The Filipino Child of the Millennium
National Plan of Action for Children
2005 – 2010

This effort is dedicated to all Filipino children:

May you have a future filled with hope and promise,

And may we, your parents, guardians, and mentors,

have the wisdom, courage, and conviction to help you create it.

Table of Contents

I
Introduction

A Brief Look Back in Time

It has been more than a decade since the Philippines ratified the United Nations (UN) **Convention on the Rights of the Child (CRC)** in July 1990. This landmark treaty set in motion a series of historic efforts in the country and the rest of the world to consciously develop, implement and monitor various programs and other interventions geared towards the protection and development of children as a unique and critical sector of society.

In response to the ratification of the CRC, the Philippines, through the Council for the Welfare of Children (CWC), then set out to formulate the **Philippine Plan of Action for Children (PPAC)** with a time frame concluding in the year 2002.

The new millennium ushered in a world with a radically different social, economic, technological, and political fabric that brought with it fresh hopes and challenges. It was in this context that the country concretized its vision for the nation's children and articulated this in the **Philippine National Strategic Framework for Plan Development for Children (2000 – 2025)**, more popularly known as **Child 21**. In addition to defining the country's vision for its children, Child 21 also puts forth a framework and roadmap for child protection and development designed to guide and rationalize all efforts for children in the Philippines.

On the world stage, parallel developments in the area of child protection and development were also occurring at a rapid pace. In the year 2000, the United Nations hosted the Millennium Summit and drafted the Millennium Declaration, where the member countries committed to the eight-point **Millennium Development Goals (MDG)**.

Following the adoption of the MDG, the United Nations convened the UN General Assembly Special Session on Children in May 2002, where an assessment of the decade-long efforts of the World Declaration on Child Survival, Development, and Protection (1990 – 2000) was made. It was during this historic summit that the **World Fit for Children (WFC)** was drafted and adopted. The WFC contained a declaration of key principles and objectives as well as the global plan of action uniquely intended for the world's children.

Thus, the Philippines now stands at a critical point in time, faced with the challenge of realizing the vision articulated in Child 21, while ensuring the consistency and alignment of national efforts to the international commitments made in the MDG and WFC as a member country of the United Nations.

This challenge lies at the heart and soul of the **National Plan of Action for Children (2005 – 2010)** or ***NPAC***.

NPAC seeks to further concretize the vision of Child 21 into clear, actionable, and time-bound plans within a shorter, five-year time frame (2005 – 2010). It also seeks to incorporate and align all goals and targets with MDG and WFC goals and targets. Finally, it also updates Child 21 in terms of approach, emerging priority issues, and specific goals, targets, and time frames. All these features of ***NPAC*** ensure a strong relevance to the unique national context, while adhering to global policy directions.

Influences on the NPAC Planning Framework

To fully appreciate ***NPAC***, it is important to take it in the context of national processes and priorities, as well as the country's international commitments.

The following diagram summarizes the relationships among the various national and international plans and frameworks that give rise to and/or influence ***NPAC***:

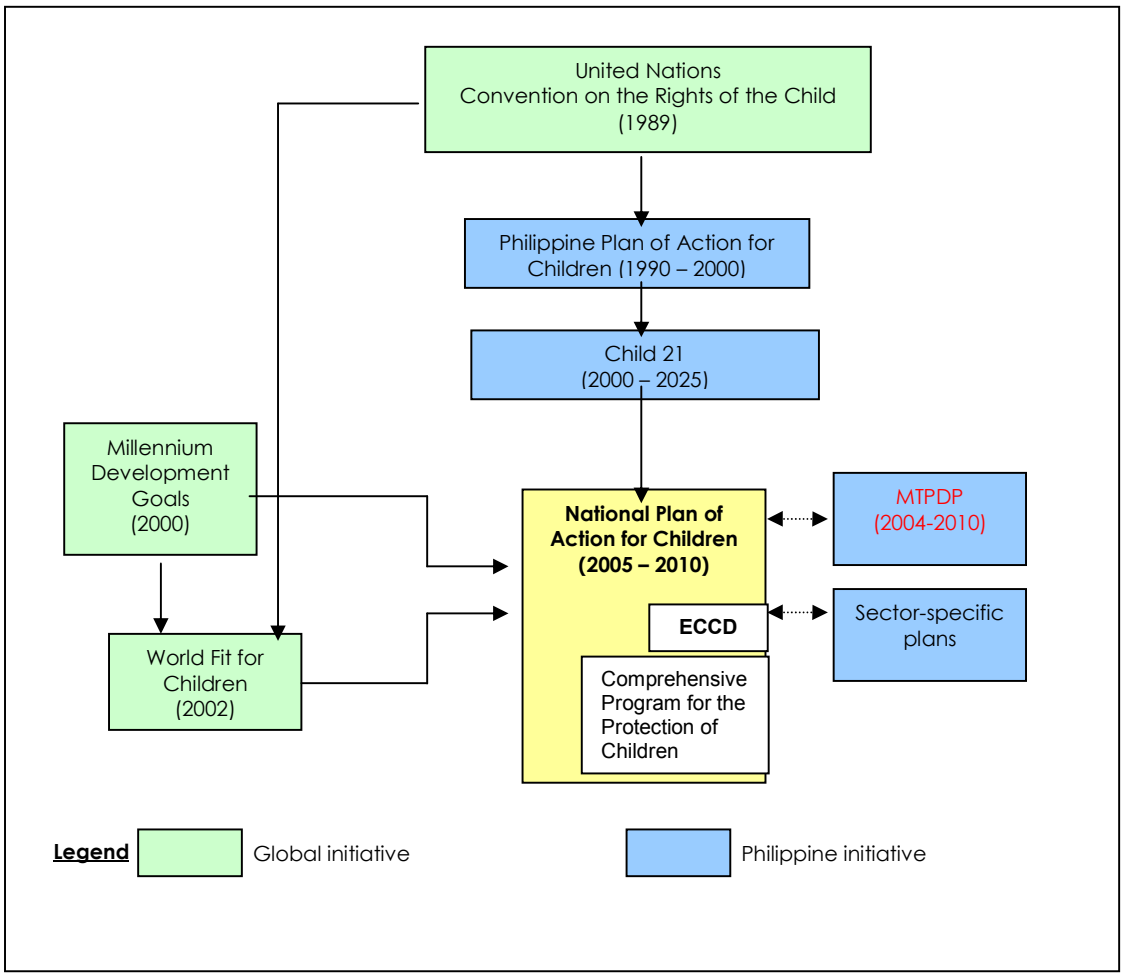


Diagram 1: The National Plan of Action for Children vis-à-vis Global and Philippine Initiatives

National Policy and Planning Initiatives and Frameworks

The Philippine Plan of Action for Children (PPAC)

The country's ratification of the United Nations Convention on the Rights of the Child in 1990 triggered efforts in the Philippines to create a country-specific but internationally-aligned plan for the protection and development of the nation's children, the Philippine Plan of Action for Children (PPAC). This plan was geared for implementation from 1990 to 2002, identifying the four (4) ***rights categories*** for all children:

1. Survival;

2. Protection;

3. Development; and

4. Participation

PPAC pioneered the ***rights-based approach*** in plan development for children, which has influenced and guided all succeeding child-centered policies and plans in the country.

As a groundbreaking effort, and in response to the call of the decade of the '90s, PPAC was relevant to the Philippine context in that it focused on the following major areas:

1. Family Care and Alternative Parental Arrangements

2. Basic Health, Nutrition, Social Security and Safe Environment

3. Basic Education, Leisure, Recreation and Cultural Activities

4. Protection of Children in Especially Difficult Circumstances

5. Fundamental Civil Rights of Children

Although PPAC was envisioned to be implemented up to 2002, CWC initiated the formulation of the Philippine National Strategic Framework for Plan Development for Children (2000-2025), or Child 21, in response to the challenges posed by the advent of the new millennium.

Child 21

Child 21, the immediately succeeding national document after PPAC, was less a plan of action and more of a ***vision and strategy*** document that clearly laid out the strategic framework for approaching planning efforts geared towards children. This is mainly because it factored in the Local Government Code, which recognizes the autonomy of the various local governments in determining their respective plans and programs for children in their locality. While providing a national vision and framework, this ensured that the various plans developed would also be relevant to the unique local issues, priorities and objectives.

Child 21 built on the basic rights-based approach of the Philippine Plan of Action for Children, and introduced a second dimension to the planning framework, the ***life cycle perspective***. The various life stages defined by Child 21 were:

1. Unborn Child (prenatal);

2. Infancy (0 – 2 years);

3. Early Childhood (3 – 5 years);

4. Middle Childhood (6 – 12 years);

5. Adolescence (13 – 17 years);

Child 21 also identified the ***Family*** as a unique sector that needs to be developed, as it provides the basic environment that nurtures the child ***throughout the life cycle***.

Finally, ***Children in Need of Special Protection*** was introduced as a special category of children whose rights needed to be uniquely defined, and included children who may be in different stages of the life cycle.

The ***life cycle perspective*** enhanced the ***rights-based approach*** of PPAC, allowing Child 21 to provide a broader and more comprehensive framework for plan development for children. The Child 21 framework allowed a clear identification of children's rights in each stage of the life cycle, described how these rights evolve as the child goes through each stage in the life cycle, and was thus able to define very specific rights-based and life cycle-relevant plan objectives:

Rights Categories →

Life Stages ↓

	Survival	Protection	Development	Participation
Unborn Child *prenatal*				
Infancy *0 –2*				
Early Childhood *3 - 5*				
Middle Childhood *6 –12*				
Adolescence *13 to 17*				

Diagram 2: Child 21's Life Cycle and Rights-Based Framework

Yet another innovation that Child 21 introduced to the strategic planning framework for children was a focus on the relevant ***stakeholders*** that touch and/or influence the lives of children, such as:

1. Families;
2. Local Communities;
3. Non-Governmental Organizations, People's Organizations, Civil Society, Church, Private Organizations;
4. Schools;
5. Local Government Units;
6. National Government;
7. Mass media; and
8. Children.

Child 21 encouraged a paradigm shift, putting children first in the allocation and use of resources in the family, the community, and the state. The vision of Child 21 was that the services of these stakeholders would ***converge*** on the child and on the protection of his or her ***rights*** throughout his or her ***life cycle***.

And so it was that the planning roadmap was set, and the Philippines was geared for rational and targeted action planning for children in the new millennium. (A comprehensive summary of Child 21 is presented in Chapter II of this document.)

Medium Term Philippine Development Plan

The Medium Term Philippine Development Plan serves as the framework for all agencies to draw directions from in crafting their policy strategies and programs. The portion that is specifically related to children is Part IV of the Plan which focuses on Education and Youth Opportunity. Here strategies on education are categorized under (1) early childhood education; (2) basic education; (3) technical, vocational education and training and (4) higher education.

Other children's concerns have been integrated in the Health Plan as well as in the social welfare and development plan.

Global Policy Development Initiatives and Frameworks

Parallel to the Philippine efforts to rationalize action planning for children, critical developments were also happening on the world stage that would make an impact on country initiatives.

The Millennium Development Goals (MDG) of the Millennium Declaration

Emphasizing the need to address emerging problems and concerns in a globalized world, the United Nations set forth global priorities for the new millennium in the **Millennium Development Goals**. For each of these priority objectives, the Millennium Development Goals went on to identify relevant measures or indicators and corresponding global targets with time frames.

The Millennium Development Goals and corresponding targets that specifically pertain to women and children are:

Table 1. Millennium Development Goals Pertaining to Women and Children

GOALS	TARGETS
Goal 1 Eradicate extreme poverty and hunger	❖ Halve the proportion of people living in extreme poverty ❖ Halve the proportion of population below minimum level of dietary energy consumption ❖ Halve the proportion of underweight children (under 5 years old)
Goal 2 Achieve universal primary education	❖ Achieve universal access to primary education by 2015
Goal 3 Promote gender equality and	❖ Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of

GOALS	TARGETS
empower women	education no later than 2015
Goal 4 Reduce child mortality	❖ Reduce the mortality rate of children under five by 2/3 by 2015
Goal 5 Improve maternal health	❖ Reduce maternal mortality rate by ¾ by 2015 (half by 2000, half by 2015) ❖ Increase access to reproductive health services to 60% by 2005, 80% by 2010, and 100% by 2015
Goal 6 Combat HIV/AIDS, malaria and other diseases	❖ Halt and reverse the spread of HIV/AIDS by 2015 ❖ Have halted by 2015 and begun to reverse the incidence of malaria and other diseases
Goal 7 Ensure Environmental Sustainability	❖ By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers ❖ Halve the proportion of people with no access to safe drinking water and basic sanitation, or those who cannot afford it, by 2015
Goal 8 Develop a global partnership for development	❖ Provide access to affordable essential drugs, in cooperation with pharmaceutical companies

The Millennium Development Goals are the most comprehensive ever to receive global endorsement. These goals were adopted by one hundred ninety-one (191) nations in September 2000, and are now commonly used as guidelines and benchmarks in social and economic planning efforts around the world.

World Fit for Children (WFC)

A follow through document was developed by the United Nations soon after the MDG, with a special focus on children. The **World Fit For Children (WFC)** identifies four (4) priority objectives that specifically benefit children in the new millennium:

1. Promoting healthy lives;
2. Providing quality education;
3. Protection from violence, abuse, and exploitation; and
4. Combating HIV/AIDS.

The WFC was developed as a direct offshoot of the MDG. Its goals, and targets therefore, corresponds to those of the MDG but for a shorter period of time.

Both the Millennium Declaration (which defined the Millennium Development Goals) and the World Fit for Children documents provide the global vision, framework and goals that serve as a unifying global web, coordinating country-specific strategies and plans on the international level.

The National Plan of Action for Children, 2005 – 2010 (*NPAC*)

How *NPAC* was Developed

NPAC was envisioned to draw from the rich experience of a wide spectrum of sectors in the country, including the children themselves.

The process kicked off with a ***broad-based consultation workshop***, involving representatives from government and non-governmental institutions. The major objective was to gather as much input as possible on:

1. Persistent problems and emerging concerns;
2. Key priority areas; and
3. Recommended programs and interventions.

This was followed by ***regional consultations***, where inputs from government and non-governmental representatives from each region in the country were taken. The major objectives were to:

1. Obtain fresh insights and recommendations to enrich those identified at the broad-based consultation workshop; and
2. Gather region-specific data and concerns that may not be readily apparent at the national level.

Inputs were then taken from the ***target sector (the children)*** and the final consolidated output was reviewed by a panel of ***experts*** from various disciplines. The Board of the Council for the Welfare of Children approved the document in its final form.

NPAC Objectives and Overview

Building on the national and international policy development initiatives and frameworks described above, ***NPAC*** is designed to:

1. Build on the successes of and lessons from PPAC;
2. Concretize the vision for the Filipino child articulated in Child 21;
3. Update the key national issues, goals, and targets identified in Child 21; and
4. Ensure alignment to the Millennium Development and World Fit for Children goals and targets.

As a document outlining an action plan, ***NPAC*** stays faithful to the strategic framework outlined by Child 21, and defines the ***intervention*** as a key element:

INTERVENTION *refers to an effort, program, project, campaign, legislation, or the like, designed to address a specific problem or set of problems that directly affect children or provide enabling mechanisms for the development of a child-friendly environment.*

In line with the strategic framework of Child 21, recommended interventions in ***NPAC*** are divided according to stages in the life cycle (cognizant of the different rights categories). The key roles of various stakeholders are also clearly defined, following through on the directions set by Child 21.

At this point, it is important to note a significant enhancement introduced by ***NPAC*** to the Child 21 strategic planning framework. This enhancement centers around how the ***life stages*** are defined. The following table summarizes the differences between how Child 21 and ***NPAC*** each define the life stages of the child:

Table 2. Life Stage Definitions of Child 21 vs. ***NPAC***

Life Stage	***Child 21***	***NPAC***
Unborn	Prenatal	Mother and the Unborn
Infancy	0 to 2 years old	0 to less than 1 year old
Early Childhood	2 to 5 years old	1 to less than 5 years old
Middle Childhood	6 to 12 years old	5 to less than 10 years old
Adolescence	13 to 17 years old	*Early Adolescence* 10 to less than 14 years old
		Late Adolescence 14 to less than 18 years old

Recognizing the inextricable link between the physical and psychological well-being of the mother and the unborn child, ***NPAC*** expands the definition of the Unborn life stage (which, in Child 21, referred to the prenatal stage of the child) to include both the ***Mother and the Unborn*** child.

Infancy was redefined to be limited to children from 0 to less than 1 year old, while ***Early Childhood*** was expanded to include children from 1 year to less than 5 years old. ***Childhood*** (defined in Child 21 as 6 – 12 years), is renamed ***Middle Childhood*** in ***NPAC*** and is redefined to 5 to less than 10 years to clearly distinguish it from Early Childhood. The lower limit of the age bracket for ***Adolescence*** was reduced to 10 years old from the original 12 years, and the life stage was broken up into ***Early Adolescence*** (10 to less than 15 years) and ***Adolescence*** (15 to less than 18 years).

This redefinition of life stages in ***NPAC*** achieves the following objectives:

1. Recognize the unique needs of children at very specific points in the life cycle, thereby allowing for very targeted and finely tuned interventions;

2. Align ***NPAC*** definitions and classifications with international standards, based on the latest research on children;

3. Align ***NPAC*** definitions and classifications with existing classifications used by the different technical agencies (such as health, nutrition, education, and others);

4. Provide ease of alignment of interventions spearheaded by the various technical agencies; and

5. Provide greater ease and accuracy of monitoring and evaluation.

NPAC treats the family as a key stakeholder with a unique role in creating a child-friendly society, and continues to recognize Children in Need of Special Protection as a special sector of children requiring unique interventions.

NPAC identifies key priority issues, objectives and targets according to the life stages defined. Indicators, targets and time frames are country-specific, but are aligned with internationally defined indicators, targets and time frames. Due to country-specific circumstances, however, there are instances where ***NPAC*** defines issues, interventions and indicators not specified in the Millennium Development and the World Fit for Children goals.

The ***NPAC*** contents:

The **Introduction**, presenting the historical and conceptual horizons leading up to and influencing the development of ***NPAC***.

Tomorrow's Dream: Our Shared Vision for the Filipino Child, a reiteration of the vision for the country's children as articulated in Child 21.

Today's Reality: Current Situation of Children, Past Interventions, Lessons Learned, a summary of the current situation of the country's children, the efforts that the country has made so far in the area of child protection and development, and learnings from these efforts. This chapter draws heavily on the findings presented in the ***Situation Analysis of Children and Women in the Philippines (*2003)**, a joint project of the Council of the Welfare of Children (CWC), the National Economic and Development Authority (NEDA), and the United Nations Children's Fund (UNICEF).

Our Commitment to the Filipino Child, constitutes the main body of ***NPAC***, articulating goals, targets and recommended interventions specific to **particular life stages** and **cutting across life stages** to address identified problems.

Mobilizing for Action: Strategic Interventions for Key Players, articulating recommended roles and interventions that are **specific to certain key players in society**. These interventions are designed to help the country achieve the ***NPAC*** goals.

Financing: Financing Strategies, focuses on identifying potential strategies for identifying sources of funds for plan implementation, monitoring, and evaluation.

Monitoring and Evaluation: Addressing the Challenge of Implementation, puts the Council for the Welfare of Children at the forefront of monitoring ***NPAC*** implementation through the identified lead agencies and describes the system put in place for this purpose.

Using *NPAC*

NPAC is recommended to be utilized in conjunction with certain **companion documents**. While developed independently of ***NPAC***, these companion documents are linked to ***NPAC*** by the priority issues to be addressed and key interventions to be implemented by certain agencies and sectors. ***NPAC*** thus serves as a unifying document, identifying national priority objectives, targets and interventions, and aligning these with both sector-specific plans and international commitments.

Situation of Children and Women in the Philippines (2003). This document takes an in-depth look at the state of women and children in the country today. In addition to the indicators prescribed by the Millennium Development and the World Fit for Children goals, the document utilizes other country-specific indicators used to describe the situation of Filipino women and children.

Local Government Plans. These are the action plans specific to local government units in the country that incorporate interventions and allocate resources for programs targeting children.

Technical Agency Plans. These are the action plans that present sector-specific programs and interventions that are technical in nature, and are designed to support efforts to achieve the overarching goals of ***NPAC***. The major technical agency plans are:

- **National Objectives for Health** (*Department of Health*)
- **Philippine Plan of Action for Nutrition** (*National Nutrition Council*)
- **Education for All** (*Department of Education*)
- **Comprehensive Program for the Protection of Children** (*Inter-agency effort, co-chaired by Department of Justice and Department of Social Welfare and Development*)
- **National Program of Action Against Child Labor** (*Department of Labor and Employment*)
- **National Plan of Action for the Youth** (*National Youth Commission*)
- **Framework of the Medium Term Philippine Development Plan of the Indigenous Peoples** (*National Commission of Indigenous Peoples*)

Together with these companion documents, ***NPAC*** presents the broader strategic interventions to be embarked on a national scale. These strategic interventions:

- Prescribe **broad nationwide interventions**, cutting across life stages;
- Prescribe interventions specific to a particular **life stage**; and
- Prescribe **sector-specific** interventions.

II

Tomorrow's Dream:
Our Shared Vision for the Filipino Child

This section summarizes the vision for the Filipino child as articulated in excerpts taken from Child 21, highlighting key principles, frameworks, and strategies. There is a need to revisit the vision for our children in order for us to restore the clarity of our purpose, renew our commitment to upholding our children's rights, and reinforce our resolve to move forward and face the challenges that lie ahead.

Child 21 eloquently defines the vision for the Filipino child by 2025. It is stated that by 2025, every Filipino child will be:

- Born healthy and well with an inherent right to life, endowed with human dignity;
- Happy, loved and nurtured by a strong, stable and God-loving family;
- Living in a peaceful, progressive, gender-fair and child-friendly society;
- Growing safe in a healthy environment and ecology;
- Free and protected by a responsible and enabling government;
- Reaching his/her full potential with the right opportunities and accessible resources;
- Imbued with Filipino values steeped in his/her indigenous cultural heritage;
- Assertive of his/her rights as well as those of others;
- Actively participating in decision-making and governance, in harmony and in solidarity with others, in sustaining the Filipino nation.

The nation's primary goal concerning children is to **create an enabling environment for children to grow and develop their full potential at every stage of development**.

This considered, Child 21 goes on to define the various rights of the child at each stage in his or her life cycle, and the corresponding objectives that the country should achieve in order to protect and uphold these rights. In summary:

Table 3. Summary of Child's Rights and Objectives Per Life Stage (Child 21)

LIFE STAGE	CHILD'S RIGHTS	CORRESPONDING OBJECTIVES
Throughout the life cycle	► To have adequate nourishment ► To have access to potable water and sanitation ► To have a clean and safe home and community environment ► To be safe from hazardous conditions ► To be safe from any form of violence, abuse and exploitation ► To be provided with parental care and support ► To be provided and cared for by the family	► To provide the family with basic services to be able to provide and care for the child
Prenatal (*unborn*)	► To be carried to term with the proper nutrition and have normal fetal development in the womb of a healthy and properly nourished mother ► To be born healthy, well & wanted	► To ensure proper fetal development with proper nutrition, health, and well-being of the pregnant mother
Infancy *(0-2 years)*	► To be registered at birth ► To be exclusively breastfed immediately after birth ► To receive complete and timely immunization from common childhood diseases	► To provide the child with proper nutrition as well as a safe and wholesome environment for proper growth and total development

LIFE STAGE	CHILD'S RIGHTS	CORRESPONDING OBJECTIVES
Infancy ***(0-2 years)***	► To safe water and sanitation ► To receive health services and primary health care ► To prenatal care and support ► To a name, identity and nationality	
Early Childhood ***(3 – 5 years)***	► To experience early childhood care and stimulation for development ► To avail of free micro-nutrient supplement	► To ensure the continued health, well-being proper growth and wholesome development of the child with proper nutrition and age-appropriate physical, mental, and psycho-social stimulation
Childhood ***(6 – 12 years)***	► To receive free and compulsory elementary education ► To avail of open and flexible learning systems ► To participate in quality and relevant education that is appropriate to the child's development stage and evolving capacity ► To education and information ► To freedom of expression ► To freedom of thought, conscience, and religion ► To freedom of association ► To privacy	► To provide the child with basic learning skills to function and survive in the community and society

LIFE STAGE	CHILD'S RIGHTS	CORRESPONDING OBJECTIVES
Adolescence ***(13 – 17 years)***	► To receive free secondary education ► To further avail of open and flexible learning systems ► To further participate in quality and relevant education appropriate to the child's development stage and evolving capacity ► To participate in the development process ► To education and information ► To freedom of expression ► To freedom of thought, conscience, and religion ► To freedom of association ► To privacy	➢ To provide the adolescent with life skills to allow her (him) to overcome the threats to well-being and to develop as a happy, competent and responsible adult
Children in Need of Special Protection	➢ To be protected from: 1. All forms of violence, abuse and exploitation; 2. Commercial sexual exploitation ➢ To be safe in emergency situations and difficult circumstances	► To provide the child with life skills to allow her (him) to overcome the threats to well-being and to develop as a happy, competent and responsible adult

Child 21 further proposes **general strategies** for the formation of a child-friendly society:

1. Strengthen capability of families to nurture children and provide them with full support for their welfare and development.

2. Advocacy towards a paradigm shift to put children first in the use of resources of the family, community and the State.

3. Institutional transformations that include:

- An educational system responsive to the learning needs of children including the use of appropriate teaching methods and alternative learning systems including those appropriate to differently-abled children and children of indigenous peoples;

- A health care system including health insurance to be responsive to the unique health needs of children at every stage of the life cycle with prevention of diseases and illnesses as a priority;

- A justice system sensitive to the conditions of the child at every stage of the juvenile justice system;

- A legislative system that puts children first and promotes & protects child rights

4. Transformation of values and practices in the labor market that would protect children from abuse and exploitation; provide opportunities for their employees to be able to integrate work and family life by providing nursery and day care services for their young children and other activities that promote family togetherness. Philippine-based companies and enterprises must be strongly encouraged to operationalize the required practices.

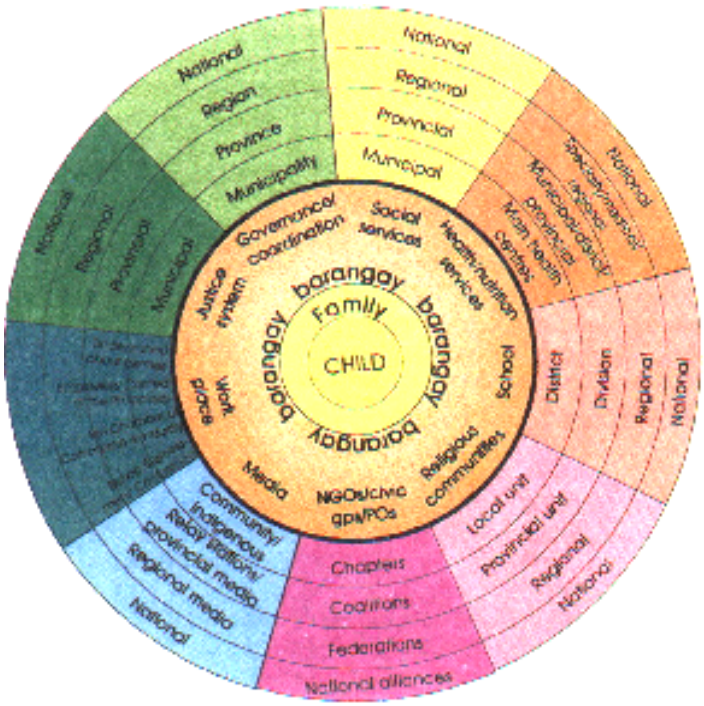
5. Complete devolution of basic services to local government units (LGUs) to enable them to better respond to the needs of and threats to children.

6. Promote convergence of services through linkages and cooperation between and among the different sectors for more effective and holistic response to the needs of children.

7. Develop a national data bank and repository of all information regarding children and their situation to enable planners to develop appropriate interventions.

Finally, to operationalize the above strategies, Child 21 emphasizes the various roles of the different key players in society. These key sectors need to be able to play their unique roles so that a true child friendly society is developed, where services truly focus and converge on the child:

Diagram 3. Child 21's Strategic Framework for a Child-Friendly Society



The following table summarizes Child 21's strategies addressed specifically towards the development and transformation of key players in order to bring about a child-friendly society:

Table 4. Child 21's Strategies Addressed to Key Players

Key Players	***Strategies***
Families	• Promote holistic, integrated programs that strengthen the family's role as the primary care giver and support for children • Increase family access to primary health care services, safe water and sanitation, adequate housing, continuing education on good caring practices • Provide support systems and safety nets for families such as livelihood projects, family counseling services, support groups
Local Communities	• Strengthen local communities through training on social mobilization and advocacy
NGOs, POs, Civil Society, Church	• Partner with children's sector in knowledge generation and database, planning, developing, and advocating child rights and programs for children
Schools	• Strengthen capability of schools o To provide continuing education and training to families on good caring practices o To provide forums for advocating child rights o To provide child-friendly learning environments
Local Government Units (LGUs)	• Ensure fiscal autonomy of LGUs • Shift from sectoral paradigm towards a child-centered paradigm for planning, developing and implementing programs for children • Shift from sectoral mechanisms (such as local school boards, health boards, etc.) of child participation towards a child-centered mechanism envision for the Barangay Council for the Protection of Children (BCPC) • Build LGU capability in planning, developing, fund sourcing/ resource generation, and requiring them to implement programs for children and their families
National Government	• Forge international cooperation in monitoring and eliminating threats to child rights, especially child trafficking, sexual exploitation of children, and child labor

Key Players	***Strategies***
	• Provide safety nets for children especially those in need of special protection and those in especially difficult circumstances • Pursue peaceful resolution to armed conflict • Prioritize budget for and funds allocation to programs that promote child rights • Promote international exchanges among children and groups working with children to enrich the children's agenda • Conduct further research and development on the situation of children
Mass Media	• Partner with media to inform and educate the general public on issues affecting children
Children	• Strengthen children's participation in child rights protection • Mobilize children's organizations to operationalize/ establish systems • Facilitate the process in leadership development and formation of children's groups

If the various key players are able to transform themselves and perform their roles, then the country would have been successful in creating a true child-friendly society.

This is the vision for our children, as articulated by Child 21.

III

Today's Reality:

Current Situation of Children, Past Interventions, Priority Issues

This chapter describes the current state of our nation's children, the interventions that have been implemented so far to uphold children's rights, and the priority issues that need to be addressed in order to further improve our children's well-being. This situationer draws from the results of the broad-based, regional, child, and expert consultations conducted for the purposes of formulating NPAC, from the situation analysis of the state of women and children jointly commissioned by the Council for the Welfare of Children (CWC), the National Economic and Development Authority (NEDA), and the United Nations Children's Fund (UNICEF), and from various published and unpublished documents from selected government agencies and non-governmental organizations. Consistent with both PPAC and Child 21, this analysis is organized according to life stages, with a separate section focusing on a sectoral assessment, aiming to describe the extent of our success in creating a child-friendly society.

Our Nation's Children

The last national census in the year 2000 pegged the Philippine population at 76,504,077, and at an annual growth rate of 2.36%, the country's population (2004) is currently estimated to be around 85.2 million. The 2000 census further found that 43.36**%** of the population was below eighteen (18) years old. Assuming the same proportion, the 2004 population of those below eighteen (18) years old can then be estimated to be around 36.4 million, 51**%** of which are males and 49**%** females. The Philippines is, indeed, a young population – a fact that underscores the critical importance of having a clear national strategy for child and youth development as a component of the country's overall plan for development, sustainability, and global competitiveness.

Based on the proportions of the 2000 census, the following table shows the estimated population of children by single age year classifications in 2004:

Table 5. 2004 Estimated Population of Children by Single Age Year

Age	Estimated Population
Under 1 year old	2,105,302
1 year old	2,057,095
2	2,157,577
3	2,117,810

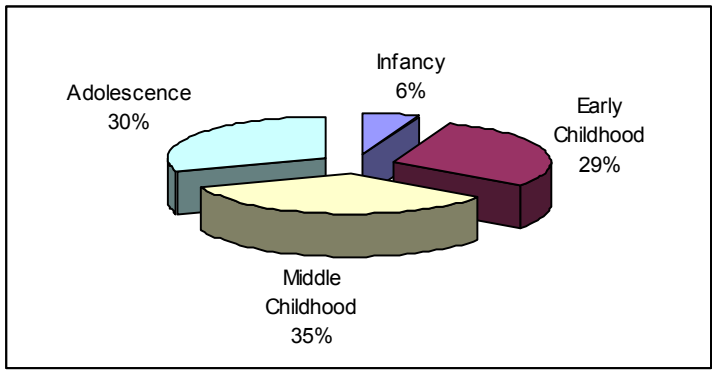
Age	Estimated Population
4	2,179,141
5	2,148,295
6	2,118,761
7	2,163,214
8	2,092,926
9	2,121,486
10	2,153,377
11	1,942,214
12	2,028,946
13	1,887,722
14	1,814,244
15	1,817,237
16	1,764,980
17	1,752,817

This table shows that the population of Filipino children roughly averages 2 million per single age year classification. Further analysis of the above figures will show the distribution of the population of our children across the various life stages as follows:

Table 6. 2004 Estimated Population Distribution of Children per Life Stage

Life Stage	Population
Infancy	2,105,302
Early Childhood	10,659,919
Middle Childhood	12,591,979
Adolescence	11,065,947

Graph 1. 2004 Estimated Population Distribution of Children per Life Stage



Note:
Infancy
0 to less than 1 year

Early Childhood
1 to less than 6 years

Middle Childhood
6 to less than 12 years

Adolescence
12 to less than 18 years

Each life stage (with the exception of Infancy) clusters together six (6) single year age classifications. This graph shows:

- the bulk of our nation's children (35%) are in the Middle Childhood life stage (or are between the ages of 6 to less than 12 years old);
- the proportion of all children aged less than 6 years old (Infancy and Early Childhood taken together) also constitutes another 35% of the total population of children
- 70% of the population of all children (25.4 million, or 30% of the Philippines' total population of 84 million) is less than 12 years old: in the critical, formative stages of their lives

The following table summarizes the geographic distribution of the population of children:

Table 7. 2004 Estimated Population Distribution of Children by Region

Region		Estimated Children's Population	% to National Children's Population
NCR	National Capital Region	4,082,670	11%
I	Ilocos	1,914,571	5%
II	Cagayan Valley	1,365,625	4%
III	Central Luzon	3,646,556	10%
IV	Southern Tagalog	5,553,242	15%
V	Bicol	2,449,258	7%

Region		Estimated Children's Population	% to National Children's Population
VI	Western Visayas	2,951,014	8%
VII	Central Visayas	2,710,942	7%
VIII	Eastern Visayas	1,864,920	5%
IX	Western Mindanao	1,591,201	4%
X	Northern Mindanao	1,366,842	4%
XI	Southern Mindanao	2,553,801	7%
XII	Central Mindanao	1,331,500	4%
XIII	CARAGA Administrative Region	1,096,369	3%
CAR	Cordillera Administrative Region	660,662	2%
ARMM	Autonomous Region of Muslim Mindanao	1,284,490	4%

The majority of our children (15%) are found in the Southern Tagalog region, followed by the National Capital Region (11%), then Central Luzon (10%).

Since the well-being of the mother and the unborn child are inextricably linked, it is therefore important to describe the population of mothers in the country.

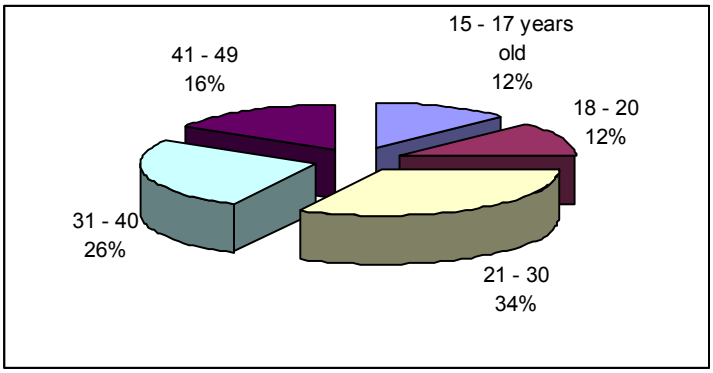
Of the estimated 84 million population in 2004, around 49.64**%** (or 41.7 million) are women. Not all these women, however, are of reproductive age. Assuming a reproductive age bracket of 15 – 49 years old, the number of *potential mothers* can be estimated at 21.3 million (or 25.34**%** of the total Philippine population, and 51.04**%** of the population of women in the country).

Table 8. 2004 Estimated Population of Women of Reproductive Age by Age Bracket

Age Bracket	Population
15 - 17 years old	2,645,158
18 - 20	2,635,014
21 - 30	7,029,790
31 - 40	5,490,325

Age Bracket	Population
41 - 49	3,485,520

Graph 2. 2004 Estimated Population Distribution of Women of Reproductive Age by Age Bracket

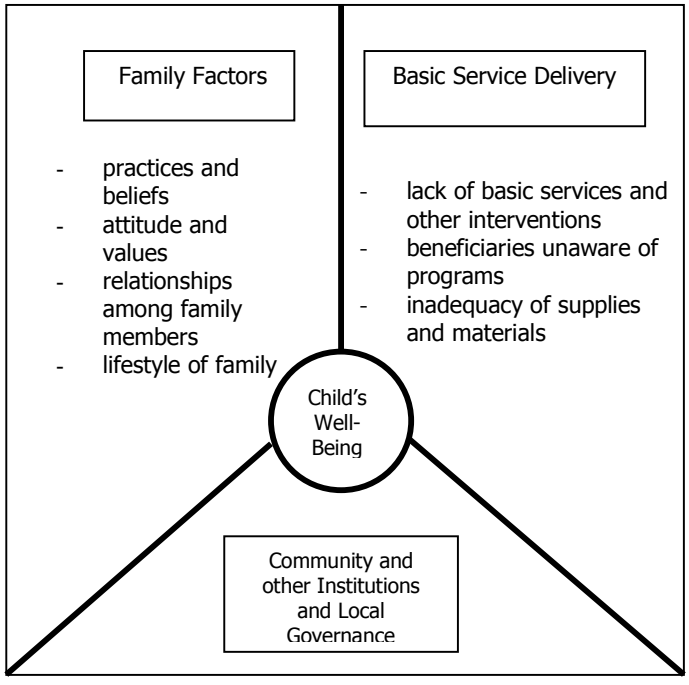


The bulk of the nation's ***potential mothers*** is less than 30 years old (58%, or 12.3 million), with 21% (or 2.6 million) still technically children.

Analytical Framework for Life Stages

As an action-oriented document, the ***NPAC*** should be able to highlight ***actionable items*** among the factors that contribute to the well-being of our nation's children. Thus, the following analytical framework is used to identify the different factors that affect the well-being of children at the various life stages:

Diagram 4. NPAC Analytical Framework for the Current Situation of Children per Life Stage



Based on the inputs and discussions during the ***NPAC*** consultation workshops, the different factors that affect the general well being of a Filipino child today may be classified into three (3) major clusters:

> **Family Factors**. The ***NPAC*** consultations revealed the strong and ubiquitous influence of the family and its circumstances to the well being of the child. Indeed, many of the factors that make an impact on the child both positively and negatively can be traced back to the family environment and conditions.
>
> In the analytical framework, family factors include the economic situation and socio-cultural **beliefs and practices**, especially those found in hinterland areas and in communities of indigenous people (such as breastfeeding practices and family planning practices).
>
> **Basic Service Delivery Factors**. These pertain to the cycle of delivery of social services spearheaded by the government and its various agencies. These would refer to s***ervice availability*** or the presence (or absence) of programs to specifically address certain needs (such as day care or micronutrient supplementation); s***ervice delivery*** or the ability of the existing government infrastructure to effectively deliver this service to the target beneficiaries of the government; and finally, whether the target beneficiaries *avail* of these services. To illustrate: a local government unit may have adequately provided for day care facilities within a particular barangay but in spite of the easy access and quality of this facility, the residents of that barangay may not necessarily avail of the day care service for various reasons (awareness is low or the parents do not believe day care service is necessary for their young children).
>
> **Community, Other Institutions, and Local Governance**. The child not only lives with a family but with a community as well. While the family is the first environment of the child, the community is the bigger environment that the child interacts with. The institutions (church, schools, etc.), resources, the infrastructure, the socio-cultural characteristics of the community and local governance, all could affect the life of the child especially during his or her growing up years.

Well-being of the Child refers to the overall physical, emotional, and psychological health of the child. Thus, all these factors surrounding the child – family, delivery of basic services, community and governance has an impact on the child one way or another. These concerns will be discussed more fully in each life stage and will be analyzed according to this framework. The two (2) main data sources for this situation analysis are the ***NPAC*** consultations and the Situation Analysis of Children and Women in the Philippines 2003 (CWC, NEDA, and UNICEF).

Stages of Development

Mother and the Unborn Child

The primary indicators of the well being of the mother and the unborn child mainly relate to morbidity (or mortality rate). It is generally acknowledged that the main causes of maternal mortality can be reduced or prevented. In spite of this, the estimated lifetime risk of a Filipina dying in pregnancy or childbirth is pegged at **1%**, significantly higher than the average of East Asian/ Pacific countries, where the lifetime risk is estimated at **0.36%**. The actual Maternal Mortality Rate (MMR) in the country stood at 172 deaths per 100,000 live births in 1997, higher than the East Asia/ Pacific average of 140 deaths per 100,000 live births, and significantly higher than the average among industrialized countries of 12 deaths per 100,000 live births.

Data on MMR has **not** been updated since 1998. However, a quick look at other indicators on maternal health (see Table 10) shows improvements which may be reflective of lower MMR. Such improvements can especially be seen in maternal anemia which is down to 43.9% in 2003, births attended by trained health workers and birth deliveries in health facilities as well as post natal care coverage which jumped from 59% in 1998 to 89% in 2003.

Until such time that an assessment on maternal mortality has been done, the official data of 172 per 100,000 live births will be used in this document.

Table 9. Maternal Health Indicators

	1998	2003
Maternal anemia	50.7%	43.9%
Births attended to by health professional	56%	60%
Births delivered in heath facilities	34%	38%
Pre-natal care coverage	94%	94%
Postnatal care coverage	59%	89%
Tetanus toxoid injections	68.5%	70.7%
Iron tablet supplementation	81.4%* *2001 data	82.2%

On the other hand, a closer look at the situation based on the framework identifies the gaps that need to be addressed to further improve maternal care.

Table 10. *Mother and the Unborn* Situation Analysis Summary

<table>
<tr><th>Family Factors</th><th>Basic Services Delivery</th></tr>
<tr><td rowspan="3"><u>Beliefs/Practices</u>

• Acceptance level of safe motherhood, maternal nutrition and health practices (e.g. family planning, routine prenatal care) is low

• Traces of cultural, personal, faith-based beliefs and practices that seem to counter recommended maternal care practices remain

• Physical and physiological predispositions to high-risk pregnancies (including maternal age)

• Weak advocacy and promotion of appropriate maternal and child care

• High teen-age pregnancies</td><td><u>Service Availability</u>

• Lack of specific interventions and programs to address cultural values maternal psychosocial care</td></tr>
<tr><td><u>Service Delivery</u>

• Weak implementation of existing laws and regulations

• Insufficient program reach, particularly for immunization efforts, and geographic accessibility of first level referral hospitals

• Lack of equipment/ facilities in first level referral hospitals, particularly for emergency care and obstetric complications

• Lack of skilled health professionals, especially birth attendants

• Insufficient information dissemination/ educational support for existing programs

• Inadequate road networks, transportation, and communication systems (this is also contributory to service availment)</td></tr>
<tr><td><u>Service Availment</u>

• Irregular service availment levels for existing programs</td></tr>
<tr><td colspan="2"><u>Community and Other Factors</u>

• Peace and order situation (especially in areas with problems in insurgency and armed conflict) may cause pregnant women not to avail or seek pre-natal services</td></tr>
</table>

With the exception of very specific programs to address maternal psychosocial care, there seems to be a clear acknowledgement of the comprehensiveness of existing programs to safeguard the well-being of the mother and the unborn child.

Comprehensive programs on maternal micronutrient supplementation and immunization currently exist. The Department of Health (DOH) has adopted a Reproductive Health Policy that guides the implementation of current programs, including the Maternal and Child Health and Family Planning programs. DOH has likewise implemented the Women's Health and Safe Motherhood Project, which aims to improve the health status of women of reproductive age.

An alarming phenomenon that perhaps add to maternal mortality is the increasing number of pregnancies among adolescents and young persons. The 2003 YAF survey shows that 23% (only 18% in 1994) of adolescents and young persons in the age bracket of 15 – 24 engaged in pre-marital sex. Apparently, the adolescent sexuality and reproductive health program of the Department of Health has not been widely implemented.

The Maternal Health and Nutrition project focuses on strengthening the capabilities of service providers and provides support for the development of policy/ technical guidelines and standards for safe motherhood. Under this program, DOH developed and implemented the Philippine Framework for Maternal Mortality Reduction and set up Maternal Death Review Teams at the local government level tasked with identifying, assessing, and preventing maternal mortality. The DOH is likewise at the helm of implementing the Family Planning and Maternal Health Program that aims to reduce the unmet need for family planning and selected child health services.

To make maternal health care packages accessible to a greater percentage of the population PhilHealth launched a program to reimburse the cost of maternal health services given specific guidelines.

However, based on the identification of factors that negatively affect the well-being of pregnant mothers, it would seem that the major hurdles relate to **Service Delivery**, particularly inadequate reach, resources, and information/ education support.

Indeed, the inadequacy of the information/ education support for the various programs may be a major reason for the low acceptance levels of safe motherhood practices, and consequently, the low and irregular service availment for existing programs on maternal health.

An equally worrisome issue is poor quality health facilities and the lack of skilled health professionals (particularly birth attendants). To illustrate, DOH studies show that while a high proportion of health facilities have newborn care facilities (92.8%), only 32.61% have clinical practice guidelines. A good proportion of birth deliveries (37%) is still likely to be attended by traditional birth attendants or "hilot". Many health facilities (particularly those located in rural areas) are not properly equipped to handle complications in birth, and the lack of adequate transportation and communication facilities make it difficult to quickly refer high risk pregnancy cases.

Across regions, ***maternal health and nutrition***, together with ***inadequacy of reproductive health facilities*** are perceived to be major concerns needing priority attention.

Parental education, coupled with the need to develop ***culturally- appropriate maternal health interventions*** are specific priority concerns raised by Regions VI, VII, and VIII.

The Mindanao regions (Regions IX, X, XI, XII, CARAGA, and ARMM), on the other hand, cite increased incidence of ***teenage pregnancies*** and ***abortion*** as priority concerns needing immediate attention.

Infancy
(0 to less than 1 year)

Children at this life stage are highly dependent on their care providers. The well-being of the infant, in fact, can be traced back to the well-being of his or her mother. As in the previous life stage, the primary indicator for well-being in Infancy is Infant Mortality Rate (IMR). Statistics show that the country's IMR dropped from 34 deaths per 1,000 live births in 1993 to 29 deaths per 1,000 live births in 2003. This marked improvement of decreasing infant mortality should be sustained. Often times the infants' life expectancy is dependent on the pregnant mothers health. Correspondingly, poor maternal health care will put the infant's life at risk.

The leading causes of infant mortality are summarized in the following table:

Table 11. 2002 Leading Causes of Infant Death

Cause	Rate per 1,000 Live Births
1. Respiratory conditions of fetus and newborns	20.30%
2. Pneumonia	16.40%
3. Congenital anomalies	11.20%
4. Birth injuries and difficult labor	5.40%
5. Diarrheal diseases	5.30%
6. Septicemia	3.70%
7. Meningitis	1.60%
8. Other respiratory diseases	1.60%
9. Avitaminoses and other nutritional deficiencies	1.30%
10. Measles	0.90%
11. Others	32.30%

As in the previous life stage, infant deaths are largely preventable. The table above shows that most deaths are primarily due to ***poor maternal health and inadequate maternal care***, and ***poor conditions during delivery (including inadequacy of newborn care)***. Newborn screening is now available and metabolic disorders of infants can be detected for early intervention to correct this disorders as early as possible.

The following table summarizes the risk factors of children at the Infancy life stage:

Table 12. *Infancy* Situation Analysis Summary

Family Factors	Basic Service Delivery
Beliefs/Practices • Infant abuse and trafficking • Low compliance with birth registration • Low compliance with recommended infant care, health, and nutrition practices (such as exclusive breastfeeding) • Poor maternal health • Lifestyle, cultural, and faith beliefs and practices that make it difficult to comply with recommended infant care, health, and nutrition • Inadequate maternal and parental education and awareness	**Service Availability** Interventions are available although quite inadequate in remote barrios or villages; **Service Delivery** • Inadequate implementation of programs (e.g., growth monitoring system, integrated early childhood care and development programs in health institutions) • Insufficient coverage of programs and services • Newborn screening not affordable to many • Inadequate materials, services and facilities (e.g., newborn disorders, for proper delivery management, vaccines) • Lack of skilled health professionals also caused by migration of doctors and nurses to other countries • Inadequate program support in the area of information dissemination and education • Geographic location contributes to both service delivery and availment. It is a fact that the farther areas are from Metro Manila or from main cities, the more inadequate and less accessible the services are. This factor contributes greatly to the existing disparities.

Family Factors	Basic Service Delivery
	Service Availment • Low availment of maternal and infant care health package • Low availment of birth registration services
Community and Other Factors • Peace and order hindrances to service delivery (especially in areas with problems in insurgency and armed conflict) • Facilities in upland areas for this age group is scarce and assistance is highly dependent in community support • Lack of organized support groups especially breastfeeding support groups for lactating mothers • Proliferation of infant formulas in the market which makes it more accessible for the parent to give the infant bottled milk instead of breast milk	

There are several common risk factors between maternal and infant health. Among these are poor program implementation, insufficient coverage, lack of facilities, lack of skilled health professionals, and poor program support in the area of information dissemination and education.

The low level of service availment is due mainly to two (2) major factors: inadequate parental education and lifestyle, cultural, and religious beliefs and practices that make it difficult to comply with recommended infant care, health, and nutrition. A clear example, for instance, of a type of lifestyle that negatively affects exclusive breastfeeding of infants is the choice of the mother to bottle feed instead of breastfeeding the baby. Working mothers who need to return to work two or three months after delivery also stop breastfeeding because most workplaces do not provide opportunities for mothers to express milk and refrigerate breast milk.

Indeed, just as in the previous life stage, there is a comprehensive array of services and programs designed to uphold the rights of children in their infancy, covering physical and psychosocial care.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding of infants up to six (6) months in order for the infant to maximize benefits in immunity and nutrition. The DOH launched the Mother Baby Friendly Hospital initiatives, reinforced with strong advocacy on the implementation of the Milk Code. This consequently helped to significantly improve the number of mothers who practice exclusive breastfeeding, although the current figures still fall below the target of 80%. While a 2001 survey showed that 89.9% of women with children below 3 years old breastfed or were breastfeeding their child at the time of the survey, further data shows that the supplementation of breastfeeding with other liquids and foods occurs too early in the country.

The DOH is likewise on top of micronutrient supplementation efforts for infants. The service coverage has increased, as figures show that more children aged 6 to 11 months received micronutrient supplements in 2002 compared to 2001. However, data still shows that infants are comparatively less covered than those from 1 to 5 years old. In spite of these efforts, iron deficiency anemia among infants 6 months to 1 year old increased from 49.2% in 1993 to 56.6% in 1998. This deficiency leads to short attention spans and ultimately impacts on the child's ability to learn.

To further improve the health of infants, DOH spearheads the Expanded Immunization Program, which has posted significant gains since its inception in the 1980s. From 1996 – 2001, DOH reports cited an annual national immunization coverage of 86.7%. In 2002, however, results were lower, and if results are broken down by age group, figures show that only 62.9% of children aged 12 – 23 months at the time of the survey were fully immunized.

There are programs focused on early psychosocial care, but these are generally non-operational in most health institutions. Thus, although there are tremendous efforts in ensuring the physical health of the infant, there is less attention on the cognitive and psychosocial development of infants. This is partly due to the lack of awareness among parents of the need to equally focus on other aspects of the infant's well-being at this early stage of life.

One final area that needs to be pointed out in this life stage is the extent to which births are registered in the country. Birth registration is a basic right, and in 1999, figures showed that only 84% of births were registered. In response, National Statistics Office and Plan Philippines undertook the Unregistered Children Project designed to cover a wider reach. The most recent birth registration figures are as yet unavailable, but current estimates continue to peg the number of unregistered children from between 20 – 30% especially in among indigenous and Muslim communities and far flung barangays. The main reasons cited for non-registration were the perceived high cost, inaccessibility of registration facilities, and lack of information and knowledge especially among the indigenous and Muslim communities.

While it is acknowledged that the scope of programs designed for the well-being of infants is broad and quite comprehensive, the reality of major implementation hurdles, and inadequate coverage, facilities, and resources needs to be addressed. For example, while PD 1569 requires a Nutrition Scholar in every barangay (BNS), there are currently only 23,000 out of the total 41,883 barangays nationwide.

The ***NPAC*** regional consultations showed some common concerns across regions. ***Malnutrition*** is a priority concern in the National Capital Region, along with Region V. On the other hand, Regions IX, X, XI, XII, CARAGA, and ARMM need to address issues related to ***disease*** (such as pneumonia and diarrhea), ***birth registration***, and ***immunization***. This is particularly critical in ARMM, where immunization coverage is the lowest among regions.

The need to focus on ***children in need of special protection*** (mainly abuse and trafficking) is a main concern in the National Capital Region, Regions IV, VI, and VII, while ***strengthening parent education and skills development*** is a primary issue in Region V.

Early Childhood

(1 to less than 5 years old)

This life stage has received much attention and focus both on the national and international scene, with the acknowledgement that the experience of children in this life stage will form much

of the foundation of the child's ability to learn, develop, and ultimately be a productive and participative adult member of society.

An analysis of the well-being indicators at this life stage will yield two (2) basic concerns: ensuring the continued physical health of the child, ultimately measured by ***Under 5 Mortality Rate*** (UMR) and the level of the child's development in other areas, measured by participation in Early Childhood Care and Development (ECCD) programs.

The country has experienced significant improvement in its UMR (defined as the number of deaths occurring between birth and age 5. Statistics show that there was a constant decrease in UMR from 54 to 48.4 to 40 per 1,000 live births for the periods 1993, 1998 and 2003 respectively.

The main causes of UMR, making up 73% of deaths in this age group are:

- Pneumonia
- Diarrhea
- Measles
- Meningitis
- Combination of these diseases, coupled with underlying malnutrition

The passage of the Early Childhood Care and Development Act (ECCD) of 2000 is a testament of the country's commitment to ***children in*** national development through investment in early childhood care and development. It ensures a holistic and comprehensive program for children giving them a healthy start. Investment in early child care has shown great benefits in lifelong development. The main ECCD success indicators ***include the early learning activities of children at home, in the day care center, and in Grade I. It also includes the involvement of mothers. The Mother and Child Book which monitors the child's growth and development is encouraged and supplemental feeding is given to children who are malnourished. Dental and oral care in day care centers and elementary schools are provided by dentists. Convergence areas for services are located at home, day care center, and the school.***

Table 13 summarizes the extent to which the country has been successful in establishing DCCs in barangays nationwide. The figures look encouraging, as 75% of the barangays have been able to establish a day care center. ***It should be noted however that there are barangays with more children population and may therefore have two or more DCCs; thus, the total number of DCCS (44,371) is bigger than the actual number of barangays. The*** picture changes slightly when further analysis made on the ***quality*** of these DCCs indicate that only ***63% have been accredited by the Department of Social Welfare and Development.***

Table 13. Day Care Center Coverage in Barangays (June 2004)

	Number of Barangays	Barangays with DCCs	DCC Coverage Rate
Total Phils	41,883	31,370	75%
NCR	1,693	834	49%

I	3,625	2,665	74%
II	2,311	2,183	94%
III	3,099	1,866	60%
IV	5,077	4,052	80%
V	3,471	3,120	90%
VI	4,049	3,199	79%
VII	3,006	2,930	97%
VIII	4,390	2,811	64%
IX	1,946	1,535	79%
X	1,930	1,741	90%
XI	1,158	1,094	94%
XII	1,193	1,084	91%
CAR	1,176	1,052	89%
CARAGA	1,309	1,204	92%
ARMM	2,450		0%

Each Barangay Day Care Center has an average of 30-45 students per session and current data indicate that among the 3-5 year old age bracket (6.5M), less than 30% have availed of the day care and ***other alternative early learning services such as the supervised neighborhood play groups or the child minding centers for younger children.***

Coverage and service quality indicators would therefore include:

1. the number of trained day care workers (DCW) versus the total number of day care workers in a particular region;

2. ratio of children to accredited DCCs;

3. actual number of children served versus total population.

Clearly, due to the sheer population size of the children in the Early Childhood life stage, and with the limited resources of government, the challenge to deliver quality early childhood care and development services is staggering.

More specifically, the challenges that face early child education at the moment are:

- Improving the quality of day care centers through the DCC accreditation system including adequate provision of learning materials;

- Improving the quality of day care workers through continuous capability building and standardizing the salaries of day care workers;
- Improving ECCD access and coverage by increasing the number of DCCs and encouraging the establishment of alternative day care or child minding centers.

The above findings on the current state of ECCD services are validated by the identification of the priority issues concerning children in the Early Childhood life stage in the various ***NPAC*** consultations:

Table 14. *Early Childhood* Situation Analysis Summary

<table>
<tr><th>Family Factors</th><th>Social Service Delivery Factors</th></tr>
<tr><td rowspan="3"><u>Practices</u>

• Disciplinary measures can be punitive to cause child abuse

• Increasing incidence of migration by parents (as overseas Filipino workers),

• Increasing incidence of dysfunctional families and separation of couples

• Low acceptance of the importance of ECCD

• Inadequate parental education, skills, and awareness

• Child trafficking</td><td><u>Service Availability</u>

• Services may be scarce and negligible in remote areas;</td></tr>
<tr><td><u>Service Delivery</u>

• Inadequate implementation of programs at community level (e.g., integrated management of children's illnesses)

• Insufficient coverage of programs and services (e.g. micronutrient supplementation, ECCD services)

• Lack of skilled ECCD professionals

• Inadequate program support in the area of information dissemination and education

• Geographic location contributes to both service delivery and availment. It is a fact that the farther areas are from Metro Manila or from main cities, the more inadequate and less accessible the services are. This factor contributes greatly to the existing disparities.</td></tr>
<tr><td><u>Service Availment</u>

• Low availment of ECCD services</td></tr>
<tr><td colspan="2"><u>Community and Other Factors</u>

• Peace and order hindrances to service delivery (especially in areas with problems in insurgency and armed conflict)</td></tr>
</table>

The Early Childhood life stage has received much attention, in line with findings that investment in this life stage will profoundly and positively affect the child in adulthood – and more productive and responsible adults will, in turn, benefit the country. Thus, the children in this life stage have been beneficiaries of a variety of government programs related to health, nutrition, and development.

The Expanded Program on Immunization, as explained in the section on Infancy, naturally extends to children in Early Childhood (and in other life stages as well, since a child's full battery of immunizations can only be completed well into adolescence). In fact, studies have shown that

the mortality among children in the country was significantly reduced from 1995 to 1998 partly due to the implementation of the Expanded Program on Immunization, which reduced child morbidity caused by the following preventable diseases: tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, and measles. In October 2000, in fact, the Philippines was identified as a polio-free country within the Western-Pacific Region.

Programs for the treatment of various childhood diseases, to boost nutrition, and to improve overall health have also been made available to children in this life stage:

- Integrated Management of Childhood Illnesses (IMCI)
- Micronutrient supplementation,
- Oral rehydration therapy for diarrhea,
- Management of acute respiratory infections,
- Deworming,
- Supplementary feeding, and
- Food fortification.

Intensified government programs on health services have reflected a slight decrease of malnutrition among the 0-5 age group. The National Food and Nutrition Research Institute survey indicated a decline from 30% in 1998 to 26% in 2003. However, Iron Deficiency Anemia (IDA) increased from 26.7% of children in 1993 to 29.6% in 1998; Protein Energy Malnutrition (PEM) increased from 30.8% of children in 1996 to 32% in 1998. In 1999, 65.4% of children were found to have been suffering from mild iodine deficiency, in spite of efforts in salt iodization. In fact, only 25% of households surveyed in 1999 used iodized salt. There have been advances, however, in the lowering of the prevalence of Vitamin A Deficiency (VAD) from 10.2% in 1993 down to 8.2% in 1998 in this age group..

Across regions, access to quality ECCD services remains a prime concern. The Bicol and the Mindanao regions (Regions V, IX, X, XI, XII, CARAGA, and ARMM) are concerned with the availability and responsiveness of services considering geographical, peace and order, and cultural challenges in implementing early child care and development services such as immunization, birth registration, psychosocial and early education.

The regional consultations came out with specific issues on children needing special protection such as:

- The Mindanao regions are particularly concerned with programs for children with disabilities
- Regions IV is concerned with programs and services for children of ***indigenous peoples and street families***;
- Region V and V are specifically looking at improving ***parenting skills and education*** for both mothers and fathers and other primary caregivers
- The National Capital Region (NCR) is primarily concerned with street children, sexual exploitation, and substance abuse.

Middle Childhood
(5 to less than 10 years old)

The Middle Childhood period represents the point at which a child enters the formal school system at preschool and/or Grade 1. Children at this life stage are exposed to the lowest risk of death, although the main causes of death at this life stage are infectious diseases (such as pneumonia), diarrhea, and measles, all of which are preventable through the practice of safety measures, proper and adequate health care, nutrition, and sanitation.

The following table summarizes the top leading causes of death among children aged 5 – 9 years old:

Table 15. Main Causes of Death Among Children 5 – 9 Years Old (1998)

Cause	Rate per 100,000 Population of Age Group
1. Pneumonia	9.61
2. Dengue hemorrhagic fever	8.60
3. Motor vehicle traffic accidents	4.94
4. Injury undetermined whether accidentally or purposely inflicted	4.69
5. Other ill-defined causes of mortality	3.41

Malnutrition in this age group is just slightly lower (25%) than the malnutrition in the 0-5 age group (26%). This proportion however is still higher than the average in the Southeast Asia region because of low intake of needed foods due to income constraints and large family sizes. The situation on malnutrition is further aggravated by diseases affecting the digestion system such as parasitism due to poor water and sanitation conditions. Another main contributor to malnutrition is the child's acquired lifestyle and habits, such as skipping meals, snacking on junk food, or increased consumption of fast foods. High intake levels of less nutritious types of fast food lead to obesity, an acknowledged growing problem among the young.

However, obesity prevalence, which increased from 0.1% in 1990 to 0.8% in 2001, is still considered minimal compared to the prevalence of underweight, stunting, and Protein Energy Malnutrition (PEM). The percentage of underweight children (6 – 10 years old) in 1998 was pegged at 32.9% has gone down to 25% in 2003. This decrease, achieved over a ten-year period can be considered insignificant. The same can be said about the incidence of stunting, which registered a decrease of three (3) percentage points from 44.8% in 1990 to 41.1% in 2001.

The picture presented by Protein Energy Malnutrition is more serious. The country showed some progress when PEM among 6 – 10 year olds declined from 34.2% in 1989 to 28.3% in 1996, only to worsen to 30.2% in 1998 and 32.9% in 2001.

Iron Deficiency Anemia (IDA) decreased from 35.7% in 1998 to 33.3% in 2000, while iodine deficiency among children aged 6 – 12 years old was reported at 35.8% in 1998. Other health-related issues of children in the Middle Childhood life stage are vulnerability to tuberculosis (that afflicts 39% of children), and heart disease. There are currently no specific programs for young tuberculosis patients, and every nine (9) minutes, a child below the age of 15 dies of heart disease.

The health and nutrition status of children has a direct correlation with school performance. School dropouts, for instance, are caused by poor health in many cases.

Since the child enters the school system at the Middle Childhood life stage, it is useful to examine a snapshot of the following elementary education statistics from the Department of Education:

Table 16. Summary of Selected Elementary Education Statistics

	SY '97-'98	**SY '98 – '99**	**SY '99 – '00**	**SY '00 - 01**	**SY '01 - 02**	**SY '02 – '03**
Number of Schools	**38,395**	**39,071**	**39,519**	**40,262**	**40,763**	**41,267**
Public	35,272	35,587	35,848	36,069	36,234	36,738
Private	3,123	3,484	3,671	4,193	4,529	4,529
Enrolment	**12.2 M**	**12.5 M**	**12.7 M**	**12.8 M**	**12.8 M**	**12.9 M**
Public	11.3 M	11.6 M	11.8 M	11.8 M	11.9 M	12.0 M
Private	0.9 M	0.9 M	0.9 M	0.9 M	0.9 M	0.9 M
Teacher-Pupil Ratio	**1:34**	**1:35**	**1:35**	**1:35**	**1:36**	**1:36**
Participation Rate (7 – 12 years old)	**95.09%**	**95.73%**	**96.95%**	**96.77%**	**94.54%**	**94.02%**
Completion Rate	**67.67%**	**68.99%**	**68.38%**	**66.13%**	**66.33%**	**66.85%**
Dropout Rate	**7.39%**	**7.57%**	**7.72%**	**7.67%**	**No data**	**7.34%**
Achievement Rate (NEAT)	**50.78**	**50.08**	**49.19**	**51.73**	**No data**	**No data**

Important trends to note are:

- Declining Completion Rates;
- Consistent Dropout Rates (signaling an increase in the actual numbers of students who drop out of school, in light of a growing population); and
- Slow improvement in Achievement Rates.

The major concerns surrounding education center on the need to improve the overall quality of education, including improving teacher quality and upgrading school facilities. Children themselves have expressed issues regarding teachers' lack of appreciation for children's rights, the questionable practice in some public schools of requiring students to pay for certain items such as school supplies.

The Department of Health, the Department of Education, and other government agencies are working hard to improve the state of children in this life stage. These programs cover, among others:

- Improvements in the school curriculum
- Improvements in textbook-pupil ratio
- Enhancement of the knowledge and skills of teachers
- Facilities upgrading in public schools
- Improvement in student performance, particularly in Math and Science
- Expansion of deworming coverage
- Expansion of micronutrient and food supplementation programs

It is important to point out that the Department of Education has developed an overarching national strategic plan for education – ***Education for All (EFA).*** EFA is a global movement launched in 1990 that aims to expand and improve the provision of basic education around the world. In response to this, then President Corazon C. Aquino issued Presidential Proclamation No. 480, declaring the period from 1990 to 1999 as the "Decade of Education for All". The National Committee on Education for All (NCEFA) was then created to spearhead direction setting for the national program on Education for All, formulating policies and action plans in support of the proclamation and the global EFA movement. After the global EFA assessment in 2000, the Philippines renewed its commitment to meet the world primary objective for education: **to ensure that all children, youth and adults complete a good quality basic education by 2015 with emphasis to be given to disadvantaged children, including the poorest working children and children with special needs.**

The current EFA plan formulation effort covers the following areas of concern:

- Early Childhood Care and Development
- Formal Basic Education
- Non-formal Education/ Alternative Learning Systems
- Governance, Finance, and Management

The following table summarizes the priority issues concerning the Middle Childhood life stage, as surfaced during the ***NPAC*** consultations:

Table 17. *Middle Childhood* Situation Analysis Summary

Family Factors	Basic Service Delivery

<table>
<tr>
<td><u>Practices</u>

• Family violence, child abuse and trafficking

• Prevalence of child labor among poor families

• Increasing incidence of substance abuse

• Increasing incidence of migration especially of women (overseas Filipino workers), leaving families geographically separated, with children in the care of other caregivers

• Increased incidence of husband-wife separation leaving children more traumatized

• Concept of child participation in governance and decision-making processes undergoing transition especially within family setting

• Inadequate parental education, skills, awareness, and understanding of children and their rights at this life stage

• Increased level of conflict and violence in the community</td>
<td><u>Service Availability</u>

• Perceived insufficiency of programs specific to children at this life stage

• Insufficient programs on child participation

<u>Service Delivery</u>

• Insufficient coverage of programs and services, particularly in far-flung rural areas

• Inadequate and inconsistent program quality (e.g. facilities, service providers)

• Inadequate support from local institutions for child/ youth organizations and programs

• Inadequate monitoring of program implementation and impact

<u>Service Availment</u>

Low availment of services because of:
▪ lack of information
▪ geographic location (those living in the uplands, far flung and remote communities are mostly affected)</td>
</tr>
<tr>
<td colspan="2"><u>Community and Other Factors</u>

• Peace and order hindrances to service delivery and availment especially those in areas with problems of insurgencies and armed conflict

• General lack of data specific to the psychographics of children at this life stage</td>
</tr>
</table>

The most glaring finding of the ***NPAC*** consultations pertaining to this life stage is the general lack of reliable, organized data specific to the psychographics of children at this life stage. Beyond demographic data, elementary education statistics provided by the Department of Education, and general health data (which, incidentally, uses the same indicators as in Early Childhood), there seems to be no data specific to this age group that would identify, acknowledge, and systematically describe their unique conditions, circumstances, and concerns. Consequently, most of the programs are "spillover" programs from Early Childhood or Adolescence. There are few programs designed specifically for children at this life stage – a worrying piece of information considering this is the period when the child is more often at school

and away from parental supervision. This is also the stage when behavioral problems emerge – problems of relationships with peers and the opposite sex. Oftentimes, parents mistakenly delegate the responsibility of "raising the child" with the school.

At this life stage, children are also more aware of their environment, and thus tend to be deeply affected by issues such as the physical or geographical separation of families (where parents are working overseas), the increased incidence of parent separation (leading to an increased incidence of single-parent families), family conflict and violence.

It is also during this age that children begin to form opinions of their parents' parenting styles. It is noteworthy to point out that during the ***NPAC*** children's consultations, one of the major issues raised was discomfort with some parenting practices, especially on the issue of discipline which is more punitive rather than being instructive; and, interestingly, a perception that some parents lack an appreciation and understanding of children's rights.

Finally, in line with the child's greater awareness of the environment, there seems to emerge a desire to more actively assert their right to participate. There is a perceived lack of programs specific to child participation, and although the National Child and Youth Participation Framework currently exists, the systematic operationalization of this framework through certain institutions, such as the Sangguniang Kabataan (SK) still needs to be exercised. Indeed, there is much ground to cover in cultivating child participation. The foremost hurdle that needs to be overcome is the resistance to the very concept of child participation, as evidenced by the inadequate understanding of parents and families at the micro level, and inadequate support from national and local institutions at the macro level.

One concrete national program that has a wide reach is the Boy Scouts and Girl Scouts organizations which try to actively engage children in this age bracket with wholesome and productive activities, teaching basic life skills and leadership skills. Not all schools however participate in the Scouts program.

There are other concerns specific to this life stage that cuts across other life stages (i.e., related to insufficient program coverage, inadequate and inconsistent program quality, inadequate information and education, and inadequate monitoring of program implementation and impact).

Across regions, concerns on ***access to quality education***, ***school participation***, ***children in need of special protection***, and ***children in conflict with the law*** are cited as priority issues for this life stage.

Region V cites the need to make ***alternative education*** methods available, while Regions IV, VIII, IX, X, XI, XII, CARAGA, and ARMM identify the need to develop programs for ***children with special needs***, such as those who are differently abled, and those requiring special education (SPED).

Finally, Region IV cites development of programs for children of ***indigenous peoples*** and ***street families*** as priority concerns within their geographic borders.

Early and Late Adolescence
10 to less than 18 years

As in Middle Childhood, mortality is not a major threat among adolescents. The Department of Health reports that deaths among those 10 – 19 years old comprise only 6.7% of total deaths in the population. The following table summarizes the leading causes of death in this age group:

Table 18. Main Causes of Death Among 10 – 19 Years Old

Cause	Rate per 100,000 Population of the Age Range
Accidents and injuries	22.1
Pneumonia	5.6
Chronic rheumatic heart disease	4.2
Diarrhea and other GIT diseases	3.2
Tuberculosis (all forms)	3.2
Diseases of pulmonary circulation and other heart diseases	2.8
Meningitis	2.1
Leukemia	2.1
Malnutrition	1.8
Nephritis, nephritic syndrome, nephrosis	1.7

It is evident that the main cause of mortality is not related to health, but more to lifestyle and other personal habits and practices.

The growth spurt experienced by children in this life stage is brought upon by the onset of puberty, and is characterized by the need to support this growth spurt with a high nutritional intake (in terms of both quality and quantity of food intake). Thus, the quality of food intake will determine the nutritional status of the child. However, regardless of the growth spurt, there is a major difference between the nutritional status of adolescent males and females. The prevalence of underweight male 11 – 19 years old at 20.48 percent is twice as high compared to females of the same age at 10.10 percent. The main nutritional concerns among adolescents are micronutrient deficiencies, iron deficiency anemia, and in certain cases, under-nutrition or obesity.

The children in this life stage continue their trek through the formal educational system in the country, and move on from the elementary grades to secondary levels. The following table summarizes some key statistics from the Department of Education Basic Education Information System

Table 19. Summary of Selected Secondary Education Statistics

	SY '97-'98	SY '98 – '99	SY '99 – '00	SY '00 - 01	SY '01 - 02	SY '02 – '03
Number of Schools	**6,690**	**7,017**	**7,197**	**7,503**	**7,683**	**7,893**
Public	3,956	4,116	4,214	4,335	4,422	4,632
Private	2,734	2,901	2,983	3,168	3,261	3,261
Enrolment	**5.0 M**	**5.1 M**	**5.2 M**	**5.4 M**	**5.8 M**	**6.0 M**
Public	3.6 M	3.8 M	3.9 M	4.2 M	4.6 M	4.8 M
Private	1.4 M	1.3 M	1.3 M	1.2 M	1.3 M	1.2 M
Teacher-Student Ratio	**1:34**	**1:35**	**1:35**	**1:36**	**1:39**	**1:40**
Participation Rate (13 - 16 years old)	**64.04%**	**65.22%**	**65.43%**	**66.06%**	**61.06%**	**63.88%**
Completion Rate (*based on Grade 1*)	**44.97%**	**45.12%**	**47.20%**	**48.10%**	**48.39%**	**50%**
Completion Rate (*based on First Year*)	**69.09%**	**69.98%**	**69.89%**	**70.62%**	**71.01%**	**59.57%**
Dropout Rate	**9.93%**	**9.08%**	**9.55%**	**8.50%**	**No data**	**13.10%**
Achievement Rate (NSAT)	**48.66**	**46.12**	**54.34**	**53.39**	**No data**	**No data**

The table above shows a worrisome trend in secondary education indicating a high drop-out rate of 13.10%. It also shows low completion rate of 50% for Year 2002-2003 although this is slightly better than the previous year which has a completion rate of 48.39%. All these could indicate a tighter economic condition for the Filipino family, forcing the children to stop schooling because of lack of funds for transportation or for school supplies or for other miscellaneous expenses that they need to shell out. Another observation is the increase of enrollment in public schools compared with private schools. This is also due to the transfer of students from private to public as a result of the continued increase in tuition fees. If this continues, the trend will most certainly put more pressure on the public education system. The government will have to increase budget allocations for teachers, textbooks, and the expansion of school facilities to accommodate greater student populations. The pressure on the public education system is

evident in the increasing trend in Teacher-Student Ratios. Eventually, higher teacher-student ratios will make a negative impact on quality of instruction.

While Participation Rates have been relatively stable in the past few years (averaging roughly 65%), there is still much room for improvement. The increasing (albeit slow) growth in Completion Rates (based on First Year) is encouraging, but it is important to note the Completion Rates (based on Grade 1) that have remained quite low in spite of a slow upward growth.

Children in this life stage are particularly vulnerable to specific threats, particularly substance abuse (alcohol, tobacco, and drugs). According to the Young Adult Fertility and Sexuality Survey (YAFSS) of 2002, alcohol is the most widely abused substance among adolescents. At least 50% of male respondents and 19% of female respondents continue to drink.

For tobacco, 56.7% of males and 26% of females aged 15 – 19 years old tried smoking at least once, with 30% of males and 4.6% of female respondents as current smokers.

Drug use is less common but continues to increase. In this age group (15 – 19 years old), 11% of males and 1.8% of females have tried using illegal drugs at least once, with 3.6% of males and 0.4% of females admitting that they continue to be users.

Depression is another problem that is most likely to occur in adolescence. The 2002 YAFS reports that about 10% of adolescents felt hopeless about their future always or most of the time in the three (3) months preceding the survey. The 2003 National Health Demographic Survey reflected that 40% of the adolescents they interviewed experience depression. This is a phenomenon that has consistently emerged recently, and something that public health practitioners should give more attention to. This is also an area for further study so that appropriate prevention programs and rehabilitation services can be developed.

Exposure to violence (as either perpetrator or victim) is another major risk in this life stage. The YAFSS found that among 15 – 19 year olds, 17.2% of males and 12.4% of females experienced being physically injured by someone during the three (3) months prior to the survey. Interestingly, almost the same proportion (17.5% of males and 12.8% of females) said that they themselves had physically hurt someone in the three months prior to the survey. The survey however did not state what proportion of these numbers are both victims as well as perpetrators. Again the 2003 Health Survey indicated a much higher incidence of violence. Eight per cent (80%) of the adolescent group some form of violence during their growing up years. Whether the violence was continuing or not however was not clear.

Finally, adolescents are also the most exposed to sexual risk and to HIV/AIDS, compared to other children in the other life stages. Risk behaviors include premarital and early sex, unprotected sex, and commercial sex. The 2002 YAFS found that 11.8% of those aged 15 – 19 years have had premarital sexual experience. The increase in premarital sexual activity over the years is accompanied by changing values and views. The McCann Ericson Youth Study in 2000 found that among those aged 13 – 21 years old, a good proportion of 42% personally felt that there is nothing wrong with premarital sex, an increase from 34% 1992. This is further supported by the Ateneo Youth Study, which reported that only 48% of those that were surveyed aged 13 – 21 years old did not considered premarital sex as something wrong for them to do.

There are programs specifically targeted at adolescents have been designed and implemented by various government and non-governmental agencies such as the Adolescent Sexuality and Reproductive Health. Reproductive health is integrated in the curriculum for this age group but

there has been some protests made by the Catholic Church alleging that the curriculum includes teaching family planning – an issue that exists to this date. The Department of Health has also launched the Adolescent and Youth Health and Development Program in 2001, which is currently being implemented by health workers.

One of the most significant steps towards realizing a higher rate of participation of children and youth in governance was the establishment of the Kabataang Barangay in the Marcos era, and the creation of the Sangguniang Kabataan (SK) under the Aquino government. The SK was envisioned to enhance participation by the youth in nation building through active and institutionalized involvement in youth concerns. The local government unit-based SKs are empowered to promulgate resolutions to carry out youth-focused objectives in the barangay, initiate programs to enhance the total development of young people, raise funds for their activities, consult and coordinate with all youth organizations within their respective barangays for policy formulation and program implementation. The various SKs are brought together under the umbrella organization called the SK National Federation. While conceptually admirable, the actual implementation of the program has fallen way below expectations. The SK in fact has been used by politician parents as a training ground and a stepping stone for their sons or daughters to enter politics. Even the elections of SK members to the *Sanggunian* has become so political that it defeats the purpose for which it was created. The Department of Interior and Local Government, UNICEF, and CWC has decided to evaluate the SK so that appropriate measures can be undertaken to strengthen the SK and make it more relevant.

In 1994, the Youth Nation Building Act (Republic Act 8044) created the National Youth Commission (NYC), an autonomous body carrying the status of a national agency attached to the Office of the President. The NYC was tasked primarily to formulate youth development plans, and provides for the establishment of the National Youth Parliament which is convened every two (2) years to discuss the various problems facing the youth and to propose policies and other recommendations that may guide the national government.

Finally, Kabataan 2000 was developed by the Department of Social Welfare and Development to address the economic and social needs of the youth. It is meant to encourage high school, college, and out-of-school youth aged 15 – 25 years old to undertake constructive and productive activities. In addition, the Commission on Higher Education (CHED), DSWD, the Technical Education and Skills Development Authority (TESDA), and various non-governmental organizations have strengthened their vocational skills training, entrepreneurial and literacy programs to enhance the development and participation of adolescents.

In spite of the many programs and interventions spearheaded by the different sectors, many challenges surrounding the upholding of the rights of adolescents remain. The following table summarizes the findings of the ***NPAC*** consultations:

Table 20. *Adolescence* Situation Analysis Summary

Family Factors	Basic Service Delivery

Practices	**Service Availability**
• Child abuse and trafficking • Child labor • Increased incidence of substance abuse • Increased incidence of teenage pregnancy • Risk of HIV/AIDS due to unprotected sex • Increased incidence of migration by parents (e.g., overseas Filipinos), leaving families geographically separated, with children in the care of other care providers • Increased incidence of parent separation, leading to increased number of single-parent families • Some resistance to child participation within the family and some institutions such as the church on decision-making processes • Resistance of parents to shift parenting paradigms from the traditional to the rights-based approach • Inadequate parental education, skills, awareness, and understanding of children and their rights at this life stage • Increased level of conflict and violence in the community	• Insufficient programs on child participation • Inadequate programs to promote life skills among adolescents • Coverage of Adolescent Sexuality and Reproductive Health not too widespread **Service Delivery** • Weak enforcement of laws • Insufficient coverage of programs and services, particularly in far-flung rural areas • Inadequate and inconsistent program quality (e.g. facilities, service providers) • Inadequate support from local institutions for child/ youth organizations and programs • Inadequate program support in the area of information dissemination and education • Inadequate monitoring of program implementation and impact, coupled with a weak feedback mechanism **Service Availment** ▪ Limited reach of the existing programs for this age group contributed to lack of awareness and therefore poor availment ▪ Geographic location also contributed to the limited availment of services of programs for this age group (especially those in the highlands and far-flung communities)

Community and Other Factors

- Peace and order hindrances to service delivery and availment (especially those areas with problems in insurgencies and armed conflict)
- Inadequate organized and reliable data for this age group

Many of the issues are similar to the Middle Childhood life stage. The issues unique to adolescence are teenage pregnancies, risk of HIV/AIDS, and inadequacy of programs to promote life skills. There is also a felt need to organize more reliable data on this age group in order to better conceptualize and implement more specific programs for this group.

How Child-Friendly Is the Philippines?

The vision of Child 21 specifically describes a society that is sensitive to the needs of the child, and where all sectors interact and cooperate to produce holistic, integrated, and sustainable strategies that promote child rights. The child was to come first in the allocation of resources, and the services of these various sectors were to converge on the child.

Based on the premise that the policy and legislative environment establishes the enabling mechanisms for the creation of a true child-friendly society, a review of the enacted legislation since the launching of the Philippine Plan of Action for Children (PPAC) would be a critical component in establishing an indicator of the country's child-friendliness.

The following table enumerates and briefly describes the laws that directly or indirectly benefit children that have been enacted since PPAC:

Table 21. Some Child-Friendly Laws Enacted Between 1991 – 2004

Republic Act	Title/ Description	Enacted
7323	Holiday and Summer Work Program for Students	30 March 1992
7600	The Rooming-in and Breastfeeding Act of 1992	02 June 1992
7610	Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act	17 June 1992
7624	An Act Integrating Drug Prevention and Control in the Intermediate Secondary Curricula as well as in the Non-formal, Informal and Indigenous Learning Systems	11 July 1992
7658	An Act Prohibiting the Employment of Children Below Fifteen (15) Years of Age in Public and Private Undertakings, Amending for the Purpose, Article VIII of Republic Act No. 7610	09 November 1993
7797	An Act to Lengthen the School Calendar From Two Hundred (200) Days to Not More Than Two Hundred Twenty (220) Class Days	25 August 1994
7798	An Act Amending Section 25 of Batas Pambansa Bilang 232, Otherwise Known as the Education Act of 1982	25 August 1994
7846	An Act Requiring Compulsory Immunization Against Hepatitis-B for Infants and Children Below Eight (8) Years Old,	30 December 1994
7880	Fair and Equitable Access to Education Act	20 February 1995
8043	Inter-Country Adoption Act of 1995	07 June 1995
8044	Youth in Nation Building Act	07 June 1995
8172	An Act for Salt Iodization Nationwide (ASIN)	29 December 1995
8296	An Act Declaring Every Sunday of December as the National Children's Broadcasting Day	06 June 1997
8353	The Anti-Rape Act of 1997	28 October 1997
8369	Family Courts Act of 1997	28 October 1997
8370	Children's Television Act of 1997	28 October 1997
8504	Philippine AIDS Prevention and Control Act of 1998	13 February 1998

Republic Act	Title/ Description	Enacted
8505	Rape Victim Assistance and Protection Act of 1998	13 February 1998
8552	Domestic Adoption Act of 1998	25 February 1998
8972	Solo Parents Welfare Act of 2000	07 November 2000
8976	Philippine Food Fortification Act of 2000	07 November 2000
8980	Early Childhood Care and Development (ECCD) Act	05 December 2000
9155	Governance of Basic Education Act of 2001	2001
9208	Anti-trafficking in Persons Act of 2003	26 May 2003
9231	An Act Providing for the Elimination of the Worst Forms of Child	19 December 2003
9255	An Act Allowing Illegitimate Children to Use the Surname of Their Father,	24 February 2004
9262	Anti-Violence Against Women and their Children Act of 2004	08 March 2004
9288	Newborn Screening Act of 2004	07 April 2004

These are only some laws enacted during the period which are child-friendly. There are several other relevant laws that were enacted as well (Indigenous Peoples Rights Act of 1997, Seat Belt Act, etc.). It is important to view these enacted laws against the institutional transformations prescribed by Child 21 in creating enabling conditions for a child-friendly society:

- An educational system that is responsive to the learning needs of children including the use of appropriate teaching methods and alternative learning systems appropriate to differently-abled children and children of indigenous peoples;

- A health care system **including health insurance** to be responsive to the unique health needs of children at every stage of the life cycle with prevention of diseases and illnesses as a priority;

- A justice system sensitive to the conditions of the child at every stage of the juvenile justice system;

- A legislative system and governance that puts children first and promotes child rights.

It is without doubt that the laws enacted since 1991 reinforced the enabling environment in the country that would promote the creation of child-friendly institutions. These also serve as building blocks of a child-friendly society. However, it is the consistent enforcement of these laws and the implementation of programs that are key to a child-friendly environment. To date however, it was the weak enforcement of these laws and non-availability of some programs for children that characterized the country's efforts in the past decade.

Thus, the Philippines as a child-friendly society still need to be truly actualized. The challenge of *NPAC* therefore is to embody this child-friendly spirit in visible and measurable deeds.

The *NPAC* is a *call to action.*

Challenges Faced By *NPAC*

A tight economic situation will be the main characteristic of the Philippine environment in the next few years. Although the country's economy is expected to grow, the population explosion, unemployment, declining export levels, inflation, and other factors will continue to negatively impact the spending power of families. It will be even worse for those families in remote areas and villages where basic services are scarce. Thus, not only will families be forced to cut down on household expenses, they will also be expected to increasingly look towards the government for the provision of basic needs (including education). The situation will exert pressure on social services – this is already clear in the declining enrollment in private schools coupled with the increasing enrollment in public schools. The same trend is expected to be exhibited in other sectors in the near future.

This increased pressure on social services poses the first challenge in ***NPAC*** implementation: ***the country needs to find ways to improve the coverage and quality of social services and minimize the disparities among provinces. Further, the country needs to find creative sources of financing for the improvement of the coverage and quality of social services, this is the second challenge the country face in NPAC implementation.***

The difficult economic conditions also give rise to child-specific problems such as increased drop-out rates and the increased incidence of child labor. This is already seen in the increasing incidence of child labor and commercial sexual exploitation of children among others. Thus it is imperative that government should also provide safety net measures for the disadvantaged families – a challenge that has faced government over the decades but has never been licked.

A socio-economic trend that clearly makes an impact on ***NPAC*** is the increasing population of Filipino working overseas (OFWs). At the moment, the Philippine Overseas Employment Administration (POEA) estimates the total number of Filipinos overseas to be at 10% of the country's population. The economic gains of the export of the country's manpower are quite clear:

- It helps stave off increasing unemployment by encouraging people to take job opportunities overseas; and

- The impact of annual remittances of an estimated USD 7-8 billion on the Gross National Product and the domestic spending power is tremendous.

While the economic gains of encouraging overseas employment are clear, the social gains are not. As shown by the findings of the ***NPAC*** consultations, more and more children are suffering from the negative impact of geographically separated families. The integrity of the family seems to be eroding fast along with core values that keep our children anchored. The erosion of the family and values has contributed to the increasing incidence of family breakdowns, which in turn contributes to the increasing incidence of substance abuse, teenage pregnancy, and child trafficking.

Thus, the third challenge posed in ***NPAC*** implementation is the ***challenge of finding creative solutions to seemingly contradicting goals***. In the case of overseas Filipinos, for instance, how does the country maximize the economic gains while preserving the strength, integrity, and values of the family?

A technological trend that has been on the rise in recent years is the increased penetration of Internet access and mobile phone use in the country. Our children are faced with an explosion of information right at their fingertips: information that does not go through the benefit of

filtering for content. This information explosion has effectively made our borders even more permeable to outside forces and influences, and our children (who are among the most technologically adept) run the greatest risk of being negatively influenced. While the benefits of technological developments are clear in the area of education and the advancement of knowledge, it is also clear that the potential negative effects have to be managed. This is the fourth challenge of ***NPAC*** implementation: ***keeping our children centered on core values that will keep them anchored in the face of external forces***.

Values education is an imperative item in the NPAC agenda cutting across the different life stages. However, this is also one responsibility that service providers and caregivers – especially the parents as primary caregivers - seem to neglect or take for granted. Only if one possesses a strong foundation of moral values can one keep strong amidst the many conflicting values brought into the families and homes through multi-media entertainment.

Finally, a major characteristic of the country's political landscape is the autonomy of the local government unit (LGU) and the devolution of more and more services to the LGUs. This final ***NPAC*** challenge calls for a ***redefinition of roles of the national government and its technical agencies versus the local government units***. ***There is also the need for skills retooling of local officials in order to be more effective and responsive especially to the needs of the children in their communities.*** It is especially important that local officials and service providers develop a wider perspective and more holistic approach in the delivery of services not only to children but to families as well.

IV

Our Commitment to the Filipino Child: Goals, Targets, and Interventions

*This section summarizes the priority goals, targets, and interventions of the National Plan of Action for Children, taking into account the findings of the **NPAC** and CWC/NEDA/UNICEF situation analyses, emerging trends, international commitments, and the directions of the current Philippine administration.*

Given the disparity issues highlighted in the previous chapter, the ***NPAC*** is envisioned to help narrow the gap between the situation of our children today and the vision that we have for them by 2025 (as articulated in Child 21). ***NPAC*** prescribes interventions over a five – year horizon, from 2005 to 2010. This is consistent with it being an action-oriented plan, designed for implementation over a shorter time frame (versus a vision and strategy document such as Child 21 that describes a long-term vision over a 25 - year horizon).

In order for the country to achieve its Child 21 vision, **disparity reduction through focused targeting** shall be a priority. ***NPAC*** aims to reduce the following disparities:

1. **Disparity in performance across the different *indicators*** that define the well-being of children at each life stage. This refers to the wide gap between the country's *current performance* for a particular indicator (e.g. Maternal Mortality Rate) versus the *target performance* in 2010;

2. **Disparity of access to and availment of services across different sectors of children.** This may reflect ***ethnic disparities***, with minorities often living in remote or mountainous areas that may make it difficult for service providers to reach, or who, by virtue of their ethnic background are subject to lower levels of service. This may also reflect ***gender disparities*** that generally negatively affect women and girls. Finally, the disparities may be related to *socially disadvantaged* groups such as victims of child labor, children in armed conflict, and other children in need of special protection; and

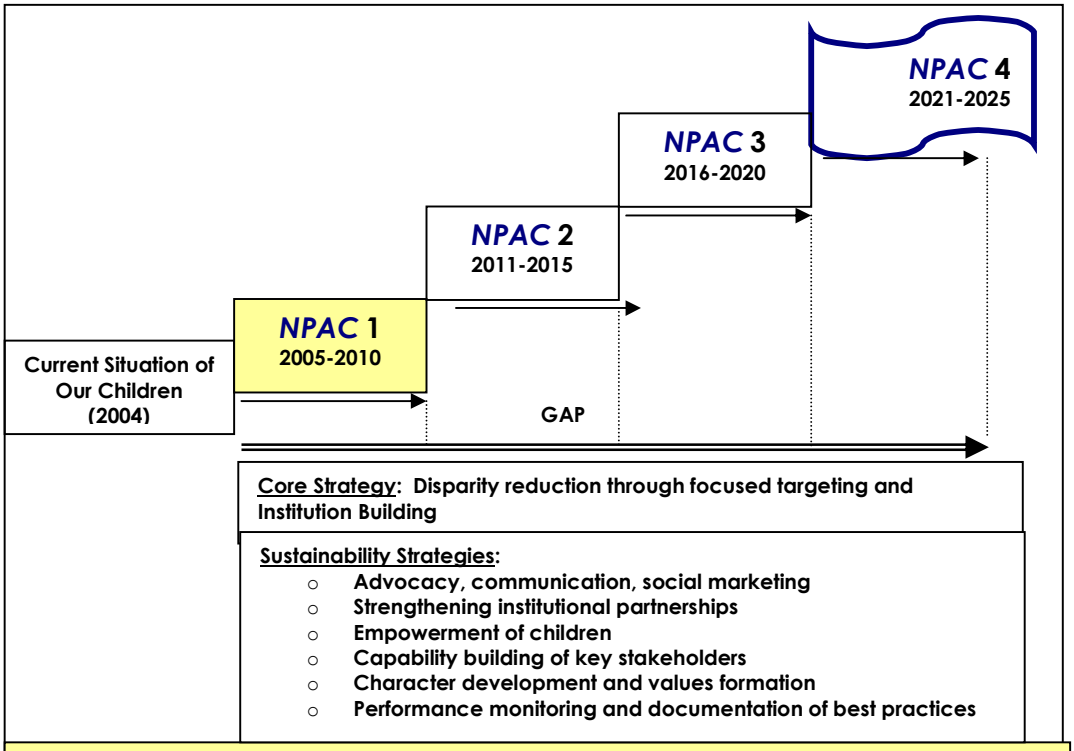
3. **Disparity of access to and availment of services across different *regions*. *Geographic disparities*** are usually due to remoteness and/or sparse population density, which lead to lower levels of social service provision and lower social indicators. *Rural-urban disparities* may also exist, with investment generally favoring urban families and children. Oftentimes, provinces farthest from Metro Manila and from other metropolitan cities **reflect bigger disadvantages** in terms of provision of services or availment of such basic services.

Thus, disparity reduction through focused targeting shall be the goal for this medium-term plan. Until we address this problem of disparity, the Philippines will never be able to achieve the Millennium Development Goals, the World Fit for Children Goals, and the Child 21 Vision. There are twenty (20) years that stand between 2005 and 2025. In terms of action planning and program implementation, this 20-year period can be subdivided into time segments of five (5) years each:

- ***NPAC* 1**, covering 2005 to 2010 - **Goal: Disparity reduction – Strategies: Focused Targeting and Institution Building**
- ***NPAC* 2**, covering 2011 to 2015 – **Goal: Catching up with the MDG – Strategies: Focused Targeting and Convergence**
- ***NPAC* 3**, covering 2016 to 2020 – **Goal: Sustaining the Gains**
- ***NPAC* 4**, covering 2021 to 2025 – **Goal: Achieving Child 21 Vision – Strategy: Child Friendly Movement**

The key focal objectives for each five-year time segment shall be reviewed before the end of one segment to enable the Council to develop a more appropriate goal for each succeeding period. The succeeding period goals will depend on the extent of success or failure of programs implemented in the previous time segment, as measured by the various indicators per life stage. The roadmap described above is expected to help the country hit the quantitative targets of the Millennium Development Goals and the World Fit for Children Goals and bring the nation closer to realizing its vision for children in 2025.

Diagram 5. Reaching for 2025



More specifically, NPAC-1 (2005-2010) will focus on the following objectives:

- **Achieve operational excellence (excellence in service access and availment) through institutional development, localization, and capability building of service providers and other stakeholders**
- **Enhance monitoring systems to identify areas of disparity and for more focused targeting**
- **Develop a relevant research and development agenda for program development, service delivery, and impact assessment**

I. Achieve Operational Excellence

It was the consensus during all ***NPAC*** consultations across country that many commendable programs have already been developed upholding children's rights and improving their well-being. However, these programs come up short in the area of service delivery, mainly due to non-prioritization of programs for children. This lack of support from the local chief executives is further aggravated by lack of knowledge and skills training of service providers on current issues, laws, and programs. This calls for two (2) key interventions:

Localization and Institutional Development. Programs should be **localized by integration** in sectoral development policies, plans, budgets, and programs of LGUs to ensure relevance, speed and efficiency in service delivery. This puts the LGU at the front and center of ***NPAC*** implementation, equally sharing with technical agencies the accountability for the success of the various programs for children at each stage in the life cycle. The **LGUs therefore, as well as its structures** (committees or councils for the protection for children) should be well oriented on the objectives of the program and understand their role in monitoring implementation of child rights in the area and **ensuring a child-friendly governance**.

Capability Building. As mentioned previously, capability-building efforts should be aimed at better understanding children in various life stages and addressing age-specific concerns and issues. **Capability building programs should likewise focus on total child development and the exploration of culture- and community-appropriate child development practices**.

Of particular concern is the need for competency development (knowledge, skills, attitudes) through **comprehensive and ladderized capability-building programs for service providers at different levels** (institutional and individual, especially the day care workers). Key to this effort is the human resource development standard to ensure quality of performance and efficiency of service delivery. **Human resource development standards should include defining core competencies**, a system for accreditation and/or certification of service providers, and the provision of continuing professional education.

Of equal importance is the **capacity building of the local community for monitoring, assessment, development planning, community organizing, networking and fund sourcing/resource generation**.

Assuming that the existing manuals for various programs and interventions continue to be relevant, and hurdles to successful implementation of children's programs are clearly defined, then extensive training, orientation, and reorientation need to be conducted among various service providers, as well as caregivers of NGAs, and NGOs, as well as children and young people.

In particular, a concerted effort to **reorient and re-educate parents** is needed. NGOs and faith-based communities should take an active role in conducting regular sessions on responsible parenting. This should include a reinforcement and expansion of existing training and capability building programs targeted at parents (Parents' Effectiveness Service or PES) and Parents, Teachers and Community Associations (PTCAs).

Attention should also be given to capability-building of fathers. Alternative methods of training and education delivery may be required for this purpose. PES is mainly attended by mothers. As such, specially designed modules for fathers were developed.

Empowerment and Reaffirmation of Paternal Ability (ERPAT) and ***Ang Mapagkalingang Ama*** (AMA) should be encouraged. An example of a method that may be explored is the concept of a "school on the air" where training modules are aired on television and/or radio.

II. Enhance Monitoring Systems

A systematic method of assessing and evaluating performance at three (3) levels needs to be established:

1. Impact, relevance and responsiveness of **programs and interventions** in terms of achieving the desired targets and results;

2. Efficiency, effectiveness and reach of **service delivery**; and,

3. Performance of ***service providers***, to assess capability, quality, and effectiveness of service delivery.

There should be regular and periodic assessment and monitoring of performance at the three (3) levels above. This will allow for a clear, quantitative, and objective basis for determining success, and will greatly aid in the identification of targeted interventions and programs for succeeding years. The monitoring of above agenda will also facilitate immediate identification of areas and indicators which need more attention. For this purpose, CWC is developing the ***Subaybay Bata*** **Monitoring System**. At the macro level, ***Subaybay Bata*** currently collects administrative data from the different agencies. The micro level monitoring of Subaybay Bata will be implemented at the barangay level using issue-based and area-based indicators.

III. Develop Relevant Research and Development Agenda

This should provide empirical data in support of program planning, implementation, and impact assessment. Further, data generated through this effort will be instrumental in ensuring that programs are designed to be fully responsive to the needs of children in various age groups and in different situations. Studies can also look **at reasons for disparities and how these can be better addressed**. Based on the situation of children of previous chapter, the following research studies need to be part of the agenda:

- In-depth study on the effects of separation of migrant workers from their families;

- In-depth and/or cross-country studies on child trafficking and pornography;

- Documentation of successful learning communities to encourage possible replication and/or adaptation in other areas;

- Study on per capita cost per child/cost effectiveness of programs and services; and

- Localized situation analyses for the development of more responsive interventions.

The research agenda may be reviewed and updated on a regular basis to ensure greater responsiveness and relevance to issues, sectors, and emerging concerns.

There is a need to link up with other agencies and research bodies to enrich the research library of the Council and to avoid duplication. Likewise, the work plan of the Council should include

the dissemination and utilization of research results. Recommendations of all child-related studies should be analyzed for policy integration and utilization.

Core Strategy for 2005 - 2010

Focused Targeting

The next five (5) years must concentrate on reducing disparities in order to achieve the MDG, the WFC Goals, and the Child21 Vision through **Focused Targeting.** There should be focus on:

1. **Improving indicators** per life stage and per region that reflects or exhibits **the poorest performance**; and

2. **Children's sectors per life stage** and per region that have the least access to and **lowest availment levels** of services.

The core strategy of disparity reduction through focused targeting is expected to **thread through the twenty years between 2005 and 2025**, guiding the action plans for children and bringing the country closer to realizing its vision for its children.

Convergence of Services

Convergence refers to ensuring the appropriate mix of services for children at specific life stages (and for their families as necessary) initiated by the various line agencies. In the case of younger children, for instance, services in health, nutrition, and early stimulation need to **converge in the home**. As the child grows older, services in health, nutrition, and education need to converge in **day care centers** and then in **schools**. This convergence of service ensures greater efficiency in service delivery and monitoring, as well as greater relevance for the.. target beneficiares.

It is crucial therefore that the different service providers at local level learn and internalize the concept of convergence to be able to maximize the gains that their beneficiaries can get from their combined efforts and from the complementarities of services. Learning how to work as a team therefore is imperative. Service providers should be provided with collaborative network management skills.

Supporting Strategies

Supporting this core strategy (and also running through the twenty years between 2005 and 2025) is six (6) key cross-cutting, sustainability strategies:

1. Advocacy, communication, and social marketing;

2. Strengthening institutional partnerships;

3. Empowerment of children;

4. Capability building of key stakeholders;

5. Character development and values formation; and

6. Performance monitoring and documentation of best practices.

Advocacy, Communication, Social Marketing. Intensive advocacy campaigns need to be aggressively and proactively conducted in local communities for the strict implementation of existing legislation and programs for children in the various life stages. Advocacy should be targeted to various stakeholders (particularly to reach out to those in hard-to-reach barangays) and should cover issues relevant at both the national and local levels. It is through extensive advocacy, communication, and social marketing that messages on the critical importance of upholding children's rights can be delivered to a broader base of people in the country. This sustainability strategy may also lead to greater ease in program implementation due to a heightened awareness of children's rights. At the local level, advocacy, communication, and social marketing should also strive to encourage the generation of creative ideas to address priority local concerns, and formulate culturally-sensitive programs.

While awareness on children's rights is quite at a high level, there are still sectors that have not been reached through advocacy and should now be the focus. These are the inter-faith groups, the church institutions, private schools management group including the Parents-Teachers-Community Associations, and other professionals and disciplines.

Strengthening Institutional Partnerships. Aside from building greater awareness among the various stakeholders on the need to uphold the rights of children and to ensure their continued well-being, it is also critical to ensure sustainability in involving various stakeholders in program planning, implementation, and evaluation. Greater stakeholder involvement is expected to foster a greater degree of creativity in conceptualizing programs to address children's issues, result in greater commitment to ensuring program success, and even generate more resources (financial, physical, human) for utilization in the various programs. As in advocacy, the building of institutional partnerships must be done at both national and local (or LGU) level, and should target:

1. The private sector,
2. Businesses and business groups,
3. Faith communities,
4. Non-governmental organizations (NGOs), and
5. Children.

Children Participation. Children need to be viewed as the focal sector for all programs and activities that relate to their well-being. They should be tooled with the appropriate knowledge and skills to take a major, proactive role in the protection and development of their own sector. The development of the National Framework for Child Participation has involved the children's sector and their views are well documented in the framework.

Capability Building of Key Stakeholders. The different stakeholders that play roles in upholding the rights of children should be equipped with adequate and relevant tools and skills. These stakeholders include parents, families, communities, faith-based communities, LGUs, government-based service providers (such as health and social workers), NGOs, and other bodies.

Capability-building efforts should be aimed at **better understanding children** in various life stages **and addressing age-specific concerns and issues**. These programs should likewise **focus on the total growth and development** of the child and the exploration of the culture- and community-appropriate child development practices. In considering the total growth and development of the child, the **conditions of the family environment need to be looked at and be addressed** as well. One cannot promote and protect child rights unless one also looks at the child within the family setting and addressing as well the concerns of the family.

Of particular concern is the development of a comprehensive and ladderized capability-building program for service providers such as health and nutrition workers, day care workers, teachers, social workers and other caregivers. This is to be done in coordination with key agencies such as DSWD, DOH, DepEd, DILG, the Commission for Higher Education, and the local government units. The Council should take the lead in ensuring the continuing education of service providers that would lead to a higher educational degree. This is especially needed by day care workers who are only high school graduates or have not completed college.

Of equal importance is the capacity building of the local community for monitoring, assessment, development planning, community organizing, networking and fund sourcing/resource generation.

Assuming that the existing manuals for various programs and interventions continue to be relevant, and hurdles to successful implementation of children's programs are clearly defined, then extensive training, orientation, and reorientation needs to be conducted among various service providers, parents, families, local communities, youth officials and organizations, NGAs, and NGOs.

In particular, a concerted effort to reorient and re-educate the parents is needed. It is strongly recommended that this effort be conducted at the barangay or community level for greater impact. NGOs and faith-based communities may take an active role in conducting regular sessions on responsible parenting. This should include a reinforcement and expansion of existing training and capability building programs targeted at parents, such as Parents' Effectiveness Service (PES) and Parents, Teachers and Community Associations (PTCAs). Enhancing the parenting skills of fathers and having a better understanding of their roles and responsibilities are also the objectives of a special training module designed by the DSWD called ***ERPAT*** (Enhanced Reaffirmation of Paternity Skills) or the one developed by another NGO on ***AMA*** *(Ang Mapagkalingang Ama).*

Alternative methods of training and education delivery may be required, particularly for existing programs such as PES. For example, training and education methods should be responsive to parents' circumstances (e.g. working parents and parents in remote locations). An example of a method that may be explored is the concept of a "school on the air" where training modules are aired on television and/or radio.

Character Development and Values Formation. The past several years have seen the erosion of traditional family values that have successfully kept families together, and have served as the strong foundation for the protection and development of our society's children. Thus, there should be a strong thrust towards strengthening the core values of families, as well as strengthening character development of children.

Performance Monitoring and Documentation of Best Practices. A clear system for quantitatively and qualitatively measuring the success of various programs needs to be in place,

supported by a strong documentation as the backbone of successful programs and interventions. A consistent and regular monitoring on the implementation of child rights which is data based is imperative. Likewise, documentation of best practices need to be undertaken and shared across line agencies, LGUs, and regions to encourage lateral learning and hopefully, facilitate the development and implementation of more effective programs and interventions.

Thus, **NPAC-1** focuses on setting directions towards the achievement of national and international commitments; on setting up monitoring and feedback systems; and on creating structures to ensure sustainability of programs and efforts. **NPAC 2** shall continue to focus on quality improvement and customization of services and interventions in order to fully achieve the commitments to targets and goals of the MDG, the World Fit for Children Goals, and the Child 21 Vision.

NPAC-1 Indicators and Targets per Life Stage

The following table summarizes the ***NPAC-1*** indicators, benchmark levels (1998), current performance levels (2004), and 2010 targets per life stage:

Table 22. NPAC-1 Indicators and Targets per Life Stage

Indicators	1998 (Base Year)	2004	Qualitative Assessment to Date	2010
Mother and the Unborn Child				
Maternal Mortality Rate (MMR)	172 deaths per 100,000 live births		☹	⇩ to *129 deaths per 100,000 live births
Infancy (0 to less than 1 year old)				
Birth Registration	84% of births	85% of births	☹	⇧ to 100% of births
Infant Mortality Rate (IMR)	35 deaths per 1,000 live births	29 deaths per 1,000 live births	☺	⇩ to *17 deaths per 1,000 live births
Full Immunization	90% of births	84% of births	☹	⇧ to *95% of births
Early Childhood (1 to less than 5 years old)				
Under Five Mortality Rate (UMR)	49 deaths per 1,000 live births	40 deaths per 1,000 live births	☺	⇩ to* 33.4 deaths per 1,000 live births
Underweight *(includes children 0 – 11 months)*	32% of children	26.9% of children	☺	⇩ to 21.2% of children
Attendance to day care	33.5% of children	34.1% of children	☹	⇧ to 75% of children
Attendance to pre-school		77.8% of children	😐	⇧ to 100% of children
Middle Childhood (5 to less than 10 years old)				
Underweight	30.2% of children	26.7% of children	☹	⇩ to 15% of children
Attendance to	95.7% of	90.5% of	☹	⇧ to 93% of

Indicators	1998 (Base Year)	2004	Qualitative Assessment to Date	2010
school	children	children		children
Completion of schooling	80.2% of children	80.8% of children	☹	⇧ to 89.5% of children
Early and Late [1]Adolescence (10 to less than 18 years old)				
Attendance to school	65.2% of children	66.1% of children	☹	⇧ to 83.7% of children
Completion of schooling	80.3% of children	71.5% of children	☹	⇧ to 76.7% of children

Where Do The Disparities Lie?

Across Life Stages

Broken down into **life stages**, the greatest disparities among the well being **indicators** are summarized in the following table:

Table 23. Disparities per Life Stage

Indicators	Qualitative Assessment to Date
Mother and the Unborn	
Maternal Mortality Rate (MMR)	☹
Infancy (0 to > 1 year)	
Birth Registration	☹
Full Immunization	☹
Early Childhood (1 to > 5 years)	
Attendance to day care	☹
Middle Childhood (5 to > 10 years)	
Underweight	☹
Attendance to school	☹
Completion of schooling	☹
Early and Late Adolescence (10 to > 18 years)	
Attendance to school	☹
Completion of schooling	☹

Children in the **Middle Childhood** segment need the most attention in terms of programs and interventions. It is in this life stage that the country has exhibited the poorest performance in terms of ensuring the well-being of children. Based on the indicators above, children in this life stage are poorly nourished, attendance to school has been on a downtrend, school completion rates have showed no signs of improving, and school performance is, at best, uncertain.

In terms of the well-being **indicators** and the disparity between the country's current performance versus 2010 targets, the major areas that will require the greatest focus from 2005 to 2010 are:

* DOH-National Health Objectives 2005-2010 presented during SDC-Tech. Board Mtg. 31 May 2005.

Maternal Mortality. Finally, the country needs to accelerate efforts to improve maternal mortality rate in order to reach the 2010 target of 52 deaths per 100,000 live births.

Birth Registration. Since 1998, the country has been able to improve birth registration rate by a mere 0.17% per year. In order for us to hit our 2010 target of 100%, we need to increase birth registration by at least 2.5% per year.

Child Immunization. Instead of improving over the 1998 benchmark figure, infant immunization rate has been steadily decreasing by 1% per year. If we are to hit our 2010 target, we have to turn this downward trend around, and increase the number of fully immunized infants by 1.83% per year.

Day Care Attendance. Since 1998, the country has been able to improve day care attendance rate by a very sluggish 0.10% per year. In order for us to hit our 2010 target of 75%, we need to increase day care attendance by at least 6.82% per year – a tall order given our historical performance.

Middle Childhood Nutrition. Since 1998, the percentage of underweight children in the Middle Childhood life stage has decreased by 0.58% per year. In order for us to reach our 2010 target of 15%, we need to accelerate our performance and decrease the incidence of underweight children by 1.95% per year.

Grade School Attendance. Instead of improving over the 1998 benchmark figure, grade school attendance rate has been steadily decreasing by 0.87% per year. If we are to hit our 2010 target, we have to turn this downward trend around, and increase grade school attendance rate by at least 0.42% per year.

Middle Childhood School Completion. Since 1998, the country has been able to improve school completion rate in the Middle Childhood life stage by an insignificant 0.10% per year. In order for us to hit our 2010 target of 89.5%, we need to increase completion rate by at least 1.45% per year.

High School Attendance. We have not been successful in significantly increasing our low high school attendance rate of 65%. Since 1998, we have been able to push this number up by a marginal 0.15% per year. In order for us to hit our 2010 target of 83.7%, we need to increase high school attendance by at least 2.93% per year.

High School Completion. Instead of improving over the 1998 benchmark figure, high school completion rate has been steadily decreasing by an alarming 1.47% per year. If we are to hit our 2010 target, we have to turn this downward trend around, and increase high school completion rate by at least 0.87% per year.

In terms of **sector**, the children who need the most attention continue to be:

- Children in conditions of disability
- Children subject commercial sexual exploitation and child abuse
- Children subject to child labor
- Children in conflict with the law

- Children in situations of armed conflict
- Children of indigenous people

Across Regions

Regional disparities were pinpointed during the ***NPAC*** regional consultations. These disparities were identified as those issues that needed the most attention and focus, in relation to targets

Table 24. Disparities Across Regions

REGION	KEY ISSUES THAT NEED FOCUSED INTERVENTIONS
NCR	o Nutrition o Early childhood care and stimulation o Access to quality education o Children in conflict with the law
I	o Health and nutrition o Early education, and low participation rate
II	o Birth registration o Infant mortality o Nutrition o Children of indigenous peoples o Child participation
III	o Health and nutrition o Birth registration o Child participation o Adolescent reproductive health
CAR	o Maternal mortality o Birth Registration o Infant mortality o Under 5 mortality o Pre school, grade school, high school attendance, completion, and performance o Children in situations of disability o Children of indigenous peoples
IV-A	o Full immunization o Health and nutrition o Children in conflict with the law o Children of indigenous peoples
IV-B	o Maternal mortality o Health, nutrition and sanitation o Early Education, participation rate and school performance o Adolescent reproductive health o Children in need of special protection o Children of indigenous peoples o Children in situations of disability o Environmental sustainability
V	o Maternal mortality o Health and nutrition o Family development

REGION	KEY ISSUES THAT NEED FOCUSED INTERVENTIONS
	○ Participation rate and school performance ○ Children in need of special protection
VI	○ Family development ○ Health and nutrition ○ Early childhood care and development ○ Children in conflict with the law
VII	○ Family development ○ Health and nutrition ○ Early education, participation rate and school performance ○ Adolescent reproductive health ○ Children of indigenous peoples
VIII	○ Family development, parenting education ○ Health and nutrition ○ Adolescent reproductive health
IX X XI XII CARAGA ARMM	○ Maternal mortality ○ Infant mortality ○ Health and nutrition ○ Birth registration ○ Early education, participation rate and school performance ○ Child participation ○ Adolescent reproductive health ○ Children of indigenous peoples ○ Children in situations of disability ○ Children in situations of armed conflict

Proposed Interventions per Life Stage

Mother and the Unborn

The following table summarizes the country's performance for indicators at this life stage:

Table 25. Mother and the Unborn Indicators and Targets

Mother and the Unborn Child				
Indicators	**1998 (Base Year)**	**2004**	**Qualitative Assessment to Date**	**2010**
Maternal Mortality Rate (MMR)	172 deaths per 100,000 live births	No data	☹	⇩ to 129 deaths per 100,000 live births

Proposed Interventions

Improve targeted access and reach for existing programs at LGU level, with focus on the following programs targeted at mothers in particular and families in general:

Reproductive Health and Family Planning (RH/FP) Services. The RH/FP program provides information and counseling services on reproductive health, responsible parenthood and family planning methods for couples. It aims to reduce high risk births, early pregnancy and pregnancy-related complications including abortion, prevention and cure of sexually-transmitted diseases including HIV/AIDS and other related health diseases, and to allow couples to make informed life choices and legally medically accepted family planning alternatives. RH/FP practices are promoted in order to develop healthy mothers, babies and families towards an improved quality of life for the entire family.

Prenatal Visits. Pregnant women are advised to have a minimum of three prenatal check-ups for normal pregnancies: one during the first two trimesters and twice during the third trimester. For high risk pregnancies, prenatal visits for every month of the duration of the pregnancy are advised.

Tetanus Toxoid Immunization. The provision of at least two (2) doses of tetanus toxoid (anti-tetanus vaccination) is recommended for women during their second and third semester of pregnancy in order to prevent neonatal tetanus. The Department of Health is spearheading the New Maternal and Neonatal Tetanus Elimination Plan of Action (2005 – 2007) designed to eliminate maternal and neonatal tetanus by 2007, by targeting high risk areas which will be targeted for special supplemental immunization activities for all women of child bearing age.

Micronutrient Supplementation. This is part of the basic strategy for preventing micronutrient deficiencies and improving the nutritional status of pregnant women and subsequently their babies. Supplementation involves the provision of micronutrients, i.e., Vitamin A, folic acid and iron especially for nutritionally-at-risk pregnant women.

Food Fortification. The fortification of commonly-eaten staple foods is one of the interventions being pursued as a means to combat micronutrient deficiencies, notably iron deficiency anemia (IDA) and Vitamin A deficiency (VAD).

Nutrition Information Education Program. An innovative nutrition information education strategy is the PABASA, initiated by the Nutrition Center of the Philippines. It aims to contribute to the improvement of the nutritional status of family members by improving knowledge, attitudes, and practices of mothers and other household members. The PABASA integrates breastfeeding and complementary feeding based on the Nutri-Guide. It consists of ten (10) sessions which should be completed within one (1) month. It is an interactive, participative learning process with demonstrations conducted by the barangay nutrition scholars, barangay health workers and cluster or *purok* leaders, under the supervision of public nurses and midwives.

The Mother and Child Book. The Mother and Child Book, which tracks the mother's and child's health, development, and other interventions during pregnancy and until the child is five (5) years and eleven (11) months old should be encouraged until a broad usage base is achieved.

Clean and Safe Delivery. Conditions during delivery should be optimal for a safe and healthy birth. This includes the cleanliness of the environment as well as the competence/ expertise of the birth attendants.

Infancy (0 – less than 1 year)

The following table summarizes the country's performance for indicators at this life stage:

Table 26. Infancy Indicators and Targets

Infancy (0 to less than 1 year old)				
Indicators	**1998 (Base Year)**	**2004**	**Qualitative Assessment to Date**	**2010**
Birth Registration	84% of births	85% of births	☹	⇧ to 100% of births
Infant Mortality Rate (IMR)	35 deaths per 1,000 live births	29 deaths per 1,000 live births	☺	⇩ to 19 deaths per 1,000 live births
Full Immunization	90% of births	84% of births	☹	⇧ to 95% of births

Proposed Interventions

Improve targeted access and reach for existing programs at LGU level, with focus on the following programs:

Integrated Management of Child Illness (IMCI). IMCI includes a range of interventions such as the improved case management of childhood illness and the preventive aspects of nutrition, immunization, Vitamin A supplementation, disease prevention and health promotion. IMCI has three (3) components: (1) improvement in the case management skills of staff; (2) improvement in the health system required for the effective management of childhood illness; and (3) improvement in family and community practices. The first two (2) components focus on improving the quality of child health services at the health facility, while the third component addresses preventive and caring practices of families and communities. It also entails educating

mothers to practice home management of common childhood illnesses such as colds, mild diarrhea, and stomach aches.

Newborn Screening. Newborn screening is a blood test used to identify many inherited diseases in the newborn before serious or life-threatening symptoms begin. It is a test to detect if a baby has metabolic and congenital disorders that often lead to mental retardation and death, providing the opportunity for early treatment of diseases.

Growth Monitoring and Promotion. Growth monitoring consists of measuring, recording, and interpreting a child's growth over a period of time to detect early growth failure (particularly malnutrition or ill health). Growth promotion focuses on maintaining and promoting normal growth from birth. It is an important part of health supervision, and is done monthly for children 0 – 4 months old. It involves the use of the Mother and Child Book, where the Growth Monitoring Chart is incorporated.

Birth Registration. Proactive steps must be taken to increase the rate of birth registration at the Local Civil Registrar. An example of a program that can be conducted at the LGU level is the roving birth registration team, which no longer requires parents to travel to the registration office. Most of the unregistered Filipinos are those belonging to the faith and cultural minorities, those living in far flung communities, or sometimes those assisted by ***a hilot*** during birth delivery. Non-registration can also be aggravated by high registration fees charged by the LGU.

Full Immunization. The full immunization of infants at the recommended schedules (BCG, OPV, DPT, measles vaccines) needs to be promoted further. This provides vital protection for the infants' survival especially during the first five years.

Exclusive Breastfeeding. This refers to the infant's initiation to breastfeeding within one (1) hour after birth, and exclusive breastfeeding practices from birth to six (6) months. Breastfeeding is considered the best source of nutrition for infants, and colostrum provides immunologic benefits and protection from disease and infection. Breastfeeding is encouraged up to two years but should be supplemented after the first six months.

Extended Breastfeeding and Complementary Feeding. Complementary feeding can be started at six (6) months while continuing breastfeeding. Common food preparations include porridge, rice, fruits, and vegetables.

Micronutrient Supplementation. This includes Vitamin A and iron supplementation. The Department of Health (DOH) guidelines on Micronutrient Supplementation require iron supplementation for low birth weight babies to start at two (2) months up to six (6) months. For six (6) to eleven (11) – month old children, the supplementation has to be done for three (3) months.

Food Fortification Program. This provides for mandatory food fortification of staple foods – rice, flour, edible oil, and sugar – and voluntary food fortification of processed food or food products to compensate for the inadequacies in the Filipino diet. Fortifications are mostly for Vitamin A and iron, and the most commonly consumed fortified foods in the market are noodles and sardines. Food products stamped with the Sangkap Pinoy seal are likewise fortified.

Food Supplementation. Supplemental feeding is a promotive, preventive, and rehabilitative intervention to improve the nutritional status of underweight children starting at six (6) months. This involves the regular provision of locally available indigenous food equivalent to one-third (1/3) of the Recommended Energy and Nutrient Intakes (RENI) or at least 380 kilocalories (kcal)

per child per day, or 100 kcal per kilogram of body weight per day for a minimum of 90 days and a maximum of 120 days to identified underweight children.

Nutrition Education and Counseling. Nutrition activities are undertaken during "wet feeding" or depending on the available time of mothers and caregivers to improve knowledge, attitudes, and practices on nutrition. Topics on food production activities are also integrated, and different methods such as lecturettes, discussions, games, role plays and food demonstrations are used during nutrition education activities or classes. *PABASA sa Nutrition*, Integrated Counseling Cards for Maternal and Child Health, IMCI Mother's Card, Mother and Child Book are examples of tools or references that are used for nutrition education.

Parent Education. The Parent Effectiveness Service (PES) is designed for all parents (although it has been implemented mainly in selected rural villages and low-income urban communities) to improve the quality of care and teaching that young children receive at home as well as improved quality of family life. PES consists of weekly meetings for groups of 10 – 20 parents and home visits by trained parent volunteers. The PES has been the major component of the home-based ECCD program. It is a viable approach to improving ECCD services and reaching children below three (3) years old. The Department of Social Welfare and Development (DSWD) under the ECD Project has enriched the PES Handbook with the Manual on Effective Parenting (Enriched Parent Effectiveness Service) to help parents better fulfill their parental role and to understand the complexities of child development.

Early Childhood (1 – less than 5 years)

The following table summarizes the country's performance for indicators at this life stage:

Table 27. Early Childhood Indicators and Targets

Early Childhood (1 to less than 5 years old)				
Indicators	**1998 (Base Year)**	**2004**	**Qualitative Assessment to Date**	**2010**
Under Five Mortality Rate (UMR)	49 deaths per 1,000 live births	40 deaths per 1,000 live births	☺	⇩ to 33.4 deaths per 1,000 live births
Underweight *(includes children 0 – 11 months)*	32% of children	26.9% of children* **6th NNS, 2003*	☺	⇩ to 21.6% of children
Attendance to day care	33.5% of children	34.1% of children	☹	⇧ to 75% of children
Attendance to pre-school		77.8% of children	😐	⇧ to 100% of children

Proposed Interventions

Improve targeted access and reach for existing programs at LGU level, with focus on the following programs:

Integrated Management of Childhood Illnesses (IMCI). This program is targeted towards children in early childhood, where mothers and caregivers are equipped with skills for the home

management of common illnesses (common colds, cough, and fever). Other training areas are in understanding the care-seeking behavior of young children (particularly timelines of doctor consultation), counseling on primary child care and treatment and other essential health services.

Growth Monitoring and Promotion. This refers to the continuing growth promotion and monitoring for children 13 to 71 months on a quarterly basis. The monitoring is aided by tools such as the Mother and Child Book.

Expanded Program on Immunization. This promotes the continued immunization of young children according to prescribed schedules in the child's growth timelines. This will improve the child's ability to survive illness and disease in the first five (5) years of life.

Micronutrient Supplementation. Supplementation that was started for Mothers and Unborn children needs to be continued throughout the other life stages to ensure continued health and proper nutrition to support the child's development.

Supplemental Feeding for Underweight Children. Underweight children need to be specifically targeted for supplemental feeding programs, as they are the ones who need it the most, and whose developmental disparities may be the greatest.

Promotion of Day Care and Alternative Forms of Day Care. Day Care aims to provide supplemental parental care, including a full range of health, nutrition, and psychosocial/ early education services to children below six (6) years old during part of the day. It includes the following types of day care arrangements: day care centers, child-minding centers, supervised neighborhood play, and family day care.

> **Day Care Centers (DCC)**. The day care system is the largest provider of early childhood care and education services of children three (3) to five (5) years old. Children are served in day care centers which operate on a three-hour or half-day activity, five days a week. They usually serve two (2) different groups of children in two (2) shifts: one in the morning and another in the afternoon. Most of the DCCs operate half-day sessions comprised of supervised play and group activities (arts and crafts, music and movement, storytelling), child care and personal hygiene, supplemental feeding, health and nutrition education, learning experiences for basic literacy, numeracy, and socialization.
>
> **Child Minding Centers**. Some government agencies, private corporations, factories, and other business establishments also provide worksite-based centers or child-minding centers for children of their employees. The development of more of these centers, particularly in urban areas, where both parents are employed, is strongly encouraged.
>
> **Family Day Care or Day Care Mom**. In this setup, a group of two (2) to four (4) young children under three (3) years old are provided a safe and stimulating environment in the home of a trained day care mother or caregiver.
>
> **Supervised Neighborhood Play (SNP)**. SNP is a neighborhood-based early childhood program for the under-threes, as well as other three- to five-year olds who are unable to participate in center-based ECCD classes. It is designed as a way of building on informal children's peer groups to develop stimulating settings for socialization and early learning. The SNP group may convene in a designated home in the neighborhood from one (1) to five (5) times a week. The children are provided with developmentally appropriate early childhood enrichment activities through a

variety of play activities, games, and other learning opportunities by a trained adult facilitator, usually a trained parent volunteer under the supervision of a social worker.

Developmental Screening Through the Early Childhood Care and Development (ECCD) Checklist. The ECCD Checklist is an assessment tool designed to objectively monitor a child's development in seven (7) domains: gross motor, fine motor, self-help, receptive language, expressive language, social-emotional, and cognitive. It will enable caregivers and child development workers to identify children at risk for developmental delays so that intervention can be given at an early age. It represents the first tier in the assessment process a child at risk would need to go through.

Developmentally-Appropriate Psychosocial Care and Stimulation. In line with the country's thrust to promote early childhood care and development, developmentally-appropriate psychosocial care stimulation needs to be encouraged at home and/or in center-based or clinic-based ECCD facilities. The psychosocial aspect will complement the physical care given to infants and young children for a more holistic approach to development.

Expansion of ECCD coverage. Cost effective quality assurance standards are defined for early child care and development programs for pre-school aged children between three to five years old. National government funding is made available to co-finance local government programs meeting quality assurance standards that cover on a priority basis the all children of the least educated parents.

HIV Awareness and HIV Reduction Programs. Given the relatively low levels of HIV/AIDS cases in the Philippines, the prevention of parent to child transmission is not yet a high priority for the government. However, there should be programs to ensure that the HIV/AIDS problem does not grow to epidemic proportions. This can be done through awareness and prevention programs, such as expansion of the prenatal healthcare package to include HIV counseling and testing as part of the general strategy to improve maternal health.

Middle Childhood (5 to less than 10 years)

The following table summarizes the country's performance for indicators at this life stage:

Table 30. Middle Childhood Indicators and Targets

Middle Childhood (5 to less than 10 years old)				
Indicators	**1998 (Base Year)**	**2004**	**Qualitative Assessment**	**2010**
Underweight (6 – 19 years)	30.2% of children	26.7% of children* *(6th NNS, 2003)*	☹	⇩ to 15% of children
Attendance to school	95.7% of children	90.5% of children	☹	⇧ to 93% of children
Completion of schooling	80.2% of children	80.8% of children	☹	⇧ to 89.5% of children
Performance at school	**to be determined by DepEd	**to be determined by DepEd	😐	⇧ to 95% (based on new DepEd measure)

Proposed Interventions

There is a need to improve targeted access and reach for existing programs at LGU level, particularly those geared towards child health and nutrition as explained in previous life stages:

- Supplemental feeding
- Food fortification

Iodine Fortification. Data shows that the proportion of children in the 6 – 12 year old bracket who are iodine deficient has markedly improved from 35.8% to 11.4% in 2003. This trend needs to be maintained through continued monitoring to ensure consistency of iodization, and continued promotion of the use of iodized salt in households (pegged at 56.4% in 2003).

Children in this life stage already enter the formal school system, and thus, the Department of Education's programs and initiatives begin to play a critical role in improving the country's performance in the above indicators for this life stage.

Through the Department of Education's **Education for All** (**EFA**) initiative, it is also critical to promote implementation excellence for existing education programs. A summary of the production tasks outlined in EFA that target Early Childhood, Middle Childhood, and Adolescence are outlined in the section for interventions **Throughout the Life Cycle**.

Interventions geared towards special groups of children (e.g. Children in Need of Special Protection, Children in Conditions of Disability, and the like) are summarized in the section for interventions for **Special Groups**.

Early and Late Adolescence (10 to less than 18 years)

The following table summarizes the country's performance for indicators at this life stage:

Table 29. Adolescence Indicators and Targets

Early and Late Adolescence (10 to less than 18 years old)				
Indicators	**1998 (Base Year)**	**2004**	**Qualitative Assessment to Date**	**2010**
Attendance to school	65.2% of children	66.1% of children	☹	⇧ to 83.7% of children
Completion of schooling	80.3% of children	71.5% of children	☹	⇧ to 76.7% of children
Performance at school	**to be determined by DepEd	**to be determined by DepEd	😐	⇧ to 85% (based on new DepEd measure)

Proposed Interventions

There is a need to improve targeted access and reach for existing programs for health, nutrition, and education at LGU level.

It is recommended that the following programs specifically geared towards the special needs of adolescents be strengthened:

Adolescent Sexuality and Reproductive Health Education. This is a major program spearheaded by the Department of Health and the Population Commission, and has been integrated in the school curriculum through the Department of Education. Efforts to increase awareness regarding HIV/AIDS and other sexually transmitted infections form part of this program. However, there is need to properly train the teachers in handling the discussions and the issues that arise in relation to adolescent sexuality and reproductive health.

Peer Counseling and Peer Education. Peer counseling deals with addressing the cognitive, emotional, behavioral, and social needs of individuals (and groups of individuals) similar to the peer counselor. Peer counseling is designed to prevent and address problems, facilitate positive learning and behavior, and enhance healthy development of individuals and communities. While peer education attempts to offer knowledge and skills needed for the target group members to make informed choices, peer counseling creates this effect by additionally challenging the socio-cultural norms through a shared personal experience. With this in mind, peer counselors require additional skills and training, as well as continuous follow-up with their clients to build on the relationship established during the counseling period.

Peer education has become one of the most common approaches to addressing adolescent sexual and reproductive health in recent years. Peer education is an approach or strategy that involves the use of members of a given group to effect change among other members of the same group. There are findings on the positive impact of this approach (even among peer educators themselves) on increased knowledge and adoption of safer sex behaviors, as well as improved attitudes.

Both peer counseling and peer education focus also on drug use prevention, reproductive health, life skills development, and others designed for young children's groups.

***Unlad Kabataan* Program.** The *Unlad Kabataan* Program for Youth is geared towards the total development of the disadvantaged youth in terms of his/her spiritual, economic, physical, psychological, cultural and social development. This preventive and developmental program is designed to provide opportunities for the development of the potentials of the out-of-school youth and other disadvantaged youth in the areas of (1) economic productivity; (2) personality enhancement and positive lifestyle promotion; and (3) leadership training and social responsibility.

Programs and Interventions for Children Throughout the Life Cycle

There is a need to improve targeted access and reach for existing programs targeted at children throughout the life cycle:

Family and Community Development Programs in Alternative Parental Care. Every child has the right to grow up in his or her own home or family. However, some parents may not be ready or suited for child caring and child-rearing responsibilities. As a result, some children may need out-of-home care or alternative parental care either temporarily or permanently. There are three (3) types of alternative parental care arrangements for children in need of out-of-home placement: adoption, foster care, and residential care or institutional care.

Family and Community Development Programs in Character Development and Values Education. There is a need to strengthen the family's core values through programs implemented at the community level. This stresses the importance of the family as the building block of society, as well as the primary institution responsible for child care and development.

Capability Building and Performance Monitoring Programs. Capability building has always been part and parcel of every effort to make program implementation effective, as well as to improve quality of service. Capability building for day care workers, pre-school and elementary teachers should ensure knowledge and familiarity of the developmental growth and behavior of children under their care and tutelage. Awareness on the rights of children and sensitivity to their needs are likewise required. Capability building for adolescents should include reproductive health, HIV-AIDS awareness and prevention, alcohol and substance abuse awareness and prevention, and other topics relevant to the age group. Values education should be integrated as well, and empowering children through basic life skills programs should be undertaken. For all stakeholders, basic skills need to be gained, and skills also need to be continuously updated for continued relevance.

Education for All. Through the Department of Education's **Education for All** (**EFA**) initiative, it is also critical to promote implementation excellence for proposed and existing programs under the EFA umbrella. In summary, the six (6) main production tasks outlined in the EFA II (2005 – 2015) draft document are:

> ***Better Schools: Make every school continuously perform better.*** Instruments for every school to assess its capabilities and performance in attaining EFA goals are developed, introduced, propagated and adopted. Stakeholders at every school – school head, teachers, students, parents, community leaders - use the process and results of school assessment as their platform for identifying and implementing school or community actions for continuous (and accountable) improvement of school quality. The assessment process leads to the formulation of a "social contract" between the school and the community, with the support of the educational authorities. Activities are geared to get stakeholders at every school in the country to take collective responsibility for their own school's educational performance.
>
> ***ECCD: Make expansion of ECCD coverage yield more EFA benefits.*** Cost effective quality assurance standards are defined for early child care and development programs for pre-school children aged five years old. National government funding is made available to co-finance local government programs meeting quality assurance standards that cover on a priority basis all children of poorest and most disadvantaged families.
>
> ***Alternative Learning Systems: Transform non-formal and informal interventions into an alternative learning system yielding more EFA benefits.*** Cost-effective alternative learning options for achieving adult functional literacy in regional languages, Filipino and English are defined and propagated. National government funding is provided to finance the integration of these alternative learning options for adult literacy as an essential and routine part of every public, private and civil society socio-economic development initiative reaching disadvantaged persons and communities. Adult literacy organizations work more closely with organizations already involved in community development and poverty alleviation.
>
> ***Teachers: Get all teachers to continuously improve their teaching practices.*** Measures are adopted to enhance capacity for quality teaching practice among future

eligibles for admission into the teaching profession who will work in schools, ECCD or ALS programs. Better policies, standards and procedures are developed for selecting, hiring, deploying and utilizing teachers who are more capable of continuously improving their teaching practice. Processes in managing schools and ECCD or ALS programs include creation of conditions, capabilities and procedures that can motivate and enable teachers to continuously improve their teaching practices throughout their career.

Curriculum Development: Continue enrichment of curriculum development in the context of pillars of new functional literacy. Public funding and official encouragement are provided to increase volume, variety and quality of technical and scientific work on the basic education curriculum and instruction, using regional languages, Filipino and English. Scope of institutional participation in curriculum development for basic education is expanded to include private schools, non-government organizations, teacher training institutions, individual professional educators and education scientists, and other organizations such as media, advertising and cultural entities.

Child-Friendly Schools: Make every school a Child-Friendly School. DepEd's campaign to make all their schools child-friendly has been responded to positively. In coordination with UNICEF, the Department of Education developed indicators that would guide school management to fulfill child rights through the child-friendly school. There is need

Programs to Eliminate Gender Disparities in Primary and Secondary Education. In recognition of the emerging gender disparity showing bias against boys in key indicators such as cohort survival rate, drop out rate, repetition rate and achievement level, and of the need to pursue remedial measures, programs to introduce compensatory and differential approaches to schooling must be aggressively pursued (as indicated in the Philippine EFA 2000 Assessment Report).

Increase Child Participation. There must be a concerted effort by all stakeholders to increase the participation rate of children at relevant stages in the life cycle. For younger children, participation in family decision-making is encouraged, while for older children, participation in school and community activities, programs, and even legislation is strongly encouraged. This will entail broad-based efforts to increase the awareness of, and equip all stakeholders with skills to promote greater child participation.

Programs and Interventions for Children in Need of Special Attention

This section summarizes recommended interventions for special groups of children with special needs and who may belong to various stages in the life cycle. The following are some programs and interventions that need to be continuously strengthened and expanded.

Physically and Sexually Abused Children

Bantay Bata 163. This is a 24-hour hotline which was established in 1991 where the public, including children, can call a telephone number to report cases of child abuse through the DSWD and ABS-CBN network.

Residential Care Centers for Children. These provide residential services for children below seven (7) years old who are victims of abuse, abandonment, and neglect ran by government through the DSWD.

CF Interview and Counseling Rooms. These provide child sensitive and child friendly interview rooms located in institutions or centers for children that are used in various stages of working with individual children throughout the rehabilitation process. For investigation and court cases, the child witness can now give her/his testimony without facing the accused through video.

Child Protection Unit (CPU). There are at present forty-four (44) Child Protection Units established in tertiary hospitals. Started by the Philippine General Hospital, the CPUs were established in other government hospitals to provide medical examination and investigation services by trained medical teams with great sensitivity to abused children referred to them.

Correctional Programs for Perpetrators of Abuse. These are targeted towards perpetrators of child abuse who necessarily need to go through a process of rehabilitation.

Children with Conditions of Disability

Special Education. With the greater awareness of children with learning disabilities, and with other forms of disability, special education programs need to be continuously developed to specifically target this group so that their access to education and development need not be hampered.

Community-Based Rehabilitation. Community based rehabilitation emphasizes the concept of inclusion or integration, where the disabled persons are trained to function within their own environment. This involves the community in making use of its own resources, both manpower and material, to help uplift the status of children and youth with disabilities and play and active role in the early identification and rehabilitation of children with disabilities. A prime example of this program is TAWAG (Tuloy Aral Walang Sagabal Project), which allows children with disabilities to have the same access to education as other children.

Social Mobilization of Persons with Disabilities, Senior Citizens and their Families. These community-based programs aim to mobilize and build up the productive potentials and resources of this special groups, traditionally regarded as beneficiaries, so that they may be able to respond to their own needs. The goal is to empower them to assume responsibility in the community.

Early Intervention Programs. These programs heighten the awareness of parents, caregivers, and communities on conditions of children with disabilities, and on potential challenges that may occur in the future. Appropriate measures are then planned to ensure that the normal process of the child's growth and development is maintained.

Victims of Child Labor

The National Program Against Child Labor (NPACL). The NPACL is the national program dedicated to addressing the problem of child labor. It represents the efforts of the country's network of social partners in harnessing the collective action of individuals and organizations for eliminating the worst forms of child labor and transforming the lives of child laborers, their families and communities.

The Philippine Time-Bound Program (PTBP). The NPACL forms the strategic framework and backbone for the PTBP, which harnesses the collective action of social partners to eliminate the worst forms of child labor. It targets the strengthening of the enabling environment for the elimination of child labor by intensifying efforts in policy and legislative reforms and in raising public awareness on the issue of child labor. Focus areas include child labor-related laws and enforcement, education and training policies, social protection, promotion of gender-sensitive environments, poverty alleviation and employment policies, and public awareness. In addition, PTBP also aims to reduce the incidence of selected forms of child labor through focused and integrated action directed at child laborers, their families and communities. Focus areas are on "making the invisible visible" and prevention, withdrawal, healing and reintegration, access to education, community safety nets, alternative economic opportunities, and social mobilization.

Sagip Batang Manggagawa. This is an inter-agency quick action mechanism for monitoring and reporting the most hazardous forms of child labor. The rescue operation is carried out with government agencies such as DSWD, the National Bureau of Investigation (NBI), the Philippine National Police (PNP), the Department of Justice (DOJ) and other non-governmental organizations (NGOs) that provide the immediate assistance upon the rescue of the child.

Children in Conflict with the Law (CICL)

Detention Centers for Children/ Minors. The establishment of detention centers for children and minors that are separate from adult offenders and criminals is required.

Regional Rehabilitation Centers for the Youth. These centers provide 24-hour care, treatment, and rehabilitation services through multidisciplinary teams composed of a social worker, a psychologist, in-house parents, and vocational instructors.

Diversion Program. The installation of a diversion program at all levels of law enforcement (particularly the police and prosecution levels) affords the child offender a second chance and aims to prevent him or her from entering the formal criminal justice system. It also introduces disposition measures that reflect a restorative approach to correcting child behavior. This diversion program is being pilot-tested in some areas in Quezon City and Cebu City.

Capability Building for the 5 pillars of the Justice System. There is need to continuously upgrade and orient the five pillars of the justice system – the courts, prosecutors, police, social workers, and the community. Children in conflict with the law should be treated with compassion and respect for their rights. As much as possible, alternative approaches should be resorted to by the police and social workers at community level and prevent the CICL from entering the court system. The community should cooperate in the efforts to help the CICL since that child is equally a victim of circumstance. Until the law on the Comprehensive Juvenile Justice System is enacted, other approaches in dealing with CICLs need to be tried.

Street Children

The National Network for Street Children. This network aims to mobilize and strengthen partnership among communities, national government agencies, non-government organizations, church groups, business sectors and other people's/ community based

organizations in assessing collective responsibility in protecting children; to provide capability-building among stakeholders with an ultimate objective in establishing a component support system in the community that will respond to the needs and problems of street children; to effect changes among street children and their families in terms of family values to prevent family disintegration through the conduct of parenting enrichment sessions and increasing family income through entrepreneurship; and to document best practices and effective approaches in helping street children that shall be used as basis for further policy and program development and replication among concerned LGUs, NGOs,and task forces.

Children in Armed Conflict (CIAC)

The Comprehensive Program Framework for CIAC. The program framework is in consonance with the provisions in the Convention on the Rights of the Child (CRC), the Optional Protocol to the CRC on CIAC, the Geneva Convention, as well as the Philippine Constitution and Republic Act No. 7610 (Special Protection Act of Children Against Child Abuse, Exploitation and Discrimination Act), providing that children are specially protected and cared for and declared as "zones of peace", not subjected to recruitment into armed groups.

V

Mobilizing for Action: Strategies Addressed to Stakeholders

This section describes the specific roles to be played by the various stakeholders in the country's effort to create a child-friendly society. In line with the operationalization strategy laid out by Child 21, a child-friendly society must be created by ensuring that the various key players and structures are oriented towards or centered on the child. Thus, it is important to identify the critical roles that each of these strategic players must play in rolling out the National Plan of Action for Children.

The Council for the Welfare of Children (CWC) shall be the main institutional mechanism to coordinate the implementation and monitoring of the National Plan of Action for Children. As an inter-agency and multi-sectoral body, CWC operates through its national and sub-national structures and network of bodies on children at the local levels.

As the oversight agency on children of the Philippine Government, CWC shall ensure the implementation and enforcement of laws relative to the promotion of children's welfare; formulate and monitor policies and programs; coordinate and harmonize the efforts of both government and non-government; and advocate for greater support for child welfare and development. Republic Act 8980 (ECCD Act of 2000) mandated CWC to also act as the National Early Childhood Care and Development Coordinating Council.

The CWC is composed of seven line agencies, three coordinating bodies, three private individuals (one of which is a child representative) and two ECCD experts. It is governed by a Council Board which provides the policy guidelines and directions on all children's concerns. **The Board includes Cabinet Secretaries or their duly designated representatives** from the following agencies:

- Department of Social Welfare and Development
- Department of Health
- Department of Education
- Department of the Interior and Local Government
- Department of Justice
- Department of Labor and Employment
- Department of Agriculture
- National Nutrition Council
- National Economic and Development Authority
- CWC Secretariat

The Sectoral Representative of the Children Basic Sector of the National anti-Poverty Commission and the Philippine Information Agency also sit as ex-officio members.

Under the ECCD Law, the CWC Board is co-chaired by the Department of Social Welfare and Development, Department of Education, Department of Health and the Department of the

Interior and Local Government. Serving as the Board's executive arm is the CWC Secretariat headed by an Executive Director. The Executive Director is assisted by two Deputy Executive Directors (one for CWC concerns and the other for ECCD concerns) .

The Technical Management Group (TMG) is the second highest structure of CWC composed of the various bureaus and service heads of concerned government agencies and heads of identified non-government organizations. The TMG assesses, prioritizes and recommends plans, policies, programs, approaches and strategies for children for approval of the Board.

Sectoral Committees and Sub-Committees are also inter-agency with NGO participation and organized to assist the TMG in studying more specific areas of children's concerns, formulate and recommend policies and strategies, monitor and evaluate programs and projects as needed.

To ensure the collaborative efforts in addressing the concerns on children at the regional level, CWC operates through the 17 ***Regional Sub-Committee/Committees for the Welfare of Children*** (RSCWC/RCWC). Structurally, this inter-agency body is lodged under the Regional Social Development Committee (RSDC), one of the regular committees under the Regional Development Council (RDC). With the concerns on children cutting across all sectors. Regions I, IV, IX, X and XIII elevated their respective RSCWC to a special committee under the RDC. The implementing rules and regulations of the ECCD Act of 2000 has made the RSCWC as sub-national extension of the National CWC. As such, the RSCWC is considered as the focal structure on children at the regional level and the essential link between the national and local governments. Membership is similar to the CWC with NGOs invited to sit in as a member. Chairing the RSCWCs/RCWCs traditionally has been the DSWD Regional Director. At some point, the chair is shared with other key partner agencies. More recently, some RCWC/RSCWCs have started to consider inviting a young person to sit in the Committee.

As part of network expansion, CWC also facilitates the organization and mobilization of **local councils for the protection of children** (LCPC) at the provincial, city, municipal and barangay levels. Similarly, LCPCs are tasked to also function as the ECCD coordinating committee at the local level and serve as the organization for all programs on children. These LCPCs are expected to ensure the coordinated promotion and protection of child rights in the community, supported by local ordinances if needed.

In a devolved environment, the national government's role (spearheaded by the Council for the Welfare of Children) will mainly center on six (6) major areas:

1. Policy-making and strategy formulation (which should be cascaded to all LGUs);

2. Standards development/ benchmarking (particularly pertaining to target-setting);

3. Performance monitoring and impact measurement/ evaluation;

4. Support and the creation of an enabling and empowering policy environment;

5. Capability building;

6. Institutional development, focusing on strengthening and developing key structures and processes; and

7. Knowledge management (which should allow for relevant research and development support, data consolidation and analysis, and feedback reporting).

The devolution of services to the local government units in a more autonomous setup puts the LGU at the front and center of ***NPAC*** localization and implementation, and calls for the redefinition of the role of the national government.

The LGU is mainly responsible for:

1. Ensuring program relevance to unique local circumstances;
2. Program alignment to national strategic directions and priorities;
3. Quality and speed of service delivery and program implementation;
4. Sharing of knowledge and best practices; and
5. Providing funding support as necessary.

The following roles of the various stakeholders are recommended:

Role of the Family

In the Reduction of Mortality Among Mothers, Infants, and Children. Families should demand primary health care and safe obstetrical services at the community level. As the immediate environment of the pregnant mother, families should also provide physical and psychosocial support.

The family is the primary care giver of children, and thus a healthy lifestyle, coupled with proper and adequate nutrition must be practiced at home.

In HIV/AIDS Awareness and Prevention. Families should practice a healthy lifestyle, seek out appropriate information and take the lead in educating its own members on the effects and prevention of HIV/ AIDS. HIV/AIDS awareness is especially critical when a member of the family is an overseas worker. Since this is a delicate subject matter to discuss, it is necessary that outside assistance (a doctor family friend, or someone knowledgeable) should be sought.

In Child Protection and Development. The family should assert its role as the primary care giver and education provider of children. Thus, healthy practices, proper care and nutrition, and the foundations of education must start at home. Families should be able to work hand-in-hand with educators in the total development of children, as well as serve as the main motivating force to encourage children to complete their formal education and excel in personal development activities (through formal and informal development efforts). In this manner, the risk of the child's exposure to risks related to teenage pregnancies, child labor, trafficking, and substance abuse may be dramatically reduced.

Parents are especially responsible for the proper upbringing of the children, providing them guidance and supervision. They should exert extra effort to improve parent-child relationships through constant communication. The family should also serve as the primary protection vehicle for children from threats that may come from external *and* internal sources. An emerging internal threat of late is the increasing incidence of husband-wife separations which seriously affects children's overall well-being.

Role of the Educational System and Educational Institutions

In the Reduction of Mortality Among Mothers, Infants, and Children. Educational institutions must strengthen reproductive health and sex education in the curriculum, in addition to strengthening core topics on general health and nutrition.

Educational institutions may also take a more proactive role by establishing school and community food production programs, promoting nutrition education and micro-nutrient supplementation for school children, and healthy school feeding.

In HIV/AIDS Awareness and Prevention. Topics on HIV/AIDS must be incorporated in the Health curriculum, with particular focus on effects and prevention. Other information and/or education programs on HIV/AIDS may also be conducted by schools in surrounding communities.

In Increasing the Participation and Completion Rate of Children. Educational institutions must develop a more creative way of reaching out to all children of school age, and develop innovative ways of keeping the children in school until they complete high school. Correspondingly, the school management should explore ways of addressing truancy and drop out problems. This can b done in collaboration with the parents association as well as the LGU through an appropriate ordinance.

Efforts must also be exerted in developing culturally-sensitive school curricula. This may be reinforced by strengthening the capability of teaching & non-teaching staff in handling indigenous peoples' children and by developing non culturally discriminatory policies.

In Child Protection and Development. Educational institutions play a critical role in fostering child protection and development. To help children to have skills to adopt protective behavior should be included in the school's curriculum. To help reduce the incidence of teenage pregnancies and substance abuse, educational institutions must strengthen its counseling services for intermediate to high school students, and emphasize value formation on self-respect, concern for others and leadership by example. Counseling may also be strengthened for children of migrant workers, offering a venue to express their feelings and anxieties.

In efforts to reduce child labor, educational institutions must exhibit utmost concern in strongly encouraging children to stay in school and complete their formal education. This can be done by providing alternative learning systems especially to children who have to work (due to poverty), while asserting objection to the worst forms of child labor.

To help reduce child exploitation, educational institutions can play a role by raising the consciousness and awareness of children on conditions of exploitation that leads to pornography & trafficking.

Role of the Legislative System and Policy-Making Bodies

In the Reduction of Mortality Among Mothers, Infants, and Children. The country's legislative and policy-making bodies must undertake a review of existing legislation to ensure continued applicability of relevant laws and policies surrounding or affecting maternal, infant, and child mortality. Supporting implementing guidelines, rules, and regulations must be present, along with monitoring systems.

Health and nutrition laws and ordinances must also be effected, such as the strengthening of the national nutrition program, food fortification, and the modernization of school health and nutrition programs.

In HIV/AIDS Awareness and Prevention. Protection of every individual and child from HIV/AIDs is a must. A law should therefore be enacted that would require returning OFWs to have a medical check up o protect families and children from HIV/AIDS. Local ordinances must be passed on strictly regulating the activities of commercial establishments. In addition, legislation must ensure the allocation of resources for HIV/AIDS awareness and prevention programs, along with the care and support of HIV-positive and AIDS victims.

In Child Protection and Development. A review of existing legislation must be done, and legislative gaps addressed in the adoption and enforcement of laws against substance abuse, child labor, pornography and child trafficking.

The country's policy-making and legislative bodies must likewise begin drafting and adopting appropriate laws on the care and support of overseas/ migrant workers and their families.

Role of the Law Enforcement Bodies

Various law enforcement bodies across the country must strictly implement child-sensitive rules and procedures in handling cases involving children.

Continuing capability building for the law enforcers especially on new laws should be done by both government and NGOs.

A more vigilant monitoring of how law enforcers deal with children should be conducted by LCPCs.

Role of the Local Government Units

In Increasing Child Friendly Governance. The primary role of local government units is to ensure the adequate provision of child-friendly and child-centered basic services in health and nutrition, education and development, protection and participation. This includes the monitoring of the effectiveness of existing programs, as well as spearheading the development, implementation, and monitoring of local programs designed to address local needs. Thus, every LGU should have a Local Code for children which encompass all those mentioned above.

Related to this, the LGUs need to ensure and increase budgetary allocation for basic social services, establish local benchmarks on each ***NPAC*** target and integrate ***NPAC*** goals into their Local Development Plans, test innovative approaches/programs on children, replicate good practices, establish and maintain a database on children for policy development, planning, programming and program monitoring and evaluation.

The local government unit is also at the forefront of ensuring the passage of local ordinances that ensure the strict implementation and monitoring of community-based policies and programs that are aligned with national priorities and international commitments.

In Strengthening and Sustaining LCPCs. The Early Child Care and Development Act of 2000 requires provinces, cities and municipalities to organize, strengthen local councils or

committees for the welfare of children. These bodies are expected to ensure that the local development plan includes programs for children and that appropriate funding is allocated for programs and services for children. LCPCs are also considered as local watchdogs in the implementation of child rights.

In the Reduction of Mortality Among Mothers, Infants, and Children. Local governments must ensure the provision of health facilities capable of providing basic services and adequate transportation for patients at risk, and the setting up of a community-based emergency response system for maternal cases.

The local government units should also be at the forefront in implementing comprehensive health and nutrition action programs.

In HIV/AIDS Awareness and Prevention. The units should take the lead in adopting and enforcing ordinances on social hygiene and healthy lifestyles, and supporting initiatives on HIV/AIDS awareness and prevention.

It is also critical to set up an intensive monitoring/reporting surveillance system at the local level for the quick identification of new cases, and for the effective management of existing ones.

In Child Protection and Development. The local government units play an important role in supporting locally-based children's groups. It needs to strengthen programs for community involvement of the youth and involving youth in community development work. This could potentially protect children from various risks such as teenage pregnancies, substance abuse, child labor, pornography, and trafficking.

The local government units should be able to provide community programs and outdoor community activities for the youth while raising awareness and consciousness on the risks that they are exposed to. These programs and activities should complement the adoption and enforcement of ordinances against child labor, substance abuse, and child pornography and trafficking.

Local communities are also best positioned to provide opportunities for employment and livelihood, especially of the lower income groups in order to decrease the possibility of resorting to the worst forms of child labor.

As to families of migrant workers, the local government units can also play a critical role in providing venues where these families can undergo counseling, and partake in shared services such as child care.

Role of Non-Governmental Organizations, Private Organizations, and Civil Society

Civil society, along with non-government and private organizations are a strategic partner of the state in complementing and supporting government initiatives geared towards children. Their involvement can mean:

- resource generation,
- program development and implementation,
- capacity and capability building,
- advocacy, and
- program monitoring and impact assessment.

These efforts can be geared towards addressing the critical issues surrounding the reduction of mortality among mothers, infants, and children, HIV/AIDS awareness and prevention, increasing the participation rate of children (particularly children of indigenous peoples), and in child protection and development (particularly in issues surrounding teenage pregnancies, substance abuse, child labor, trafficking, and families of migrant workers).

Role of Faith-Based Communities

Faith-based communities play a unique and multi-faceted role in the promotion of children's rights and the development of a child-friendly society. Major roles that the communities can play center around:

- Social marketing, education, information dissemination,
- Training and development, capacity building,
- Provision of counseling and support groups for children and their families,
- Design and implementation of support programs and interventions, and collaboration with other sectors on existing programs,
- Advocacy, and
- Organization of youth programs, activities, and events geared towards education, development, and participation.

Role of Business Establishments and Communities

In addition to being a major source of resources in the support of various programs geared towards children, business establishments can help create a child-friendly society by implementing employee policies that consider the special needs of mothers and families. Also, programs on employee well being may also be implemented to consider family and child protection and development.

Role of Media

Media's main role lies in being the strategic partner for social marketing, alternative education, and mass information dissemination.

Existing interventions centered around children, and the principles of creating a child-friendly society can be disseminated broadly through special television programming, print, and various publications.

Media may also be a partner in providing alternative education through the collaboration with government and non-government agencies on education efforts such as the schools on the air.

One critical role that media can play is by taking the cudgels and reporting on abuses done important personalities on children. Such cases are sometimes given media mileage until

termination of the case and indictment of the perpetrator. Media however should follow the confidentiality cases involving children.

Role of the National Government

The national government, with CWC as the primary institutional mechanism, needs to spearhead a unified drive to create a child-friendly society by developing a child-sensitive policy and legislative agenda and executive environment. It should also play the lead in educating the public on children's rights and the role of different key stakeholders. The government is in a unique position to bridge child-focused programs initiated by various sectors of society by putting forth a unified vision and strategy for the creation of a child-friendly Philippines.

Indeed, it should play a key role in ensuring the allocation of adequate resources for various programs for children, including technical assistance and capacity building.

Likewise government through the CWC should monitor program implementation, as well as measuring impact and effectiveness, and develop a unified data bank system on children that would address the needs of other partner agencies. Additionally, its strategic position allows it to conduct targeted research and development efforts designed to provide accurate and relevant data to program developers and implementers.

Finally, the national government is also best poised to forge strategic international cooperation and alliances to support national programs, particularly in the area of child protection.

Role of the Children

The children, who are the focus of the National Plan of Action for Children, may indeed play important roles in fostering a child-friendly Philippines.

In the spirit of the right to participation, children at all life stages, actively participate in programs geared towards their survival, protection, development, and participation.

Through various youth and children's groups, they may collaborate with various sectors in program design, implementation, and impact assessment. They should also develop their own youth- and child-driven programs to protect their rights, as well as to educate, inform, support, and conduct advocacy among their peers.

Indeed, as the core focus of children's rights, the children themselves play a critical role in social marketing and advocacy, putting a poignant face on all efforts, programs, and interventions designed to ensure the future of the country.

VI Financing:

Financing Strategies

Given the tight fiscal situation of the government, which is expected to continue over the next five (5) years (and perhaps beyond), the challenge of financing takes on a unique kind of urgency.

The following financing strategies are recommended:

Development of a rational and systematic budgeting model. This should guide in the establishment of benchmark costs (to consider regional disparities) that will aid in determining more accurate financing requirements. The budgeting model and process should be closely tied-in with the planning process and the identification of specific programs and interventions.

Development of a rational resource allocation model. As in all resources, funding will always be limited. Thus, there should be a model to rationally allocate resources according to priority issues, targets, and geographic areas.

Development of a cost-sharing structure. Although there will be continued pressure on the government to provide greater coverage of higher quality social services, the source of funds need not be limited to the government alone. A rational, cost-sharing structure among stakeholders needs to be developed to reduce the burden on a government which is expected to continue to have fiscal management issues in the future.

Tap non-traditional sources of funding. These potential sources of funds are the private sector, and non-traditional foreign partners (beyond the usual development partners like the United States, Japan, and Australia, and looking to other potential partners with whom the country can cultivate a deeper relationship, such as the European Union). These non-traditional sources can be tapped through the initiative of either the LGUs or national agencies.

As funding continues to be a major implementation challenge, the key to being able to better attract funding partners is a clear ***program monitoring and impact assessment system*** that can clearly provide the funding partners with quantitative and qualitative program evaluations.

World economic trends continue to be uncertain in the near future, and potential foreign funding partners will require clear program objectives, deliverables, and targets, as well as comprehensive post-program impact assessments.

Indeed, in a tight fiscal environment, both at the national and global levels, the concept of ***return on investment*** (which traditionally remained in the realm of business and the private sector) must now be applied within the context of sourcing private (or foreign public) funds for government initiatives.

VII

Monitoring and Evaluation: Addressing the Challenge of Implementation

As discussed in the previous sections, monitoring and evaluation are essential roles of the national government in an environment where services are devolved to the LGUs. The importance of monitoring and evaluation cannot be downplayed for purposes of generating program funds, and for more targeted future planning efforts.

As the apex agency of the Philippine government for children's protection, welfare, and development, the Council for the Welfare of Children (CWC) is tasked with developing and managing a systematic and integrated system for program monitoring and evaluation.

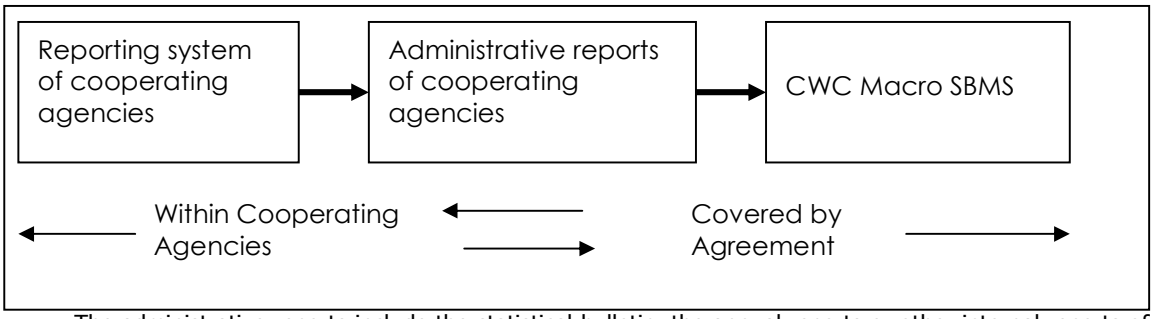
The CHILD 21 and CRC shall provide the framework for the monitoring system. Hence, monitoring of the progress and the impact of various interventions are also important aside from the status monitoring. The latter refers to comparing plan targets based on the goals and accomplishments. Goals that are articulated in different international commitments such as the Millennium Development Goals, Convention on the Rights of the Child, and the World Fit for Children goals.

The main vehicle to be used by the CWC for program monitoring and evaluation - and which also serves as the knowledge management backbone of the Council is the Subaybay-Bata Monitoring System.

The Subaybay Bata is comprised of two symmetrically vital components of monitoring system. The **Macro Monitoring System** (Macro MS) and the **Micro Monitoring System** (Micro MS). The macro ms serves as the mechanism to generate information on the status of implementation of the Convention on the Rights of the Child (CRC), which is prepared every five years and the production of the Annual State of Filipino Children Report. A Council Board Resolution No.3 was issued wherein it stipulated the support of the Honorable Secretaries of different member agencies of the Council to support the operationalization and institutionalization of the system in their own agencies. The Council recognizes the need to have the micro ms in response to the call for an issue and area-based monitoring system.

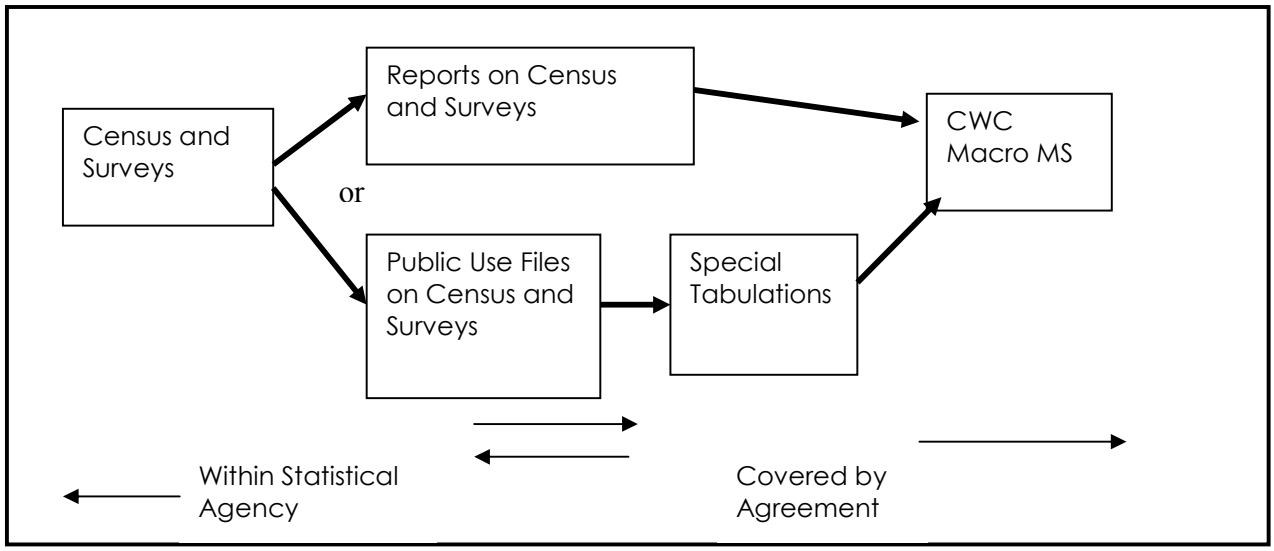
The two sources of data of the Macro SBMS are the administrative reporting system and the census and surveys conducted by the Philippine statistical system. The former usually aims at monitoring progress of particular interventions of the agency and the latter measures status of outcomes not necessarily related to specific interventions. The flow of data from both sources is shown in Figures 1 and 2.

Figure 1. Flow of Data from Administrative Reports



The administrative reports include the statistical bulletin, the annual reports or other internal reports of the cooperating Departments, agencies or institutions.

Figure 2. Flow of Data From Census and Surveys



The source of data from specific census and surveys are either the published reports on the census and surveys or special tabulations from the raw data of the surveys including the Public Use Files of the Census and Surveys from the Philippine Statistical agency (NSO) for the single age-tabulation

Although the Council has started its efforts in establishing the Macro MS, challenges are to ensure availability of quantitative and qualitative data on children, specially on children in need of special protection. The development of the **Micro Monitoring System** that is a community based is underway and should be operational by end of 2006. The system is aimed at making the basic unit of local government be responsible for their data-based system, not only for data generation and collection but for also analysis as basis for planning and having a clearer picture of the situation of children at local level.

One aim of SBMS is the collaboration with other agencies that already have local monitoring systems in place. This collaboration will mean linking up with the SBMS and installing the program in their own system.