



*Prenatal checkup at Brgy. San Antonio Health Center*  
**Photo courtesy of: Brgy. San Antonio, Pasig City**

# 08

## Social Development

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Social development has improved the access of Filipinos to quality basic social service delivery in education, training and culture; health and nutrition; population and development; housing; social protection; and asset reform. The country is on track in pursuing the Millennium Development Goals (MDGs) on poverty, gender and equality, child health, disease control and sanitation. However, the country lags in achieving universal primary education, improving maternal health, and combating HIV/AIDS. Moreover, large discrepancies across regions need to be addressed by the social development sector in the next six years.

The social development sector shall focus on ensuring an enabling policy environment for inclusive growth, poverty reduction, convergence of service delivery, maximized synergies and active multistakeholder participation. Priority strategies include: (a) attaining the MDGs; (b) providing direct conditional cash transfers (CCT) to the poor; (c) achieving universal coverage in health and basic education; (d) adopting the community-driven development (CDD) approach; (e) converging social protection programs for priority beneficiaries and target areas; (f) accelerating asset reform; (g) mainstreaming climate change adaptation and disaster risk reduction in social development; (h) mainstreaming gender and development; (i) strengthening civil society-basic sector participation and public-private partnership; (j) adopting volunteerism; and (k) developing and enhancing competence of the bureaucracy and institutions.

The Plan translates the President's Social Contract with the Filipinos in ensuring inclusive growth and equitable access to quality basic social services, especially by the poor and vulnerable.

## Assessment and Challenges

### Assessment

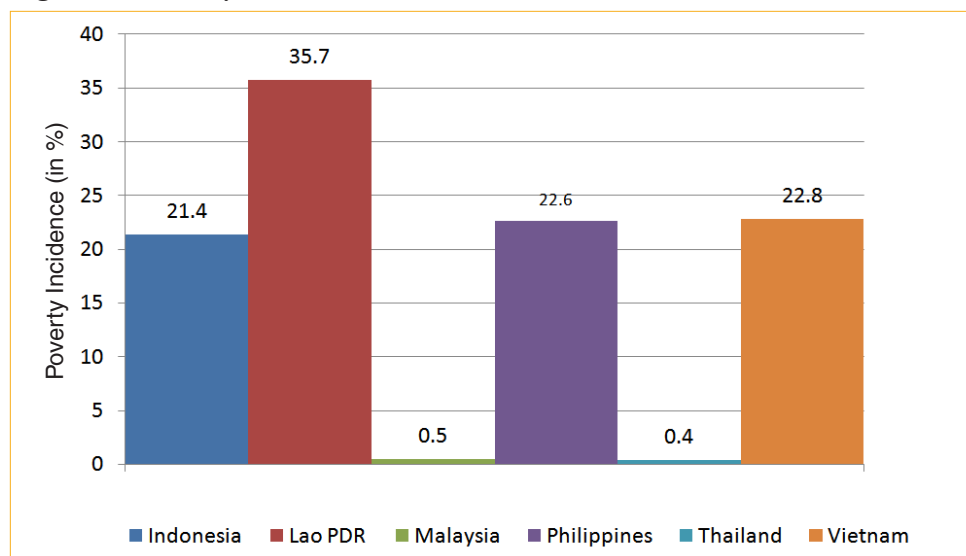
The social development sector has generally shown improved access to quality service delivery in health, nutrition and population; education, training and culture; housing; social protection; and asset reform efforts and initiatives. The Philippines is on track in meeting the MDGs on food poverty, gender equality in education, child mortality, malaria, tuberculosis, and access to sanitary toilet facilities (Annex 8.1). However, the country lags in achieving universal primary education, improving maternal

health, and combating HIV/AIDS. Moreover, large discrepancies across regions need to be addressed in the next six years.

The poverty incidence of families slightly decreased from 21.1 percent in 2006 to 20.9 percent in 2009, or from 26.4 percent of the population in 2006 to 26.5 percent in 2009. However, this improvement is limited, considering the slow growth of incomes, increase in household formation, natural disasters and inflationary pressures mainly from rising fuel and food prices. In 2009, more than a quarter of the 23.1 million poor Filipinos lived in four regions (Annex 8.2). While only one-third of poor Filipinos came from Mindanao,



**Figure 8.1 Poverty Incidence in Southeast Asia**



Source: ADB, 2009

more than half of the provinces in the bottom cluster are located in the island group (Annex 8.3). This situation can be attributed to the armed conflict and unsettled peace and order situation.

Using the US\$1.25-a-day poverty threshold (at 2005 prices), the Philippines, with a headcount poverty index of 22.6 percent (adjusted for 2005 purchasing power parity), ranked better than Cambodia (40.2%), Lao PDR (35.7%) and Vietnam (22.8%), but trailed behind Indonesia (21.4%), Malaysia (0.5%) and Thailand (0.4%) (Figure 8.1).

Income inequality remains high. The Gini concentration ratios<sup>1</sup> showed only slight and slow improvements, from 0.4605 in 2003 to 0.4580 in 2006 and 0.4484 in 2009. The regions with the most unequally distributed

income are Regions 7, 8, 9, 10 and 13 (CARAGA), as these regions have Gini ratios higher than 0.45 (Annex 8.4).

Trends in the Human Development Index (HDI)<sup>2</sup> showed slight improvements. The HDI for the Philippines rose from 0.744 in 2005 to 0.751 in 2007, placing the country in the medium-HDI category (i.e., HDI values between 0.50 and 0.80). The Philippines ranked 105th among 182 countries. However, the country's Gender Development Index (GDI) decreased from 0.768 in 2005 to 0.748 in 2007. Likewise, the Gender Empowerment Measure (GEM) fell from 0.590 in 2005 to 0.560 in 2007 (United Nations Development Programme, 2007, 2009).

Income gap<sup>3</sup>, poverty gap<sup>4</sup>, and severity of poverty<sup>5</sup> varied in a narrow range from 2006 to 2009. In 2009, Region 9 recorded the highest income gap at 30.8 percent,

<sup>1</sup> The Gini concentration ratio measures the inequality in income distribution, where zero means perfect equality and a value of 1 implies perfect inequality.

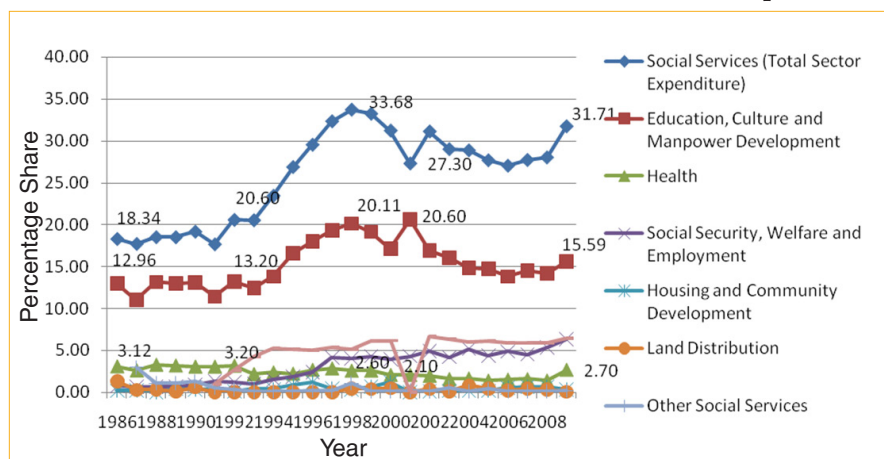
<sup>2</sup> The HDI measures quality of life or wellbeing in terms of health, education and income.

<sup>3</sup> Income gap refers to the average income shortfall expressed as a proportion to the poverty line of families with income below the poverty threshold.

<sup>4</sup> Poverty gap is the total income shortfall of families with income below the poverty threshold, divided by the number of families.

<sup>5</sup> Severity of poverty measure is the total of the squared income shortfall of families with income below the poverty threshold, divided by the total number of families.

Figure 8.2 Share of Social Services in Total National Government Expenditures



Source: DBM

While the Philippines is on target for most of its MDGs, it lags behind in terms of reducing the maternal mortality ratio.

with National Capital Region (NCR) the lowest at 16.9 percent. The NCR also had the lowest gap at 0.4 percent, with CARAGA the highest at 12.1 percent (Annex 8.5).

It has been estimated that the national government and the LGUs must boost their budget for basic education and health by PhP348.9 billion (or 0.45% of GDP) and PhP45.0 billion (or 0.04% of GDP), respectively, if the MDG targets are to be met by 2015 (Manasan, 2009). This implies a huge financial requirement that should be allocated by the government, if it is to invest in the two most important human capital forming subsectors.

The slow rate of progress in the social sector may be partly attributed to the compression of expenditure at the national level in previous years, in response to balancing the budget due to declining revenue efforts. The combined share of social services in total national government expenditures exhibited a well defined downtrend from 1998 to 2005 (Figure 8.2).

## Health, Nutrition and Population

The country's health status is best summarized in the progress towards the MDGs. While the Philippines is on target for most of its MDGs, it lags behind in terms of reducing the maternal mortality ratio (MMR). The decline in neonatal mortality has also been very slow, as neonatal deaths comprise the majority of infant deaths. The MMR and infant mortality rate (IMR) were still at 95 to 163 per 100,000 live births in 2010<sup>6</sup>, and 25 per 1,000 live births in 2008 (National Statistics Office, 2008), as against the MDG targets of 52 and 19, respectively.

For communicable diseases, the target for the tuberculosis (TB) case detection rate has been met, while a total of 22 provinces were declared malaria-free in 2008. The prevalence of HIV and AIDS remains below one percent of total population, although the number of HIV cases has been increasing annually. As in previous years, most of the ten leading causes of morbidity in 2008 were communicable diseases; in contrast, the leading causes of mortality in the country have mainly been noncommunicable diseases. There is a wide variance in the outcomes and

<sup>6</sup> NSCB Resolution No. 11, Series of 2010 - *Adopting the Interim Estimation Methodology Used in Generating National-Level Estimates of Maternal Mortality Ratios for 1990 and 2000-2010*.

program performance of priority public health programs, due to demand side problems related to health care access especially by the poor, such as geographical barriers, financial constraints, and limited information on family health risks.

While it is urgent to address the slow progress in meeting MDGs, the health sector also needs to focus on the prevention and treatment of chronic and degenerative diseases and traumatic injuries, which are now the fourth leading cause of mortality. Many such deaths are untimely and financially catastrophic, affecting mostly the working-age population and causing large intergenerational effects.

In health care financing, the 2007 Philippine National Health Accounts (PNHA) revealed that 54 percent of the total health expenditure comprised out-of-pocket expenses, and only 9 percent from social health insurance. Total health expenditure was only PhP234.3 billion, or 3.2 percent of the GDP, which is below the World Health Organization's (WHO) benchmark of 5 percent of GDP for developing countries.

High out-of-pocket expenses and low prepayment schemes reflect an unevenness, if not an inequity, in health care financing. The results of the Benefit Delivery Review by the Department of Health (DOH) and Philippine Health Insurance Corporation (PHIC) highlighted the need for PHIC to increase its enrolment coverage, improve the availment of its benefits and increase the support value for its claims, for the National Health Insurance Program (NHIP) to provide Filipinos with financial risk protection. Moreover, benefit delivery for the sponsored

program is lowest among member groups. To date, the nationwide benefit delivery ratio (BDR)<sup>7</sup> is only 8 percent (Annex 8.6).

Public hospitals and primary health facilities cannot provide adequate services and quality care. Recent data show that only 977 out of 1,073 of DOH-licensed private hospitals (91%) and 631 out of 711 of DOH-licensed government hospitals (88%) are accredited by PHIC. These ratios are expected to decline once PhilHealth raises accreditation standards to globally competitive levels. The deterioration and poor quality of many government health facilities, which is particularly disadvantageous to the poor, is due to: (a) backlogs in upgrading of existing facilities, including those required to make public hospitals safe from disasters; and (b) the inability of the total capacity of public health facilities to meet demands from an increasing population base.

While the Philippines produces a globally-competitive medical and allied health workforce, many parts of the country, especially far-flung and depressed areas, remain underserved. Human resources in the health sector are concentrated in urban areas, with fast staff turnover and oversupply of personnel.

On nutrition, underweight, stunting, wasting and thinness continue to be serious problems. The proportion of underweight children under-five decreased from 27.3 percent in 1990 to 20.6 percent in 2008, or an average annual percentage point reduction of 0.352. However, this is only 67.2 percent of the desired rate of decline to achieve the MDG of 13.7 percent. In addition, stunting<sup>8</sup> among under-fives (32.2%) and wasting<sup>9</sup> (7.5%) are at high levels. Thinness is also prevalent among school-age children (8.1%). About 26.3 percent of pregnant women are nutritionally at-risk, with low weight-for-height levels.

54 percent of the total health expenditure comprised out-of-pocket expenses, and only 9 percent from social health insurance.

<sup>7</sup> BDR refers to the cumulative likelihood that any Filipino is (a) eligible to claim; (b) aware of entitlements and is able to access and avail of health services from accredited providers; and (c) is fully reimbursed by PHIC as far as total health care expenditures are concerned.

<sup>8</sup> Stunting is an indication of prolonged deprivation of food and frequent bouts of infections.

<sup>9</sup> Wasting is an indication of lack of food or infection in the immediate past.

The country's current population growth rate of 2.04 percent remains high and means an additional 1.8 million Filipinos every year.

Overweight and obesity is prevalent among adults, at 26.6 percent based on the National Nutrition Survey of 2008 (Annex 8.7). The prevalence of overweight and obesity among children less than five years old has increased three-fold between 1990 (1.1%) and 2008 (3.5%). Among children aged 6-10 years old, overweight and obesity increased from 0.1 percent to 1.1 percent in 2008 (based on International Reference Standards).

Micronutrient deficiencies continue to be a public health concern, especially among young children and pregnant women. About 15.2 percent of children 6 months to 5 years old were vitamin A-deficient (Food and Nutrition Research Institute, 2008). Iron deficiency anemia among various groups remains very high (based on WHO classification), specifically among infants 6-11 months old (55.7%); children 12-23 months old (41.0%); and pregnant women (42.5%). Iodine deficiency is another public health problem among pregnant and lactating women, with the average of 105 ug/L median urinary iodine excretion not reaching the WHO-recommended level of 150 ug/L.

Hunger is another serious concern. While the percentage of Filipino households with inadequate caloric intake decreased from 69.4 percent in 1990 to 66.9 percent in 2008, quarterly surveys on hunger by the Social Weather Stations (SWS) since 1998 showed that the hunger situation has been volatile within a year, characterized by spikes and dips. However, the subsistence incidence<sup>10</sup> of families decreased from 8.7 percent in 2006 to 7.9 percent in 2009, or from 11.7 percent of the population in 2006 to 10.8 percent in 2009.

The current population growth rate (PGR) of 2.04 percent remains high and means 1.8 million Filipinos are added

every year. At this rate, the population will double in 34 years. This has also contributed to the high dependency ratio of 69 percent as of 2000, with a youth dependency ratio at 62.6 percent and an elderly dependency ratio of 6.5 percent. This means that every 100 persons in the working age group (15-64 years) have to support about 63 young dependents and about six elderly dependents. Dependency reduces growth in savings and funds for investment in productive capacity. In turn, underinvestment reduces overall economic growth and prospects for poverty reduction.<sup>11</sup>

The actual fertility rate of 3.3 children is one child higher than the desired fertility rate of 2.4. The biggest difference between actual and wanted fertility is most evident among women with lower education achievement and incomes. Based on the 2008 National Demographic and Health Survey (NDHS), the country's contraceptive prevalence rate (CPR) was only 51 percent. It is a source of concern that the level of unmet need has increased from 17 percent in 2003 to 22 percent in 2008.

Although the DOH has continued to implement reforms, more effective mechanisms are needed to further enhance the health system. Areas needing improvements include health financing in local health facilities and medical centers, and preventive measures to reduce noncommunicable diseases, such as diabetes mellitus, hypertension and trauma. Moreover, the health information system, including research, should be strengthened, in order to ensure that policies and programs are based on evidence and limited resources are used effectively and efficiently.

<sup>10</sup> Subsistence incidence refers to the proportion of families (or population) with per capita income less than the per capita food threshold to the total number of families (population). (NSCB)

<sup>11</sup> See *"The Population-Poverty Nexus"* by Balisacan, Mapa & Tubianosa, 2004.

## Education, Training and Culture

Based on the 2008 Functional Literacy, Education and Mass Media Survey (FLEMMS), about 58 million out of the estimated 67 million Filipinos aged 10 to 64 years old (86.4%) are functionally literate. This is a slight increase from 84.1 percent in 2003. Basic literacy, on the other hand was estimated at 95.6 percent. Literacy is much higher among those in the highest income stratum and who have completed high school or higher education. Some Filipinos who have little or no formal schooling, however, may have also gained functional literacy through alternative learning sources, such as the media.

Despite past efforts to increase access to formal basic education, the country continues to confront the challenge of ensuring greater participation of all school-aged children, especially in the elementary level. In school year (SY) 2009-2010, the Net Enrolment Rates (NER) at the elementary and secondary levels were 85.0 percent and 62.4 percent, respectively, which is far below the MDG and Education For All (EFA) targets. The cohort survival rate reached 74.4 percent for elementary and 78.5 percent for secondary in 2009, with completion rates recorded at 72.2 percent for elementary and 73.7 percent for secondary education

The elementary completion rate level was still far from the EFA target of 81.0 percent in 2015, but the secondary completion rate almost reached the 2015 EFA target of 75.27 percent. The drop-out rate, on the other hand, was still a high of 6.3 percent for the elementary level and 8.0 percent for high school, despite free provision of education at those levels. This was due to poverty, poor health, peace and order problems in some areas, and the prevalence of child labor.

The National Achievement Test (NAT) results for the elementary level showed

a substantial improvement from a mean percentage score (MPS) of 58.7 in 2004 to 68.0 in 2009. In contrast, the NAT MPS in high school declined slightly from 46.8 to 45.6 during the same period.

A total of 76,710 new classrooms were constructed from 2004 to 2010, exceeding the yearly minimum target of 6,000. However, classroom gaps still persist due to the increasing student population and damages caused by natural disasters. Classroom shortage in 2011 is estimated at 113,000. Moreover, there were wide disparities in classroom-student ratios across regions, with a 1:78 ratio in elementary in NCR and 1:82 in high school in the Autonomous Region in Muslim Mindanao in SY 2009-2010. The national average of teacher-student ratios in SY 2009-2010 stood at 1:36 for elementary and 1:38 for secondary levels, but wide disparities again existed across schools.

The number of barangays without access to elementary school was reduced significantly from 1,617 in 2001 to only 227 in 2008. Access also improved due to more high school students benefitting from the Education Service Contracting scheme and the Education Voucher System. Of the 250,000 target beneficiaries for the period of 2004 to 2009, a total of 153,694 grantees (62%) benefited from these programs.

In line with the institutionalization of the Early Childhood Care and Development (ECCD) Law, 99 percent of provinces and all cities already implemented ECCD in varying degrees. However, the actual gross enrolment rate in public and private preschools for 4-5 years old reached only 24.69 percent in 2008, up from 19.23 percent in 2004. The Department of Education (DepEd), for its part, provided preschool education to around 1.4 million children. Over the same period, the percentage of Grade 1 pupils with ECCD experience improved from 55.98 percent to 64.62 percent.

There was a steady increase in the number of learners served by both the DepEd and

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**Table 8.1 Formal Basic Education Performance Indicators, by Sex: 2004-2009**

Indicators	2004	2005	2006	2007	2008	2009
ELEMENTARY						
Net Intake Rate in Grade 1	41.3	36.6	39.7	45.6	48.4	56.3
Male	37.5	33	36.2	43.4	46.4	54.6
Female	45.3	40.5	43.5	48.0	50.5	58.0
Gross Enrolment Rate	104.2	101.1	99.9	102	102.1	100.8
Male	104.9	101.9	100.7	102.9	103.3	102.1
Female	103.5	100.3	99.0	101.1	100.8	99.5
Net Enrolment Ratio	87.1	84.4	83.2	84.8	85.1	85
Male	86.17	83.56	82.39	84.01	84.86	85.0
Female	88.08	85.35	84.08	85.72	85.71	85.0
Cohort Survival Rate	71.3	70	73.4	75.3	75.4	74.4
Male	66.1	65.5	68.8	70.9	71.5	69.9
Female	77.2	75.0	78.6	80.1	79.7	79.4
Completion Rate	69.1	68.1	71.7	73.1	73.3	72.2
Male	63.6	63.3	67.3	68.4	69.1	67.4
Female	75.2	73.5	76.7	78.3	77.9	77.5
Dropout Rate (School Leaver)	7	7.3	6.4	6	6	6.3
Male	8.4	8.6	7.6	7.2	7.1	7.5
Female	5.4	6	5	4.7	4.9	4.9
Achievement Rate (Grade 6 NAT MPS )	58.73	54.66	59.94	64.81	66.33	68.00
Male	57.10	52.89	58.59	63.73	64.38	66.65
Female	60.29	56.58	61.81	65.87	66.72	69.36
SECONDARY						
Gross Enrolment Rate	83.9	80.5	79.5	81.4	82.9	82.2
Male	80.2	77.0	76.4	78.7	80.6	80.2
Female	87.8	84.1	82.6	84.2	85.3	84.1
Net Enrolment Ratio	60	58.5	58.6	61.9	60.7	62.4
Male	55.0	53.7	53.9	57.4	56.4	57.9
Female	65.0	63.5	63.4	66.6	65.2	67.0
Cohort Survival Rate	78.1	67.3	77.3	79.9	79.7	78.5
Male	73.3	61.5	72.7	75.21	75.5	74.2
Female	82.8	73.0	81.8	84.5	83.9	82.8
Completion Rate	72.4	61.7	72.1	78.7	75.2	73.7
Male	66.9	55.1	67.2	71.6	70.4	69.1
Female	77.8	68.1	77.0	86.0	79.9	78.3
Dropout Rate (School Leaver)	8	12.5	6.6	7.5	7.5	8.0
Male	9.9	15	7.5	9.3	9.1	9.7
Female	6.1	10.1	5.9	5.6	5.8	6.2
Achievement Rate (Year II NAT MPS)*	46.80	46.97	46.64	49.26	47.4	45.55
Male	45.83	45.44	44.81	47.84	44.89	43.95
Female	47.61	48.31	48.29	50.45	48.32	46.98

Source: DepEd;

\*Administered to 4th year students in 2004



various alternative learning system (ALS) providers. From 2005 to 2009, 631,914 and 418,108 enrollees were recorded under the DepEd-delivered and DepEd-procured ALS programs, respectively. However, only 74 percent of these enrollees completed the DepEd-delivered and 72 percent the DepEd-procured ALS programs. Despite its vast potential, the ALS has yet to maximize the full potential of nonschool-based learning schemes in universalizing functional literacy.

In culture and the arts, the National Heritage Act (RA 10066) was enacted in 2009 to protect, preserve, conserve and promote the nation's cultural heritage, its property and histories, and the ethnicity of local communities; establish and strengthen cultural institutions; protect cultural workers and ensure their professional development and wellbeing. Moreover, more than 2,000 projects nationwide were approved to be funded by the National Endowment Fund for Culture and the Arts (NEFCA) from 2007 to 2010.

In sports, the Short-Term Philippine Sports Development Plan: 2008-2010 was formulated to carry out systemic institutional reforms that rationalized resource allocation. While the Plan was approved through Resolution No. 2, Series of 2008 by the NEDA-Social Development Committee, most of the envisioned institutional reforms have not been implemented due to changes in leadership.

Enrolment in middle-level human resource development via technical and vocational education and training (TVET) increased by 27.38 percent, from 1.68 million in 2004 to 2.14 million in 2007. However, it declined to 2 million in 2008 and 1.98 million in 2009, as a result of efforts to improve quality assurance. On the other hand,

enrolment in higher education rose moderately from 2.40 million in 2004 to 2.62 million in 2009. The number of graduates across all disciplines likewise increased from 409,628 to around 469,654 in the same period, or by 14.65 percent.

Based on the 2008 Impact Evaluation Study (IES) commissioned by TESDA, the absorption rate<sup>12</sup> of TVET graduates (as a percentage of the labor force) was 55.1 percent, which is less than the 2005 figure of 64.6 percent. The decline can be attributed, among others, to the effects of the global financial crisis that slowed down economic activities and resulted in job losses, skills mismatch between the requirements of the available jobs and the skills possessed by workers, and geographical mismatch between locations of job opening and job seekers.

Increased access to higher education and middle-level skills development was made possible through the provision of various scholarships and student financial assistance programs by CHED and TESDA, such as the Private Education Student Financial Assistance Program (PESFA), ADB-assisted Technical Education and Skills Development Program (TESDP), President Gloria Scholarship (PGS) Program and Ladderized Education Program (LEP).

The PGS, a scholarship program intended to provide interventions to meet the need for critical skills and drive TVET provision to highly in-demand jobs, reached more than one million scholars from 2006 to 2009. The program was provided an increased budget of PhP5.6 billion in 2009, in view of the government's commitment to job generation through skills enhancement and investment in human capital. However, the PGS had its own share of operational problems and drawbacks, ranging from increased dropout rate and low employment of graduates. There is a need to introduce reforms in the targeting and selection of beneficiaries, fund disbursement, accountability and program management.

<sup>12</sup> Absorption rate refers to the ratio of employed and the total number of TVET graduates.

**Table 8.2 Enrolment in Tertiary Level of Education, by Sex: Academic Years 2004-2009**

Year		2005	2006	2007	2008	2009
TESDA	Male	673,353	694,745	856,965	805,567	893,091
	Female	1,010,029	1,042,120	1,315,449	1,208,353	1,091,555
	Total Enrolees	1,683,382	1,736,865	2,142,414	2,013,920	1,982,435
	Graduates	1,154,333	1,340,620	1,702,307	1,812,528	1,903,793
Academic Year		2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
CHED	Male	1,100,199	1,130,360	1,194,701	1,211,108	1,199,247
	Female	1,302,116	1,352,914	1,409,748	1,443,186	1,426,138
	Total Enrolees	2,402,315	2,483,274	2,604,449	2,654,294	2,625,385
	Graduates	409,628	421,444	444,427	444,815	469,654

Sources: TESDA, CHED

Faced with the challenge of competitiveness and the diversifying industry needs, the government continuously instituted programs and provided the critical resources for skills upgrading and intensification in both high- and middle-level professions.

Another major accomplishment in the subsector is the institutionalization of the ladderized system between TVET and higher education through EO 358 in 2005. The LEP covered 1,330 ladderized education programs in eight priority disciplines (information technology, hotel and restaurant management and tourism, engineering, health, education, maritime, agriculture, and criminology). Complementing this is the DOST-SEI, which administered demand-oriented science and technology (S&T) scholarships through their Merit Scholarship and financial assistance programs. The latter supports the education of poor, talented and deserving students in the priority degree courses of basic and applied sciences, engineering and science teaching. In 2009, about 4,257 scholarship qualifiers nationwide were announced, thus increasing the number to a total of 11,428 scholars.

To ensure a competent workforce responsive to the quality standards of industries, the TVET subsector through TESDA implemented quality assurance measures through a mandatory assessment of TVET graduates in programs covered by the promulgated training regulations. The number of trainees who underwent competency assessment and certification peaked to 836,131 in 2009. Of these, a total of 690,836 workers were certified across all occupations, representing a certification rate of 82.62 percent.

According to the 2007 Annual Poverty Indicators Survey (APIS), the proportion of dropouts was worst at the tertiary level, or among the 16-24 age group, particularly in degree programs, at 65.8 percent. This was mainly due to the high cost of education that had to be fully shouldered by the households. Access to tertiary education for students from poor families was possible through publicly-funded scholarships and other student financial assistance programs.

The challenge for the tertiary education is not just broadening but rationalizing the access of the economically and socially-disadvantaged and potentially-restive population. The CHED recently rationalized and streamlined the guidelines of its student financial assistance programs (StuFAPs). However, these guidelines only subsumed CHED-administered StuFAPs, and do not substantially address major government-wide scholarship issues. Particularly, the efficacy, usefulness and viability of student loan programs have not improved remarkably through the years.

Significantly, the need to produce enough competent and skilled workforce that will match domestic needs has become much more compelling. Faced with the challenge of competitiveness and the diversifying industry needs, the government continuously instituted

programs and provided the critical resources for skills upgrading and intensification in both high- and middle-level professions. Post-basic education funding has pointed to the need for students to be channeled to fields that have clear local demand, such as emerging and critical S&T fields.

The education and training sector remains confronted with the following issues and challenges: (a) limited participation of the industry sector in developing competency standards and curricula; (b) societal bias against TVET and insufficient social marketing, particularly among basic education students and their parents; (c) the need to upgrade the quality of higher education programs, including S&T courses, and make them internationally comparable; and (d) continuing job-

skills mismatches, owing to low quality and relevance of education and training programs, alongside lower absorptive capacity of the economy.

## Housing and Urban Development

With an enormous total housing need of 3.7 million as of 2010, a total of 812,463 housing and shelter security units (i.e., house and/or lot) were provided from 2004 to 2010.

Indirect housing assistance (i.e., provision of retail and developmental guaranties, issuance of licenses to sell and assistance in comprehensive land use planning) delivered both modest and better-than-expected outputs. Against a target of 275,649 retail and developmental guaranties, the HGC guaranteed a total of 168,347 housing loans for an accomplishment rate of 61

**Table 8.3 Direct Housing Accomplishments: 2004-2010**

Program (in households assisted)	Agency	Year							
		2004	2005	2006	2007	2008	2009	2010	Total
Direct Housing Provision									
1. NHA Housing Production	NHA	20,180	39,786	37,601	41,528	47,112	29,413	23,276	238,896
Resettlement		11,760	16,960	15,390	28,655	36,830	22,044	18,740	150,379
Slum Upgrading		1,395	4,136	1,338	3,707	6,231	2,187	2,068	21,062
Sites and Services		2,036	1,192	2,061	4,036	1,361	1,463	1,142	13,291
Core Housing		2,871	1,033	927	721	41	456	572	6,621
Medium-Rise Housing		0	0	105	60	0	0	0	165
Other Housing Assistance		2,118	16,465	17,780	4,349	2,649	3,263	754	47,378
2. Community Mortgage Program (CMP)	SHFC	14,129	14,199	13,783	11,819	9,169	10,022	7,109	80,230
3. Retail and Developmental Financing		44,614	39,138	33,427	48,020	62,846	75,328	118,785	422,158
End-User Financing	HDMF	39,562	37,175	33,066	47,367	62,507	74,973	56,696	351,346
GFIs End-User Financing									
	LBP	78	37	65	103	186	281	243	993
	SSS	187	91	47	37	62	74	50	548
	DBP	66	0	0	220	16	0	11,300	11,602
	GSIS	4,721	1,835	249	293	75	0	50,496	57,669
4. Provision of Secure Tenure									
Proclamations	HUDCC	44,248	11,784	15,082	51,668	6,504	5,286	100	134,672
Total Direct Housing Provision		123,171	104,907	99,893	153,035	125,631	120,049	149,270	875,956

Source: HUDCC

percent. The HLURB issued a total of 1,294,985 licenses-to-sell exceeding its target of 1,028,853 licenses for an accomplishment rate of 126 percent which indicates a robust housing construction and completion of housing units. Moreover, the HLURB provided assistance to 419 LGUs in updating and formulating their Comprehensive Land Use Plans (CLUPs) against a target of 432. (Table 8.4).

The government provided housing tenure assistance through the following

reform measures: (a) loan interest-rate reductions that brought down the lowest socialized housing package to 3 percent per annum; (b) extension of payment terms for all housing loans from 25 up to 30 years; (c) reduction of loan requirements from 15 to eight; and (d) reduction of loan processing time from three months to seven working days for developer accounts with buy-back guarantee, and 30 days for retail and developer accounts without buy-back guarantee.

**Table 8.4 Indirect Housing Accomplishments : 2004-2010**

Program (in households assisted)	Agency	Year							
		2004	2005	2006	2007	2008	2009	2010	Total
Indirect Housing Provision									
1. Home Guaranty Corporation									
Retail Guaranty	HGC	5,493	12,536	16,282	15,680	12,089	15,709	77,609	155,218
Developmental Guaranty		157	32	5,217	925	311	17	6,470	13,129
Securization								24,678	
2. Housing and Land Use Regulatory Board									
License To Sell	HLURB	172,883	167,229	187,001	172,967	220,756	200,124	174,025	1,294,985
CLUP Assistance (LGUs)		123	104	106	102	104	103	110	752

Source: HUDCC

**Table 8.5 Total Housing Need: 2011-2016**

Region	Year						Total
	2011	2012	2013	2014	2015	2016	
Philippines	1,380,537	1,173,456	997,438	847,822	720,649	612,552	5,732,454
NCR	418,328	355,579	302,242	256,906	218,370	185,614	1,737,039
CAR	10,035	8,530	7,250	6,163	5,238	4,453	41,669
I – Ilocos	48,323	41,075	34,913	29,676	25,225	21,441	200,653
II – Cagayan Valley	29,582	25,145	21,373	18,167	15,442	13,126	122,834
III – Central Luzon	112,675	95,774	81,408	69,197	58,817	49,994	467,865
IV-A – CALABARZON	158,723	134,915	114,677	97,476	82,854	70,426	659,071
IV-B – MIMAROPA	27,696	23,542	20,010	17,009	14,457	12,289	115,003
V – Bicol	66,307	56,361	47,907	40,721	34,613	29,421	275,329
VI – Western Visayas	90,111	76,594	65,105	55,339	47,039	39,983	374,171
VII – Central Visayas	78,934	67,094	57,030	48,475	41,204	35,023	327,761
VIII – Eastern Visayas	44,759	38,045	32,338	27,488	23,364	19,860	185,854
IX – Zamboanga Peninsula	30,199	25,669	21,819	18,546	15,764	13,399	125,396
X – Northern Mindanao	54,446	46,279	39,337	33,437	28,421	24,158	226,078
XI – Davao	67,911	57,724	49,066	41,706	35,450	30,132	281,989
XII – SOCCSKARGEN	47,291	40,197	34,168	29,043	24,686	20,983	196,368
XIII – CARAGA	38,025	32,321	27,473	23,352	19,849	16,872	157,893
ARMM	57,191	48,612	41,320	35,122	29,854	25,376	237,476

Source: HUDCC



**Table 8.6 Proportion of Households in Informal Settlements: 2010 and 2006**

	2000	2006	Growth (in %)
All Households			
Philippines	3.60	3.80	5.55
Urban	3.48	5.65	62.35
Metro Manila	5.30	9.60	81.13

Sources: *FIES, NSO*

The housing sector, however, confronts the following key challenges:

### **Meeting the Enormous Housing Need and Demand**

Total housing need, which includes housing backlog and housing for new households, is estimated to reach about 5.8 million units by 2016 (Table 8.5). The National Urban Development and Housing Framework (NUDHF) 2009-2016 indicates that Regions 3, 4B and NCR account for about half of the total housing need.

### **Rapid Growth of Informal Households and Settlements**

Informal settlements have grown by leaps and bounds. In Metro Manila, households in informal settlements increased by more than 81 percent between 2000 and 2006. With rural-urban migration expected to continue, and six out of ten Filipinos living in urban areas, addressing the housing problem must be embedded within a larger urban development framework for environmental sustainability. While the MDGs on access to safe drinking water and sanitary toilets have already been achieved, land use and green technology for housing construction have can be tackled only within an action plan for climate change adaptation including disaster risk management.

### **Strained Basic Shelter, and Urban Services and Fiscal Constraints**

The phenomenon of urban slums and informal settlements have been characterized by unsanitary conditions, congestion and limited access to basic urban services, like health centers, schools, waste disposal and safe water supply. While the housing sector is expected to contribute in attaining the MDG target on improving the lives of at least 100 million slum dwellers worldwide by 2020, the formulation of the National Slum Upgrading Strategy and the setting of national targets for urban renewal and slum upgrading efforts should allow a more systematic and detailed assessment of the Philippines' contribution to the global goal in the coming years.

The annual public expenditure for housing in the Philippines, which is approximately less than 1 percent of the total government expenditures, accounts for less than 0.1 percent of GDP, which is one of the lowest in Asia (Habito, 2009). The limited budget, unclear compliance of the provision of the Urban Development and Housing Act (i.e., allocation of at least 20 percent of total project cost in every housing development for socialized housing finance), and reliance to the social insurance system to finance housing needs effectively limit the access of the poor to housing assistance. Government shelter strategies are focused on increasing housing production either by direct provision of housing units/loans or by giving incentives to developers who cater mainly to the formal sector and the middle/high-

income households. These approaches do not address the fundamental issues of land supply constraints and financing, weak institutional mechanisms in housing construction and the financial environment, and unclear focus on poverty reduction (Ballesteros, 2010).

The HGC must be strengthened through equity infusion from the government to establish a stronger guaranty system that will encourage the funding of socialized and low-cost housing projects by the private sector and housing developers. Funds for housing can be secured and sustained, only if there is a viable system of guarantees for both the government and private financial institutions that cater to the funding requirements of housing production and end-user financing. The HGC can guaranty loans granted by financial institutions and developers for housing up to 20 times its net worth.

### Social Protection

The number of poor Filipinos increased from 22.2 million in 2006 to 23.1 million in 2009. Filipinos unable to meet their daily dietary requirements slightly decreased from 9.9 million in 2006 to 9.4 million in 2009. The poverty incidence and the number of the poor from all sectors increased between 2003 and 2006 (Annex 8.8).

Fisherfolk, farmers and children were the three poorest population subcategories in 2006, with poverty incidences of 49.9 percent, 44 percent and 40.8 percent, respectively. Children and women accounted for the largest number of the poor, at 14.4 and 12.8 million respectively in 2006 (Annex 8.8). The slow rate of poverty reduction drew greater attention to the need to protect the poor and vulnerable.

Wide disparities across regions were also evident. Among regions, ARMM had the highest poverty incidence in 2006 according to six basic sector categories, namely children, farmers, youth, urban population, and senior citizens. CARAGA had the highest poverty incidence under fisherfolk and migrant and formal sectors (Annex 8.9). Meanwhile, NCR posted the lowest poverty incidence in five sectors, namely children, women, youth, senior citizens and migrant and formal sector workers (NSCB, 2006).

In terms of number, the children, women and urban sectors headed the list of poor basic sectors (Annex 8.10). Disparities across regions were also evident. Region 5 had the most number of poor children and women; ARMM had the most number of poor farmers and fisherfolk; Region 6 had the most number of poor youth and migrant and formal workers; NCR had the most number of urban poor; and Region 7 had the most number of poor senior citizens. Meanwhile, CAR had the least number of poor children, women, youth and urban poor.

The increase in poverty incidence was accompanied by the rise in the percentage of vulnerable households<sup>13</sup> (Albert & Ramos, 2010). The percentage of the population belonging to highly vulnerable households rose from 36.21 percent in 2003 to 50.70 percent in 2006. Conversely, the percentage who were not vulnerable declined sharply from 31.44 percent in 2003 to 18.99 percent in 2006. This trend implies that individuals and households, whether poor or nonpoor, face various social risks and vulnerabilities (e.g., loss of income, unemployment, natural disaster, among others), especially

<sup>13</sup> Households are classified as vulnerable if the probability of their becoming poor is greater than the national poverty incidence. The vulnerable are further categorized into highly vulnerable if the probability of their being poor is greater 50 percent and relatively vulnerable otherwise.

The slow rate of poverty reduction drew greater attention to the need to protect the poor and vulnerable.

during economic downturns and crises that can push them down to poverty. Owing to the lack or absence of appropriate social protection intervention, households resorted to coping strategies that tend to erode human capital, such as reducing food consumption, withdrawing children from school, reducing health care investments, selling assets and using up savings, among others (Ahmed, et al., 2004).

The current social protection system is characterized by a series of fragmented and uncoordinated programs. The multiplicity of programs and government agencies involved often result in poor coordination, redundancy in providing services or overlapping of program beneficiaries. For example, 21 agencies were involved in the implementation of 65 social protection programs and projects (Development Academy of the Philippines, 2009). Social protection programs were found to be inadequately funded, and most are short-lived (Manasan, 2009). The country's national government spending on social protection was much lower (0.8% of GDP in 2007) than the mean spending of 87 developing and transition countries on safety nets (1.9% of their GDP from 1996-2006) (Weigand & Grosh Survey, 2008).

The benefits of existing social protection programs are compromised by weak targeting systems resulting in high leakage to the nonpoor, undercoverage of the poor, low program impact and wastage of scarce resources. For example, the National Food Authority (NFA) rice price subsidy showed a high leakage rate of 71 percent, because it is an untargeted program that benefits all households (Manasan, 20).

Existing social protection programs are inadequate in terms of coverage. While partnership with nongovernment organizations (NGOs) and other stakeholders have succeeded in making social services accessible to the poor, NGOs tend to flock to selected advocacies like children's causes, leaving behind other sectors, such as the disabled and elderly wanting (ADB, 2009).

Moreover, impact assessment of many programs is difficult, due to their lack of built-in monitoring and evaluation components. There is a dearth of up-to-date and disaggregated data on vulnerable groups, often making them invisible in statistics.

The industrial and occupational adjustments necessitated by industrial restructuring, the globalized system of production, various international agreements, and the damage wrought on incomes and livelihoods by natural calamities highlight the need to protect those in contractual employment, in seasonal work, and at risk from displacement or facing potential income losses. The limited coverage of the social security schemes (i.e., Government Service Insurance System, Social Security System or SSS) means that the larger part of the workforce found in the informal and vulnerable occupations are marginalized. Although there have been attempts by PhilHealth to cover the poor and unemployed, as well as workers in the informal sector (IS) and those working overseas, universal membership has yet to be achieved. Social welfare and safety nets also need to improve programs and services standards, and focus on the poorest among the basic sectors.

To improve the effectiveness and efficiency of the social protection interventions, the government launched the CCT program called the *Pantawid Pamilyang Pilipino* Program. Further work is needed, however, to consolidate social protection programs and complement these with the CCT. The bigger challenge

The bigger challenge is the expansion of the CCT to make it the core program in the convergence of social protection initiatives to ensure sustainability of beneficiaries' gains.

is the expansion of the CCT to make it the core program in the convergence of social protection initiatives to ensure sustainability of beneficiaries' gains.

### Children

Children accounted for the largest number of poor persons among the basic sectors, at 13.4 million in 2003 and 14.4 million in 2006. The proportion of poor children living in rural areas was twice as much as those living in urban areas. The Child Development Index (CDI)<sup>14</sup> fell from 0.779 in 2003 to 0.729 in 2006 (NSCB). Children in especially difficult circumstances include street children, victims of child abuse and commercial sexual exploitation, child victims of prostitution and pornography, children in conflict with the law, children in situations of armed conflict, children with disabilities, child victims of illegal recruitment and trafficking, and child laborers.

Working children are a significant portion of the Filipino workforce. There are about 2.1 million economically active children in the Philippines, aged 5-17 years old, majority of whom were males between 15-17 years old (DOLE-BLES). Across industries, 55.6 percent of the working children were engaged in agriculture, hunting and forestry. A significant portion numbering around 201,000 were employed in private household, a majority of them working as laborers and unskilled workers. Child work affects the performance of children in school resulting in low grades, absenteeism, tardiness, and lack of interest.

### Women

While Filipino women may be considered as relatively advanced vis-a-vis women in other developing countries (e.g., in the areas of education, profession, politics

and legislation), they also suffer from domestic violence, economic disadvantages, discrimination at the workplace, exploitation as migrant workers and prostituted women, and displacement brought about by the intermittent wars in conflict-affected areas. In general, women are in disadvantaged position due to differences in gender roles that limit their access to productive resources and basic services.

The number of employed women (13.3 million) was lower than that of men (21.3 million) in the 2009 Labor Force Survey. There was an increasing trend of unpaid workers, 55.8 percent of whom were women. In 2008, 54.7 percent of the total number of female OFWs were laborers and unskilled workers, including domestic helpers, cleaners, and manufacturing laborers. Remittances from female OFWs worldwide were relatively lower than from their male counterparts.

Around 18 percent of elected posts in 2010 were won by women candidates. However, in the judiciary, only 20 percent of total incumbent judges were women. While women were predominant in the government bureaucracy, these occupied mostly the technical or second-level positions.

Regarding violence against women (VAW), the number of cases reported to the police rose 37.4 percent from 2008 to 2009 (Philippine Commission on Women, 2010). While there was a decreasing trend in reported cases from 2001 to 2006, the number rose from 2007 to 2009, with 10,440 VAW cases occurring in 2009. The increase in reported cases may be attributed to more women having been emboldened to report, due to the passage of laws that address sexual and gender-based

<sup>14</sup> The CDI is a composite index measuring average achievement in the three basic dimensions captured in the human development index, adjusted to account inequalities between women and men (UNICEF, 2010).



violence. Still, it should be noted that the data reflect only what is reported to the PNP, and there could still be other unreported cases.

The incidence of physical injuries and/or wife battering reported to the PNP has been decreasing since its peak in 2001, with 5,668 reported cases. The decrease may be partly attributed to the enactment of RA 9262, which penalizes abusive husbands and live-in partners. Data on the number of women in extremely difficult circumstances (WEDC) served by DSWD also show a downward direction, from 7,763 cases in 1999 to 5,549 cases in 2007. However, this may have been due to a decrease in the budget of DSWD for WEDC rather than an improvement in the plight of WEDC.

### Elderly

In 2003 and 2006, the number of elderly people in the Philippines was estimated at about 5.2 million and 6.3 million, respectively. Some of the risks and vulnerabilities of the elderly included loss of income as a result of retirement, disability and impairment of functions affecting their quality of life, lack of or inadequate health care insurance and lack of adequate living conditions for those who live alone. There was also a rise in the number of elderly persons who were victims of violence and abandonment due to in and out migration of younger family members.

### Persons with Disability

There were about one million persons with disability (PWDs) or 1.23 percent of the total 88 million population in 2007 (NSO, 2007). Of these, 50.24 percent were females. It was also estimated that 30 to 40 percent of PWDs were children. PWDs remain among the poorest of the poor. They have insufficient access

**Table 8.7 Summary of Actual OFW Membership**

Institution	Number of OFW
SSS	184,000 (2009)
OWWA	2.2 million (November 2010)
PHIC	2.1 million (2009)

*Sources: SSS, OWWA, PHIC*

to the mainstream labor market because they are disproportionately undereducated, untrained, and socially excluded.

### Workers in the Informal Sector (IS) <sup>15</sup>

The IS comprises a major portion of the country's labor force and is recognized as major contributor to the economy. Over the years, however, the informal sector has constantly been confronted with issues. In 2001, the Department of Labor and Employment (DOLE) through, its program entitled "Support for Policy and Programme Development" (SPPD), identified strategic issues confronting the IS. These are the: (a) invisibility of the IS in government statistics and representation in policy-making bodies; (b) lack of access to health and other social protection interventions; (c) lack of access to productive resources; and (d) the need to be organized.

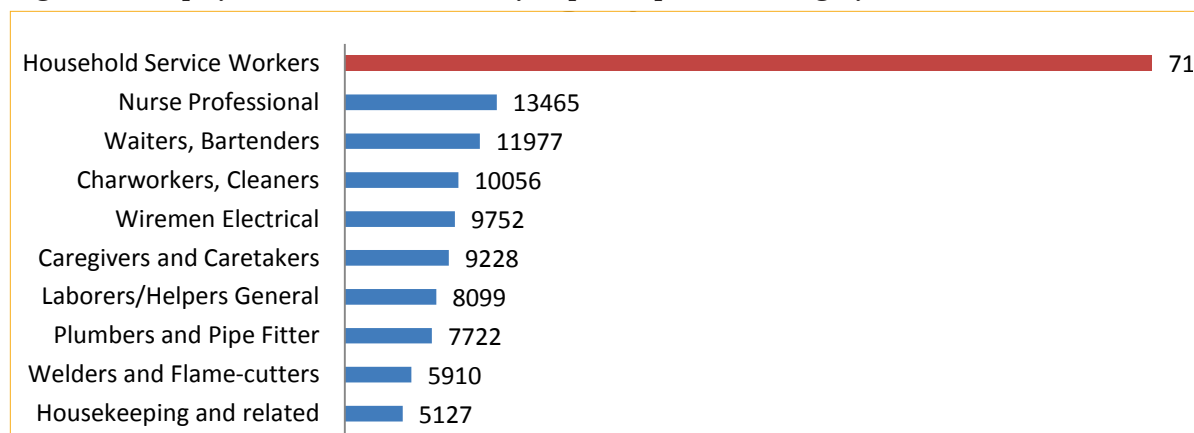
### Overseas Filipino Workers (OFWs)

Social security and protection of OFWs are growing concerns, given the limited coverage of the SSS, PHIC and Overseas Workers Welfare Administration (OWWA). Out of 8.6 million overseas Filipinos (OFs) in 2009, 4 million are permanent migrants, 3.9 million are temporary OFWs and 658,370 are irregular migrants. Table 8.7 summarizes the actual OFW membership to institutions that provide social security benefits.

There is, therefore, a need to review the viability of current social security and welfare fund schemes

<sup>15</sup> Informal sector refers to unincorporated household enterprises, consisting of both informal own-account and enterprises of informal employers (NSCB, 2002).

Figure 8.3 Deployed Landbased OFWs, by Top Occupational Category: 2009



Source: *Overseas Employment Statistics, Philippine Overseas Employment Administration*

Natural and man-made disasters are major causes of poverty and vulnerability in the country.

There is, therefore, a need to review the viability of current social security and welfare fund schemes, given the limited capacity and resources of the country's social security and welfare fund institutions. Another challenge is the exclusion of domestic workers, the top occupational category with respect to deployment of landbased OFWs, in most of the social security laws particularly in top destination countries (see Figure 8.3).

#### Displaced Workers

In 2007 and 2008, around 52,000 workers were permanently displaced due to economic shocks (DOLE-BLES). About 213,417 workers were retrenched by 1,836 firms as a result of the global financial crisis, with 58.1 percent (124,006) being placed under flexible work arrangements, 18.1 percent (38,556) temporarily laid off, and 23.8 percent (50,855) permanently terminated.

While the global financial crisis had a minimal impact on the deployment of OFWs, OWWA and POEA data indicated that 6,957 workers in 327 companies lost their jobs mostly from factories in Taiwan and South Korea. Of this number, nearly two-thirds (4,495) returned to the Philippines (See also Chapter 2).

#### Workers with HIV and AIDS

From 1984 to January 2011, there were 6,167 reported HIV Ab sero-positive cases in the country based on the DOH National HIV and AIDS Registry. The 25-29 age group registered the most number of cases at 25 percent. Statistics also showed that 25 percent, or 1,539 of those listed in the registry are OFWs, of which 267 were full-blown AIDS cases. This is an indication that HIV and AIDS might be a biomedical problem that has both social and labor implications, particularly because they affect the most productive segment of the labor force.

#### Victims of Disasters

Natural and man-made disasters are major causes of poverty and vulnerability in the country. An average of 20 typhoons visit the country a year, owing to climate change the effects have become more devastating. The most vulnerable areas of the country are Eastern Visayas, and Southern, Central and Northern Luzon. Victims of disasters, mostly from typhoons and floods, doubled from an average of four million in 1994-1996 to eight million in 2004-2006, most of them in rural areas (ADB, 2007).

## Indigenous Peoples

In 2009, there were about 110 ethno-linguistic groups in the Philippines consisting of approximately 14 million indigenous people (IP). IPs are among the discriminated, vulnerable, and marginalized groups, a fact not only seen from various smaller studies but also suggested by the correlation between low human development indicators and high concentration of IPs (Stavenhagen, 2002). The National Commission on Indigenous Peoples (NCIP) reported that provinces with most IPs have high poverty incidence. The lack of power and access to decision making and management processes contribute to the impoverishment of IPs, who mostly live in mountains and have limited access to sustainable livelihood and basic services. They are often victims of armed conflict and human rights abuse.

## Asset Reform

### Land Acquisition and Distribution

Performance in land tenure improvement (LTI) took an uncertain turn due to the national government's successive budget reenactments and the lapse of the appropriation cover provided under RA 8532 or the "Act Strengthening Further the Comprehensive Agrarian Reform Program (CARP) Law of 1988." The declaration of over one million hectares of the land acquisition and distribution (LAD) balance provided policy shifts in the CARP implementation for the next five years. With the signing of the CARP Extension with Reforms (CARPer) Law in 2009, an additional PhP150 billion has been appropriated for the completion of CARPer's LAD balance of 1,034,661 hectares net of

retention<sup>16</sup> to be distributed in five years starting from July 2009. At least 40 percent of the said amount has been set aside for the delivery of support services to the beneficiaries. The CARPer Law also stipulates that support services, agrarian justice delivery, and operational requirements of CARP implementing agencies (CIAs) shall be continued even after completion of the LAD component of the CARP.

From 2004 to 2008, the Department of Agrarian Reform's (DAR) average annual LAD accomplishment rate hit 102 percent against its funded target. In 2009, only 69 percent of the reduced annual LAD target of 85,764 hectares was accomplished.

Operational bottlenecks were encountered, including longer processing due to compliance with the new acquisition requirements imposed under CARPer. Such requirements include landowners' attestation, Barangay Agrarian Reform Committee (BARC) certification, and oath-taking before the City/Municipal Court Judge. The need to intensify the synergy among CIAs in delivering land distribution commitments continues to be an issue.

Related to LAD is the delivery of agrarian justice, which involves the adjudication of agrarian cases and representation of Agrarian Reform Beneficiaries (ARBs) before quasi-judicial bodies and regular courts. The performance of DAR's delivery of agrarian justice during the past years has been commendable in terms of solving cases on coverage, land use conversions, land exemptions or exclusions, installation of ARBs to awarded lands, and provision of legal assistance to ARBs despite some challenges, such as lack of personnel, resolution of backlog cases, and budgetary constraints.

<sup>16</sup> PARC Executive Committee Resolution No. SP-2010-04, establishing and firming up the CARPER gross land acquisition and distribute balance at 1,281,033 hectares of which 1,034,661 is estimated to be net of retention

Studies have confirmed that ARBs are more productive and better off than non-ARBs.<sup>17</sup> Agrarian reform communities (ARCs), when properly established and supported, improved their economic conditions, social capital, civic entrepreneurship and democratic participation. Furthermore, the study of Habito, et. al. (2010)<sup>18</sup> confirmed that consolidation of output does not require consolidation of ownership in order to realize economic gains from processing or marketing. Institutional arrangements through tie-ups with collective organizations of farmer-beneficiaries are viable alternatives.

### Ancestral Domains and Lands

In 1997, the Indigenous Peoples Rights Act (IPRA) was passed, embodying the rights and aspirations of Indigenous Peoples (IPs) and providing the legal framework for the protection and development of Indigenous Cultural Communities (ICCs). Among the rights sought by IPs is the recognition of their ancestral domains (ADs) through the issuance of the certificates of ancestral domain titles (CADTs) and certificate of ancestral land titles (CALTs). CADTs are titles that formally recognize the rights of possession and ownership of ICCs/IPs over their ancestral domains as identified and delineated in accordance with this law, while CALTs refer to titles formally recognizing the rights of indigenous cultural communities (ICCs)/IPs over their ancestral lands.

As of July 2010, 156 out of 286 CADT applications have been approved by the NCIP, while 130 are still in various stages of the titling process. The NCIP also approved 258 CALTs with 8,609 right holders.

The Ancestral Domain Sustainable Development and Protection Plan

(ADSDPP) is a long-term comprehensive spatial and development plan with identified programs and projects that strengthen self-governance, build lasting peace and genuine development within ancestral domains of particular ICCs or IP groups. It serves as the community development framework that ensures a participatory process of mainstreaming IP issues and concerns. However, the ICCs/IPs still need technical and financial assistance in the formulation of the ADSDPPs and their integration in the CLUPs and local development plans. The NCIP had already assisted 87 ICCs/IPs in the formulation of their ADSDPPs.

The NCIP also formulated and implemented the guidelines on the Free, Prior and Informed Consent (FPIC). FPIC refers to the consensus of all concerned members of the ICCs/IPs that is determined in accordance with their respective customary laws and practices free from any external manipulation, interference and coercion and obtained after fully disclosing the intent and scope of the project. To date, the NCIP has issued a total of 296 Certificates of Compliance and 1,368 Certificates without Overlap (CEB/Certificates of Non-Overlap) related to FPIC. Concerns exist, however, over the duration of the FPIC process, as well as the internal conflicts within the ICCs utilization of royalties, and the non-implementation by companies operating within ADs of the terms indicated in the memorandum of agreement with the ICCs.

Further, NCIP is mandated to provide legal assistance to enforce the right of IPs to resolve conflicts in accordance with their customary laws pertaining to property rights, claims, ownership,

<sup>17</sup> These include the CARP-Impact Assessment Study (Phase I) conducted in 2000, a re-validation of the said study under CARP-Impact Assessment Study (Phase II), the DAR-German Technical Cooperation (GTZ) Study on Post-LAD Scenarios in 2006, the Asset Reform CARD Study by Dr. Cielito Habito in 2008, and the CIRDAP study on Access to Land and Rural Development in the Philippines

<sup>18</sup> *A Comprehensive Study on the Appropriate Economically Viable Land Size by Type of Crop Category Under Varying Bio-Climatic Zones and Techno-logical Conditions*, led by Dr. Cielito Habito.



hereditary succession and settlement of land disputes within ancestral domains/lands. NCIP handled 8,767 legal assistance to ICCs/IPs before judicial and quasi-judicial bodies since 2004. There are still 265 cases pending before the NCIP regional hearing officers.

Basic services for IPs within their ancestral domains were delivered in accordance with their rights and entitlements. These covered educational assistance; strengthening IP education starting with indigenization of curriculum and learning materials, as well as cultural sensitivity training for teachers; assistance to IP-serving community schools; traditional crafts; livelihood and entrepreneurship; support to cultural festivals/congresses; medical missions and referral system; assistance in emergency situations; and documentation of activities for traditional knowledge and traditional cultural expressions, customary laws and children in armed conflict (CIAC). The delivery of these socioeconomic services was anchored on indigenous knowledge systems and practices (IKSPs) and based on the principles of human rights, cultural sensitivity, gender equality, people empowerment, and sustainable development.

Most IPs/ICCs, however, still lack adequate access to social protection and basic services within their localities and among their particular tribal groups. They also need the negotiation skills and technical know-how on risk and impact assessments, to ensure equitable access-benefit sharing agreements, and the necessary funds for the management and preservation of their ancestral domains.

The representation of IPs in various legislative bodies and other special bodies, as provided under the IPRA, as well as the convening and sustainability of their multilevel consultative bodies, are priority concerns that still need to be fully addressed.

There is also a need for a more updated and disaggregated data on IPs that can serve as basis in the formulation of more appropriate, targeted and updated policies and programs for IPs.

### **Coastal and Marine Settlement**

Based on the 2009 data of the National Mapping and Resource Information Authority (NAMRIA), more than 900 coastal municipalities completed their municipal water delineation. Unfortunately, only 30 of these municipalities passed ordinances on municipal water delineation. Thus, the delineation of municipal waters, as stipulated under the Fisheries Code, has still not been implemented in most coastal municipalities 12 years after its enactment. In areas where municipal waters have been delineated, marked improvements in fish catch and small fishers' income and illegal fishing apprehension have been observed. Furthermore, the delineation process facilitated the resolution of boundary conflicts among contiguous municipalities, which in turn improved resource management.

The National Anti-Poverty Commission (NAPC) previously advocated the signing of an Executive Order (EO) establishing a task force on fisherfolk settlement, to address the sector's need for decent human settlement. This was endorsed by the National Agriculture and Fishery Council-Committee on Fisheries and Aquaculture (NAFC-CFA), a private-sector led consultative arm of DA. However, the said EO was not issued.

It is widely acknowledged that climate change will accentuate the damage in low lying coastal communities, as strong typhoons become more frequent and dangerous. The Fourth Assessment Report of the Inter-governmental Panel for Climate Change (IPCC) predicts that low lying regions, particularly in tropical and coastal communities, are likely to be adversely affected by the sea-level rise and temperature increase attributed to climate change. The privatization and

Urban asset reform deals with the provision of security of land tenure to the poor and vulnerable including informal settler families in urban areas.

commercialization of foreshore areas and the indiscriminate designation of freeports and economic zones adds pressure on the coastal community's productivity and social cohesion, which dislocates small fishing settlements. The government needs data to anticipate adverse consequences and minimize the damage brought about by natural disasters. The absence of mechanisms addressing both the productive and reproductive needs of women fisherfolk is also a concern.

The lack of financial resources and manpower also poses a constraint in the development of the fishery industry, despite the industry's significant contribution to agriculture's gross value added.

### Urban Asset Reform

Urban asset reform deals with the provision of security of land tenure to the poor and vulnerable including informal settler families in urban areas. These interventions include presidential proclamations of sites for socialized housing, onsite development and services, and resettlement, among others. Presidential proclamations identify and proclaim idle government lands as socialized housing sites for disposition to qualified beneficiaries. Since 2001, the government, through the Housing and Urban Development Coordinating Council (HUDCC), has issued 113 proclamations covering 27,000 hectares, providing security of tenure to about 280,000 informal settler families.

In resettlement, the overriding policy is to improve the quality of life of informal settlers while ensuring maximum retention and minimum dislocation. The national government has implemented a number of resettlement programs, namely the North and South Rail Project, the North Luzon Expressway-C5-South Luzon Expressway, and the relocation of typhoon-related victims. As of November 2010, the government has relocated almost 88,000 families, or 93 percent of total families living along the rail rights-of-way in North Luzon and South Luzon (which are danger

zones), paving the way for development of new transport systems and to provide safer and better homes.

## Challenges

Against this backdrop, the Philippines faces the following challenges in the social development sector:

- *Unsustained Poverty Reduction.* While the Philippines was able to reduce poverty from 1991 to 1997, progress from 1997 to 2009 was sluggish and erratic. From 2006 to 2009, poverty incidence among families decreased from 21.1 to 20.9 percent. In the same period, poverty incidence among population rose slightly from 26.4 to 26.5 percent. This outcome is attributed to the slow growth of incomes, increase in household formation, natural disasters and inflationary pressures mainly from rising fuel and food prices. Moreover, wide disparities across regions, provinces and municipalities continue to exist. There is a need to enhance the government's overall antipoverty framework and strategy to ensure complementation and synergy of antipoverty programs and projects, and to put in place a unified targeting system that would result in greater impact.
- *Slow Progress towards the Attainment of the MDGs.* There are still huge gaps in terms of achieving the MDGs. The Philippines lags in achieving universal primary education, improving maternal health and combating HIV and AIDS. At the national level, the Philippines is on track to meet the targets on food poverty, gender equality in education, reducing child mortality, reversing the incidence of and death rate associated with malaria; detection, treatment success and cure rates of tuberculosis cases; and access to sanitary toilet facilities.

- *Inadequate Financing for Social Services.* The share of the social development in the government's expenditure increased slightly from 28.9 percent in 2004 to 31.71 percent in 2009. Through the years, education has received the bulk of the share, although it has not satisfactorily met the requirements of access and quality. Meanwhile, the housing sector had less than one percent of the national budget. Competing claims within the social sector also require more rigorous prioritization and efficient resource utilization for equitable access to social services and assets that will contribute to poverty reduction, job creation and inclusive growth.
- *High Population Growth Rate.* Although the average annual population growth rate of the country from 2000-2007 decreased to 2.04 percent from 2.34 percent in 1990-2000, the population is still expected to double in 34 years. Such a high population growth is likely to worsen existing poverty by absorbing scarce resources that might otherwise be directed to investment and productive activities. The limited government may encounter increasing difficulties in raising the quality of basic services provision, when its resources are already strained to cover a rapidly growing population.
- *Lack of Access to Productive Resources and Employment Opportunities.* Poverty is largely caused by the lack of access to productive resources, employment and livelihood opportunities. From a double-digit unemployment rate of 11.9 percent in 2004, the unemployment rate declined to 7.1 percent in October 2010. The underemployment rate has also slightly improved from 19.0 percent in 2009 to 18.5 percent in July 2010. To effectively reduce poverty and inequality, however,

generation of an increasing number of highly productive and quality jobs and entrepreneurial opportunities needs to be sustained.

- *Adverse Effects of Disasters and Shocks.* The confluence of natural and man-made disasters and calamities reverse the pace of development and require the allocation of more resources for relief and rehabilitation efforts. Natural disasters (e.g., typhoons, earthquakes, volcanic eruptions) and the onslaught of extreme weather conditions (e.g., El Niño and La Niña) caused by global warming and climate change, coupled with man-made conflicts fueled by insurgency and unpeace, disrupt the socioeconomic progress in conflict-stricken areas of the country.

The theme "*Gaganda ang buhay kung may bahay at hanapbuhay*" emphasizes the need for security of tenure and livelihood opportunities in human settlements.

# Strategic Framework

## Goals

The overriding goal of social development is to improve the quality of life of all Filipinos. In pursuit of the MDGs, the social sector shall seek to reduce poverty and inequality, universalize elementary education and health care, achieve gender equality, ensure environmental sustainability, and foster a global partnership for development.

Universal Health Care shall be directed towards ensuring the achievement of better health outcomes, fair health financing and responsive health system that provide all Filipinos, especially the disadvantaged groups, with equitable access to quality health care.

The goals of education, training and cultural development are to: (a) make every Filipino functionally literate both through the schools and non-school learning modalities; (b) achieve a higher level of productivity, international competitiveness, industry relevance and social responsiveness in the development of both middle-level skills and the high-level professions; and (c) develop, promote and inculcate a strong sense of nationalism by utilizing the media, arts and sports in strengthening ownership of cultural heritage and tradition.

Housing and urban development envisions to provide families not just with the infrastructure of a house, but the framework of a home; to build not just a neighborhood, but a real harmonious community. The theme *“Gaganda ang buhay kung may babay at hanapbuhay”* emphasizes the need for security of tenure and livelihood opportunities in human settlements. The promotion of local shelter development and strengthening of public-private partnerships (PPPs) are expected to help achieve sustainable communities, urban competitiveness, housing affordability, effective governance and poverty reduction. Moreover, the housing sector aims to achieve the MDG of significantly improving

the lives of at least 100 million slum dwellers worldwide by 2020. With the formulation of the National Slum Upgrading Strategy, a systematic focusing of programs and coordination of efforts is expected to be realized.

The goal of social protection is to empower and protect the poor, vulnerable and disadvantaged individuals, families and communities from individual life cycle, economic, environmental and social risks.

Finally, the goal of asset reform is to recognize, protect and empower ICCs/IPs' rights and welfare, as well as to improve and guarantee the security of land tenure of ARBs.

## Targets

### Health, Nutrition and Population

This Philippine Development Plan affirms the government's commitment to attain the MDGs. One of the main thrusts of the Universal Health Care approach is geared towards this end, including program targets on lifestyle-related diseases. Other targets pertain to programs on health insurance, nutrition and reproductive health.

### Education, Training and Culture

By 2016, the country shall achieve a universal and at least a 93 percent participation or net enrolment rate in the elementary and secondary levels, respectively. A gender parity index (GPI) of 1 shall be targeted in basic education indicators. Likewise, TVET and higher education subsector shall also increase enrolment and graduation rate by 2016.

The social protection sector shall ensure the empowerment and protection of the poor, vulnerable and disadvantaged individuals from all types of risks.



**Table 8.8 Health, Nutrition and Population Targets: 2011-2016**

Indicators	Baseline	2011	2012	2013	2014	2015	2016
<b>MDG Indicators</b>							
Prevalence of underweight children under five years of age (in %)	20.6 (2008)	17.6	16.6	15.6	14.6	13.7	12.7
Proportion of households with per capita intake below 100% dietary energy requirement (in %)	66.9 (2008)	54.1	49.9	45.6	41.4	37.1	32.8
Under 5 mortality rate (per 1,000 live births)	34 (2008)	31.6	30.4	29.2	28	26.7	25.5
Infant mortality rate (per 1,000 live births)	25 (2008)	23	22	21	20	19.0	17
Maternal mortality ratio (per 100,000 live births)	95-163 (2010, NSCB)	97	84	70	61	52	50
Contraceptive Prevalence Rate (all methods)	51 (2008)	56.2	57.9	59.7	61.4	63	
Proportion of births attended by a health professional (in %)	62 (2008)	69	72	75	80	85	90
Proportion of births delivered in health facilities (in %)	44 (2008)	69	72	75	80	85	90
HIV Prevalence*	Less than 1% (2009)	<1%	<1%	<1%	<1%	<1%	<1%
Malaria morbidity rate per 100,000	22 (2009)	16.9	14.3	11.8	9.2	6.6	4
Malaria mortality rate	0.03 (2009)	<.03	<.03	<.03	<.03	<.03	<.03
TB prevalence rate per 100,000	486 (2008)	446	434	422	410	398	387
TB mortality rate per 100,000	41 (2007)	36	35	35	34	33	33
TB case detection rate	73 (2008)	79	81	83	84	85	85
TB cure rate	79 (2008)	82	83	83	84	85	85
Proportion of population with access to safe water (households) (in %)	82.3 (FHSIS 2008)	83	84	85	86	86.9	88
Proportion of population with access to sanitary toilet facilities (households) (in %)	76.8 (FHSIS 2008)	79	81	83	84	85.9	88
Population with access to affordable essential drugs (in %)	73 (2009)	75	78	82	84	85	95
<b>Other Indicators</b>							
Population Growth Rate	2.04 (2000-2007)					1.48-1.82	
Total Fertility Rate	3.3 (2008)					2.4-2.96	
Percentage of out of pocket payment from total health care expenditure	54.3 (2007)			41			35
Benefit Delivery Rate (NHIP)	7.7 (2008)			15			30
National Health Insurance Program (NHIP) Coverage	53 (2008)	70	85	100	100	100	100
NHIP Enrollment rate	74 (2010)	85	90	100	100	100	100
Ratio of accredited health facilities to total number of licensed health facilities	90 (2010)	95	95	95	95	95	95
Mortality rate from lifestyle related and non communicable diseases (in %)		2% ann. reduction	2% ann. reduction	2% ann. reduction	2% ann. reduction	2% ann. reduction	2% ann. reduction
Prevalence (in %) of stunted under-five children	32.2 (2008)	28.0	26.6	25.2	23.8	22.3	20.9
Prevalence (in %) of wasted under-five children	7.5 (2008)	6.5	6.2	5.9	5.6	5.2	<5
Prevalence (in %) of thin children 6-10 years old	8.1 (2008)	6.9	6.5	6.1	5.7	5.3	<5
Percent of pregnant women who are nutritionally-at-risk	26.3 (2008)	24.8	24.3	23.9	23.4	22.9	22.4

Sources: DOH, NNC, POPCOM and NSCB

\*For the specific annual targets, please refer to the 5th AIDS Medium Term Plan (AMTP). The 5th AMTP goal states that by 2016, the country will maintain the prevalence of less than 66 HIV cases per 100,000 population.

**Table 8.9 Education Targets: 2011-2016**

Indicators	Baseline	2011	2012	2013	2014	2015	2016
<b>Literacy</b>							
Simple Literacy Rate (10 yrs. old and above) <sup>a/</sup>	95.6 (2008)			98.1			
Functional Literacy Rate (10-64 yrs. old) <sup>a/</sup>	86.4 (2008)			90.1			
<b>Early Childhood Education</b>							
Gross Enrolment Rate of 3-4 years old children in Day Care Service	19.45	20.00	30.00	40.00	50.00	60.00	70.00
Gross Enrolment Rate - Kindergarten <sup>b/ c/</sup>	68.41	74.73	81.05	87.36	93.68	100.00	100.00
Net Enrolment Rate - Kindergarten (5 yrs. old) <sup>b/ c/</sup>	48.23	58.58	68.94	79.29	89.65	100.00	100.00
Percentage of Grade 1 entrants with ECE experience	67.40	73.92	80.44	86.96	93.48	100.00	100.00
<b>Elementary</b>							
Net Intake Rate in Grade 1 <sup>b/</sup>	58.61	65.89	73.17	80.44	87.72	95.00	100.00
Gross Enrolment Rate <sup>b/</sup>	105.37	108.30	111.22	114.15	117.07	120.00	122.93
Net Enrolment Rate <sup>b/</sup>	88.09	90.09	92.09	94.10	96.10	98.10	100.00
Cohort Survival Rate	74.38	76.45	78.51	80.57	82.64	84.67	86.76
Completion Rate <sup>d/</sup>	72.18	75.13	76.61	78.09	79.56	81.04	82.52
Achievement Rate (Grade 6 NAT MPS )	68.0	70.9	71.7	72.5	73.3	74.2	75.0
<b>Secondary</b>							
Gross Enrolment Rate <sup>b/</sup>	81.03	86.83	92.62	98.41	104.21	110.00	115.79
Net Enrolment Rate <sup>b/</sup>	59.52	65.16	70.79	76.43	82.06	87.70	93.34
Cohort Survival Rate	78.44	79.35	80.27	81.18	82.09	83.00	83.91
Completion Rate <sup>d/</sup>	73.74	74.25	74.51	74.76	75.02	75.27	75.53
Achievement Rate (Year II NAT MPS)	45.6	54.6	58.7	62.7	66.8	70.9	75.0
<b>TVET</b>							
Enrolment	1,568,617*	1,100,000	1,210,000	1,331,000	1,464,000	1,610,510	1,771,560
Male	893,091	531,300	586,850	649,528	720,288	805,255	885,780
Female	1,091,555	568,700	623,150	681,472	743,712	805,255	885,780
Graduates	1,344,371*	1,000,000	1,100,000	1,210,000	1,331,000	1,464,100	1,610,510
Male	856,708	494,000	545,600	602,580	664,169	732,050	805,255
Female	1,047,085	506,000	554,400	607,420	666,831	732,050	805,255
No. of Persons Assessed	772,670*	600,000	660,000	726,000	798,600	878,460	966,306
No. of Persons Certified	636,689* (2010)	510,000	564,300	624,360	690,789	764,260	845,518
Certification Rate (%)	82.40*	85.00	85.50	86.00	86.50	87.00	87.50
Private Education Students Financial Assistance (PESFA) – Number of TVET beneficiaries	13,406	15,000	15,000	15,000	15,000	15,000	15,000
<b>Higher Education</b>							
Enrolment	2,770,965	2,881,352	2,955,949	3,021,059	3,080,827	3,155,616	3,220,987
Male	1,255,839	1,305,170	1,335,880	1,361,395	1,388,337	1,418,062	1,445,247
Female	1,515,126	1,576,182	1,620,069	1,659,664	1,692,490	1,737,554	1,775,740
Graduates	481,026	509,707	524,054	538,397	552,735	567,083	581,425
Male	206,015	219,503	226,249	232,994	239,737	246,482	253,228
Female	275,011	290,204	297,805	305,403	312,998	320,601	328,197
<b>Faculty Qualification</b>							
% Master's Degree	35.04	40	45	50	55	60	65
% Doctorate Degree	9.69	10	13	16	20	25	30

**Table 8.9 Education Targets: 2011-2016 (cont'd.)**

Indicators	Baseline	2011	2012	2013	2014	2015	2016
Accreditation							
Percent of higher education institutions with accredited programs	20	20	23	26	29	32	35
Expanded Tertiary Accreditation and Equivalency Program (ETEEAP) Graduates	200	800	800	800	800	800	800
Student Financial Assistance Programs (STUFAPs)– Number of HE beneficiaries	42,000	44,000	44,000	44,000	44,000	44,000	44,000
Percent of higher education institutions with Ladderized Education Program (LEP)	34 (2008)	30	32	34	36	38	40
National Passing Percentage in Licensure Exams	36.26	45.84	47.04	48.39	49.72	50.94	52.53

\* 2010 data

Sources: DepEd, TESDA, CHED, NSO and the ECCD Council

a/ Data from the FLEMMS conducted by the NSO every five years

b/ Based on the 2000 Census of Population using the growth rate of the 2007 Census which is 2.04%

c/ Excludes preschool enrolment in summer classes

d/ The definition and formula for completion rate is currently being reviewed

**Table 8.10 Housing Targets by Program/Agency: 2011-2016**

Program (in households assisted)		Baseline 2010	Year						Total
			2011	2012	2013	2014	2015	2016	
I. Direct Housing Provision	1. NHA Housing Production	20,003	70,000	70,000	70,000	72,000	73,000	75,000	430,000
	Resettlement	18,740	42,000	46,000	58,000	58,000	58,000	70,000	332,000
	Slum Upgrading	2,068	20,000	10,000	10,000	10,000	10,000	--	60,000
	Sites and Services	1,142	--	--	--	--	--	--	--
	Local Housing	--	8,000	12,000	--	--	--	--	20,000
	Core Housing	572	--	1,000	1,000	2,000	3,000	3,000	10,000
	Medium-Rise Housing	--	--	1,000	1,000	2,000	2,000	2,000	8,000
	2. SHFC Community Mortgage Program	7,109	20,000	25,000	30,000	40,000	40,000	40,000	195,000
	3. Retail & Developmental Financing	120,465	100,000	150,000	150,000	150,000	150,000	150,000	850,000
	HDMF End-User Financing	56,696	100,000	150,000	150,000	150,000	150,000	150,000	850,000
	GFIs End-User Financing	63,769							
	LBP	243							
	SSS	50							
	DBP	11,300							
	GSIS	50,496							
	Total Direct Housing Provision	147,577	190,000	245,000	250,000	262,000	263,000	265,000	1,475,000
II. Indirect Housing Provision	1. HGC		50,500	57,065	64,484	72,866	82,339	93,044	420,298
	Retail Guaranty	15,709							
	Development Guaranty	17							
	Securitization	24,678							
	2. HLURB								
	License to Sell	174,025	166,500	167,000	167,500	168,000	168,500	169,000	1,005,300
	CLUP Assistance (LGUs)	110	111	111	113	113	115	115	678
	3. NHMFC								
	Purchase of Mortgages		930	820	2,433	2,267	3,267	2,838	12,555
	4. HUDCC								
Pre-Proclamations		5,000	5,000	5,000	5,000	5,000	5,000	30,000	

Source: HUDCC

**Table 8.11 Social Protection Targets: 2011-2016**

Indicators	Baseline	2011	2012	2013	2014	2015	2016
No. of Pantawid Pamilya household beneficiaries reached <sup>1</sup>	1.0 million (2010)	2.3 million <sup>2</sup>	3.0 million <sup>3</sup>	3.7 million <sup>4</sup>	4.0 million <sup>5</sup>	3.5 million <sup>6</sup>	2.9 million <sup>7</sup>
No. of KALAHI-CIDSS household beneficiaries reached	1,197,720 Households (2009)	571,725 <sup>8</sup>	382,950 <sup>8</sup>	323,325 <sup>8</sup>	323,325 <sup>8</sup>	274,275 <sup>8</sup>	
No. of families provided with capital seed fund (SEA-K)							
Level I	151,454 (2009)	16,290 <sup>8</sup>	17,910 <sup>8</sup>	19,695 <sup>8</sup>	21,660 <sup>8</sup>	23,820 <sup>8</sup>	26,205 <sup>8</sup>
Level II	7,532 (2009)	1,760 <sup>8</sup>	1,840 <sup>8</sup>	1,920 <sup>8</sup>	2,000 <sup>8</sup>	2,120 <sup>8</sup>	2,240 <sup>8</sup>
National Health Insurance Coverage	See targets on health section						

Source: DSWD

<sup>1</sup> Total number of beneficiaries per year. The declining number is due to the expected graduation of beneficiaries after 5 years.

<sup>2</sup> Includes Sets 1, 2, 3 and 4.

<sup>3</sup> Additional 0.7 million target HHs in 2012 (Set 5)

<sup>4</sup> Additional 0.7 million target HHs in 2012 (Set 6); Additional 0.7 million target HHs in 2013 (Set 7); the combined total target of Sets 1, 2, 3, 4, 5, 6 and 7 will reach 4.3 million HHs (to include the 320,411 HH beneficiaries graduated in 2013)

<sup>5</sup> By 2014, Sets 1,2 and part of Set 3 with a total of 435,718 HH beneficiaries would have completed the 5-year program

<sup>6</sup> By 2015, Set 3 remaining HHs and part of Set 4 with a total of 613,439 HH beneficiaries would have completed the 5-year program

<sup>7</sup> By 2016, Set 4 remaining HHs and Set 5 HH beneficiaries with a total of 1,677,152 HHs would have completed the 5-year program

<sup>8</sup> Additional beneficiaries per year

**Table 8.12 Agrarian Reform Targets, by Land Distribution and CARP Beneficiaries: 2011-2016**

Year	DAR		DENR		Total	
	No. of Hectares	No. of Beneficiaries	No. of Hectares	No. of Beneficiaries	No. of Hectares	No. of Beneficiaries
2011	200,000	121,070	100,000	129,747	300,000	250,817
2012	240,274	141,322	100,000	129,747	340,247	271,069
2013	334,928	197,016	100,000	129,747	434,928	326,763
2014	326,920	192,306	97,461	126,455	429,476	325,496
Total	1,102,095	651,714	397,461	515,696	1,504,651	1,174,145

Source: Revised CARP Targets 2011-2014 under RA 9700 as presented to PARC Executive Committee on March 31, 2011

**Table 8.13 Ancestral Domain and Lands Targets: 2011-2016**

	Baseline	2011	2012	2013	2014	2015	2016	Total
No. of CADTs issued		12 (250,000 hectares covered)	12 (250,000 hectares covered)	12 (250,000 hectares covered)	12 (250,000 hectares covered)	-	-	48 (1 million hectares covered)
No. of CALTs issued		12 (250,000 hectares covered)	12 (250,000 hectares covered)	12 (250,000 hectares covered)	12 (250,000 hectares covered)	-	-	48 (1 million hectares covered)
No. of ADSDPPs formulated		1	1	1	1	1	1	6

Source: NCIP



**Table 8.14 Urban Asset Reform Targets: 2011-2016**

Program (in households assisted)	Baseline 2010	Year						Total
		2011	2012	2013	2014	2015	2016	
Provision of Secure Tenure								
1. SHFC Community Mortgage Program (CMP)	7,109	20,000	25,000	30,000	40,000	40,000	40,000	195,000
2. HUDCC Pre-Proclamations		5,000	5,000	5,000	5,000	5,000	5,000	30,000

Source: HUDCC

## Housing and Urban Development

The housing sector targets the provision of 1.47 million units of direct housing assistance from 2011 to 2016. This target for direct and indirect housing provision is identified in Table 8.10.

The global MDG on ensuring environmental sustainability aims to achieve significant improvement in the lives of at least 100 million slum dwellers worldwide by 2020. This will guide the plans and programs on urban renewal or slum upgrading, which is a key component of the socialized housing program.

The identification and development of new relocation/resettlement sites for the marginalized and vulnerable sectors will be adopted, and program targets will likewise be set. The National Slum Upgrading Strategy that will be formulated will identify the national targets for the programs addressing the needs of slum dwellers.

## Social Protection

The social protection sector shall ensure the empowerment and protection of the poor, vulnerable and disadvantaged individuals from all types of risks. The convergence of *Pantawid Pamilyang Pilipino* Program, the *Kapit-Bisig Laban sa Kahirapan*—Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) and

Self-Employment Assistance—*Kaunlaran* (SEA-K) shall cover 53 provinces, while the National Household Targeting System for Poverty Reduction (NHTS-PR) shall update its database by 2014 in identifying at least 5.6 million poor households. Other targets are listed in Table 8.11.

## Asset Reform

DAR and DENR shall effectively synchronize the targets of the land acquisition and distribution component of the CARP. It shall distribute an estimated 1.5 million hectares to about 1.1 million beneficiaries from 2011 to 2014.

CARP's target has been revised based on the updated database as of December 2010. It shall be noted that the remaining balance of 1,102,095 hectares represent the gross landholdings that shall be covered by DAR. The gross area includes the retention areas of the landowners, since it is impossible to identify specific landholdings for retention, unless petitioned for retention while landholding is in the process of coverage. Targets for 2013 and 2014 are still very high, since RA 9700 mandates that Phase 3A lands (above 10 hectares) can only be covered starting July 2012 and Phase 3B lands (above 5 hectares) starting July 2013.

DAR's commitment to provide legal assistance to agrarian reform beneficiaries shall continue to be prioritized. The aim is to resolve 70,941 cases under adjudication of agrarian cases, provide legal assistance services in 45,487 cases filed at the judicial

and quasi-judicial courts, and mediate and conciliate 131,099 agrarian-related conflicts.

From 2011 to 2016, DAR shall provide legal assistance to agrarian reform beneficiaries, with 780,000 targeted cases to be resolved, disposed or submitted for resolution. These cases include those for adjudication, on agrarian law implementation, filed at the judicial and quasi-judicial courts, and for mediation and conciliation.

Meanwhile, the NCIP shall issue 48 CADTs and 48 CALTs until 2014 covering one million hectares. It will also formulate one ADSDPP each year until 2016.

The housing sector, led by the Housing and Urban Development Coordinating Council (HUDCC) and key shelter agencies, targets the provision of security of tenure to informal settlers as listed in Table 8.14.

## **Policies and Strategies**

### **Crosscutting Policies and Strategies**

The social development sector shall focus its efforts on ensuring an enabling policy environment for inclusive growth, poverty reduction, convergence of service delivery, maximized synergies, and active and strategic participation of stakeholders. The following policies and strategies that cut across the social sector shall be given priority:

#### **Attaining the MDGs**

The government is committed to attain the MDGs by 2015 through accelerated programs and affirmative action in education, health, nutrition, gender and development, housing, and social protection interventions. It shall be the priority consideration in planning, policy formulation and programming of programs, activities, projects in the social sector, with particular emphasis on MDGs where the country is lagging.

### **Providing Direct CCTs to the Poor**

Direct CCTs to the poor through the *Pantawid Pamilyang Pilipino* Program shall be the cornerstone of the government's strategy to fight poverty and attain the MDGs. Regular school attendance of children, health visits and immunizations shall be the conditions for the continuing direct cash assistance. Such transfers are not doles, as they are based on poor families' fulfillment of responsibility of investing in their children's health and education. The direct nature of such transfers will minimize administrative costs and corruption, and fulfill the government's thrust of transparency and efficiency. Similarly, the integrity and political independence of the NHTS used to identify CCT beneficiaries shall be safeguarded at all times and its technical and professional capabilities constantly upgraded.

### **Achieving Universal Coverage in Health and Basic Education**

Universal Health Care shall be adopted as the approach to improve, streamline, and scale up the health sector reform strategies. This shall address inequities in health outcomes by ensuring that all Filipinos, especially the poor, have equitable access to quality health care. No Filipino will be denied health care, even those without the means to pay.

The National Health Insurance Program (NHIP) shall be strengthened as the prime mover in improving financial risk protection, generating resources to modernize and sustain health facilities, improving the provision of health services to achieve the MDGs, and reducing the risks of lifestyle-related illnesses. The NHIP's limited resources shall be augmented through PPPs.

To attain universal participation in primary education, the government shall provide adequate basic educational inputs, expand alternative learning systems (ALS) and alternative delivery modes (ADM), and improve facilities. Alongside efforts that address disparities in access and equity, gaps in quality shall be closed by enhancing learning efficiency through strong partnership with various stakeholders. A convergence of efforts shall be ensured.

The CCT program shall be a crucial component of the strategy for universal health care and education for all. Providing incentives to families to keep their children in school and to seek regular health care creates the demand for the social services government provides.

#### **Adopting the CDD approach**

Wherever applicable, social development programs shall adopt the CDD approach, wherein local communities take control in the planning, implementing and resource investments. CDD ensures that programs integrate the principles of local empowerment, participatory governance, demand-responsiveness, administrative autonomy, greater downward accountability, and enhanced local capacity. Programs adopting this approach, such as the KALAHI-CIDSS, have been found to be more responsive to the needs of the poor and the vulnerable.

#### **Converging Social Protection Programs for Priority Beneficiaries and Target Areas**

Social protection programs shall converge in terms of strategies, target beneficiaries and geographic areas, to fully maximize resources and create more impact to beneficiaries. The *Pantawid Pamilyang Pilipino* Program shall form the backbone of

this convergence, with complementation from other social protection programs that ensure job generation, livelihood/microfinance, CDD and asset reform.

#### **Accelerating Asset Reform in the Agrarian, Ancestral Domain, Coastal Marine and Settlement, and Urban Sectors**

The government shall complete the CARP, as amended by CARPer, by 2014. Large tracts of private agricultural lands shall be prioritized, with the government improving its efficiency in resolving cases, hastening land distribution and ensuring equity. IPRA shall be fully implemented, ensuring IPs' ownership and priori rights to their ancestral domains and access to basic services. The government shall ensure the effective implementation of policies and laws concerning fisherfolk, and their coastal and marine settlement. Stakeholder engagement and convergence of efforts shall be emphasized in asset reform.

Urban asset reform shall be strengthened through the utilization of idle and underutilized government lands and the expedited issuance of land titles to intended beneficiaries in all housing proclamation projects. New sustainable communities or townsites shall be created to de-crowd the urban population. Extensive slum upgrading will be pursued as a strategy, with a holistic perspective in relation to basic elements such as relocation, resettlement, livelihood, and financing for slum communities.

#### **Mainstreaming Climate Change Adaptation and Disaster Risk Reduction in Social Development Interventions**

The frequency of natural disasters in the Philippines makes such events a question of survival not only for the poor but for all Filipinos. The mainstreaming of climate change adaptation and disaster risk reduction in social development interventions will proceed from ongoing research on the

The implementation of the Universal Health Care (UHC) shall ensure better health conditions, fair financing and a responsive health system.

impact of climate change on diseases, like dengue. Responses to climate change shall be introduced in the school curricula, alongside the promotion of green technology in constructing houses and social infrastructure and social safety nets for vulnerable groups, like farmers dependent on agriculture.

### **Mainstreaming Gender in the Social Development Process**

The government shall mainstream gender and development concerns in planning, policy formulation, program and project development and implementation, and monitoring and evaluation. It shall address the differentiated needs of women and men, so they can equally participate in and benefit from the development process.

### **Strengthening Civil Society-Basic Sector Participation and PPP**

In education, partnerships with the private sector, particularly with industry chambers, employers' associations, technical panels and other relevant bodies shall be strengthened. Such partnerships shall work on developing standards and curricula, monitoring indicators, and providing relevant hands-on education and training that are up to international standards. This will help close gaps in access and quality across regions, between urban and rural areas, between girls and boys, and among the vulnerable groups. The PPP and the national-local government collaboration shall be encouraged in addressing critical and basic educational inputs. These include the outsourced delivery of basic education services through instructional and other management services by qualified private providers, in order to improve access, efficiency and student achievement and to promote education fiscal reform.

In health, adequate incentives and regulations shall be put in place to attract private investments needed to

upgrade public health facilities, and to encourage existing private facilities and providers to address the needs of underserved populations. National health budgets and subsidies can promote PPP for health by: (a) increasing value for money of PhilHealth premium subsidies; (b) using national to local transfers to leverage PPP at the local health system level; and (c) providing direct incentives for private sector participation. In addition, the DOH shall expand partnerships with private tertiary medical centers through the Philippine Medical Tourism Program (PMTP). A percentage of income from medical tourism shall be channeled as benefits for the poor through a fund that subsidizes insurance premiums.

In the housing sector, an investment-friendly environment shall be created through PPPs, even as tax and fiscal incentives to private developers or investors are rationalized. The private sector shall be encouraged to develop ecofriendly, socially and economically viable land for new communities. Social protection schemes involving PPPs that reduce poverty and vulnerability of workers shall likewise be developed.

### **Adopting Volunteerism**

The government shall reinforce the practice of volunteerism in the delivery of social services, provision of technical assistance, responding to disasters, and undertaking humanitarian efforts, especially in the remote and unserved areas. The sector shall mobilize the talents, expertise, time and energies of volunteers from the academe, corporate sector, NGOs, government and foreign volunteer organizations.



### **Developing and Enhancing the Competence of the Bureaucracy and Institutions, to Improve Quality and Equitable Access to Social Services**

Capacity development shall be intensified at all levels of government, especially among LGU officials and staffs across the gamut of social sector activities, such as planning, programming, coordination, monitoring and evaluation. Targeting and delivery shall be improved to achieve the needed synergy and optimal results. At the same time, the sector and its institutions shall ensure optimized and judicious use of available resources the government and development partners through fiscal reforms and participatory local processes.

### **Sectoral Policies and Strategies**

#### **Health, Nutrition and Population**

##### *Health*

Achieving universal health care shall be pursued under the Aquino Health Agenda (AHA). This aims to improve, streamline, and scale up reform interventions espoused in the Health Sector Reform Agenda (HSRA) and implemented under FOURmula One (F1) for health, with particular focus on the poor. This will ensure that as health reforms move forward, the poor are not left behind. The successful implementation of the AHA will restructure the following health system components: good leadership and governance practices; accurate and timely information and feedback on performance; financing that reduces the burden of health spending especially among the poorest, the marginalized IS and the middle class; a well-performing workforce; affordable and high quality medical products and technologies; and appropriately delivered essential services.

The implementation of the Universal Health Care (UHC) shall ensure better health conditions, fair financing and a responsive health system. The objective UHC is to promote equity in health through the provision of full financial protection and improvement of access to priority public health programs and quality hospital care, especially for the poor. Its strategic thrusts are as follows:

1. Protect the poor from the financial burden of health care use by improving the BDR of the National Health Insurance Program (NHIP):
  - a) Redirect PhilHealth operations towards the improvement of the national and regional BDRs;
  - b) Attain and sustain universal coverage of NHIP (expansion of coverage to include the poor and the informal sector);
  - c) Promote availment of quality outpatient and inpatient services at accredited facilities through reformed capitation, with no balance billing or zero co-payment arrangements for sponsored members; and
  - d) Increase the support value of health insurance for the poor through ICT upgrading to fast track Philhealth claims processing.
2. Improve access to quality hospitals and health care facilities by upgrading or expanding government-owned and -operated hospitals and health facilities as well as providing quality services to help attain the MDGs; attending to traumatic injuries and other types of emergencies; and managing noncommunicable diseases and their complications:
  - a) Enhance targeted health facility programs that shall leverage funds to improve facility preparedness for trauma and the most common causes of mortality and morbidity;

b) Provide grant mechanisms from PPPs to support immediate repair and rehabilitation of selected priority facilities;

c) Promote fiscal autonomy and income retention schemes for government hospitals and health facilities;

d) Unify and streamline DOH licensing and PhilHealth accreditation for hospitals and facilities; and

e) Cluster referral networks by region to address the fragmentation of services.

3. Attain the MDGs for health by focusing public health programs on maternal and child mortality; morbidity and mortality from TB, dengue and malaria, and the prevalence of HIV-AIDS, in addition to emerging diseases; and prevention and control of noncommunicable diseases, particularly cardiovascular diseases, cancer, diabetes mellitus, and end-stage renal disease.

a) Deploy Community Health Teams to actively assist families in assessing and acting on their health needs;

b) Utilize the life-cycle approach when providing needed services, such as family planning, antenatal care, delivery in health facilities, essential newborn care, immediate postpartum care, and *Garantisadong Pambata* package for children 0-14 years of age;

c) Aggressively promote healthy lifestyle changes to minimize noncommunicable diseases;

d) Ensure adequate surveillance and preparedness for emerging diseases; and

e) Harness the strengths of interagency and intersectoral approaches to health.

To achieve the above strategic thrusts, the following instruments shall be utilized:

*1. Health Financing.* This increases resources for health that will be effectively allocated and utilized to improve the financial risk protection of the poor and the vulnerable sectors. Strategies and activities include achieving universal health insurance coverage, increasing public investments for health, allocating health resources to appropriate financing agent, and securing fiscal autonomy of government health facilities and shifting to new provider payment mechanism.

*2. Service Delivery.* This seeks to transform the health service delivery structure to address variations in health service utilization and health outcomes across socioeconomic variables and across geographic boundaries. Strategies and activities will aim to ensure that appropriate health services are available at all levels of health care by:

a) Transforming the health service delivery system from providing several individual health providers or facilities to service delivery network;

b) Enhancing the service packages delivered by the service delivery network to achieve the country's MDG commitments, eliminate endemic diseases as public health threats, intensify disease prevention and control for both communicable and noncommunicable diseases, and manage health emergencies and disasters; and

c) Investing in a health facility enhancement program that defines a unified and rationalized health

facility blueprint; strengthening the gate-keeping function of lower level facilities; increasing the capacities of centers of excellence for specialty hospitals; enhancing the quality assurance system for public outpatient facilities like rural health units (RHU)s and barangay health stations (BHS); ensuring that hospitals are safe from disasters; and providing incentives to promote PPP ranging from investments for tertiary care to involving private practice midwives in the delivery of primary services;

*3. Human Resources for Health.* This will ensure that all Filipinos have access to professional health care providers to meet their health needs at the appropriate level of care. Strategies include ensuring that each family has assigned competent primary health care providers and producing health professionals responsive to the current needs of the health sector. To address distribution concerns of health human resources, the following strategies will be pursued: providing incentives for deployment in underserved areas; using ICT to direct health workers to local job offerings; and using of global market forces like medical tourism to keep highly-trained health workers and reduce turnover rates.

*4) Policy, Standards and Regulation.* These instruments aim to ensure equitable access to essential medicines, health services and technologies of good quality, availability and safety. Strategies include:

- a) Increasing the availability of cheaper quality medicines through efficient and reliable procurement and distribution systems; improving the affordability of essential medicines through assured delivery of entitlements to specific treatment packages;

linking the PhP100 Program with PhilHealth benefit package in all levels of care; and promoting generics;

- b) Monitoring and boosting the rational use of drugs and technology through implementation of clinical practice guidelines; regulating over-the-counter nonessential drugs, nutraceuticals and alternative health services; and regulating product and health service advertisements, to reduce the risk of misleading and biased promotional information reaching the consumers and professionals;
- c) Ensuring the quality of essential medicines, food, technology and services by strengthening regulatory agencies of DOH, such as the Food and Drug Administration (FDA) and the Bureau of Health Facilities and Services (BHFS), and the post-marketing surveillance system;
- d) Strengthening the regulatory functions of DOH agencies standards and processes for licensing, certification and accreditation of public and private health facilities, such as lying-in clinics, Basic Emergency Obstetric and Neonatal Care (BEmONC), Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) and hospitals; and
- e) Reviewing and updating the laws and guidelines governing practice by health professionals to allow flexibility in the delivery of health services, especially in resource-poor areas (e.g., performance of lifesaving functions by midwives).

*5. Governance for Health.* This establishes the mechanisms for efficiency, transparency and accountability, thus preventing fraud. Under this instrument, initiatives shall be undertaken towards enhancing the health system to better respond to inequities in health. The institutionalization of the Sector-wide

Development Approach for Health (SDAH) systems shall also be undertaken aside from strengthening the governance structures for managing the health sector at the national and local levels. Better performance, accountability and internal management control mechanisms and stronger client-centered services shall also be undertaken.

*6. Health Information.* The instrument to establish a modern information system that will provide evidence for policy and program development to improve performance levels, distribution and equity, and support for immediate and efficient provision of health care and management of province-wide health systems. ICT shall be used to implement UHC, together with reliable and timely data. Investments on the automation of health information in all health facilities shall be encouraged.

To support the Health Information System, core agencies and partners of the Philippine National Health Research System (PNHRS) shall share their resources and mutually complement their health research. The following specific strategies shall be adopted by the PNHRS:

- a) The science community shall address the gaps in the access to essential medical products, vaccines and technology, and the health information system. Health technology development shall focus on diagnostics, vaccines, drugs, use of ICT in health care (telehealth), and traditional and alternative health care. For health information systems, the science community shall focus on building information content and providing access to relevant, current, and accurate health information;
- b) CHED shall focus on education-related research to produce competent health workforce, while the DOH will focus on health systems and operations research, to address

health services, health financing, leadership and governance; and

- c) To create and sustain a critical mass of researchers and mentors, capacity-building programs that involve local and international scholarships, fellowships, training and twinning arrangements shall be continued and enhanced. These shall focus on expertise in the research continuum, from conceptualization and stakeholder engagement, to writing, implementation, dissemination of research results, and technology commercialization, where applicable, in order to increase research relevance and visibility, and translate results into policies and actions.

#### *Nutrition*

1. Reduce disparities in nutrition by focusing on population groups and areas highly affected by or at risk of malnutrition, specifically pregnant women, infants, children 1-2 years old, underweight children 0-5 years old, and LGUs with high levels of child undernutrition or at risk of undernutrition.

2. Devote more resources to interventions with a greater impact on undernutrition among children under-five, including the following:

- a) Optimum infant feeding and young-child feeding practices anchored on breastfeeding during the first six months of life;
- b) Calorie-, nutrient-dense and safe solid and semi-solid foods (complementary foods) from the sixth month of life onward, with continued breastfeeding up to two years of age;



- c) Sanitary practices, including personal hygiene and handwashing;
- d) Supplementation with Vitamin A, zinc for diarrhea management, iron for pregnant women and infants, and iodine in areas where iodine deficiency disorders are endemic;
- e) Deworming;
- f) Appropriate medical and dietary management of acute malnutrition; and
- g) Iron fortification of rice and flour, iodization of salt, and Vitamin A fortification of other staples.

3. Revive, identify, adopt, and propagate good practices and models for nutrition improvement;

4. Increase food supply at the community level through food production programs and development and the maintenance of facilities to allow efficient distribution of food (refer also to Chapter 4);

5. Improve access to food by generating employment and building capacities for higher employability;

6. Protect the vulnerable from food insecurity through food-based safety nets, e.g. direct distribution of rice, emergency employment; and

7. Strengthen and nurture interagency structures for integrated and coordinated implementation of nutrition and related services at national and local levels.

### *Population*

The Directional Plan for Population 2011-2016 addresses the challenge of poverty alleviation, as this is affected by fertility and parenting choices. Its long

term goal is to contribute to improving the quality of life of all Filipinos through responsible parenting, and outcomes in health, education, and population that are in harmony with available resources and sustainable environment conditions, thus reducing poverty and inequalities in human development opportunities.

The following objectives support this long-term goal:

- Help couples and parents exercise responsible parenting to achieve the desired number, timing and spacing of children and improve maternal, neonatal and child health, and nutrition status;
- Help adolescents and youth avoid premarital sex, teenage pregnancies, early marriages, sexually transmitted infections and other psychosocial concerns; and
- Contribute to policies, plans and programs to attain population growth and distribution consistent with economic activities and sustainable development.

The following major strategies shall be undertaken:

1. Work for universal access (accessibility, availability, and affordability) of all medically, ethically, and legally approved family planning methods and services to help parents plan their families consistent with their plans and decisions;
2. Promote male responsibility in Responsible Parenting and Family Planning (RP/FP) programs, in the context of gender equality and equity;
3. Continue to utilize community organizing and participatory strategies (e.g., Responsible Parenting Movement, community-based volunteerism) to sustain and broaden the acceptance of responsible parenting as a social norm;

Reaffirm the highest priority for basic education as a right that should be enjoyed by all Filipinos

4. Provide age- and culture-appropriate and gender-responsive human sexuality education for the youth through the formal and nonformal educational systems; and educate parents in appropriate skills and information regarding adolescent health and human concerns;

5. Intensify communication, education, and advocacy campaigns for population and development and RP/FP programs by broadening alliances and strengthening networks with program stakeholders, LGUs, NGOs, business community, the academe, the media and faith-based organizations, among others; and

6. Advocate increased investment in the population program by the national government, and coordinate with LGUs to mobilize support for the population program through ordinances, executive issuances, and budgetary allocations that strengthen local population and RP/FP programs.

### Education, Training and Culture

With the slow decline in population growth, the country must contend with continually rising demands for educational and employment opportunities, other basic human rights-based entitlements, and a more extensive participation in the era of internationally-shared human resources. The national education and other learning systems must respond to the above challenges, even as it attends to the socioeconomic requirements of a peaceful and progressive nation and a globally competitive economy.

The following policies and strategies shall be pursued:

1. Reaffirm the highest priority for basic education as a right that should be enjoyed by all Filipinos;

2. Harness private-sector resources in the delivery and monitoring of, social marketing and advocacy for education, especially higher education;

3. Make education and training truly inclusive and expand opportunities for lifelong learning through: (a) better and broader provision of basic educational inputs, especially in traditionally lagging areas by using ADMs in formal education and ALS for out-of-school youths and adults; (b) maximal learning opportunities for mentally challenged individuals (e.g. autistic, attention deficit hyperactivity disorder, etc.) by providing special instructional services and facilities; (c) improved and safe school buildings and facilities, to ensure accessibility of PWDs and consider disaster risks; and (d) strengthened Madrasah, education of IPs, and other vulnerable groups;

4. Accelerate the implementation of the Basic Education Sector Reform Agenda's five key reform areas towards the attainment of the goals of EFA and the MDGs: (a) school-based management (SBM); (b) national learning strategies; (c) quality assurance and accountability; (d) complementary interventions; and (e) institutional culture change. The SBM system shall be fully operationalized to ensure direct access to resources of public schools as a means of achieving educational devolution and decentralization;

5. Enhance learning efficiency in the early grades through the use of the mother tongue as the language of learning, and improve student retention, completion and achievement rates, with strong support from parents, the community, and civil society;

6. Pursue a focused program for the health, nutritional and physical well-being of learners as the foundation of improved attendance and performance, in coordination with the expanded CCT Program;

7. Align the pedagogy of science and mathematics education with the requirements of the global environment; strike a strong balance

between technology and livelihood education on both elementary and secondary levels; and expand the use of ICT in technology-based student learning packages to enhance the teaching-learning approach in basic education (e.g., indexing of curriculum concepts and competencies for systematic development of e-learning materials);

8. Ensure that the structure and program of formal basic education, within the framework of Kindergarten to 12 Years (K+12) Basic Education Program, are adequate and sufficiently responsive to: meet legal and other formal requirements of employment; pass the test of global comparability and prepare students for employability and for higher levels of learning; and reinforce career consciousness among students, and provide guidance and counselling throughout the K+12 Basic Education Program;

9. Strengthen, streamline, and improve the learner assessment system based on the expanded definition of Functional Literacy, utilizing it as a mechanism for: (a) a more comprehensive measurement of system performance; (b) curriculum development and instructional delivery; (c) further learning and training enhancement; (d) career and skills aptitude and job readiness; and (e) actual entry into employment;

10. Institutionalize preservice education, in-service training, hiring, licensure, promotion and performance assessment of teachers, fully anchoring on the National Competency-Based Teacher Standards (NCBTS) and the expanded definition of functional literacy as firm foundations of all quality enhancement and professionalism; and establish an effective system for the two-track career paths of teachers (teaching and management) that guarantees

attractive remuneration and professional growth, alongside awards, incentives and recognition that may be provided through PPPs;

11. Support and institutionalize cultural and values-oriented projects on TV, radio, print and Internet through partnership with media and other private-sector and civil society entities; produce TV documentaries and infomercials, to highlight positive Filipino values and promote sustainable development, peace and human security, good governance, disaster-risk reduction and climate-change preparedness. The development communication policy framework of the Philippine Information Agency (PIA) shall be adopted, with the convergence of traditional and multimedia platforms, as well as online and social media, in engaging wider clientele and audiences at all levels;

12. Embed the development communication approach espoused by the PIA in all government information programs and projects, from policy formulation to implementation, monitoring and evaluation. The private media, academe, civil society organizations and business sector shall be encouraged to join in the various development communication efforts of government, to inspire the citizenry and instill in them an active commitment as stakeholders in building better citizenry and stronger and self-reliant communities;

13. Sustain heritage conservation approaches to nurture country's history and preserve the patrimony of bio-cultural diversity;

14. Develop a sporting culture that views grassroots and mass-based sports as an important mechanism in promoting human development and peace, and as a source for development of athletes by: (a) strengthening the national centerpiece program for grassroots and sports for all; (b) harnessing high-level training towards developing Filipino athletes

Work for a highly accountable higher education subsystem and institutions with strong external governance, management, and financing (including locally-funded and maintained institutions) and demonstrating desired socioeconomic impact, responding to the imperatives of globalization but reaching out to politically-challenged areas and communities.

who will be at par with the world's best; and (c) enforcing the mandates, responsibilities and accountabilities of major sports stakeholders, to encourage partnerships and good governance;

15. Pursue an integrated system of all publicly-funded forms of student financial assistance in post-basic education to achieve the following: (a) increased student purchasing power and freedom of choice; (b) improved targeting and selection system; and (c) rationalized financing. The bulk of public resources for post-basic education shall be channeled directly to students through efficient and effective governance and clientele targeting of financing schemes (e.g. voucher system, expanded scholarships, student loans), and other forms of student assistance, in order to promote the matching of and demand for critical skills and professions;

16. Rationalize the governance of middle-level skills development by strengthening TESDA and focusing on development planning, resource allocation, standard-setting and quality assurance; and encouraging LGUs and industries to directly participate in the delivery of TVET skills development programs;

17. Work for highly accountable higher education subsystem and institutions with strong external governance, management, and financing (including locally-funded and maintained institutions), thus demonstrating desired socioeconomic impact, responding to the imperatives of globalization, and at the same time reaching out to politically-challenged areas and communities. HEIs shall be encouraged to incorporate the promotion of peace, sustainable development, gender equality, and women empowerment in appropriate parts of the curriculum and in agendas for research and extension;

18. Rationalize the number, size, and roles of HEIs through systematic interventions, including amalgamation,

phase-out or closure of nonperforming HEIs and redundant programs, and harmonization and complementation of offerings;

19. Enhance the cross-level mobility of students between higher education and middle-level skills development based on the Philippine National Qualification Framework (PNQF) through ladderization, the expanded tertiary education, equivalency and accreditation program (ETEEAP) and other modalities;

20. Devise a transnational education (TNE) strategy in programs and services for both inbound and outbound students and workers, including mutual recognition/accreditation of skills and professional development of Filipino workers vis-a-vis neighboring countries. Reasonable and mutually beneficial supervision and regulation of TNE should lead to quality assurance and management of foreign providers, as well as the integrity and competitiveness of Filipino providers;

21. Improve the efficiency and effectiveness of the demand-supply match for critical skills and high-level professions by: (a) addressing the problem of job-skills mismatch through tighter industry-academe links and better dissemination of labor market information (including career guidance and counselling); (b) emphasizing education and training in generic competencies, such as trainability, work ethics, ICT literacy, critical thinking and problem solving, and communication skills; and (c) improving levels of competencies among trainers and assessors in human resource development, including heightened gender sensitivity;

22. Integrate human rights concepts and principles in the educational system, to empower

To rapidly address the housing problem, particularly the proliferation of slums and informal settlements, the government shall formulate a National Slum Upgrading Strategy that will set the targets for slum upgrading programs.



students, faculty and education staff to uphold their rights and prevent any discrimination;

23. Strengthen social cohesion and solidarity (i.e. unity in diversity) among the different ethnolinguistic groups and faith communities in the country and within the ASEAN community by enhancing awareness and understanding of common cultural, economic, and political interests; promote intercultural and interfaith dialogues alongside informal and nonformal modalities, to train communities and leaders in the art and practice of conflict resolution;

24. Balance the demands of globalization through a locally-adapted/indigenized curricula that promote and preserve indigenous knowledge by: (a) expanding and upgrading the capacity to teach foreign languages in response to the requirements of internationally-shared human resources and emerging needs in the ASEAN region; (b) integrating balanced messages of migration and development in the Philippine education, both in the formal and alternative learning system; (c) making the education system responsive to the needs of the global community, while minimizing brain drain, encouraging brain gain and protecting the Filipino family from the social costs of migration; and (d) encouraging Filipinos overseas to remain rooted in their culture through an appreciation of Filipino languages, culture and heritage.

### **Housing and Urban Development**

To rapidly address the housing problem, particularly the proliferation of slums and informal settlements, the government shall formulate a National Slum Upgrading Strategy that will set the targets for slum upgrading programs. Expanded slum upgrading, onsite upgrading or incity resettlement shall be pursued as strategies by government and stakeholders.

Government shall pursue the following reforms to scale up and sustain slum upgrading: (a) supporting other forms or modalities of security of tenure such as usufruct and lease rights; (b) developing PPPs for onsite upgrading and resettlement; (c) stimulating housing microfinance for end-user financing; and (d) strengthening community partnerships and stakeholdership through capacity development. Through the PPPs, urban renewal shall also be promoted for sustainable urban development, to ensure balanced provision of revitalized infrastructure that would support social sectors, including socialized housing.

LGUs shall lead the efforts in shelter planning, since housing and human settlements will be localized in terms of identifying solutions and programming. Thus, LGUs shall develop a land inventory system to identify areas for urban growth and planned areas for human settlements through their Comprehensive Land Use Plans (CLUPs).

Building capacity for effective urban planning systems, data management, and disaster risk management especially among the LGUs shall be established.

The following policies and strategies shall be pursued:

#### ***Housing***

1. Create alternative funds and mobilize resources, to spur housing production through the revival of the SSS, GSIS and GFIs' contribution in the housing sector pool; reinstate the entitlements of the housing sector under the Comprehensive and Integrated Shelter Finance Act (RA 7835); involve rural banks, cooperatives and microfinance institutions in implementing a housing micro-finance program, catering to the marginalized sector and rural homebuyers; and develop an effective and viable secondary mortgage market and rationalization of the guarantee system;

Social protection policies and strategies shall be guided by an operational framework of reducing poverty and vulnerability through interventions in four major areas: labor market, social welfare, safety nets, and social insurance.

Strengthen the CBEP to create jobs and sustain labor market programs by adhering to decent work standards

2. Build strong partnerships with LGUs to accelerate housing production through land use and local shelter planning, land inventory and creation of Local Housing Boards (LHB); rechannel development funds to LGUs for housing projects for their constituents; and set aside lands for socialized housing in accordance with the Urban Development and Housing Act (RA 7279);

3. Engage NGOs (e.g., *Gawad Kalinga*, Habitat for Humanity, ABS-CBN Foundation) and the private sector in building and scaling up socialized housing projects;

4. Promote the use of “green” technology and materials in housing construction and in building “disaster-resilient homes”; and

5. Develop a strong, cohesive and responsive shelter team (e.g., key shelter agencies and stakeholders) to bring significant changes and institutional reforms, including simplifying loan application processing for development and homebuyer’s loans, and reducing red tape in the issuance of land titles and housing and development permits, at the national and local levels; and ensure transparency and good governance in the housing sector.

#### *Urban Development*

1. Formulate an action plan implementing the National Urban Development and Housing Framework (NUDHF) 2009-2016, to achieve urban competitiveness and sustainability, housing affordability, poverty alleviation, and effective and performance-oriented governance through a participatory process; and

2. Prioritize slum improvement under a policy of maximum retention and minimum dislocation; and vigorously implement the National Slum Upgrading Strategy through a National Slum Improvement Action Plan for 2011-2016 that comprise specific targets, programs

and activities to provide secured tenure to urban informal settlers, especially those in danger areas.

#### **Social Protection**

Social protection policies and strategies shall be guided by an operational framework of reducing poverty and vulnerability through interventions in four major areas: labor market, social welfare, safety nets, and social insurance. A convergence of social protection programs, through partnership-building, and participatory governance, shall be implemented.

#### *Crosscutting Issues*

1. Improve the targeting of social protection programs:

a) Ensure the integrity and the use of the NHTS-PR to target social protection programs for the poor, such as the CCT program and the PhilHealth Indigent Program, to maximize coverage and minimize leakages;

b) Consolidate, maintain, and update the NHTS-PR system and database;

c) Make the NHTS-PR available to all agencies and entities at the national and local levels; and

d) Complement NHTS-PR with the Community-Based Monitoring System (CBMS) available at the LGU level.

2. Provide adequate funding for social protection:

a) Redirect public spending from less effective to more effective and efficient social protection programs;

- b) Increase and sustain the budget for social protection programs; and
  - c) Intensify advocacy among LGUs to reinforce political will and improve their commitment to the implementation of social protection programs and projects.
3. Improve policy coordination and program implementation of social protection measures:
- a) Ensure that the necessary institutional arrangements to implement the programs are in place;
  - b) Ensure the coherence and coordination among national government agencies, LGUs, key private sector organizations, NGOs and international development agencies for greater financing, coverage and convergence; and
  - c) Raise the capacity of government agencies involved in social protection, particularly in implementation and monitoring.
4. Establish a monitoring and evaluation scheme:
- a) Establish a reliable and responsive monitoring and evaluation system to regularly assess impact, identify successes, improve program features and performance, win political commitment for program sustainability, and inform program administrators of changes in the status of beneficiaries; and
  - b) Revisit program designs regularly to check their consistency with objectives, desired outcomes and the adequacy of coverage.
5. Improve the database on vulnerable population groups to help form the basis for sound policies and effective programs; and
6. Guarantee the inclusion of the vulnerable groups in local development plans through their representation in local development councils and their participation in the formulation, development, and implementation of policies and programs.

#### *Labor Market Interventions*

- 1. Establish emergency employment/ guaranteed employment programs for workers affected by crisis, the seasonally jobless and the long-term unemployed, particularly the youth and women;
- 2. Strengthen the Community-Based Employment Program (CBEP) to create jobs and sustain labor market programs by adhering to decent work standards, to prevent the effects of sudden loss of income and to enable vulnerable workers, especially women, to attain economic security:
  - a) Intensify advocacy for self employment and livelihood programs;
  - b) Promote workers' cooperatives in the community for mutual assistance (e.g., *damayan*, *paluwagan*);
  - c) Make workers' relief and rehabilitation contingent to relocation to safer habitats and more sustainable livelihood;
  - d) Guarantee the availability of suitable housing, jobs and livelihood in relocation areas;
  - e) Promote paradigm shift during crisis from response to mitigation to preparedness interventions; and
  - f) Establish a multipurpose Emergency Fund for crisis-affected workers.

Achieve and sustain universal coverage of the poorest and vulnerable sectors, including the IS and OFWs who can afford to pay

Complement the CCT program with other social protection programs, to ensure it is linked with programs on job generation, livelihood, or asset reform.

3. Implement active labor market policies and programs to enhance the employability of vulnerable workers, such as those affected by crisis, workers in the informal economy, displaced and distressed OFWs, internally displaced people, the youth and women:

- a) Improve access, availability and affordability of training in new skills and occupations;
- b) Expand training opportunities for vulnerable workers; and
- c) Facilitate the reintegration of returning OFWs through appropriate training, investment and savings programs.

4. Initiate policy interventions, programs, projects and other measures to ensure the transformation of the brain-drain into a brain-gain phenomenon, and enhance the earning capabilities and entrepreneurship opportunities of returnees.

5. Intensify workforce-focused occupational safety and health (OSH) programs:

- a) Improve OSH compliance, particularly in high-risk industries, such as construction;
- b) Strengthen industrial tripartite councils for business process outsourcing;
- c) Sustain dialogues to strengthen interaction and cooperation between labor and management, to promote OSH programs at the enterprise level, particularly in industries identified as key employment generators or industry winners;
- d) Integrate OSH in local development plans and in school curricula;
- e) Intensify the campaign for family welfare programs; and

f) Implement gender-responsive OSH programs (e.g. breastfeeding in the workplace).

6. Strengthen measures against child labor and exploitation through strategic partnerships, and intensify advocacy and action at all levels while improving access to quality and integrated services;

7. Use labor-intensive techniques, whenever appropriate, in implementing government infrastructure projects by giving priority to the socially and economically disadvantaged residents of the project areas;

8. Make Public Employment Services Office (PESO) more responsive to the needs of job seekers; and

9. Promote the integration of PWDs in mainstream vocational training, employment, and livelihood schemes, with particular attention to the participation of women with disabilities.

#### *Social Insurance*

1. Achieve and sustain universal coverage of the poorest and vulnerable sectors, including the IS and OFWs who can afford to pay:

- a) Enrol the poorest families in PhilHealth by utilizing the NHTS-PR;
- b) Expand coverage of IS workers, and pursue legislation that mandates the enrolment among of IS workers who can afford to pay;
- c) Provide effective membership services; and
- d) Secure access to critical outpatient services at accredited rural health units and health centers, and to critical inpatient services at the national and local hospitals.

2. Develop enhanced social insurance measures for vulnerable groups against economic and natural shocks particularly for laid-off workers:

- a) Implement employment insurance for workers in the private sector and IS;
- b) Implement indigenous microinsurance schemes and integrate microinsurance into microfinance lending;
- c) Re-examine whether the SSS contributions required of IS workers remain affordable and realistic; and
- d) Implement mandatory SSS coverage for landbased OFWs, and include SSS enrolment as prerequisite in the issuance of the Overseas Employment Certificate.

3. Reform the provider payment mechanism and benefit packages in the NHIP, to improve private health insurance schemes and financial risk protection of members;

4. Promote hazard insurance coverage for vulnerable groups.

### *Social Welfare*

1. Expand and strengthen the CCT program to cover all poor households in the country:

- a) Maintain and enhance the CCT support systems, such as compliance verification, beneficiaries update, payment system, targeting, regular spot checking and monitoring; and
- b) Implement supply-side reforms and adjustments (basic health and education services), and

coordinate with provider agencies to improve compliance among CCT beneficiaries.

2. Complement the CCT program with other social protection programs, to ensure it is linked with programs on job generation, livelihood, or asset reform;

3. Develop and implement appropriate, adequate and cost-effective social welfare interventions, to address the needs of the poorest and the most vulnerable;

4. Sustain and expand the gains achieved in CDD projects, such as KALAHI-CIDSS, and facilitate environmental protection and conservation through CDD and participatory development projects, such as rainforest rehabilitation, reforestation, biodiversity conservation, watershed management, river basin management, coastal and lakes protection;

5. Provide sustainable microfinance services:

- a) Expand and enhance microfinance programs and services, especially in areas with low saturation rate, complementing the CCT Program;
- b) Provide capacity development for microfinance institutions to effectively and viably implement microfinance programs;
- c) Develop and enhance the entrepreneurial skills of target end-clients; and

d) Operate and manage microenterprises sustainably.

6. Strengthen regulation and enforcement of social welfare and development (SWD) standards for both public and private organizations engaged in SWD;

7. Strengthen measures against human trafficking and provide support for its victims;

To achieve inclusive growth and sustainable socioeconomic development, the completion of agrarian reform must be prioritized as the government's antipoverty and social justice program.



8. Fully implement the laws protecting and promoting the rights of vulnerable groups, (e.g., IPRA, Expanded Senior Citizens Act, Amended Magna Carta for PWDs, Magna Carta of Women, Magna Carta of Migrant Workers, Anti-Trafficking in Persons Act, Juvenile Justice Welfare Act, Anti-Violence against Women and their Children Act);

9. Monitor and ensure the country's compliance with various international treaties, conventions and protocols that protect and promote the rights of the vulnerable groups;

10. Campaign for other countries to ratify international conventions, treaties, standards and protocols that are relevant to the protection and promotion of the rights and wellbeing of OFs;

11. Promote service-delivery models, such as partnership with faith-based organizations and NGOs, in providing SWD services and cost-sharing between NGAs and LGUs or NGOs.

#### *Safety Nets*

1. Develop safety net programs that are readily available and can be scaled up during financial and economic crisis, calamities, emergencies and disasters (e.g., public workfare program);

2. Allocate quick-disbursing funds at the national and local levels, to assist victims of calamities and disasters;

3. Implement an emergency response income-support program through employment creation in distressed areas, to respond to contingencies such as recessions, natural and man-made disasters or sudden income shocks; and put in place a regular monitoring mechanism to ensure the readiness of relevant agencies during natural and man-made disasters;

4. Reform the NFA Rice Subsidy program, to effectively target the poor and to support the CCT and other anti-poverty and social protection programs; and

5. Strengthen safety nets for OFWs:

a) Intensify the effort for OWWA membership enrolment and renewal; and

b) Institute dialogues and forge agreements to further strengthen cooperation with labor-receiving countries towards mutual protection and benefits for the OFWs.

#### **Asset Reform**

##### *Land Acquisition and Distribution (LAD)*

To achieve inclusive growth and sustainable socioeconomic development, the completion of agrarian reform must be prioritized as the government's antipoverty and social justice program. Completing the CARP by 2014 will be a historic milestone of this Plan. The country will finally put to rest the greatest property issue once property relations in agriculture are clarified.

The DAR, as the lead CARP implementing agency, shall adopt the following strategic directions in improving land tenure security of the landless farmers:

1. Complete LAD of private agricultural lands (PAL) in the CARPer balance:

a) Focus on large private agricultural lands;

b) Streamline processes and procedures by utilizing technology-enabled information tracking systems; and

- c) Enhance the database of landholdings for ease in targeting and monitoring land acquisition and distribution.
2. Continue the distribution of public alienable and disposable lands;
  3. Synergize the efforts of CIAs in all LAD processes; and
  4. Establish and operationalize strategic partnership with CSOs, particularly on the coverage of large private agricultural lands.
3. Continue the coordination and dialogue among government agencies, such as the DENR, DA, LRA, DAR and NCIP, on land and tenurial conflicts and overlapping claims involving ancestral lands;
4. Review and simplify existing NCIP policies, circulars, issuances, and guidelines, including the guidelines on the issuance of the FPIC, without sacrificing the welfare and concerns of IPs. The inclusive and full participation of IPs in the process shall be ensured while maintaining a meaningful collaboration/partnership with CSOs, the private sector, national government agencies, and LGUs;

#### *Agrarian Justice Delivery*

1. Prioritize cases with higher number of affected ARBs;
  2. Enhance the case-tracking system for the inventory of cases and flowcharting of existing systems;
  3. Speed up decisions of cases through the development of templates, proper docketing and establishment of central servers for monitoring;
  4. Ensure transparency by streamlining administrative orders and utilizing the web links to case resolution; and
  5. Develop new training programs for Program Beneficiaries Development (PBD) to support enterprise management of ARBs.
5. Improve and facilitate IP access to justice and traditional decision-making processes on the settlement of conflicts by the elders. Traditional practices and processes shall be documented and serve as reference for transfer of knowledge on conflict resolution, to strengthen IP decision making processes. Coordination among the DOJ, the Public Attorney's Office (PAO) and the Supreme Court, as well as the civil society, shall also be pursued towards advocating indigenous rights and increasing access by IPs to free and immediate legal services;
6. Assist ICCs/IPs in documenting cases resolved under indigenous justice systems, conflict resolution mechanisms and peace building processes, for NCIP to adequately defend the indigenous litigants. Documentation of cases is essential as written evidence is required by regular courts in cases filed against IPs;

#### *Ancestral Domains and Lands*

1. Intensify the information, education, and communication drive on IPRA and the NCIP's delineation and titling program in all levels of government;
  2. Fasttrack the identification, delineation, titling and registration of ancestral domain claims;
7. Consider the IPRA provisions in discussions regarding Reducing Emissions from Deforestation and Forest Degradation (REDD) and other carbon forest engagements in the national and international arena;

8. Encourage ecotourism as a source of alternative or supplementary income, subject to community protocols on protection of indigenous knowledge systems and practices. Watershed management and the planning of ancestral waters to enhance biodiversity shall be considered in ancestral domain planning;

9. Ensure that IP data and statistics are up-to-date by including IP indicators, particularly the ethnicity variable, in the national censuses and related surveys and by ensuring the involvement of the NCIP from the preparatory activities up to the validation of the collected IP-related statistics. The NCIP shall also take the lead in orienting LGUs with IP population on gathering IP ethnicity variable statistics, and utilizing these in formulating socioeconomic profiles. The NCIP shall ensure that institutional coordination and agreement on this concern is established; and

10. Strengthen partnership among ICCs, LGUs, NGAs and CSOs to ensure synergy in activities for IPs. Partnerships shall be tapped in: ensuring compliance with the FPIC process; formulating and implementing ADSDPPs and their integration in CLUPs and local development plans; and providing capacity building and training in entrepreneurial skills enhancement, business management, bookkeeping, communication, product development, training and marketing.

#### *Coastal and Marine Settlement*

1. The delineation of municipal waters shall be fasttracked and completed during this Plan period through the following strategies:

- a) In partnership with NGOs and fishermen's federations at the local and national levels, deploy at least one trained community organizer in each of the remaining 873 coastal municipalities, to: facilitate

the organization, education, and mobilization of the small fishers in the municipality; speed up the delineation of municipal waters; and facilitate the implementation of coastal resource management planning and the Fisheries Code;

- b) Issue a Memo Circular (from DA-BFAR and DILG) to local chief executives advocating the swift implementation of the Fisheries Code, especially the delineation of municipal waters, as a means to help 1.5 million small fishermen and increase the LGU tax base;

- c) Explore the granting of incentives to small fishers participating in the process, in the form of their immediate registration and licensing as municipal fishers, and provision of settlement sites and land tenure security; and

- d) Provide technical assistance through DILG and relevant agencies in delineating and validating municipal waters, especially among municipalities with territorial conflicts.

2. Explore a moratorium on all approvals of Foreshore Lease Agreements, except on ensuring the settlement of small fisherfolks, and set up a task force on fisherfolk settlement, to begin providing land tenure security to small fisherfolk households;

3. Ensure that 40 percent of women are represented in all management structures, both nationally and locally, as provided in RA 9710 or the Magna Carta for Women;

4. Set aside sufficient funds for the implementation of the Comprehensive National Fishery

Industry Development Plan (CNFIDP), which is the 25-year development plan initiated by the DA-BFAR by virtue of the Philippine Fisheries Code of 1998; and

5. Conduct vulnerability risk assessments of coastal communities through DA-BFAR and DENR, in coordination with LGUs, and provide the necessary funds for the activity.

#### *Urban Asset Reform*

1. Increase funding for proven housing programs and institutions, scale up the Community Mortgage Program's success and strength, and fasttrack the issuance of Presidential proclamations for socialized housing;

2. Provide incentives to unlock land for affordable housing through resource generation for socialized or low-cost housing and private sector-guided redevelopment of public land (e.g., redevelopment of NHA land to raise funds for relocation and construction of socialized housing facilities); and

3. Provide and encourage access to land for affordable housing through the alternative land access modes, such as long-term lease and usufruct rights, including putting in place basic infrastructure ahead of settlements and making the accessed land in the periphery available for mass housing.

## Legislative Agenda

### Health, Nutrition and Population

#### Health Financing

##### Amendment of RA 7875, or the National Health Insurance Act of 1995

A roadmap towards universal health care through a refocused PhilHealth, this seeks to modify national-local government premium sharing for the Sponsored Program and full subsidy scheme for the lowest income bracket of the population (5 million families); sustain membership to PhilHealth for all Filipinos; include membership to PhilHealth as requirement for government transactions, such as application of business permit, driver's license, marriage certificate; strengthen the visatorial powers of PhilHealth; and define offenses and abuses against the NHIP.

##### Restructuring the Excise Tax on Alcohol and Tobacco Products and Earmarking Portions of Incremental Revenue for Health Programs

This seeks to increase the resources for health promotion and disease control programs of DOH and Philhealth's coverage of indigent households, by amending Sections 141, 142, 143, 144, 145 and 288 of the National Internal Revenue Code of 1997, as amended.

##### Income Retention of National Government Hospitals

This seeks to authorize all national government hospitals to utilize all its income for hospital operations, particularly the capital outlay, maintenance and other operating expenses, and allow them to invest their funds in high yield investment instruments. The coverage shall include all government hospitals at national and local levels.

## **Service Delivery**

### **A National Policy on Reproductive Health, Responsible Parenthood and Population Development**

This seeks to strengthen government's efforts towards the protection of women's rights and the realization of the people's vital role in family health, among others; and compel the State to guarantee universal access to medically-safe, legal, affordable and quality reproductive health services, methods, devices, supplies and relevant information for responsible parenthood.

### **Strengthening of the Philippine comprehensive policy on the prevention and control of AIDS**

This seeks to enhance existing HIV and AIDS information and educational program to increase the level of awareness of the citizens; provide mandatory disclosure of HIV and AIDS status to spouse; and strengthen the Philippine National AIDS Council Secretariat.

### **Regulation on the Donation and Transplantation of Human Organs and Tissues from Living and Deceased Donors**

This seeks to promote access to organs and tissues for transplantation for patients with end-stage diseases, and regulates the donation of human organs and tissues from living and deceased donors; develop and maintain a national registry and reporting system of donors and recipients of human organs and tissues, and continuous evaluation of the system.

### **Establishment of a Philippine Center for Specialized Health Care (PCHSC)**

This seeks to establish the Philippine Center for Specialized Health Care, composed of Philippine Heart Center for Asia, Lung Center of the Philippines, National Kidney & Transplant Institute,

Philippine Children's Medical Center, and East Avenue Medical Center, to provide specialized medical services, professional and advanced medical training.

## **Human Resources**

### **Improved Management Systems in Human Resources for Health (HRH)**

This seeks to institutionalize the Human Resources for Health Network as a structure to support human resources for health development in the Philippines.

### **Amendment of the Medical Act of 1959**

This seeks to amend or include the following provisions: classification and/or reclassification of all existing allowances, including magna carta for health workers; creation of the Council on Medical Education; admission requirements; creation of the Professional Regulatory Board for Medicine; examination, registration and licensure; regulation of the practice of medical profession (suspension or revocation); and foreign reciprocity.

### **Amendment of the Midwifery Act**

This seeks to allow midwives to administer vaccination during immunization campaigns, as well as routine immunization at the barangay health stations, and administer life-saving drugs in emergency cases.

## **Regulation**

### **Bureau of Health Facilities and Services (BHFS) strengthening**

This seeks to strengthen the licensing of health facilities and services under BHFS.



## **Health Information System**

### **Notifiable Disease Act**

This seeks to improve reporting of important communicable and noncommunicable diseases, including injuries and trauma, and strengthen the use of ICT for data collection.

## **Education, Training and Culture**

### **Basic Education**

#### **Amendments to the Education Provisions of the Local Government Code**

This seeks to amend the education provisions of the Local Government Code of 1991, including: mandating the broader and better use of the Special Education Fund; reorienting the roles of the LGUs in the local management and quality assurance of basic education; and changing the composition of the Local School Board, which shall be renamed Local Basic Education Board, to promote greater roles, synchrony and check-and-balance among local stakeholders, thus following the constitutional priority accorded to basic education.

#### **Amendments to Magna Carta for Teachers**

This seeks to balance the enjoyment of rights and privileges with the exercise of responsibility and accountability, in order to expediently implement the developmental objectives of the DepEd in promoting equity and quality in the provision of basic education.

#### **An Act Establishing a Multilingual Education and Literacy Policy**

This seeks to mandate a permanent policy that institutionalizes within

the DepEd the use of the Filipino in teaching, learning and assessment, to enhance the efficiency, effectiveness and relevance of the learning process, both formal and ALS.

#### **Amendments to the Roxas Law**

This seeks to restructure the allocation of DepEd's budget for capital outlay, amending RA 7880 (Fair and Equitable Access to Education Act), and emphasizing the role of up-to-date school mapping in the rational allocation of educational infrastructures in all planning cycles.

#### **An Act Strengthening and Expanding the Education Service Contracting Scheme for Basic Education**

This seeks to support current basic education reforms by comprehensively amending the existing GASTPE Law and promoting fiscal savings-oriented PPP. Alongside other purchaseable services, the legislation will provide for the expanded outsourcing of instructional services for early childhood education, elementary education and ALS, on top of the existing secondary education.

#### **An Act Providing for an Integrated System of Licensure, Assessment, Qualification and Professional Development of Teachers, and Revising RA 7836 (as amended by RA 9293)**

This seeks to provide a three-stage licensure and qualification system, and authentic, performance- and NCBTS-based examination; reform the criteria for appointment or membership in the Licensure Examination for Teachers (LET); and limit the number of times LET can be taken.

#### **Amendments to ECCD Law (RA 8980)**

This seeks to recognize the early years from 0-6 as the first cycle of educational development, and strengthening the ECCD Council.

## **Middle-level Skills Development**

### **Enterprise-Based Education and Training Bill**

This seeks to subsume the apprenticeship chapter of the Labor Code of the Philippines; and integrate all enterprise-based training programs, including on-the-job training, apprenticeship, dual training system, and similar training modalities, under one set of coherent policies, and structure to implement and expand opportunities and venues for work-relevant education and training.

### **Institutionalizing the LEP**

This seeks to develop and implement a unified national qualifications framework that establishes equivalency pathways and access ramps for a ladderized system that allows easier transitions and progression between TVET and higher education.

## **Higher Education**

### **Amendment to CHED Charter ( RA 7722) towards Comprehensive Higher Education Reform Law**

This seeks to pursue the recommended measures of the Philippine Education Sector Study (PESS), to eliminate the conflict of interest between the system of internal and external governance due to CHED's chairmanship of the governing boards. Other needed provisions include: for LGU-created/funded HEIs to be part and parcel of the overall governance of higher education, for them to conform to national standards and best practices; clear-cut definition of the functions of regional offices; strengthen the management of the Higher Education Development Fund; strengthen, safeguard and institutionalize normative financing; and update private higher education provisions of the Education Act of 1978.

### **Public Higher Education Institutions Restructuring Bill**

This seeks to address the urgent need to innovate and rationalize the system of governance, financing and quality assurance of publicly funded institutions of higher learning, to make state higher education more accountable and responsive to both the needs of the students and the economy.

### **Regional University System in Region 11 Bill**

This seeks to create the Southeastern Philippines Regional State University System in Region 11 that integrates the existing state university and three state colleges in Davao City, Davao del Norte, and Davao Oriental. This shall serve as the pioneering model for the envisioned national restructuring of state higher education subsystem that will promote better resource management and utilization while pursuing enhanced quality management, effectiveness and regional relevance.

### **Comprehensive Scholarship and Student Financial Assistance Reform Act**

This seeks to rationalizes provisions and rules governing all publicly funded scholarship based on merit and talent, student loans, grants and vouchers. This will modify the existing law on Government Assistance to Students and Teachers in Private Education, and integrate under one set of policies the optimal resource use, systematizing of clientele targeting and selection and awarding of grantees. The legislation is patterned after Thailand's Income-Contingent Allowance and Loans Program and the Australian Higher Education Contributions Scheme.

## **Housing and Urban Development**

### **Creation of the Department of Housing and Urban Development (DHUD)**

This seeks to ensure an adequate and coherent institutional framework for a holistic management of the housing and urban development sector.

### **Balanced Housing Requirement for Condominium Projects**

This seeks to require developers of proposed condominium projects to develop socialized housing projects (costing at least 20 percent of the projects) as compliance with the 20 percent balanced housing requirement for subdivisions, per Section 18 of the Urban Development and Housing Act or RA 7279.

### **Establishment of Local Housing Boards**

This seeks to create Local Housing Boards in every city and municipality that shall serve as the focal unit in the delivery of housing services, local shelter planning and disposition of underutilized assets of shelter agencies and national government.

### **National Land Use Act (NALUA)**

This seeks to establish a national land use framework that will define the indicative priorities for land utilization and allocation. NALUA shall integrate efforts, monitor developments related to land use, and evolve policies, regulations and directions of land use planning processes. The NALUA mandates the formulation of national planning and zoning guidelines and standards, to guide LGUs in the formulation of their CLUPs and enactment of zoning ordinances.

## **Comprehensive and Integrated Shelter Finance Act (CISFA) II**

This seeks to enact the continuation of CISFA or RA 7835, to increase budget appropriation for the socialized housing program of the government, and significantly increase the provision of housing and tenure security to poor informal settlers, and in order to attain the MDGs.

## **Social Protection**

### **An Act Establishing a Comprehensive System for Registration and Licensing of SWD Agencies and Accreditation of SWD Programs and Service**

This seeks to encourage the participation of all persons, organizations or corporations, natural or judicial, that engage mainly or in part, or represents themselves to engage in charitable or SWD activities in uplifting the quality of life of the poor, vulnerable and the disadvantaged sectors through a DSWD registration, licensing and accreditation; provide benefits and incentives to registered, licensed and accredited SWD agencies; and reinforce the regulatory functions of the DSWD over public and private individuals, agencies and/or organizations engaged in SWD activities.

### **Philippine Adoption Act**

This seeks to integrate all the existing laws on adoption and establish a central adoption office under the DSWD.

### **Magna Carta for Workers in the Informal Economy**

This seeks to address the development, rights and protection of poor, marginalized, unprotected and underrepresented workers in the IS; recognize the real economic value of their labor; and provide standard registration and accreditation.

**An Act to Strengthen and Propagate Foster Care for Abandoned and Neglected Children and For Other Children with Special Needs, Providing Funds Therefore and for Other Purposes**

This seeks to develop a comprehensive legal framework that will consolidate the interest of children in need of foster care and for those who can provide such care.

**Anti-Prostitution Bill**

This seeks to address the system of prostitution through the apprehension and prosecution of agents, recruiters, traffickers, pimps, procurers, establishment owners, customers and others who derive sexual gratification, financial gain or any other benefit from the prostitution of another person. It shall also complement the current laws on antitrafficking and violence against women, in protecting and promoting the rights of the vulnerable groups, especially women and children.

**Magna Carta for Domestic Workers**

It seek to protect and promote the welfare of domestic workers by providing realistic minimum wage and other benefits, such as SSS and PhilHealth, implementing the use of a formal contract to govern employee-employer relationship, and preventing physical, sexual, mental and economic abuse of workers among others.

**Magna Carta for Youth**

This seeks to ensure the rights, freedoms and protection of the youth in all aspects of their lives, and put into reality the tenet of youth empowerment.

**Asset Reform**

**Land Administration Reform Act (LARA)**

This seeks to establish the Land Administration Authority integrating the Land Management Bureau, the Land Registration Authority, the National Mapping and Resource Information Authority, and Registry of Deeds.

## Annex 8.1 Pace of Progress of the Philippines in terms of Attaining the MDG Targets

MDG Goals, Targets and Indicators	Pace of Progress	Probability of Attaining the Target
<b>Goal 1: Eradicate extreme poverty and hunger</b> Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than the poverty threshold <ul style="list-style-type: none"> <li>Proportion of population below the poverty threshold</li> <li>Proportion of population below the food threshold</li> </ul> Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger <ul style="list-style-type: none"> <li>Prevalence of underweight children 0-5 years old</li> <li>Proportion of households with per capita intake below 100 percent dietary energy requirement</li> </ul>	0.88 1.28  0.67 0.79	MEDIUM HIGH  MEDIUM MEDIUM
<b>Goal 2. Achieve universal primary education</b> Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling <ul style="list-style-type: none"> <li>Elementary education net enrolment rate</li> <li>Elementary education cohort survival rate</li> <li>Elementary education completion rate</li> </ul>	0.00 0.36 0.35	LOW LOW LOW
<b>Goal 3. Promote gender equality and empower women</b> Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 <ul style="list-style-type: none"> <li>Ratios of girls to boys in elementary education participation rate</li> <li>Ratios of girls to boys in secondary education participation rate</li> <li>Ratios of girls to boys in elementary education cohort survival rate</li> <li>Ratios of girls to boys in secondary education cohort survival rate</li> <li>Ratios of girls to boys in elementary education completion rate</li> <li>Ratios of girls to boys in secondary education completion rate</li> </ul>		HIGH HIGH HIGH HIGH HIGH HIGH
<b>Goal 4. Reduce child mortality</b> Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate <ul style="list-style-type: none"> <li>Infant mortality rate</li> <li>Under-five mortality rate</li> </ul>	1.17 1.20	HIGH HIGH
<b>Goal 5. Improve maternal health</b> Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio <ul style="list-style-type: none"> <li>Maternal mortality ratio</li> </ul> Target 5.B: Achieve, by 2015, universal access to reproductive health <ul style="list-style-type: none"> <li>Contraceptive prevalence rate</li> </ul>	0.47  0.27	LOW  LOW
<b>Goal 6. Combat HIV/AIDS, malaria and other diseases</b> Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS <ul style="list-style-type: none"> <li>HIV prevalence among 15 years old and over</li> <li>Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS</li> </ul> Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it <ul style="list-style-type: none"> <li>Proportion of population with advanced HIV infection with access to antiretroviral drugs</li> </ul> Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases <ul style="list-style-type: none"> <li>Malaria morbidity rate</li> <li>Malaria mortality rate</li> <li>Tuberculosis case detection rate</li> <li>Tuberculosis cure rate</li> </ul>	0.02 0.03  0.72  2.01 2.37 3.82 2.53	LOW LOW  MEDIUM  HIGH HIGH HIGH HIGH
<b>Goal 7. Ensure environmental sustainability</b> Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation <ul style="list-style-type: none"> <li>Proportion of population with access to safe water</li> <li>Proportion of population with access to sanitary toilet facilities</li> </ul>	0.82 1.68	MEDIUM HIGH



## Annex 8.2 Regional Poverty and Subsistence Incidence and Magnitude: 2009

Region	Poverty Incidence Among the Population (%)	Magnitude of Poor Population	Subsistence Incidence Among Population (%)	Magnitude of Subsistence Poor Population
Philippines	26.5	23,142,481	10.8	9,440,397
NCR	4.0	447,891	0.6	69,747
Region I	23.3	1,085,078	7.9	367,955
Region II	18.8	545,053	5.8	167,479
Region III	15.3	1,457,004	5.0	480,695
Region IV-A	13.9	1,566,359	3.7	414,399
Region IV-B	35.0	980,542	14.8	413,876
Region V	45.1	2,422,267	17.8	956,531
Region VI	31.2	2,113,255	11.2	761,200
Region VII	35.5	2,368,361	17.1	1,143,065
Region VIII	41.4	1,731,617	19.0	794,766
Region IX	43.1	1,361,287	23.5	744,286
Region X	39.6	1,586,668	20.7	829,041
Region XI	31.3	1,278,985	14.8	604,612
Region XII	35.7	1,332,061	15.6	582,716
CAR	22.9	346,193	10.8	162,371
ARMM	45.9	1,388,856	11.5	349,459
CARAGA	47.8	1,131,004	25.3	598,201

Source: NSCB

## Annex 8.3 Provinces with Highest Poverty Incidence: 2009

Province	Poverty Incidence
Zamboanga del Norte	46
Agusan del Sur	43.5
Surgao Del Norte	43.1
Eastern Samar	37.6
Maguindanao	37.7
Zamboanga Sibugay	35.4
Romblon	36.3
Masbate	36.6
Davao Oriental	36.4
Northern Samar	32.4
Bohol	33.6
Saranggani	34
Sulu	33
Lanao del Norte	31.9
Camarines Sur	33.8

Source: NSCB

## Annex 8.4 Gini Concentration Ratios, by Region: 2006 and 2009

Region	2006	2009
Philippines	0.4580	0.4484
NCR	0.3988	0.3953
CAR	0.4481	0.4212
I (Ilocos Region)	0.3953	0.4086
II (Cagayan Valley)	0.4216	0.4425
III (Central Luzon)	0.3994	0.3727
IV-A (CALABARZON)	0.4082	0.4063
IV-B (MIMAROPA)	0.4106	0.4004
V (Bicol)	0.4428	0.4164
VI (Western Visayas)	0.4326	0.4197
VII (Central Visayas)	0.4639	0.4601
VIII (Eastern Visayas)	0.4828	0.4841
IX (Zamboanga Peninsula)	0.5054	0.4738
X (Northern Mindanao)	0.4806	0.4737
XI (Davao)	0.4225	0.4275
XII (SOCCSKSARGEN)	0.4006	0.4425
XIII (CARAGA)	0.4452	0.4595
ARMM	0.3113	0.2948

Sources: FIES, NSO

### Annex 8.5 Income Poverty Measures, by Region: 2006 and 2009

Region	Income Gap		Poverty Gap		Severity of Poverty	
	2006	2009	2006	2009	2006	2009
PHILIPPINES	27.2	25.7	5.7	2.7	2.2	2.0
NCR	19.2	16.9	0.7	0.4	0.2	0.1
CAR	27.5	28.0	5.1	4.8	1.9	1.8
I (Ilocos Region)	23.5	22.4	4.8	4.0	1.7	1.4
II (Cagayan Valley)	21.2	21.0	3.3	3.0	1.0	1.0
III (Central Luzon)	22.3	22.9	2.7	2.8	0.9	0.9
IV-A (CALABARZON)	22.2	20.2	2.1	2.1	0.7	0.6
IV-B (MIMAROPA)	28.8	25.6	9.9	7.1	3.9	2.6
V (Bicol)	28.7	25.1	10.3	9.0	4.0	3.3
VI (Western Visayas)	24.2	23.8	5.4	5.7	1.8	2.0
VII (Central Visayas)	31.7	28.8	10.6	8.7	4.6	3.6
VIII (Eastern Visayas)	27.6	27.4	8.6	9.1	3.3	3.5
IX (Zamboanga Peninsula)	32.9	30.8	11.3	11.3	5.1	4.8
X (Northern Mindanao)	31.1	29.9	10.1	9.8	4.3	4.1
XI (Davao)	28.4	27.5	7.4	7.0	2.9	2.8
XII (SOCCSKSARGEN)	26.4	27.0	7.2	7.6	2.6	2.9
XIII (CARAGA)	30.1	30.5	11.1	12.1	4.6	5.0
ARMM	23.3	20.2	8.5	7.7	2.8	2.3

Source: NSCB

### Annex 8.6 National and Regional BDR Estimates for the Regular Benefit Package: 2008

Region	Coverage (%)	Adjusted Availment Rate (%)	Support Value (%)	BDR (%)
Philippines	53	42	34	7.7
I - Ilocos Region	65	19	29	3.6
II - Cagayan Valley	48	10	38	1.9
III - Central Luzon	54	24	29	3.7
IVA - CALABARZON	62	35	26	5.7
IVB - MIMAROPA	36	23	32	2.7
V - Bicol Region	46	38	40	7.0
VI - Western Visayas	44	40	38	6.6
VII - Central Visayas	54	61	27	8.7
VIII - Eastern Visayas	38	62	32	7.3
IX - Zamboanga Peninsula	36	76	40	11.0
X - Northern Mindanao	74	49	42	15.1
XI - Davao Peninsula	43	64	41	11.5
XII - SOCCSKSARGEN	35	92	37	11.9
NCR	77	33	21	5.4
CAR	57	37	36	7.4
ARMM	14	87	37	4.4
CARAGA	51	28	42	6.1

Source: Joint DOH-PhilHealth Benefit Delivery Review, August 2010

### Annex 8.7 Various Forms of Malnutrition, by Region: 2008

Region	Children 0-5 years old, in percent		Anemia, in percent		Median urinary iodine excretion, in mcg/L		Overweight and obesity among adults, in percent
	Stunting	Wasting	6mos - 5years	Pregnant	Pregnant	Lactating	
Philippines	32.3	6.9	23.7	42.5	105	81	26.6
I	27.5	6.5	29.4	33.3	82	112	23.0
II	31.1	8.0	39.3	60.0	157	161	22.3
III	22.3	7.1	21.4	40.7	143	94	29.8
IV-A	24.8	6.5	22.9	37.8	111	97	29.3
IV-B	37.2	7.0	25.4	49.6	75	67	20.6
V	38.2	8.0	24.9	51.1	125	97	20.5
VI	39.1	8.5	29.1	61.5	111	74	19.4
VII	35.1	4.6	20.4	40.4	82	63	28.0
VIII	41.1	6.7	16.1	39.5	83	58	27.1
IX	40.3	8.0	20.5	34.1	68	48	23.9
X	37.7	6.6	16.0	35.7	38	55	29.1
XI	37.0	5.7	15.4	22.6	62	50	28.9
XII	39.6	6.9	34.8	49.8	105	72	25.4
CARAGA	37.2	7.8	29.0	34.3	94	49	29.6
NCR	24.7	6.2	23.7	48.0	135	128	32.2
CAR	36.3	5.8	12.4	22.6	107	99	29.9
ARMM	39.7	10.3	22.7	47.3	85	88	17.1

Source: 2008 National Nutrition Survey by the Food and Nutrition Research Institute of DOST

### Annex 8.8 Poverty Estimates of the Basic Sectors: 2000, 2003 and 2006

Basic Sector	Poverty Incidence (%)			Magnitude in Millions		
	2000	2003	2006	2000	2003	2006
Women	32.3	29	30.1	12.22	11.60	12.80
Youth	24.5	23.5	25.4	5.47	5.29	5.92
Children	42.5	38.8	40.8	14.09	13.47	14.40
Senior Citizens	28	18.4	20.3	1.27	.96	1.29
Urban Poor	17.3	15.9	16.1	6.78	6.36	6.85
Migrant and Formal Sector Workers	18.7	18.4	19.5	2.62	2.88	3.22
Farmers	46.6	42.4	44	2.43	2.02	2.09
Fishermen	50.8	43.6	49.9	.45	.44	.48

Source: NSCB Press Release (July 2009)

### Annex 8.9 Regions with Minimum and Maximum Poverty Incidences for Each Basic Sector: 2006

Basic Sector	Least Poor		Poorest	
	Region	Poverty Incidence (%)	Region	Poverty Incidence (%)
Women	NCR	9.7	ARMM	58.9
Youth	NCR	7.3	ARMM	53.2
Children	NCR	15.2	ARMM	66.3
Senior Citizens	NCR	4.4	ARMM	46.5
Urban Poor	CAR	7.4	ARMM	52.4
Migrant and Formal Sector Workers	NCR	4.8	CARAGA	36.8
Farmers	Region II	16.9	ARMM	62.3
Fishermen	Region III	23.9	CARAGA	66.7

Source: NSCB Press Release (July 2009)

### Annex 8.10 Regions with the Most Number of Poor for Each Basic Sector: 2006

Basic Sector	Magnitude		Region	
	Highest	Lowest	Poorest	Least Poor
Children	1,420,163	262,711	1. Region V	1. CAR
			2. Region VI	2. Region II
			3. Region IV-A	3. Caraga
Women	1,183,088	245,306	1. Region V	1. CAR
			2. Region VI	2. Region II
			3. Region IV-A	3. Caraga
Urban Poor	1,138,424	37,563	1. NCR	1. CAR
			2. Region III	2. Region II
			3. Region IV-A	3. Region IX
Youth	547,595	135,222	1. Region VI	1. CAR
			2. Region V	2. Region II
			3. Region IV-A	3. Caraga
Migrant and Formal Sector Workers	400,251	41,863	1. Region VI	1. CAR
			2. Region III	2. ARMM
			3. Region IV-A	3. Caraga
Farmers	212,188	47,118	1. ARMM	1. Region II
			2. Region VII	2. Region III
			3. Region V	3. CAR
Senior Citizens	144,473	26,936	1. Region VII	1. Region II
			2. Region VI	2. CAR
			3. Region VIII	3. NCR
Fishermen	116,725	2,512	1. ARMM	1. Region II
			2. Region V	2. NCR
			3. Region VII	3. Region III

Source: NSCB Press Release (July 2009)

