisis, and climate change.

A pioneering feature of this progress report is the inclusion of the results of the pilot formulation of provincial MDG Reports for 9 provinces highlighting the experiences of local governments in their efforts to meet the MDGs.

Preface



But more than presenting the country's performance in achieving the MDGs, this report also presents recommendations that are critical in meeting the challenges by 2015. These recommendations include the need to sustain socially inclusive economic growth, better population management, and improving targeting needs by focusing antipoverty programs and projects to underserved areas to benefit more poor families. Moreover, improved governance, greater transparency and accountability are also critical to ensure that the available resources are used efficiently.

Given all these, the challenge for everyone is how we can transform these recommendations into actions through the implementation of effective policies, programs and projects to make a positive impact on our people especially the poor. Although some progress was made in the past ten years since we committed to achieve the MDGs, we need to do more. With only five remaining years to go, our task is to double our efforts in instituting change – to meet and keep the 2015 promise.

CAYETANO W. PADERANGA, JR.

Secretary of Socio-Economic Planning

2010 Philippines MDGs Progress Report

The completion of the 2010 Philippines MDGs Progress Report is opportune as the country braces for the final stretch to achieve the MDGs by 2015. At this point in the timeline of the MDGs where only five years are left, taking stock is in order and the Philippines, with the mandate of a new political leadership, has to agree on a way forward to overcome obstacles hindering the attainment of the eight goals.

The preparation of the 2010 progress report is in line with the year-long global review on the MDGs where it looks at the gains and lessons learned from the last 10 years since the Millennium Declaration was signed in 2000. The review process is a call to face squarely the challenge of achieving the goals versus a 'business as usual' stance. It is a call for the preparation and implementation of breakthrough plans that define the direction towards accelerating the pace towards the achievement of the MDGs by the 2015 deadline.

A review of the last decade shows gains and reversals; it has shown countries that have achieved some of the goals even ahead of 2015, while some countries have lagged behind with possibilities of not meeting the goals. Progress has been highly mixed and uneven, across and within countries and goals, and trends show escalating inequality. The 2010 round of country progress reports will serve as the main resource materials to advocate and campaign for action to achieve the MDGs by 2015.

This year's progress report is different from previous reports as it also includes analysis on the impact of new developments such as the global economic downturn and climate change. It is in this light that this special edition of the 2010 report can help ensure that the promise of 2015 is kept by providing national stakeholders with a common, nationally owned framework for renewed action to accelerate progress towards the MDGs.

The UN is confident that the 2010 Philippines Progress Report can galvanize commitment and bring about collective action towards the effort needed to meet the goals. With a well-crafted breakthrough plan of action to 2015, the road ahead, though challenging indeed, can turn into a defining moment for the Philippines.



Jacqui Badcock
Dr. Jacqueline Badcock

UN Resident Coordinator and
UNDP Resident Representative

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List of Acronyms

3G	Third Generation
3Rs	Re-use, Reduce, Recycle
4Ps	Pantawid Pamilyang Pilipino Program
ABI	Alternative Budget Initiative
ABnBO	Alliance of Botika ng Barangay Operators
ADB	Asian Development Bank
ADMs	Alternative Delivery Modes
AFTA	ASEAN Free Trade Area
AHMP	Accelerated Hunger Mitigation Program
ALS	Alternative Learning System
AMDGO	Albay MDG Office
AMTP-IV	Fourth AIDS Medium Term Plan
ANC	Antenatal Care
AO	Administrative Order
APIS	Annual Poverty Indicators Survey
ARH	Adolescent Reproductive Health
ARIC	Asia Regional Integration Center
ARMM	Autonomous Region of Muslim Mindanao
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ASEAN	Association of South East Asian Nations
ASRH	Adolescent and Sexual Reproductive Health
AY	Academic Year
BEmONC	Basic Emergency Obstetric and Neo-natal Care
BESRA	Basic Education Sector Reform Agenda
BFAD	Bureau of Food and Drugs
BFAR	Bureau of Fisheries and Aquatic Resources
BHS	Barangay Health Service
BIMP-EAGA	Brunei-Darrusalam-Indonesia-Malaysia-Philippines East ASEAN Growth Area
BLNs	Basic Learning Needs
BLOM	Botika ng Lalawigan
BnB	Botika ng Barangay

List of Acronyms

BNB	Botika ng Bayan
BNS	Barangay Nutrition Scholar
BPO	Business Process Outsourcing
BSP	Bangko Sentral ng Pilipinas
CA	Congressional Allocation
CADTs	Certificates of Ancestral Domain Titles
CALABARZON	Cavite, Laguna, Batangas, Rizal, and Quezon (Region IV-A)
CALTs	Certificates of Ancestral Land Titles
CAR	Cordillera Administrative Region
CARPer	Comprehensive Agrarian Reform Program Extension with Reforms
CBFM	Community-Based Forestry Management
CBMS	Community-Based Monitoring System
CCT	Conditional Cash Transfer
CDD	Community Driven-Development
CDR	Case Detection Rate (Tuberculosis)
CDS	City Development Strategies
CEAC-LPP	Community Empowerment Activity Cycle – Local Planning Process
CeC	Community e-Center
CEmONC	Comprehensive Emergency Obstetric and Neo-natal Care
CEPT	Common Effective Preferential Tariff
CFCs	Chlorofluorocarbons
CHD	Center for Health Development
CHF	Coalition for the Homeless Foundation
CHO	City Health Office
CIA	Congressional Initiative Allocation
CIBs	Concrete Interlocking Blocks
CICT	Commission for Information and Communications Technology
CIDSS	Comprehensive and Integrated Delivery of Social Services
CISFA	Comprehensive and Integrated Shelter Finance Act
CITES	Convention on International Trade of Endangered Species of Wild Fauna and Flora
CLC	Culianan Learning Center
CLEEP	Comprehensive Livelihood and Emergency Employment Program





List of Acronyms

CLPI	Core Local Poverty Indicators
CLPIMS	Core Local Poverty Indicators Monitoring System
CMP	Community Mortgage Program
CMTS	Cellular Mobile Telephone Service
CNC	City Nutrition Committee
CODE-NGO	Caucus of Development NGO Networks
CompR	Completion Rate
CPC/NCEP	Climate Prediction Center/ National Centers for Environmental Prediction
CPH	Census of Population and Housing
CPI	Consumer Price Index
CPR	Contraceptive Prevalence Rate
CPUE	Catch per Unit Effort
CR	Cure Rate (Tuberculosis)
CSOs	Civil Society Organizations
CSR	Cohort Survival Rate
	Contraceptive Self-Reliance Strategy
	Corporate Social Responsibility
CY	Calendar Year
DA	Department of Agriculture
DAP	Development Academy of the Philippines
DAR	Department of Agrarian Reform
DBCC	Development Budget Coordination Committee
DBM	Department of Budget and Management
DCWD	Davao City Water District
DEC	Department of Education and Culture
DECS	Department of Education, Culture and Sports
DENR	Department of Environment and Natural Resources
DepEd	Department of Education
DICT	Department of Information and Communications Technology
DILG	Department of the Interior and Local Government
DMC	Davao Medical Center
DOF	Department of Finance
DOH	Department of Health

List of Acronyms



DOLE	Department of Labor and Employment
DOTS	Directly Observed Short-course
DPUUCSP	Development of Poor Urban Communities Sector Project
DPWH	Department of Public Works and Highways
DRR	Disaster Risk Reduction
DSAP	Drug Store Association of the Philippines
DSWD	Department of Social Welfare and Development
DVD	Digital Versatile Disc
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EDNPI	Earth Day Network Philippines, Inc.
EDSA	Epifanio de los Santos Avenue
EFA	Education for All
EMB	Environmental Management Bureau
EO	Executive Order
EPI	Expanded Program on Immunization
ERP	Economic Resiliency Plan
ESTI	Educational System Technological Institute
ESWM	Ecological Solid Waste Management
EU	European Union
F1	FOURmula One
FACE	Focused, Accelerated, Convergent and Expanded
FAITH	Food Always in the Home
FAO	Food and Agriculture Organization
FDA	Food and Drug Administration
FDI(s)	Foreign Direct Investment(s)
FIES	Family Income and Expenditure Survey
FIVIMS	Food Insecurity and Vulnerability Information Management System
FLEMMS	Functional Literacy and Mass Media Survey
FMB	Forest Management Bureau
FNRI	Food and Nutrition Research Institute
FP	Family Planning





List of Acronyms

FPS	Family Planning Survey
FPW	Framework Plan for Women
FSP	Food-for-School Program
FY	Fiscal Year
GAA	General Appropriations Act
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GeDI	Gender Disparity Index
GEM	Gender Empowerment Index
GEO	Global Environment Outlook
GER	Gross Enrolment Ratio
GFATM	Global Fund to Fight AIDS, TB and Malaria
GFC	Global Financial Crisis
GILAS	Gearing Up Internet Literacy and Access for Students
GIPSDM	Governance, Institutions, Public Safety and Disaster Management
GIR	Gross Intake Rate
GK	Gawad Kalinga
GLCA	Global Leadership for Climate Action
GMA 50	Gamot na Mabisa at Abot-kaya
GNP	Gross National Product
GO	Government Organization
GOCCs	Government Owned and Controlled Corporations
GP	Garantisadong Pambata
GRBS	Game Refuge and Bird Sanctuaries
GVA	Gross Value-Added
HACT	HIV and AIDS Core Team
HB	Hepatitis B
HDN	Human Development Network
HFCS	Household Food Consumption Survey
HGC	Home Guaranty Corporation
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPN	Health Policy Notes
IAC	Inter-Agency Committee

List of Acronyms



IBF SHOM	International Bazaar Foundation – Spouses of House of Missions
ICC	Investment Coordination Committee
ICLARM	International Centre for Living Aquatic Resources Management (Philippines; now known as WorldFish)
ICLS	International Conference of Labour Statisticians
ICMRM	Integrated Coastal and Marine Resources Management
ICSE	International Classification by Status in Employment
ICT	Information and Communications Technology
IDRC	International Development Research Center
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
IGPs	Income-Generating Projects
IHBSS	Integrated HIV Behavioural and Serologic Surveillance
ILO	International Labour Organization
IMDI	Institute for Migration and Development Issues
IMPACT	Instructional Management by Parents, Community and Teachers
IMR	Infant Mortality Rate
IP	Intellectual Property
IPs	Indigenous Peoples
IPCC	Intergovernmental Panel on Climate Change
IRA	Internal Revenue Allotment
IRR	Implementing Rules and Regulations
IRS	Indoor Residual Spraying
ISF	Integrated Social Forestry
ISLA	Integrated Services for Livelihood Advancement of Fisherfolk
ISPs	Internet Service Providers
ISTC	International Standard of TB Care
IT	Information Technology
ITNs	Insecticide Treated Nets
ITU	International Telecommunication Union
IYCF	Infant and Young Child Feeding
JICA	Japan International Cooperation Agency
JPEPA	Japan-Philippines Economic Partnership Agreement
KALAHI	Kapit-Bisig Laban sa Kahirapan





List of Acronyms

LAN	Local Area Network
LB	Live Birth
LCIP	Learning Competency Improvement Program
LFS	Labor Force Survey
LGA	Local Government Academy
LGU(s)	Local Government Unit(s)
LLINs	Long Lasting Insecticide Treated Nets
LPG	Liquefied Petroleum Gas
LTO	Land Transportation Office
LWUA	Local Water Utilities Administration
MARPs	Most-At-Risk Populations
MC	Memorandum Circular
MC-IHDC	Multi-sectoral Committee on International Human Development Commitments
MCH	Maternal and Child Health
MCHP	Maternal and Child Healthcare Program
MCP	Maternity Care Package
	Malaria Control Program
MCW	Magna Carta of Women
MDC	Municipal Development Council
MDFO	Municipal Development Fund Office
MDG(s)	Millennium Development Goal(s)
MDG-F	MDG Achievement Fund
MDRP	Maximum Drug Retail Price
MFIs	Microfinance Institutions
MHO	Municipal Health Office(r)
MILF	Moro Islamic Liberation Front
MIMAROPA	Mindoro, Marinduque, Romblon, and Palawan (Region IV-B)
MIPH	Municipal Investment Plan for Health
MISOSA	Modified In-School Out-of-School Approach
MM	Metro Manila
MMLDC	Meralco Management and Leadership Development Center Foundation, Inc.
MMR	Maternal Mortality Ratio
MMS	Multimedia Messaging Service

List of Acronyms



MNCHN	Maternal, Neonatal and Child Health and Nutrition
MOA	Memorandum of Agreement
MOOE	Maintenance and Other Operating Expenses
MPAs	Marine Protected Areas
MRBs	Medium-Rise Buildings
MSMEs	Micro, Small and Medium Enterprises
MTCT	Mother-to-Child Transmission
MTPDP	Medium-Term Philippine Development Plan
MTPIP	Medium-Term Philippine Investment Plan
MVIS	Motor Vehicle Inspection System
NAMRIA	National Mapping and Resource Information Authority
NAPC	National Anti-Poverty Commission
NAST	National Academy of Science and Technology
NAT	National Achievement Test
NAWASA	National Waterworks and Sewerage Authority
NCBTS	National Competency-Based Teacher Standards
NCPAM	National Center of Pharmaceutical Access and Management
NCR	National Capital Region
NDCC	National Disaster Coordinating Council
NDHS	National Demographic and Health Survey
NEC	National Epidemiology Center
NEDA	National Economic and Development Authority
NER	Net Enrolment Rate
NFA	National Food Authority
NFC	National Formulary Committee
NFP	Natural Family Planning
NG	National Government
NGAs	National Government Agencies
NGF	Nutritional Guidelines for Filipinos
NGO(s)	Non-government Organization(s)
NHMFC	National Home Mortgage Finance Corporation
NHSM	National Health Sector Meeting
NHTS-PR	National Household Targeting System for Poverty Reduction





List of Acronyms

NIA	National Income Accounts National Irrigation Administration
NIR	Net Intake Rate
NKTI	National Kidney and Transplant Institute
NMA	Norwegian Mission Alliance
NNC	National Nutrition Council
NNS	National Nutrition Survey
NOVs	Notices of Violations
NPA	New People's Army
NSCB	National Statistical Coordination Board
NSDW	National Standards for Drinking Water
NSO	National Statistics Office
NSP	National Shelter Program
NTC	National Telecommunications Commission
NUDHF	National Urban Development and Housing Framework
O&O	Offshoring and Outsourcing
OBP	Out-Patient Benefit
ODA	Official Development Assistance
ODS	Ozone Depleting Substances
OFW(s)	Overseas Filipino Worker(s)
OPIFs	Organizational Performance Indicator Frameworks
OSCY	Out-of-School Children and Youths
OTC	Over-the-Counter
OTOP	One-Town-One Product
P3W	President's Priority Program on Water
PAGASA	Philippine Atmospheric, Geophysical and Astronomical Services Administration
PAPs	Programs, Activities and Projects
PAWB	Protected Areas and Wildlife Bureau
PBGs	Performance-Based Grants
PBSP	Philippine Business for Social Progress
PCAA	Philippine Clean Air Act
PCAPI	Pollution Control Association Philippines, Inc.
PCARRD	Philippine Council for Agriculture, Forestry and Natural Resources Research and Development
PCSO	Philippine Charity Sweepstakes Office

List of Acronyms



PDAF	Priority Development Assistance Fund
PDF	Philippine Development Forum
PDI	Parallel Drug Imports
PDIP	Parallel Drug Importation Program
PDNA	Post-Disaster Needs Assessment
PDR	People's Democratic Republic
PEM	Philippine Environment Monitor
PEP	Poverty and Economic Policy
PESO	Public Employment Service Office
PFZ	Poverty Free Zones
PGR	Population Growth Rate
PHA	Philippine Hospital Association
PHDR	Philippine Human Development Report
PHIC	Philippine Health Insurance Corporation
PHO	Provincial Health Office(r)
PHS	Philippine Health Statistics
PIA	Philippine Information Agency
PIDS	Philippine Institute for Development Studies
PINAY	Pangkabuhayang Isda Naging Atang Yaman
PIPs	Program Implementing Partners
PIPH	Provincial Investment Plan for Health
PITC	Philippine International Trading Corporation
PLHIVs	Persons Living with HIV
PNDF	Philippine National Drug Formulary
PNHA	Philippine National Health Accounts
PNP	Philippine National Police
PO	Permit-to-Operate
POEA	Philippine Overseas Employment Administration
POPCOM	Commission on Population
PPP	Purchasing Power Parity Private-Public Partnership
PSR	Philippine Sanitation Roadmap
PWSSR	Philippine Water Supply Sector Roadmap
RA	Republic Act





List of Acronyms

RH	Reproductive Health
RHU	Rural Health Unit
RORO	Roll-On Roll-Off
RP	Responsible Parenthood Republic of the Philippines
RPM	Responsible Parenting Movement
RRSEA	Reefs at Risk in Southeast Asia
RSET	Regional Social and Economic Trends
SAC	Social Action Commission
SAE	Small Area Estimates
SBM	School-Based Management
SDC	Social Development Committee
SDRC	Social Development Research Center
SEA-K	Self-Employment Assistance-Kaunlaran
SEF	Special Education Fund
SHFC	Social Housing Finance Corporation
SMS	Short Messaging System
SNAP	Strategic National Action Plan
SOCCSKSARGEN	South Cotabato, Cotabato (North), Sultan Kudarat, Sarangani, and General Santos City
SPED	Special Education
SReA	School Readiness Assessment
SSS	Social Security System
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SUTA	Stand-Up Take Action
SWP	Social Watch Philippines
SWS	Social Weather Stations
SY	School Year
TAWAG	Tuloy Aral Walang Sagabal
TB	Tuberculosis
TESDA	Technical Education and Skills Development Authority
TFR	Total Fertility Rate
TN	Tindahan Natin

List of Acronyms

TRIPS	Trade Related Intellectual Property and Services
TSR	Treatment Success Rate (Tuberculosis)
TUPAD	Tulong Pang-hanapbuhay sa ating Disadvantaged Workers
TWG-MCM	Technical Working Group on Maternal and Child Mortality
U5MR	Under-Five Mortality Rate
UA	Universal Access
UDHA	Urban Development and Housing Act
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session
UNMC	United Nations Millennium Campaign
UNSIAP	United Nations Statistical Institute for Asia and the Pacific
UPLB	University of the Philippines – Los Baños
UPPC	United Pulp and Paper Company
UPSE	University of the Philippines School of Economics
US	United States
USAID	United States Agency for International Development
VAC	Vitamin A Capsule
VAT	Value-Added Tax
VAW	Violence Against Women
WA	Wilderness Area
Watsan	Water and Sanitation
WEDC	Women in Extremely Difficult Circumstances
WHO	World Health Organization
WRI	World Resources Institute
YAFSS	Young Adult Fertility and Sexuality Survey
ZBO	Zero Basura Olympics





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Philippines Progress Report on the Millennium Development Goals (MDGs) 2010



EXECUTIVE SUMMARY



1. Overview

Upon entering the 21st century, leaders from both developed and developing countries gathered and agreed to achieve a set of concrete, measurable development objectives by 2015 through the adoption of the Millennium Declaration¹. These objectives, known as the Millennium Development Goals (MDGs), are associated with the United Nations (UN) development agenda and are focused on addressing extreme poverty, lack of gainful employment opportunities, hunger incidence, lower access to education, gender inequality, prevalence of diseases (particularly among children and women), environmental degradation, among others.

In the past decade, a number of summits and meetings were held to monitor progress towards the achievement of the MDGs. While there were a number of success stories and remarkable progress in some countries, obstacles and challenges were ever present that caused some countries, especially the developing ones, to lag behind. Some of these challenges include shortfall in the level of investment, ineffective government policies, and lack of commitment, among others. These challenges have been aggravated by the combined effects

of various shocks including economic, food, and energy crises as well as increased frequency and intensity of natural calamities that are associated with climate change.

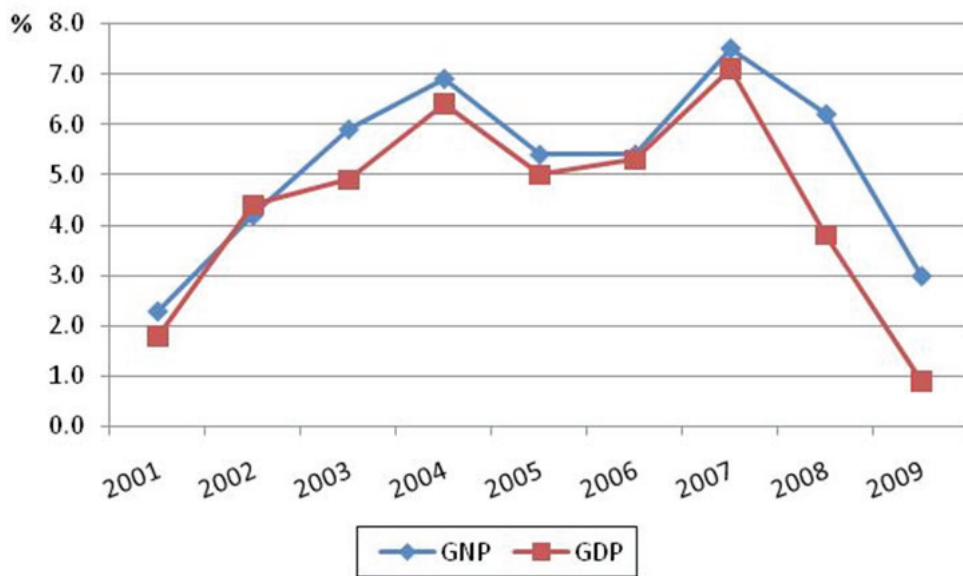
The Philippines is among the many developing countries that is continuously exerting efforts to be on track with the well-defined MDG targets. With only five years left before the target date, several of the targets seem to be far from reach for the Philippines primarily due to a number of challenges it has faced in the last couple of years that contributed to the slow pace of progress. This report aims to present the progress made for each of the goals over the past two decades (1990 baseline), the challenges encountered along the way, and the concrete set of actions needed to keep the Philippines on track with, or even accelerate, its progress towards the achievement of the MDGs.

Consultations with government agencies, academe and research institutions, civil society, and international donor organizations were undertaken in the course of the preparation of this report. Workshops were held in May 2010 and July 2010 to solicit comments from the various stakeholders.

¹ General Assembly resolution 55/2



Figure 1. GNP and GDP growth rates (%), 2001-2009



Source: NIA (January 2010), NSCB

1.1 Macroeconomic developments

Over this decade, the Philippine economy posted significant economic growth. Gross National Product (GNP) grew on the average, by 5 percent during the period 2000-2009. Growth peaked in 2007 when the economy grew at 7.5 percent. It even posted a growth of 6.2 percent in 2008, the year when the country experienced the food and fuel price shocks (Figure 1). Food prices increased in 2008 by 13.6 percent, higher than the food inflation rate of 3.3 percent in 2007. Fuel prices also went up significantly, with prices increasing by 17 percent in 2008, more than five times the fuel inflation rate of 3.3 percent in 2007. While prices of rice and fuel products have gone down from their peak in 2008, the prices have not gone down to pre-shock level.

The global financial crisis started in July 2007 in the United States and quickly spread

to other countries. The Philippines started to feel its effects in the second half of 2008 and the effects lingered till 2009. This has led to a slowdown in economic growth in 2009. Despite the global crisis, remittances from abroad continued to increase. Nevertheless, the 5 percent growth in remittances recorded in 2009 was significantly lower than the 13 percent growth registered in 2007 and 2008. This led to GNP growing by 3 percent only while Gross Domestic Product (GDP) only grew by 0.9 percent.

Recent data suggest that the economy is on its way to recovery. GDP and GNP grew by 7.3 percent and 9.5 percent, respectively, during the first quarter of 2010 with all sectors, except for agriculture posting significant growth. The rebound was spurred by the global economic recovery, election-related stimuli and the continuous growth of remittances from overseas Filipino workers (OFWs).

In addition to these economic and financial shocks, the manifestations of climate change have become more visible. The Philippines had already started witnessing some of the manifestations of climate change. The country's weather bureau, Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), estimated that there had been a significant increase in annual mean temperature from 1951 to 2006. It also estimated a significant decrease in the number of cold days and cool nights as well as significant increase in the frequency of hot days and warm nights from 1961 to 2003. PAGASA also projected more frequent and intensified El Niño and La Niña episodes that will induce more extreme weather events such as typhoons, floods, landslides, droughts, among others. Based on historical records, there were relatively more El Niño and La Niña episodes in recent decades than in earlier decades.

Because of increased temperature, changes in rainfall patterns, and increased frequency and intensity of extreme climate events, risk in agricultural production will be intensified. Two of the sharpest drops in volume of production and Gross Value-Added (GVA) in agriculture were experienced during two of the worst El Niño episodes recorded in history (1982-1983 and 1997-1998). The ongoing El Niño episode has wreaked havoc on agriculture and the National Disaster Coordinating Council (NDCC) has estimated crop losses at over PhP12 billion. During the period 2003-2006, around 56.4 percent of poor households had more than fifty percent of the total income derived from agricultural sources/activities. However, 63.3 percent of those tagged as chronic poor by Reyes

et al. (2010) were considered agricultural households. With majority of the poor households engaged in agriculture, this would significantly impact on the poverty situation of the country.

In addition, there were a number of extreme weather events reported in recent years, including the devastating typhoons Ondoy and Pepeng in 2009. Furthermore, typhoons are becoming less predictable, which visit the country even in times when these are least expected, e.g. November or December.

These developments pose additional challenges in meeting the MDGs.

1.2 Achievements so far

Poverty and hunger

Poverty

Subsistence and poverty incidence had consistently declined from 1991 to 2003. Access to basic social services has generally improved. However, income distribution across regions remains largely unequal, even worse than some of its Asian neighbors. Also, significant proportion of population has remained poor over the past two decades. In 2006, poverty incidence among population slightly went up. With the aftermath of the food and fuel price hikes (in 2008), global financial and economic crisis (which reached the country in the latter part of 2008) and natural calamities like the destructive typhoons Ondoy and Pepeng (in October 2009), followed by the recent El Niño phenomenon (that emerged in the latter part of 2009), further worsening of the poverty situation might be expected in 2009.



Hunger

Because of poverty, there might have been a reduction in households' capacity to meet their basic food and non-food needs. This might have been the reason why more than half of the households in the country are still not able to meet the nutritional requirements of their members. However, the 12.5 percent decrease in the proportion of households with per capita intake below 100 percent dietary energy requirement from 1993 (69.4%) to 2003 (56.9%) can already be considered as a good step towards attainment of the 2015 target. Similarly, there had been an improvement in terms of combating malnutrition among children aged 5 and below from 1990 to 2005, as evidenced by a 10 percent drop

in its proportion. In 2008, however, the proportion of malnourished children aged 5 and below increased by 1.6 percentage points. This reversal in the trend in malnutrition prevalence among children might be an area of concern.

Employment

One of the factors that might have contributed to the increase in poverty incidence is the lack of gainful employment opportunities, especially among those belonging in vulnerable groups. In recent years, labor productivity has been declining. Employment-to-population ratio for the '15 years and over' age group, particularly among women and youth, had also been declining up to 2008. It



somehow recovered in 2009 but the rate of increase appears to be low. Aside from that, more than a fifth (22.6%) of the country's employed population has been living below US\$1 per day in 2006, based on the UN MDG Database. Moreover, although proportion of own-account and contributing family workers in total employment dropped by almost 9 percent from 1992 to 2008, it is clear that nearly half of Filipino workers are still engaged in vulnerable employment.

Meanwhile, the deployed OFWs continued to grow rapidly. The number of OFWs deployed in 2008 totalled 1.23 million workers, which is a 14.7 percent increase from the previous year's 1.08 million. While this implies higher net factor income from abroad, there might be a need for the government to address issues like brain drain and deskilling of professionals who accepted low-skilled jobs abroad. Concerns about OFWs' welfare and protection while working outside the country as well as its social cost to Filipino families are important issues that the government and the Philippine society have to face.

Education

Rates of participation, cohort survival and completion at the elementary level have marked improvements in recent years, although at a very slow pace. This might have been attributed to efforts made by the government through provision of free and compulsory elementary education and augmentation of budget for school resources. From 2004 to 2009, a total of 75,584 new classrooms have been constructed and 52,536 new teacher items were created in response to the growing demand in the public school system.

However, primarily due to poor targeting, shortages in classrooms and teachers still persist in many areas as evidenced by high pupil-classroom and pupil-teacher ratios, respectively. This implies that the education system, given its current resources, might still not be ready to welcome and maintain a higher number of students.

Gender equality

In terms of education, females have consistently maintained higher rates of cohort survival and completion rates than males, from elementary to tertiary level, since 1990s. There has also been gender disparity (in favor of females) in terms of participation rates in both secondary and tertiary education. However, it should be noted that females and males have relatively equal participation rates at the elementary level. One of the most cited reasons behind this gender disparity in education is that males tend to get out of the system because they either need to work to help augment their household income or they just had lower motivation in going to school than females.

In recent years, women have become more empowered through political and economic participation. Women are becoming more visible as leaders and thus more involved in policy decisionmaking, both at the national and local levels. There are also more female workers who have been deployed abroad to work for the welfare of their families. More often than not, however, they tend to accept jobs that are usually not commensurate with their educational attainment such as domestic workers, caregivers, entertainers, clerical staffer or factory workers.





Health

Child mortality

The country has been performing well in terms of reducing child mortality over the past two decades. Infant mortality rate had gone down from 57 deaths per 1,000 live births in 1990 to 25 in 2008 while under-five mortality rate had declined from 80 in 1990 to 34 in 2008. The major factor that contributed to this remarkable achievement is the set of effective and well-defined child health and related programs carried out by the Department of Health (DOH), in collaboration with the local government units (LGUs). The programs offer a range of interventions that are appropriate at various life cycle stages, from maternal care to care of the newborn up to integrated management of

child health. Some of these interventions include breastfeeding and complementary feeding, micronutrient supplementation, immunization of both children and mothers, integrated management of sick children, child injury prevention and control, birth spacing, and proper hygiene. Meanwhile, child mortality is relatively high in rural areas where women have no or little education and/or income poor.

Maternal health

Maternal mortality ratio had been declining over the past two decades; from 209 per 100,000 live births in 1993 to 172 in 1998 to 162 in 2006. It seems, though, that the rate of change is relatively low. This might be attributed to the fact that a significant proportion of births were still delivered

at home and attended, not by skilled health professionals but, by the so-called hilots, especially in areas where health facilities with services of skilled health professionals are inaccessible.

Meanwhile, contraceptive prevalence rate has remained at 50 percent in recent years, out of which only 34 percent use modern contraceptives, based on recent surveys. Contraceptive use is lowest among the poorer families. This, and access to reproductive health in general, especially among poor women, still faces a lot of challenges including financial, political as well as cultural.

Global studies show that as much as 90 percent of maternal deaths could be averted through a three-pronged strategy of: skilled attendants at birth; access to basic and comprehensive emergency obstetric and neo-natal care referral system; and family planning services (informed choice).

Prevalence of infectious diseases

The number of new HIV reported cases had rapidly increased beginning 2007. By the end of 2009, there were 2 new cases of HIV infection reported per day, and in April 2010, up to 5 new cases of HIV infection per day has been reported. Relatively low coverage of prevention interventions, together with increased risky behavior and high level of misconceptions about HIV transmission, and poor attitude on use of protection on the disease, might have contributed to this trend. In terms of national prevalence rate, HIV has remained below one percent although some areas have reported more than one percent among its most-at-risk populations (MARPs).

Malaria morbidity and mortality rates, on the other hand, declined from 1990 to 2009; from 123 cases and 1.5 deaths per 100,000 population to 22 and 0.02, respectively. The continuous decline in morbidity and mortality due to malaria may be attributed to the continued implementation of the Malaria Control Program by the DOH, in collaboration with the LGUs, non-government organizations, and communities using the disease-free zone initiative.

Meanwhile, there had also been improvements in the indicators for tuberculosis in recent years. Specifically, targets for case detection rate and treatment success rate had already been achieved in 2004 and have been sustained since then. Cure rate, on the other hand, is still slightly below the 85 percent national target but it would be





feasible. All these improvements may be attributed to the strengthened implementation of the National Tuberculosis Control Program. Specifically, the adoption of the DOTS strategy since 1996 has contributed to the achievement of the program targets.

Environmental sustainability

Notwithstanding the degradation in some of the country's natural resources such as coastal and marine ecosystem because of climate change and other factors, there have also been some notable achievements in terms of environmental sustainability in recent years. These include the following: increase in the number of protected wildlife species; significant drop

in annual consumption of ozone-depleting substances; growing number of registered hazardous waste generators and solid waste disposal facilities; increase in the proportion of population having access to safe water and sanitary toilet facilities; and, decline in the proportion of population who are living in makeshift housing.

On the contrary, proportion of those living as informal settlers, particularly in urban areas, had slightly gone up from 1991 to 2006. This is expected to rise further from 2007 to 2010 due to threats posed by climate change and some other shocks like the recent global financial and economic crisis, which have significant impact on the properties, livelihood and incomes

of urban population. The government, however, has been continuously crafting and implementing programs and policies that would address these problems in informal settlements, water and sanitation, and other matters pertaining to environmental sustainability.

Partnerships for development

As a way to expand its networks with other countries, the Philippines has been working on further liberalizing its trade system and making the investment climate favorable to foreign investors. However, the country needs to lower the volume of its loans, narrow its fiscal deficit, and improve its fiscal system.

The initiative of making low-cost yet quality essential medicines accessible to Filipino people, most especially the indigents, had been making progress for about a decade already. The government has been proactive in developing strategies toward implementation of laws and programs that would support this initiative. Interestingly, supports from private institutions, local communities and other sectors contribute a lot in achieving this progress.

In terms of information and communications technology (ICT), significant progress had already been achieved in this sector. Fixed telephone line, cellular mobile telephone and internet subscriptions have all been growing rapidly over the past two decades. One of the challenges, though, has been the disparity in terms of geographical reach of ICT services. In response to this, efforts have already been exerted to bring ICT services to the unserved and underserved areas.

Financing

Economic uncertainties and fiscal constraints have led to the decline in LGU spending on social services. However, primarily due to strong advocacy for the MDGs, programs, activities and projects (PAPs) that are MDG-related have recently been prioritized in budget preparation, both at the national and local levels. The country was also able to secure funding for the MDGs from various international donors such as the United Nations and Government of Spain. Another notable achievement was the tool developed by the Department of the Interior and Local Government (DILG) that can assist LGUs in spending for MDG-related PAPs.

Some priorities of action were highlighted to further improve financing for the MDGs. First, there is a need to sustain initiatives in prioritizing MDG-related PAPs in the MTPDP and the budget. Accordingly, immediate implementation and institutionalization of MDG budget and expenditures monitoring should be carried out.

Second, the government should continue improving transparency and accountability in the implementation of MDG-related PAPs. Absorptive capacities of agencies implementing MDG-related PAPs should be improved through enhancement in the processes of procurement, auditing and accounting.

Third, the government must continue using cost-efficient modes of service delivery to avoid wastage of resources. In relation to this, design and targeting system of some PAPs should be improved.



Fourth, legislative and administrative reforms should be pursued to improve tax policy and administration.

Fifth, there is a need to strengthen the commitments and capacities of LGUs as direct providers/implementers of PAPs.

Sixth, public-private sector partnership for financing and implementing MDG-related PAPs should be enhanced.

Lastly, there might be a need for the government to reiterate its proposal on debt swap for the MDGs so as to help it re-channel its resources from debt repayment to PAPs for the MDGs.

Monitoring

Over the past two decades, a number of MDG-related policies have already been formulated by the NEDA, DILG, and the National Statistical Coordination Board (NSCB), among others, to institutionalize and improve the monitoring of the MDGs. These policies have facilitated the increase in awareness of the government and other stakeholders at the local and national levels on the MDGs. Moreover, the Community-Based Monitoring System (CBMS) has been implemented in 59 provinces and this has provided data for many of the MDG indicators. There are some challenges, however, which include the following: effective operationalization of MDG-related policies; timely collection and availability of national and disaggregated data; increased awareness on the MDGs among LGUs, private sector and civil society.

In response to these challenges, there is a need to revisit and enhance the MDG

Monitoring System for LGUs as well as ensure that indicators at the local level are consistent with those at the national level. Meanwhile, monitoring efforts of various sectors, apart from the government, should also be encouraged to further strengthen the monitoring system of LGUs.

Advocacy and localization

In recent years, a number of initiatives have been made to advocate and localize the MDGs to increase awareness on the MDGs among various stakeholders and mobilize their support for programs and projects toward the achievement of the MDGs. Some of these remarkable achievements include the following: (1) issuance of DILG Memorandum Circular (MC) No. 2004-152 or the "Guide to Local Government Units in the Localization of the MDGs"; (2) DBM's policy guidelines and procedures in preparation of national and local budget proposals, which emphasize programs, projects and activities in support of the MDGs; (3) creation of a Special Committee on the MDGs in the House of Representatives; (4) formulation of sub-national MDG progress reports for the country's 17 regions; (5) crafting of the MDG Framework for Business Action; (6) pilot formulation of Provincial MDG Reports for 10 provinces, undertaken by the CBMS Network Coordinating Team with support from NEDA and UNDP; (7) encouragement of support from private companies through the Business and the MDGs Campaign; (8) advocacy for donor support for the MDGs through the Philippine Development Forum (PDF); and (9) participation in the Stand-Up Take Action (SUTA) against poverty campaign of the United Nations Millennium Campaign (UNMC).

Despite all these efforts, a lot of work remains to be done to generate support for the MDGs and ensure its integration in local development. First, the government needs to invest in improving capacities of LGUs through problem-solving, involving local participation, managerial know-how, and transparent mechanisms.

Second, capacity building on MDG monitoring and preparation of MDG progress reports using CBMS can be extended to the other provinces.

Third, other institutions, such as the DILG-Local Government Academy (LGA) and the Leagues of Provinces, Municipalities and Cities, may also be tapped to extend assistance along improving capacities of LGUs on how to link the MDGs with local planning and budgeting.

Fourth, the lead agencies per MDG area should be encouraged to work in partnership with the DILG to strengthen localization efforts.

Fifth, the Philippine Information Agency (PIA) could also be encouraged to strengthen its efforts in advocating the MDGs.

Lastly, convergence of activities and sharing of resources may be done towards a more efficient delivery of advocacy initiatives.

1.3 Pace of progress

Table 1 shows the pace of progress of the Philippines towards the achievement of the MDGs. Based on the estimated probabilities of attaining the targets, the country has been performing well in reducing

mortality rate among children aged 5 and below, reversing the incidence of and death rate associated with malaria, increasing tuberculosis case detection and cure rates, expanding access to basic sanitation, and providing equal opportunities for girls in the area of education. In fact, the country had already surpassed the targets on improving access to sanitation, increasing tuberculosis case detection rate and providing equal educational opportunities for girls. However, national averages tend to hide large discrepancies across geographic location with many far-flung areas still remaining unserved. On the other hand, it seems that more efforts need to be exerted in achieving universal primary education, improving maternal health, combating HIV and AIDS, as well as reducing the incidence of poverty and hunger.

Poverty incidence among population had consistently been declining from 1991 (45.3%) to 2003 (30%) but suddenly increased in 2006 (32.9%). The poverty situation in 2009 might have been worsened by the combined effects of the food and fuel price hikes, global financial crisis (which reached the country in the latter part of 2008) and natural calamities such as the devastating typhoons Ondoy and Pepeng that hit the country during the last quarter of 2009, followed by the occurrence of the recent El Niño phenomenon (which emerged during the latter part of 2009). Halving the 1991 baseline figure by 2015 might therefore be more challenging this time. Similarly, subsistence incidence among population had been following a declining trend from 1991 (24.3%) to 2003 (13.5%) but slightly went up in 2006 (14.5%). Since the 2015 target (12.2%) is somewhat closer to the 2006 figure, there



Table 1. Pace of progress of the Philippines in terms of attaining the MDG targets

MDG goals, targets and indicators	Pace of progress	Probability of attaining the target
Goal 1: Eradicate extreme poverty and hunger Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day Proportion of population below poverty threshold Proportion of population below food threshold Target 1. C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger Prevalence of underweight children under-five years of age Proportion of households with per capita intake below 100 percent dietary energy requirement	 0.88 1.28 0.67 0.79	 MEDIUM HIGH MEDIUM MEDIUM
Goal 2: Achieve universal primary education Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling Elementary education net enrolment rate Elementary education cohort survival rate Elementary education completion rate	 0.00 0.30 0.29	 LOW LOW LOW
Goal 3: Promote gender equality and empower women Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 Ratio of girls to boys in elementary education participation rate Ratio of girls to boys in secondary education participation rate Ratio of girls to boys in elementary education cohort survival rate Ratio of girls to boys in secondary education cohort survival rate Ratio of girls to boys in elementary education completion rate Ratio of girls to boys in secondary education completion rate		 HIGH HIGH HIGH HIGH HIGH HIGH
Goal 4: Reduce child mortality Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Infant mortality rate Under-five mortality rate	 1.17 1.20	 HIGH HIGH
Goal 5: Improve maternal health Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Maternal mortality ratio Target 5.B: Achieve, by 2015, universal access to reproductive health Contraceptive prevalence rate	 0.47 0.27	 LOW LOW
Goal 6: Combat HIV/AIDS, malaria and other diseases Target 6. A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS HIV prevalence among 15 years and over Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it Proportion of population with advanced HIV infection with access to antiretroviral drugs Target 6. C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases Malaria morbidity rate Malaria mortality rate Tuberculosis case detection rate Tuberculosis cure rate	 0.02 0.03 0.72 2.01 2.37 3.82 2.53	 LOW LOW MEDIUM HIGH HIGH HIGH HIGH
Goal 7: Ensure environmental sustainability Target 7. C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation Proportion of population with access to safe water Proportion of population with access to sanitary toilet facilities	 0.82 1.68	 MEDIUM HIGH

is still a high probability of achieving this target.

Data on nutrition seem to tie up with income poverty data. Proportion of malnourished children had been going down from 34.5 percent in 1990 to 24.6 percent in 2005 but went up to 26.2 percent in 2008. Similar to poverty incidence, there is a medium rate of progress in terms of halving the baseline figure for malnutrition prevalence. Proportion of households with per capita intake below 100 percent dietary energy requirement, on the other hand, declined from 69.4 percent in 1993 to 56.9 percent in 2003. This 12.5 percent improvement within the ten-year period is considered small since almost twice of this (22.2%) is still required to be able to meet the target (34.7%) by 2015.

In terms of primary education, the country has been underperforming over the past decade. The rate of progress with respect to elementary education participation rate has been estimated to be low. From 1991 to 1999, the net enrolment rate in elementary education had been rising from 85 to 97 percent but had been consistently going down from 2000 to 2006 (97 to 83%). It started to rise again in 2007 but the rate of increase is relatively low. Based on the current trend, it seems that it is still far from the 2015 target. In terms of cohort survival

and completion rates, progress have also been at a slower pace. Cohort survival rate had been relatively stable from 1990 to 1997 but suddenly went down in 1998. It rose again in 2001 at 69.1 percent and ended up at 75.4 percent in 2008. Similarly, there has not been much improvement in terms of elementary education completion rate. The figure only increased by 5.7 percentage points over the past two decades; from 67.6 percent in 1990 to 73.3 percent in 2008.

The aim of Goal 3 is to ensure equal opportunities for girls and women. In the case of the Philippines, girls and women have not been lagging behind boys and men in the area of education. In fact, school participation, cohort survival and completion rates (both at the primary and secondary levels) for girls have been consistently higher than for boys, although the disparities have not been as much. Girls are disadvantaged only in terms of elementary education participation rate during the 1990s.

Another area where the country has been performing well is on reducing child mortality. Infant mortality rate substantially declined from 57 infants per 1,000 live births in 1990 to 33.6 in 1993. The rate slightly rose to 35.1 in 1998 then it steadily went down until it landed at 25 in 2008. Based

Notes on Table 1:

Computation of pace of progress is based on UNSIAP methodology;

Pace of progress = Actual rate of progress / Required rate of progress

where: Actual rate of progress = [(latest data / baseline data) – 1] / no. of years elapsed (for negative indicators)

= [(latest data – baseline data) / (100 – baseline data)] / no. of years elapsed (for positive indicators)

Required rate of progress = [(target rate / baseline data) – 1] / no. of years covered

Probability of attaining the target: LOW if pace of progress is less than 0.5; MEDIUM if pace of progress is between 0.5 and 0.9; and, HIGH if pace of progress is greater than 0.9



on the trend, there is a high probability that the 2015 target (at 19 infants per 1,000 live births) will be achieved. Under-five mortality rate declined from 80 deaths per 1,000 live births in 1990 to 54.2 in 1993 then it consistently went down to 34 in 2008. Targeting a rate of 26.7 by 2015 would therefore be easier, especially if appropriate interventions would be effectively implemented.

On the other hand, improvement in maternal health is one area of concern. Maternal mortality ratio had been declining from 209 per 100,000 live births in 1990 to 172 in 1998. However, the ratio went down to only 162 per 100,000 live births in 2006. Based on this trend, it seems that 2015 target of 52 per 100,000 live births is still relatively far. Similarly, the country has not been performing well in terms of contraceptive prevalence rate. The figure increased from 40 percent in 1993 to 51 percent in 2008. The pace of progress over the period has been relatively low considering that the 2015 target is 80 percent.

Halting the spread of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) appears to be challenging for the country as the estimated prevalence rate among HIV-infected population who are 15 years old and over increased from 0.0014 percent in 2006 to 0.007 percent in 2009 based on blood donor data. These figures, however, have remained within the 2010 Philippine target of less than one percent. On the other hand, the country has not been performing well in terms of increasing the proportion of youth with comprehensive correct knowledge of HIV and AIDS. Meanwhile, there has been medium rate of progress in terms of increasing the proportion of population

with advanced HIV infection with access to antiretroviral drugs.

The country has also been performing very well in terms of reversing the incidence of and death rates associated with malaria and tuberculosis. Malaria morbidity rate had consistently declined from 123 cases per 100,000 population in 1990 to 20 in 2009. Similarly, mortality rate due to malaria decreased from 1.5 deaths per 100,000 cases in 1990 to 0.02 in 2009. Interestingly, the target for tuberculosis case detection rate has been achieved since 2004. From 60 percent in 2000, the rate increased to 70 percent in 2004, which is the national target for 2015. Since then, the rate has been maintained above the target. Tuberculosis cure rate increased from 73 percent in 2000 to 82 percent in 2004. It slightly went down to 81 percent in 2005 but recovered at 83 percent the following year. Cure rate then declined to 82 percent in 2007 and ended up with 79 percent in 2008. Based on the recent trend, the 2015 target of 85 percent is relatively close.

Another area with fast pace of progress is the expansion of access to basic sanitation. Proportion of population with access to sanitary toilet facilities had been increasing from 71.8 percent in 1991 to 88.6 percent in 2008, surpassing already the 2015 target of 85.9 percent in 2002. Proportion of population with access to safe water, on the other hand, has posted a medium rate of progress. It had been increasing from 73.8 percent in 1991 to 81.4 percent in 2008. Based on the current trend, it seems that the 2015 target (85.9%) is feasible. However, these favorable results hide the fact that almost one in five (or 15.73 million) persons are still unable to access safe water



and one in ten (or 9.62 million) persons do not have access to sanitary toilet facilities.

1.4 Ways forward

Poverty

Reversal in the poverty trend in recent years notwithstanding the implementation of a number of poverty reduction programs posts a challenge to the government. One of the most important approaches in responding to this challenge is the convergence of all the anti-poverty interventions to be able to strengthen the desired impact of the programs. The government should also sustain and scale up the delivery of proven good practices and successful programs on social protection, microfinance, asset reform, livelihood, among others. However, given the limited budget of most of the programs, proper targeting system should be adopted. This is to ensure that greater resources are channeled to target beneficiaries, particularly those in poor and underserved areas. There is also a need for the government to provide adequate safety nets to poor households, especially those considered chronic poor, to prevent them from falling into poverty or for them to recover more quickly from economic and natural shocks. Implementation of time-bound emergency public infrastructure-based employment programs, skills training programs and other support programs might enable households to augment their income in times of crises.

Education

In order to uphold its mandate of providing free and compulsory primary education and at the same time respond to the growing school-age population,

budget of the Department of Education (DepEd) has to be further increased. Also, resource allocation system has to be improved to address wide regional disparities. This could be done by improving the database system and conducting school mapping to be able to effectively track the resource-constrained areas. Alongside the increase in budget for school resources, cost-saving, non-conventional and flexible approaches should be strongly pursued to improve access to primary education. These approaches include the following: Instructional Management by Parents, Community and Teachers (IMPACT) system; Modified In-School Out-of-School Approach (MISOSA); and, Alternative Learning System (ALS). Addressing the high drop-out rate, especially among the early graders, and the inability of students to cope with school works might also require strengthening of pedagogical skills of teachers and inclusion of preschool education in the basic education cycle. Various social programs such as 4Ps should also be sustained, in conjunction with the DepEd's initiatives, to address the non-school factors contributing to the non-attendance to schools. Meanwhile, the government might also need to aggressively move the Basic Education Sector Reform Agenda (BESRA) forward primarily through the School-Based Management (SBM).

Gender equality

Although gender disparity (in favor of girls) in the area of education has not been as much, the government should give more attention in improving education indicators for boys. To enable more women to participate in the political arena, the government should intensify capacity development



programs such as skills training and development. In terms of addressing gender-based violence, on the other hand, some possible interventions could also be implemented: (i) strengthening awareness on gender-based violence at the local level; (ii) strengthening coordination between the local government units (LGUs) and the PNP; and, (iii) allocating resources to government agencies working on violence against women. Moreover, the legal framework for the protection and improved welfare of overseas Filipino workers (OFWs), particularly the female ones, should be strengthened. Meanwhile, sex-disaggregated data should be made available as these are deemed useful in identifying gender issues and in planning for more appropriate interventions.

Child mortality

Despite remarkable progress in reducing child mortality, some actions might still need to be undertaken to address regional disparities. First, there is a need for LGUs to better manage their child health interventions by improving their targeting system. LGUs should be trained and adequate resources should be provided to improve their database system. The government also needs to strengthen advocacy campaigns for child health programs such as that on breastfeeding. Moreover, LGUs need to fast-track and strengthen Maternal, Neonatal and Child Health and Nutrition (MNCHN) strategy to ensure proper pre-natal, natal and post-natal care for pregnant women.

Maternal health

Although a number of maternal health initiatives have already been undertaken, maternal health concerns still remain.

One of the priorities for action to address these concerns is to ensure that MNCHN strategy will be integrated in the Municipal Investment Plan for Health (MIPH) as well as the Provincial Investment Plan for Health (PIPH). The government should also exert more efforts in improving the quality of pre-natal, natal and post-natal services being provided in local public health facilities. This includes upgrading of managerial and technical capabilities of health workers, improvement of monitoring and evaluation as well as the database system, and strengthening of advocacy activities. Furthermore, there is also a need to continuously advocate for legislative support and strengthen linkages with the private sector/non-government organizations (NGOs)/civil society in order to resolve the problems on financing and accessibility of maternal care services.

Related to the improvement in maternal health is the improvement in access to family planning (FP) services. Given the low practice of family planning, there might be a need to expand informed choice by pushing for the Informed Choice Perspective Responsible Parenthood – Family Planning (RP-FP) Program. Together with parent education on adolescent and sexual reproductive health (ASRH), inclusion of adolescent reproductive health (ARH) in the education curriculum, both in public and private, is also deemed necessary. Designing of new financing mechanisms for FP/RH such as Performance-Based Grants (PBGs) for LGUs as well as expansion of the Contraceptive Self-Reliance Strategy (CSR) have to be pursued. Meanwhile, there is also a need for strong political will to promote a continuing advocacy effort in legislating a comprehensive population management

and reproductive health policy through the consolidated Reproductive Health (RH) Bill.

Combating HIV and AIDS, malaria and other diseases

Reversing the spread of HIV and AIDS requires some concrete set of actions. First, there is a need to build capacities to identify and locate the sources of new HIV infections and evaluate prevention coverage and impact. Effective and comprehensive package of interventions for HIV most-at-risk populations (MARPs) as well as migrant workers should also be designed and implemented. There is also a need to mobilize resources and engage communities in controlling the epidemic.

To prevent the spread of diseases in general, service provision should also be strengthened. This implies upgrading of managerial and technical capabilities among health workers, improvement of health and laboratory facilities, provision of timely program requirements, strengthening of program monitoring and evaluation, and pursuing advocacy on health-seeking behavior. Moreover, strengthening of partnerships with LGUs, civil society organizations, the private sector, among others, might also be necessary.

Environmental sustainability

To address the issue of environmental sustainability, there is a need to revisit implementation of environmental laws and encourage initiatives for compliance and penalties for violators. Efforts of various stakeholders in environmental advocacy should also be mobilized. In addition, enabling conditions for the protection and

preservation of natural resources should be established. A multi-party audit of environmental statistics should also be conducted. There is also a need to strengthen business sector's involvement through alignment of its corporate social responsibility (CSR) activities.

A clear national policy on water and sanitation (watsan) and a program managed by a lead institution is deemed necessary in achieving universal coverage. Watsan service providers should be regulated to ensure accountability to consumers with expanded access, efficient use of revenues and improved service quality. Investment on this sector should also be increased.

Moreover, public-private partnership should be pursued with appropriate incentives for private sector participation, particularly in the housing sector. The issue on non-availability of land suited for housing should also be addressed by coming up with innovative ways on addressing the issue of tenurial security apart from home ownership. Policies and development practices in urban development and housing should be addressed. LGUs should prepare comprehensive land use plans based on updated thematic maps that take into account risk-sensitive land use planning. There might also be a need for the creation of the housing microfinance network.

Partnerships for development

In order to develop open, rule-based, predictable, and non-discriminatory trading and financial systems, some strategies might need to be implemented: (i) strengthening of micro, small and medium enterprises



(MSMEs); (ii) proactive investment promotion to countries other than the United States; and, (iii) diversification and expansion of market for exports.

To address the debt problems of the country, tax revenue collection should be improved. There should also be improvement in the efficiency and transparency in public spending. Selection process of loan-funded programs and projects should also be strengthened.

Apart from upgrading of patent rights and business system, the issue of inaccessibility of essential medicines should also be addressed. The high-quality essential medicines should be available at affordable prices, especially in far-flung areas. Thus, monopolies and oligopolies in the market should be eliminated. Health professionals should also avoid brand preferences

when giving prescriptions that will limit the choices of patients, especially the poor ones. Pharmacists and dispensers in the retail outlets should also educate and assist some patients on their choices. Meanwhile, there is also a need for the Food and Drug Administration (FDA) to hire more qualified regulation officers, establish additional facilities or satellite offices, and procure new state-of-the-art equipment.

In terms of information and communications technology (ICT) development, an enabling socioeconomic and political environment should be created to attract more IT investments. There should also be close coordination between the executive and legislative branches of the government on proposed ICT-related bills. More efforts should also be exerted to bring ICT services to the unserved and underserved areas.

2. Progress over the past decade

This chapter presents the trends and inequality analysis made for the key indicators of each goal, assesses the progress made over the past decade, identifies key bottlenecks, and presents some policies and programs needed to keep track with, and possibly accelerate the current pace of progress.



Goal 1: Eradicate extreme poverty and hunger

2.1.1 Target 1.A: Halve between 1990 and 2015, the proportion of people whose income is less than the poverty threshold

Status and trends

Generally, poverty in the Philippines is on a declining trend. Between 1991 to 2003, poverty incidence (or the proportion of individuals whose annual income falls below the annual poverty threshold) has been reduced at an annual average rate of 1.4 percent. The episode of high rate of poverty reduction, especially between 1994 and 1997, had been years of relatively high economic growth (i.e., 5.33% GDP growth). However, primarily due to rising food prices, slower growth of incomes,

and faster household formation, poverty incidence worsened from 30.0 percent in 2003 to 32.9 percent in 2006. Although there was economic growth during the period, this was not enough to more than offset the rise in poverty incidence. During the period 2003-2006, while average annual incomes increased by 16.2 percent, inflation rose by 21.2 percent. Furthermore, with the aftermath of the food and fuel price hikes, global financial crisis and natural calamities such as typhoons Ondoy and Pepeng and the recent El Niño phenomenon, a further worsening of the poverty situation might be expected in the 2009 poverty estimates.

Extreme poverty (subsistence incidence)

Extreme poverty is estimated using the proportion of the population living below the subsistence or food threshold (or

² In 1991, the old poverty methodology was used, wherein special rice was considered in the menu and regional prices were used; family size is six.



Table 2. Subsistence incidence among population (%), by region, 1991–2006

Region	1991	1994	1997	2000	2003	2006
Philippines	24.3	21.8	19.8	15.8	13.5	14.6
National Capital Region	2.8	1.0	1.0	1.0	0.7	1.2
Cordillera Administrative Region (CAR)	36.1	30.8	30.6	17.9	14.1	16.9
I (Ilocos Region)	29.4	28.1	22.8	15.2	11.2	11.8
II (Cagayan Valley)	24.6	21.8	17.8	11.8	7.6	8.9
III (Central Luzon)	13.2	11.5	5.9	5.5	4.1	4.6
IV-A (CALABARZON)	20.8*	16.6*	12.9*	6.5	4.7	5.7
IV-B (MIMAROPA)				24.1	23.0	26.2
V (Bicol Region)	36.8	37.8	36.5	29.3	26.6	25.5
VI (Western Visayas)	27.6	28.0	24.5	23.1	17.8	16.9
VII (Central Visayas)	27.4	20.9	23.7	20.7	14.5	18.2
VIII (Eastern Visayas)	32.7	28.6	32.3	24.8	20.8	25.7
IX (Zamboanga Peninsula)	32.2	30.5	24.4	25.8	32.7	29.2
X (Northern Mindanao)	38.4	35.5	31.7	23.8	25.2	25.0
XI (Davao Region)	30.1	25.1	26.8	16.7	18.4	18.9
XII (SOCCSKSARGEN)	40.3	38.3	35.5	22.6	18.4	18.9
XIII (Caraga)	_*	_*	_*	30.7	30.9	30.3
Autonomous Region in Muslim Mindanao (ARMM)	30.5	29.9	32.7	28.5	23.6	27.5

Source: NSCB

* Region IV has not yet been divided into Regions IV-A and IV-B.

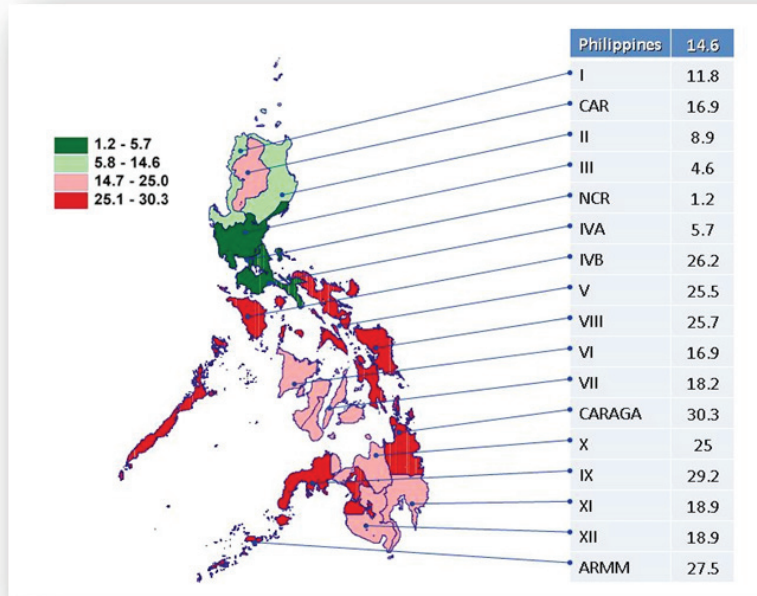
** Caraga was created on February 23, 1995.

subsistence incidence). In 1991, subsistence incidence was 24.3 percent², which was equivalent to a total of 15.1 million people. This figure decreased to 12.2 million individuals in 2006, comprising 14.6 percent of the total population (Table 2). However, subsistence incidence increased from 13.5 percent in 2003 to 14.6 percent in 2006.

In 2006, some regions in Luzon registered the lowest incidence of extreme poverty (Figure 2). These regions include the NCR and Regions III, IV-A, and II. One of the major reasons behind this might be the volume of agricultural production

within and around the region. Apparently, Regions III and II have long been the top producers of rice and corn, respectively, in the country, while NCR and Region IV-A are among their nearest neighbors. Thus, there might not be problems with food availability in these regions. On the other hand, among the regions with the highest subsistence incidence were Caraga, ARMM and Regions IX, IV-B, VIII and V. It can also be observed from the map that all of the regions in Visayas and Mindanao had higher proportion of population living below the subsistence threshold relative to the national estimate.

Figure 2. Proportion of population living below the food threshold (%), by region, 2006



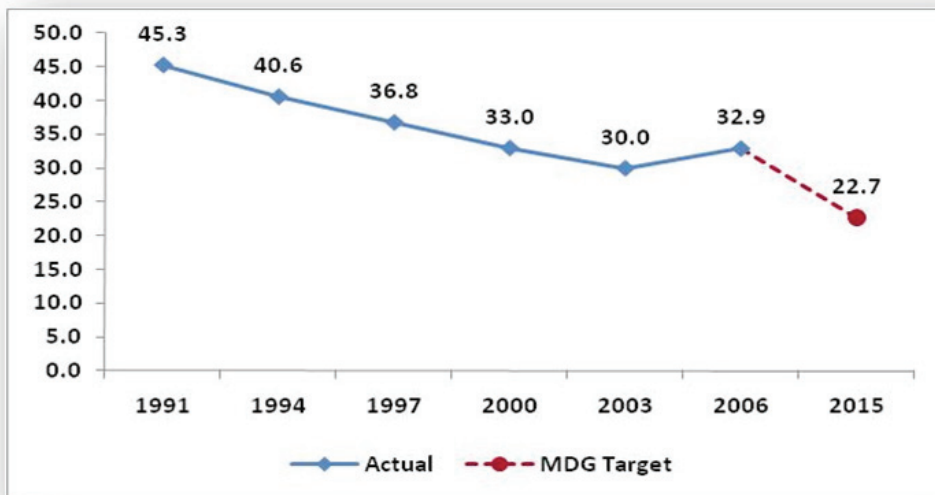
Source: FIES, NSO

Income poverty

Income poverty is measured by poverty incidence, which is defined as the proportion of individuals whose annual per capita income falls below the poverty threshold. The poverty threshold, on the other hand, is

the minimum income required to satisfy the food or nutritional requirements (2,000 kilo calories) and other non-food basic needs of a family. In 2006, poverty incidence among the population was estimated at 32.9 percent, which is an improvement from 45.3 percent in 1991 (Figure 3 and Table

Figure 3. Poverty incidence among population (%), 1991-2006



Source: NSCB



Table 3. Poverty incidence among population (%), by region, 1991-2006

Region	1991	1994	1997	2000	2003	2006
Philippines	45.	40.6	36.8	33.0	30.0	32.9
National Capital Region	16.7	10.5	8.5	7.8	8.9	10.4
Cordillera Administrative Region (CAR)	55.4	56.4	50.1	37.7	32.2	34.5
I (Ilocos Region)	55.3	53.6	44.1	35.3	30.2	32.7
II (Cagayan Valley)	48.9	42.1	38.0	30.4	24.5	25.5
III (Central Luzon)	35.5	29.2	18.5	21.4	17.5	20.7
IV-A (CALABARZON)	43.2*	34.9*	30.0*	19.1	18.4	20.9
IV-B (MIMAROPA)				45.3	48.1	52.7
V (Bicol Region)	61.3	60.8	57.0	52.6	48.6	51.1
VI (Western Visayas)	52.9	49.9	45.9	44.5	39.2	38.6
VII (Central Visayas)	46.7	37.5	38.9	36.2	28.3	35.4
VIII (Eastern Visayas)	47.1	44.8	48.5	45.1	43.0	48.5
IX (Zamboanga Peninsula)	54.4	50.6	45.5	44.8	49.2	45.3
X (Northern Mindanao)	57.4	54.1	52.7	43.8	44.0	43.1
XI (Davao Region)	51.6	45.6	44.3	33.3	34.7	36.6
XII (SOCCSKSARGEN)	63.1	58.7	55.8	46.8	38.4	40.8
XIII (Caraga)	._**	._**	._**	51.2	54.0	52.6
Autonomous Region in Muslim Mindanao (ARMM)	56.0	65.3	62.5	60.0	52.8	61.8

Source: NSCB

* Region IV has not yet been divided into Regions IV-A and IV-B.

** Caraga was created on February 23, 1995.

3). In terms of magnitude, about 500,000 people were able to get out of poverty; from 28.1 million people in 1991 to 27.6 million in 2006. However, this 2006 estimate is higher

than the 2003 figure, indicating a reversal in the trend.

Figure 4 reveals that in 2006, most of the regions in the northern part of the country had relatively lower proportion of population living below the poverty threshold than those situated in the southern parts of Luzon (MIMAROPA and Bicol), Visayas and Mindanao regions. In fact, NCR, Regions I to III, and CALABARZON had poverty incidence lower than the national average. Individuals residing in these regions (particularly NCR) might be relatively better-off since they have generally higher standards of living as manifested through higher access to employment opportunities and basic social services. Meanwhile, higher poverty incidence in Mindanao might be attributed partly to conflicts and peace and order problems confronting the regions.

Figure 4. Proportion of population living below the poverty threshold (%), by region, 2006

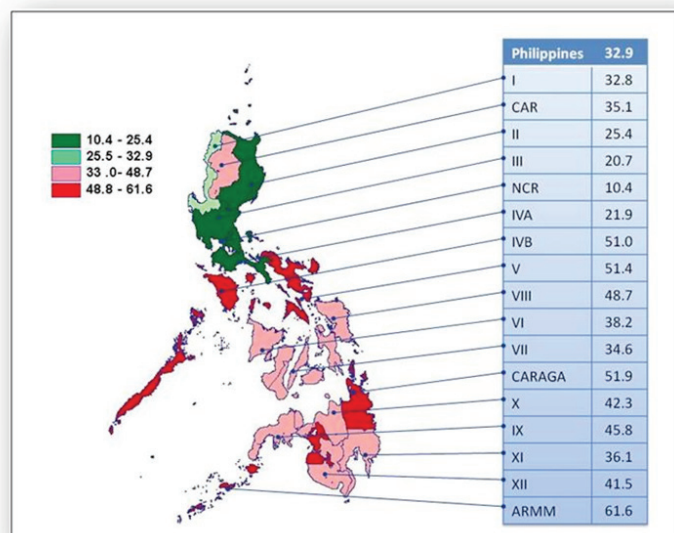


Table 4. Poverty gap ratio and share of poorest quintile to national income, 1991-2006

Indicator	1991	1994	1997	2000	2003	2006
Poverty gap ratio	13.0	11.2	8.4	8.0	7.0	7.7
Share of poorest quintile to national income	6.2	6.1	5.7	5.6	5.9	6.0

Source: FIES, NSO

Poverty gap ratio and share of poorest quintile to national income

Poverty gap ratio, which measures the distance of the average incomes of the poor to the poverty threshold, indicates an improvement from 13.0 percent in 1991 to 7.7 percent in 2006 (Table 4). The trend shows that poverty gap among the poor had been consistently narrowing from 13.0 percent in 1991 to 7.0 percent in 2003. However, the gap slightly widened from 7.0 percent in 2003 to 7.7 percent in 2006. This trend is similar to that of poverty and subsistence incidence.

On the other hand, the share of poorest quintile to national income slightly declined from 6.2 percent in 1991 to 6.0 percent in 2006 (Table 4). The share had been consistently going down from 6.2 percent in 1991 to 5.6 percent in 2000. The Asian financial crisis followed by the occurrence of the worst El Niño and La Niña episodes might have contributed to this trend. Households belonging to the poorest quintile somehow recovered from 2000 to 2003, but marginally improved in 2006.

Income inequality

Income inequality is commonly measured through the Gini coefficient where zero means perfect equality while a value of one (1) implies perfect inequality. In the Philippines, income distribution remains largely unequal. It has slightly improved

from 0.4680 in 1991 to 0.4580 in 2006. As shown in Table 5, the regions with the most inequitable income distribution are Regions VII, VIII, IX, and X as these regions have Gini coefficients higher than 0.45. Despite the increase in subsistence and poverty incidence, the Gini coefficient continued to decline.

The Philippines has a relatively high inequality compared with its Asian neighbors. The Gini coefficient for the Philippines is higher than the Gini for Indonesia, Viet Nam, Lao PDR, Cambodia, Thailand, and Malaysia.

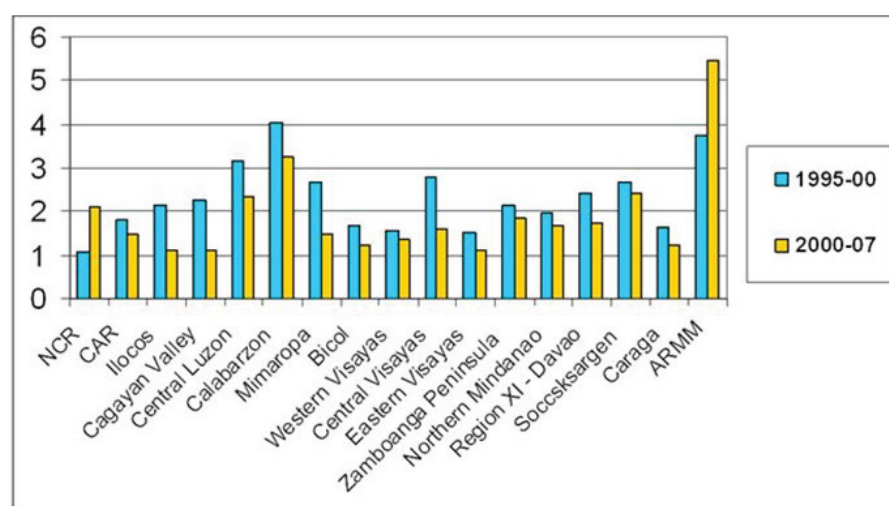
Climate change and poverty

Climate change and recurrent disasters increase the vulnerability of the poor through the continuous erosion of physical, financial, natural, human and social capitals. It would be difficult to sustain reduction in poverty and hunger with the onslaught of climate change and natural disasters.

The destruction of natural resources has adverse effects on the socioeconomic conditions of many people, especially the rural poor, whose livelihoods are dependent on natural resources, mainly agriculture, fisheries, and forestry. Agricultural productivity is expected to decline, adversely affecting livelihoods and food systems, particularly in developing countries. The decline in agricultural



Figure 5. Disparities in population growth rate across regions, 1995-2000 and 2000-2007



Source: NSO

productivity means lower income for agricultural workers and producers and lower food supply. Lower income means reduced capacity to meet basic needs

including food. Thus, as extreme weather events increase in frequency and intensity, poverty and hunger incidence are likely to increase as well.

Table 5. Gini coefficient among families, by region, 1991-2006

Region	1991	1994	1997	2000	2003	2006
Philippines	0.4680	0.4507	0.4872	0.4822	0.4605	0.4580
National Capital Region	0.4282	0.3967	0.4622	0.4451	0.421	0.3988
Cordillera Administrative Region (CAR)	0.4372	0.4100	0.4640	0.4439	0.4296	0.4418
I (Ilocos Region)	0.4039	0.3814	0.4257	0.4071	0.3926	0.3953
II (Cagayan Valley)	0.4172	0.4056	0.4130	0.4227	0.4410	0.4216
III (Central Luzon)	0.3986	0.3630	0.3638	0.3591	0.3515	0.3994
IV-A (CALABARZON)				0.4086	0.4036	0.4082
IV-B (MIMAROPA)	0.4236*	0.4016*	0.4247*	0.4076	0.4358	0.4106
V (Bicol Region)	0.3910	0.4116	0.4362	0.4455	0.4660	0.4428
VI (Western Visayas)	0.4031	0.4063	0.4412	0.4594	0.4370	0.4326
VII (Central Visayas)	0.4604	0.4417	0.4750	0.4691	0.4707	0.4639
VIII (Eastern Visayas)	0.4149	0.4198	0.4457	0.4807	0.4580	0.4828
IX (Zamboanga Peninsula)	0.4057	0.3861	0.4684	0.4732	0.5197	0.5054
X (Northern Mindanao)	0.4380	0.4157	0.4944	0.4794	0.4817	0.4806
XI (Davao Region)	0.4348	0.4114	0.4280	0.4491	0.4631	0.4225
XII (SOCCSKSARGEN)	0.4050	0.4280	0.4491	0.4631	0.4774	0.4006
XIII (Caraga)	._**	._**	0.4387	0.4118	0.4303	0.4452
Autonomous Region in Muslim Mindanao (ARMM)	0.3197	0.3125	0.3406	0.3171	0.3367	0.3113

Source: FIES, NSO.

* Region IV has not yet been divided into Regions IV-A and IV-B.

** Caraga was created on February 23, 1995.

The government faces a daunting task of overcoming such challenges and should harness all resources to succeed in reducing poverty and hunger.

Poverty and population growth

The 2007 Census of Population shows that the Philippine population is increasing at 2.04 percent annually. Although this population growth rate (PGR) is down from 2.36 percent as of the 2000 Census, it is still considered as one of the highest in Asia. At this rate, the Philippines is expected to hit the 100 million population mark in 2015, and will reach 140 million by 2040. Unless the PGR is further reduced, the population of the country is expected to double by 2050.

The 2007 PGR shows wide disparities across regions. Figure 5 shows that PGR is highest in ARMM at 5.46 percent. Incidentally, the province of Maguindanao in ARMM also registered the highest PGR at 6.99 percent.

The link between population and poverty has been well-established. Based on a comparison among countries in developing Asia, the high PGR of the Philippines is also matched by its high poverty incidence. The experiences of Malaysia, Thailand and Vietnam suggest that good population policy combined with sound economic policy, stemming from sustained policy reform, brings about rapid economic growth and poverty reduction.

Priority policies and programs

The government's response to the challenge of poverty reduction can be seen

through the major anti-poverty policies and programs prioritized and implemented.

Medium-Term Philippine Development Plan (MTPDP)

The Medium-Term Philippine Development Plan (MTPDP) 2004-2010, the country's socio-economic development blueprint, is also the Administration's anti-poverty plan. Under the MTPDP, poverty reduction is the centerpiece goal as the Administration vowed to "fight poverty by building prosperity for the greatest number of the Filipino people." The Plan has five major thematic components, to wit: (a) economic growth and job creation; (b) energy; (c) social justice and basic needs; (d) education and youth opportunity; and (e) anti-corruption and good governance. The Plan features a Ten-Point Agenda and Legacy, known as "Beat the Odds", as follows:

- B – Balanced budget
- E – Education for all
- A – Automated elections
- T – Transport and digital infrastructure to connect the country

- T – Terminate the MILF and NPA conflicts
- H – Heal the wounds of EDSA
- E – Electricity and water for all barangays

- O – Opportunities for 10 million jobs
- D – Decongest Metro Manila
- D – Develop Clark and
- S – Subic as logistics hub

The MTPDP targets the reduction of poverty incidence among families at 20.9 percent by 2010. The MTPDP Chapter on Responding to the Basic Needs of the Poor



promotes asset reform, essential services, employment and livelihood, and community empowerment as key components consistent with the KALAHI Program.

Kapit-Bisig Laban sa Kahirapan (KALAHI)

The Arroyo administration launched the *Kapit-Bisig Laban sa Kahirapan (KALAHI)*, or Linking Arms Against Poverty, as the overarching strategy and program for poverty reduction. The KALAHI serves as the Focused, Accelerated, Convergent and Expanded or FACE strategy in fighting poverty. It is focused as KALAHI targets the poorest and most vulnerable barangays and sectors in communities. Specific criteria are established to ensure that poverty reduction efforts provide maximum impact and benefit to those who need them most. It is accelerated as KALAHI immediately addresses the communities' need and fast-tracks processes by cutting channels and serving target groups directly. It is convergent as KALAHI is a mechanism to converge the poverty reduction efforts of the government at all levels, as well as those of the private sector, the civil society, and most especially, the basic sectors to simultaneously address the economic, political and socio-cultural dimensions of poverty. Finally, it is expanded because KALAHI recognizes the need for multi-themed and integrated approaches in addressing the multi-dimensional nature of poverty by attending to human development concerns, asset reform, livelihood, and employment.

Through the KALAHI Program, various modalities have been implemented: KALAHI-Rural, KALAHI-Urban, KALAHI-Karaban, KALAHI in Conflict Areas, KALAHI Prototype Projects, and the

KALAHI-Comprehensive and Integrated Delivery of Social Services (CIDSS).

Policies and programs relating to microfinance, asset reform, social protection, and empowerment of the poor were formulated and implemented by the government to reduce poverty.

Pantawid Pamilyang Pilipino Program (4Ps)

The *Pantawid Pamilyang Pilipino Program (4Ps)* was launched in 2008 as a poverty reduction program using conditional cash transfers (CCT) for the one million poorest families to improve health, nutrition, and education outcomes of their children. The 4Ps had the twin objectives of providing social assistance for immediate needs of the family and social development to break the inter-generational poverty through human capital investments. The beneficiary households are selected through the National Household Targeting System for Poverty Reduction (NHTS-PR) conducted by the Department of Social Welfare and Development (DSWD) and the Small Area Estimates (SAE) survey of the National Statistical Coordination Board (NSCB).

The 4Ps entitles beneficiary households an average monthly cash subsidy of PhP1,400 for a period of five years. The health package provides PhP500 per household per month. The education package grants PhP300 monthly per child for ten months (corresponding to one school year) for a maximum of three children per household. Being a CCT, the enrolled beneficiary household must fulfill the following conditions:



- Regular preventive health check-ups and immunization of children 0-5 years old
- At least 85 percent attendance in day care or pre-school for children 3-5 years old
- At least 65 percent attendance in elementary or high school for children 6-14 years old
- Intake of deworming pills for children 0-14 years old every 5 months
- Pre-natal and post-natal care for pregnant women with birth to be delivered by a skilled/trained health professional
- Participation of mothers in mother's classes
- Participation of parents in Parent Effectiveness and Responsible Parenthood Seminars

The 4Ps seeks to directly address the MDGs on achieving universal primary

education, reducing child mortality and improving maternal health but it also aims to indirectly address other MDGs such as reducing extreme poverty and hunger, and promoting gender equality as well as empowering women.

Accelerated Hunger Mitigation Program (AHMP)

The Accelerated Hunger Mitigation Program (AHMP) was launched in 2007 as a strategy to address the primary causes of hunger. The AHMP is being implemented in 54 priority provinces identified through a nationwide survey that adopted the self-rated hunger questions survey of the Social Weather Stations (SWS). The AHMP is guided by a framework that includes both the supply- and the demand-side



interventions. The AHMP seeks to reduce the hungry households by 50 percent from 1.2 million to 600,000 households.

The AHMP's supply-side strategy includes increasing food production and enhancing the efficiency of logistics and food delivery interventions to increase food production such as seed subsidies, technical assistance on intercropping corn with coconut, rehabilitation of irrigation facilities, among others. The programs under the AHMP are the Barangay Bagsakan (formerly Barangay Food Terminals) and the Tindahan Natin (TN), which are community stores selling cheap basic food items in depressed communities; the construction of roll-on roll-off (RORO) ports and farm-to-market roads; the Food-for-School Program of the DSWD (i.e., for day care children) and the Department of Education (DepEd) (i.e., for elementary pupils).

On the other hand, the demand-side strategy of the AHMP includes putting more money in poor people's pockets essentially through livelihood skills training, microfinance, upland distribution for cultivation of rubber, jatropa and other cash crops, as well as the promotion of good nutrition education and population management.

Based on the 2009 National Nutrition Council (NNC) report on the AHMP, the following are the major accomplishments of the program:

- ❑ Regarding Increasing Food Production, the Programang Gulayan sa Masa was implemented to encourage the establishment of home vegetable gardens and has expanded to the Gulayan sa

Paaralan, and is now on its third phase. To date, the program has covered all provinces in the country, in addition to the Priority One and Priority Two areas, with Phase 3 benefiting 152,695 households.

- ❑ Concerning rice seed subsidy, seeds distributed were planted to 1,287,805 hectares of rice land during the dry season and 1,603,293 hectares during the wet season.

- ❑ About 67,881 hectares of coconut land were covered by coconut intercropping, while salt fertilization reached 29,882 coconut farmers for a second dosage of salt fertilization application. Salt fertilization increases coconut yield by at least 25 percent and makes coconut trees resistant to drought, pests and diseases.

- ❑ Accomplishments for the livestock program pursue 2008 targets that were carried over to 2009 benefiting 13,425 families. Re-dispersal of 15,432 heads of chicken benefited 3,086 families while 753 heads of goats benefited 376 families.

- ❑ Another major activity under the Dairy Goat Development Project is the distribution of dairy goats for milk production, which started toward the end of November and spilled-over up to the first quarter of 2010. Because of the need to quarantine animals before distribution, only 198 heads of dairy goats out of the targeted 4,785 heads of goats were delivered to provinces near Priority One provinces. These goats will be raised for milk to be delivered to nearby Priority One provinces.

- ❑ The fishery program has reached a total of 26,876 beneficiaries. Fisherfolks have praised the program for providing

them with the means to provide food for their families.

- ❑ The restoration and rehabilitation of irrigation covered 24,441 hectares and 27,629 hectares of land, respectively, and a total of 16,294 farmers.

- ❑ Under *Enhancing Efficiency of Logistics and Food Delivery, 67 Barangay Bagsakans* (a facility intended to cut the cost of basic food commodities by minimizing the use of middlemen) were established benefiting almost 73,000 households, bringing the total number of operational *bagsakans* to 406.

- ❑ Regarding construction of port projects and farm-to-market roads, 18 ports have been constructed. About 324.1 kilometers of farm-to-market roads were constructed, serving about 21,607 beneficiaries. Construction of the remaining 324.1 kilometers is ongoing.

- ❑ Ninety-two units of flat-bed dryers have been installed.

- ❑ One of the good news is the resumption of the rice distribution in the 20 food-poor provinces, 100 poor municipalities, and poor communities in NCR through the Food for School Program. Almost two million households with children in Grades 1 to 3 and DepED-supervised pre-schools in target areas are again receiving a kilo of rice for each day of school attendance. About 875,338 50-kilogram bags (or about 43,766.9 metric tons) of rice have been delivered; 67 percent of which is iron-fortified.

- ❑ Concerning Putting More Money in Poor Peoples' Pockets, almost PhP62.4

billion loans have been given to 2,944,892 active clients to fund various income-generating projects (or IGPs) and small enterprises like the operation of variety stores, dressmaking and vegetable growing.

- ❑ Aside from helping establish IGPs, microfinance has also generated 1,313,390 jobs and released loans of about PhP33.6 billion for the purpose.

- ❑ About 164,450 individuals have been employed in the agricultural sector through emergency employment and construction programs of the Armed Forces of the Philippines.

- ❑ About 605,000 individuals were provided productive and employable skills under the scholarship programs of TESDA as well as the DOLE's Tulong Pang-Hanapbuhay sa Ating Disadvantaged Workers (TUPAD) and the Integrated Services for Livelihood Advancement of Fisherfolk (ISLA) programs. On the average, 52 percent of graduates of TESDA programs have been employed. All graduates of welding, butchering, construction, and hotel and restaurant service have been employed abroad as are graduates of information technology or call center-related training, although employment is within the Philippines.

- ❑ For Promoting Good Nutrition, 2,055 municipal or city-based implementors, 11,555 barangay-based workers and 1,377 clinicians from 588 hospitals were trained on infant and young child feeding and lactation management. Trainees are expected to locate and follow up pregnant women to ensure that they avail of prenatal services and prepare themselves physically





and psychologically, and to follow through these mothers to apply optimum infant and young child feeding practices.

- ❑ Learning modules for nutrition education classes were also distributed to help promote the consumption of eggs and vegetables. A DVD on the Formula for Disaster on violations on the marketing of breast milk substitutes together with a DVD on breastfeeding in the first hour from birth were also given for advocacy efforts.

- ❑ Posters and billboards have also been distributed to health centers, the municipal or city hall, public markets and other public places to support one-on-one communications on the Nutritional Guidelines for Filipinos (NGF) and specific concerns on breastfeeding, egg, and vegetables.

- ❑ School-based nutrition promotion was given a boost with the issuance of DepEd Memorandum 329 in July 2009,

which adopted the Promote Good Nutrition of the AHMP in the school system. The circular called on school officials and teachers to ensure that nutrition information and educational materials on the Nutritional Guidelines for Filipinos, vegetable and egg consumption distributed in schools are used to enhance the learning experiences of school children.

- ❑ Several activities were conducted as part of the multimedia campaign. These included program broadcasts over radio, television and print media.

- ❑ Under Managing Population, the implementation of the Responsible Parenthood Movement/Natural Family Planning continues with the conduct of classes in AHMP areas. To date, 261,000 couples have been trained on responsible parenting and the use of natural family planning methods.

Microfinance

Policy enhancements were undertaken to expand access of microfinance services by the poor. These include the issuance of Executive Order (EO) 558-A in 2006, which mandates the DSWD to provide direct credit services in “unserved areas” through its Self-Employment Assistance-Kaunlaran (SEA-K) Program. The EO defines the unserved areas as places with no identified and available microfinance institutions (MFIs) such as banks, cooperatives and NGOs.

Access to microfinance services by the entrepreneurial poor is considered as an important tool in addressing poverty. With the government providing an enabling

environment through the formulation and enforcement of appropriate policies and regulatory framework, it is envisioned that the private sector will take a greater role in the provision of financial services and encourage the poor to engage in viable and sustainable microenterprises. In 2005, the Microfinance Program Committee was created to monitor, validate, and consolidate program accomplishment reports of concerned agencies and institutions involved in microfinance operations such as the Land Bank of the Philippines, Development Bank of the Philippines, National Livelihood Support Fund, Small Business Guarantee Finance Corporation, and the DSWD (SEA-K). As monitored by the Committee, for the period July 2004 to February 2010, a total of PhP164.1 billion had been released to finance livelihood projects of 5.9 million active microfinance clients. These microenterprises led to the generation of 2.9 million new jobs during the said period.

Meanwhile, the SEA-K Program, which is a livelihood-cum-capability building program, enables poor families to have credit access to increase their income. The program also promotes the value of entrepreneurship and enhances the socioeconomic skills of the beneficiaries. From 2004 to 2009, a total of 150,546 families were provided with capital assistance under the SEA-K Level 1. Under the SEA-K Level II, 155 SEA-Kabayans were organized, composed of 7,886 families who were successful under the SEA-K Level I. These families were provided with higher level entrepreneurial skills training and seed capital for various microenterprises.

Asset reform

In 2009, the Comprehensive Agrarian Reform Program Extension with Reforms

(CARPer) Bill was passed into law. The CARPer provides for additional funding for five years which would ensure continuity and build on the accomplishments of the CARP. In terms of hectares distributed and placed under leasehold, the Department of Agrarian Reform (DAR) was able to distribute a total of 700,125 hectares and place under leasehold a total of 142,142 hectares from 2004 to 2009.

Existing guidelines on leasehold were also enhanced. Policies to improve mechanisms in the implementation of leasehold and the method of determining and fixing lease rentals were also introduced, particularly on: (a) leasehold on lands primarily devoted to sugarcane and coconuts; (b) the rights, obligations, and prohibitions on agricultural lessees and lessors; and, (c) supervision of harvest while there is a pending dispute for resolution.

In terms of securing the tenure of indigenous cultural communities, 117 Certificates of Ancestral Domain Titles (CADTs) and 228 Certificates of Ancestral Land Titles (CALTs) were awarded from 2004 to 2009 under the Indigenous Peoples Rights Act of 1997 that recognizes the indigenous peoples' (IPs) ownership and occupation of the domains and lands since time immemorial.

An issue confronting the asset reform for artisanal fisherfolk is the delineation of municipal waters (i.e., 15 kilometers from the shoreline) for the prioritization of the artisanal fisherfolk in fishing, which has been provided by the Fisheries Code of 1998 but has yet to be fully implemented. While guidelines were issued and in place by the DA-BFAR in 2007, the enforcement of this devolved function remains a challenge.



Protection of the vulnerable

The poor and vulnerable are continuously provided with protective and rehabilitative services through community and center-based facilities to help them reduce risks, vulnerability, and empower themselves against abuses and exploitation. For the period 2004-2009, the following were assisted through DSWD's center- and community-based services: (a) 357,391 children in need of special protection; (b) 29,526 youth with special needs; (c) 247,301 women in especially difficult circumstances; (d) 38,169 persons with disabilities; and (e) 18,035 older persons. Recognizing that disasters also affect livelihoods, the DSWD undertakes various programs to assist the victims of calamities and disasters such as the Calamity Assistance Rehabilitation Efforts Project as well as the augmentation support to LGUs to assist families who lost their houses and sources of income.

Empowerment

A major intervention under the government's comprehensive and integrated approach for poverty reduction and empowerment of the poor is the Kapit-Bisig Laban sa Kahirapan – Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) project. The project aims to empower communities, improve local governance, and reduce poverty by providing communities with capability building and training on key skills such as development planning, resource allocation, and management. KALAHI-CIDSS encourages active community participation in social preparation by engaging the community in subproject planning, situation



KALAHI-CIDSS: Empowering Poor Communities

The *Kapit-Bisig Laban sa Kahirapan – Comprehensive and Integrated Delivery of Social Services: Kapangyarihan at Kaunlaran sa Barangay* (KALAHI-CIDSS:KKB) project is a community-driven poverty reduction project building on the strengths of the CIDSS of the Department of Social Welfare and Development (DSWD) (a proven poverty alleviation program that facilitated meeting of unmet needs of needy communities through community structures). KALAHI-CIDSS:KKB is one of the modalities within the overall framework of KALAHI (the government's program for an expanded, accelerated, focused and convergent strategy to reduce poverty).

Launched in 2003, the project aims to: empower communities; improve local governance; and, provide resources for community investment programs. Through the community-driven development (CDD) approach, members of the local communities are engaged in the design, implementation, and management of development projects such as farm-to-market roads, water systems, schools, health stations, and post-harvest facilities.

Implemented by the DSWD with funding support from the World Bank, the KALAHI-CIDSS adopted the lessons learned



from two successful development schemes—the CIDSS of the Philippines and the Kecamatan Development Program of Indonesia.

KALAH I-CIDSS has become the flagship program of the government’s anti-poverty efforts. It now covers 4,229 barangays in 184 poorest municipalities of the poorest 42 provinces, an achievement well within its target. Through the synergy of the efforts of the national government, local government units and communities, the project has completed 5,326 sub-projects as of 2009.

As determined in the impact studies done by DSWD, the KALAH I-CIDSS program has improved the welfare of the poor by raising the income of poor barangay residents; increasing their access to social infrastructure; enabling them to learn new skills; and, most importantly, empowering them to participate in local decisionmaking. Furthermore, KALAH I projects have resulted in higher levels of collective action,

more inclusive access to local public goods, better access to information, and improved levels of trust in the community.

The KALAH I-CIDSS has received recognitions from the Civil Society, National Government Agencies, other Asian governments and the World Bank Quality Assurance Group.

Given the positive results and feedback, the KALAH I-CIDSS must be sustained to include the remaining poor communities not yet covered, and be linked to other welfare programs that will assure the exit of the poor from poverty.

Source: DSWD



analysis, and financial and project management and implementation.

As of December 2009, the KALAHI-CIDSS has continued to be institutionalized and implemented in 42 provinces (100%), 184 municipalities (100%) and 4,229 barangays (100%). Under this program, 5,326 subprojects were already completed, covering mainly construction and rehabilitation of roads (1,156), potable water source (1,119), health stations (414), schools (577), and day care centers (428). The increase in the number of municipalities and barangays covered by the KALAHI-CIDSS relative to previous years could be attributed to the fine-tuning of operations and ensuring the timely release of funds.

The institutionalization of the KALAHI-CIDSS as a community-driven development (CDD) approach, following the Harmonization Framework on Community Empowerment Activity Cycle – Local Planning Process (CEAC-LPP), is now underway as the Program demonstrates the extent of readiness and ownership of concerned LGUs and the communities to manage and source funds for their own locally-driven programs and projects.

In aid of empowerment at the local level, the nationwide adoption and implementation of the enhanced Core Local Poverty Indicators Monitoring System (CLPIMS) is intensified through the use of the Community-Based Monitoring System (CBMS). As of February 2010, CBMS has been adopted and implemented in 59 provinces (31 of which are province-wide), 51 cities, 679 municipalities, and 17,521 barangays.

Challenges and priorities for action

A major challenge and priority is the convergence of anti-poverty interventions. Memorandum Circular No. 1 (series of 2009) of the National Anti-Poverty Commission (NAPC) calls for the convergence of all poverty reduction interventions focusing on the one million beneficiaries identified by the NHTS-PR and coordinated by the DSWD. This major policy pronouncement enjoins government programs and projects aimed at reducing poverty to converge, integrate and synchronize their programs and projects with that of the targets of the DSWD nationwide. This strategy is expected to focus targeting and resources, reduce administrative costs, improve monitoring and evaluation, and enhance service delivery. This approach includes the convergence of the community driven-development (CDD), as demonstrated by the KALAHI-CIDSS and the conditional cash transfer (CCT) being operationalized through Pantawid Pamilyang Pilipino Program (4Ps). Meanwhile, the national government will continue to sustain and to scale up, if government budget would allow, the delivery of proven good practices and successful programs such as the 4Ps and KALAHI-CIDSS, as well as initiatives in the areas of microfinance and livelihood, asset reform, protection of the poor and vulnerable, and their empowerment. On March 9, 2010, EO No. 867 was issued, providing for the adoption of the NHTS-PR as the mechanism for identifying poor households who will be recipients of social protection programs nationwide.

Considering the impact of livelihood and microfinance on the welfare and income

status of the poor and the vulnerable groups, the government will continue to expand the outreach of livelihood and microfinance services to benefit the poor in unserved or far-flung areas. However, challenges still exist and efforts have to be undertaken to address these particular areas: (a) ensuring the financial sustainability of these livelihood and microenterprise activities; (b) linking them with the mainstream market in terms of skills, products and/or services, credit, information, and technology, among others; and, (c) ensuring that the poor are effectively reached.

There is a need to reduce and manage risks and uncertainties inherent in agriculture to increase capital productivity and investments. Another important response to the disparities in income and assets among Filipinos would be the speedy and effective implementation of various asset reform programs such as the distribution of agricultural lands under CARPer, the issuance of CADTs/CALTs under IPRA, the delineation of municipal waters and declaration of fisherfolk settlements provided for in the Fisheries Code and the implementation of socialized housing program under the Urban Development and Housing Act.

Social protection policies and programs shall be enhanced and guided by the official definition of Social Protection as provided by the NEDA Board-Social Development Committee (SDC) Resolution No. 1, s. 2007. The Social Protection Sector is defined as constituting policies and programs that seek to reduce poverty and vulnerability to risks and enhance the social status and rights of the marginalized by promoting and protecting livelihood and employment,

protecting against hazards and sudden loss of income, and improving people's capacity to manage risks.

2.1.2 Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

The Updated MTPDP 2004-2010 highlights not only the importance of creating more jobs but also generating more productive employment. It argues that more productive employment affords adequate income to keep workers and their families out of poverty, provides good working conditions and security in times of adversity, and allows workers to have a voice in decisions that affect their livelihood.

To determine whether the country is indeed winning over poverty through employment-related measures, the progress on labor productivity, employment-to-population ratio, working poor, and vulnerable employment will be examined

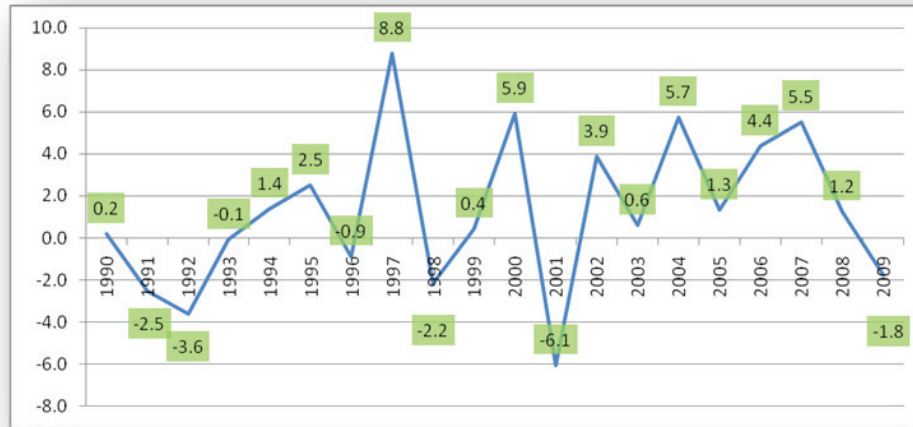
Status and trends

Labor productivity

The growth rate of GDP per person employed (or growth rate of labor productivity) is defined as the growth rate of output per unit of labor input. The country's labor productivity growth rate has been experiencing fluctuations and has registered negative rates seven times during the period 1990-2009. Economic booms and slowdowns from international and domestic events in the past two decades may have



Figure 6. Growth rates of Gross Domestic Product (GDP) per person employed (%), 1990-2009



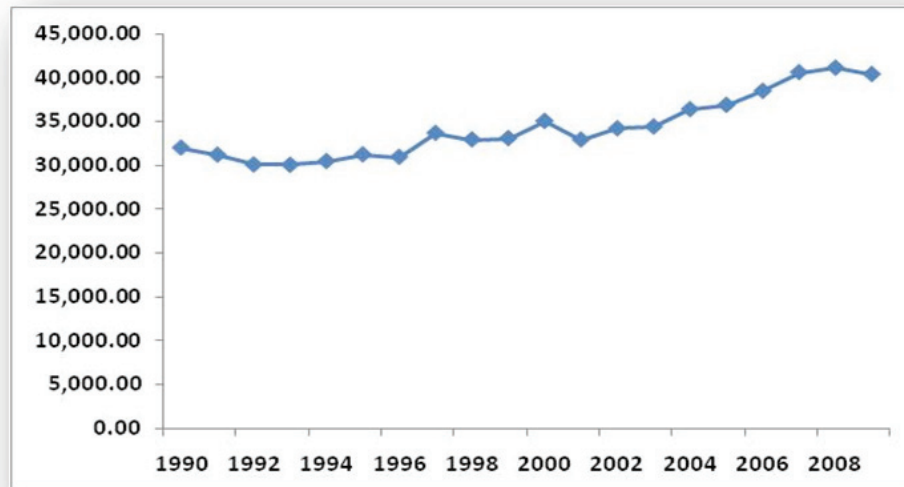
Source: NSCB (GDP); LFS, NSO (Total Employed)

influenced these movements. The Asian financial crisis (1997), information technology bubble burst (2000), and the global financial and economic crisis (2007) may have contributed to the sharp declines in labor productivity from 8.8 percent in 1997 to -2.2 percent in 1998, 5.9 percent in 2000 to -6.1

percent in 2001, and from 5.5 percent in 2007 to -1.8 percent in 2009, respectively, as shown in Figure 6.

In terms of the level of labor productivity, Figure 7 shows that it has increased to Php40,845 in 2009 from Php32,446 in 1990. As mentioned above, external shocks may

Figure 7. Gross Domestic Product (GDP) per person employed, 1990-2009



Source: NSCB (GDP); LFS, NSO (Total Employed)

have contributed to the decrease in labor productivity in certain years, particularly during the oil and financial crises as well as during the technology bubble burst.

Aside from global events, the country's economy generally suffered from other factors such as the internal political problems (which might have resulted in fiscal gridlocks) and natural disasters (primarily due to the country's geographical characteristics). During the last quarter of 2009, typhoons Ondoy and Pepeng caused the Agriculture, Forestry and Fishery industry to decline by 2.8 percent, from 2.9 percent growth in the previous year. Since the industry accounted for 16.9 percent of total GDP, it effectively pulled down total GDP growth by 2.7 percentage points.

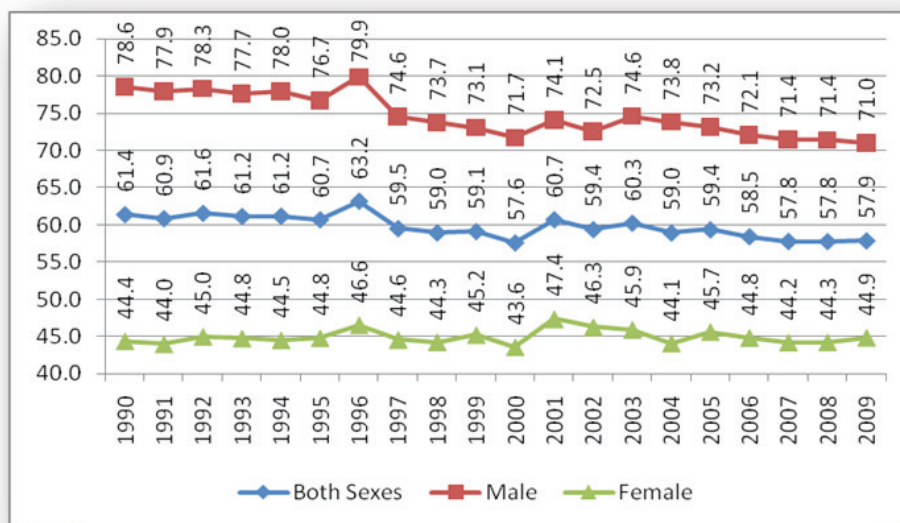
UNESCAP pegged the country's 2008 labor productivity growth rate at 2.4 percent, below those of Vietnam (4.0%), Cambodia (3.8%) and Indonesia (3.5%).

Labor productivity growth rate of the high-income Singapore, on the other hand, was at -5.2 percent (ESCAP 2010).

Employment-to-population ratio

Employment-to-population ratio illustrates the ability of an economy to provide employment. At 57.9 percent in 2009, the country's employment-to-population ratio is near the low end of the typical global range of 55 to 75 percent. It went down by 3.5 percentage points between 1990 and 2009. The decline was primarily due to the general waning of male ratio from 78.6 percent in 1990 to 71 percent in 2009 (-7.6 percentage points) while female ratio grew only from 44.4 percent in 1990 to 44.9 percent in 2009 (0.5 percentage points). Also, as illustrated in Figure 8, women consistently registered lower figures than men from the 1990 to 2009. Youth employment-to-population ratio, meanwhile, also decreased from

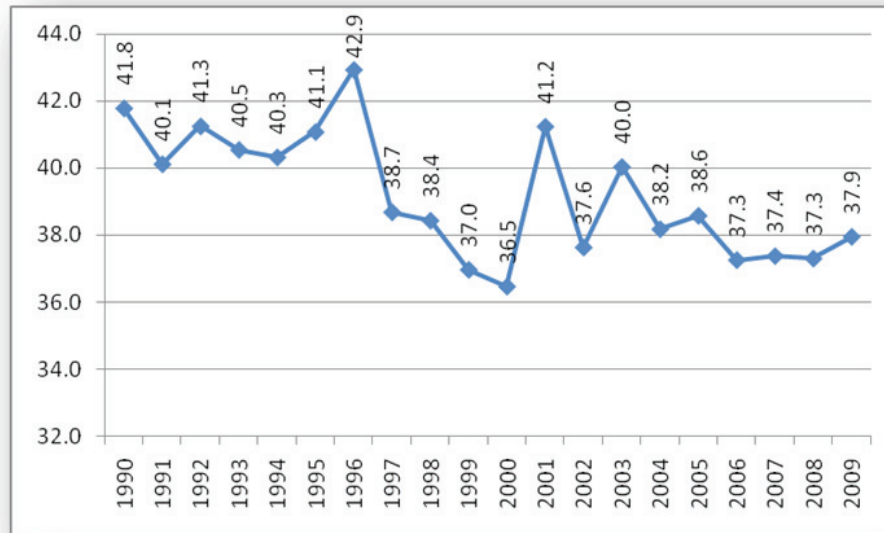
Figure 8. Employment-to-population ratio, 15 years old and over, by sex, 1990-2009



Source: LFS, NSO (Total employed); CPH, NSO (Actual population figures for 1990, 1995 and 2000); NSO (Population projections for 2005 and 2010)



Figure 9. Employment-to-population ratio, 15-24 yrs old, 1990-2009



Sources: LFS, NSO (Total employed); CPH, NSO (Actual population figures for 1990, 1995 and 2000); NSO (Population projections for 2005 and 2010)

41.8 percent in 1990 to 37.9 percent in 2009 (-3.9 percentage points), as shown in Figure 9.

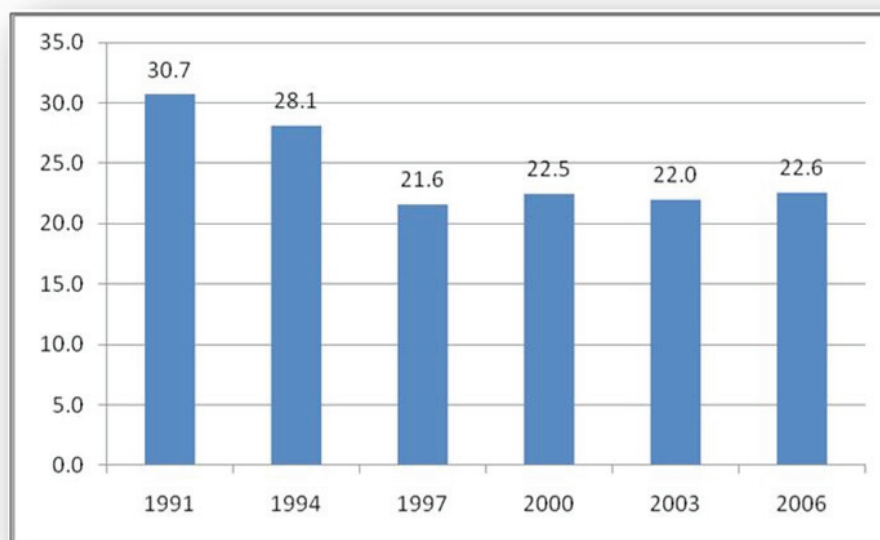
Although some may argue that many women and youth opt to pursue other endeavors such as education, training and household duties, these low employment-to-population figures could be attributed to other factors. As indicated in the Updated MTPDP 2004-2010, aside from lack of job opportunities, skills mismatch is also a major concern, considering that labor supply could not adequately fill the demand in key employment-generating industries such as aviation, cyber services, hotel and restaurants, agribusiness, health services, medical tourism and mining, among others. These could be factors contributing to the brain drain problem of the country, wherein workers have to work abroad because of lack of job opportunities, skills mismatch,

among others. Furthermore, the Bureau of Immigration and the Philippine Overseas Employment Administration (POEA) bring to fore issues on illegal recruitment as well as human trafficking. Although many of these are domestic issues, some of them must be tackled both by the sending and receiving countries.

Working poor

The working poor are employed people living in a household whose members are living below the poverty line, or \$1 (PPP) per day. The UN MDG Database reported that after steadily declining from 30.7 percent in 1991 to 21.6 percent in 1997, the proportion of the working poor had plateaued around 22 percent from 2000 to 2006 (Figure 10). Thus, in 2006, more than a fifth of the country's employed people are living below the poverty line of \$1 (PPP) per day.

Figure 10. Proportion of employed people living below \$1 (PPP) per day (%), 1991-2006



Source: MDG Database, UN

Vulnerable employment

Own-account³ and contributing (or unpaid) family workers are classified under vulnerable employment because they are the ones less likely to have formal work arrangements and possibly deprived of elements associated with decent employment. With lack of savings, social protection and safety nets, these are the people who may slip into poverty when the economy turns gloomy.

The proportion of workers in both of these categories has been decreasing against total employment since the early 1990s. As seen in Figure 11, own-account workers dropped from 37.4 percent in 1992 to 31.4 percent in 2008 (6 percentage points) and contributing family workers declined from 15.2 percent in 1992 to 12.5 percent in

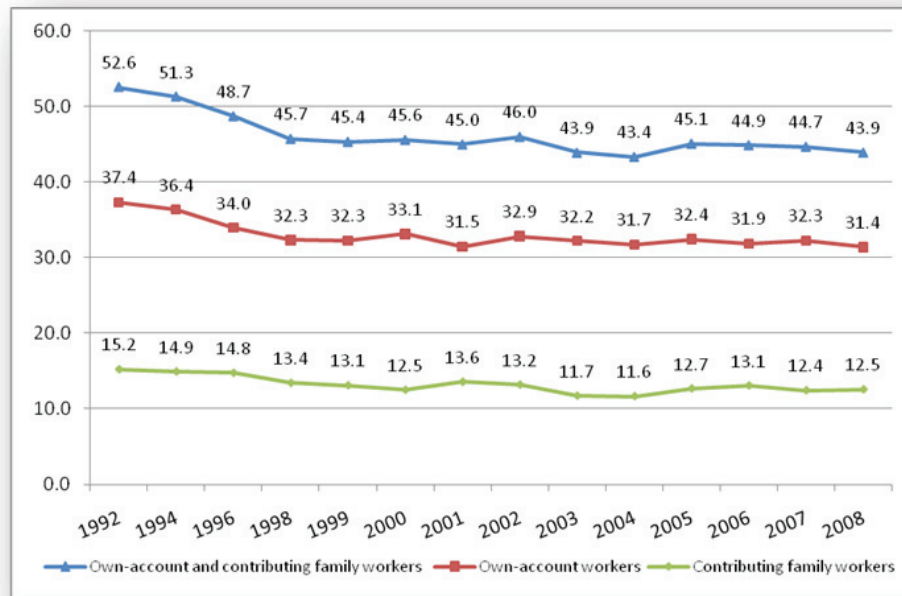
2008 (-2.7 percentage points). Evidently, male own-account and contributing family workers decreased from 51.8 percent to 42.3 percent while female vulnerable workers also dropped from 53.9 percent to 46.6 percent during this period (Figure 12). A similar trend was seen with the young own-account and contributing family workers as the proportion dropped from 45.3 percent in 1992 to 35.6 percent in 2008 (Figure 13). The decrease in own-account and contributing family workers was also observed in both the urban and rural contexts. In rural areas, vulnerable employment went down from 65.6 percent in 1992 to 55.4 in 2008 while it fell from 37.9 percent to 31.3 percent in urban areas (Figure 14).

In 2008, regions with the highest proportion of vulnerable employment were in Mindanao, with ARMM, Caraga and Region

³ Own-account workers are self-employed workers without employees, as defined according to the International Classification by Status in Employment (ICSE), approved by the United Nations Statistical Commission in 1958 and revised at the 15th International Conference of Labour Statisticians (ICLS) in 1993 (ILO 2009).



Figure 11. Proportion of own-account and contributing family workers in total employment (%), 15 and over, 1992-2008



Source: LFS, NSO

Table 6. Proportion of vulnerable employment (%), by region, 2008

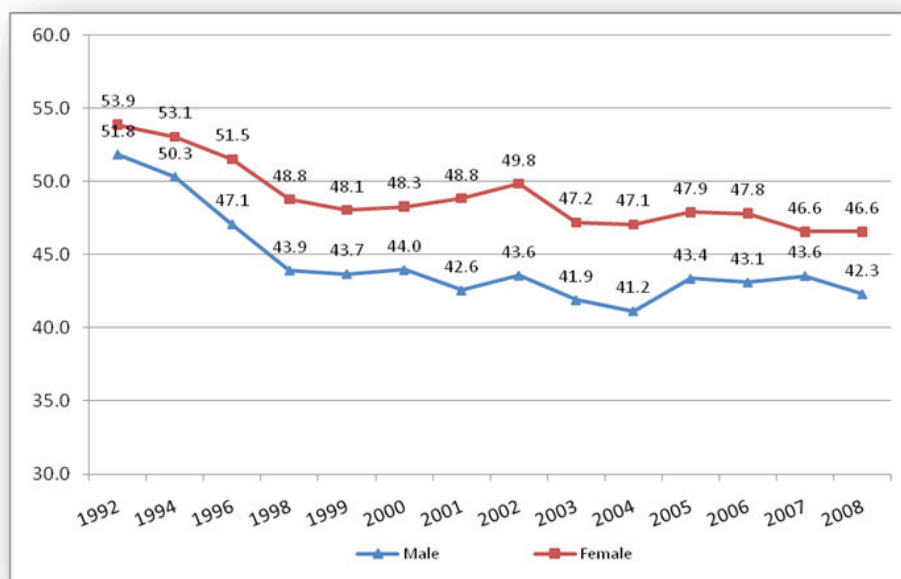
Region	Percentage
Philippines	43.9
NCR	20.6
CAR	63.0
ARMM	86.2
I (Ilocos Region)	47.2
II (Cagayan Valley)	37.8
III (Central Luzon)	34.7
IV-A (CALABARZON)	34.6
IV-B (MIMAROPA)	58.9
V (Bicol Region)	59.4
VI (Western Visayas)	40.5
VII (Central Visayas)	47.7
VIII (Eastern Visayas)	54.4
IX (Zamboanga Peninsula)	55.7
X (Northern Mindanao)	50.3
XI (Davao Region)	43.2
XII (SOCCSKSARGEN)	47.1
XIII (Caraga)	57.3

Source: LFS, NSO

IX having 86.2 percent, 57.3 percent and 55.7 percent, respectively (Table 6). Other regions with high proportion of vulnerable employment were CAR, Regions V and IV-B, registering 63 percent, 59.4 percent and 58.9 percent, respectively. NCR registered the lowest proportion of workers engaged in vulnerable employment, with 20.6 percent.

Overall, vulnerable employment in the country dropped from 52.6 percent in 1992 to 43.9 percent in 2008 (Figure 11). With this figure, the country fares much better than others in the Southeast Asia and the Pacific region, which ILO measured to have an average of 61.1 percent in 2008 (ILO 2010). Meanwhile, although the country has been posting improvements in terms of vulnerable employment, it is still clear that nearly half of the country's workers are engaged in vulnerable employment.

Figure 12. Proportion of own-account and contributing family workers in total employment (%), by sex, 1992-2008



Source: LFS, NSO

To protect workers from falling into poverty during the brunt of the global crisis, the government facilitated employment through the Comprehensive Livelihood and Emergency Employment Program (CLEEP). Jobs introduced under CLEEP include roadside maintenance and community-based entrepreneurial development. As of March 12, 2010, there were already 436,322 individuals employed under the program.

Challenges and priorities for action

In general, the gains the country achieved in terms of employment may be attributed to its commitment to provide full, decent and productive employment for every Filipino worker in the formal, informal and overseas labor markets. As a measure to reduce poverty, the Updated MTPDP indicated that this entails the following: (a) providing gainful employment; (b) developing a globally competitive workforce; (c) guaranteeing

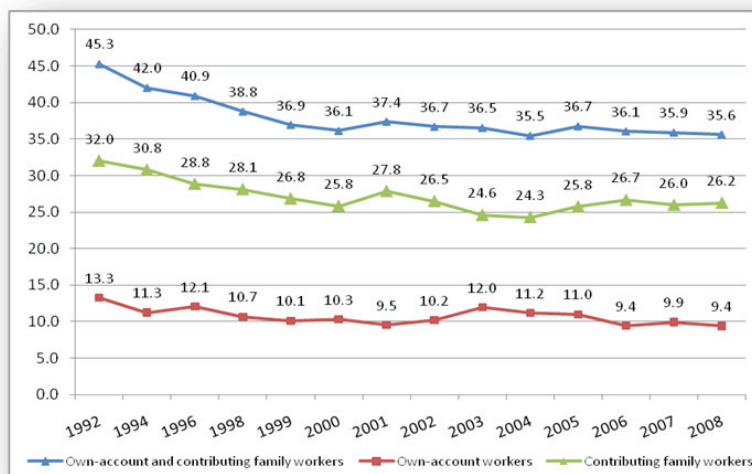
a secure workforce; and (d) providing safe and healthy working environment.

Specifically, the Updated MTPDP cited some strategies initiated to enhance employment in the country, which include the following:

- (a) the establishment of Poverty Free Zones (PFZ) which provides alternative employment and additional income in poor communities;
- (b) the promotion of entrepreneurship among OFWs and their families;
- (c) the review of the Labor Code to come up with new administrative guidelines and propose legislative amendments which recognize flexible working arrangements;
- (d) maintaining industrial peace through, among others, alternative dispute resolution mechanisms and labor education and management seminars;
- (e) strengthening of social dialogue through Tripartite Industrial Peace Councils



Figure 13. Proportion of own-account and contributing family workers in total employment (%), 15-24 yrs old, 1992-2008



Source: LFS, NSO

and Industry Tripartite Councils;

(f) provision of technical-vocational and maritime training, scholarships in partnership with the private sector and expanded apprenticeship and learnership programs;

(g) making available special and emergency employment (for poor deserving students and out-of-school-youth, among others);

(h) provision of technical assistance to micro, small, and medium enterprises and barangay micro business enterprise; and,

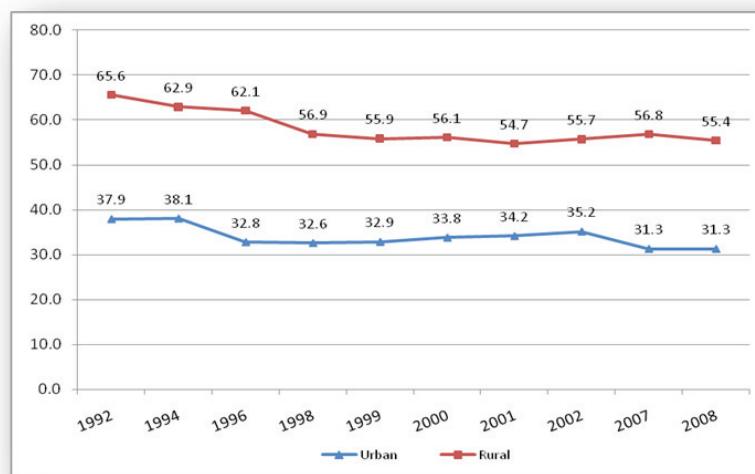
(i) providing social protection programs by enrolling more workers from the informal sector into the Social Security System, Philippine Health Insurance Corporation, Pag-IBIG and the Philippine National Red Cross.

However, it is still apparent that there is much to be done to ensure high productivity rates, decent work and reduction in the magnitude of working poor in the country.

Labor productivity and employment-to-population ratio were seen declining while, as of 2006, the working poor remains high at 22.6 percent. Although the latter showed a declining trend, almost half of the workers still have vulnerable employment.

Thus, it is imperative to implement measures that would keep the country's economy resilient from shocks, improve investment climate, expand skills and capacities of the labor force, create decent employment, enhance social protection which include those with contractual employment, improve methodologies for collecting timely data, and further promote employment of female and youth workers. There must also be greater efforts in regions with very high numbers of workers with vulnerable employment. LGUs have to be assisted to foster an enabling environment to encourage more investments that could translate into greater labor employment and sustainable development in their areas.

Figure 14. Proportion of own-account and contributing family workers in total employment (%), by urban/rural, 1992-2008



Source: NNS, FNRI

Also, as many perceive overseas employment as a viable option for landing good-paying jobs, there is an urgent need to address issues related to the out-migration of Filipino workers. An estimated 10% of the Philippine population are Overseas Filipino Workers (OFWs). The National Statistics Office (NSO) reported that from April 2009 to September 2009 alone, about 1,854,000 OFWs were deployed. However, with the growing mobility of Filipino workers, there are increasing concerns on the safety and welfare of OFWs and their families.

The ILO's Harmonized Gender and Development Guidelines cited several gender issues related to migration, including: (a) women having service jobs in extension of their domestic work, leading to individualized, isolated and highly vulnerable positions; (b) feminization of migration, leaving men in-charge of home and families,

which may result in new family structures; (c) discrimination, contractualization and gender-based violence (e.g., harassment and sexual exploitation); (d) deskilling of professionals who may land low-skilled jobs abroad; and (e) the social costs of migration, which include multiple burden on the spouse left behind and disruption of family and social structures.

There is also a need to have interventions that would turn OFW remittances into savings and investments. Furthermore, the Bureau of Immigration and the Philippine Overseas Employment Administration (POEA) have to address issues on illegal recruitment, human trafficking as well as ensuring that workers going abroad get quality jobs and are equally protected in their country of destination. Although many of these are domestic issues, some of them must be tackled both by the sending and receiving countries.

DOLE's TUPAD and ISLA Projects



The global financial crisis in 2008 and natural calamities that hit the country in 2009 left scores of Filipino workers at a loss as to how to earn their day's keep. However, these deterrents proved that Filipinos are resilient in difficult times.

The Department of Labor and Employment (DOLE) assisted 36,607 displaced workers and marginalized fisherfolks through the projects *Tulong Panghanapbuhay sa Ating Disadvantaged/Displaced Workers* (TUPAD) and Integrated Services for Livelihood Advancement of the Fisherfolks (ISLA). The beneficiaries were provided with a short-term wage employment and integrated services to turn their existing livelihood into viable and sustainable businesses. TUPAD and ISLA projects aimed to provide immediate sources of income and improve the earnings of these workers to a level at par with that of the minimum wage earners.

TUPAD

In 2009, DOLE, in coordination with the local government units (LGUs), provided a total of 198 community works projects nationwide benefiting 14,895 workers displaced by the global financial crisis.

DOLE funded the TUPAD project with a total of PhP90.82 million to shoulder the wages of the beneficiaries for a period of one month.

As of 2009, a total of 9,527 displaced workers and unemployed poor in Luzon recorded the highest number assisted through 127 community works projects of various LGUs with allocated fund of PhP70.43 million.

Mindanao came next with 3,635 workers benefiting from the 42 short-term wage employment projects with a funding of PhP13 million. In Visayas, 1,733 workers benefited from the 29 rural works projects and PhP7.38 million grants.

TUPAD's beneficiaries were employed in various rural works projects of LGUs such as construction of bridges, water system, tire path, declogging of canals, rehabilitation of roads, and construction and improvement of public utilities.

The Technical Education and Skills Development Authority (TESDA), on the other hand, provided workers with skills upgrading, trainings and retooling entrepreneurship trainings for their short-term employment.

The Social Security System (SSS) shouldered the premium of beneficiaries for one month. LGUs and Philhealth shouldered the Philhealth premium of the beneficiaries for one year. Labor and Employment Secretary Marianito D. Roque said: "The DOLE emergency employment assistance program will serve as a short-term relief to help the beneficiaries cope with their livelihood and income sources from the destruction brought about by calamities like typhoons."

The beneficiaries expressed their gratitude to DOLE for the implementation of the TUPAD project in their communities. According to Dindo G. Paris, 32, of Barangay Bangabas, Daet, Camarines Norte: "Aside from the financial aspect, TUPAD was a big help to our barangay in the cleanliness and beautification of our community park and shorelines. The trees and mangroves we had planted are now fully grown. The denuded mangrove area had been rehabilitated and somehow helped in the prevention of flood."

Source: DOLE



ISLA

“Before we used to borrow fishing gear and boat for our livelihood, today we have our own fishing equipment that will sustain our livelihood and thus, have a steady income”, boasts Romer Rosco, Lapinig, Northern Samar, a beneficiary of Integrated Services for Livelihood Advancement of the Fisherfolks (ISLA).

Rosco is just one of the 21,712 beneficiaries of ISLA projects implemented last year by various regional offices of DOLE. The Department funded the program with a total of PhP1.27 million.

ISLA targets marginalized fisherfolks in coastal municipalities. It aimed to help fisherfolks turn their livelihood into viable and sustainable businesses. The DOLE shouldered the acquisition of fishing materials and equipment like fishing boats, fish nets, fish hooks and lines, and other

fishing paraphernalia. It also provided the fisherfolks’ organization with trainings, consultancies and advisory services in coordination with the LGUs and the Bureau of Fisheries and Aquatic Resources (BFAR).

Fisherfolks in Mindanao were given 73 projects, which benefited 6,817 workers and amounted to PhP36.07 million. This was followed by 43 projects for 2,556 workers in Luzon with PhP17.58 million funds. In Visayas, 1,092 fisherfolks were assisted by DOLE through 11 projects which amounted to PhP4.88 million.

The beneficiaries were assisted in setting up common marketing facilities to enable them trade their fish catch at competitive prices and have access to broader market. The income that will be generated from the facilities may be distributed as dividends or payments for their SSS or Philhealth premiums.

Source: DOLE



2.1.3 Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Trends and inequality analysis

Using 1993 as baseline data, 69.4 percent of Filipino households had per capita intake below 100 percent dietary energy requirement. However, the Household Food Consumption Survey (HFCS) conducted by the Food and Nutrition Research Institute (FNRI) last 2003 revealed that the percentage of said households decreased to 56.9 percent. On the average, this is equivalent to a decline of 1.25 percentage points per year. This shows that the Philippines is almost halfway towards attaining its 2015 target of 34.7 percent, although it also implies that only four out of every ten Filipino households have per capita energy intake that meets the recommended intake (Figure 15).

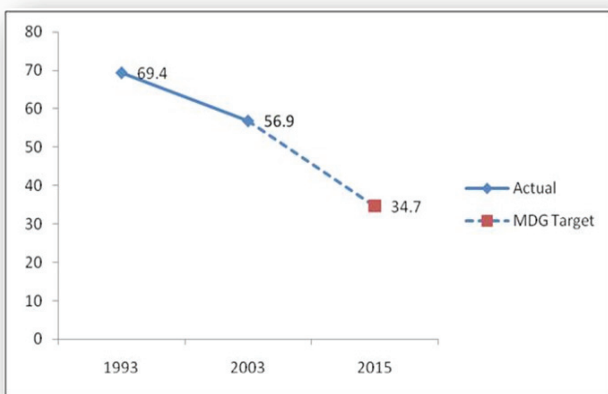
From 2005 to 2008, there was a significant increase in the proportion of underweight children aged 0-5 from 24.6 percent to 26.2 percent, according to the National Nutrition Survey (NNS) conducted by the FNRI (Figure

16). A very high prevalence of underweight preschoolers was noted in Regions IV-B, V, VI, VIII, IX, and SOCCSKSARGEN, where data on the proportion of underweight-for-age children registered at greater than or equal 30 percent (Figure 17).

Hunger and malnutrition have underlying causes like poverty, rising food prices, poor dietary diversity, lack of access to potable drinking water and sanitation, poor health status, among others. However, the relationship works both ways. Hunger is a result of poverty as much as poverty is caused by hunger because it results in malnutrition and ultimately, decreased productivity. Micronutrient deficiency is another important indicator because increased immunity and adequate level of vitamins and minerals in the body can enhance nutritional status. The prevalence of iron and iodine deficiency is decreasing but it remains a public health problem because it still persists among the most vulnerable groups like infants, children and pregnant women.

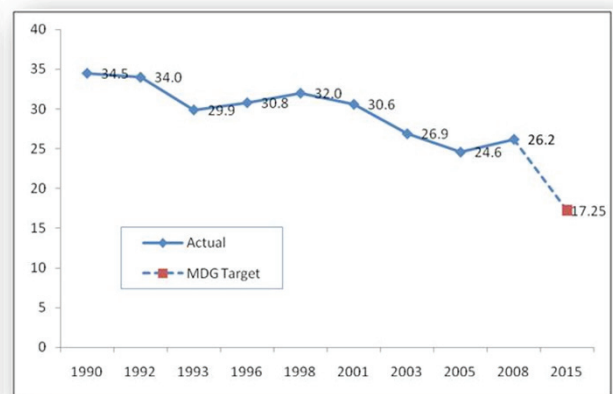
In response to the problems on hunger and malnutrition, the government, led by

Figure 15. Proportion of households with per capita intake below 100% dietary energy requirement (%), 1993 and 2003



Source: NNS, FNRI

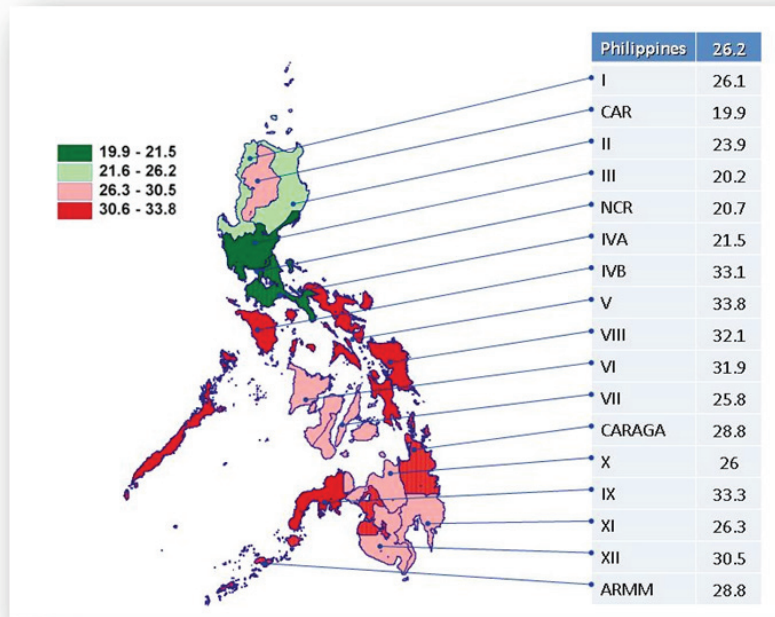
Figure 16. Proportion of underweight children 0-5 years old (%), 1990-2008



Source: NNS, FNRI



Figure 17. Proportion of underweight children 0-5 years old (%), by region, 2008



Source: NNS, FNRI

the National Nutrition Council (NNC), has intensified the implementation of RA 8976 (Philippine Food Fortification Act of 2000), RA 8172 (ASIN Law), EO 51 (Milk Code), and other similar policies to provide a conducive environment for promoting improved nutrition. In 2007, the government initiated the Accelerated Hunger-Mitigation Program (AHMP) to address malnutrition and food insecurity in the country. As indicated earlier, the AHMP is a package of strategies and interventions designed to address hunger and poverty in a holistic manner, both from the supply- and the demand-side. On the supply-side, measures to mitigate hunger include increasing production capacity and productivity as well as ensuring efficient logistical support in the delivery of food to the intended beneficiaries. The demand-side measures, on the other hand, include income and job generation or putting more money in poor people's pockets, promoting good nutrition, and managing population

levels. The Food-for-School and Tindahan Natin are some of the program components that are being implemented in the AHMP priority areas.

However, despite continuous efforts, improvements in hunger incidence are derailed by uncontrollable factors like natural disasters and the global financial crisis. This is best exemplified by the Social Weather Station (SWS) surveys confirming that the AHMP has indeed contributed in decreasing the incidence of hunger. A special SWS national survey done on October 2009, however, found that hunger rose compared to the previous survey, just before the onslaught of typhoons Ondoy (Ketsana) and Pepeng (Parma) in northern Philippines. This points to the need for improved disaster preparedness and response measures as well as real-time monitoring of the key parameters by strengthening the food and nutrition surveillance system.



Key bottlenecks and priorities for action

Continuing poverty

The formulation of the Accelerated Hunger Mitigation Plan (AHMP) in 2007 re-positioned nutrition at the forefront of the country's development agenda. The national government has proven its commitment to combat malnutrition by increasing budget allocation to programs and projects that are supportive of the AHMP.

However, the 2008 NNS results show that the country needs to accelerate the decline of malnutrition to be able to achieve its MDG targets. Since poverty is one reason why poor households do not have adequate access to food and nutrition, the government needs to implement time-bound emergency public infrastructure-based employment programs as well as more sustainable micro-lending initiatives, skills training programs and support programs to enable these households to earn income. Studies have shown that resources put into nutrition are investments with significant short-term and long-term gains in the context of poverty alleviation and overall development. For households where resources are very limited, food assistance may be necessary as an immediate response. But the long-term intervention should be geared towards raising the purchasing power of the hungry population.

Rapid population increase

The 2003 Family Income and Expenditure Survey (FIES) estimates reveal that large family size is a significant contributor to the rise in subsistence incidence or the

proportion of food-poor population. The said estimates show that families with 6 or more members have double-digit subsistence incidence compared to families with 5 members or less.

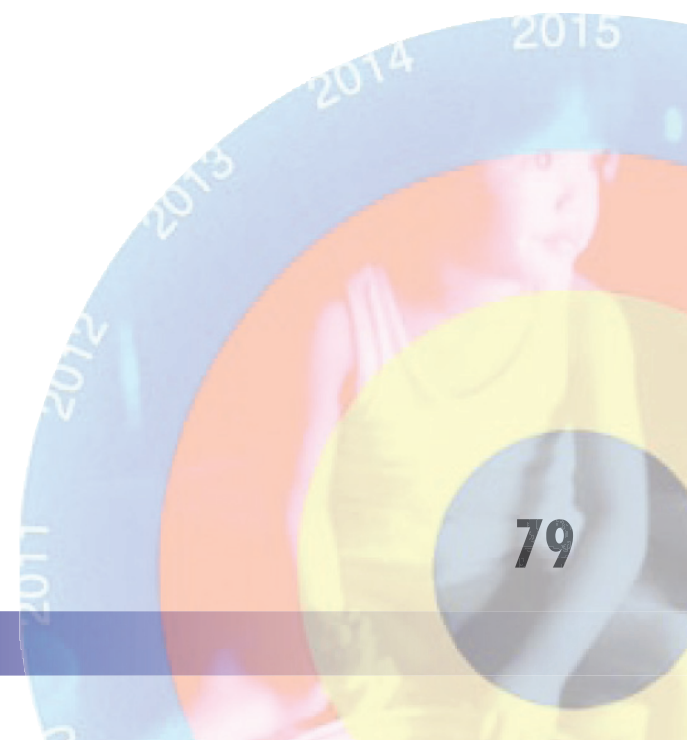
Programs such as the Responsible Parenthood Program (RPM) should be properly implemented to encourage couples to exercise responsible parenthood, birth spacing and breastfeeding. The RPM should include an accelerated implementation of the family planning program through the promotion of more effective methods of contraception that will address unmet need for both spacing and limiting pregnancies. This should be combined with an all-out communication campaign designed to debunk myths and misconceptions about family planning, and promote a positive change in attitudes and behavior towards family planning practices. It will not only improve the purchasing power of families but it also ensures quality care for the mother and child. However, RH-related programs have been met with mixed responses by the LGUs, hampering their potential impact.

Food insecurity

Food security is one of the three pillars of good nutrition, along with good care and good health (FAO 2008). Sustained food production capacity and productivity is necessary to ensure the availability of food especially for the at-risk and vulnerable population. Self-sufficiency has become an increasing concern with the country's shift from rice producer to rice importer. It is in this regard that some of the 54 provinces that were identified as the priority areas

for AHMP implementation were ranked as highly vulnerable by the food insecurity and vulnerability information management system (FIVIMS). Given the broad range of problems that need immediate attention, productivity enhancement and resource management in the agriculture sector should

be given more focus to enable expansion in production capacity. Secondly, efficient logistical support in the delivery of food to the intended beneficiaries should be ensured through infrastructure development initiatives (e.g., ports, farm to market road) and supplemental feeding programs.





Calamba City

ONE vision, dynamic leadership, multi-stakeholder support – main ingredients of an effective nutrition program

Sustaining the city's nutrition program after six straight years has become more of a challenge than a responsibility to the City Nutrition Committee (CNC) of Calamba. The CNC of Calamba vowed to continue improving the city's nutrition situation, especially that of infants and young children, pregnant and lactating women—the City's top priorities for nutrition.

Toward this goal, the CNC has sustained past programs and has continued introducing innovations to their current nutrition improvement efforts. Among them was the Pangkabuhayan project, which provided livelihood assistance to indigent families of the city, while existing livelihood programs were sustained and expanded to other poor families. The barangay nutrition scholar (BNS) cooperative known as PINAY (Pangkabuhayang Isda Naging Ating Yaman) established a food processing center that sold surimi fish and surimi-products. The center provided skills training and livelihood to poor mothers, majority of whom have undernourished children.

To increase food production, the CNC expanded its food production program called Food Always in the Home (FAITH) in all its 57 barangays. The CNC also established a plant nursery/demonstration kitchen and a communal garden inside the compound of the City Hall. All city employees are able to avail of the fresh vegetables and initial planting materials, which they can use to start up their own backyard garden.

Proper waste management is also of big importance in the city. Toward this end, an ordinance was issued to implement waste segregation measures in all barangays. The city distributed trash

cans to households to help ensure that sanitary and proper waste management is practiced before the garbage gets collected every day.

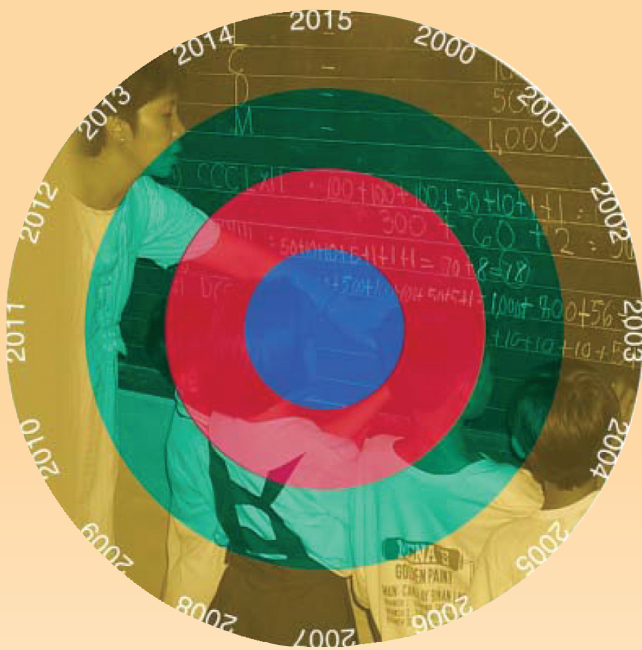
Apart from the 10 percent increase in the monthly BNS allowance of the 60 BNSs of Calamba City, the CNC sustained the implementation of the scholarship assistance for dependents of BNSs. The educational assistance is available for any 4-year course at the Calamba City College for qualified BNS dependents who will pass the school's entrance examination.

Along with the promotion of good nutrition, exclusive breastfeeding in particular, compliance to the Milk Code was strictly implemented in all government and lying-in clinics in the city. The Nutrition Office also established a lactation room in the City Hall compound to cater to lactating mother-employees and mothers transacting business within the City Hall. In health centers, during the designated prenatal day, lectures on breastfeeding were conducted to teach the mothers on the benefits of breastfeeding and to help them with their lactation anxieties and concerns. Information and educational materials on breastfeeding were also given in the health centers.

With the array of programs from the Calamba CNC expanding every year, the prevalence rate of malnutrition among preschoolers has gone down significantly, from 6.18 percent in 2005 to 3.06 percent in 2007, and among school children, from 10.09 percent in 2005 to 4.94 percent in 2007. By attaining the Nutrition Honor Award 2008, Calamba City has proven that nutrition improvement can only be achieved when a common goal, guided by a dynamic leadership is operationalized by an efficient technical support team and is sustained through multi-sectoral efforts.

Source: 2008 National Nutrition Awarding Ceremony





Goal 2: Achieve universal primary education

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Status and trends

The recent trend in elementary participation rate suggests that the target of universal access to elementary education by 2015 is in great risk of not being achieved. From 90.1 percent in school year (SY) 2001-2002, participation rate or the net enrolment rate (NER)⁴ in elementary education declined to 83.2 percent in SY 2006-2007, the lowest over the last 2 decades (Figure 18). Although the downward pattern started to reverse by SY 2007-2008 at 84.8 percent, the rate of progress is very minimal and would not be

enough to achieve the 100 percent NER by 2015, unless a big turnaround happens in the next 2 to 3 years.

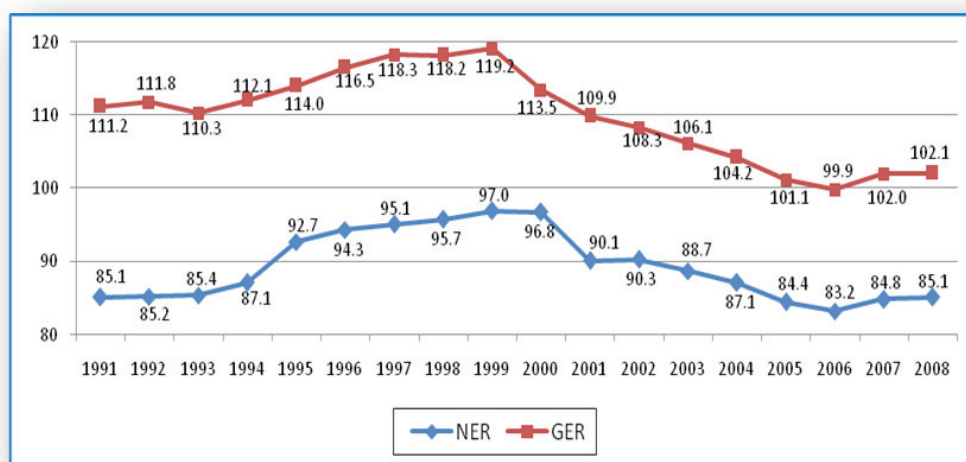
The gross enrolment rate (GER), which measures enrolment including those beyond primary school age, generally followed the same downward trend. From 119.2 percent in SY 1999-2000, the GER dropped to 99.9 percent in SY 2006-2007 before slowly improving by SY 2007-2008, thus corroborating the validity of the NER trend.

The large number of over-aged enrollees in elementary is mainly due to the late entry of many children into the education system. The net intake rate (NIR) in SY 2008-2009 shows that only about half of the 6-year

⁴NER is based on school-age population 7-12 years old from 1991 to 2000 and 6-11 years old from 2001-2008. Assessment was made on the most recent years where data is comparable (2001-2008).



Figure 18. Elementary education NER and GER (%), SY 1991-1992 to SY 2008-2009 (public and private)



Source: Department of Education

Note: The years 1991 to 2008 in the horizontal axis represent start of school year (i.e., 1991 corresponds to school year 1991-1992)

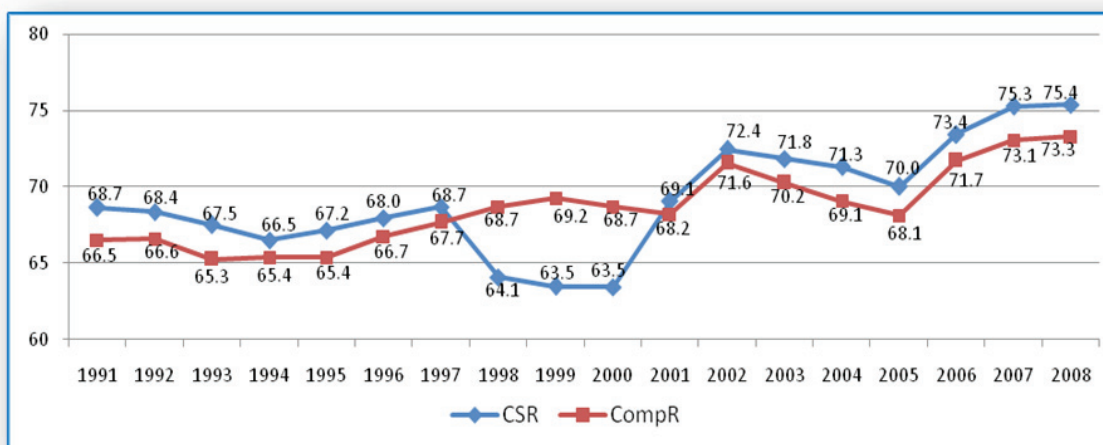
old population (48.4%) entered Grade 1 at the official entry age. The gross intake rate (GIR), on the other hand, was high at 124.5 percent, which implies that majority of children entered school at an older age (age 7 or older).

As can be observed in Figure 18, there is a remarkable decline in NER from 96.8 percent in SY 2000-2001 to 90.1 percent in SY 2001-2002. Recall that this was the period when the school-age basis of the recorded data on NER was changed from 7-12 years old to 6-11 years old. Although the policy on 6 years old as the official elementary entry age was first implemented in SY 1995-1996 through DECS Order No. 65, s. 1994, the recording of NER based on ages 6-11 started only in SY 2001-2002. This was for the purpose of allowing enough time for the policy to be fully adopted. However, years since its implementation, many parents still opt to have their children start schooling at age 7 or older.

School efficiency, as measured by cohort survival rate (CSR), exhibited fluctuating trend over the period 1991-2008, but the latest data show marked improvements. From its lowest level of 63.5 percent in SY 1999-2000, the CSR has reached its highest level at 75.4 percent in SY 2008-2009 (Figure 19). The CSR, which represents the percentage of enrollees in Grade 1 who reached Grade 6, indicates the poor holding power of schools that exacerbates overall pupil participation and access.

Similarly, the completion rate (CompR), which represents the percentage of Grade 1 pupils who were able to complete the elementary cycle, has generally shown an improving trend from 1991 to 2008. From its lowest level of 65.3 percent in SY 1993-1994, the CompR has reached its highest level thus far at 73.3 in SY 2008-2009, indicating that more pupils who enter elementary are able to complete the whole stretch of elementary education (Figure 19).

Figure 19. Elementary education CSR and CompR (%), SY 1991-1992 to SY 2008-2009 (public and private)



Source: Department of Education

Note: The years 1991 to 2008 in the horizontal axis represent start of school year (i.e., 1991 corresponds to school year 1991-1992)

Based on the trends in CSR and CompR, particularly if the 2005 to 2008 rate of progress will continue, there is a good chance that the targeted level of 84.7 and 81.0 percent, respectively, can be achieved by 2015. However, this requires greater effort and creativity from the government, particularly the Department of Education (DepEd), to produce consistent and significant improvements in terms of the holding power of schools.

However, the average drop-out or school-leaver rate for SY 2008-2009 remains high at 6 percent. By grade level, it is the children in Grade 1 who are most likely to drop out or leave school and therefore needs targeted intervention from the government

(Table 7). Based on the 2008 Functional Literacy, Education and Mass Media Survey (FLEMMS) results, the main reasons of children (aged 6-11) for not attending school include lack of personal interest, high cost of education, inability to cope with school work, and being too young to go to school, among others.

While the inability to cope with school work is considered one of the factors why children drop out of school in the early grades, access to early childhood care and development (ECCD) has been seen as an important strategy to address this problem. In the Philippines, ECCD covers the 3- to 5-year olds. Programs and services targeted for the 3- to 4-year olds are usually

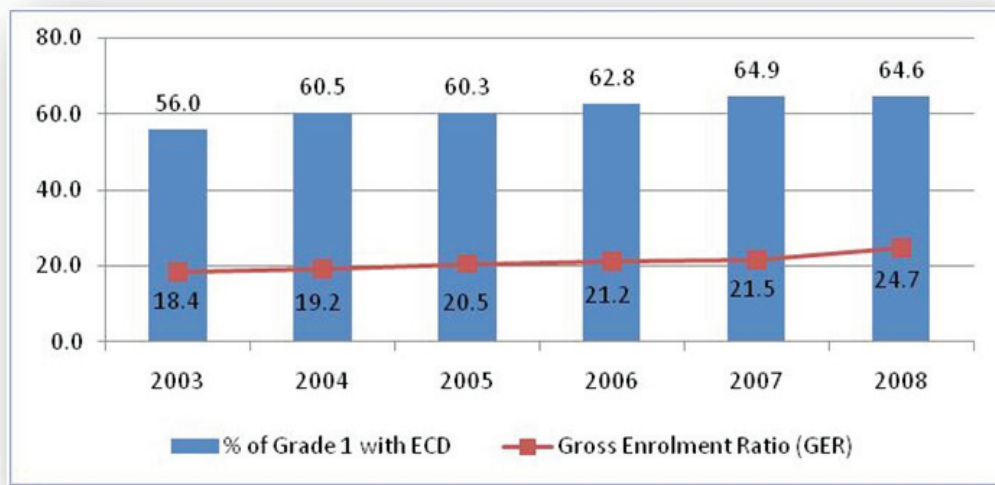
Table 7. Elementary education school-leaver (drop-out) rate (%), SY 2008-2009 (public and private)

Elementary	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Average
TOTAL	13.1	3.8	2.7	2.7	3.7	2.8	6.0
Male	14.6	4.6	3.3	3.4	4.6	3.4	7.1
Female	11.5	2.9	2.0	2.0	2.8	2.2	4.9

Source: Department of Education



Figure 20. GER in preschool and percentage of Grade 1 with ECD experience (%), SY 2003-2004 to SY 2008-2009 (public and private)



Source: Department of Education

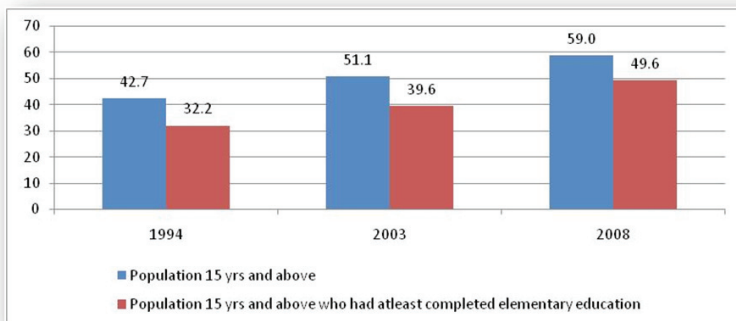
Note: The years 2003 to 2008 in the horizontal axis represent start of school year (i.e., 2003 corresponds to school year 2003-2004)

referred to as early childhood development while those for the 5-year olds are called preschool.

As of 2008, public and private share of preschool enrolment was at 64 percent and 36 percent, respectively. Modest gains were recorded for the period 2003

to 2008. Preschool GER has shown a slightly increasing trend with an average percentage point increase of 1.27. Similarly, the percentage of Grade 1 with early childhood development (ECD) experience has posted a slow yet positive progress with an annual growth rate of 1.7 percent (Figure 20).

Figure 21. Population 15 years old and above who had at least completed elementary education (in million), 1994, 2003 and 2008



Source: Department of Education

Looking at the educational attainment of the population beyond school-going age, the FLEMMS results in 1994, 2003 and 2008 reveal an increasing trend in the percentage of the population 15 years old and above who had at least completed elementary education. From 75.4 percent in 1994, the percentage of elementary graduates improved to 84.1 percent in 2008, representing 49.6 million of the 59 million individuals aged 15 and above (Figure 21). Despite such improvement, the figures reveal that there were still 9.4 million Filipinos who were not able to finish elementary education.

The country's education status should include literacy rates, which reflect the level of cognition and consciousness acquired by the cross-section of the population. Based on FLEMMS results, basic literacy rate of Filipinos 10 years old and over improved from 93.4 percent in 2003 to 95.6 percent in 2008. Literacy rate of those belonging to the 15-24 age group is relatively higher, which progressed from 96.6 percent in 2003 to 97.8 percent in 2008. Similarly, functional literacy rate improved from 84.1 percent to 86.4 percent over the same period. This means that more people are able to read, write and compute, and are generally able to function effectively in society. These two tracks, therefore, may indicate that despite setbacks in formal education system (or schooling), education may be acquired by the country's young population through either informal or non-formal sources and modalities.

Inequality analysis

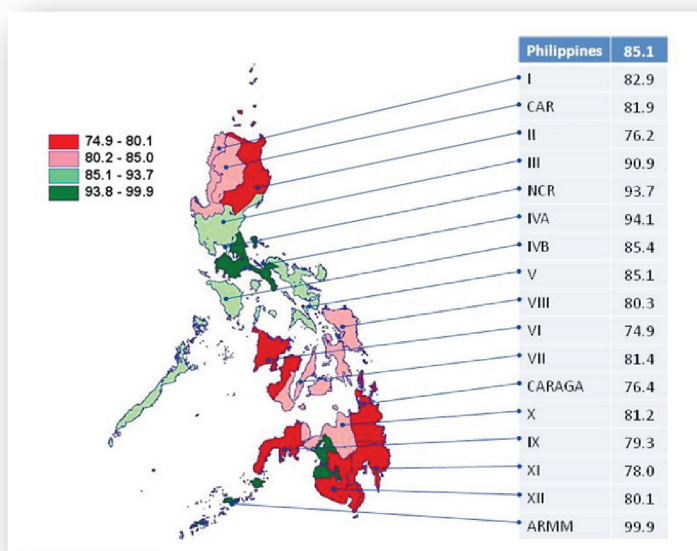
Significant disparity across regions in terms of the net enrolment rate still exists (Figure 22). Going by the available data as of this writing, ARMM recorded the highest NER in SY 2008-2009 with almost universal participation at 99.9 percent while Region VI got the lowest at 74.9 percent. It is, however, notable that ARMM performed poorly in other education indicators such as cohort survival rate and completion rate, and in fact lagged behind in NER performance (68.2%) based on the 2008 FLEMMS. It may, therefore, be necessary to further validate the NER data of ARMM so that a more plausible account of regional accomplishments may be provided.

Other regions that registered participation rate higher than the national average are the NCR and Regions III and IV-A. Interestingly, these regions also topped all other regions in terms of annual family income based on the 2006 FIES, thus reinforcing the observed correlation between poverty and access to education.

Wider regional disparity is observed with respect to CSR and CompR in SY 2008-2009 (Figures 23 and 24, respectively). NCR registered the highest CSR among the regions with 87.5 percent while ARMM is at the far lowest end with 40.7 percent, putting the earlier cited ARMM data in question. Similarly, NCR registered the highest CompR among the regions, with 85.27 percent, while ARMM again had the lowest rate of 37.5 percent.

The large disparity between NCR and ARMM in terms of school efficiency

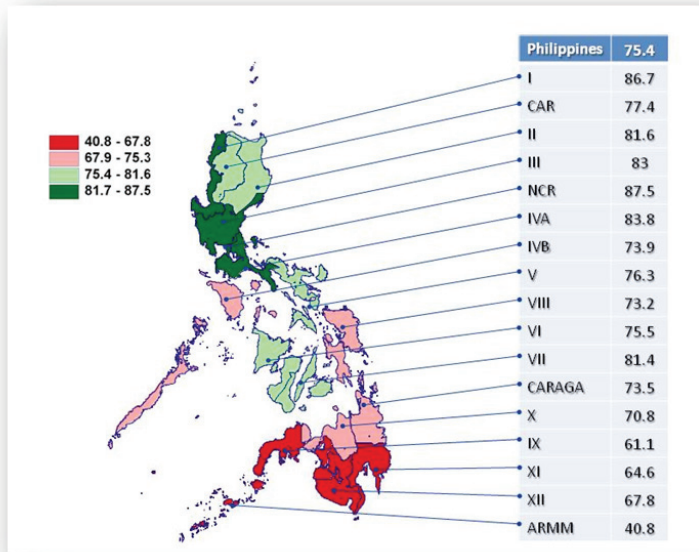
Figure 22. Elementary education NER (%), by region, SY 2008-2009



Source: Department of Education

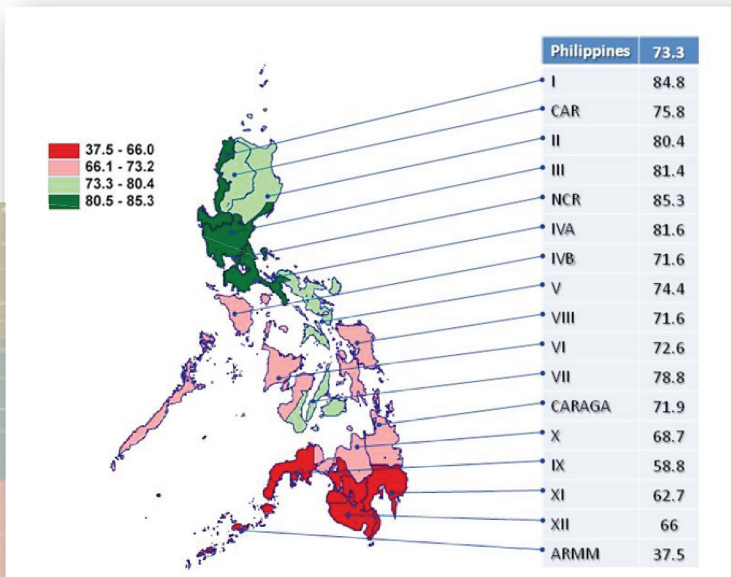


Figure 23. Elementary education CSR (%), by region, SY 2008-2009



Source: Department of Education

Figure 24. Elementary education CompR (%), by region, SY 2008-2009



Source: Department of Education

indicators (and possibly that of NER) manifests inequality in socioeconomic conditions, particularly on the ability of parents to send their children to school. In 2006, as revealed by the FIES results, NCR reported the highest average annual family income (PhP173,000) while ARMM registered the lowest (PhP89,000) among the regions. Similarly, with children accounting for the second largest number of poor population among the basic sectors in 2006⁵, NCR and ARMM registered the reverse poverty incidence among the regions in the said sector. This indicates that socioeconomic conditions are major determinant of children's access to education.

Children in rural areas are more disadvantaged than those in urban areas with respect to efficiency indicators. In SY 2003-2004, CSR in urban areas was at 69.9 percent, which was relatively higher than that in rural areas (56.2%). Similarly, in the same school year, CompR in urban areas was higher (at 69.0%) than the national average while lower in rural areas at 53.9 percent. These data support the fact that, aside from higher average family income in urban areas, most local governments (particularly in highly urbanized cities) are better able to support and shoulder some of the funding requirements of schools through the Special Education Fund (SEF). Such support includes funding for the construction of classrooms, salary of teachers, and other educational inputs.

Girls outperformed boys in all of the three indicators (NER, CSR, and CompR) in elementary education from 2000 to 2008. Girls' advantage over boys is more evident in terms of CSR and CompR as more boys tend

⁵ 2006 Official poverty statistics for the basic sector.

to drop out from elementary school. Based on the school-leaver rate data in SY 2008-2009, around 7.1 percent of boys dropped out from elementary school compared with the 4.9 percent drop-outs among girls. One main reason for boys leaving the school is lack of interest or low level of motivation to attend class. This is mainly due to poverty as boys tend to be depended on to seek employment to augment family income. On the other hand, girls drop out mainly due to filial obligations such as taking care of younger siblings while their mother is working (Abuso et al. 2007).

Key bottlenecks and priorities for action

Basic education spending remains the top priority of the government with the DepEd receiving the biggest share of budget among government agencies. In spite of this, the budget level remains insufficient to address resource shortages and respond to the growing number of school-age population as the government continues to uphold its constitutional mandate of providing free and compulsory elementary education. As of 2009, the share of the DepEd's budget from the national budget and the GDP remains low at 12.3 percent and 2.3 percent, respectively.

Towards improving children's access to schools, the DepEd intensified efforts to provide sufficient education resources and enhance the learning environment. From 2004 to 2009, a total of 75,584 new classrooms had been constructed and 52,536 new teacher items had been created to respond to the growing demand in the public school system. However, shortages in classrooms and teachers still persist in many areas due to continuous increase in student enrolment and poor system of allocating resources, resulting in inequalities

among public schools. In SY 2008-2009, teacher-pupil and classroom-pupil ratios posted decent national averages of 1:36 and 1:39, respectively, which are better than the target ratio of 1:45 (Table 8). However, wide regional disparities have been recorded in the same period, particularly in terms of classroom-pupil ratio, with a high of 1:80 in NCR and a low of 1:28 in CAR. Some schools in NCR have more than 100 pupils per classroom particularly those in the divisions of Caloocan and Las Piñas which posted an average of 1:111 and 1:120 classroom-pupil ratios, respectively. Aside from measures of ensuring availability of school sites, particularly in NCR, improving the database system and regular conduct of school mapping to accurately identify and respond to areas with resource backlogs are among the viable solutions to the inequality in resource allocation issue. More importantly, the system of resource allocation needs to be improved by way of an amendatory law to Republic Act 7880 or the Fair and Equitable Allocation of DECS' Budget for Capital Outlay. It is intended that the allocation of school resources prioritizes areas with severe shortages in school facilities and other basic education inputs.

Based on the trends in NER and GER, it is apparent that despite free elementary education in public schools, factors such as poverty, poor health, peace and order problems in some areas, and prevalence of child labor, continue to hound efforts of keeping children in school. Policy decisions, however, tend to resolve these educational problems through provision of more classrooms and teachers which address school resource requirements but fail to respond to the special needs of children in different and difficult situations. While increasing



Table 8. Teacher - Pupil and Classroom - Pupil ratios, by region, SY 2008-2009 (public schools)

Region	Teacher - Pupil ratio	Classroom - Pupil ratio
Philippines	1:36	1:39
NCR	1:40	1:80
CAR	1:27	1:28
I (Ilocos Region)	1:29	1:29
II (Cagayan Valley)	1:29	1:29
III (Central Luzon)	1:36	1:36
IV-A (CALABARZON)	1:41	1:43
IV-B (MIMAROPA)	1:36	1:38
V (Bicol Region)	1:35	1:37
VI (Western Visayas)	1:30	1:30
VII (Central Visayas)	1:37	1:40
VIII (Eastern Visayas)	1:32	1:35
IX (Zamboanga Peninsula)	1:33	1:36
X (Northern Mindanao)	1:35	1:38
XI (Davao Region)	1:36	1:38
XII (SOCCSARGEN)	1:40	1:43
XIII (Caraga)	1:33	1:38
ARMM	1:49	1:59

Source: Department of Education

the budget for school resources is indeed crucial, cost-saving, non-conventional and flexible approaches to improve access to elementary education should also be strongly pursued to increase the fighting chances of young learners. This includes "tried and tested" alternative modalities of delivering formal basic education such as the Instructional Management by Parents, Community and Teachers (IMPACT) system and the Modified In-School and Off-School Approach (MISOSA). Such programs do not only address problems of access in overcrowded schools but also facilitate efforts to reach out to children and minimize drop-outs in public schools. In the case of the IMPACT approach, quality outcomes are even highly comparable if not always superior, despite the high teacher-pupil and classroom-pupil ratios.

Another approach in providing the basic learning needs (BLNs) that produce

functional literacy is through the alternative learning system (ALS) which comprises non-formal and informal modes of delivery of education to disadvantaged and marginalized out-of-school children and youths (OSCY) and adults. However, while the ALS is basically the country's response to the challenge of Education for All (EFA) expanded vision of education, it is naturally not reflected in any of the education indicators of NER, CSR, and CompR; which are formal education constructs and therefore not accounted

for in the achievement of universal access to elementary education, which is one obvious limitation of the MDG on education. Thus, if the more important educational goal is attaining literacy obtained in shorter period of time rather than mere school attendance, there will be a need for the MDG to be clarified or better still, redefined. Given this pedagogical and structural limitation, it would be better if the MDG of the immediate future could add a possible MDG 2 Plus that can serve the ultimate ends of schooling or formal education participation.

The high drop-out rate among children, particularly during the first three years of elementary school, has been attributed to the weak pedagogical skills of teachers which aggravate the inability of children to cope with school works. In order to address this concern, the government has formulated the National Competency-Based Teacher Standards (NCBTS) which



redefines the meaning of “good teaching” and its practical operationalization so as to cater to the diverse needs of learners when it should have been nationally rolled-out. The government has also been implementing the School Readiness Assessment (SReA) since SY 1995-1996. It is a tool being administered to Grade 1 entrants in order to determine their readiness for formal schooling. As such, children assessed to be “not ready” will undergo the 8-week curriculum to prepare them for formal Grade 1 works. Otherwise, the 8-week curriculum will serve as a

review of the readiness skills the children have acquired during preschool. In addition, a complementary strategy towards addressing the aforementioned concern is the strengthening of the preschool education. Specifically, the inclusion of preschool education in the basic education cycle, thereby making it free and compulsory as part of the elementary education system, is currently being considered at the policy level. Achieving universal early childhood care and education (ECCE) heavily bears on the realization of universal primary/basic education since ECCE “prepares children



for formal schooling mentally, emotionally and physically, thereby increasing the chance of children surviving and completing formal schooling, reducing drop-out incidence, and helping to assure better performance in primary education, among others" (UNESCO 2008).

The magnitude of over-aged enrollees has significant effect on NER in elementary education. Many parents are still not following, or may not be aware of, the official entry age of 6 years old in public elementary schools. Similarly, many of the private schools still follow the entry age of 7 years old for Grade 1. With the ensuing confusion on the appropriate elementary entry age (including the official age range of 6-11 years old), the attainment of universal access to elementary education, as measured by NER, is naturally bound to decline. Hence, the government needs to be decisive and employ appropriate measures to address the issue. However, as a developing country struggling with the effects of poverty in education, it might be more realistic for the Philippines to see and pursue educational participation in terms of GER. So long as children and youth go back to school to catch up with their acquisition of basic education, even if not in their designated school-going age, their basic human right to education is still upheld and is still in line with the spirit of EFA.

Aside from supply-side interventions, the government also needs to focus on non-school factors that contribute to the non-attendance to schools. As poverty is seen as a major limiting factor to school attendance, various social programs need to be pursued in conjunction with the DepEd's initiatives. The 4Ps being

implemented by DSWD is a promising intervention which provides conditional cash grants to extremely poor households to improve their social conditions. It includes the provision of educational expenses for children at PhP300 per child per month for a maximum of 3 children on the condition that the parents send their children to school regularly. The experience with this scheme addresses the fundamental problem of poverty and health-related concerns.

Another key intervention aimed at improving school attendance of children is the Food-for-School Program (FSP) of the DepEd, which was launched in 2005. It is a conditional food transfer program, which provides a kilo of rice to families, who suffer from severe hunger, through their children in DSWD day care centers and in preschool and Grade 1 levels in DepEd-run schools. According to DepEd (per its 14 April 2008 Press Release), aside from improved school attendance, the FSP is reported to have resulted in the decline in malnutrition incidence among public elementary school children from 21 percent to 17 percent. Despite positive preliminary results, however, concern over targeting was raised during the course of the program implementation. The government is currently considering the convergence of the FSP with the 4Ps to ensure that benefits would actually reach the appropriate/deserving beneficiaries.

Overall, the key to achieving universal access to primary education by 2015 is to aggressively move the Basic Education Sector Reform Agenda (BESRA) forward, preferably towards its immediate national

roll-out. Addressing the challenges in basic education requires a system-wide implementation of mutually-reinforcing policy reforms in the policy package. The 2008-2009 Philippine Human Development Report (PHDR) noted that BESRA offers the very real possibility of shifting out an externally-induced, disjointed and projected mode of pursuing education reform. The biggest challenge facing the DepEd today, however, is how to substantiate, operationalize, and implement BESRA with firm resolve and unflinching commitment as a learner-focused set of reforms.

The potential of BESRA in addressing the challenges in basic education primarily relies on School-Based Management (SBM). This is because SBM, in the context of decentralization, enables school- and community-level stakeholders to use their empowerment to chart the course and means of their progress towards achieving better education outcomes. SBM intends to empower all schools together with their communities in managing their own affairs and resources for improved delivery of education services in a manner that is sustainable.

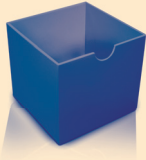


The Updated Medium-Term Philippine Development Plan (MTPDP) 2004-2010 stipulates that since it is highly doubtful that the targets in formal education will be met by merely relying on conventional education delivery through the schools, the government must mainstream and scale up the utilization of validated or tested alternative delivery modes (ADMs) in both internal planning and budget processing of the DepEd. This is to address the perceived lack of basic education inputs such as classrooms, teachers, and textbooks. ADMs also address the needs

of children in difficult/different circumstances such as those who are not yet in school, already in school but at risk of dropping out and/or not performing well.

The following learning innovations have been proven effective and responsive in addressing the abovementioned needs of learners and sources of internal inefficiencies. The expansion of the well-validated ADMs such as the IMPACT approach and the adoption of the mother tongue-based education, especially in the early grades will not only further broaden learner outreach towards EFA but also improve quality and relevance of formal basic education.





Box 1. The IMPACT learning system for primary education

The Instructional Management by Parents, Community and Teachers (IMPACT) learning system is an alternative delivery mode (ADM) for basic education, particularly for the elementary level, developed in 1974 with funding support from the International Development Research Center (IDRC) of Canada in cooperation with the then Department of Education and Culture (DEC). It was implemented in the pilot schools in Naga, Cebu, Sapang Palay, and Bulacan in the Philippines, and Solo, Indonesia. During its inception, IMPACT was designed as a practical intervention to address the pervasive condition of overcrowding in Philippine public schools, as well as the lack of teachers, textbooks and other learning materials. Its input quality threshold is as high as 1:120 teacher-pupil ratio and the high ratio is not a big problem.

The salient features of the system include targeting all types of learners, instructional modes, grouping of pupils according to families rather than section, instructional supervision, and rating system. The key strategies employed in the implementation of the system are the programmed teaching and the peer group learning methods.

Studies have shown that the IMPACT system has consistently demonstrated cost-efficiency (reducing the cost of elementary education by up to 50 percent without sacrificing quality) and has positively contributed to the improvement of instructional quality and pupils' academic performance. Moreover, students are generally reported to consistently achieve higher level of cognitive skills compared with students in conventional schools; be more socially sensitive, spontaneous, and uninhibited in their activities and expressions; communicate well with their groups, teachers, parents and visitors; and be more responsible, committed and exhibit leadership skills.

The Culianan Learning Center, which has adopted the IMPACT system way back in

1980, is a second generation IMPACT school (i.e., its instructional supervisors were trained under the Sapang Palay Learning Center, which is one of the original IMPACT schools) while the Maasin Learning Center, in turn, picked-up the innovation from Culianan and has started its IMPACT implementation in 2006 as a third generation site. Both learning centers have benefited from the USAID-EQuALLS project, particularly in the printing of IMPACT learning modules. In terms of performance, Culianan Learning Center consistently ranked at the top ten high achieving schools in the division. In SY 2006-2007, the CLC was recognized as one of the region's best performing schools with a National Achievement Test (NAT) result of 84.77 percent (mean percentage score) – topping all schools at the division level. Enrollees in the the Maasin Learning Center increased from 719 in SY 2005-2006 to 1,042 in SY 2009-2010 with a corresponding increase in the number of teachers and classrooms from 17 to 22 over the same period. The Learning Center is able to provide quality education despite the large number of enrollees vis-a-vis teachers and classrooms as it also has 12 make-shift learning kiosks (SY 2009-2010) for peer group learning sessions and a 1:1 pupil-module ratio.

True to its name (Instructional Management by Parents, Community and Teachers), parents and other community stakeholders, such as the barangay officials, actively participate in the learning process by assisting in the different sessions and provide support in coming up with the necessary educational inputs such as the construction of kiosks, shelves for the modules, teaching aides and other minor infrastructure needs. Community specialists or experts are also occasionally invited to share their knowledge during learning sessions. For example, cooking and livelihood are taught by parents, carpenters and other community resource persons.

Source: NEDA reports on validation visit to Culianan Learning Center in Zamboanga City, 2006 and 2008





Box 2.

The Lubuagan, Kalinga-Apayao experiment on mother tongue-based education

Lubuagan students are monolingual at the time they begin their education at the age of six. However, English and Filipino are used as the media of instruction in Philippine schools pursuant to the 1974 Bilingual Education Policy. This situation appears problematic since these languages are both alien to the children upon their entry to the formal schooling. Consequently, the use of these languages as media of instruction creates comprehension difficulties resulting in low achievement.

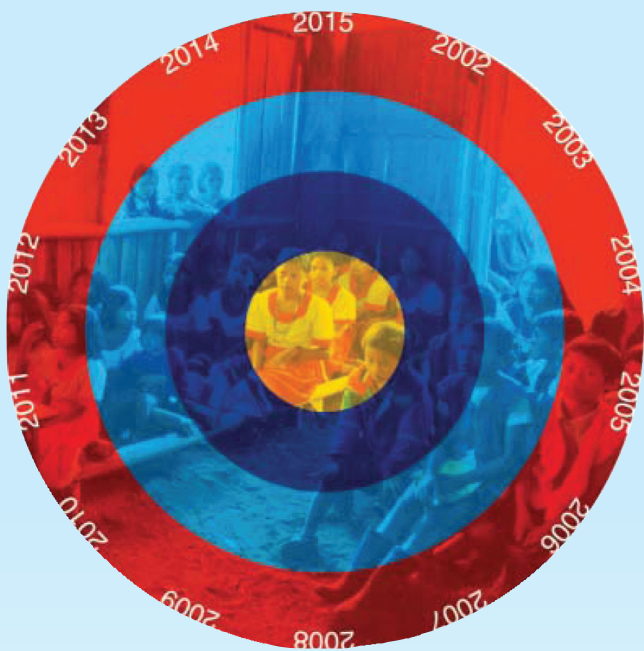
The perceived solution to the abovementioned problem is the use of the mother tongue to teach curriculum content for comprehension and curriculum mastery as well as to teach English and Filipino as second and third languages. This is based on the premise that when competence in the mother tongue is strong enough, curriculum content can be taught through Filipino and English.

The Lubuagan experiment was conducted with the goals of higher achievement scores, stronger English and Filipino acquisition and lower drop-out rates – alongside the challenge that the parents' highest education value for their children is English language acquisition.

Three experimental class schools implementing the mother tongue-based multilingual education approach was compared with three control class schools implementing the traditional method of immersion in two new languages. Schools are of the same socioeconomic status. One school has two sections where students are randomly placed in experimental control classes.

Results of the experiment reveal that using the mother tongue will not hinder the learning of second and third languages. Rather, use of the mother tongue strengthens the acquisition of other languages while respecting the learner. Learning through the mother tongue enables immediate mastery of curriculum content. Beginning learning in a foreign language pre-determines a lack of comprehension of lesson content until language skills are sufficient to support learning in that language. When children learn in their mother tongue, their cognitive skills continue to build, enabling greater ability to handle cognitively demanding study and strengthening learning of other languages.

Source: Dumatog, Rose C. and Diane E. Dekker. DepEd – Summer Institute of Linguistics Philippines, 2004



Goal 3:

Promote gender equality and empower women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Trends and inequality analysis

Education and literacy

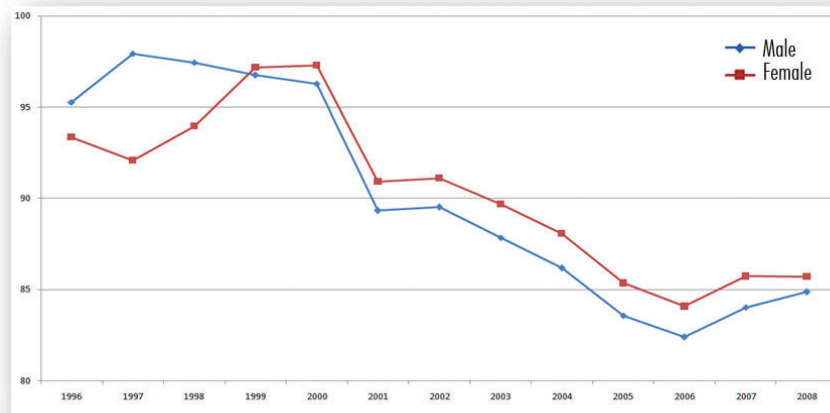
In education and literacy, nearly all basic education indicators showed favorable trends for girls. While there was a general decline in elementary school participation rate over the years, national education data show an increasing proportion of girls relative to boys enrolled in elementary from 1996 to 2008 (Figure 25). The 1997 data recorded the highest gender disparity

in enrolment, with higher boys' participation rate (98%) than girls' (92.1%). However, participation rates in 1999 show that these were almost equal for boys and girls at the elementary level. In later years (1999-2008), girls consistently maintained a higher participation rate than boys. Interestingly, girls had also maintained a higher participation rate than boys at the secondary (high school) level (Figure 26).

In terms of cohort survival rate, data for the period 1996-2008 show that boys had been lagging behind girls at the elementary level (Figure 27). Also, girls are more likely to stay in school and finish schooling, having higher cohort survival and completion rates than boys.



Figure 25. Elementary education participation rate (%), by sex, 1996-2008



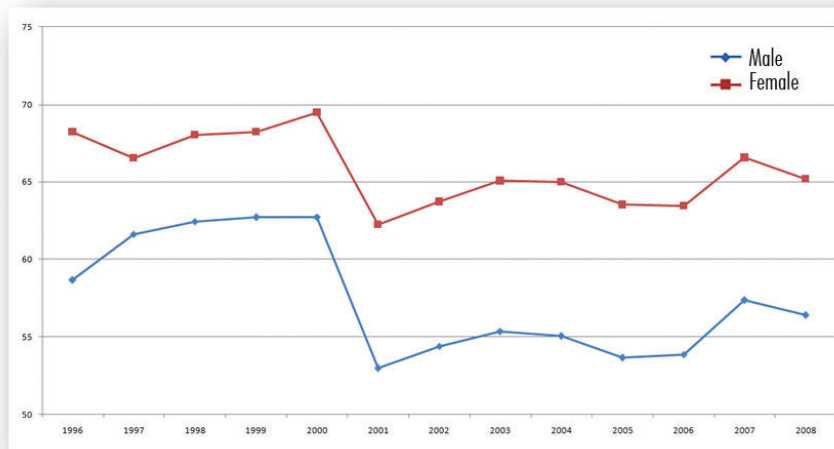
Source: Department of Education

Gender gap appears to be in favor of girls as far as participation in basic education is concerned. Based on a study commissioned by UNICEF entitled “Management Intervention Approach to Reducing Drop-out: Psychological, Cultural and Sociological Perspectives”, boys dropped out of schools because they had to work, lack money for school requirements or had lower motivation in going to school. Thus, the government should look more seriously at these factors that contribute to

low completion and retention rates among boys in the school system.

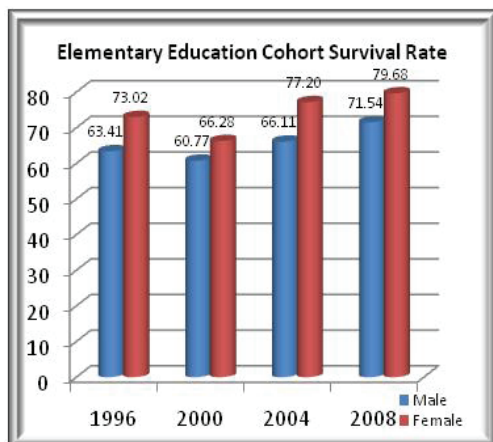
Generally, in terms of participation, the ratio of girls to boys in elementary education remained at 1.0 from 1996 to 2008 (Figure 31). On the other hand, it is observed that in secondary education, girls had consistently maintained a higher participation rate in high school than boys (Figure 32). Similarly, girls have consistently dominated enrolment in tertiary

Figure 26. Secondary education participation rate (%), by sex, 1996-2008



Source: Department of Education

Figure 27. Elementary education cohort survival rate (%), by sex, 1996-2008

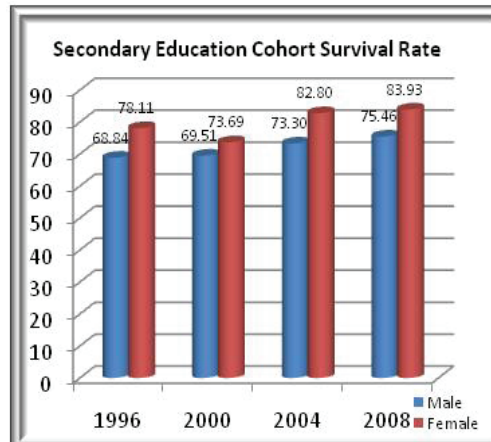


Source: Department of Education

education over boys for the past four (4) school years, from 2005/06 to 2008/09 (Figure 33).

Disparities in net enrolment rate (participation rate) are generally minimal across regions at the elementary level. Most of the rates are in favor of girls, except in the ARMM which had an average gender disparity index⁶ (GeDI) of 1.07 during the

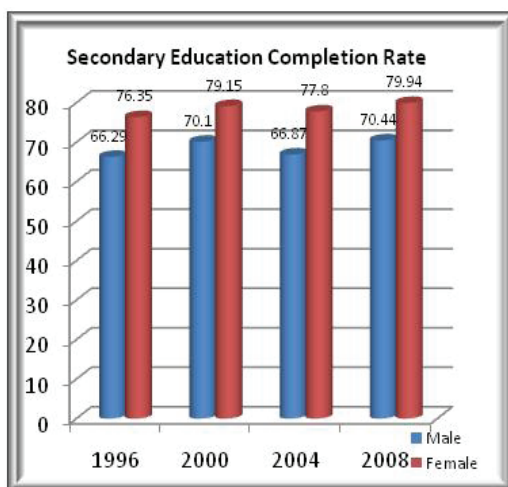
Figure 28. Secondary education cohort survival rate (%), by sex, 1996-2008



period 1997-2008. On the other hand, Region XII had an average GeDI of 0.98, in favor of the male students, during the period. Disparities in cohort survival and completion rates are also evident in Region IX, based on the average GeDI, from 1997 to 2008 (at 1.27 and 1.29, respectively).

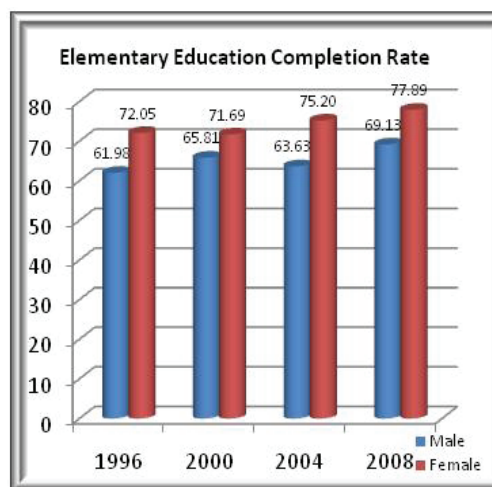
In terms of ratio of girls to boys in elementary education completion rate, NCR and

Figure 29. Elementary education completion rate (%), by sex, 1996-2008



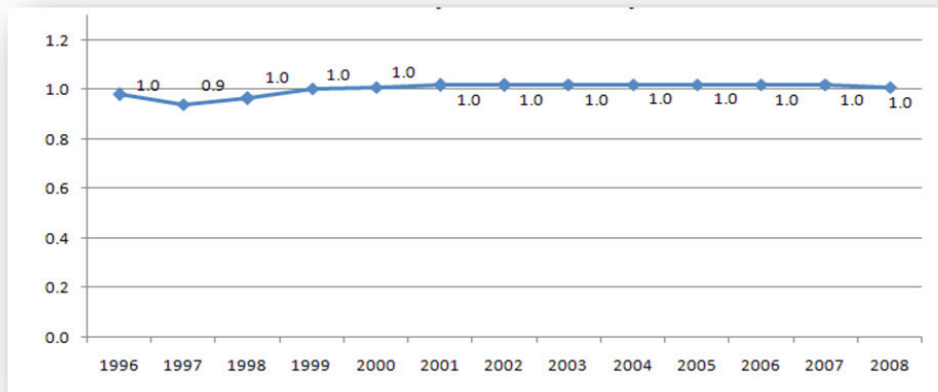
Source: Department of Education

Figure 30. Secondary education completion rate (%), by sex, 1996-2008



⁶ Gender Disparity Index (GeDI) is a measure to illustrate whether overall human development is being shared equitably by women and men. If gender disparity is = 1, it means women and men have equality in human development; if gender disparity > 1, it means there is disparity in the development of women and men.

Figure 31. Ratio of girls to boys in elementary education participation rate, 1996-2008



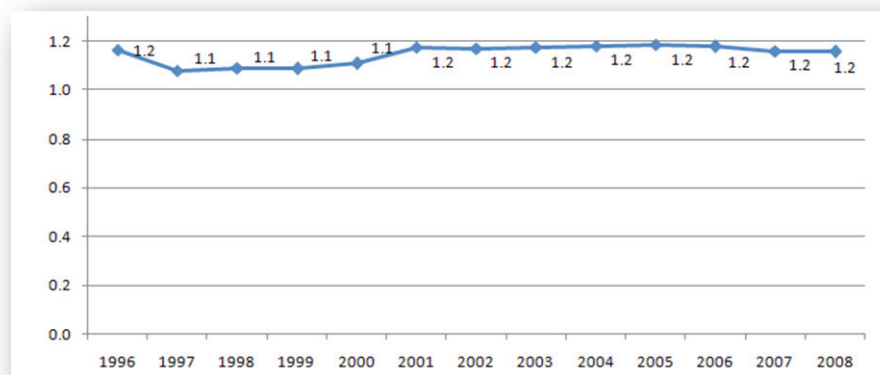
Source: Department of Education

Region I had lowest disparity between female and male in 2008 (Figure 35). Aside from these two, Regions II, III, and IV-A also have lower female-male ratio than the national average. On the other hand, Regions XI and IX posted the highest gender disparity among regions. Generally, gender gap in Luzon is relatively smaller relative to those in Visayas and Mindanao.

Data show that from 1990 to 1993, more men were enrolled in tertiary education. This trend, however, was reversed from 1994 to 2008 when women showed

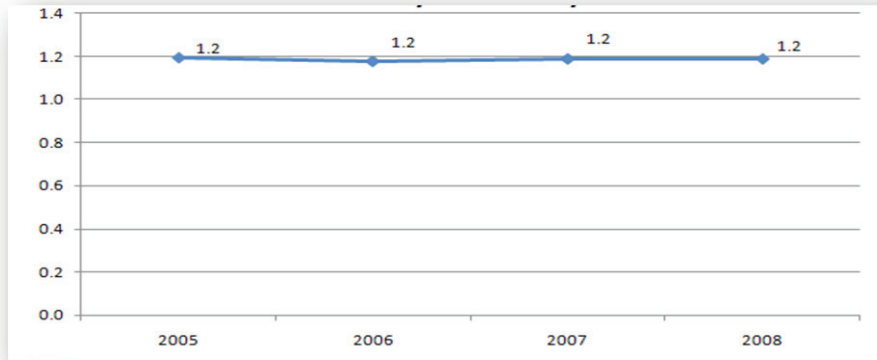
higher number of enrolment. The reversal was very apparent in the enrolment for teacher education, commerce/business, and medical and health disciplines. In terms of distribution of enrolment by discipline group at the tertiary level, it is evident that stereotyping still persists in the chosen discipline of women (Figure 36). Women continue to dominate socially-related fields of study such as education and teacher training, humanities, social and behavioural science, business administration, mathematics, medical and allied fields, home economics, service trades, mass

Figure 32. Ratio of girls to boys in secondary education participation rate, 1996-2008



Source: Department of Education

Figure 33. Ratio of girls to boys in tertiary education participation rate, 2005-2008



Source: Commission on Higher Education

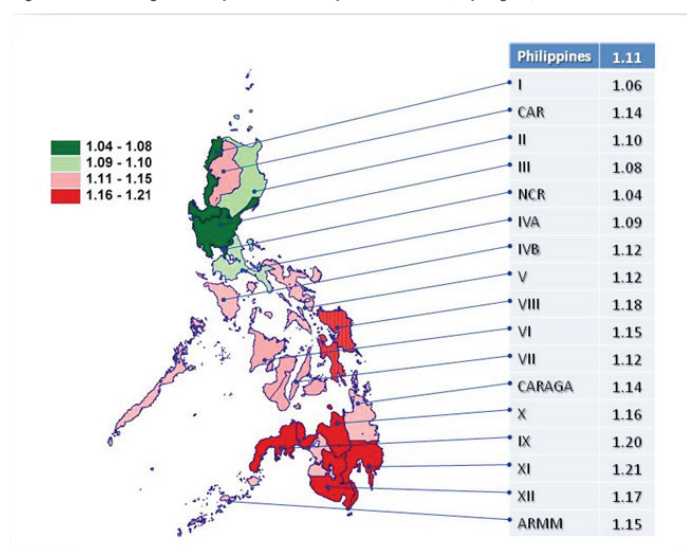
communication and documentation. On the other hand, very few women enroll in law and jurisprudence, religion and theology, information technology, architectural and town planning, and engineering.

Females also showed a slightly higher simple literacy rate relative to males (94.4% vs. 92.6%) and functional literacy rate (86.3% vs. 81.9%), as indicated in 2003 FLEMMS. Among the regions, females had higher simple literacy rates in 12 out of 17 regions. These regions included CAR (92.4% for females vs. 91.4% for males), Region I (97.7% vs. 97.5%), Region III (97.2% vs. 97.1%), Region IV-B (92.5% vs. 91.6%), and ARMM (71.7% vs. 69.7%). In terms of functional literacy, females' rates were higher in all regions, except for ARMM with rates of 62.1 percent and 63.6 percent for females and males, respectively. Region VIII displayed the widest disparity in functional literacy, with females having a 10.4 percentage point advantage over males.

Employment

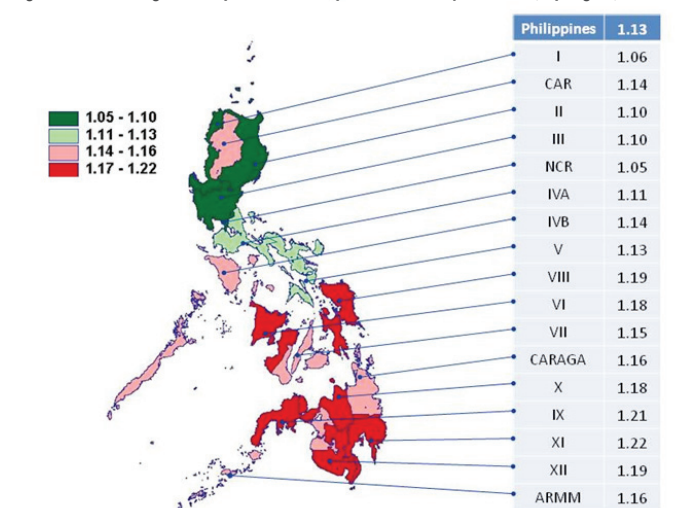
On employment, the number of employed persons in 2009 was about 35 million,

Figure 34 Ratio of girls to boys in elementary education CSR, by region, SY 2008-2009



Source: Department of Education

Figure 35. Ratio of girls to boys in elementary education completion rate, by region, SY 2008-2009



Source: Department of Education



of which 61.3 percent were males and 38.7 percent were females. Half of these employed persons were engaged in services, while about 35 percent were engaged in agriculture, and the rest (14.5%) worked in the industry sector.

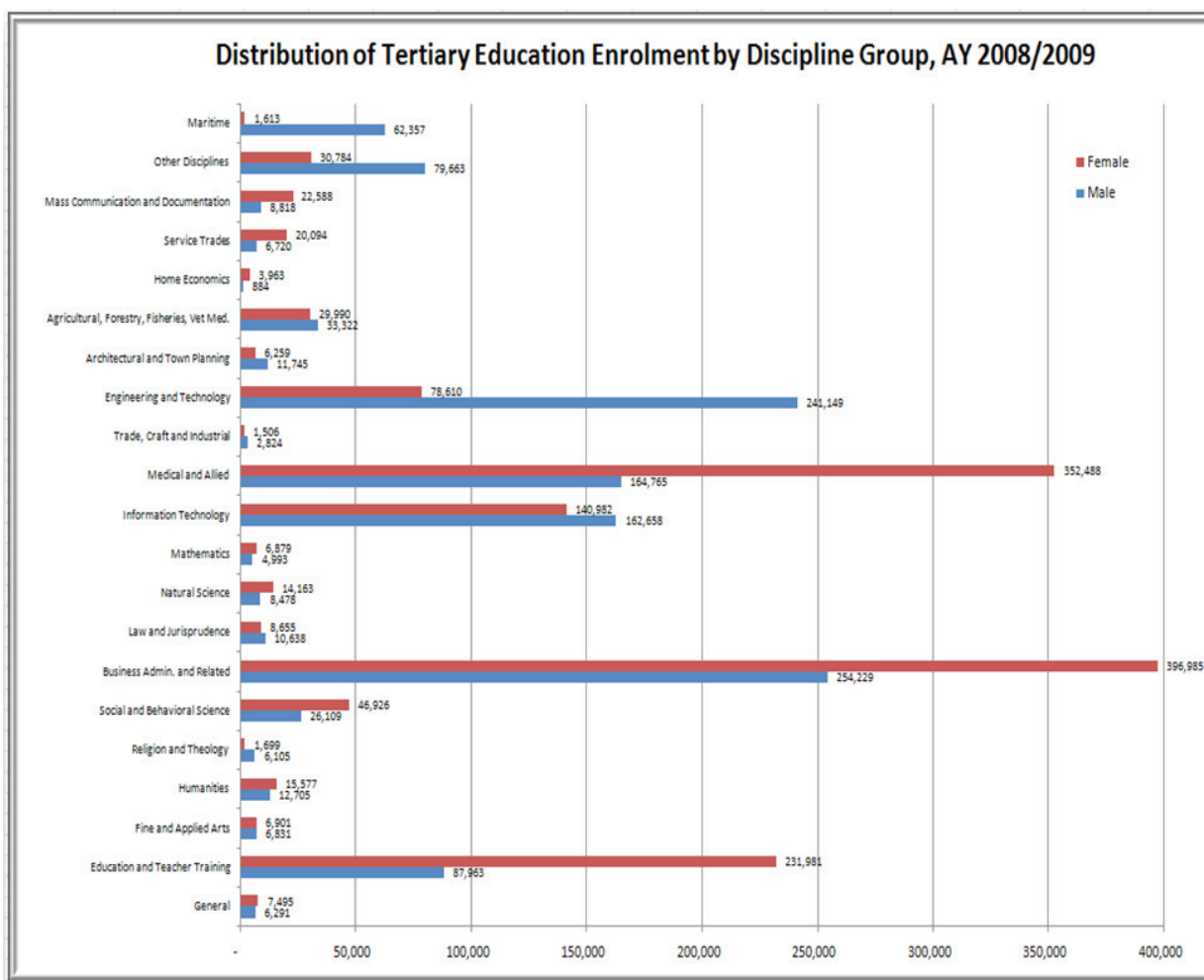
vs. 30% for men), professionals (8.0% vs. 2.3% for men), technicians and associate professionals (3.4% vs. 2.1% for men), clerks (8.7% vs. 3.3% for men), and service workers and shop and market sales workers (13.5% vs. 8.3% for men).

Data show a constant trend on the share of women in wage employment in non-agricultural sector, which has not changed significantly from 1991 to 2009 (Figure 37). Based on the 2009 Labor Force Survey, data show that there are more women employed as labourers and unskilled workers (36.6%

Political participation

In terms of political participation, the Philippines had shown improvements in making government positions accessible to women as they are increasingly becoming visible as leaders and decision

Figure 36. Distribution of tertiary education enrolment, by discipline group, AY 2008-2009



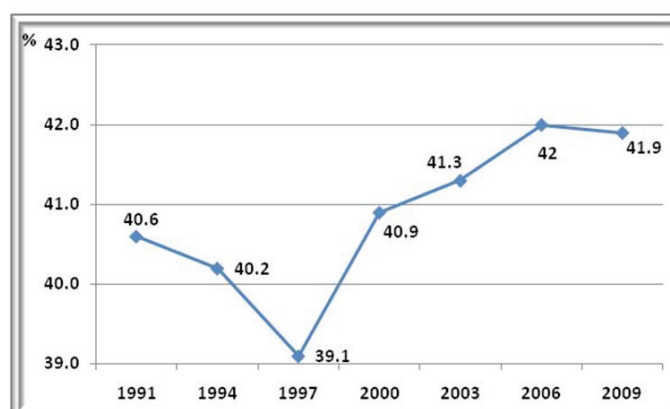
Source: Commission on Higher Education



makers (Table 9). The country has had two women presidents and one vice president. However, the Philippine Senate is still dominated by men, with only one woman senator in the top 12 winning senators in the past national election (2007). Women participation in the senatorial race was higher in the 1995 and 2004, with three women elected to the position. In the 2010 elections, two women were re-elected senators. Nonetheless, there was an increase in the number of women elected to the House of Representatives in the 2007 elections compared with that in 1995. There were 45 women Representatives elected in the 2007 election compared with the 21 women Representatives in the 1995 election.

In local government units (LGUs), there was also a steady increase in the number of women elected for the city and municipal governments, particularly as governors, vice mayors and councilors. While these are positive developments, data show that

Figure 37. Share of Women in Wage Employment in Non-Agricultural Sector, 1991-2009



Source: Labor Force Survey, NSO

electoral positions are still dominated by men and, in some cases, elected women are extensions of men, either as wife, daughter or mother.

Gender-based violence

Violence against women (VAW), as defined in Republic Act 9710 or the Magna Carta of Women (MCW), refers to any act

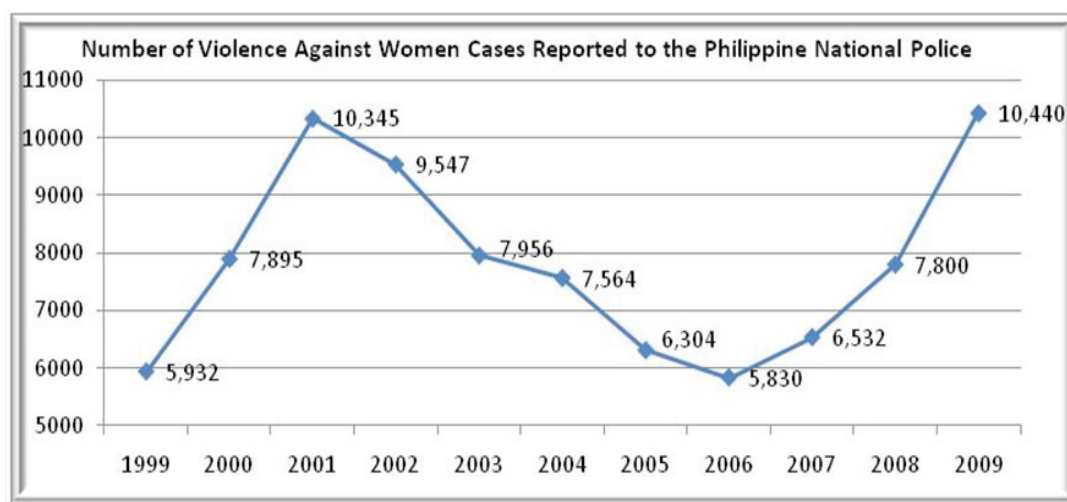
Table 9. Number of Elected women and men, by position, year and sex, 1995-2007

	1995	1998	2001	2004	2007	2010	2013	2016	2019	2022
Philippines	2,226	15,116	2,810	14,593	2,999	14,480	2,904	14,572	3,040	14,432
President	-	1	-	1	-	-	1	-	-	-
Vice President	-	1	1	-	-	-	-	1	-	-
Senators	3	9	2	10	1	12	3	9	1	11
Congressmen	21	183	26	181	36	173	32	179	45	173
Governors	9	67	12	66	13	65	15	63	18	62
Vice-Governors	11	65	10	68	10	68	7	71	13	67
Board Members	77	596	108	611	117	618	125	623	125	635
Mayors	136	1,469	244	1,358	259	1,343	244	1,352	273	1,321
Vice Mayors	135	1,470	189	1,433	197	1,405	222	1,375	230	1,366
Councilors	1,834	11,255	2,215	10,874	2,363	10,779	2,251	10,881	2,335	10,797

Source: Commission on Elections



Figure 38. Number of violence against women cases reported to the Philippine National Police, 1999-2009



Source: Women and Children Protection Center, PNP

of gender-based violence that results in, or is likely the result in, physical, sexual, or psychological harm or suffering to women. This includes threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life (RA 9710, Chapter II, Section 4.k).

There was an increasing number of cases of violence against women (VAW) from 1999 to 2001, which was the second to the highest among all recorded cases for the past 10 years with 10,345 VAW cases reported to the Philippine National Police (PNP)(Figure 38). There was, however, a decreasing trend from 2001 to 2006. After 2006, there was an increasing trend again in the number of cases reported from 2007 to 2009, with the highest record of 10,440 VAW cases in 2009. The increase in reported cases may be attributed to more women having been emboldened by the passage of laws that address sexual and

gender-based violence. However, it should be noted that data on GBV reflect only what is reported to the Philippine National Police, and that there could still be other unreported cases.

The incidence of physical injuries and/or wife battering reported to the PNP has been decreasing since its peak in 2001, with 5,668 reported cases (Figure 39). The continuing decrease may be partly attributed to the enactment of RA 9262, which penalizes abusive husbands and live-in partners. Since the passage of the law, wife battering cases have been categorized under 'Violation of RA 9262', that is if the victim files a case under such law. Otherwise, the reported cases will fall under wife battering/physical injuries category.

The data on the number of women in extremely difficult circumstances (WEDC)

Table 10. Deployment of OFWs, by type of hiring, 2004-2008

	2004	2005	2006	2007	2008
Landbased	704,586	740,632	788,070	811,070	974,399
Seabased	229,002	247,983	274,497	266,553	261,614
Total	933,588	988,615	1,062,567	1,077,623	1,236,013

Source: POEA Website (www.poea.gov.ph)

served by DSWD show that there is a downward direction from 7,763 cases in 1999 to 5,549 cases in 2007 (Figure 40). However, this may be due to a decrease in the budget of DSWD for WEDC rather than an improvement in the plight of WEDC.

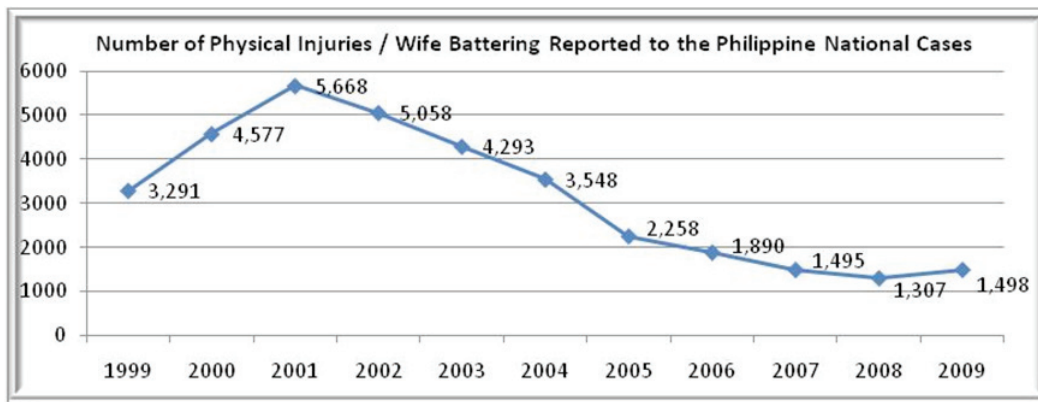
Gender and migration

Republic Act No. 8042, or the Migrant Workers and Overseas Filipinos Act of 1995, provides that while “the State recognizes the significant contributions of

the Filipino migrant workers to the national economy through their foreign exchange remittances, the State does not promote overseas employment as a means to sustain economic growth and achieve national development.” However, in the past five years (2004-2008), statistics show an increasing trend in the number of Filipinos working abroad (Table 10).

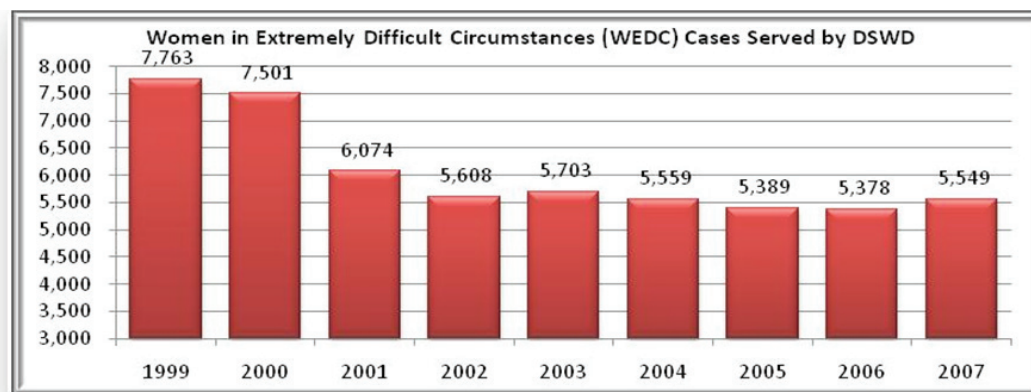
It is estimated that there are around 8.7 million Filipinos in 239 countries.⁷ In 2008, a total of 1,236,013 OFWs were deployed

Figure 39. Number of Physical Injuries/ Wife battering cases reported to the Philippine National Police, 1999-2009



Source: Women and Children Protection Center, PNP

Figure 40. Women in extremely difficult circumstances (WEDC) cases served by DSWD, 1999-2007



Source: DSWD

⁷ Migration Fact Sheet “Philippines: Trends and Statistics”. Prepared by Miriam College-WAGI, from the Philippine Migration and Development Statistical Almanac of the Institute for Migration and Development Issues (IMDI), 2008.



Table 11. Number of registered Filipino emigrants, 2004-2009

	2005	2006	2007	2008	2009
Female	41,695	50,708	49,722	42,961	47,925
Male	27,333	32,259	30,877	27,839	31,793
Total	69,028	82,967	80,599	70,800	79,718

Source: Commission on Filipinos Overseas Website (www.cfo.gov.ph)

abroad, which is a 14 percent increase from 2007. Most of the Filipino migrants come from NCR, Regions IV-A, III, and I. The top five countries of destination of OFWs are Saudi Arabia, United Arab Emirates, Qatar, Kuwait, and the United States of America.⁸

Data on Filipino emigrants also show that, for the past five years, more females have migrated to other countries compared to males (Table 11). Women have always been involved in the migration process either as dependent family members of other migrants or as independent migrant workers representing the primary wage earners of their families.⁹ The feminization of migration has resulted in women making up nearly half of the global migrant population. The number of women migrants increased from 35.5 million in 1960 to 94.5 million in 2005.¹⁰ The biggest number of Filipino women working abroad is employed in domestic work mostly in Middle Eastern countries, Hong Kong, Singapore, and Malaysia.¹¹ There is also a large group of women migrants working as professional health workers, caregivers, entertainment work, clerical, sales and production work.

Gender-related indices

Based on the UNDP Human Development Report, the country's gender-related

development index (GDI) showed improvement from 0.644 in 1993 (HDN 1996 Report) to 0.748 in 2007 (HDN 2009 Report). This, however, shows the slow reduction of gender inequality in the achievement of the three basic dimensions captured in the human development index (i.e., a long and healthy life, knowledge, and a decent standard of living). In addition, the country's gender empowerment index (GEM) has improved from 0.438 in 1996 to 0.560 in 2007 (HDN 2009 Report). This indicates that women are being empowered through economic and political participation as well as in decision making and empowerment over economic resources.

Key bottlenecks and priorities for action

In order to respond to the gender issues in education, the Philippine Government has undertaken various initiatives in education. Through the Department of Education (DepEd), gender issues have been integrated into the school curriculum to promote gender fairness and sensitivity and eliminate sexism and gender stereotyping in the Philippine education system. DepEd has developed six core messages on gender-fair education, namely: (1) shared parenting; (2) shared home management; (3) shared decisionmaking; (4) equalized opportunities; (5) equalized representation

⁸ Migration Fact Sheet "Philippines: Trends and Statistics". Prepared by Miriam College-WAGI, from the Philippine Migration and Development Statistical Almanac of the Institute Migration and Development Issues (IMDI), 2008.

⁹ Migration Fact Sheet on "Feminization of Migration". Miriam College – WAGI. 2010.

¹⁰ International Labor Organization, INEWS September 2008, from Migration Fact Sheet on "Feminization of Migration". Miriam College – WAGI. 2010.

¹¹ Paradox and Promise in the Philippines, A Joint Country Gender Assessment. ADB et al. 2008.



and enhanced participation of women in public affairs (electoral politics, bureaucracy, non-government organizations (NGOs), and business); and (6) elimination of all forms of violence against women (CGA.2008; DepEd.2000. Memorandum 423, series of 2000).

Increasing the participation of women in Philippine governance still poses a challenge. The Framework Plan for Women emphasizes the government's commitment "to enhance women's leadership roles and participation in decisionmaking" (FPW Objective 3.2). With the passage of the Republic Act (RA) 9710, known as the Magna Carta of Women (MCW), the State is tasked to accelerate the participation and equitable representation of women, as agents and beneficiaries of development, in decisionmaking and policymaking processes in government and private entities. The law enumerates the following as venues where women can participate meaningfully: (1) civil service, with fifty-fifty gender balance in third-level positions in government within the next five years; (2) development councils and planning bodies, with at least 40 percent membership in all development councils; (3) policymaking and decision making bodies; (4) international bodies; (5) political parties; and (6) private sector. The government should intensify capability building programs, such as skills training and development, to enable more women to participate in the bureaucracy.

A major obstacle to law implementation, sound programming and tracking for accountability is the lack of reliable and comparable data on all forms of VAW. There is a significant variation in the number and trend of VAW cases from different government agencies such as the PNP and

DSWD. The figures in these agencies are also skewed by uncoordinated recording of reported cases. Most reporting of VAW occurs at the women and children's desks at the barangay level, social welfare offices, police precincts, and NGOs that provide services to victim-survivors. The failure of providers to coordinate their data collection results in inaccurate statistics that is unlikely to mirror the real situation.

Despite the government's efforts, gender-based violence is still prevalent among women. Possible interventions include strengthening awareness on GBV at the local level, including law enforcers, court officials, and religious groups; strengthening coordination between LGUs and the PNP, particularly in collecting data and improving reporting system for gender-based crimes; and, allocating resources to government agencies working on VAW, such as the PNP, in order to enhance the quality of services provided to victims and survivors.

Female OFWs are more vulnerable to the effects of migration such as human trafficking despite tight immigration laws and labor policies, gender-based violence such as physical and sexual abuse, discrimination, and exploitation. There is also a lack of sex-disaggregated data and similar information that are useful in identifying gender issues and provide inputs to the planning for interventions for the OFWs.

The following interventions may be undertaken to address the effects of migration. The legal framework for the protection and improved welfare of OFWs should be strengthened. Government



agencies that handle migration, such as the Overseas Workers Welfare Administration, Philippine Overseas Employment Agency, and Department of Foreign Affairs, should undertake capability building exercises such as gender sensitivity training¹². There is a need to promote interventions on migration

and development that would translate the OFW remittances into productive investments. Lastly, to develop plans and programs for the OFWs, a data collection mechanism for migrant and returning migrant workers should be established.



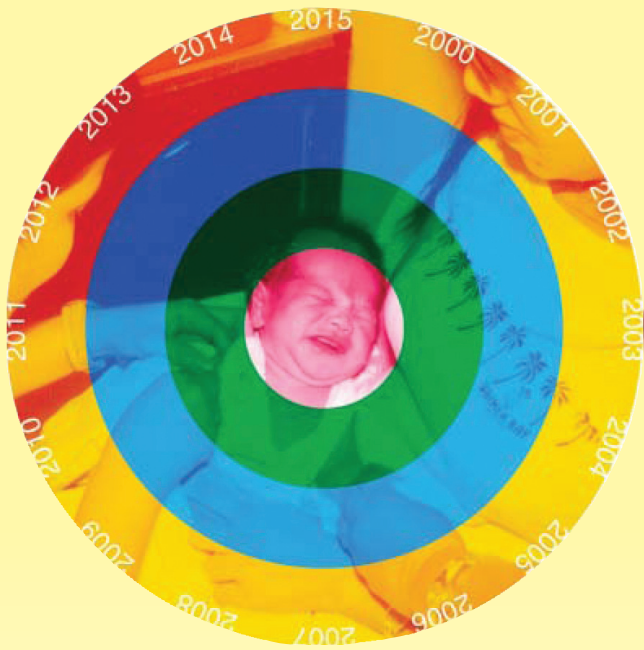
Republic Act 9710 (Magna Carta of Women)



RA 9710, or the Magna Carta of Women, was signed into law on August 14, 2010. The Magna Carta of Women (MCW) is a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, respecting, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalized sectors. Chapter III of the said law identifies the State as the primary duty-bearer in its implementation. These duties extend to all state agencies, offices, and instrumentalities at all levels as well as government-owned and controlled corporations.

Being comprehensive, the MCW underscores that the fulfilment of this law will naturally contribute to the attainment of the MDGs, such as in areas like health, education, employment, and migration.

Source: Philippine Commission on Women



Goal 4: Reduce child mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Status and trends

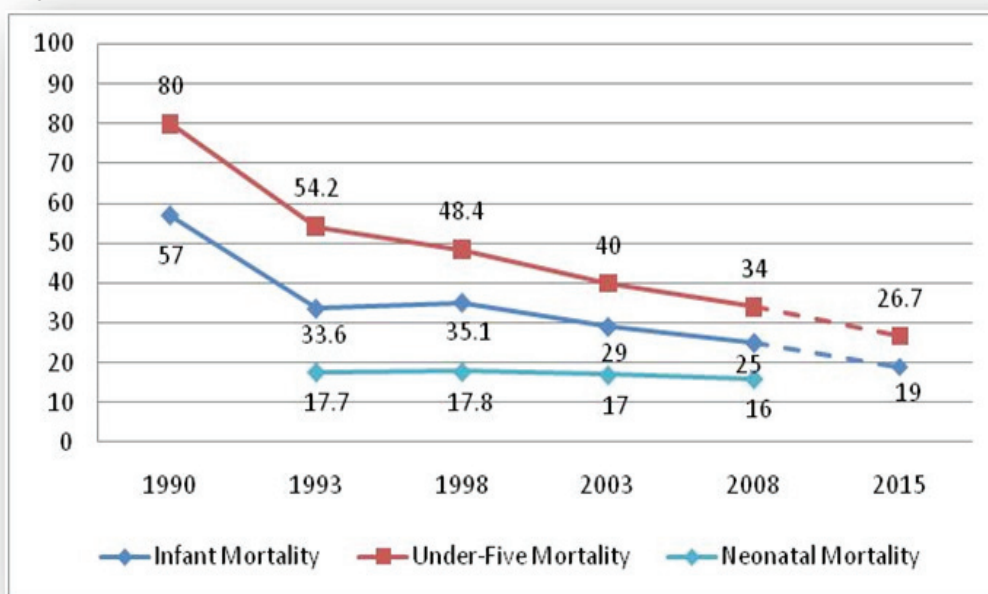
The intensified programs of the government in health have improved the chances of survival of its youngest population. Infant and under-five mortality rates have been steadily decreasing in the past years (Figure 41). In 1990, it was recorded that 57 infants per 1,000 live births died. In 1993, infant mortality rate (IMR) was pegged at 34 deaths per 1,000 live births, slightly increased to 35 in 1998 and declined to 29 in 2003. Based on 2008 NDHS, infant mortality is at 25 deaths per 1,000 live births, nearly closing the gap with the 2015 target at 19 deaths. However, infant deaths constitute 74 percent of under-five deaths,

while neonatal deaths constitute 64 percent of infant deaths, and therefore have a big implication on the appropriate interventions that should be focused on these age groups. Under-five mortality rate (U5MR) decreased from 80 deaths per 1,000 live births in 1990 then it drastically declined in 1993 with 54 deaths. It then dropped to 48 in 1998 and further reduced to 40 in 2003. The country has managed to bring the mortality rate down to 34 deaths in 2008. Although it is still above the target of 26.7, the trend seems to signal that the country is on the right track, provided that interventions are focused on infants and newborns.

To ensure that the country would continue to bring down the number of child deaths, neonatal and perinatal conditions should also be looked into. According to the 2003 Philippine Health Statistics (PHS), the major cause of infant deaths is perinatal



Figure 41. Infant, under-five and neonatal mortality rates (deaths per 1,000 live births), 1990-2008



Sources: Technical Working Group on Maternal and Child Mortality, NSCB (1990); NDHS, NSO (1993, 1998, 2003, and 2008)

conditions. These include cardiovascular problems during perinatal period, congenital viral diseases, infections, and parasitic diseases. These constitute 42.4 percent of deaths. Trends for perinatal deaths had been stagnant in the last decade. Based on the 1993-2008 NDHS, the neonatal death rates were between 16-18 deaths for every 1,000 births. The leading causes of neonatal deaths are prematurity (28%), sepsis (26%), and asphyxia (23%). These causes have implications on the quality of pre-natal care pregnant women are receiving as well as the care of the newborn. Thus, there is still room for improvement in terms of decreasing the number of perinatal and neonatal deaths.

Inequality analysis

Clearly analyzing the IMR and U5MR magnifies priority groups that need more interventions for the prevention of child deaths. As evidenced by the NDHS, it was seen that through the years male infants and

young children have not been receiving the same attention as their female counterparts. The 2008 NDHS data show that there were more infant and under-five deaths per 1,000 male births compared to that of females. IMR was at 31 for males and at 25 for females while U5MR was at 41 and at 34, or a gap of 6 and 7 deaths, respectively (Figure 42).

Place of residence also proves to segregate priority areas. Urban and rural residency data vary with more rural dwellers experiencing more infantile and child deaths. In 2008, infant mortality rate was 35 in rural areas compared to only 20 in urban areas. Same is true with under-five mortality; rural area dwellers experienced almost twice as much deaths of children aged 0-5 than urban dwellers in 2008 (46 deaths vs. 28 deaths). Rural areas could be at a disadvantage in terms of access to child health programs and health facilities where children can have regular check-ups and have interventions for the prevention

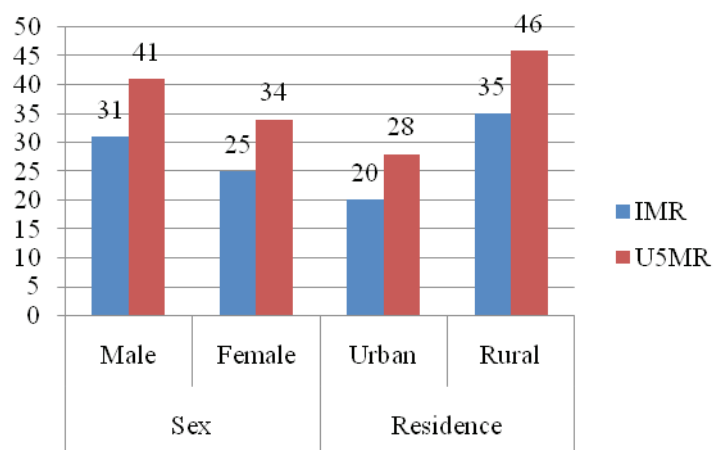


of diseases and undergoing nutrition programs (Figure 42).

Although the country has a decreasing number of infant and child deaths per 1,000 live births, some regions are still above the national average. These regions include Regions II, IV-B, the Visayas regions (Regions VI, VII and VIII), Region XI, and ARMM. Although Regions IV-B and XI had lower IMR and U5MR in 2008, the number of fatalities was still above the norm. ARMM had the most number of cases of infant and under-five mortality in the country in 2008. Infant mortality rate was 56 and under-five mortality rate was 94, which is more than twice and almost three times of the national average, respectively (Figures 43 and 44). Reports highlighted that the underlying causes of this extreme number of deaths include: (a) lack of health professionals; (b) lack and/or the inaccessibility to medical facilities; (c) poverty situation; and, (d) armed conflict. The inadequacy in immunization coverage was also seen as a major cause. Data from NDHS show that only 31 percent of children received the full round of available immunizations in 2008. These regions are also coincidentally made up of provinces with high poverty incidences. For instance, Tawi-Tawi and Maguindanao, which ranked first and third among the ten poorest provinces in the 2006 poverty data, are part of ARMM.

Also, one can see a strong correlation between the mother's educational attainment and the financial status of the family with the IMR and U5MR. Infant mortality and under-five mortality rates are highest with mothers who have little or no education and whose families belong to the lowest wealth index quintile. These highlight the need to

Figure 42: IMR and U5MR (deaths per 1,000 live births), by sex and urban/rural residence, 2008

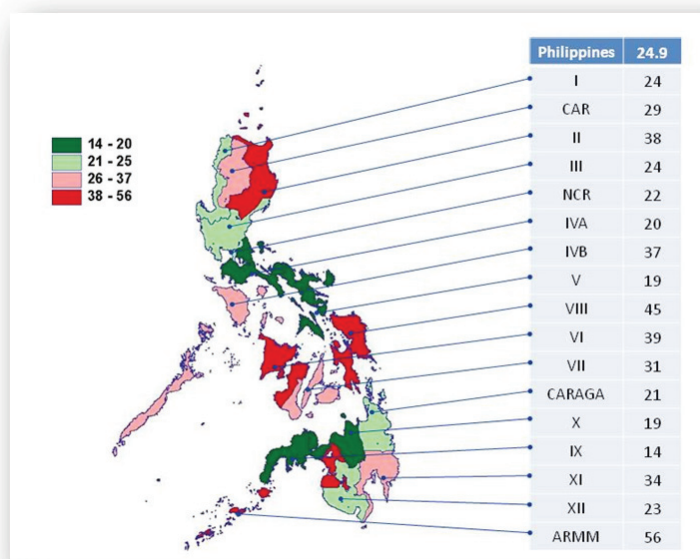


Source: NDHS, NSO

have more interventions that would reach the country's poorest population. It also stresses the need for more interventions that focus on disseminating information that will educate mothers on the need for pre-natal care and the proper child care for their newborns and children.

Overall, mortality rates are higher among male infants and children with mothers who

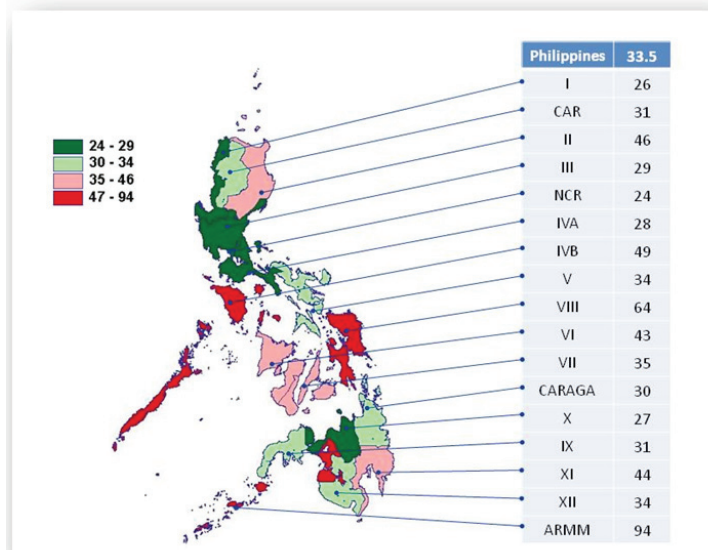
Figure 43. Infant mortality rate (deaths per 1,000 live births), by region, 2008



Source: NDHS, NSO



Figure 44. Under-five mortality rate (deaths per 1,000 live births), by region, 2008



Source: NDHS, NSO

had no or little education and who belong to the lowest wealth quintile in rural areas. Therefore, government interventions should target these segments of the population to make sure that the 2015 target could be reached.

Implementation of child health programs

In general, the rates of infant and under-five mortality have decreased because of the additional measures the government did to prevent more deaths. The Department of Health (DOH) has adopted a life cycle approach in ensuring continuum of care in the country. The approach stipulates that family health programs should start from an individual's conception until his or her death. Therefore, to ensure the survival of infants and under-five children, the approach starts with programs ensuring that pre-pregnant women are healthy. DOH is already using the Maternal, Neonatal and Child Health and Nutrition (MNCHN) strategy that

focus on rapidly reducing maternal and neonatal mortality in the country. With this strategy, the department foresees that it could achieve the continuous decreasing trends in IMR and U5MR through health programs that start even before a child is born. It also focuses on capacity building for LGUs so that they can effectively implement their maternal, neonatal, and child health programs.

There are also specific child health programs that contribute to the reduction of child deaths after birth. The expanded program on immunization (EPI), micronutrient supplementation and the Infant and Young Child Feeding (IYCF) strategy are some of the programs that are currently implemented to ensure the health of young children. The EPI, which started in 1976, aimed to achieve universal immunization of children in terms of seven diseases: tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, measles, and hepatitis B (HB). The drastic drop in U5MR from 80 deaths per 1,000 live births in 1990 to 54 in 1993 could be attributed to then DOH Secretary Alfredo Bengzon's effort to establish the EPI and then DOH Secretary Flavio's efforts of expanding immunization coverage through Oplan Alis Disease. Latest data from NDHS noted that even though the trend for overall immunization coverage had been fluctuating, it seems to impact both the IMR and U5MR. In 1993, 72 percent of children were fully vaccinated and 73 and 70 percent in 1998 and 2003, respectively. The most recent data, though, showed that the figure increased to 80 percent. This rate of increase is unprecedented, which only shows that the investment of the national government to provide free vaccines to target children is working.

The micronutrient supplementation program is also seen as an important intervention in decreasing the number of infant and child deaths. For children with less access to food enriched with certain vitamins and minerals, DOH provides micronutrient supplementation. The program is specifically aimed at the prevention and control of micronutrient deficiencies, particularly vitamin A deficiency disorders and iron deficiency anaemia for both infants and their mothers. The NDHS shows an increasing trend in the distribution of vitamin A supplements to children. In 1998, 70.6 percent of children under five years old received supplements and by 2003, DOH was able to increase coverage to 76 percent. By 2008, vitamin A supplementation slowed down and remained at 76 percent. In spite of free Vitamin A capsule being provided twice a year, a problem of access still exists.

The DOH's National Plan of Action on Infant and Young Child Feeding (2005-2010), which sees infant and child deaths to be caused primarily by malnutrition, is also in place. The plan focuses on how breastfeeding can avoid malnutrition and exclusive breastfeeding for the first six months would allow the child to achieve optimal growth and reduce rate of hospitalization and financial burden for the family. The plan takes on different activities which include: (a) sustaining the Mother Baby Friendly Hospital Initiative – this transforms all hospitals with maternity and newborn services into facilities which fully protect, promote and support breastfeeding and rooming-in practices; (b) strictly enforcing the Milk Code (Executive Order No. 51) that promotes and protects breastfeeding and only when necessary by ensuring the

proper use of breast milk supplements and substitutes through adequate information and appropriate marketing and distribution; (c) strictly enforcing the Rooming-In and Breast feeding Act (Republic Act 7600) which creates an environment that encourages early initiation of breastfeeding and prohibition of having nursery at hospital/ birthing facilities; and, (d) enacting strong protection measures that enable working mothers to continue breast feeding. This year, the President signed Republic Act 10028 that requires offices (private and government) to put up lactation stations and allow mothers to have lactation periods in addition to their time off for meals.

To increase the coverage of the EPI, micronutrient supplementation, and IYCF, DOH launched the Garantisadong Pambata (GP) Campaign. The campaign is able to mobilize not only these three programs but also other child health interventions/ programs that can decrease the number of infant and child deaths. GP is designed to support various health programs to reduce childhood illnesses and deaths by promoting positive child care behavior. This is done in partnership with the LGUs and other government and non-government organizations (GOs and NGOs). It also ensures that all children below 5 years old will receive health services needed by them to be healthy. Services included in the campaign are: Vitamin A capsule (VAC) supplementation (given to children aged 12-59 months old); catch up immunization (children who missed the routine immunization like BCG, DPT, OPV and Measles; distribution of iron supplements to infants and pregnant women; promotion of positive care-giving behaviors (exclusive breastfeeding of infants from



0-6 months old, giving complementary foods starting 6 months old, etc.). Last year, the GP campaign theme was “Nine ways to save your child”. It enumerated nine essential child survival interventions that can be given by all LGUs nationwide. The package includes: delivery in a facility with emergency obstetrical and neonatal care and attended by skilled health professionals during pregnancy, delivery, and immediate postpartum; care of the newborn; exclusive breastfeeding and complementary feeding; micronutrient supplementation and deworming; immunization of children and mothers; integrated management of sick children; child injury prevention and control; birth spacing; and, proper personal hygiene. The nine ways are meant as a guide to ensure the survival of children aged 0-5 years old.

Key bottlenecks and priorities for action

The country is making good progress but to ensure that it does not only reach the 2015 target but also reduce disparities, the following areas need to be addressed:

Need for better targeting of child health interventions

Data from NDHS show that there seems to be an inequitable distribution of infant and child health interventions. This situation may stem from poor dissemination of programs from the different LGUs. Regions in Visayas and, more importantly, in Mindanao, with mortality rates above the national average, should be capacitated to respond and decrease their number of fatalities. There seems to be a need for these LGUs to better manage their infant and child health interventions. For example, provinces in ARMM

have to allocate more resources for the outreach activities of their health workers to ensure that more children are reached and received immunization.

Need for accurate, timely, regular, and accessible data on child deaths, especially at the local level

Effective targeting entails an extensive data source that will dictate where scarce resources should be allocated. Collecting and assuring the quality of data from far-flung provinces, municipalities and cities in the country is extremely difficult. It is suggested that LGUs be capacitated and resources adequately provided so that they can improve their databanks through trainings in data collection, analysis, and data storage. It is also suggested that different LGUs employ the same methods in data collection and reporting so that these can be comparative and that program implementers can really identify and prioritize areas that need the interventions the most.

Weak advocacy campaigns for child health programs

Currently, poor families still have the most number of mortalities as evidenced by data on mother’s educational attainment and the families’ ranking in the wealth quintile. Although the government is already targeting these poor families, one can see that these interventions are either not enough or not fitting the needs of the beneficiaries. Another major reason why interventions do not work is the weak dissemination of the different programs to its beneficiaries. For example, the Infant and Young Child Feeding (IYCF) strategy that advocates breastfeeding is suggested to be better advocated as the best food for the

baby. It has beneficial effects for mothers and newborns. Exclusive breastfeeding will prevent diarrhea and pneumonia among infants and will cut unnecessary expenditure from the poor family in terms of buying infant formula and hospitalization cost. Based on WHO estimates, nine out of ten infant deaths less than 6 months of age are not exclusively breastfed.

NDHS showed that the incidence of breastfeeding exclusively for infants below 6 months had remained stagnant from 2003 to 2008 at merely 34 percent. There is still a need to have better advocacy programs so that mothers will be made aware on how breastfeeding can be beneficial for their children. There is also a need to address certain barriers that hinder women to practice breastfeeding. Data from 2003 NDHS showed that the most cited reason for not practicing breastfeeding was that 'mothers cannot produce enough milk' (31%), followed by 'mothers are working' and that 'mothers have nipple or breast problem' (tied at 17%). Therefore, to increase breastfeeding incidence, there is also a need to address mother's health and the structures needed to assure that they can continually provide milk for their children. With the passing of the Expanded Breastfeeding Promotion Act (RA 10028), more working mothers can now be encouraged to breastfeed their babies. Also, with the RA's implementation, it is also suggested that different companies and corporations be instructed on how to support the Act and the lactating mothers working there. Meanwhile, it is also suggested that DOH and the DOLE be able to closely monitor

these companies and corporations to ensure compliance.

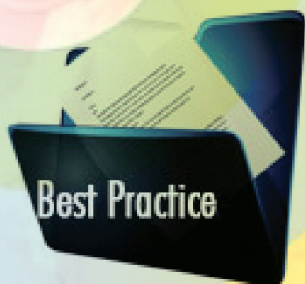
Support for the UN's MDG-F Joint Program on Ensuring Food Security and Nutrition for Children 0-24 months in the country is also suggested. Last year, the participating UN agencies in the joint programme on Ensuring Food Security and Nutrition of Children, namely, UNICEF, WHO, ILO and government agencies, namely DOH, DOLE, and the National Nutrition Council (NNC), signed a three-year partnership aimed at reducing malnutrition among 0-5 year old children (MDG 1) and reducing child mortality (MDG 4). The program will specifically address the two MDGs by creating an enabling environment where breastfeeding and appropriate complementary feeding are practiced, promoted, supported, and protected by communities and the country.

Need to fast-track and mainstream Maternal, Neonatal and Child Health and Nutrition (MNCHN) strategy

It is suggested that perinatal and neonatal interventions start with the child's mother even during pre-pregnancy stage. Strengthening and fast-tracking the MNCHN will assure that pregnant women can receive the proper care before, during and after delivery, newborns are given essential care, and that the mother and baby will receive quality post-partum care. With capacitated LGUs, mothers can have easier access to maternal and child programs. Proper neonatal care can assure early diagnosis of the different conditions that can lead to neonatal deaths.



Marikina City: GP Champ



The National Capital Region (NCR) is one of the regions that are on track in achieving the IMR and U5MR targets and also the region where one of the Garantisadong Pambata (GP) champions (Marikina) is located. Marikina was awarded the GP Champion by DOH in 2009. The criteria for selecting the champion are the following: 90 percent coverage in Vitamin A supplementation, 85 percent coverage in deworming, budget allocation for the child health programs, and the different child health services offered by the city.

Marikina City Health Office (CHO) was lauded for its exemplary health services for children and proactive implementation of the GP

program in barangay health centers. The GP's package of services in Marikina's barangay health centers includes immunization, vitamin A supplementation, and deworming. They were awarded champion in 2008 because the City was able to distribute vitamin A supplements to 99.88 percent of children aged 6-71 months and deworm 85 percent of children in the same age group in the City. Data from their CHO also reveal that even though IMR had been fluctuating from 2007 to 2009, the City's U5MR is also consistently decreasing. In 2007, there were 6 infants per 1,000 live births who died. In 2008, it increased to 12 and shot back down to 10 deaths per 1,000 live births in 2009. Under-five mortality in Marikina in 2007 was 25 per 1,000 live births and continued to drop to 16 then 13 in 2008 and 2009, respectively.



Goal 5: Improve maternal health

2.5.1 Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Trends and inequality analysis

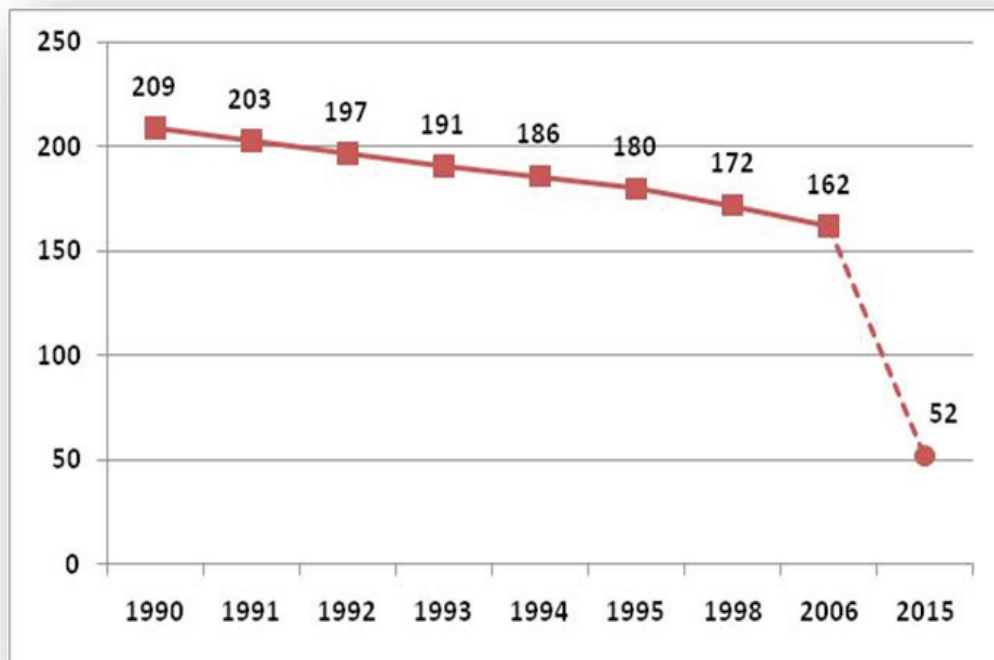
Based on the estimates of the Technical Working Group on Maternal and Child Mortality (TWG-MCM) of the NSCB for the period 1990-1995 as well as the estimate of the 1998 NDHS, the country's maternal mortality ratio (MMR) had been consistently decreasing from 209 per 100,000 live births in 1990 to 172 per 100,000 live births in 1998. In 2006, based on the Family Planning Survey (FPS), the ratio further decreased to 162 per 100,000 live births (Figure 45). Data from other sources show that there are regional variations in MMR, with some

Mindanao regions having higher MMRs than most of their Luzon or Visayas counterparts. These variations may be due to inadequate access to maternal health services as well as other socioeconomic factors affecting health care services utilization. It should be noted, however, that reliable data on maternal mortality are extremely difficult to obtain because of underreporting and misclassification, thus maternal mortality ratios need to be interpreted cautiously.

The major causes of maternal deaths in the country include post-partum hemorrhage (uterine/ placental dysfunction or abnormalities, ectopic pregnancy, vaginal/ cervical lacerations); medical conditions complicated by pregnancy (hypertensive diseases/toxemias of pregnancy, heart,



Figure 45. Maternal mortality ratio (deaths per 100,000 live births), 1993-2006



Sources: NDHS, NSO (1993 and 1998); FPS, NSO (2006)

1993-2008 data
 Current Rate of Progress
 Required Rate of Progress
 2015 Target

lung, renal diseases aggravated by pregnancy, embolic complications, and metabolic and electrolyte abnormalities); and, infection (septicemia, puerperal sepsis and septic shock secondary to pelvic infection and post- abortion complication). Also, it has been observed that most maternal and newborn deaths occurred within the first two days of childbirth.

The underlying causes of maternal mortality have been categorized by the DOH according to the “three delays” model: (a) delay in deciding to seek medical care (poor capacity to recognize danger signs, financial and cultural constraints); (b) delay in reaching appropriate care (lack of access to health care facility; lack of awareness to existing services); and (c) delay in receiving care at health facilities (inadequate skilled health workers, lack of

equipment, drugs and supplies). Given this, the DOH issued a policy that brings about a paradigm shift from the risk approach that focuses on identifying pregnant women at risk of such complications to one that considers all pregnant women at risk of such complications. This is mainly in response to the previously mentioned findings that reveal the inability of antenatal protocols to accurately predict the onset of complications during childbirth. The new strategy therefore seeks to:

- (1) Encourage women to give birth in conveniently located health facilities that are suitably equipped to render basic emergency obstetric and newborn care. Complicated pregnancies and those needing caesarian sections and blood transfusions are referred to higher level facilities rendering comprehensive

emergency obstetric and newborn care. This network of basic and comprehensive emergency obstetric and newborn care provider facilities is deployed in such a manner to allow women to access the services they need within a timeframe that ensures a safe outcome; and

(2) Manage the new Maternal, Neonatal and Child Health and Nutrition (MNCHN) service delivery which involves shifting from centrally-controlled national programs operating separately and governed independently at various levels of the health system, to an LGU-governed health system that delivers the integrated maternal newborn child health and nutrition service package. Such a devolved approach is envisioned to make delivery of the integrated model more responsive to the local situation. Similarly, it is possible that more deaths could be averted and MMR reduced if all women of reproductive age have access to reproductive health/family planning services, if all deliveries are attended by skilled health professionals in a continuum of care especially immediate postpartum, and if there is easy access to emergency obstetric and newborn care services. UNFPA suggests that to address maternal and newborn mortality, a three-pronged strategy should be adopted, namely: skilled attendants at birth; basic and comprehensive emergency obstetric and neo-natal care (BEmONC/CEmONC) referral system; and reproductive health/family planning services (informed choice).

Regarding the place of delivery and delivery assistance, results of the 2008 NDHS showed that 44 percent of live births in the five years preceding the survey were delivered in a health facility, an increase

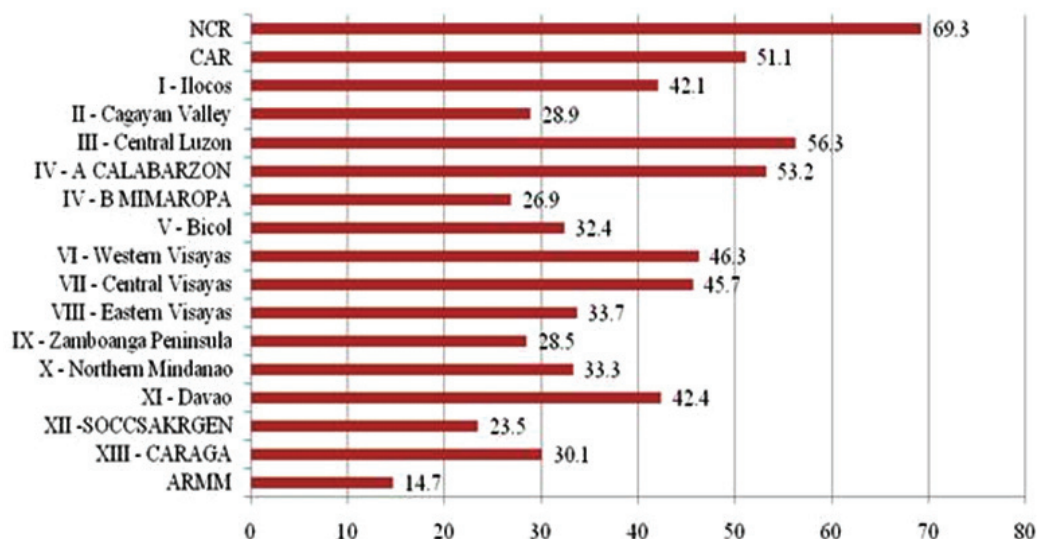
from the 2003 figure of 38 percent while 56 percent were delivered at home, representing a decrease from the 2003 figure of 61 percent. Moreover, in 2008, 35 percent of deliveries were assisted by a doctor, 1.5 percent by a nurse and 25.7 percent by a midwife while 36.4 percent were assisted by a hilot. These figures represent a slight improvement from 2003 wherein 34 percent of deliveries were assisted by a doctor, 1 percent by a nurse, 25 percent by a midwife and 37 percent by a hilot. The bigger number of deliveries assisted by the hilots and home deliveries could be two of the reasons for the high MMR.

The 2008 NDHS also showed that delivery assistance by a skilled health professional varied according to the background characteristics of the mother. The percentage of births delivered by a skilled health professional increased with the mother's level of education and wealth status. It has also been shown that in urban areas, more births are attended to by a skilled health professional at 78 percent as compared with that of rural areas at 48 percent. Across regions, NCR posted the highest percentage of deliveries assisted by skilled health professionals at 87 percent while ARMM showed the lowest at 19 percent.

The 2008 NDHS also indicated that there are geographical variations in terms of the place of delivery. Births in the rural areas are more likely to be delivered at home than births in the urban areas at 70 and 40 percent, respectively. Those living in the urban areas prefer to deliver in a health facility. Across regions, delivery in a health facility is most common in NCR at 69 percent and least common in ARMM at 14.7 percent (Figure 46). Geographical



Figure 46. Births delivered in a health facility (%), by region, 2008



Source: NDHS, NSO

variations as regards the place of delivery can be attributed to the availability, accessibility and affordability of health facilities and services as well as other socio-economic factors such as the mother's education and economic status.

Among wealth groups, delivery in a health facility is very low among the poorest quintiles at 13 percent, while facility delivery among the richest quintiles is high at 84 percent. This implies that greatest attention should be given to the poorest families in terms of providing access to health services, particularly reproductive health services.

The above data show that the DOH's target of increasing the percentage of facility-based birth and the percentage of births attended by skilled health professionals to 80 percent by 2010 may not be achieved.

Key bottlenecks and priorities for action

Maternal health concerns have been addressed through the provision of health services to pregnant women (safe motherhood) and through the provision of family planning services. The DOH also introduced policy reforms in terms of facility-based delivery, i.e., managing deliveries in basic emergency obstetric and newborn (BEmONC) or comprehensive emergency obstetrics and newborn care (CEmONC) units. Maternal health initiatives in various geographical areas supported by development partners such as UNFPA, UNICEF, EU, JICA, etc. were also undertaken, including a World Bank loan-assisted safe motherhood program where modeling was done in at least 2 provinces in the country. It is too early to make an assessment whether these efforts have made a difference in the rate of decrease in MMR as well as issues related

to the provision of services, as discussed below, still remain.

Quality of care

Addressing maternal health concerns means exerting more efforts to improve the quality of maternal care. Since health services have been devolved to the local government units, upgrading the quality of pre-natal, natal and post-natal services being provided in public health facilities at the local level is still necessary. It also entails upgrading the managerial and technical capacities of health workers. Specifically, skills in the detection/ screening and management of risk conditions as well as in handling complications and obstetrical emergencies have to be upgraded. In addition, standard operating procedures and guidelines have to be made available. Building the capacity of the team of midwives, nurses and doctors in BEmONC and CEmONC facilities to provide essential obstetrics and newborn care should be prioritized. In general, a quality improvement program for all health facilities and services would have to be pursued and sustained.

Program support

Considering the need for quality maternal care services, improving monitoring and evaluation of program activities is a must. Data collection and data management have to be strengthened. Specifically, data quality and timeliness have to be ensured to enable informed decisions as regards redirection of activities. Moreover, the adoption and implementation of the maternal and neonatal death review has to be enhanced and strengthened. In addition,

a good monitoring and evaluation system necessitates the upgrading of skills of those who are in charge of this function.

Meanwhile, advocacy and regular dissemination of information on the different activities on safe motherhood, responsible parenting and other reproductive health – gender development to improve the health seeking behavior of women/mothers need to be undertaken. The adoption and localization of an effective communication plan, i.e., behavioral change communication is important.

Resource adequacy

The availability of resources and efficient use of available resources is important in the pursuit of quality maternal care. More often, than not, inadequate financing is a constraint in program implementation pointing to the need to identify sources of funds other than the regular budget. In this regard, it is important to continuously advocate for legislative support such as the alternative budget initiative and improvement of PhilHealth enrolment and coverage. Inadequate financing is exacerbated by problems on the availability of health workers, thus the need to further strengthen the linkages with the private sector/NGOs/ civil society as they can be mobilized in the effort to make maternal care services available and accessible. Moreover, full implementation of the salary standardization law and Magna Carta for health workers will minimize the fast turn-over rate of our public health workers. The short term interventions of the DOH to provide health workers to underserved areas in the country such as the Doctors to the Barrio Program, Midwives to the Barrio Program and the





and improving absorptive capacity of the LGUs. For instance, make the MCP benefit package work for mothers and newborns by expanding the benefits and accelerating the accreditation processes of health facilities, expediting the release of reimbursement claims as well as linking this with the current demand-side financing such as the Conditional Cash Transfers (CCT) Program of DSWD.

Given the above concerns and the commitment to meet the MDG on maternal health, the government, through the DOH, issued Administrative Order No.2008-0029 (Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Health). The aim is to rapidly reduce maternal and neonatal mortality through the local implementation of the MNCHN Strategy. The latter adopts a unified framework for maternal and newborn health that is linked with child survival strategies, maximizing the delivery of service packages and ensuring a continuum of care across the life cycle stages. The MNCHN strategy serves as a guide in the development, implementation and evaluation of various programs aimed at women, mothers and children and in the engagement, assistance and empowerment of local government units and other partners in rapidly achieving the maternal and neonatal reduction goal. It is therefore important to ensure that the MNCHN strategy is integrated in the Municipal Investment Plan for Health (MIPH) and the Provincial Investment Plan for Health. Hopefully, with the implementation of the MNCHN strategy, the goal of reducing the MMR in the country will be attained sooner than projected given the present situation.

deployment to the hospitals needing their services need to be continued. The DOH support for the Pinoy MD which gives scholarship for children of poor families who would want to pursue Medical degree as well as the scholarship given to the children of hilots to pursue a midwifery course should likewise be continued. Also, the sustainability of appropriate interventions can be ensured through financial reforms like the adoption of universal health care coverage, appropriate utilization/rationalized distribution of resources,

Maternal and Child Health in Biliran:

Almeria paves the way for MCH sustainability



The municipality of Almeria in Biliran province is one of the sites of the JICA-assisted MCH project which is aimed at significantly reducing, if not totally eradicating, maternal and child deaths. The project is implemented by the local government unit using the local health system approach with the support of the provincial government and DOH's regional operations as well as other agencies and NGOs.

Implementing the MCH project is not easy as shown by the implementers' experience. The logistical requirements in making rural health units Maternity Care Package (MCP) take a huge toll on the LGU's meager resources. Despite this, Almeria was able to come up with infrastructure and manpower requirements to ensure smooth implementation. It was the first municipality in Biliran to fully implement the provincial resolution limiting home deliveries. It was also the first in the province to charge user's fees for delivery in the health facilities (RHU and BHS). A portion of this goes to the LGU's budget for health (for the purchase of medicines and supplies) while the rest goes to a trust fund (under the name

Almeria municipality) to sustain project initiatives even without funding agency and LGU support. Almeria's RHU is also accredited as MCP Facility and Out-Patient Benefit (OBP) facility under PhilHealth. As such, it has access to PhilHealth's capitation fund and reimbursement for services rendered. Since the RHU performed the service, the capitation and reimbursement funds help augment its budget. (So far, Almeria has earned around Php 548,000 from both capitation and MCP reimbursements). The money goes to the purchase of medicines, for the operating fund of the RHU and to pay for the health workers' incentives.

Almeria has proven that one need not depend too much on external funding to make maternal and child care services available. All it takes is considerable political will to revise mindsets, to maximize the use of available resources and galvanize communities in working towards saving the lives of mothers and children.

Source: Final Accomplishment Report 2006-2010 JICA /Maternal and Child Health Project



2.5.2 Target 5.B: Achieve by 2015, universal access to reproductive health

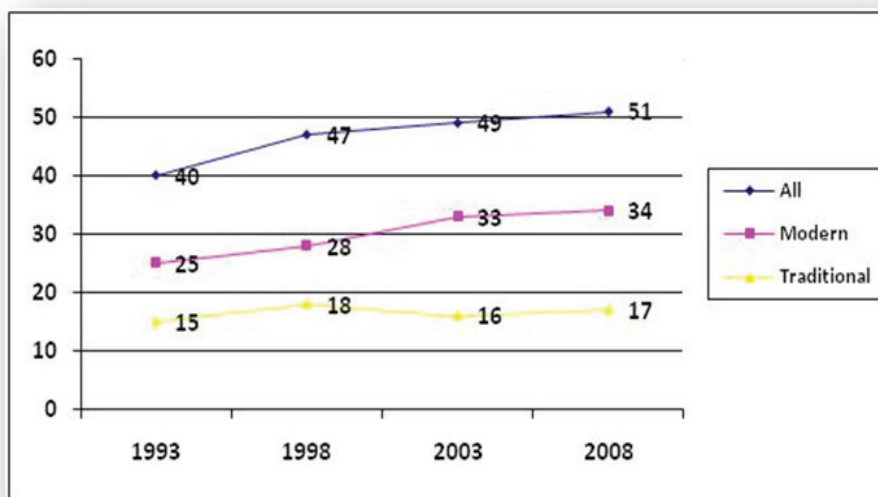
Trends and inequality analysis

Data from surveys conducted by NSO suggest that the target for universal access to reproductive health is unlikely to be achieved, as determined by the contraceptive prevalence rate and other related indicators. The 10 elements of reproductive health (RH) are the following: (1) family planning; (2) maternal and child health and nutrition; (3) prevention of abortion and management of its complications; (4) prevention and treatment of reproductive tract infections including STDs, HIV and AIDS; (5) prevention and appropriate treatment of infertility and sexual disorders; (6) prevention and treatment of breast cancers, and other gynecological conditions; (7) counselling and education on sexuality and sexual health; (8) adolescent reproductive health; (9) male reproductive health;

and (10) prevention and management of violence against women. Using these 10 service components of RH, other proxy variables used are the following: total fertility rate, antenatal care check-ups, unmet need for family planning, adolescent fertility rate, and male involvement in RH.

The level of current use of contraceptive methods is one of the indicators most frequently used to assess the success of family planning programs. The country's contraceptive prevalence rate (CPR) based on the 2008 NDHS was 51 percent, while the country's CPR target for 2015 is 80 percent. The 51 percent figure includes both modern method (34%) and traditional method (17%). Contraceptive methods are used by 53 percent of married women in urban areas, compared to 48 percent in rural areas. There was a very slight increase in CPR from 40 percent in 1993 to 51 percent in 2008 (Figure 47). In the same way, the uses of modern and traditional methods have been improving insignificantly over the

Figure 47. Trends in contraceptive prevalence rate (%), by contraceptive method, 1993-2008



Source: NDHS, NSO

Table 12. Contraceptive prevalence rates among Asian countries (%), 2000-2007

Country	CPR
Bangladesh	56
Bhutan	35
Cambodia	40
India	56
Indonesia	61
Lao PDR	38
Malaysia	55
Myanmar	34
Nepal	48
Pakistan	30
Philippines	51
Sri Lanka	68
Thailand	77
Timor Leste	20
Vietnam	76

Source: UNICEF. 2009. State of the World's Children (as cited in UN Data-United Nations Statistics Division).

years—traditional method remains below 20 percent while modern method increases very slightly.

Comparison of CPR across Asian countries shows that the Philippines lags behind many other countries in contraceptive use. (Table 12) The level of CPR in the Philippines is one of the lowest in the region, and this is a result of the lack of government policy and program to promote contraceptives. The Philippines is a predominantly Catholic country and the Catholic Church has staunchly opposed national efforts to enact a national reproductive health policy while expressing that it is against the promotion of artificial contraceptive methods.

Results of the 2008 NDHS show that only 63 percent of births in the Philippines are planned, while 20 percent are mistimed,

and 16 percent are unwanted. Twenty-two (22) percent of currently married women in the Philippines have an unmet need¹³ for family planning services, 9 percent for spacing¹⁴ and 13 percent for limiting¹⁵ births. The level of unmet need has increased by more than one-third since the 2003 NDHS (17 percent). Over the years, the data is fluctuating, from 26.2 in 1993; 19.8 in 1998, 17.0 in 2003, and 15.7 in 2006. However, in 2008 this went up again to 22 percent. One-fifth of married women said that their husband wants more children than they do, and the percentage of women reporting that their husband wants more children than they do increases slightly with age. Among the regions, unmet need was highest in ARMM (33%), and lowest in Region XI (15%).

In terms of total fertility rate (TFR), data shows a gradual decline over the past years from 4.09 children per woman in 1993 to 3.3 children per woman in 2008. Referring to Table 13, NCR has the lowest TFR at 2.3, while four regions (Regions IV-B, VIII, Caraga, and ARMM) have the highest TFRs at 4.3. The TFR for women with college education (2.3) is about half that of women with elementary education (4.5). The country's current fertility level is relatively high compared with other Southeast Asian countries such as Thailand, Indonesia, and Singapore, where their TFR is below 2 children per woman. Unwanted fertility can be measured by comparing the gap between actual TFR and total wanted fertility. The

¹³ Unmet need is defined as the percentage of currently married women who either do not want any more children or want to wait before their next birth, but are not using any method of family planning.

¹⁴ Unmet need for spacing includes women who are fecund and not using family planning and who say they want to wait two more years for their next birth, and who say that they are unsure they want another child, or who want another child but are unsure when to have the child.

¹⁵ Unmet need for limiting includes women who are fecund and not using family planning and who say they do not want to have another child.



total wanted fertility rate for the Philippines is 2.4 children, which is 27 percent lower than the actual TFR of 3.3 children. The total wanted fertility rate declined gradually from 2.7 and 2.5 children per woman in 1998 and 2003, respectively.

Unintended pregnancy is common, and can lead to abortion. Based on the Guttmacher study (2006), an estimated 473,000 abortions occur annually. This means that one third of women who experienced an unintended pregnancy ended up with abortion. Majority of women who experienced abortion are married, Catholic, and poor. The reasons why women resort to abortion are the following: economic cost of raising a child (72%); say they have enough children (54%); and report that the pregnancy occurred too soon after their last one (57%). Furthermore, other reasons cited in the 2009 Guttmacher series of studies showed high incidence of induced abortion rates among women with unplanned/mistimed pregnancies, more than three (3) children, poor socioeconomic status and use methods of contraception with high failure rates.

In terms of antenatal care (ANC), four in five women who had a live birth in the five years preceding the survey had the recommended number (at least four) of ANC visits during the pregnancy for the last live birth. There is some variation between women in urban areas (83%) and those in rural areas (73%). In terms of ANC provider, 91 percent of women received

antenatal care from a skilled provider (nurse, midwife, doctor), 5 percent from a traditional birth attendant or hilot, while 4 percent did not receive any antenatal care. Receipt of antenatal care from a skilled provider is higher in urban areas (94%) compared to rural areas (88%). Women with college education (97%) are more than twice more likely to receive ANC from a skilled professional compared to women with no education (44%).

Based on the 2000 Census of Population Projections, the 2010 Filipino youth aged

Table 13. Total fertility rate and total wanted fertility rate (%), 2008

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.1	2.8
Rural	2.7	3.8
Region		
National Capital Region	1.7	2.3
Cordillera Admin Region	(2.7)	(3.3)
I-Ilocos Region	(2.5)	(3.4)
II- Cagayan Valley	(3.0)	(4.1)
III- CentralLuzon	2.3	3.0
IVA – CALABARZON	2.4	3.0
IVB – MIMAROPA	(3.0)	(4.3)
V – Bicol	2.5	4.1
VI- Western Visayas	2.3	3.3
VII- Central Visayas	2.4	3.2
VIII-Eastern Visayas	(2.9)	(4.3)
IX- Zamboanga Peninsula	(2.7)	(3.8)
X- Northern Mindanao	(2.3)	(3.3)
XI- Davao	(2.3)	(3.3)
XII- SOCCSKSARGEN	(2.4)	(3.6)
XIII- Caraga	(2.8)	(4.3)
ARMM	(3.5)	(4.3)
Education		
No education	*	*
Elementary	2.9	4.5
High School	2.6	3.5
College	1.9	2.3
Wealth quintile		
Lowest	3.3	5.2
Second	2.9	4.2
Middle	2.4	3.3
Fourth	2.2	2.7
Highest	1.6	1.9
TOTAL	2.4	3.3

Source : NDHS, NSO

15-24 years old population accounted for 16.7 million or 18 percent of the total population of the country. This figure is projected to increase by 3 million in 2015. There is an increasing percentage of teenagers who have begun childbearing. In terms of adolescent fertility in the 2008 NDHS results, 26 percent of women aged 15-24 have begun childbearing, and it is highest among the lowest wealth quintile (44%) and lowest among the highest wealth quintile (13%). Adolescent fertility is highest in Regions IV-B and XII and lowest in NCR. The proportion is higher in rural areas (33%) than in urban areas (21%). It is also highest among uneducated (50%) and lowest among the college educated (19%).

Based on the Young Adult Fertility and Sexuality Survey (YAFSS) 1994-2002, the prevalence of premarital sexual activity among the youth was 23 percent. Data showed that twice as many females than males experienced reproductive health problems. It is noted that there was an increase in serious RH problems among females as compared to males due to the increasing proportion of females engaging in sexual risk behaviors and low level of contraceptive use.

Key bottlenecks and priorities for action

Most of the issues related to improving reproductive health involve the need to improve access to family planning services for Filipino couples to make informed choices and determine freely the number and spacing of their children and the means to be able to do so. The following are some challenges identified given the data above, and the accompanying priorities for action:

Low practice of family planning

Based on the 2008 NDHS data, the main reasons cited for not using family planning are: (1) majority of men want as many children as possible; (2) fear of side-effects; (3) lack of information and access to FP services; and (3) oppositions by husbands and/or religious beliefs. Given these, there is a need to expand informed choice by improving quality of FP counselling and behaviour change communication approaches for couples to know, understand and effectively practice a family planning method of their choice.

The main strategy of the Responsible Parenthood-Natural Family Planning (RP-NFP) Program, which is spearheaded by the Commission on Population, is the conduct of RP/NFP classes for potential NFP couple users in the food-poor provinces under the Accelerated Hunger Mitigation Program (AHMP). Although the acceptance of the NFP method was below the expectations, for the period 2007-2009, the program was able to reach 887,084 couples, and conducted 66,305 classes in 21,838 barangays. However, these figures have to be translated into the number of acceptors or users.

Socio-economic factors also affect fertility and contraceptive use. As the data have shown, fertility and family planning needs are most evident among the poor and less educated women. As such, social development programs should include integrated strategies on improving the reproductive health and family planning concerns of poor women, men, and adolescents.



Adolescent fertility issues

The increasing percentage of adolescents who have begun childbearing indicates the need to address fertility and reproductive health concerns among this segment of population. Early pregnancy among the youth indicates the need to provide appropriate interventions for them to achieve their fertility goals. An emerging issue is the increasing tendency among this age-group to prefer a live-in arrangement, as shown by increasing proportion of aged 15-19 who are living-in. With these results, adolescents become more exposed to undesirable consequences because of engaging too early in sexual activities. Parent education on adolescent and sexual reproductive health (ASRH) can be an effective strategy of educating and empowering the youth to exercise their reproductive rights. The inclusion of adolescent reproductive health (ARH) in the education curriculum, both in public and private, is also deemed necessary. Adolescent friendly health packages should also be developed and provided so that access to RH services will be ensured among the youths. Behaviour and attitudes of health workers towards dealing with adolescents accessing RH services have to be changed to encourage adolescents to utilize health facility services. Health workers should be trained in delivering age-appropriate counselling to young clients.

Male involvement in reproductive health

The decisions and behaviors of Filipino men have resulted to undesirable reproductive health outcomes in the country. Husbands were observed to have low use of contraception, higher fertility preferences, and passive participation in maternal

health which contributed to unplanned pregnancies, growing number of mothers dying due to pregnancy and childbirth, and lower development status among women, among others. Data showed that there is noticeable low participation of men in fertility management. Male family planning users only account for 2 percent (condom use) of the 34 percent who use modern methods. Men should play a significant role in the fertility decisions of women (e.g., preference on the number of children and choosing the family planning method). Although condom use has increased over the years, men's involvement in family planning is still inadequate. Furthermore, special efforts need to be geared towards men's active involvement in the following areas: prenatal, maternal and child health; prevention of STDs including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income; children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Men's reproductive health needs have to be identified and addressed. A package of health services for men should also be developed.

Inadequate financial resources for FP and RH

One of the reasons why the CPR remained at the 50 percent level during the period 2003-2008 was the withdrawal of donated FP commodities from the central level to income-poor local government units that are having difficulties in purchasing the FP commodities for their poorest constituencies. New financing mechanisms for FP/RH such as Performance Based Grants (PBGs) for LGUs and CCTs should be designed in ways that would facilitate

access to FP services by the poor and other disadvantaged groups and to adapt these mechanisms to local conditions.

At the local level, efforts to strengthen the Contraceptive Self-Reliance Strategy (CSR) were bolstered by national congressional support through allocation by the Philippine Congress in 2007 and 2008 of PhP150 million and PhP1.2 billion as part of the national budget for the purchase of contraceptives. This fund was intended to be released as “performance-based” grants to the LGUs. Unfortunately, only very few LGUs availed of the grant and the allocation was re-aligned for other purposes.

Lack of legislation on population management

In the absence of a strong national population policy, there is a need to establish a local population and development policy to improve the current policy environment

of the country. A strong political will is needed to promote a continuing advocacy effort in legislating a comprehensive population management and reproductive health policy through the consolidated Reproductive Health Bill (House Bill 5043 and Senate Bill 3122). The passage of the RH bill remains a contentious measure not only among legislators but also between RH advocates and the conservative groups that have labelled the Bill as “pro-abortion.” What the RH bill specifically aims to achieve is to promote and institute a Comprehensive Reproductive Health Care Program that includes, among others: reproductive health and sex education; prevention and treatment of abortion and its complications; provision of modern and natural family planning services; capacitating health workers; and mandatory age-appropriate reproductive health education among the youth.



The PRIDE of BOHOL:

Success stories in building healthy and sustainable communities



Improving the reproductive health of the people in Talibon, Ubay, and Carmen in Bohol Province through the Reproductive Health Ordinances

The passage of the Reproductive Health ordinances in these three pilot municipalities in Bohol was made possible by the aggressive advocacy initiatives of the Local Advocacy Teams, composed of multi-sectoral agencies and representations, and the RH champions in these localities. The RH ordinances provide for the sustainable provision of RH information and services through comprehensive reproductive health programs including the establishment of birthing centers and community-managed Maternal and Newborn Care Facilities and other health facilities, training of service providers, provision of family planning and ASRH information and services.

Not only that advocacy initiatives for the passage of these ordinances built RH advocates and champions among local legislators and other sectors but these policies have more importantly ensured the sustainable allocation of budget for these reproductive health initiatives.

As a result, an increase in the demand and utilization of comprehensive, high quality reproductive health services in these localities have been realized as manifested by increasing number of women availing of RH services such as pre- and post-natal care and family planning, RH indicators such as CPR, active male participation in family planning (through non-scalpel vasectomy), number of deliveries attended by skilled birth attendants and increasing facility based deliveries. These trailblazing initiatives in reproductive health, through the RH ordinances, have resulted to zero (0) – maternal deaths particularly in Carmen and Talibon.



Source: United Nations Population Fund (UNFPA) in the Philippines, Project Best Practices

Responsible Parenthood Movement-Natural Family Planning Program (RPM-NFP):

A Convergence: The Tanay Experience

The RPM-NFP Program operationalizes PGMA's policy thrusts to promote responsible parenthood, respect for life, birth spacing, and informed choice. The RPM-NFP Program of Tanay, Rizal is aimed to contribute to the quality of life among the Tanayans. It is implemented by the Municipal RPM –NFP Team composed of trained personnel from the population, health, social welfare and agriculture offices. Its major features are the following: (a) Conduct of Barangay Classes; (b) Policy Support; (c) Organization and Mobilization of an Inter-Agency Committee (IAC); and (d) RPM-NFP Municipal Federation.

upland are indigenous peoples (IPs) like the Dumagats, Remontados, and Aetas.

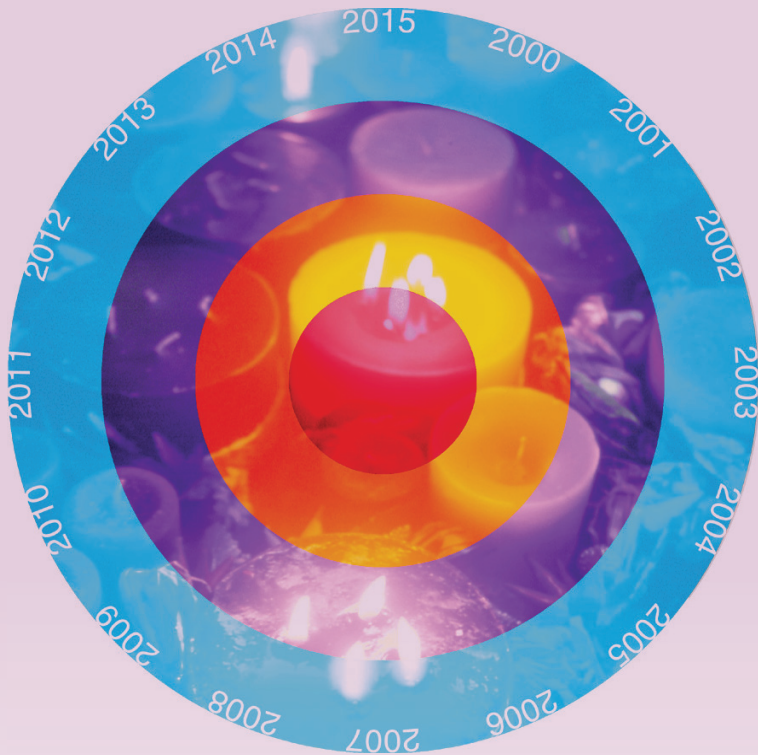
For the year 2009, the Municipal Government of Tanay has spent P955,200.00 as counterpart to RPM classes. The amount covers various programs and activities for the RPM couples. On the other hand, POPCOM spent only P503,000.00 for the conduct of several RPM barangay classes.

Initial assessment of the program by media service and other program stakeholders has shown the following benefits: (1) RPM-NFP helped enhance the relationship between the husband and wife; (2) Improved self discipline of husbands; and (3) Enhanced working relationship among members of the IAC.

As of October 2009, all the 19 barangays (10 upland and 9 lowland) had been covered by the RPM-NFP Barangay Classes reaching about 1,859 couples. Many of these couples in the



Source: Commission on Population



Goal 6: Combat HIV/ AIDS, malaria and other diseases

2.6.1 Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Trends and inequality analysis

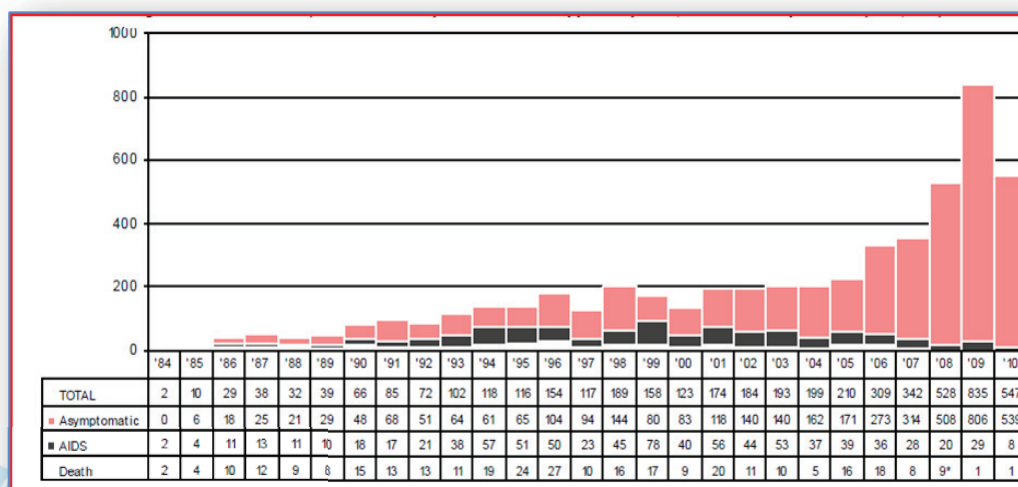
The Department of Health's National Epidemiology Center (DOH-NEC) noted 4,971 HIV positive cases in the country from 1984 to April 2010. In the first four months of 2010 alone, the country has already recorded 547 new cases, which constitutes 65 percent of the annual reported cases in 2009 (835). To date, an average of about five (5) new HIV cases per day or one (1) in every five (5) hours are reported in the Philippines from two (2) new cases per day in 2009, and one (1) new case per day in

2007 (Figure 48). This trend shows that HIV is rapidly expanding in the country which may be because of increased risky behavior and low coverage of HIV interventions. In terms of prevalence rate, however, HIV remains below one percent of the total population although some areas have reported more than one percent among its most at risk populations.

Republic Act 8504 or the Philippine AIDS Prevention and Control Act of 1998 provides the policies and measures for the prevention and control of HIV and AIDS in the country. Advocacy activities, capacity development, treatment and diagnosis of sexually transmitted infections (STIs), prevention interventions for the most at risk



Figure 48. Number of HIV/AIDS Cases Reported in the Philippines, 1984-2010 (April)



Source: Philippine HIV and AIDS Registry, Department of Health, National Epidemiology Center

populations (MARPs include: sex workers and their clients, men who have sex with men, injecting drug users), provision of anti-retroviral drugs, among others, are currently being implemented. The National Government through the Department of Health and some local government units allotted resources for HIV and AIDS prevention and treatment services and this is further complemented by foreign-assisted programs and projects. Despite these efforts, however, HIV prevalence among MARPs increased from 0.08 percent in 2007 to 0.47 percent in 2009.

The age groups with the most number of reported cases were: 20-24 years (16%), 25-29 years (24%), 30-34 years (20%), 35-39 years (20%). This reveals that most cases are among the productive age group. Of the 4,971 reported HIV cases 4,131 were asymptomatic and 840 were AIDS cases. Of the 840 AIDS cases reported, 595 were males.

Of the 4,971 reported HIV positive cases about 89 percent (4,432) were infected through sexual contact, two percent (100) through needle sharing among injecting

Table 14. Proportion of types of sexual transmission

Type of sexual transmission	2007	2008	2009	2010	Total (2007-2010)	Proportion (2007-2010)	Cumulative (1984-2010)
Heterosexual	139	160	54	89	442	31%	2,303
Bisexual	74	127	50	128	379	27%	737
Homosexual	107	215	58	221	601	42%	1,392
					1,422	100%	4,432

Source: Philippine HIV and AIDS Registry, Department of Health National Epidemiology Center

Table 15. Number of reported young men and women aged 15-24 who are HIV-infected

Sex	2009	2008	2007	2006	1984-2005
Male	201	102	37	28	107
Female	17	8	4	16	204
Total	218	110	41	44	311

Source: Department of Health, National Epidemiology Center

drug users (IDUs) and one percent (50) through mother-to-child transmission. Other modes of transmission include blood/blood products (19), and needle prick injury (3). It should also be noted that from 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact to homosexual and bisexual (Table 14).

There were 1,389 HIV positive overseas Filipino workers (OFWs) since 1984 comprising 28 percent of all reported cases. Of the total HIV positive OFWs, about 74 percent (1,034) were males.

Aside from the observed shift in sexual transmission, data over the past two years also revealed the increasing number of young men and women who are HIV infected (Table 15).

The 2008 National Demographic and Health Survey (NDHS) includes findings on HIV-related knowledge, attitudes and behavior of women only. Based on the

survey, 11 percent of women aged 15-49 reported condom use at last higher-risk sexual intercourse (past 12 months) (Table 16). Of these women, condom use is highest among those in rural areas (15%), those with college education (14.7%), and those in the highest wealth quintile (14.3%). Higher-risk sexual intercourse in this context is defined as intercourse with a non-marital, non-cohabiting partner.

The NDHS also revealed that the percentage of Filipino women with comprehensive knowledge of AIDS is low at 22 percent only. Of this total, 21 percent are women age 15-24 (Table 17). Further, of the total women who have comprehensive knowledge about HIV and AIDS, about 26 percent come from urban and 17 percent come from rural areas. In addition, the low level of knowledge is of particular concern regarding women with no education, for whom comprehensive knowledge is only 3 percent. Comprehensive knowledge in this context means knowing that consistent use of

Table 16. Percentage of women who used condom at last high-risk sexual intercourse in the past 12 months (%)

Background characteristic	Percentage
Women age 15-24	12.9
Total Women age 15-49	10.9
Urban	9
Rural	15
No education	(fewer than 25 unweighted cases)
College	14.7
Lowest wealth quintile	(fewer than 25 unweighted cases)
Highest wealth quintile	14.3

Source: NDHS, NSO



Table 17. Percentage of women with comprehensive knowledge about HIV and AIDS (%)

Background characteristic	Percentage
Total women age 15-49	21.9
Women age 15-24	20.7
Urban	25.5
Rural	17.4
No education	3.1
College	33.9

Source: NDHS, NSO

condoms during sexual intercourse and having just one HIV-negative and faithful partner can reduce the chances of getting AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the most common local misconceptions about AIDS transmission and prevention.

In 2003, the NDHS included questions pertaining to knowledge of HIV and AIDS of both men and women. The survey revealed that 51.7 percent of men aged 15-24 know that using condoms and limiting sex to one uninfected partner can reduce the risk of getting HIV. However, only 28.5 percent of men aged 15-24 correctly rejected the two most common misconceptions about AIDS transmission or prevention.

With regard to preventing mother-to-child transmission (MTCT), of the estimated 690 pregnant women, 26 (4%) received their test results after testing for HIV during pregnancy or labour and delivery or post-partum period (less than 72 hours). This figure includes those with previously known HIV status. Five percent (5%) or 6 out of 130 estimated HIV-infected pregnant women were assessed for ART eligibility (but this signifies 100% coverage of the women who accessed the facility). About three (3) infants born to HIV-infected mothers

received HIV test within 12 months since birth, two (2) of them had virological tests in the first two months. Two (2) infants received ARV prophylaxis to reduce MTCT. All three were started on co-trimoxazole prophylaxis (Philippines UA Health Sector Report 2009).

On anti-retroviral therapy (ART), as of 2009, the proportion of population with advanced HIV infection receiving ART was about 82 percent (750/919). Of this, about 21 percent are women and 79 percent are men. It should be noted that the total does not include the 15 persons below 15 years old who are also enrolled in ART.

Although information on sexually transmitted infections (STIs) remains limited, based on the 2009 Integrated HIV Behavioural and Serologic Surveillance (IHBSS) there was increasing rates of STIs (syphilis) among most at risk groups in selected sites. Presently, interventions on STI diagnosis, treatment and case management are being undertaken as part of HIV prevention. In particular, about thirty-three percent (33%) of service delivery points provided STI services per 1,000 sex workers, or 100 service delivery points for 299 out of 1,000 sex workers per DOH 2007 Population Estimates. Based on data among pregnant women in ante natal clinic (ANC) supported by UNICEF, 22 out of 9,354 (0.23%) ANC



attendees aged 15 years and older tested positive for syphilis (Philippines UA Health Sector Report 2009).

Key bottlenecks and priorities for action

Based on the 2008 mid-term assessment of the Fourth AIDS Medium Term Plan (AMTP-IV), there is a continued threat of AIDS in the country. The low prevention coverage and increased risky behaviors may have resulted in the growing number of HIV cases. In particular, according to the Country Report of the Philippines (January 2008-December 2009) Follow up to the Declaration of Commitment on HIV and AIDS United Nations General Assembly Special Session (UNGASS), only 38 percent of MARPs were reached with HIV prevention services. There is also a low level of knowledge on AIDS among the general population, low condom use even among MARPs, and a low perception of risk for HIV infection among the youth.

Drug use is often treated as a criminal, rather than a social or health issue. Presently, there is no policy supporting harm reduction strategies for injecting drug users (IDUs). Notably, there are now reported HIV positive IDUs, accounting for 15 to 20 percent of new cases each month.

Based also on the Country Report (UNGASS), during the period 2007 to 2009, about 67 percent (on the average) of the country's total resources spent on AIDS came from external sources, while only 20 percent came from domestic sources (the rest are private sources). This highlights the need to prioritize interventions and use

limited resources effectively and efficiently to address the current situation.

To reverse the situation, the following are recommended:

- (a) Build capacities to identify and locate the sources of new infections and evaluate prevention coverage and impact;
- (b) Design and implement an effective and comprehensive package of interventions for most-at-risk populations especially the source of most new infections. It is of paramount importance that the Universal Access (UA) target of reaching 80 percent of most at risk populations with comprehensive package of interventions be achieved in order to reverse the trend;
- (c) Mobilize resources and engage communities in controlling the epidemic and further strengthen partnerships with local government units (LGUs), civil society organizations, the private sector, and even faith-based groups;
- (d) Provide a policy mechanism to fully implement interventions targeting the most at risk populations especially injecting drug users and sex workers.

Studies (Report of the Commission on AIDS in Asia) have shown that prioritizing interventions for most-at-risk populations create more impact and are more cost-effective. To really turn around the epidemic, it is crucial to cover about 80 percent of MARPs with prevention interventions. Aside from the most at risk population, attention should also be given to interventions for migrant workers and workplace activities given the recent trend of the epidemic.





Forging partnerships to improve referral and service delivery

The importance of partnerships cannot be over-emphasized when it comes to referral and delivery of HIV and AIDS treatment and care services. To improve access to treatment services in Mindanao, the Alliance Against AIDS in Mindanao (or Alagad Mindanao) facilitated the establishment of a partnership mechanism with service providers (Davao Medical Center, Reproductive Health and Wellness Center of the City Health Office) in Mindanao and other relevant institutions (Regional Health Office, City Health Offices, private physicians, private laboratories and clinics) to ensure a sustained coordination in the delivery of treatment, care and support services to persons living with HIV (PLHIVs).

From one client in 1998, Alagad has handled 98 cases to date, 46 of which are currently availing the free antri-retroviral (ARV) drugs. An average of two new PLHIV clients every month is referred to Alagad Mindanao for psychosocial care and support. The partnership mechanism resulted in: the formation of support groups for treatment, care and support; the revival and reconstitution of HIV and AIDS Core Team (HACT) in five government hospitals namely Davao Regional Hospital in Tagum City, Northern Mindanao Medical Center in Cagayan de Oro City, Provincial Hospital in Mati City, Provincial Hospital in Malaybalay City and District Hospital in Island Garden City of Samal; the establishment of the Health and Care Today (HACT) Clinic for PLHIVs in Davao Medical Center (DMC); the establishment of a referral system for treatment, care and support; and the formation of Mindanao Advocates, a peer support group which facilitates the involvement of PLHIV in Mindanao.

The establishment of a referral system among service providers resulted in a more systematic delivery of treatment, care and support services to PLHIV and affected family members and significant others. It facilitates referral of cases

from private hospitals clinics and laboratories and hastens PLHIV's access to treatment, care and support services and ensuring confidentiality and non-discrimination.

Another partnership undertaking was also forged by a religious group called the Order of the Ministers of the Infirm (or the Camillians). In 2007 the Camillians formed partnerships with treatment facilities (San Lazaro Hospital and Research Institute for Tropical Medicine) and PLHIV groups (Pinoy Plus, Babae Plus, Positive Action Foundation Philippines, Inc.) in order to reach out and provide spiritual care and other psycho-social support services.

The Camillians also coordinate with the Daughters of Charity, a Catholic congregation that also provides spiritual care to PLHIV. They also respond to medical needs of PLHIV and affected families such as accessing blood units (particularly for PLHIV who may experience a drop in platelets and thrombocytes) through an existing Memorandum of Agreement (MOA) with the National Kidney and Transplant Institute (NKTi). As stipulated in the MOA, when blood donation campaigns are conducted by the Camillians within their institutions (E.g. among their college seminarians), a percentage of the blood units collected is allocated for referrals from the Ministry.

About twice a month the Camillians conduct hospital visits where they provide spiritual care and counselling to in-patients. Outpatients and newly-diagnosed PLHIV are also referred to the Ministry by the treatment hubs and by PLHIV support groups. The HIV/AIDS Ministry of the Camillians has thus contributed to enhanced care and support services through increased access to spiritual care, psycho-social support, and medical services including adequate blood supply. In particular, the Ministry has been able to provide care and support services to a cumulative total of more than 200 PLHIV for the past two years.

Source: Philippines Country Report January 2008 to December 2009

Follow up to the Declaration of Commitment on HIV and Aids
UN General Assembly



2.6.2 Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Trends and inequality analysis

Malaria

Malaria remains a leading cause of morbidity in the country. Based on program data, malaria morbidity rate declined from 123 cases per 100,000 population in 1990 to 86 cases per 100,000 population in 1995. Further decline was observed from 72 cases per 100,000 population in 1998 to 55 cases per 100,000 population in 2005 and to 41, 26 and 20 cases per 100,000 population in 2007, 2008 and 2009, respectively. The mortality rate due to malaria likewise declined from 1.5 deaths per 100,000 population in 1990 to 0.9 deaths per 100,000 population in 1995 and to 0.8 deaths per 100,000 population in 1998. The mortality rate again declined to 0.17 deaths per 100,000 population in 2005 and to 0.08, 0.06 and 0.02 per 100,000 population in 2007, 2008 and 2009 respectively (Table 18).

A total of 22 provinces were declared malaria-free in 2008 from only 13 provinces in 2004. Fourteen other provinces are in the pre-elimination phase. The geographical distribution of malaria cases in the country based on a 6-year average is shown in Figure 49 where the provinces are classified as A, B, C and D. Category A provinces are those provinces where the malaria cases are more than 1,000 cases per year, while provinces grouped under Category B are those

Table 18. Malaria morbidity rate (cases per 100,000 population) and malaria mortality rate (deaths per 100,000 population), 1990-2009

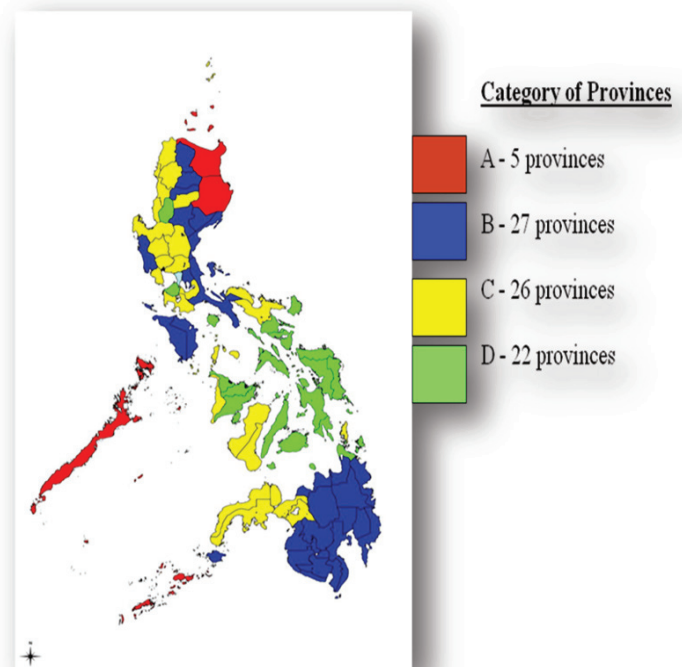
Year	Morbidity rate (per 100,000)	Mortality rate (per 100,000)
1990	123	1.5
1995	86	0.9
1998	72	0.8
2005	55	0.17
2007	41	0.08
2008	26	0.06
2009	20*	0.02*

Source: DOH

*partial

with 100 to less than 1,000 cases per year and Category C are provinces where there are less than 100 cases per year. Category D provinces are those that have been declared as malaria-free. A malaria-free province is defined as a province where there is no documented indigenous case for the last 5 years. However there are some malaria-free provinces that are potentially malarious areas because of the presence of the mosquito vector.

Figure 49 . Distribution of malaria cases in the Philippines, 6-year average (2003-2008)



Source: DOH



The decline in morbidity and mortality due to malaria may be attributed to the continued implementation of the Malaria Control Program (MCP) by the DOH in partnership with the LGUs, NGOs/civil society and communities at risk. Strategies include, among others, strengthening epidemic management at regional levels; enhancing DOH-LGU-community partnerships as well as working towards sustainable malaria control. It should also be noted that under the Health Sector Reform Agenda, communicable diseases were categorized into two: those for elimination (disease free zone initiative) such as malaria, and those for intensified prevention and control. As such, efforts were geared towards these initiatives and higher budget was allocated to ensure implementation. The MCP also received support from Global Fund for Aids, TB, Malaria (GFATM and other development partners, NGOs and private sector. The conduct of local level planning (Provincial Investment Plan for Health) also facilitated the provision of counterpart funds as well as ownership of the program.

Tuberculosis

Tuberculosis was the sixth leading cause of mortality in 2005 and the 6th leading cause of morbidity in the country in 2007. Data indicate that the mortality rate due to tuberculosis decreased from 38.7 deaths per

100,000 population in 1999 to 33 deaths per 100,000 population in 2003 and 31.2 deaths per 100,000 population in 2005. However, the mortality rate increased to 45 deaths per 100,000 in 2006 but this decreased to 41 deaths per 100,000 population in 2007.

The national TB prevalence survey done in 2007 showed that the prevalence rate of smear positive TB was posted at 2 per 1,000 while culture positive was at 4.7 per 1,000. As shown in Table 19, there has been a declining trend in terms of prevalence of smear positive, culture positive and annual risk of TB infection in the Philippines during the period 1982-2007. However, the prevalence of those with radiographic findings suggestive of TB increased from 4.2 percent to 6.3 percent during the same period. Multi-drug resistant TB among new cases also increased from 1.5 percent to 2.1 percent.

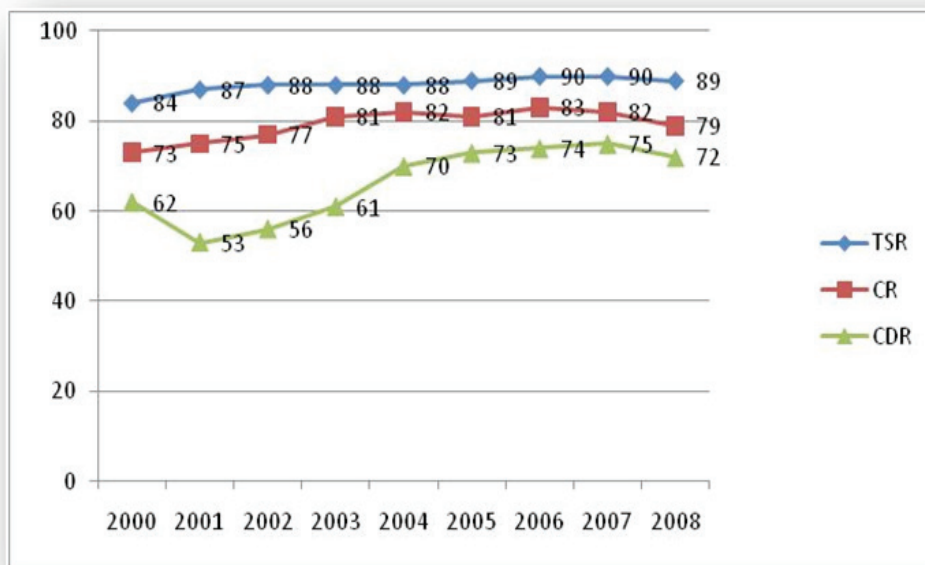
During the last five years, the program indicators, namely case detection rate (CDR), which represents the proportion of TB cases detected out of the estimated incident cases; treatment success rate (TSR), which represents the proportion of those who completed treatment (cured plus completed); and cure rate (CR), which measures the number of TB cases who completed treatment with two smear negative results of which one is at the

Table 19. Magnitude of tuberculosis in the Philippines, 1981-1982, 1997 and 2007

Indicator	1981-82	1997	2007
Estimated prevalence of:			
Smear positive TB cases / 1000	6.6	3.1	2.0
Culture positive TB cases / 1000	8.6	8.1	4.7
Radiographic findings suggestive of TB(%)	4.2	4.2	6.3
Multi-drug resistant TB among new cases (%)		1.5	2.1
TB symptomatics (percent)	17	18.4	13.5
Annual risk of infection (percent)	2.5	2.3	2.1

Source: National TB Prevalence Survey, 1982-83, 1997, 2007 (from PhilPACT 2010-2016)

Figure 50. Trends in CDR, CR and TSR (%), 2000-2008



Source: DOH

end of treatment, have increased (Figure 50). Targets in CDR and TSR have been achieved in 2004 and have been sustained since then although there was a slight dip for these indicators in 2008. The CR is still below the 85 percent national target during the same period.

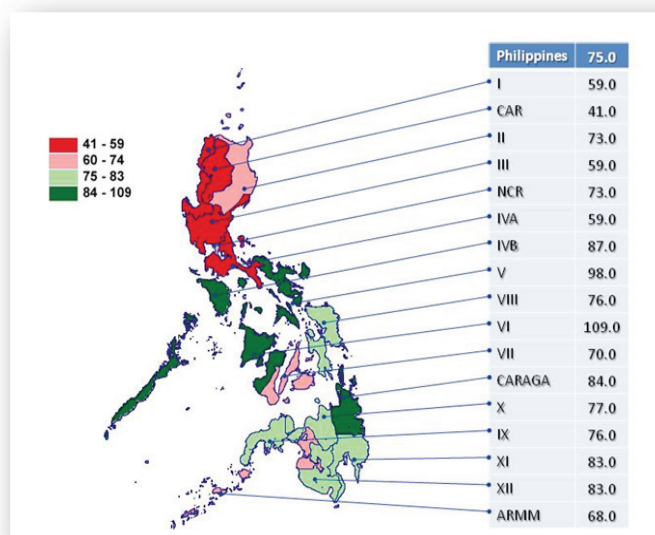
As of 2007, the case detection rate for the country was 75 percent, a figure slightly lower than the 2006 figure (77%). However, there were nine regions with case detection rates higher than the national average and these include Regions IV-B, V, VI, VIII, IX, X, XI, XII, and Caraga (Figure 51). Five regions (CAR, Regions I, II, IV-A, and ARMM) were not able to reach the CDR target of 70 percent. It can also be observed that most of the regions in Luzon have very low case detection rates.

The cure rate was posted at 82 percent for the whole country in 2007, with Regions I, II, VI, VII, and Caraga attaining 87, 85, 90, 89 and 86 percent, respectively. These rates either attained or surpassed the target of

85 percent (Figure 52). On the other hand, Regions III, IV-A, IV-B, IX, NCR, and ARMM have very low probabilities of attaining the target.

Meanwhile, although there were 12 regions that failed to reach the 85 percent target for cure rate, all of the regions were

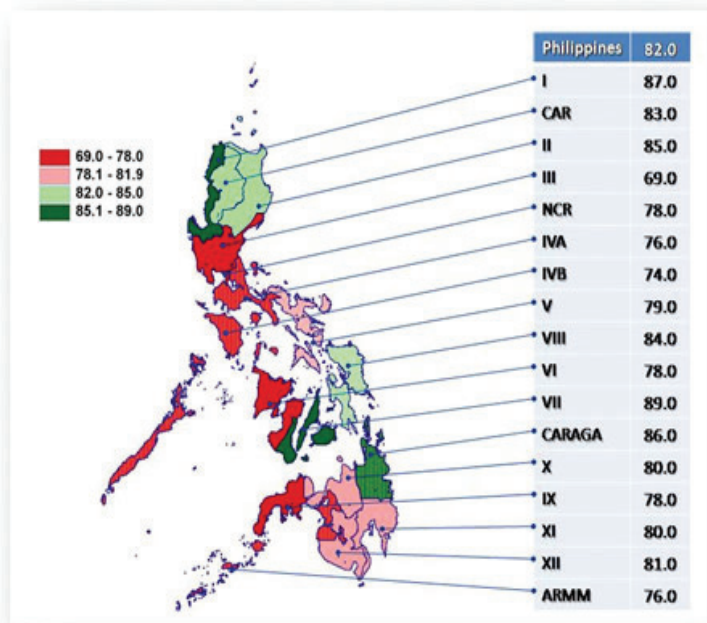
Figure 51. Tuberculosis case detection rate (%), by region, 2007



Source: DOH

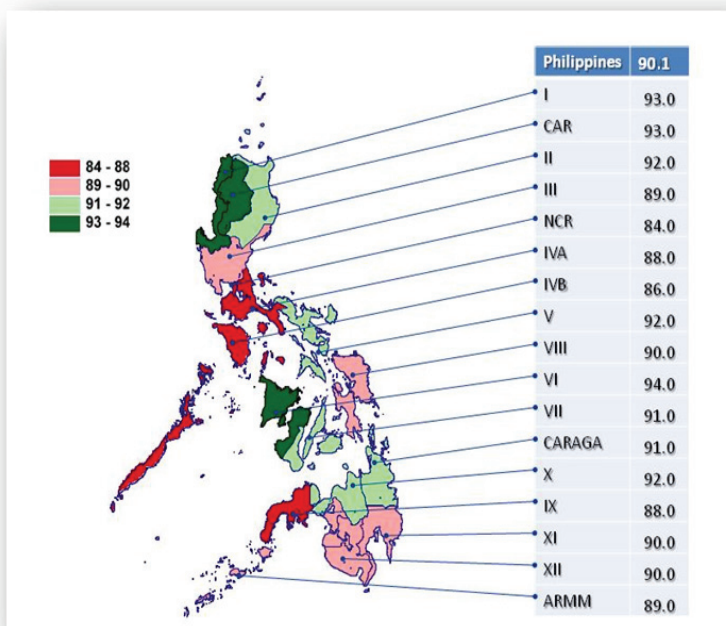


Figure 52. Tuberculosis cure rate (%), by region, 2007



Source: DOH (PhilPACT, 2010-2015)

Figure 53. Tuberculosis treatment success rate (%), by region, 2007



Source: DOH (PhilPACT, 2010-2015)

able to reach the 85 percent target for treatment success rate (Figure 53).

Improvements in the indicators for TB may be attributed to the strengthened implementation of the National Tuberculosis Control Program. Specifically, the adoption of the DOTS strategy in 1996, the initiatives to engage all health care providers such as the public-private mix DOTS, the hospital DOTS, the Comprehensive Unified Policy mechanism as well as the promotion of the International Standard of TB Care (ISTC) have contributed to the achievement of the program targets. Strong political commitment for the program at the national level has also been observed. In addition, support from GFATM and other development partners have made it possible for the program to intensify its activities.

Key bottlenecks and priorities for action

Various initiatives have been implemented and significant strides have been achieved in the area of malaria and tuberculosis prevention and control. However, issues and concerns that need to be addressed to further strengthen and sustain program initiatives remain as indicated below:

Strengthening service provision

In the provision of services, upgrading the technical and managerial capacities at the local level has to be given priority. It is also imperative to improve health and laboratory facilities as well

as strengthen laboratory networks at the local level. Moreover, timely provision of program requirements e.g., quality drugs and medicines and laboratory supplies most especially in far-flung areas needs to be ensured. In this regard, strengthening of the procurement/logistics system (through the National Center for Pharmaceutical Access and Management) is necessary. In addition, it is important that program support services such as monitoring and evaluation are strengthened. Steps to ensure that program policies and guidelines are strictly followed at the local level need to be undertaken. Advocacy activities also need to be pursued to improve the health-seeking behavior of the population and to heighten awareness on the initiatives of the disease prevention and control programs.

Improving coordination/partnerships

The gains of the disease prevention and control programs on TB and malaria can be sustained if public-private/NGO/

community partnerships are strengthened. For instance, expansion of the public-private mix DOTS units would require greater collaboration/coordination of involved stakeholders. Similarly, private sector involvement can be tapped in expanding anti-malaria efforts. Stronger partnerships would likewise result to better generation and effective management of program resources as well as better complementation of policies, programs and projects.

Ensuring adequate resources

The inadequacy of funds and human resources affect the implementation of key program initiatives. Thus, advocating for enough funds as well as the availability of human resources for health to local executives is imperative. It is also important to identify and advocate for the adoption of alternative sources of financing for the priority program activities particularly those carried out by the LGUs.



Bolstering and Sustaining Proven and Innovative Malaria Control Through Corporate-Public Partnership – Philippines (PHL 506 G05 M)

Initiative: Simultaneous Long Lasting Insecticide Treated Nets (LLINs) Distribution and Indoor Residual Spraying (IRS) activities in Malaria Endemic Areas

Table 20. Malaria cases in project areas, 2007-2008

Month	2007	2008	Change
January	1,639	1,407	14% decrease
February	2,408	1,190	51% decrease
March	2,060	1,224	41% decrease
April	1,889	1,207	36% decrease
May	2,406	633*	73% decrease
Total	13,402	5,661	58% decrease

* partial data

The most commonly implemented vector control strategy for malaria in the country remains to be the Insecticide Treated Nets or ITNs (whether LLINs or Re-treated conventional nets). Indoor Residual Spraying (IRS) supplements the activity and is only recommended for use in epidemics or as a one-time intervention in focal high malaria areas and not usually on a regular long-term basis. The Project is implementing as a major thrust the strategy combining LLIN use and regular IRS in the 5 provinces covered which started in early 2007 and is continuing to the present time. The objective is to radically reduce transmission in these highly endemic provinces to a controllable level. Municipalities collectively contributing to 70 percent of the provincial malaria burden are targeted for IRS while LLIN distribution seeks to cover more than 90 percent of households in the endemic areas in the provinces.

The project sites are the top 5 provinces endemic of malaria in the country namely Palawan, Tawi-tawi, Sulu, Apayao, and Quirino. These provinces contributed to more than 65 percent of the national malaria burden in 2003 and to more than 90 percent of deaths due to malaria in the country in the same year. It is implemented by the Pilipinas Shell Foundation Inc. in cooperation with the following: (a) Local Government Units through the Municipal Health Offices and City Health Office; (b) Provincial Government through the Provincial Health Office; (c) Local faith-based groups (New Tribes Mission, Agape Rural Health, others); and (d) Department of Health through their Centers for Health and Development Regional and Provincial Extension Offices.

The distribution of the LLIN commenced in Feb 2007 while the IRS activities began in May 2007. Comparing malaria cases (in the five project



Table 21. Malaria cases and slide positivity rate, by project area, 2006-2008

Province	Cases		Change	Slide Positivity Rate (%)	
	1st 12 months (Jun06 – May07)	2nd 12 months (Jun07 – May08)		1st 12 months (Jun06 – May07)	2nd 12 months (Jun07 – May08)
Palawan	15,619	12,662	18.9% decrease	18.84	17.92
Tawi-tawi	3,845	5,703	48.3% increase	15.65	28.48
Sulu	1,487	711	52.2% decrease	10.55	5.97
Apayao	361	105	70.1% decrease	1.85	1.16
Quirino	47	14	70.2% decrease	1.01	0.15
Total	21,359	19,195	10.1% decrease	14.66	15.83

areas) for the months of January to May in both 2007 (before initiatives were in full swing) and 2008 (initiatives in full swing), an approximate 58 percent decrease in overall field cases can be observed (Table 20).

Comparing outcomes over the 24-month project period by the aggregate cases of each of the two 12-month interval, a 10 percent decrease

in cases is observed. Four of the five provinces covered have demonstrated decrease in cases with 3 provinces showing a decrease of more than 50 percent. Slide positivity rates in the 4 provinces have likewise decreased (Table 21). Further, the province of Quirino is now focused on strategies towards elimination because of the low burden status that has been achieved.



The general impact also has been influenced by other strategies being implemented such as awareness raising and case detection and treatment.

On the key lessons learned, mobilizing the communities for the distribution of the LLIN and spraying played a significant part in achieving the desired coverage. The key to their active participation is making them understand the benefits of the activities being done. Moreover, engaging the local governments, the municipal health offices, and other locally based private and faith-based groups helps in achieving wide distribution coverage within the limits of time. Further, making the local governments active implementers in these activities facilitates their ownership of the project and encourages them to support it in whatever way they can – logistically, financially, or adminis-

tratively. In addition, providing the LLINs for free makes the nets readily accessible to the household recipients. Lastly, proper accounting of the LLIN distribution has to be closely monitored to ensure equitable distribution.

As regards the key elements of success, these include the following: a) engagement of and consultation with the local governments at the beginning of the planning phase of the activities is essential for the coordinated and organized implementation of activities at the ground level; b) clearly defined roles of partners and presence of defined processes and systems are vital at the onset for the smooth implementation of activities; and c) informing the community recipients of the importance of the activities, schedules and expectations is necessary to generate as much acceptance as possible.

Source: Pilipinas Shell Foundation



Goal 7: Ensure environmental sustainability

2.7.1 Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Development cannot only be measured by economic growth, eradication of poverty, improvement of health and access to education; equally important is the protection and preservation of the environment. Proper management of the country's natural resources is a key to sustainable development. The recent natural disasters that have resulted to loss of lives and property provide more reason that urgent attention

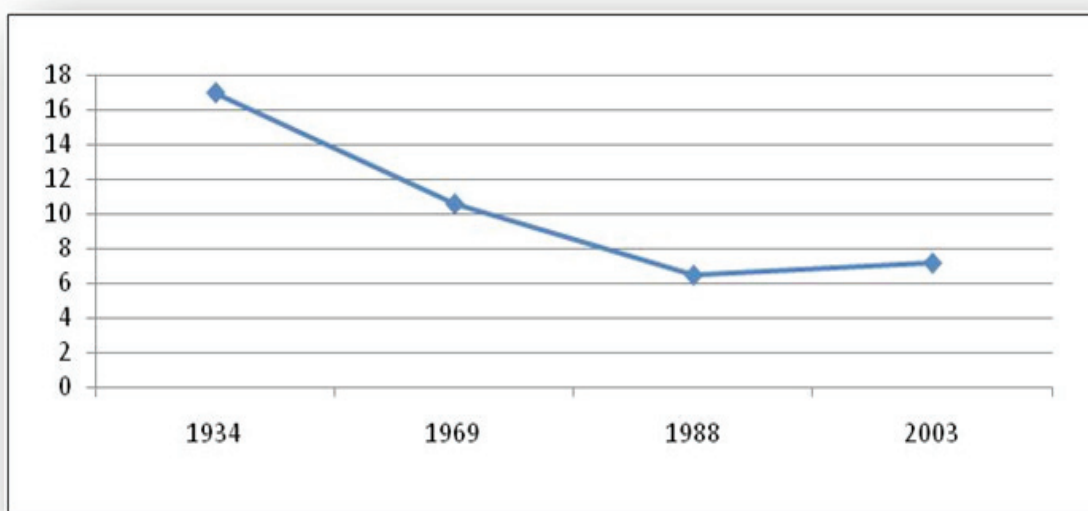
should be given to conserving the environment for present and future generations.

Every human being is entitled to a clean and healthy environment. This right is enshrined in the 1987 Philippine Constitution under Section 16, Article II, which mandates the State to protect and advance the right of the people to a balanced and healthful ecology in accord with the rhythm and harmony of nature.

With the concerted action of the government, civil society, private sector and the community, the fight against environmental degradation would be more manageable.



Figure 54. Philippine forest cover, 1934-2003



Sources: World Bank and Forest Management Bureau

The Constitution's goal for a rising standard of living and an improved quality of life for all through sustainable development would likely be achieved.

Status and trends

Forest resources

The World Bank's publication on the Country Environmental Analysis for the Philippines reports that one of the oldest forestry maps at the University of the Philippines Los Baños (UPLB) College of Forestry and Natural Resources library shows some 17 million hectares of forested lands in the early 1930s. The Forest Management Bureau (FMB), on the other hand, generated three forest resources inventories in 1969, 1988, and 2003. Data for other years are interpolations based on modelling. The inventories record forest cover of 10.6, 6.5, and 7.2 million hectares, respectively. Pending the completion of the update of land/forest cover statistics, the latest available data dates back to 2003

at 7.2 million hectares or 24 percent of the total land area of the country (Figure 54).

The same report classifies forest depletion in the Philippines into three periods: an early period of mechanized logging (1935-1970), the logging boom years (1971-1991), and the most recent period, including a time when various bans on logging and log and lumber exports were introduced (1992-2003). The greatest depletion happened during 1935-1970, a time of rapid population growth and population movement and a consequent expansion of agricultural lands from previously forested areas. During the logging boom period, the rate of depletion was also very high. By the beginning of the 1990s, the government became stricter in the allocation of public forest areas to logging, and logging in old-growth forest was banned in 1991.

As of 2007, data from the National Mapping and Resource Information Authority (NAMRIA) shows that out of the Philippines' total land area of about

Table 22. Land classification (in '000 hectares), 1997-2007

Year	Total area	Cert'd A&D	Forestland								
			Total	Unclassified	Classified						
					Total	Est'd forest reserve	Est'd timberland	Nat'l parks GRBS/WA	Military & naval reservation	Civil reservation	Fish-pond
1997	30,000	14,117	15,883	881	15,002	3,273	10,016	1,341	130	166	75
1998	30,000	14,145	15,855	1,089	14,766	3,273	10,228	893	130	166	75
1999	30,000	14,145	15,855	1,089	14,766	3,273	10,228	893	130	166	75
2000	30,000	14,145	15,855	1,089	14,766	3,273	10,228	893	130	166	75
2001	30,000	14,145	15,855	1,089	14,766	3,273	10,228	893	130	166	75
2002	30,000	14,145	15,855	1,089	14,766	3,273	10,228	893	130	166	75
2003	30,000	14,145	15,855	1,089	14,766	3,273	10,228	893	130	166	75
2004	30,000	14,208	15,792	755	15,037	3,222	10,091	1,341	126	166	91
2005	30,000	14,208	15,792	753	15,039	3,222	10,091	1,343	126	166	91
2006	30,000	14,208	15,792	753	15,039	3,222	10,091	1,343	126	166	91
2007	30,000	14,208	15,792	753	15,039	3,222	10,091	1,343	126	166	91

GRBS - Game Refuge and Bird Sanctuaries; WA - Wilderness Area

Sources: NAMRIA, DENR

30 million hectares, a total of 15,792,418 hectares (52.6%) are characterized as forestland and 14,207,582 hectares (47.4%) are characterized as certified alienable and disposable land. Of the total forestland, 15,038,991 hectares (95.2%) are classified forest while the remaining 753,427 hectares (4.8%) are unclassified forest (Table 22).

Coastal and marine resources

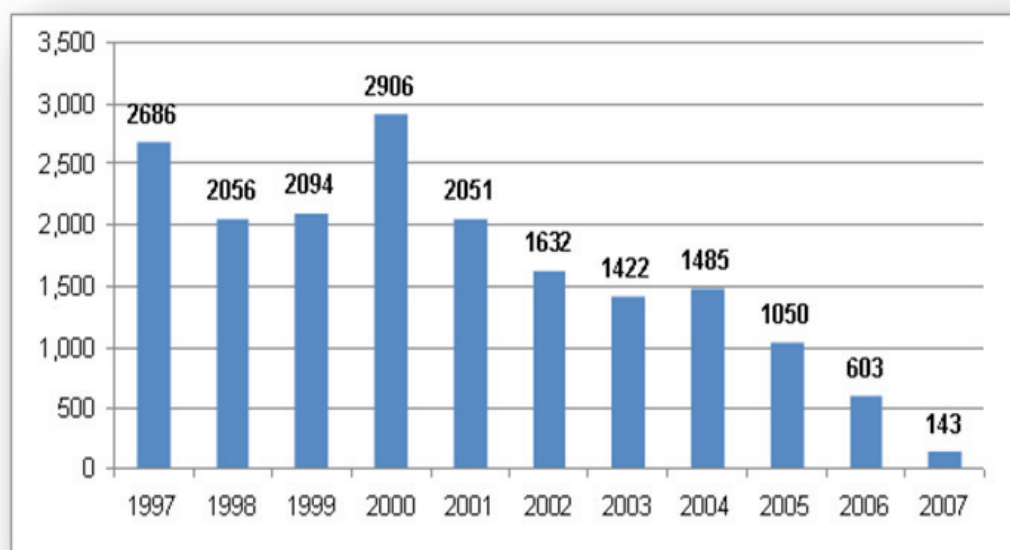
The World Bank's Philippine Environment Monitor 2005 on Coastal and Marine Resource Management highlights the degradation and loss of coral reefs, mangroves, and sea grasses. The report states that the present status of coastal ecosystems in the Philippines is a cause for alarm. Almost all Philippine coral reefs are at risk due to the impact of human activities, and only 4 to 5 percent remain in excellent condition. More than 70 percent of the nation's mangrove forests have been converted to aquaculture, logged, or reclaimed for other uses. Half of the seagrass beds have either been lost or severely degraded, and the rate of degradation is increasing. Beaches

and foreshore areas are under increasing pressures from rapid population growth and uncontrolled development, which leads to erosion, sedimentation, and water quality problems. It is estimated that 98 percent of Philippine reefs are at risk from human activity and 70 percent are at high or very high risk. Only 4 percent are in excellent condition; 27 percent in poor condition; and 42 percent in fair condition ("Risk Assessment Report: Reefs at Risk in Southeast Asia (RRSEA)" United Nations Environment Programme (UNEP), World Resources Institute (WRI), World Fish Center (ICLARM), 2003).

With respect to the country's fish stock, the World Bank's report provides that the catch per unit effort or CPUE (the total number of fish caught per unit of time, an indicator of fish abundance) has been declining, following worldwide trends in fisheries. All of its main fish species and marine organisms are showing severe signs of overfishing. In addition, destructive fishing methods using dynamite and cyanide and other



Figure 55. Annual consumption of ozone-depleting substances (metric tons), 1997-2007



Source: EMB, DENR

gears resulting in habitat degradation, are also a major cause of the decline in fisheries productivity and CPUE. In the Philippines, many marine protected areas (MPAs) have been effective in rebuilding stocks, but further research is needed to assess their overall contribution to fisheries management (UNEP's Global Environment Outlook: environment for development (GEO-4), UNEP, Nairobi, 2007).

Air quality

When the Philippines ratified the Montreal Protocol in 1991, the country committed itself to phase out the importation and consumption of chlorofluorocarbons (CFCs) in all sectors. Since the Philippines is neither a producer nor an exporter of CFCs and other ozone depleting substances (ODS), compliance with the treaty is through the gradual decrease in importation. Only a limited tonnage of ODS can be imported every

year by accredited traders under strict guidelines set by the government.

In 2007, the Philippine annual consumption of CFCs dropped considerably to 143 metric tons from 603 metric tons in 2006 or a drop of 76.3 percent. This is a significant improvement over the annual average drop rate in the consumption of CFC from 1997 to 2001 of 23.4 percent (Figure 55).

This remarkable performance in the consumption of ODS can be attributed to number of regulations and policies on improving the air quality in the country. The National State of the Brown Environment Report (2005-2007) prepared by DENR-EMB discusses the government's efforts on management of various sources of air pollution. As to management of stationary sources, the EMB, through its regional offices, is in charge of monitoring industrial firms and issuing notices of violations (NOVs) and permit-to-operate



(POs). From 2005-2007, a total of 18,697 firms were monitored. Also, a total of 1,676 NOVs and 24,391 POs were issued within the same period.

As to management of mobile sources, the Land Transportation Office (LTO) enforces compliance with emission standards for motor vehicles, pursuant to pertinent provisions of the Philippine Clean Air Act (PCAA) of 1999 and its Implementing Rules and Regulations (IRR). Under the IRR of PCAA, all private in-use motor vehicles and vehicles with updated/enhanced engines whose chassis are pre-registered with the LTO will only be allowed renewal of annual registration upon inspection by the

LTO or other authorized private motor vehicle inspection centers. The Motor Vehicle Inspection System (MVIS) project involves the construction of motor vehicle inspection centers to cover all types and classifications of motor vehicles all over the country. The MVIS centers shall be equipped with the state-of-the-art equipment and shall be fully computerized.

As to management of area sources, these are relatively large areas of specific activities that generate significant amounts of air pollutants which need to be managed. Examples of these are: open burning of solid wastes widely practiced in most urban centers; continuing destruction of forests by fire thru kaingin and natural causes; burning



Table 23. Classified water bodies, principal and small rivers, 2007-2009

CLASS	2007	2008	2009
AA	5	5	5
A	201	205	205
B	106	113	117
C	209	222	225
D	26	27	27
SA	5	5	5
SB	25	27	28
SC	16	16	17
SD	3	3	3
TOTAL	596	623	632

Source: EMB, DENR

of agricultural biomass after harvest; and aerial spraying of pesticides.

Water quality

The Inventory of Classified Water Bodies released by DENR showed that in 2009 there were only 5 out of the 632 classified water bodies, principal and small rivers, belonging to Class AA (water having watersheds, which are uninhabited and otherwise protected and which require only approved disinfection in order to meet the National Standards for Drinking Water [NSDW] of the Philippines).

On the other hand, there were 205 water bodies classified under Class A (sources of water supply that require complete treatment such as coagulation, sedimentation, filtration and disinfection in order to meet NSDW) while 117 water bodies are classified under Class B (water for primary contact recreation such as bathing, swimming, skin diving, etc., particularly those designated for tourism purposes). A total of 225 water bodies are classified as Class C which refers to Fishery Water for propagation and growth of fish and other aquatic resources, Recreational Water Class II for boating, and Industrial Water Supply Class I for manufacturing processes

after treatment. For Class D (waters for agriculture, irrigation, livestock watering, Industrial Water Supply Class II, and other inland water), a total of 27 water bodies were recorded.

Under the marine water group, five (5) are classified as Class SA waters suitable for propagation, survival and harvesting of shellfish for commercial purposes and designated as marine parks and reserves. Twenty-eight (28) are classified as Class SB or waters suitable for bathing, swimming and skin diving. Seventeen (17) are classified as Class SC described as Recreational Water Class II suited for boating and commercial sustenance fishing. Three (3) are Class SD waters classified as Industrial Water Supply Class II for cooling purposes in industrial facilities (Table 23).

Republic Act No. 9275 or the Philippine Clean Water Act of 2004 is the most recent legislation to preserve the quality of water bodies in the country. R.A. No. 9275 provides for a comprehensive water quality management program. It also provides the framework for sustainable development to achieve a policy of economic growth in a manner consistent with the protection, preservation and revival of the quality of fresh, brackish and marine waters. The



Table 24. Number of registered hazardous waste generator, 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
Philippines	1,999	1,349	2,393	622	786	1,856	1,595	1,952

Source: EMB, DENR

passage of R.A. No. 9275 is also the first attempt to consolidate different fragmented laws of the Philippines on water resources management and sanitation.

The EMB Regional Offices have intensified monitoring, inspection and survey of firms and establishments along and within the catchment areas of water bodies. This is coupled with the conduct of inspection and monitoring of wastewater samples to determine industrial and commercial establishments' compliance with the DENR effluent standards.

At the DENR, wastewater discharge permits are being issued to regulate the wastewater discharges from commercial and industrial establishments. These permits, whether new or renewal, are issued after thorough assessment and evaluation of their applications and upon compliance with the provisions cited under the Act. Notices of violations are being issued to industries and establishments caught discharging wastewater on water bodies without proper permits from the DENR and other concerned authorities and/or exceeding the DENR effluent standards.

Waste and toxic chemicals

The number of registered hazardous waste generators in the country went up to 1,952 in 2007 from 1,595 in 2006 or an increase of 22.4 percent (Table 24).

In 2009, there were 7, 214 different solid waste disposal facilities registered the highest number at 6, 141 or an increase of 153 percent from 2008 (Table 25).

The management of the country's solid waste problem is an inherent mandate of the local government units pursuant to the Local Government Code of the Philippines or R.A. No. 7160. Ordinances and resolutions relating to solid waste management are passed and issued by the local government units. The Republic Act No. 9003 or the Ecological Solid Waste Management Act of 2000 provides for the legal framework for systematic, comprehensive and ecological solid waste management program that shall ensure protection of public health and the environment. It also highlights the need to create the necessary institutional mechanisms and incentives, as well as imposes penalties for acts in violation of any of its provisions.

Table 25. Solid waste disposal facilities, 2006-2009

Disposal facility	2006	2007	2008	2009
Open dumpsites	692	732	673	649
Controlled dumpsites	388	280	263	394
Material recovery facilities	1,265	2,186	2,428	6,141
Sanitary landfill	10	15	24	30
Total	2,355	3,213	3,388	7,214

Source: National Solid Waste Management Bureau, EMB, DENR





2.7.2 Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Biodiversity resources

The Philippines is rich in biological and genetic resources or biodiversity. The country is one of the 18 megadiverse countries in the world. Majority of plant and animal species in the country are unique and endemic. These are sources of food, medicines, industrial raw materials, fishery and ecotourism. They also represent the natural heritage of the country and a rich source of customs, traditions and cultural identity. However, Philippine biodiversity

is also one of the most threatened in the world.

Protected areas

From 2006 to 2007, the number of protected areas in the country increased by 4 with a corresponding increase in areas of 19.8 thousand hectares. Protected areas are classified into natural park, protected landscape/seascape, natural monument/landmark, resource reserve, wildlife sanctuary, natural biotic areas and marine reserve.

Biodiversity protection has been expanded and intensified. A total of one hundred and

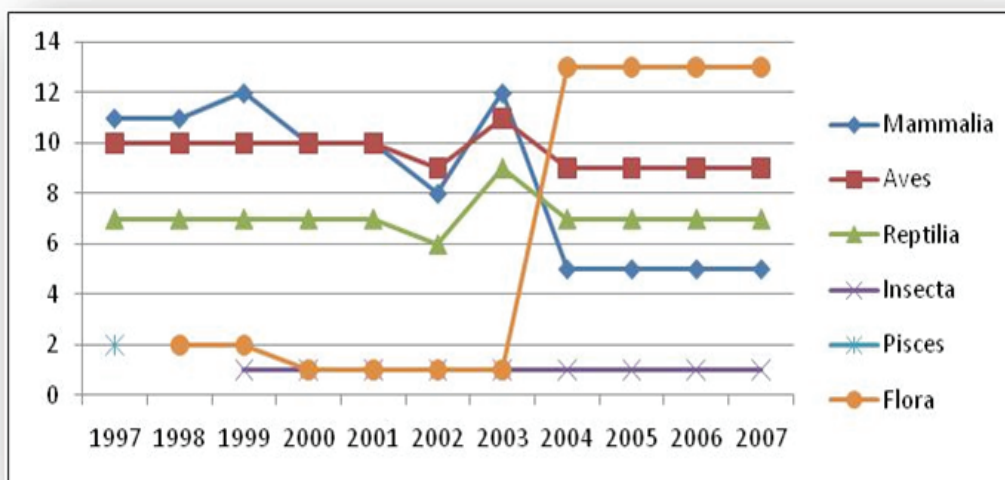
nine (109) protected areas were established since 2000 covering 3.5 million hectares or 11.67% of the country's total land area. Twelve (12) of these areas have been further established under specific laws, namely: Batanes Island Protected Landscape and Seascape in Batanes; Northern Sierra Madre Natural Park in Isabela; Mts. Banahaw-San Cristobal Protected Landscape in Quezon and Laguna; Tubbataha Reef Natural Park in Palawan; Mt. Kanlaon Natural Park in Negros Occidental and Negros Oriental; Sagay Marine Reserve in Negros Occidental; Central Cebu Protected Landscape in Cebu; Mimbilisan Protected Landscape in Misamis Oriental; Mt. Kitanglad Natural Park in Bukidnon; Mt. Malindang Natural Park in Misamis Occidental; Mt. Apo Natural Park in Davao del Sur; and, Mt Hamiguitan Range Wildlife Sanctuary in Davao Oriental.

Protected wildlife species

As of 2007, the Protected Areas and Wildlife Bureau (PAWB) registered a total of 918 wildlife species in the threatened species list. About 76 percent or 695 species of these are plant species while the rest belong to the animal kingdom. The threatened species from the animal kingdom were: 132 avian species, 44 mammalian species, 27 reptilian species, 15 amphibian species, and 5 insect species.

The Philippines is one of the signatories to the Convention on International Trade of Endangered Species of Wild Fauna and Flora (CITES), a multilateral environmental agreement which regulates the international trade of plants and animals through a system of permits. The plant and animal species are subject to different degrees of

Figure 56. Wildlife species protected (listed under CITES Appendix I¹⁶ and whose commercial export/trade are strictly prohibited), 1997-2007

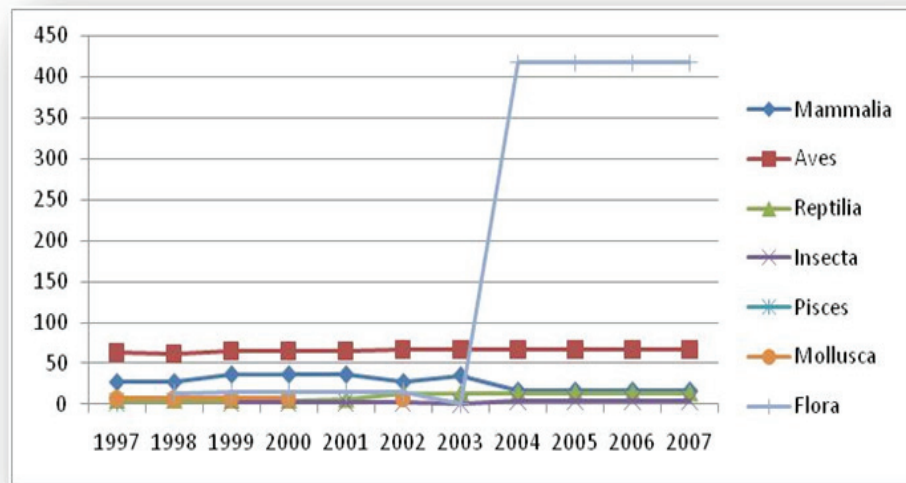


Sources: PAWB and BFAR

¹⁶ Appendix I lists species that are the most endangered among CITES-listed animals and plants of the Convention). They are threatened with extinction and CITES prohibits international trade in specimens of these species except when the purpose of the import is not commercial, for instance for scientific research.



Figure 57. Wildlife species protected (listed under CITES Appendix II¹⁷ and whose commercial export/trade are strictly regulated), 1997-2007



Sources: PAWB and BFAR

regulation as listed in Appendices I and II of the CITES.

The 2007 list of Philippine endemic and indigenous flora and fauna for priority protection based on CITES Appendix I which are released by PAWB, DENR and BFAR reached a total of 35: 5 mammal, 9 birds, 7 reptiles, 1 insect and 13 plants (Figure 56).

In contrast, the number of fauna and flora species under Appendix II** for 2007 reached 519 species: 17 mammals, 67 birds, 14 reptiles, 4 insects and 417 plants. The number of plant species that are strictly prohibited for trade continued to increase from 13 in 1998 to 417 in 2007 (Figure 57).

Key bottlenecks

To ensure attainment of targets under this goal, the government and development

partners should address the following concerns considered as bottlenecks in the implementation of environmental programs and projects:

Weak implementation and monitoring of existing environmental laws and policies

The Philippines has a long list of environmental laws and policies which require strict implementation in order to achieve their objectives in protecting and preserving the environment.

Inadequate financial support for the implementation of National Government (NG) – Local Government Unit (LGU) cost sharing for the enforcement of environmental programs and projects

Joint effort of the national and local governments would assure successful implementation of environmental programs and projects.

¹⁷ Appendix II lists species that are not necessarily now threatened with extinction but that may become so unless trade is closely controlled. It also includes so-called "look-alike species", i.e. species of which the specimens in trade look like those of species listed for conservation reasons. International trade in specimens of Appendix-II species may be authorized by the granting of an export permit or re-export certificate.

Failure to appreciate the responsibility and benefits of resource conservation and management

Initiatives relating to the environment would be easily implemented if the concerned agencies and beneficiaries would recognize and appreciate the benefits (whether short-term or long-term and whether it can be quantified or not) of conserving and managing the environment for the present and future generations.

Lack of incentive system to encourage protection and preservation of the environment

Best practices would surely be replicated if incentives will be given to individuals or entities acting responsibly to protect and preserve the environment.

Sustainability of programs and projects due to change in the political administration

Environmental degradation is a problem that should be addressed and be given priority regardless of who will be leading the government as its adverse effects will be suffered by all.

Lack of effort to mobilize women in addressing environmental concerns

Studies and literatures show that women are not only victims of environmental problems, particularly climate change, but also effective agents of change in relation to both mitigation and adaptation. The UNFPA State of the World Population (2009) emphasizes that efforts to mitigate climate change and to help people adapt to its effects will only be successful if they take gender issues into consideration. Actions that ignore the different needs of women,

men, boys and girls will undoubtedly fail. Until now, women have been underrepresented in most major environmental events and negotiations, resulting in a distorted impression of what needs to be done to halt and reverse climate change.

Moreover, indigenous women adapt to climate change by developing crops that are flood- and drought-resistant, protecting water resources, and take care of those sickened by water- and vector-borne diseases that are more prevalent in the warming world.

Inadequate sustainable production and consumption practices/behavior

Lack of concern for the environment and low appreciation for its preservation translate to unsustainable practices/behavior, thereby resulting to environmental damage.

High population growth rate

A growing population requires more energy, materials, and ecosystem services that will heavily burden the environmental resources.

Population growth is only one of many drivers of climate change. Slowing population growth is therefore only one part of the solution to climate change. Meeting unmet demand for voluntary family planning services worldwide would contribute to a reduction in fertility rates. When people are given the choice, they tend to have fewer children and to space their births. In general, actions that empower women and girls—through education, health, equal rights and economic opportunities—result in smaller families.



High poverty incidence

Poverty results to environmental degradation as natural resources are indiscriminately and illegally exploited for livelihood/source of income.

Priorities for action

In order to minimize key bottlenecks in the implementation of environmental programs and projects, the following priorities for action should be considered:

- Revisit implementation of environmental laws and ensure funding of such “green mandates” to encourage initiatives for compliance and penalties for violators.
- Mobilize efforts of various stakeholders, particularly women, in environmental advocacy to promote sustainable development through resource conservation and management.
- Prioritize efforts to manage population growth and reduce poverty and at the same time establish enabling conditions for the protection and preservation of natural resources.
- Conduct multi-party audit of environmental statistics to determine the actual condition of the country's environment.
- Strengthen business sector's involvement in achieving the MDGs through alignment of its corporate social responsibility (CSR) activities with the MDGs, particularly on the goal on environmental sustainability.



Zero Basura Olympics (ZBO) for Business



The Zero Basura Olympics (ZBO) for Business is one of and the most recent addition to the menu of strategic programs being endorsed by the Business and Millennium Development Goals Environment Cluster of the Philippine Business and the MDGs Program. With the aim of contributing to the achievement of the 7th goal “ensuring environment sustainability”, this initiative is an effort to address the solid waste problem by encouraging companies to adopt and implement program to help fast track the adoption and implementation of the Ecological Solid Waste Management Act 2000 (RA 9003) among companies.

ZBO recognizes businesses' conscientious and beneficial incorporation of the



3Rs (re-use, reduce, recycle) in their waste management. It showcases how companies ranging from manufacturing to commercial banks are increasingly taking environment-friendly measures both as a social commitment and as a business strategy.

The ZBO for Business is spearheaded by the Philippine Business for Social Progress (PBSP) in partnership with Earth Day Network Philippines, Inc. (EDNPI), Pollution Control Association Philippines, Inc. (PCAPI), Philippine Business for the Environment (PBE) and Department of Environment and Natural Resources (DENR). The inaugural ZBO for Business successfully concluded last April 22, 2010. There were 22 companies that submitted a total 56 entries,

which competed for the most efficient ecological solid waste management (ESWM) practice in five categories: Segregation, Reduction, Re-use/Recycling, Composting, and Green Technology for residual waste.

The entries were rated using points system – the company with zero waste or the least waste gets the highest score.

Winning companies like Quezon Power, Inc. and Unilever Philippines have integrated green technology in their business operations. One of the “Grandmaster” awardees, Unilever Philippines, uses the technology to its waste sachets and similar packaging materials. The sachets are subjected to shredding, then are being treated and neutralized to be used in making bricks,



pavers and hollow blocks and even as an alternative fuel for co-processing in cement factories.

MMLDC, the other “Grandmaster” awardee, has implemented waste-reduction practices throughout its center, a zero-waste zone. It has phased-out the use of plastic garbage bags, PET mineral bottles, and products that come in small sachets. It has also started using the WinFax technology which allows employees to direct their documents from the computer to another person’s fax machine therefore eliminating the need to print when sending and receiving fax. The company’s solid wastes are reduced from 33,960 kg in 2004 to 7774 kg in 2007. It has generated Php 256,449.60 from waste management from 2003 to 2008.

ZBO for Business winners are the following:

OVERALL AWARDS

Grandmasters: Unilever Philippines and Meralco Management and Leadership Development Center Foundation, Inc. (MMLDC)

Masters: Texas Instrument Philippines, Inc.- Baguio, Coca-Cola Bottlers Philippines, Inc. – Iligan Plant, Atlantic Coatings, Inc., Callang General Hospital and Medical Center, Central Azucarera Don Pedro, Inc., Quezon Power (Philippines) Limited, Co., and Ayala Property Management Corporation

2.7.3 Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Trends and inequality analysis

The Annual Poverty Indicators Survey (APIS) conducted by NSO in 2008 revealed that more population have access to safe drinking water and sanitary toilet facilities. The proportion of population with clean and safe sources of water supply increased from 73.8 percent in 1991 to 81.4 percent in 2008. The remaining 18.6 percent of population obtained their water from sources that are considered unsafe such as unprotected well, developed spring, undeveloped spring, river, stream, pond, lake or dam, rainwater, tanker truck or peddler, among others.

The proportion of Filipinos with access to sanitary toilet facilities likewise increased from 71.8 percent in 1991 to 88.6 percent in 2008. Sanitary toilet refers to flush toilet (either owned or shared) and closed pit type of toilet facility. The other 5.2 percent of population use toilet facilities which are considered unsanitary (i.e., open pit, drop or overhang, pail system, among others). The remaining 6.1 percent do not have access to any type of toilet facilities. (Figure 58)

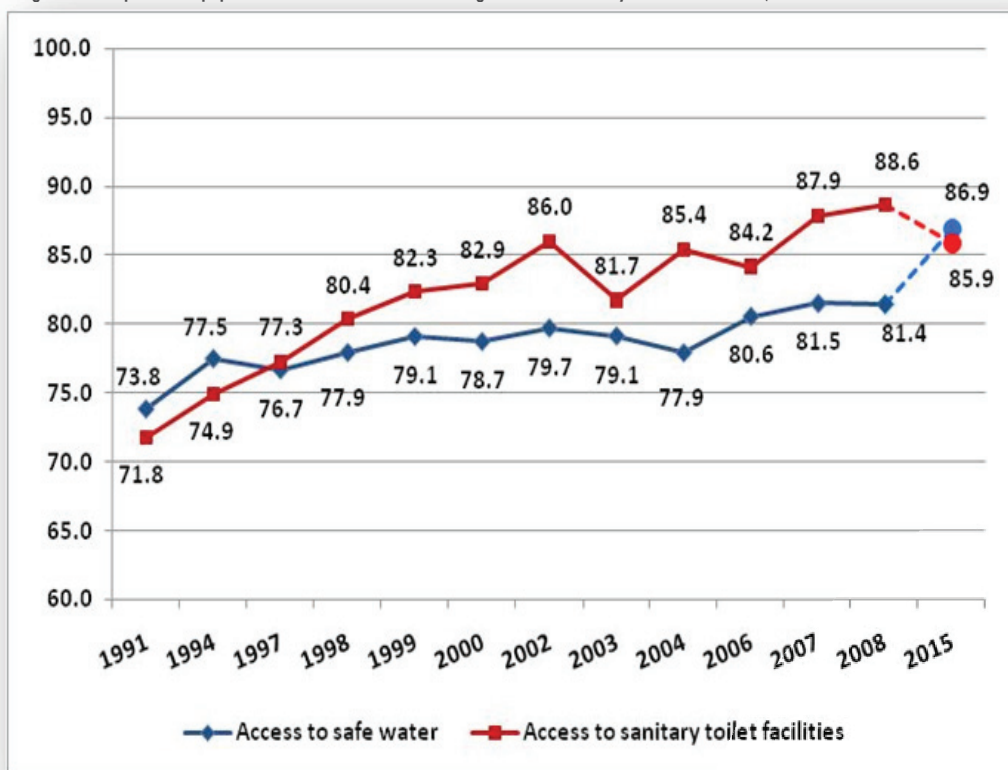
Given the current trend, the probability of attaining the MDG target of ensuring that 86.9 percent of the population will have access to safe water by 2015 is still high, despite a minimal decline in access in 2008. Furthermore, the 85.9 percent target for access to sanitary toilet facilities has already been achieved. But these



favorable results hide the fact that almost one in five (or 15.73 million) persons are still unable to access safe water and one in ten (or 9.62 million) persons do not have access to sanitary toilet facilities. It should also be emphasized that other areas relevant to sanitation like sewerage and wastewater treatment must be addressed because the regular toilet bowl distribution approach is no longer effective¹⁸. The Philippine Environment Monitor (PEM) 2003¹⁹ reported that up to 58 percent of the country's groundwater is contaminated by coliform and this can be explained by the low national coverage of the sewerage system in the country, which is only up to 3 percent.

Providing access to water and sanitation (watsan) is more than just about provision of basic amenities. Studies have shown that improving access to water and sanitation facilities decrease the incidences and severity of vector- and water-borne diseases, therefore affecting other aspects of human health. Looking at the type of diseases that are associated with morbidity/mortality of women and children, like malaria and diarrhoea, it clearly shows that there is a direct relationship between watsan and other MDG targets (e.g., nutrition, child and maternal health). Moreover, hygiene and/or hygiene education should be a significant part of health programs to promote the use of water for personal and domestic purposes.

Figure 58. Proportion of population with access to safe drinking water and sanitary toilet facilities (%), 1991-2008



Sources: FIES, NSO (1991, 1994, 1997, 2000, 2003, 2006); APIS, NSO (1998, 1999, 2002, 2004, 2007, 2008)

¹⁸ National Sustainable Sanitation Plan, DOH

¹⁹ DOH

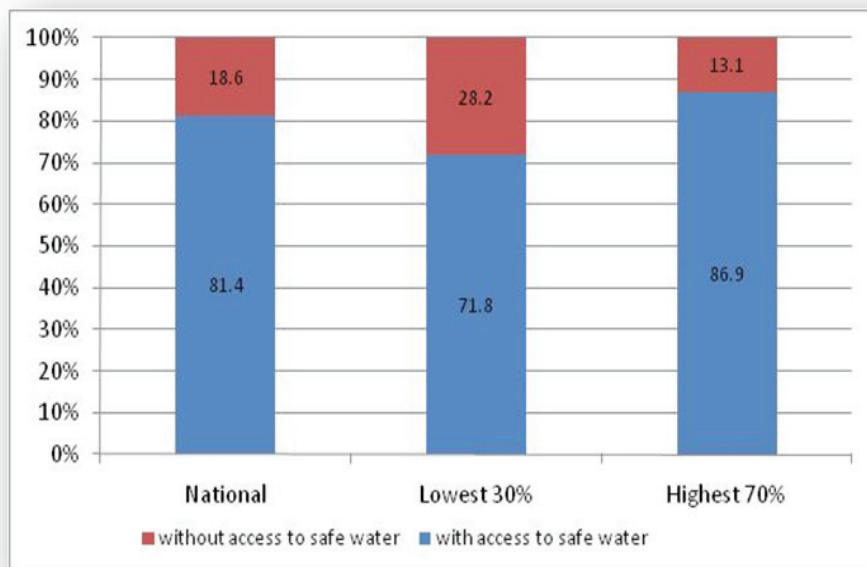


Given the composite issues in watsan, the government has created programs and policies to ensure the continuous increase in access and address the gaps in the sector. The enactment of RA 9275 (Clean Water Act) and EO 279 (Instituting Reforms in the Financing Policies in Water Supply and Sewerage Sector and for Water Supply Services) were significant developments in the water and sanitation sector. The Clean Water Act not only aims to protect the bodies of water from pollution but also mandates urban communities to be connected to a sewerage system within 5 years. EO 279, on the other hand, called for the establishment of an independent economic regulator for the water supply and sewerage sector. The President's Priority Program on Water (P3W) has afforded potable water services for some 321 waterless municipalities nationwide during the first four years since the President's special program was started

in 2005. This translates to a total of 265,412 previously waterless households across the archipelago, that now have access to potable water. A total 341 municipalities are expected to graduate from being waterless by 2010. Funds for the P3W are transferred from the Department of Public Works and Highways (DPWH) to the Department of Health (DOH) with the Local Water Utilities Administration (LWUA) as implementing agency but the Program has also accommodated project proposals submitted by congressmen and local executives for water services in barangays.

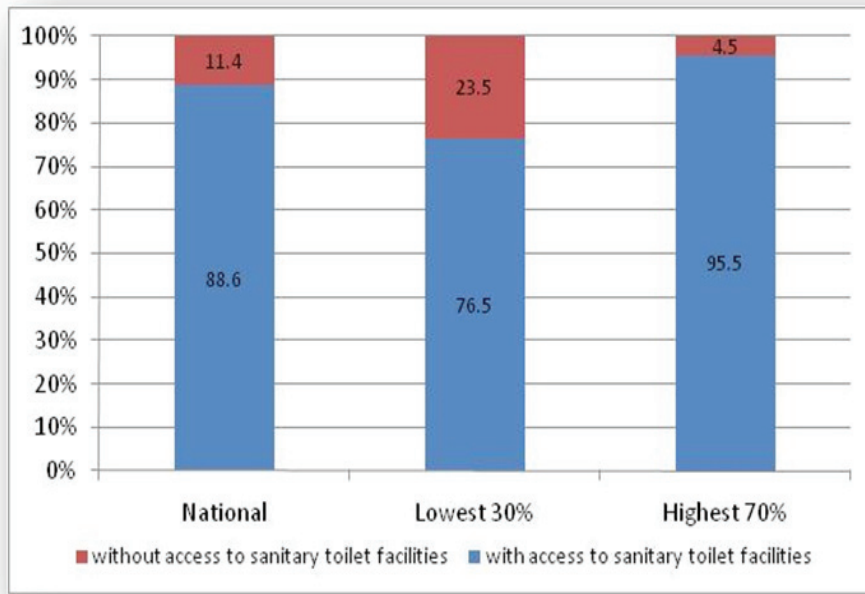
Poverty alleviation remains the government's priority agenda and the current development framework recognizes the importance of addressing watsan issues. The relationship between watsan and poverty works in two-ways: poverty may hinder access to watsan while improved

Figure 59. Access to safe drinking water among the lowest 30% and highest 70% of the population, 2008



Source: APIS, NSO

Figure 60. Access to sanitary toilet facilities among the lowest 30% and highest 70% of the population, 2008



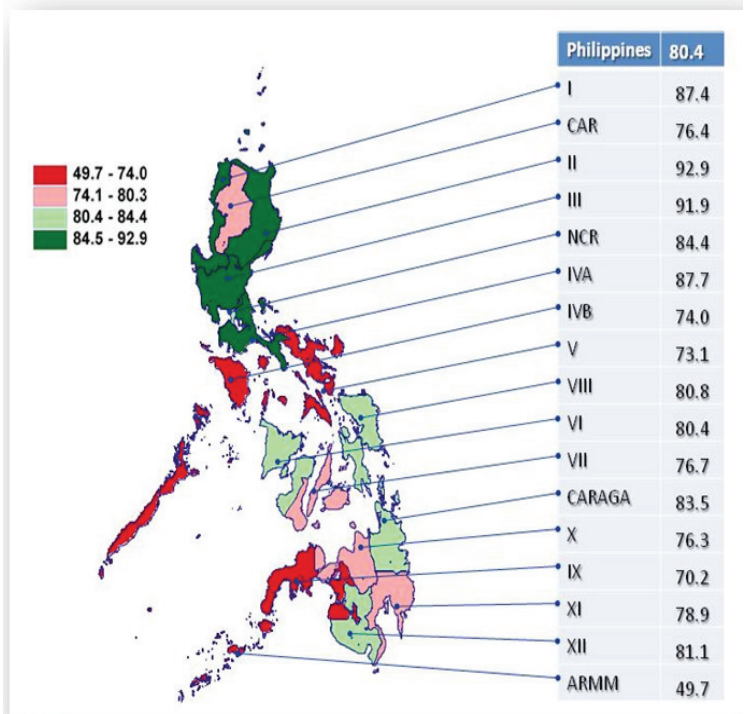
Source: APIS, NSO

access is one important factor for poverty alleviation in the long-term since it leads to better health conditions which also affect the quality of the labor force. To illustrate, latest data show that access to safe water among the poorest 30 percent of the population is only 71.8 percent compared to 86.9 percent in the higher income group (Figure 59).

The disparity is even larger in terms of access to sanitary toilet facilities given that 95.5 percent of the richest 70 percent of the population have access, compared to 76.5 percent of the poorest 30 percent of the population (Figure 60).

Moreover, most of the regions in the northern part of the country have higher access to safe water and sanitary toilet facilities. Figure 61 shows that Regions I, II, III, IV-A, and NCR had the highest proportion of population with access to safe water in 2008. However, except for

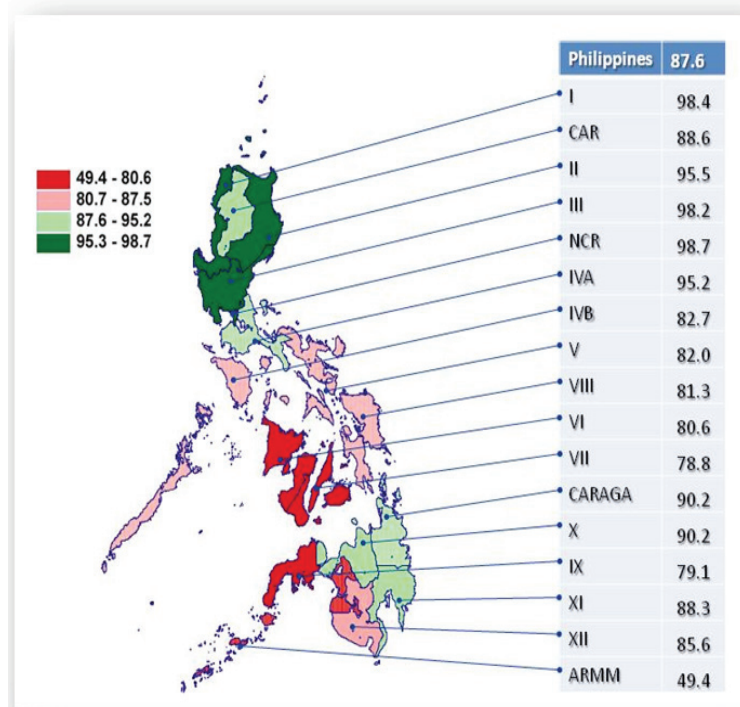
Figure 61. Proportion of population with access to safe water (%), by region, 2008



Source: APIS, NSO



Figure 62. Proportion of population with access to sanitary toilet facilities (%), by region, 2008



Source: 2008 APIS, NSO

Regions IV-B and V, all of the regions in Luzon had very high access to sanitary toilet facilities (Figure 62).

On the other hand, Visayas and Mindanao regions in general registered relatively lower access to both water and sanitation. Regions IV-B, V, IX, and ARMM were among the regions with lowest proportion of population having access to safe water. In terms of access to sanitary toilet facilities, Regions VI, VII, IX, and ARMM had the lowest access to sanitation.

Regional disparities both in access to safe water and sanitation reflect the patterns shown in poverty incidence. Except for a few regions, almost all of the regions with higher incidence of poverty have lower access to safe water and sanitary toilet facilities. This observation somehow supports the link between poverty and access to basic amenities.

Key bottlenecks and priorities for action

Institutional fragmentation

Both the Philippine Water Supply Sector Roadmap (PWSSR) and the Philippine Sanitation Roadmap (PSR) identified the weak and fragmented institutional framework and policies as a major issue besetting the sector. This situation causes significant gaps in policy implementation and enforcement, particularly the inability to deliver the commitments set under existing laws and implement targets within set timeframes. A clear national policy on watsan and a program managed by a lead institution is deemed necessary in achieving universal coverage. This lead agency should be supported by an alliance of champions to facilitate stimulation of demand and access to resources at the national and local levels.

Weak and fragmented regulatory framework

The weak regulatory environment and inadequate support for service providers result in low performance levels and dismal service delivery. Watsan service providers need to be regulated to ensure accountability to consumers with expanded access, efficient use of revenues and improved service quality. The lack of information on sector performance and benchmarks for providers makes it difficult to hold providers responsible for service improvement. There is no efficient monitoring of sanitation programs and data on initiatives being done by the local governments are not regularly collected.

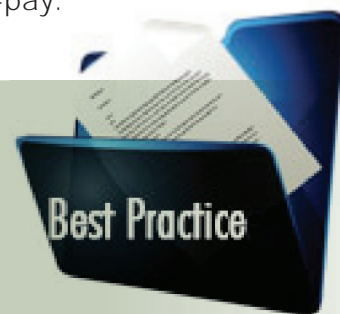
Sector investment and financing

Water supply investments have been significantly low relative to the overall

public infrastructure spending. Out of the PhP442.3 billion total national expenditure for infrastructure in 1997, PhP93.7 billion (22%) was allocated to water-related infrastructures. Out of the total water infrastructure budget, only 3.8 percent or PhP3.7 billion was allocated to water supply with the rest going to irrigation and flood control. Priority to sanitation is even lower. Since 1970, while public investment in water supply and sanitation infrastructure went

mostly to the water sector (97%), only 3 percent went to sanitation²⁰. Investments in sanitation are mostly in the form of private investments in household toilets, housing estate wastewater treatment and on-site treatments among commercial, industrial and institutional establishments. While local governments recognize the emerging concerns in watsan, spending is constrained by high investment and operating costs and limited willingness-to-pay.

Davao City Water District's success story



The Davaoños used to rely on the Davao River and the rain for their water needs. Since these were not enough, the first waterworks system came about in 1921. Called the Sales Waterworks System, it tapped the Malagos creek to serve about

10,000 consumers. As the populace grew, studies for improvement were made and so in 1968, the water system was placed under the National Waterworks and Sewerage Authority (NAWASA). This signaled the construction of better water facilities.

²⁰ Urban Sewerage and Sanitation: 30 years of Experience and Lesson (World Bank)



Demand for more potable water proportionately grew with the increasing population.

In 1973, Davao City Water District (DCWD) was created by virtue of Presidential Decree 198. Operating as a quasi-public utility or a semi-government status, DCWD implemented its project in calculated phases and stages. Transmission and distribution lines, sources, pumping stations and reservoirs multiplied in large proportions as DCWD tried to cope with Davao City's progress. On March 12, 1992, the Supreme Court declared with finality that all water districts in the country created under PD 198 are government-owned and controlled corporations (201 SCRA 593).

Since its inception, the DCWD has been the biggest water district in the Philippines, having over 130,000 active service connections and counting. In the span of three years, it has continuously widened its horizons beyond basic water delivery. The water utility actively networks with many GOCCs, private and public agencies and even private individuals for water and environmental concerns and gender development. It also takes on scholarship and various outreach programs that benefit the less privileged constituents of the city. It has also been a godfather water district to all water utilities in Region 11 and to all its counterparts around the country that come or it may reach for assistance and guidance in operation and technology.

The Local Water Utilities Administration (LWUA) has more than once awarded DCWD as Most Outstanding Water District, the distinction it holds to this day. In 1996, DCWD also ranked fourth among the 12 Asia-Pacific countries with

the most successful efforts in reducing unaccounted-for-water. In addition to its laurels, in 1997, the Asian Development Bank's Second Water Utilities Data Book ranked DCWD number one among 50 water utilities in the Asia Pacific Region. It shared equal glory with Singapore and Johor Bahru of Malaysia. Indeed, DCWD's service record has remained neither unsurpassed nor unequalled as being the country's most progressive water district in Philippine history.

The Davao City Water District faces the challenges of the 2000s through expanded and better water service to all Davaoenos. Since 1973, DCWD holds the prestigious record of being the biggest and most progressive water utility in the Philippines, a status never surpassed nor equaled even at the close of the 20th century. Consequently, its efforts have been documented in the numerous awards, citations, and honors it has received from various entities.

There is no stopping to DCWD's continuous and unwavering fulfilment of its vision, mission, and corporate philosophy. So for as long as there is left one single Davaoeno's thirst to quench, water will continue flowing along with its: VISION: To be the best and most efficient water utility in Asia, providing quality water at reasonable cost and excellent service, satisfying its customers, employees and the community, and ensuring water resource sustainability; MISSION: We commit to supply potable and affordable water 24 hours a day, deliver reliable service, operate efficiency, and take proactive stance in environmental concerns; and CORPORATE PHILOSOPHY: Service with dignity and honor.

Source: LWUA

Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

In the National Urban Development and Housing Framework (NUDHF), 2009-2016, the development process in the Philippines has been characterized by the explosive and unabated growth of urban areas. In 2005, over 60 percent (53 million) of the population is residing in the urban areas and this is projected to increase by about 84 percent (117 million) by 2050. This problem is exacerbated by those living in slums and squatter settlements which comprise more than a third of the urban population.

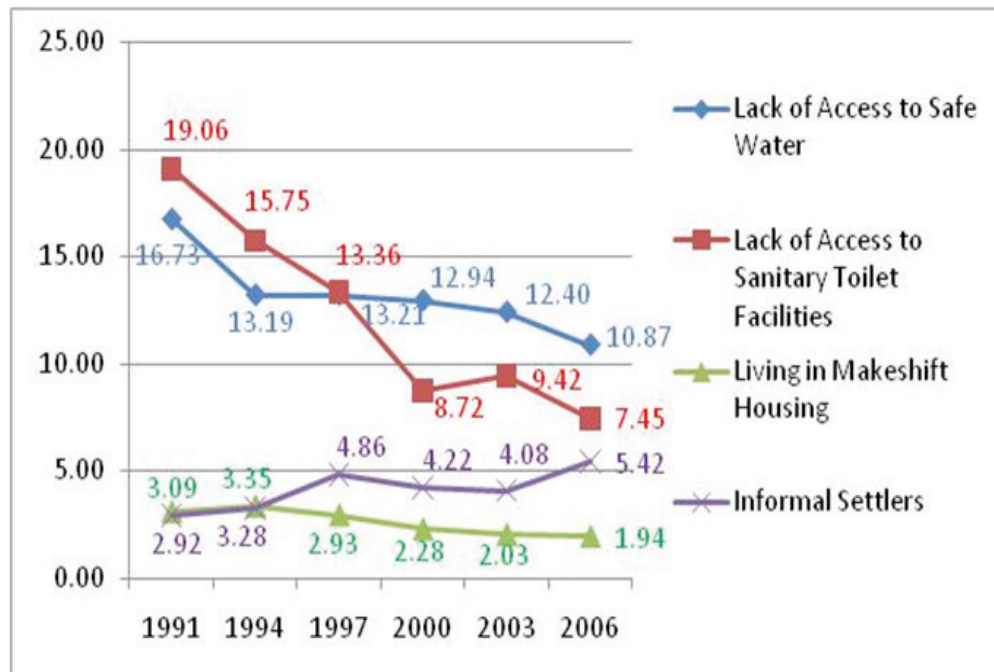
Trends and inequality analysis

As defined by the United Nations (UN), the proportion of urban population living in slums is the proportion of urban population

living in households lacking one or more of the following conditions: (a) access to improved water; (b) access to improved sanitation; (c) sufficient living area; (d) durability of housing; and (e) security of tenure.

Based on the Family Income and Expenditures Survey (FIES) of the National Statistics Office (NSO), addressing these conditions showed generally decreasing trends from 1991 to 2006 in terms of lack of access to safe water and sanitary toilet facilities, and living in makeshift housing. Increasing trend was, however, noted for informal settlers (Figure 63). Informal settlers are people staying in rent-free lot or house and lot without consent of owner or those without security of tenure. No data could, however, capture the sufficiency of living area where at most two persons occupy a room, i.e., three (3) or more persons per room.

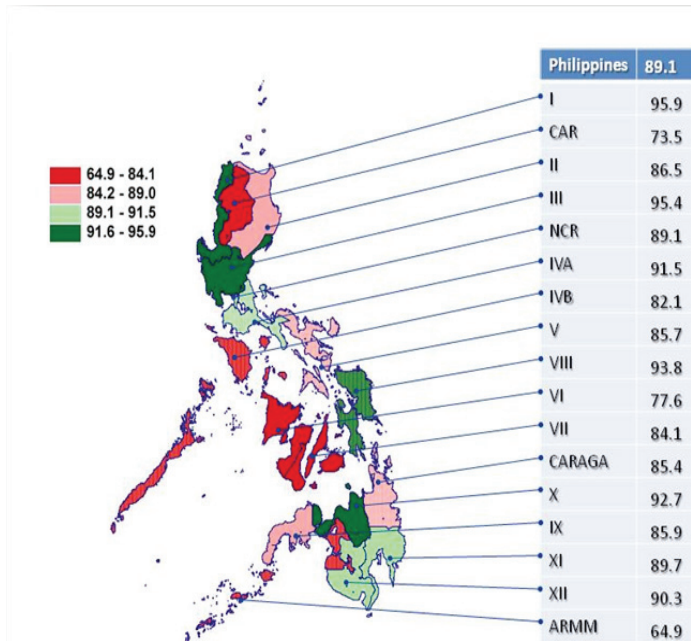
Figure 63. Proportion of urban population living in slums (%), 1991-2006



Source: FIES, NSO

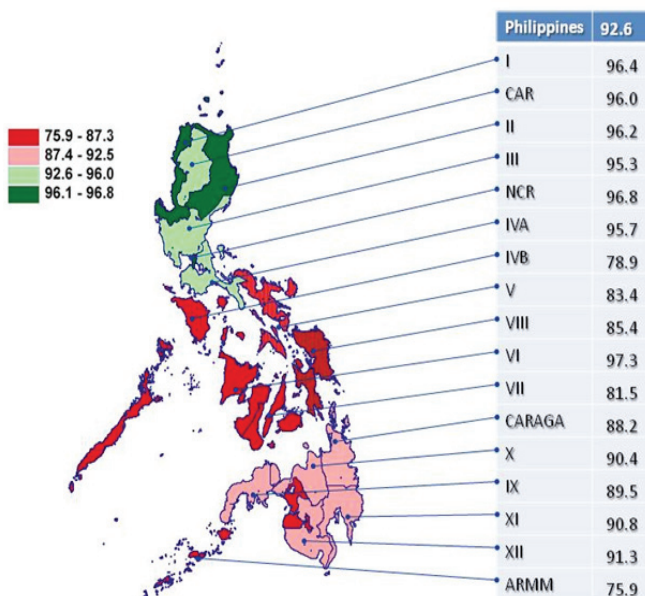


Figure 64. Proportion of urban population with access to safe water (%), by region, 2006



Source: FIES, NSO

Figure 65. Proportion of urban population with access to sanitary toilet facilities (%), by region, 2006



Source: FIES, NSO

The largest decrease by almost 11.6 percentage points from 1991 to 2006 was accounted for in improving access to sanitary toilet facilities. For lack of access to safe water and those living in makeshift housing, the proportion of population decreased by 5.9 and 1.2 percentage points, respectively. While the three conditions exhibited decreasing trends, the proportion of informal settlers showed a reverse trend. From 2.9 percent (922,471) in 1991, this has increased to 5.4 percent (2,239,858) in 2006.

Disparity in access to safe water by urban population was geographically scattered across Luzon, Visayas and Mindanao (Figure 64). There were regions in each of these three major geographical zones with higher access while there were also those with lower access. In particular, Regions I, III, VIII, and X had very high proportion of urban population with access to safe water. On the other hand, Regions IV-B, VI, VII, CAR, and ARMM were those with lower access.

Interestingly, access to sanitary toilet facilities seems to be concentrated in urban areas of Luzon while lack of access was mostly found in urban areas of Visayas (Figure 65). Except for Regions IV-B and V, all of the regions in Luzon had very high proportion of urban population with access to sanitary toilet facilities. On the contrary, all of the regions in Visayas, together with Regions IV-B, V and ARMM, were lagging behind in terms of access to sanitation.

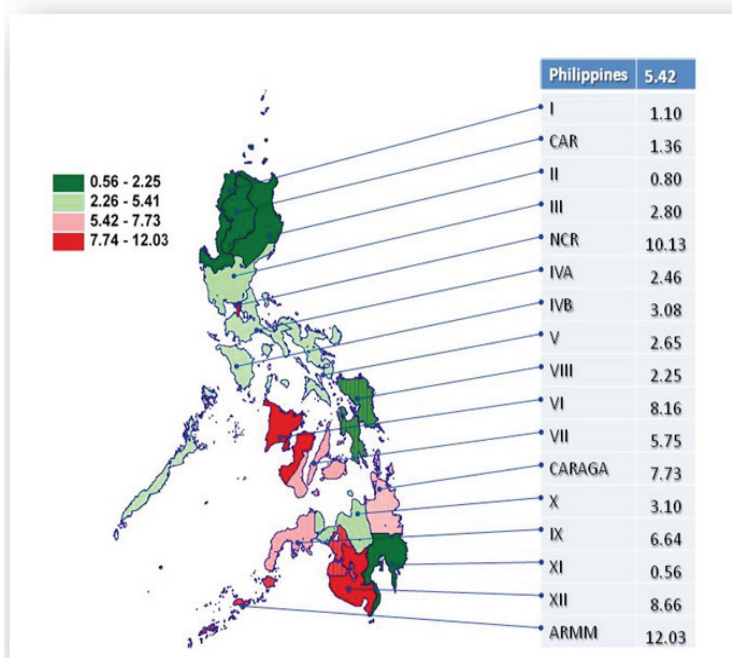
Concentration of informal settlers mostly converged in the highly urbanized areas of NCR, Regions VI, XII, ARMM, and Caraga despite the creation of other growth areas

(Figure 66). Meanwhile, roughly 2 percent of urban population who were living in makeshift housing were mostly found in Regions IV-B, V, X, XII, NCR, and Caraga (Figure 67).

Projected increase in the proportion of urban population living in slums may also be expected from 2007 to 2010 considering the effects of climate change with the archipelagic nature of the country which makes it more prone to hazards. In 2009 alone, two typhoons (Ondoy and Pepeng) ravaged the country causing extensive flooding due to continuous heavy rains. These severely affected over 9.3 million people out of an estimated population of 43.2 million living in the affected regions. This posted an equivalent damage and losses of about 2.7 percent of Gross Domestic Product (GDP)²¹. Huge scale effect resulted since concentration was in highly populated economic centers.

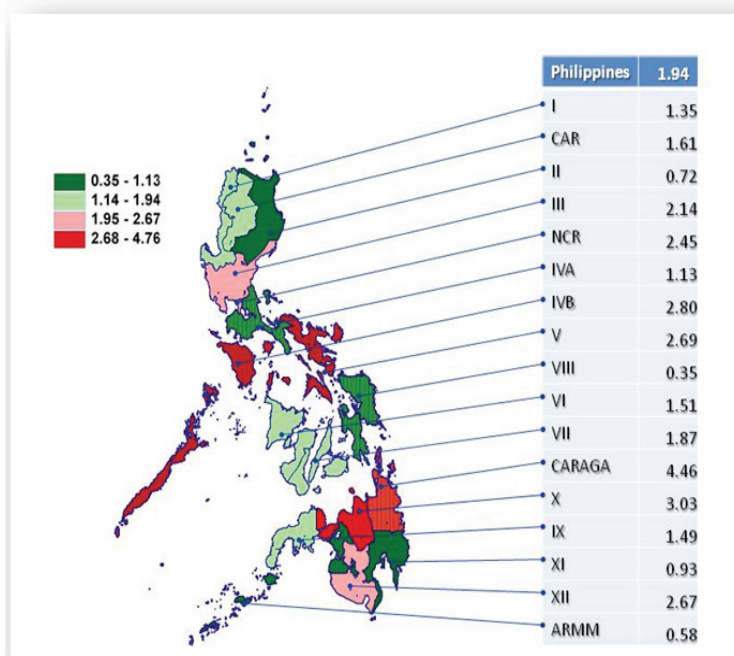
Based on the Typhoons Ondoy and Pepeng Post-Disaster Needs Assessment (PDNA), about PhP25.5 billion and PhP8.9 billion damages and losses were recorded, respectively, for the housing sector. The two (2) typhoons left about 220,000 homes completely destroyed or partially damaged by floodwaters in Metro Manila and across Luzon mostly affecting the informal sector which consisted of makeshift dwellings located in flood-prone areas. It was noted, however, that the main cause of destruction was not the building materials but the unsafe locations.

Figure 66. Proportion of urban population living as informal settlers (%), by region, 2006



Source: FIES, NSO

Figure 67. Proportion of urban population living in makeshift housing (%), by region, 2006



Source: FIES, NSO

²¹TYPHOONS ONDOY AND PEPENG: Post-Disaster Needs Assessment Main Report



Policies

Landmark social policies underpin government intervention which provided almost two million shelter security units, including lots only, house only or house-and-lot packages.

First, the Local Government Code of 1991 or RA 7160 was passed in 1992 which shared with local government units the responsibilities over the provision of socialized housing and regulation of shelter related activities.

Second, the Urban Development and Housing Act (UDHA) of 1992 or RA 7279 is aimed at the following objectives: (a) provide decent shelter to the poor; (b) develop a framework for the use of urban land; (c) involve the community in shelter development and construction; (d) maximize local government participation in socialized housing; and (e) employ the services of the private sector in socialized housing programs.

Third, to expand the available funding for the housing sector, the Comprehensive and Integrated Shelter Finance Act (CISFA) or RA 7835 was passed in 1994. The CISFA provided an additional PhP38 billion funding allocation for housing over five years. The Act likewise allocated the largest funding to the Community Mortgage Program (CMP) of PhP12.8 billion and the resettlement program with PhP5.2 billion. Moreover, the Act also increased the capitalization of the National Home Mortgage Finance Corporation (NHMFC) from PhP500 million to PhP5.5 billion and that of the Home Guaranty Corporation (HGC) from PhP1.0 billion to PhP2.5 billion.

Fourth, Executive Order 272 was issued in 2004 which authorized the creation of the Social Housing Finance Corporation (SHFC), as a subsidiary of the NHMFC. This EO transferred the implementation of the Community Mortgage Program (CMP) and Abot Kaya Pabahay Fund Program from NHMFC to the SHFC catering to the housing needs of the bottom 30 percent poor population.

Fifth, taking off from the policy action agenda of the ADB-assisted Development of Poor Urban Communities Sector Project (DPUCSP), the government approved Bangko Sentral ng Pilipinas (BSP) Memorandum Circular No. M-2008 housing microfinance. As of April 2010, seven (7) microfinance institutions availed of this financing facility totalling PhP217 million which was re-lent to 24,304 poor households in cities and municipalities outside Metro Manila for livelihood or enterprise, home improvement and housing construction.

Programs

Focusing on programs directed to improve the lives of the country's informal settlers under the National Shelter Program (NSP), several initiatives were undertaken in line with resettlement, slum upgrading, sites and services, presidential proclamations and through the CMP. From 1990-2009, some 300,000 households were provided with resettlement assistance. Intensive efforts in resettlement were noted during the years 1995 to 1997, 1999-2001 and 2004-2009. In terms of slum upgrading, the government has provided assistance to over 60,000 households from 1990-2009. On the

provision of sites and services, an estimated 40,000 households benefited from 1990-2009. Provision of secure tenure through proclamations for socialized housing sites helped over 140,000 households from 2004-2007.

Under the CMP, an estimated 200,000 households were assisted from 1990-2009. The CMP is a major socialized housing program of the country which provide for land acquisition by the occupying community association based on the concept of community ownership. Land distribution or unitization follows, thus, giving security of land tenure to the families as they amortize their CMP loans.

Projects

In 2009, the major accomplishment of the housing sector was the completion of the North Rail and North Rail-South Rail linkage resettlement projects which moved some 95,100 railroad slum families from Mabalacat, Pampanga to Calamba, Laguna by providing them safe, decent and secure homes after decades of being squatters. This was so far, the biggest relocation program undertaken by the government.

Key bottlenecks

While the government has initiated various programs and projects to address the issue on slum dwelling, this phenomenon has remained evident due to unsustainable policy directions and marginal impact of projects directed to the delivery of shelter services. The government has allocated very limited resources to the housing sector which has

been less than one (1) percent of the total government expenditures. But the issue not only lies in terms of the financial resources provided by the government but the lack of sound land management policies and practices.

The proposed National Land Use Act has been a long-pending legislation that supposedly should regulate the development and management of the land resources of the country. Harmonizing all the bills that have been passed to come up with the law on land use is imperative with the growing demand for land especially in the urban area with very limited space but with growing population aggravated by climate change.

Comparing to the population data of other South East Asian countries from 2000 to 2005, the Philippines has the highest average growth rate of 2.1 percent and one of the most urbanized at 62.7 percent next to Malaysia at 67.6 percent. According to the study of Cariño and Corpuz²², the massive and continuing rural-urban migration flows can be attributed to the fact that urban centers offer opportunities for the rural poor. Incomes in urban areas are about 2.3 times those of rural areas; for this reason, job opportunities are sought in the urban areas, socio-economic mobility is achieved, and most innovations are introduced. From 1950, with just a little more than 5 million or about one-fourth of Filipinos residing in urban areas, the urban population has grown in 2005 to more than 53 million and is projected to increase further to 117 million in 2050. With this scenario, creating a disproportion in the demand and supply sides for the social services and

²² Cariño, Benjamin and Corpuz, Arturo, Toward a Strategic Urban Development and Housing Policy for the Philippines (Discussion Paper Series No. 2009-21), pp.2-3



infrastructure utilities provided, resettlement and relocation programs have also yielded limited success in providing adequate employment, livelihood opportunities and social services to the relocatees. As a result, relocatees again end up squatting in areas where their interests, opportunities and services are expected to be provided.

In the study of the World Bank Hazard Management Unit²³, the Philippines is also among the countries where a large proportion of the population reside in disaster prone areas. Many highly populated areas are exposed to multiple hazards: 22.3 percent of the land area is exposed to three or more hazards and in that area, 36.4 percent of the population are exposed. Areas where two or more hazards are prevalent comprise 62.2 percent of the total area where 73.8 percent of the population are exposed.

Affordability of and access to government housing programs by the poor will continue to be a major challenge to the national government in the future considering the weak institutional capacity of the LGUs for urban renewal and socialized housing delivery. Pertinent to coming up with sound national and local policies is to have an operational definition and having a detailed databases/systems to fully account for the numbers of slum dwellers.

Priorities for action and possible solutions

With the estimated housing need of more than 6.8 million by 2015, the pressing challenge being posed is how this large

and increasing need could be addressed taking into consideration the major factors affecting this sector.

A factor for this is the formulation of a National Slum Upgrading Framework which shall rationalize all the efforts for urban renewal. This framework shall facilitate the setting of a national target so that programs and budgets of government, business sector and civil society groups will be geared towards the attainment of the MDG target on improving the lives of slum dwellers. Considering the billions of pesos involved in the implementation of the massive programs for this sub-sector, the public-private partnership should be pursued with appropriate incentives for private sector participation. For one, the 15-year Metro Manila Slum Eradication Strategy Framework: 2002-2017 has to be revisited and operationalized.

With the long-awaited passage of the National Land Use Act, the issue on non-availability of land suited for housing should be addressed by coming up with innovative ways on addressing the issue of tenurial security apart from home ownership such as usufruct arrangement, developing areas declared under presidential proclamations for socialized housing, and exploring other forms of housing like the medium-rise buildings (MRBs) which can accommodate more families on a limited piece of land.

To reduce the impact of future storms and other natural disasters, it was recommended in the PDNA that policies and development practices in urban development and housing

²³ World Bank, 2005 Natural Disaster Hotspots: A Global Risk Analysis (Disaster Risk Management Series No. 5), pp. 4-12

should be addressed. The most important initiative is to ensure that LGUs prepare comprehensive land use plans based on updated thematic maps that take into account risk-sensitive land use planning. The same priority for action can be found under risk management and vulnerability reduction in the Strategic National Action Plan (SNAP) 2009-2019 on Strengthening Disaster Risk Reduction (DRR) in the Philippines wherein DRR elements should be incorporated in planning and management of human settlements. Another initiative is to further flesh out National and LGU housing policies in the context of City Development Strategies (CDS) to guarantee a sound program of slum upgrading and urban renewal.

There is also the compelling need for the creation of the housing microfinance network as articulated in the Housing Microfinance Product Manual which was approved by BSP. The network is expected to play the role in defining a national housing microfinance strategy, institutionalizing and mainstreaming of the practice in the country using the approved product manual, policy advocacies, and crafting performance standards for housing microfinance. Given the nature of the financing requirement of the socialized housing sector (which requires a huge loan and longer period to repay), only MFIs that can or are willing to adjust their lending scheme to fit the nature of the financing needs of the sector can be a relevant financial institution to the sector.

The fundamental solution for this is through the creation of decent and remunerative jobs thus ensuring gainful employment, livelihood and incomes. Strategy-wise,



proven and key housing programs and institutions should be provided with adequate resources, foremost of which is to build on the success and strengths of the CMP which accounted for 25 percent of the total housing accomplishment of the government from 2001-2006. Shelter financing program should also be capacity-based where the terms and conditions of the loan are responsive to the nature, need, and capacities (to pay, especially) of the sub-sector.

Moreover, the basic services should be provided, support infrastructure should be in place and proximity to livelihood opportunities should be considered especially for mass housing interventions.

Just like any other program, beneficiaries of these interventions should be properly targeted thus the need to adopt an official operational definition of who the slum dwellers are and to have



detailed databases/systems. In pursuing the programs of the government on housing delivery and urban services, aside from the coordinated efforts of the national to sub-national levels is the strong role of the LGUs especially on urban development, planning, finance, implementation and management.

The translation of the NUDHF into an action plan is on-going through the Philippine Urban Consortium which serves as the platform for developing a well-defined agenda that would influence policies, enable institutional reforms, and formulate concrete plans, programs and projects for the urban sector that can be supported by the National Government agencies, LGUs and development partners.

The major thrusts of the action plan include the strategic recommendations of NUDHF 2009-2016 as follows:

- On poverty reduction, primary strategies include the support for human resource and livelihood programs; encourage smaller families; and enhance rural-urban linkages to improve labor mobility.
- On urban competitiveness, there is the need to increase productivity and efficiency of urban regions; support the development of strategic clusters to diversify the economic base; increase Metro Manila's attractiveness as a global service center;

and support IT-enabled services and tourism.

- On sustainable communities, review and revise traditional zoning and encourage private sector initiatives through performance and service standards; use market-based incentives and disincentives to provide public amenities and to support urban land use objectives; continue capacity-building of LGUs in development and land use planning; and integrate disaster risk management into community and regional development.

- On housing affordability, increase funding and other sources for proven and key housing programs and institutions; streamline housing development transaction processes; reduce transaction costs and protect housing consumers; provide incentives to unlock land for affordable housing; link local land use/physical and community development plans with local employment generating programs; and explore financing sources and schemes.

- On performance-oriented governance, encourage performance-based local governance; provide incentives for LGUs to be less IRA-dependent and to mobilize own source revenue; improve vertical coordination; improve coordination of shelter agencies; increase accountability of LGUs and private sector; and support metro (interlocal) jurisdictional cooperation.

Taguig City: Condo Living for the Urban Poor

(2008 Galing Pook Awardee*)



Out of Taguig's total population, 25,000 families are informal settlers, illegally occupying public and private lands and danger zones across the city. In September of 2006, the Taguig City Government addressed the problem by launching the Family Townhomes Project. It aims to provide decent but affordable shelter to thousands of homeless residents and hopes to build 20,000 housing units in various locations by 2020.

With the limited resources of the City Government, the Project is being imple-

mented in partnership with three non-government organizations (NGOs)—Gawad Kalinga (GK), Habitat for Humanity, and the Coalition for the Homeless Foundation (CHF). The city government shouldered site development costs, while GK, Habitat and CHF extended housing subsidies.

In lieu of the down payment in a normal housing loan transaction, the beneficiaries provide “sweat equity” wherein qualified beneficiaries render 1,000 hours of volunteer work building houses. Qualified awardees belong to the underprivileged





class that do not have permanent homes but have the earning capacity. Monthly amortization ranges from Php500 to Php1,800.

In order to house more beneficiaries in a single land title, the Taguig City Government designed Medium-Rise Buildings (MRBs) or condominium-type housing units. Each three story MRB is equipped with 12 housing units and uses Habitat for Humanity's award-winning housing innovation: the concrete interlocking blocks (CIB) and steel frame technologies.

Since its inception in 2006, the Family Townhomes Project has already completed 322 housing units at the Pinagsama Village and FTI Compound in Brgy. Western Bicutan and in Brgy. Bagumbayan, benefiting hundreds of underprivileged families from all over the city.

In August 2006, model units of the Family Townhomes were built by the city government along Diego Silang Avenue, Brgy. Ususan, Taguig City. Some of the country's most popular architects and designers, as well as artists, contractors, furniture makers and suppliers donated their products and services for the construction of the model units. The building serves as a showroom for beneficiaries to learn how they can maximize the use of their unit given the limited space.

Last June 2008, the Taguig Rotaryville Family Townhomes in Western Bicutan was completed, benefiting 96 families some of

which are city employees, teachers, PNP and military personnel, and qualified informal settlers. This project with Habitat for Humanity involved the development of a 6,000-sq. m. property at the FTI Compound, where eight MRBs were constructed or a total of 96 units.

Good for a small Filipino family, each unit has a floor area of 26.10 square meters, has height allowance for an optional loft, and has provision for a shared service area for each floor.

The Gawad Kalinga Community at Pinagsama Village in Western Bicutan on the other hand features a two-level row-house type housing. Currently, this GK Village, which was built together with members of the International Bazaar Foundation – Spouses of House of Missions (IBF SHOM) and the Rotary Club of Makati-West, houses 35 families.

The Project has also helped ease the problem of informal settling at the national level. The clearing of the structures along the Philippine National Railways in Western Bicutan and Bagong Tanyag has already been completed. Some 4,000 affected families have been relocated to Trece Martires City in Cavite. For its part, the Taguig City Government committed to take in some 300 families for its In-City Relocation Program, in partnership with either Gawad Kalinga Foundation or Habitat for Humanity.

**The Galing Pook Awards was launched in 21 October 1993 by Galing Pook Foundation as a pioneering program that searches and recognizes innovative practices by the local government units.*



Goal 8: Develop a global partnership for development

2.8.1 Target 8.A: Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system

Trends

The Philippine economy had an average annual Gross Domestic Product (GDP) growth rate of 6 percent for the period 2004-2007 (Table 26). This compares well with other Asian countries such as Malaysia (6.1%), Indonesia (5.6%), Taiwan (5.2%) and South Korea (4.8%). Despite the global financial crisis in 2008, the country exhibited

a modest growth of 3.8 percent which is better than its neighbouring countries such as Thailand (2.5%), Hong Kong (2.4%), South Korea (2.2%), and Singapore (1.1%). This is partly due to the Economic Resiliency Plan (ERP) implemented by the government to cushion the impact of the crisis.

With respect to investment flows, the Philippines generally experienced an erratic inflow of foreign direct investments (FDIs) from 1990 to 2009 (Figure 68). The country experienced a dramatic increase in FDIs in 2006 and 2007 which amounts to US\$2.9



Table 26. Comparative GDP growth rates of selected Asian countries (%), 2004-2008

Country	2004	2005	2006	2007	2008	Average 2004-2007
Philippines	6.4	5.0	5.4	7.2	3.8	6.0
Malaysia	6.8	5.3	5.8	6.3	4.6	6.1
Indonesia	5.0	5.7	5.5	6.3	6.1	5.6
Thailand	6.3	4.6	5.2	4.9	2.5	5.3
China	10.1	10.4	11.6	11.9	9.6	11.0
Vietnam	7.8	8.4	8.2	8.5	6.2	8.2
Singapore	9.0	7.3	8.2	7.7	1.1	8.0
Taiwan	6.2	4.2	4.8	5.7	0.7	5.2
Hong Kong	8.5	7.1	7.0	6.4	2.4	7.2
South Korea	4.7	4.2	5.1	5.0	2.2	4.8

Source: ARIC Database, ADB

billion. However, this declined in 2008 and 2009, with investments shrinking to US\$1.5 billion due to the global financial crisis which started in the latter part of 2008.

In terms of global competitiveness, the country continued to slide down from rank 71 in 2008 to 87 in 2009. Out of the 133 countries, the Philippines is still considered as one of the countries still at the first stage of development (economy is factor-driven and competes based on factor endowment) as it ranked 95, 113 and 93 in goods market efficiency, labor market efficiency and financial

market sophistication, respectively.

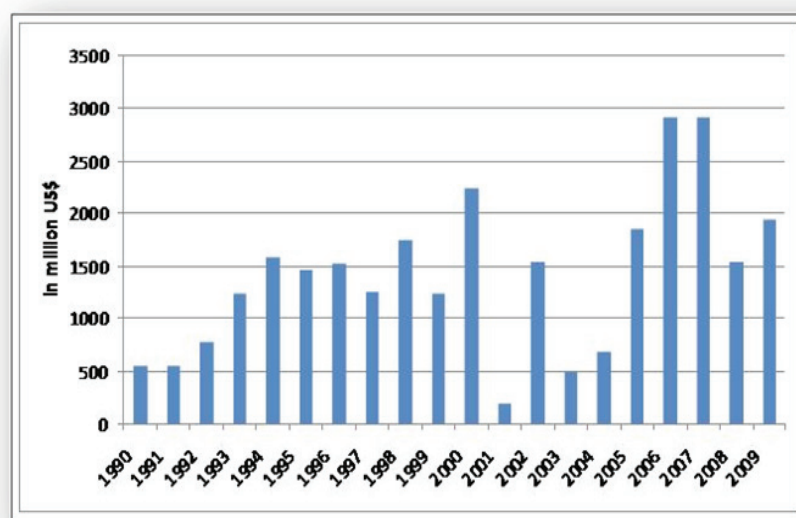
At the trade front, the country's exports and imports in the past two decades revealed an erratic pattern. From 1990-1995, a substantial increase in exports was experienced with its highest figure posted in 1995

(Figure 69). Although there have been some increases in subsequent years, from 1996, the Philippines had never reached the same amount of exports. In fact, in the last decade, the trade volume has continuously decreased and remained sluggish. Sharp decline in the growth rates were experienced in 2001, 2008 and 2009 due to the effects of the IT bubble and the global financial crisis, respectively.

Key bottlenecks

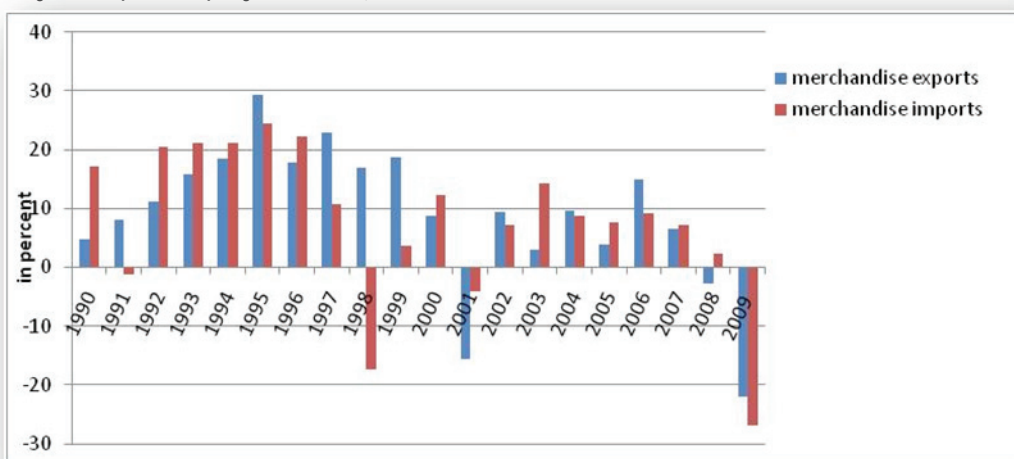
FDIs play one of the most crucial roles in economic growth. Hence, the country

Figure 68. Net Foreign Direct Investment (FDI), 1990-2009



Source: Bangko Sentral ng Pilipinas

Figure 69. Export and import growth rates (%), 1990-2009



Source: National Statistics Office

has been making the investment climate favorable to investors. Some steps taken were to improve the fiscal performance and do aggressive and focused promotion campaigns. While the Philippines has employed these measures to liberalize its economy, several problems still hinder the country in attracting foreign investors. Among the impediments are: corruption; inefficient government bureaucracy; inadequate supply of infrastructure especially in strategic industrial areas; and policy instability.

With respect to trade policies, from 2006-2009, three Executive Orders (EO) were issued by the former President Arroyo, namely: a) EO 850 which provides for zero duties on products included in the Philippine Inclusion List under the Common Effective Preferential Tariff (CEPT) Scheme of the ASEAN Free Trade Area (AFTA); b) EO 554 which eliminates export clearances and fees and streamline documentation procedures; and, c) EO 589 which exempts exporters from paying travel tax. Moreover, aside from its participation to the World Trade Organization, the country together with

other ASEAN partners signed FTAs with China, Korea, Japan, Australia and New Zealand. The Japan-Philippines Economic Partnership Agreement (JPEPA) which was ratified by the Senate on October 8, 2008 will further expand the country's exports of goods and services to Japan.

While the Philippines is working on further liberalizing its trading system, there still remain major key barriers in doing so. These include the inability to develop more competitive export products and to diversify existing markets. It should be noted that the country's export goods are still largely unfinished products hence, the country could hardly capture a sizeable portion of trade relative to other countries in Southeast Asia. The government had also revived its participation in the Brunei-Darrusalam-Indonesia-Malaysia-Philippines East ASEAN Growth Area (BIMP-EAGA) which increased investments in the Southern Philippines specifically in Mindanao and Palawan.

Aside from those mentioned above, a major bottleneck for trade and investment flows is the vulnerability of both sectors



to external shocks. Based on the figures presented, the country's investment and trade volume had consistently dropped every time an external crisis takes place such as the Asian financial crisis, IT bubble and the recent global financial and economic crisis.

Possible solutions

Given these bottlenecks, the Philippines can implement three crucial strategies to further develop an open, rule-based, predictable and non-discriminatory trading and financial systems. To wit: (a) strengthening of micro, small and medium enterprises (MSMEs); (b) increasing investments; and (c) expanding and diversifying exports.

The strengthening of MSMEs is a major strategy to eventually reduce poverty in the country. The government can further develop its provision of credit, technology, marketing assistance and borrower financial literacy to small entrepreneurs. Also, the One-Town-One Product (OTOP) Program of the government can further be expanded to produce more export-oriented products that can compete both at the local and international markets.

Proactive investment promotion to countries other than the United States can be pursued by the government. This is to cushion the extent of the effects of external shocks on the investment flows of the country. On the one hand, measures to improve the supply of infrastructures to strategic industrial areas especially in the rural areas and the streamlining of procedures for the entry and exit of business persons can be implemented to encourage more foreign investors. On the other hand, the government should also encourage and

provide the necessary support for the local investors in developing local industries such as those in fishery, forestry, food processing and tourism. The government can explore partnership with the private sector, non-government organizations (NGOs), academe and faith-based organizations in enhancing the competitiveness of the said sectors.

In terms of trade, expanding and diversifying the market for exports is a crucial strategy in liberalizing trade and mitigating the impact of external shocks. This can be done by maximizing the opportunities offered by the multi-lateral and bilateral trade agreements made by the country.

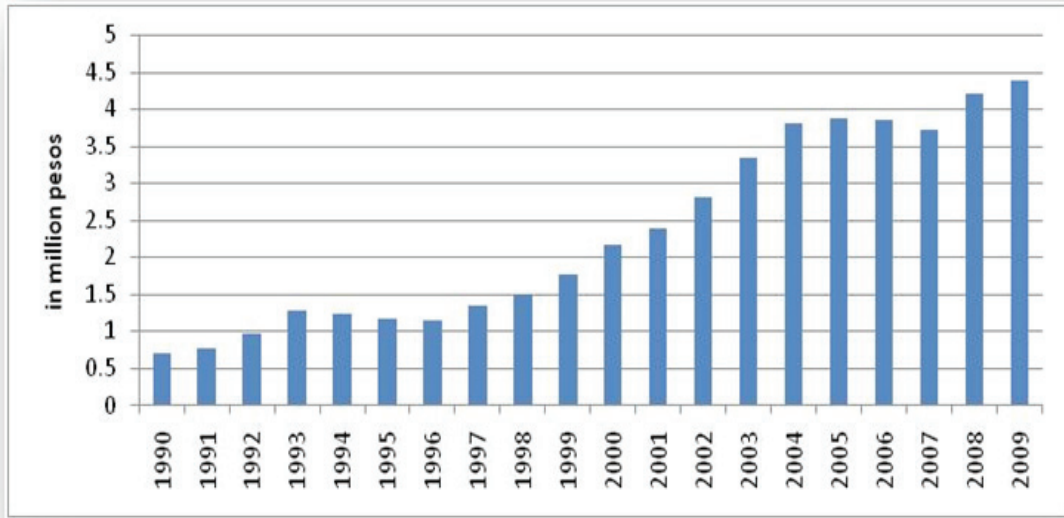
2.8.2 Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Trends

In the past 20 years, the Philippines' outstanding debt ballooned from Php701 billion in 1990 to Php4.4 trillion in 2009 (Figure 70). This has continuously increased except for a slight decline in 2006 and 2007.

For the same period, debt had been more than 50 percent of the country's Gross Domestic Product (GDP). Although the debt service ratio declined from 63.8 percent in 2006 to 55.8 percent in 2007, the debt-to-GDP ratio remained high at the end of the fiscal year 2009 at 57.7 percent (Figure 71).

Figure 70. National government outstanding debt, 1990-2009



Source: Bureau of the Treasury

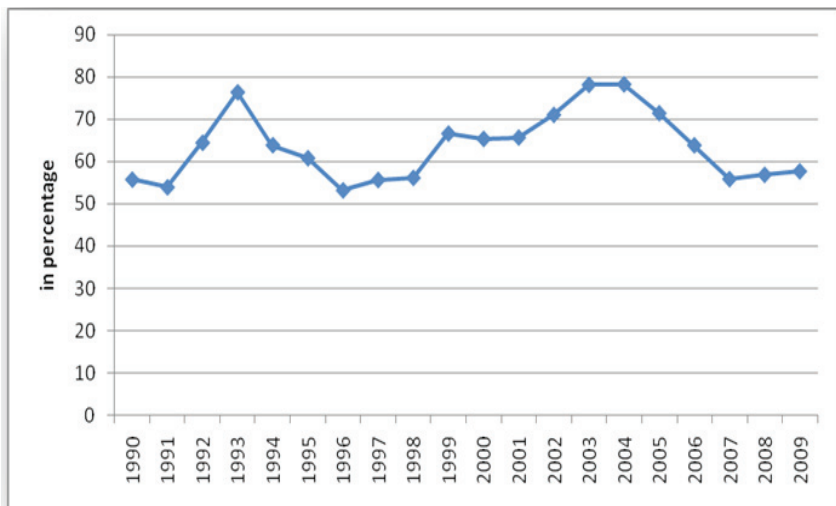
In contrast, the debt service as a percentage of exports of goods and services decreased dramatically except for a few years where it had a slight increase. In fact, it had a significant decline from 27.2 percent in 1990 to 9.6 percent in 2008 (Figure 72).

Considering that the Philippines has an increasing debt and its percentage to GDP is high, it is crucial to note which sector is getting the biggest share in the official development assistance (ODA) loans. The Infrastructure sector consistently received the highest amount of loans while Governance, Institutions, Public Safety and Disaster Management (GIPSDM) sector had the smallest size from 1990 to 2007 (Figure 73). For 2008-2009, GIPSDM has increased and the Industry, Trade and Tourism sector has received the lowest amount. However, the

amount of ODA for the Social Reform and Community Development Sector has been fluctuating for the last two decades.

In contrast, in terms of grants, the Social Reform and Community Development

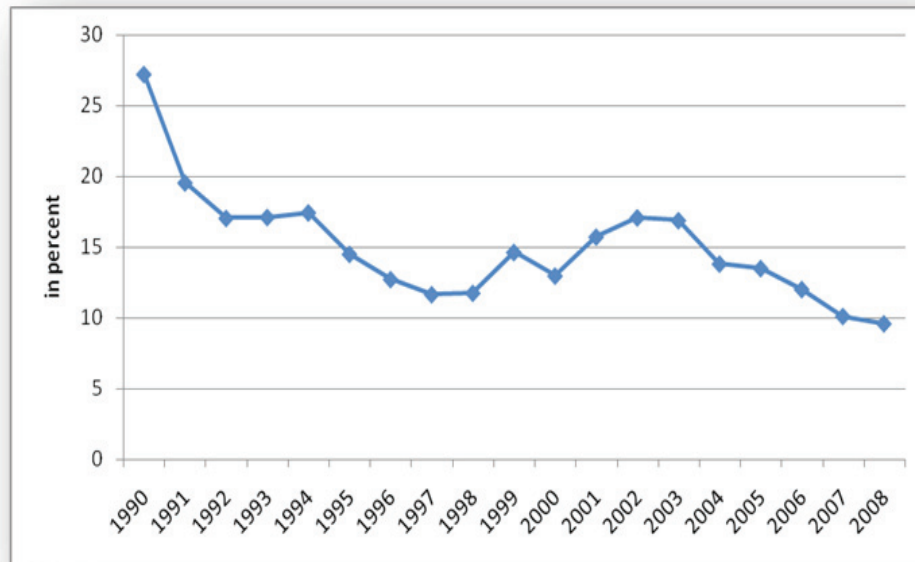
Figure 71. Debt to GDP ratio, 1990-2009



Source: Bureau of the Treasury (debt level); NEDA (computed ratios)



Figure 72. Debt service as a percentage of exports of goods and services, 1990-2008

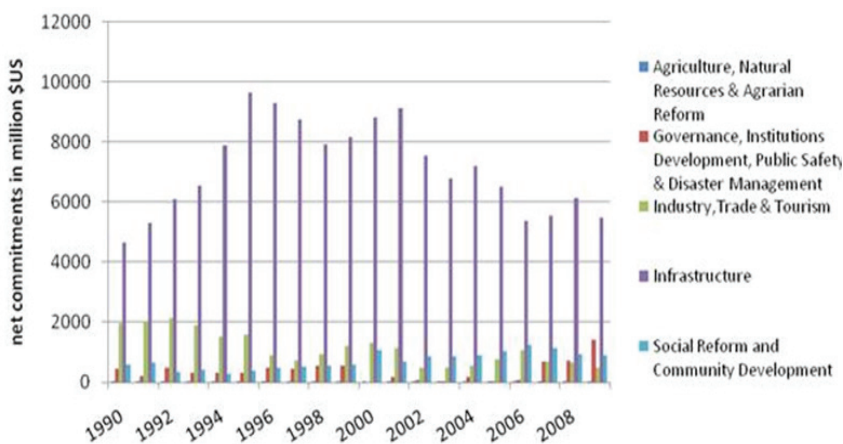


Source: NSCB

Sector received the highest amount especially during the last 5 years (Figure 74). This is followed by the Agriculture, Environment and Agrarian Reform Sector while the Industry, Trade and Tourism Sector

consistently received the smallest amount of grants for 12 years. Moreover, the grant for Governance & Institutions Development more than doubled from US\$112 million in 2004 to US\$ 298 million in 2005 and it is continuously increasing.

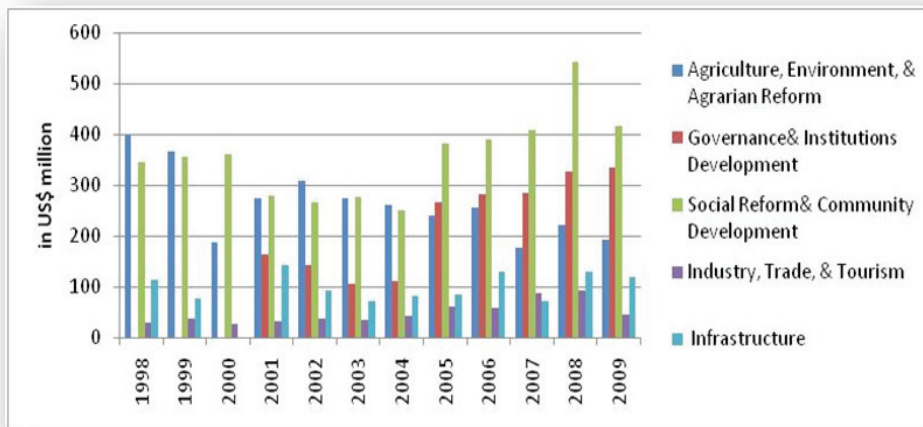
Figure 73. ODA loans per sector, 1990-2009



Source: NEDA Project Monitoring Staff

In terms of using ODAs effectively, based on the 2008 Survey on Monitoring the Paris Declaration (where the Philippines is a signatory), the country shows promising results as a first-time participant in the Survey. Good performance was seen in the areas of strong ownership, substantial reforms in Public Financial Management and procurement systems, and a high degree of coordinated technical assistance. An area for improvement is information sharing and capture between the government and donors.

Figure 74. Grants per sector, 1998 to 2009



Source: NEDA Project Monitoring Staff

Key bottlenecks

With the increasing volume of loans and widening fiscal deficit, the major bottlenecks in sustaining debts is the incapacity of the Philippine government to: (a) increase its revenue collections; (b) sustain greater prudence in spending; and, (c) curb corruption especially in the implementation of programs and projects.

Possible solutions

Based on the updated MTPDP, to address these bottlenecks, the country could carry out the following strategies:

(a) Improve efficiency in tax revenue collection. Streamlining of government processes in tax collection and controlling smuggling could speed up and increase collection and curb corruption.

(b) Improve efficiency in public spending. Pursuing the government's

rationalization program and mainstreaming Performance-based budgeting could cut down unnecessary expenditures.

(c) Improve transparency in government spending. Information on national and local government expenditures should be publicly available to limit corruption.

(d) Strengthen the selection process of loan-funded programs and projects. The Medium Term Philippine Investment Plan (MTPIP) should be the basis of the Investment Coordination Committee (ICC) and the Development Budget Coordination Committee (DBCC) in processing programs and projects.

(e) Strengthen adherence to the Paris Declaration. The government and the donor agencies should continue their partnership in achieving the commitments set by the Paris Declaration to ensure the sustainability of debts and aideffectiveness in achieving the country's economic and human development.



2.8.3 Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Trends and inequality analysis

According to the Department of Health's (DOH's) Health Policy Notes (HPN) (April 2008 issue, Volume 1, Issue 6), access to essential drugs is usually measured in terms of drug availability in the community or among the proportion of the population that has access to appropriate essential medicines, when medically necessary. While no study has formally measured this to date, it can be postulated that access to essential drugs is constrained due to limited availability, irrational use, and high drug costs²⁴.

However, an independent study of the World Health Organization (WHO) included in its 2004 publication (The World Medicines Situation) the report of the "1999 World Drug Survey: Access, National

Medicines Policies" that sixty six percent (66%) of the Philippine population have access to at least twenty (20) essential medicines. In spite of this, the National Center of Pharmaceutical Access and Management (NCPAM) of DOH believes that there is still no standard or acceptable way to measure access to essential medicines globally because theoretically, access to essential drugs should be measured by the number of people getting well after being able to receive and use the essential medicines rationally. For the meantime, DOH-NCPAM is using the definition (of measuring access to essential medicines) of having at least 20 essential drugs within one (1) hour away by walking between a distance of a household to the nearest health facility or medicines outlet²⁵.

In the Philippines, the initiative to bring the prices of medicines down started in 2001 as one of the ways to provide Filipinos more access to essential medicines. This is due to the high costs of essential drugs in the country. With this, the Medium-Term Philippine Development Plan (MTPDP)

²⁴DOH HPN April 2008 Issue, Volume 1: Issue 6, page 1.

²⁵2004 WHO World Medicines Situation, Chapter 7: Access to Essential Medicines, page 61.

²⁶DOH Half-Priced Medicines Program (BnB) – Price Comparison with Leading Drugstore Chain and 2001 Prices (as of April 2008)

1. Aluminum hydroxide 225 mg + Magnesium hydroxide 200 mg/5 mL suspension (60 mL bottle)
2. Amoxicillin 250 mg/5 mL powder/granules for suspension (as trihydrate) (60 mL bottle)
3. Amoxicillin 500 mg capsule (as trihydrate) (blister pack)
4. Ascorbic acid 500 mg tablet (blister pack)
5. Cotrimoxazole (800 mg Sulfamethoxazole + 160 mg Trimethoprim) tablet/capsule (blister pack)
6. Ferrous sulfate tablet (equivalent to 60 mg elemental Iron) (blister pack)
7. Loperamide 2 mg capsule (as hydrochloride) (foil/blister pack)
8. Mefenamic acid 250 mg capsule/tablet (foil/blister pack)
9. Multivitamins (for adults) capsule (foil/blister pack)
10. Multivitamins per 5 mL syrup (for children) (60 mL bottle)
11. Paracetamol 250 mg/5 mL syrup/suspension (60 mL bottle) (alcohol – free)
12. Paracetamol 500 mg tablet (blister pack)
13. Povidone Iodine 10% Topical Solution (15 mL bottle)
14. Metformin 500 mg tablet (as hydrochloride) (foil pack)
15. Glibenclamide 5 mg tablet (blister pack)
16. Metoprolol 50 mg tablet (as tartrate) (foil pack)
17. Captopril 25 mg tablet (foil pack)
18. Salbutamol 2 mg tablet (as sulfate) (blister pack)
19. Salbutamol 2 mg/5 mL syrup (as sulfate) (60 mL bottle)
20. Lagundi 300 mg tablet (strip foil)
21. Sambong 250 mg tablet (strip foil)

2004-2010 targets to reduce the prices of the essential medicines to half of their 2001 prices. About twenty-one (21) essential medicines²⁶ or fast moving drugs were identified based on the high demand for the drugs because of their treatment for common ailments like colds, flu, headache, etc., and for other first aid treatment. Table 27 shows the actual accomplishments due to the implementation of the initial programs of the Philippine government in reducing medicine costs.

A study in 2004 stated that prices of medicines in the country have been observed to be one of the highest in Asia²⁷ and were still relatively higher or more expensive compared with other developing countries like India (Table 28).

The DOH-initiated Parallel Drug Importation Program (PDIP) in 2000²⁸ and later the Gamot na Mabisa at Abot-kaya

Table 27. Actual accomplishments of initial programs on the reduction of medicine costs, 2004-2008*

Year	Average decrease in prices of essential medicines (%)
2004	60.9
2005	41.0
2006	41.0
2007	46.0
2008	41.0

* 2004 is the year closest to 1990

Source: Updated MTPDP 2004-2010

** Formula is from DOH-NCPAM:

$$\% \text{ of Price Reduction} = \frac{\text{Most Common Brand Selling Price from 2001 Levels} - \text{Botika ng Barangay[BnB] Current Selling Price}}{\text{Most Common Brand Selling Price from 2001 Levels}}$$

all in PhP

*** Target = 50%

(GMA 50) was fully implemented by the Philippine government in the following year as a strategy to help reduce costs and make quality and safe medicines always available, most especially for the

Table 28. Prices of branded, off-patent medicines, Philippines vs. India, 2004 (in PhP)

Brand name	Manufacturer	Philippines	India	Price ratio (Philippines/India)
Ponstan 500mg/tab	Pfizer	20.98	2.80	7.49
Buscopan 10mg/tab	Boehringer	9.26	2.45	3.78
Bactrim 400/80mg tab	Roche	14.80	0.75	19.73
Adalat Retard 20mg/tab	Bayer	37.56	1.50	25.04
Lopid 300mg/cap	Pfizer	34.66	13.17	2.63
Lasix 40mg/tab	Aventis	8.56	0.53	16.15
Plendil ER 5mg/tab	AstraZeneca	35.94	5.95	6.04
Diamicron 80mg/tab	Servier	11.00	7.57	1.45
Ventolin 100mcg inh	Glaxo	315.00	132.38	2.38
Voltaren 50mg/tab	Novartis	17.98	0.92	19.54
Isordil 5mg/tab	Wyeth	10.29	0.26	39.58
Imodium 2mg/cap	Janssen	10.70	3.27	3.27
Fortum 1g inj	Glaxo	980.00	418.72	2.34
			Average:	11.49

Source: DOH's April 2008 HPN (Volume 1: Issue 6), Table 1 (page 2)

²⁷ "Trade and Health: A Policy Paper" by Dr. Aleli dela Paz-Kraft, an assistant professor from the University of the Philippines School of Economics (UPSE), 2006.

²⁸ "2007 Philippines Midterm Progress Report on the MDGs", page 41.



Table 29. Number of Botika ng Bayan (BNB) outlets (as of April 15, 2009)

Region	No. of BNB outlets			Total
	Full BNB outlets	Accredited BNB outlets		
		DSAP*	Non-DSAP	
I	2	67	64	133
CAR	0	22	17	39
II	7	30	39	76
III	34	113	96	243
IV-A	47	97	177	321
IV-B	3	33	37	73
NCR	125	126	270	521
V	9	4	69	82
VI	6	39	102	147
VII	10	32	56	98
VIII	3	23	16	42
IX	7	2	26	35
X	4	12	19	35
XI	3	15	34	52
XII	3	16	23	42
Caraga	0	14	8	22
ARMM	2	2	6	10
TOTAL	265	647	1,059	1,971

*Drug Store Association of the Philippines (DSAP)

Sources: PITC Pharma, Inc. Accomplishment Report for 2008; Data submitted (to Central Offices) are disaggregated by regions. The data from municipalities are kept by the respective regional offices.

indigents. The Philippine International Trading Corporation (PITC) was the implementing arm of DOH's PDIP and was designated as the lead coordinating agency in ensuring that quality and affordable medicines are accessible to all²⁹. Before 2004, the medicines were sold in DOH hospitals. Then DOH together with PITC launched the Botika ng Bayan (BNB) project in December 2004 to set up a nationwide network of privately-owned and operated accredited pharmacies that sell low-priced Parallel Drug Imports (PDI) or generic drugs in competition with commercially priced or branded medicines in the market³⁰. The number of BNB outlets has expanded from 1,283 outlets in 2006 to 1,971 in April 2009³¹ with regional breakdown as shown in Table

29. The eager participation of many private entrepreneurs, local government units, cooperatives and even other government agencies in BNB franchising has contributed to the widespread distribution of essential drugs around the country and has given a healthier competition within the commercial market of medicines.

Despite the expansion of BNBs, Table 29 shows that outlets are concentrated in the National Capital Region (NCR) or Metro Manila (MM). Furthermore, the poorest region, which is the Autonomous Region of Muslim Mindanao (ARMM), has only ten (10) outlets.

To counter this concern, Botika ng Barangay (BnB) outlets were established to reach the poorest of the poor at the barangay level. Pursuant to the Pharmacy Law Amendments³² of the Cheaper Medicines Law and its Implementing Rules and Regulations (IRR), the establishment of BnBs was made institutional and therefore its expansion was promoted to make cheaper medicines available in all areas especially in the poor barangays. Moreover, BnBs may put pressure on the private pharmaceutical outlets to bring down their prices due to market competition³³. BnB outlets can offer up to forty (40) essential drugs and medicines and are allowed to sell eight (8) prescription

²⁹ "Trade and Health: A Policy Paper" by Dr. Paz-Kraft.

³⁰ "2007 Philippines Midterm Progress Report on the MDGs", page 43.

³¹ PITC Pharmaceuticals, Incorporated: Accomplishment Report for 2008.

³² Two sections from the original Pharmacy Law or Republic Act Number 5921 (RA 5921) were amended in RA 9502. The amendments basically now allow supermarkets and other similar establishments to sell Over-The-Counter (OTC) drugs and medicines under the supervision of a pharmacist.

³³ From DOH-NCPAM.

Table 30. Number of *Botika ng Barangay* (BnB) outlets established per Center for Health Development (CHD), the Regional Offices of the DOH (as of April 2010)

	CHD NO.	Total No. of BnBs Established (2003-2010)
1	CHD I - La Union	1,361
2	CHD II - Cagayan Valley	379
3	CHD III - Central Luzon	1,675
4	CHD IV-A - CaLaBaRzon	1,651
5	CHD IV-B - MiMaRoPa	900
6	CHD V - Bicol	350
7	CHD VI - Iloilo City	1,650
8	CHD VII - Cebu City	689
9	CHD VIII - Tacloban City	973
10	CHD IX - Zamboanga City	604
11	CHD X - Cagayan de Oro City	986
12	CHD XI - Davao City	635
13	CHD XII - Cotabato City	374
14	CHD CAR	625
15	CHD NCR	621
16	CHD XIII - Caraga	450
17	ARMM	228
18	<i>Kabalikat ng Botika Binhi</i> (KBBI)*	392
19	National Pharmaceutical Foundation*	481
	T O T A L	15,024

Total target beneficiaries: 70% of the total population

Total program project cost: PHP 511,170,961.49

Source: DOH-NCPAM

preparations. As of April 2010, there are a total of 15,024 BnB outlets nationwide³⁴, a 102 percent increase from the 2006 number of outlets which is 7,437³⁵ (Table 30).

Based on the estimates of DOH-NCPAM, Table 31 shows that the increasing number of BnB outlets may have possibly contributed to the increasing ratio of the Philippine population that may have access to essential drugs per year.

In the year 2008, Republic Act (RA) Number 9502 or the "Universally Accessible Cheaper and Quality Medicines Act of 2008" or the Cheaper Medicines Law was

passed and signed into law and with the IRR followed within almost the end of the year.

The Cheaper Medicines Law tries to improve competition as a primary instrument by introducing the internationally-accepted Trade Related Intellectual Property and Services (TRIPS) flexibilities into the Intellectual Property (IP) Code that effectively amended and strengthened the said Law (i.e. it amends the IP Code of the Philippines or RA 8293) making it responsive to the drugs and medicines needs of the country. Moreover, it also amends the Pharmacy Law or RA 5921 and allows supermarkets and other retail

³⁴ From the DOH-NCPAM report "A Briefer on the Republic Act Number 9502 (RA 9502), "Universally Accessible Cheaper and Quality Medicines Act of 2008" or the Cheaper Medicines Law.

³⁵ 2007 Philippines Midterm Progress Report on the MDGs, page 43.



Table 31. Accomplishments on the establishment of Botikang Barangays (BnBs) in cooperation with NGOs, 2006-2008

Unit of Performance/Measure	Accomplishment Rate of Physical Targets			
Unit* of population with access to essential drugs	2006: 40.1%	2007: 52.8%	2008: 64.5%	2015: 85% (Target)

* [Formula is from DOH-NCPAM] [all in the same year]

Ratio = (Total No. of BnB Outlets/Total No. of Barangays) x Total Philippine Population [Census] x 2 [because 1 BnB Outlet can serve 2 adjacent Barangays]

Source: DOH-NCPAM

establishments to sell Over-the-Counter (OTC) and non-prescription drugs subject to the approval of the Bureau of Food and Drugs (BFAD). The Cheaper Medicines Law also tries to influence behaviour and improve availability of essential drug products by amending the Generics Law or RA 6675, introducing stiffer penalties against offenders of the Generics Law and requiring companies to have all generic versions of their products.

If all strategies of improving competition fail, RA 9502 provides for the powers of the State to regulate drug prices as a reserve instrument. The Law gave power to the Philippine President to regulate drug prices upon the recommendation of the Secretary of Health if there is no effective competition and for the Health Secretary to put up necessary systems and implement strategies to bring down prices of medicines and make medicines accessible, especially to the poor.

In compliance with RA 9502, the DOH Advisory Council for Price Regulation approved Resolution Number 2009-001 in order to implement voluntary price reduction commitments by pharmaceutical companies. Drug manufacturers/distributors should voluntarily reduce the prices of sixteen (16) molecules/active ingredients or their forty five (45) dosage strength and

forms by fifty percent (50%). Failure to do so will be sanctioned according to the penalties reflected in the Administrative Order (AO) of BFAD. Furthermore, issuance of Executive Order Number 821 (EO 821) listed another five (5) molecules or their twenty seven (27) dosage strength and forms under the Maximum Drug Retail Price (MDRP). These medicines are used to treat hypertension, diabetes, cancer, bacterial infections, and amoebiasis. Full implementation of the Resolution and EO took effect last 15 September 2009.

In addition, RA 9502 intends to further improve the capacity of BFAD. Thus, RA 9711 was passed in 2009 as the "Food and Drug Administration (FDA) Act OF 2009", renaming BFAD into FDA, to assure safety and quality of medicines. According to Section 31 of RA 9502, FDA is authorized to retain its income for its operations to improve the delivery of its services to the public. This includes hiring of more regulation officers and getting more state-of-the-art equipments.

Finally, some medical professionals³⁶ recommended that to have more access to essential drugs by a larger number of poor people, the government should have a scheme that goes beyond the cheaper medicines initiative by expanding the coverage of MDRP to include all

³⁶"Assessment of the Health Targets of the MTPDP" by Drs. Ramon Pedro P. Paterno and Paolo Victor N. Medina, and as presented by Dr. Alberto G. Romualdez, Jr., former Secretary of DOH before the Philippine (Lower) House of Congress.



essential medicines. Also, there should be an increased and sustained awareness and support of using generics not only among consumers, but among the health professionals as well. Health professionals should be educated and aware of using the Philippine National Drug Formulary (PNDF)³⁷ that shows the complete list of essential generic drugs procured and recommended by the National Formulary Committee (NFC) in prescribing cheaper, but quality essential medicines.

Key bottlenecks and priorities for action

Currently, many pharmaceutical companies are still in the process of slowly complying with the cheaper medicines law in reducing the selling prices of their innovative essential drug products to minimize revenue losses and be able to sustain and continue their businesses. They are still in the process of updating their production and distribution systems to meet the terms of RA 9502. As a matter of fact, the Philippine Hospital Association (PHA) supports the cheaper medicines law. However, the PHA members are concerned with their financial viability in the long run since the laboratory fees and pharmacy are the leading revenue-making centers in a hospital³⁸.

However, more important than the patent rights and business system upgrading, the primary issue to be addressed is the inaccessibility of essential medicines which can be due to the following reasons³⁹, among others:

Issues on availability of affordable quality medicines

Some cheaper but quality drugs are not available in the far flung areas of the country or even in certain urban areas. Not all retail outlets have the complete desired array of low-cost quality drugs and medicines to be sold to the public.

Monopolies and oligopolies

There exists limited competition for some very critical essential medicines. Whether this is due to few players in the manufacturing, trading, distributing, or retail end, the net effect is that prices for these goods, are dictated by the suppliers and providers and most of these prices are inaccessible to the poor and often, even to the middle-class.

Irrational drug prescribing, dispensing, and use

Behavior of providers and patients play a critical role to access and affordability.

- For providers of health care. The preference for certain products by health professionals, sometimes in the guise of quality and convenience, despite and in the face of less pricey but equally effective alternatives, limit the choice of patients and consumers. What doctors prescribe is what patients buy and if doctors have brand preferences, these ultimately limit the choices of patients. Even if there is a PNDP⁴⁰, pharmacists and dispensers in the retail outlets also many

³⁷ Drug formularies are used for improving quality and cost containment through rational drug use and managed procurement in many health insurance systems. In the Philippines, EO 49 mandates that all government drug procurement should be within the PNDP, including drug reimbursements by the Philippine Health Insurance Corporation (PhilHealth or PHIC), pursuant to its implementing rules. The PNDP is produced by the NFC of DOH.

³⁸ "Drug Price Regulation: Hospitals Hike Fees to Recoup Losses" by Donna Pazzibugan. Philippine Daily Inquirer, 16 September 2009. (<http://newsinfo.inquirer.net/inquirerheadlines/nation/view/20090916-225431/Hospitals-hike-fees-to-recoup-losses>)

³⁹ From DOH-NCPAM RA 9502 Briefer.

⁴⁰ PNDP System / Essential Drug Lists: Streamlining processes of placing drugs under the essential drug list. Identify most rational and cost-effective medicines to address major public health concerns, pursuant to AO 2006-0018.



times fail to educate these same patients on their choices.

- For consumers and patients. Price alternatives and limited choices make patients fail to complete their courses leading to resistance or treatment failures. Such would eventually require more expensive drugs to address.



Public-Private Partnership for a more available, affordable and accessible quality medicines

Since the initiative of reducing the prices of and making the essential medicines more accessible for the Filipino people, especially for the indigents, started in this present decade, many actions are currently being implemented to make the essential drugs more available, affordable and accessible in the Philippines. The government is doing its part by providing and implementing laws and other programs in strategizing to reduce the prices of medicines and increase its availability and accessibility. However, the government cannot do it alone. The cooperation and pro-action of the private institutions, local communities or other sectors possibly help in curbing the difficulty of having the right medicines for a healthy life for each Filipino.

One good example of this cooperation in a local community perspective is happening in the Province of Oriental Mindoro in the MIMAROPA Region (Region IV-B). The province's health goal, as part of the Provincewide Investment Plan for Health (PIPH) 2007-2010 for Oriental Mindoro, is to provide quality health services to the people of Oriental Mindoro through integrated approach based on DOH's FOURmula ONE (F1) for health. One component of F1 is health

Issues on the capacity of BFAD (now FDA)

Currently, FDA's monitoring capacity on all drug establishments and in assuring the public of safe, quality products has become very limited. FDA needs more support in hiring more qualified regulation officers, in establishing additional facilities or satellite offices and of procuring new state-of-the-art equipment so that FDA will be more efficient against unsafe drugs and illegal distributions of other drugs.

regulation and one of its activities is by improving access to low cost quality drugs/commodities. Oriental Mindoro gives more focus on drugs accessibility when complying with the health regulation of F1.

As presented by Dr. Normando Legaspi, Provincial Health Officer, any health system cannot function and will not achieve the desired health outcomes without essential medicines. The availability of affordable and effective drugs is, therefore, one of the most visible indicators of the quality of health services. With this, the province puts up BnB and Botika ng Lalawigan (BLOM) outlets and implements the PhP 100.00 Program for medicines. Any of these will not be possible without the following best practices of Oriental Mindoro: (a) strong local government support on the program through provision of space/location for BnBs and grant funds; (b) availability of Information, Education and Communication (IEC) materials on the health programs for dissemination; (c) BnB operators are provided information / educated before dispensing the BnB drugs; (d) creation of Alliance of BnB Operators (ABnBO) to give logistic support; (e) designation of BnB coordinators for monitoring and communication

related to the operations; (f) awarding of outstanding BnB operators as motivational tool; and, (g) having regular meetings of BnB operators for review and implementation of policies.

One way that the local government does to sustain such programs is that it requires the Municipal Health Officers (MHOs) and doctors from satellite hospitals to prescribe generic medicines available in the BnB outlet. Another is that the stakeholders monitor and evaluate all BnB projects and activities regularly.

Meanwhile, the BLOM outlets work as the distributors of the low cost drugs for the BnBs, Regional Health Units (RHUs) and other hospitals.

Regarding the PhP100.00 Medicine Program, all government hospitals in Oriental Mindoro will serve as distribution outlets of the PhP100.00

Medicine Treatment Packs. These are also included in the procurement program of the local government. Moreover, this medicine treatment pack scheme is supported by the province-wide health personnel.

As shown, an LGU and a cooperative community that work hand-in-hand are directed towards achieving the following: (a) provision of quality and affordable drugs; (b) better health outcomes (effective and efficient services); and, (c) more responsive health system (through accessible essential drugs).

Source: Making Medicines Accessible through Botika ng Barangay (BnB) and PhP100.00 Medicine Program”, a powerpoint presentation of Dr. Normando S. Legaspi, MHA, Provincial Health Officer II (PHO II) of Oriental Mindoro. This was presented in the DOH 10th National Health Sector Meeting (NHSM) in Bohol Tropics Resort, Tagbilaran City last 5-6 March 2009. (<http://home.doh.gov.ph/nhsm/10thNHSM.htm>)

2.8.4. Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Trends

The role of ICT in development has been recognized in the Philippines through the legislation of relevant policies such as the Public Telecommunications Policy Act of 1995 (RA 7925) and Electronic Commerce Act of 2000 (RA 8792). Recognizing the need to harmonize various ICT-related initiatives of the government, the former President Arroyo issued in 2004 Executive Order (EO) 269 creating the Commission for Information and Communications Technology (CICT) as the primary policy, planning, coordinating, implementing, regulating, and administrative entity of the executive branch of the government on ICT.

The Philippine Strategic Roadmap for the ICT Sector 2006-2010 provides for policy

directions and sustainable strategies for the development of ICT in the country. One of the strategies identified in the Roadmap is ensuring universal access to ICT, to enable individuals and communities to achieve their full potential for development and improvement of their quality of life.

The construction of ICT facilities and delivery of ICT services in the Philippines are widely participated by the private sector. The government's role is mostly to issue related policies that would provide an environment that ensures reliable, affordable and viable ICT infrastructure and services. The National Telecommunications Commission (NTC) reports that in 2009, there were 71 local exchange operators, 13 inter-exchange operators, 11 international gateway facility companies, 10 cellular mobile phone operators, 241 internet service providers (ISPs)⁴² and 590 value-added service providers in the country.

⁴² Refers to the number of ISPs registered with the NTC Central Office



Fixed telephone lines per 100 population

Table 32 shows that in 2009, there were 6.78 million installed fixed telephone lines in the country of which 3.43 million were subscribed. This translates to an installed fixed line density⁴³ of 7.35 and a subscribed fixed line density⁴⁴ of 3.72. Statistics from the International Telecommunication Union (ITU) show that in 2009, the Philippines has the fourth lowest subscribed fixed line density among the Association of South East Asian Nations (ASEAN) member countries, only higher than Cambodia, Myanmar and Lao PDR.

While only 12 percent of the total population lived in NCR in 2009, it accounted for about 52 percent of the total fixed line

subscribers and had the highest subscribed fixed line density (15.67) among the regions in the country. Regions IV⁴⁵ and III, parts of which immediately surround the NCR, are the second and third regions with the highest number of telephone subscribers. The only other regions which had significant number of subscribers were Regions VII and XI, where the cities of Cebu and Davao, the commercial cores of Visayas and Mindanao respectively, are located. These show that fixed telephone line subscription is concentrated in areas where there are urban centers.

Fixed line subscription was lowest in ARMM at 0.07 per 100 population. The other regions with fixed line subscription registering less than 1 per 100 population are Regions VIII and II.

Table 32. Fixed telephone line subscription, by region, 2009

Region	Population estimate	Estimated no. of installed lines	Estimated no. of subscribed lines	Installed lines per 100 population	Subscribed lines per 100 population
CAR	1,659,800	79,424	42,048	4.78	2.53
I	5,073,100	186,795	62,678	3.68	1.23
II	3,307,100	49,561	27,275	1.50	0.82
III	9,964,300	420,352	253,518	4.22	2.54
IV*	14,594,400	1,103,125	453,839	7.59	3.11
V	5,604,600	122,691	59,295	2.19	1.06
VI	7,432,400	433,780	192,098	5.83	2.58
VII	6,890,800	452,499	234,739	6.57	3.41
VIII	4,358,900	159,384	35,394	3.66	0.81
IX	3,418,800	41,443	36,038	1.21	1.05
X	4,260,400	157,595	61,662	3.70	1.45
XI	4,291,900	283,927	102,262	6.61	2.38
XII	3,991,800	78,894	47,888	1.98	1.20
Caraga	2,501,400	130,088	34,468	5.20	1.38
ARMM	3,473,600	32,424	2,442	0.93	0.07
NCR	11,403,300	3,051,390	1,787,528	26.76	15.67
Total	92,226,600	6,783,372	3,433,172	7.35	3.72

*Disaggregated data for Regions IV-A and IV-B not available.

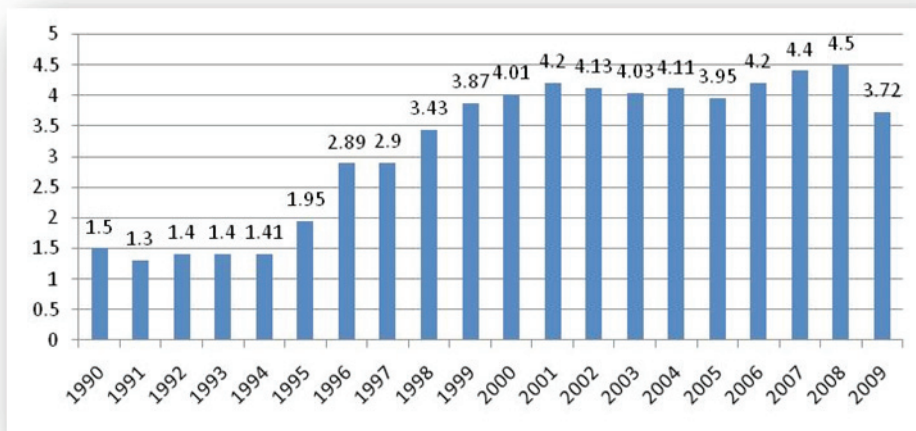
Source: NTC and NSO

⁴³ Installed fixed line density refers to the total number of telephone lines per 100 population.

⁴⁴ Subscribed fixed line density refers to the total number of subscribed telephone lines per 100 population.

⁴⁵ Disaggregated data for Regions IV-A and IV-B are not available. However, available statistics from the NTC reflect that at least 1.04 million of the reported 1.10 million fixed telephone lines are installed in Region IV-A. Provinces consisting Region IV-A are relatively closer to NCR.

Figure 75. Fixed telephone line subscription per 100 population, 1990-2009



Source: NTC

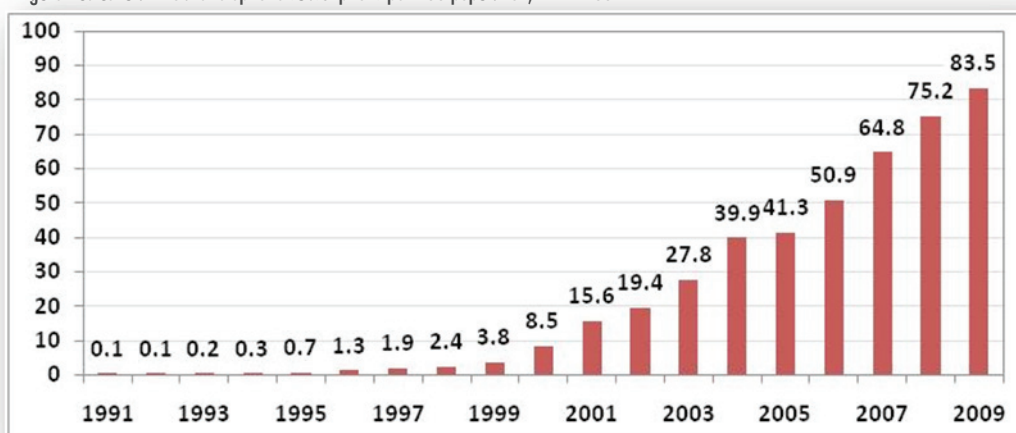
Overall, the country's fixed line subscription has grown from 1.5 per 100 population in 1990 to 4.2 per 100 population in 2001 (Figure 75). However, the growth in subscription slowed down starting 2002. In 2009, only 51% of the 6.78 million installed fixed telephone lines were subscribed and subscription dropped to 3.72 lines per 100 population. This decline in fixed telephone line subscription may have been the effect of the increase in the number of cellular mobile telephone service (CMTS) subscription in the country.

Cellular subscribers per 100 population

The CMTS in the Philippines has steadily grown from 33,800 in 1991 to 77.04 million subscribers in 2009 (Table 33). CMTS has touched the lives of many including those in the rural areas. CMTS subscription registered a remarkable growth from 0.1 subscribers per 100 population in 1991 to 83.5 per 100 population in 2009 (Figure 76).

Mobile telephones are more widely used and distributed in the country, and serve as

Figure 76. Cellular mobile telephone subscriptions per 100 population, 1991-2009



Source: NTC



Table 33. CMTS subscription, 1991-2009

Year	Number of subscribers
1991	33,800
1995	493,862
2000	6,454,359
2001	12,159,163
2002	15,383,001
2003	22,509,560
2004	32,935,875
2005	33,778,995
2006	42,868,911
2007	57,334,815
2008	68,094,756
2009	77,043,460

Source: NTC

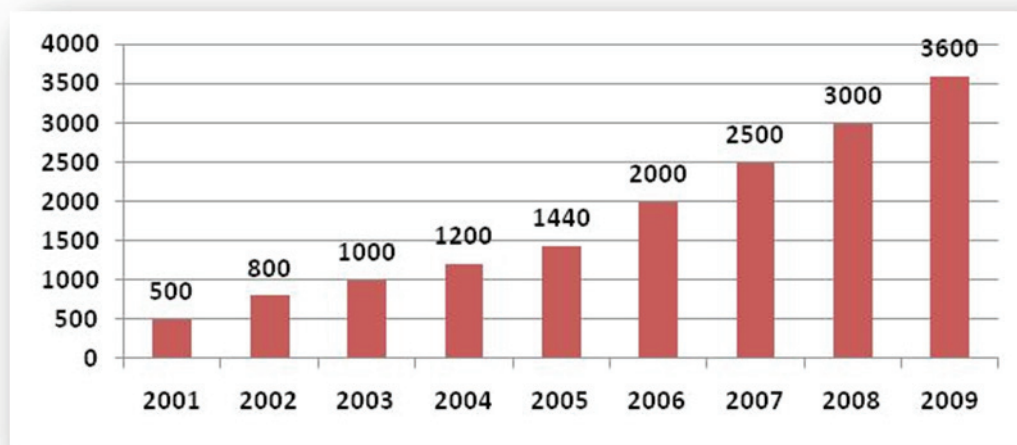
substitutes for fixed lines. The introduction of the pre-paid payment scheme for CMTS in 1997 contributed in bringing the service to a greater number of Filipinos. Short messaging system (SMS) dominated the mobile market. With the estimate of 2 billion text messages sent daily, the Philippines is one of the countries with the highest rate of text messaging usage worldwide. Improvements in multimedia messaging service (MMS) were introduced in 2004

with the third generation (3G) mobile communication technology. However, despite the significant growth in CMTS subscription in the country, statistics from the ITU show that in 2009, the Philippines only ranks sixth among the ASEAN member countries in terms of CMTS subscription per 100 population.

Internet users per 100 population

On internet subscription, the NTC estimates that there were about 3.6 million⁴⁶ internet subscribers in the Philippines in 2009 served by 241 ISPs⁴⁷ (Figure 77). This indicates that the number of internet subscribers increased by almost seven folds from the 2001 estimate of 500,000 subscribers. Despite this growth, internet penetration in the Philippines remains low. ITU statistics show that in 2009, there were only 5.96 million internet users in the country (Table 34), translating to about 6.47 internet users per 100 population. This places the Philippines as the fourth country with the lowest number of internet users per 100 population among the ASEAN nations, far

Figure 77. Estimated number of internet subscribers ('000), 2001-2009

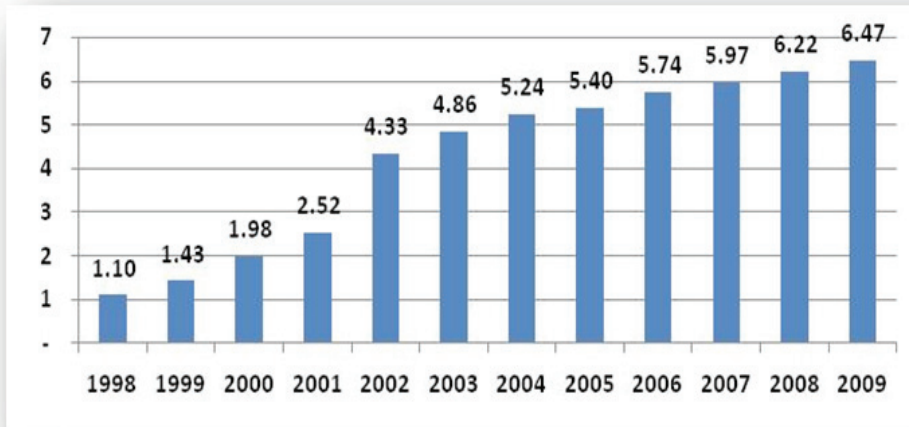


Source: NTC

⁴⁶ NTC estimates are based on a 20 percent projected annual growth in internet subscription

⁴⁷ Refers to the number of ISPs registered with the NTC Central Office

Figure 78. Internet users per 100 population, 1998-2009



Source: International Telecommunication Union

from the top three ASEAN countries which posted the highest number of internet users per 100 population: Brunei Darussalam (79.78 users per 100 population), Singapore (77.23) and Malaysia (57.61).

Key bottlenecks

Generally, ICT has significantly contributed to the country's development with the delivery of innovative applications in government, commerce, education, health services, and many other fields. It has played a role in improving the knowledge and skills of Filipinos and has provided employment opportunities for many. The Offshoring and Outsourcing (O&O) industry, which is the country's ICT channel supported by a high bandwidth fiber optic backbone and digital network, has become an established industry. The O&O industry is home to numerous cyberservice providers that supply expert services in various high performance sectors like the call centers, business process outsourcing (BPOs), animation, medical and legal transcription,

Table 34. Internet usage in the Philippines, 2001-2009

Year	Estimated no. of internet users ('000)
2001	2,000
2002	3,500
2003	4,000
2004	4,400
2005	4,615
2006	5,000
2007	5,300
2008	5,618
2009	5,955

Source: International Telecommunication Union

software development, engineering and design and game development. In 2006, it generated 235,000 jobs for Filipinos and US\$12 billion in revenues.

But despite significant developments in the ICT sector in the past years, challenges that need to be addressed towards bridging the digital divide in the country, i.e., addressing the disparity between those who have access to and use of ICT and those who do not, still remain.

Infrastructure limitations have affected the availability of internet services to the



general population. Although digital infrastructure offering faster internet services are largely available, there are still areas in the country not reached and that depend only on technologies which offer lower service capacity. Availment of internet services in these areas is costly. The relatively high cost of total ownership also affects the access of the public to internet services. The cost of a basic laptop or a personal computer necessary for internet usage, plus the monthly subscription is still unaffordable especially for lower-income households. Electricity access is also a factor which limits access to internet services.

Possible solutions

To address these challenges, the creation of an enabling socio-economic and political environment to attract private investments for digital infrastructure in the country has to be realized, to achieve the “last mile” connection, from the network backbone to the end-user. Government firmly believes in the pre-eminent role of the private sector in providing ICT goods and services to the public. The lack of clear and up-to-date policies and strategies to promote market competition and ensure innovative and more efficient services at lower costs has discouraged the entry of investments in the sector. Thus, there is a need to put in place policy and regulation reforms responsive to technological and market changes, which are fair for both market players and consumers.

Towards this end, close coordination between the executive and legislative branches of the government on proposed ICT-related bills is being carried-out. These bills include the: (a) Department of Information

and Communications Technology (DICT) Bill which proposes the creation of the DICT which will serve as the primary agency of the executive branch to ensure effective policy, planning coordination and implementation of the country’s national ICT agenda; (b) Convergence Bill to optimize the use of available infrastructure and encourage more capital infusion for digital expansion and development; (c) Cybercrime Prevention Act to allow the country to effectively prevent and combat cybercrimes; and (d) NTC Institutional Strengthening Bill which seeks to make the NTC more responsive to the continuing dynamism of the telecommunications sector. The review and amendment of RA 7925 is also being pursued to take into consideration new technological developments towards achieving adequate distribution of basic telephone services throughout the country.

Efforts have also been exerted to bring ICT services to the unserved and underserved areas. The CITC is currently implementing the Community e-Center (CeC) Program aimed at establishing public access points that will provide the general public with affordable access to ICT-enabled services, such as internet access, email, fax, voice-over internet protocol, distance learning and other online community-based services. The Strategic Roadmap of the Philippine CeC Program 2008-2010 envisions the establishment of CeCs in every municipality in the Philippines through a multi-sectoral partnership engaging various national and local government agencies, funding agencies, development institutions, NGOs and the local communities. The CITC reports that as of March 2010, the Program had established CeCs in 660 municipalities in the country.





Gearing Up Internet Literacy and Access for Students (GILAS)

Gearing Up Internet Literacy and Access for Students, or GILAS, is a multi-sectoral initiative composed mainly of corporations and concerned non-profit institutions that recognize the need to invest in bridging the digital divide among the youth.

GILAS was conceptualized in 2005 as a way of “levelling the playing field” for Filipino students by providing them with access to the internet. Recognizing the growing importance of the internet as means of accessing a world of information and resources, the GILAS program aims to increase access to this important communication and education tool by providing computers and internet connectivity to public high schools.

GILAS reported that from 2005-2009, the program has provided internet connections to 2,517 public high schools in the country (39 percent of the total number of public high schools in the country) and provided training on internet literacy, local area network (LAN) administration, personal computer (PC) maintenance and trouble shooting, and program sustainability to a total of 11,621 teachers. As the GILAS expanded schools’ and students’ connectivity to the internet, it has

also increased its network of multi-sectoral partners for resource generation such as corporations, non-profit organizations, government at the local and national level, and local and international donors through the private-public partnership scheme (PPP) of leveraging funds.

By the end of 2009, cumulative funds raised through GILAS amounted to PhP281, 379, 172. Fifty-one (51) percent of these funds came from the private sector through donations from local and foreign companies, 34 percent from the public sector (counterpart funding from the Philippine Charity Sweepstakes Office (PCSO), local governments and legislators through the Priority Development Assistance Fund (PDAF) and Congressional Initiative Allocation (CIA)), and the remaining 15 percent from the donations made by Filipino-Americans (individuals and groups/associations) and US-based corporations through Ayala Foundation-USA.

Sources:

GILAS. 2009. On the Road to Sustainability: GILAS 2009 Annual Report.

GILAS. 2010. About Gilas (http://www.gilas.org/index.php?option=com_content&view=article&id=41&Itemid=4). Accessed on 15 July 2010.



2.9 Financing the MDGs

Trends in public expenditures

National government

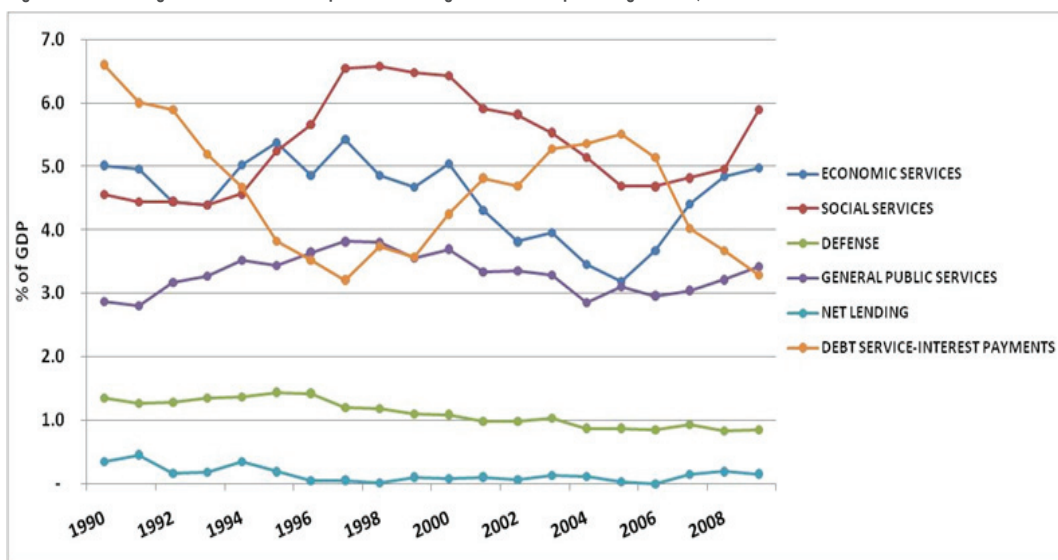
MDGs are mostly reflected in the government expenditures for social and economic services. Based on the DBM Budget of Expenditures and Sources of Financing, national government expenditures for social and economic services had declined since the late 1990s until 2005. Figure 79 shows that social services expenditures as percentage of GDP has steadily decreased from 1999 (6.48%) down to 2005 (4.69%). Also, expenditures for economic services as percentage of GDP have been in a downward trend from 1990 (5.01) to 2005 (3.19).

Figure 80 shows similar trend in social and economic services as a percentage of total national government expenditures. It is noted that national government deficit deteriorated from 1.9 percent of GDP in 1998

to 5.3 percent of GDP in 2002. Government revenue and tax collection, as percentage of GDP, also continued to deteriorate from 17.4 percent of GDP in 1998 to 14.8 percent in 2005. Spending for social and economic services was constrained by the constriction in expenditures coupled with the steady increase in the share of the debt service payments.

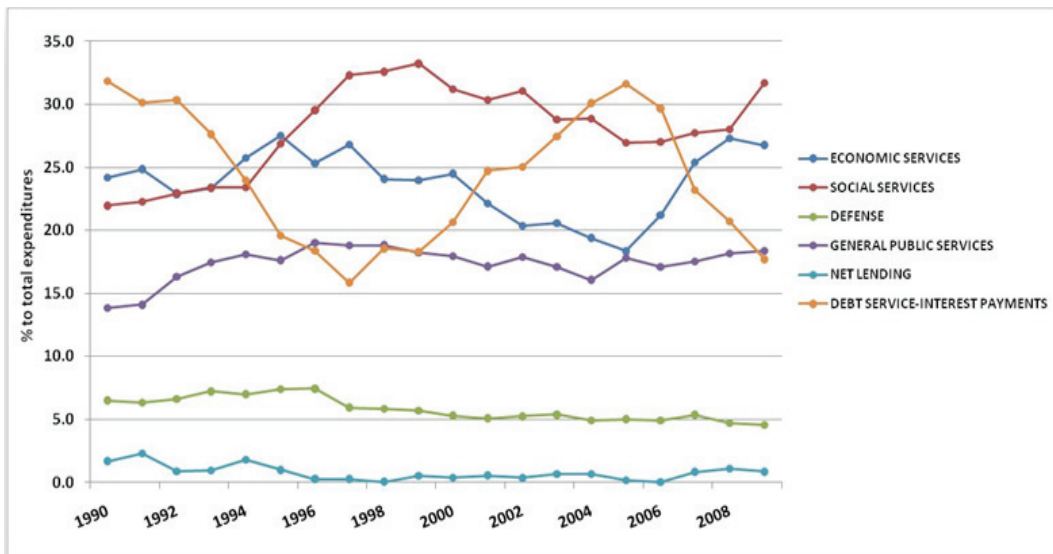
Modest improvements in expenditures, however, were noted starting 2006 until 2008. This may be attributed to higher government expenditures as a result of new revenue measures and reforms in tax administration instituted by government in 2005 and 2006. The improving performance, however, was not sustained in 2008. The budget deficit went up in 2009 mainly due to weak government revenue collection and higher government spending to provide stimulus to the economy during the global economic crisis. The weak revenue collection was exacerbated by the passage in 2008 and 2009 of several revenue eroding

Figure 79. National government sectoral expenditures (obligation basis) as percentage of GDP, 1990-2009



Source: DBM

Figure 80. National government sectoral expenditures (obligation basis) as percentage of total expenditures, 1990-2009



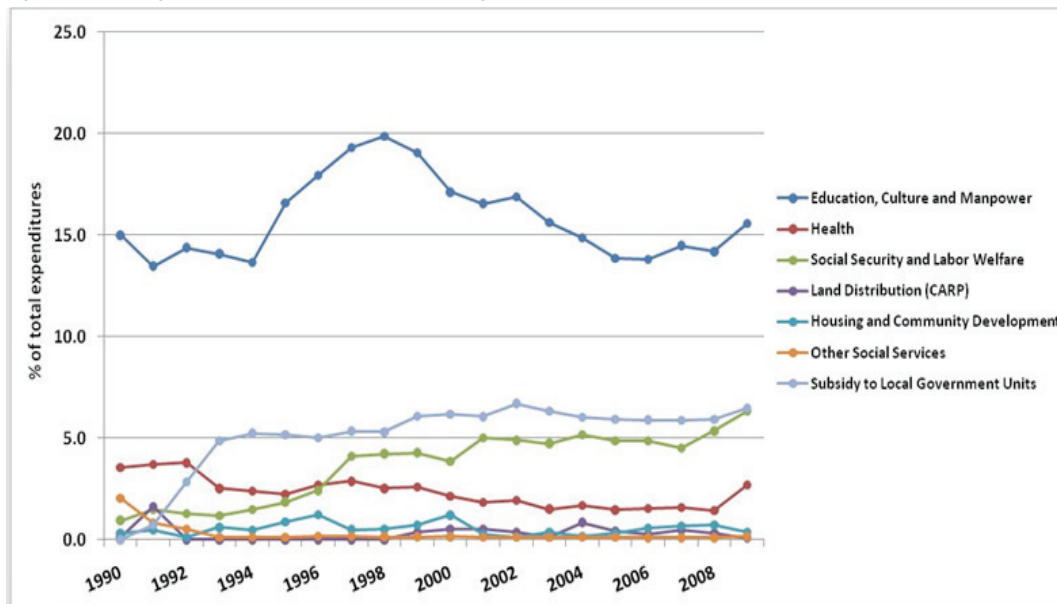
Source: DBM

legislative measures which may have led to government's potential loss of billions of pesos.

Figures 81 and 82 show the breakdown of social services expenditures by subsector. Historically, the education, culture and manpower development had received the largest share from the budget, averaging

about 17 percent of the NG total expenditures for the period 1990-2009. This is below the international standard of allocating 20 percent of total budget expenditures for education. Over the years, the share of education to total NG expenditures has been shrinking: 19.88 percent in 1998; 19.06 percent in 1999; and, 13.80 percent in 2006. As a percentage of the GDP, NG

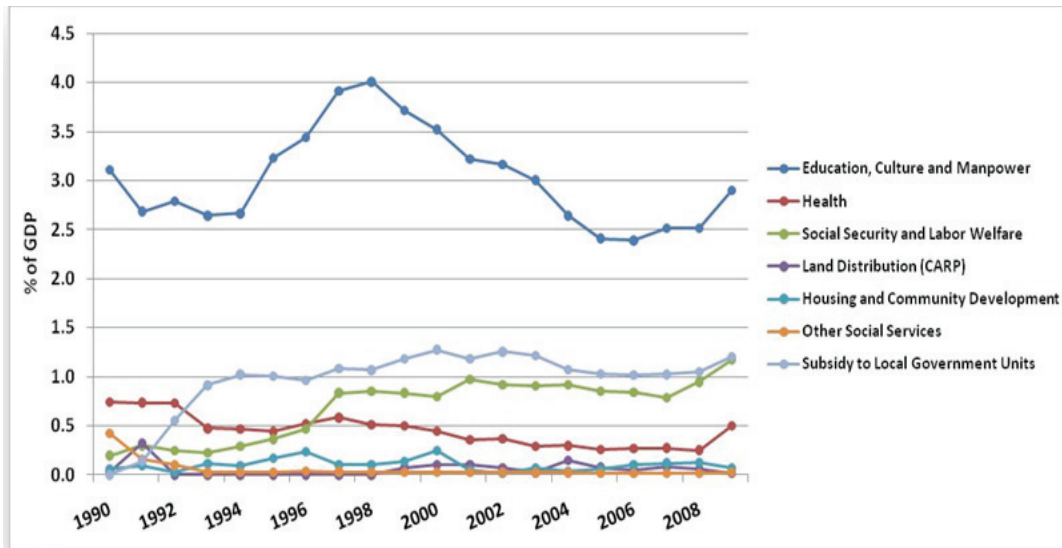
Figure 81. National government social expenditures as percentage of total expenditures, 1990-2009



Source: DBM



Figure 82. National Government social expenditures as percentage of GDP, 1990-2009



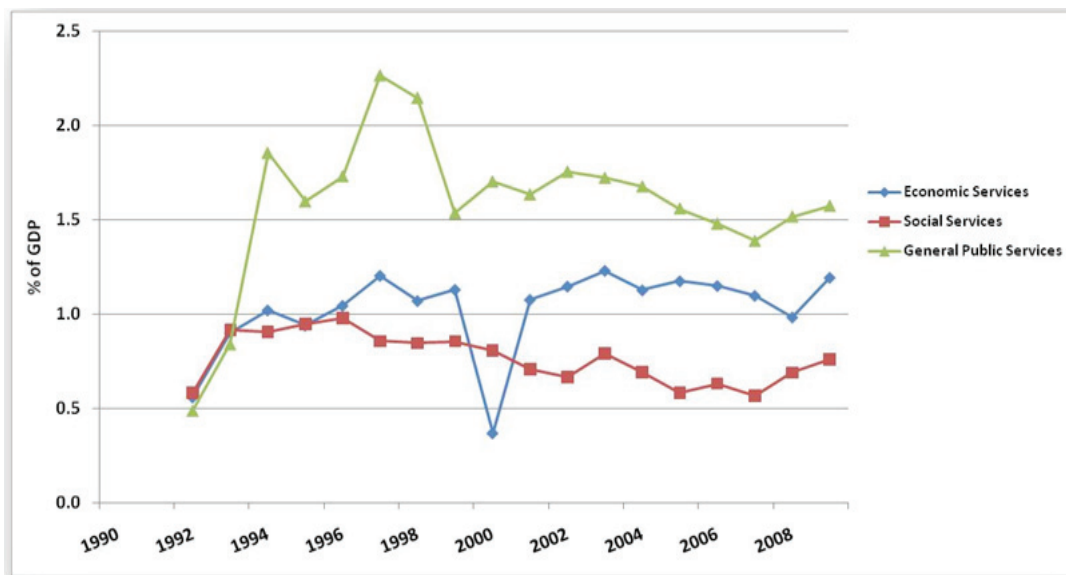
Source: DBM

expenditure on education was highest in 1998 at 4.0 percent of GDP. Since then, it has been declining and by 2009, it was down to 2.5 percent. UNESCO sets the desirable level of expenditure for education at 6.0 percent of GDP.

As can be gleaned from Figure 82, the NG share of health expenditures

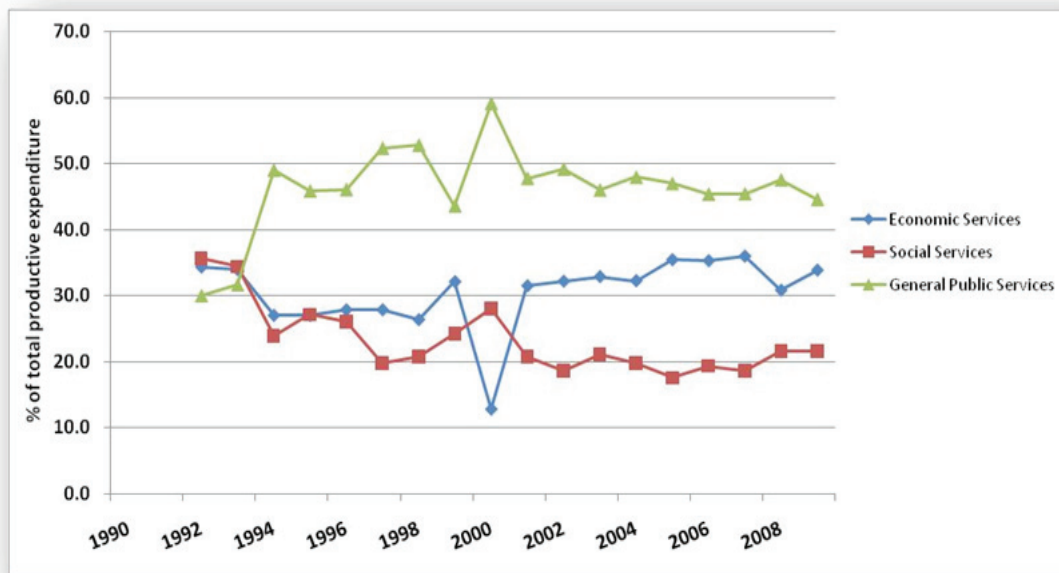
to GDP has generally declined: 0.7 percent in 1990; 0.4 percent in 1995; 0.4 percent in 2000; and, 0.3 percent in 2008. Based on the 2005 Philippine National Health Accounts (PNHA), the share of total health expenditure (NG, LGU, social insurance, private sources) to GDP was 3.4 percent and 3.3 percent in 2004 and 2005, respectively. This is

Figure 83. Sectoral distribution of LGU expenditure as percentage of GDP, 1992-2009



Source: DBM

Figure 84. Sectoral distribution of LGU expenditures as percentage of total productive expenditures, 1992-2009



Source: DBM

below the 5 percent standard set by the World Health Organization (WHO) for developing countries.

Local government

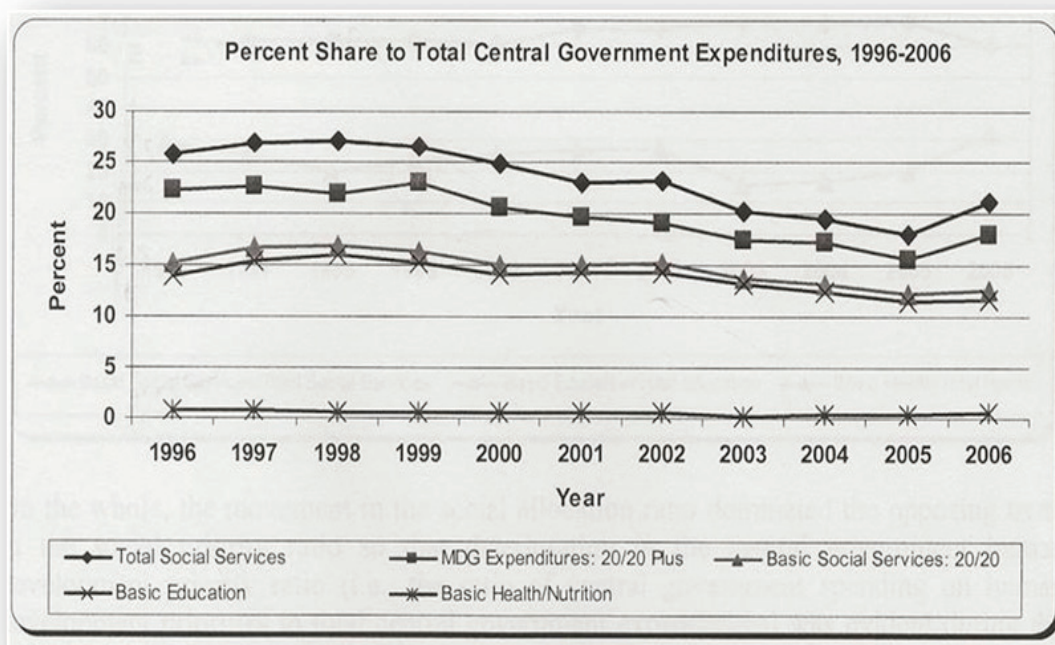
LGU expenditures contracted from 2001 to 2005, after exhibiting an upward trend during the period 1996-2000. Figures 83 and 84 show that social sectors appeared to have been given lower priority relative to the other sectors, e.g., public administration.

According to Manasan (2007), economic uncertainties and the fiscal constraints have reduced not only the amount of the overall LGU spending but also the budget share of the social service sectors in 2001-2006. The decline in LGU spending on social services in real per capita terms, subsequently has negative implications on the service delivery levels of these sectors.

Resource requirements and expenditures for the MDGs

In 2006, a study conducted by Manasan (Financing the MDGs: The Philippines) estimated the financing requirements of the MDGs. These covered consolidated requirements for the central government and LGUs for poverty reduction, universal access to complete primary education, health-related MDGs and improved access to water supply and sanitation. For the year 2010 alone, based on high-cost assumption and using the MTPDP GDP growth rate, a high PhP112.2 billion (1.16% of GDP) is needed to fill in the resource gap for MDGs where PhP53.3 billion is for education, PhP9.1 billion is for health, PhP305 million is for water and sanitation, and PhP49.5 billion is for poverty reduction. For the period 2010-2015, around PhP480.8 billion (0.67% of GDP) is needed to meet the targets.

Figure 85. Percent share of MDG expenditures to total central government expenditures, 1996-2006



Source: Manasan, Policy Study on the National and Local Government Expenditures for MDGs, 2007

These estimates highlight the fact that the Philippines has to double up its efforts and spur collective action over the final five years towards the 2015 MDG target.

A study by Manasan show a downward trend in the MDG expenditures, as a percentage of central government expenditures, particularly from 1999 (23%) to 2005 (15%), but somewhat recovered in 2006 (17.9%). Manasan analyzed that this sharp decline is due to the contraction in the budget share of pro-poor infrastructure in total NG spending (Figure 85). Consequently, real per capita NG spending on MDG interventions (in 2000 prices) decreased from PhP1,959 in 1997 to PhP1,319 in 2005 before recovering at PhP1,550 in 2006. At the local level, the share of MDG expenditures in the total LGU budget declined from 32.1 percent in 1997 to 25.4 percent in 2003 (Figure 86). As a result, real per capita LGU spending

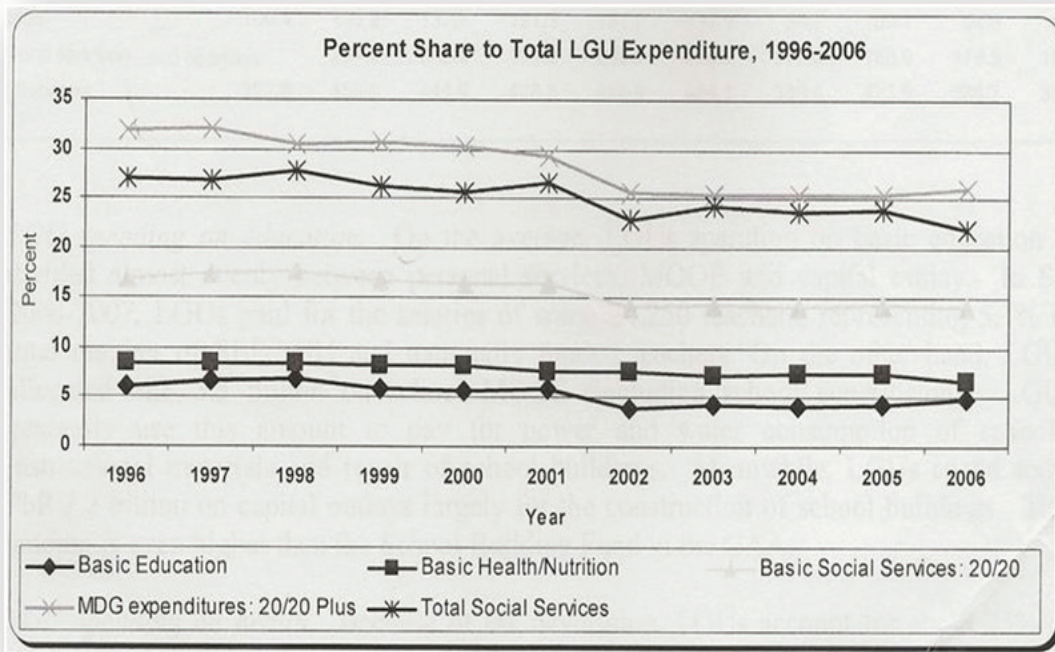
on MDG interventions (in 2000 prices) decreased from PhP540 in 1997 to PhP384 in 2005.

The composition of NG expenditures on the MDGs was also analyzed where on the average (1996, 2001 and 2006), 78 percent of its total MDG spending went to basic social services, 14 percent to pro-poor infrastructure, 5.5 percent to income enhancement measures, and 2.4 percent to land redistribution. On the other hand, LGUs allocate around 55 percent to basic social services, 44 percent to pro-poor infrastructure and less than 0.5 percent to income enhancement measures.

Bridging the financing gap: facilitating factors and bottlenecks

There is a conducive policy and institutional environment for the attainment of the

Figure 86. Percent share of MDG expenditures to total LGU expenditures, 1996-2006



Source: Manasan, Policy Study on the National and Local Government Expenditures for MDGs, 2007

MDG goals in the country. Policy thrusts in the MTPDP are supportive of the MDGs and appropriate institutions are implementing these policies and corresponding programs. However, much needs to be done in fully implementing and putting into action as well as sustaining these initiatives to address the financing gap for the MDGs.

Prioritizing MDGs in the budget

- The MTPDP 2004-2010, the country's blueprint for development, and its accompanying MTPIP 2005-2010, have adopted the MDG framework putting priorities on policies and strategies that support the attainment of the MDGs. As a result of the strong advocacy for the MDGs, these are prioritized in the budget. Since 2006, funding MDG-related programs, activities and projects (PAPs) has been underscored in the DBM's issuance of guidelines and procedures in the preparation of national

and local budget. For instance, in 2010, National Budget Memorandum No. 103, "Policy Guidelines and Procedures in the Preparation of the FY 2010 Budget Proposals" states that "the FY 2010 Budget will reflect the Arroyo Administration's commitment to the strategy of fiscal consolidation, completion of the ten-point agenda, key programs stated in the various State of the Nation Addresses and the MDGs".

- The budget strategy papers in 2007 led to the identification of basic education and infrastructure as high priority sectors in the allocation of budget. In 2008 basic health was added to the high priority list. Because of increased awareness on the importance of MDGs, government oversight agencies such as the DBM, DOF and NEDA and concerned line agencies are taking deliberate efforts to rationalize and prioritize scarce resources around the critical requirements of the MDGs. This has



been observed in the ongoing preparation of the country's budget strategy paper for FY 2011, particularly for the Departments of Health, Education, and Social Welfare and Development.

In the health sector, the DOH developed and updated the Health Expenditure Framework whose objective is to develop a multiyear expenditure plan for DOH consistent with attaining the MDGs, among others. This is to better align DOH budget with policy priorities within the medium-term and to ensure that all priority health programs are funded for the coming years.

The DSWD's budget strategy for 2010 and 2011 prioritizes programs related to conditional cash transfer and national household targeting which support the MDG goals on education and health.

• A policy study on the national and local government expenditures for MDGs for the period 2000-2005 was conducted to analyze the trends on the MDG expenditures of national and local governments. Based on the results of this study, the government recognized the importance of generating this information to aid government in formulating policies and strategies that will help increase government revenues and increase allocation of resources for the MDG-related initiatives that require additional funding. However, existing government budget reporting system does not readily show whether MDGs are prioritized in the budget and whether the budget is actually spent for the MDGs. It was in this light that the DBM and NEDA agreed to develop and pilot test among government agencies a set of budget monitoring tools for the MDGs. Some observations

made were the following: difficulty of disaggregating programs and budget according to MDG goals; low utilization of budget allocation for the implementation of most MDG-related PAPs. Subsequently, NEDA and DBM agreed to develop and issue a Joint Circular on the "Guidelines in Institutionalizing Reporting of Budget Allocations and Expenditures for the MDGs to National Government Agencies and Government-Owned and/or Controlled Corporations and other agencies". The reporting of the MDG budget allocation and expenditures shall be integrated into the existing monitoring and evaluation systems of the concerned agencies and shall be linked with the Organizational Performance Indicator Frameworks (OPIFs) of the agencies. The budget monitoring guidelines are expected to be adopted in 2010.

Resource generation for the MDGs

• The improvement in the NG's fiscal position particularly in 2003-2005, was largely due to expenditure constriction rather than an improvement in the tax effort (Manasan, PIDS Policy Notes No. 2007-08). Expenditure adjustments were made at the expense of productive expenditures (services of various sectors) since debt service payments were rigid and remained at high levels.

• NG total revenues increased from 14.4% of GDP in 2004 to 16.1% of GDP in 2006. This improvement in the revenue effort was primarily due to the increase in the excise tax rate on sin products in 2005 and the increase in the VAT rate from 10-12% in 2006, which is actually a change in tax policy and not an improvement in collection efficiency. After the high accomplishments of tax collection

agencies in 2006, the problem is in sustaining improvement in tax administration. Also, the positive revenue impact of the excise tax amendment and the reformed VAT law is expected to wane as both measures have built-in sunset provisions (Manasan, PIDS Policy Notes No. 2007-08).

- The donor community has been very supportive of the MDGs. The Philippines has been selected as one of the countries to be assisted by the Government of Spain and UNDP through the MDG Achievement Fund (MDG-F). Launched in 2007, MDG-F aims to: support policies and programs that promise significant and measurable impact on selected MDGs; finance the testing and/or scaling up of successful models; catalyze innovations in development practice; and adopt mechanisms that improve the quality of aid as foreseen in the Paris Declaration on Aid Effectiveness. Of the eight thematic windows, the Philippines was able to secure the approval of US\$22.787M under four windows, namely: a) Environment and Climate Change - Strengthening the Philippines' Institutional Capacity to Adapt to Climate Change (US\$8M, 2008-2010); b) Economic Governance - Enhancing Access to the Provision of Water Services (US\$5.4M, 2009-2012); c) Youth, Employment and Migration - Alternatives to Migration: Decent Jobs for Filipino Youth (US\$6M, 2009-2011); and d) Children, Food Security and Nutrition - Ensuring Food Security and Nutrition for Children 0-2 years old (US\$3.5M, 2009-2012).

- The UN System in the Philippines and its 30-member UN agencies including the International Finance Institutions like World Bank and Asian Development Bank fully support the achievement of the MDGs.

Programmes funded are aligned to the higher goal of contributing to the attainment of the MDGs by 2015.

- The Priority Development Assistance Fund (PDAF) of Congress has also been tapped for the MDGs. As cited from the 2007 study of Manasan, P6.2B and P5.3B were obligated as part of the PDAF in 2003 and 2005, respectively. MDG PAPs, however, were only able to capture 22% and 34% respectively of PDAF allocations in those years.

Efficiency in use of resources

- Despite the low budget for their programs, some social sector agencies have not been able to fully spend their appropriation cover in 2004 and 2005. For example, the DepEd, in 2004, registered low utilization rates in teacher training (less than 1%), and purchase of armchairs (0.08%) and in 2005, low utilization rates in support to distance education (56%), hiring of new teachers (47%), acquisition of textbooks (78%), creation of principal positions (61%). The DOH had low utilization rates in the following: disease surveillance (80% in 2004 and 38% in 2005), TB control (87% in 2005), malaria control (60% in 2004, and 40% in 2005), prevention and control of other communicable diseases (77% in 2004 and 85% in 2005), social health insurance (62% in 2004 and 35% in 2005). There is a need to clarify whether this is due to poor absorptive capacity or late/non-release of funding authority or cash allocation. The underlying reasons for the low utilization rates should be identified and addressed, e.g., procurement process, and should not automatically be used as a justification for budget cut considering



that these are critical social programs (Manasan, PIDS Policy Notes, 2007).

- Based on studies by Manasan and the Development Academy of the Philippines (DAP), there is a need to reduce leakages in PAPs implementation through better targeting of poor households. There are too many, small, uncoordinated and overlapping anti-poverty and social protection programs which do not make impact in reducing poverty. Based on the results of the studies, some PAPs will have to be merged, while others have to be improved in terms of design and targeting system. With the creation of the Subcommittee on Social Protection under the NEDA Board-Social Development Committee in 2010, these concerns will be addressed. The Subcommittee aims among others, to operationalize the convergence of anti-poverty and social protection programs in the 4Ps areas, and the formulation of a five-year Social Protection Plan.

- Poor governance including corruption and lack of transparency is a major constraint in providing adequate financing for MDGs because: (a) there is loss in government revenue and there is high cost of operating government programs and projects which lead to reduction in government spending for social services; and, (b) there is loss of investors' confidence inhibiting foreign and domestic investments necessary to economic and human capital growth.

Encouraging LGUs to invest in MDGs

- DBM issued Local Budget Memorandum No. 61 which included MDG localization

as part of the Initial FY 2010 IRA and other related budget preparations. This is a significant move that DBM initiated in an effort to emphasize the importance of localizing the MDGs.

- To encourage LGUs to spend, a tool which includes a suggested list of MDG-related PAPs, was developed by DILG that will help LGUs estimate financial requirements of their selected projects based on the menu of options to contribute to the achievement of the MDGs

- The Municipal Development Fund Office (MDFO) of Department of Finance allocated PhP500 million from the MDF Second Generation Fund to establish and finance the MDG Fund Facility to support and fund LGU initiatives that directly contribute to the attainment of the MDGs. As of October 2009, 21 sub-projects have been approved amounting to PhP335.6 million. Twelve more subprojects are in different stages of processing for approval. Poor LGUs, however, had not been able to fully tap this fund facility because of difficulty in putting up counterpart/equity requirements.

Harnessing the partnership with civil society and the private sector

- The UNDP-funded, Social Watch Philippines (SWP)-led Philippines Alternative Budget Initiative (ABI) is one of the best practices in budget advocacy where civil society organizations and the legislature worked together for an alternative budget proposal that puts social development as top priority. A pioneering campaign on people's participation in the budget process, ABI formulated alternative budget proposals to ensure greater budgetary

allocations for critical social and economic services. It lobbies for the realignment of budget items which are unnecessary, highly discretionary, with vague provisions and prone to abuse, as sources of financing. ABI has successfully campaigned for the following: inclusion of additional PhP5.2 billion allocation in the 2007 General Appropriations Act (GAA) for education; the additional budget allocation was allocated for construction of classrooms, food supplements, hiring of new teachers and additional scholarships for tertiary education. Because of ABI, around PhP6.3 billion and PhP7.7 billion were reallocated for MDG related initiatives for 2008 and 2009 respectively.

- The business sector led by the Philippine Business for Social Progress (PBSP) is a major partner in pushing for the MDGs. For the period 2004-2009, the business sector committed around PhP3.2B to consolidate and scale up successful programs along poverty reduction, small and medium enterprise development, basic education, water and health. As of July 2009, an estimated amount of PhP2.8 billion was invested by the business sector through the Business and the MDGs Program.

Debt sustainability

- In 2006, an innovative approach to finance the MDGs was put forward by then Speaker of the House Jose De Venecia Jr.--the Debt-for-MDGs conversion scheme. The approach is a Debt-for-Equity arrangement to fund MDG-related programs and projects that involves the conversion of 50 percent of the debt owed by the 100 highly indebted countries into equity investments in MDG projects.

Under the Philippine proposal, the participation by creditors in the program will be voluntary and they are given the option to choose which MDG projects to support in a specific debtor-country. The Philippines is the main proponent of the Debt for Equity in MDG Projects proposal, and initially introduced the concept during the 61st Session of the United Nations General Assembly (UNGA) where it successfully inserted a provision on this idea in the resolution on External Debt Crisis and Development. During the 62nd UNGA Session, the Philippine proposal was again included in the same resolution.

The ASEAN fully supported this scheme during its summit in January 2007. Previous debt swaps arrangements by the Philippines had been on environment. This scheme is worth pursuing but may only succeed if highly indebted countries come together to campaign and convince large creditors to agree on the concept.

- In various fora, the Philippines has called on the Paris Club of international leaders to consider its proposal for debt for MDGs. The Philippines has continuously called on the UN to spearhead an international campaign to change the concept of debt sustainability from "capacity to pay" to "level of debt that allow developing countries to achieve the MDGs without increasing debt", where financing the MDGs are not hampered by debt.

- During the 2009 GOP-FRG Dialogue, the German Government expressed interest in debt swap for our health sector programs amounting to 25 million Euros. The funds to be generated from the debt swap will be coursed thru the Global Fund for AIDS, TB and Malaria and will be specifically



earmarked for the Philippines. However, no official talks have taken place yet.

Priorities for action

Given the concerns and issues discussed, the following are the priorities for action:

Sustain the initiatives in prioritizing MDG-related PAPs in the MTPDP and in the budget particularly those engaged in supporting the MDG goals where the country is lagging, e.g., achieving universal primary education, improving maternal health, reducing poverty and improving nutrition. This will be supported by continuously tracking and monitoring financing of these PAPs. Related to this is a push for the immediate implementation and institutionalization of MDG budget and expenditures monitoring in coordination with the NEDA and the DBM. A draft DBM-NEDA Joint Memorandum on the MDG budget and expenditures monitoring has already been drafted for finalization and subsequent dissemination to all national government agencies and GOCCs in 2010. Results of the monitoring can be discussed in the NEDA Social Development Committee and/or the DBCC for necessary actions.

The government should continue to improve transparency and accountability for development projects and reduce corruption and inefficiencies in the implementation of MDG-related PAPs. Absorptive capacities of agencies implementing MDG-related PAPs should be improved through improvements in the processes of procurement, auditing and accounting. It is also important to invest in enhancing capacities to implement

projects especially among the LGUs, e.g., project management, problem-solving, and community participation.

The government must continue using cost-efficient modes of service delivery to avoid wastage of resources, e.g., income retention of government hospitals, principal-led rather than DPWH-led construction of school buildings. It should also push for the adoption of a unified targeting mechanism (e.g., the National Household Targeting System being used by the Pantawid Familyang Pilipino Program or 4Ps) to target the MDG-related PAPs to the poor (e.g., PhilHealth and programs for indigent senior citizens as provided in the Expanded Senior Citizens Law), reduce leakages and enhance PAPs effectiveness.

Pursue legislative and administrative reforms to improve tax policy and administration; new taxes and revenues must be based on progressivity where taxes will not increase burdens of the poor; review/reduce fiscal incentives and other revenue eroding measures; improve LGU system and machinery for collecting and monitoring taxes;

The commitment and capacities of LGUs as direct providers/executors of PAPs should be strengthened. LGUs must be encouraged to use IRA for MDGs. There is also a need to increase access of LGUs to financing particularly in obtaining grants and aids. LGUs must be trained/oriented on project proposal preparation, non-traditional sources of funds and negotiation techniques. The government may also tap other sources of financing, e.g., the Special Education Fund generated by the LGUs could be a major source of additional financing. According to the Department



of Education, this may reach PhP15 million where three-fourths of this may be used by the LGUs for projects in education. It is therefore important to have a close coordination in planning between the DepEd and the LGUs.

Other measures are:

Through the House of Representatives Special Committee on the MDG, a portion

of the Countryside Development Fund for MDG financing (Social Watch and other CSOs) may be tapped;

Further enhance public-private sector partnership for financing and implementing MDG-responsive programs; sustain the Alternative Budget Initiative being implemented by the Social Watch Philippines in partnership with other civil society organizations and legislators;



Reiterate the RP proposal on debt swap for MDGs. The implementation of the debt-for-MDG swap could help the country re-channel its resources from debt repayment to programs and projects that would help the country achieve its MDG targets; and

Reiterate the call on developed countries to fulfill their commitment to allocate at least 0.7 percent of their GNP for ODA and other commitments relating to trade and debt relief.

2.10 Monitoring the MDGs

Achievements

To track progress on the achievement of the Millennium Development Goals (MDGs), a facilitating policy environment coupled by an effective monitoring system at the national, regional, and local levels, has to be in place to effectively assess the performance of the country towards meeting the MDGs.

A number of policy issuances deal with the monitoring of the MDGs. In 2003, the National Economic and Development Authority – Social Development Committee (NEDA-SDC) Resolution No. 1 s. 2003, “Expanding the Functions and Composition of the MC-IHDC, Amending SDC Resolution No. 1 s. 1996,” was issued which identified and tasked key agencies to monitor key sectoral concerns with the NEDA Multi-sectoral Committee on International Human Development Commitments (MC – IHDC) under the NEDA SDC as the lead in monitoring the MDGs. In this view, the NEDA through the MC-IHDC will continue

to monitor the progress on the attainment of the MDGs as well as build channels with partners in development and strengthen ties with existing ones towards improving the monitoring of the MDG targets. Aside from SDC Resolution No. 1 series of 2003 identifying the National Statistical Coordination Board (NSCB) and the National Statistics Office (NSO) as the lead agencies for MDG statistics and indicators, the NSCB also issued Resolution No. 10 Series of 2004, “The Adoption of and Enjoining Data Support to the MDG Indicators” which encourages agencies that produce data as well as LGUs to generate, and provide data on the MDGs to the NSCB. This resolution stipulates that the NSCB, together with its nine (9) Regional Divisions, shall compile and maintain the database for the MDG indicators, and coordinate the generation and improvement of statistics on the MDG Indicators.

As part of its role as repository, compiler, and administrator for the monitoring of the MDGs, the NSCB, in coordination with the Office of the UN Resident Coordinator, conducted a Consultative Meeting on the MDG Indicators last June 2004. The event delved on concerns pertaining to data gaps and how these could be addressed, the inclusion of other pertinent indicators and setting a more realistic frequency of data updating the MDG indicators, among others. In 2006, the NSCB conducted a Users-Producers Forum on the MDGs in coordination with the Office of the UN Resident Coordinator with the aim of upgrading the statistical capacities of the MDG data sources and stakeholders to generate, validate, and update the MDG indicators. The forum was also a venue to increase awareness on the use/significance

of the MDG indicators for monitoring the country's progress in attaining the goals and targets of the MDGs. The forum also included the re-launching of the NSCB-based Philippine MDG Indicators website (<http://www.nscb.gov.ph/stats/mdg>) which contains extensive information and more interactive statistical tables and charts on the MDGs, e.g., interactive online database, a national summary page on the MDGs (MDG Watch). The NSCB is also pursuing the concept of data visualization which makes use of bubble charts and "smileys", among others, to convey data on the MDGs in a simple and visually understandable manner. In addition, the NSCB is also monitoring how the MDG indicators are utilized at the national, regional and provincial levels.

In recognition of the role of the local government units (LGUs) towards the attainment of the MDGs, being the primary provider of basic social services and facilities at the local level, it is important that initiatives as well as achievements are monitored not only at the national but also at the local level. It is with this recognition that the formulation of the MDG subnational reports was initiated by the NEDA in coordination with the nine (9) NSCB Regional Divisions, non-government organizations (NGOs), among other stakeholders. The MDG subnational reports serve as the roadmap towards attaining the MDGs and fostering MDG ownership at the local level. Meanwhile, the Department of Interior and Local Government (DILG), with funding from the Programme on Achieving the MDGs and Reducing Human Poverty of the United Nations Development Programme (UNDP), developed the MDG Monitoring System which intends to monitor the different

development projects being implemented by LGUs and capture LGU initiatives and progress on MDG localization and ensure the sustainability of monitoring the MDGs through the regular/institutional use of the said monitoring tool. The system which primarily track LGU responsiveness to the MDGs cover the localization framework initiated by the DILG inclusive of: 1) integration of MDG-responsiveness programs and projects in the local plans and budget; 2) issuance of local policies supportive of MDGs; 3) institutionalized the local MDG benchmarking and monitoring tool; and 4) documentation and replication of good practices.

Related to this, the DILG issued Memorandum Circular No. 2007-63 "Monitoring and Evaluation System on Tracking LGU Responses to the MDGs" to disseminate the monitoring tool and ensure compliance of LGUs. The initiative by the DILG was complemented by the De La Salle University Social Development Research Center (SDRC), also with funding from the Programme on Achieving the MDGs and Reducing Human Poverty of UNDP, with capacity building activities and trainings on evidence-based problem solving and quality assurance in local governance for DILG regional and provincial offices. It is expected that improving the capability of DILG trainers in these areas, the LGUs may have greater realization on the importance and usefulness of MDG-related data generated.

Aside from monitoring the progress of the MDGs, there is also the need to monitor budgetary allocation and expenditures for MDG-related programs, activities, and projects (PAPs). Currently, the prioritization





of the MDGs in the budgetary process is stipulated through the Department of Budget and Management (DBM) issued National Budget Memorandum No. 98 entitled Policy Guidelines and Procedures in the Preparation of the Fiscal Year (FY) 2006 Budget Proposals which states that “the government shall implement programs and projects supportive of the Millennium Development Goals.” However, there is no existing mechanism to determine whether the MDGs are prioritized in the budget allocation and expenditures. Given this, the NEDA and the DBM initiated the institutionalization of the reporting of budget and expenditures for the MDGs, with funding from the Programme on Achieving the MDGs and Reducing Human Poverty of the United Nations Development Programme (UNDP), which intends to come up with a monitoring tool and guidelines to institutionalize the reporting of budget and expenditures for the MDGs. This would allow the government to determine how much is spent for MDG-related PAPs, where it is spent, how much more is needed to be mobilized by the government and other stakeholders to bridge the financing gaps. Once the guidelines and the monitoring tools are finalized, the DBM and NEDA will issue a joint memorandum for all government agencies prescribing the guidelines and procedures towards institutionalizing the reporting of budget allocations and expenditures for MDG-related PAPs.

The methodology for tracking the achievement of the MDGs was also reviewed and revisited given the existence of other methodologies such as the United Nations Statistical Institute for Asia and the Pacific (UNSIAP) methodology and the Asian Development Bank – United Nations Economic and Social Commission for Asia and the Pacific – United Nations

Development Programme (ADB-UNESCAP-UNDP) methodology. The pros and cons of each methodology was assessed and presented to the MC-IHDC of the NEDA-SDC for recommendations on which methodology would be utilized for the succeeding MDG reports. Upon review, the NEDA – SDC approved Resolution No. 1, series of 2009, “Adopting the United Nations Statistical Institute for Asia and the Pacific (UNSIAP) Methodology in Tracking MDG Progress” last May 2009. The adoption of the UNSIAP methodology was done to improve on the previous methodology utilized in tracking the progress of achieving the MDGs by taking into consideration other relevant factors contributing to the attainment of the MDGs as well as to allow for international comparability.

As for the utilization of community based monitoring tools, the Community Based Monitoring System (CBMS) is already being implemented in 59 provinces (31 of which is province-wide), 51 cities, 679 municipalities, and 17,521 barangays as of February 2010. The CBMS is a monitoring tool developed to provide policymakers and implementers with a tool for tracking the impact of macroeconomic reforms and policy shocks. The NEDA, through NEDA-SDC Resolution No. 3 Series of 2006, “Adopting the CBMS as the Prescribed Monitoring Tool for the Generation of the Core Local Poverty Indicator Database” has recommended the adoption and use of the CBMS as the principal monitoring tool and system for the core local poverty indicators (CLPI) and enjoined the NAPC, DILG, other government agencies and LGUs towards fast-tracking and full implementation of the CBMS nationwide. Since many of the CBMS indicators correspond





to the MDG indicators, the CBMS can be used to monitor the MDGs at the local level. At present, there are 10 provinces currently involved in preparing MDG situationer reports using CBMS data. This initiative is being supported by NEDA and UNDP.

Aside from the government, it is imperative that private sector and civil society participation are encouraged towards monitoring the MDGs. Among the efforts of the private sector includes that of the Philippine Business for Social Progress (PBSP), a corporate-led social development

foundation in the Philippines, which contributes towards the achievement of the MDGs by mobilizing the private sector to invest in the areas of health, education, environment, and poverty reduction.

Meanwhile, Social Watch Philippines (SWP) designed and implemented the Local Monitoring System on the MDGs together with the Province of Bohol and supported by the European Union and Oxfam. The project intends to improve the capacity of the LGUs in monitoring, localizing, and budgeting for the MDGs. Part





of the training module would include an orientation on the background and context of the MDGs and the poverty situation in the Philippines and the tools for monitoring at the local level the achievements in these areas. Another project of the SWP is the "Cooperative Engagement Towards Ensuring an MDG-Sensitive Budget for 2010" wherein a component focuses on civil society participation in monitoring

expenditures for social programs at the national level. Budget monitoring and tracking instruments will also be developed and will be used in tracking the implementation of the national budget for education, health, agriculture and environment.

The Caucus of Development NGO Networks (CODE-NGO) implemented the Priority Development Assistance Fund

(PDAF) Watch project from 2005 to 2007 which aimed to monitor PDAF-funded projects in an effort to ensure that the funds are used responsibly and effectively. The project monitored sample PDAF and Congressional Allocation (CA)-funded projects by the House of Representatives and the Senate and checked compliance with specifications, quality and appropriateness. The project developed monitoring tools, gathered and analyzed data from the DBM, DPWH, and other government agencies and the legislators. Aside from looking at how the PDAF and CA were utilized, the project also developed and advocated policy reform measures to improve the effectiveness and efficiency of the use of the PDAF and CA. These measures include ensuring greater transparency in the use of the PDAF and CA and enhancing participation of project beneficiaries or constituents.

In addition, the National Academy of Science and Technology (NAST) is also proposing an initiative which could assist towards the monitoring of the MDGs. The initiative will gather all stakeholders through discussions and fora on the MDGs and formulate resolutions and recommendations on appropriate interventions that can be undertaken by the government and the private sector as well. The initiative is intended to address bottlenecks and hasten the achievement of the MDGs. Findings will also be published and disseminated to various stakeholders to gather support.

Facilitating factors and key bottlenecks

For the past years, MDG-related policies have been formulated by the NEDA, DILG, and NSCB, among others, to institutionalize

and improve the monitoring of the MDGs and facilitate the increase in awareness of the government and other stakeholders at the local and national levels on the MDGs.

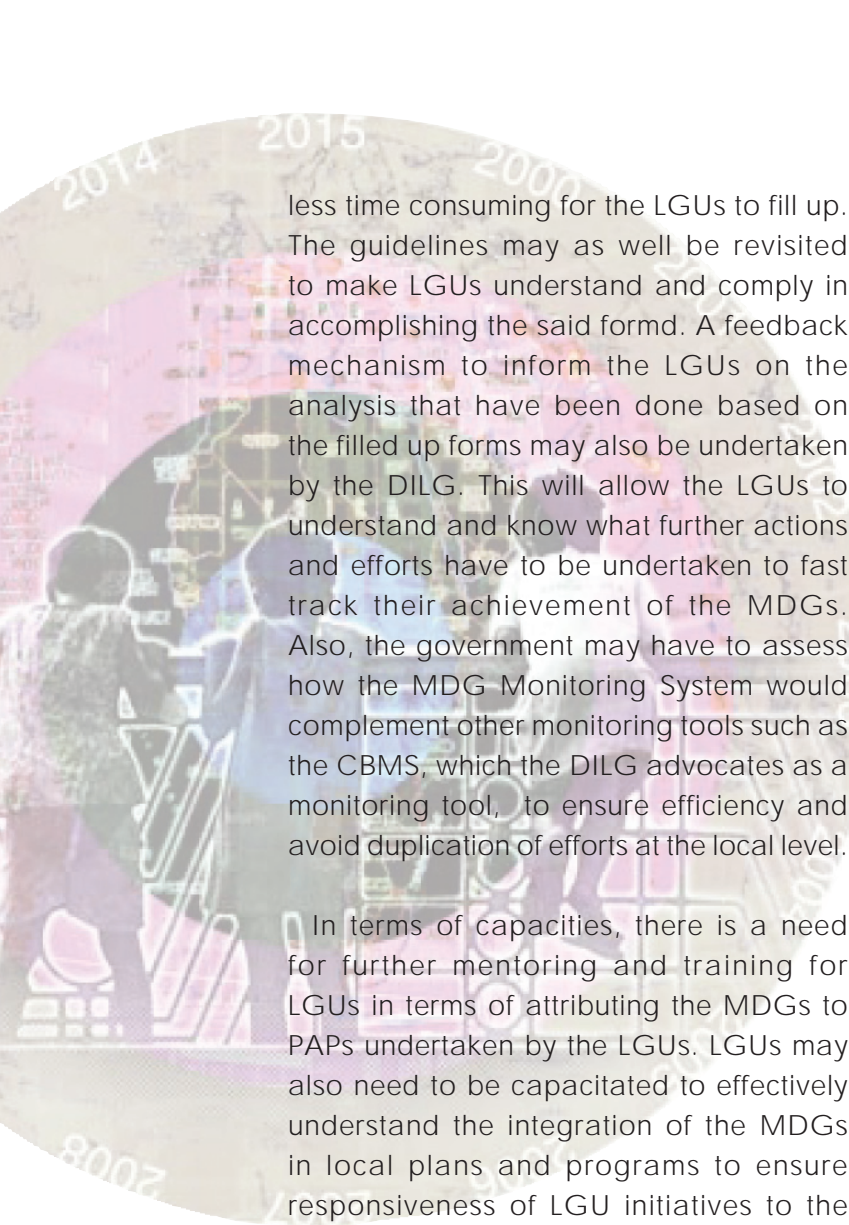
However, challenges still abound. For instance, the effective operationalization of MDG-related policies has to be fine-tuned to ensure that it will attain its objectives. There is also the concern on the timely and regular collection of data, disaggregated where applicable, at the national and subnational levels. It is noted that most MDG data are collected through surveys which are done every few years while some do not produce data up to the local levels such as at the regional, provincial, and municipal levels. This lack of timely data and its unavailability at the subnational level may hinder the effective monitoring of MDG achievements since it is important for policy-makers and planners to determine which goals of the MDGs are still lagging behind and have to be addressed.

There is also a need for increased awareness of LGUs on the MDGs and its relevance towards local policy, planning, and budgeting initiatives. Also, increasing the awareness of the private sector and civil society organizations and monitoring their contributions towards attaining the MDGs can also be an area to be looked into.

Priorities for action

The MDG Monitoring System for LGUs may have to be revisited and enhanced and ensure that indicators at the local level are consistent with those at the national level. Also, the number of forms to be filled up may have to be reviewed to make it





less time consuming for the LGUs to fill up. The guidelines may as well be revisited to make LGUs understand and comply in accomplishing the said form. A feedback mechanism to inform the LGUs on the analysis that have been done based on the filled up forms may also be undertaken by the DILG. This will allow the LGUs to understand and know what further actions and efforts have to be undertaken to fast track their achievement of the MDGs. Also, the government may have to assess how the MDG Monitoring System would complement other monitoring tools such as the CBMS, which the DILG advocates as a monitoring tool, to ensure efficiency and avoid duplication of efforts at the local level.

In terms of capacities, there is a need for further mentoring and training for LGUs in terms of attributing the MDGs to PAPs undertaken by the LGUs. LGUs may also need to be capacitated to effectively understand the integration of the MDGs in local plans and programs to ensure responsiveness of LGU initiatives to the MDGs. Existing bodies involved in capacity building and training may be tapped such as the Local Government Academy (LGA) and the League of LGUs which may help train and orient the LGUs.

Aside from the government, MDG monitoring efforts and initiatives of private and civil society stakeholders have to be encouraged as well since the government alone cannot monitor all efforts towards the achievement of the MDGs. It would take the private sector, NGOs and CSOs to work hand in hand with the government to effectively monitor all efforts and address areas that still needs particular attention.

Also, the government may continue efforts to improve and ensure the regularity of the collection of MDG-related data from the national down to the local level to effectively monitor the achievements of the MDGs. MDG data are mostly available at the national and regional levels but problems arise at the provincial and municipal levels. The use of the NHTS-PR of the DSWD can be explored for coming up with MDG data at the municipal level.

Lastly, increasing the awareness of LGUs, the private sector, and civil society organizations and highlighting the relevance of the MDGs may have to be given greater focus. Without their appreciation and understanding of the MDGs, the monitoring of the MDG and efforts towards achieving the MDGs, in general, will not be prioritized as well.

2.11 Advocating and localizing the MDGs

Achievements

The Philippine Government has prepared three national progress reports on the MDGs released in 2003, 2005 and 2007. These reports presented the progress and gaps in achieving the MDGs and identified challenges that need to be addressed to fast track its achievement. The reports have become instruments in advocating the MDGs to various stakeholders and in mobilizing support for programs and projects needed to achieve the MDGs by 2015.

Advocacy and localization initiatives highlighted in the previous national MDG



reports include: (a) the issuance of DILG Memorandum Circular (MC) No. 2004-52 or the “Guide to Local Government Units in the Localization of the MDGs” which provides for the menu of MDG related programs, projects and activities (PPAs) that the LGUs can implement in responding to MDGs; (b) DBM’s policy guidelines and procedures in preparation of national and local budget proposals which emphasize PPAs in support of the MDGs; (c) the creation of a Special Committee on the MDGs in the House of Representatives; (d) formulation of sub-national MDG progress reports for the country’s 17 regions; (e) the crafting of the MDG Framework for Business Action; and, (f) other initiatives from civil society organizations (CSOs), the business sector and the academe.

Since the last report, there were new initiatives along this endeavour.

To highlight the importance of the MDGs in national development planning, the MDGs were adopted as framework in the formulation of the Medium-Term Philippine Development Plan (MTPDP) 2004-2010 and in the updating of the MTPDP in 2008. The MTPDP carries national targets for 2010 vis-à-vis MDG targets for 2015, thus allowing the government to simultaneously work on strategies, policies and action plans addressing both sets of targets.

To update members of the House of Representatives on recent developments of the Philippine MDGs and get their support in pushing for priority legislations along the





MDGs, the NEDA presented to the Special Committee on the MDGs of the House of Representatives information on: (1) the status of the Philippines in achieving the MDGs; (2) major policies, programs and projects supportive of the MDGs; and, (3) critical legislative actions needed in support of the MDGs.

Towards an MDG-sensitive local budgeting, the importance of local government units (LGU) investment in achieving the MDGs was emphasized in Local Budget Memorandum No. 61 (FY 2009 Final Internal Revenue Allocation and Other Related Budget Preparation Matters) issued by the

Department of Budget and Management (DBM). Local Budget Memorandum No. 61 encourages LGUs to include in the FY 2010 Annual Budget, programs and projects supportive of the MDGs.

To bring the MDGs further into the mainstream of the local development agenda and to track local progress on the MDGs, the pilot formulation of Provincial MDG Reports for 9 Philippine provinces was initiated. These provinces include Agusan del Norte, Agusan del Sur, Biliran, Camarines Norte, Eastern Samar, Marinduque, Romblon, Sarangani and Siquijor. Data from the Community-Based Monitoring System (CBMS) were used

to assess the situation of these provinces vis-a-vis the MDG goals. Capacity building efforts to monitor the MDGs and prepare provincial reports by the provinces are being undertaken by the CBMS Network Coordinating Team with the support of NEDA and UNDP. Aside from giving local meaning to the global MDGs, these Provincial MDG Reports serve as instruments in building support and momentum for the MDGs from the bottom up. In particular, these contribute in: (1) increasing ownership of the MDGs at the local level; (2) adapting the MDGs to local needs and priorities; (3) reorienting local planning towards the MDGs; and, (4) linking local development plans to the national poverty reduction strategy. The Provincial Reports also serve as instruments for local policy and decision-makers to articulate their needs, raise their level of awareness and allocate resources for the MDGs.

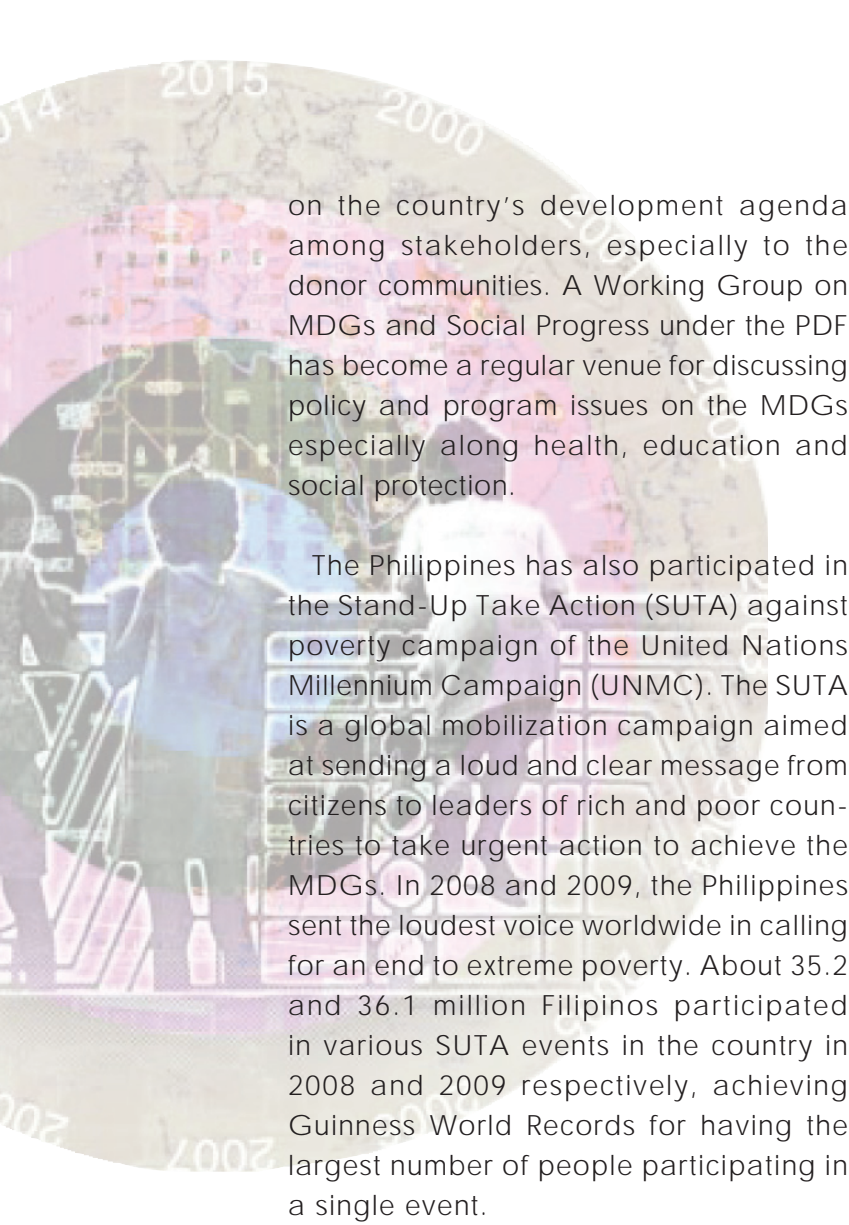
In the province of Albay, the local government has embarked on activities aimed at institutionalizing the MDGs in local governance. Among these activities is the creation of the Albay MDG Office (AMDGO) and the MDG Super Committee. The AMDGO functions as a social asset program office which coordinates, facilitates, monitors and evaluates the achievement of MDG in the province. The MDG Super Committee meanwhile serves as the policy-making body on matters of MDGs. It is chaired by the provincial governor and has representatives from various national government agencies (NGAs) and non-government organizations (NGOs) as members. Operating under the Committee are 8 sub-committees (one sub-committee per goal) tasked to perform the following: (1) assess pertinent needs per MDG goal; (2) identify programs and projects;

(3) identify innovative and indigenous mechanisms for the provision of services to address specific needs in the achievement of the goal; (4) institute tools and mechanisms for the localization of responses to the goal; and (5) report on the progress and accomplishments made per goal.

Through the Business and the MDGs Campaign, the Philippine Business for Social Progress (PBSP) continues to encourage private companies to support the achievement of the MDGs and track the country's business sector response to the MDG challenge. MDG Clusters were established to champion the causes of poverty, education, environment and health. Flagship programs proven to be most relevant in the achievement of the MDGs were identified and promoted by each cluster among companies. Program Implementing Partners (PIPs) and business groups are mobilized to help promote and implement MDG Programs. Through their MDG localization initiatives, the PBSP has also embarked on activities aimed at promoting and advocating the MDGs among local businesses in the Visayas Region. These initiatives complement efforts of local governments by bringing in business sector support for the MDGs at the local level. MDG advocacy campaigns were carried-out in identified areas in the following cities and provinces: Nueva Ecija, Albay, Negros Occidental, Davao del Norte, Bohol, Iloilo and Pasay City.

Through the Philippine Development Forum (PDF) the Philippine government has advocated for donor support for the MDGs. The PDF is the primary mechanism of the government to facilitate policy dialogue





on the country's development agenda among stakeholders, especially to the donor communities. A Working Group on MDGs and Social Progress under the PDF has become a regular venue for discussing policy and program issues on the MDGs especially along health, education and social protection.

The Philippines has also participated in the Stand-Up Take Action (SUTA) against poverty campaign of the United Nations Millennium Campaign (UNMC). The SUTA is a global mobilization campaign aimed at sending a loud and clear message from citizens to leaders of rich and poor countries to take urgent action to achieve the MDGs. In 2008 and 2009, the Philippines sent the loudest voice worldwide in calling for an end to extreme poverty. About 35.2 and 36.1 million Filipinos participated in various SUTA events in the country in 2008 and 2009 respectively, achieving Guinness World Records for having the largest number of people participating in a single event.

Key bottlenecks and priorities for action

Despite the efforts carried-out by various government agencies, non-government and donor organizations, a lot of work remains to generate support for the MDGs and ensure its integration in local development.

MDGs entail activities that are devolved to the LGUs. However, most of the fourth and fifth class LGUs possess little capacity to formulate, finance, manage and implement programs and projects that are MDG-friendly, thus the need for government to invest in improving capacities of LGUs through: problem-solving, involving

local participation, managerial know-how and transparent mechanisms.

Capacity building on MDG monitoring and preparation of MDG progress reports using CBMS can be extended to the other provinces. Other institutions, such as the DILG-Local Government Academy (LGA) and the Leagues of Provinces, Municipalities and Cities, may also be tapped to extend assistance along improving capacities of LGUs on how to link the MDGs with local planning and budgeting.

The Social Development Committee (SDC) Resolution No. 1 series of 2003 entitled "Expanding the Functions and Composition of the Multi-sectoral Committee on International Human Development Commitments (MC-IHDC), Amending SDC Resolution No.1, series of 1996" mandates the MC-IHDC, a subcommittee of the NEDA Board SDC, to monitor, report, review and evaluate Philippine compliance with global commitments on human development including the MDGs. The said resolution identifies the DILG as the lead agency for MDG localization. However, considering that a lot has still to be done to fully realize MDG localization, there is a need for a strengthened institutional arrangements, coordination, and linkages among concerned national government agencies along the area of MDG localization. In particular, the lead agencies per area of MDG concern should be encouraged to work in partnership with the DILG to strengthen localization efforts.

Also, considering that the election of local chief executives and other local officials is being carried out every three years, sustaining local efforts on the MDGs



through changing local administrations remains to be a challenge.

On advocating the MDGs, there is a need to coordinate the activities being undertaken by various entities to avoid possible duplication of efforts. To the extent possible, convergence of activities and sharing of resources may be done towards a more efficient delivery of advocacy

initiatives. Coordination can also facilitate sharing of learning and experiences on how to effectively communicate the MDGs to respective audiences. The Philippine Information Agency (PIA) should also be encouraged to strengthen its efforts in advocating the MDGs. How the media and the school system can be tapped to contribute on advocating the MDGs can be also explored.



Bringing the MDG to every household: The Pasay City experience

Background

Pasay City is a crowded urban center with more than 403,000 residents and a population density of 15,000 per sq. km. The third smallest city in Metro Manila, it has the worst problems associated with urban poverty and solid waste management. At least 18.4% of the National Capital Region's slum dwellers are in Pasay. A huge chunk (41%) of households lives below the poverty line. Of the city's 201 villages, 92 are classified as depressed, where housing is inadequate, health and sanitation facilities are poor, and criminality is high.

The challenges

Most of the urban poor look up to the city government to help them improve their situation through social services and employment. However, they lack access to participation in governance and are unaware of local government programs.

On the other hand, the city government wants to rally the poor around a common vision and mobilize them for local development. It is introducing reforms in social service delivery and is trying out a targeted approach, which is informed by a monitoring system.

The strategic response

In partnership with the UN-Habitat, the city government initiated a project to localize the MDG in every family. The eight goals were rephrased in the local language as positive, "can do" family-based statements:

Family MDG 1	My family has job and savings
Family MDG 2	All our children go to school
Family MDG 3	Men and Women have equal rights
Family MDG 4	All our children are healthy
Family MDG 5	We keep pregnancy safe and healthy
Family MDG 6	We avoid HIV/AIDS, malaria and other diseases
Family MDG 7	We keep our homes and the environment clean
Family MDG 8	We get involved in community development

Families committed themselves to the goals that served as a collective vision. To help them achieve the targets, the city government focused its programs on four priority areas: (1) poverty alleviation; (2) education; (3) health; and (4) environment.

Because it has been implementing a community-based monitoring system (CBMS)—a 100 per cent household saturation survey that keeps track of 14 poverty indicators—the government can identify which households need support in any of the four priority areas. The computer database of the CBMS can generate village maps and flag households with undernourished children, unemployed family head, etc.



Below is a summary of the CBMS indicators:

Dimensions of Poverty Core Indicators		
Survival	Health Food and Nutrition Sanitation	- Infant mortality - Maternal mortality - Malnutrition - Access to safe water - Access to sanitary toilet
Security	Shelter Peace and order	- Households which are squatters - Households in makeshift housing - Households victimized by crime
Enabling	Income Employment Education	- Households with income below poverty threshold - Households with income below subsistence threshold - Households experiencing food shortage - Persons unemployed - Primary school participation - Secondary school participation

Eventually, the Family MDGs were further translated into child-focused MDGs with detailed indicators tracking children's monthly progress on a report card maintained by each family. The data on the report cards feed into the participatory monitoring system at the neighborhood level.

Among the targeted programs that resulted from the confluence of the localized MDG and the CBMS are employment generation, skills training, community-based savings and credit, and health system improvement.

The results

- Because the family MDG spoke of the strength and dignity of the people and resonated with their day-to-day conditions, it encouraged communities to take responsibility and leadership for pulling themselves up. This has brought about renewed optimism and increased sense of civic responsibility in urban poor communities. More than 80,000 households

have signed the pact and most of them are participating in and benefitting from interventions that help them meet the goals.

- Improved local development planning and increased efficiency of resource allocation. The city government utilizes CBMS data to construct village poverty diagnosis, the results of which inform the city planning process. Social service programs have since become demand-driven and the delivery system more accurately targeted to help households achieve the family MDGs.

Lessons learned

- If not framed by a vision of how communities themselves can help achieve the goals, communicating the MDGs to communities may raise already high expectations of external assistance and rouse anger or frustration.

- The MDGs can be made relevant to communities through a facilitated empowerment process—providing space for them to analyze problems and identify solutions which they can do through collective action and in partnership with government and other stakeholders. The community-identified solutions should be backed up with real inputs from local government, the private sector and CSOs.

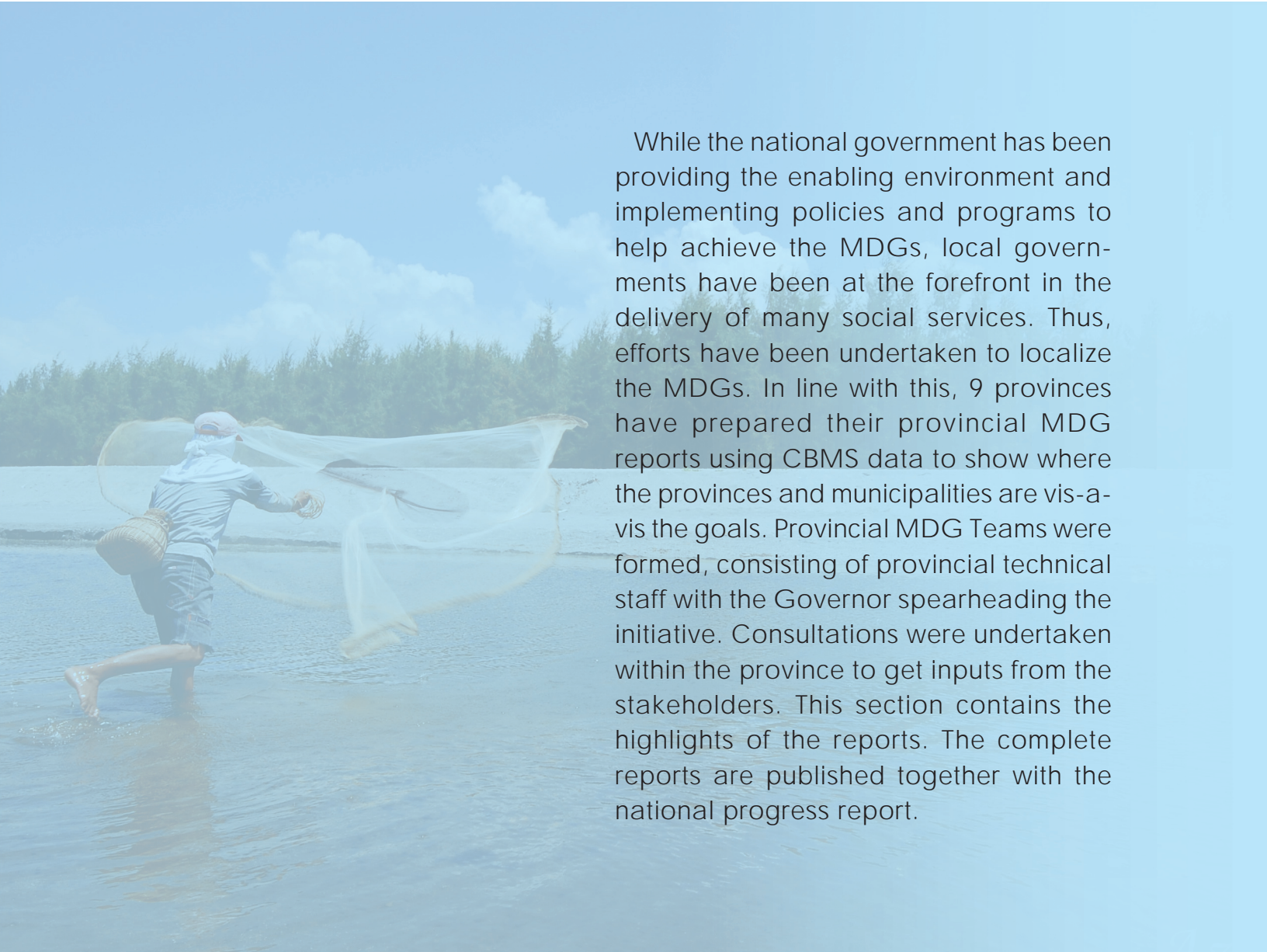
- Like the global MDGs, the family MDGs are outcomes that have specific targets; hence, it is vital to have a community-based monitoring system that captures progress along various poverty and capability indicators. The families can track their own progress and participate in identifying responsive solutions to their difficulties.

Source: Dela Rosa, J.J.A. 2008. Creating a broad ownership of MDG issues: success stories from the Philippines.





Provincial MDG Reports



While the national government has been providing the enabling environment and implementing policies and programs to help achieve the MDGs, local governments have been at the forefront in the delivery of many social services. Thus, efforts have been undertaken to localize the MDGs. In line with this, 9 provinces have prepared their provincial MDG reports using CBMS data to show where the provinces and municipalities are vis-a-vis the goals. Provincial MDG Teams were formed, consisting of provincial technical staff with the Governor spearheading the initiative. Consultations were undertaken within the province to get inputs from the stakeholders. This section contains the highlights of the reports. The complete reports are published together with the national progress report.

- **Agusan del Norte**
- **Agusan del Sur**
- **Biliran**
- **Camarines Norte**
- **Eastern Samar**
- **Marinduque**
- **Romblon**
- **Sarangani**
- **Siquijor**



3.1 Agusan del Norte

The MDG report of Agusan del Norte is a combination of results drawn from the CBMS survey conducted in 2007 as well as data from agencies and other stakeholders at various levels.

The results suggest that there are some encouraging accomplishments and some areas posing great challenge for the remaining five years. There is a clear need for political leaders and stakeholders, with the help of donors, to take urgent and concerted action to realize the MDGs in the lives of the people in the province, specifically the poor.

Major highlights of the report include the following (Table 35):

- Employment rate was high at 95.9 percent, with only 4.1 percent of the labor force not employed. Employment, as defined in this survey, did not take into account underemployment. This could be one of the reasons why many of the municipalities with high employment rates still have high poverty incidence. Farming and agricultural labor, as well as other unskilled labor, are among the most common sources of income of low-paid laborers.
- Among children aged 0-5, only 3.7 percent were underweight. This figure is way lower than the 2015 national target of 17.25 percent.
- About 97.6 percent of the population aged 15-24 were literate or able to read and write simple messages in any language or dialect.
- Ratio of girls to boys in primary education is 0.9. Girls' advantage over boys slightly widened with the ratio of 1.1 in both

the secondary and tertiary levels. A slight difference between girls and boys, in favor of boys, is also noted in terms of literacy rate among population aged 15-24 at 0.9.

- Proportion of women who held elective seats in the province for the elective term 2007-2010 was 32.5 percent. This is a good sign that more women are elected for barangay, municipal, and provincial positions.

- Mortality rate of children aged 1 to less than 5 was only 0.4 percent while infant mortality rate registered at 3.1 percent.

- Majority (83.2%) of infants (0-1 year old) received at least one immunization out of the usual package provided by the province, which include: BCG; DPT 1, 2, and 3; OPV 1, 2, and 3; Hepa 1, 2, and 3; and, measles. The low infant mortality rate might be attributed to the high proportion of immunized infants.

- Proportions of population living as informal settlers and living in makeshift housing were low at 3.1 percent and 4.6 percent, respectively.

- In 2007, about 34.8 percent of the total households in the province had cellular phones. This percentage has been expected to increase in the future primarily because of the presence of additional cellular sites covering almost all areas in the province. Such development is likely to boost the number of cellular phone subscribers.

The following factors remain of great concern and still continue to pose a challenge:

- About 62 percent of the total population was living below the poverty threshold, set at PhP13,059 per person per year for rural areas and PhP14,964 for urban areas. Moreover, proportion of rural population



Table 35. Summary of findings of the MDG indicators, Province of Agusan Del Norte, 2007

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	31,516	56.3	171,113	88,800	82,313	62.0	62.7	61.3	5,057	26,459	48.2	58.2
Proportion of households/population living below the food threshold	23,997	42.9	134,373	69,774	64,599	48.7	49.2	48.1	3,486	20,511	33.2	45.1
Poverty gap ratio		0.3									0.2	0.3
Employment rate			77,551	56,595	20,956	95.9	96.6	94.1	14,164	63,387	93.8	96.4
Proportion of households/population who experienced food shortage	3,038	5.4	15,910	8,348	7,562	5.8	5.9	5.6	264	2,774	2.5	6.1
Prevalence of underweight children under 5 years of age			1,199	579	620	3.7	3.5	4.0	190	1,009	3.4	3.8
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			37,797	19,390	18,406	78.2	77.2	79.2	6,493	31,304	77.4	78.3
Proportion of children aged 13-16 enrolled in high school			15,293	7,151	8,142	57.3	52.1	62.8	3,209	12,084	64.9	55.6
Proportion of children aged 6-16 enrolled in school			63,698	32,230	31,467	84.9	83.0	86.9	11,554	52,144	86.6	84.5
Literacy rate of 15-24 year-olds			53,561	28,165	25,396	97.6	97.3	97.8	10,511	43,050	97.5	97.6
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					0.9	0.9
Ratio of girls to boys in secondary education						1.1					1.0	1.1
Ratio of girls to boys in tertiary education						1.1					1.1	1.1
Ratio of literate females to males (15-24 years old)						0.9					0.9	0.9
Proportion of seats held by women in municipalities and the province						32.5						

Table 35. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			283	150	133	0.9	0.9	0.8	31	252	0.6	0.9
Proportion of infants who died			167	88	79	3.1	3.2	3.1	19	148	2.0	3.4
Proportion of children aged 1 to less than 5 who died			116	62	54	0.4	0.4	0.4	12	104	0.3	0.5
Proportion of infants who received immunizations			4,235			83.2			739	3,496	81.4	83.6
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					19			0.4	2	17	0.2	0.4
Contraceptive prevalence rate			15,823			34.0			2,804	13,019	33.0	34.2
Proportion of births attended by skilled health personnel			2,189			43.0			535	1,654	58.9	39.6
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			275			1.7			60	215	2.1	1.7
Death rate associated with malaria (per 100,000 population)			5	3	2	1.8	2.1	1.5	0	5	0.0	2.2
Prevalence and death rates associated with tuberculosis (per 100,000 population)			57	39	18	20.6	27.5	13.4	9	48	17.2	21.4

Table 35. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	47,950	85.4	234,561	119,981	114,580	85.0	84.7	85.3	8,804	39,146	83.5	85.9
Proportion of households/population with access to sanitary toilet facility	47,224	84.1	232,545	118,671	113,874	84.3	83.7	84.8	9,467	37,757	89.8	82.8
Proportion of households/population living as informal settlers	1,692	3.1	8,418	4,382	4,036	3.1	3.1	3.0	501	1,191	4.8	2.7
Proportion of households/population living in makeshift housing	2,576	4.6	12,824	6,780	6,044	4.6	4.8	4.5	502	2,074	4.8	4.6
Proportion of households/population living in inadequate living conditions	17,368	30.9	85,990	45,021	40,969	31.2	31.8	30.5	3,093	14,275	29.3	31.2
Goal 8: Develop a global partnership for development												
Proportion of households with landlines/telephone lines	3,008	5.4							1,090	1,918	10.3	4.2
Proportion of households with cellphones	19,538	34.8							5,045	14,493	47.9	31.8
Proportion of households with computers	2,885	5.1							973	1,912	9.2	4.2

Source: CBMS Survey 2007



living below the poverty threshold was relatively higher (58.2%) than that of urban population (48.2%).

- Almost half of the population (48.7%) was living below the subsistence threshold. These were individuals whose income did not meet the required minimum annual food basket amounting to PhP9,208 for rural areas and PhP10,258 for urban areas. In terms of urban/rural classification, a similar trend can be observed, wherein proportion of rural population living below the food threshold (at 45.1%) was relatively higher than that of urban population (at 33.2%).

- Achieving universal primary education has been a great challenge because almost 22 percent of children aged 6-12 were not enrolled in elementary school in 2007. This resulted in a higher proportion (almost 43%) of children aged 13-16 who were not enrolled in high school. However, among children aged 6-16, only 15.1 percent were not attending elementary or high school. The reason for this is that some children were enrolled but not in the specified level for their age.

- Maternal health has been improving in view of the fact that only 0.4 percent

of women died due to pregnancy-related causes. However, previous data show erratic changes, which makes it an area of concern for the province.

- Proportion of population engaged in family planning methods was only 34 percent.

- Results showed that proportion of births attended by skilled health personnel was only 43 percent.

- Proportion of couples using condoms among those practicing contraception was low at only 1.7 percent.

- In 2007, death rate associated with malaria was reported to be 1.8 per 100,000 population. Death rate associated with tuberculosis was high at 20.6 per 100,000 population.

- Fifteen percent (15%) of the total population had no access to safe drinking water and nearly 16 percent of the total population had no access to sanitary toilet facilities.

- In 2007, the province was still lagging in terms of ownership of landlines/telephone lines and computers. Only 5.4 percent of households had telephone lines or landlines while only 5.1 percent had computers.

3.2 Agusan del Sur

The MDG Report of Agusan del Sur utilized the 2005 CBMS survey data. This report tracked the provincial government's performance during the past years, the challenges the political leaders, decision-makers, and development partners would be facing, and the identified solutions to uplift the lives of the poor majority.

Agusan del Sur had some good developments or gains (Table 36), but it also had some weaknesses that need to be addressed by political leaders, program and project implementers, and various stakeholders to move toward a unified action and therefore, achieve the MDG targets by 2015.

Good news

- Proportion of underweight children under five years of age was 5.8 percent, which is much lower than the 2015 national target of 17.3 percent.
- Literacy rates of 15-24 year-olds (or youths) was 97.0 percent, which is lower by only 3 percent than the 2015 national target of 100 percent.
- Ratios of girls to boys in secondary and tertiary education were both 1.1, which are aligned with the 2015 national target.
- Proportion of children aged 0 to less than 5 who died was 0.8 (or 574 out of 73,078 children), which is much lower than the 2015 national target of 26.7.
- Proportion of infants who died was only 1.9 percent (or 263 out of 13,786 infants).
- Proportion of women who died due to pregnancy-related causes was only 0.3 percent, much lower than the 2015 national target of 52.3 percent.

- Only 1.8 percent of the total population died because of malaria.

- Proportion of land area covered by forests is 68.45 percent. This is the reason why the province has never experienced a long dry season.

- Proportion of population living as informal settlers was only 7.2 percent. Similarly, only 7.2 percent of the total households were living in informal settlements.

Not so good news

- Employment rate was high at 87.1 percent, but this is far from being good news because majority of the employed labor force was engaged in agriculture, where employment is seasonal in nature; that is, jobs are only available during planting and harvesting seasons.

- Prevalence and death rates associated with tuberculosis were high at 31.1 percent.

- Proportion of children aged 6-12 enrolled in elementary was 73.2 percent, which is considerably lower than the 2015 national target of 100 percent.

- Cohort survival rate in elementary was 54.3 percent, which is way below the 2015 national target of 100 percent.

- Proportion of elective seats held by women in municipalities and the province was 20.2 percent, which is far lower than the 2015 national target of 50 percent.

- Proportion of births attended by skilled health personnel was 54.7 percent, which is far lower than the 2015 national target of 100 percent.

- Proportions of households and population with access to safe drinking water were 66.4 percent and 66.2 percent, respectively, both of which are lower than the 2015 national target of 86.5 percent.



Table 36. Summary of findings of the MDG indicators, Province of Agusan del Sur, 2005

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	70,066	63.8	384,409	200,762	183,647	69.4	69.6	69.1	13,040	57,026	53.1	66.9
Proportion of households/population living below the food threshold	53,375	48.6	302,497	157,773	144,724	54.6	54.7	54.5	8,957	44,418	36.5	52.1
Poverty gap ratio		0.3									0.3	0.4
Employment rate			165,423	124,285	41,137	85.9	88.9	78.1	36,550	128,873	82.7	86.9
Proportion of households/population who experienced food shortage	14,054	12.8	77,382	40,753	36,629	14.0	14.1	13.8	1,486	12,568	6.0	14.7
Prevalence of underweight children under 5 years of age			4,253	2,017	2,236	5.8	5.4	6.3	467	3,786	3.2	6.5
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			77,969	39,354	38,615	73.2	71.6	75.0	16,582	61,387	77.9	72.1
Proportion of children aged 13-16 enrolled in high school			29,439	13,189	16,250	50.0	43.3	57.2	8,384	21,055	65.9	45.7
Proportion of children aged 6-16 enrolled in school			133,489	66,526	66,963	80.8	77.9	83.8	30,156	103,333	88.7	78.7
Literacy rate of 15-24 year-olds			105,521	56,077	49,443	97.0	96.6	97.5	24,836	80,685	98.7	96.5
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					0.9	0.9
Ratio of girls to boys in secondary education						1.1					1.1	1.1
Ratio of girls to boys in tertiary education						1.1					1.1	1.2
Ratio of literate females to males (15-24 years old)						0.9					1.0	0.9
Proportion of seats held by women in municipalities and the province			25			16.1						
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			574	330	244	0.8	0.9	0.7	102	472	0.7	0.8
<i>Children aged 0 to less than 5</i>			73,078	37,371	35,707				14,650	58,429		
Proportion of infants who died			263	159	104	1.9	2.2	1.5	49	214	1.8	1.9
<i>Children aged 0 to less than 1</i>			13,786	7,032	6,754				2,711	11,075		
Proportion of children aged 1 to less than 5 who died			311	171	140	0.5	0.6	0.5	53	258	0.4	0.5
<i>Children aged 1 to less than 5</i>			59,292	30,339	28,953				11,939	47,354		

Table 36. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					36			0.3	5	31	0.2	0.3
Contraceptive prevalence rate					32,847			34.4	8,075	24,772	38.3	33.2
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			798			2.4			217	581	2.7	2.3
Death rate associated with malaria (Per 100,000 population)			10	7	3	1.8			0	10	0.0	2.3
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			172	115	57	31.1			37	135	30.2	31.3
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	73,005	66.4	366,741	189,728	177,013	66.2	65.8	66.6	19,522	53,483	79.4	62.7
Proportion of households/population with access to sanitary toilet facility	85,964	78.2	435,105	225,460	209,645	78.6	78.2	78.9	22,300	63,664	90.7	74.6
Proportion of households/population living as informal settlers	7,828	7.2	39,735	20,697	19,038	7.2	7.2	7.2	2,104	5,724	8.7	6.8
Proportion of households/population living in makeshift housing	4,387	4.0	21,717	11,337	10,380	3.9	3.9	3.9	853	3,534	3.5	4.1
Proportion of households/population living in inadequate living conditions	54,497	49.6	274,022	143,885	130,137	49.5	49.9	49.0	8,846	45,651	36.0	53.5
Goal 8: Develop a global partnership for development												
Proportion of households with landlines/telephone lines	2,682	2.4							1,750	932	7.1	1.1
Proportion of households with cellphones	22,320	20.3							9,871	12,449	40.2	14.6
Proportion of households with computers	2,531	2.3							1,401	1,130	5.7	1.3

Source: CBMS Survey 2005

- Proportions of households and population with access to sanitary toilet facilities were 78.2 percent and 78.6 percent, respectively.

- Proportion of households with landlines or telephone lines was 2.4 percent while those with cellular phones was 20.3 percent.

Posing great challenge

- Agusan del Sur was considered as one of the poorest provinces in the country in 2005, with 69.4 percent of its total population living below the poverty threshold, and 54.6 percent living below the food threshold. Although Agusan del Sur is an agricultural province, a high percentage of the population was living below the food threshold because bananas, camote and other root crops (which are major products of the province) are not considered as food substitutes for rice and corn. The challenge

now for political leaders is how to get their legislative and administrative actions to focus more on the agriculture sector and eventually increase food production. The provision of irrigation systems and other farming facilities, including inputs, must be given top priority.

- Cohort survival rate was only 54.3 percent, which is far below the 2015 national target of 100 percent. Children living in the farms stopped schooling to help their parents earn a living. Girls took good care of their younger siblings while boys helped in the farms.

- Proportion of children aged 13-16 enrolled in high school was only 50 percent. This low percentage poses another challenge to the leaders and development partners. Although tuition is free in public high schools, poor families still have to shoulder other schooling-related expenses.

3.3 Biliran

Biliran is an island province located between the islands of Leyte and Samar in the Eastern Visayas Region. From being a sub-province of Leyte, it became a regular province on May 11, 1992 after a plebiscite was conducted in accordance with the provisions of Republic Act (R.A.) 7160, known as the 1992 Local Government Code of the Philippines. The province is composed of eight municipalities and 132 barangays, and has a total land area of 555.42 square kilometers. It is classified as a fourth-class province and is among the poorest provinces in the country. Its lack of financial, physical and manpower resources might hinder its ability to meet the MDGs.

Despite the constraints, the province strongly pursued the programs and projects that would lead to the attainment of the MDG targets. Through this report, levels of achievement of the MDGs by the province can be determined using the data gathered through the CBMS survey, which was conducted during the period 2005-2006.

The following presents a summary of the MDG report of Biliran using the results of the CBMS survey in 2006 (Table 37).

Good news

- The provincial average ratio of girls to boys in primary education was 1.0, which is already the ideal ratio in the MDG. This means that there were as many girls as there were boys who attended elementary school in the province. This situation can also be observed both in urban and rural areas.

- In secondary education, ratio of girls to boys was 1.1, indicating that girls were performing better than boys. In rural areas, the ratio was 1.04 while in urban areas, it was 1.13. In tertiary education, on the other hand,

the same ratio of 1.1 was estimated. Unlike in secondary education, boys at this level outnumbered girls in urban areas (with ratio equivalent to 0.95).

- Proportion of households with access to safe drinking water was quite high at 93.6 percent, covering a total of 28,783 households. Proportion of population with access, however, was 93.5 percent, which is equivalent to a total number of 134,890 persons. Urban areas had higher access at 98.7 percent than rural areas with only 92.0 percent.

- Proportion of households living as informal settlers was 2.5 percent, which is equivalent to 768 households. In terms of population, the estimated proportion was 2.6 percent or 3,726 persons.

- There were around 1,203 households living in makeshift housing, representing 3.9 percent of the total number of households in the province. Proportion of population living in makeshift housing, on the other hand, was estimated 3.8 percent, representing about 5,490 people.

- Mortality rate among children aged 0 to less than 5 was 6 per 1,000 live births. The under-five mortality rate, on the other hand, registered at 27.1, which was 15.9 points lower than the regional average (43.0) and was better than the national average of 32.0. According to the NSCB, the under-five mortality rate of Eastern Visayas (43.0) was the second highest in the country, next to Region IV-B (MIMAROPA) and ARMM, both of which had 45.0 (RSET Report 2009).

- Literacy rate of 15-24 year-olds was high at 97.1 percent.

- There were no reported cases of HIV/AIDS in Biliran, as per report of the Provincial Health Office.

Not so good news

- The survey revealed that there were more literate males than females in the



Table 37. Summary of findings of the MDG indicators, Province of Biliran, 2005-2006

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	19,941	65.0	101,667	52,480	49,187	70.4	71.5	69.4	3,876	16,065	52.2	69.1
Proportion of households/population living below the food threshold	16,217	52.9	57,561	29,701	27,860	53.4	54.4	52.5	2,915	13,261	39.3	57.0
Poverty gap ratio		0.4									0.3	0.4
Employment rate			39,730	28,877	10,853	75.8	82.4	62.4	9,774	29,956	74.9	76.0
Proportion of households/population who experienced food shortage	3,706	12.1	19,250	9,955	9,295	13.3	13.6	13.1	588	3,118	7.9	13.4
Prevalence of underweight children under 5 years of age			1,131	564	567	6.7	6.6	6.9	175	956	4.8	7.3
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			21,490	10,660	10,830	76.6	74.4	79.0	4,871	16,619	77.7	76.3
Proportion of children aged 13-16 enrolled in high school			8,388	3,795	4,593	56.3	48.4	65.1	2,358	6,030	66.7	53.1
Proportion of children aged 6-16 enrolled in school			35,456	17,344	18,112	82.6	78.2	87.2	8,463	26,993	86.3	81.4
Literacy rate of 15-24 year-olds			24,405	13,120	11,285	97.1	96.4	97.8	6,231	18,174	98.5	96.6
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						1.0					1.0	1.0
Ratio of girls to boys in secondary education						1.1					1.0	1.1
Ratio of girls to boys in tertiary education						1.1					0.9	1.2
Ratio of literate females to males (15-24 years old)						0.9					0.9	0.9
Proportion of seats held by women in municipalities and the province			1,159	708	451	100.0	61.1	38.9				
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			93	54	39	0.6	0.6	0.5	12	81	0.3	0.6
<i>Children aged 0 to less than 5</i>			16,761	8,550	8,211				3,659	13,102		
Proportion of infants who died			40	25	15	1.4	1.6	1.0	6	34	0.9	1.5
<i>Children aged 0 to less than 1</i>			2,915	1,500	1,415				648	2,267		
Proportion of children aged 1 to less than 5 who died			53	29	24	0.4	0.4	0.4	6	47	0.2	0.4
<i>Children aged 1 to less than 5</i>			13,846	7,050	6,796				3,011	10,835		

Table 37. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					6			0.2	1	5	0.2	0.2
Contraceptive prevalence rate			0			0.0			0	0	0.0	0.0
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			0			0.0			0	0	0.0	0.0
Death rate associated with malaria (Per 100,000 population)			0	0	0	0.0	0.0	0.0	0	0	0.0	0.0
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			27	16	11	18.7			10	17	28.8	15.5
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	28,783	93.6	134,890	68,441	66,449	93.5	93.2	93.7	7,335	21,448	98.7	92.0
Proportion of households/population with access to sanitary toilet facility	21,978	71.5	102,929	51,730	51,199	71.3	70.5	72.2	6,078	15,900	81.8	68.2
Proportion of households/population living as informal settlers	768	2.5	3,726	1,946	1,780	2.6	2.7	2.5	157	611	2.2	2.6
Proportion of households/population living in makeshift housing	1,203	3.9	5,490	2,836	2,654	3.8	3.9	3.7	472	731	6.4	3.1
Proportion of households/population living in inadequate living conditions	10,804	35.1	51,068	26,666	24,402	35.4	36.3	34.4	1,729	9,075	23.3	38.9
Goal 8: Develop a global partnership for development												
Proportion of households with cellphones	8,961	29.2							3,207	5,754	43.2	24.7
Proportion of households with computers	824	2.7							382	442	5.1	1.9

Source: CBMS Survey 2005-2006

15-24 age bracket as evidenced by the ratio equal to 0.9. This observation applies both to rural and urban areas.

- About 451 out of the 1,159 local elective posts, or 39 percent of the total elective seats, were occupied by women. The positions considered included that of the SK President.

- Six (6) pregnancy-related deaths were recorded in the province; one case took place in an urban area while five deaths occurred in rural areas. Maternal mortality ratio was 205.4 per 100,000 live births while proportion of pregnancy-related deaths was 0.2.

- In terms of the magnitude of deaths associated with tuberculosis, there were 27 reported deaths consisting of 16 males (59.3%) and 11 females (40.7%). Ten (10) incidents occurred in urban areas while 17 cases happened in rural areas. Proportion of deaths associated with tuberculosis was 18.7 per 100,000 population.

- Proportion of households with access to sanitary toilet facilities was 71.5 percent, representing 21,978 households. Proportion of population with access to basic sanitation, however, was 71.3 percent, which is equivalent to around 102,929 persons. Rural population had lower access to sanitation at 68.2 percent than urban population, with 81.8 percent.

- The magnitude of employed population was estimated to be 39,730. There were more employed males (28,877 or 82.4%) than females (10,853 or 62.4%). The employment rate, meanwhile, was 75.8 percent.

Posing great challenge

- In 2006, 19,941 households (or 65.0% of the total number of households) were living below the poverty line. Proportion of population living below the poverty line, however, was 70.4 percent, which is equivalent to 101,667 Biliranons.

- Around 16,217 households were living

below the food threshold. This is equivalent to 52.9 percent of the total number of households. The magnitude of population living below the food threshold was estimated to be 57,561 or 53.4 percent of the total population.

- There were a total of 14,897 children aged 13-16 in the province, which are composed of 7,846 males (52.7%) and 7,051 females (47.3%). The magnitude of population aged 13-16 who were enrolled in high school was around 8,388, representing 56.3 percent. Proportion of children aged 6-16 who were enrolled in school was 82.6 percent. This means that of the 42,946 children belonging to this age bracket, only 35,456 found ways to be in school. This finding also implies that most of the children who were not in school belong to the 13-16 age group. The foregoing data underscore the fact that although elementary and secondary education in public schools are free, many other factors were preventing the children from continuing their studies, foremost of which is poverty.

- During the survey period, Biliran registered 93 deaths among children aged 0 to less than 5. Out of this number, 54 were males (58.1%) and 39 (41.9%) were females. Around 16,761 children in the province belong to this age bracket. This segment of the population was concentrated in rural areas (78.2%).

- There were forty (40) infants who died in 2006, twenty-five (25) of which were males (62.5%) while 15 were females (37.5%). The number of infants then was 2,915, in which 1,500 (51.5%) were males and 1,415 were females (48.5%). Infant mortality rate was 13.5 per 1,000 live births. Majority of the children (77.8%) was in rural areas.

- The survey further revealed that 3,706 households experienced food shortage. This represents 12.1 percent of the total number of households in the province. The magnitude of population, however, was 19,250, and there were more males (9,955) than females (9,295) who experienced food shortage.

- Meanwhile, 10,804 households (35.1%) were living in inadequate living conditions.



3.4 Camarines Norte

The first MDG Report of Camarines Norte aimed to track progress toward the attainment of the MDGs by the province and to increase local awareness on how this report can bridge local and national development strategies.

The report used the results of the 2006 CBMS survey related to the MDGs, as shown in Table 38, and some data gathered from the provincial government departments, national government agencies and surveys.

The results suggest that there have been some good news and not so good news in some indicators while some are posing great challenge for the remaining five years (from the time of writing of this report to the target year of 2015). There is a clear need for political leaders and stakeholders, with the help of donors, to take urgent and concerted action to realize the basic promises of the MDGs in the lives of the people in the province, specifically the poor.

Table 38 shows the provincial summary of the status of the MDG indicators based on the 2006 CBMS survey results.

Good news

- Proportion of underweight children 0 to less than 5 years old was 12.2 percent, which is below the 2015 national target of 17.25 percent.
- Literacy rate of 15-24 year-olds was high at 98.3 percent and only 1.7 percent lower than the 2015 target (100%). Females had slightly higher literacy rate (98.5%) compared to males (98.1%).

- Ratio of girls to boys in elementary was 0.9, somewhat close to the desired ratio of 1:1 by 2015. Moving up to higher levels, girls' advantage over boys slightly widened, with the ratio of 1.1 in secondary and 1.2 in tertiary. A slight difference between girls and boys, in favor of boys, was also noted in literacy rate of 15-24 year-olds (0.9).

- About forty percent (40.2%) of women held elective seats in the province, which include officials of the sangguniang kabataan, barangay council, as well as municipal and provincial officials.

- Proportion of indigent households covered by PhilHealth was high at 91.7 percent in 2008.

- No deaths associated with malaria were reported.

- Proportions of individuals living as informal settlers and living in makeshift housing were low at 4.2 percent and 4.5 percent, respectively.

- Proportion of households with cellular phones was about 34.6 percent and has been expected to increase because of the presence of 33 cellular sites in the province (as of 2008). Although percentage of households with computers was low at 4.2 percent, there is a high probability that this will increase because of the presence of five internet service providers in the province (as of 2008).

Not so good news

- Employment rate was 88.2 percent. This indicates that about 11.8 percent of those who were in the labor force were not employed and might have contributed to the high poverty incidence, in addition to those who were employed but were perceived to have low income.

- Mortality rate among children aged 0



Table 38. Summary of findings of the MDG indicators, Province of Camarines Norte, 2006

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	59,898	59.6	320,149	165,150	154,999	65.9	66.6	65.2	14,192	45,706	52.3	62.4
Proportion of households/population living below the food threshold	42,434	42.3	235,955	121,928	114,027	48.6	49.2	47.9	9,498	32,936	35.0	44.9
Poverty gap ratio		0.3									0.2	0.3
Employment rate			146,985	104,521	42,458	88.2	89.9	86.2	38,440	108,545	87.4	89.3
Proportion of households/population who experienced food shortage	6,428	6.4	35,409	18,497	16,912	7.3	7.5	7.1	972	5,456	3.6	7.4
Prevalence of underweight children under 5 years of age			7,492	3,663	3,829	12.2	11.6	12.9	1,470	6,022	9.8	13.0
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			73,282	37,322	35,960	79.5	78.6	80.5	18,342	54,940	80.3	79.3
Proportion of children aged 13-16 enrolled in high school			28,630	13,288	15,342	59.6	53.3	66.4	8,359	20,271	68.7	56.5
Proportion of children aged 6-16 enrolled in school			117,985	58,862	59,123	84.2	81.3	87.2	31,107	105,172	88.9	82.6
Literacy rate of 15-24 year-olds			88,194	46,417	41,776	98.3	98.1	98.5	23,015	65,179	98.9	98.1
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					1.0	0.9
Ratio of girls to boys in secondary education						1.1					1.1	1.1
Ratio of girls to boys in tertiary education						1.2					1.2	1.3
Ratio of literate females to males (15-24 years old)						0.9					1.2	1.3
Proportion of seats held by women in municipalities and the province			1,828			40.2						
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			402	219	183	0.7	0.7	0.6	87	315	0.6	0.7
<i>Children aged 0 to less than 5</i>			61,256	31,669	29,587				15,031	46,225		
Proportion of infants who died			256	137	119	2.2	2.3	2.1	53	194	0.0	2.2
<i>Children aged 0 to less than 1</i>			11,303	5,760	5,543				2,743	8,560		
Proportion of children aged 1 to less than 5 who died			146	82	64	0.3	0.3	0.3	115	31	0.9	0.1
<i>Children aged 1 to less than 5</i>			49,953	25,909	24,044				12,288	37,665		

Table 38. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					31			0.3	5	26	0.2	0.3
Contraceptive prevalence rate			25,510			29.9			6,414	19,096	29.6	30.0
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			685			2.7			217	468	3.4	2.5
Death rate associated with malaria (Per 100,000 population)			0	0	0	0.0	0.0	0.0	0	0	0.0	0.0
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			186	121	65	38.3	48.8	27.3	42	146	32.8	40.8
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	67,712	67.2	323,508	163,172	160,336	66.6	65.8	67.4	24,267	43,445	89.3	59.1
Proportion of households/population with access to sanitary toilet facility	79,058	78.5	380,200	192,194	188,006	78.3	77.5	79.0	23,766	55,292	87.4	75.2
Proportion of households/population living as informal settlers	4,137	4.1	20,605	10,593	10,012	4.2	4.3	4.2	1,442	2,695	3.7	5.3
Proportion of households/population living in makeshift housing	4,437	4.4	21,789	11,409	10,380	4.5	4.6	4.4	1,236	3,201	4.6	4.4
Proportion of households/population living in inadequate living conditions	46,020	45.7	225,466	117,520	107,946	46.4	47.4	45.4	6,859	39,161	25.2	53.2
Goal 8: Develop a global partnership for development												
Proportion of households with cellphones/telephones	34,847	34.6							13,053	21,794	48.0	29.6
Proportion of households with computers	3,993	4.2							2,075	1,918	7.6	2.6

Source: CBMS Survey

Note: Six members under the employment rate indicator have no information on sex; One member aged 15-24 years old has no information on sex



to less than 5 was 402 out of 61,256, or equivalent to 0.7 percent. Majority of these were infants, which were around 256 out of the total 11,303, or 2.2 percent. Meanwhile, there was low measles immunization coverage in the province, with only about 75.6 percent.

- From the four detected cases of HIV/AIDS positive from January 1992 to December 2007, two were reported dead while the other two were under treatment and were receiving antiretroviral drugs in Manila. Condom usage rate was also low, with only 2.7 percent among couples practicing contraception.

- Tuberculosis was still one of the ten leading causes of death, with a ratio of 38.3 per 100,000 population in 2008. Detection and cure rates, however, were both high at 96.0 percent and 81.2 percent, respectively.

- Proportion of population with access to sanitary toilet facilities was 78.3 percent, only 5.5 percentage points lower than the 2015 national target of 83.8 percent.

Posing great challenge

- Sixty-six percent (66%) of the population were poor. This figure must be lowered by 43.2 percent to attain the 2015 national target of 22.7 percent. However, with a poverty gap of 0.3, this means that the population had lesser mean shortfall to become non-poor.

- Children who experienced early childhood care and development was low, with only 20.0 percent in 2007. Only 79.5 percent of children aged 6-12 were in school. This means that 20.5 percent were

out-of-school, although some of them may not be in elementary yet but still in preschool. There was also very low participation rate in secondary education, at 59.6 percent. Apparently, these figures are way below the 100 percent target by 2015. In school year 2008-2009, cohort survival rate and completion rate in public elementary school were 88.9 percent and 79.4 percent, respectively, which are also far from the 100 percent target by 2015.

- Thirty-one (31) were reported to have died due to pregnancy-related causes in 2006, although the proportion was only 0.3. Also, contraceptive prevalence rate was low at 29.9 percent. In 2008, births attended by skilled health personnel and ante-natal coverage were low at 59.4 percent and 57.5 percent, respectively.

- Proportion of population with access to safe drinking water was only 66.6 percent. Interestingly, access to safe water in urban areas was notably higher, at 89.3 percent, than in rural areas, with only 59.1 percent.

Meeting the MDG targets in the province requires combined efforts and resources of the LGUs, national government, NGOs, and other institutions. The province also requires active participation of the communities and other sectors, specifically on areas and indicators posing great challenge such as poverty, education (Early Childhood Care for Development or ECCD, elementary and secondary), maternal health, and access to safe water, as well as the cross-cutting issues of the limited budget of the LGUs and laxity in enforcement of laws relative to the achievement of the MDGs.

3.5 Eastern Samar

The CBMS survey, which was conducted province-wide in Eastern Samar during the period 2005-2006, indicated a total population of 385,875 consisting of 79,976 households, with an average household size of five (5). Of the total population, majority or 51.7 percent were males and 48.3 percent were females. Majority or 70.6 percent of households were in rural areas while 29.4 percent were in urban areas. The results of the survey, as presented in Table 39, indicate the progress of the province in terms of its achievement of the MDGs.

Good news

The results suggest that there are some good news in different indicators. There are some targets with higher probability of being met by 2015, owing to the fact that programs and services of the LGUs are being focused on the needed areas.

- Prevalence of underweight children under 5 years of age was only 6.7 percent.
- The literacy rate of 15-24 year-olds was 96.6 percent.
- Ratios of girls to boys in primary, secondary and tertiary education were more or less equal to 1; either 0.9 or 1.1.
- Proportion of seats held by women in elective positions in municipalities and the province was 46.5 percent. Majority of the elected officials in six (6) municipalities were females.
- Death associated with malaria was zero (0) since the province is malaria-free.
- Proportion of women who died due to pregnancy-related causes in the last 12 months prior to the survey was only 0.4 percent.
- Proportion of children aged 0 to less than 5 who died in the last 12 months prior to the survey was only 0.9 percent.

- Proportion of deaths among children aged 1 to less than 5 was only 0.6 percent.
- Proportion of population living as informal settlers was only 2.9 percent.
- Proportion of population living in make-shift housing was only 2.3 percent.
- Around 78.7 percent of the population had access to safe drinking water.
- Proportion of population with access to sanitary toilet facilities was 69.5 percent.
- Employment rate in the province was 77.7 percent.

Not so good news

There are also not so good news as shown by the relatively poor performance in some of the indicators suggesting that there is less likelihood of meeting some of the targets by 2015.

- Proportion of population living below the poverty threshold was 69.5 percent.
- Proportion of population living below the food threshold was 59.4 percent.
- Poverty gap ratio was 0.4 for the entire province.
- Proportion of population who experienced food shortage in the last 3 months prior to the survey was 13.8 percent.
- Proportion of children aged 6-12 who were not enrolled in elementary education was 23.4 percent.
- Proportion of children aged 13-16 who were not enrolled in high school was 43.2 percent.
- Proportion of children aged 6-16 who were not enrolled in school was 16.5 percent.
- Proportion of infants who died in the last 12 months prior to the survey was 2.5 percent.
- Death rate associated with tuberculosis was about 33 per 100,000 population.
- About 45.0 percent of the population were living in inadequate living conditions.



Table 39. Summary of findings of the MDG indicators, Province of Eastern Samar, 2005-2006

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	50,772	63.7	268,104	139,898	128,206	69.5	70.2	68.7	11,698	39,074	50.0	69.3
Proportion of households/population living below the food threshold	42,218	52.9	229,136	119,596	109,540	59.4	60.0	58.7	9,687	32,531	41.4	57.7
Poverty gap ratio		0.4									0.3	0.4
Employment rate			111,486	80,306	31,174	77.7	83.7	65.5	33,029	78,457	74.6	79.0
Proportion of households/population who experienced food shortage	10,191	12.8	53,441	28,092	25,349	13.8	14.1	13.6	2,548	7,643	10.9	13.5
Prevalence of underweight children under 5 years of age			3,055	1,532	1,523	6.7	6.6	6.9	604	2,451	4.8	7.5
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			57,763	29,239	28,523	76.6	75.1	78.1	16,389	41,374	77.6	76.1
Proportion of children aged 13-16 enrolled in high school			22,001	9,801	12,200	56.8	49.3	64.6	7,632	14,369	66.0	52.8
Proportion of children aged 6-16 enrolled in school			95,418	47,303	48,114	83.5	80.4	86.9	28,233	67,185	86.4	82.4
Literacy rate of 15-24 year-olds			66,674	35,289	31,384	96.6	95.6	97.7	20,934	45,740	97.9	96.0
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					0.9	0.9
Ratio of girls to boys in secondary education						1.1					1.1	1.1
Ratio of girls to boys in tertiary education						1.1					1.1	1.1
Ratio of literate females to males (15-24 years old)						0.9					0.9	0.9
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			420	232	188	0.9	1.0	0.8	109	116	0.9	0.4
<i>Children aged 0 to less than 5</i>			45,345	23,379	21,966				12,481	32,866		
Proportion of infants who died			175	103	72	2.5	2.8	2.1	59	121	3.1	2.3
<i>Children aged 0 to less than 1</i>			6,945	3,586	3,359				1,841	5,105		
Proportion of children aged 1 to less than 5 who died			245	129	116	0.6	0.6	0.6	50	195	0.5	0.7
<i>Children aged 1 to less than 5</i>			38,400	19,793	18,607				10,640	27,761		

Table 39. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					31			0.4	6	25	0.3	0.5
Contraceptive prevalence rate			499			22.2			0	499	0.0	22.2
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			6			1.2			0	6	0.0	1.2
Death rate associated with malaria (Per 100,000 population)			0	0	0	0.0			0	0	0.0	0.0
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			126	85	41	32.6			15	111	13.0	40.9
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	62,970	78.9	303,437	156,263	147,174	78.7	78.4	78.9	20,178	42,792	86.0	75.9
Proportion of households/population with access to sanitary toilet facility	55,384	69.3	268,138	136,985	131,153	69.5	68.7	70.3	18,576	36,808	79.2	65.2
Proportion of households/population living as informal settlers	2,234	2.8	11,130	5,869	5,261	2.9	2.9	2.8	672	1,562	2.9	2.8
Proportion of households/population living in makeshift housing	1,848	2.3	8,758	4,655	4,103	2.3	2.3	2.2	590	1,258	2.5	2.2
Proportion of households/population living in inadequate living conditions	35,931	44.9	173,758	91,222	82,536	45.0	45.8	44.2	8,016	27,915	34.1	49.4
Goal 8: Develop a global partnership for development												
Proportion of households with telephones/cellphones	17,321	21.7							8,367	8,954	35.7	15.9
Proportion of households with computers	2,190	2.7							1,208	982	5.2	1.7

Source: CBMS Survey 2005-06

*Note: Six members under the employment rate indicator have no information on sex; One member aged 15-24 years old has no information on sex



3.6 Marinduque

The first MDG Report of Marinduque did not only aim to assess the progress of the province in terms of achieving the MDGs but also to increase people's awareness of the local situation and to present some recommendations to policymakers in their formulation of strategies that would help achieve the MDGs by 2015.

This report utilizes the 2005 CBMS survey data of Marinduque, some provincial government data, resources from national government agencies and the preliminary results of the 2008 CBMS survey.

The results suggest that while the MDGs are not difficult to achieve, certain measures have to be undertaken to reach them by 2015. Based on the report, there are good news and not so good news.

Below is a summary of findings of the MDG indicators based on the results of the CBMS survey in 2005 (Table 40).

Good news

- Based on preliminary results of the 2008 CBMS survey in Marinduque, proportion of households below the poverty threshold decreased from 62.6 percent in 2005 to around 48 percent in 2008.

- There was a significant increase in the employment rate in 2008 that confirms the decline in proportions of households and population living below the poverty threshold. Based on preliminary results of the 2008 CBMS survey, employment rate stood at around 97 percent, which is much higher than the 2005 rate of 85.8 percent.

- Based on the 2005 CBMS survey, Marinduque had a literacy rate of 98.0 percent for the population aged 15-24. This is higher compared to the national literacy rate of 96.6 percent in 2003.

- While only 25.5 percent of the total elected local officials were women (which is only one half of the 2015 target of 50.0 percent), this 2005 figure nonetheless is higher than the national level of 20.2 percent.

- Marinduque has been declared as a malaria-free province since 2005 by the World Health Organization (WHO).

- Despite an increase in household population, proportion of households with access to safe drinking water slightly increased from 85.6 percent in 2005 to around 87 percent based on the preliminary results of the 2008 CBMS survey.

- In terms of access to sanitary toilet facility, 78.3 percent of households had access in 2005. This figure marginally increased to around 79 percent based on preliminary results of the 2008 CBMS survey. It should be noted, however, that during this period, 91.8 percent of households in urban areas already had access to sanitary toilet, surpassing the 2015 target of 83.8 percent.

- In 2005, 3.7 percent of households were living in makeshift housing. This figure slightly went down to around 3 percent based on preliminary results of the 2008 CBMS survey.

Not so good news

- There was an increase in prevalence of malnourished children under five years of age from 8 percent in 2005 to around 9 percent in 2008.

Table 40. Summary of findings of the MDG indicators, Province of Marinduque, 2005

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	28,417	62.6	139,776	71,080	68,696	68.3	69.2	67.4	2,989	25,428	42.7	66.3
Proportion of households/population living below the food threshold	22,619	49.4	114,666	58,424	56,242	56.0	56.8	55.2	2,142	20,024	30.6	52.2
Poverty gap ratio		0.3									0.2	0.4
Employment rate			58,257	38,321	19,936	85.8	86.0	85.5	9,153	49,104	84.6	86.1
Proportion of households/population who experienced food shortage	1,728	3.8	8,396	4,371	4,025	4.1	4.3	4.0	135	1,593	1.9	4.1
Prevalence of underweight children under 5 years of age	1,880	7.8	1,880	892	988	7.8	7.3	8.3	229	1,651	7.2	7.9
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			32,126	16,280	15,846	90.1	79.3	80.9	4,514	27,612	81.8	79.8
Proportion of children aged 13-16 enrolled in high school			14,614	6,651	7,962	82.6	63.3	78.3	2,415	12,199	78.4	69.3
Proportion of children aged 6-16 enrolled in school			54,171	26,831	27,339	89.1	86.5	91.9	7,996	46,175	93.0	88.5
Literacy rate of 15-24 year-olds			31,922	17,237	14,685	98.0	97.8	98.2	4,820	27,102	98.5	97.9
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					1.0	0.9
Ratio of girls to boys in secondary education						1.1					1.1	1.1
Ratio of girls to boys in tertiary education						1.1					1.0	1.1
Ratio of literate females to males (15-24 years old)						0.9					0.9	0.8
Proportion of seats held by women in municipalities and the province			2,251	1,675	576	25.5			83	490	3.6	21.7

Table 40. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			136	71	65	0.6	0.6	0.5	15	122	0.5	0.6
<i>Children aged 0 to less than 5</i>			24,165	12,287	11,878				3,172	20,993		
Proportion of infants who died			87	41	46	2.0	1.9	2.1	12	75	2.4	2.0
<i>Children aged 0 to less than 1</i>			4,238	2,128	2,110				497	3,741		
Proportion of children aged 1 to less than 5 who died			49	30	19	0.2	0.3	0.2	3	47	0.1	0.3
<i>Children aged 1 to less than 5</i>			19,927	10,159	9,768				2,675	17,252		
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					13			0.3	1	12	0.2	0.3
Contraceptive prevalence rate	9,029	25.2							1,430	7,599	25.9	25.1
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			385			4.3			76	309	5.3	4.1
Death rate associated with malaria (Per 100,000 population)			0	0	0	0.0			0	0	0.0	0.0
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			81	63	18	39.5			13	68	42.4	39.0
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	39,324	85.6	174,616	87,325	87,291	85.4	85.0	85.7	6,633	32,691	93.2	84.2
Proportion of households/population with access to sanitary toilet facility	35,961	78.3	159,150	78,930	80,220	77.8	76.8	78.7	6,532	29,429	91.8	75.8
Proportion of households/population living as informal settlers	908	2.0	4,224	2,180	2,044	2.1	2.1	2.0	126	782	1.8	2.0
Proportion of households/population living in makeshift housing	1,718	3.7	7,694	3,939	3,755	3.8	3.8	3.7	212	1,506	3.0	3.9
Proportion of households/population living in inadequate living conditions	15,349	33.4	69,831	36,094	33,737	34.1	35.1	33.1	1,173	14,176	16.4	36.5
Goal 8: Develop a global partnership for development												
Proportion of households with cellphones	14,639	31.9							3,693	10,946	51.9	28.2
Proportion of households with computers	1,731	3.8							633	1,098	8.9	2.8

Source: CBMS Survey 2005

- In 2008, proportion of children aged 6-12 who were enrolled in elementary school went down to around 85 percent. Similarly, proportion of children aged 13-16 who were in school went down from 82.6 percent in 2005 to approximately 77 percent in 2008.

- Although there was a high literacy rate among 15-24 year-olds, females were still lagging behind.

- Only 25.5 percent of the total seats occupied by elected local officials were held by women, representing only half of the 2015 target of 50.0 percent.

- Preliminary results of the 2008 CBMS survey show that there was an increase in proportion of women who died due to pregnancy-related causes.

- High incidence of tuberculosis was found in urban areas.

- There was low proportion of households having access to computers (3.8%).

Posing great challenge

- Although proportion of households living below the poverty threshold decreased, as

shown by preliminary results of the 2008 CBMS survey, this is still considered high and measures should thus be taken to lower the incidence of poverty.

- Data show that most of the poor population are found in rural areas where, ironically, livelihood opportunities abound like upland farming, vegetable production and animal raising. Due to the issue of land ownership and tenancy, rural poor families, particularly the informal settlers, are deprived of the opportunity to utilize the land where they reside.

- Enrolment rate at the elementary level is in a decelerating trend, both at the regional and national levels. This should therefore be addressed to meet the MDG targets by 2015.

- In terms of maternal and child health, prematurity and broncho-pneumonia had been among the leading causes of infant mortality during the period 2003-2007, based on the record of the provincial government. Programs that would address these health concerns should be launched.



3.7 Romblon

The MDG report of Romblon aimed to track progress towards the achievement of MDGs by the province and create a document that would increase awareness among local stakeholders regarding the universal development thrust. The report utilized the results of the 2007 CBMS survey and other administrative data.

The results presented in this report (Table 41) suggest that there has been some good news and not so good news in some indicators but there are also those that pose great challenge for the remaining five years. There is indeed a need for a concerted effort among all stakeholders, from the national down to the local level, to make urgent response in order to achieve the MDG targets that would improve the life of every person in the province.

Good news

- Prevalence of underweight children under 5 years of age was 8.2 percent, which is far below the 2015 national target of 17.25 percent.
- Literacy rate of 15-24 year-olds was high at 97.7 percent and was only 2.3 percentage points away from the 100 percent target.
- Ratio of girls to boys in elementary was 0.9 but this was due to the higher population of boys than girls. In high school and college, gender bias (in favor of girls) was evident. Ratios of girls to boys in secondary and tertiary education were 1.03 and 1.14, respectively, despite the fact that males outnumbered females in those age groups.
- Ratio of literate females to males aged

15-24 was lower at 0.88, accounting for the higher male population than female's in this age group.

- No HIV/AIDS cases were reported in the province.
- No death associated with malaria was reported, based on the CBMS survey. In fact, the province was in the process of securing documents for the declaration of a malaria-free province.
- Proportion of population living as informal settlers was low at 1.1 percent while proportion of those living in makeshift housing was 2.1 percent.

Not so good news

- Proportion of population who experienced food shortage was minimal at 3.02 percent.
- Employment rate was high at 97.7 percent although employment opportunities provided low economic returns.
- Poverty gap ratio was moderate at 0.34.
- Proportion of children aged 0 to less than 5 who died was 0.6 percent. Infant mortality rate, however, was estimated at 1.8 percent while mortality rate among children aged 1 to less than 5 was 0.3 percent.
- Proportion of women who died due to pregnancy-related causes was 0.2 percent.
- Proportion of population with access to safe drinking water was 76.3 percent while proportion of those with access to sanitary toilet facilities was 71.4 percent.
- Proportion of households with landlines/telephone lines was at a meager 1.2 percent but this was only because of the geophysical characteristics.
- Proportion of population with cellphones was 27.0 percent but has been increasing.
- Proportion of population with computers

Table 41. Summary of findings of the MDG indicators, Province of Romblon, 2007

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	34,627	62.1	171,798	88,057	83,741	68.0	69.0	67.0	5,626	29,001	54.4	63.9
Proportion of households/population living below the food threshold	27,444	49.2	140,680	72,280	68,400	55.7	56.6	54.7	4,415	23,029	42.7	50.7
Poverty gap ratio		0.3									0.3	0.4
Employment rate			67,528	45,158	22,366	97.7	97.9	97.3	12,234	55,294	97.7	97.7
Proportion of households/population who experienced food shortage	1,509	2.7	7,637	4,020	3,617	3.0	3.2	2.9	244	1,265	2.3	2.8
Prevalence of underweight children under 5 years of age			2,424	1,147	1,277	8.2	7.5	8.8	304	2,120	5.7	8.7
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			38,879	20,001	18,878	77.1	76.1	78.1	6,820	32,059	77.3	77.0
Proportion of children aged 13-16 enrolled in high school			16,828	7,904	8,924	78.4	56.2	69.5	3,474	13,354	70.2	60.8
Proportion of children aged 6-16 enrolled in school			68,439	34,813	33,626	88.5	86.3	90.8	12,516	55,923	90.9	87.9
Literacy rate of 15-24 year-olds			40,993	21,836	19,157	97.7	97.6	97.9	7,910	33,083	98.1	97.6
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					0.9	0.9
Ratio of girls to boys in secondary education						1.0					1.1	1.0
Ratio of girls to boys in tertiary education						1.1					1.1	1.2
Ratio of literate females to males (15-24 years old)						0.9					0.9	0.9
Proportion of seats held by women in municipalities and the province			1,805	1,329	476	26.4						
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			166	97	69	0.6	0.6	0.5	24	142	0.5	0.6
<i>Children aged 0 to less than 5</i>			29,728	15,207	14,521				5,327	24,402		
Proportion of infants who died			96	58	38	1.8	2.1	1.5	16	80	1.6	1.7
<i>Children aged 0 to less than 1</i>			5,221	2,719	2,502				986	4,535		
Proportion of children aged 1 to less than 5 who died			70	39	31	0.3	0.3	0.3	8	62	0.2	0.3
<i>Children aged 1 to less than 5</i>			24,507	12,488	12,019				4,341	20,167		

Table 41. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes			12			0.2			2	10	0.2	0.2
Contraceptive prevalence rate			13,406			32.1			2,399	11,007	31.5	32.2
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			194			1.5			52	142	2.2	1.3
Death rate associated with malaria (Per 100,000 population)			5	3	2	2.0	2.4	1.6	-	5	-	2.4
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			118	79	39	46.7	61.8	31.2	19	99	40.1	48.1
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	43,129	76.3	192,647	96,922	95,725	76.3	75.9	76.6	9,375	33,754	89.1	73.4
Proportion of households/population with access to sanitary toilet facility	40,793	72.2	180,268	90,081	90,187	71.4	70.5	72.2	8,574	32,219	81.5	70.0
Proportion of households/population living as informal settlers	601	1.1	2,854	1,483	1,371	1.1	1.2	1.1	155	446	1.5	1.0
Proportion of households/population living in makeshift housing	1,173	2.1	5,344	2,727	2,617	2.1	2.1	2.1	185	988	1.8	2.2
Proportion of households/population living in inadequate living conditions	24,073	42.5	108,901	56,031	52,870	43.1	43.9	42.3	2,795	21,278	26.5	46.2
Goal 8: Develop a global partnership for development												
Proportion of households with landlines/telephone lines	1,069	1.2							449	620	4.3	1.4
Proportion of households with cellphones	15,241	27.0							4,191	11,050	39.8	24.0
Proportion of households with computers	2,169	3.8							766	1,403	7.3	3.1

Source: CBMS Survey 2007

was low at only 3.8 percent primarily because of difficulty in obtaining internet connection.

Posing great challenge

- Proportion of population living below the poverty threshold was staggering at 68.0 percent while proportion of those living below the food threshold was 55.7 percent.

- Proportion of children aged 6-12 who were enrolled in elementary education was 77.1 percent while proportion of 13-16 year-olds who were enrolled in high school was 78.4 percent. Proportion of children aged 6-16 who were enrolled in school was 88.5 percent, which is more than 10

percentage points lower than the 2015 target.

- Only 26.4 percent of women in the province held elective positions at the barangay, municipal and provincial levels.

- Contraceptive prevalence rate was 32.1 percent while proportion of couples using condom among those who are practicing family planning was only 1.5 percent.

- Prevalence and death rates associated with tuberculosis were high at 46.7 percent.

- Proportion of population living under inadequate living conditions was 43.1 percent, which is considerably low primarily because of the water and sanitation components.

3.8 Sarangani

The first MDG Report of Sarangani is a result of the collaborative efforts of the Provincial Government, which utilized the results of the 2007 CBMS survey. The results presented in this report (Table 42) suggest that there are some good news and not so good news in some indicators while there are also some that are posing great challenge to the province for the remaining five years.

Good news

- Poverty gap ratio was 0.3.
- Prevalence of underweight children under five years of age was 4.0, which already surpassed the 2015 national target of 17.3.
- The province also had an ideal 1:1 gender ratio in primary education.
- Ratio of literate females to males aged 15-24 was 0.9, which is very close to the 2015 national target of 1.0.
- Under-five mortality rate was 0.3.
- There were no reported deaths associated with HIV/AIDS and malaria.
- Proportions of population living as informal settlers and living in makeshift housing were low at 2.9 percent and 3.7 percent, respectively.
- About 56 percent of the land area was covered by forest.
- Twenty-three percent (23%) of the total area of the province was declared as protected area.

Not so good news

- Proportion of population with income below the poverty threshold was 69.5 percent, which is quite high compared to the national target of 22.7.

- About 56 percent of the population was living below the food threshold, which means that less than half of the population had average annual income of PhP10,500.

- Proportion of children aged 6-12 who were enrolled in elementary education was 67.8 percent. This implies that close to one-third of the school-age population at the primary level were not in school.

- Literacy rate of 15-24 year-olds was high at 90.7 percent, although still below the 100 percent national target.

- Wider disparity in terms of gender distribution among local officials of the province and municipalities exists. Proportion of seats held by women in municipalities and the province was merely 15 percent.

- The province also had relatively high prevalence and death rates associated with tuberculosis. Total death toll throughout the province was 65 and almost three fourths of them were males.

- Proportion of population with access to safe drinking water was 70.4 percent, posting a shortfall of about 16 percent from the national target.

- Proportion of urban population with access to improved sanitation was quite high at 62.1 percent but falls short by about 17 percent against the 2015 national target.

- Proportion of households with landlines/telephone lines was very low at 1.6 percent despite the presence of several telecommunication service providers serving the province.

Posing great challenge

- There is a need to reduce the percentage of poor Sarangans by 46.8 percent to be at par with the national target of 22.7.

- The percentage of children aged 6-12 who were enrolled in elementary education

Table 42. Summary of findings of the MDG indicators, Province of Sarangani, 2007

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	54,271	63.8	267,088	138,429	128,659	69.5	69.4	69.7	7,943	46,328	59.8	64.6
Proportion of households/population living below the food threshold	42,400	49.9	214,315	110,978	103,337	55.8	55.7	55.9	6,002	36,398	45.2	50.7
Poverty gap ratio		0.3									0.3	0.3
Employment rate			113,789	92,043	21,745	98.9	99.2	97.5	18,925	94,864	99.1	98.9
Proportion of households/population who experienced food shortage	3,072	3.6	14,226	7,305	6,921	3.7	3.7	3.7	229	2,843	1.7	4.0
Prevalence of underweight children under 5 years of age			1,998	974	1,024	4.0	3.9	4.2	57	1,941	0.8	4.6
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			47,501	23,789	23,711	67.8	66.3	69.3	6,988	40,513	71.4	67.2
Proportion of children aged 13-16 enrolled in high school			14,134	6,180	7,953	38.2	32.9	43.5	2,860	11,274	50.8	35.9
Proportion of children aged 6-16 enrolled in school			79,221	39,024	40,195	73.9	71.4	76.6	12,163	67,058	78.9	73.1
Literacy rate of 15-24 year-olds			71,038	36,518	34,519	90.7	90.1	91.4	11,808	59,230	96.1	89.7
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						1.0					0.9	1.0
Ratio of girls to boys in secondary education						1.2					1.1	1.2
Ratio of girls to boys in tertiary education						1.3					1.1	1.4
Ratio of literate females to males (15-24 years old)						0.9					0.9	1.0
Proportion of seats held by women in municipalities and the province			236	200	36	100.0	84.7	15.3	177	59	75.0	25.0
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			168	96	72	0.3	0.4	0.3	31	137	0.4	0.3
<i>Children aged 0 to less than 5</i>			49,594	25,099	24,495				7,252	42,342		
Proportion of infants who died			60	39	21	0.6	0.8	0.4	14	46	0.9	0.6
<i>Children aged 0 to less than 1</i>			9,494	4,774	4,720				1,571	7,923		
Proportion of children aged 1 to less than 5 who died			108	57	51	0.5	0.6	0.5	17	91	0.6	0.5
<i>Children aged 1 to less than 5</i>			20,069	10,183	9,886				2,830	17,239		

Table 42. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					21			0.2	2	19	0.1	0.2
Contraceptive prevalence rate	25,719	35.6							4,254	21,465	39.6	35.0
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception			333			1.3			47	286	1.1	1.3
Death rate associated with malaria (Per 100,000 population)			0	0	0	0.0	0.0	0.0	0	0	0.0	0.0
Prevalence and death rates associated with tuberculosis (Per 100,000 population)			65	48	17	16.9			5	60	8.3	18.5
Goal 7: Ensure environmental sustainability												
Proportion of households/population with access to safe drinking water	60,002	70.5	270,375	140,360	130,015	70.4	70.4	70.4	11,678	48,324	87.9	67.3
Proportion of households/population with access to sanitary toilet facility	53,422	62.8	238,595	123,490	115,105	62.1	61.9	62.3	10,494	42,928	79.0	59.8
Proportion of households/population living as informal settlers	2,455	2.9	11,242	5,904	5,338	2.9	3.0	2.9	846	1,609	6.7	2.3
Proportion of households/population living in makeshift housing	3,019	3.6	14,094	7,363	6,731	3.7	3.7	3.6	350	2,669	2.6	3.7
Proportion of households/population living in inadequate living conditions	43,703	51.2	199,280	103,860	95,420	51.9	52.1	51.7	4,187	39,516	31.5	54.9
Goal 8: Develop a global partnership for development												
Proportion of households with landlines/telephone lines	1,355	1.6							418	937	3.2	1.3
Proportion of households with cellphones	15,756	18.5							4,700	11,056	35.4	15.4
Proportion of households with computers	1,890	2.2							739	1,151	5.6	1.6

Source: CBMS Survey

has to be increased by about 32 percent to meet the 100 percent national target by 2015.

- Gender disparity in the areas of education and political participation has to be

eliminated. There is a need to level the ratio of boys and girls in secondary and tertiary education and to increase the proportion of seats held by women in municipalities and the province.

3.9 Siquijor

The first MDG Report of Siquijor used the results of the 2006 CBMS survey.

There are good results in some indicators. However, there are also some indicators that require more innovative and highly creative strategies if there is truly a desire on the part of the local government to achieve the MDG targets by 2015. Given the financial capability of the LGU, there may be low probability of meeting these targets. However, with the local leaders, the constituents, and the national government working and acting together, with the help of other equally-concerned donors from other countries, the MDG targets can be realized and the lives of the people in the province can be improved.

Good news

- Proportion of children aged 0-5 who were underweight was only 2.3 percent, which already surpassed the 2015 national target of 17.3 percent. Malnutrition in the province is not a very big problem but it should be noted that the target is to have zero (0) malnutrition rate by 2015.

- Mortality rate among children aged 0-5 was only 0.4 percent. This very low rate could be attributed to the presence of readily available child health programs such as, but not limited to, immunization programs, cheaper medicines at the Botika ng Barangay, breastfeeding program, and other child-focused health projects. Given these interventions, it is believed that the province has a high probability of achieving zero child mortality by 2015.

- The province recorded only three (3) pregnancy-related deaths. This very low incidence of maternal deaths can somehow be attributed to the fact that morbid and complicated pregnant

mothers are referred to health facilities outside the province. Despite this low maternal death rate, the general perception is that pre-natal care services are still poor and facility-based services are very low as most of the deliveries were performed at home (87%). To achieve zero (0) maternal death rates, deliveries must be performed in birthing facilities and attended by trained personnel or midwives. Maternal care package should also be vigorously performed.

- Literacy rate of 15-24 year-olds was high at 98.7 percent, with literacy rate of males (98.7%) slightly higher than that of females (98.6%). Given that the target is 100 percent, the difference to be worked out until 2015 is only 1.3 percent.

- Ratio of girls to boys in elementary education was 0.94, which is very close to the desired ratio of 1. Moving to higher educational levels, the ratio slightly increased in favor of girls, with 1.03 in secondary and 1.05 in tertiary. The results indicate that gender equality in school participation exists. Meanwhile, although proportion of seats held by women in municipalities and the province was only 27.0 percent, it was assured that women would be given equal opportunities in the electoral exercise.

- Proportion of households with access to safe drinking water was 95.3 percent. In terms of population, proportion of those with access was 95.1 percent.

- Proportion of households with access to sanitary toilet facilities was 84.2 percent, which is still higher than the 2015 national target of 83.8 percent. Proportion of population with access to basic sanitation, however, was relatively higher at 85.6 percent.



Table 43. Summary of findings of the MDG indicators, Province of Siquijor, 2006

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 1: Eradicate extreme poverty and hunger												
Proportion of households/population living below the poverty threshold	10,728	55.7	48,030	24,442	23,588	58.8	59.7	57.9	980	9,748	41.4	57.7
Proportion of households/population living below the food threshold	7,751	40.2	35,357	18,028	17,329	43.3	44.1	42.6	727	7,024	30.7	41.6
Poverty gap ratio		0.3									0.2	0.3
Employment rate			26,889	18,886	8,001	82.0	84.9	75.7	3,519	23,370	77.5	82.7
Proportion of households/population who experienced food shortage	655	3.4	2,913	1,496	1,417	3.6	3.7	3.5	65	590	2.7	3.5
Prevalence of underweight children under 5 years of age			158	81	77	2.3	2.3	2.2	19	139	2.6	2.2
Goal 2: Achieve universal primary education												
Proportion of children aged 6-12 enrolled in elementary education			9,217	4,677	4,539	80.0	80.1	79.9	986	8,231	78.4	80.2
Proportion of children aged 13-16 enrolled in high school			5,021	2,391	2,629	70.1	66.0	74.1	624	4,397	71.4	69.9
Proportion of children aged 6-16 enrolled in school			16,997	8,449	8,546	91.0	89.3	92.6	1,957	15,040	91.8	90.8
Literacy rate of 15-24 year-olds			14,281	7,501	6,779	98.7	98.7	98.6	1,924	12,357	98.5	98.7
Goal 3: Promote gender equality and empower women												
Ratio of girls to boys in primary education						0.9					1.0	0.9
Ratio of girls to boys in secondary education						1.0					1.0	1.0
Ratio of girls to boys in tertiary education						1.1					1.0	1.1
Ratio of literate females to males (15-24 years old)						0.9					1.1	0.9
Proportion of seats held by women in municipalities and the province			1,272	928	344	27.0						
Goal 4: Reduce child mortality												
Proportion of children aged 0 to less than 5 who died			25	10	15	0.4	0.3	0.4	0	25	0.0	0.4
<i>Children aged 0 to less than 5</i>			7,016	3,559	3,457				732	6,284		
Proportion of infants who died			17	8	9	1.5	1.4	1.6	0	17	0.0	1.7
<i>Children aged 0 to less than 1</i>			1,108	557	551				108	1,000		
Proportion of children aged 1 to less than 5 who died			8	2	6	0.1	0.1	0.2	0	8	0.0	0.2
<i>Children aged 1 to less than 5</i>			5,908	3,002	2,906				624	5,284		

Table 43. (continued)

Millennium Development Goals	Households		Population									
	Magnitude	Proportion	Magnitude			Proportion			Magnitude		Proportion	
			Total	Male	Female	Total	Male	Female	Urban	Rural	Urban	Rural
Goal 5: Improve maternal health												
Proportion of women who died due to pregnancy-related causes					3			0.3	1	2	0.9	0.2
Contraceptive prevalence rate												
Goal 6: Combat HIV/AIDS, malaria and other diseases												
Proportion of couples using condom among those who are practicing contraception												
Death rate associated with malaria			0	0	0	0.0			0	0	0.0	0.0
Prevalence and death rates associated with tuberculosis			22	16	6	27.0			1	21	9.7	29.4
Goal 7: Ensure environmental sustainability												
Proportion of land area covered by forest		3.7										
Proportion of households/population with access to safe drinking water	18,382	95.3	77,645	38,882	38,763	95.1	95.0	95.2	2,295	16,087	96.6	95.1
Proportion of households/population with access to sanitary toilet facility	16,243	84.2	69,837	34,788	35,049	85.6	85.0	86.1	2,205	14,038	92.8	83.0
Proportion of households/population living as informal settlers	253	1.3	1,095	557	538	1.3	1.4	1.3	31	222	1.3	1.3
Proportion of households/population living in makeshift housing	749	3.9	2,796	1,431	1,365	3.4	3.5	3.4	58	691	2.4	4.1
Proportion of households/population living in inadequate living conditions	4,415	22.9	17,541	9,016	8,525	21.5	22.0	20.9	300	4,115	12.6	24.3
Goal 8: Develop a global partnership for development												
Proportion of households with landlines/telephone lines	719	4.1										
Proportion of households with cellphones	11,945	68.8										
Proportion of households with computers	1,042	6.0										

Source: CBMS Survey 2006 and administrative records


Not so good news

- There were 48,030 persons, or approximately 58.8 percent of the total population of the province, who were living below the poverty threshold. This figure is relatively higher than the national poverty rate of 32.9 percent in 2006. In addition, the magnitude of population living below the food threshold was 35,357, which is equivalent to 43.3 percent of the total population.
- Employment rate was only 82.0 percent,

which means that 18.0 percent were not employed. This partly explains why more than half of the population in the province was living below the poverty threshold.

- Proportion of children aged 13-16 who were enrolled in high school was only 70.1 percent. This means that a relatively large proportion (about one-thirds) of children within this age range was not attending high school. The reasons for low participation rate should be explored further and the root causes of the problem should be addressed.





4. Present and Future Crises and their impact on the MDGs

4.1 Climate change and the MDGs

Manifestations of climate change

Recent climate change studies predict that there will be an overall change in global climate patterns. Based on scientific forecasts released by the United Nations (UN) Intergovernmental Panel on Climate Change (IPCC) in 2007, there is a possibility that the temperature will increase between 1.1 and 6.4 degrees Celsius (°C) by 2100. About 0.2 °C increase in global temperature per decade has been projected for the next two decades. From 1906 to 2005, the report indicated that there had already been a 0.74 increase in the global surface temperature. Aside from temperature increase, there will also be significant changes in rainfall patterns. A number of scientific studies confirmed that many countries, particularly those in Asia, will likely experience increase in both inter-annual and intra-seasonal variability in daily rainfall. Increases in rainfall amount will be very likely in high latitudes while decreases in rainfall will be likely in most subtropical regions. It is also probable that the sea level will rise from around 18 up to 59 centimeters, according to IPCC. Houghton et al. (2001), however,

projected that the global sea-level rise will range from 0.09 to 0.88 meters from 1990 to 2100. This might be caused by thermal expansion and thus, loss of mass from glaciers and ice caps.

Meanwhile, both the frequency and intensity of extreme weather events, e.g., droughts, typhoons, floods, landslides, among others, will likely increase as well (IPCC 2001 and 2007; PCARRD 2009). According to IPCC (2001), stronger evidence on the contribution of anthropogenic activities over the last 5 decades on a significant increase in Earth's surface temperature, which is expected to result in significant shifts in the climate system, had already been presented. These human-induced activities include industrial processes, energy generation from fossil fuels, deforestation, and intensive land-use practices (Lambrou and Piana 2006).

Among the oceans in the world, those in tropical regions were expected to be more significantly affected by climate change as these are the ones receiving greater amount of solar heat input (Smith 2001). Apparently, the Philippines belongs to a tropical region. Specifically, it lies within the typhoon belt of the Western Pacific and on

the northwestern fringes of the Pacific Ring of Fire. Such geographical location makes the country more vulnerable to natural perils such as earthquakes, volcanic eruptions, typhoons, flooding, and drought, among others (World Vision 2008; Aldaba 2009; Virola et al. 2008). In 2008, the Philippines ranked fourth in terms of Climate Risk Index, which indicates a level of exposure and vulnerability of a country to extreme weather events (Harmeling 2009).

The Philippines had already started witnessing some of the manifestations of climate change. The country's weather bureau, Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA), estimated that there has been a significant increase in annual mean temperature (i.e., increase of 0.35 °C and 0.89 °C in minimum and maximum temperature, respectively) from 1951 to 2006 (Hilario 2008). It also estimated a significant decrease in the number of cold days and cool nights as well as significant increase in the frequency of hot days and warm nights from 1961 to 2003 (Tibig 2009). PAGASA also projected more frequent and intensified El Niño and La Niña episodes that will induce more extreme weather events such as typhoons, floods, landslides, droughts, among others. Based on historical records, there were relatively more El Niño and La Niña episodes (11 and 8, respectively) in recent decades (1971-2009) than in earlier decades (1950-1970; with only 6 and 5, respectively). Five (5) out of 11 El Niño episodes from 1971 to 2009 were strong while 3 out of 8 La Niña events were strong, compared to 2 out of 6 and 2 out of 5, respectively, from 1950 to 1970 (CPC/NCEP 2009). In effect, there were a number of extreme weather events reported

in recent years, namely: Ormoc catastrophe (1991); Cherry Hill tragedy (1999); Payatas garbage-slide (2000); Baguio-La Trinidad landslides (2001); Camiguin flashfloods (2001); Southern Leyte-Surigao disaster (2003); Aurora floods (2004); and, some of the most destructive typhoons within the past 4 years, including Milenyo (2006), Reming (2006), Frank (2008), Ondoy (2009), and Pepeng (2009) (Virola et al. 2008; Ribera et al. 2008; NDCC 2009). Furthermore, Lansigan (2004) noted that in recent years, typhoons are becoming less predictable, which visit the country even in times when these are least expected, e.g., November or December.

Impact on the MDGs

Climate change is inarguably a threat to various sectors including poverty, education, health, gender equality, and environmental sustainability. Consequently, attainment of MDGs will be more difficult for every country, particularly the developing ones and the so-called climate hotspots, like the Philippines.

Poverty and hunger

Significant changes in global climate parameters have substantial impacts on the environment. Destruction of natural resources, in turn, has adverse effects on socioeconomic conditions of many people, especially the rural poor, whose main sources of livelihood are dependent on natural resources such as agriculture and fisheries.

In general, developing countries depend heavily on agriculture, which is considered as the most climate-sensitive sector





(UNICEF 2007). In the Philippines, two of the sharpest drop in volume of production and gross value-added (GVA) in agriculture were experienced during two of the worst El Niño episodes recorded in history (1982-1983 and 1997-1998) (Virola et al. 2008). Because of increased temperature, changes in rainfall patterns, sea-level rise, and increased frequency and intensity of extreme climate events, risks in agricultural production will be intensified.

Lack of water supply during critical growth stage of crops due to El Niño-induced drought will adversely affect crop yields. This is particularly true in rainfed areas, where farmers source their water supply from rainfall. During times of drought also, Reyes et al. (2009) found out that

the service areas of the National Irrigation Administration (NIA) administered systems are drastically cut. The tail-end portion of serviced farms often experience water shortages during those times.

On the other hand, submerging of seedlings in floodwater and washing out of standing crops because of strong typhoons associated with La Niña may lead to crop damages and thus, low harvest. Lambrou and Piana (2006) also noted that agricultural land and the sweet water wells, which are sources of irrigation, could not be utilized immediately once these were inundated by the sea. Soil erosion and variability in soil moisture availability as a result of intensified climate variability could also have negative effects on agriculture.

Pests and diseases are also rampant during extremely wet weather conditions, which may infect not only crops but also livestock and poultry. Increase in temperature and carbon dioxide could also increase the rate of reproductive cycle of some pests as well as the severity of other diseases among crops and livestock/poultry animals. Consequently, households that depend on crop farming and livestock/poultry business as sources of livelihood may incur substantial economic losses.

Ocean warming and sea-level rise (as a result of climate change) also have adverse effects on the livelihood of Filipinos situated in coastal areas such as coastal fishing, seaweed farming, mangrove lumber, among others. Because of too much heat, there would be coral bleaching, which could result in a significant decline in live corals, thereby losing the shelter, food, and in turn, lives of coral-associated fishes. Coral bleaching during the 1997-1998 El Niño is among the most disastrous in Philippine history (Arceo et al. 2001; Tun et al. 2004).

Other effects of ocean warming include toxic algal blooms, imbalance of salt and fresh water content in estuaries thereby affecting the growth and/or survival of juvenile and shell fishes, decline in plankton species or food for fishes, among others. All of these outcomes imply a reduction in fisheries yield. Sea-level rise causes also saltwater intrusion, which may reduce the number of fishes in estuaries. It also decreases the occurrence of rainfall which increases the salinity of mangrove forests, thereby adversely affecting mangrove production. Significant rise in the sea level may also inhibit seagrass productivity

due to light reduction in seagrass beds. Lower productivity of fishes, mangroves and seagrasses will then reduce income of fisherfolks and their households (Capili et al. 2005; Hardy 2003).

Lower income for agricultural workers and producers means reduction in their capacity to meet basic needs. This implies that possibly, a large percentage (if not all) of these households will find themselves living below the poverty line. In 2006, the Family Income and Expenditure Survey (FIES) revealed that about 58 percent of agricultural households (or households with higher percentage of income derived from agricultural sources/activities) in the Philippines were considered income poor (or whose income is not enough to meet the basic food and non-food needs). Reyes et al. (2010), however, found that more than half of poor households (about 56.4%) had been engaged in agriculture during the period 2003-2006. About 63.3 percent of these were actually tagged as chronic poor (or poor throughout the period). With majority of the poor households engaged in agriculture, climate change could really have significant impact on the poverty situation of the country.

Climate change may also have serious implications on hunger. Reduced capacity to meet minimum basic food needs, as a result of lower income due to climate change, implies that some households might not afford to have three meals a day. Decline in agricultural productivity would also negatively impact on the food supply of subsistence farming households. Similarly, lower productivity in agriculture could induce market prices of agricultural commodities to rise, which in turn would



adversely affect households living in extreme poverty.

Moreover, households hard hit by typhoons and other extreme weather events, especially those in vulnerable areas, could be further trapped into poverty and hunger. Aside from destruction of livelihood sources, shelter and other properties of many households might be greatly affected too, if not totally damaged or lost. Some of the households might also decide to migrate to other places, where head and other members might have difficulty seeking work (or any source of livelihood) or, worse, food.

Education

Climate change has impact also, although mostly indirect, on primary education. Increased frequency and intensity of extreme weather events as well as significant changes in temperature and rainfall patterns could result in frequent class suspension, frequent absences from classes which could lead to drop-outs, discontinuing education, among others. All of these would have negative impact on the quality of education, particularly of children at the primary level.

Frequent suspension of classes might be due to the following: destruction of classrooms, other school facilities and road networks; prevalence of infectious diseases; and, presence of potential threat or harm to public health and safety. Typhoon Ondoy, which hit the country during the second half of 2009, damaged around 1,383 school buildings including instructional materials and school equipment, as well as 239 day care centers in Metro Manila, amounting to

PhP641.85 million. Following Ondoy, with Typhoon Pepeng a total loss of PhP767.45 million was incurred with around 1,531 damaged school facilities in Regions I, II, III, V, and CAR (NDCC 2009). Given the current shortage in school resources because of the growing number of students, destruction of classrooms and other school facilities caused by strong typhoons, floods, landslides, among others, would apparently induce schools to temporarily suspend classes while looking for alternative venues. Similarly, destruction of road networks leading to schools; interruption of electric and/or water services; prevalence of diseases, especially among teachers, due to extreme changes in weather conditions could be reasons for class suspension. The latter result is particularly true because the supply of teachers falls short of the growing demand for basic education. Moreover, occurrence of strong typhoons that pose a threat to children's safety and health causing the Department of Education (DepEd) and/or school officials to suspend classes, especially at the primary level.

Frequent suspension of classes will interrupt the lessons planned for a particular academic year, thereby sacrificing the quality of education of the students, particularly those at the primary level which requires utmost focus and attention. While the DepEd already addressed this issue by extending the school year, it is still not certain whether the quality of education would be maintained. Depending on the time elapsed from the last day of regular classes (before the weather-related class suspension) and the resumption of classes, absorption of knowledge among children might be seriously affected.

Frequent absences from classes, which may also lead to drop-outs, could also adversely affect the education of primary students. When road networks failed because of intense disasters, students (especially the younger ones) may not be able to attend classes. This is also the case when there is massive flooding within the community. Similarly, too much heat, frequent occurrence of typhoons, or extreme changes in weather conditions may affect children's health, causing absences from their classes. During the onslaught of Typhoons Ondoy and Pepeng, outbreak of leptospirosis might have caused parents to prevent their children from attending school so as to avoid their children from being infected or, if infected, to recover immediately from such illness (NDCC 2009).

It was also reported that typhoons Ondoy and Pepeng damaged more than 50,000 houses, which resulted in displacement and/or migration of many households. NDCC (2009) also reported big losses in agricultural production, which might have affected income of many households. Children from displaced households or households whose livelihood were destroyed by natural calamities may not be able to continue with their education because there may be pressure on their part to help their parents and older siblings earn a living (GLCA 2009). Displacement or migration due to extreme weather events may also cause some parents to discourage their children to continue attending school because their new residence may be too far from the school. As a result, children may no longer achieve primary education.

The total number of evacuated families during the Typhoon Ondoy reached 15,798, while there were about 3,258 evacuated

families during the Typhoon Pepeng (NDCC 2009). These large numbers of evacuees may have caused the local governments to talk to school administrators to use some of the school facilities (that were not severely damaged by typhoons) as temporary evacuation centers. This will then extend class suspension and thus, education of primary students will be sacrificed. Although the DepEd already addressed this by extending the school year to make up for the frequent suspension of classes, there might be another problem because there is no assurance whether the quality of school facilities would not be affected.

Health

Scientific studies noted that increases in temperature and in the frequency as well as intensity of extreme weather events will cause rapid increase in the prevalence of vector-borne diseases such as malaria and dengue fever, and other diseases like cholera, diarrhea, malnutrition, acute respiratory infections, among others (GLCA 2009). This is particularly true for tropical and low-income countries, where there are problems with sanitation and other public health challenges such as low magnitude and low quality public health facilities and services. Spread of diseases could be triggered by poor sanitation and lack of access to safe drinking water due to abrupt changes in climatic conditions. More frequent and more intensified weather events may also damage the already sub-standard and very few health facilities available to the poorest and most vulnerable segments of the population.

In the Philippines, fluctuations in climate parameters such as temperature, relative



humidity and rainfall have caused the proliferation of biological organisms and in turn, the spread of infectious diseases such as dengue fever, malaria, cholera, among others (Virola et al. 2008). Being a tropical country, the Philippines could be a potential breeding place of malaria-carrying mosquitoes. However, DOH noted that increases in malaria cases in the country due to climate change would only be minimal since the country already achieved the optimal temperature for mosquito breeding (IRIN Asia 2008). During the onslaught of typhoons Ondoy and Pepeng in 2009, which caused massive floodings in many parts of Luzon, leptospirosis became widespread, reaching 1,090 cases with 71 mortalities (NDCC 2009). Projected changes in water cycles would also lead to floods and droughts which could eventually increase the number of diarrheal cases. Increases in coastal water temperature could also aggravate the prevalence of cholera (Tibig 2009). On the other hand, during El Niño episodes, especially at the height of summer season, heat stroke and other respiratory and skin problems will also be prevalent. Moreover, food safety will also be at risk with climate change. Studies have confirmed that increased temperature causes food poisoning such as salmonellosis and toxic red tide (as a result of toxic algal blooms) (Virola et al. 2008).

Children and pregnant women are particularly more vulnerable to the above-mentioned illnesses caused by change in climate conditions. In particular, children are more susceptible to malnutrition and hunger-related deaths because of increased food and water shortages due to climate change. Also, children are more prone to leptospirosis, dengue fever, malaria, cholera, diarrhea, tuberculosis,

heat-related diseases, other infectious diseases, and weather-related accidents as they are usually the ones playing with flood waters and do not yet fully comprehend the potential dangers of things around them. This is particularly true in informal settlements and rural areas, where parents are busy with earning a living or looking after their other children (who are much younger). Children in these areas could also suffer from poor feeding practices. There is no assurance whether the food they eat are properly prepared or satisfy the nutritional requirements specified for their age.

On the other hand, pregnant women are more susceptible to weather-related injuries, heat stress, respiratory diseases, and other infectious diseases that might lead to maternal anemia and/or pre-natal mortality. Malnutrition and other hunger-related problems due to lack of food and water supplies could also have adverse effect on maternal health (GLCA 2009). Because of significant changes in climate conditions, access to safe water, basic sanitation and even health facilities by pregnant women could also be reduced. Natural disasters might also be a threat to safe delivery of pregnant women.

Moreover, while climate change has no direct impact on the spread of HIV and AIDS, people infected with such diseases (who have relatively weaker immune system) will be highly vulnerable to food and water shortages, thereby affecting their nutritional health.

Gender equality

Literature has noted that women, making up two-thirds of the world's poor, are

considered highly vulnerable to injury and infectious diseases caused by extreme weather events. Women, especially in marginal areas, are also said to be more vulnerable to the effects of environmental degradation because they are often responsible for harvesting natural resources such as fuel, wood and water, as well as engaged in subsistence agriculture to meet basic needs (GLCA 2009).

In the Philippines, especially in rural areas, women than men are more involved in subsistence farming and other (non-formal) income-generating activities. By tradition, men are mostly in-charge of handling more challenging and productive jobs. When natural resources have been depleted and agricultural productivity has declined because of extreme weather events, women tend to lose their jobs and men will take care of the financial needs of the household. Domestic care responsibilities of women tend to increase, thereby reducing their opportunity to engage in economic activities and thus, weakening their bargaining position in the household (Masika 2002). In some cases, however, women tend to lose their regular job, but remain to be in-charge of household management such as looking after their children and doing household chores and, at the same time, look for other sources of income, which are usually informal (Lambrou and Piana 2006). In any case, opportunities of women for career growth, participation in decisionmaking processes, and leadership in their communities will be sacrificed.

Women are also vulnerable to various illnesses due to extreme weather events. Considering that women are usually the ones taking various household responsibilities

such as looking after their children and doing all household chores (especially if their husbands are away for work) and at the same time, engaging in income-generating activities (which are usually informal) to augment household income, their health is usually more at risk than men's. Women's vulnerability to various illnesses could be further increased by significant changes in temperature as well as increase in frequency and intensity of extreme weather events such as typhoons and droughts.

Environment sustainability

Many ecosystems, which are already overused by humans, will be highly vulnerable to climate change. Species and natural areas will be greatly affected through shifts in ecological zones and loss of habitat and some species. Water resources will also be affected through variability in supply as well as quality. In particular, decrease in rainfall implies less water received by dams and thus, decreased hydropower potential (Michaelowa 2001). There will also be an effect on forestry as forest productivity and composition will greatly change (Mitchell and Tanner 2006). Aside from the damages that may be caused by extreme weather events, increased temperature, sea-level rise, and changes in rainfall patterns, the environment will also be threatened by continued use of fossil fuel based technology at the expense of local communities and the global atmosphere (GLCA 2009).

Warming of oceans has serious impacts on coastal ecosystem, especially those situated in tropical regions like the Philippines. It was believed that, mainly due to the 1997-1998 El Niño, massive bleaching of





corals led to a significant decrease (up to 46%) in live coral cover, resulting in the loss of shelter, food, and in turn, lives of a large number of coral-associated fishes (Arceo et al. 2001; Tun et al. 2004). Among those which were mostly affected include Silaqui Island, Bolinao in Pangasinan, and coastal areas in Visayas (Licuanan et al. 2001).

There has also been a 40-percent increase in the magnitude of coral reefs in poor condition during the last 20 years, which could also be due to ocean warming. The recurrence of toxic algal blooms in Manila Bay has also been attributed to climate change because the species of algae dominating the bay has a climate-sensitive development pattern. Too much warming also affects the salt and fresh

water balance in estuaries which has adverse effects on juvenile and shell fishes residing there (Hardy 2003). Also, too much heat causes the seagrasses to become more susceptible to various stresses that could lead to mortality (Short and Neckles 1999). Moreover, high temperature caused decrease in magnitude of plankton species (autotrophs) which could result in exponential decline in fisheries yield (Capili et al. 2005).

Meanwhile, some of the potential impacts of sea-level rise are increased coastal flooding, enhanced coastal erosion, salt water intrusion, and magnified impacts of storm surge (Hilario 2008). Global sea-level rise was believed to erode beaches and shorelines, which could increase

susceptibility to storm surge of coastal areas especially in eastern Philippines. Rise in the sea level also decreases the occurrence of rainfall and increases salinity of mangrove forests, thereby lowering the production of mangroves (Capili et al. 2005; Hardy 2003). Other effects include tidal variation, increase in seawater content in estuaries, light reduction in seagrass beds which could inhibit seagrass productivity, among others (Capili et al. 2005).

Natural calamities may also increase the proportion of poor lacking access to safe water, sanitary toilet facilities, decent shelter, better-quality health care, among others, especially in vulnerable areas. Those who are currently living in makeshift housing have higher probability of losing their shelter, finding themselves under the roofs of different evacuation centers, or in slum areas, which could in turn result in swelling of urban dwellers. In fact, based on the Typhoons Ondoy and Pepeng Post-Disaster Needs Assessment (PDNA), total damages and losses to the housing sector amounted to about PhP25.5 billion and PhP8.9 billion, respectively. These two typhoons left about 220,000 homes completely destroyed or partially damaged by floodwaters in Metro Manila and in some parts of Luzon, mostly in slum areas. Congestion in urban areas will then put more pressure on access to safe water, basic sanitation, shelter, health care, among others.

4.2 The global financial crisis, price shocks and the MDGs

The country has suffered from several shocks in recent years. The food and fuel price shocks in the first half of 2008 sent

the prices of rice and fuel to shoot up, causing the inflation rate to increase from 2.8 percent in 2007 to 9.3 percent in 2008. Then the global financial crisis, which originated in the developed countries in 2007, spread throughout the world and reached the Philippines in the latter part of 2008.

These shocks will lead to greater poverty and slower progress towards achieving the MDGs. The higher prices combined with lower incomes will make basic food and non-food needs farther from the reach of the vulnerable families. The strategies that households adopt in response to lower incomes and higher prices may hinder the progress towards the MDGs as households reduce food consumption, withdraw children from school, and forego medical attention.

Impact of the food and fuel price shocks

The world experienced a dramatic increase in food and fuel prices during the first half of 2008. According to the Food and Agriculture Organization (FAO) (2008), international nominal prices of all major food commodities reached their highest levels in nearly 50 years while prices in real terms were highest in nearly 30 years. The FAO food price index increased by 53.0 percent for the first three months of 2008 compared to the same three months in the previous year.

The rise in prices of food is led by vegetable oils which increased by more than 97.0 percent, followed by grains which increased by about 87.0 percent. The current agricultural market is characterized by the increase in international prices of not just a few but of nearly all major food and



feed commodities. The increase in prices is expected to have adverse effects on poverty and is worrisome precisely because it is expected to hurt the poor the most.

Meanwhile, fuel prices have also been increasing for seven consecutive years according to the United States (US) Energy Information Administration (2008). During the first quarter of 2008, the oil price index increased by 66.5 percent. The impact of higher fuel prices depends on two components, namely: (1) direct effect of higher prices of petroleum products consumed by the household; and (2) indirect effect on the prices of other goods and services consumed by the households that use fuel as an intermediate input.

In the Philippines, food prices rose by 10.0 percent in 2008, a sharp increase from the food inflation rate of 6.6 percent in 2007.

The study revealed that the impact of the rice and fuel price shocks varied across different groups of households. In particular, the urban consumers were more adversely affected than the rural consumers. While rice farmers benefited from higher rice prices, the subsistence rice farmers were also negatively affected as they are net consumers of rice.

In the case of rice price increases, almost all households would be affected since 97.4 percent of households are consumers of rice. In fact, rice constitutes 9.4 percent of the consumer price index (CPI) basket.

Moreover, the results reveal that most of the households in the Philippines are net consumers rather than net producers of rice. One important finding is that urban

households would be the more adversely affected as compared to those living in the rural areas. In addition, the poorest households are the most vulnerable to price changes. In fact, they would be the most adversely affected by rice price increases. Given this, policy interventions should focus on providing safety nets to poor households. Another important result is that although a large proportion of rice farmers would benefit (73.7%) from rice price increases, a significant proportion (26.3%) is still expected to lose. On the whole, the poorest farmers tend to be the most adversely affected by the rice price increase.

On the other hand, results confirmed that as opposed to rice, households in the Philippines in general spend a relatively small proportion of their budget on fuel. In fact, only about 1.5 percent of their total expenditures is allotted to fuel (including petroleum and LPG). And while the amount of fuel expenditures increases as households move from one income decile to a higher decile, in general, the overall fuel budget share of the poorest group of households (i.e., those at the first income decile) is higher vis-à-vis the richest households or those in the 10th income decile. Nevertheless, fuel enters into almost all of the production sectors so that the combined direct and indirect effects of higher fuel prices are higher than when the actual expenditure on fuel alone is taken into account.

The simultaneous increase in the prices of rice and fuel would force more households to fall below the poverty line. Based on the estimation that captures the effects being transmitted or channeled to other sectors,

the recent increases in the prices of rice and fuel would increase poverty incidence by 2.5 percent. In other words, about 2.2 million people would be forced to fall below the poverty threshold. Poverty measures, including the poverty gap index and severity of poverty, also reflect a worsening of the condition of the households in the Philippines due, in general, to the spike in prices.

Results of the CBMS survey further confirmed that households adopted different coping mechanisms in response to increasing prices. In particular, some households reported that they changed their consumption patterns during the period covered by the survey. For instance, some households, in fact, modified their expenses on food, on health and on education. Reduction in the amount spent on these necessities may have long-term effects on the poverty situation of the households.

In response to the recent price increases, the Philippine government has designed and implemented policies and programs that would mitigate the negative impact of soaring prices. One of the most popular interventions of the government (through NFA) is the direct sale of rice at subsidized prices. Although the efforts of the government to provide cheaper rice to the population are being recognized, one important concern is related to the matter of targeting. In particular, it was noted that among all NFA rice consumers, only 46.6 percent are considered poor.

Furthermore, although the poor households are supposed to be the target beneficiaries of the highly subsidized rice, results confirm that only 24.0 percent of these poor households were able to access

NFA rice. Note that for households in the lowest income decile, NFA rice expenses accounted for only about 12.7 percent of their total spending on rice. This implies serious leakage and undercoverage problems with the current targeting system. While there have been efforts to address the problem on leakages to the extent that Family Access Cards were issued, they have not been successful due to lack of household level data that would identify eligible beneficiaries.

Consequently, considerable leakages and exclusion still prevail. Thus, it is recommended that household level data for all households in the community, such as those being generated by the community-based monitoring system being implemented by local government units, be used to identify eligible beneficiaries through some proxy means test model. This would help reduce the leakage of program benefits to the non-poor as well as ensure that the poor benefit from these subsidies.

Impact of the global financial crisis

The recent global financial and economic crisis which started in 2007 in the United States and expanded to other developed countries has, to some extent, affected developing countries as well. In particular, developing countries could be affected by the financial crisis in two possible ways: (1) financial contagion and spillovers for stock and bond markets in emerging markets; and (2) economic downturn in developed countries.

Economic downturn in developed countries may have significant impact on developing countries through the following



channels: (1) trade and trade prices; (2) remittances; (3) foreign direct investment and equity investment; (4) commercial lending; (5) aid; and (6) other official flows. Although the economic impact of the global financial crisis would vary across different countries, it is expected that, in general, there would be further pressures on current accounts and balance of payment. The crisis could also result in weaker export revenues, lower investment and GDP growth rates and loss of employment. In terms of social impact, the lower growth would translate into higher poverty and even slower progress toward the MDGs (Velde 2008).

One distinct feature of the current crisis (as opposed to the Asian financial crisis in 1997-98) is that it emanated from advanced economies rather than from bad policies in developing countries. The financial crisis of 2007-2008 or the "credit crisis" started in July 2007 when there was loss of confidence by investors in the value of securitized mortgages in the US. This resulted in a liquidity crisis prompting a significant injection of capital into financial markets by the US Federal Reserves and the European Central Bank.

In September 2008, the crisis deepened when global stock markets fell and entered a period of high volatility. The failures of the large financial institutions in the US evolved into a global financial crisis with several failures of European banks and decline in various stock indices, coupled with large reduction in the market value of equities (stock) and commodities globally. The crisis led to liquidity problems and de-leveraging of financial institutions that contributed further to liquidity crisis. It also resulted in the rapid depreciation of

currencies, rising dollar denominated debt liabilities and sudden credit tightening in developing countries; with capital flowing back to try to shore up damaged balanced sheets in the advanced countries. It has led several major economies into recession; US, Great Britain, Japan, Singapore, Thailand, Hong Kong were some of the countries that suffered recessions.

Back in 2008, there were forecasts of developing countries suffering the same fate as their developed counterparts. Fortunately, the actual impacts on the developing economies were much less severe than anticipated. In the case of the Philippines, the domestic economy slowed down considerably but it did not enter into a recession. GNP growth rate declined from 7.5 percent in 2007 to 6.2 percent in 2008 and 3.0 percent in 2009. The impact was more visible in the domestic output. Gross domestic product decelerated from 7.1 percent in 2007 to 3.8 percent in 2008 and then to 0.9 percent in 2009. The industry sector was hard hit, particularly the manufacturing subsector. The latter contracted by 5.1 percent in 2009.

The Philippines has significant exports to crisis-affected countries (export products with high income elasticities, such as electronics); is heavily dependent on remittances; and has high budget deficit. Given all these, the Philippines is at risk. On the other hand, tourism is a foreign exchange earner but the tourism industry is not well developed and therefore the country is not greatly dependent on the sector. The country has also put in place prudential regulations in response to the Asian financial crisis and this has shielded the financial sector from the shock. These

have somehow lessened the vulnerability of the economy to the external shock.

The country's exports declined significantly as foreign demand waned in its major trading partners, the US and Japan. Exports (in US dollars) grew by 14.9 percent in 2006, 6.4 percent in 2007 and contracted by 2.9 percent in 2008 and 21.6 percent in 2009. Exports of semiconductors, in particular, declined significantly.

Contrary to expectations, the number of deployed workers continued to increase. The number of OFWs deployed in 2008 totaled 1.23 million workers, 14.7 percent higher than the figure of 1.08 million in 2007. Moreover, remittances from abroad continued to grow but at a slower rate.

Impact on employment

The domestic labor market was not spared. There were job losses, particularly in the manufacturing sector. More significant were the reduction in working hours and compensation as firms resorted to temporary adjustments to cope with the lower demand.

Employment growth, measured in terms of labor turnover rates started to decline significantly during the second quarter of 2008. However, it improved considerably to 2.2 percent in 2009 as compared to the 2008 figure of nearly zero growth rate (0.27%). It is also important to highlight that the manufacturing sector recorded a negative labor turnover rate during the first quarter of 2009. This means that in the manufacturing sector, the separation rate (or terminations of employment or quits that occurred during the period) was higher

than the accession rate (or the additions to employment)

About 41,000 people in the Philippines have lost their jobs as of 24 March 2009 amidst the global crisis. The total number includes job losses from the crisis since October 2008 and includes overseas-based contract workers from recession-hit economies (about 5,700 persons) and employees in domestic factories (35,300 persons) which are also suffering from the fall in global demand. Hence, the unemployment rate as of April 2009 stood at 7.5 percent. During this period, the manufacturing sector reported a negative year-on-year growth (i.e., about -1.5%) in the number of employed persons. However, based on the report on employment as of July 2009, unemployment rate stood at 2.9 million compared to 2.7 million in the same month in 2008. This translates to unemployment rate of 7.6 percent in July 2009, an increase of 0.2 percentage points compared to the previous year's figure.

Data from the CBMS survey conducted in 2009 to monitor the impacts also reveal the same pattern. There were some workers who were retrenched and some workers who experienced wage cuts.

Impact through remittances

Some OFWs also suffered, as some were sent back or their contract not renewed, while others agreed to wage cuts. CBMS data show that a large proportion of retrenched workers worked in Saudi Arabia, the US, Qatar and United Kingdom. On the other hand, about 71 percent of the OFWs who experienced wage cuts are working in Asian countries.



Based on the data from the Bangko Sentral ng Pilipinas, remittances grew by only 5.6 percent in 2009, lower than the 13.2 percent in 2007 and 13.7 percent in 2008. The impact of the lower growth in remittances is estimated by doing counterfactual simulations using the FIES. The results show that in the absence of the crisis, the proportion of poor among those households which received cash assistance from abroad should have decreased to 7 percent instead of 7.37 percent. This means that the lower growth in remittances resulted to an additional 0.37 percent in the poverty incidence.

Impact on households

Households usually cope with shocks (e.g., the global crisis) by increasing receipts, reducing consumption or shifting to cheaper substitutes. During the period covered by the study, a majority of the households (i.e., 86.0%) reported that they modified their consumption of food. In particular, most of the households

tried to reduce consumption of relatively expensive food items. Another common strategy adopted by the households is by buying food in retail and smaller portions/packages. Next to food, clothing is another major expense affected when households try to cope with the shocks.

It should also be noted that some of the coping strategies adopted by households may have negative long-term consequences, especially on women and children. For instance, about 57.0 percent of the surveyed households reported that they modified their expenses related to health while a quarter of the surveyed households said that they modified some of their expenses related to education. In terms of health, households usually cope by shifting to generic drugs/cheaper medicines which is reported by 42.9 percent of the respondents. In addition, about 35.8 percent of all the respondents mentioned that they shifted to using medicinal plants or herbal medicines when one of their household members got sick.

Table 44. Education-related coping strategies of households

Coping strategy	Total	Income group	
		Bottom 40	Top 60
Used secondhand uniforms/shoes	34.3	37.7	31.7
Used secondhand books	26.9	28.6	25.7
Reduced allowance	20.7	28.6	14.5
Shifted from private/school bus to commuting	2.9	3.5	2.5
Planned to withdraw children from school	2.6	3.8	1.7
Withdrawn children from school	1.5	2.0	1.1
Members skipped classes	1.4	1.8	1.1
Transferred children from private to public	0.8	0.2	1.3
Planned to transfer children from private to public	0.7	0.3	1.0
Transferred children from daycare to homecare	0.7	1.0	0.4

Source: CBMS GFC Survey 2009

Table 45. Health-related coping strategies of households

Coping strategy	Total	Income group	
		Bottom 40	Top 60
Shifted to generic drugs/cheaper drug brands	42.9	39.9	44.6
Used medicinal plants/herbal medicines	35.8	43.5	31.3
Shifted to government health centers and hospitals	31.7	37.7	28.1
Resorted to self-medication	21.3	17.9	23.2
Did not buy medicine	15.2	15.8	14.9
Shifted to alternative medicine	14.2	21.2	10.3
Discontinued intake of prescribed medicine	6.5	6.2	6.7
Lessened the availment of medical treatment	6.0	5.9	6.1
Reduced prescribe drug intake	6.0	6.9	5.5
Did not seek medical treatment	5.4	6.5	4.7

Source: CBMS GFC Survey 2009

The other most common coping strategy in terms of health expenses include shifting to government health centers/hospitals and resorting to self-medication. It is also worth noting that 15.2 percent of all the surveyed households reported that they did not buy medicines although they are necessary. In terms of education, about 1.5 percent of students who were studying were withdrawn from school during the period November 2008-April 2009 and in the coming school year (i.e., SY 2009-10). In addition, about 0.8 percent of students who were studying in a private school in the past school year moved to a public school during the period November 2008-April 2009 and another 0.7 percent will be transferred in the coming school year. Although these strategies are not damaging in the short-run, they can be counter-productive in the medium- and long-run.

Another major coping strategy adopted by households is in terms of tapping various fund sources. In fact, about 40.0 percent of the households reported that they borrowed money from various fund sources while

13.0 percent used their existing savings. Another 6.6 percent of the households either pawned or sold their assets.

Furthermore, another major strategy of households is to seek additional source of income. About 6.3 percent of households said that at least one member of their household looked for work in addition to their existing job. However, not all of them were able to find and do the additional job. In fact, only 4.6 percent of the households reported that at least one of their members actually did additional work during the period. A few households also reported that at least one member of their household not previously working got a job in order to cope with the crisis. Some also tried to look for work abroad.

However, comparing the results, the impact of the global crisis is not as severe as was seen due to the impact of the food and fuel price shocks. Annex B presents some details of the different coping strategies adopted by the households by location. Note that some of the coping strategies



adopted by the households may differ by location. For instance, in terms of health, a majority of households in the rural area and urban areas outside NCR adapted by using medicinal plants or herbal medicines while more households in urban NCR shifted to generic brands or cheaper drug brands. In terms of education, more households in the rural and urban areas outside NCR reduced allowance for members who are studying while a large share of households in urban NCR used second-hand uniforms or shoes.

Coping strategies of poor households (those who belong to the bottom 40 percent) tended to differ from those of non-poor households (those who belong to the top 60 percent). The following were observed:

- 43 percent of non-poor households said they have reduced amount of expensive food eaten by the household, while 40.7 percent of poor households reported the same coping strategy. Higher proportion of poor households which reported cooking dishes using leftovers as ingredients or reheating compared to non-poor households.

- Across all of the sentinel sites, results show that poor households are more predisposed to change food consumption pattern. The proportion of poor households that modified the way they purchase, prepare, and eat food is higher compared to non-poor households.

- Withdrawing children from school is more prevalent among poor households across the sites. More poor households

reported that at least one of their children was pulled out of school.

- Changes in health-seeking behavior are more common among poor households. About 42.6 percent of poor households reported implementing changes to their health-seeking behavior. On the other hand 37.6 percent of non-poor households had to adopt the same strategy.

- Higher proportion of borrowers can be found in the poor households. Higher proportion of pawnners can be found among non-poor households

- Unexpectedly, survey results show that higher proportion of poor households have either used their savings or sold properties as a coping strategy.

- Higher proportion of non-poor households altered the way they carry out recreational activities compared to poor households. In contrast, higher proportion of poor households has made changes in expenses on vices.

- Lastly, the proportion of poor households who said that they sought jobs, performed additional work, and have one of their previously unemployed got work during the reference period is higher compared to non-poor households.

Given the recent global crisis, the government put in place programs to mitigate the impact of the shocks. These programs included CLEEP, 4Ps and NFA rice program, among others. The study showed that targeting of these programs still need to be enhanced to ensure that they reach the



affected households. Moreover, it was evident that mechanisms still need to be put in place to be able to respond quickly to shocks. This would include a better monitoring system to identify who were displaced by the shocks.

Impact on the MDGs

On the positive side, the country was not as hard hit by the global financial crisis as initially anticipated. On the other hand, the price shocks of 2008 still have lingering effects. The price of rice has not returned to pre-shock level. Moreover, recent natural calamities, Typhoon Ondoy and Pepeng, in particular, have devastated parts of the country. All these shocks have led to lower economic growth and higher prices which would translate into higher poverty and even slower progress toward the MDGs.

Increased poverty

The global financial crisis led to layoffs and reduced wages for those working in the affected sectors. In addition, remittances also did not grow as fast as in previous years as foreign employers grappled with the adverse impacts of the crisis. These are expected to lead to a slight increase in the poverty incidence as only a few sectors of the economy were affected negatively. The slower growth in remittances has been estimated to lead to an increase of less than 1 percentage point in the poverty incidence.

The food and fuel price shocks in 2008 are estimated to have a more significant impact on poverty. It is estimated to have resulted to an increase of 2 percentage points as almost all households were affected adversely. Even rice farmers, on

the aggregate, suffered from higher rice prices, as 26 percent were net consumers of rice.

Thus, the combined effects of the food and fuel price shocks, the global financial crisis and the typhoons are likely to increase the poverty incidence by at least 3 percentage points.

Lower school participation rates

Households coped with the price shocks and financial crisis by reducing consumption. Children were shifted from private to public schools, resorted to hand-me-down uniforms and at worst, were withdrawn from school, some of whom worked to augment family income. This could have serious implications in the long-run since these children may no longer return to the formal educational system, which may result to lower labor productivity. More importantly, lack of education will make it more difficult to break intergenerational poverty.

Lower health status

Some households have responded to the shocks by resorting to self-medication, foregoing medical treatment or buying generic drugs. The first two coping strategies may adversely affect the health status of the affected households. Child mortality rates and maternal rates may be more difficult to reduce under these circumstances.

Some households have also shifted to cheaper food items or less meals to reduce expenditures on food. This may affect nutritional status of children as some of the cheap noodles may not provide all the nutritional requirements.



Reduced fiscal capacity of governments

In addition to impacts on households, economic and financial crises also tend to affect the fiscal capacity of governments to mitigate the adverse impacts of the shocks. The slowdown in economic growth has also meant slower growth in revenues and therefore lower growth in government spending on basic social services. Moreover, the huge budget deficit of the country has hindered its capacity to implement the economic stimulus package. Not all of the PhP330 billion stimulus package is additional money, rather some of it were realigned from existing budgets of national government agencies. This is most unfortunate since it is actually during times of crises that government assistance is needed most by the poor and vulnerable population.



5. Meeting the 2015 Challenge: Ways forward

With only 5 years to meet the MDGs, we need to accelerate progress in 3 major areas: poverty, education and maternal health. Meanwhile, efforts have to be focused on boys to achieve gender equality in basic education. Measures to reduce the prevalence of HIV and AIDS are needed.

To achieve the goals, the following should be prioritized:

Sustained economic growth

Sustained economic growth is required to meet the 2015 challenge. The economy has been buffeted by a series of man-made and natural shocks and this has resulted to a boom-bust cycle for the economy. This has made it difficult to provide gainful employment for its labor force. The economy needs to attract local and foreign investments to spur economic growth. To do this, physical infrastructure has to be improved, water

and power have to be made available at competitive rates, and more transparent systems in doing business need to be established.

Better population management

While the annual population growth rate has been reduced from 2.3 percent to 2.04 percent, this is still very high. Orbeta (2004) recommends that what is needed is to have a clear and fully-funded national population program with LGUs participating vigorously and consistently.

Greater focus on underserved areas

Spatial disparities are large. The national figures mask considerable disparities across regions, provinces, municipalities and barangays. In general, regions in Luzon tend to fare better than those in the Visayas and Mindanao. Regions such as ARMM,



Regions VIII and IV-B are lagging behind in many indicators and would need greater attention to catch up with the other regions.

With decentralization and the way that the IRA is allocated, the poorer municipalities tend to have lesser resources to address the needs of its constituents. Greater resources need to be channeled to poorer and underserved areas.

Adequate Safety nets

Man-made and natural shocks have become regular features in the Philippines. These shocks tend to move non-poor families into poverty or poor families into greater poverty. Reyes et al. (2010) shows that based on a panel data for the period 2003-2006, out of the 31 percent families who are poor in 2006, only 57 percent of them can be considered chronic poor. The rest, or 43 percent of those classified as poor in 2006, were previously non-poor. What this suggests is that the latter households fell into poverty due to some shocks. If there are adequate safety nets, these households could have been prevented from falling into poverty or could have recovered more quickly.

More effective safety nets are needed to minimize movements into poverty. This would significantly reduce the count of the poor at any point in time.

Improved targeting

Economic growth is not enough to reduce poverty. Measures to ensure more equitable distribution of the benefits of growth have to be put in place. Many programs intended to benefit the poor suffer from significant

leakages and exclusion. The rice price subsidy program is one such program. It could benefit from an improved targeting scheme and the savings could be channeled to more effective social protection programs.

Improved governance and transparency

Improved governance, greater transparency and accountability will ensure that the available resources are directed towards priority areas and used more efficiently. Regular monitoring and evaluation of government programs will ensure that the expected outcomes are achieved.

Peace and Security

Peace and security concerns have to be addressed. These have presented challenges in promoting economic growth and delivering basic services in conflict-affected areas.

Greater advocacy and localization

Preparation of provincial MDG reports will ensure greater awareness of the MDGs among local governments and will facilitate the incorporation of needed programs in the local development plans and budgets. Towards this end, the nationwide adoption of the Community-Based Monitoring System would make it feasible to prepare provincial MDG progress reports on a regular basis.

Education

Using the data from APIS 2007, the major reasons for not attending school among children ages 6-16 are: (1) lack of personal interest; (2) high cost of education; (3) too young to go to school; and (4) employment

or looking for work. Employment or looking for work is necessitated by the need to augment family income. Thus, efforts to reduce poverty will impact positively on the school participation rate.

To address the lack of interest, several measures can be done including the following: (1) revive national school enrolment day and intensify social marketing on basic education; and (2) family mapping to identify children who are not in school and to come up with appropriate intervention. This should be a responsibility of all (i.e., community, LGUs, etc.) not just of DepEd. CBMS data being collected by LGUs can be used for this family mapping,

Public schools provide a cheaper way of sending children to school. But there are also out-of pocket costs even for those attending public schools. Well-targeted scholarships will allow the poor to access public and private educational facilities.

The system of allocation of resources needs to be improved. In addition to increasing the budget for school resources (more classrooms and teachers), cost-saving, non-conventional and flexible approaches to improve access to elementary education should also be strongly pursued.

Maternal health

The underlying causes of maternal mortality have been categorized by the Department of Health (DOH) according to the “three delays” model: delay in deciding to seek medical care (poor capacity to recognize danger signs, financial and cultural constraints); delay in reaching

appropriate care (lack of access to health care facility; lack of awareness to existing services); and delay in receiving care at health facilities.

Most of the issues related to improving reproductive health involve the need to improve access to family planning services in order to achieve desired family size that ensure safe motherhood and well-being of the family. The country is faced with the challenge of meeting these needs in the face of interrelated cultural (specifically religious), political and resource constraints.

There is a need to expand informed choice by pushing for the Informed Choice Perspective Responsible Parenthood-Family Planning (RP-FP) Program, for couples to know, understand and effectively practice any family planning of their choice.

Socio-economic factors also affect fertility and contraceptive use. Fertility and family planning needs are most evident among the poor and less educated women. As such, social development programs should include integrated strategies on improving the reproductive health and family planning concerns of poor women, men, and adolescents.

The increasing percentage of adolescents who have begun childbearing indicates the need to address fertility and reproductive health concerns among this segment of population. Parent education on adolescent and sexual reproductive health (ASRH) can be an effective strategy of educating and empowering the youth to exercise their reproductive rights. The inclusion of adolescent reproductive health (ARH) in the education curriculum,



both in public and private, is also deemed necessary.

Special efforts need to be geared towards men's active involvement in the following areas: prenatal, maternal and child health; prevention of STDs including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes.

One of the reasons why the CPR remained at the 50 percent level during the period 2003-2008 was the withdrawal of the USAID grant to purchase contraceptives. The dwindling funds from donor agencies for FP and RH need to be coordinated efficiently to optimize their impact in improving fertility and RH in the country. Likewise, realistic investment planning should also consider human resource requirements to efficiently implement RH/FP programs. To ensure supply of FP commodities and services, investments and resources need to be generated and mobilized.

At the local level, the Contraceptive Self-Reliance (CSR) strategy should be strengthened and expanded. This strategy is being implemented to effect measures that would gradually shift dependence on donated contraceptives for public sector distribution to domestically supplied contraceptives. Likewise, private sector participation in providing FP commodities and services need to be maintained and further expanded. Based on the NDHS data, there was a drastic increase in private participation in providing FP commodities, from 29 percent in 2003 to 51 percent in 2008.

In the absence of a strong national population policy, there is a need to establish a

national and local population and development policy to improve the current policy environment of the country. There is a need for a strong political will to promote a continuing advocacy effort in legislating a comprehensive population management and reproductive health policy through the consolidated Reproductive Health Bill (House Bill 5043 and Senate Bill 3122).

The passage of the RH bill remains a contentious measure not only among legislators but also between RH advocates and the conservative groups that have labelled the Bill as "pro-abortion". What the RH bill specifically aims to achieve is to promote and institute a Comprehensive Reproductive Health Care Program that includes, among others: reproductive health and sex education; prevention and treatment of abortion and its complications; provision of modern and natural family planning services; capacitating health workers; and mandatory age-appropriate reproductive health education among the youth.

Resources

More equitable and efficient use of resources would be required to provide more and better social services. Closer coordination among national government agencies, local government units, private sector and international donor organizations will facilitate complementation of resources and ensure well-targeted and sustained delivery of services.

Gender equality

Although gender disparity (in favor of girls) in the area of education has not been as much, the government should

give more attention in improving education indicators for boys. To enable more women to participate in the political arena, the government should intensify capacity development programs such as skills training and development. In terms of addressing gender-based violence, on the other hand, some possible interventions could also be implemented: (1) strengthening awareness on gender-based violence at the local level; (2) strengthening coordination between the local government units (LGUs) and the PNP; and (3) allocating resources to government agencies working on violence against women.

Moreover, the legal framework for the protection and improved welfare of OFWs, particularly the female ones, should be strengthened. Meanwhile, set-disaggregated data should be made available as these are deemed useful in identifying gender issues and in planning for more appropriate interventions.

Child mortality

Despite remarkable progress in reducing child mortality, some actions might still need to be undertaken to address regional disparities. First, there is a need for LGUs to better manage their child health interventions by improving their targeting system. LGUs should be trained and adequate resources should be provided to improve their database systems. The government also needs to strengthen advocacy campaigns for child health programs such as that on breastfeeding. Moreover, LGUs need to fast-track and strengthen their Maternal, Neonatal and Child Health and Nutrition (MNCHN) strategy to ensure

proper pre-natal, natal and post-natal care for pregnant women.

Combating HIV and AIDS, malaria and other diseases

Reversing the spread of HIV and AIDS requires some concrete set of actions. First, there is a need to build capacities to identify and locate the sources of new HIV infections and evaluate prevention coverage and impact. Effective and comprehensive package of interventions for HIV most-at-risk populations (MARPs) as well as migrant workers should also be designed and implemented. There is also a need to mobilize resources and engage communities in controlling the epidemic.

To prevent the spread of diseases in general, service provision should also be strengthened. This implies upgrading of managerial and technical capabilities among health workers, improvement of health and laboratory facilities, provision of timely program requirements, strengthening of program monitoring and evaluation, and pursuing advocacy on health-seeking behavior. Moreover, strengthening of partnerships with LGUs, civil society organizations, the private sector, among others, might also be necessary.

Environmental sustainability

To address the issue of environmental sustainability, there is a need to revisit implementation of environmental laws and encourage initiatives for compliance and penalties for violators. Efforts of various stakeholders in environmental advocacy should also be mobilized. In addition, enabling conditions for the protection and



preservation of natural resources should be established. A multi-party audit of environmental statistics should also be conducted. There is also a need to strengthen business sector's involvement through alignment of its corporate social responsibility (CSR) activities.

A clear national policy on water and sanitation (watsan) and a program managed by a lead institution is deemed necessary in achieving universal coverage. Watsan service providers should be regulated to ensure accountability to consumers with expanded access, efficient use of revenues and improved service quality. Investment in this sector should also be increased.

Moreover, public-private partnership should be pursued with appropriate incentives for private sector participation, particularly in the housing sector. The issue on non-availability of land suited for housing should also be addressed by coming up with innovative ways in addressing the issue of tenurial security apart from home ownership. Policies and development practices in urban development and housing should be addressed. LGUs should prepare comprehensive land use plans based on updated thematic maps that take into account risk-sensitive land use planning. There might also be a need for the creation of the housing microfinance network.

Partnerships for development

To develop open, rule-based, predictable, and non-discriminatory trading and financial systems, some strategies might need to be implemented: (1) strengthening of micro, small and medium enterprises

(MSMEs); (2) proactive investment promotion to countries other than the United States; and (3) diversification and expansion of markets for exports.

To address the debt problems of the country, tax revenue collection should be improved. There should also be improvement in the efficiency and transparency in public spending. Selection process of loan-funded programs and projects should also be strengthened.

Apart from upgrading of patent rights and business system, the issue of inaccessibility of essential medicines should also be addressed. The high-quality essential medicines should be available at affordable prices, especially in far-flung areas. Thus, monopolies and oligopolies in the market should be eliminated. Health professionals should also avoid brand preferences when giving prescriptions that will limit the choices of patients, especially the poor ones. Pharmacists and dispensers in the retail outlets should also educate and assist some patients on their choices. Meanwhile, there is also a need for the Food and Drug Administration (FDA) to hire more qualified regulation officers, establish additional facilities or satellite offices, and procure new state-of-the-art equipment.

In terms of information and communications technology (ICT) development, an enabling socioeconomic and political environment should be created to attract more IT investments. There should also be close coordination between the executive and legislative branches of the government on proposed ICT-related bills. More efforts should also be exerted to bring ICT services to the unserved and underserved areas.



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