MDG-FACES
DOSSIER ON CHILDREN

CONTENTS

ACKNOWLEDGEMENT

ABOUT THE PUBLICATION

The MDG-FACES Dossier compliments the many literature that capture the plight of the Filipino children today.

The publication's intention is two pronged: To help articulate and highlight current national policy actions and emerging trends affecting the Filipino children and to mainstream FACES approach as one mechanism to help address children's issues at the local communities. For the reader, the Dossier is divided into two categories: National Perspectives on Children and the Experience-Based Guide to FACES

There is a wealth of perspectives provided in the section's National Perspectives on Children. We may begin with figures.

National Statistical Coordination Board (NSCB) Secretary-General Dr. Romulo Virola's article titled "Save the Children" deserves reprint as it statistically shows why children have remained the most vulnerable sector. "More than half of the poor are children- 14 out of 26 in 2000 and 14 out of 24 in 2003," said Dr. Virola. Indeed, to address the children's urgent needs, sound statistical data help refine the crafting of programs and services towards the well-being of children.

But sometimes statistics do not capture in essence their true conditions as reported by the Council for the Welfare of Children (CWC). The CWC 2008 State of the Filipino Children Report (SOFCR) said in cases of disaster situations and armed conflict, children's data are "melded into those of general population...and being denied and covered up." The CWC digests its SOFCR for the MDG-FACES Dossier.

The CWC highlights the impact of both natural disaster and armed conflicts as they jeopardize the fundamental rights of the child. The SOFCR tells the disturbing fact that children in armed conflict (CIAC) are "inter-generational, analogous to a birthright where a gun becomes an heirloom piece." The CWC relies on its local government units performance through its local councils on children to formulate policies and programs that will mitigate impacts of natural disaster on children and save children from becoming child soldiers.

In the Presidential Decree 603 (The Child and Youth Welfare Code), the State takes full account in ensuring that every Filipino Child is protected from emerging threats. In the Dossier, Department of Social Welfare and Development (DSWD) Undersecretary Alicia Bala enumerates these threats in her article titled, "DSWD's Current Initiative and Policy Issues on Children." For example, primary net enrolment in primary education has declined from 96.8% in 2000 to 84.4% in 2007; 16.2% of the total Filipino children are involved in child labor; Internet and mobile technology pave way for vice opportunities including child pornography.

Government response to protect children's rights is comprehensive through the adoption of the Social Protection Framework instituted by President Gloria Macapagal Arroyo in July 2008. Bala underscores the Pantawid Pamilyang Pilipino Program (4Ps) or conditional cash transfer (CCT) as a measure to protect

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children with full engagement of their families particularly the mothers. "This program is not a dole out since it includes health and education conditionalities that beneficiaries have to comply with to be continually enrolled in the program. As such, implementing the 4Ps will help the country meet its MDGs." Usec. Bala said 4Ps will benefit 700,000 poorest of the poor households by end of 2009.

Since the mother is the primary caregivers of children, and her well-being contributes to the well-being of her child, from womb to nurturing, the MDG FACES Dossier is paying a special tribute to all the mothers as Suneeta Mukherjee, United Nations Populations Fund Country Representative, writes in her article, "Let's Value Mothers – Achieve Millennium Development Goal 5."

Eleven mothers die everyday in the Philippines making MDG 5 least likely to achieve, said Mukherjee. "At no age it is easy to accept the death of our mothers but it is worst when a mother dies at a child when it can be prevented," she added. Three major causes of maternal death – hypertensive disorders of pregnancy, hemorrhage, and pregnancy with abortive outcomes - are preventable.

The challenge again lies in the local government units as they need to build up the capacities of their local health service providers to monitor maternal death and ensure every pregnant woman gets the right care.

Designing cities is tantamount to creating child-friendly urban space that is diverse walkable, compact, and mixed-use, said Nadine Siriban-Ragonjan, LCP Program Officer for Special Projects, in her article "Wanted: Child-Friendly Cities." Though the concept is not new to urban planning, Ragonjan maintains that the country has yet to arrive at a movement where integrating child-friendly design concepts becomes a common practice into urban planning.

In building child-friendly spaces, Ragonjan highlights models in Singapore and Finland as these demonstrate cities where the children are involved in the participatory planning process in playgrounds, parks, and even pedestrians.

In the Philippines, local government units vie for the prestigious Presidential Award for Child Friendly Municipalities and Cities. In 2008, Makati, Naga, and Vigan emerged as top winners. Ragonjan also highlights the innovative programs and projects that make these cities the crème de la crème.

S. T. USANA

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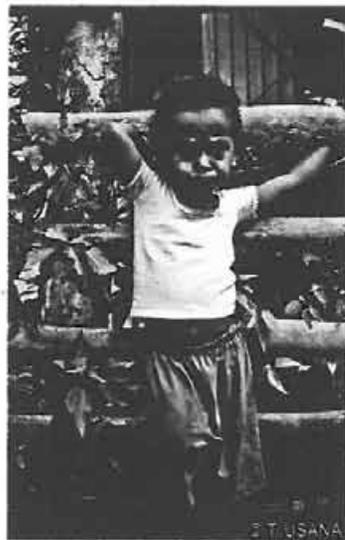
The Experienced-Based Guide to FACES

The second part of the book generates the experience of the select pilot cities in their implementation of the FACES project. This serves as an accompaniment to the comprehensive learning toolkit that the Local Government Academy is doing. Coming up with an experience-based guide to FACES is critically important as it guides other local government units to the project's intricacies. In writing the articles, we encouraged our cities not to be too technical but rather flavor it with their perspectives.

"In the FACES implementation, the silent despair and the dole out behavior of the Poor proved to be the formidable challenges," said Maria Fe Agu-Villania of Tuguegarao City. FACES implementors in Pasay City also affirm, "Regaining the people's trust became the major challenge on the part of the LGUs. This was however resolved thru continuous dialogue with the concerned groups."

Science City of Muñoz, an MDG Resource City, welcomes FACES to the long commendable list of its MDG localization programs, "The wholehearted participation of the families differentiates FACES from all other city's projects," the FACES city core team said. Meanwhile, in gathering prospective partners, Surigao City tipped, "While some participants expressed their apprehensions...the city core team encouraged them to support and maintain a positive outlook of the project."

In doing FACES, select the poorest of the poor, said Mandaluyong FACES city core team. "Home visitation was among the many community-based tools and methodologies that were used to ensure that the would-be FACES families were among the more deserving," they added. FACES implementors in Bago City said comprehension among the families is vital. As a demonstration project, the city produced 'komiks' where concepts of parenting are laymanized.

Yet there is no uniform in the FACES implementation at the city level. Each has remained distinct and the experience is immense. "We in the LGA are indeed humbled by the experience we had in this project," said Joy Juanite, the FACES project manager, who writes about the collective project experience in this Dossier.

You may ask where is the League of Cities in this whole picture? "The FACES approach is practical because it exhausts existing local governance systems and processes and it builds on them to enhance wide range but focused service deliveries," said Jaime Paulo B. Mora, the LCP Focal Person to the FACES Project who is also the LCP Advocacy Program Officer.

Why lodged in our advocacy program? Because FACES is worthy to advocate to other member-cities and other LGUs because in practice, FACES is all about MDG and Good Governance. "We need to make it as a best practice as possible," said DILG Undersecretary Austere Panadero during the last FACES business meeting. The challenge for the FACES is how to sustain FACES and LCP's work may have just begun.

As we are now in race against time to achieving our MDG targets, the FACES helps accelerate the MDG process by downloading MDG principles to the families, where MDGs is at its most intimate. The LCP remains an Advocate of MDGs and FACES remains relevant.

These sentiments we hope to altogether capture in this Dossier.

Hilda I. Corpuz
Hilda I. Corpuz
LCP Executive Director

MESSAGES

The League of Cities of the Philippines welcomes the publication of the MDG-FACES Dossier as it generates the project experience of the select FACES cities. We also offer the readers relevant and current perspectives of our national development partners in their programs towards the development of children.

The Filipino Children particularly the poor are the most vulnerable sector and in the urban slums, they experience the worst deprivations as they become exposed to hunger, insufficient water and sanitation, and insecurity of tenure among others. According to a UN-Habitat study, one of three slum dwellers is a child in the country.

In the FACES, we directed our focus to the children in the slums and to their families by becoming part of the solution. We helped them monitor the progress of their children, identify community-based issues, and create community-wide strategic solutions and response.

We, the local chief executives, hugely relied on the family's full participation with the support of the city government and project partners. We were surprised with the overwhelming success as FACES exceeded the expectations given the short project duration of just about six months!

The challenge for the FACES cities is to replicate the approach to other barangays. Another challenge also goes to the LCP to advocate this worthy MDG localization approach among our member-cities and to other local government units.

On behalf of the League of Cities, rest assured that our commitment to FACES remains strong. We extend our gratitude to the FACES cities, the project partners, the DILG-Local Government Academy and the United Nations Development Programme for giving us the opportunity to showcase our own share to help achieve the UN-MDGs through FACES.

Mabuhay at Maraming Salamat Po!

MAYOR BENJAMIN C. ABALOS, JR.
Mandaluyong City
National President, League of Cities of the Philippines

The children, being the most vulnerable members of the population, bear greater brunt during crises and times of disaster for they possess fewer resources than the rest. It is because of this reason that the MDG-FACES Dossier becomes expedient.

The Dossier substantiates that poverty has a face- an image that is more evident when looking at the conditions of the young. But the Dossier also provides solutions through the experience of the FACES pilot cities. In implementing FACES, we uphold the fundamental rights of the child. In doing FACES, we enhance our local structures and processes to be able to respond efficiently to children's issues.

The FACES cities are spread geographically for other cities and local government units to see and replicate. One of the underlying reasons for this is that poverty transcends boundaries. We see a destitute child in every street of the country. This Dossier will open the eyes of every stakeholder and unlock their sense of responsibility they owe to poor families especially their children loitering around their place.

I congratulate the LCP Secretariat for coming up with the Dossier. Our acknowledgment also goes to the DILG- Local Government Academy and the United Nations Development Programme for bringing us into this worthy project. The LCP has done MDG localization programs but FACES stands out as it becomes the most personalized. The FACES experience has affirmed the LCP's commitment to keep up the pace of bringing the child at the center of development.

MAYOR MEL SENEN S. SARMIENTO
Calbayog City
Secretary-General, League of Cities of the Philippines

MESSAGES

During the last half of 2008, fifteen (15) cities embarked on a journey with development partners to give a human face to the United Nations Millennium Development Goals. That human face is the face of the child, through its project, Family-Based Actions for Children and their Environs in the Slums (FACES), in the idea of bringing maximum developmental impact toward our less fortunate children living in the slum areas. The Science City of Muñoz is far grateful for having been selected to pilot this program among 14 other cities from all across the country.

The FACES project is a unique and relevant project as it builds on the capacities of the families of the poor children and to look through the eyes of the child, the state of their welfare and development from the city-level. It triggered different city-wide responses which have direct impact on the child, that gave birth to quick response mechanisms ensuring the enabling conditions responsive to a better and clearer child welfare and development city agenda. The city's vision toward children was notched a level higher as FACES has intensified its services on children and their families. We take pride of our FACES achievement and we will continue to sustain this as we plan to replicate the project in several barangays in the future.

I strongly believe that my colleagues in other FACES cities have their own equally important project success stories and melodramatic experiences under the wide-smile of a child while his tears fall down out of joy. May this publication capture not just the sacred ideals of the project but may also serve as a reminder to renew our commitment of upholding and bringing to the forefronts of our developmental directions, the future generations. I hope that this MDG-FACES Dossier will guide other cities and local government units if they intend to replicate the project, which I strongly recommend.

The FACES has indeed broadened the many government approaches in service delivery particularly to the children's sector. Most importantly, it has imbedded the Millennium Development Goals principles deep within the family.

As the LCP Focal Person for the implementation of UN-MDGs and on behalf of the LCP President Mayor Benjamin C. Abalos, Jr., we take pride of the FACES project. I extend my congratulations to the FACES project management team for the successful implementation.

Congratulations and more power!

MAYOR NESTOR L. ALVAREZ
Science City of Muñoz
LCP Focal Person to the UN-MDG's

Through the years, the Local Government Academy (LGA) has been actively advancing for excellence in local governance. Anchored on LGA's three core values - integrity, commitment and teamwork, the LGA pledges to help improve the capacity of our local governments in bringing progress to our nation.

The Millennium Development Goals (MDG) Family-Based Actions for Children and their Environs in the Slums (FACES) Project served as a catalyst for LGA in realizing this effort. With the Academy's focus on building up local governments as effective front liners in delivering basic services to their constituents, LGA has undertaken the role of lead implementer of MDG FACES. The project is an innovation, and was able to successfully address MDG-deficits on environment, education, food, and health that had significant impact on the quality of life of children in their communities.

There are still more work to be done. Thousands of children's lives still need to be improved. It is a challenge for us to ensure that every child in our community is fed well, educated, fostered, protected and interacts in a healthy environment.

To our fellow partners in MDG FACES, we commend you for taking this challenge. Let us continue to articulate the needs of our Filipino children. Let our children not get behind. Let us all together engage in improving their lives.
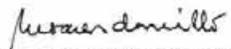
MARIVEL C. SACENDONCILLO, CESO III
Executive Director
Local Government Academy

ABBREVIATIONS

AWP	– Annual Workplan
BBI	– Barangay Based Institution
BCPC	– Barangay Council for the Protection of Children
BOC	– Barangay Operations Center
CBMS	– Community-Based Monitoring System
CBOs	– Community-Based Organizations
CCT	– City Core Team
CHO	– City Health Office
CIAC	– Children in Armed Conflict
CPDO	– City Planning and Development Officer
CPDC	– City Planning and Development Coordinator
CSEC	– Commercial Social Exploitation of Children
CSOs	– Civil Society Organizations
CSR	– Corporate Social Responsibility
CSWDO	– City Social Welfare and Development Officer
CWC	– Council for the Welfare for Children
DepEd	– Department of Education
DILG	– Department of Interior and Local Government
DOH	– Department of Health
DOJ	– Department of Justice
DSWD	– Department of Social Welfare and Development
FACES	– Family-Based Actions for Children and their Environs in the Slums
FBOs	– Family-Based Organizations
FCCT	– FACES City Core Team
FIES	– Family Income and Expenditure Survey
FQAG	– Family Quick Action Guide
GUG	– Good Urban Governance
HUDCC	– Housing and Urban Development Coordinating Council
ICs	– Integrity Circles
IEC	– Information and Education Campaign
IGACOS	– Island Garden City of Samal

ILO	– International Labor Organization
LCE	– Local Chief Executive
LCP	– League of Cities of the Philippines
LCPC	– Local Council for the Protection of Children
LGU	– Local Government Unit
LGA	– Local Government Academy
LGUs	– Local Government Units
MDG	– Millennium Development Goals
MMR	– Maternal Mortality Rate
NAPC	– National Anti-Poverty Commission
NEDA-SDC	– National Economic Development Authority Social Development Committee
NGAs	– National Government Agencies
NGO	– Non-government Organization
NPAC	– National Plan of Action for Children
NSCB	– National Statistical Coordination Board
NSWP	– National Social Welfare Program
PBSP	– Philippine Business for Social Progress
PMT	– Project Management Team
QRMs	– Quick Response Mechanisms
TOP	– Technology of Participation
TWG	– Technical Working Group
UN	– United Nations
UNCHS	– United Nations Center for Human Settlements (UN Habitat)
UNDP	– United Nations Development Programme
UNFPA	– United Nations Population Fund
Unicef/UNICEF	– United Nations International Childrens Education Fund
UPAO	– Urban Poor Action Office
4Ps	– Pantawid Pamilyang Pilipino Program

National Perspectives on Children

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SAVE OUR CHILDREN!
by Dr. Romulo A. Virola
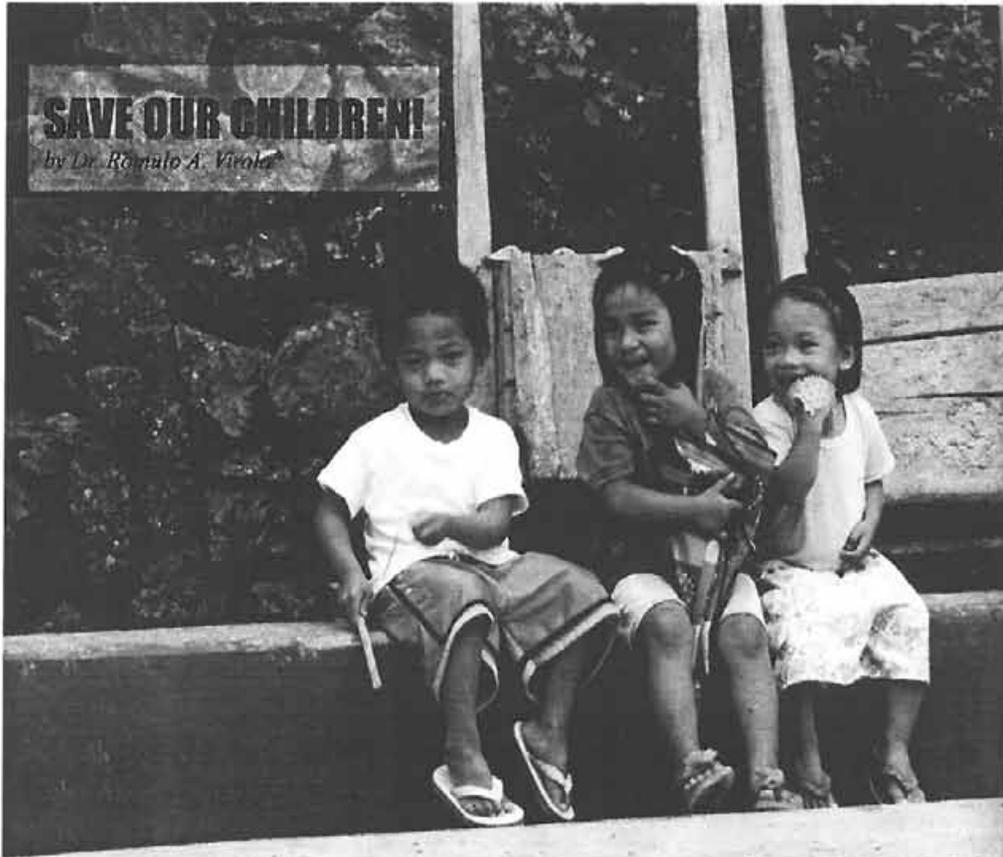
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For many of our children, (grandchildren in case of many friends whose years even those expensive diamond peel treatments or glutathione injectables can not hide much longer), it's school opening time once again. Hopefully, many of these children looked forward to their first day of classes and will have fun. But, we should all know that there are many children out there who, instead of being in school are elsewhere, possibly working to help their parents earn their living or heaven forbid, wasting their young lives away engaging in activities that children should not even know about.

As I have written in the past, education statistics[1] trumpet all too clearly the systematic deterioration of our human capital. Cohort survival rates, enrolment rates and performance in internationally monitored tests in mathematics and sciences are disheartening to say the least. Yes, we have lost much of the comparative advantage that our national hero, Dr. Jose P. Rizal recognized when he called our youth the hope of the fatherland. Our future has been compromised and before it becomes too late, let us all agree that it is time for ACTION! Calling, Calling then the Council for the Welfare of Children!

Three weeks ago, I was in Bangkok attending a Social Policy Workshop that dwelt on the Global Study on Child Poverty and Disparities Project[2] upon the invitation of Marinus Gotink and Wilfredo G. Nuqui, Chiefs of the Health and Nutrition Section and Social Policy and Local Development Section, respectively, of UNICEF Manila. Willy always brims with things to do and on the sides of the workshop he would suggest to Tito Rodriguez, Social Policy Specialist, also of UNICEF Manila and myself, various areas of possible collaboration between NSCB and UNICEF. One of the things Willy suggested was the generation of a Child Development Index.

My co-author of this article made a presentation[3] during the International Conference on Rethinking Poverty: Making Policies Work for Children in New York on 21-23, April, 2008 and during the 2008 National and Local Social Policy Workshop in Fontana, Pampanga on 2-4 June 2008. Some disturbing statistics highlighted in Jessa's presentations are the following:

1. Children had higher poverty incidence than the general population in 2000 and 2003.[4] For every 100 individuals about 33 were poor in 2000 and about 30 in 2003. In the case of children the numbers are 43 and 39, respectively (Table 1, page 14).

2. More than half of the poor are children – 14 out of 26 in 2000 and 14 out of 24 in 2003 (Table 1 and Figure 1, page 14).

3. At the provincial level, Maguindanao registered the highest poverty incidence among children in 2000, with 82 out of 100 children found to be poor (Table 2, page 15).

4. Among the 10 provinces with highest poverty incidence among children in 2000, five are included in the list of 10 poorest provinces, i.e., Maguindanao, Agusan del Sur, Sulu, Masbate, and Camarines Norte (Table 2, page 15).
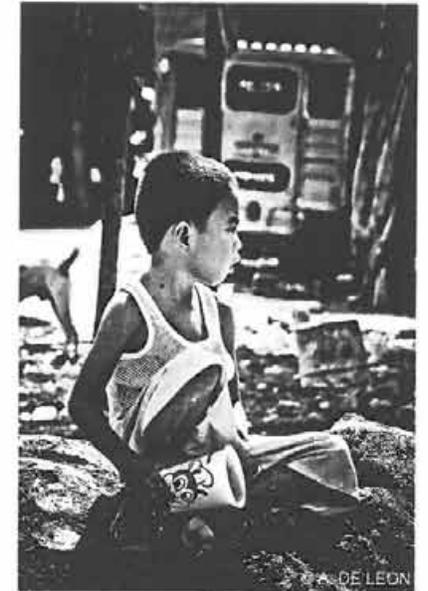
▲ Sound statistics can locate clearly the child's prgress and what other development measures need to be done.

Table 1. Poverty Incidence and Magnitude of Poor Children and All Population, by Region: 2000 and 2003

| | 2000 | | | | | | 2003 | | | | | |
| | Children | | | All population | | | Children | | | All population | | |
	Poverty Incidence	Magnitude of Poor	Coefficient of Variation	Poverty Incidence	Magnitude of Poor	Coefficient of Variation	Poverty Incidence	Magnitude of Poor	Coefficient of Variation	Poverty Incidence	Magnitude of Poor	Magnitude of Poor
Philippines	42.5	14,093,102	1.7	33.0	25,472,782	1.5	38.8	13,469,849	1.2	30.0	23,836,104	1.2
NCR	13.8	511,714	9.3	7.8	860,934	8.1	10.9	459,227	8.9	6.9	742,549	8.9
Region I	43.6	760,135	8.0	35.3	1,452,222	5.5	39.5	691,595	5.2	30.2	1,262,799	5.2
Region II	34.1	423,622	9.1	30.4	821,294	7.8	32.0	365,774	5.1	24.5	659,666	5.1
Region III	26.7	907,557	6.9	21.4	1,695,227	5.7	24.5	894,129	5.9	17.5	1,535,784	5.9
Region IVA	24.8	959,162	7.2	19.1	1,697,033	6.7	25.8	1,111,805	4.7	18.4	1,899,827	4.7
Region IVB	56.5	619,268	7.8	45.3	1,032,123	6.6	55.9	651,772	4.1	48.1	1,163,867	4.1
Region V	66.4	1,480,551	5.0	52.6	2,540,660	4.0	58.7	1,393,292	2.9	48.5	2,332,719	2.9
Region VI	57.0	1,531,637	4.4	44.5	2,773,352	3.6	49.7	1,314,986	3.4	39.2	2,374,772	3.4
Region VII	44.0	1,082,718	7.0	36.2	2,016,910	5.5	38.1	908,504	4.9	28.3	1,652,316	4.9
Region VIII	56.1	951,679	7.7	45.1	1,649,582	5.8	52.2	967,101	3.7	43.0	1,619,731	3.7
Region IX	54.1	695,940	8.7	44.8	1,257,210	6.4	58.5	795,733	3.6	49.2	1,427,722	3.6
Region X	54.0	860,135	5.6	43.8	1,582,225	4.2	52.7	863,299	4.2	44.0	1,567,963	4.2
Region XI	40.5	659,075	9.4	33.3	1,231,277	8.1	42.7	737,496	4.9	34.7	1,346,269	4.9
Region XII	54.4	848,175	7.0	46.8	1,595,474	5.2	46.6	749,942	5.1	38.4	1,319,563	5.1
CAR	49.3	296,335	6.3	37.7	537,975	5.0	40.2	255,333	5.9	32.2	445,036	5.9
ARMM	68.6	913,911	5.9	60.0	1,652,890	3.7	60.9	716,061	4.2	52.8	1,373,620	4.2
Caraga	59.3	591,290	6.7	51.2	1,076,395	4.6	61.7	593,801	3.4	54.0	1,111,901	3.4

Source: National Statistical Coordination Board (NSCB)

Figure 1. Magnitude of poor children and all population, 2000 and 2003 (in millions)
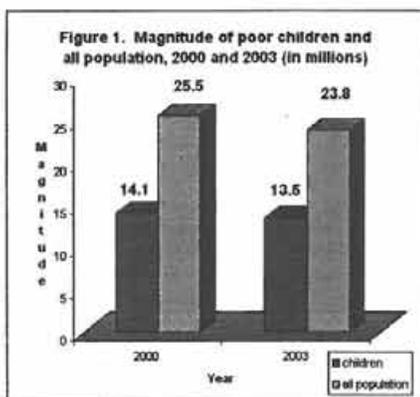
Source: National Statistical Coordination Board (NSCB)

5. In terms of the priority provinces[5] covered by the Sixth Country Programme for Children (CPC 6) implemented by UNI-CEF, only half are included in the list of 20 provinces with the highest poverty incidence among children, i.e., Maguindanao, Agusan del Sur, Sulu, Masbate, Sarangani, Sultan Kudarat, Mt. Province, North Cotabato, Negros Oriental, and Northern Samar (Table 2, page 15). Could CPC 6 have missed something somewhere? Why?

6. Other observed patterns on the poverty situation among children:

6.1 The poor children are found more in households with larger family sizes. Almost 7 out of 10 children in households with family size of at least 10 are poor (Table 3, page 17 and Figure 2, page 19);

Table 2. Poverty Incidence for Children and All Population, by Province: 2000

| Province | Children | | All population (Official) | |
	Poverty Incidence	Rank	Poverty Incidence	Rank
Maguindanao	81.7	1	58.3	2
Agusan del Sur	76.2	2	52.3	9
Sulu	76.2	3	58.9	3
Masbate	77.6	4	61.3	1
Sarangani	76.7	5	48.4	14
Sultan Kudarat	72.3	6	48.8	13
Western Samar	71.1	7	45.5	20
Mt. Province	69.1	8	48.4	15
Lanao del Sur	68.9	9	54.7	5
Zamboanga Norte	68.6	10	47.0	17
Oriental Mindoro	66.9	11	39.8	32
North Cotabato	66.8	12	41.6	24
Ifugao	66.5	13	55.7	4
Surigao Del Norte	65.7	14	42.6	23
Palawan	64.8	15	24.7	62
Negros Oriental	64.6	16	29.7	53
Occidental Mindoro	63.9	17	38.1	36
Northern Samar	63.5	18	39.8	31
Sorsogon	63.3	19	41.4	26
Surigao Del Sur	63.1	20	38.4	35
Romblon	62.4	21	52.2	10
Albay	62.4	22	40.3	30
Davao Oriental	61.6	23	33.7	42
Tawi-tawi	61.4	24	52.4	8
Antique	61.4	25	35.1	38
Kalinga	60.7	26	39.3	34
Camiguin	60.3	27	54.2	6
Lanao del Norte	59.0	28	49.3	12
Bohol	58.4	29	50.2	11
Basilan	58.0	30	31.5	47
Aklan	57.5	31	36.3	37
Camarines Sur	57.0	32	40.8	29
Apayao	56.8	33	26.5	59
Marinduque	56.1	34	42.7	22
Bukidnon	55.9	35	33.4	43
Negros Occidental	55.6	36	41.6	25
Catanduanes	55.3	37	43.9	21
Biliran	55.1	38	33.3	44
Guimaras	55.0	39	22.6	64
Capiz	54.7	40	40.8	28
Agusan del Norte	52.5	41	48.9	27
Camarines Norte	52.2	42	52.7	7
Abra	52.1	43	47.6	16
Iloilo	51.9	44	29.7	52
Eastern Samar	51.9	45	45.9	19
Zamboanga Sur	51.7	46	34.9	40
Quezon	49.6	47	32.9	46
Misamis Occidental	49.3	48	46.8	18
Leyte	48.8	49	34.9	39
Aurora	48.3	50	26.9	58
Southern Leyte	43.8	51	28.3	60
Nueva Ecija	43.8	52	27.6	57
Ilocos Sur	42.5	53	30.4	50
La Union	42.4	54	33.2	45
Isabela	41.8	55	30.2	51
Pangasinan	40.8	56	30.8	49
Cagayan	40.0	57	21.5	65

6.2 In all regions, poverty incidence among boys is slightly higher compared to girls (Table 4, page 18); and

6.3 Among children 12-18 years of age with no education (no grade completed), poverty incidence is highest in ARMM, Region XII, and Caraga and lowest in the National Capital Region (NCR) and Regions I and III (Figure 3, page 19). That there are nonpoor families where 12-18 year-old children have had no education could indicate, very sadly indeed, that these children might in fact be working to take the family out of poverty, instead of going to school.

Quite clearly, our children need urgent attention. Indeed, it is imperative that our development agenda prioritize policies and programs geared towards the development of our children. It is easy to say that yes, we are taking measures to make sure that the needs of our children are adequately addressed. But what have we got to show for these measures? How do we know if and how can we prove that indeed, we are making progress? To answer these questions, we need statistics! Sound statistics!

Table 2. Poverty Incidence for Children and All Population, by Province: 2000

Misamis Oriental	39.9	58	29.3	54
Davao del Norte	39.2	59	39.5	33
Cebu	39.0	60	26.2	61
South Cotabato	38.5	61	34.7	41
Batangas	36.2	62	20.7	66
Quirino	38.1	63	31.4	48
Nueva Vizcaya	37.0	64	16.5	69
Siquijor	35.2	65	28.6	55
Ilocos Norte	33.4	66	18.2	68
Compostela Valley	32.4	67		
Davao del Sur	29.9	68	18.3	67
Batanes	29.2	69	10.4	72
Benguet	28.7	70	13.9	71
Zambales	24.2	71	23.7	63
Tarlac	24.1	72	27.6	56
Pampanga	19.0	73	14.4	70
Bulacan	11.9	74	5.4	79
Bataan	11.5	75	9.9	74
Laguna	8.6	76	8.1	76
Cavite	8.3	77	10.2	73
1st District	8.2	78	5.8	77
Rizal	7.8	79	5.6	78
3rd District	4.6	80	9.4	75
4th District	2.8	81	4.9	80
2nd District	2.1	82	4.1	81

Source: National Statistical Coordination Board

Notes:
1) Districts of NCR cover the following:
1st District - Manila
2nd District - Mandaluyong, Marikina, Pasig, Quezon City, and San Juan
3rd District - Valenzuela, Caloocan City, Malabon, and Navotas
4th District - Las Piñas, Makati, Muntinlupa, Parañaque, Pasay City, Pateros, and Taguig

2) Estimates are based on the 2000 official poverty thresholds

3) Colors refer to the following:
Priority provinces of CPC 6
10 Poorest provinces among children and among all population
Provinces ranked 11-20 based on poverty incidence among children and all population

Table 3. Poverty Incidence Among Children by Family Size by Region, 2000

Region	Family Size									
	1	2	3	4	5	6	7	8	9	10 or more
PHILIPPINES	0.8	5.4	9.0	16.9	26.9	38.3	49.7	59.0	64.8	65.3
NCR	-	0.0	0.1	0.2	0.7	2.2	5.1	9.0	13.3	14.5
Region I	-	3.9	5.6	14.3	26.4	38.6	49.4	56.9	63.1	65.0
Region II	-	2.3	4.9	13.7	25.0	37.7	49.5	58.6	64.7	66.0
Region III	-	1.0	2.2	5.9	12.0	20.7	30.2	38.5	45.9	40.1
Region IV	0.7	5.1	7.0	12.2	19.7	29.7	40.1	48.8	56.9	58.6
Region V	-	8.0	14.7	30.2	45.6	59.0	69.6	77.2	82.4	83.1
Region VI	0.7	10.5	15.7	27.9	41.6	54.3	64.3	71.2	76.1	70.0
Region VII	-	4.4	10.1	20.4	32.9	45.4	56.7	64.8	70.8	71.7
Region VIII	-	6.1	13.8	26.8	40.3	52.9	63.9	71.7	75.7	75.5
Region IX	-	8.1	16.1	29.5	43.7	56.1	66.4	73.6	77.3	75.5
Region X	0.4	6.6	10.8	20.6	33.7	46.7	58.4	66.4	72.7	74.0
Region XI	4.7	7.4	12.9	20.6	29.7	38.8	48.2	56.0	60.9	63.1
Region XII	2.0	16.0	24.3	39.1	52.5	64.1	72.5	76.5	81.0	77.0
CAR	0.6	6.9	9.9	18.6	30.1	42.2	53.4	63.5	66.1	69.0
ARMM	-	8.4	22.9	44.4	62.0	73.9	80.4	82.1	85.5	81.2
Caraga	1.3	11.3	18.8	34.2	50.1	63.2	73.2	79.7	82.6	84.9

More than ten years ago when the NSCB was tasked to collaborate in the compilation of provincial Human Development Index or HDI[6] with the Human Development Network (HDN), whose mother (grandmother actually), is the indomitable Mareng Winnie, I had proposed to projectize with UNICEF the compilation of a Child Development Index or CDI. At that time, UNICEF did not seem interested and I am just too happy to pursue our interest on the CDI with UNICEF at this time when it has become all too obvious that our children are at risk! In 2000, we had estimated that 43 out of 100 children were poor or a total of 14,093,102 poor children[7]. In 2003, things got better with the numbers going down to 39 out of a hundred or a total of 13,469, 849 poor children. Child poverty incidence is highest in Caraga and ARMM but the largest concentration of poor children is in Region V with 1.4 million poor children, Region VI with 1.3 million and Region IV-A with 1.1 million (Table 1, page 14). Unfortunately, these statistics have not been updated to 2006[8] because the NSO has not yet released the 2006 Family Income and Expenditures Survey (FIES) and the January 2007 round of the Labor Force Survey (LFS) Public Use Files in the appropriate format.

In the meantime, we have come up with a measure closely aligned with the HDI but constrained by the availability of supporting data. Like the HDI, our preliminary CDI, called CDI 1 consists of three dimensions of child development: health, knowledge, and capacity. They are measured through a Health Index (HI 1), Education Index (EI), and Quantity of Life Index (QOLI). Variables considered are infant mortality rate and child mortality rate for HI 1, elementary net enrolment rate and secondary net enrolment rate for EI, and child poverty incidence for QOLI[9]. CDI 1 is simply the

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▲ Boys are considered poorer than girls in all the country's regions.

Table 4. Poverty Incidence Among Children by Sex by Region, 2000

Region/Province	Poverty Incidence		Percentage Point Difference (A-B)
	Boy (A)	Girl (B)	
Philippines	41.5	40.6	0.9
NCR	3.9	3.7	0.2
Region I	40.7	40.1	0.6
Region II	40.8	39.7	1.0
Region III	22.9	22.2	0.6
Region IV	32.3	31.5	0.8
Region V	62.3	61.2	1.1
Region VI	55.6	54.4	1.2
Region VII	48.6	47.4	1.2
Region VIII	57.1	53.6	3.5
Region IX	57.6	56.2	1.5
Region X	49.3	47.9	1.3
Region XI	40.8	39.5	1.2
Region XII	63.6	62.2	1.3
CAR	47.6	46.5	1.0
ARMM	74.7	73.9	0.8
Caraga	65.9	64.6	1.3

Source: National Statistical Coordination Board (NSCB)

equal-weighted average of HI 1, EI, and QOLI.

To inject a rights-based approach to the CDI, we formulated a second CDI, called CDI 2 that includes some additional variables that measure the accountability of the dutybearers. Unfortunately, due to data and time constraints we are able to do this only for the HI, accounting for the percentage of immunized children 9-11 months and the percentage of pregnant women with 3 or more prenatal visits, and producing a Health Index referred to as HI 2.

We would have wanted the CDI to also capture the family upbringing of the child, knowing that family seems to be the most important source of happiness for Pinoys.[10] Not only that, the Filipino diaspora has incurred possibly long term social damage to the family life of children who have been left by parents to work abroad. This social cost of the OFW phenomenon has not been mea-

Figure 2. Poverty Incidence Among Children by Family Size by Region, 2000

Source: National Statistical Coordination Board (NSCB)

Figure 3. Poverty Incidence Among Children Aged 12 to 18 Years Old with Ilo Grade Completed, by Region: 2000

Source: National Statistical Coordination Board (NSCB)

sured and should definitely be captured by a CDI. Unfortunately, we do not know of any available data on this.

Brazil has a similar measure, also called the CDI, targeted towards children in the first six years of life, which are considered to be the formative years of their cognitive, emotional and social skills and their physical development. Given this perspective, Brazil's CDI incorporates variables relating to: 1) supply of health services (i.e., vaccination coverage among children below one year of age – diphtheria, pertussis and tetanus (DTP) and tetramune and percentage of

mothers with adequate pre-natal coverage); 2) supply of education services (i.e., gross preschool enrolment rates); and 3) care and protection that the family provides for children in their early years (i.e., percentage of children below the age of six years living with mothers and fathers that have low schooling levels)[11].

Certainly, we will continue to work on improving the validity and comprehensiveness of the CDI 1 and CDI 2. We will try to make it more rights-based to hold the dutybearers accountable in saving our children. And with the support of UNICEF, we hope to be able to produce

Table 5. Child Development Index 1 (CDI 1), by Region: 2000 and 2003

Region	Health Index (HI)				Education Index (EI)				Quantity of Life Index (QOLI)				Child Development Index 1 (CDI 1)			
	Index		Rank		Index		Rank		Index		Rank		Index		Rank	
	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Philippines	0.972	0.979			0.790	0.739			0.575	0.612			0.779	0.777		
NCR	0.981	0.984	1.5	1.0	0.921	0.860	1	1	0.862	0.891	1	1	0.921	0.912	1	1
Region I	0.974	0.960	5.0	8.0	0.857	0.784	2	4	0.564	0.605	6	6	0.798	0.790	5	5
Region II	0.974	0.982	7.0	5.0	0.769	0.726	9	7	0.659	0.680	4	4	0.800	0.796	4	4
Region III	0.980	0.985	3.0	1.5	0.806	0.807	3	3	0.733	0.755	3	2	0.840	0.849	3	3
Region IVA	0.973	0.985	9.5	1.5	0.832	0.817	4	2	0.752	0.742	2	3	0.852	0.848	2	2
Region IVB	0.973	0.966	9.5	16.0	0.792	0.735	7	6	0.425	0.441	13	13	0.733	0.714	10	12
Region V	0.974	0.979	7.0	9.0	0.799	0.721	6	8	0.336	0.413	16	15	0.703	0.704	15	14
Region VI	0.979	0.975	4.0	14.0	0.840	0.703	3	10	0.430	0.503	14	10	0.750	0.727	8	10
Region VII	0.981	0.981	1.5	7.0	0.773	0.714	8	9	0.560	0.639	7	5	0.771	0.778	6	6
Region VIII	0.957	0.971	16.0	15.0	0.737	0.664	10	15	0.439	0.478	12	11	0.711	0.704	12	13
Region IX	0.962	0.978	13.5	10.0	0.713	0.670	14	14	0.459	0.415	10	14	0.711	0.688	13	15
Region X	0.967	0.976	12.0	12.5	0.721	0.702	13	11	0.460	0.473	9	12	0.716	0.717	11	11
Region XI	0.969	0.976	11.0	11.0	0.729	0.683	11	12	0.595	0.573	5	8	0.764	0.744	7	8
Region XII	0.962	0.982	13.5	6.0	0.691	0.673	16	13	0.456	0.534	11	9	0.703	0.730	14	9
CAR	0.974	0.983	7.0	4.0	0.721	0.744	12	5	0.507	0.598	8	7	0.734	0.775	9	7
ARMM	0.950	0.963	17.0	17.0	0.559	0.569	17	17	0.314	0.391	17	16	0.608	0.641	17	17
Caraga	0.958	0.976	15.0	12.5	0.695	0.639	15	16	0.407	0.383	15	17	0.687	0.666	16	16

Sources of data:
1. 1998 and 2003 National Demographic and Health Survey, NSO
2. Basic Education Information System, DepEd; NSCB

Table 6. Health Index 1 (HI 1) among Children, by Region: 2000 and 2003

Per 1000 live births

Region	Infant Mortality Rate (A) 1/		Child Mortality Rate (B) 2/		"Infant Survival" (C) = 1000-A						"Child Survival" (D) = 1000-B						Health Index 1 (HI 1)			
					Rate		Index		Rank		Rate		Index		Rank		Index		Rank	
	2000 3/	2003	2000 3/	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000 3/	2003	2000	2003
Philippines	36	30	20	12	964	970	0.964	0.970			980	968	0.980	0.988			0.972	0.979		
NCR	24	24	15	8	976	976	0.976	0.976	1.5	2	985	992	0.985	0.992	4.5	3.5	0.981	0.984	1.5	3.0
Region I	42	29	10	11	958	971	0.958	0.971	11	10	990	989	0.990	0.989	1.5	8.5	0.974	0.980	5.0	8.0
Region II	37	28	16	8	963	972	0.963	0.972	8	8	984	992	0.984	0.992	6.5	3.5	0.974	0.982	7.0	5.0
Region III	29	25	11	6	971	975	0.971	0.975	4	3.5	989	994	0.989	0.994	3.0	1.5	0.980	0.985	3.0	1.5
Region IVA	35	25	19	6	965	975	0.965	0.975	6.5	3.5	981	994	0.981	0.994	8.5	1.5	0.973	0.985	9.5	1.5
Region IVB	35	44	19	25	965	956	0.965	0.956	6.5	17	981	975	0.981	0.975	8.5	16	0.973	0.966	9.5	16.0
Region V	31	28	22	15	969	972	0.969	0.972	5	8	978	985	0.978	0.985	11.0	12	0.974	0.979	7.0	9.0
Region VI	26	39	16	11	974	961	0.974	0.961	3	15	984	989	0.984	0.989	6.5	8.5	0.979	0.975	4.0	14.0
Region VII	24	28	15	11	976	972	0.976	0.972	1.5	8.5	985	989	0.985	0.989	4.5	8.5	0.981	0.981	1.5	7.0
Region VIII	61	36	26	22	939	964	0.939	0.964	17	12	974	978	0.974	0.978	12.0	15	0.957	0.971	16.0	15.0
Region IX	45	27	32	17	955	973	0.955	0.973	13	5.5	968	983	0.968	0.983	16.0	13	0.962	0.978	13.5	10.0
Region X	41	38	25	11	959	962	0.959	0.962	9.5	13.5	975	989	0.975	0.989	12.0	8.5	0.967	0.976	12.0	12.5
Region XI	41	38	21	10	959	962	0.959	0.962	9.5	13.5	979	990	0.979	0.990	10.0	5.5	0.969	0.976	11.0	11.0
Region XII	48	27	29	10	952	973	0.952	0.973	14	5.5	971	990	0.971	0.990	14.0	5.5	0.962	0.982	13.5	6.0
CAR	43	14	10	20	957	986	0.957	0.986	12	1	990	980	0.990	0.980	1.5	14	0.974	0.983	7.0	4.0
ARMM	55	41	45	33	945	959	0.945	0.959	16	16	955	967	0.955	0.967	17.0	17	0.950	0.963	17.0	17.0
Caraga	53	35	31	14	947	965	0.947	0.965	15	11	969	986	0.969	0.986	15.0	11	0.958	0.976	15.0	12.5

Sources of data: 1998 and 2003 National Demographic and Health Survey, NSO Basic Education Information System, DepEd NSCB
Notes:
1. Infant mortality rate - infants under one year of age per 1,000 live births
2. Child mortality rate - children 1-4 years of age per 1,000 live births
3. Used results of the 1998 NDHS

provincial and even municipal level CDIs. Certainly too, we hope policymakers, decision-makers including legislators and local government unit (LGU) executives will find the CDI useful and actually use it. Wishful thinking, some may say, but we must continue to dream.

Anyway, here are some highlights of the preliminary Child Development Index:

1. CDI 1 showed a slight deterioration between 2000 and 2003 from 0.779 to 0.777. If we are to follow the United Nations Development Programme (UNDP) classification[12], this is a "medium" rate of development. But CAR, ARMM, Regions 12, 7, 3, 10 and 5 showed improvements (Table 5, page 19).

2. The two child-poorest regions of ARMM and Caraga have consistently showed poor performances in the CDI, while the NCR, Regions III and IV-A have consistently posted high levels of development among their children (Table 5).

3. Gains were observed in HI 1 (i.e., from 0.972 in 2000 to 0.979 in 2003) (Table 6, page 19) and QOLI (i.e., from 0.575 to 0.612) (Table 8, page 23), but a large drop in EI was observed from 0.790 in 2000 down to 0.739 in 2003 (Table 7, page 22)! The trend of the Education Index over the three-year period clearly indicates a definitive deterioration in the quality of human capital of the country.

4. All regions improved their HI 1 except for Regions IVB and VI. Like-

▲ To save our children, no solomonic decision is required.

wise, all regions improved their QOLI except for Regions IVA, IX, XI and Caraga. However, all regions deteriorated in the EI except for CAR and ARMM (Tables 6, 7, and 8, pages 19, 22 and 23 respectively).

5. Injecting a rights-based approach to the CDI generated a CDI 2 lower than CDI 1 by 0.036 and 0.040 point in 2000 and 2003, respectively (Table 9, page 23). This could be an indication that our dutybearers are not doing enough, in fact, are not possibly being helpful in the development of our children.

6. With the addition of rights-based indicators such as immunization of infants and pre-natal care of pregnant women, HI 2 was lower than the HI 1 by 0.108 and 0.120 point in 2000 and 2003, respectively (Tables 6 and 10, pages 19 and 24 respectively).

Not really good news, these statistics are, but even if we are in "a period of great wealth destruction" as George Soros and his theory of reflexivity would say, all is not lost! In the 2005-2006 National Achievement Test (NAT) for second year high school students, three national high schools from fifth class municipalities in Southern Leyte were

▲ Rights-based approach to saving our children will hold all the dutybearers accountable.

tops: Rizal National High School, Marayag National High School and Pintuyan National High School[13]. In fact, in the 2006-2007 NAT, among all divisions, Southern Leyte was No. 1 for elementary level (Grade VI) and No. 3 for secondary (Second Year) level (Table 11, page 25). Knowing that the 2005-2006 exams were given just a week after the Ginsaugon landslide disaster and that Southern Leyte was only 26th richest among 79 provinces in 2006[14], the performance of their kids should surely serve as a source of inspiration for everyone, especially our educators. Indeed, if one tries hard enough, could success be far behind? To save our children, no solomonic decision is required. Political will, genuine concern and love for our children are all it takes! Ask the superintendents, principals and teachers, and the marvelous kids and parents of these schools from Southern Leyte! Notwithstanding the threat of a $200 per barrel oil bomb therefore, let us continue to hope. But work we must!

And so, as we celebrate our 110th year of Independence, we declare Mabuhay ang Pilipinas, Mabuhay ang Pilipino! Mabuhay ang ating Kabataan! Shout it, believe it, live it!

FOOTNOTES:
1 Statistically Speaking, 13 November 2006, 8 January 2007, http://www.nscb.gov.ph.

2 The Philippines has just been added to the list of 40 countries participating in the project. The NSCB has agreed to be responsible for the Statistical Template of the project. Other participating countries from the East Asia and the Pacific Region are Cambodia, Lao People's Democratic Republic, Mongolia, Thailand, and Vietnam.

3 Statistics on Children in Poverty: Towards Informed Decisions for Poverty Alleviation by Romulo A. Virola, Jessamyn O. Encarnacion and Bernadette B. Balamban.

4 Updates to 2006 have not been estimated due to the unavailability of the appropriate 2006 FIES Public Use Files.

5 CPC 6 covers 24 cities and provinces but there are no available child poverty estimates for four cities: Quezon City, Pasay City, Cebu City, and Davao City

6 Per Memorandum of Understanding between the NSCB and HDN signed on 19 May 1997. The provincial HDI is patterned after the HDI of the UNDP.

7 Statistically Speaking, 13 June 2006, http://www.nscb.gov.ph/headlines/StatsSpeak/061306_rav_children.asp

8 The most recent Family Income and Expenditures Survey conducted by the NSO is for 2006.

9 Values set as maximum or minimum for the variables have been set at theoretical levels. For instance, maximum infant mortality rate is 1000 per thousand while minimum is 0 per thousand. In refining the CDI, a value much less than 1000 per thousand infant mortality rate may have to be used. This will affect the value of the health sub-index HI and the overall CDI.

10 Virola Romulo A. & Jessamyn O. Encarnacion, Measuring Progress of Philippine Society: Gross National Product or Gross National Happiness?, 10th National Convention on Statistics, EDSA Shangri-La Hotel, October 1-2, 2007. Also, Statistically Speaking, 08 October 2007, http://www.nscb.gov.ph

11 Source: The State of Brazils' Children 2006, The Child Development Index

12 High – 0.80 to 1.0; Medium – 0.50 to 0.79; Low – 0.0 to 0.49

13 Source: Impact Stories: Philippines, Asian Development Bank, 2008.

14 http://www.nscb.gov.ph/poverty/2006_05mar08/table_24.asp

Table 7. Education Index among Children, by Region: 2000 and 2003

| | Net Enrolment 1/ | | | | School Age Population 2/ | | | |
	Elementary		Secondary		7 to 12	6 to 11	13 to 16	12 to 15
	2000	2003	2000	2003	2000	2003	2000	2003
Philippines	10,339,936	18,897,681	4,476,953	4,305,378	11,232,668	12,280,339	6,794,471	7,296,827
NCR	1,240,681	1,243,820	622,399	575,954	1,161,477	1,284,781	739,076	765,048
Region I	548,840	568,267	295,503	272,221	594,090	641,969	374,259	398,393
Region II	381,678	398,455	173,387	171,103	432,980	465,199	263,569	287,371
Region III	1,048,590	1,164,140	480,690	501,878	1,140,497	1,243,644	694,570	740,540
Region IVA	1,200,900	1,341,689	563,150	556,999	1,285,405	1,407,355	772,531	817,152
Region IVB	348,598	368,119	141,373	134,552	375,944	411,680	215,381	233,797
Region V	705,397	749,873	302,498	266,118	771,218	839,715	442,479	485,047
Region VI	862,762	840,833	440,801	357,187	936,172	1,010,037	581,322	623,116
Region VII	775,598	785,567	321,672	314,794	845,042	918,031	512,129	549,341
Region VIII	539,003	539,750	186,318	179,041	589,686	644,543	332,888	385,448
Region IX	389,926	428,022	144,965	142,415	448,886	504,556	259,791	289,240
Region X	499,423	523,243	178,414	190,336	554,269	601,975	330,217	356,447
Region XI	496,858	511,432	199,407	194,841	562,654	606,269	346,552	372,707
Region XII	405,168	457,595	167,260	178,249	496,714	563,691	294,984	333,939
CAR	182,913	190,710	72,481	82,904	206,732	222,786	130,230	139,000
ARMM	403,410	483,246	82,341	74,376	479,388	536,188	298,076	313,973
Caraga	310,191	294,820	104,294	112,610	350,511	377,918	206,421	226,268

| | Net enrolment | | | | | | | | Education Index (EI) | | | |
| | Elementary | | | | Secondary | | | | | | | |
	Index		Rank		Index		Rank		Index		Rank	
	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Philippines	0.921	0.887			0.659	0.590			0.790	0.739		
NCR	1.000	0.968	1	1	0.842	0.753	1	1	0.921	0.860	1	1
Region I	0.924	0.885	4	8	0.790	0.685	2	2	0.857	0.784	2	4
Region II	0.879	0.857	14	10	0.658	0.595	7	6	0.769	0.726	9	7
Region III	0.919	0.936	6	3	0.692	0.677	5	4	0.806	0.807	5	3
Region IVA	0.934	0.953	2	2	0.729	0.682	4	3	0.832	0.817	4	2
Region IVB	0.927	0.894	3	5	0.656	0.576	8	7	0.792	0.735	7	6
Region V	0.915	0.893	8	6	0.684	0.549	6	10	0.799	0.721	6	8
Region VI	0.922	0.832	5	15	0.758	0.573	3	8.5	0.840	0.703	3	10
Region VII	0.918	0.856	7	11	0.628	0.573	9	8.5	0.773	0.714	8	9
Region VIII	0.914	0.837	9	14	0.560	0.490	12	16	0.737	0.664	10	15
Region IX	0.869	0.848	15	12	0.558	0.492	13	15	0.713	0.670	14	14
Region X	0.901	0.869	10	9	0.540	0.534	15	11.5	0.721	0.702	13	11
Region XI	0.883	0.844	13	13	0.575	0.523	10	13	0.729	0.683	11	12
Region XII	0.816	0.812	17	16	0.567	0.534	11	11.5	0.691	0.673	16	13
CAR	0.885	0.892	11.5	7	0.557	0.596	14	5	0.721	0.744	12	5
ARMM	0.842	0.901	16	4	0.276	0.237	17	17	0.559	0.569	17	17
Caraga	0.885	0.780	11.5	17	0.505	0.498	16	14	0.695	0.639	15	16

Sources of data: Basic Education Information System, DepEd

Notes:
1. Enrolment data for School Years 1999-2000 and 2003-2004 are used.
2. Based on the school age population adopted by DepEd for the school years of interest

Table 8. Quantity of Life Index among Children, by Region: 2000 and 2003

| | Poverty Incidence among Children (A) | | "Non-poverty incidence" among Children (B) = 100- A | | Quantity of Life Index (QOLI) | | | |
					Index		Rank	
	2000	2003	2000	2003	2000	2003	2000	2003
Philippines	42.5	38.8	57.5	61.2	0.575	0.612		
NCR	13.8	10.9	86.2	89.1	0.862	0.891	1	1
Region I	43.6	39.5	56.4	60.5	0.564	0.605	6	6
Region II	34.1	32.0	65.9	68.0	0.659	0.680	4	4
Region III	26.7	24.5	73.3	75.5	0.733	0.755	3	2
Region IVA	24.8	25.8	75.2	74.2	0.752	0.742	2	3
Region IVB	56.5	55.9	43.5	44.1	0.435	0.441	13	13
Region V	66.4	58.7	33.6	41.3	0.336	0.413	16	15
Region VI	57.0	49.7	43.0	50.3	0.430	0.503	14	10
Region VII	44.0	36.1	56.0	63.9	0.560	0.639	7	5
Region VIII	56.1	52.2	43.9	47.8	0.439	0.478	12	11
Region IX	54.1	58.5	45.9	41.5	0.459	0.415	10	14
Region X	54.0	52.7	46.0	47.3	0.460	0.473	9	12
Region XI	40.5	42.7	59.5	57.3	0.595	0.573	5	8
Region XII	54.4	46.6	45.6	53.4	0.456	0.534	11	9
CAR	49.3	40.2	50.7	59.8	0.507	0.598	8	7
ARMM	68.6	60.9	31.4	39.1	0.314	0.391	17	16
Caraga	59.3	61.7	40.7	38.3	0.407	0.383	15	17

Table 9. Comparison of CDI 1 and CDI 2, by Region: 2000 and 2003

| Region | Child Development Index 1 (CDI 1) | | | | Child Development Index 2 (CDI 2) | | | | Differences | | | |
	Index		Rank		Index		Rank		Index		Rank	
	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I) = A - E	(J) = B - F	(K) = C - G	(L) = D - H
Philippines	0.779	0.777			0.743	0.737			0.036	0.040		
NCR	0.921	0.912	1	1	0.888	0.876	1	1	0.033	0.036	0.0	0.0
Region I	0.798	0.790	5	5	0.763	0.761	5	4	0.035	0.029	0.0	1.0
Region II	0.800	0.796	4	4	0.772	0.755	4	5	0.029	0.041	0.0	-1.0
Region III	0.840	0.849	3	3	0.811	0.827	3	2	0.029	0.022	0.0	1.0
Region IVA	0.852	0.848	2	2	0.825	0.825	2	3	0.027	0.023	0.0	-1.0
Region IVB	0.733	0.714	10	12	0.706	0.684	8	9	0.027	0.029	2.0	3.5
Region V	0.702	0.704	15	14	0.665	0.668	14	11	0.036	0.036	1.0	3.0
Region VI	0.750	0.727	8	10	0.697	0.669	10	13	0.053	0.058	-1.5	-2.5
Region VII	0.771	0.778	6	6	0.728	0.728	6	6	0.044	0.050	0.0	0.0
Region VIII	0.711	0.704	12	13	0.674	0.658	12	14	0.037	0.046	0.0	-1.0
Region IX	0.711	0.688	13	15	0.675	0.643	13	15	0.036	0.045	0.0	0.0
Region X	0.716	0.717	11	11	0.680	0.685	11	9	0.036	0.031	0.0	2.5
Region XI	0.764	0.744	7	8	0.724	0.673	7	10	0.040	0.071	0.0	-2.0
Region XII	0.703	0.730	14	9	0.656	0.668	15	13	0.047	0.062	-1.0	-3.5
CAR	0.734	0.775	9	7	0.690	0.712	10	7	0.043	0.063	-0.5	0.0
ARMM	0.608	0.641	17	17	0.582	0.597	17	17	0.026	0.044	0.0	0.0
Caraga	0.687	0.686	16	16	0.645	0.620	16	16	0.041	0.046	0.0	0.0

Source: NSCB

Where:

CDI 1 - using conventional approach

Indicators used:
Health index
  - "Infant Survival Rate"
  - "Child Survival Rate"
Education Index - Combined Elementary and Secondary Net Enrolment Rate
Income Index - "Non-poverty incidence" among Children

CDI 2 - added rights-based indicators in the computation of health index

Rights-based indicators used:
Rights-Based Index
  - Percentage of Fully Immunized Children 9-11 months
  - Percentage of Pregnant Women with 3 or More Pre-natal Visits

Table 10. Health Index (with rights-based indicators) among Children, by Region: 2000 and 2003

Per 1000 live births

Region	Infant Mortality Rate (A) 1/		Child Mortality Rate (B) 2/		Infant Survival Rate" (C) = 1000-A						Child Survival Rate" (D) = 1000-B					
					Rate		Index		Rank		Rate		Index		Rank	
	2000/	2003	2000/	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Philippines	36	30	20	12	964	970	0.964	0.970	-	-	980	988	0.980	0.988		
NCR	24	24	15	8	976	976	0.976	0.976	1.5	2	985	992	0.985	0.992	4.5	3.5
Region I	42	29	10	11	958	971	0.958	0.971	11	10	990	989	0.990	0.989	1.5	0.5
Region II	37	28	16	8	963	972	0.963	0.972	8	8	984	992	0.984	0.992	6.5	3.5
Region III	29	25	11	6	971	975	0.971	0.975	4	3.5	989	994	0.989	0.994	3	1.5
Region IVA	35	25	19	6	965	975	0.965	0.975	6.5	3.5	981	994	0.981	0.994	8.5	1.5
Region IVB	35	44	19	25	965	956	0.965	0.956	6.5	17	981	975	0.981	0.975	8.5	16
Region V	31	28	22	15	969	972	0.969	0.972	5	8	978	985	0.978	0.985	11	12
Region VI	26	39	16	11	974	961	0.974	0.961	3	15	984	989	0.984	0.989	6.5	8.5
Region VII	24	28	15	11	976	972	0.976	0.972	1.5	8	985	989	0.985	0.989	4.5	8.5
Region VIII	61	36	26	22	939	964	0.939	0.964	17	12	974	978	0.974	0.978	13	15
Region IX	45	27	32	17	955	973	0.955	0.973	13	5.5	968	983	0.968	0.983	16	13
Region X	41	38	25	11	959	962	0.959	0.962	9.5	13.5	975	989	0.975	0.989	12	8.5
Region XI	41	38	21	10	959	962	0.959	0.962	9.5	13.5	979	990	0.979	0.990	10	5.5
Region XII	48	27	29	10	952	973	0.952	0.973	14	5.5	971	990	0.971	0.990	14	5.5
CAR	43	14	10	20	957	986	0.957	0.986	12	1	990	980	0.990	0.980	1.5	14
ARMM	55	41	45	33	945	959	0.945	0.959	16	16	955	967	0.955	0.967	17	17
Caraga	53	35	31	14	947	965	0.947	0.965	15	11	969	986	0.969	0.986	15	11

Rights-Based

Region	Fully Immunized Children 9-11 months (Levels) 4/		Eligible Population		Fully Immunized Children 9-11 months (Percent)						Pregnant Women with 3 or More Prenatal Visits (Levels) 5/		Eligible Population TF = 3.5%		Pregnant Women with 3 or More Prenatal Visits (Percent)					
					Rate		Index		Rank						Rate		Index		Rank	
	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003	2000	2003
Philippines	1,990,140	2,035,145	2,290,443	2,432,444	86.5	83.7	0.865	0.837			1,732,501	1,824,761	2,672,185	2,837,851	64.8	64.3	0.648	0.643		

Notes:

1. Infant mortality rate - infants under one year of age per 1,000 live births

2. Child mortality rate - children 1-4 years of age per 1,000 live births

3. Used results of the 1998 NDHS

4. Fully Immunized Children (9-11 mos.) - refers to children from 9 to 11 months old who have been given BCG, 3 doses of DPT and OPV and measles vaccine. The child is counted FIC as soon as all the required vaccines are administered without waiting for the child to reach 1 year of age.

5. Pregnant women with 3 or more pre-natal visits - refers to pregnant women who had three or more prenatal visits such that at last one visit occurs during the first trimester, one during the second trimester and at least one during the last trimester.

Health Index 2 (MI 2)

Region	Index		Rank	
	2000	2003	2000	2003
Philippines	0.864	0.859		
NCR	0.881	0.876	5	6
Region I	0.869	0.893	7	3
Region II	0.887	0.859	4	8
Region III	0.893	0.918	2	1
Region IVA	0.893	0.915	2	2
Region IVB	0.893	0.877	2	5
Region V	0.859	0.871	9	7
Region VI	0.820	0.800	17	14
Region VII	0.850	0.831	11	12.5
Region VIII	0.847	0.833	13	11
Region IX	0.854	0.842	10	9
Region X	0.860	0.881	8	4
Region XI	0.848	0.762	12	17
Region XII	0.821	0.796	16	15
CAR	0.843	0.794	14	16
ARMM	0.872	0.831	6	12.5
Caraga	0.834	0.837	15	10

Table 11. National Achievement Test (NAT) Results for SY 2006-2007

Elementary (Grade VI)				Secondary (Second Year)			
Region	Division	Mean Percentage Score	Rank	Region	Division	Mean Percentage Score	Rank
NCR	Caloocan City	59.78	88	NCR	Caloocan City	40.37	154
	Manila	57.98	101		Manila	44.44	105
	Pasay City	59.00	95		Pasay City	41.28	138
	Quezon City	52.52	146		Quezon City	40.22	157
	Makati City	68.19	37		Makati City	49.89	49
	Mandaluyong City	62.03	71		Mandaluyong City	43.42	115
	Muntinlupa City	60.02	87		Muntinlupa City	46.04	84
	Paranaque City	53.02	144		Paranaque City	45.01	99
	Pasig City and San Juan	55.11	130		Pasig City and San Juan	42.97	121
	Malabon & Navotas	56.68	119		Malabon & Navotas	40.96	146
	Taguig & Pateros	65.37	46		Taguig & Pateros	41.96	130
	Las Piñas City	64.12	55		Las Piñas City	48.86	59
	Marikina City	67.10	41		Marikina City	44.74	104
	Valenzuela City	61.60	77		Valenzuela City	46.31	81
CAR	Abra	55.03	131	CAR	Abra	43.75	112
	Baguio City	60.74	81		Baguio City	49.37	54
	Benguet	60.55	83		Benguet	48.05	67
	Ifugao	63.43	59		Ifugao	46.63	80
	Kalinga	56.96	115		Kalinga	41.79	132
	Mt. Province	57.15	114		Mt. Province	42.72	124
	Apayao	51.41	156		Apayao	44.39	107
I	Dagupan City	71.17	23	I	Dagupan City	62.48	9
	Ilocos Norte	64.45	53		Ilocos Norte	55.18	29
	Ilocos Sur	60.58	82		Ilocos Sur	55.34	26
	Laoag City	74.35	14		Laoag City	45.27	93
	La Union	61.76	74		La Union	52.54	36
	Pangasinan I, Lingayen	61.63	76		Pangasinan I, Lingayen	51.75	37
	Pangasinan II, Binalonan	70.63	28		Pangasinan II, Binalonan	51.38	40

Region	Location				
	San Carlos City	60.44	84	39.10	173
	Urdaneta City	48.01	169	41.46	136
	Candon City	44.49	182	37.38	182
	Alaminos City	62.89	63	60.74	15
	San Fernando City	64.63	52	56.02	25
	Vigan City	56.75	116	37.45	181
II	Batanes	58.74	97	48.68	61
	Cagayan	59.19	94	45.11	96
	Isabela	48.63	165	43.24	118
	Nueva Viscaya	54.89	133	41.48	135
	Quirino	57.37	109	43.17	119
	Tuguegarao City	69.35	34	44.40	106
	Cauayan City	57.95	104	39.85	162
III	Angeles City	53.60	140	41.45	137
	Bataan	74.60	13	49.98	45
	Bulacan	65.27	47	44.10	109
	Cabanatuan City	67.01	42	56.75	22
	Nueva Ecija	61.43	78	49.96	46
	Olongapo City	61.01	80	39.36	171
	Pampanga	61.69	75	49.70	52
	Tarlac	63.24	61	48.44	65
	Zambales	54.65	135	41.12	142
	Aurora	57.57	108	46.21	83
	San Jose del Monte City	59.36	92	40.40	153
	San Fernando City	54.19	136	46.93	77
	Tarlac City	60.17	86	46.26	82
	Gapan City	66.47	43	59.25	21
	Balanga City	77.67	5	47.61	70
	Munoz Science City	67.64	40	51.50	39
	Malolos City	72.71	18	49.83	50
IVA	Antipolo City	53.97	137	41.55	134
	Batangas	79.45	3	60.71	16
	Batangas City	63.61	58	42.19	129
	Cavite	71.63	21	45.70	89
	Cavite City	67.75	39	41.16	140
	Laguna	57.66	107	42.86	123
	Lipa City	73.55	16	54.13	31
	Lucena City	64.68	51	38.29	178
	Quezon	51.48	154	43.34	117
	Rizal	62.38	67	43.79	112
	San Pablo City	61.77	73	44.99	101
	Calamba City	51.87	150	40.32	155
	Tanauan City	71.15	24	49.41	53
	Sta. Rosa City	55.51	128	42.34	127
IVB	Marinduque	70.55	29	55.67	27
	Occidental Mindoro	60.44	94	41.08	143
	Oriental Mindoro	71.29	22	45.90	87
	Palawan	55.48	129	45.03	98
	Romblon	77.57	6	54.25	30
	Puerto Princesa City	57.77	105	44.23	108
	Calapan City	76.59	9	48.65	62
V	Albay	53.12	142	40.15	159
	Camarines Norte	57.68	106	40.57	150
	Camarines Sur	52.23	148	38.77	174
	Catanduanes	63.00	62	49.01	56
	Iriga City	73.56	15	46.03	85
	Legaspi City	50.78	158	40.62	149
	Masbate	49.56	163	38.69	175
	Naga City	52.34	147	45.94	86
	Sorsogon	57.34	111	45.10	97
	Sorsogon City	53.07	143	44.99	101

Region	Location				
	Tabaco City	50.12	161	40.77	147
	Ligao City	47.23	173	41.18	139
	Masbate City	50.45	159	50.88	43
VI	Aklan	59.49	91	51.58	38
	Antique	55.89	126	50.90	42
	Bacolod City	51.58	153	40.72	148
	Bago City	51.42	155	42.33	128
	Cadiz City	44.15	183	37.86	179
	Capiz	61.05	79	47.06	75
	Guimaras	68.37	36	49.93	47
	Iloilo City	64.79	50	42.52	125
	Iloilo	62.11	69	47.56	71
	La Carlota City	56.73	117	43.82	110
	Negros Occidental	48.57	166	39.26	172
	Roxas City	53.63	139	39.95	161
	San Carlos City	51.65	152	39.46	169
	Silay City	43.86	184	39.51	167
	Sagay City	46.33	176	41.79	132
	Kabankalan City	45.72	179	42.90	122
	Passi City	48.57	166	40.04	160
VII	Bohol	63.07	70	49.33	55
	Cebu	57.29	112	47.06	75
	Cebu City	53.19	141	45.37	92
	Dumaguete City	62.70	64	46.66	78
	Lapu-Lapu City	50.04	162	40.54	151
	Mandaue City	63.40	60	47.12	73
	Negros Oriental	56.72	118	41.84	144
	Siquijor	56.65	121	49.82	51
	Toledo City	65.00	49	60.85	14
	Tanjay City	62.50	66	61.66	12
	Tagbilaran City	64.14	54	53.07	34
	Talisay City	52.67	145	43.13	120
	Danao City	56.68	119	45.13	95
	Bayawan City	62.03	71	48.96	57
	Bais City	58.66	98	55.74	26
VIII	Biliran	74.92	12	59.32	19
	Calbayog City	70.38	30	69.65	7
	Eastern Samar	76.75	8	77.57	1
	Leyte	70.13	32	56.68	23
	Northern Samar	66.12	44	69.92	6
	Ormoc City	79.61	2	47.52	72
	Samar (Western Samar)	73.05	17	72.10	4
	Southern Leyte	81.60	1	72.54	3
	Tacloban City	70.80	27	50.91	41
	Maasin City	77.30	7	73.29	2
IX	Isabela City	63.80	57	60.32	18
	Dapitan City	68.72	35	53.17	33
	Dipolog City	70.15	31	45.43	91
	Pagadian City	56.51	123	48.94	58
	Zamboanga City	58.09	100	45.84	88
	Zamboanga del Norte	62.69	65	48.79	60
	Zamboanga del Sur	57.98	101	49.93	47
	Zamboanga Sibugay	56.54	122	39.71	163
X	Bukidnon	57.26	113	53.48	32
	Cagayan de Oro City	46.23	177	35.93	184
	Camiguin	58.47	99	39.60	165
	Gingoog City	65.94	45	45.20	94
	Misamis Occidental	52.05	149	48.17	66
	Misamis Oriental	50.43	160	40.26	156
	Ozamis City	62.34	68	41.92	131

	Lanao del Norte	54.34	134		Lanao del Norte	38.30	177
	Iligan City	46.59	174		Iligan City	40.17	158
	Tangub City	65.25	48		Tangub City	56.49	24
	Oroquieta City	56.32	124		Oroquieta City	45.59	90
	Valencia City	57.36	110		Valencia City	43.38	116
XI	Davao City	51.67	151	XI	Davao City	40.43	152
	Digos City	79.38	4		Digos City	50.23	44
	Davao del Norte	59.73	89		Davao del Norte	39.56	166
	Davao Oriental	50.98	157		Davao Oriental	42.51	126
	Davao del Sur	63.94	56		Davao del Sur	52.81	35
	Panabo City	49.31	164		Panabo City	39.38	170
	Tagum City	58.82	96		Tagum City	47.08	74
	Compostela Valley	59.52	90		Compostela Valley	46.65	79
	Island Garden City of Samal	55.83	125		Island Garden City of Samal	41.16	140
XII	Cotabato City	47.79	170	XII	Cotabato City	35.20	185
	General Santos City	55.58	127		General Santos City	39.50	160
	Sarangani	48.40	175		Sarangani	34.87	186
	Koronadal City	45.24	180		Koronadal City	36.83	183
	North Cotabato	57.98	101		North Cotabato	41.01	145
	Sultan Kudarat	48.30	168		Sultan Kudarat	47.98	68
	Kidapawan City	53.66	130		Kidapawan City	43.51	114
	South Cotabato	59.24	93		South Cotabato	45.01	99
	Tacurong City	47.66	171		Tacurong City	38.36	176
Caraga	Agusan del Norte	75.09	11	Caraga	Agusan del Norte	70.68	5
	Agusan del Sur	70.85	26		Agusan del Sur	63.02	11
	Butuan City	72.50	19		Butuan City	63.06	10
	Siargao	76.08	10		Siargao	61.29	13
	Surigao City	71.69	20		Surigao City	59.26	20
	Surigao del Norte	69.98	31		Surigao del Norte	65.51	8
	Surigao del Sur	71.13	25		Surigao del Sur	60.52	17
	Bislig City	68.16	38		Bislig City	47.74	69
ARMM	Sulu	38.34	186	ARMM	Sulu I	29.54	188
	Lanao del Sur I	47.43	172		Tawi-Tawi	37.47	180
	Lanao del Sur II	44.72	181		Lanao del Sur I	48.48	63
	Maguindanao	39.34	185		Lanao del Sur II	44.80	103
	Basilan	45.73	178		Maguindanao	43.80	111
	Marawi City	54.91	132		Basilan	39.68	164
					Marawi City	31.41	187
					Sulu II	48.45	64

Source: National Education Testing and Research Center (NETRC), Department of Education

CHILDREN AND DISASTER
Council for the Welfare of Children*

Disasters upset lives and, in the crises, it is easy to ignore or subdue children's rights. The Philippines has the unenviable reputation of being a disaster magnet due largely to its geographical location. Despite or because of this predetermined fate, measures are set up to alleviate the effects of natural disasters. Being permanent fixtures, typhoons are relatively easy to predict. But there are many instances when force majeure catches people unaware. It is becoming obvious that ecological imbalance is disturbing weather patterns. And armed conflict is one man-made disaster due to human irresponsibility.

The CWC annually reports its State of the Filipino Children. In 2005, it focuses on the state of Filipino children and their plight in time of disaster. Not just the children as victims of natural disasters, this SOFCR also captures the plight of Filipino Children who are situated in armed conflict. Armed conflict is a man-made disaster, since the CWC

▲◄ In the case of disasters, children's statistics are generally melded into those general population.

There is an existing global ban on the use of child soldiers. For violating this ban, the Philippines is in the UN Security Council's list of countries where children are involved in armed conflicts. Although public knowledge for some time despite denials, silence surrounding the Philippines' children in armed conflict (CIAC) problem has been breached at a global scale when the country figured in the UN list.

There are a couple of more disturbing facts about CIAC in the Philippines – that children join armed groups voluntarily and that becoming a child combatant is inter-generational, analogous to a birthright where a gun becomes an heirloom piece. Armed conflict is an insidious human-induced disaster, especially considering its injurious impact on children. Children are the world's future. The future is grim when it is held at gunpoint, when children's human dignity and human rights are violated.

Statistics do not adequately capture the true extent of children in disaster situations. It is because, in the case of disasters, children's statistics are generally melded into those of the general population, and, in the case of CIAC, the phenomenon is continually being denied and covered up. However, as disasters occur, they will continue to victimize the poor, including children. As long as the Philippines experiences rebellion, secession and terrorism, and as long as they are poached as pawns in wars, children will continue to be collateral damage.

Disasters create and perpetuate poverty.

Laws, policies, mechanisms, structures and programs are in place to protect children in disaster situations. **Republic Act 7610 (Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act)** places on the State full accountability of protecting children from all forms of abuse and circumstances which affect their survival and normal development. Children under special circumstances include those who are victims of man-made and natural disasters. While **Presidential Decree 603 (The Child and Youth Welfare Code)** states that "Every child has the right to protection against exploitation, improper influences, hazards, and other conditions or circumstances prejudicial to his physical, mental, emotional, social and moral development." It created the Local Councils for the Protection of Children (LCPC).

Under the wing of LGUs, the LCPC is the highest local policymaking body that formulates policies and implements programs that concern the total wellbeing of children in the locality. Moreover, the Philippine government, led by the Council for the Welfare of Children, devised the National Plan of Action for Children (NPAC) in 2005-2010. NPAC is the first medium-term plan of action for Child 21. Setting the direction for child rights protection covering the period 2005 to 2025, the NPAC is known for its comprehensiveness and innovativeness. The NPAC's companion program for child protection is the Comprehensive Program for Child Protection formulated by the Special Committee for the Protection of Children co-chaired by the Department of Justice (DOJ) and Department of Social Welfare and Development (DSWD).

▲ Disasters upset lives and in the crises, it is easy to ignore or subdue children's rights.

Children are the embodiment of a society's hopes, expectations and potential. It is imperative that measures to safeguard their rights are instituted and sustained.

DSWD'S CURRENT INITIATIVE AND POLICY ISSUES ON CHILDREN

by Alicia Bala*

The Department of Social Welfare and Development (DSWD) is mandated to provide social protection and promote the rights and welfare of the poor, vulnerable and the disadvantaged in society through its policies, programs and services. Central to the fulfillment of DSWD's mandate is the crafting of policies and programs that uphold, protect, and respond to emerging threats on children's rights.

Emerging Threats on Children's Rights

The latest Family Income and Expenditure Survey (FIES) reflects that poverty prevalence rate has increased from 24.4% in 2003 to 26.9% in 2006, indicating that one (1) in every three (3) Filipinos lives on less than a dollar per day. Given that more than 38% or around 34.6 million of 88.5 million Filipinos are below 18 years old,

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rising poverty incidence rates mean that more children have become vulnerable to poverty. Poverty has resulted in the decline of net enrollment rate in primary education from 96.8% in 2000 to 84.4% in 2007, as well as low completion rate of 67.9% in 2005. It also limited the capacity of poor families to avail of health services, such that the decrease in maternal mortality rate (MMR) remains slow at 162 deaths per 100,000 live births[1], A survey conducted by the International Labor Organization (ILO) showed that 16.2% of the total Filipino child population was economically active in 2001 alone, and was vulnerable to commercial sexual exploitation and trafficking. Based on case studies conducted by Unicef in 2001, children victims of trafficking were found to be predominantly young

▲ *The Government's latest response to protecting children's rights is its adoption of the Social Protection Framework, which translates to more responsive social welfare programs like the Pantawid Pamilyang Pilipino Program (4PS).*

girls between 14-17 years old who are deceived by recruiters with promises of better opportunities to earn. Children in prostitution are enticed to it because they want to augment family income, come from unstable family relationships, or are pressured by their own peers[2]. Furthermore, the wide reach of internet and mobile technology, while bridging OFWs to their families, also resulted in the proliferation of cyber-pornography, including child-pornography[3]. The rapid advancement in internet and mobile technology; growth in the tourism industry; massive labor migration; and the irony of increasing poverty incidence rates amidst economic gain emphasize the need for a social protection framework that will synergize various efforts already in place for children.

Social Protection and Children's Rights

The National Economic and Development Authority Social Development Committee (NEDA-SDC) Cabinet Level Resolution No. 1 Series of 2007 defines social protection as policies and programs that seek to reduce poverty and vulnerability to risks and enhance the social status and rights of the marginalized by promoting and protecting livelihood and employment; protecting against hazards and sudden loss of income; and improving people's capacity to manage risks[4]. Social protection's four (4) components are social welfare, labor market interventions, social insurance, and social safety nets. Through these components, social protection deals with both absolute deprivation and vulnerability of the poorest.

In July 2008, President Gloria Macapagal-Arroyo issued Administrative

Orders 232 and 232-A on the clustering of social welfare reforms into a National Social Welfare Program (NSWP). The NSWP, chaired by the head of the Social Security System, with the DSWD exercising coordination and secretariat functions, has adopted the Social Protection Framework (See Figure 1).

In line with this framework, the DSWD implemented social welfare programs that uphold children's rights. A notable example is the DSWD's Pantawid Pamilyang Pilipino Program (4Ps) or conditional cash transfer (CCT).

The 4Ps is a social assistance and social development program that aims to break the intergenerational cycle of poverty by providing families with means to develop their human capital. This program is not a dole out since it includes health and education conditionalities that beneficiaries have to comply with to be continually enrolled in the program. As

such, implementing the 4Ps will help the country meet its Millennium Development Goals (MDGs) for education (MDG 2: Achieving Universal Primary Education) and health (MDG 4: Reducing Child Mortality, and MDG 5: Improving Maternal Health). The conditionalities are as follows:

• Pregnant women must get pre- and post-natal care, and be attended by a skilled/trained health professional during child birth;

• Parents or guardians must attend responsible parenthood sessions, mother's classes, and parent effectiveness seminars;

• Children 0-5 years old must receive regular preventive health check-ups and vaccines;

Fig. 1 The Social Protection Framework
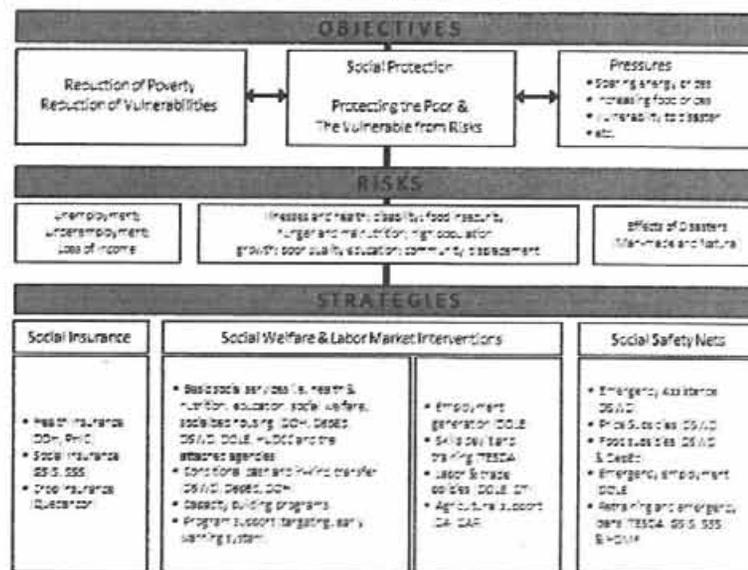
• Children 3-5 years old must attend day care at least 85% of the time;

• Children 6 to 14 years old must enroll in elementary or high school and attend at least 85% of the time; and

• Children 0-14 years old must avail of de-worming pills every five months.

Given these conditionalities, poor households with children 0-14 years old and/or pregnant women are eligible for health transfer currently set at PhP 500 per household per month (PhP 6,000 per year). On the other hand, the education transfer is set at PhP 300 per month, for a period of 10 months/year (PhP 3,000 per year) for up to a maximum of 3 children. As of January 2009, the 4Ps has already provided cash grants to 341,374 poorest households from 27 poorest provinces, 12 cities, and 148 municipalities in the country[5]. A total of 700,000 households are expected to benefit from this program by the end of 2009.

Support systems have likewise been developed to ensure proper implementation of the 4Ps, The Proxy Means Test (PMT) targeting model was used to identify program beneficiaries. This model became the basis for the creation of the National Household Targeting System

for Poverty Reduction (NHTSPR), which aims to identify who and where the poor households are in order to reduce leakage rate of pro-poor programs[6] The Compliance Verification System is a 6-step monitoring system that will assess the compliance of beneficiaries to conditionalities. The Impact Evaluation measures the current and projected outcomes of the 4Ps as basis for program design enhancement and replication. Lastly, the Grievance Redress System consists of a monitoring system and a set of guidelines for handling complaints. The DSWD, in coordination with Advisory Councils composed of DepEd, DOH, DILG, NEDA, NAPC and the LGU representatives at the national, regional and municipal levels will ensure the proper implementation of 4Ps as regards these support systems.

The Way Forward

Over and above the 4Ps, the Department has undertaken various initiatives to address threats in regard to child abuse and exploitation, as well as commercial sexual exploitation of children (CSEC) in the form of trafficking, pornography, and prostitution. While the Department has already made significant inroads in upholding children's rights, much still needs to be done in terms of prioritiz-

▲ A beneficiary of the Pantawid Pamilyang Pilipino Program in Ozamiz City withdraws her monthly subsidy in the presence of President Gloria Macapagal-Arroyo, DSWD Secretary Esperanza I. Cabral and Land Bank of the Philippines president Gilda Pico. Some mothers await their turn for the vaccination of their children at a barangay health center

▲ Children's welfare in view of social protection in the legislative arena needs a more resounding voice. The DSWD calls on lawmakers to prioritize bills on anti-child pornography, decriminalization of prostitution, and anti-corporal punishment.

ing children's welfare in the legislative and development agenda. Viewed in the context of social protection, the following actions are recommended as a way to move forward:

• Strive to fully address the needs of children in the context of a social protection framework. The conduct of risk mapping is imperative to address the vulnerability of children from abuse, exploitation, and discrimination. Major social risks affecting children include lifecycle risks (i.e., food insecurity); environment and natural risks (i.e., typhoons and drought); economic risks (i.e., low and irregular family income, which may lead to child labor); and social and governance risks (i.e., children in armed conflict and CICLs);

• Initiate and pursue more strategic lobbying with lawmakers and interest groups to facilitate the passage of bills on anti-child pornography; decriminalization of prostitution; and anti-corporal punishment;

• Promote and ensure the implementation of the National Plan of Action on Violence Against Children, which aims to prevent and protect all children, especially those at risk from violence and ensure the recovery and reintegration of victims-survivors in their families and communities, as well as facilitate the rehabilitation of perpetrators of violence[7];

• Actively promote laws for children, specifically the Juvenile Justice and Welfare Act of 2006 (Republic Act 9344); a landmark piece of legislation that requires a paradigm shift
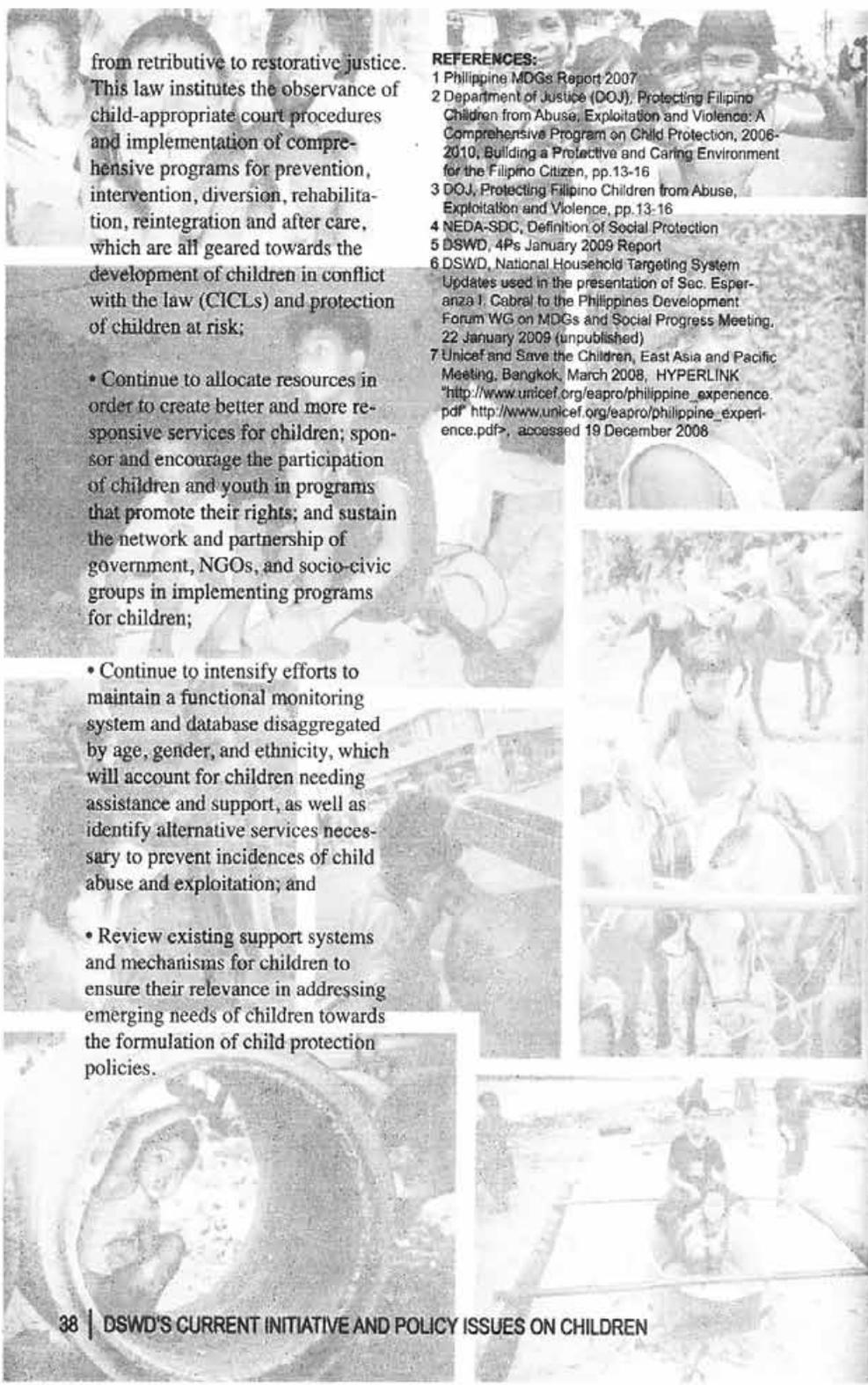
from retributive to restorative justice. This law institutes the observance of child-appropriate court procedures and implementation of comprehensive programs for prevention, intervention, diversion, rehabilitation, reintegration and after care, which are all geared towards the development of children in conflict with the law (CICLs) and protection of children at risk;

• Continue to allocate resources in order to create better and more responsive services for children; sponsor and encourage the participation of children and youth in programs that promote their rights; and sustain the network and partnership of government, NGOs, and socio-civic groups in implementing programs for children;

• Continue to intensify efforts to maintain a functional monitoring system and database disaggregated by age, gender, and ethnicity, which will account for children needing assistance and support, as well as identify alternative services necessary to prevent incidences of child abuse and exploitation; and

• Review existing support systems and mechanisms for children to ensure their relevance in addressing emerging needs of children towards the formulation of child protection policies.

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LET'S VALUE MOTHERS
Achieve Millennium Development Goals
by Suneeta Mukherjee*

At no age is it easy to accept the death of our mothers but it is worst when a mother dies at child birth especially when that death can be prevented. It has been tested and proven that there is no indicator which distinguishes a developed country from a developing country than maternal mortality ratio (MMR). The lifetime risk (i.e., the probability of dying from maternal cause during a woman's reproductive lifespan) for women in a least developed country is 300 times greater than a woman living in an industrialized country.[1]

Globally, the ideal rate of decline to meet MDG 5 target by 2015 should have been 6 percent per year from 1990 but the actual decline has been reported to be at less than 1 percent.[2] In a country like Philippines, 11 mothers die everyday; 4,600 in a year[3] making MDG 5 on MMR reduction almost unachievable. The MMR in this country has decreased only by as much as 22 percent in 13 years (less than 2 % per year) at 162 maternal deaths per 100,000 livebirths from the 1993 baseline.[4]

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Reduction in Maternal Mortality Ratio (MMR) is a multi-faceted and difficult goal to achieve but this has been successfully reduced in several Asian countries (Thailand, Malaysia and Sri Lanka).[5] In most developing countries, the causes of maternal mortality are similar. Direct causes such as hemorrhage, hypertensive disorders of pregnancy, unsafe abortion and obstructed labor constitute the majority of obstetric complications resulting in serious fatalities.

In the Philippines, while 40 percent of maternal deaths need to be classified, it is clear that hypertensive disorders of pregnancy (27%), hemorrhage (18%) and pregnancy with abortive outcomes (11%) are the three major causes of maternal mortality.[6] All of these problems are preventable and can be addressed through adequate medical care with the presence of skilled attendants at birth and postpartum period with easy access to emergency obstetrics care (EOC), when necessary, and utilization of safe, effective and modem family planning and reproductive health services.

Family planning alone can prevent almost 40 percent of maternal deaths[7] and 20 percent of child deaths through birth spacing. Skilled attendants at birth with backing of comprehensive emergency obstetric care can prevent another 40 percent of maternal deaths.[8]

Safe birth is a right to life of the mother. It is inconceivable that in our middle income country where lots of privileges are available to women, poor women are still dying due to pregnancy related causes. The National Statistics Office (NSO) reported that 92 percent of rich women have skilled attendants during deliveries and only 25 percent among poor women have been assisted by skilled health professionals.[9] Similarly, the rich women desire two (2) children, their total fertility rate (TFR) is only two (2) children per woman, while poor women desire to have four (4) children but their actual TFR is six (6).[10]

More than 3 million pregnancies occur each year, half are unintended or unplanned, 1/3 of which end in abortion.[11] Having unplanned and large families with inadequate nutrition and inaccessible medical care put the lives of the poor women at risk. It is worst if she dies. A sibling may be withdrawn from school to look after the newborn whose life is also put at risk.

UNFPA's mission is well articulated that "every pregnancy is wanted, every birth is safe, every girl and woman should be treated with dignity and respect, and every young person should be free of human immunodeficiency virus and acquired immunodeficiency syndrome (HIV and AIDS).

This brings us to the importance of giving the correct information to young people so that they understand the process of growing up and can handle the biological, physiological and physical changes taking place in their bodies in a more responsible manner. Last year, 110 new cases of young people were diagnosed with HIV.[12] This creates a tremendous challenge because it is the responsibility of the gatekeepers of society to ensure that the young generation is productive, sensitive to possible threats and does not take unnecessary risks.

MDG 5 envisages two targets, namely: reduction of MMR by 3/4 and universal access to reproductive health by the year 2015. In so far as MMR reduction is concerned, MMR fell from 209 maternal deaths per 100,000 livebirths in the early 90's to 172 in 1998 and thereafter to 162 in 2006.[13] At this rate of progress, MMR will only decline to 140 by 2015 (while the target is 52). Government through the Department of Health has adopted the rapid maternal and newborn death reduction strategy as flagship programme with the support of PhilHealth and leading professional partners and institutions trying to address this goal.

We, however, have to look at areas of high maternal mortality and see what to do there. In the Autonomous Region of Muslim Mindanao (ARMM), 9 out of 10 births take place[14] at home and MMR is more than double the national average. Currently, 2,500 villages have only 500 midwives. Alternative strategies thus have to be tapped other than institution-based delivery. One (1) midwife per barangay is a good strategy but we need to have an adequate number and well-trained midwives for this. It has globally been proven that traditional birth attendants (TBAs/hilots) cannot easily recognize the danger signs and address maternal or obstetric complications, but we could have them as partners in the delivery of the needed services for women. We could tap TBAs for advocacy, in delivering the right message and in helping our skilled health personnel to be more culturally and gender sensitive rather than relying on the TBAs to deliver by themselves.

We have to build the capacity of health institutions and personnel, keeping in view that the large numbers of trained health professionals are leaving the county. In 2006 alone, it has been reported that more than 171 medical doctors, 13,977 nurses, 385 midwives and 14,412 caregivers left for overseas work.[15]

There is no shortcut to delivery by skilled health professionals with back-up of emergency obstetric care. The midwives however also need life saving

▲ Safe birth is a right to life of the mother.

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▲ Giving correct information to the Youth on the varied bodily changes associated with growing up can understand and respond in a more responsible manner

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skills to be able to stabilize the patient before referring to emergency obstetric care facilities or attending to emergencies by themselves when necessary. The life skills training had been started in ARMM. Meanwhile, surveys are on going in few provinces of Luzon, Visayas and Mindanao to find out the demand for midwifery services and the availability of part-time service providers who could be trained and employed by the Local Government Units (LGUs) for deliveries.

This is a challenge to local governments. LGU officials need to monitor every maternal death to be able to avoid it in the future. If each mayor or governor gets a notification of maternal death within 24 hours and has maternal death audit conducted and reviews it, that itself could go a long way for the local service providers and community residents to be vigilant in avoiding the three delays: 1) deciding when to take a woman to a facility; 2) providing transportation and its costs to reach the facilities; and, 3) receiving appropriate care from well-trained service providers.

The religious institutions in the country must view the health care needs of the people with utmost importance especially those of the poor people and understand the changing times and related issues such as gender equity and equality. We firmly believe that religious institutions support the right to life of a woman which must be put in a proper context. Abortion is deemed illegal and unethical by all of us. We need to take all possible steps to prevent it which include availability of information and services for poor women at the right time and at the right place.

Myths and misconceptions must be dispelled and correct information given

on the after effects of any medicine or contraception and its remote possibilities. Similarly, informing the young and preventing teenage pregnancy or Sexually Transmitted Infection and its relation to cervical cancer and HIV -AIDS would enable a healthy future generation to achieve their dreams.

These are our basic tasks and none of us could forgive ourselves for not saving the life of a mother, especially the young and the poor woman, who can be saved.

These are difficult challenges but we have no choice, but to save woman who give us birth. We are driven by a sense of mission and need to pay a tribute to our mothers and ensure that no woman dies of giving birth.

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WANTED: CHILD-FRIENDLY CITIES
by Nadine Siriban-Ragonjan*

As a student of urban planning, a development worker, and a mother, I always wonder what should be the best city for my child Gabriel. I imagine nurturing him in an environment where he can be close to nature, roam and play freely, and interact with everyone. But looking around, I see contrasting environs – a glut of population, an exiguous open space, a debased environment.

Designing cities for people, particularly for children, has been one of the most interesting yet challenging components of new urbanism that promotes the creation of diverse, walkable, compact and mixed-use communities. Faced with the pressures of urbanization, cities must be designed well so as to respond to the rights and needs of children. While the concept of child-friendly cities is nothing new for urban planners and local government practitioners, much have to be made and implemented.

* Nadine Siriban-Ragonjan is the LCP Program Officer for Special Projects.

▲ Children's rights must safely be guarded and respected... We now ask, What is the right city for children?

Enshrined in the United Nations Declaration of Human Rights is the statement, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services." The Millennium Development Goals are also replete with targets from poverty reduction to environmental sustainability. Under the principle of rights to the city, urban dwellers that include children possess rights to access in liberty and in freedom the benefits of city life.

In making children as the focal point of development strategies, we have direct opportunities to ensure the quality of life and improve the social and economic foundations of society. As the old adage says, the children are the future of our nation. While they do not currently enjoy any voting power, their rights as children must be safely guarded and respected. We now ask, what is the right city for children? How should the city be planned for the proper development of children?

Child Friendly Cities

A child-friendly city meant that a city government is creating and sustaining environments fit for children. The UNICEF laid out the following criteria to rights-based approach to urban child friendly cities:

- Influence decisions about their city
- Express opinion on the city they want
- Participate in family, community, and social life
- Gain access to basic services such as education, health care, and shelter
- Drink safe water and have access to proper sanitation
- Be protected from exploitation, violence, and abuse
- Walk safely on the streets of their own
- Meet friends and play
- Have green spaces for plants and animals
- Live in an unpolluted and sustainable environment
- Participate in cultural and social events
- Be supported, loved and cared for, and be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability.

A more specific and targeted indicators are detailed under the four areas of rights-based approach to children's development: survival rights, participation rights, development rights, and protection rights by the Council for the Welfare of Children (CWC) and the nationwide Child Friendly Movement:

Survival Rights: Child health
1. All children are registered at birth
2. All children are exclusively breastfed up to six months
3. All children are fully immunized
4. All children 0-1 are weighed monthly; and for children over 1 year quarterly
5. All children are well nourished
6. All children are given one dose of vitamin A starting at 6-11 months; 1-5 year-olds are given vitamin A capsules twice a year

Survival Rights: Maternal health
7. All births are attended by trained personnel
8. All pregnant women get at least four complete pre-natal check-ups
9. All mothers are fully immunized against tetanus
10. All pregnant or lactating mothers get vitamin A and iron supplements
11. All pregnant women at risk get emergency obstetrical care
12. All pregnancies are spaced at least 3-5 years apart

Development Rights: Education
13. All 3-5 years old children attend early childhood education program
14. All children 6-15 year old complete basic education through regular or alternative delivery modes
15. All children graduating in elementary school attain master level of nationally defined competencies

Protection Rights: Child at risk
16. All illiterate parents or caregivers are enrolled in functional literacy program
17. All children are removed from hazardous or exploitative labor, prostitution and pornography
18. All children in conflict with the law are separated from adult detainees
19. All cases of physical and sexual abuse and violence are eliminated in the home and community

▶▼ Contrasting environs in the city. While the concept of child-friendly cities is nothing new for urban planners and local government practitioners, much have to be made and implemented.

Protection Rights: Safe homes

20. All families have safe drinking water
21. All families use only iodized salt
22. All families use sanitary latrines
23. All fathers and mothers share in the care and rearing of children

Participation Rights: Young voices

24. The views of children aged 12-17 are sought and duly considered in local government decisions that affect them

With these indicators at hand, we can pause and ponder whether our own communities respond to these rights. Do the parents and the entire community including the local government and the private sector ensure that our children's rights are met? Is everyone contributing their share in building a child-sensitive and child friendly society?

"If you design a city for children, it will be a good city for everybody else,"

said world renowned former Bogota Mayor Enrique Peñalosa of Colombia who introduced revolutionary concepts in new urbanism. With his leadership and a keen eye for efficient urban planning, he transformed the quality of urban life in Bogota by designing it for the people, especially for children.

During his stint, the city banned the parking of cars on sidewalks, created or renovated 1,200 parks, introduced the bus rapid transit system, built hundreds of kilometers of bicycle lanes and pedestrian streets, reduced rush hour traffic by 40 percent, planted 100,000 trees, and involved local citizens directly in the improvement of their neighborhoods.

In the Philippines, cities annually are competing for the most coveted Child-Friendly Cities Awards. In 2008, the cities of Makati, Naga, and Vigan emerged as top winners in their categories – high-

▲ Children playing at a park in a mall located in Makati City, a 2008 child-friendly city winner in the highly urbanized category.

ly urbanized, chartered and component cities respectively.

Makati City proves to be the best among its class as shown by its heavy investment in modernizing its public education system, by spending over a billion pesos annually for new school buildings equipped with speech, science and com-

▲ Playgrounds are usually part of urban design for housing estates in Singapore.

puter laboratories, and by providing free school supplies, uniforms, and workbooks. Having the biggest computer-to-student ratio among public schools in the country, Makati City was the first school division to integrate computer subjects and computer-aided instruction in its curriculum.

The city is also taking the lead in promoting community-based breastfeeding advocacy, being the first local government unit in the country to implement the Infant and Young Child Feeding Program in its three lying-in clinics. It is also providing subsidized medical care through its PhilHealth Program.

Through its Local Council for the Protection of Children (LCPC), the city government has established more support mechanisms to ensure the safety and well-being of children. These include the launching of the Search for the Most Child-Friendly Barangay, which is aimed to encourage the support of the barangays to the advocacy for child protection and welfare.

Naga City earned the award for the second time in a row. It has imple-

mented programs like the Naga Early Education and Development Program, a comprehensive pre-school education that addresses the need for improved access, equity and quality of education; EDU-CARE – the City's Educare Montessori System, where 20 percent of its centers have already been accredited by the DWSD tool; Nutri Dunong and Iskolar Kan Ciudad help financially distressed parents to send and maintain children in school; HELP Learning Center; Naga City Special Education Program and QUEEN - Quarterly Universal Elementary Education in Naga City, which have won them the recognition.

Among the component cities, Vigan topped as the most child-friendly. The city's projects include the establishment of day care educational centers in 39 barangays; Stimulation and Therapeutic Activity Center; Geographic Information System; the Vigan's Buridek Children's Museum, which was the first in Ilocandia and the third in the Philippines that promotes family-oriented tourism; Management Information System where vital documents and photographs are stored; Children's Theater at Burgos Memorial School West; Solid Waste Management

▲ "If you design a city for children, it will be a good city for everybody else," said former Bogota Mayor Enrique Peñalosa.

Program; Children's Hour of the Women and Children's Desk of the Vigan PNP; and records-keeping and management of all member agencies of the Council for the Protection of Children.

The city also implements activities that boost the physical and psycho-social development of children such as the Garantisadong Pambata program; supplemental feeding program; simultaneous breastfeeding; honoring bright child achievers; scholarship program for indigent students; special education programs for children with disabilities; and inclusion of a child representative in the Local Council for the Protection of Children; distribution of echo-tables to Day Care Centers and kindergarten schools; children's peace seminar; anti-illegal drug symposium; film showing on environmental awareness and the little city government day.

Other cities in the world also endeavour to make theirs as child-friendly. In Singapore, a variety of child-friendly destinations such as playgrounds, zoo, parks, oceanarium and resorts are offered as family attractions. Child-minding and educational services are also conveniently located close to homes; there is roughly one childcare center every two square kilometers.

In a comparative study on child-friendly qualities of suburban neighbourhoods in Helsinki, Finland and Rome, Italy, it was revealed that that the friendliest environments were ones where the children could play outdoors and see friends. The need for green space was emphasized as very important to Italian children whose neighbourhood was denser with urban structures, as compared to children in Finland who have access to ample natural areas.

In the same study, it was found out that mothers prioritized nearby services, especially schools. They were concerned about car traffic that restricted children's independent mobility. The elderly also emphasized the use of pleasant colors and sounds, opportunities for intercultural and intergenerational experiences, and the importance of involving children in a participatory process.

The involvement of children in participatory planning is also evident in Finland. Some notable examples include the following:

A central neighbourhood of Kitee, a small rural town in eastern Finland, was improved by 7 – 12 year-olds. They succeeded in making a traffic plan for the area which was accepted by the local council and implemented by the municipality.

The green areas of the Helsinki city centre, which has been debated for years, was the focus of a class of 10 year-olds, who made an alternative design for the area with an island and recreational opportunities for all ages.

The Pihlajisto suburb of Helsinki was the seat of experiments with 6 year-olds who took part in guided walkthroughs and produced colorful models of their improvements for the environment, such as a canal and a jungle among colorful buildings. Later on, 11-12 year-olds participated in the construction, testing and application of an internet design game for a near-by "adventure forest".

The Ristinummi neighbourhood of Vaasa, a middle-sized town in western Finland in which 11 – 13 year old "ecoagents" made alternative plans for the neighbourhood centre and a new recreational area. Some of the children's ideas were later on implemented by the

▲ Rights-based approach to building child-friendly cities is a definitive guide in achieving the optimum development of children - that starts before they are born until they reach adulthood.

municipality which had organized the renovation of the area as a national architectural competition.

The square of Joensuu town and the North-Karelia region were the objects of 15 – 19 year old young people, whose ideas for the square expanded into a proposal for real and virtual opportunity structures covering the whole region.

These cities' strategies show that children are top of their priority and are made as the focal point of strategies for development. By implementing programs and projects that gear towards recognizing the rights of children and enabling a conducive environment for their growth, there is no doubt that these cities have direct opportunities to ensure the quality of life and improve the social and economic foundations of society.

A well-planned and designed city indeed has an effect to the people, especially to the most vulnerable, the children. It brings sustainability, accessibility, usability and beauty around us.

However, the responsibility is more on the local governments since they are tasked in the provision of basic services to the people. At the core of public service is the idea that planning for children is a social and human obligation of the government. More than the provision of school buildings and the conduct of the usual milk feeding programs, cities should make a comprehensive approach to development using child-sensitive and child-friendly approaches — that is, before the children are born until they reach adulthood.
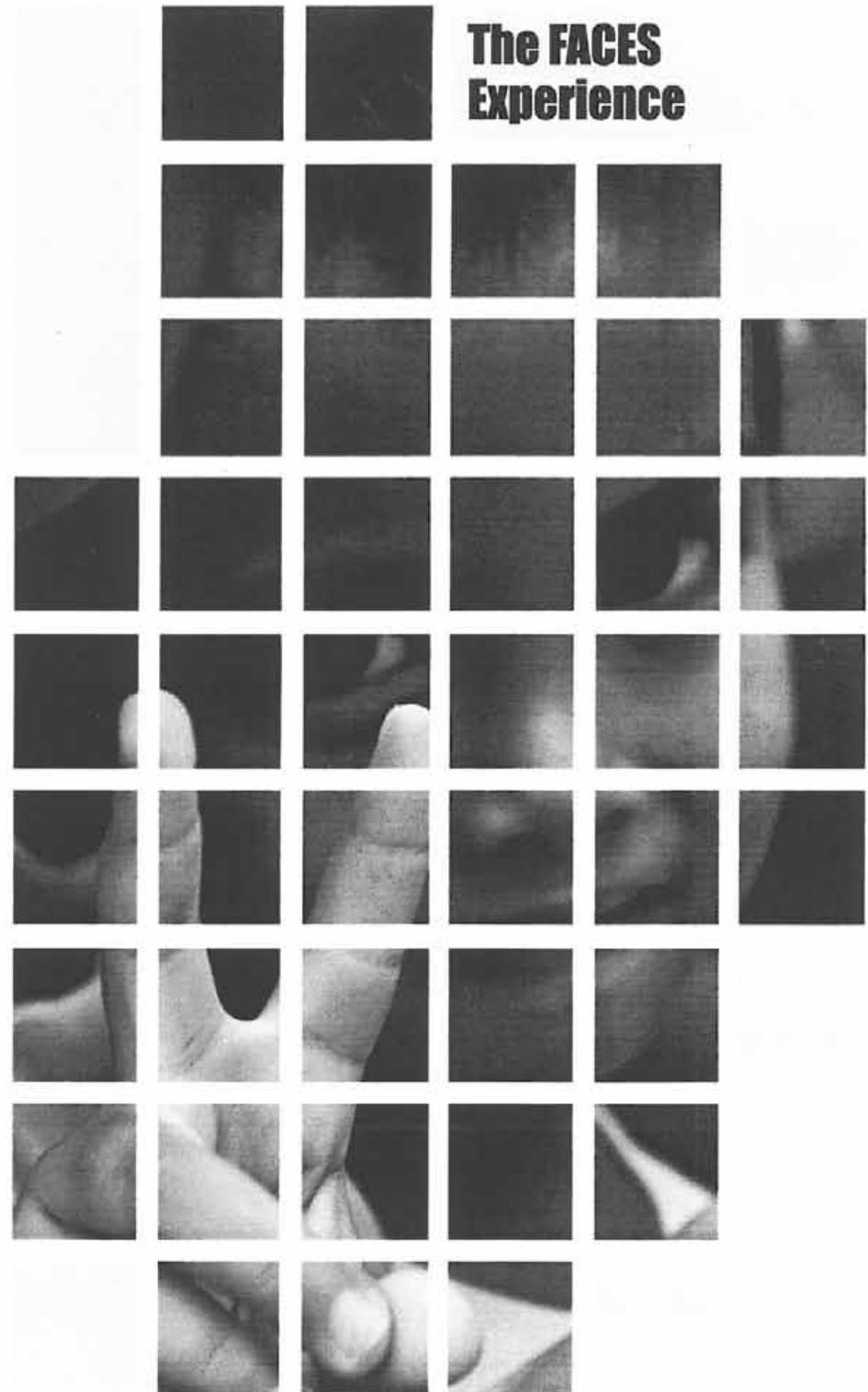
Still, my wishful thinking lingers. What is the best city for my Gabriel and your children? If only our cities can adopt or replicate the child-friendly programs and projects of Makati, Naga, Vigan, Singapore, Helsinki or Bogota. Yes, there may not be a utopian child-friendly city but we can definitely work for it.

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The FACES Experience

About FACES

A Face for the UN Millennium Development Goals

In May-December 2008, six agencies teamed up to help achieve the UN-MDGs. It was a short project but it exceeded much of its project outcomes and it showed much of good governance working at the local level particularly in the 15 FACES pilot cities. The FACES remains alive and the 15 pilot cities have mainstreamed FACES in their local development agenda.

So many MDG localization programs abound but FACES touched base on the core of the MDG itself – the Family and their Children. Thus, it puts a face to the UN MDGs.

The Department of Interior and Local Government – Local Government Academy implemented the eight-month project. With support from the United Nations Development Programme (UNDP), the FACES project was co-implemented by five responsible partners - United Nations Habitat, the Philippine Business for Social Progress, the Housing and Urban Development Coordinating Council, and the League of Cities of the Philippines.

The FACES project engages the full participation of 40 families living in the slums of 15 pilot cities. It aims to establish quick response mechanisms, demonstration projects, and sustainability measures that will address the UN MDG-deficit areas in environment, food, or health that directly impact on the quality of life of children in the slums.

What are the FACES objectives?

1.) Urban poor women/mothers with enhanced capacities to identify issues, articulate their needs, and set targets for their families and children, make strategic choices and actions, and monitor their children's progress to meet MDGs using the Family MDG Covenant.

2.) Quick response mechanisms developed and established at the household, city and national levels to ensure concrete actions are facilitated to provide solutions addressing MDG issues affecting children in the slums. These include the mobilization of national and local governments, business groups, church, academe and civil society for policy, programme, financial and capacity-building support.

3.) Models on rights-based actions and solutions developed and tested by the community to address MDG-deficits in education, food, health, and environment that directly impact on the quality of life of children in the slums.

4.) National Urban Development and Housing Framework (NUDHF) realigned and enhanced as a national policy anchor to address relevant MDG issues including strategic interventions in the urban slums.

What happens in FACES?

1.) FACES focuses on the lives of 20 girls and 20 boys from 40 urban poor households;

2.) Mothers/guardians play the lead in monitoring the progress of their enrolled FACES child using the MDG Progress Report Card;

3.) Mothers/guardians form Integrity Circle and discuss issues, provide solutions, and pledge on the MDG Commitment;

4.) The City mobilizes its FACES City Core Team and facilitates the families in filling up the MDG Progress Report Card and Family Quick Action Guide. The FACES City Core Team also conducts series of community workshops to enable families identify poverty-related issues, pinpoint solutions, and solicit possible strategies;
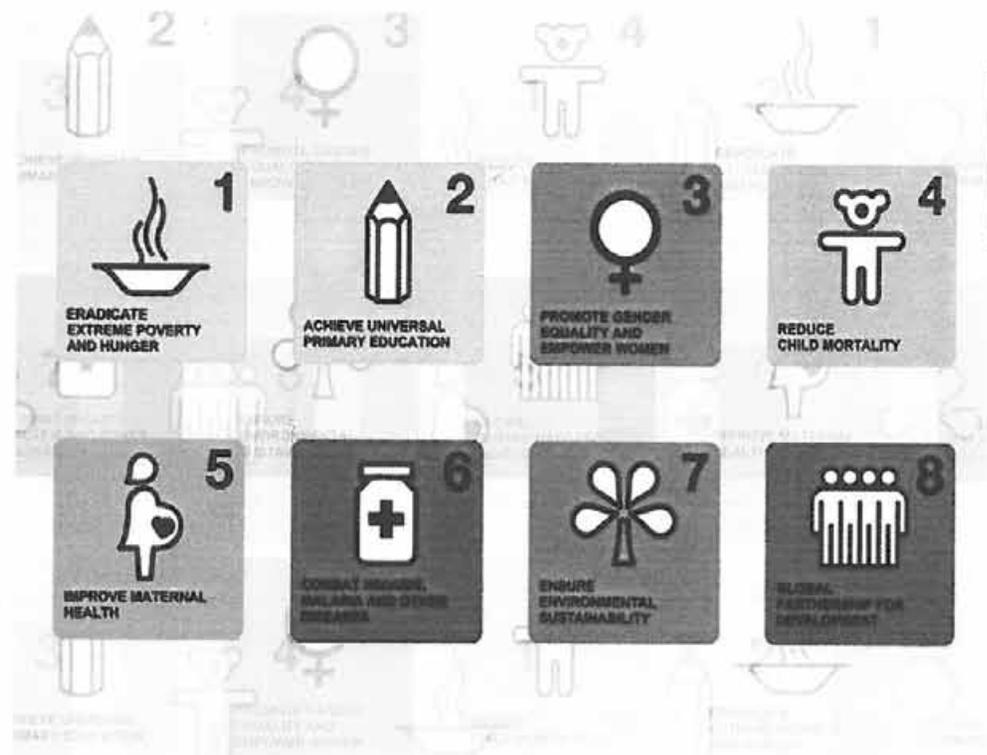
5.) The City develops quick response mechanisms and demonstration projects aligned with the FACES family's needs and provide long-term solutions to MDG issues on children; and

6.) The City ensures sustainability mechanisms through replication to other barangays and integrates the FACES into the local development agenda by budget provision and institutional support
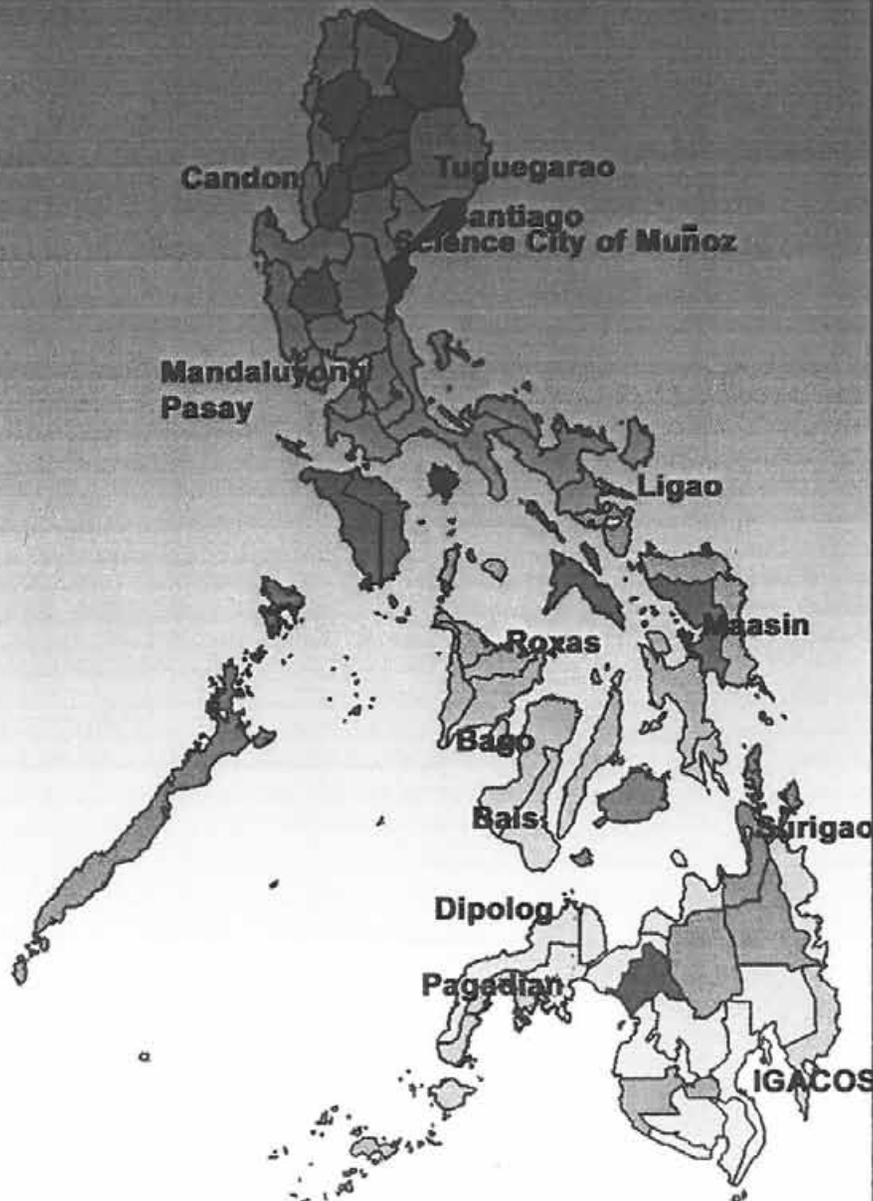
What has achieved in the FACES?

1.) 607 children were provided access to basic services

2.) 607 mothers and fathers were involved in several FACES MDG-related activities

3.) 607 Family MDG Covenants completed

4.) 15 cities established quick response mechanisms and demonstration projects to respond to the needs of the FACES families

5.) 607 Family Quick Action Guides are being provided at the household level

6.) 15 effective child focused MDG models developed and tested at the city level

7.) Three MDG FACES sessions with local chambers conducted

8.) 15 cities have alloted an annual budget for expansion and replication of FACES in 2009

9.) MDG website is lodged at the Local Government Academy ensuring knowledge transfer

10.) Knowledge tools and FACES learning experiences are being developed for other cities replication.

1 ERADICATE EXTREME POVERTY AND HUNGER	**2** ACHIEVE UNIVERSAL PRIMARY EDUCATION
3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	**4** REDUCE CHILD MORTALITY
5 IMPROVE MATERNAL HEALTH	**6** COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES
7 ENSURE ENVIRONMENTAL SUSTAINABILITY	**8** GLOBAL PARTNERSHIP FOR DEVELOPMENT

What are the FACES Process and Tools?

1.) The Family MDG Commitment/Covenant/Pact seals the family's commitment to the UN-MDGs and the FACES project. Through this Commitment, MDGs are translated at the household level.

2.) The Family Quick Action Guide provides vital information on what, where, how, and from whom to access the basic services. This is a sort of directory of the city's programs and projects. It also includes non-government's and business' corporate social responsibility programs where the FACES families can access.

3.) The MDG Progress Report Card is likened to a school card where mothers or in some instances, with their FACES child, track the progress of their child using sets of MDG-related indicators. This report card is translated into vernacular.

4.) Issues Identification and Prioritization is an engaging process where the FACES families articulate their needs and provide solutions. The city facilitates the process. This harnesses community participation and ownership.

The MDG-FACES Pilot Cities

Candon
Tuguegarao
Santiago
Science City of Muñoz
Mandaluyong
Pasay
Ligao
Roxas
Maasin
Bago
Bais
Surigao
Dipolog
Pagadian
IGACOS

The Bago City Experience

Q: How did Bago City learn about FACES?

A: The city was one of the 15 cities selected for the FACES Project with 45 children. It was first presented to City Mayor Ramon Torres for adoption in one of the LCP meetings late 2007. On May 2008, the First Business Meeting was called for the finalization of the proposal. City delegates arrived that included the city vice mayor, the city planning and development coordinator, and the zoning officer-designate.

Q: How did Bago city and your mayor respond initially to the project?

A: In June 2008, the city mayor issued Executive Order No. 10 creating the City MDG-FACES Project Team, Support Team, and Secretariat. The team which is composed of representatives from the different offices is tasked to lead the project. It marked the start of the project implementation.

Q: What are the major contributions of FACES into the city's local vision for children?

A: The FACES Project is responding to the local vision for children of the city which states that "by 2025, every Bagueno Child will be a healthy, productive, secured, empowered, God-fearing and living in a child-friendly community". It is intended to address the four major areas of concern - food, education, health, and environment.

◀▼ FACES has enabled 20 children to avail free basic computer training sessions as part of the city's FACES demonstration project.

Q: What are the major quick response mechanisms that were initiated as a result of project?

A: FACES provided a venue for the families to identify existing government services and the processes involved in accessing these services. Upon learning, the urban poor family increased the appreciation on the government efforts.

Q: What are the demonstration projects? What are their current status and results? What are the sustainability measures?

A: To address the issue on low income, the FACES families were provided with livelihood trainings like reflexology and cosmetology. It aimed to develop their skills and to increase their capacities to pursue other economic opportunities. With the skills training and free toolkit provided to them, they were able to augment their present income. FACES mothers have contributed meaningfully to the household expenses. They were able to buy the needs of their children. Nutritious food is always served. There was less conflict within family-members and there was a feeling of self-worth among the mothers.

Q: How did the FACES innovative practices and processes help in the achievement of the project?

A: Both MDG Progress Report Card and Family Quick Action Guide played vital roles in the achievement of FACES. The stakeholders were able to identify the proposed projects to address the issues brought up by the FACES families. The project team agreed to present the identified projects and the draft Family Quick Action Guide to FACES families for validation.

Q: Is FACES different from other government programs on children? What is its added value?

A: Bago City has implemented various programs and projects that cater to the needs of children which have already been institutionalized at the city level. These all geared toward the improvement of children's wellbeing. The Project is not distinct to all these endeavors, rather a complementation to the City's vision for children. One important component of FACES is the empowerment of women who played an important role in the child's development.

Q: How do you sustain FACES – at the city level, at the barangay level, and at the family level? Will you be using the same process?

A: The FACES City Core Team was able to access funds from the city. The support of the City Development Council to the project was formalized through the integration of the MDG-FACES Project in the Annual Investment Plan, an indicator of project sustainability and replication.

Q: What are the challenges in the implementation – at the project management level, at the city level, and at the barangay and family levels? How did you overcome these challenges?

A: Among the problems that confronted the city project implementers were:

• The absence of a typical slum community in the city;
• Accuracy of the information that were provided by the survey respondents;
• Negative reactions from the residents on the objectivity in the selection of participating families;
• Difficulty of some parents to comprehend workshop discussions presented in Tagalog or English;
• Difficulty in addressing the family needs with infrastructure component due to private ownership of land; and
• Limited time and resources to achieve the targets.

One prerequisite in FACES is to select a slum area. This posed an utmost concern among the city core team members because a typical slum area is non-existent in the City.

Intensive data gathering through survey respondents and social profiling were conducted in pre-selected barangays. The data helped the project team select which barangay needed the project most. The process of community selection was more objective.

Project implementers were confronted with the issue of private ownership of land. Infrastructure project like construction of drainage, water pumps, and sanitary toilets were not given priority. The team saw the need to secure the ownership of the land before the doing

▲ Responsible parenthood and family planning campaigns to the FACES families were conducted as part of the FACES integrated approach.

▲ FACES mothers should understand the FACES project concept value. In Bago City, mothers read localized 'komiks' materials on good parenting.

infrastructure-related projects. Negotiation with the private and owners was conceived to satisfy the infrastructure concerns.

One of the problems observed during workshops and seminars was the difficulty of some parents to comprehend discussions in Tagalog or English. Comprehension was seen as a vital component in the project implementation. This led to a decision to help these parents understand information the easiest way.

Under the Learning Support System for mothers where a number of information should be internalized and laymanized, the Department of Education and the City Core Team agreed on having reading materials printed in "komiks" type and written in the local dialect. In this manner, parents will not only be motivated to read the content of the "komiks" but there is greater chance that the information will be appreciated.

Obstacles evident in the project implementation were the limited resources and the time covered for the implementation. The project was being implemented only in six months. The City Core Team had to tap other government agencies that could help in the speedy implementation of the different interventions to address the identified priority concerns of the FACES families. Prioritization of issues and careful planning for its implementation should be done to ensure success in the project implementation.

The partnership with the different government agencies fast tracked the implementation of doable solutions to the immediate concerns identified by the FACES families. The project fostered strong coordination and collaboration among and between the different government agencies.

The obstacles brought the stakeholders to work collectively in addressing family-based and community issues. So much has been accomplished in a short period of time. This can be attributed to the commitment and cooperation of the project stakeholders.

Q: What are some insights that you have gained while implementing FACES at the personal level, at the team level, and the city level?

The FACES Project had brought about valuable insights:
• Increase the level of realization among the people on the problems existing in their community;
• The need for a convergence strategy to achieve results;
• Accurate baseline data and objective criteria are vital tools in having impartial selection of families; and
• Improve the level of interaction among the people, the barangay and city officials on the implementation of projects in their community

For further information on Bago City FACES program, contact City Mayor Ramon D. Torres, Vice Mayor Nicholas Yulo and/or Mr. Edwin V. Nicholas, City Planning and Development Coordinator, at 034.461.0172 and/or 034-461-0271

The Mandaluyong City Experience

Mandaluyong is one lucky city to have been chosen among the FACES pilot cities. Mayor Benjamin C. Abalos, Jr, believed in the project because it was in line with the city's varied programs on children.

After the project launching, Mayor Abalos issued Executive Order No. 9 Series of 2008 which formed the FACES City Core Team (FCCT). The FCCT or the technical working group is composed of 13 key department offices as members. The focal office was the City Social Welfare and Development (CSWD) Department.

The CSWD worked on the details of the project implementation. Preliminary activities would include the selection of FACES family partners. Its working principle: Select the Poorest of the Poor. Home visitation was among the many community-based tools and methodologies that were used to ensure that the would-be FACES families were among the more deserving.

The FACES is a product of the concerted efforts of the different agencies: the UNDP, DILG- LGA, UN Habitat, LCP, HUDCC, and PBSP. Aside from it is family-based, it is manageable because it focused on a specific number of children and their families. It was effective because careful planning was done before the project implementation.

▲ Food processing seminar for the FACES mother intends to help parents generate further income.

As the 2nd Most Child Friendly City in the National Capital Region, Mandaluyong finds the FACES program an added value on its local mandate to help develop the city's children in all aspects of their personality: physically, psychologically, intellectually, and socially. The city government believes that if we are to focus on how to strengthen the child, particularly the poor, then we need to focus on their families. It will enable the families with their children to develop their self-worth and become productive citizens.

In the FACES Mandaluyong City, 42 children – 20 boys and 22 girls - were enrolled, all residents of Barangay Addition Hills in the Welfareville Compound, the largest informal settlement in the Philippines. Eight (8) of the 42 children are aged between 0-5 years old, 16 are between 6-10 years old, and 15 are between 11-18 years old.

FACES ACCOMPLISHMENTS

Series of supplemental feeding for three months sponsored by the DSWD-NCR and Pinewood Foundation, one of city's many NGO partners, has helped the children improve their weight and over-all health condition. Their weight progress was monitored on a monthly basis. Other health development activities include series of lectures on proper nutrition to the FACES family partners, medical mission, the continuous provision of Vitamin A, and the deworming program among the FACES children.

On Education

The FACES has also helped monitor the education of the FACES-enrolled children. Out of 42 children, 25 in-school children, 17 boys and 8 girls, were assisted in their school performance. Those children having difficulty in the lessons were guided by teachers and families.

Seven (7) FACES out-of-school youth were accelerated to a higher level in the secondary education after referring to the DepEd's Alternative Learning Systems. This intervention has provided new hope for those who have neglected basic education in their younger years.

Seven Grade 1 children were enrolled in tutorial lessons. They become new scholars in the Petron Tulong Aral Scholarship Program. Meanwhile, the FACES pre-school children were enrolled in the Neighborhood Supervised Play (NSP) under the city's Day Care Service. The children were taught how to socialize with other children of their age.

On the FACES families

For the FACES parents, they actively participated in the weekly values formation through the Parent Effectiveness Session (PES). This is to strengthen the sense of parental responsibility among them and to motivate them to contribute meaningfully to the well-being of their children.

After volunteering for months in monitoring the weight of FACES children, a FACES mother was later hired by the city government. She is now even more motivated to do her work.

In a series of community workshops conducted for FACES, the FACES families identified livelihood as their top priority need. It was discovered that most of them were selling recyclables from scavenging.

The city wasted no time developing and conducting series of free livelihood training programs for them. Some of these include basic business management training-seminar, which taught the FACES families to enhance their entrepreneurial skills and discipline in


▲ Slipper making business managed by the FACES mothers was off to a good start when it sold 60,000 pairs of slippers during the 2008 Christmas season alone.

managing business. Food preservation and processing seminar and training were also conducted with Colgate Palmolive Inc., another FACES partner, to help parents generate income. Another income generating project is slipper-making, the city's FACES demonstration project. On Christmas 2008, the FACES families placed a job order of 60,000 pairs of slippers. The slipper making business opens an opportunity for the MDG-FACES to sustain the project gains.

The FACES project may have ended but the gains are evident among the FACES families. Some of the project components have already been integrated in the CSWD's regular programs and services for sustainability measures.

For further information on Mandaluyong City FACES program, contact City Mayor Benjamin C. Abalos, Jr. and/or Ms. Milagros R. Lagaran, Department Head, City Social Welfare and Development at 02. 535.7127

The Pasay City Experience
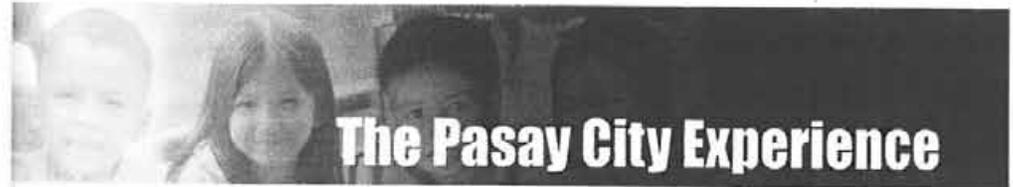
Pasay City's total population of 304,882 is doubled each day by transients who report for work in the city-based businesses and by commuters passing through. The city has 201 villages covering a total of 18.5 sq. kms., of which 9.5 sq kms are occupied by international and domestic airports. This leaves only 5.5 sq kms for the residents which at present are bulging with a population density of 15,949 persons per sq km.

In 1986, Pasay City was regarded as a *'Sin City'* of Asia. This was because the city was a host to many notorious motels being used as venue of couples who are into illicit relationship. In contrast, 40% of the total population wallowed in poverty.

A group of committed church leaders prayed that this image be changed. They wanted Pasay to transform from *'Sin City'* to *'Saint City'* After twelve years, a great transformation happened in the city.

However, *Faith without work is Dead.* The faith of the ministers or religious leaders was translated into action by partnering with the local government through the implementation of a savings-driven financial intermediation system known as the Bayanihan Banking Program (BBP).

The BBP enabled the people to mobilize and organize themselves to mutually save. The BBP gained strong support from the different sectors in the city due to its merit of developing the habit of regular savings even the Poor.

The BBP has become a regular program of the City and paved way for the formation of the City Cooperative Development Office. This becomes the community development arm of Pasay that provides savings and values education.

The BBP was recognized by the Galing Pook Foundation for its meritorious and significant contribution to the development of the individuals particularly to the families. Then DILG Secretary Joey Lina issued a Memorandum Circular 2003-35 requiring implementation of the BBP in every LGU in the country. In Pasay, the BBP evolved from a savings program to a more holistic program that would include further social and economic aspects.

In 2003, Pasay City became a pilot site on MDG localization. It was followed by two MDG localization programs - the Mitigating the Effects of External Threats to MDGs (MEET THE MDGs) and the Citizens Action and Local Leadership to Achieve MDGs (CALL 2015). Recognizing the importance of the UN-MDGs, in 2005, the city has

▲ Localized MDG artworks dot the city to inspire residents to target their own MDGs

Table 1. MDG global statements and the equivalent translated version at the household

Global MDG Statements	Pasay City Family-Based MDG Statements
1. Eradicate Extreme Poverty	1. Aking Pamilya, may trabaho, may impok pa
2. Achieve Universal Primary Education	2. Lahat ng Anak, nag-aaral
3. Promote Gender Equality	3. Lalaki at Babae, may pantay na karapatan
4. Reduce Child Mortality	4. Sanggol na malusog, minimithi ng lubos
5. Improve Maternal Health	5. Laging isaisip, ligtas na buntis
6. Combat HIV/AIDS, malaria and other infectious diseases	6. Iwasan HIV/AIDS, malaria at nakaka-hawang sakit: NAKAMAMATAY
7. Ensure Environmental Sustainability	7. Kapaligiran, laging alagaan
8. Develop global partnership for development	8. Pamilya ay kabahagi sa samahang napili

incorporated MDG projects on its Annual Investment Plan budget.

In its localization of MDGs, the eight global MDG Statements were translated into the vernacular and adopted at the household level of which the family becomes the focus. This is also known as the Pasay Family-Based MDG Statements. Internationally recognized, the local MDG Statements enabled the families to achieve MDGs. (Table 1, page 66.)

In 2008, the BBP was renamed Bayanihan LIGHTS Center (BLC) to become more responsive to the needs of the city's poor residents. It has continued to be a community organizing strategy that focuses on savings, family virtues, and life-skills training.

After transcending the global MDGs from country to city, then to family, Pasay City would like to measure the achievement of MDGs even into a more personal target that is focusing on the child. The children, the most vulnerable and fragile member of the household, can mirror and affirm the situation of their family and the environment they live in.

In the same year, Pasay City became one of the 15 cities to implement the FACES project.

Putting SMILES in the FACES

The main objective in implementing the MDG-FACES is to put and maintain **SMILES** on the faces of the children in the slums.

SMILES is an acronym of the key indicators of measuring the child's good condition. A child should have: **S**helter and Good Health Provided; **M**oral Rectitude/Righteousness Manifested; **I**dentity

▲ A smiling child in Pasay City can mean he/she is in good condition.

Secured, Love, Care and Protection; Education/Empowerment; and Savings Generation.

In the execution of Pasay City FACES, it builds on its community organizing system or the BLC which is lodged at the City Cooperative Development Office.

The BLC is a successful and tested mechanism in community organizing by empowering the people and increasing communal spirit and economic conditions. The BLC is a savings-based financial intermediation system which is owned and operated by the self-help group that is organized within the community.

Pasay City used this strategy as the pre-cooperative mechanism for the community members to be more prepared in becoming a formal organization such as a full-fledged community-based cooperative.

Pasay MDG FACES Strategy: AIM M&M

Pasay used the following strategies in implementing the MDG-FACES in the identified community:

Activate and establish Bayanihan LIGHTS Center (BLC) in the community operated by the poor families and guided by FACES Igniters or MDG Coordinators;
Install Quick Response Mechanism in the BLCs;
Match the needs of the community members versus the available solutions or the solution providers;
Measure Performance and Monitor Progress

▲ As partners in the soon-to-be built low cost housing facility, the FACES families have formed an association to facilitate in the transition and built consensus on the payment scheme

The BLC is a small self-help group gathering that usually meets in one of the houses of the member or in barangay hall on a weekly basis. It is during the BLC meeting that the following dynamic activities and objectives are conducted:

• To become the Learning place where knowledge and attitude, skills, hour/time are transferred and managed;

• To practise prayer as Intercession to prevent/mitigate the effects of external threats/disaster that might strike the families;

• To practice Good Governance. Each BLC is governed by five officers who lead the group to achieve their ultimate goal of putting and maintaining smiles on the faces of their children;

• To provide Holistic intervention through quick response mechanisms using appropriate assessment tools;

• To achieve Transformation of behavior/condition as it measured, monitored and achieved; and

• Savings mobilization as proof of non-dole mindset.

The FACES Igniters or the MDG Coordinators are selected volunteers/workers usually sent by partner faith-based organizations to the government specifically to Pasay CDO to assist/help in performing field works and in forming the Bayanihan LIGHTS Centers in the community. They are the key personnel, promoters, community organizers. They act as facilitators during the weekly meeting.

Pasay MDG-FACES in the old house

For Pasay FACES, Barangay 133 Hankins is the project site. It consists over 100 families, around 300 individuals living in one big but old and dilapidated house with an average family size of 4-6 members. It was chosen by participants from the city government who attended the MDG-FACES orientation.

Each family is living in an average room size area of 12 square meters and each shares a common toilet. The said area is an expropriated lot by the local

government. A Medium Rise Building (MRB) affordable housing facility will be built for the Hankins families in partnership with the PBSP.

Pasay MDG-FACES Major Challenges

The major challenge in the Pasay's implementation is the people's behavior particularly the 'wait-and-see' attitude. There were some who would like to be part of the project because of the perceived benefits they would gain later on. Others were unreceptive and they wanted concrete benefits first before joining the project especially if it is initiated by the government.

People in the community are already cold on the promises made by many politicians and organizations as to their willingness to help the housing problem in Hankins. Regaining the people's trust became the major challenge on the part of the LGUs. This was however resolved thru continuous dialogue with the concerned groups.

Pasay MDG-FACES Quick Response Mechanisms

Trainings
a) Conducted livelihood skills training among mothers and provided materials

and machine on home interior and soft furnishing;

c) Referred three out-of-school youths to TESDA skills training (animation, welding, and automotive)

e) Initiated and conducted community gathering for fellowships among parents and children;

i) Conducted Urban Gardening Training to eight FACES mothers.

f) Conducted one-day life-skills training among out-of-school youths in the target community resulting to the formation of BLC among young people and referral to DepEd's non-formal education (animation, welding, automotive)

g) Provision of activities to young people in sports (swimming, rowing)

Other Social Services provided
a) Accessed to health services thru nearest health center;

b) Accessed to City Social Welfare Office's program on Conditional Cash Transfer and SEA-K program for the FACES families;

Housing Project
a) Provision of affordable housing for the Hankins' community thru construction of Medium Rise Building in partnership with PBSP. Housing is the main need of the target families. The project will construct 112 units at PhP 187,000.00 per unit. The LGU had provided counterpart fund

◄ Behavioural interventions among the youth is a priority thrust in the localization of MDGs in Pasay City.

amounting to PhP 5.5 million for MRB and constructive wetland.

Pasay MDG-FACES Achievements

From disintegrated approach in provision of service to becoming more synergistic and holistic. In the case of Hankins, though the major concern is housing, there are equally important concerns of the residents like employment, education, family values, organizing skills, and livelihood skills. These must also be addressed therefore the City Cooperative Development Office cannot do it alone.

FACES showed public service by "bringing the government nearer to the people". This was evident through the conduct of weekly meeting among FACES family partners. FACES families articulate their concerns and assign a particular coordinator to help them resolve certain issues and if necessary feedback concerns to appropriate agencies to get immediate results.

Improved facilitation of appropriate responses (installation of quick response mechanism) by having simple tools (SMILES Progress Report Card, Family Info Sheet, SMILES Info Sheet, and Family Quick Action Guide Form) that measure their welfare and well-being.

Improved relationship with non-government organizations and business sector in terms of consolidation of efforts towards a common goal.

Increased transparency and accountability in performing the tasks by continuous dialogue with the people as to the status of the project.

Improved response time in address-

ing the identified needs of the community by referring them to related and existing programs and projects available both from the government and partner agencies *(installation of quick response mechanism)*

The target community had shown their willingness to participate in the project and be part of the solution by saving PhP 500 per week as an exercise that they can pay their amortization unit in MRB.

Perhaps, there is nothing more heartfelt than to listen to the affirmation of the FACES' families. In an interview with them, the project documentor narrates, *"It's the same promise as before but nothing happened", the FACES families said when the project was first introduced. They were hesitant and disinterested to participate. But now, they happily testify, "Totoo pala!" When asked why, FACES families said they have experienced good changes. They now have savings even in small amounts. Their attitudes in life have improved thru the values formation sessions held once a week. Their skills were enhanced and now, most of them who were jobless are employed. They are productive with their attendance to workshops, trainings and seminars on livelihood and skills development in the same way their children both young and old have benefited too from the FACES."*

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The Science City of Muñoz Experience

The FACES is already the fifth MDG localization project in the Science City of Muñoz. The city has established itself as an MDG Resource City due to its many MDG localization programs: the Local Gains Project, the Mitigating External Effects and Threats (MEET) the MDGs, the Citizens Action for Local Leadership (CALL) 2015 and the MDG Demo-Project.

The FACES is a welcome development in reinforcing our MDG localization program. On May 18, 2008, the city was among the 15 cities chosen by the DILG-LGA to implement FACES. City Mayor Nestor Alvarez welcomed the project with fervor and immediately issued an executive order constituting the MDG FACES Technical Working Group.

The city has six urban poor communities that qualified for the MDG-FACES project. After several meetings, the City Technical Working Group declared Daang Riles Community at Barangay Poblacion East as the FACES project site. In the site, there was no potable water supply and no drainage system. There was also no sufficient livelihood among the families.

In all honesty, the city's vision toward children was notched a level higher as FACES has intensified its services on children and their families. It gave birth to

◄ FACES gave birth to many city-initiated projects. FACES children become city scholars. ▼ Jewelry-making among mothers is one of them.

several quick response mechanisms for children's protection both at the barangay and at the city levels.

The engagement of the family particularly the mothers and their children provide aggressive, decisive, community-based, human- and action-oriented programs and projects. The wholehearted participation of the families differentiates FACES from all other city's projects.

Many success stories were experienced by the FACES Families. Like the two FACES children, who were in conflict with the law, were united with their mothers after seven years under the care of their sick grandmother.

Three FACES children were enrolled in the public elementary school even without birth certificates as the city interceded in the Local School Board. It triggered a city-wide registration where 49 children were registered. From eight malnourished FACES children in June 2008, only two FACES children were slightly malnourished in September 2008. The 40 FACES families were all enrolled to PhilHealth Insurance.

Today, the Daang Riles Community has a potable water source as a result of

a close collaboration with the Muñoz Water District. Livelihood trainings like jewelry making in cooperation with the Kababaihan ng Lungsod Agham ng Muñoz (KLAM), the city's partner NGO, were demonstrated. Several food processing trainings were conducted with the College of Home Science and Industry of the Central Luzon State University. It will soon generate income for the FACES families.

As the old African adage says, "Raising a child is not just a family's activity but that of the entire community," truly from these words the FACES has given another meaning of bringing the city's children at the forefront of development concerns. It is true indeed that a face of child is a reflection of one's community.

For further information on the Science City of Muñoz FACES program, contact City Mayor Nestor Alvarez and/or Ms. Myrna Estrada, Assistant City Social Welfare Development Officer, at 044-4560102

The Surigao City Experience

In this article, Surigao City outlines basic approaches that were used in the successful implementation of its FACES project. Herein enumerate the demonstration projects and the city's sustainability plan. It is hoped that these can serve as guides for other interested LGUs which intends to implement FACES.

1) Commitment to the Project and Project Institutionalization. The city received an LCP memorandum inviting its member-cities in the project. City Mayor Alfonso Casurra and members of a technical working group attended to the first Business Meeting in Quezon City on May 29-30, 2008. Mayor Casurra immediately issued Executive Order No. 11 creating the FACES City Core Team.

The Sangguniang Panlungsod (local council) also passed Resolution No. 84-2008 giving authority to the chief executive to enter into a Memorandum of Agreement with the DILG-Local Government Academy, the implementing agency.

2) Orientation and Consultation with local partners and barangay officials. Upon the selection of Sitio Alingit in Barangay San Juan as the participating community, the FCCT conducted a project orientation and consultation with the barangay purok officials and project stakeholders. It was held on June 16, 2008 at the Surigao City Cultural Center.

▲ *A simple but meaningful turnover of welding equipment to the FACES fathers courtesy of the city. Eighty percent (80%) of its total earnings will be divided among the FACES families working in the shop.*

The main objective was to acquaint the participants on the project's key features and the benefits that would be achieved by the city and the community from the program. Project stakeholders contributed to the refinement of the criteria and work plan.

During the consultation, the participants deliberated on the issue of family morale as one of the criteria for the selection of participating families. However, it was agreed that the issue of morality was subjective and therefore difficult to establish.

A major activity outcome was the expression of support from the barangay and purok officials and representatives from the line agencies like the DILG and DepEd.

While some participants expressed their apprehensions on the project viability, particularly with the declaration of the lone non-government organization operating in the area of its policy of ex-

tending support exclusively to registered families, the city core team encouraged the participants to support and maintain a positive outlook on the potential impact of the project.

3) The Selection of the 40 FACES families.

This was done meticulously and in the most objective process to prevent personal biases. It was based on the family intake survey and inventory conducted by the support staff of the City Social Welfare Development Office (CSWDO). From an initial inventory of 210 families, the list was reduced to 67. It was again reduced to 40 after excluding the following:

1.) Families who are merely renters;
2.) Families who have relatively high monthly incomes;
3.) Small-sized families;
4.) Families registered with NGO

The city core team recognized the significance of the objective selection process considering all the families living in the slum area would naturally aspire to participate and benefit in the project. The element of partiality was ever present. The selection process covered 10 days. The final list of 40 families was approved by the city core team and the barangay officials.

4) Project Orientation for the Participating Families.

The families were acquainted by the key features of the project and what benefits the families could get from FACES. In the case of Surigao City, it was clearly articulated to the FACES families that the project would not grant money to the families. Moreover, the orientation also became an opportune time for the city core team to mingle with the families, cross check their personal data in the intake survey, and get additional information that was relevant to the project.

5) Prioritization of Issues and Formulation of Strategies.

With the help from the national counterparts, the city core team conducted series of city workshops with the FACES families. In the workshop proper, the participants were grouped into four and were asked to list MDG-related issues that directly affect their lives and their children. After shortlisting the issues, they were again asked to rank their top three issues. Using a point-system, the top three issues were raised: 1.) No security of tenure, 2.) Low income, 3.) No funds to pay tuition fees in school.

The National Project Management Team, composed of LGA, UN-Habitat, and LCP, explained that these priority issues would become the bases for the city core team to develop its demonstration projects.

In this activity, families also pledged on the MDG Family Covenant. There was also the election of officers. Unlike in other FACES cities where a mother is usually elected as the leader, the FACES President here was a father.

6) Organization of the FACES families and children.

The city core team helped

▲ *FACES project ownership is reinforced through the election of its officers not only among the parents but among their children.*

▼▲◄ Demonstration projects are aplenty in Surigao City- vegetable backyard garden, production of malunggay and kamote juice, and Bigasan ng FACES.

▲◥ The FACES project is not doleout. The FACES concept should be clearly articulated to the families. Its success lies among them.

organize the FACES families and children into integrity circles. The objective of the groupings (eight groups consisting of five family-members per group) was to facilitate easier monitoring and reporting of the progress of their children within the same group and to provide immediate actions to address MDG-related issues affecting children

The election of officers among the families is one key strategy to build their capacities so that they would take the lead to sustain the gains of the project. Moreover, it will give them a sense of ownership and therefore, it will inspire them to be actively involved in the activities. It will enable them to exercise prudence in the management of funds generated from the demonstration projects.

The organization of the children was undertaken to harness their potentials and to provide them a venue to exercise their

right to participation in the development of their families and community.

The City's demonstration projects.

1) Vegetable Garden. This project was proposed with the purpose of augmenting food supply and promoting good nutrition among the FACES families and their children. The city provided an idle lot adjacent to their community. The City Engineering Office provided soil in the area to make it good for planting. The area is divided into plots each assigned to each FACE family. The City Agriculture Office provided vegetable seeds.

2) Production of Malunggay and Kamote Juice. The City Nutrition Office and the City Agriculture Office conducted a demonstration on the preparation of Malunggay and Kamote Juice. Owing to the simplicity of the ingredients and the actual preparation itself, the FACES mothers were able to produce the concoction. The ingredients were harvested in their own vegetable garden. The FACES mothers are mass producing it to sell initially within the community.

3) Bigasan ng FACES. The Bigasan was considered to be the highlight among the demo projects. The city undertook a series of meetings to discuss the proposed rice distribution outlet. The talks mostly centered on the mechanics and policies that will safeguard the implementation of the demo project. The National Food Authority allocated 50 sacks of rice to the project. The Philippine Nickel Company donated 10 sacks of NFA rice to serve as a start-up supply. The Manila Mining Corporation augmented PhP 7,500 as capital assistance. A private establishment donated a rice box. The city donated a weighing scale and cellophane bags.

In the store's daily operations, the families agreed to work in groups. There are five groups and each consists of five families. Each group would take turns in watching the store for a week. From the proceeds, a compensation of PhP 500 per group or 100 per family is given and the rest will be used to purchase again the weekly NFA allocation. A family who does not give its share receives nothing.

The city core team monitored the operation of the Bigasan particularly the disbursement of funds. Since the start of the bigasan, it already showed significant

success. The financial status would state that from the beginning capital of PhP 9,216.25, it has gone up to PhP 43,328.00

4) Welding Shop. After the training skills and the provision of the initial equipment, the FACES families decided to establish a welding shop. The barangay provided a site. The city government provided the equipment and training. As a safety net and to ensure the sustainability of the project, a tripartite Memorandum of Agreement would be forged among the FACES group, the barangay, and the city government which will state among others the sharing scheme: 10% goes to the FACES association, 10% to the barangay (this is only during the time when the power line is connected with the barangay), and the remaining amount to be divided among those FACES families working in the shop.

FACES sustainability plan

1) Integration of FACES into the City Development Plan under the social sector priority programs and projects and in the work plan of the local council for the protection of children;

2) Inclusion of MDG FACES in the city's annual investment plan for CY 2009;

3) Sustain existing partnerships and expansion to local business chambers;

4) Submit proposals to funding agencies for support to the project and its possible replication to other slum communities;

5) Identify appropriate projects to be implemented by the FACES children;

6) Assist and monitor the implementation of the demonstration projects and identify other income generating projects;

7) Allocate funds for replication to other barangays

▲ *FACES families in Surigao City have identified top three issues - no security of tenure, low income, and no funds to pay tuition fees in school.*

For further information on Surigao City FACES program, contact City Mayor Alfonso S. Casurra and/or Ms. Dianne Edera, Assistant City Planning and Development Coordinator & City Housing Officer, at 086.826.8502 or 086. 826.4131

The Tuguegarao City Experience

The FACES Project focuses on improving the quality of life of 20 boys and 20 girls living in select slum communities all over the Philippines. It engages the full participation of 40 families living in the slums of 15 pilot cities.

The Project, funded by the UNDP, was managed by the DILG through the LGA. The LCP advocated the project to its member-cities. The UN HABITAT provided technical support to LGA and assisted in project implementation, monitoring, and evaluation. The PBSP conducted multi-stakeholder dialogues with the local business sectors to develop quick response mechanisms to ensure the project success. The HUDCC is revising the National Urban Development and Housing Framework.

At the city level, the pilot city implemented FACES and mainstreamed slum-level MDG targets into the city development plans. The participating community together with the families and children identified and analyzed child-based MDG issues, formulated and managed Family MDG Covenants, and monitored the FACES child's progress vis-à-vis MDG targets.

The FACES was a demand-driven project. On May 2, 2008, LCP invited Tuguegarao City. On the same day, the city confirmed its inclusion in the Project.

▲ *Sewing machines are now aiding the FACES mothers to keep up the demand of curtains from their clients which include the government offices. This provides them the regular income.*

The Project Management Arrangements

Learning from previous internationally-funded projects, Tuguegarao City created a Project Management Team (PMT) to guide, control, and direct project implementation. The PMT was composed of the City Mayor, City Vice-Mayor, Sangguniang Panlungsod (SP) Committee Chair for Women and Family, the City Social Welfare and Development Office (CSWDO) and the City Planning and Development Council (CPDC). It was expanded to include the City Budget Officer and the City Treasurer.

A Project Team was formed to undertake actual project implementation. It was headed by the CPDC Coordinator (who is also the MDG Localization Focal Person) with the CSWDO as Co-Team Leader. Its staff included 13 trained personnel from the CPDC Office, CSWDO, City Mayor's Office (for liaison) and the City Engineer's Office (for civil works).

The Challenges encountered

In the FACES implementation, the silent despair and the dole out behavior of the Poor proved to be the formidable challenges. In a high-profile project launching, the City Mayor and the Project Team Leader stressed that MDG-FACES is a self-help project. The city's chief executive, Delfin Ting, assured the participating families that he would personally check on the project's progress and needs.

Maria Fe Villania, the CPDC Coordinator, explained the Project, its desired outcomes, and what the families needed to do to achieve the project goals. She encouraged the families that they could do something about their present deprived conditions. The families were dared to change their living conditions in six months.

For the first three months, the silent despair that strangled the desire to improve among the families was loos-

ened with continued values formation, provision of social services, continued presence of the city in the community, and the transfer of knowledge and skill. On the fifth month, exposed to better living conditions and livelihood skills and projects, the families let go of the dole out mentality. They realized that they make things happen and that they can indeed improve!

The MDG Family Covenant

On June 13, 2008 at the project launching, the Project Team Leader presented the draft MDG Family Covenant. She explained the MDGs, their significance, and how every family can achieve these goals. She then boldly dared the families and the barangay officials to achieve the MDGs in six months, assuring them of the full backing of the city government. If they cannot, then, she will recommend another barangay for MDG-FACES. The families and the barangay officials accepted the challenge. The families discussed the Covenant and made revisions. On July 30, 2008, all families formally signed their MDG Family Covenants.

▲ *In Tuguegarao City and because of FACES, all school age elementary children were brought back to school. All 40 children now have safe drinking water and access to sanitary toilet facilities.*

The Family Quick Action Guide and Child's Progress Report

During the project launching, the 40 families were organized into four groups. Each with a group leader, assistant leader, secretary, treasurer, and a public relations officer (announcer of the group's progress). The CPDC encouraged all group officers to take another family as project partner. The buddy-buddy system would help build confidence. The groups organized themselves with three MDG-FACES Project Team members permanently assigned to supervise a group. The groups discussed their immediate problems and listed available alternatives. They also listed their desired trainings.

Based on the identified problems, the Project Team, guided by the CPDC drafted the Family Quick Action Guide (FQAG). Using the Approved 2008 Annual Development Plan (an annual component of the City Development Strategy of Tuguegarao City and of the Approved Executive-Legislative Agenda: CY 2007-2010), the FQAG included all the on-going City Government Programs and Projects as solutions to the MDG-FACES problems. The draft FQAG was discussed with the families, which they ratified with few changes. Each family was provided a copy.

The Project Team reformatted the Child's Progress Report Card from six pages to a single card. The 20 boys had blue linen cards and the 20 girls had pink linen cards, all with colored ID pictures of the children. The families were trained on how to accomplish the cards. The Project Team regularly visited the families to validate their entries in the cards.

All the children improved their status. All families reported improvements in their conditions. Not all MDGs were met after six months, but the families continue improving.

The FQAG and the Child's Progress Report Card simplified the Project and allowed all the families to actively work to achieve their pledges as contained in their MDG Family Covenant.

Simple systems bring results even for socio-economic projects with very limited funding. Once the project stakeholders understand the Project and their responsibilities, with simple project tools to monitor their progress, project outcomes are immediately felt, greatly contributing to the excitement and enthusiasm of its different stakeholders.

The Quick Response Mechanisms

The City Council for the Protection of Children (CCPC) was named the city's quick response mechanism for MDG-FACES. Likewise, Barangay Centro 10 named their Barangay Council for the Protection of Children (BCPC) as the barangay's QRM. The CCPC and the

▲ FACES is a simple project with tools and knowledge transfer component. This simplicity produces better results.

city's BCPCs are trained regularly to allow the city to maintain its child-friendly status.

Demonstration Project

For being comprehensive and easy, the FQAG was chosen as the Demonstration Project for Tuguegarao. At a quick glance, all gaps are identified and the immediate solutions are listed complete with contact persons, telephone numbers, and addresses. The FQAG allows the beneficiaries to personally seek solutions to their problems.

Arising from the initiatives of the family-partners and the barangay officials with the support of the city mayor, Tuguegarao City also developed other demonstration projects:

1.) Construction of five low-cost houses for families evicted from the government-owned building (five families are MDG-FACES; families arranged with landowners and provided labor; the city provided materials);

2.) Construction of 15 sanitary toilets (all families arranged with landowners and

provided labor; City Government provided bowls and cement);

3.) Construction of five artesian wells (families had paid P2.00 per pail of water. The city undertook the construction to ensure safety of water);

4.) Provision of four sewing machines, initially for dressmaking and tailoring. It was then used for production of shorts for sale in the MDG-FACES Trade Fair and Tuguegarao City Paskuhan and for the sewing of the curtains for

the Tuguegarao City People's General Hospital. It provided regular income for seven FACES mothers.

The Project Outcomes

The 40 families gained knowledge of the MDGs and of the government programs to achieve these goals. All of them have additional household income. All 40 families now eat three meals a day. All 40 families now clean their homes and their surroundings. All school age elementary children were brought back to school. All 40 children now have safe drinking water and access to sanitary toilet facilities. Five evicted families now have houses of their own.

The city government and the Centro 10 barangay now have a working model of localizing the MDGs at the community- and household levels. While not all goals have been achieved in the six months, the lessons learned in MDG-FACES are valuable to fast track MDGs before the year 2015.

Project Insights

Simplified socio-economic projects with tools and knowledge transfer produce better results. However, the LGU has to have effective leadership and management style, competent workforce, valid structures, efficient processes, adequate resources, appropriate technology, tools and facilities, appropriate work culture and effective participatory process to achieve project objectives even with limited funding and short project duration.

▲ Each FACES mother has a story to tell - of how it is to be poor and how FACES empowers them to break the poverty cycle.

Stories of FACES Mothers

Gayla Bangalan is a college graduate and had worked as a domestic helper in Hongkong. Her earnings were used up when her husband was charged with frustrated murder and is now serving in jail. Today, she and her five children live in a two-storey wooden house owned by her brother-in-law. The house is located nearby the provincial jail.

Maria Jenin Jenine, 13 years old and in 2nd year high school is the enrolled MDG-FACES child. Jenin depends on Gayla' source of income which is cooking and selling food. Listening to the FACES project presentation, Gayla got excited with the thought of having a better environment for her children. She got elected as the FACES Group 1's leader, and eventually as MDG-FACES President. She visits the groups regularly reminding them of meetings, deadlines, and trainings. She leads them in the cultivating of their vegetable garden. Today, she leads the group of seven seamstresses of the City People's General Hospital inaugurated by Vice-President Noli de Castro.

Alona Francisco is a fish vendor. Her husband, Frederico, is a marginal

fisherman. With their children, Rina (age 14, 3rd year high school) and Roel (age 8, Grade 3, the MDG-FACES child), they live in a dilapidated two-storey wooden house. Alona belongs to the seven seamstresses employed at the city hospital. In their first salary, the seven women excitedly queued up at Monterey Meat Shop to buy good meat for the "first time in their lives". Alona bought very little. Instead, she bought a few pieces of hollow blocks and a few kilos of cement to continue improving their house.

Leonita Magora is a doting grandmother-guardian to Niño, age 10 and an MDG-FACES child. Because of MDG-FACES, she learned how to cook better meals for Niño and how to avail of city government's services. When Niño broke his arm and in terrible pain, she went to Mayor Ting to help her grandson. Mayor Ting arranged for the surgery, hospitalization, and medicines. Today, Niño is back to school.

Imelda Lim was abandoned by her children. She lived with her son-in-law Albert after her daughter died at childbirth. Her granddaughter, Regylin Garcia, age 5 years old and in kindergarten is the MDG-FACES child. Imelda is a laundrywoman on call and a recyclables scavenger at night. She wanted to join the MDG-FACES dressmaking and tailoring training but her fading eyesight disqualified her. The day before the project launching, she received an eviction notice. They asked Mayor Ting's help. Today, Imelda has her own house.

Gregoria de la Cruz is psychotic. Her husband, Arnold, a marginal fisherman, takes care of her and their three sons. Reymund, age 8 and in Grade 2 is the MDG-FACES child. Arnold is the Group 4 leader. He joined the SEA-K Training

and got elected as the SEA-K Association President. He received a bigasang bayan assistance. Today, he can sell 10-20 cavans of rice a week.

Jovita Namocatcat, her husband Severino, and their five children lived in crammed house. After the dressmaking and tailoring trainings, Jovita has received job orders for sports uniforms and curtains. Today, they moved to decent house with a sanitary toilet and a pump-well, all courtesy of the FACES project.

For further information on Tuguegarao City FACES program, contact City Mayor Delfin T. Ting, and/or Maria Fe B. Agu-Villania, City Planning and Development Coordinator, at 078-846.4401
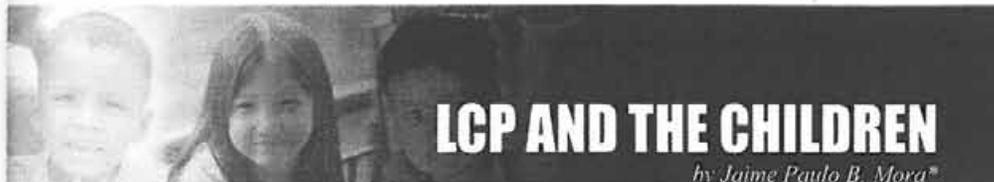
LCP AND THE CHILDREN
by Jaime Paulo B. Mora

The LCP received a grant from the DILG-LGA under the auspices of UNDP to partner in the implementation of the FACES. With the UN-Habitat Manila, PBSP, and the HUDCC, the eight-month FACES project would target the children in the slums as the main project proponent.

The LCP has played a major role into the success of FACES. As a responsible party to the project, it was accountable to the implementing agency by delivering three main components

1.) Advocate the project within the LCP. The FACES project engaged the city governments and their local chief executives to implement the project. The National Executive Board (NEB) has approved the project concept and sent information to all the LCP member-cities. Thirty-two cities expressed interest in the project and 15 were selected by the Project Management Committee led by the DILG-LGA.

2.) Formulate policies regarding the project implementation. An MDG-FACES Dossier will have to be published as a critical response to the project implementation.

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* *Jaime Paulo B. Mora is the LCP Program Officer for Advocacy.*

The Dossier will reflect broad strokes of national situationers and policy issues on children vis-à-vis the concerns in local government units particularly the cities. It will also articulate issues culled out during the FACES' business meetings and the series of City Consultation Workshops.

3.) Develop replication strategy for other cities. The replication strategy or plan is defined as a major blueprint that will address sustainability of the project. The LCP remains the duty bearer in the FACES even after the project duration. The development of replication strategy starts in the conduct of the sustainability workshop, formulation of advocacy framework, strategic use of knowledge management products, and conduct of social marketing to expand FACES to other cities.

This paper capsulizes the LCP experience as the responsible party to the DILG-LGA in the implementation of the FACES project. It narrates its important activities, digests lessons learned, and proposes measures on how the LCP as an organization of the cities can utilize and sustain the gains of the FACES project.

In narrating the LCP experience, it examines its two major activities – the Second Business Meeting and the LCP MDG-FACES Sustainabil-

ity Workshop both critical in establishing the project outcomes.

II. FACES Second Business Meeting

In the middle of the FACES project, the LCP with its project partners organized the FACES Second Business Meeting on September 18-19, 2008 in Mandaluyong City. The Business Meeting enabled FACES pilot cities to articulate issues that pertained to the project implementation and proposed measures for solutions.

Attended by the FACES city core teams and project partners, key activity objectives were identified by the following processes: Synthesis and insights sharing in the open forum, Group workshop on thematic areas of health, education, housing, and livelihood, and Presentation of updates of cities and partners.

▲ FACES city implementors gathered and formulated issues reflective on the situations on the ground particularly on the families with their children living in the slums.

A. National Policy Learning

In the Meeting, government agencies were also invited to share their programs on children. Present were officials from the DSWD, CWC, and NEDA who affirmed that FACES is worthy project that can be replicated.

1.) The DSWD has the Pantawid Pamilyang Pilipino Program of the 4Ps. Patterned after the Latin American countries, this existing intervention builds on the human capital of children and their mothers through conditional cash transfers. Undersecretary Alicia Bala said a lot of conditions in the 4Ps involve the welfare of children of their extremely poor family project partners. The project has involved 321,000 households in the 20 poorest provinces and seven highly urbanized cities.

2.) The DSWD said 4Ps and FACES are similar because its success depends largely on women or the mothers. Both have a social contract to solicit commitment from the families and both have a means of reporting the progress of their child.

3.) The CWC, through its Executive Director Elena Caraballo, said FACES is a 'beautiful quick endeavor.' She said that FACES must contribute to the enhancement of direct services to the child. The CWC said existing local structures like the Local Councils for the Protection on Children (LCPCs) need to be utilized to address the total well being of children.

4.) As mandated under the Presidential Decree 603 or the Child and Youth Welfare Code, the LCPC becomes the highest local policy making body that focuses on children's issues. Thus, the first entry of LGU to children and to their

families is through the LCPC, in this case, the Barangay Council for the Protection of Children (BCPC). The Child 21, the main development blueprint for the Filipino Children from 2005-2025, centers on the BCPC's roles as critical in achieving child-friendly societies. LGUs must activate and organize the BCPCs. In order to sustain the FACES gains at the LGUs, it must tap and influence its local councils on children.

5.) The CWC said that what lacks in activating the BCPCs or the LCPCs are the community organizing component. CWC has a technical advisory group which can help LGUs organize the local councils. Implementation of the child-related laws remains a big challenge.

6.) The NEDA is implementing its Country Programme for Children in select pilot cities. NEDA said the country is exploring out-of-the-box interventions in addressing MDGs since it lags in addressing the MDG No. 2, which is achieving universal primary education. The government is pushing for alternative delivery systems. NEDA recognizes the FACES project as an innovative approach of service delivery.

B. Issues Formulation

Issue formulation was another highlight in the Business Meeting. A key objective was to gather issues and challenges in the FACES communities relating to a particular theme. The breakout sessions were classified into health, livelihood, education, and housing and environment. Guide questions for the workshop were as follows:

1.) For Housing
    1.1. What are the current situations of the housing interventions in your

FACES communities according to these aspects: land ownership, relocation, livelihood, capacity-building, water/sanitation, savings mobilization, and organized households?

2.) For Health
2.1. What are the reflections/insights on health care delivery?
2.2. Identify the enhancing factors that enable quick wins?
2.3. Discuss demonstration projects and suggest how to sustain the gains through policy, institutional mechanisms, and strategic partnerships?

3.) For Livelihood
3.1. What are the issues, gaps, solutions, and innovations in terms of livelihood scenarios in your city?

4.) For Education
4.1. What are the priority issues or challenges in the FACES community in the education sector? How did the community families participate in the issues identification and prioritization?
4.2. What are the possible solutions?
4.3. What are the demonstration projects?

Several issues were raised during the presentation of workshop results. This led into discussion of cross cutting insights that transpired in the FACES community. The following generated issues were articulated:

Lessons/Insights/Perspectives

1.) For the Livelihood, there should be a Shift in focus. Encourage microfinance institutions to focus their services not only on the entrepreneurs but also on the families.

2.) For the Livelihood, Values formation is important. Changing the mindset of the Poor from dole out mentality to empowered borrowers and savers is critical.

3.) For the Housing and Environment, Secured tenure may not be a quick response but the start of the long process itself is considered to be a quick response. Introduce quick wins but formulate long-term strategies.

4.) For the Health, Inter-relatedness of development issues. Addressing one issue like health can relate to an issue on housing.

5.) FACES approaches should be mainstreamed. The FACES approaches should be funded. Review existing plans and integrate FACES-related projects and programs in the 2009 annual budget.

6.) For Housing and Environment, the Creation of Housing Board at the city level addresses the need for institutional mechanism in addressing city's informal settlers.

7.) Look for Champion Mayors to advocate the FACES as part of the sustainability measure.

8.) For the Health, Sense of volunteerism in the case of barangay health workers, sanitary inspectors, and ba-

rangay nutrition scholars in health care delivery puts forward in attaining the MDG-FACES project objectives.

9.) For the Housing and Environment, Build the capacity of the borrowers to pay and save

10.) For Education, the absence of birth registration creates an excuse of both the school and the family not to enroll the child.

11.) For Livelihood, Demand-oriented, market-driven livelihood skills with social preparation are keys to uplift the lives of low-income groups.

12.) Enhance the facilitation of FACES cities to share their quick response mechanisms and best practices to other local government units

C. Lessons Learned

The Business Meeting became a venue for cross-fertilization of ideas and innovative practices in the city implementation of FACES. Some of the insights gathered in the meeting were as follows:

1.) Local children's programs and services should emanate from the local councils on children

2.) Create incentives and initiate city-wide search for most child-friendly barangays to activate the local councils

3.) Strengthen barangay-based institutions (BBIs) like Barangay Disaster Coordinating Council, Lupon ng mga Barangay, Barangay Peace and Order Council. Integrate BCPCs plan into the Barangay Development Plan.

▲ LCP advocates that child-focused MDG programmes and targets should mainstream into the cities' local plans and budgets.
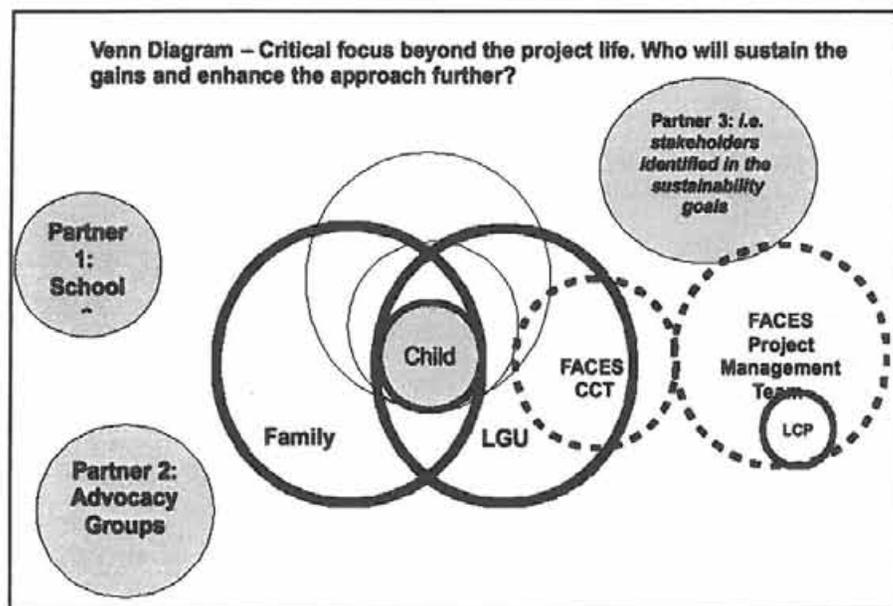
4.) Advocate to other LGUs and build their capacities to implement the Four Gifts of Children – the Local Development Plan for Children, Local Investment Plan for Children, Local Code for Children, and the Local State of the Children Report – that will encapsulate the four fundamental rights of the child – survival, development, protection, and participation.

5.) In addressing children's needs, structural (i.e. local councils and ordinances) and behavioral (i.e. character building, values formation, and life skills strengthening) interventions should be integrated efficiently.

D. FACES Sustainability Workshop

On December 04, 2008, LCP conducted the FACES Sustainability Workshop with participants coming from the select FACES pilot cities, the FACES Project Management Team, and the LCP Secretariat. The Sustainability Workshop articulates the sustainability goals and aspirations for the FACES and locates the LCP as a duty bearer and advocate of the FACES gains.

Venn Diagram – Critical focus beyond the project life. Who will sustain the gains and enhance the approach further?

In the diagram exercise (see above, participants agreed that there are three actors or stable institutions that will sustain the project – the family, the child, and the LGU. They are represented by the bold circles. The thin lined circles represent the child weaning out of the family during successful growth years by life cycle.

There are two structures that will eventually "phase out" as a project structure during the sustainability phase which are represented by broken line circles. These are the FACES City Core Team and the FACES Project Management Team. As the national PMT "phases out," institutions such as the LCP, with a clear articulated mandate for localizing the MDG will play a critical "sustaining" role for FACES. It joins the other Partner circles in providing support to the three actors

How will it sustain the FACES?

In the workshop proceedings, five sustainability goals were outlined:

1.) Child-focused MDG programmes like FACES and targets are mainstreamed in local plans and budgets;

2.) Four gifts for children implemented:
  2.1.) Development Plan for Children
  2.2.) Investment Plan for Children
  2.3.) Child Welfare Code
  2.4) State of the Children's Report

3.) Families capacitated to implement FACES;

4.) Children actively participating in development processes.

5.) Enhanced partnerships with child development advocates.

In each of the goal, major stakeholders were identified with corresponding critical actions:

Goals	Stakeholders
Child-focused MDG programmes and targets are mainstreamed in local plans and budgets.	LCP, DILG-LGA, HUDCC, DBM, NEDA, LGUs, FACES CCT
Four gifts for children implemented: 1.) Development Plan for Children 2.) Investment Plan for Children 3.) Child Welfare Code 4.) State of the Children's Report	LCP, DILG, CWC, LCPCs, FACES CCT
Families capacitated to implement FACES.	FACES CCT, LGUs, LGA
Children actively participating in development processes.	FACES CCT, LGUs, LCPCs, SK, LGA
Enhanced partnerships with child development advocates.	UN-HABITAT, LCP, FACES CCT, DILG-LGA, LGUs

Further, critical actions were identified for each of the sustainability goals.

Goals	Stakeholders
Child-focused MDG programmes and targets are mainstreamed in local plans and budgets.	• Capacitation of LCP, DILG-LGA, HUDCC, DBM, NEDA, LGUs, FACES CCT • Development of "how to's", • Policies and guidelines in relation to the rationalized planning system

Four gifts for children implemented:
1.) Development Plan for Children
2.) Investment Plan for Children
3.) Child Welfare Code
4.) State of the Children's Report
	• Monitor implementation of four gifts
	  • Enhance the child responsive indicators in the LGPMS
	  • Development of child happiness/ satisfaction indices
	• Capacitation of LGUs to implement the four gifts
	• Capacitation of LCPCs to monitor implementation of four gifts
	• Monitoring the state of children in urban slums
	  • Development of monitoring system

Families capacitated to implement FACES	• Train BCPCs and other community leaders to capacitate families in implementing FACES. • Develop current FACES families as resource providers.
Children actively participating in development processes.	• Institutionalize children's assemblies and other child-appropriate feedback/ dialoguing mechanisms as a component of local development planning and budgeting. • Demonstrate child-managed development projects. • Develop incentive schemes for child-managed development projects. • Include FACES children in the CCT.
Enhanced partnerships with child development advocates.	• Establish a network of global/local partners for FACES. • Mobilize resources for child-focused programs and projects. • Develop incentive schemes for child-responsive corporate social responsibilities (CSRs).

6. Conclusion and Next Steps

Based on the **five sustainability goals** outlined, three were identified **with LCP** as one of the major stakeholders. Corresponding to these goals are the critical actions which the LCP can initiate, spearhead, and/or implement with its development partners with the aim of upscaling FACES project and ultimately helping to achieve MDGs. Given these, LCP suggests multi-level approaches on how to concretize the proposed critical actions.

1.) Child-focused MDG programmes and targets are mainstreamed in local plans and budgets. Mainstreaming child-focused MDG programmes requires complementation at the national level through provision to LGUs technical capacities and start-up commitments. Policy advocacy efforts at the national level has been a continuing exercise of

the LCP and the FACES project experience can provide a substantial input into the LCP's policy development work.

Moreover, an indispensable function of the LCP for its member-cities is its advocacy work. City mayors become champion advocates in the whole advocacy process of the League. The UN-MDGs advocacies have been substantially embedded within the LCP structure with its focal mayor taking the lead as the MDG champion advocate. With the FACES experiences, the project has produced MDG champions who will sustain the influence to direct strategic policy outcomes in the LCP National Executive Board's agenda for the years to come.

2.) Four Gifts of Children implemented. There is a felt need to build up the LGUs' capacities to implement the Four Gifts of Children. The LCP can provide a

mechanism for advocacy to its member-cities. In the implementation of the Four Gifts, local councils on children must be organized and functional.

In the latest 2007 CWC data, Philippine Cities have 126 organized LCPCs (95% of the 136) but only 54% (71 of the 126) are functional. Of the 41, 994 barangays, 97% of them are organized but only 19.8% (8,324) are functional.

A functional LCPC is defined when it meets regularly and has minutes of meetings, action plans and an approved budget for children, and renders an annual report on children. An organized LCPC may not necessarily mean it functions.

A further study on the different perspectives and current functionality trends of the children's councils can be an important take-off policy reference of the LCP Secretariat to further flesh out capacity needs of the cities in establishing their children's councils.

3.) Enhanced partnerships with child development advocates. The 15 FACES pilot cities, also known as the MDG-FACES Resource Cities, can lead in the proposed creation of FACES cities network. This Network, which can be lodged in the LCP Secretariat, can become an avenue for collaboration with other child development advocates and institutions. The Network can strengthen its social marketing aspects when LCP plans to upscale the FACES gains through grant provisions.

FACES Project

Progress Report Card
June to November

▲ *FACES tools like the Progress Report Card empower the mothers to track MDGs at their homes. CWC Director Elena Caraballo (photo above) said local councils must not only be organized but must function as well.*

In upscaling FACES, the DILG-LGA can provide further capacitation of other interested cities with its FACES tools and technologies. The LCP, as a natural partner to LGA, can complement by as-

sisting LGA disseminate its knowledge products among member-cities and in the LCP website.

Conclusion

Given the project nature, which is short and sweet, FACES has established itself as an effective process in localizing MDGs at the household level down to the child. The UN-Habitat affirms that the country's localization process have come full circle- from national, city, barangay and to the homes of urban poor Filipino families who aspire to take share in achieving MDGs by improving their lives.

The FACES approach is practical because it exhausts existing local governance systems and processes and it builds on them to enhance wide range but focused service deliveries (initially on 40 families and their 40 children). FACES hit the direct problems of the urban poor child in the community, which traces back to the child's family. Yet the FACES has enabled the families to become active partners and part of the solution.

▲ FACES translates MDGs where it is at its most intimate - the family and their children.

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LGA CARES FOR THE CHILDREN
by Josephine R. Juanite*

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The FACES Project is a direct response to localizing the Millennium Development Goals (MDGs) down to the family level. It further boosts the government's action plan for children as it puts the child in the center of it. As stated in the project document, "A smile on the face of the child is a measure of progress in achieving the MDGs".

Funds for the project have been provided by the United Nations Development Programme (UNDP). At the same time, the combined resources of national and local government units, business groups and civil society, together with the community and families were tapped to attain project objectives. The FACES has a strong participatory approach at all levels of project implementation. Built in the project is the vision of family development, responsible parenthood, women in progress, responsive and capable service providers, and local governance on children that will all converge to put a smile in the face of the child.

The decision to lodge the implementation of FACES at the Local Government Academy (LGA) of the Department of the Interior and Local Government (DILG) was made as a result of the meeting of the Local Project Appraisal Committee held last February 14, 2008 chaired by then UNDP Deputy Resident Representative Kyo Naka.

*Josephine R. Juanite is the FACES project manager.

Reaching our goal

Significantly, all key activities and project outputs under the MDG FACES were achieved. These are highlighted by the following accomplishments:

• 607 children have been given access to food security, education, secure tenure, potable water, sanitation, protection, etc.

• 647 mothers/women/ fathers are now actively involved in tracking the Family MDG targets in 15 cities.

• 607 Families have completed the Family MDG Covenants and were capacitated to track family targets on health, education, food, and environment at the household level.

• 56 effective quick response mechanisms were developed and tested at the city level.

• 607 quick action guides were provided to all participating families.

• 31 effective child-focused MDG models and demonstration projects were developed and tested at the city level

▲ FACES engages stakeholders, converges their activities and services, generates an experience, and invites others to replicate.

• 13 cities have concrete plans in replicating FACES project in slum communities in 86 Barangays.

• 3 business meetings conducted as venues for knowledge sharing and cross-fertilization of ideas and policy advocacy. Revised the National Urban Development Housing Framework (NUDHF)

• 119 local partners, aside from the LGUs, were tapped to actively engage in the project

On the other hand, the three-volume FACES Replication Manual, incorporating the FACES processes and experiences, is currently being finalized in partnership with nine Local Resource Institutes (LRIs). The manual shall be for the use of other cities and capital towns that may want to replicate MDG FACES.

Elements of success

The entire FACES project is a model in MDG localization and a breakthrough towards uplifting the plight of the urban poor. The FACES team believes there were five major factors that contributed to the project success:

• **The technology of participation involving all stakeholders at various levels of implementation.** First, at the national level through the Project Management Team (PMT). The PMT is tasked to oversee the overall project implementation and policy formulation. Second, at the city level through the FACES City Core Team (FCCT) whose

job is to ensure that FACES is efficiently and effectively being implemented. Third, among the FACES families as they become organized in teams to build relationships and participate in activities – a social investment to make them productive. This improves their capacity to plan for themselves as they search for solutions on their issues and concerns. In essence, there is ownership of the project by everyone involved in it.

▲ FACES is a direct response to localizing the MDGs to the child through their family

• **Convergence of activities and services** among government agencies, the business sector, non-government organizations, faith-based organizations and other service providers to bring in more resources and strengthen linkages that will open greater opportunities for women, men and children to have access to basic services, undertake skills trainings and livelihood projects. These partnerships will enhance efficiency among sectors involved in bringing support to the identified recipients in the project.

• **The tools and techniques** that were seen to be effective by all partners especially the MDG Family Covenant, the FACES Child Report Card, the Quick Action Guide (CAG), Issues Identification and Prioritization, the Work Planning and Monitoring and Evaluation Guides, the Business Meetings, the Quick Response Mechanisms and Demonstration Project. Thanks to UN Habitat, the Pasay City Team, and LGA for providing the inputs.

• **The Knowledge management processes** conducted in different modalities (reports presentation, focus group discussion, strategy planning, open forum, workshops, testimonies of FACES families, talk show, field trip, exhibits of livelihood products, production of IEC materials, establishment of FACES web-

site, and FACES email address) proved to be a strength in the project. It demonstrated the truth that really "Knowledge is Power".

• **The united stand of everyone** involved in the project to really work hard for the poor and the needy, starting from the donor agency UNDP, to the Implementing Party LGA, to the Responsible Partners UN Habitat, LCP, PBSP and HUDCC, to the 15 cities, the local-based NGOs and family-based organizations, the business groups, and most of all, the 607 FACES families themselves.

Encourage children to participate

FACES Project was not able to pursue one thing. It has not maximized the participation the children to flourish, so they too can be engaged in identifying issues that can best help them. It is really looking at things from the level of the children. It could have at least given them the opportunity to speak out and be heard. The children were not asked if they are happy with their families, with their schools or with their community. Do they feel safe inside their own shelter? What are their goals in life are or what are their problems as children? The author asked some children in the cities of Dipolog, Island Garden City of Samal, Candon and Maasin on what they

want in life, and all of them have the same answers - to be able to finish their schooling. It is certainly nice to hear it from the children themselves, saying that they want to be a doctor, a teacher or a lawyer. It is apparent that the children are also brimming (definitely) with hope for themselves.

Sustainability measures

Sustaining the project I think entails a set of initiatives that should be instituted in the city to attain long lasting development for the family and children. This includes what FACES project has been espousing like to mainstream the project into the city plans and budget, to make functional the Local Council for the Protection of Children (LCPC) and engage the business community and local organizations to work hand in hand with the city governments to achieve project goals.

▲ FACES is a social investment to make families and their children become productive citizens.

We in LGA would like to add some more:

a) Continue capacitating our local chief executives (LCEs), social development implementers, service providers and duty bearers on the agenda for children

b) Enact and implement local laws for children's survival, protection and development

c) Continue the advocacy to heighten the awareness on children and women's rights that will enhance the provision of services by the different sectors and influence policy makers in the formulation of plans

d) Undertake affirmative measures for basic facilities like hospitals, schools, health centers, police stations, as well as city and barangay offices to be child-friendly and gender responsive

e) Make functional the other local bodies like the local school boards, local health boards, local peace and order council as they take into account also issues on children and family

f) Conduct cross study visits among cities and inter-barangays to enhance the learning experience on child and women-related programs

g) Continue the networking among current FACES stakeholders and explore for more creative collaboration to sustain what was achieved

h) Include the fathers/men in the project because of their crucial roles in the family

i) Establish as a regular activity in the LGU the children's congress/assembly at least once a year, with supervision of the CSWDO, to generate participation from the children and help them develop their potentials

Replication of FACES

Through the encouraging results of the project, the LGA decided to undertake the replication of the FACES project. The LGA will roll out the project in 16 cities in 2009 using LGA budget and hopefully, again with UNDP funds. Another approach to be undertaken by LGA is through the enrolment of cities wherein they can implement the project without subsidy but only the provision of technical assistance from LGA.

We had very short project implementation period in the MDG FACES Phase I. Everyone involved was having a hard

time squeezing in all the programmed activities and required outputs because it was designed as a one-year project. So in the second phase of MDG FACES, we hope to have it implemented in one full year or more.

Our thanks

We in the LGA are indeed humbled by the experience we had in this project. At the same time we are proud to be an implementing partner in this undertaking. Our grateful appreciation to all our partners for their meaningful participation, and for the valuable inputs they provided in the MDG FACES. We recognize too the funding support from UNDP.

On a personal note, the author is always motivated with these verses in the Scriptures in doing the tasks in this project: *"Give justice to the weak and the fatherless; maintain the rights of the afflicted and the destitute. Rescue the weak and the needy; deliver them from the hand of the wicked." Psalm 82: 3-4.*

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What Do They Say About FACES?

"We still lag behind achieving our targets in the UN-MDGs that pertain to children. **With the experiences that we have generated in the FACES project, I think these can help a lot.** The League of Cities of the Philippines has a very important partnership in this undertaking. This project has paved for more partners to come in. This did not happen without the support of the local governments."

-Undersecretary Austere Panadero, Department of Interior and Local Government

"Fortunately, Philippine cities are very well represented geographically, in the FACES. **All of the FACES cities would be one good example for others to see.** It is encouraged for the Project Management Team to always update the FACES cities what is happening."
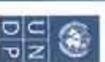
-Mayor Evelyn Uy, Danlog City

"It's the same promise as before but nothing happened, the FACES families in Pasay City said when the project was introduced. But now they happily testify, **Totoo pala!** When asked why, FACES families said they have experienced good changes."

-Pasay City FACES Experience

"This is the reason why the DSWD has such high hopes in FACES, we are glad that your project has key similarities with the 4Ps in a manner that the women have a lead role in this program in making choices for the benefit of their families. I understand that you also have a social contract signed by the households ensuring that they meet the conditionalities. **FACES is not a dole-out.** The program has set major conditions and there is a report card."

-Undersecretary Alicia Bala, Department of Social Welfare and Development