



Chapter 6

The Philippines



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Executive Summary

Through a strong policy foundation and wide-reaching programme delivery, the government of the Philippines has provided clear and consistent central government support and understanding of the importance of the early years.

The Republic of the Philippines is a sovereign state in archipelagic Southeast Asia, with over 7,600 islands spanning more than 300,000 square kilometres of territory. Located in the Pacific typhoon belt, the Philippines experiences many forms of natural disasters.¹ Both the nature of the Philippines' physical geography and its vulnerability to natural disasters create challenges for those who provide early childhood development (ECD) services, particularly in delivering ongoing, consistent services across the country.

The Philippines has experienced rapid economic growth in the last decade.² In 2019, the Philippines was one of the fastest growing economies in the world. A demographic dividend is the economic growth experienced by a country resulting from the change in the country's population structure. The Philippines has experienced declining mortality and fertility rates, resulting in a shrinking of the proportion of the population who are of a dependent age (0-14) and an expansion of the workforce (ages 15-64). With the largest productive working-age population and exponential economic growth, in this demographic-economy window of opportunity, this is an opportune time for the government to allocate its resources toward economic development and social services (education, health and nutrition).³

Five percent of the total population of the Philippines are children under the age of 5 years. The national government has demonstrated its commitment to the early years through various pieces of legislation and the formation of the Early Childhood Care and Development (ECCD) Council. The Council covers the areas of health, nutrition, early education and social services for children 0-4 years old. In 2018, the ECCD Council, with the support of UNICEF, adopted the National ECCD Strategic Plan 2019-2030.

A total of 76 programmes and 36 policies relating to ECD were examined for this study. When mapped to the Nurturing Care Framework (NCF), there was an even distribution of ECD programmes across the five components. While there were policies in each component of the NCF, the majority of the 36 policies examined in this study were in the areas of Adequate Nutrition and Safety and Security. Given the large geographical spread of the Philippines, four provinces were studied to provide additional insight. These provinces were Cavite, Palawan, Mountain Province, and Basilan. While the assessment of four geographies is by its nature limited in scope, it helps to illustrate some of the realities of service availability and implementation at a local level. Most provinces benefited from both national programmes alongside programmes that were specifically designed and delivered for the local population.

The analysis of programmes and policies in the Philippines revealed several gaps in each of the five NCF components. The gaps are listed below for each of the five NCF components:

Adequate Nutrition

Malnutrition and poor-quality diets remain a significant issue across the Philippines. It is unclear based on current research insights if the barrier to ensuring adequate nutrition for children is due to lack of caregiver knowledge or the inability to access healthy food. Both issues need to be addressed to ensure adequate nutrition. The Philippines has also seen a concurrent rise in the number of children who are overweight. This further underscores the need to address access to healthy food and increasing public awareness about appropriate nutrition.

Good Health

There are three key gaps in this NCF component. First, there is no existing data on maternal mental health and a lack of service provision to support maternal and caregiver mental health. Second, access to health centres in some areas is low, leading to decreasing uptake of routine childhood immunisations. Vaccine hesitancy can also be further attributed to a mistrust of the government. Finally, more capacity building of the healthcare workforce is needed to ensure continued service provision for families.

Opportunities for Early Learning

There is a lack of reliable population-level data on enrolment and learning conditions and a disconnect between national strategies and programmes and their local implementation. Missing data means that gaps in early learning are poorly understood. School closures related to COVID-19 – the most extensive anywhere in the world – has had an impact on child development, learning and access to essential services, but the extent to which this has affected young children is still not fully known.

Responsive Caregiving

There are still persistent gaps in caregiving, particularly in relation to corporal punishment, even with programmes that aim to improve parenting practices.

Social workers and others who support families and parents are often overworked and underpaid. Increasing responsibilities as well as inadequate training has resulted in low-quality support for families.

Safety and Security

Poor implementation and enforcement of policies remains the biggest challenge for safety and security. This is exacerbated by families and communities that are unaware of policies meant to afford protection, as well as limited avenues through which to report issues of safety and security. Rural communities still do not have access to support, particularly to water, sanitation and hygiene (WASH).

The study also examined all available evaluations of the 76 shortlisted programmes identified in the Philippines. About one-third, or 21 of the 76 programmes have been evaluated. Findings are available in both peer-reviewed and grey literature, although not all evaluations are available in full. None of the evaluations included information about cost-effectiveness or offered cost-benefit analyses of programme delivery. Sharing of evaluation findings is a key factor in understanding what is working, for whom, and in what contexts. Programme evaluation could be improved in the Philippines across NCF components to aid in the understanding of what more is needed to support families and young children.

Although only 21 programmes were evaluated, some common themes emerge when examining the findings. First, none of the evaluations examined scalability of programmes. While some programmes were found to be promising (e.g., parenting programmes to improve marital relationships and reduce violence against children), the analysis did not provide insights into potential for scale up. Second, many programmes failed to meet targets or achieve goals because of barriers to implementation. Most often, these barriers were related to financing (lack of funding or sustained funding) or capacity (lack of training, lack of local capacity for service delivery). Implementation barriers found in smaller scale pilot programmes will have a significant impact on the potential for sustaining effective interventions and on scaling.

Much more needs to be done in the Philippines ECD sector to build on the knowledge of what is working for young children and how this can be scaled to areas that are most in need.

Private philanthropists, institutional foundations, and donors can play an important part in improving lives of young children and families in the Philippines. In addition to the gaps discussed above in each of the five NCF components, donors can play a role in addressing the cross-cutting issues that affect the entire ECD sector. The recommendations below focus on the cross-cutting issues. More detailed recommendations for each of the five NCF components are provided in the first section of this report.

1. Build the local knowledge base

Without a strong local knowledge base, there are gaps in understanding of the impact of programmes and policies on families and young children. Donors can help to build this knowledge base by supporting organisations to conduct evaluations and working with local government units (LGUs) to embed learning into programme implementation. Donors can also advocate for the national government to strengthen policymaking in areas of most need.

2. Build the capacity of local government units

While the government has demonstrated a commitment to ECD through national-level policies, the implementation of these policies through programme provision at the local level is the responsibility of the LGUs. This study has found that capacity and capability within LGUs can be a significant barrier to both policy and programme implementation. Lack of adequate funding, shortages of trained staff, and insufficient knowledge about the importance of ECD interventions all have an impact on what is, or can be, implemented by the LGUs.

Donors can help to build capacity of the LGUs by providing funding for training to build a skilled workforce, work with LGUs to conduct local needs analyses in order to understand the priorities of the local population, and work with LGUs to advocate with the national government for required resources.

3. Strengthen data-driven decision making across the ECD sector

The Philippines does not currently have consistent, periodic national surveys to collect household data and to understand shifts within families and communities. These shifts can impact on ECD in significant ways and having reliable data would aid in evidence-informed policy making. The last major national demographic and household survey (DHS) was conducted in 2017, but information was only collected from 31,000 households.

At the local government (LGU) level, methods of data collection are inconsistent and outdated. Reliance on physical logbooks mean that connected data (e.g., child and maternal health) are frequently collected separately and not analysed together. Natural disasters have led to the loss of logbooks. Reliable local data is as important as national level data, especially considering that most programme delivery is conducted by the LGUs.

Donors can ensure that any programmes they fund have embedded mechanisms for evaluation and data monitoring. This information should be shared publicly in order to influence decision-making at both the programme and policy levels. Donors can also provide support to the programmes they fund to use data and evidence in decision making for programme sustainment or scale-up. Finally, donors can increase advocacy efforts at the national level to increase the consistent collection of data.

In the chapter that follows, we provide the key recommendations and potential areas for donor involvement based on the findings of our study. The report will then provide details about the Philippines, the programmes and policies shortlisted for the landscape study, and an in-depth analysis of the gaps that exist in ECD policy and programmes. Details about available programme evaluations are provided. Information about the methods used for this landscape study are provided in Chapter 1. Appendices at the end of the chapter provide detail about programmes and policies included in the study.

1. Recommendations for donors

In the following section, we explore where donors and philanthropists may consider focusing their efforts.

The landscape study has identified that the government of the Philippines has established a strong set of policies related to ECD across the five Nurturing Care Framework (NCF) components. The programmes that support young children, pregnant women and families are also evenly distributed across the five NCF components. Despite this strong programme and policy foundation, there are persistent and systemic gaps in the ECD landscape that donors may consider addressing to strengthen the sector.

In the section that follows, we provide recommendations in each of the five areas of the NCF (Figure 1–1). For each area, we provide a brief summary of what programmes and policies are currently being provided across the country, the key gaps in service and/or policy provision, and finally what donors can do to have an impact in the NCF component. This section concludes with a set of recommendations for cross-cutting issues that affect the ECD sector.

Recommendations are directional and not exhaustive. They can apply to national-level programmes or those delivered in specific provinces or districts. Recommendations are also not provided in a way that is immediately ‘implementable.’ Rather, donors should tailor potential actions to their priorities, capacity, and key interest areas.

Figure 1–1. Nurturing Care Framework Components



1.1. Adequate Nutrition

1.1.1. What do we know?

Through a strong policy focus on nutrition, the Philippines has made some progress on reducing stunting. The Philippines is also on track to meet the Sustainable Development Goals (SDG) targets for exclusive breastfeeding in infants 0-5 months: at least 70% exclusive breastfeeding to be achieved by 2030.^{4,5} However recent data suggests that the Philippines is not on track to improve wasting in young children. There is also a concurrent increase in the prevalence of overweight young children.⁴

Across the Adequate Nutrition programmes identified in this landscape study, there is a strong focus on workforce training, parental education, and advocacy. Programmes seek to equip parents and caregivers with evidence-based knowledge, while overcoming the accessibility barriers through the use of radio to deliver messaging, particularly for families in remote areas.

Table 1-1 provides an overview of policies and programmes that address Adequate Nutrition. Please see Section 3.2.1 Overview for more detailed information.

Table 1-1. Overview of Adequate Nutrition

| Number of policies | Number of programmes | Number of programmes evaluated |
|--------------------|----------------------|--------------------------------|
| 14 | 23 | 8 |

1.1.2. What are the gaps?

Programmes that aim to reduce stunting equip parents and caregivers with accurate nutritional information and knowledge. However, research shows that malnutrition and poor-quality diets remain a significant issue across the Philippines. This finding raises a crucial question on whether the barrier to ensuring that children have adequate nutrition, particularly in the home environment, is the lack of accurate caregiver knowledge, or an inability to access a range of healthy foods. Solving one of these gaps without addressing

the other will not address adequate nutrition needs for children. The concurrent rise in the prevalence of overweight in young children also suggests a need to improve both knowledge and awareness, and access to healthy food.

For more detailed information, see Section 3.2.1 Gaps.

1.1.3. What can donors do?

Support stunting reduction in hardest-hit areas

Stunting is a particularly urgent issue as it has significant long-term effects both on individual development and financial and social implications for the country. In the Philippines, while the prevalence of stunting has decreased on a national level, it remains an urgent issue in the regions of BARMM and MIMAROPA, where the provinces of Basilan and Palawan are located. The prevalence rate of stunting in these provinces is over 40% compared to the national average of 29%.⁶

There are examples of successful stunting reduction programmes that have been implemented in other parts of the Philippines. These include programmes such as the government's Barangay Nutrition Scholar programme and the World Vision Positive Deviance/Hearth programme. Elements of successful programmes could be applied to regions such as Palawan and Basilan that are still experiencing high rates of stunting. Programme elements can also be examined for ways in which support can be scaled up quickly, particularly for hard-to-reach communities and families.

Examine ways to reduce the double burden of overnutrition and undernutrition

The landscape study also revealed that young children in the Philippines are affected by both stunting (undernutrition) and rising rates of overweight and obesity. Targeted efforts to reduce stunting and malnutrition should be implemented in high-risk regions. Additionally, nutrition programmes should focus on the most vulnerable women - pregnant women who are in the poorest quintile, single, with little to no completed education, are not working, or teenage pregnant mothers. Donors can look to programmes that currently implement interventions for stunting to see how they can concurrently provide interventions to foster healthy eating habits. This can include:

- Providing adequate and nutritious diets
- Supporting caregivers to access and prepare healthy food
- Promoting physical activity in children – e.g., physical games like soccer or basketball, ways to spend more time outdoors
- Increasing the deliberate inclusion of outdoor physical activities in early childhood settings (e.g., kindergarten and childcare)

Recommendations

- ⇒ Donors can support efforts to study the barriers and facilitators to the provision of adequate nutrition to young children; this is an area where more research is strongly advised. This includes issues facing families as well as existing programme

providers. Such data would be vital to decision-making about how programmes can be modified or expanded to better meet the needs of families.

- ⇒ Donors can support innovative stunting reduction and health programmes to scale up existing efforts and adapt them for conflict-prone or low-resourced contexts. These include the Barangay Nutrition Scholar and the Positive Deviance/Hearth programmes.
- ⇒ Donors can support the advocacy efforts of existing organisations that are working across the national and local governments in their work to advocate for additional support to lower-income local government units (LGUs). Donors may also be in the position to advocate directly with national and local governments. Nutrition programmes are often delivered through the LGUs and increased support, including capacity-building, at the local level could ensure sustainability of successful programmes.
- ⇒ Donors can work with community partners to increase access to physical activity opportunities for young children who may be at risk for being overweight or obese. This includes working with early childhood care and education providers to identify innovative ways to foster healthy eating and physical activity habits.

1.2. Good Health

1.2.1. What do we know?

Philippine government policies in the NCF component of Good Health address access to universal health coverage and universal oral health coverage. Particular attention is paid to ensuring those in the lowest income quintiles have appropriate support.

The 21 programmes shortlisted in this study cover interventions in the areas of health services (oral health, health check-ups), education, advocacy, and immunisation. Two programmes provide conditional cash transfers, while only one provides training and capacity building for the healthcare workforce.

Table 1-2 provides an overview of policies and programmes. Please see Section 3.2.2 Overview for more detailed information.

Table 1-2. Overview of Good Health

| Number of policies | Number of programmes | Number of programmes evaluated |
|--------------------|----------------------|--------------------------------|
| 7 | 21 | 13 |

1.2.2. What are the gaps?

There are three key gaps that have been identified in the NCF component of Good Health in the Philippines. First, there is no existing data on maternal mental health and a lack of service provision to support maternal and caregiver mental health. Second, access to health centres is low, particularly in hard-to-reach areas. This has led to decreasing rates of routine immunisation in children and reduced healthcare seeking behaviours by families in

some areas. Finally, there is a need for further training and capacity-building of the healthcare workforce to ensure adequate service provision for families and young children.

For more detailed information, see Section 3.2.2 Gaps.

1.2.3. What can donors do?

Support programmes that address caregiver mental health

Caregiver mental health has an impact on child development, starting before the child is born. Maternal distress can reduce the placenta's ability to protect the foetus from elevated levels of stress hormones.⁷ Anxiety, depression, and stress also reduce positive interactions between caregivers and infants.

Reducing caregiver stress and supporting caregiver well-being – including through home visiting interventions – is particularly valuable during pregnancy and early infancy.⁸ Parental mental health care should be integrated into early childhood health and development services because of the indirect benefits to caregiving and child development outcomes.⁹

Address behavioural and physical barriers to accessing immunisations

Low uptake of childhood immunisations requires a multi-faceted solution. Physical barriers to accessing health centres prevent many parents and caregivers from ensuring childhood immunisations are up to date. Mobile immunisation campaigns that go directly to families can address issues of physical access. These mobile clinics can simultaneously provide health checks, nutritional supplementation, and other services. While these services exist in some areas, expansion of mobile campaigns into remote areas would benefit children and families.

Vaccine hesitancy is also a critical issue in the Philippines that needs to be addressed. This is, in part, due to the dengue vaccine scandal in 2017, where the newly approved vaccine made children more susceptible to severe and at times fatal dengue. Public health campaigns that address hesitancy and provide education to parents and caregivers would improve immunisation rates.

Support workforce training and capacity building

Only one of the shortlisted programmes addresses capacity building in the healthcare workforce. There is a need for additional workforce training and capacity building in public health systems in the Philippines. Proper planning, supportive supervision, and suitable allocation of resources are required to make these programmes work.¹⁰ Donors can examine ways in which they can support existing programmes that provide training, or work with community partners to identify new avenues for increasing workforce training.

Recommendations

- ⇒ Donors can work with existing early childhood health service providers to add components addressing caregiver mental health, particularly maternal mental health. As many women in the Philippines deliver their babies at health facilities (86% in 2018/9)¹¹, donors can work with service providers to implement mental health screening for new mothers and provide referral pathways.

- ⇒ Donors can work with organisations providing routine immunisations to identify ways in which these services can be expanded or re-imagined as mobile offerings to reach remote communities, drawing on the examples already in place (e.g., the Knockout Tigdas campaign). Using mobile efforts that have been shown to be effective, donors can work with service providers to identify programme components that can be implemented in other remote communities.
- ⇒ Donors can partner local government to increase public health education campaigns to address vaccine hesitancy, or support media- or community-led efforts to raise awareness of vaccine benefits.
- ⇒ Donors can identify workforce training organisations and work with them to increase training and capacity of the public health workforce. This may also be supported by efforts to support national government to establish training standards that may be implemented across the country in order to ensure that all families and young children benefit from a trained health workforce.

1.3. Opportunities for Early Learning

1.3.1. What do we know?

The Filipino government has increasingly focused policies and programmes that encourage and provide early learning opportunities, particularly since passing the Early Years Act in 2013. This is done through a number of avenues, including setting up model preschool centres, training educators, and working with parents to increase awareness of the importance of early learning, both in the home and in preschools.

Table 1-3 provides an overview of policies and programmes. Please see Section 3.2.3 Overview for more detailed information.

Table 1-3. Overview of Opportunities for Early Learning

| Number of policies | Number of programmes | Number of programmes evaluated |
|--------------------|----------------------|--------------------------------|
| 9 | 28 | 6 |

1.3.2. What are the gaps?

Crucial gaps within early learning in the Philippines include the lack of reliable population-level data on enrolment and learning conditions and a disconnect between national strategies and programmes and their local implementation. The lack of data has prevented the country from having an accurate understanding of the gaps in enrolment and early learning, with little clarity on whether programmes are effective. More recently, the COVID-19-related school closures had a significant impact on child development, learning and access to essential services for over 10.6 million children under the age of 5 years who did not have access to early learning and care for more than two and half years. The full impact of these closures is likely to be better understood in years to come.

For more detailed information, see Section 3.2.3 Gaps.

1.3.3. What can donors do?

Support local government units (LGUs) in developing local implementation strategies

At the local level, there are numerous barriers that are evident from the gaps identified in the study. Additionally, extended school closures through the COVID-19 pandemic have led to declining rates of enrolment in early education as parents do not see the value of early learning. This is due to the difficulty of teacher-child interactions during the pandemic, with parents being the main point of contact for transference of activities and knowledge.

By examining the barriers and facilitators to early learning access and quality and working with both the local government officials and the communities, donors can work to ensure that adequate planning and development is given to taking a staged approach toward explicit goals to increase early learning opportunities, both in the home and within the childcare setting. Building out a robust implementation strategy would also allow LGUs to understand and articulate what resources they would need to improve reach and access to early learning. This may include hiring and training educators, setting up adequate childcare spaces that are accessible to families, or working with families to understand and address their hesitations.

Recommendations

- ⇒ Donors can work with individual, or a group of LGUs to understand the barriers and facilitators to the provision of opportunities for early learning. This can be followed by supporting LGUs to develop more robust implementation strategies to increase the quality and availability of early learning provision.
- ⇒ Evidence about the impact of COVID-19 related school closures on young children is only now emerging. Donors can work with early education and care providers to gather locally relevant data on the ways in which the closures impacted children and families. Using this information, donors can then work with LGUs and service providers to increase service provision in areas where there are identified gaps in learning and development. Remedial education interventions that target specific areas of learning loss may be beneficial.
- ⇒ The extended school closures have led to a perception by families that early learning is not a priority, according to experts in the country. Donors can work with LGUs to implement public education campaigns that target families of young children to change perceptions and increase enrolment in early education.
- ⇒ Donors can support the development of simple, low-tech data collection and management systems, and the subsequent training of LGU staff and workers to ensure adoption of the system. These data collection systems can focus on gathering regular information about enrolment and engagement in early learning, which can then be used to refine programmes to better meet the needs of local families. Data systems targeted at the level of LGUs to track activity within local systems would also support better ongoing monitoring and performance management within the education system.

1.4. Responsive Caregiving

1.4.1. What do we know?

Under the NCF component of Responsive Caregiving, the Filipino government has set generous policies to support women through the Expanded Maternity Leave Law. While fathers also have access to some paternity leave, it is not as comprehensive. The programmes in this component are primarily focussed on equipping parents with evidence-based knowledge and parenting skills. This is done in coordination with other support, such as health, nutrition, and social assistance for the family.

Table 1-4 provides an overview of policies and programmes. Please see Section 3.2.4 Overview for more detailed information.

Table 1-4. Overview of Responsive Caregiving

| Number of policies | Number of programmes | Number of programmes evaluated |
|--------------------|----------------------|--------------------------------|
| 5 | 21 | 5 |

1.4.2. What are the gaps?

Despite the programmes addressing parenting practices, there are still persistent gaps in caregiving, particularly in relation to corporal punishment (a third of children experienced severe physical violence). Additionally, social workers and those working with families and parents are often overworked and underpaid. As noted in multiple interviews, the increasing responsibilities placed on these practitioners, together with the lack of training, has led to low quality support and counselling for families.

For more detailed information, see Section 3.2.4 Gaps.

1.4.3. What can donors do?

Promote positive and responsive caregiving practices

From the expert interviews and desktop search, it is clear that more support is needed to critically review and consider how to shift parenting practices to support an authentic move toward responsive caregiving. Despite the delivery of numerous parenting programmes, there have been few shifts in approaches to parenting. An expert from an international agency who was interviewed for the study reported that they are strongly advocating for added support for parents and caregivers to ensure that they are equipped for responsive caregiving.

Recommendations

- ⇒ Donors can support the work of local researchers and behavioural scientists to understand the barriers and facilitators to positive parenting. Findings can then be used to modify approaches within existing programmes to further improve and refine programme content. It is clear from the current study that parents and

caregivers require more than just training or information about responsive or positive parenting.

- ⇒ Develop new initiatives in provinces or regions where support to caregivers is most needed. This would require donors to (or support another organisation to) conduct a needs analysis to determine the focus of new initiatives and where these new initiatives would best be located. This would enable donors to not only expand the scope of parenting activities in new regions but to also ensure that the activities are meeting actual needs of parents and thus are more likely to be acceptable to the target population.

1.5. Security and Safety

1.5.1. What do we know?

While there are a large number of policies at the national level that aim to protect children, women, and families, the coverage and enforcement of these policies is often uneven. The national provision of social assistance is a large part of the safety net afforded to families. Through social assistance programmes, the government is also able to provide additional support and knowledge for families, particularly in ensuring that children have access to regular health checks, are enrolled in school, and families have access to support and information. However, many of the programmes addressing Safety and Security have not been evaluated.

Table 1-5 provides an overview of policies and programmes. Please see Section 3.2.5 Overview for more detailed information.

Table 1-5. Overview of Security and Safety

| Number of policies | Number of programmes | Number of programmes evaluated |
|--------------------|----------------------|--------------------------------|
| 16 | 24 | 6 |

1.5.2. What are the gaps?

Among the main gaps in the component of Security and Safety, a crucial issue is the poor implementation and enforcement of child protection policies. Several interviewees noted that labour and sexual exploitation of children is common and frequent at the barangay level. Parents and communities are often not aware of existing policies that address safety and security, or have few avenues to report issues when they arise. With the low levels of awareness and enforcement, the national policies have not led to a shift in behaviours, attitudes and practices at the local level.

In addition, another key issue within Security and Safety is the ability to access safe drinking water and sanitation facilities. Currently, many rural communities still do not have access to support to ensure the presence and safe management of facilities, particularly in the area of water, sanitation and hygiene (WaSH).

For more detailed information, see Section 3.2.5 Gaps.

1.5.3. What can donors do?

Improve support and access for rural communities

Given the geographical spread of the country and the relative inaccessibility of some communities, it is apparent that some lower-income LGUs require additional resource support to ensure basic service provision. This could come in a variety of forms, from support towards the building of adequate WaSH facilities, to the provision of basic services such as adequate and reliable healthcare, childcare, and early learning.

Recommendations

- ⇒ Donors can conduct needs analyses with low-resource LGUs, or those in remote areas in order to identify specific needs for safety and security (and other areas). Donors can then work with other service providers to coordinate the provision of additional supports (financial or material) in order to assist the LGUs in meeting the identified needs.
- ⇒ Although policies exist to address issues of safety and security, enforcement mechanisms and avenues for reporting are inadequate. Donors can advocate to the national government to implement consistent and effective enforcement mechanisms. Donors can also work with the LGUs to identify specific areas for which further support is required for families or communities, and then provide the resources required for LGUs to provide these supports.
- ⇒ Donors can work with service providers who have successfully built or provided WaSH facilities and programmes to scale these initiatives up to under-resourced and remote areas.

1.6. Cross-cutting topics

1.6.1. Building Local Knowledge Base

The research reveals that a key gap for the Philippines is the lack of detailed understanding of the country's context and the impact of specific policies and programmes. For example, an expert from an international NGO who was interviewed for the study suggested that there is a need for further research to understand the economic cost of not breastfeeding, and to analyse the economic impact of the expanded maternity leave coverage. Building the knowledge base about early childhood policies and programmes would enable the government, both national and LGUs, to make contextually specific, evidence-informed decisions about policy revisions and programme provision.

This local knowledge base would include an understanding of the cultural contexts and needs of specific minority populations, for example Indigenous communities. By having a deeper understanding of the needs of Indigenous populations, LGUs will be able to provide more targeted support and build authentic connections. Using data and local knowledge would assist the LGUs to co-create solutions that are welcomed by the local populations.

Recommendations

- ⇒ Donors could work with local academic institutions to develop research that addresses the current gaps in understanding. This could include, but is not limited to the following topics:
 - The economic cost of not breastfeeding
 - The economic impact of the expanded maternity leave coverage
 - The impact of the Early Years Act on children, families, and service providers
 - Understanding parental attitudes toward day care and childcare, and the role of the home learning environment across the Philippines
- ⇒ Considering the findings that may arise from this type of research, donors could consider how to utilise the data gathered to advocate for shifts in policy and practice.

1.6.2. Building Local Government Capacity

Across the five NCF components, a persistent barrier to the strong implementation of quality programmes is the capacity and capability of the LGU. Due to the decentralised model of governance across the country, the extent to which nationally developed programmes are implemented is dependent on the priorities and resources of the LGUs.

“The adaption is based on capacity of the local government. While they are expected to adopt a portion of the law..., if they do not know the law or do not have the funds to implement the services, or to have an ECD coordinator, [the LGU] would really have difficulties in terms of implementing what is set by the national agency. — Expert interviewee from a foundation

Furthermore, LGUs do not always receive accurate and adequate information about policies developed by the national government. They also have limited opportunities to provide input to the development or refinement of these policies. These issues have resulted in LGUs lacking adequate awareness of how to implement policies and needing additional support to strengthen their ability adopt national policies. It is critical that the overall capacity of the LGUs is increased so they are better able to implement nationally mandated policies and programmes. Crucially, learnings from the implementation of programmes and policies by LGUs should be carefully documented as part of policy development at the national level.

Recommendations

- ⇒ Donors can work with LGUs to understand their capacity and their needs in implementing national policies. Donors can then support LGUs to close these gaps, for example through capacity building, technical assistance, knowledge translation activities, or human resource development. By engaging with LGUs in this way, donors can help to build a better foundation at the regional level on which programme implementation can occur.

1.6.3. Strengthening Data-driven Decision Making

Another cross-cutting topic is the lack of comprehensive early childhood-related data across the country. Crucially, the Philippines does not consistently conduct periodic national surveys to collect household data. Such surveys would aid in the understanding of shifts within families and communities, including beliefs, priorities and behaviours related to early childhood development. The last national nutrition survey was conducted in 2014 and the last national demographic and household survey (DHS) was conducted in 2017. However, the DHS only collected data from 31,000 households.

An expert from an international NGO noted that LGUs often have outdated data collection and monitoring methods. There is persistent use of physical logbooks, particularly in rural areas, that record preschool enrolment, that is separate from the records of child health or women's health. The data is often not consistently recorded, and the issue is further exacerbated by the frequent occurrence of natural disasters across the country, which has led to logbooks being destroyed or lost.

Finally, the Philippines does not have a clear set of ECD-related indicators that are regularly collected across the country. This includes indicators related to, but not limited to feeding and breastfeeding practices, the home learning environment and caregiver mental health.

Recommendations

- ⇒ Donors can ensure that all programmes they fund include strong monitoring and evaluation frameworks. This includes supporting meaningful data collection and progress monitoring. Additionally, donors should ensure that all programme evaluations that they fund are publicly available. This includes both peer-reviewed publications in academic journals or providing access to full reports on their organisational or the programme website. Access to evaluation findings, whether positive or negative, is essential for other organisations to be able to learn from both successes and failures.

⇒ Donors can work with national and local governments to increase efforts to collect ECD data. In order to provide appropriate programming in the areas where it is most needed, reliable data about the extent of the needs is required. These data points could include:

- Caregiver mental health
- Participation in early learning, parenting or health programmes
- Women's and child health

2. Introduction to the Philippines

The Republic of the Philippines is a sovereign state in archipelagic Southeast Asia, with over 7,600 islands spanning more than 300,000 square kilometres of territory. It is divided into three island groups: Luzon, Visayas, and Mindanao. The Philippines is a unitary presidential constitutional republic, with the President of the Philippines acting as both the head of state and the head of government. As of 2021, the Philippines had a population of 111 million.¹²

Table 2-1. Key Country Information

| Data | Detail (Year) |
|--------------------------------------|--------------------------|
| Land Area ¹³ | 300,000 square km (2020) |
| Population Size ¹² | 111 million (2021) |
| GDP Per Capita ¹⁴ | US\$ 3,549 (2021) |
| Registered Life Births ¹⁵ | 1.5 million (2020) |
| Fertility Rate ¹⁶ | 2.5 (2020) |
| Infant Mortality Rate ¹⁷ | 21 (2020) |
| Under-5 Mortality Rate ¹⁸ | 26 (2020) |

Located in the Pacific typhoon belt, the Philippines experiences many forms of natural disasters.¹ Consequences of natural disasters can include severe injuries, increased risk of communicable disease spread due to infrastructure damage affecting the water supply,

sanitation, and health facilities, and food shortages and population movements.¹⁹ Prior research has found that the repeated use of school structures as evacuation centres has negatively impacted on school performance in children due to learning disruptions.²⁰ Both the nature of the Philippines' physical geography and its vulnerability to natural disasters create challenges for those who provide early childhood development (ECD) services, particularly in delivering ongoing, consistent services across the country.

The Philippines has experienced rapid economic growth in the last decade.² In 2019, the Philippines was one of the fastest growing economies in the world. However, as a result of the COVID-19 pandemic, economic growth faltered in 2020 and entered negative territory for the first time since 1999.¹ A demographic dividend is the economic growth experienced by a country as a result of the change in the country's population structure. The Philippines has experienced declining mortality and fertility rates, resulting in a shrinking of the proportion of the population who are of a dependent age (0-14) and an expansion of the workforce (ages 15-64). This transition has led to steadily rising savings and investment rates, and hence, faster economic growth and improved living standards.³ The Philippines is predicted to be the last major Asian economy to profit from the demographic dividend between the years 2050-2070. The Responsible Parenthood and Reproductive Health Law mandates the government to adequately address the needs of Filipinos on responsible parenthood and reproductive health.²¹ If the law is not fully implemented, along with adequate investment in human capital, particularly health and education for children and the youth, Philippines would need to wait until at least 2050 to benefit from the demographic dividend, or possibly miss it all together.³ With the largest productive working-age population and exponential economic growth, in this demographic-economic window of opportunity, it is advisable for the government to allocate its resources toward economic development and social services (education, health and nutrition).³

2.1. Government commitments

The current Philippine Development Plan for 2017-2022 has highlighted the significance of family planning (FP) interventions to manage population growth and reach the demographic dividend.²² The Executive Order (EO) No. 12, "Attaining and Sustaining Zero Unmet Need for Modern Family Planning," was issued in 2017 to further strengthen the Responsible Parenthood and Reproductive Health (RPRH) Law (Republic Act 10354), the primary policy intervention that governs the provision of FP and maternal health services in the country.²² The policy recognizes the rights of Filipinos to decide when to have children and provides the mechanisms to significantly reduce the unmet need for modern FP for all Filipinos.²² The policy also directs all relevant national agencies to allocate resources for the FP program and has mandated the local government units (LGUs) to operationalize and achieve its objectives.²²

The Philippines has approximately 10.6 million children under the age of 5 years, constituting 10% of the population.²³ The Republic Act No. 10410 (or the Early Years Act of 2013) recognizes the ages of 0-8 years as crucial developmental stages.²⁴ As a result, the Early Childhood Care and Development (ECCD) Council was established by the government to act as the primary agency supporting the government's ECCD programs that cover health, nutrition, early education and social services for children 0-4 years old.²⁵ It is responsible for developing policies and programmes, providing technical assistance and support to ECCD service providers, and monitoring ECCD services, benefits, and outcomes.²⁵ The ECCD Monitoring and Evaluation Framework continuously ensures that all programs, projects and activities focused on ECCD are in accordance to the approved standards and guidelines.²⁶ The National Early Framework is a policy document that consolidates and unifies the various early learning programs of government and non-government organisations. It contains appropriate early learning experiences which

various ECCD practitioners can use as anchors to ensure the delivery of a full range of health, nutrition, social and early learning services for the child at all levels of development.²⁷

In 2018, the ECCD National Council Governing Board, supported by UNICEF, adopted the National ECCD Strategic Plan 2019-2030.²⁴ The Strategic Plan guides integrated local planning through multi-sectoral programming for each outcome; the nationwide roll-out has yet to be implemented.²⁴

The Philippines Government has been making consistent efforts to improve the health status of children and passed the First 1000 Days Law (or the Republic Act No. 11148) in 2018.² It includes a law and framework for integrated programming in the early years.²⁴ The First 1,000 Days Manual of Operation was completed and approved by the Department of Health for nationwide dissemination between October and December 2021.²⁴ It consists of information on nurturing care and integrated ECD to further guide integrated local planning.²⁴

2.1.1. Multisectoral Coordination

The ECCD Council Governing Board meets quarterly to share updates and initiatives across different sectors and approve resolutions related to ECD.²⁴ Its membership includes heads of each member agency and the ECCD Technical Working Group with technical staff representing each member agency and a representative of the private sector.²⁴ Member agencies include the Department of Health, Early Childhood Care and Development Council, National Nutrition Council, Department of Education, Department of Social Welfare and Development (DSWD), Union of the Local Authorities of the Philippines.²⁴ Other government agencies are also invited as needed.

2.1.2. Financing

ECD funding comes primarily from the ECCD Council and the Local Government Units (LGUs) as ECD services are devolved from national government allocations of technical assistance for LGUs.²⁴ The nature of national financing support depends on each agency's mandate.²⁴ For instance, the health sector allocates budget for vaccination and health needs of children while DSWD allocates budget to implement the supplementary feeding programme in child development centres nationwide. Furthermore, various non-governmental partners and organisations are keen to promote integrated ECD.²⁴ The National Nutrition Council, through its LGU mobilisation strategy, conducted an investment planning workshop to highlight and scale up the investment for the First 1,000 Days. Through local mobilisation activities, LGUs have developed Local Nutrition Action Plans as a basis for inclusion of Nutrition in Annual Investment Plans of LGUs.²⁴

According to a briefing document on the 2023 Budget Priorities Framework, one of the prioritised ECD sectors will be Education and Health.²⁸ For health, the focus will be to promote nutrition and health-related interventions especially during the first 1,000 days of life for children and their mothers, to adopt a multisectoral approach to the causes of childhood malnutrition to reduce hunger incidence in the country, to accelerate and expand the COVID-19 Vaccination Program, especially for infants and children, and to intensify the implementation of the Family Planning Program.²⁸ For education, the focus will be on ensuring a safe return to in-person schooling (i.e. vaccination, well-ventilated classrooms, availability of water, sanitation, and hygiene [WaSH] facilities), and enhancing the implementation of student financial assistance programmes.²⁸

Based on the Proposed Budget for Fiscal Year 2023, the education sector will receive an 8.2% increase next year at Php 852.8 Billion, with the Department of Education getting an increase from Php 633.3 Billion in 2022 to Php 710.6 Billion in 2023, and will remain the highest budgetary priority as mandated by the Constitution.²⁹ This includes provisions for children aged five to eight, but no breakdown was provided. The health sector will receive a 10.4% budget increase at Php 296.3 Billion in 2023, with Php23 Billion allocated to the Health Facilities Enhancement Program (HFEP).²⁹ The Department of Social Welfare and Development will receive a budget of Php197 Billion, which supports various programs such as the Supplementary Feeding Program.²⁹ Finally, it is to be noted that the ECCD Council's budget was Php 269 Million in 2021.

2.2. What provinces did we study?

Philippines has a decentralized structure where the LGUs (municipality/city) are the decision-makers for planning, budget allocation, and implementation of ECD interventions.² Additionally, the Philippines has a devolved health system that directs the provision, management, and maintenance of health services to LGUs at the provincial, municipal and city levels.²² However, the inherent socioeconomic inequalities and wide disparities in health governance and system capacities across localities have also led to disproportionate financing, delivery of, and access to services, and many LGUs have limited capabilities in carrying out devolved health functions.²² In order to provide a comprehensive picture of the ECD landscape in the Philippines, it is important to examine not only national-level programmes, but those delivered at the provincial level. This is in recognition not only of the diversity of the provinces that make up Philippines, but also the decentralised nature of decision-making and service provision. There is a total of 182 ethnolinguistic groups in the country, around 110 of which are considered as Indigenous groups.³⁰ Its provinces also vary greatly in culture, history, and religious practices. Some minority groups in the Philippines have sought self-determination and have been granted concessions on matters related to autonomy.³¹

An examination of comparator provinces provides a more comprehensive understanding of the issues facing the ECD sector, particularly in terms of service provision and needs. The four provinces selected for further study were Cavite, Palawan, Mountain Province, and Basilan. These four were chosen as they are representative of the economic, geographic, and demographic diversity across the Philippines.

Each of these conditions (population size, accessibility, gross regional product) have implications for the provision of ECD services. For example, in densely populated provinces, or those with a high number of young children and families, key issues may be the availability of ECD services and infrastructure (e.g., buildings) in which they can be provided. Conversely, ECD service providers may not be able to access remote or hard-to-reach areas or have adequate numbers of appropriate staff to serve more remote communities. Provinces with a low gross regional product may not be able to allocate as much to ECD programmes and thus may rely more heavily on external funding or service provision. By examining ECD programmes in each province, we will be able to examine how different factors affect ECD service provision and where further strengthening may be required.

2.2.1. Selection of Provinces

Most populous: Cavite

Cavite, a province in the Region IV-A (Calabarzon), is the most populous province, at 4.34 million persons in 2020, representing 3.98% of the entire population of the Philippines.^{32,33} The population density is 2,847 inhabitants/km².³³ It is also the fastest growing province in

the region, with an annual population growth rate of 3.57% from 2015 to 2020.³⁴ It comprises of 16 municipalities, 7 cities and 829 barangays.³³ Cavite is one of the most industrialized and fastest-growing (economic and population) provinces in the Philippines.³⁵

Largest land area: Palawan

Palawan, a province in the MIMAROPA region, had a population of 939,594 in 2020, representing 0.86% of the entire population of the Philippines.^{32,36} The population density is at 64 inhabitants/km².³⁶ It is the largest province in the Philippines in terms of land area.³⁷ The whole archipelago of Palawan is composed of 1,769 islands and islets and has a land area of approximately 17,030 square km.³⁸ It comprises of one highly urbanized city, 23 municipalities and 367 barangays.³⁶

One of the least accessible: Mountain Province

Mountain Province lies in the middle of Grand Cordillera, and had a population of 158,200 in 2020, representing 0.15% of the entire population of the Philippines.^{39,40} The population density is at 66 inhabitants/km².⁴⁰ It comprises the Philippine's biggest and highest chain of mountains and is landlocked.⁴⁰ It is one of the provinces in the Philippines with the lowest Rural Access Index (RAI), at 0.601. This means that it has one of the lowest proportion of rural populations that live within 2 km of an all-season road.⁴¹ It has 10 municipalities and 144 barangays.⁴⁰

Lowest GRP/Least Accessible: Basilan

The island province of Basilan is situated in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and had a population of 426,207 in 2020, excluding the City of Isabela.³² This represented 0.39% of the entire population of the Philippines and the population density is 123 inhabitants/km².⁴² Additionally, it is the province with the lowest Rural Access Index (RAI), at 0.000, which means that almost all of the rural population do not live within 2km of an all-season road.⁴¹ It has one city, 11 municipalities and 210 barangays.⁴²

As a province-specific Gross Regional Domestic Product (GRDP) is not available, examining the Regional GRDP shows that BARMM has the lowest GRDP amongst all the regions in the Philippines, at 285 million PHP.⁴³ However, BARMM recorded the second-fast growth among all regions, at 7.5%, and contributed to 0.1 percentage point to the country's economic growth in 2021.⁴³ The main industries that registered the highest growth were human health and social work activities, at 22.2%.⁴³

Risks and challenges in peace, stability, and budgetary appropriations for BARMM impact the implementation of ECD programmes in the area. ^{44 45}

2.3. Who did we interview?

To provide further insights into the findings of the desktop research, we interviewed a group of experts. These individuals were identified through the desktop search and consultation with CEI's networks and the Advisory Group's networks.

We interviewed 16 people who represented a range of expertise across government, international development agencies and community services. The full list of interviewees is provided in Table 2-2, together with rationale for their selection.

Table 2-2. List of Stakeholders Interviewed

| Name | Role | Organisation | Rationale |
|--------------------------------|----------------------------------|---|--|
| NATIONAL | | | |
| Dr. Teresita Inciong | Expert Consultant | ECCD Council | Dr. Inciong is the former Executive Director of the ECCD Council and had led the formation of the ECCD Council. |
| Ms Barbra C. Dumlao | National Programme Manager | ECCD Council | Ms. Dumlao has deep expertise in policy development and implementation, and works closely in the training of ECCD teachers, centre leaders and LGUs. |
| Ms Forcefina Frias | Senior Programme Officer | Teaching and Learning Division, Department of Education | Ms Frias works across kindergartens and basic education in the Philippines. She has in-depth knowledge of the policy, programmes and training of educators across EC education. |
| Ms Alice Nkoroi | Nutrition Manager | UNICEF Philippines | Ms Nkoroi has led the design and implementation of nutrition programmes across Africa and Asia. She is currently leading UNICEF's strategic nutrition programmes in the Philippines. |
| Ms Psyche Vetta Olayvar | ECD Specialist | UNICEF Philippines | Ms Olayvar has an understanding of the policy and programmatic landscape across the country. |
| Dr. Paul Zambrano | Regional Technical Advisor | Alive & thrive | Dr. Zambrano and his team at Alive & Thrive advocate for changes in nutrition policy and funding in the Philippines and across the Southeast Asian region. He has conducted research on breastfeeding policy and coverage. |
| Ms Marlene Floresca | Educational Programme Specialist | ChildFund Philippines | Ms Floresca works in ECCD programme implementation and delivery across several provinces. |
| Mr. Enrico Baloro | | Plan International | Mr Baloro has worked within NGOs, focused on ECCD programme development and delivery. |
| Ms Rina Lopez | | Knowledge Channel Foundation | Ms Lopez and her team at Knowledge Channel Foundation have developed programmes to train ECD educators remotely during the Covid-19 pandemic. |
| Ms Sealdi Gonzales | | Zuellig Family Foundation | Ms Gonzales has worked to fund and support programmes for young children and families. |
| Ms Amaya Aboitiz | Chief Executive Officer | Ramon Aboitiz Foundation | Ms Aboitiz has worked to fund and support programmes for young children and families. |

| Name | Role | Organisation | Rationale |
|-----------------------------|---|----------------------------------|--|
| Ms. Jenny Menchavez | Head of EC Programmes | Ramon Aboitiz Foundation | Ms Manchavez leads the foundation's work in ECD. |
| BASILAN | | | |
| Ms. Tanzina Dina | Manager (ECD) | BRAC | Ms Dina works closely with the team in the Philippines to develop and deliver the PlayLabs programme for young children in the BARMM region. |
| Ms Janifa Bangcola | Programme Officer | BRAC | Ms Janifa developed and delivers the PlayLabs programme, working to ensure high quality that resonates with the local community. |
| CAVITE | | | |
| N/A | | | |
| MOUNTAIN PROVINCE | | | |
| Mr Leo L. Quintilla | Regional Director | Provincial Government of CAR | Mr Quintilla has worked across both civil society and in the provincial government to meet the needs of children and families through policy and programmatic development. |
| PALAWAN | | | |
| Ms Abigail D. Ablaña | Provincial Social Welfare Development Officer | Provincial Government of Palawan | Ms Ablaña works within the province to ensure that social workers are equipped to deliver adequate support to young children and families. |

3. What ECD policies and programmes are currently being implemented in the Philippines?

The following section will focus on the research question: “What parenting and ECD policies, programmes and services are currently being implemented in the Philippines aimed at families with children between the ages of 0 to 6 years?” We begin with an overview of programmes and policies, providing details using the Nurturing Care Framework to structure the findings, followed by an analysis of the gaps.

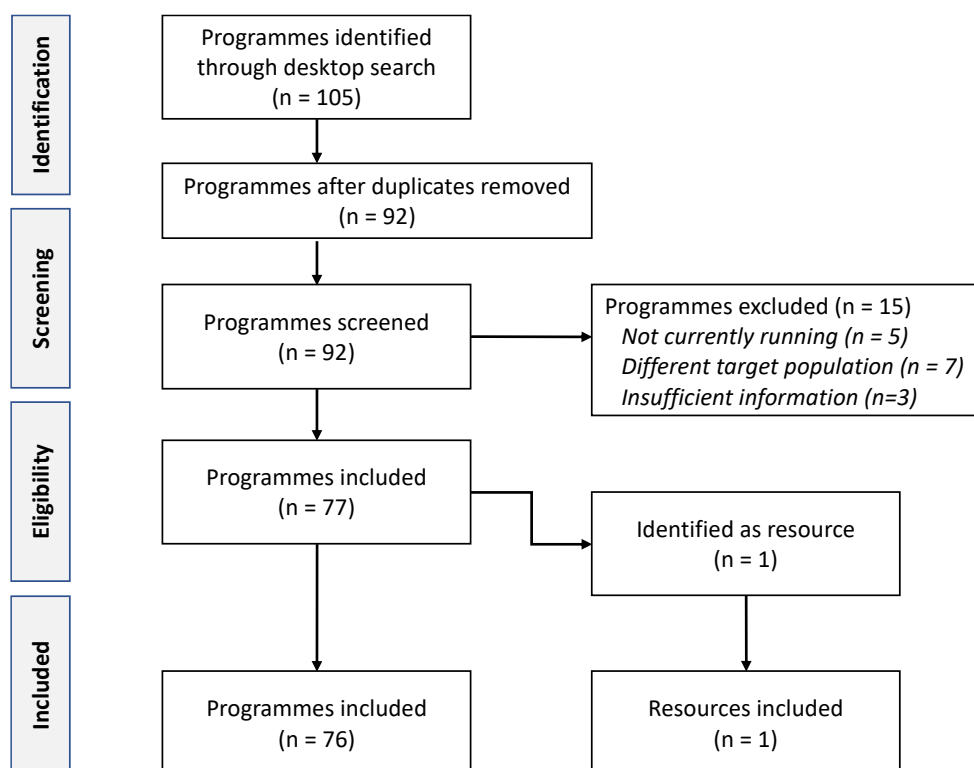
3.1. Identifying programmes and policies

3.1.1. Programmes

Through the desktop research conducted between July and September 2022, we identified 105 programmes that address ECD. The programmes and services available to young children and families are comprehensive in their scope and reach. Figure 3–1 below illustrates the screening process using the inclusion and exclusion criteria (described in

Chapter 1), with a final shortlist of 76 programmes included for this analysis. One of the programmes shortlisted in the Philippines is a resource that is available to caregivers and educators.

Figure 3–1. Programme inclusion flow diagram

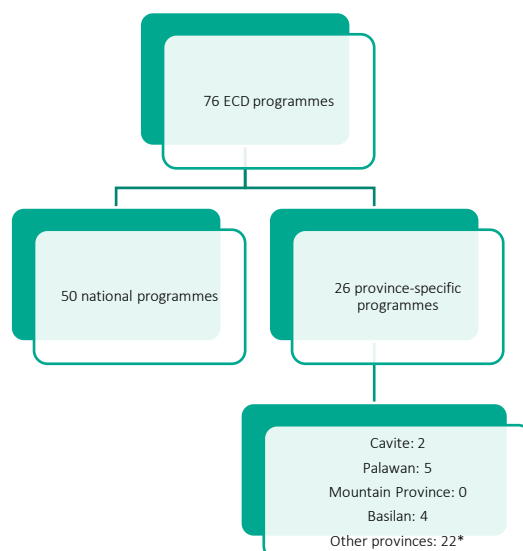


Fifty of the 76 programmes are national-level programmes while 26 are delivered only in one or more of the comparator provinces. The figure below provides an overview of the shortlisted programmes by location of delivery. Because of the study scope, an exhaustive search for all available programmes and services at the provincial level (beyond the four selected provinces) was not feasible.

As noted in the figure, one resource was identified in the desktop research. The resource has no active intervention or programme delivery, but is freely available online and therefore considered part of the landscape of ECD provision. Details of the resource is provided here:

- Videos for Children and Parents, developed by the Knowledge Channel Foundation, is a set of videos that parents and educators can utilise. The videos provide research-based evidence on parenting and responsive caregiving, and also content that educators can use with young children. The repository of videos are used in conjunction with online and in-person educator training.

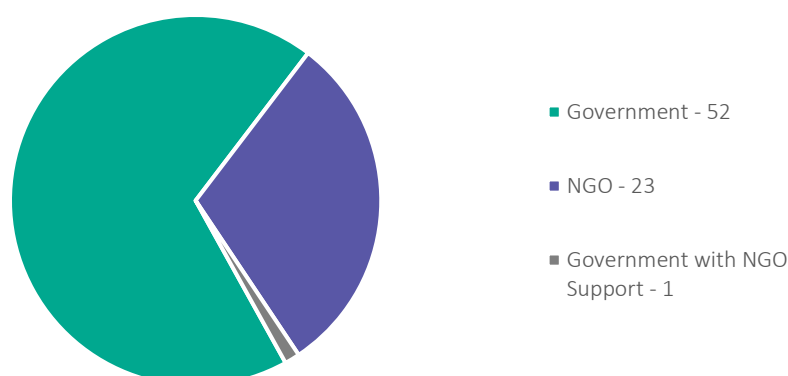
Figure 3–2. Breakdown of National and Provincial Programmes



**Note that 6 province-specific programmes are delivered in more than one province.*

Of the 76 programmes and services identified in the research, 52 are delivered or run by the government, and 23 are operated by non-governmental organisations (NGOs) (see Figure 3–3). One programme is led by the national government with support from hospitals across the country.

Figure 3–3. Overview of Programme Operators



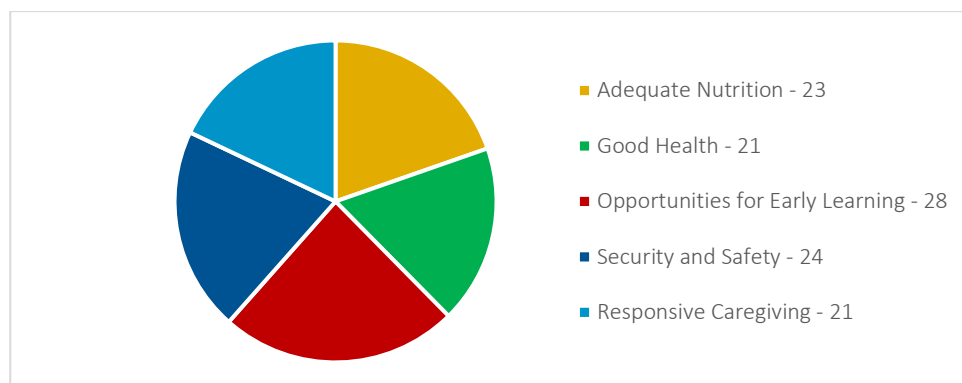
Of the programmes operated by the government, four out of 52 have some non-governmental support, usually from international agencies, such as UNICEF and WHO, or bilateral aid agencies, such as the Deutsche Gesellschaft für Internationale Zusammenarbeit. The remaining 48 programmes are fully funded by the national government or Local Governmental Units (LGUs).

Of the programmes operated by NGOs, all are funded privately. This is mirrored across both national and provincial programmes. Only one programme includes some funding from LGUs as it is related to technical support to develop local nutrition action plans and required the government's input and collaboration. Funding sources include funding from international aid agencies and multilateral agencies, bilateral development assistance from

other countries (e.g., Canadian International Development Agency), private philanthropic foundations (local and international), and funding raised by the NGO themselves.

The 76 shortlisted programmes were then mapped to the components of the NCF. As some programmes can be mapped to multiple components of the NCF, the total number in this chart is more than 76. The chart below illustrates that the shortlisted programmes are generally evenly distributed across the five NCF components.

Figure 3–4. Programmes mapped to NCF Components



3.1.2. Policies

The Philippines has a strong ECD policy foundation, with clear, consistent central government support and understanding of the importance of the early years. The Filipino government has aspirational goals to ensure that all children are afforded the same opportunities in their early life. Many policies span multiple government ministries. All components of the NCF are addressed across the 36 policies identified in this study. A number of policies have been reviewed in recent years to ensure that they are up-to-date and are meeting both international guidelines and the evolving needs of the population.

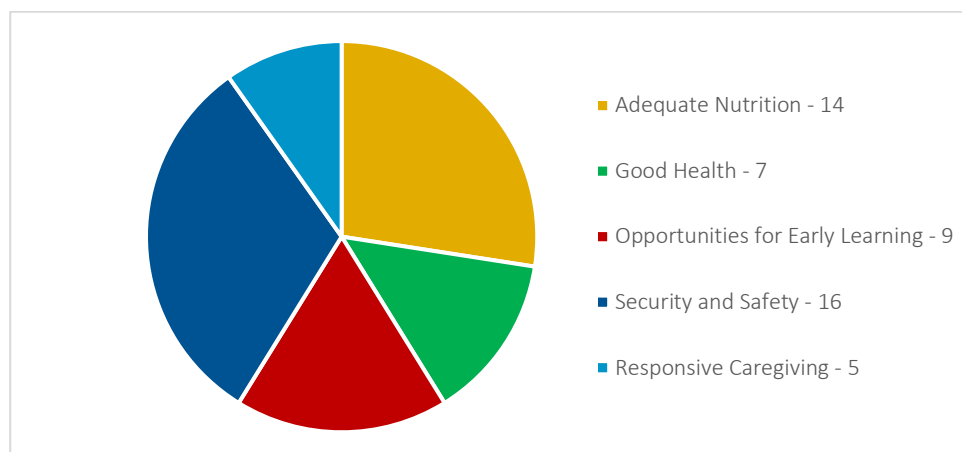
While some aspects of ECD policies are multi-sectoral in nature, others remain siloed within specific agencies or ministries. For example, the policies governing breastfeeding is within the sole remit of the Department of Health. In contrast, the Early Years Act requires the active collaboration of the Departments of Social Welfare and Development, Education, Health, and the Interior and Local Government, to name a few.

Although there is coordination in some areas of ECD policy, a number of policies related to child protection and anti-trafficking do not have a distinct lead agency or department. While this ostensibly places the responsibility of child protection on all departments that work with children, it also creates a vacuum where this area of need is not necessarily prioritised.

All 36 ECD-related policies identified in this study have been mapped to the Nurturing Care Framework, illustrated in

Figure 3–5. Policies mapped to NCF Components, below. The total number in the figure below is greater than 36 as some policies map to more than one component.

Figure 3–5. Policies mapped to NCF Components



The figure above illustrates the distribution of policies between the five NCF components. The components of Adequate Nutrition and Security and Safety have the largest number of policies, while Good Health and Responsive Caregiving have relatively few.

Although a total of 36 policies have been identified in the desktop search, five policies map to more than one NCF component:

- **Barangay-Level Total Development and Protection of Children Act:** This Act, implemented in 1990, outlines the role of each barangay in providing care and protection of children up to the age of 6. This includes the establishment of a day care centre and the collection of child-specific data.
- **Early Childhood Care and Development Act:** This Act, implemented in 2000, led to the formation of the ECCD Council and sought to promote the rights of children from birth to the age of six years. The Act also acknowledged and sought to enhance the role of parents as every child's first teachers, while ensuring that additional support is provided for the poorest and most disadvantaged families. Thus, the Act cuts across all areas of the NCF.
- **Early Years Act:** This Act, implemented in 2013 and amended in 2015, further establishes an ECCD system that covers health, nutrition, early education and social services for children from birth to the age of 8. This Act pertains to the NCF components of Adequate Nutrition, Good Health, Opportunity for Early Learning and Security and Safety.
- **Local Government Code:** The Code, implemented in 1991, mandates the local government units (LGUs) ensure that basic services are effectively provided to citizen. This includes the provision of child welfare and nutrition services.
- **Parent Effectiveness Service Program Act:** This Act, implemented in 2022, mandates the establishment of the Parent Effectiveness Service Programme in every city and municipality. This programme aims to support parents to strengthen their knowledge and skills about child development and learning. This Act is related to the NCF components of Opportunities for Early Learning and Responsive Caregiving.

3.2. Findings on Nurturing Care Policies and Programmes in the Philippines

The section that follows is organised by the components of the NCF and intended as a thorough map of the landscape for ECD provision in the Philippines. Appendix E provides details about the 76 shortlisted programmes, including the programme name, provider, a brief description of the programme and how it maps to both the NCF and the World Bank 25 ECD Interventions. Appendix F provides information about the 36 policies, including the policy name, the year it was implemented or amended, the government ministry in charge of the policy and a brief description of what the policy entails.

3.2.1. Adequate Nutrition

Key Messages

- ⇒ This is an area of concerted effort by the National Government - the majority of the Adequate Nutrition programmes are nationally provided. These range from advocacy to delivery of services and capacity building. This is alongside the multiple policies focusing on breastfeeding, addressing malnutrition and adequate diet and nutrition.
- ⇒ Breastfeeding is widely promoted and guided in the Philippines, with policies and programmes to support and protect women to breastfeed, even after they return to work.
- ⇒ Of the four comparator provinces, Mountain Province has no province-specific Adequate Nutrition programmes in addition to national-level programmes. This may indicate a gap in provision of nutritional support in Mountain Province and suggests that there could be limited programmatic offerings for Adequate Nutrition support in some provinces in the Philippines.

Overview

Adequate nutrition, as a component of the NCF, includes maternal and child nutrition. Good maternal nutrition during pregnancy has a positive impact on both the mother's and the unborn child's health. Good nutrition after delivery affects the mother's ability to breastfeed and provide adequate care to her young child.⁴⁶

As of January 2022, 86% of mothers initiated breastfeeding of their newborns immediately after birth, while 21% infants were exclusively breastfed until 6 months old.²⁶ Early initiation of breastfeeding is guided by the essential newborn care (ENC) protocol, or Unang Yakap, which ensures that newborn infants, regardless of gestation period or manner of delivery, are immediately and thoroughly dried, and have skin-to-skin contact.⁴⁷ Furthermore, the mother and her newborn are not separated and remain together to promote exclusive breastfeeding.⁴⁷ Eleven percent (11%) of infants between 6 and 11 months and 6% of children between 12 to 23 months of age completed Micronutrient Powder (MNP) supplementation,²⁶ which contains a recommended daily allowance of 15

different vitamins and minerals.⁴⁸ Three in four pregnant women reported taking micronutrient supplements in 2018/19, with the main reasons for not taking being no prenatal check-up yet (27%) and not liking the taste (16%).¹¹

The Philippines is ranked fifth among countries in the East Asia and Pacific region with the highest prevalence of stunting and is among the 10 countries in the world with the highest number of stunted children. In 2019, data showed that 1 in 3 children under that age of five years experienced stunting.⁴⁹ The highest prevalence of stunting is in the BARMM region, where 45% of children below five are stunted, followed by the MIMAROPA region, which has a prevalence rate of stunting of 41%.⁴⁹ Both regions include two provinces included in this study – Basilan and Palawan.

Stunting is due, in part, to both a lack of dietary diversity and inadequate meal frequency. From 2015 to 2019, there was a significant decrease in the proportion of infants and young children who were meeting the minimum diet diversity, from 29% to 21%.¹¹ In a similar time period, there was a significant decrease in the proportion of children between 6 and 23 months who met conditions for minimum meal frequency, from 94% to 91%.¹¹ There was also a decline in the proportion of children in the same age group who had a minimum acceptable diet¹, from 19% to 12%.¹¹ Given that the number of children who meet conditions for minimum meal frequency is relatively high, it is likely that poor dietary diversity is the primary driver that impacts on the low proportion of children who meet conditions for a minimum acceptable diet.¹¹

Policies

In 1986, the Philippines was one of the first countries to pass legislation on the International Code of Marketing of Breastmilk Substitutes. The Executive Order 51⁵⁰, known as the Philippine Milk Code of 1986, encompasses a set of legally binding measures that cover significant portions of the International Code. The law regulates the marketing of breastmilk substitutes, including the quality, availability and accurate information relating to its use. In a review conducted by UNICEF, the legal provision in the Philippines has a few gaps, including the lack of specificity in the age range applicable to the term “breastmilk substitute”; inadequate checks and balances on industry-funded research and sponsorship; and a vague definition of the effects of using breastmilk substitutes, allowing for cross-promotion of the same product to occur.⁵¹

In alignment with the Baby-friendly Hospital Initiative (BFHI), the Philippines passed the Rooming-In and Breastfeeding Act of 1992. Within this act, the Mother-Baby Friendly Hospital Initiative was launched, and all private and government hospitals that offer maternity and newborn care service had to be accredited to implement the BFHI global criteria.⁵² As of 2007, around 83% of eligible hospitals have been accredited.⁵²

Breastfeeding was further addressed in the Expanded Breastfeeding Promotion Act in 2009.⁵³ This included specific guidance and mandates ensuring that infants are placed in the same room as their mothers immediately after delivery, hospitals are equipped to collect human breastmilk donations for infants in need, and that lactation stations are provided in both health and non-health facilities. The Act also included guidance on workforce training and raising public awareness. The 2019 National Demographic and Health Survey showed that there was a statistically significant increase of exclusive breastfeeding of infants from birth to 6 months, from 49% in 2015 to 56% in 2019.¹¹

¹ Minimum acceptable diet (MAD) is a core indicator developed by WHO to assess infant and young child feeding practices, specifically for children aged 6 – 24 months. MAD is a composite indicator that is calculated based on the dietary diversity for both breastfed and non-breastfed children.

Aside from the Magna Carta of Women², exclusive and continued breastfeeding among women who will return to or resume work is well-supported by the Republic Act 10028. Workplace policies on lactation breaks and establishing lactation stations allow women who work, even in the informal sector, to express their breastmilk in order to continue breastfeeding after returning to work.⁴⁷

Aside from the four policies noted above on breastmilk substitutes and breastfeeding, the Philippines has 10 other policies covering Adequate Nutrition. This includes the overarching Barangay-level Total Development and Protection of Children Act, ECCD Act, Early Years Act and Local Government Code. The other six policies have a strong focus on feeding and nutrition, including the creation of an Anti-Hunger Taskforce within each LGU, a National Feeding Programme to address malnutrition, and the First Thousand Days Act that aims to scale up interventions to address the nutritional status of infants and young children. Given that the percentage of children aged 6 to 24 months who receive a minimum acceptable diet was approximately 12% in 2019, these policies are vital to addressing an urgent nutritional need across the country. In 2021, Quezon City was the first LGU to implement the Healthy Public Food Procurement Policy.⁵⁴ It introduced mandatory nutrition standards for all food supplies in city-run hospitals, offices, departments and institutions. A programme to source nutritious foods and healthy ingredients from micro-, small- and medium-sized enterprises (SMEs), supports the policy.⁵⁴

Programmes

Twenty-three of the shortlisted programmes address the component of Adequate Nutrition, of which eight have been evaluated. Sixteen of the programmes are fully funded and operated by the national Government. All the Government programmes are available to all families, pregnant women, and young children. One programme, The Human Milk Bank programme, is provided in both private and Government hospitals. The other six programmes within Adequate Nutrition are run by either local or international NGOs. Among them, two are funded by both NGO and the Government, while the other four are funded through private and philanthropic funding. The programmes primarily work with families, pregnant and lactating women, and young children from at-risk and vulnerable populations.

Overall, the shortlisted programmes work to advocate and educate parents on proper nutrition. Sixteen of these programmes are advocacy and education programmes. Specifically, two of them are delivered via radio to educate listeners about proper nutrition. Five programmes focus on training and capacity building of personnel working with families, infants, and young children.

Four programmes focus on direct provision of micronutrients, nutritious food, or human milk, while three programmes provide services such as health check-ups and the provision of necessary health assessment equipment and tools directly to local health facilities and families, and one programme provides mother-baby friendly workplace certification. The 23 programmes are described in the table below.

A new upcoming project supported by The World Bank, the Philippines Multisectoral Nutrition Project, will support the delivery of nutrition and health care services at the primary care and community levels to help reduce stunting in municipalities known to have high rates of poverty and malnutrition.⁵⁵ This project will deliver nutrition-specific

² The Magna Carta of Women is a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling, and promoting the rights of Filipino women, especially those in the marginalized sectors.

and nutrition-sensitive interventions across the various local government platforms together with a social behaviour change and communication interventions. Additionally, this project will support behavioural change campaigns for targeted households and communities to adopt behaviours crucial to improving nutrition outcomes for women and children and promoting access to Pantawid Pamilya Pilipino Programme (4P), one of the country's social protection programmes.⁵⁵

Table 3-1. Adequate Nutrition programmes

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|--|-----------------|----------------------|---|
| | | | Y | N |
| Bangsamoro Umpungan sa Nutrisyon (BangUN) Project | The Bangsamoro Umpungan sa Nutrisyon (BangUN) Project is a convergence of services addressing the high incidence of hunger and malnutrition among children in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The BangUN includes Nutrition Direct Services (i.e., weight and height measurement, health check-up, deworming and micronutrient supplementation), Nutrition Education and Advocacy (i.e., nutrition literacy classes, responsible parenthood sessions, and nutrition and health-related events) and Building Resilient Communities (i.e., livelihood skills training, livelihood capital, food-for-work, cash-for-work, access to potable drinking water, production of indigenous food for children, psychosocial interventions, etc.). | Basilan | ✓ | |
| Barangay Nutrition Scholar (BNS) Program | <p>The Barangay Nutrition Scholar (BNS) Program is a human resource development strategy of the Philippine Plan of Action for Nutrition, which involves the recruitment, training, deployment and supervision of volunteer workers called the Barangay Nutrition Scholars (BNS).</p> <p>Presidential Decree No. 1569 (1979) mandated the deployment of at least one (1) BNS in every barangay in the country to monitor the nutritional status of children and other nutritionally at-risk groups and link them with nutrition and nutrition-related service providers. PD 1569 also mandated the NNC to administer the program in cooperation with local government units.</p> | National | ✓ | |
| Family MUAC Approach | With social distancing and mobility restrictions in the Philippines, UNICEF supported the use of MUAC measuring tapes to allow parents to assess their | Other Provinces | | ✗ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|---|--------------------------|----------------------|---|
| | | | Y | N |
| | <p>children for wasting. Working with local government units supported by the Department of Health, family MUAC training was rolled out in three UNICEF-supported provinces, with training materials and monitoring tools developed in partnership with World Vision International. More than 1,330 health-care providers were trained using online platforms, in some cases combined with face to-face training, while observing social distancing rules.</p> <p>Community health workers trained more than 2,480 mothers and caregivers using blended virtual and small group face-to-face approaches.</p> | | | |
| First 1,000 Days (F1K) Programme | <p>The program operationalizes the concerns of the Early Childhood Care and Development Program per RA 10410, or the Early Years Act of 2013 and the priorities for action of the NNC's Philippine Plan of Action for Nutrition 2011-2016 and 2017-2022 (and onwards). It is also a component of the Maternal, Neonatal, and Child Health and Nutrition Strategy of the Department of Health, and the DOH Comprehensive Nutrition Intervention Strategy, 2014-2025.</p> <p>This period has been called the "golden window of opportunity" during which the delivery of key health, nutrition, and early learning interventions could result to optimum physical and brain development.</p> <p>Specifically for mothers from indigenous sectors, learning sessions under the early childhood care and development in the first 1,000 days after a child is born. Its key component is the conduct of nutrition education for women planning to get pregnant, pregnant and lactating women to promote improved infant and young child feeding practices, facilitated by nutrition officers and staff.</p> | Palawan; Other Provinces | ✓ | |
| Human Milk Bank | <p>A human milk bank is a service established for the purpose of collection, screening, processing, storing and distributing donated human milk to meet the specific medical needs of individuals for whom human milk is prescribed. These individuals include preterm babies, critically ill neonates with necrotizing enterocolitis, immunodeficiency disease, feeding intolerance, allergies,</p> | Other Provinces | | ✗ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|---|-----------------|----------------------|----------|
| | | | Y | N |
| | inborn errors of metabolism, who are admitted in hospitals. | | | |
| Infant and Young Child Feeding Programme | IYCF program is considered a key area in improving nutrition status and promoting healthy growth and development of children. Its sole goal is to reduce child mortality and morbidity through optimal feeding of infants and young children. | National | | x |
| Integrated Action for Children's Nutrition Project (INTERACTION) | <p>This nutrition programme included the following elements:</p> <ul style="list-style-type: none"> - Community-based Breastfeeding Support Groups for mothers - Dissemination of hygiene kits for children under 5 - Caregiver counselling sessions on feeding, childcare, hygiene practices, - Building and/or repair of health stations - Equipping Barangays with necessary health assessment equipment and tools | Other Provinces | ✓ | |
| Kupkop Program | To provide orphaned children with the necessary financial resources that would give them access to balanced nutrition, education, healthy lifestyle, and a secure and caring alternative care arrangement. | National | | x |
| Kwentuhang Bulilit | An online program produced to help service providers and stakeholders of early childhood care and development gain a deeper understanding of ECCD in the Philippine context. Produced by the ECCD Council, the audio-video program focuses on early learning, health and nutrition, and social services provided for both children and their families. | National | | x |
| Local Nutrition Action Plans | In three provinces of the Philippines, UNICEF supported 19 municipalities/cities to develop costed Local Nutrition Action Plans and 15 municipalities to develop or review costed WASH plans to be included in their annual investment plans. This included capacity-building of Governors and Mayors to deepen their understanding of nutrition and WASH, advocating for budget allocation and facilitating multisectoral programming at the local level. Resolutions were passed to facilitate investment and implementation of | National | ✓ | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|--|----------------------------------|----------------------|----------|
| | | | Y | N |
| | nutrition and WASH activities benefiting women and children in the three provinces. | | | |
| Micronutrient Supplementation | Focuses on the provision of pharmaceutically prepared vitamins & minerals for treatment and prevention of specific micronutrient deficiency to complement sustainable food-based approaches (e.g., food fortification and diet diversification) to address deficiencies in micronutrients. (DOH, LGUs, CSO, development partners) | National | | x |
| Mother-Baby Friendly Workplace Certification | <p>A “mother-baby friendly workplace” certification means that the workplace ensures the promotion and practice of breastfeeding by providing healthy and safe working conditions for women through the establishment of a lactation station or facility.</p> <p>Under the certification criteria, lactation stations should be adequately provided with necessary equipment: lavatory for hand washing, refrigeration or appropriate cooling facilities for breast milk expression and storage, electrical outlets for breast pumps, a small table, comfortable seats and other items that conform to the standards defined by the Department of Health.</p> | National | ✓ | |
| National Dietary Supplementation Program / Tutok Kainan Supplementation Program | Provides supplemental food to pregnant women for 90 calendar days and complementary food for children 6-23 months for 180 calendar days. Priority will be given to those who are nutritionally at-risk or undernourished to avert the impact of COVID-19 and recent natural disasters (Ulysses, Rolly); Implements, monitors, and evaluates an integrated nutrition program that helps ensure delivery of complementary early childhood care and development services in the first 1000 days as provide in Republic Act 11148 or the Kalusugan at Nutrisyon ng Mag-Nanay Act; and Documents program experiences and strategies for replication in other local government units of the country. | Cavite; Basilan; Other Provinces | | x |
| National Nutrition Promotion | Will combine communication approaches such as behaviour change communication, social and community mobilization, and | National | | x |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|--|-----------------|----------------------|----------|
| | | | Y | N |
| Program for Behaviour Change | advocacy to support individuals, families, communities, and institutions to adopt and maintain high-impact nutrition-related practices. Effective nutrition SBCC seeks to increase the factors that encourage these behaviours while reducing the barriers to change. It will be supported by the appropriate policy cover as well as efforts to ensure adequacy of supply of services and related needs to create an environment that will facilitate the adoption of desired practices. | | | |
| Nutriskwela Community Radio Network Program | Nutriskwela aims to educate or teach listeners about proper nutrition through airing correct, current, and relevant information on nutrition and health of national and local governments and partners. | National | | x |
| Nutrition Sensitive CoMSCA | <p>COMSCA refers to the Community-Managed Savings and Credit Association programme. Leveraging on the families who engage with this savings programme, the nutrition programme seeks to promote proper nutrition feeding.</p> <p>One of its approaches is the Go Baby Go (GBG) where the participants are trained about their roles as caregivers especially to a child's holistic development during its 0-5 years.</p> <p>Some of the important topics discussed include Sensitive and Responsive Caregiving, Nurturing Physical Development, Nurturing Cognitive Development, and Community Action Planning for community-level implementation.</p> | Other Provinces | ✓ | |
| Overweight and Obesity Management and Prevention Program (OOMPP) | Involves the promotion of healthy eating environments and healthy lifestyle; also involves the management of those already overweight and obese. | National | | x |
| Philippine Integrated Management of Acute Malnutrition | This nutrition-specific program is recognized by UNICEF and WHO as the only established, evidence-based intervention which successfully addresses the problem of acute malnutrition. It involves capacity building to local implementors and provision of services | National | | x |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|--|--------------------------|----------------------|---|
| | | | Y | N |
| (PIMAM) Program | to acute malnutrition cases both under routine health program and during emergencies. It aims to locate the acutely malnourished especially those with severe acute malnutrition, and to provide the needed medical and nutritional intervention. To locate the acutely malnourished especially those with severe acute malnutrition, and to provide the needed medical and nutritional interventions. | | | |
| Positive Deviance/Hearth Approach | During the hearth sessions, the children are fed nutritious meals based on positive deviant foods, which the caregivers prepare together using ingredients they have contributed. As the children respond to the improved nutrition by gaining appetite, energy and weight, their families experience first-hand the value of the positive deviant practices. After the hearth session, volunteers continue to monitor the children's growth and support the families to apply the new behaviours they have learned. | Other Provinces | ✓ | |
| Promote Good Nutrition (PGN) | The programme aims to improve the nutrition knowledge, attitudes, and practices of families to increase demand for adequate, nutritious, and safe food. | National | | ✗ |
| Radjo Bulilit | Produced by the ECCD Council and Radjo Pilipinas, the program focuses on early learning, health and nutrition, and social services provided for both children and their families. | National | | ✗ |
| Supplementary Feeding Program | The Supplementary Feeding Program is the provision of food, in addition to the regular meals, to currently enrolled day care centre children. This is in the form of hot meals, as recommended by Food and Nutrition Research Institute, and served during break time to children in day care centre. | National | | ✗ |
| Transform | Transform programme takes a whole of family approach to help ultra-poor families in the Philippines. They engage in parental education in terms of children's health, hygiene and nutrition, and financial education, as well as engage in home-based | Palawan; Other Provinces | | ✗ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available |
|-------------------|--|----------|----------------------|
| | | | Y N |
| | feeding programmes and medical interventions for the children. | | |

Gaps

Malnutrition and Undernutrition

Despite efforts and various education and advocacy programmes, children in the Philippines are still experiencing malnutrition, other forms of undernutrition, or overweight and obesity.⁵⁶ Malnutrition is still very prevalent in the Philippines and has been exacerbated by the COVID-19 pandemic and food insecurity brought about by the current global political tensions. According to the Child Nutrition Report 2021 by UNICEF, based on an evaluation of the progress to meeting the SDG 2030 target, the Philippines is on track to meeting the targets for breastfeeding and has made some progress on reducing stunting.⁴ However, it is not on target to address infants and young children who experience severe malnutrition (wasting), and the incidence of overweight is worsening.⁴

“For nutrition, there are a lot of post pandemic effects...In Cebu alone, ... there is already an increase in malnutrition, and especially for waste ... the numbers are up for Cebu City alone. There’s already a rising number of ways that children [are affected] and overweight and obesity is also increasing. So that’s something that we are also looking into.” — Expert Interview, Philanthropic Organisation

Diets

Poor-quality diets are another obstacle to the survival, growth, development, and learning of children today.⁴ Difficulty accessing healthy food has been exacerbated by the COVID-19 pandemic, and families are struggling to buy their usual range of foods. As a result, young children’s diets and nutritional status are likely to suffer. According to the 2018/19 Expanded National Nutrition Survey, only one in ten young children was meeting the minimum acceptable diet at the national level.¹¹ Programmes that seek to provide or facilitate access to healthy food should also consider diet diversity to ensure that children have sufficient dietary intake of nutrients.⁴ Poor diets, inadequate nutrition and failing food systems also contribute to the increasing problem of overweight and obesity.⁵⁶

“When you also look at the budget of the local government units on nutrition, it’s there but it’s very low. That’s also where I think the opportunities can go [with] the local government units, some emphasis on nutrition, and especially in the budgets...” — Expert Interview, Philanthropic Organisation

Addressing the issues of adequate nutrition requires concerted efforts, starting at the local level, within LGUs, to the national level, within the national government. Specific regions are doing much worse than others in terms of nutrition and diet, such as the BARMM

region and the MIMAROPA region, which have the highest rate of stunting in the Philippines.⁴⁹

3.2.2. Good Health

Key Messages

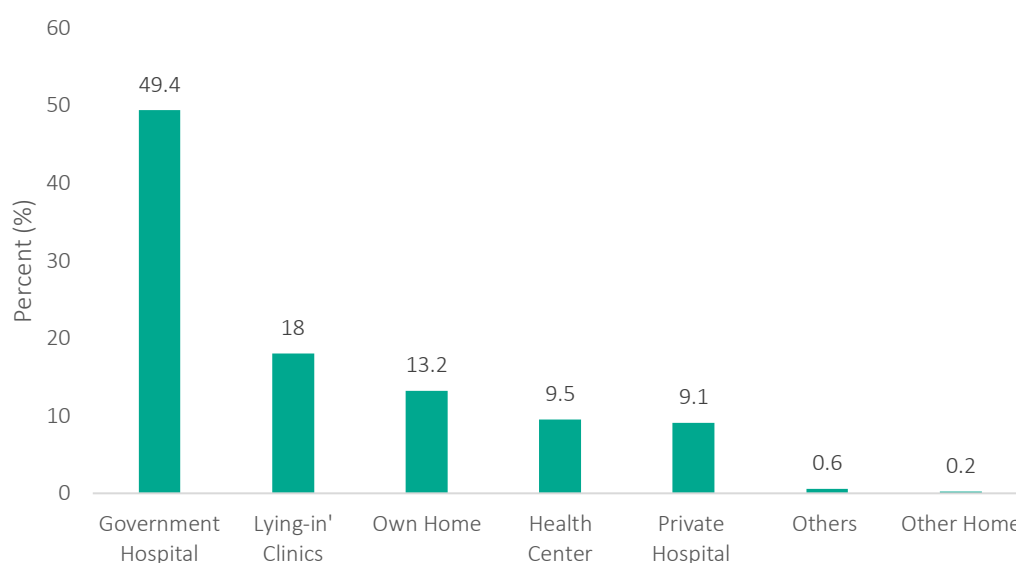
- ⇒ The Government of Philippines has demonstrated a commitment to Good Health through the provision of services, education, and advocacy. Health services at the barangay (village) level are generally provided by the barangay health station (BHS). These provide basic health services to all the members of the community in which they are located and are commonly staffed with various health workers. BHS also provide free routine immunisations for children.
- ⇒ Health policies, while not specifically targeted at families and young children, provide needed access for essential health and dental services. However, it is noted that some rural and hard-to-access areas still face difficulties accessing healthcare services and are not equipped with a BHS.
- ⇒ Two of the four comparator provinces, Cavite and Mountain Province, have national-level programmes but no province-specific Good Health programmes. This may indicate a gap in the provision of health support in Cavite and Mountain Province and suggests that there could be limited programmatic offerings for Good Health support in some provinces in the Philippines.

Overview

Good health refers to the health and well-being of children and their caregivers, and it includes both physical and mental health.⁴⁶ According to the 2018/19 Expanded National Nutrition Survey, less than half of pregnant women had at least four prenatal visits, while the majority (83.0%) received at least one pre-natal visit, with over 70% of them having had their first prenatal check-up within the first trimester of pregnancy.¹¹ Location of prenatal check-ups are quite balanced; more than half of pregnant women with at least four pre-natal visits attended private hospitals and clinics, while almost half visited a government hospital for their maternal health services.¹¹

A facility-based delivery attended by skilled birth professional is one of the key interventions to reduce maternal and neonatal mortality.¹¹ Some statistics regarding place of childbirth are provided in the figure below.

Figure 3–6. Key Information on Place of Childbirth (2018/9)¹¹



Over eight in ten mothers had a skilled birth attendant during delivery, and 10% had a traditional birth attendant.¹¹ Among those who did not give birth in a health facility, the main reason cited was that the health facilities were too far or transportation was unavailable (43%). Other reasons included the high costs (31%), the mother did not reach the facility on time due to an unexpected delivery (22%), or they did not feel that it was necessary (12%).¹¹

Postnatal care is critical in ensuring the safety of the mother and infant, as most maternal and infant deaths occur in the first month after birth.⁵⁷ The national maternal mortality rate was 121 per 100,000 live births in 2017⁵⁸, higher than the average of 73 per 100,000 live births in South East Asia (excluding high-income countries).⁵⁹ The infant mortality rate the Philippines was 21 per 1,000 live births in 2020¹⁷, lower than average of 27 per 100,000 live births worldwide.⁶⁰ These figures are due in large part to the high number of women who reported receiving a post-natal check-up after giving birth to their youngest child (86%). Most of these check-ups were within one to three hours after giving birth. Only 14% mothers reported not having postnatal check-up.¹¹

Local health services are generally provided by the BHS. These provide first aid, maternal and child health care, diagnosis of communicable diseases, and other basic health services to all the members of the community.⁶¹ The BHS is commonly staffed with rural health midwives, barangay nutrition scholars and barangay health workers.⁶¹ Routine vaccination for children are provided by the Government for free in public health centres and facilities.⁶²

Policies

In seeking to achieve universal healthcare coverage (UHC) for all Filipinos, the government passed the Aquino Health Agenda, Administrative Order No. 36, also known as Kalusugan Pangkalahatan (KP).⁶³ This policy led to the drafting of a UHC roadmap, including implementation and operational guidelines, by the Department of Health, along with related stakeholders. As part of this policy, the National Health Insurance Programme was strengthened to ensure that financial risks in its expansion were mitigated. Additionally, hospitals and healthcare facilities were upgraded, and public health programmes focused on maternal and child health and mortality were strengthened through additional funding

and training. The KP also had a specific focus on ensuring the most disadvantaged people (lowest two quintiles of income levels), have equitable access to affordable healthcare. This policy is further linked to the 2018 Universal Health Care Act.

In addition to the KP policy on UHC, the government also implemented a policy on oral health (Administrative Order No. 101) in 2003.⁶⁴ This policy sought to improve the oral health of Filipinos through ensuring the provision of, and access to oral health services that are promotive, preventative and curative. This policy was specifically targeted toward vulnerable, high-risk groups, children, pregnant women, and the elderly.

Finally, the ECCD Act and the Early Years Act are overarching policies that include provisions related to healthcare for young children, women, and families. These are further bolstered by the Barangay-level Total Development and Protection of Children Act and the Local Government Code, that outline the role of the local government in ensuring sufficient healthcare provision for young children and families.

Programmes

Twenty-one of the shortlisted programmes address the component of Good Health, of which 13 have been evaluated. Sixteen of the programmes are fully funded and operated by the Government. Two programmes within Good Health are run by either local or international NGOs and are funded by the NGO themselves. Additionally, three programmes are operated by the Government but receive funding from both the Government and external donors.

Overall, the shortlisted programmes work to provide services, education, and advocacy. Thirteen of these programmes provide services such as dental services, sanitation facilities, and health check-ups. Six of the programmes focuses on providing vaccination or micronutrients to mothers, infants and young children, while six of the programmes focus on education and advocacy.

Two programmes provide conditional cash transfers to families who comply with specific health-related conditionalities. Only one programme focuses on training and capacity building of public health workers and hospital staff. The 21 programmes are described in the table below.

Table 3-2. Good Health programmes

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|---|----------|----------------------|---|
| | | | Y | N |
| Bangsamoro Umpungan sa Nutrisyon (BangUN) Project | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Comprehensive Water, Sanitation and Hygiene in | The DepED WASH in Schools Program has eight components, namely: | National | ✓ | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|--|----------|----------------------|---|
| | | | Y | N |
| Schools (WinS) Program | <ol style="list-style-type: none"> 1. Oral hygiene and proper handwashing; 2. Provision of safe and adequate water supply; 3. Provision of toilet, handwashing, and drainage facilities; 4. Environmental sanitation (including the elimination of breeding grounds for mosquitoes that carry the dengue virus) and solid waste management; 5. Food sanitation; 6. Menstrual Hygiene Management; 7. Deworming; and 8. Hygiene and sanitation education | | | |
| Dental Health Program | The program seeks to achieve these objectives by providing preventive, curative, and promotive dental health care to Filipinos through a lifecycle approach. This approach provides a continuum of quality care by establishing a package of essential basic oral health care (BOHC) for every lifecycle stage, starting from infancy to old age. | National | | ✗ |
| Early Childhood Care Development Program | Facilitates access to health services from pregnancy to 35 months old to promote the physical growth and development of the child. It also includes providing responsive caregiving, opportunities for early learning, and child's safety and security to enhance holistic development of young children. | National | | ✗ |
| Expanded Program on Immunization | The Expanded Program on Immunization (EPI) ensures that infants/children and mothers have access to routinely recommended infant/childhood vaccines. | National | ✓ | |
| Family Development Sessions (FDS) | The FDS is a monthly group activity and discussion attended by grantees, mostly mothers, to discuss topics, such as parental roles and responsibilities, and health and education-promoting behaviours for families and children | National | ✓ | |
| First 1,000 Days (F1K) Programme | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Fit for School Programme | The "Fit for School" programme intervenes and prevents diseases among children by | National | ✓ | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|--|-----------------|----------------------|---|
| | | | Y | N |
| | <p>institutionalising healthy behaviours at school.</p> <ul style="list-style-type: none"> • Daily supervised hand washing with soap. • Daily supervised toothbrushing with fluoridated toothpaste. • De-worming children bi-annually by swallowing albendazole tablets. | | | |
| Garantisadong Pambata | Comprehensive and integrated package of services and communication on health, nutrition, and environment for children available every day at various settings such as home, school, health facilities and communities by government and non-government organizations, private sectors and civic groups. | National | ✓ | |
| Healthy Starts for Hopeful Hearts | <p>Provides the follow list of services:</p> <ul style="list-style-type: none"> • Pregnancy check-up • Pregnancy and newborn health classes • Pregnancy micronutrient supplementation • Labour and Delivery • Postpartum Care • Newborn screening • newborn hearing screening • Newborn immunization • Lactation Support/Counselling • Home visits • Voluntary HIV Screening • Sexually transmitted infection screening • Cervical Cancer screening (pap smear) • Reproductive Health Education • Reproductive health care • Maternal Mental Health Counselling • Psychosocial Support (Social Work Program) • Referral to other NGO's for further assistance • Ministry services and counselling | Other Provinces | ✓ | |
| Integrated Helminth Control Program (IHCP) | <p>Comprehensive Packages</p> <ul style="list-style-type: none"> • Harmonized Schedule and Combined Mass Drug Administration (HSCMDA) for the month of January and July in health centres, stations, and schools. • Diagnosis and selective treatment in health centres | National | ✓ | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|---|----------|----------------------|---|
| | | | Y | N |
| | <ul style="list-style-type: none"> Provision of safe drinking water, basic sanitation and hygiene (WASH) in schools and community Health promotion and hygiene education | | | |
| Integrated Management of Childhood Illness Program (IMCI) | Integrated Management of Childhood Illness (IMCI) is a strategy for reducing the mortality and morbidity associated with the major causes of childhood illness. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) started to develop the IMCI strategy in 1992, and today more than 100 countries worldwide have adopted it. This strategy primarily aims to reduce death, illness, and disability, and to promote improved growth and development among children under 5 years of age. It includes both preventive and curative elements that are implemented by families and communities, as well as health facilities. | National | ✓ | |
| Knock Out Tigdas | Vaccination teams go from door-to-door of every house or every building in search of the targeted children who need to be vaccinated with a dose of measles vaccines, Vitamin A capsule and deworming drug. All health centres, barangay health stations, hospitals and other temporary immunization sites such as basketball court, town plazas and other identified public places will also offer free vaccination services during the campaign period. | National | | ✗ |
| Kwentuhang Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| National Safe Motherhood Program | <p>The Programme contributes to the national goal of improving women's health and well-being by:</p> <ul style="list-style-type: none"> Collaborating with Local Government Units in establishing sustainable, cost-effective approach of delivering health services that ensure access of disadvantaged women to acceptable and high quality maternal and new-born health services and enable them to safely give birth in health facilities near their homes Establishing core knowledge base and support systems that facilitate the | National | ✓ | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|--|----------|----------------------|---|
| | | | Y | N |
| | delivery of quality maternal and new-born health services in the country | | | |
| Operation Timbang Plus | Operation Timbang (OPT) Plus is the annual weighing and height measurement of all pre-schoolers 0-59 months old or below 5 years old in a community to identify and locate the malnourished children. Data generated through OPT Plus are used for local nutrition action planning, particularly in quantifying the number of malnourished and identifying who will be given priority interventions in the community. Moreover, results of OPT Plus provide information on the nutritional status of the pre-schoolers and the community in general, thus, providing information on the effectiveness of the local nutrition program. | National | ✓ | |
| Pantawid Pamilyang Pilipino Program | A social protection programme that focuses on human capital development through the provision of cash grants to eligible poor households subject to their compliance with education and health conditionalities. | National | ✓ | |
| Radyo Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Tamang Sagot (Newborn Care Package) | As part of the PhilHealth Benefit Package, the Newborn Care Package aims to ensure all newborns have access to essential care, health screening and hearing tests. | National | | ✗ |
| Transform | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Women And Children Protection Program | The Women and Children Protection Program (WCPP) provides technical and management support to ensure that Women and Children Protection Units (WCPUs) are established and operational as mandated under Section 40 of Republic Act 9262. This program aims to provide medical assistance to violence against women and their children (VAWC) survivors and increase cases appropriately managed in health facilities. To achieve this, the WCPP focuses on the primary prevention and response through establishing and ensuring the functionality of WCPUs, strengthening management structures, capability building of public health workers and hospital staff, health promotion, and advocacy. | National | | ✗ |

Gaps

Immunisation

Routine immunisation coverage has declined in the period from 2010 to 2021, from 64% to 47%.⁶⁵ This has been exacerbated due to the pandemic-related disruptions, such as lower demand for routine immunisation and diverted resources to COVID-19 vaccine roll-out.⁶⁵ Furthermore, barriers to access to health centres and vaccines prevent families and their young children from getting their routine immunisations. Only a few programmes provide mobile checks to identify young children who have yet to be immunised. An example is the Knock Out Tigdas campaign. In this campaign, vaccination teams go from door-to-door of every house or every building in search of children who need to be vaccinated with a dose of measles vaccines, provided a Vitamin A capsule, and deworming drug. All health centres, BHS, hospitals, and other temporary immunisation sites such as basketball courts, town plazas, and other identified public places will also offer free vaccination services during the campaign period.

“In our partner communities, ... parents are afraid to have their children vaccinated, particularly in rural areas. Secondly, ... access particularly in remote areas [is a key barrier]. While there will be some hesitant parents, there are also willing parents, but the problem is access to health centres and to the vaccine.” — Expert Interview, ChildFund (Philippines)

An expert interviewed for this study noted that sometimes, parents have difficulties accessing health centres, especially in remote areas. There is a gap in access to services across Philippines and routine immunisation coverage has not reached the ideal 95% target set by the Department of Health, Philippines, despite immunisations being free.⁶⁶ Some vaccine hesitancy in parents stems from the politicization of vaccination programmes and concerns over side effects.⁶⁶ This hesitancy was further exacerbated by the 2016 scandal where about 1 million children were given a dengue vaccine, before the vaccine was halted due to the discovery that it increased the occurrence of severe or fatal dengue.

Mental health

Parental mental health has been shown to have impacts on the future health and development, including mental health, of unborn children. Poor nutrition, exposure to drugs or toxins, maternal infections or stress, and birth complications can all adversely affect foetal development and put a child’s later mental health at risk.⁶⁷ Pregnant women with untreated depression or anxiety are more likely to have birth complications or die during pregnancy, and to have a low-birthweight baby.⁶⁸ After birth and beyond, many caregivers experience psychological distress. In some cases, this distress, particularly if left untreated, can result in serious consequences for both caregivers and their children. For example, depression and anxiety can impair a mother’s ability to bond with her baby. Preventive interventions that support caregiver mental health both before and after birth can make considerable contributions to preventing mental health conditions in children.⁶⁹

Little is known about the incidence and prevalence of maternal mental health issues in the Philippines. Further, only one of the shortlisted programmes, by Glory Reborn Organization, provide maternal mental health counselling in Cebu.

Capacity building of the workforce

Only one shortlisted programme addresses capacity building of public health workers. Building a strong public health workforce requires investment and strengthening of national health systems through capacity building and training to improve and address the healthcare needs of maternal, newborn and children health.¹⁰ Proper planning, supportive supervision and proper allocation of resources are required to make these programmes work.¹⁰ There is a clear gap in the public health workforce capacity in the Philippines.

3.2.3. Opportunities for Early Learning

Key Messages

- ⇒ Government policies on Opportunities for Early Learning are increasingly comprehensive and show a strong commitment towards ensuring the optimal growth and development of the youngest children.
- ⇒ The shortlisted programmes are evenly spread between government and NGO providers, with a strong focus on teacher training and development and building up best practice within local contexts.
- ⇒ Most of the programmes that address Opportunities for Early Learning are at the national level. Only Palawan and Basilan have province-specific programmes as well as national-level programmes.
- ⇒ National-level programmes, led by the ECCD Council, do not have even coverage across the country, resulting in some provinces and LGUs with limited programmatic offerings.

Overview

The component of Opportunities for Early Learning goes beyond the formal care and education of young children in kindergarten and includes the myriad ways in which young children can learn. For infants, this includes adult-child interactions and responsive caregiving.

In the Philippines, early learning for children under four years falls under the responsibility of the ECCD Council, and early education for children aged five to eight years is under the remit of the Department of Education. Given the relationship between the national government and LGUs, there is an expectation for LGUs and by extension, barangays, to oversee and implement public services, including childcare and early learning.

A presidential decree in 1977 required every barangay to establish at least one childcare centre.⁷⁰ However, an in-depth review conducted in 2011 showed that despite having over 50,000 centres across the country, the centres only reached about 20% of children from birth to four years of age.⁷¹ The existing centres were also of poor quality and educators were not adequately trained. As a result, the ECCD Council set up National Child Development Centres (NCDCs), often referred to as *bulilit* centres, in selected LGUs. These centres serve as model centres to introduce best practices to the community. They also

promote professional development for existing service providers and educators, and act as a resource centre for caregivers and the community.⁷² To date there is no publicly available data on the enrolment rates for children in childcare, daycare, or in NCDCs.

While preschool education is not compulsory in the Philippines, steps have been taken to ensure that children are prepared for primary school. All 5-year-old Filipino children are able to access free kindergarten education in the year before they begin Primary education.

The home learning environment is also a key part of Opportunities for Early Learning. Little is known about the home learning environment in the Philippines. At a national or provincial level, no data is collected about the presence of children's books and toys in the home, or about early stimulation activities that occur between the caregiver and child. There are, however, existing parenting programmes, together with play, reading, and storytelling groups for caregivers and children. These are usually delivered by the NGOs, mostly in specific provinces, rather than the national government.

Policies

Since the 2000s, the government has steadily increased its focus and investments in early learning, particularly in the ensuring universal access to day care and pre-primary education. In 2004, the government implemented the provision of an eight-week intensive early childhood education experience for all children in Grade One, due to the low rates of kindergarten attendance. In 2011 the government implemented universal kindergarten education for all five-year-old children in the year before they begin Primary education. This policy was further enhanced in 2012 and 2013, in two separate Acts, the Kindergarten Act and the Enhanced Basic Education Act, that ensured that all eligible children have access to free kindergarten education, and that kindergarten is part of the legal provision of basic education. The Acts outline clear guidance on funding, curriculum development, teacher training, and hiring. As a result, the kindergarten enrolment rate has increased to 84%, as of 2017.⁷³

The Early Years Act in 2013 institutionalised a national system for ECCD, with the establishment of NCDCs and the remit to ensure universal access to ECCD for all children from birth to the age of four. It should be noted that the Early Years Act does not receive national funds but is financially supported through a five-year commitment of funding support from the Philippine Amusement and Gaming Corporation (PAGCOR) that goes to the ECCD Council to ensure that the stipulations within the Early Years Act are implemented. From 2018 – 2022, PAGCOR committed 500 million Pesos per year to the ECCD Council.⁷⁴ Currently, the continued funding of the ECCD Council from PAGCOR is a Bill pending approval in the Lower House of Congress. This was highlighted in an interview with Dr Inciong, who noted that this funding instability has a profound impact on the ability of the ECCD Council to plan for long term goals.

Programmes

Within the NCF Component of Opportunities for Early Learning, there are 28 programmes, of which 11 are led by NGOs and 17 are run by the government. Six of the programmes have been evaluated. The programmes cover a wide range of efforts, including early learning provision for young children, teacher training and professional development, and support for parents in the home learning environment.

Most of the government-run programmes are led by the ECCD Council. These programmes range from teacher training and development, to the setting up of model *Bulilit* centres, NCDCs, in close collaboration with LGUs. Additionally, the Department of Health and the

Department of Social Welfare and Development also run a limited number of programmes based on specific needs of the population, for example, with Indigenous populations.

Across the NGO-led programmes, there are some early education programmes for vulnerable and low-income children, often including some parental education. Additionally, two of the programmes are focused on equipping existing child development teachers (CDTs) and workers (CDWs) with evidence-based knowledge and skills.

Table 3-3. Opportunity for Early Learning programmes

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|--|-----------------|----------------------|---|
| | | | Y | N |
| Arcanys Early Learning Foundation | Taking an evidence-based approach, the programme works with preschool aged children and their parents to equip them with basic math and logic skills. Parents learn positive parenting techniques at the same time, and children are scaffolded in their learning through a play-based curriculum. | Other Provinces | ✓ | |
| Breaking Barriers for Children | BBC-STAC provides free physical and occupational therapy, social activities, special education as well as inclusive education. | National | ✓ | |
| Bukas Palad Learning Centre (BPLC) | In cooperation with the other NGOs and community learning centres, BPLC gives quality education to children from 2 to 6 years old. The school provides opportunities for parents and families to build hands-on learning experiences from the training received by the teachers in the community school. | Other Provinces | | ✗ |
| Bulilit Centres (National Child Development Centres (NCDCs)) | <p>The NCDCs are the community-based flagship program of the ECCD Council. It is the ground level venue of the implementation of ECCD activities, particularly the Early Learning Program and the Family Support Program.</p> <p>The NCDC is typically located near a public elementary school campus, or in a government property, identified and recommended by the local government where it operates. It is designed as a child-friendly facility with a welcoming and nurturing environment that attracts the interest of young children and helps in developing their love for learning.</p> | National | | ✗ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|--|-----------------|----------------------|----------|
| | | | Y | N |
| Drop-in Centre Ermita (DICE) | The programme provides safe, educational spaces for vulnerable children within the slums to learn and play, so that they would be ready for elementary school. | Other Provinces | | x |
| Early Childhood Care Development Programme | See Table 3-2. Good Health Programmes for further details. | | | |
| Early Childhood Education Program | A scholarship program granted by the ECCD Council to Child Development Teachers (CDTs) and Child Development Workers (CDWs) from LGUs with a newly established NCDC. This is to ensure that Service Providers have a strong foundation in early childhood education, and so LGUs can deliver ECCD programs and services that are compliant to the national standards and guidelines. The program aims to equip teachers and workers with 18 masters or undergraduate-level units in Early Childhood Education through partner State Universities and Colleges. | National | | x |
| Early Childhood Teacher Education Program | The ECTEP is a six-week training program that provides CDTs with 18 units of Early Childhood Education, as well as a practicum in a Child Development Centre. | National | | x |
| Educational Programmes for Children | The programme consists of two arms. The Day Care Centre offers free education of children aged 5 - 6 years old. Through an integrated programme that covers feeding, medical care, dental care, it prepares children for elementary school. The second arm is the Playgroup, where children aged 3 - 4 attend with trained teachers and the regular help of mothers. | Cavite | | x |
| Enhanced Early Childhood Education Eight-Week Programme | The Department of Education (DepEd) has rolled out an eight-week early childhood experiences (ECE) curriculum to all Grade One pupils in public elementary schools before they begin formal academic lessons in the initial grade level. The programme utilised a school readiness assessment tool to identify children who are not ready for elementary education to take part in this programme. | National | | x |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|--|--------------------------|----------------------|----------|
| | | | Y | N |
| Enhanced ECD Model | The Cartwheel Foundation's enhanced ECD model support young children within disaster or conflict-affected communities. The model aims to transform classrooms into healing environments to help children build resilience and thrive in adverse post-disaster conditions. Its resilience-based curriculum integrates psychosocial programming support into Cartwheel's core ECD programme. Concurrently, the programme equips educators with the knowledge and skills to support adults, educators and caregivers. | Palawan | | x |
| Family Academy Program | Family Academy teaches ultra-poor mothers to be their children's first teachers. Mothers learn how to lead their children in educational games and songs, such that their children can begin to grasp math and phonics skills that prepare them for a smooth transition to school. | Palawan; Other Provinces | | x |
| Family and Community Welfare Program (FCWP) | The programme provide assistance to socially disadvantaged families through an individualised family plan. This includes services such as, but not limited to: Parent Effectiveness Services, family planning guidance, capital assistance to engage in income generating activities, and parental skills development. | Basilan; Other Provinces | | x |
| Family Development & Preschool | The programme includes a child-centred preschool curriculum that ensures each child is prepared for elementary school, and supports families in fostering responsible parenthood and meeting basic needs. | Other Provinces | | x |
| Free Online Course in Early Childhood Education for Teachers and Workers in ECCD | The massive open online course (MOOC), developed by the University of Philippines Open University, Faculty of Education, is designed to train teachers, practitioners and workers in ECCD. It provides a sound rationale for the creation and development of child-centred learning and curriculum. The programmes is first offered to Cebu educators, with plans to scale up. | Other Provinces | | x |
| Individual Plans for Professional Development | The programme aimed to provide in-service training to early childhood teachers during the summer on a number of topics including curriculum use, principles of teaching and learning, classroom management, and student assessment. | National | | x |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|--|-----------------|----------------------|----------|
| | | | Y | N |
| Induction Programme | This capacity building programme is designed to orient ECCD service providers to current developments on early childhood care and development, and to provide skills and competency training. Through this program, a local ECCD committee, which includes the Mayor, Barangay Captain and other local stakeholders, will be created, strengthened or reactivated. | National | | x |
| Infant-Toddler Early Development Program (ITED) | Involving both the parents of children 0-3 years old, and the CDT or CDW, the programme provides an avenue for teachers to equip parents with developmentally appropriate learning activities that they can do at home. The parents and teachers meet in small groups for one hour weekly, in order for the teachers to demonstrate and explain the activities to the parents. This weekly meeting also allows for a time of reflection and peer learning. | National | | x |
| Integration Program for New Child Development Teachers | This pre-service training program is for newly hired CDTs in newly established NCDCs nationwide. It is designed to equip CDTs with the essential knowledge, skills, and resources on ECCD service delivery. After the training, CDTs are expected to carry out interim activities within the NCDC. | National | | x |
| Inter-generational Program for Older Persons and Children (INTERGEN) | This programme addresses critical problems of ageing while allowing the transfer of culture across generations. The programme encourages the sharing of knowledge and skills with the younger generation (children under six and their families) in an integrated and intergenerational environment. | National | | x |
| KapitBahay-Aralan (KBA) | KBA is an alternative neighbourhood-based early learning program for children aged 3-5 years old. It focuses on the development of early literacy, numeracy, self-care, health practices, and socialization. Through KBA, the programme improves access to quality learning opportunities for children from very poor households in urban settlements or rural areas. | Other Provinces | ✓ | |
| Knowledge Channel Teaching in the New Normal (KC-) | The KC-TINN (online training) and LEEP-ECD (in-person training) programme comprises of a three-day training that covers topics including the National Early Learning Framework, National Early Learning Curriculum, the Filipino | National | | x |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|---|----------|----------------------|----------|
| | | | Y | N |
| TINN) for Early Childhood Development | Child, teaching strategies for early learning, nutrition and health, child safety and protection, and stakeholder engagement strategies. Participants also receive a copy of the National Learning Resource Package, an external hard disk with video material and lessons for educators and young children, and a smart TV. Finally, participants are given a six-month online monitoring and mentoring programme after completing the training. Before each programme, a Training Needs Analysis is also conducted in order for the team to contextualise the training programme for each Local Government Unit. | | | |
| Kwentuhang Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Leading and Managing an Integrated ECCD Program (LMIEP) | This programme was set up to build the capacity of local ECCD supervisors in terms of planning, supervising, monitoring, and evaluating evidence based ECCD programs. It is delivered through partnerships with State Universities and Colleges and is designed to equip participants with 12 graduate units in a management course. Local ECCD Supervisors who undergo this program are expected to gain a broader perspective on the ECCD work context vis-à-vis local policies and administrative practices. The programme is delivered through a blended learning approach, utilizing face-to-face sessions and online sessions. | National | | x |
| Parent Effectiveness Service (PES) | <p>The programme provides and expands on the knowledge, skills and attitudes of parents and caregivers, particularly vulnerable and low-income families, to become better parents, and to play an educational role in their child's growth and development. The PES also provides parenting training to fathers as primary educators in the development of children, provides materials for effective parenting, and offers radio listening parenting programme to reach parents in very remote areas who cannot benefit from the aforementioned programs.</p> <p>This project engages parents at the village level by providing parent meetings and support systems. In 2020, the PH government passed a bill to make PES mandatory in all LGUs.</p> | National | | ✓ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|---|-----------------|----------------------|---|
| | | | Y | N |
| Radyo Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Sama-Bajau Localized Intervention & Learning Approach for Holistic Improvement (Sallnlahi) | <p>This is a community-based project anchored in rights-based, child protection and cultural approaches. It is focused on the early learning and development of Sama-Bajau children under four years old. The project aims to ensure and sustain the protection and promotion of the rights and well-being of Sama-Bajau children.</p> <p>The core component of the programme is the Culture-based ECCD Sessions. These modular learning sessions are formulated to help respond to the needs of the Sama-Bajau children and to prepare them for the formal learning system.</p> | Other Provinces | ✓ | |
| Tahderiyyah Programme | <p>The Tahderiyyah Programme aims to help these children by providing better access to pre-primary centres, a more balanced, “Islam-responsive” kindergarten curriculum by mainstreaming ECD with preschool curriculum for Muslim children, and better school readiness.</p> <p>The programme includes three core components, (1) ECE that is responsive to the needs of the Bangsamoro children, (2) child protection, and (3) water, sanitation and hygiene through daily group hand washing at critical time; daily group tooth brushing; and participation in regular deworming programs.</p> | Basilan | ✓ | |

Gaps

Lack of data

While the lack of data and monitoring is an issue across all components of the NCF, it particularly stands out for the component of Opportunities for Early Learning. Overall, there is insufficient national data on children’s participation in childcare, day care and early learning.⁷⁵ This includes national and local disaggregated data on enrolment rates, student to teacher ratios and the situation of vulnerable populations. The data that exists is also not up to date.

Furthermore, in the latest Multiple Indicator Cluster Survey (MICS), carried out in 2016, only 36 out of approximately 1,500 municipalities were included. This coverage of 2.5% of municipalities presents a limited view of the population and cannot be considered representative. However, even within the 36 municipalities, there is significant variation in attendance of preschool with a low attendance rate for children between 3 and 4 years old.

Further examination of the four comparator provinces reveals that there is no comparable data about kindergarten or childcare enrolment. Of the four provinces, Palawan and Mountain Province have five NCDCs each, and Cavite has six NCDCs. Basilan does not have any NCDCs.²⁶ This would indicate that the former three provinces have access to at least some expertise, funding, and support to improve early learning. It is unclear what kind of support is available in Basilan.

Local implementation of national programmes

As noted in the introductory section, the Philippines has a decentralised governance structure, with a lack of strong alignment between the national government, the ECCD Council, and the LGUs. This means that while the national government can develop programmes, it is often up to the municipalities and LGUs to train their workforce and implement the programme. While LGUs are responsible for running programmes and services on the ground, they are not required to have a local ECCD coordinating committee.⁷⁵ Furthermore, there are no designated funding sources for ECCD within LGUs. Even when LGUs do allocate an early learning budget, it has been observed that LGUs have consistently underspent the ECCD budget, either due to poor planning or inability to spend (e.g., due to lack of staffing structure to support). This is further exacerbated by the lack of relevant data to inform planning and the need to comply with national government budgetary guidelines and requirements.

The decentralised structure has led to uneven coverage and access to childcare and NCDCs across the country. From the ECCD Council Annual Report 2021, over 850 NCDCs have been established, in over 1,600 eligible cities and municipalities. Additionally, while some provinces, such as Cavite, Palawan and Mountain Province have five to six NCDCs across the provinces, Basilan does not have any.²⁶ This gap was further highlighted in an interview with BRAC, an NGO active in BARMM, who noted that not all barangays have day care centres as they do not have access to basic government services and funding.

Additionally, the autonomy of local governments has led to very limited vertical and horizontal integration of programmes, as noted in an interview with an expert from the Department of Education. While the national government may develop programmes, they are implemented to varying degrees within LGUs. This has led to misalignment of initiatives or priorities at the local school district level (i.e., horizontal integration), and limited communication of priorities from school district to municipal and regional levels (i.e., vertical integration). Furthermore, the implementation of programmes within LGUs are often not in accordance with the intent and provisions of national policy.

An example of this disconnect was provided in an interview with the Provincial Social Welfare Development Officer. While the national government outlined an updated accreditation system for child development centres (CDCs) and child development workers (CDWs), it is still not fully implemented within the province. This is due to the lack of information that CDCs and CDWs have about the new accreditation system, the lack of training and understanding, and the need for the provincial government to engage each LGU or CDC individually to ensure clear understanding before the new accreditation system can be fully implemented. At the provincial level, this has taken a few years.

Impact of school closures during Covid-19 pandemic

The impact of the COVID-19 pandemic was severe in the Philippines, particularly due to the strict extended length (over two years) of school closures. While the government tried to mitigate learning loss through a home-based ECCD programme, this relied on the capacity and capability of parents to facilitate learning and development activities at home. For a number of reasons, including lack of parental confidence to conduct their activities, and lack of time or motivation, enrolment in early learning programmes

decreased over the duration of school closures. As highlighted in an interview with UNICEF Philippines, the rate of learning loss or developmental delays in children has not yet been studied. This issue has been included within the national household survey, conducted in early 2022. It is hoped that the survey results (not yet available) will provide more insights into the impact of extended school closures in the Philippines.

In addition to school closures, the lockdown restrictions in the Philippines also meant that children were not allowed to leave their homes. This may have had negative impacts on social and emotional development, and access to health and social services for children and their parents.

If children are not going out [and] meeting other people, then we don't know what impact [the lockdown] had on children and is going to have on children in the long term. — ECD expert, UNICEF Philippines

3.2.4. Responsive Caregiving

Key Messages

- ⇒ The Philippines government has enacted policies for parental leave, with repercussions for employers who do not comply with these provisions. Maternity leave is available to women in both the formal and informal work sectors.
- ⇒ Many programmes include responsive caregiving as a part of a larger programme of activities. Only three programmes identified in this study focus exclusively on responsive caregiving.
- ⇒ Despite the nationally provided programmes on responsive caregiving, parents generally have an authoritarian approach to childcare. This includes the use of corporal punishment with children.
- ⇒ Support for parents is usually provided by social workers. Across provinces in the Philippines there is a shortage of well-trained social workers, leading to over-worked staff who are unable to provide adequate supports to parents and caregivers.

Overview

The NCF component of Responsive Caregiving refers primarily to interactions between caregivers and young children. For infants, this includes responsive feeding. The interactions within responsive caregiving include observing and responding to children's movements, sounds and gestures, should be mutually enjoyable and build an emotional bond to help young children understand the world around them. Provisions for parental leave after the birth of a child is included in Responsive Caregiving.

Within the Filipino context, parents generally have an authoritarian attitude toward childrearing, obedience and conformity.⁷⁶ This is in part due to the collectivist culture in society that values relational and familial bonds, with an emphasis on respect and gratitude to the older generation. This attitude is also related to the use of corporal punishment by Filipino parents. In a national violence against children study involving approximately 4,000 Filipino youth aged 13–24, 50% of participants reported having experienced mild forms of physical violence (such as spanking using bare hands), and one in three have experienced psychological violence.⁷⁷ A third also reported having experienced severe forms of violence such as being slapped or kicked.

Across the country, home visits and parenting education programmes are available through multi-sector collaborations. These programmes aim to equip parents with responsive caregiving knowledge and practices, such as improving their sensitivity to children's cues. They also provide support for caregiver mental health and engage fathers and other family members in positive caregiving. Several government policies support these practices. These programmes need to be planned with local stakeholders, specifically with the decision makers within a local community or LGU. As noted in an interview with ChildFund Philippines, working with the local community helps to build strong safety nets for parents and caregivers. Together with creating conducive and safe home environments, this collaborative manner of working empowers the community to support positive parenting.

The COVID-19 pandemic exposed the need for caregiver support, particularly within impoverished and vulnerable communities. In an interview with an expert from BRAC, an NGO working in the BARMM region, psychosocial support became a critical need during the pandemic; there was an urgent need to support parental wellbeing in a time of great distress across the community.

Policies

In 2019, the government passed the 105-Day Expanded Maternity Leave Law (R.A. No. 11210). Under this law, all working mothers, including those within the informal sector, can take up to 21 weeks of maternity leave with full pay, with the option to take an additional six weeks without pay.⁷⁸ Additional provisions are available for single mothers. The law also stipulates penalties for employers who violate these provisions. For fathers, the Paternity Leave Act (R.A. No. 8187) in 1996, stipulates that all fathers are eligible to seven days of fully paid paternity leave.

Access to affordable childcare services is included in the Early Years Act (2013) with the establishment of NCDs in every barangay. This is further augmented by the Local Government Code (1991) that mandates LGUs to ensure basic services are provided for all young children. The Philippines does not have specific policies or laws related to child-friendly urban design. However, in collaboration with UNICEF⁷⁹, the Department of the Interior and Local Government has worked to promote child-friendly cities and communities through the development of a Child Friendly Local Governance Audit.

Programmes

Twenty-one programmes shortlisted in the study were identified as having an element of Responsive Caregiving, of which five have been evaluated. Eight of the programmes are run by NGOs and the other 13 are led by the government. The majority of programmes aim to equip parents with necessary parenting skills while addressing other needs, such as health, nutrition, and social assistance for the family.

Notably, only three of the programmes focus specifically on Responsive Caregiving. This includes the government-run Family Welfare Programme, the NGO-led iMulat mobile application, and the Responsive and Protective Parenting programme. The Family Welfare Programme is led by the Department of Labour and Employment and works with employers to create a work environment that actively encourages and promotes responsive caregiving, while concurrently equipping parents with some of the necessary skills. This is done through the lens of improving workplace productivity.

Table 3-4. Responsive Caregiving programmes

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|--|----------|----------------------|---|
| | | | Y | N |
| Bangsamoro Umpungan sa Nutrisyon (BangUN) Project | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Bukas Palad Learning Centre | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Early Childhood Care Development Program | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Enhanced ECD Model | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Family and Community Welfare Program (FCWP) | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Family Development & Preschool | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Family Development Sessions (FDS) | See Table 3-2. Good Health Programmes for further details. | | | |
| Family Welfare Programme | The programme seeks to introduce the concept of promoting the welfare of workers and their families as a key to workplace productivity and improved worker-management relations. It is an advocacy | National | | ✗ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|---|-----------------|----------------------|----------|
| | | | Y | N |
| | <p>program that draws corporate support in promoting workers' quality of life by adopting a family-centred approach in the workplace.</p> <p>The FWP advocates for the integration of the 10 dimensions which also serve as a guide in implementing the program. This includes, but is not limited to reproductive health, education and gender equality, income generation, healthcare, nutrition and transportation.</p> | | | |
| iMulat app | The iMulat app was developed to complement the First Read programme in the Philippines, that sought to equip parents with emergent literacy and numeracy skills. The app contains ten topics related to home-based mentoring on emergent literacy and numeracy. Key concepts about the topics are briefly discussed, followed by an easy-to-follow step-by-step guide on how parents and caregivers can apply what they have learned at home. This app is intended to bring the contents of the parenting programme to scale. | National | | x |
| Infant-Toddler Early Development Program (ITED) | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Kupkop Program | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Kwentuhang Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Masayang Pamilya (Parenting for Lifelong Health) | Parenting for Lifelong Health for Young Children (PLH for Young Children) is a group-based parenting programme that aims to establish and sustain nurturing relationships between parents and caregivers and their children ages 2-9 years, and thereby prevent and reduce the risk of violence against children and maltreatment at home and in the community. In the Philippines, the programme is embedded in a case transfer system in low-income urban areas. | Other Provinces | | ✓ |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|---|-----------------|----------------------|----------|
| | | | Y | N |
| Pantawid Pamilyang Pilipino Program | See Table 3-2. Good Health Programmes for further details. | | | |
| Parent Effectiveness Service (PES) | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Radyo Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Responsive and Protective Parenting (RPP) | The programme aims to ensure that from pregnancy through age 5, children enjoy improved development and early learning outcomes and are protected at home and in their communities. The model improves the health, nutrition and development outcomes of children 0-5 years of age by increasing the skills, knowledge and awareness of primary caregivers. It also links families to public health, child protection and education services. It seeks to achieve this by building and reinforcing the nurturing care capacity of local partners/community-based organizations (CBOs) and Sub-National Government Partners, local stakeholders, and caregivers. | Other Provinces | | x |
| Tahderiyah Programme | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Tamang Sagot (Newborn Care Package) | See Table 3-2. Good Health Programmes for further details. | | | |
| Transform | See Table 3-1. Adequate Nutrition Programmes for further details | | | |

Gaps

Caregiving practices

Despite the programmes currently in place to support parents in caregiving and parenting practices, there are persistent gaps in practice. As noted above, Filipino parents generally take an authoritarian attitude towards caregiving. Parents usually prioritise their role as providers, ensuring food is on the table, resulting in lower engagement with children and understanding of developmental milestones. In an interview with Plan International, the expert noted that because of this authoritarian attitude, it is crucial that parents are

continually and increasingly engaged to ensure positive and responsive parenting practices are inculcated, particularly with fathers.

Furthermore, despite the current efforts in parenting programmes, there are still parents who think that early stimulation or early learning is unnecessary for young children as they are too young to learn or benefit from the programme. As highlighted in an interview with ChildFund, in addition to communities that still use corporal punishment, some families also forgo nutritious food for the youngest children, as they are not yet contributing members of the family and do not ‘need’ the added nutrition.

Workload and capacity of social workers

Another aspect of a decentralised governance structure is that the LGUs are responsible for the hiring and workload assignments of social workers. This has led to increasing responsibilities on social workers who are often insufficiently compensated and working long hours. LGUs also face constraints in their capacity to hire additional social workers due to national guidelines and hiring parameters as set out within the Local Government Code.

In Palawan province, in municipalities with an average population of 6,000, there are only two social workers who must meet all the needs of the municipalities. This was underscored by an expert from Alive & Thrive, who stated that health and social workers tend to have many responsibilities placed on them, with large amounts of information to be communicated to every parent. This results in very low quality of interpersonal counselling for mothers due to a lack of time and poor training. The UNICEF ECD Rapid Assessment also found that a core challenge is to build the capacity of health and community-based social workers, such that parents are empowered to engage in responsive and nurturing interactions with young children.⁸⁰

3.2.5. Security and Safety

Key Messages

- ⇒ The Philippines government has a set of policies that regulate issues of social protection, minimum wage, protection from abuse and violence, and access to clean drinking water. A notable provision at the national level is the conditional cash transfer provided to lower income families for health, education, and family development.
- ⇒ Despite the established policies, there are ongoing issues with implementation. This has resulted in areas of the country that still do not have access to clean drinking water, and families that do not have access to toilet facilities.
- ⇒ Challenges with implementation also means that often families are not aware of policies that are meant to protect them. Even when there is awareness, families often lack information on where and how to report policy violations. This increases the vulnerability of children to exploitation and abuse.

Overview

The NCF component of Security and Safety focuses on addressing the needs of the most vulnerable children and families, particularly related to extreme poverty, low income, environmental risks, and child maltreatment. Security and Safety refer to provision of safe and secure environments for children and their families. This includes reduction of physical dangers, emotional stress, environmental risks, ensuring recognition by the state (e.g., birth registration), and having access to clean and safe food and water.⁴⁶

Nationally, over 90% of children are registered at birth and hold a birth certificate.⁸¹ However, within the BARMM region where the province of Basilan is located, just under 70% of births are registered within the first 30 days.¹⁵ This is concerning as households are only able to access social assistance programmes, such as the Pantawid Pamilyang Pilipino Program (4P), and basic education when family members and children are registered. Most recently, the Department of Social Services and Development⁸² worked with LGUs in Basilan and two other BARMM provinces to roll out a registration drive, offering a fee waiver to promote birth registration. The one-time service was also brought to the community to reduce access barriers.

The NCF component of Security and Safety also includes access to proper sanitation. Poor sanitation puts children at risk of childhood diseases and malnutrition, which can impact their overall development, learning, and economic opportunities later in life. On a national level, 82% of households in the Philippines have access to adequate sanitation.⁸³ However, this means that around 1.8 million families (or 9 million Filipinos) are still using unimproved toilets or none at all. Nationally, 94% of households have access to clean drinking water.⁸³ There is still an urban-rural divide, however, where fewer rural homes have access to clean drinking water than those in urban areas. Of concern is the fact that almost 80% of families do not practice any method or treatment to ensure that their drinking water is safe for consumption.⁸⁴ Furthermore, BARMM, where Basilan is located, is the region with the highest percentage of families with no toilet facility or still practicing open defecation (16%)⁸⁵, and the region with the highest proportion of families without access to basic water services (25%).⁸⁴

Policies

One crucial social protection policy in the Philippines is the 2018 Act institutionalising the Pantawid Pamilyang Pilipino Program (R.A. 11310). The Pantawid Pamilyang Pilipino Program (4P) is a national conditional cash transfer programme that invests in the health, nutrition, and education of children under the age of 18 years. The programme provides social assistance concurrent to health check-ups, school enrolment and family development sessions. The policy means that this programme is now institutionalised and ensures that sufficient funds are set aside for the programme in the long term.

In terms of minimum wage, the Philippines passed the Wage Rationalisation Act (R.A. 6727) in 2010 that has a mandatory minimum wage and an additional voluntary productivity-based pay, implemented through a central productivity committee.⁸⁶ The minimum wage varies from region to region and is set annually by tripartite regional wage boards for every region.⁸⁷

The Philippines also has an array of policies to protect women and children from abuse, exploitation, violence and trafficking. Notably, there is a policy to regulate the television content that is broadcasted to children. The Children's Television Act (R.A. 8370) establishes a set of guidelines and has led to the establishment of the National Council for Children's Television.

The National Policy on Water Safety (A.O. 0027) sets out the standards, systems, and guidelines to increase the provision of clean drinking water across the country.

Programmes

Within the component of Security and Safety, the study team identified 24 programmes, of which six have been evaluated. Six of the programmes are led by NGOs and the other 18 are run by the government. Seven programmes focus solely on security and safety, and the rest are programmes that bring in aspects of security and safety into other content, including, women's health, early learning opportunities and positive parenting support.

Table 3-5. Security and Safety programmes

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|--|---|----------|----------------------|----------|
| | | | Y | N |
| Aruga at Kalinga sa mga Bata sa Barangay | The Aruga at Kalinga project is a strategy to promote the implementation of foster care service within a Barangay with a pool of at least 10 foster parents to provide planned substitute parental care to abandoned, neglected children and other children in need of temporary parental care. These children may either come from institutions or are referred by the community or rescued from the street. | National | | x |
| Bangsamoro Umpungan sa Nutrisyon (BangUN) Project | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Child Minding Service | Through this programme, children can be cared for by Child Development Workers while mothers attend to what they need to do. | National | | x |
| Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program | See Table 3-2. Good Health Programmes for further details. | | | |
| Drop-in Center Ermita (DICE) | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Early Childhood Care Development Program | See Table 3-2. Good Health Programmes for further details. | | | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|---|--------------------------|----------------------|---|
| | | | Y | N |
| Enhanced ECD Model | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Family and Community Welfare Program (FCWP) | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Family Day Care | This programme provides childcare places within the homes of non-working mothers, who charge a small fee to taking care of other children. | National | | ✗ |
| Family Like Care | SOS Children's Villages provide family-like care for children who have lost parental care. They are cared for in a home where they live with an SOS mother, their siblings, and other children. Children receive total quality care until they are ready to live independently. | Other Provinces | | ✗ |
| Family Strengthening Programme | Through the Family Strengthening Program (FSP), support is provided to struggling families. They conduct counselling, skills training, and community-based programs to help families reach self-reliance and provide proper care for their children. | Palawan; Other Provinces | | ✗ |
| Fit for School Programme | See Table 3-2. Good Health Programmes for further details. | | | |
| Healthy Starts for Hopeful Hearts | See Table 3-2. Good Health Programmes for further details. | | | |
| Kupkop Program | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Kwentuhang Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Masayang Pamilya (Parenting for Lifelong Health) | See Table 3-4. Responsive Caregiving Programmes for further details. | | | |

| Intervention Name | Brief Programme Description | Location | Evaluation Available | |
|---|---|----------|----------------------|----------|
| | | | Y | N |
| Pantawid Pamilyang Pilipino Program | See Table 3-2. Good Health Programmes for further details. | | | |
| Parent Effectiveness Service (PES) | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Radyo Bulilit | See Table 3-1. Adequate Nutrition Programmes for further details. | | | |
| Rolling Day Care Centre | This programme brings day care centre resources, such as play materials from barangay to barangay, taking care of groups of up to 10 children. The teachers are primarily volunteers of the programme. | National | | x |
| Strategic Helpdesks for Information, Education, Livelihood and Other Developmental Services: SHIELD against Child Labour | The project aims to withdraw children from the worst forms of child labour through the provision of holistic and immediate interventions at the community level. This project contributes to the removal of one million children from child labour by 2025 as committed in the Sustainable Development Goals (SDGs) and Philippine Program against Child Labour (PPACL). | National | | x |
| Supervised Neighbourhood Play | Supervised Neighbourhood Play is a form of day care for children aged 3-6 years old. Children are provided with early childhood enrichment activities through a variety of play activities, guided exercises, and other learning opportunities by a trained child development worker and/or parent volunteers under the supervision of a social worker. The intervention provides a play-learning environment for optimum child growth and development. | National | | x |
| Tahderiyyah Programme | See Table 3-3. Opportunities for Early Learning Programmes for further details. | | | |
| Women and Children Protection Programme | See Table 3-2. Good Health Programmes for further details. | | | |

Gaps

Implementation of policy

While the Philippines has numerous policies aimed at ensuring children are protected, these are often not well-disseminated or implemented at the local level. In interviews with experts, they shared that the exploitation of children is common and frequent at the barangay level, particularly in rural areas. This is often due to parents not being aware of the protective regulations, for example in relation to child labour and education. In addition, the enforcement of these laws and policies is also relatively weak. Given that parents have low levels of access to information, including via the internet, the implementation of specific policies have not led to a positive shift in behaviour, attitudes, and practices within local communities.

Support to rural (hard to reach) communities

As part of the decentralised governance structure, water, sanitation and hygiene (WaSH) services have also been put under the charge of LGUs. Given that LGUs draw from a national budget and from the income of the local area, lower-income LGUs will need to receive additional resource support from the national government agency to ensure safe management of sanitation.²⁴

“Some LGUs don’t have resources to ensure that each preschool will have the appropriate and adequate intervention to support handwashing, sanitation, health and safety of children.” — Expert interviewee from UNICEF

In particular, after the COVID-19 pandemic, WaSH facilities are also a crucial component to ensuring the safe return to in-person childcare, healthcare and work. This support will need to be provided to both facilities that care for children and women, and for the poorest households, often in hard-to-reach areas.

3.2.6. Cross-cutting Topics

Gaps

Implementation of policies and programmes

A key gap that cuts across all areas of ECD and all components of the NCF is the ineffective and uneven implementation of policies and programmes at the provincial, municipal, and LGU level. In speaking with experts for this study, it was clear that while laws and policies are primarily formulated at the national level, the devolution of responsibility to LGUs has led to a gulf between policymaking and implementation.

“Not all LGUs have in-depth understanding of these laws. The lapse [occurs when] those who were mentioned in the law are not aware of what they are supposed to ... implement” — Expert interview from local office of international NGO

At the LGU level, a critical challenge has been to ensure that accurate information is communicated from the national government, with sufficient opportunity for feedback through the sub-national government office, such that the policy is meaningfully implemented at the local level. As noted by another interviewee, the process of engaging local government on ECCD is a challenge as it competes with other priorities and requires engagement across various individuals such that ECCD is prioritised and provided with the adequate funds.

Another issue in relation to implementation is that despite compliance with the national government, local governments are constrained by the local operating budgets that differ greatly across LGUs. This lack of adequate financial support makes it difficult for LGUs to ensure that policies and programmes are implemented robustly. This is further exacerbated by the lack of designated ECD representatives within LGUs, who could be responsible for ensuring coordination and collaboration across programmes.

Addressing the needs of Indigenous populations

Another area that requires more attention and understanding are the needs of Indigenous and Tribal populations in the Philippines. The areas in which they live are exposed to natural disasters, particularly typhoons, and territories have been affected by fast-growing development projects in recent years.⁸⁸ Indigenous people experience discrimination, and high rates of unemployment, and other challenges that affect stability of their environment and livelihoods.

In terms of early learning, there is often a learning divide for Indigenous children as there is little language support for them when they enter formal education at the age of six years. A particular point raised by government experts was that for government officials to gain access to Indigenous communities, they must first speak with and receive permission from the elders. Thus, while the ECCD Council is keen to encourage early learning opportunities and responsive caregiving for the youngest children, they must first build a bond with the elders and the community and demonstrate the benefits of ECCD.

Challenges in gaining access to Indigenous communities has also led to low health coverage, poor quality of care, and worse health outcomes compared to the general population.⁸⁹ Over 45% of Indigenous adults are not part of the national health insurance programme, meaning their children are also not covered.⁹⁰ To address these ongoing issues in the Indigenous communities, more research needs to be done to understand the specific barriers and facilitators to programme implementation. It is also critical to work with Indigenous communities to understand their needs from their perspective so national programmes can be appropriately adapted.

Coordination across sectors

The final critical gap across all areas of the NCF is the lack of coordination across sectors. Within the national government, there appears to be some collaboration as many key agencies include representatives from various departments. This includes the ECDC Council and the National Nutrition Council as some examples.

Despite this coordination within national government, interviewees still raised the issue that programmes are not being integrated across the various NCF components. As noted by an interviewee in an international agency, “there is a lack of coordination [and] weak linkages between different services.” This includes the lack of communication or formal channels for barangay health workers, nurses, and day care workers to connect, share learnings, and follow up on specific community needs. The onus, thus far, has been on the intrinsic motivation of professionals to reach out to their peers in other programmes.

Furthermore, if we take a child-centred approach to caregiving, synergy and convergence should occur at the level of the home or the child. Programmatic siloes continue to exist, with minimal coordination and alignment on key issues between different government departments. This issue was emphasised in an interview with an expert from an international NGO.

Coordination issues are also observed in the lack of integrated data collection and documentation across ECD sectors. As observed in an interview with an international NGO, there is no unified system to track data, and the data that is collected at the local level is often segregated between programmes and sectors. For example, the record of births is held by the Department of Health, but data on enrolment in day care is held by the DSWD.

Finally, an interviewee from a philanthropic organisation in the Philippines observed that there is a lack of coordination across NGOs and civil society organisations within the country. Without communication between NGOs about where and with whom they are working, and what they are learning, there are missed opportunities to build scalable solutions. In addition, increasing collaboration between the government and civil society can go a long way in democratising knowledge sharing, such that programmes become more meaningful and targeted towards those who need it most.

3.3. Conclusion

The Philippines has a comprehensive set of policies and programmes supporting ECD, with a mix of government and NGO-led and funded programmes. Of the four comparator provinces, there are no province-specific programmes delivered in Mountain Province. The continuing challenges, particularly in the areas of under-nutrition, in Basilan and Palawan provinces indicate a need for more contextualised programmes. Decentralisation of programme implementation from the national government to the LGUs has resulted in inconsistent service delivery. Further supports, in the form of financial support, capacity-building, knowledge and awareness, and workforce development need to be provided to the LGUs so that national policies can have the most impact on young children and families. Although the Philippines has made substantial gains in some ECD areas on a national level, more can be done in geographically remote areas and with Indigenous populations. This will require more investment in understanding the particular barriers to service delivery, but also time to identify what is needed from the perspective of families who live in these regions.

4. What programmes have been evaluated?

This section will address the research question: “What evaluations have been undertaken of ECD programmes and services in the Philippines?” The programme interventions and intended outcomes will also be mapped to the Campbell Mega-map to identify the international evidence base for the different programmes based on both interventions and intended outcomes.

4.1. Overview of evaluations

Of the 76 programmes, 21 have been evaluated. These evaluations were either conducted internally (available in the grey literature) or have been published in peer-reviewed academic journals. Thirteen of the evaluated programmes are operated by the government and the remaining eight are NGO-led. This is reflective of the breakdown of shortlisted programmes, where two-thirds are led by the government. The majority of the 21 evaluations are publicly available, although some full reports were not available.

Notably, none of the published evaluations included a cost-effectiveness evaluation or analysis. Given the breadth of programmatic work occurring within the Philippines, this is a

crucial gap. Including a cost effectiveness component to evaluations would provide insights into if, and how, current levels of investments are impacting ECD outcomes.

Below is the list of programmes and their respective evaluation details.

Table 4-1. List of programmes with evaluations

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
|---|---|--|---|--|
| Government Programmes | | | | |
| Barangay Nutrition Scholar (BNS) Program | Peer reviewed journal article | The study assessed the pilot test of the BNS in 1977. | N/A | Pilot tested in 13 municipalities |
| Torres, R. T. (1979). The barangay nutrition scholar in action. <i>Initiatives in population</i> , 5(3), 14–19. | Study Findings By the end of 1979, 5220 BNS had been trained and deployed in their communities. An assessment of the BNS program indicated that about 80% of the BNS surveyed were effective implementors of their programs. | | | |
| Barangay Nutrition Scholar (BNS) Program | Peer reviewed journal article | The purpose of the evaluation was to assess the implementation of Barangay Nutrition Action Plan (BNAP) in selected municipalities, from different Barangay Nutrition Scholars' (BNS) Perspectives | Method: Qualitative - focused group discussions (FGDs), document review | 57 BNS took part in the FGDs. 3 municipalities/barangays were selected based on their high or low prevalence of 0-71 month-old children. |
| Endrina-Ignacio, M.S. (2016). Assessment of Barangay Nutrition Program implementation in selected municipalities in Ifugao, Bulacan and Siquijor: community partners' perspectives. <i>Acta Medica Philippina</i> , 50(3), 176-185. | Study findings BNS' perception of the programme inputs that contributed to the positive outcome of the BNAP implementation are as follows: political support, functional barangay nutrition committees, support and guidance from supervisors, and high credibility in the community as a source of nutrition information. Some recommendations ranged from increased budgetary support, security of tenure as BNS and cooperation from community beneficiaries in their barangays. | | | |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
|---|---|--|---|---|
| Comprehensive Water, Sanitation and Hygiene in Schools (WinS) Program Rivera, L.G. (2020, July 17-29). The implementation of Water, Sanitation and Hygiene (WASH) in Schools (WinS): An evaluation. <i>DLSU Research Conference 2020: Building Resilient, Innovative, and Sustainable Societies</i> . | Grey Literature – Published paper at research congress Study findings | The study evaluated the implementation of the Water, Sanitation and Hygiene (WASH) in Schools (WinS) of the Tarlac Province from 2017-2019. | Method: Mixed-methods -- questionnaires, documentary analysis, focus group discussions, interviews and observations used. | There were 99 respondents, with 66 respondents who were principals, and the remaining 33 who were school health personnel. Lack of rigour throughout the paper - results were not properly described (e.g., FGDs and interviews were conducted but no mention of any insights) and methods were not written in detail. |
| Expanded Program on Immunisation (EPI). Ulep, V.G.T., & Uy, J. (2021). An assessment of the Expanded Program on Immunization (EPI) in | Grey Literature – Evaluation Report | The performance of the EPI in the Philippines is assessed. Central to this is the policy question of why the country has struggled to maintain immunization coverage over the years and repeatedly | Method: A mix of primary and secondary sources (e.g., nationally representative surveys, administrative data, review of literature) | N/A |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
|--|-------------------------------------|--|--|--|
| the Philippines: challenges and ways forward. <i>Philippine Institute for Development Studies.</i> | | failed to achieve its national immunization target? | | |
| | | Study Findings Overall, national immunization coverage in the past three decades was characterized by large fluctuations. The evaluation found that many children fail to complete their vaccine series, with only 70% of children completing only their basic vaccination. In addition, many children, albeit vaccinated, had untimely immunisation, with only 38% to 65% of immunised children having timely administration based on the recommended vaccination schedule. One major reason for this is because the majority of additional DOH EPI funds from sin taxes were spent purchasing new vaccines and not strengthening the health system's ability to deliver said vaccines. Other factors, such as poor strategy and planning, lack of foresight during need's assessment and allocation, inadequate warehouse capacity and logistics system, and other bureaucratic processes, were also hindering factors that contributed to vaccine stock outs. | | |
| Family Development Sessions (FDS) Sanchez, R.D., Bailey, R.R., Dy, M.R., Ferrer, R.M., Maneja, C.P., Pacarangan, S.J.C., Rogel, R.O., & Marcelino, R.T. (2018). <i>Assessment of Family Development Sessions of the Pantawid Pamilyang Pilipino Program: Effects of Family Development Sessions on family life.</i> Department of Social | Grey Literature – Evaluation Report | The report evaluated the effectiveness of FDS that were conducted in the provinces of four island groups: Luzon Island group, Visayas Island group, Mindanao Island group, and National Capital Region Island group. | Study design: Simple random sampling of provinces in four different island groups conducted to select one "rural-like" and one "urban-like" province. Method: Mixed methods -- Focused group discussions, key informant interviews, case studies of children of beneficiaries, and quantitative survey of beneficiary households. | Data collection over 2.5 months in 2016 consisted of 1113 respondents. |
| | | Study Findings In summary, 95.61% of the 4P's beneficiaries mentioned that they regularly attend FDS. In fact, 89.74% said they attend seven to 12 times in a year. Some beneficiaries mentioned in the FGD that they are motivated to attend FDS because they gain knowledge and apply these to their families. They acquire skills | | |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
|---|-------------------------------|--|--|--|
| Welfare and Development (DWSD). | | <p>like dressmaking, cooking, food preservation, and business. However, some have said that they regularly attend FDS because it is a requirement and they do not want their benefits reduced.</p> <p>Finances were still considered a major problem even despite the financial assistance received from the attending FDS, and many beneficiaries expressed the need for additional sources of income to support parent-child relationships, marital relationships, education, nutrition, and resource management.</p> <p>Majority (71.97%) perceived that FDS attendance had a positive effect on their marital relationship, with reduced fighting, greater motivation to work and earn money, better communication skills, and more bonding activities. However, there was an increase in the number of beneficiaries who regarded marital relationships as a primary difficulty. This could be due to the mother's increased knowledge on her rights and how an ideal family should be like</p> | | |
| First 1,000 Days (F1K) Programme Pacalioga, R.P.O. (2022). Poverty, practices of mothers and nutritional status of children below five years old in Cebu province, Philippines. <i>International Journal of Multidisciplinary Research and Development</i>, 9(7), 58-68. | Peer reviewed journal article | The study evaluated the effectiveness of improving delivery and nutrition services in the first 1,000 days of a child's life, in six municipalities of the Cebu Province. | <p>Study design: Cross-sectional study</p> <p>Method: Quantitative -- Questionnaire, with convenience sampling</p> | <p>Mothers with children below 5 years old (N=652) were selected from six municipalities of Cebu Province: three were pilot areas for the implementation of the First 1000 Days (F1K) program, while the other three were the control group. Nutritional status of children was obtained from the 2018 Operation Timbang (OPT) Plus data repository.</p> |
| | | <p>Study Findings</p> <p>Findings suggest that the short-term impact of intensive health and nutrition programs did not reverse malnutrition. The occurrence of malnutrition was significantly linked with the practices of mothers (e.g., prenatal, neonatal, and postnatal care), and poverty.</p> <p>Nonetheless, as a result of the F1K program, mothers from that group were more compliant with availing services like prenatal visits and attendance to family development sessions, and also have better feeding practices s like delayed breastfeeding cessation and timely complementary feeding. Mothers in the F1K program also spent more time with their children as compared to mothers of the control group.</p> | | |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
|---|---|---|--|---|
| Fit for School Programme Monse, B., Benzian, H., Naliponguit, E., Belizario Jr, V., Schratz, A., & Helderma, W.v.P. (2013). The Fit for School health outcome study – a longitudinal survey to assess health impacts of an integrated school health programme in the Philippines. <i>BMC Public Health</i> , 13(256), 1-10. | Peer reviewed journal article Study Findings After one year of daily handwashing with soap, daily brushing with fluoride toothpaste, and biannual deworming, the study found a reduction in the prevalence of moderate to heavy STH (soil-transmitted helminths) infections, reduced caries, and a significantly higher increase in mean BMI. | The evaluation assessed the impact of a longitudinal health study that aimed to reduce preventable diseases through cost-effective interventions. | Study design: Four-year longitudinal cohort study | In the cohort study, 412 children were examined at baseline and 341 children were examined one year after intervention. Four public elementary schools in Camiguin were randomly assigned to the EHCP experimental group, and three schools in Gingoog were randomly selected as concurrent control schools |
| Integrated Management of Childhood Illness Programme (IMCI) Reñosa, M. D., Bärnighausen, K., Dalglish, S. L., Tallo, V. L., Landicho-Guevarra, J., Demonteverde, M. P., Malacad, C., Bravo, T. A., Mationg, M. L., Lupisan, S., & McMahon, S. A. | Peer reviewed journal article Study Findings Findings from the study highlighted that HCWs feel demotivated because of overwhelming inadequacy in terms of support systems for IMCI execution. HCWs emphasized competing demands for their time, and difficulties in terms of sustaining the components necessary for implementation (with a particular focus on trainings and refresher trainings, tangible IMCI protocols such as forms and wall charts, and opportunities for technical support from higher-level | The study evaluates operation challenges and opportunities in implementing IMCI, as described by frontline healthcare workers (HCWs). | Method: Qualitative -- in-depth interviews with 46 healthcare workers (HCWs) from 5 provinces. | N/A |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
|---|--|---|--------------------------|---|
| (2021). “The staff are not motivated anymore”: Health care worker perspectives on the Integrated Management of Childhood Illness (IMCI) program in the Philippines. <i>BMC Health Services Research</i> , 21(1), 1-13. | | management). Despite the challenges described across interviews, our findings also highlighted HCWs’ positive faith in the program, with IMCI described as a premier strategy and a holistic means to reduce childhood morbidity and mortality, and to bolster quality of care for children in PHC (primary healthcare) facilities. The key barriers in this study relating to the weakness in the IMCI program execution amid health-system constraints are consistent with several country evaluations, as well as a high-level strategic review conducted by WHO and UNICEF, which cited waning funding, support and interest from global and local partners. | | |
| National Safe Motherhood Programme Ruiz, K.C.N. (2016). Examining the Department of Health’s “National Safe Motherhood Program” as a policy addressing the increasing trend in the Philippine Maternal Mortality Ratio. <i>The</i> | Grey Literature – Published paper at academic conference | This study aims to analyse the progress of the National Safe Motherhood Program through a Normative Approach under a Multiple Streams Analysis Framework. This is done in order to create a concrete means of understanding how the DOH’s policy addresses the increasing trend in the Philippine MMR (maternal mortality ratio). | N/A | N/A |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| <i>Asian Conference on the Social Sciences 2016.</i> | Study Findings As of 2012, DOH's assessment of its overall performance in relation to its three indicators (antenatal care, facility-based delivery and post-natal care) was 65%, falling short of its 70% goal. This is attributed to underperformance on low post-natal coverage of 52% as well as technical, operational, and hierarchical issues such as procurement, differences in priorities and LGU organizational structures. There is also an uneven distribution of health goods, with the majority of the supply for medicines still privately controlled. | | | |
| Operation Timbang Plus Ramirez A.R.M., Viajar, R.V., Azana, G.P. (2019). Operationalizing local children nutrition surveillance system: The Philippines' Operation Timbang revisited, the case of Abra de Ilog. World Nutrition, 2019(10), 86-98. | Report by World Nutrition | The present study described municipal level assessment of OPT in 10 barangays of Abra de Ilog; identified facilitating and hindering factors in OPT; compared OPT results with DOST-FNRI local nutrition survey in Abra de Ilog; and identified potential sources of variance. | Method: Mixed-methods -- focused group discussions (FGDs), key informant interviews (KIIs) and anthropometric surveys were used. | The municipality of Abra de Ilog was selected. 657 children were selected based on a census of 3,542 households with children 0-71 months old. |
| | Study Findings Overall, the computed OPT plus data was consistently lower than the data set processed in DOST-FNRI. This could be due to common issues in studies that look at growth monitoring: lapses in following weighing protocol, incorrect reading of measurements, and calculation of age in months of children. | | | |
| Pantawid Pamilyang Pilipino Program | Grey Literature – Impact Evaluation Report | The study aimed to evaluate whether the overall program improved maternal health, | Method: RDD (regression discontinuity) comparison of households just above and | A sampling of 6,775 households in 180 barangays across 30 municipalities and 25 provinces was done at barangay level, |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| Asian Development Bank. (2017). <i>Impact Evaluation of the Pantawid Pamilyang Pilipino Program</i> . | | child health and nutrition, educational and labour outcomes of children, and socioeconomic indicators of the household. In addition, it also evaluated how monitored vs unmonitored children were affected by the program in terms of educational outcomes and child health and nutrition. | below the threshold of predicted income in 2009. | with the 20 available households closest to meeting the threshold, and 20 available households most barely exceeding the provincial cut-off selected as respondents. The sample consisted of households with two to nine years of program exposure. |
| <p>Study Findings</p> <p>Overall results confirm that the program has important significant effects. Prenatal behaviour, child school enrolment outcomes, and socioemotional skills of children are significantly improved on average for children of 4Ps households.</p> <p>However, the RDD (regression discontinuity) model provided some suggestive evidence that unmonitored children of 4Ps beneficiary households have worse educational outcomes relative to those in nonbeneficiary households</p> | | | | |
| Parent Effectiveness Service (PES) Sarmiento, C.Q., Baguinat, E.T., & Basilio, E.T. (2010). Parent Effectiveness Service (PES): An Assessment in | Grey Literature – Evaluation Report | The study aimed to assess the gaps in the implementation of PES, the facilitating and hindering factors in the implementation of PES and the levels of service provided | Study design: Purposive sampling Method: Mixed-methods -- questionnaires, focus group discussions, workshop instruments for direct service providers | PES program conducted across 41 municipalities in the provinces of Zamboanga Sibugay and Zamboanga Del Norte. A total of 77 respondents that included direct service providers, local chief executives and end users participated in the study. |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| the Provinces of Zamboanga Sibugay and Zamboanga Del Norte, Region IX. <i>Research Development and Evaluation Center (RDEC).</i> | | by the LGUs in support to the PES program | | |
| | | Study Findings | | |
| | | Most end-users stated that the PES sessions improved their parental skills and strengthened their husband-wife relationship. Direct service providers were also committed in their tasks and responsibilities. However, difficulties in implementation included negative child-rearing attitudes from fathers, inadequate financial support from LGUs, and lack of manpower and learning materials. Additionally, many stakeholders at the LGUs were not cooperative when it came to the social protection of children. | | |
| Sama-Bajau Localised Intervention & Learning Approach for Holistic Improvement (SaInLahi) Department of Social Welfare and Development. (2018). <i>Sama-Bajau localised intervention and learning approach for holistic improvement (SaInLAHI)</i> [PowerPoint Slides]. | Grey Literature – Evaluation PPT | The evaluation aimed to find out whether the interventions were able to strengthen maternal and childcare education, promote culture-based learning sessions for Sama-Bajau children, and increase access of Sama-Bajau families to local services | N/A | Evaluation seems to have been conducted in 2 pilot areas: Barangay Bakod Bayan (121 families, 110 children aged 0-4 years old), and Barangay Moonwalk (300 families, 200 children aged 0-4 years old) although this information is not clear in the paper. |
| | | Study Findings | | |
| | | More than 70% of Sama-Bajau children participated in ECCD sessions by end 2015. The role of parents as primary educators of their children was enhanced, with 90% of Sama-Bajau parents attending community assemblies at the Activity Centres. Children were also more prepared for the formal learning system, with 95% of Sama-Bajau children who participated continuing on to primary school. Lastly, 98% of Sama-Bajau children beneficiaries were at least 3 kilograms after undergoing health and food supplementary services. | | |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| Tahderiyyah Programme UNICEF. (2018). <i>Evaluation of Tahderiyyah Program</i> . [PowerPoint Slides]. | Evaluation PPT by UNICEF | The evaluation aimed to generate evidence of program achievements and offer recommendations around continuity and scaling-up of the program. | Method: Mixed methods with participatory approaches -- key informant interviews, focused group discussions, rapid facility reviews/assessments, checklist-based teacher assessments and validation workshop. Additional review of secondary sources. | Consisted of a total of three phases, which led to the implementation of the Tahderiyyah Program in over 800 Tahderiyyah centres (Madrassahs) |
| <p>Study Findings</p> <p>In terms of impact, the program was highly relevant and largely effective. Developing a ‘balanced’ criterion that enabled mainstream Madrassah education was deemed as the most profound achievement, in addition to the training of teachers and Mudirs. However, the weak monitoring system struggled to track outcome delivery and social impact, and the BDA (Bangsamoro Development Agency) were unable to retain Tahderiyyah-trained staff, which will negatively affect the sustainability of the program.</p> | | | | |
| Non-Government Programmes | | | | |
| Arcanys Early Learning Foundation Dulay, K. M., Cheung, S. K., Reyes, P., & McBride, C. (2019). Effects of parent coaching on Filipino children’s numeracy, language, and literacy skills. <i>Journal of</i> | Peer reviewed journal article | The current study evaluates the efficacy of parent coaching programs designed to enrich home numeracy and literacy environments in Cebu City, Philippines. | Study design: RCT Method: mixed methods | A total of 673 families with 3- to 5-year-old children in Cebu City, Philippines. |
| <p>Study findings</p> <p>Relatively specific effects of program content on children’s skills; thus, children who received the numeracy program improved in their numeracy skills (e.g., identifying numerals, counting objects), children who received the dialogic reading program learned more words that were in the storybooks that they were</p> | | | | |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| <i>Educational Psychology, 111(4), 641.</i> | | exposed to, and children who received early literacy skills training learned more letters, demonstrated better awareness of print functions and conventions, and had better syllable deletion skills at post-test. However, early literacy skills training also produced some significant effects on children's numeracy performance, suggesting potential cross-domain benefits of intervention. Program effectiveness also varied in part by family socioeconomic status, level of parental involvement in the program, and teacher assignment. | | |
| Breaking Barriers for Children (BBC) Claudio, E. A., Guinid, E. D. J. T., & Anicas, M. P. (2019). Stimulation Therapeutic Activity Center (STAC) in Santo Domingo, Ilocos Sur Philippines: An Impact Study. In <i>Proceeding Subaraya International Health Conference 2019</i> (Vol. 1, No. 1, pp. 36-45). | Peer reviewed journal article | The study evaluated the impact of the Stimulation Therapeutic Activity Centre (STAC) where the Breaking Barriers for Children (BBC) project is. | Descriptive correlational method Questionnaire augmented with documentary analysis | This study was conducted during the Calendar Year 2014 to 2015 to determine the impact of the STAC in Santo Domingo, Ilocos Sur from Calendar Years 2008-2014. It utilized ten implementers and 123 mothers/caregivers of children with special needs. |
| | | Study Findings The study revealed the following: 1) Out of the 123 recruited participants, seven transferred to another place, nine died and 59 had improved condition; 2) Of the 59 who had improved condition, a substantial percentage suffered from physical disability especially cerebral palsy who can now walk without assistance, do functional activities like rolling, creeping, head and trunk control, crawling, reaching, grasping and releasing and the least suffered from cognitive disabilities specifically down syndrome who can now copy words and phrases and needs minimal assistance in functional independence measure like eating, bathing, drawing and toileting; 3) All the children with special needs regardless of condition are continuously receiving the services of the STAC. The SPED teacher takes care of all those who can walk without assistance | | |
| Integrated Action for Children's Nutrition Project (INTERACTION) | Grey Literature – Evaluation Report | The evaluation assessed how the project contributed to children becoming well-nourished, specifically via | Method: Mixed methods from primary and secondary sources -- Focused group discussions, key informant interviews, | 184 caregiver survey respondents collected across three municipalities |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| World Vision. (2021). <i>Findings from the Evaluation of the Integrated Action for Children's Nutrition Project (INTERACTION Project)</i> . | | nutritional status of children, infant and young child feeding practices of caregivers, caregivers' knowledge and caregiving practices, and improvements in caregivers' access to basic healthcare services. | document review, field visits and validation meeting with stakeholders | Note: Positive Deviance/Hearth was mentioned as a facilitating factor that contributed to the significant decreases in the number of malnourished children. This was due to key positive practices and local solutions e.g., starting a vegetable garden, led by trained volunteers. |
| <p>Study Findings</p> <p>There was a significant decrease in the number of households with malnourished children from evaluation conditions against baseline conditions. The project also contributed to caregivers' and stakeholders' knowledge and skills in proper caring practices for children. 3 health stations that can support 26,000 residents in total were constructed and/or rehabilitated, and an additional 35 barangays were provided with required medical tools, which helped increase accessibility to healthcare in communities.</p> | | | | |
| KapitBahay-Aralan (KBA) Nava, F.J. (2016). <i>Competencies of Children Attending Preschool Programs</i> [Paper Presentation]. International Conference on Research in Teacher Education. | Grey Literature – Published paper at academic conference | The paper aimed to identify the competencies acquired by the children that participated in various early childhood development programs. | N/A | About half (N=333) of the children from Manila participated in KBA in 2012-2013, with the other half from Day Care services provided. Note: KBA was only one of the four programmes mentioned in this evaluation. Results were mentioned in general and didn't specify which competencies acquired were a result of which program. |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| Study Findings Children who did not exhibit school readiness competencies developed those skills that would qualify them to enter Grade 1 after attending the programs. Improvements were noted in terms of children’s skills as indicated by test scores and with regard to their qualitative classifications as being “average”, “advanced” or “school ready”. Children who already had competencies prior to attending the programs also benefited from the preschool instruction; however gains were minimal (possibly due to the so-called “ceiling effect”). Girls also profited more from the programs compared to boys. | | | | |
| Local Nutrition Action Plans UNICEF. (2015). <i>The Ascent of Local Governments in Nutrition in the Philippines: A Compendium of Actions on Nutrition.</i> | Evaluation by UNICEF | The interest of the compendium of actions on nutrition (CAN) aims to get a selection from well-performing LGUs that can provide valuable insights and lessons on nutrition program implementation, as well as any barriers faced. | Method: Qualitative -- focused group discussions (FGDs) and key informant interviews (KIIs) | 11 LGUs were selected for inclusion to provide a heterogenous spread of narratives. Mandaluyong City in Metro Manila served as the pre-test site for the KII and FGD instruments. As most of the data collected was qualitative, specific numbers/results of interventions were not mentioned in the report. |
| Study Findings All 11 LGUs showed adaptations in their structures and processes to allow for functionality and performance despite limited budgetary resources, challenging geographic features or specific program hurdles. Creative strategies by individual LGUs also helped in mandating behaviour and ensuring sustainability of the local programs. | | | | |
| Masayang Pamilya (Parenting for Lifelong Health) | Peer reviewed journal article | This study examined the effectiveness of combining parenting interventions and conditional cash programs in | Study design: Randomised trial | Participants were randomly assigned (1:1) to either a 12-session group-based parenting programme or treatment-as-usual services (N = 120). Participation in |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| Lachman, J. M., Alampay, L. P., Jocson, R. M., Alinea, C., Madrid, B., Ward, C., Hutchings, J., Mamauag, B. L., Garilao, M. A., & Gardner, F. (2021). Effectiveness of a parenting programme to reduce violence in a cash transfer system in the Philippines: RCT with follow-up. <i>The Lancet Regional Health - Western Pacific</i> , 17. | | reducing the risk of violence against children. | | either service was required among the conditions for receiving cash grants. Baseline assessments were conducted in July 2017 with one-month post-intervention assessments in January-February 2018 and 12-month follow-up in January-February 2019. All assessments were parent-report. |
| | Study Findings | One-month post-intervention assessments indicated moderate intervention effects for primary outcomes of reduced overall child maltreatment, emotional abuse, physical abuse, and neglect. There were also significant effects for reduced dysfunctional parenting, child behaviour problems, and intimate partner violence, and increased parental efficacy and positive parenting. Reduced overall maltreatment, emotional abuse, and neglect effects were sustained at one-year follow-up. | | |
| Nutrition Sensitive CoMSCA IIRR. (2020). <i>Strengthening Capacities on Nutrition-Sensitive Programming in the Philippines: Project Brief</i> . | Grey Literature – Evaluation Report | The research study evaluated whether CoMSCA was an effective platform in advancing nutrition education and healthy practices. | Method: Qualitative -- mainly key informant interviews (KIIs) and focused group discussions (FGDs) | The project is implemented in two program impact areas in North Cebu: Sogod and Tabogon, covering eight villages. The direct beneficiaries of this project are the 250 registered families, all caregivers of children under 5 years old (U5). There were 13 community volunteers trained as Health Advocates who lead in promoting health and nutrition education activities. |

| Name of Programme | Source of Evaluation | Evaluation summary | Study design and methods | Additional Comments (from ECD Landscape study team) |
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| | | | | Note: Only one portion of this paper talked about CoMSCA. |
| | | Study Findings Through CoMSCA, caregivers developed an attitude of savings, whereby their average savings in the past 12 months increased from Php6,000 to Php7,000, and many felt that CoMSCA is an effective platform in advancing nutrition education and healthy practices. Go Baby Go was also acknowledged by 80% of participants to have provided added value to CoMSCA sessions. | | |
| Positive Deviance/Hearth Approach World Vision. (2021). Findings from the Evaluation of the Integrated Action for Children's Nutrition Project (INTERACTION Project). | Grey Literature – Evaluation Report | The evaluation studied the effects of sharing key positive practices, as well as home follow-up visits, on caregivers. | N/A | N/A |
| | | Study Findings The implementation of PD/H allowed for the enrolment of 246 children, with 45% of children (N=112) that were able to be rehabilitated back to normal weight. With the help of breastfeeding kits, 97% of pregnant women surveyed took folate and iron supplements during pregnancy. What should be noted is that the active participation of trained volunteers (303 counsellors and volunteers were trained) was monumental in building practices that support proper nutrition of infants and children. | | |

References

1. Mendoza, R. (2021). The Philippine economy under the pandemic: From Asian tiger to sick man again. <https://www.brookings.edu/blog/order-from-chaos/2021/08/02/the-philippine-economy-under-the-pandemic-from-asian-tiger-to-sick-man-again/>
2. IPE Global Limited. (2019). *Assessment of the UNICEF Integrated Programming Strategy for the First 1000 Days*.
3. Republic of the Philippines: National Economic and Development Authority. (2018). *NEDA Explainer: Reaping Demographic Dividend* <https://neda.gov.ph/neda-explainer-reaping-demographic-dividend/#:~:text=The%20Philippines%20is%20expected%20to,possibly%20miss%20it%20all%20together.>
4. UNICEF. (2021). *Fed to Fail: The crisis of children's diets in early life*. <https://data.unicef.org/resources/fed-to-fail-2021-child-nutrition-report/>
5. UNICEF, W. (2019). *WHO/UNICEF discussion paper: The extension of the 2025 maternal, infant and young child nutrition targets to 2030*. <https://data.unicef.org/wp-content/uploads/2019/06/WHO-UNICEF-discussion-paper-on-maternal-infant-and-young-child-nutrition-targets.pdf>
6. Silent pandemic of childhood stunting in Philippines: Inquirer. (2022). *The Straits Times*. <https://www.straitstimes.com/asia/se-asia/silent-pandemic-of-childhood-stunting-in-philippines>
7. Scorza, P., & Monk, C. (2020). Anticipating the stork: Stress and trauma during pregnancy and the importance of prenatal parenting. *Trauma*.
8. Henderson, C., Dixon, S., Bauer, A., Knapp, M., Morrell, C. J., Slade, P., Walters, S. J., & Brugha, T. (2019). Cost-effectiveness of PoNDER health visitor training for mothers at lower risk of depression: findings on prevention of postnatal depression from a cluster-randomised controlled trial. *Psychological medicine*, 49(8), 1324-1334.
9. World Health Organization. (2020). *Improving early childhood development: WHO guideline*. World Health Organization.
10. World Health Organization. (2017). Strengthening the capacity of community health workers to deliver care for sexual, reproductive, maternal, new born, child and adolescent health. H4+ (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank). 2015. In.
11. Republic of the Philippines: Department of Science and Technology - Food and Nutrition Research Institute. (2022). *2018-2019 Expanded National Nutrition Survey (ENNS)*. <http://enutrition.fnri.dost.gov.ph/site/uploads/2018-2019-ENNS-FACTS-FIGURES.pdf>
12. The World Bank. (2022). *Population, total - Philippines*. <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=PH>
13. Republic of the Philippines: Philippine Statistics Authority. (2021). *Highlights of the Population Density of the Philippines 2020 Census of Population and Housing (2020 CPH)*. <https://psa.gov.ph/population-and-housing/node/164857>
14. The World Bank. (2022). *GDP per capita (current US\$) - Philippines* <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=PH>
15. Republic of the Philippines: Philippine Statistics Authority. (2022). *Registered Live Births in the Philippines, 2020*. <https://psa.gov.ph/content/registered-live-births-philippines-2020>
16. The World Bank. (2021). *Fertility rate, total (births per woman) - Philippines* <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=PH>
17. The World Bank. (2021). *Mortality rate, infant (per 1,000 live births) - Philippines* <https://data.worldbank.org/indicator/SP.DYN.IMRT.IN?locations=PH>

18. The World Bank. (2021). *Mortality rate, under-5 (per 1,000 live births) - Philippines* <https://data.worldbank.org/indicator/SH.DYN.MORT?locations=PH>
19. Giorgadze, T., Maisuradze, I., Japaridze, A., Utiashvili, Z., & Abesadze, G. (2011). Disasters and their consequences for public health. *Georgian Med News*(194), 59-63.
20. David, C. C., Monterola, S. L. C., Paguirigan Jr, A., Legara, E. F. T., Tarun, A. B., Batac, R. C., & Osorio, J. P. (2018). School hazard vulnerability and student learning. *International journal of educational research*, 92, 20-29.
21. Republic of the Philippines: Cordillera Administrative Region (CAR) - POPCOM. RA 10354 "RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH ACT OF 2012" <https://car.popcom.gov.ph/responsible-parenthood-and-reproductive-health-rprh-general-information/>
22. Apostol, Louis, G., Agus, I. G., Sigua, J. A., & Boxshal, M. (2022). *Financing Family Planning in the Philippines: Mapping Roles, Functions, and Spending of Public and Private Agents for Family Planning from 2018 to 2019* <https://thinkwell.global/wp-content/uploads/2022/02/Financing-FP-in-the-Philippines-Technical-Report-FINAL-Feb-2022.pdf>
23. Nurturing Care for Early Childhood Development. (2020). *Philippines*. <https://nurturing-care.org/profiles/philippines/>
24. UNICEF. (2021). *Philippines: NURTURING CARE FOR ECD: Rapid Assessment Country Profile*. <https://www.unicef.org/philippines/media/3086/file/UNIPH-2021-ECDRapidAssessment-Report.pdf>
25. Early Childhood Care and Development Council. *About Us*. https://eccdcouncil.gov.ph/?page_id=1369
26. Early Childhood Care and Development Council. (2022). *2021 Annual Report*. https://eccdcouncil.gov.ph/wp-content/uploads/2022/06/AR-2021_26.pdf
27. Early Childhood Care and Development Council. *National Early Learning Framework*. https://eccdcouncil.gov.ph/?page_id=1818
28. Republic of the Philippines: Department of Budget and Management. (2022). *2023 Budget Priorities Framework (Expenditure Priorities)*. <https://www.dbm.gov.ph/index.php/budget-documents/2023/2023-budget-priorities-framework-expenditure-priorities>
29. Republic of the Philippines: Department of Budget and Management. (2022). *DBM submits 2023 Budget to Congress; Education, infrastructure, health, social protection, agriculture, top budget priorities*. <https://www.dbm.gov.ph/index.php/secretary-s-corner/press-releases/list-of-press-releases/2352-dbm-submits-2023-budget-to-congress-education-infrastructure-health-social-protection-agriculture-top-budget-priorities#:~:text=The%20budget%20of%20DepEd%20shall,6%2D%20Billion%20in%202023.>
30. Reyes, C. M., Mina, C. D., & Asis, R. D. (2017). *Inequality of opportunities among ethnic groups in the Philippines*.
31. The Philippines: few ethnic groups, many demands. (2009). In B. F. Walter (Ed.), *Reputation and Civil War: Why Separatist Conflicts Are So Violent* (pp. 168-196). Cambridge University Press. <https://doi.org/DOI:10.1017/CBO9780511642012.008>
32. Republic of the Philippines: Philippine Statistics Authority. (2021). *Highlights of the Philippine Population 2020 Census of Population and Housing (2020 CPH)*. <https://psa.gov.ph/content/highlights-philippine-population-2020-census-population-and-housing-2020-cph>
33. PhilAtlas. Cavite. <https://www.philatlas.com/luzon/r04a/cavite.html>
34. Republic of the Philippines: Philippine Statistics Authority. (2021). *Highlights of the Region IV-A (CALABARZON) Population 2020 Census of Population and Housing (2020 CPH)*. <https://psa.gov.ph/population-and-housing/node/165019>
35. Custodio, A. (2021). Cavite - most viable for business, residential development outside NCR. *The Manila Times*.

- <https://www.manilatimes.net/2021/04/29/supplements/cavite-most-viable-for-business-residential-development-outside-ncr/868340#:~:text=Located%20on%20the%20southern%20shores,%E2%80%93%E2%80%93%20provinces%20in%20the%20country.>
36. PhilAtlas. *Palawan*. <https://www.philatlas.com/luzon/mimaropa/palawan.html>
 37. Republic of the Philippines: Philippine Statistics Authority. (2002). *Palawan: Population Rose to Three Quarter of a Million (Results from the 2000 Census of Population and Housing, NSO)*. <https://psa.gov.ph/population-and-housing/title/Palawan%3A%20Population%20Rose%20to%20Three%20Quarter%20of%20a%20Million%20%28Results%20from%20the%202000%20Census%20of%20Population%20and%20Housing%2C%20NSO%29>
 38. Provincial Government of Palawan. *Palawan: Location and Boundaries*. <https://www.palawan.gov.ph/geophysical.php>
 39. Philippine Statistics Authority: Cordillera Administrative Region. *Mountain Province*. <http://rssocar.psa.gov.ph/mountain>
 40. PhilAtlas. *Mountain Province*. <https://www.philatlas.com/luzon/car/mountain-province.html>
 41. Bantang, J. A. O., Buenaventura, P. A. R. S., & Garraez, J. A. H. (2020). Going Beyond Measuring the Rural Access Index in the Philippines. https://www.unescap.org/sites/default/files/APS2020/71_Going_Beyond_Measuring_the_Rural_Access_Index_in_Philippines.pdf
 42. PhilAtlas. *Basilan*. <https://www.philatlas.com/mindanao/barmm/basilan.html>
 43. Republic of the Philippines: Philippine Statistics Authority. (2022). *2019 to 2021 Gross Regional Domestic Product*. <https://psa.gov.ph/sites/default/files/2019%20to%202021%20Gross%20Regional%20Domestic%20Product%20%28Base%20Year%202018%29.pdf>
 44. Miyoko Taniguchi. (2020). From Rebels to Rulers: The Challenges of the Bangsamoro Government in Mindanao. <https://thediplomat.com/2020/08/from-rebels-to-rulers-the-challenges-of-the-bangsamoro-government-in-mindanao/>
 45. Bajo, A. F. (2021). *Security Risks and Challenges in BARMM*. Philippine Strategic Forum. <https://www.stratforumph.com/post/security-risks-and-challenges-in-barmm>
 46. Nurturing Care for Early Childhood Development. (2020). *A closer look at the nurturing care components*. <https://nurturing-care.org/nurturing-care-components>
 47. Philippine Statistics Authority (PSA), & ICF. (2018). *Philippines National Demographic and Health Survey 2017*. https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017_new.pdf
 48. Republic of the Philippines: Department of Health. *WHAT ARE THE SUBSTANCES IN THE MICRONUTRIENT POWDER (MNP) SACHET?* <https://doh.gov.ph/faqs/What-are-the-substances-in-the-Micronutrient-Powder-MNP-sachet>
 49. Mbuya, N. V., Demombynes, G., Piza, S. F. A., & Adona, A. J. V. (2021). *Undernutrition in the Philippines: scale, scope, and opportunities for nutrition policy and programming*. World Bank Publications.
 50. Republic of the Philippines: Ministry of Health. (1986). *Press Statement of Health Minister Alfredo R.A. Bengzon* <https://wipolex-res.wipo.int/edocs/lexdocs/laws/en/ph/ph140en.html>
 51. UNICEF. (2021). *Strengthening Implementation of the Breast-milk Substitutes Code in Southeast Asia: Putting Child Nutrition First*. https://www.unicef.org/eap/media/9436/file/BMS%20Code%20in%20Southeast%20Asia_Report.pdf
 52. Republic of the Philippines: Department of Health. (2007). *Revitalization of the Mother-Baby Friendly Hospital Initiative in Health Facilities with Maternity and*

Newborn Care Services

- https://doh.gov.ph/sites/default/files/health_programs/a02007-0026.PDF
53. Senate of the Philippines 19th Congress. (2009). *Villar: Breastfeeding Campaign Should Be Intensified*.
https://legacy.senate.gov.ph/press_release/2009/0807_villar1.asp
54. Quezon City. (2021). *QC First LGU to Implement Healthy Food Procurement Policy* <https://quezoncity.gov.ph/qc-first-lgu-to-implement-healthy-food-procurement-policy/>
55. The World Bank. (2022). *New Project Supports Campaign Against Malnutrition in the Philippines*. <https://www.worldbank.org/en/news/press-release/2022/06/22/new-project-supports-campaign-against-malnutrition-in-ph>
56. UNICEF. (2021). *Poor diets, failing food systems, and a lack of physical activity are causing overweight and obesity in children*
<https://www.unicef.org/philippines/press-releases/poor-diets-failing-food-systems-and-lack-physical-activity-are-causing-overweight#:~:text=Results%20from%20the%20Expanded%20National,10%20to%2019%20years%20old%2C>
57. World Health Organization. (2015). *Postnatal Care for Mothers and Newborns: Highlights from the World Health Organization 2013 Guidelines*.
<https://www.who.int/docs/default-source/mca-documents/nbh/brief-postnatal-care-for-mothers-and-newborns-highlights-from-the-who-2013-guidelines.pdf>
58. The World Bank. (2019). *Maternal mortality ratio (modeled estimate, per 100,000 live births) - Philippines*.
<https://data.worldbank.org/indicator/SH.STA.MMRT?locations=PH>
59. UNICEF. (2019). *Maternal mortality declined by 38 per cent between 2000 and 2017*. <https://data.unicef.org/topic/maternal-health/maternal-mortality/>
60. The World Bank. (2021). *Mortality rate, infant (per 1,000 live births)*.
<https://data.worldbank.org/indicator/SP.DYN.IMRT.IN>
61. The Official Website of the Provincial Government of Cavite. *Cavite Ecological Profile 2020*. http://cavite.gov.ph/home/wp-content/uploads/2022/10/CEP2020_FINAL.pdf
62. UNICEF. (2021). *Routine immunization for children in the Philippines*.
<https://www.unicef.org/philippines/stories/routine-immunization-children-philippines>
63. Dumaraos, G. R. R. (2014). The Aquino Health Agenda: Achieving Universal Health Care for all Filipinos. *The DOH Files*, 1(1), 1-8.
https://doh.gov.ph/sites/default/files/health_magazine/DOHissue1.pdf
64. Republic of the Philippines: Department of Health. (2003). *National Policy On Oral Health* <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=336545>
65. WHO, & UNICEF. (2022). *Philippines: WHO and UNICEF estimates of immunization coverage: 2021 revision*. https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2022-country-profiles/immunization_phl_2022.pdf
66. UNICEF. *Building Confidence in Routine Immunization in the Philippines*.
<https://www.unicef.org/philippines/building-confidence-routine-immunization-philippines>
67. Bock, J., Wainstock, T., Braun, K., & Segal, M. (2015). Stress in utero: prenatal programming of brain plasticity and cognition. *Biological psychiatry*, 78(5), 315-326.
68. Turner, R., & Honikman, S. (2016). Maternal mental health and the first 1000 days: CME. *South African Medical Journal*, 106(12), 1164-1167.
69. Arango, C., Díaz-Caneja, C. M., McGorry, P. D., Rapoport, J., Sommer, I. E., Vorstman, J. A., McDaid, D., Marín, O., Serrano-Drozowskyj, E., & Freedman, R. (2018). Preventive strategies for mental health. *The Lancet Psychiatry*, 5(7), 591-604.
70. UNESCO. (2015). *Philippine Education for All 2015 review report*. In: UNESCO Paris.

71. SEAMEO INNOTECH. (2010). *Raising the Standard of Early Childcare Care and Development*. https://www.seameo-innotech.org/wp-content/uploads/2020/04/Raising_the_Standard_of_ECCD_2010.pdf
72. Early Childhood Care and Development Council. *National Child Development Center* <https://eccdcouncil.gov.ph/ncdc/>
73. UNICEF. (2017). *UNICEF Data Warehouse: Adjusted net attendance rate, one year before the official primary entry age*. https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=PHL.ED_ANAR_LO2.&startPeriod=1970&endPeriod=2022
74. House Bill No. 626, (2019). https://hrep-website.s3.ap-southeast-1.amazonaws.com/legisdocs/basic_18/HB00626.pdf
75. Coram International. (2018). *Situation Analysis of Children in the Philippines*. <https://coraminternational.org/wp-content/uploads/nationalsitan2018.pdf>
76. Alampay, L. P., & Jocson, R. M. (2011). Attributions and Attitudes of Mothers and Fathers in the Philippines. *Parent Sci Pract*, 11(2-3), 163-176. <https://doi.org/10.1080/15295192.2011.585564>
77. Council for the Welfare of Children, & UNICEF Philippines. (2016). *National Baseline Study on Violence against Children: Philippines*. <https://www.unicef.org/philippines/media/496/file/National%20Baseline%20Study%20on%20Violence%20Against%20Children%20in%20the%20Philippines:%20Recommendations.pdf>
78. Mercer. (2019). *Philippines Expands Paid Maternity Leave, Benefits*. <https://www.mercer.com/our-thinking/law-and-policy-group/philippines-expands-paid-maternity-leave-benefits.html>
79. UNICEF: Child Friendly Cities Initiative. *Philippines*. <https://childfriendlycities.org/philippines/>
80. UNICEF Philippines. (2021). *Nurturing Care for ECD: Rapid Assessment Country Profile*. <https://www.unicef.org/philippines/media/3086/file/UNIPH-2021-ECDRapidAssessment-Report.pdf>
81. The World Bank. (2022). *Completeness of birth registration (%) - Philippines*. <https://data.worldbank.org/indicator/SP.REG.BRTH.ZS?locations=PH>
82. Republic of the Philippines: Bangsamoro Autonomous Region in Muslim Mindanao. (2022). *MSSD launches free birth registration project in BaSulTa*. <https://bangsamoro.gov.ph/news/latest-news/mssd-launches-free-birth-registration-project-in-basulta/>
83. UNICEF. (2022). *Philippines*. <https://data.unicef.org/country/ph/>
84. Republic of the Philippines: Philippine Statistics Authority. (2020). *Nine out of Ten Families Have a Handwashing Facility with Soap and Water on Premises (Results from the 2019 Annual Poverty Indicators Survey (APIS))* <https://psa.gov.ph/press-releases/id/162798>
85. UNICEF Philippines. (2020). *Sanitation targets are off-track: DOH, WHO and UNICEF ask local governments to invest in sanitation* <https://www.unicef.org/philippines/press-releases/sanitation-targets-are-track-doh-who-and-unicef-ask-local-governments-invest>
86. Department of Labour and Employment: National Wages and Productivity Commission. *Two-Tiered Wage System* <https://nwpc.dole.gov.ph/programs-and-services/two-tiered-wage-system/>
87. Medina, A. F. (202). *Minimum Wages in ASEAN for 2021*. <https://www.aseanbriefing.com/news/minimum-wages-in-asean-for-2021/>
88. International Work Group for Indigenous Affairs. (2020). *Indigenous World 2020: Philippines* <https://www.iwgia.org/en/philippines/3608-iw-2020-philippines.html>
89. Guinanan, R. C., Alupias, E. B., & Gilson, L. (2021). The Practice of Power by Regional Managers in the Implementation of an Indigenous Peoples Health Policy in the Philippines. *Int J Health Policy Manag*, 10(7), 402-413. <https://doi.org/10.34172/ijhpm.2020.246>

90. Dela Rosa, J. G. L., Ornos, E. D. B., Sianoya, A. C., Tantengco, O. A. G., & Guinaran, R. C. (2022). Social Determinants of Health Inequities in Indigenous Children in the Philippines. *Journal of Paediatrics and Child Health*, 58(8), 1493-1494.
<https://doi.org/https://doi.org/10.1111/jpc.16103>

Abbreviations

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|---------------|---|
| 4P----- | Pantawid Pamilyang Pilipino Program |
| Barangay----- | A native Filipino term referring to a village or suburb |
| BARMM----- | Bangsamoro Autonomous Region in Muslim Mindanao |
| BHS----- | Barangay Health Station |
| CAR----- | Cordillera Administrative Region |
| CDT----- | Child Development Teacher |
| CDW----- | Child Development Worker |
| DSWD----- | Department of Social Welfare and Development |
| ECCD----- | Early Childhood Care and Development |
| ECD----- | Early Childhood Development |
| ENC----- | Essential Newborn Care |
| FP----- | Family Planning |
| GRDP----- | Gross Regional Domestic Product |
| HFEF----- | Health Facilities Enhancement Programme |
| IYCF----- | Infant and young child feeding |
| KP----- | Kalusugan Pangkalahatan (the Aquino Health Agenda) |
| LGU----- | Local Government Unit |
| MNP----- | Micronutrient powders |
| MIMAROPA----- | Administrative region made up on five provinces: Mindoro, Marinduque, Romblon and Palawan |
| MUAC----- | Mid-Upper Arm Circumference |
| NCDC----- | National Child Development Centre |
| NCF----- | Nurturing Care Framework |
| NGO----- | Non-Governmental Organisation |
| NNC----- | National Nutrition Council |
| PAGCOR----- | Philippine Amusement and Gaming Corporation |
| PDP----- | Philippine Development Plan |
| RAI----- | Rural Access Index |
| SDG----- | Sustainable Development Goals |
| SME----- | Small- and medium-sized enterprises |
| UNICEF----- | United Nations Children's Fund |
| WASH----- | Water, sanitation, and hygiene |
| WHO----- | World Health Organisation |

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