



**SITUATION ANALYSIS**  
**Children in**  
**Bangsamoro Autonomous Region**  
**in Muslim Mindanao**

**FINAL DRAFT**



# **SITUATION ANALYSIS**

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## **Note on the Geographic Focus of the Report**

This Situation Analysis of Children in BARMM is a UNICEF contribution to knowledge on the situation of children in the Philippines. It follows the recent publication of the Government-UNICEF report on the national Situation Analysis of Children in the Philippines. The report was prepared by UNICEF in consultation with the Regional Government of the Autonomous Region in Muslim Mindanao (ARMM). While the data was collected under the Regional Government of ARMM during 2017, the analysis does not change significantly under the new BARMM geographic area and highlights significant multi-dimensional bottlenecks in the delivery of and access to key social services. The report shows that outcomes for children are significantly worse for children and highlights the need for additional and accelerated support within BARMM, if the Philippines is to reach the SDG targets.

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**Coram International**  
**@ Coram Children's Legal Centre (CCLC)**

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The report was commissioned by UNICEF Philippines, which engaged Coram International, at Coram Children's Legal Centre, to produce a Situation Analysis of Children in the Autonomous Region in Muslim Mindanao (ARMM). A separate Situation Analysis of Children in the Philippines was also produced. Coram International designed and implemented a methodology for producing the Situation Analysis, and carried out in-country data collection in the Philippines (Manila).

UNICEF is an agency of the United Nations devoted to serving the world's children. UNICEF began providing assistance to the Philippines in November 1948. Since then, we and the Philippine government have been partners in protecting Filipino children. UNICEF Philippines has more than 60 people working to promote and protect the rights of children, who aim to provide the best quality of life for every Filipino child through programmes that help them survive and flourish. UNICEF Philippines implements programmes covering education, health and nutrition, disaster risk reduction and emergencies, HIV and AIDS prevention, child protection, communication, and local policy and institutional development.

Coram Children's Legal Centre is the UK's leading children's legal charity, committed to promoting children's rights in the UK and worldwide. Coram International works around the world in partnership with governments, UN bodies and (I)NGOs in over 40 countries, to promote the rights of children through the reform of law, policy and practice. For the past 20 years Coram International has conducted in-depth qualitative and quantitative research and published widely on topics related to children's rights.

The ARMM Situational Analysis was managed by UNICEF. An ARMM Situation Analysis Management Steering Committee, co-chaired by Govt. Philippines (ARMM Regional Governor's Office) and UNICEF had oversight for the development of the SitAn. ARMM Management Steering Committee members were made up of government oversight and child focused agencies including the Regional Planning and Development Office (RPDO) ARMM; Department of Education -ARMM; Department of Health - ARMM; Department of Social Welfare and Development (DSWD) ARMM; Mindanao Development Authority (MinDA); Office of the Presidential Adviser on the Peace Process (OPAPP).

A Research Reference Group was formed made up of external technical experts and academics, who along with UNICEF Philippines staff, were consulted at key milestones in the development of the SitAn.

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## Acronyms

<b>AFP</b>	Armed Forces of the Philippines
<b>ALS</b>	Alternative Learning System
<b>ARG</b>	Autonomous Regional Government
<b>ARMM</b>	Autonomous Region in Muslim Mindanao
<b>ARMM-DOH</b>	Autonomous Region in Muslim Mindanao-Department of Health
<b>ART</b>	Anti-Retroviral Treatment
<b>ASG</b>	Abu Sayyaf Group
<b>BCPC</b>	Barangay Council for the Protection of Children
<b>BEAM</b>	Basic Education System for Muslim Mindanao
<b>BEIS</b>	Basic Education Information System
<b>BIAF</b>	Bangsamoro Islamic Armed Forces
<b>BIFF</b>	Bangsamoro Islamic Freedom Fighters
<b>BIFM</b>	Bangsamoro Islamic Freedom Movement
<b>BJMP</b>	Bureau of Jail Management and Penology
<b>CAR</b>	Children at Risk
<b>CBPN</b>	Community Based Child Protection Networks
<b>CCA</b>	Climate Change Adaptation
<b>CHED</b>	Commission on Higher Education
<b>CICL</b>	Children in Conflict with the Law
<b>CLJIP</b>	Comprehensive Local Juvenile Intervention Program
<b>CP</b>	Child Protection
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSC</b>	Civil Service Commission
<b>CSR</b>	Cohort Survival Rate
<b>CWC</b>	Committee for the Welfare of Children
<b>CWD</b>	Children with Disabilities
<b>CYWP</b>	Child Youth and Welfare Program
<b>DAF</b>	Department of Agriculture and Fisheries
<b>DAR</b>	Department of Agrarian
<b>DCC</b>	Day Care Centre
<b>DENR</b>	Department of Environment and Natural Resources
<b>DepEd</b>	Department of Education
<b>DHS</b>	Demographic and Health Survey
<b>DILG</b>	Department of the Interior and Local Government
<b>DILG-ARMM</b>	Department of the interior and Local Government Autonomous Region of Muslim Mindanao
<b>DoH</b>	Department of Health
<b>DoLE</b>	Department of Labour and Employment
<b>DoST</b>	Department of Science and Technology
<b>DoT</b>	Department of Tourism
<b>DPT</b>	Diphtheria, Pertussis and Tetanus
<b>DPWH</b>	Department of Public Works and Highways

<b>DRC</b>	Democratic Republic of Congo
<b>DRR</b>	Disaster Risk Reduction
<b>DRRM</b>	Disaster Risk Reduction and Management
<b>DSWD</b>	Department of Social Welfare and Development
<b>DTI</b>	Department of Trade and Industry
<b>DTP</b>	Diphtheria-tetanus-pertussis
<b>ECCD</b>	Early Childhood Care and Development
<b>ECCE</b>	Early Childhood Care and Education
<b>EO</b>	Executive Order
<b>FAPs</b>	Foreign Assisted Projects
<b>FLEMMS</b>	Functional Literacy Education and Mass Media Survey
<b>EPI</b>	Expanded Program on Immunization
<b>FDA</b>	Food and Drug Administration
<b>FHS</b>	Family Health Survey
<b>FHSIS</b>	Field Health Service Information System
<b>GDP</b>	Gross Domestic Product
<b>GCRV</b>	Grave Child Rights Violations
<b>HARP</b>	HIV/AIDS & ART Registry of the Philippines
<b>HiB</b>	Haemophilus Influenza type B
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
<b>HLURB</b>	Department of Transportation and Communication
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>ICRC</b>	International Committee of the Red Cross
<b>IDD</b>	Iodine Deficient Disorders
<b>IDP</b>	Internally Displaced People
<b>IHBSS</b>	Integrated HIV Behavioural and Serologic Surveillance
<b>ILO</b>	International Labour Organization
<b>IPDEV</b>	The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM'
<b>IPV</b>	Inactivated Polio Vaccine
<b>IRA</b>	Internal Revenue Allotment
<b>IRR</b>	Implementing Rules and Regulations
<b>JJWC</b>	Juvenile Justice Welfare Council
<b>KP</b>	Kalusugan Pangkalahatan
<b>LDRRMC</b>	LDRRMC stands for Local Disaster Risk Reduction and Management Council
<b>LGU</b>	Local Government Unit
<b>MDG</b>	Millennium Development Goal
<b>MHM</b>	Menstrual Hygiene Management
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MILF</b>	Moro Islamic Liberation Front
<b>MIS</b>	Multiple Indicator Survey
<b>MMA</b>	Muslim Mindanao Autonomy
<b>MMR</b>	Measles, Mumps and Rubella
<b>MNLF</b>	Moro National Liberation Front
<b>MOOE</b>	Maintenance and Other Operating Expenses

<b>MPDF</b>	Mindanao 2020 Peace and Development Framework
<b>MRM</b>	Monitoring and Reporting Mechanism
<b>MSM</b>	Men who have Sex with Men
<b>NAT</b>	National Achievement Test
<b>NCR</b>	National Capital Region
<b>NDHS</b>	National Demographic and Health Survey
<b>NEOC</b>	National Emergency Operations Center
<b>NFA</b>	National Food Authority
<b>NFEP</b>	National Filariasis Elimination Program
<b>NGA</b>	National Government Agencies
<b>NGO</b>	Non-Governmental Organisation
<b>NNC</b>	National Nutrition Council
<b>NPA</b>	New People’s Army
<b>NPC</b>	National Police Commission
<b>NSO</b>	National Statistics Office
<b>NTD</b>	Neglected tropical diseases
<b>OCD</b>	Office of Civil Defence
<b>ODA</b>	Official Development Assistance
<b>OPAC</b>	Optional Protocol on the Involvement of Children in Armed Conflict
<b>OPPs</b>	Out of Pocket Payments
<b>OPV</b>	Oral Polio Vaccine
<b>OSCC</b>	Office of the Southern Cultural Communities
<b>OWWA</b>	Overseas Workers Welfare Administration
<b>PCA</b>	Philippine Coconut Authority
<b>PCV</b>	Pneumococcal conjugate vaccine
<b>PD</b>	Presidential Decree
<b>PDP</b>	Philippines Development Plan
<b>PNP</b>	Philippine National Police
<b>POEA</b>	Philippine Overseas Employment Administration
<b>PPAN</b>	Philippine Plan of Action for Nutrition 2017-2022
<b>RA</b>	Republic Act
<b>RBOI</b>	Regional Board of Investment
<b>RDRRMC</b>	Regional Disaster Risk Reduction and Management Council
<b>RHA</b>	Reproductive Health Act
<b>RHCA</b>	Reproductive Health Care Act
<b>RJJWC</b>	Regional Juvenile Justice Welfare Committee
<b>RRPTP</b>	Recovery and Reintegration Program of Trafficked Persons
<b>RRTP</b>	Recovery and Reintegration of Trafficked Persons
<b>RSCWC</b>	Regional Sub-Committee for the Welfare of Children
<b>SCP</b>	Schistosomiasis Control Program
<b>SDG</b>	Sustainable development goal
<b>SitAn</b>	Situation Analysis
<b>STH</b>	Soil Transmitted Helminthiasis
<b>STI</b>	Sexually Transmitted Infections
<b>SPDA</b>	Southern Philippines Development Authority
<b>SPED</b>	Special Education
<b>SY</b>	School Year

<b>TB</b>	Tuberculosis
<b>TESDA</b>	Technical Education Skills Development Authority
<b>TVET</b>	Technical and Vocational Education and Training
<b>UNAIDS</b>	United Nations Programme on HIV and Aids
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNSG</b>	United Nations Secretary General
<b>VAD</b>	Vitamin A Deficiency
<b>VAWG</b>	Violence against Women and Girls
<b>WASH</b>	Water and Sanitation Health
<b>WHO</b>	World Health Organisation
<b>YAFS</b>	Young Adult Fertility Surveys
<b>4Ps</b>	Pantawid Pamilyang Pilipino Program



# 1. Introduction

## 1.1. Purpose and scope

This report aims to present a comprehensive assessment and analysis of the situation of children in the Autonomous Region in Muslim Mindanao (ARMM). It is intended to present an evidence base to inform decision-making across sectors that are relevant to children and instrumental in ensuring the protection and realisation of children's rights. It is, in particular, intended to contribute to the development of programmes and strategies to protect, respect and fulfil the rights of children in ARMM. A Situation Analysis of Children in the Philippines was conducted alongside this situation analysis.

The specific aims of this Situation Analysis (SitAn) are as follows:

- To improve the understanding of all stakeholders of the current situation of children's rights in ARMM, and the causes of shortfalls and inequities, as the basis for developing recommendations for stakeholders to strengthen children's rights;
- To inform the development of UNICEF programming and to support national planning and development processes including influencing policies, strategies, budgets and national laws to contribute towards establishing an enabling environment for children that adheres to human rights principles, particularly in regard to universality, non-discrimination, participation and accountability;
- To contribute to national research on disadvantaged children and leverage UNICEF's convening power to foster and support knowledge generation with stakeholders; and
- To strengthen the knowledge base to enable assessment of the contribution of development partners, including UNICEF and the UN, in support of national development goals.<sup>1</sup>

This SitAn report focuses on the situation of children (persons aged under 18 years old), adolescents (aged 10–19) and, to a limited extent, youth (aged 15–24).<sup>2</sup> In addition, assessment and analysis of the situation relating to women is included, to the extent that this relates directly to outcomes for children (for example, regarding maternal health).

## 1.2. Conceptual framework

The conceptual framework is grounded in the relationship between child outcomes and the immediate, underlying and structural determinants of these outcomes. A rights-based approach was adopted for conceptualising **child outcomes**, which are presented in this SitAn according to rights categories contained in the UN Convention on the Rights of the Child

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<sup>1</sup> UNICEF, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, March 2012, pp 5-6 retrieved from on <http://www.unicefinemergencies.com/downloads/eresource/docs/Rights%20based%20equity%20focused%20Situation%20Analysis%20guidance.pdf> 30 January 2017;

<sup>2</sup> These are the age brackets used by UN bodies and agencies for statistical purposes without prejudice to other definitions of 'adolescence' and 'youth' adopted by Member States.

(CRC): Health; Nutrition; WASH ('survival rights'); Education ('development rights'); Child Protection; and Social Protection ('protection rights').

The aim of the **child outcomes assessment** component of this SitAn was to identify trends and patterns in the realisation of children's rights and key international development targets; and any gaps, shortfalls or inequities in the realisation of these rights and targets. The assessment employed an equity approach, and highlighted trends and patterns in outcomes for groups of children, identifying and assessing disparities in outcomes according to key identity characteristics and background circumstances (e.g. gender, geographic location, socio-economic status, age, or disability).

A number of analytical techniques were employed in order to **analyse** immediate, underlying and structural causes of child outcomes. These included:

- **'Causality analysis'**: seeking to uncover and understand the root or original causes of certain effects. This entailed examining the *immediate, underlying* and *structural* causes of gaps and shortfalls in realising child rights. The analysis included a participatory causality analysis of several key priority deprivations in each sector area, and an analysis of key structural barriers or bottlenecks that cut across the different sectors (see below for further details).
- **Bottlenecks and barriers analysis**: A structured analysis of the bottlenecks and barriers that children/groups of children face in the realisation of their rights, with reference to the critical conditions/determinants<sup>3</sup> (quality; demand; supply and enabling environment) needed to realise equitable outcomes for children;

The analysis is also informed by:

- **Role-pattern analysis**: The identification of stakeholders responsible for/best-placed to address any shortfalls/inequities in child rights outcomes; and
- **Capacity-gap analysis** to understand the capacity constraints (e.g. knowledge; information; skills; will/motivation; authority; financial or material resources) on stakeholders who are responsible for/best-placed to address the shortfalls/inequities.

The analysis was deliberately risk-informed and took an equity approach. An **equity approach** seeks to understand and address the root causes of inequality so that all children, particularly those that suffer the worst deprivations in society, have access to the same resources and services necessary for their survival, growth and development.<sup>4</sup> In line with this approach, the analysis included an examination of gender disparities and their causes, including a consideration of the relationships between different genders; relative access to resources and services; gender roles; and the constraints faced by children according to their gender.

A **risk-informed analysis** requires an analysis of disaster and climate risks (namely, hazards; areas of exposure to the hazard; and vulnerabilities and capacities of stakeholders to reduce, mitigate or manage the impact of the hazard on the attainment of children's rights). This is particularly relevant to ARMM – where climate change and other disaster risks exist – including natural disasters and complex emergencies, in particular armed conflict. A risk-

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<sup>3</sup> Based on the 10 critical determinants outlined in Table 3 on page 20 of UNICEF's SitAn Procedural Manual

<sup>4</sup> UNICEF NYHQ, Re-focusing on Equity: Questions and Answers, November 2010, 4

informed analysis also includes an assessment of gender and the vulnerabilities of particular groups of children to disasters, armed conflict and climate risks.

A rights-based framework was developed for measuring child outcomes and analysing role-patterns, barriers and bottlenecks. This incorporates the relevant rights standards and development targets (in particular, the Sustainable Development Goals) in each of the child outcome areas. This is set out briefly below.

**Table 1.1: Assessment and analysis framework by outcome area**

<b>Health</b>	The assessment and analysis of children’s health is framed according to key standards in the Convention on the Rights of the Child (CRC) (particularly the rights to life, survival and development and to health), the SDGs and MDGs (particularly SDG 3 on ensuring healthy lives and promoting well-being) and the related Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030).
<b>Nutrition</b>	Outcomes in the area of nutrition are assessed according to the six thematic areas described in the WHO’s Global Nutrition Targets (child stunting; anaemia; low birth weight; obesity/overweight; breastfeeding; and weighting). As per UNICEF’s Conceptual Framework of the Determinants of Child Under-nutrition <sup>5</sup> , an analysis of the underlying causes of malnutrition necessitates a multifaceted approach, including analysis of a range of fundamental rights (e.g. the right of the child to life, survival and development; food; health; adequate standard of living; and care and protection), as well as SDG 2 (end hunger, achieve food security, improve nutrition and promote sustainable agriculture) as the cornerstone of the conceptual framework for this section.
<b>WASH</b>	The assessment and analysis of WASH includes the following interdependent issues: (i) water; (ii) sanitation and (iii) hygiene, using SDG 6 (ensure availability and sustainable management of water and sanitation for all) and the rights to water and sanitation as key measurements. Following the approach of the Committee on Economic, Social and Cultural Rights, <sup>6</sup> OHCHR <sup>7</sup> and the Independent Expert on the Issue of Human Rights Obligations Related to Access to Safe Drinking Water and Sanitation, <sup>8</sup> the assessment and analysis of the rights to water and sanitation addresses the following factors: availability; quality; accessibility; acceptability; and affordability.
<b>Education</b>	Educational outcomes are measured according to the right to education set out in Articles 28 and 29 of the CRC and Article 13 of International Covenant on Economic, Social and Cultural Rights (ICESCR); in addition, the key features of the Comprehensive School Safety Framework is

<sup>5</sup> UNICEF’s Approach to Scaling-Up Nutrition, June 2015, p 9

<sup>6</sup> CESCR GC No. 15

<sup>7</sup> Fact Sheet No. 35

<sup>8</sup> Realising the Human Rights to Water and Sanitation: a Handbook by the UN Special Rapporteur Catarina de Albuquerque, *Legislative, regulatory and policy frameworks*

	utilized. <sup>9</sup> The assessment and analysis, therefore, covers the following interrelated and essential features of the right to education: availability; accessibility; acceptability; and adaptability. <sup>10</sup> This approach is used with regard to all tiers of education: early childhood care and education; primary education; all forms of secondary education; and higher education, including vocational training.
<b>Child protection</b>	The child protection (CP) analysis adopts UNICEF’s definition of ‘child protection’, namely, the prevention and response to violence, exploitation and abuse against children. It covers the situation relating to all forms of violence against children (physical; psychological; sexual; neglect; and exploitation) in all settings (workplace; home; institutions; community), and related prevention and response interventions. <sup>11</sup> This includes consideration of birth registration; identification, reporting, assessment, care and follow-up of children at risk/who have suffered harm; and the treatment of children within in the criminal justice system.
<b>Social protection</b>	Social protection is framed according to UNICEF’s definition: ‘the set of public and private policies and programmes aimed at preventing, reducing and eliminating <i>economic</i> and <i>social</i> vulnerabilities <sup>12</sup> to poverty and deprivation.’ <sup>13</sup> Numerous rights standards and development targets are relevant in assessing programmes aimed at reducing and eliminating vulnerability to poverty and deprivation, including in particular, the CRC right to survival and development <sup>14</sup> ; ICESCR rights to social security <sup>15</sup> and adequate standard of living; <sup>16</sup> and SGD target 1 (end poverty in all its forms everywhere).

<sup>9</sup> UNISDR and GADRRRES, A global framework in support of The Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and The Worldwide Initiative for Safe Schools, January 2017, retrieved from [http://gadrrres.net/uploads/images/pages/CSS\\_Booklet\\_2017-updated.pdf](http://gadrrres.net/uploads/images/pages/CSS_Booklet_2017-updated.pdf) on 24 January 2017

<sup>10</sup> UN Committee on Economic, Social and Cultural Rights, General Comment No. 13 (1999), The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999)), para 6

<sup>11</sup> UNICEF, Child Protection Information Sheet: What is Child Protection, accessed via [https://www.unicef.org/protection/files/What\\_is\\_Child\\_Protection.pdf](https://www.unicef.org/protection/files/What_is_Child_Protection.pdf) on 23 January 2016

<sup>12</sup> UNICEF distinguishes between the two as follows: ‘[p]overty reflects current assets or capabilities, while vulnerability is a more dynamic concept concerned with the factors that determine potential future poverty status. Vulnerability considers both an individual’s current capabilities and the external factors that he/she faces, and how likely it is that this combination will lead to changes in his/her status.’

<sup>13</sup> UNICEF, Social Protection Strategic Framework, p 24

<sup>14</sup> CRC, article 6

<sup>15</sup> ICESCR, article 9

<sup>16</sup> ICESCR, article 11

### **1.3. Methods and limitations**

This SitAn includes a comprehensive review, synthesis and examination of available data from a variety of sources. The assessment of child outcomes relied primarily on existing datasets from household surveys, administrative data from Government Ministries and line agencies and NGOs and other published reports. The authors relied on published reports of existing datasets, and did not engage in examination or analysis of raw datasets.

The analytical techniques used for the analysis phase required a synthesis and analysis of secondary data and literature, including large- and small-scale studies and reports. It also included a mapping and analysis of relevant laws, policies, and Government strategy documents.

In-country data collection was carried out in Manila and Cotabato City in order to gather additional contextual information and primary qualitative data to inform the analysis of causes and determinants of child rights shortfalls in ARMM. In-country data collection included a series of in-depth key informant interviews with a range of targeted Government representatives, UN organizations and NGOs.

The research also involved a structured participatory causality analysis workshop involving 40 stakeholders from across a range of Government institutions, UN and NGOs that took place in Cotabato City in June 2017. The causality analysis involved the selection of a key deprivation/rights shortfall in the following sectors: health/nutrition/ WASH cluster; education; child protection; and social protection. Stakeholders were involved in a series of structured small-group workshops to map the immediate, underlying and structural causes of the key deprivation, and identify associated equity issues (identifying the groups of children most at risk of experiencing the deprivation, and how the causes impact on these particular groups of children). They then proceeded to identify common, cross-cutting structural causes among all of the selected deprivations and reflect these structural causes in a revised causality map. The causality maps and key informant interviews have been integrated into the report's narrative, where applicable.

The findings from a previous draft of the report were integrated with a draft of the national SitAn and presented at a series of validation workshops and focus group discussions (FGDs) in August 2017. A workshop was carried out with 100 key stakeholders from Government, civil society and academia at the national level and from ARMM. The workshop included a discussion, feedback and validation on the report's key findings in small sector workgroups and presentations to plenary. A separate validation workshop was carried out with 60 members of staff at UNICEF Philippines. In addition, two FGDs were conducted in Cotabato City with representatives from the ARMM regional government and UNICEF staff members based at the field office in Cotabato. Feedback from the validation exercises have been integrated into this report.

One of the limitations faced during the development of the report is the insufficiency of recent, quality data in relation to some of the areas covered by the analysis. Limitations and gaps in the availability of up-to-date, quality data are noted throughout the report. The analysis of causes and determinants of rights shortfalls relied heavily on existing published



reports and, therefore, some areas in the analysis had not been the subject of robust and recent research, again, gaps are highlighted as necessary.

Another limitation related to the challenges in securing interviews with key informants and stakeholders. During the time of the in-country research, the crisis in Marawi was unfolding and this limited the availability of some key stakeholders for key informant interviews.

#### **1.4. Governance and validation**

The ARMM SitAn was managed by UNICEF. An ARMM Situation Analysis Management Steering Committee, co-chaired by Govt. Philippines (ARMM Regional Governor's Office) and UNICEF had oversight for the development of the SitAn. ARMM Management Steering Committee members were made up of government oversight and child-focused agencies including the Regional Planning and Development Office (RPDO) ARMM; Department of Education-ARMM; Department of Health- ARMM; Department of Social Welfare and Development (DSWD)-ARMM; Mindanao Development Authority (MinDA); and Office of the Presidential Adviser on the Peace Process (OPAPP). It was also supported by a Research Reference Group composed of representatives from Mindanao; Institute of Autonomy and Governance (IAG) and the Regional Commission on Bangsamoro Women (RCBW). The report was also the subject of a validation exercise with targeted key stakeholders who work on children's issues across a range of Government sectors, UN institutions and NGOs (see above). The purpose of this exercise is to validate the findings and identify any gaps and inconsistencies before finalisation of the report.

## 2. Context

### 2.1. Geography, demographics and main disaster and climate risks

The ARMM) of the Philippines is situated in South East Asia in the Western Pacific Ocean. It is made up of five provinces within the Philippines: Lanao del Sur, Maguindanao and the island provinces of Basilan (excluding Isabela City), Sulu, and Tawi-Tawi, including two cities (Lamitan in Basilan and Marawi in Lanao Del Sur), 116 municipalities and 2,490 barangays. The seat of government is in Cotabato City, Region XII, which is outside the jurisdiction of ARMM.

**Table 2.1: Map of ARMM**



The provinces of Maguindanao and Lanao del Sur are situated on the island of Mindanao, the largest of the Philippines many islands. The other three provinces, Basilan, Sula and Tawi-Tawi, form part of the Sulu archipelago which stretches from the tip of the Zamboanga Peninsula on the north to the island of Borneo in the south. These three provinces are made up of small islands which represent the fringes of a belt of volcanoes. Together, the five provinces of the ARMM region cover an area of 26,974 km<sup>2</sup>.

Lanao del Sur is the largest of the five provinces, with a total land area of 13,494.4 sq. km<sup>2</sup>,<sup>17</sup> stretching along the coast and into the hinterland. Maguindanao, the second largest province, has a total land area of 5,970.5 km<sup>2</sup>.<sup>18</sup> While the interior of the province is heavily forested, the coastal areas are low lying and prone to tsunamis and flooding.

<sup>17</sup> See Child Rights Situational Analysis in ARMM, Save the Children 2016, p.51

<sup>18</sup> However, the provinces of Maguindanao and Lanao del Sur are still to be validated by the existing cadastral survey.

The province of Basilan covers the island of Basilan and nearby offshore islands, together with the Pilas Island group west of the island, and the Bubuan and Tapiantana Island group in the south. Basilan Island itself is the largest and most northern of the major islands of the Sulu archipelago. Far smaller than Lanao del Sur or Maguindanao, the province covers a land area of 1,265.5 km<sup>2</sup> with a long shoreline of 169.8 kilometres. It is low lying for the most part, with the urban areas situated near the coast, only 2.5 metres above sea level. The island is covered with a more or less even distribution of timber and forest vegetation.

As with Basilan, Sulu is a part of the Sulu Archipelago. The main island and its islets are situated between the island-provinces of Basilan to the northeast, and Tawi-Tawi to the southwest. Sulu has over 157 islets, some of which remain unnamed. The islands are organized into four groups: the Jolo group, the Pangutaran group, the Tongkil-Banguingui (Samales) group and the Siasi-Tapul group.

Tawi-Tawi is the southernmost province of the Philippines. The province is composed of numerous islands, with estimates of the number of islands varying between 107 and 307 islands and islets, 88 of which are characterized by extensive reefs.<sup>19</sup> The islands lie along the equatorial zone with a total land area of 114.9 km<sup>2</sup>.<sup>20</sup>

According to the census which took place in 2015, the population of ARMM was 3,781,387, which represents an average annual increase of 2.98 from 2010, when the population was 3.26 million.<sup>21</sup> The population growth rate in ARMM is higher than the national level growth rate. In the same time period, the national population grew by an annual average of 1.72 per cent.<sup>22</sup>

The population in ARMM accounted for 3.7 per cent of the Philippines' population in 2015.<sup>23</sup>

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<sup>19</sup> Tawi-Tawi, <http://www.tourism.gov.ph/SitePAges/InteractiveSitesPage.aspx?siteID-103>.

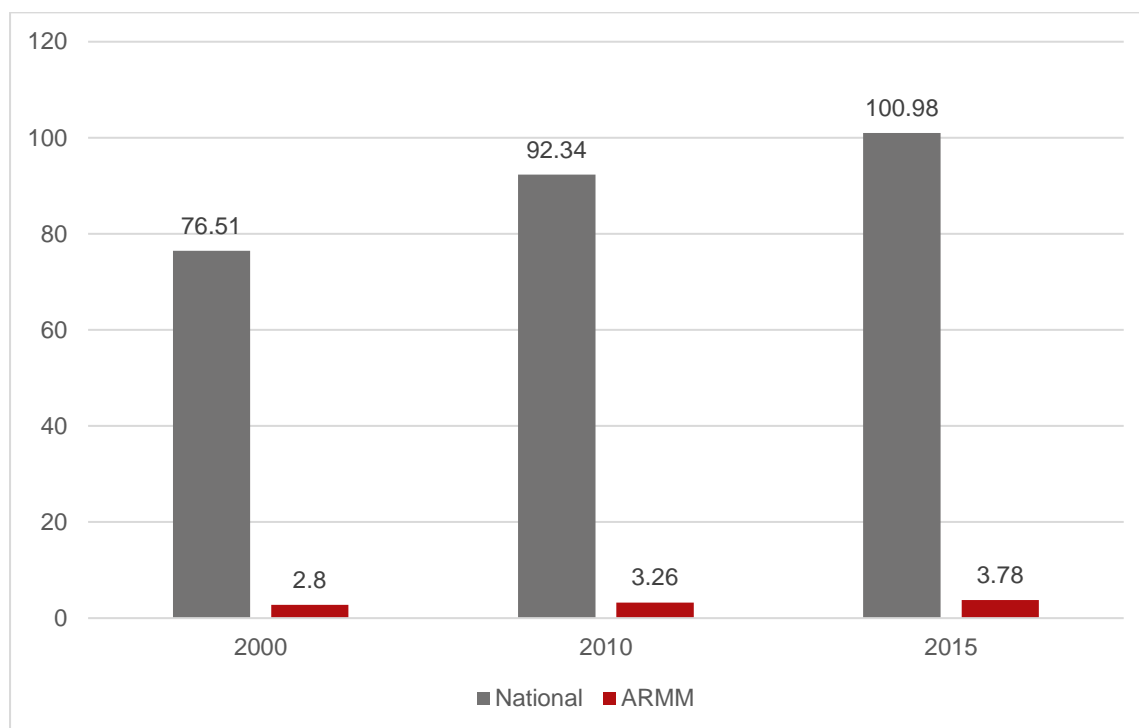
<sup>20</sup> Local Disaster Risk Reduction and Management Capacity of Tawi-Tawi Province.

<sup>21</sup> Philippines Statistics Authority, *Population of the Autonomous Region in Muslim Mindanao, based on the 2015 Census of Population, 10 June 2016*, available at: <https://www.psa.gov.ph/content/population-autonomous-region-muslim-mindanao-based-2015-census-population>

<sup>22</sup> Philippines Statistics Authority, *Highlights of the Philippines 2015 Census of Population*, 19 May 2016, available at: <https://www.psa.gov.ph/content/highlights-philippine-population-2015-census-population>

<sup>23</sup> Philippines Statistics Authority, *Population of the Autonomous Region in Muslim Mindanao, based on the 2015 Census of Population, 10 June 2016*, available at: <https://www.psa.gov.ph/content/population-autonomous-region-muslim-mindanao-based-2015-census-population>

**Table 2.2: Population in Philippines and ARMM, 2000, 2010, 2015 (millions)**



Source: Philippines Statistics Authority, *Highlights of the Philippines 2015 Census of Population (2016)* and *Population of the Autonomous Region in Muslim Mindanao, based on the 2015 Census of Population (2016)*

It should be noted that population data from the 2007 Census has not been used in this report, as the relevant Census data from ARMM has been identified as being unreliable.<sup>24</sup> Population data from 2010 is used, but with some caution.

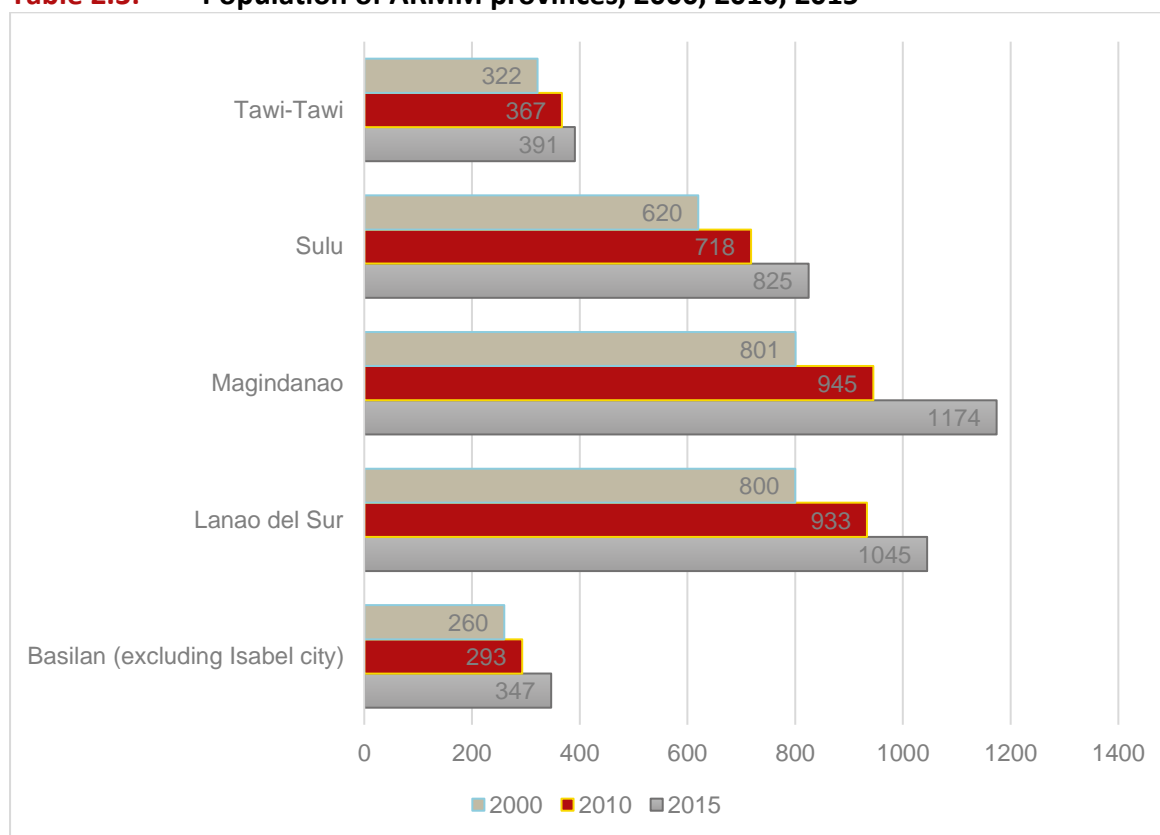
Among the five provinces in ARMM, Maguindanao had the largest population in 2015, with 1.17 million, followed by Lanao del Sur (1.05 million). The island provinces have smaller populations, with 825,000 in Sulu, 391,000 in Tawi-Tawi and 347,000 in Basilan (excluding the city of Isabela, which is outside the jurisdiction of ARMM).

As illustrated in the Table below, the population has grown in each of the provinces since 2000, but at different rates. Maguindanao was the fastest growing province and grew at an annual population growth rate of 4.22 per cent from 2010 to 2015. Tawi-Tawi was the slowest, and registered an annual population growth rate of 1.22 per cent.<sup>25</sup>

<sup>24</sup> It was reported by key stakeholders during the consultation workshop in Cotabato City that population data collected for the 2007 Census was distorted through the addition of 'ghost residents' which may have resulted in inflated population data. It is also noted that the ARMM Regional Development Plan (Chapter 3) does not use the population data from the 2007 Census.

<sup>25</sup> Philippines Statistics Authority, *Population of the Autonomous Region in Muslim Mindanao, based on the 2015 Census of Population, 10 June 2016*, available at: <https://www.psa.gov.ph/content/population-autonomous-region-muslim-mindanao-based-2015-census-population>

**Table 2.3: Population of ARMM provinces, 2000, 2010, 2015**



*Population of the Autonomous Region in Muslim Mindanao, based on the 2015 Census of Population (2016)*

As can be seen from Table 2.4, the provinces of ARMM have a high percentage of children. The figures shown in Table 2.4 only contain the percentage of children under the age of 15, but when the proportion of children aged 15–18 are taken into account, the percentage of children is estimated at nearly 50 per cent of the total population of the region. However, both the crude birth rate and the fertility rate have shown a steady fall in all of the provinces since 2000, and this will, in the long term, slow the growth rate of the population.

**Table 2.4: Demographic information on ARMM Provinces**

<b>2015</b>	<b>Basilan</b>	<b>Lanao del Sur</b>	<b>Maguindanao</b>	<b>Sulu</b>	<b>Tawi-Tawi</b>
Percentage of children under the age of 15	44.6% (2010)	43.9% (2010)	44.1% (2010)	39.7% (2010)	41.3%
No. of births (based on civil registration)	479 (2014)	2,026 (2014)	7,801 (2014)	87 (2014)	828
Crude birth rate per thousand population	28.18 (2010 - 2015)	33.68 (2010-2015)	29.36 (2010-2015)	24.11 (2010 - 2015)	29.35
Fertility rate	3.55 (2010 - 2015)	4.23 (down from 4.54 between 2005-2010)	3.58 (2010 -2015)	2.70 (2010 - 2015)	3.52



<b>2015</b>	<b>Basilan</b>	<b>Lanao del Sur</b>	<b>Maguindanao</b>	<b>Sulu</b>	<b>Tawi-Tawi</b>
Median age of the population	17.4 (2010)	17.6 (2010)	17.6 (2010)	19.1	19.0 (2010)

*The Philippine Labor and Employment Plan 2011-2016*

What is notable about ARMM are the relatively low numbers of urban residents. According to the Philippines Statistics Authority in 2010, the urban population in Basilan was only 3.9 per cent of the total population. In Lanao del Sur it was 4.2 per cent, in Maguindanao 16.4 percent, in Tawi-Tawi, 16.9 per cent and in Sulu 25 per cent. This has an inevitable impact on the provision of services for children, both in terms of accessibility, human resources and financial resources, as the cost of providing services for children is generally higher in rural areas.

According to the Philippines Statistics Authority, Muslims comprise more than 90 per cent of the total population, followed by Roman Catholics (5 per cent), and the Philippine Episcopal Church with little more than one per cent. There are also small numbers of Evangelicals, Iglesia ni Cristo and other religions.

ARMM, like the rest of Mindanao, is ethnically diverse: there are estimated to be 14–17 million Indigenous Peoples (IPs) across the Philippines, belonging to 110 ethno-linguistic groups.<sup>26</sup> A significant proportion of IPs (61 per cent) are located in Mindanao. A wide range of languages are spoken, with the major language dialects being Maguindanao, Maranao, Tausug, Iranun and Samal.

**Table 2.5: Main ethnic, religious and language groups in ARMM provinces**

<b>Province</b>	<b>Ethnicity</b>	<b>Religion</b>	<b>Language</b>
Maguindanao	<ul style="list-style-type: none"> <li>• Maguindanao tribe (63.51%)</li> <li>• Iranun tribe (14.53%)</li> <li>• Teduray tribe (4.66%)</li> <li>• Other Indigenous groups include Lambangian and Dulangan<sup>27</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Muslim (81%)</li> <li>• Remaining 9% include various Christian denominations.</li> </ul>	Main languages are Maguindanao, Cebuano and Tagalog.
Lanao del Sur	<ul style="list-style-type: none"> <li>• Maranao (88%)</li> <li>• Hiligaynon (3%)</li> <li>• Cebuano (3%)</li> <li>• Ilocano (2%)</li> <li>• Indigenous groups include Higaonon, Agusan Manobo, B'Laan, Subanen, T' Boli, Tigwahanon,</li> </ul>	<ul style="list-style-type: none"> <li>• Muslim (95%)</li> <li>• Roman Catholic (5%)</li> <li>• Iglesia ni Cristo (0.46%)</li> <li>• Other religions (1.41%).</li> </ul>	Main languages are Maranao, Cebuano, Iranun and Tagalog.

<sup>26</sup> UNDP, *Fast Facts: Indigenous Peoples of the Philippines* (2013), available at: [http://www.ph.undp.org/content/philippines/en/home/library/democratic\\_governance/FastFacts-IPs.html](http://www.ph.undp.org/content/philippines/en/home/library/democratic_governance/FastFacts-IPs.html). Note that population statistics on Indigenous Peoples do not appear to be published with the Census data (which was last carried out in 2015).

<sup>27</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014), p. 6 (this includes Cotabato City, which is outside the territory of ARMM).

<i>Province</i>	<i>Ethnicity</i>	<i>Religion</i>	<i>Language</i>
	Talaandig, Umayamnon, Mandaya, Bagobo, Pulangihon, Matigsalug, Ilyanun, Klata Manobo (Dyangan), Igorot, Mangyan, Ivatan and Tinguian <sup>28</sup>		
Basilan	<ul style="list-style-type: none"> <li>• Yakan (41.36%)</li> <li>• Settlers (32.9%, largely from Visayas and Luzon)</li> <li>• Moro tribes (Tausug, Sama, Badjao, Iranon) (25.74%, largely from Visayas and Luzon)</li> </ul>	<ul style="list-style-type: none"> <li>• Muslim (65%)</li> <li>• Christian, mostly Roman Catholic (33%)</li> <li>• Traditional local beliefs, traditions and rituals (2%)</li> </ul>	Zamboangueño Chavacano spoken by nearly 80% of residents; Tausug is widely spoken, especially among Muslim tribes and is understood by about 70% of the population. Cebuano/Bisaya is the third language and spoken by Christian tribes and some Muslim tribes; Yakan, used mainly by Yakans; Minority languages: Samal/Banguingui, Iranon, Ilocano and Ilonggo
Sulu	Tausug	<ul style="list-style-type: none"> <li>• Muslim (97%)</li> <li>• Christians (2%)</li> </ul>	Tausug most commonly spoken (lingua franca) Bahasa Sama (second most common language with several dialects) Bajua-Sama English Tagalog Chavacano Cebuano
Tawi-Tawi	Sama <sup>29</sup> cultural group. There are sub-groups whose name depends	Muslim (96%); Christian (2%)	Prevailing dialect is Samal; but English,

<sup>28</sup> IPDEV, The Indigenous Peoples of Mainland ARMM (2014), p. 6 (this includes Cotabato City, which is outside the territory of ARMM).

<sup>29</sup> www.britannica.com. Encyclopædia Britannica, Inc.

<i>Province</i>	<i>Ethnicity</i>	<i>Religion</i>	<i>Language</i>
	upon their location: Sama Sibutu (e.g. from the Sibutu-Sitangkai Island Group)	Traditional beliefs (2%)	Filipino (Tagalog) and Tausug are all widely used.

The population of ARMM has been shaped by internal and international migration patterns, as set out in the box below.

**Spotlight issue: International and internal migration**

Migration, both within and outside of the Philippines, has had a range of impacts on children and young people, including in ARMM. The culture of international migration, in particular, which has been promoted by the Philippines Government since the 1970s as a means of increasing labour market opportunities for Filipino workers,<sup>30</sup> has shaped the experiences of the many children who have been ‘left behind’ by migrant worker parents. International migration has been institutionalized within the Philippines and it has come to be recognised as an important livelihood strategy for many families. In the past few decades, a comprehensive institutional and legal framework has been developed, governing all stages of the migration process, from pre-departure to return and reintegration. The Migrant Workers and Overseas Filipinos Act was adopted in 1995 (and has been amended several times, most recently in 2010). It includes a range of provisions to ensure the protection of Filipino workers overseas. The legal and policy framework is implemented primarily by two Government agencies – the Philippine Overseas Employment Administration and the Overseas Workers Welfare Administration.

According to the latest data from the Commission for Overseas Filipino Workers, there were an estimated 2.4 million Overseas Filipino Workers (OFWs) in 2015,<sup>31</sup> most of whom (97 per cent) were engaged in contract work, and one third of which were in unskilled work.<sup>32</sup> It has been estimated that, in total, 11 million persons born in the Philippines are living abroad.<sup>33</sup> While the proportion of OFWs from ARMM appears to be low in comparison to other regions (in 2015, ARMM reported the lowest percentage of total OFWs, at 1.5 per cent), these figures should be taken with caution: while there is very limited nationally representative data on internal migration, there is some evidence that OFWs tend to move from their home province to a large city (e.g. Greater Manila) to gain work experience and save money before moving abroad as an OFW.<sup>34</sup> It is therefore possible that there are a greater number of OFWs from ARMM than the data indicate.

<sup>30</sup> The Philippine Labor and Employment Plan 2011-2016, at p12, available at [www.dole.gov.ph](http://www.dole.gov.ph).

<sup>31</sup> Philippines Statistics Authority, *Survey on Overseas Filipino Workers* (2016) (including Filipinos who worked abroad anytime during the period April to September 2015).

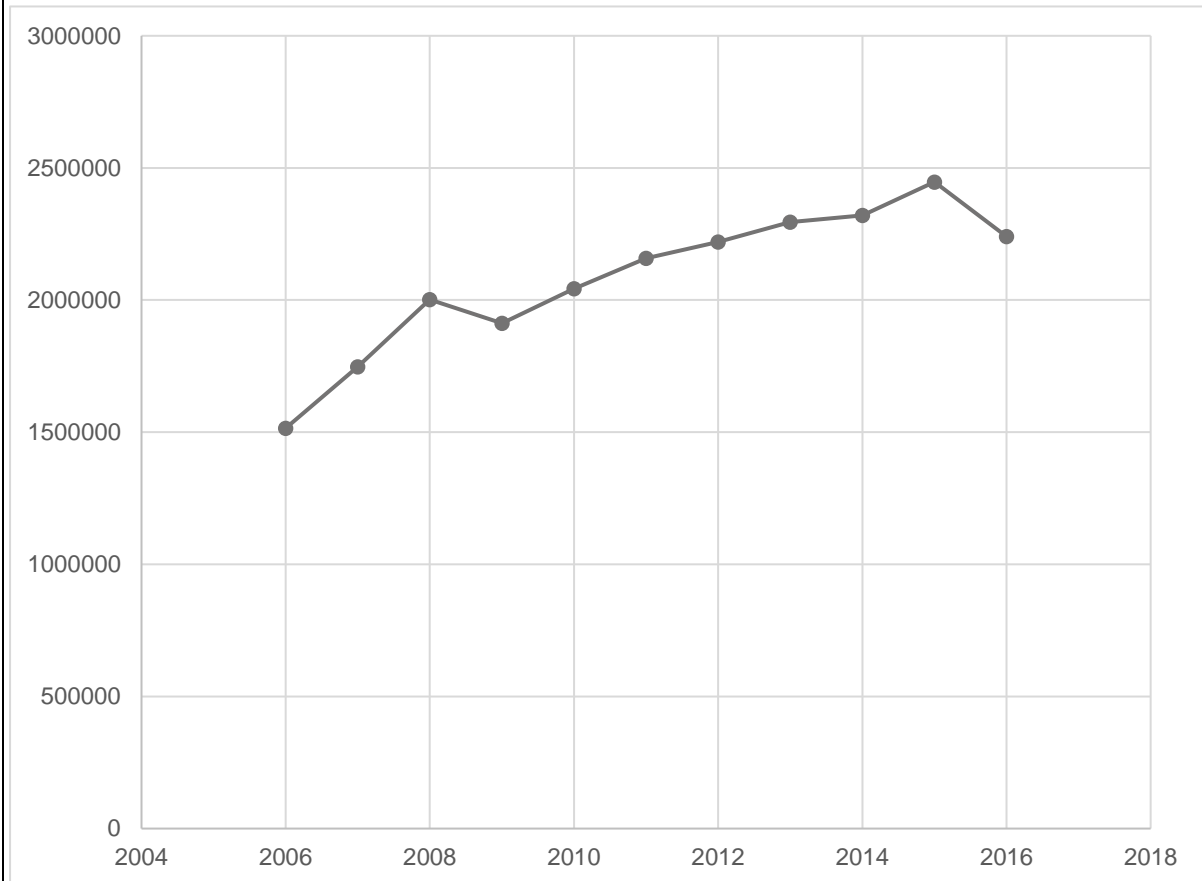
<sup>32</sup> Philippines Statistics Authority, *Survey on Overseas Filipino Workers* (2016) (including Filipinos who worked abroad anytime during the period April to September 2015).

<sup>33</sup> UNESCAP, *Asia-Pacific migration report 2015: Migrants' contribution to development*, p. 80.

<sup>34</sup> See e.g. Anderson, K, Apland, K, Dunaiski, M and Yarrow, Y, Coram International, *Women in the wind: analysis of migration, youth economic empowerment and gender in Vietnam and the Philippines* (2017).

The number of OFWs has been increasing in recent years, from 1.07 million in 2007, as illustrated in the graph below.

**Table 2.6: Migration of Filipino Workers Overseas, 2006 - 2016**



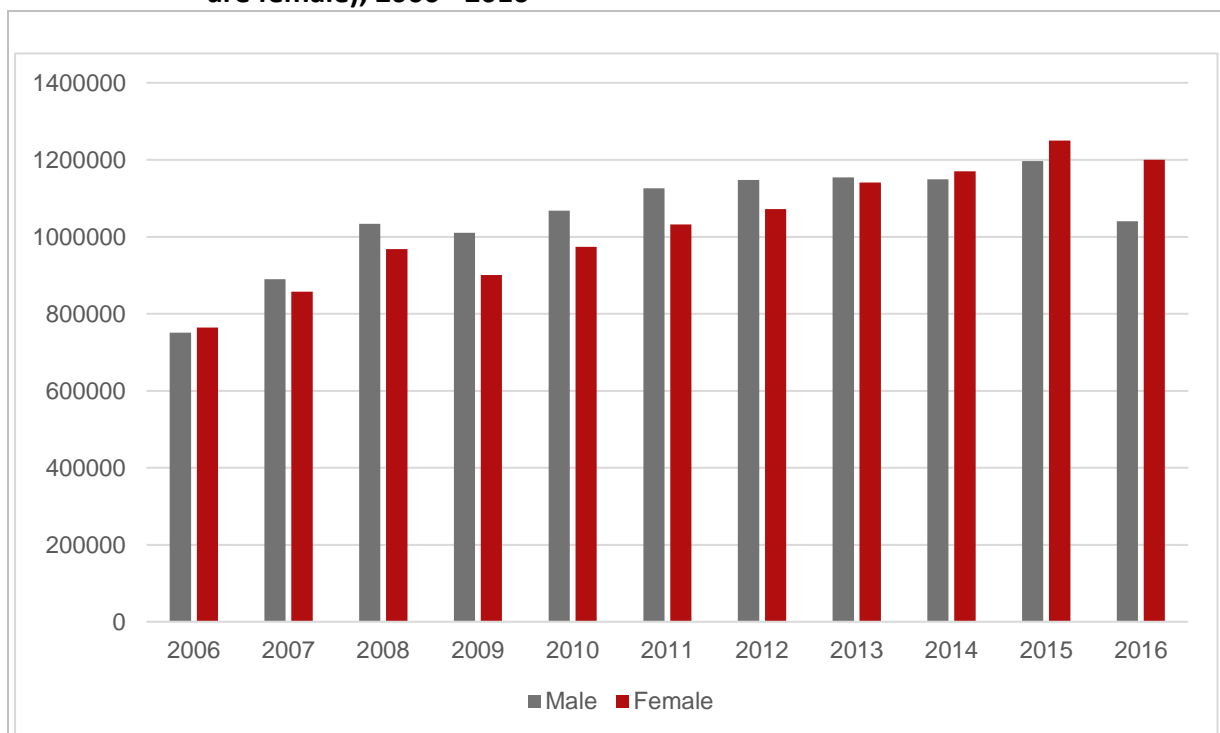
Source: Philippines Statistics Authority, *Statistical tables on Overseas Filipino Workers, 2006 – 2015 (yearly)*

In contrast to the trend in other countries in the Asia Pacific region, women make up slightly more overseas migrants than men (51.1 per cent, compared to 48.9 per cent),<sup>35</sup> and the majority of overseas migrants are between the ages of 25 and 34 years (48 per cent).<sup>36</sup> There has been a notable trend toward the ‘feminisation’ of international migration in the Philippines, with the proportion of migrants who are female increasing significantly in the past decade, as illustrated in the Table below.

<sup>35</sup> Philippines Statistics Authority, *Survey on Overseas Filipino Workers (2016)* (including Filipinos who worked abroad anytime during the period April to September 2015).

<sup>36</sup> Philippines Statistics Authority, *Survey on Overseas Filipino Workers (2016)* (including Filipinos who worked abroad anytime during the period April to September 2015).

**Table 2.7: Number of male and female OFWs (growth in proportion of migrants who are female), 2006 - 2016**



The extent of 'Informal' international economic migration (i.e. those who do not register as OFWs) is unknown. However, one pattern that has been noted is the migration of persons from ARMM and other parts of Mindanao to Sabah in Malaysia. While concrete data are not available, it is estimated that around 800,000 mixed migrants and refugees from the Philippines are residing in Sabah and that an estimated 105,000 have been forcibly returned since 2005 – approximately 400 are returned every week to Tawi-Tawi (a further 400 a week are returned to Zamboanga).<sup>37</sup> It has been reported that many individuals and families from ARMM migrate to Sabah looking for work. The children in these families often drop out of school and once they arrive in Sabah many end up working illegally as hired farm hands or they learn 'blue collar skills and become adept at their craft.'<sup>38</sup> There is a high demand for unskilled labourers in Sabah, and the money that can be earned is higher in Sabah than in Tawi-Tawi or Basilan, and many consider that it is worth the risk of being sent back to ARMM in order to complete a couple of months working in Sabah.<sup>39</sup> Between 2013 and 2015, 1,467 male and 1,383 female children were deported from Sabah to Tawi-Tawi.<sup>40</sup>

<sup>37</sup> UNHCR, 'Protection of migrants and forced returnees to Mindanao', Thematic Protection Bulletin, 9 July 2015, p. 3, available at: [http://www.protectionclusterphilippines.org/wp-content/uploads/2015/08/UNHCR-Thematic-Protection-Bulletin\\_Protection-of-Migrants-and-Forced-Returnees.pdf](http://www.protectionclusterphilippines.org/wp-content/uploads/2015/08/UNHCR-Thematic-Protection-Bulletin_Protection-of-Migrants-and-Forced-Returnees.pdf)

<sup>38</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 77

<sup>39</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 76

<sup>40</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 77

International migration has become a recognised, established livelihood strategy for many households and individuals in the Philippines, and “*there is no doubt that, on average, families benefit materially from having a member who is an international migrant worker.*”<sup>41</sup> It has been reported that, in 2006, 24 per cent of households in the Philippines received contributions from overseas (mainly remittances). Between April and September 2015, OFWs sent an estimated PhP180.3 million home (mostly in the form of cash sent home – PhP135.6 billion, or brought home – PhP37.3 billion).<sup>42</sup> Remittances have reportedly decreased the incidence of poverty in recipient households and provided income to improve the health and education of children in these households.<sup>43</sup> A study conducted in 2008 found that families of migrants tend to have a greater ability to buy food, send children to better schools and have an improved ability to buy school materials and clothing.<sup>44</sup> They have also provided a cushion against economic shocks caused by crises or disasters – for example, remittances increased during the Asian financial crisis of 1997 and in the aftermath of natural disasters.<sup>45</sup>

Despite these economic benefits, the social costs of international migration – and particularly its effects on children – are being increasingly highlighted, especially among families of the many women who migrate out of the Philippines to pursue work opportunities. While most research has focused on the economic impacts of international migration, several studies have explored these social impacts. A study carried out in 2013 by UN Women found that migration can cause disruption in the family structure through a ‘care drain’ or ‘emotional gap’ caused by the departure of a parent.<sup>46</sup> This is particularly the case when women migrate: social expectations concerning gender roles dictate that women are primarily responsible for care functions, including child rearing duties. These expectations mean that a ‘major reconfiguration of family arrangements for managing the household and childcare’ often occur when mothers migrate. Where the husband or partner left behind is unwilling to assume a care-giving role, extended family may perform this function (typically grandparents/female siblings).<sup>47</sup> A study by the Center for Migration Advocacy in 2007 found that migration may lead to broken families, as some spouses find another partner while the husband or wife is away.<sup>48</sup>

Migration by a parent has also been found to affect the social behaviour of children. Studies have found that Filipino children with absent mothers showed poorer social adjustment and impeded psychological development, and often bore the pressure of assuming a caring role for other family members (e.g. young siblings) – particularly in the case of girls.<sup>49</sup> The study

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<sup>41</sup> UNESCAP, *Asia-Pacific migration report 2015: Migrants’ contribution to development*, p. 48.

<sup>42</sup> Philippines Statistics Authority, *Survey on Overseas Filipino Workers* (2016)

<sup>43</sup> UNESCAP, *Asia-Pacific migration report 2015: Migrants’ contribution to development*, p. 48.

<sup>44</sup> Rosemarie Edillon, UNICEF, *The effects of parents’ migration on the rights of children left behind* (2008)

<sup>45</sup> UNESCAP, *Asia-Pacific migration report 2015: Migrants’ contribution to development*, p. 48. Though it was found in a study carried out in 2008 that a majority of OFW children were not protected from economic shocks, due to very few having liquid assets and access to private insurance.

<sup>46</sup> UN Women Asia Pacific Regional Office, *Valuing the social cost of migration: An exploratory study* (2013)

<sup>47</sup> UN Women Asia Pacific Regional Office, *Valuing the social cost of migration: An exploratory study* (2013)

<sup>48</sup> Center for Migration Studies (2007), in UN Women Asia Pacific Regional Office, *Valuing the social cost of migration: An exploratory study* (2013)

<sup>49</sup> Battistella and Conaco (1996) and Tharan (2009) in UN Women Asia Pacific Regional Office, *Valuing the social cost of migration: An exploratory study* (2013)

by UN Women in 2013 found that teenagers of migrant parents who were involved in the study were disposed to engaging in risky behaviours (joining gangs, drug use, drinking alcohol etc.) as a result of spending considerable time away from the home among friends and the difficulties for a sole parent to provide adequate supervision.<sup>50</sup>

The volume of migration out of the Philippines may also have less direct impacts on children and families. While the social and economic impacts of migration on children at the macro levels have not been widely explored, it is likely that the massive out-migration of key professionals, such as nurses, IT specialists and engineers, has left a drain on human resources in the country that are required to deliver basic services to children and families (health care, infrastructure development etc.).<sup>51</sup> It has also been reported that the ‘culture of migration’ can slow development by acting as a disincentive for children to complete education in the Philippines, due to them developing intentions to work abroad in jobs that do not require education.<sup>52</sup>

Movement of persons *within* the Philippines is another dimension to migration which impacts on children at different levels. Unfortunately, there is a very limited amount of nationally representative data on internal migration patterns. However, according to the most recent Census of Population and Housing (2010), around 2.74 million Filipinos changed their place of residence within the last five years, which suggests that the prevalence of internal migration in the Philippines stands at around 3.3 per cent of the total population (aged 5 years and older).<sup>53</sup> While these data do not disaggregate by age group or gender, other studies based on older data have found that internal migration is largely a youth phenomenon. For instance, a 2004 study on rural-urban migration flows based on 2000 Census data found that 10 per cent of youth (aged 15–29) in the less urbanized areas and 19 per cent in the National Capital Region (Metro Manila) were inter-provincial migrants. They also used 2000 Census data to show that the age brackets 15–19, 20–24 and 25–29 (i.e. ‘youth’) make up the overwhelming majority of the internal migrant population, especially in the highly urbanized areas.<sup>54</sup> Mirroring the trends in international migration, young female migrants appear to account for the majority of internal migrants, particularly among rural to urban migrants, which is the predominant internal migration pattern within the Philippines more generally.<sup>55</sup>

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<sup>50</sup> UN Women Asia Pacific Regional Office, *Valuing the social cost of migration: An exploratory study* (2013)

<sup>51</sup> UN Women Asia Pacific Regional Office, *Valuing the social cost of migration: An exploratory study* (2013)

<sup>52</sup> UNESCAP, *Asia-Pacific migration report 2015: Migrants’ contribution to development*, p. 80.

<sup>53</sup> Note that this figure includes long-distance (inter-provincial) and short distance (intra-provincial) movement.

<sup>54</sup> Gultiano, S. and Xenos, P. *Age-structure and urban migration of youth in the Philippines* (2004) CICRED Seminar.

<sup>55</sup> Gultiano, S. and Xenos, P. *Age-structure and urban migration of youth in the Philippines* (2004) CICRED Seminar; Asis, M. and Battistella, G. (2013), UNICEF Philippines, *The Filipino youth and the employment nexus* (2013).

### 2.1.2. Main disasters and climate risks<sup>56</sup>

ARMM's island provinces are vulnerable to natural disasters with the presence of earthquake faults in Maguindanao and offshore faults in the Sulu and Cotabato trenches.<sup>57</sup> ARMM also has live volcanoes and is subject to tsunamis, severe flooding and at times, drought. Around 7 to 9 typhoons make landfall every year in the Philippines,<sup>58</sup> most of which affect ARMM.

The sea levels in the Philippines are projected to rise by between 7.6 and 10 centimetres every 10 years, in comparison to the average worldwide sea level rise of 3.1 centimetres per year.<sup>59</sup> The majority of the population, including the population of ARMM, live in the immediate vicinity of the coast and may face a need to relocate.<sup>60</sup>

Floods and storm surges caused severe damage to Basilan, Sulu, and Tawi-Tawi in the early part of 2011, and in June of the same year, severe flooding struck Maguindanao and Lanao Del Sur. The periodic El Niño Southern Oscillation, especially affects Maguindanao, and is a constant threat, resulting in droughts. Sulu, Basilan, Maguindanao and Lanao Del Sur are also prone to drought resulting in water shortages and crop failure as well as increased risk of forest fires and a reduction in hydropower generation and access to electricity.<sup>61</sup> Around 50 per cent of the time, El Niño is followed by La Niña bringing unusually cold and wet conditions leading to heavy rainfall, flooding, a strong monsoon and more typhoons.<sup>62</sup> Maguindanao was particularly badly affected by flooding in 2011. Agricultural crops, houses, school buildings and other infrastructures particularly roads and bridges were damaged and the costs were in millions of pesos. Natural disasters have an impact and have resulted in a high poverty incidence in the Maguindanao year after year. Flooding also has an impact on children's health, causing different kinds of waterborne diseases.<sup>63</sup>

Rain-triggered landslides are common in mountainous areas of Maguindanao and Lanao Del Sur. In addition, active volcanoes such as Mount Bud Dajo in Sulu and the Ragang and the Makaturing Mountains in the Bukidnon-Lanao Del Sur area, as well as Mount Matutum in South Cotabato pose a constant threat to inhabitants.<sup>64</sup>

In 2016, Maguindanao province was severely hit by drought leading to a need for food relief. In terms of the impact of climate change, ARMM has some of the highest risk indicators in the Philippines. Much of the land in Sulu, Basilan and Tawi-Tawi is low-lying and the island provinces in ARMM depend heavily upon coastal resources, which are highly susceptible to

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<sup>56</sup> Disaster and climate risks are elaborated further in section 3.1, below.

<sup>57</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao p.6.

<sup>58</sup> Second National Communication to the United Nations Framework Convention on Climate Change, Philippines, p 15.

<sup>59</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 10.

<sup>60</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 11.

<sup>61</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 9.

<sup>62</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 9.

<sup>63</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.3.

<sup>64</sup> Local Disaster Risk Reduction and Management Capacity of the Autonomous Region in Muslim Mindanao Province, p.6.



climate-driven ecological changes, for the livelihoods and life support of their populations. ARMM is regarded as exhibiting acute physical and social vulnerability to climate change.

Rising sea levels put much of ARMM at risk of coastal flooding, and could render some of the coastal areas uninhabitable. Rising seas can also result in saltwater intrusion which alters the salinity of the coastal ecosystem. Climate change is increasing ocean temperatures and is likely to have an impact on fish breeding patterns as well as plant cycles and could potentially cause an increase in the frequency and power of typhoons.<sup>65</sup> In addition, climate change could place water security and agriculture at risk. The El Niño, which already has a significant impact on ARMM and contributes to droughts during the dry season and floods during the wet could become more acute in a changing climate.

The low level of economic development in ARMM, the high level of poverty and the relative deprivation of the Bangsamoro, leaves ARMM with low capacity for climate change adaptation, and this itself makes ARMM more vulnerable to natural disasters and climate change.<sup>66</sup> As set out below (section 2.3), livelihoods in ARMM are highly dependent on fragile natural resources, making climate change adaptation difficult.<sup>67</sup>

## 2.2. Socio-economic context

The Philippines is a lower middle-income country<sup>68</sup> with a fast-growing economy. According to a recent World Bank report (2017), it is the tenth fastest growing economy in the World.<sup>69</sup> The country's GDP in 2015 was US\$ 292,451 billion<sup>70</sup>, and it grew by 6.8 per cent in 2016.<sup>71</sup> Per capita GDP was US\$ 2904.2.<sup>72</sup> In 2017, its economy is expected to advance between 6.5 and 7.5 per cent.<sup>73</sup>

According to a recent World Bank report, capital formation drove overall economic growth, supported by an expansionary fiscal policy focused on infrastructure spending, which

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<sup>65</sup> Villarín et al. 2008, 17-18. See also Ewing J.J. *Converging Peril: Climate Change and Conflict in the South Philippines*, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf).

<sup>66</sup> Villarín et al. 2008, 17-18. See also Ewing J.J. *Converging Peril: Climate Change and Conflict in the South Philippines*, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf).

<sup>67</sup> Villarín et al. 2008, 17-18. See also Ewing J.J. *Converging Peril: Climate Change and Conflict in the South Philippines*, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf).

<sup>68</sup> World Development Indicators, World Bank: <http://data.un.org/CountryProfile.aspx?crName=PHILIPPINES>

<sup>69</sup> World Bank, *Global economic prospects: A fragile recovery* (2017), available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/26800/9781464810244.pdf?sequence=13&isAllowed=y>

<sup>70</sup> <http://databank.worldbank.org/data/reports.aspx?source=2&country=PHL>

<sup>71</sup> "Philippine Economy Posts 6.6 Percent GDP Growth in the Fourth Quarter of 2016; 6.8 Percent in 2016", January 26, 2017, <https://psa.gov.ph/nap-press-release>

<sup>72</sup> <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=PH>

<sup>73</sup> World Bank, *Global economic prospects: A fragile recovery* (2017), available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/26800/9781464810244.pdf?sequence=13&isAllowed=y>

generated construction activity.<sup>74</sup> Household consumption also contributed to economic growth, supported by an increase in remittances in recent years, along with a supportive environment for consumer lending, which boosted household spending power.<sup>75</sup> This growth has led to robust net job creation, as detailed below. However, economic growth in the Philippines has also been constrained by a range of factors, including poor governance and weak institutions<sup>76</sup>, as discussed in the following section.

However, despite strong economic growth overall, the growth in human development has been very slow and has not been inclusive. According to the latest Human Development Index (HDI) report, which measures and ranks countries according to three dimensions of human development (a long and healthy life; knowledge; and a decent standard of living), the Philippines had an HDI of 0.682 and a rank of 116 out of 188 countries.<sup>77</sup> This placed the Philippines in the 'medium development' category, lagging behind its neighbours, Thailand, Indonesia and Vietnam (which has only three fifths of the per capita income of the Philippines).<sup>78</sup>

Economic and human development has been very uneven across the Philippines and across Mindanao, with stark variation in contribution to GDP by region, as shown in the map below.

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<sup>74</sup> World Bank, *Philippines economic update: advancing the investment agenda*, April 2017, p. 2

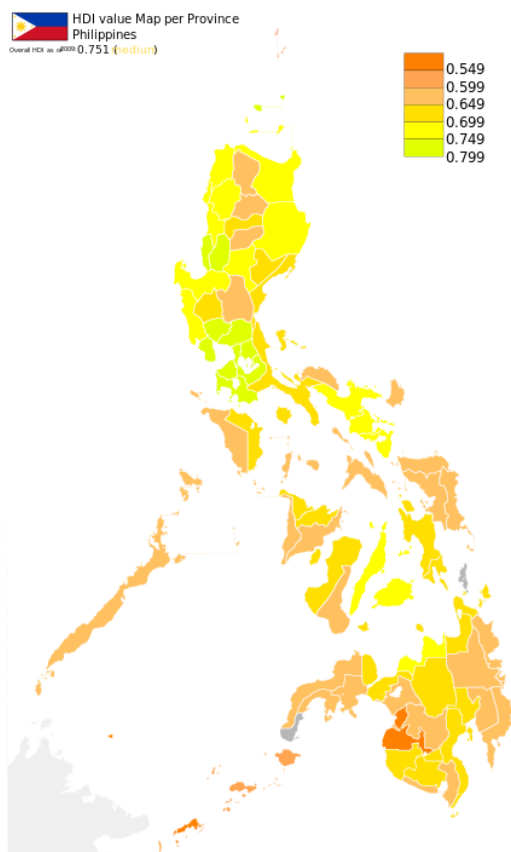
<sup>75</sup> World Bank, *Philippines economic update: advancing the investment agenda*, April 2017, p. 2

<sup>76</sup> Mendoz, R.U, Ofindo R., and Poco L.C.R.: Governance and Institutions in the Philippines, ASOG Working Paper 17-002, 2017.

<sup>77</sup> UNDP, *Human development report 2016*, available at:  
[http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf)

<sup>78</sup> UNDP, *Human development report 2016*, available at:  
[http://hdr.undp.org/sites/default/files/2016\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf)

**Table 2.8: Human development index by province, 2009**



Source: Philippine Human Development Network, *Philippine Human Development Report, Chapter 3 (2008/9)*

As indicated in figure 2.8, ARMM has the lowest levels of human development in the Philippines. In 2005, Tawi-Tawi, Maguindanao and Sulu had the lowest human development index ratings in the Philippines, while Basilan and Lanao del Sur were also in the bottom 10.<sup>79</sup> In 2009, Lanao del Sur, Tawi-Tawi, Maguindano and Sulu were all still in the bottom 10. In 2009, the overall HDI for the Philippines was 0.654, with an average life expectancy of 69 years. In Tawi-Tawi in 2009, the average life expectancy was 53.6 years (although up from 51.2 in 2000). The human development index in ARMM rose to .217 in 2012, a change from .416 in 2009 and .408 in 2006. In 2013, the four provinces of Lanao del Sur, Tawi-Tawi (0.310), Maguindanao (0.300) and Sulu (0.266) were still in the bottom 10 per cent of the Philippines provinces, with only Basilan maintaining an HDI outside the lowest 10 per cent. The continued armed conflict has been the main contributor to a low human development index rating.

<sup>79</sup> UNDP Philippine Human Development Report 2005.

Mindanao has also been characterized by highly uneven levels of development, with conflict areas having the lowest levels of growth.<sup>80</sup> In 2009, 54 per cent of Mindanao's GRDP was contributed by Northern Mindanao (Region X) and the Davao Region (Region XI), where the relatively prosperous cities of Davao and Cagayan do Oro are located. Conflict-affected regions of ARMM, by contrast, produced only 5 per cent and 8 per cent of Mindanao's GRDP.<sup>81</sup>

Agriculture, hunting, forestry and fishing account for 61.28 per cent of the regional economy, as 2.46 increase in 2013.<sup>82</sup> Only 5.1 per cent of the GRDP came from industry, while 33.6 came from the service sector. Cassava, *palay*, coconut and corn were the top five commodities produced in the region.<sup>83</sup>

The Philippines continues to receive a significant amount of Official Development Assistance (ODA). The net amount of ODA received increased from \$192.1 million in 2013 to \$677.5 million in 2014, but dropped to \$515.3 million in 2015.<sup>84</sup> It has not been possible to access this information by regional breakdown; however, it was calculated by OECD that, between 1990 and 2010, development assistance focused on the Mindanao subnational conflict areas (which include substantial areas in ARMM) and averaged \$40 million a year. By 2012, nearly 50 per cent of aid programmes focused on addressing conflict.<sup>85</sup> Many of these programmes have supported rural infrastructure, service delivery or community development in conflict-affected areas.<sup>86</sup> A study by the Asia Foundation in 2013 reported that aid in Mindanao is 'highly fragmented', despite the establishment of two Government agencies and a donor coordination forum, the Mindanao Development Authority.<sup>87</sup>

### 2.2.1 Poverty

ARMM has the highest incidence of poverty out of all regions in the Philippines. Concerningly, while the incidence of poverty has lowered in the Philippines over the last 18 years, in ARMM it has doubled. Poverty-related factors have contributed significantly to poor rankings of the Philippines (including in ARMM) in terms of child well-being, health, deprivation and education.<sup>88</sup> In ARMM, poverty-related factors have also been associated with the ongoing conflict in the region, as set out above. According to the Asia Foundation, conflict-affected areas of Mindanao have the highest poverty levels in the Philippines and the lowest human

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<sup>80</sup> Adriano F., and Parks T., *The Contested Corners of Asia: Subnational Conflict and International Development Assistance, the Case of Mindanao, Philippines*, The Asia Foundation 2013, p. 34

<sup>81</sup> Adriano F., and Parks T., *The Contested Corners of Asia: Subnational Conflict and International Development Assistance, the Case of Mindanao, Philippines*, The Asia Foundation 2013, p. 34

<sup>82</sup> Philippines Statistics Authority

<sup>83</sup> Philippines Statistics Authority.

<sup>84</sup> OECD-DAC -

[https://public.tableau.com/views/OECD-DACaidatag glancebyrecipient\\_new/Recipients?:embed=y&:display\\_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no](https://public.tableau.com/views/OECD-DACaidatag glancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no)

<sup>85</sup> OECD in Adriano F., and Parks T., *The Contested Corners of Asia: Subnational Conflict and International Development Assistance, the Case of Mindanao, Philippines*, The Asia Foundation 2013, p. 34

<sup>86</sup> Adriano F., and Parks T., *The Contested Corners of Asia: Subnational Conflict and International Development Assistance, the Case of Mindanao, Philippines*, The Asia Foundation 2013, p. 34

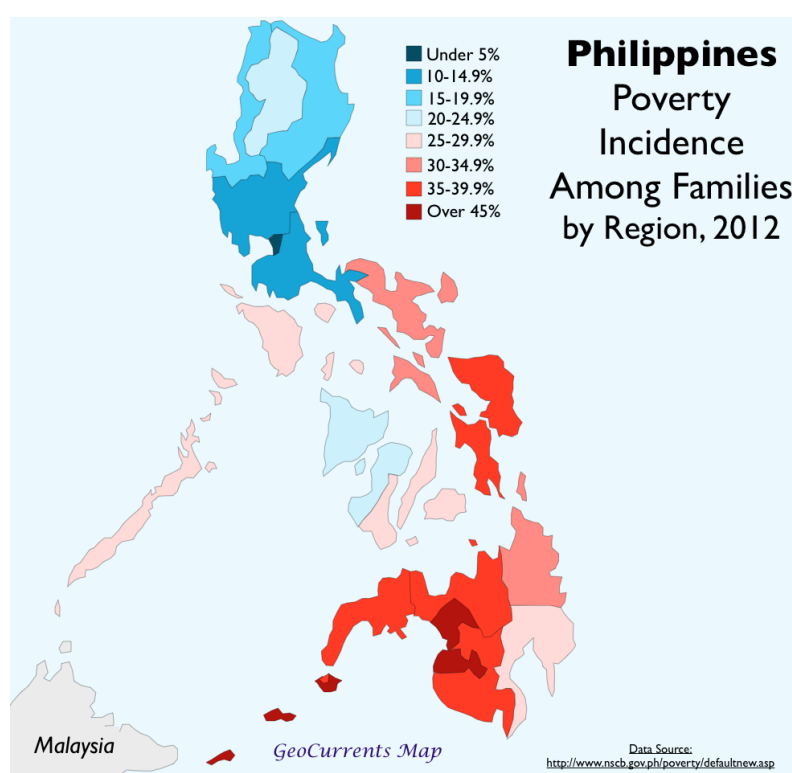
<sup>87</sup> Adriano F., and Parks T., *The Contested Corners of Asia: Subnational Conflict and International Development Assistance, the Case of Mindanao, Philippines*, The Asia Foundation 2013, p. 34

<sup>88</sup> *Strengthening Child Protection systems in the Philippines, Child Protection in Emergencies*, p 19

development.<sup>89</sup> The human and financial costs of the conflict have been huge: more than 120,000 lives have been lost in the conflict, which has also had a cost of \$10 billion, according to conservative estimates.<sup>90</sup>

According to the latest data, the incidence of basic needs poverty (the proportion of the population / families who have a per capita income less than that required to meet basic food and non-food needs) is very high in ARMM, and significantly higher than the incidence of poverty at the national level. In 2015, 48.2 per cent of families (53.7 per cent of the population) were living below the basic needs poverty line.<sup>91</sup> This represents almost 2 million persons living below the poverty line. This is significantly higher than the poverty incidence at the national level, which in 2015 was 16.5 per cent of families (21.6 of the population).<sup>92</sup>

**Table 2.9: Map of poverty incidence by region, 2012**



Source: Geomaps (from Family Income and Expenditure Survey, 2012)

Poverty rates in ARMM are also significantly higher than most other regions in Mindanao (Regions IX, X, XI, XII and XIII). The average rate of basic needs poverty in Mindanao in 2015 was 30.4 per cent, which is considerably higher than it was for ARMM at 53.7 per cent.

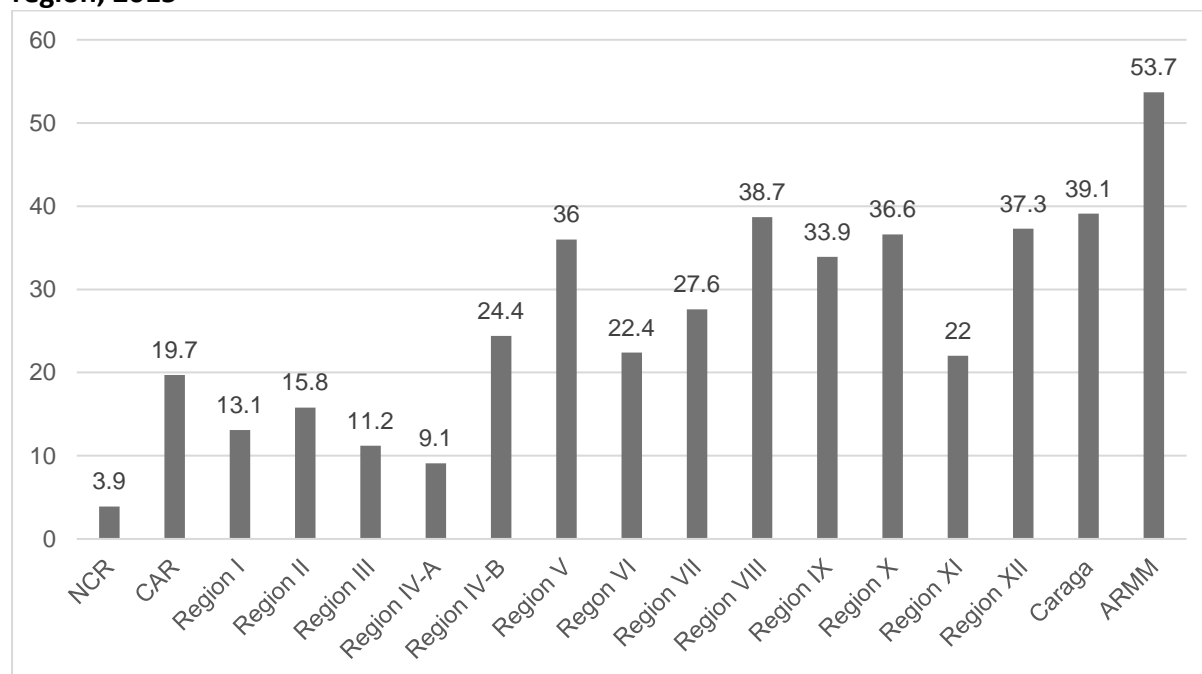
<sup>89</sup> Fermin Adriano and Thomas Parks, Asia Foundation, *The contested corners of Asia: Subnational conflict and international development assistance: The case of Mindanao, Philippines* (2013), p. xii

<sup>90</sup> Transitions International, *Mapping of services and opportunities for children and young people in Bangsamoro communities in Mindanao* (2017) (draft), p. 6.

<sup>91</sup> Philippines Statistics Authority, *Official poverty statistics of the Philippines* (2015), Table 1.

<sup>92</sup> Philippines Statistics Authority, *Official poverty statistics of the Philippines* (2015), Table 1.

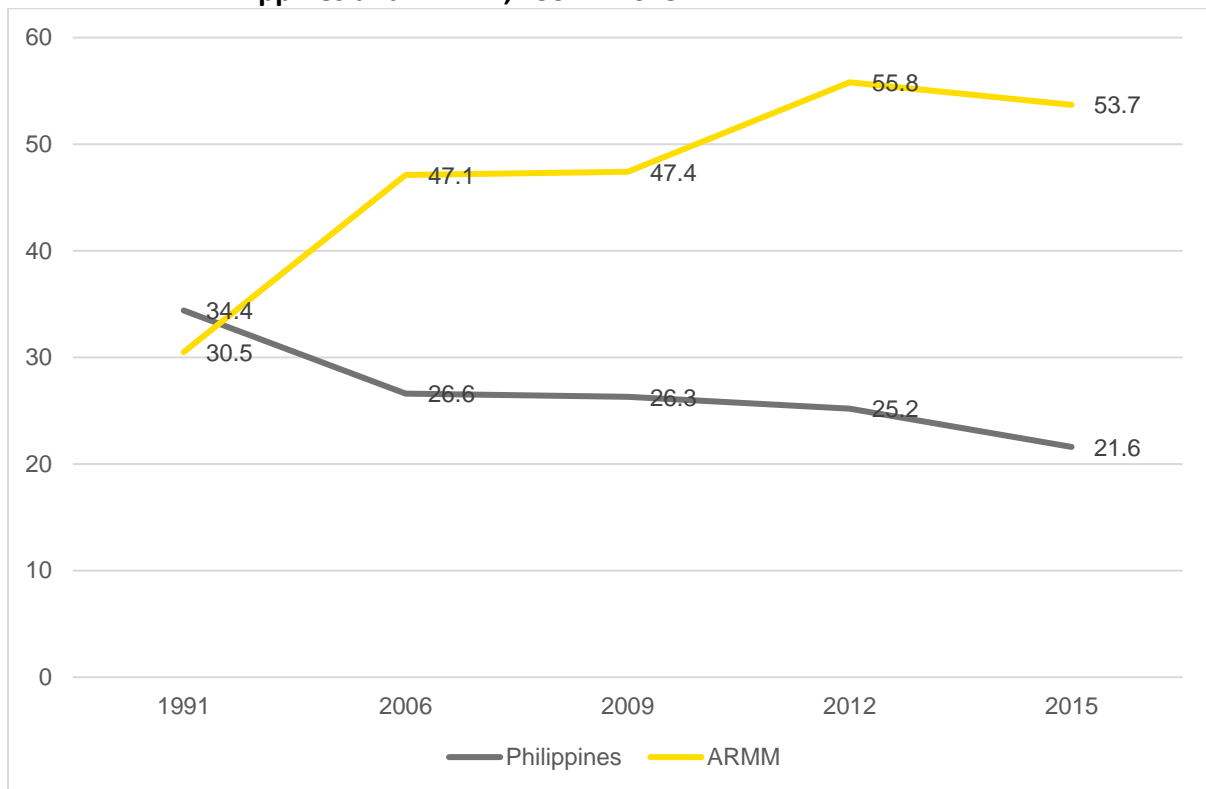
**Table 2.10:** Proportion of the population living under the basic needs poverty line by region, 2015



Source: Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 2.

The incidence of poverty is also increasing in ARMM, in contrast to the trend at national level and in Mindanao, as illustrated in the graph below. While the incidence of poverty at the national level dropped (albeit at a relatively steady rate) from 34.4 per cent in 1991 to 21.6 per cent in 2015, poverty in ARMM has risen significantly from 30.5 per cent to 53.7 per cent.

**Table 2.11: Percentage of population living below the basic needs poverty line in Philippines and ARMM, 1991 – 2015**

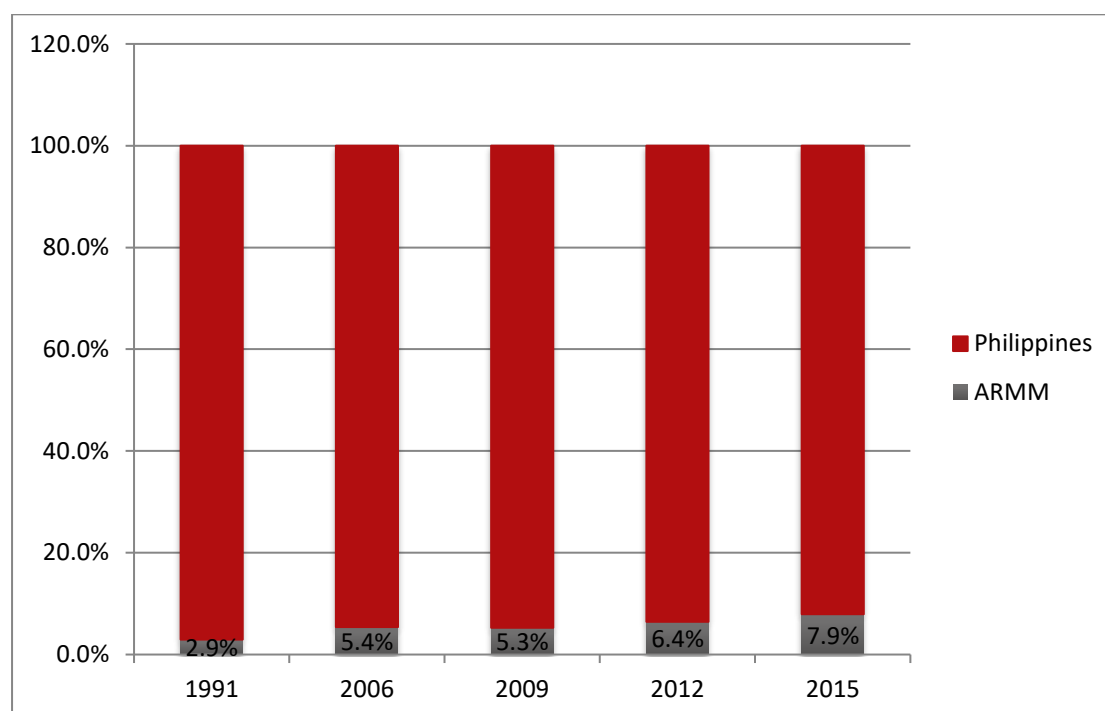


Source: data extrapolated from Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 2.

As mentioned above, ARMM is the poorest region in the Philippines and, although it contains only 3.7 per cent of its population, it accounts for 7.9 per cent of persons living below the basic needs poverty line at the national level:<sup>93</sup> a proportion that has grown from 2.9 per cent in 1991, as illustrated in the Table below.

<sup>93</sup> Percentage calculated using Census data (2015) and data contained in Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 1.

**Table 2.12:** Proportion of the population living in poverty in the Philippines that live in ARMM



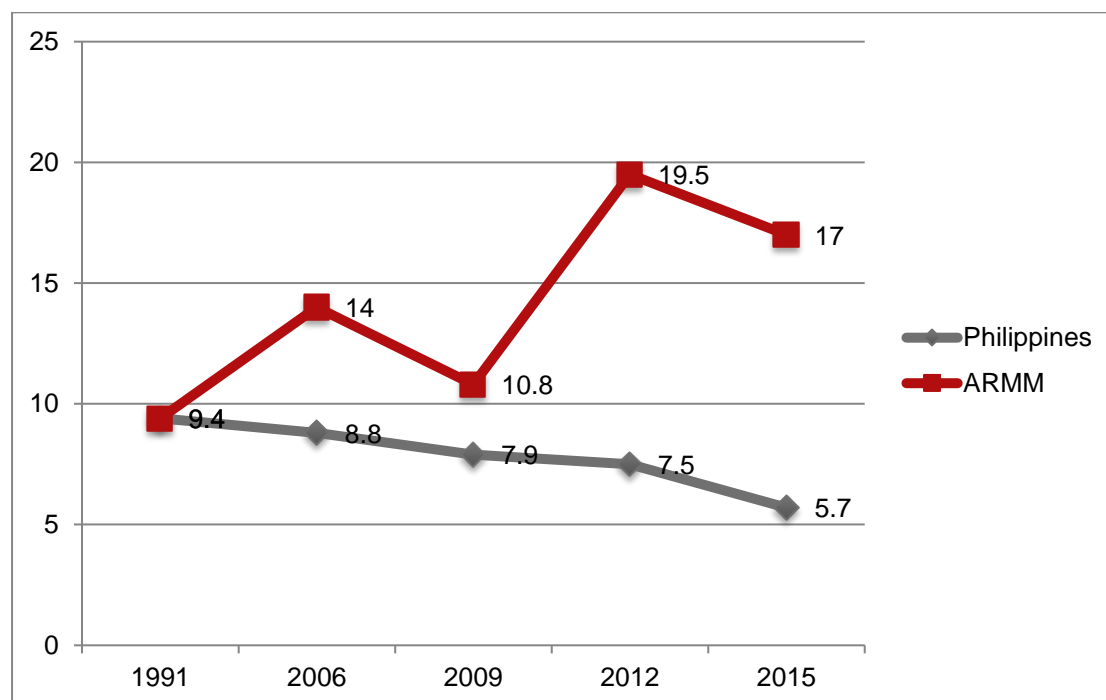
Source: data extrapolated from Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 1.

ARMM accounts for 40.4 per cent of the families living below the poverty line in the Philippines (2015); an increase from 36.8 per cent since 2012.<sup>94</sup> It also has high levels of food poverty or ‘subsistence incidence’ (the proportion of the population/families with a per capita income less than the minimum required to meet basic food needs). Alarming, food poverty rates have increased significantly in recent years, though there was a slight decline in 2015. This is in contrast to the trend at the national level, which saw a decline in food poverty incidence between 1991 and 2015.

<sup>94</sup> Percentage calculated using Census data (2015) and data contained in Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 1.



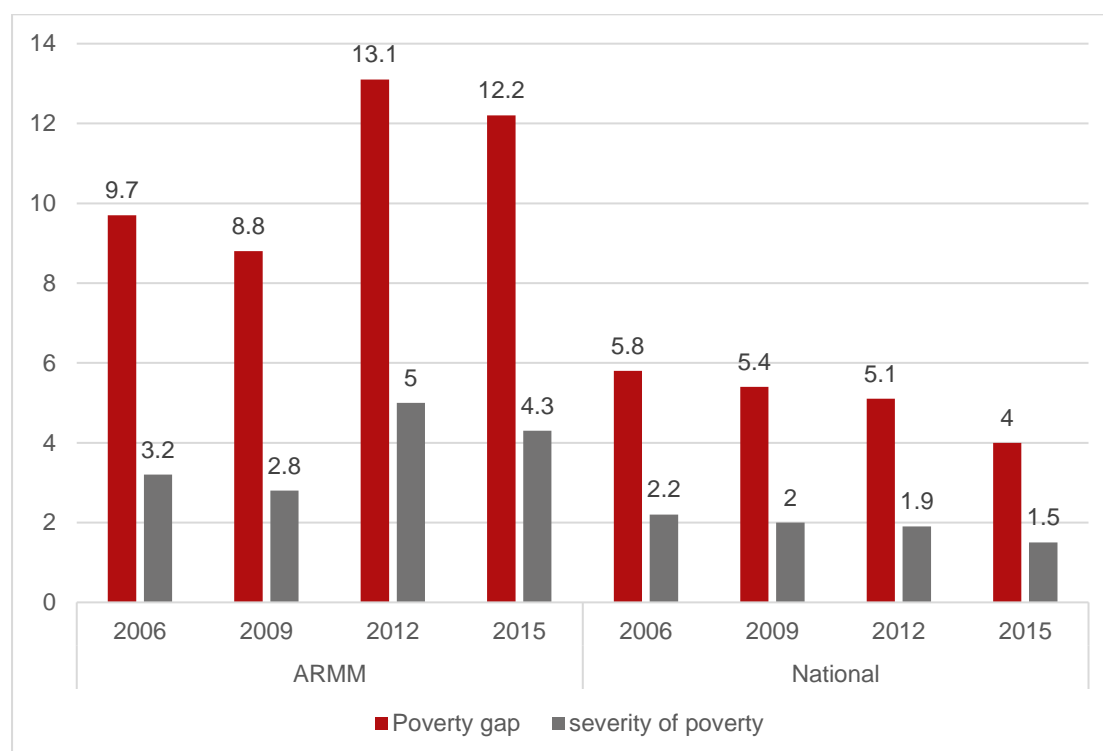
**Table 2.13:** Incidence of food poverty among families in ARMM and Philippines, 1991 – 2015



Source: data extrapolated from Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 3.

The data indicate that the depth and severity of poverty is quite high in ARMM, as measured by poverty gap and severity of poverty measures, particularly against national level measures.

**Table 2.14: Poverty gap and severity of poverty ratios, Philippines and ARMM, 2006, 2009, 2012, 2015**



At the national level, the poverty gap ratio improved, though slowly, by 0.7 points from 5.8 in 2006 to 5.1 in 2012, though a more significant improvement was calculated in 2015, in which the poverty gap ratio declined to 4.0.<sup>95</sup> In ARMM, the poverty gap ratio worsened from 9.7 in 2006 to 12.2 in 2015. The poverty gap refers to the income shortfall of families with income below the poverty threshold. A worsening of the poverty gap ratio indicates that poor families are still significantly short of having an income that meets the basic needs poverty line. The severity of poverty, which measures the intensity of poverty,<sup>96</sup> has also showed slow decline at the national level, from 2.2 in 2006 to 1.5 in 2015. It has also declined in ARMM, from 2.2 to 1.5.<sup>97</sup>

Moreover, self-reported poverty rates appear to have increased slightly in recent months, both at the national level and in Mindanao (the data are not broken down by region). A survey on self-reported poverty (Social Weather Stations) found that 50 per cent (an estimated 11.5 million) of families considered themselves *mahirap* (poor) in the first quarter of 2017, representing a rise of six points from the previous quarter (reported in December 2016).<sup>98</sup>

<sup>95</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF, p 4 (data from National Statistical Coordination Board).

<sup>96</sup> The total of the squared income shortfall (expressed in proportion to the poverty threshold) of families with income below the poverty threshold, divided by the total number of families.

<sup>97</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF, p 4 (data from National Statistical Coordination Board).

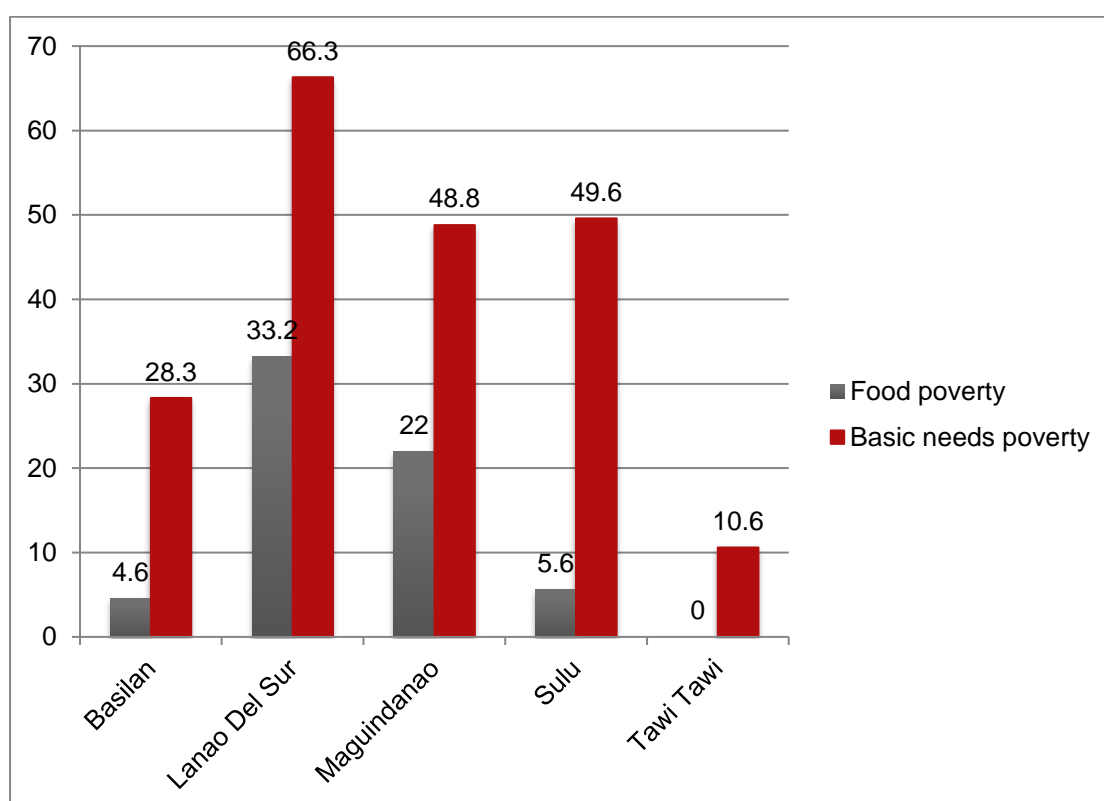
<sup>98</sup> Social Weather Stations, First quarter Social Weather Survey: Families self-rated as poor goes to 50%; food poor families are 35% (May 2017), available at:

<https://www.sws.org.ph/swsmain/artclispage/?artcsyscode=ART-20170428131124>

This data should be taken with some caution as there are concerns about accuracy. In fact, prior to this most recent survey, self-reported poverty levels had been decreasing.

Poverty trends also vary considerably at the sub-regional level in ARMM. The data indicate sub-regional disparities in levels of poverty across ARMM. According to the Government Poverty Report from 2015, rates of basic needs poverty among families were very high in Lanao Del Sur (66.3 per cent among families); Sulu (49.6 per cent); and Maguindanao (48.8 per cent), all of which were among the eight provinces with the highest incidence of poverty in the country. Poverty incidence was significantly lower in Basilan (28.3 per cent) and Tawi-Tawi (10.6 per cent). The rate of food poverty is of particular concern in Lanao Del Sur at 33.2 per cent, which is much higher than the national level (5.7 per cent).

**Table 2.15: Percentage of families living below the food poverty and basic needs poverty lines by province, ARMM, 2015**



Source: data extrapolated from Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Tables 1 and 3.

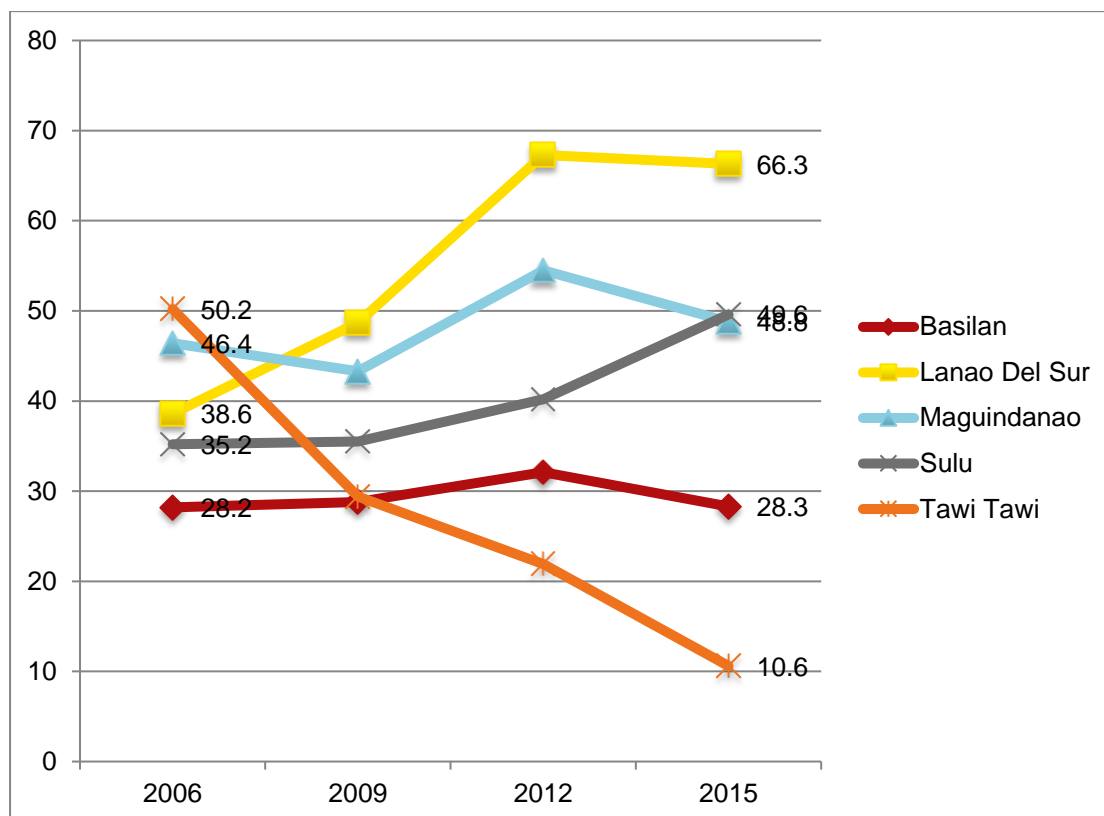
It has been noted that, although poverty rates were lower in Tawi-Tawi and Basilan, disparities between urban and rural areas within these districts are significant and these district-level rates may mask *'the actual state of poverty of communities located outside urban centres.'*<sup>99</sup>

In addition to differences in poverty trends between different regions of the Philippines, there is, in addition, a significant disparity between provinces within ARMM. While the incidence

<sup>99</sup> Save the Children, *Child rights situation analysis, ARMM (2016)*, p. 87

of poverty has decreased dramatically in Tawi-Tawi in the past 10 years, it has significantly increased in Lanao Del Sur (from 38.6 per cent in 2006 to 66.3 per cent in 2015), as illustrated in the Table below.

**Table 2.16: Incidence of basic needs poverty among families by district, ARMM, 2006 – 2015**



Source: data extrapolated from Philippines Statistics Authority, *Official poverty statistics of the Philippines (2015)*, Table 1.

The regional disparities, perhaps unsurprisingly, indicate increased vulnerability to poverty among conflict-affected areas within ARMM. It has been noted that poverty incidence in ARMM is highest among areas experiencing higher levels of conflict (which also tend to be the areas that have experienced the lowest levels of economic growth and human development).<sup>100</sup>

### 2.2.2. Inequality

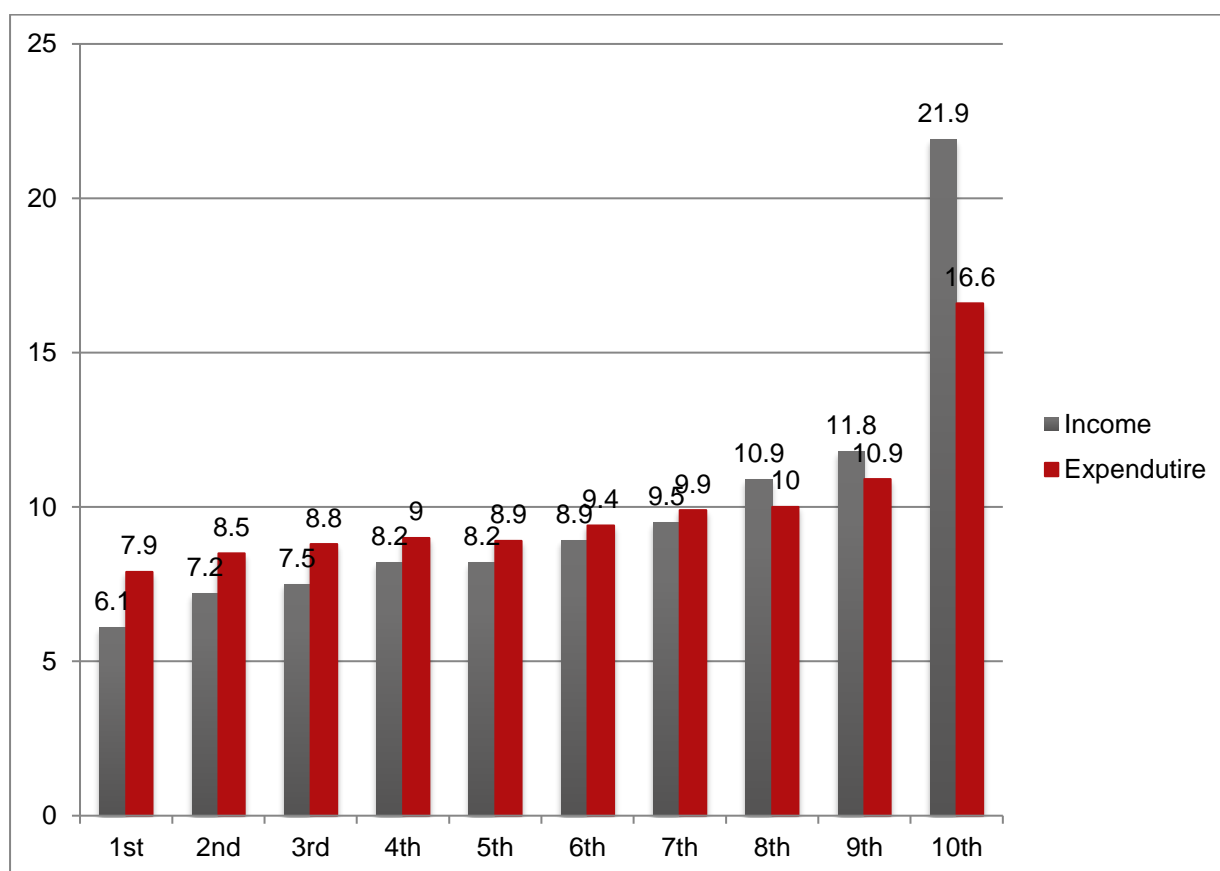
The poverty averages in ARMM mask inequalities across the region, though levels of inequality as measured by the Gini coefficient are moderate in ARMM, particularly compared to the measurement of inequality at the national level. The Gini coefficient in ARMM was 0.28 according to the 2015 Family Income and Expenditure Survey. This measurement is generally through to represent a reasonable level of inequality (with 0.30 to 0.35 generally

<sup>100</sup> Asia Foundation, *The contested corners of Asia: Subnational conflict and international development assistance: The case of Mindanao, Philippines* (2013)

accepted as being ‘reasonable’<sup>101</sup>). The level of inequality, as measured by the Gini coefficient, was much higher nationally (0.46).

However, when assessing family income and expenditure distributed by income deciles, levels of inequality are more pronounced. According to the Family Income and Expenditure Survey (2015), the income of families in the bottom wealth decile only accounted for 6.1 per cent of total income and 7.9 per cent of total expenditure, while the highest decile accounted for 21.9 per cent of total income and 16.6 per cent of total expenditure, as illustrated in the table below.

**Table 2.17: Family income and expenditure distribution by income decile in ARMM, 2015**

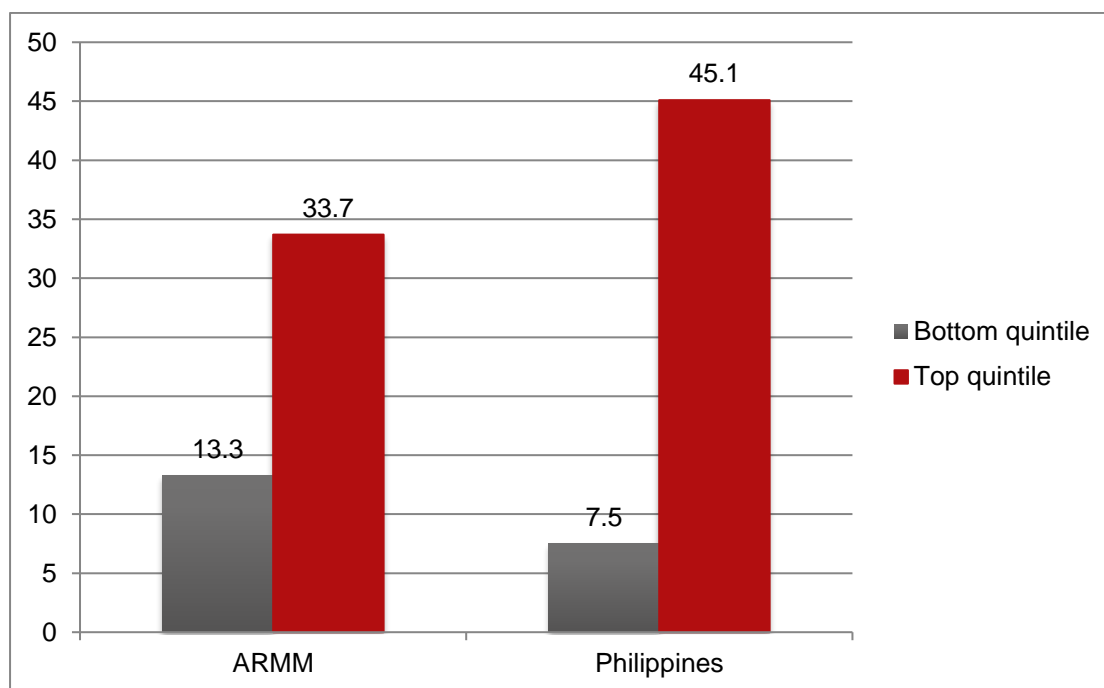


Source: Extrapolated from Philippines Statistics Authority, Family Income and Expenditure Survey (2015), Table 6

However, as illustrated below, the disparity in income and expenditure among the lowest and highest deciles is wider at the national level.

<sup>101</sup> UNDP, *State of Human Development in the Pacific: A report on vulnerability and exclusion at a time of rapid change* (2014), p. 66.

**Table 2.18: Family income and expenditure distribution by income quintile in Philippines and ARMM, 2015**



Source: Extrapolated from Philippines Statistics Authority, Family Income and Expenditure Survey (2015), Table 6

Poverty disproportionately affects particular groups of persons in ARMM, according to geographic location, circumstances and identity characteristics, as discussed below (Chapter 9).

### 2.2.3. Labour market and employment trends

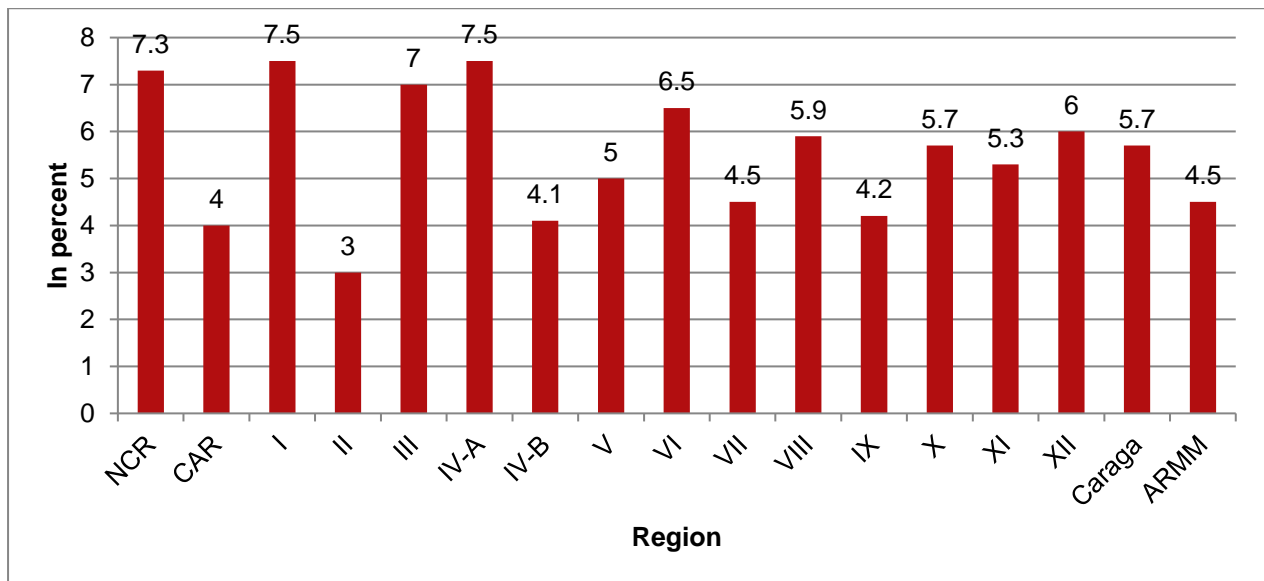
The labour force participation rate is quite low in ARMM, with only 50.6 per cent of the population in employment. This is lower than the labour force participation rate at the national level (63.5 per cent) and it is lower than the Mindanao average (61.8 per cent). The majority of employed persons in ARMM work in agriculture: 68.35 per cent, of which 22.63 per cent were women.<sup>102</sup>

Unfortunately, published labour force data does not appear to be disaggregated by region and gender, so that the labour participation rate by gender in ARMM is not possible to determine from the published data alone.

Interestingly, high poverty rates and low labour force participation rates have not led to high unemployment rates in ARMM, even in comparison with other regions which have higher labour participation rates and lower poverty rates, as illustrated by the Table below.

<sup>102</sup> Quickstat on Autonomous Region in Muslim Mindanao, Quickstat\_armm\_20 January 2017.

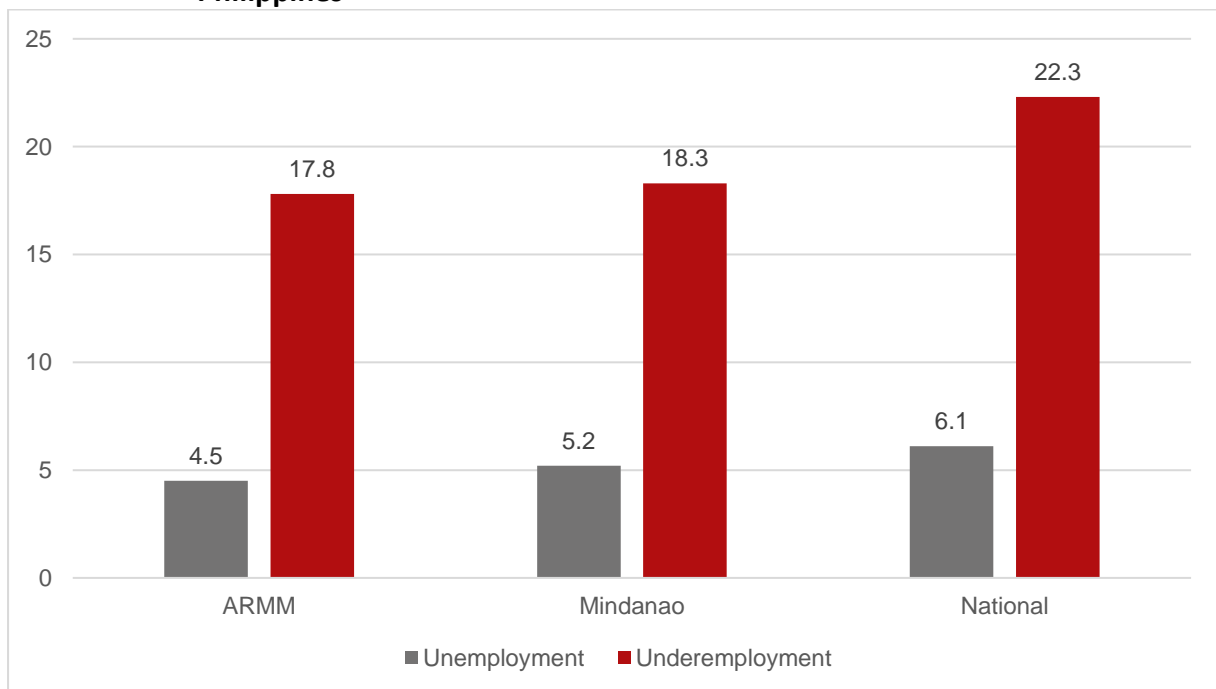
**Table 2.19: Unemployment Rate by Region: April 2016**



Source: Philippine Statistics Authority, April 2016 Labor Force Survey

Unemployment and underemployment rates are also lower in ARMM than the Mindanao or national averages, as shown in the Table below.

**Table 2.20: Unemployment and underemployment rates in ARMM, Mindanao and Philippines**



Source: Philippine Statistic Authority, April 2016, Labor Force Survey

This indicates that employment opportunities in ARMM are likely to be low-paying and of low quality. It has been noted in particular that jobs in the agriculture sector – which account for over 60 per cent of all employment in ARMM (compared to around 25 per cent at the national level) – tend to be seasonal and low-paying, and characterized by significant

underemployment – 36.5 per cent of persons working in the agriculture sector were underemployed as at April 2016 (national level).<sup>103</sup> According to a report published by the Asia Foundation in 2013, *'successive needs assessments of conflict areas [in Mindanao] reveal that economic and livelihood assistance are their greatest need and their unstable nature mean that they provide only meagre incomes, of short duration.'*<sup>104</sup>

#### **BOX: Development planning in ARMM**

Strategic development planning in the Philippines is led by the National Economic and Development Authority (NEDA), which is an institution chaired by the President, mandated to lead the formulation of the national and regional development plans. The Regional Planning and Development Office-ARMM, which is the Technical Secretariat of the Regional Economic and Development Planning Board, is mandated to lead on strategic development planning at the regional level.

The current Philippines Development Plan (PDP) runs from 2017-2022, and was launched in June 2017. It is a medium-term plan, setting out the goals and strategies of the Government to meet the long-term (25-year) vision of *AmBiyson Natin* (The Philippine Dream) of 'a prosperous, predominantly middle-class society where no one is poor. People live long and healthy lives and are smart and innovative' and where 'the Philippines is a high-trust society where families thrive in vibrant, culturally diverse and resilient communities'.<sup>105</sup>

Recently, the President, through Executive Order No. 27, directed all Government agencies, including LGUs, to implement the PDP and Public Investment Programme of 2017-2022. The Region Development Plan for ARMM was approved in March 2017, and follows on the six-year Mid-Term Regional Development Plan covering 2011-2016. The current Plan contains the following development goals that will be the focus of priority interventions from 2017 to 2022:

1. Open, transparent, accountable and inclusive governance practiced and sustained in ARMM;
2. Access of ARMM communities to basic services for human capital development improvement;
3. Environment for more secured communities in ARMM improved and sustained;
4. Investments, employment and income in ARMM increased;
5. Infrastructure development for socio-economic growth in the region accelerated; and
6. Integrity of ecosystems, adaptation to climate change and disaster resilience of communities in ARMM enhanced.

In addition, the Bangsamoro Development Agency is a civil society organization that runs the development arm of MILF, and was created under the Humanitarian, Rehabilitation and

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<sup>103</sup> Philippines statistics authority, April 2016 Labor Force Survey - <https://psa.gov.ph/content/employment-situation-april-2016-final-results>

<sup>104</sup> Asia Foundation, *The contested corners of Asia: Subnational conflict and international development assistance: The case of Mindanao, Philippines* (2013), p. 31.

<sup>105</sup> PDP, 1-1.



Development Aspect of the GRP-MILF Tripoli Agreement of Peace of 22 June 2001. It aims to 'lead, manage and determine relief and rehabilitation in conflict affected areas of Mindanao'. Its Bangsamoro Development Plan, published in 2015, sets out a range of goals and strategies for achieving 'a just, peaceful and prosperous society.'<sup>106</sup>

### **2.3. Government and political context**

The ARMM was created by Republic Act 6734, entitled the Organic Act of the Autonomous Region in Muslim Mindanao, on August 1, 1989 pursuant to a constitutional provision to provide for an autonomous area in Muslim Mindanao.<sup>107</sup> Following a plebiscite held in 13 provinces and 10 cities, four provinces: Lanao del Sur, Tawi-Tawi, Sulu and Maguindanao, voted in favour of inclusion in the autonomous region. The ARMM was officially inaugurated on November 6, 1990, with Zacaria Candao subsequently elected as the first regional governor of the ARMM.

The ARMM was expanded by Republic Act (RA) 9054 on February 7, 2001. Following another plebiscite held in the same 13 provinces and 10 cities as before, Basilan province and Marawi City voted for inclusion, in addition to the original four provinces.

The political structure in ARMM consists of the Regional Legislative Assembly and Executive Departments of ARMM. The executive is headed by the Regional Governor (regarded as the Head of the ARMM), a Regional Vice Governor and three Deputy Regional Governors, all of whom are appointed by the ARMM Regional Governor.<sup>108</sup> Deputy Governors represent Muslim, Christian and Indigenous communities in the region.<sup>109</sup> The Regional Legislative Assembly is headed by a speaker and consists of three members for every congressional district. There are 24 Members of the Assembly, six from Lanao del Sur, six from Maguindanao, six from Sulu and three from Basilan and Tawi-Tawi.

The Regional Government has the power to create its own sources of revenues and to levy taxes, fees, and charges, subject to Constitutional provisions and the provisions of RA No 9054. Shari'ah Law can be applied only to Muslims, and constitutional provisions – in particular, the prohibition against cruel and unusual punishment – limit its applications. In addition, the Republican Act No. 8371, the Indigenous Peoples Rights Act of 1997, recognises Indigenous customary law.<sup>110</sup>

The Republic Act No. 9054 also outlines the roles and responsibilities of ARMM which include the provision of basic social services, economic development, and ensuring the general protection and well-being of all people under ARMM jurisdiction. Republic Act 9054 provides that ARMM 'shall remain an integral and inseparable part of the national territory of the Republic' and the President exercises general supervision over the Regional Governor.

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<sup>106</sup> Bangsamoro Development Agency, *Mandate*, available at <http://bangsamorodevelopment.org/mandate/>

<sup>107</sup> Republic Act 6734. <http://www.gov.ph/1989/08/01/republic-act-no-6734/>.

<sup>108</sup> RA 9054, Article XII, Section 6.

<sup>109</sup> RA 9054, Article XII, Section 6.

<sup>110</sup> Section 15, RA No. 8371, Indigenous Peoples Rights Act 1997

### 2.3.1. Administration

The basic premise of the creation of ARMM is that most power, authority and responsibility over the area and population of ARMM will be devolved to the ARG, with 'national agencies operating within the autonomous areas absorbed by the ARG.'<sup>111</sup> Section 3 of Republic Act No. 9054 provides, in relation to regional governance that: *'[T]he regional government shall adopt a policy on the local autonomy whereby regional powers shall be devolved to local government units particularly in areas of education, health, human resource, science and technology and people empowerment.'*<sup>112</sup> As of 2013, devolution of power from national to local government units had occurred across 19 departments, as follows:

1. Department of Public Works and Highway (DPWH)
2. Department of Health (DOH)
3. Department of Social Welfare and Development (DSWD)
4. Commission on Higher Education (CHED)
5. Department of Environment and Natural Resources (DENR)
6. Department of Agriculture and Fisheries (DAF)
7. Department of Interior and Local Government (DILG)
8. Housing and Land Use Regulatory Board (HLURB)
9. Office of the Southern Cultural Communities (OSCC)
10. Department of Transportation and Communication (DOTC)
11. Department of Education (DepEd)
12. Department of Labor and Employment (DOLE)
13. Technical Education Skills Development Authority (TESDA)
14. Department of Tourism (DOT)
15. Department of Agrarian Reform (DAR)
16. Department of Trade and Industry (DTI)
17. Regional Board of Investment (RBOI)
18. Cooperative Development Authority (CDA)
19. Southern Philippines Development Authority (SPDA)<sup>113</sup>

Some of the major agencies, including the Philippine Statistics Authority (PSA) (formerly National Statistics Office); Bureau of Agricultural Statistics (BAS); National Food Authority (NFA); Philippine Overseas Employment Administration (POEA); Overseas Workers Welfare Administration (OWWA); National Police Commission (NPC); Philippine Coconut Authority (PCA); Commission on Audit (COA); and Civil Service Commission (CSC) were, however, not devolved, and therefore operate under the control of the National Government.<sup>114</sup>

Executive Order No. 125, issued in 2002, outlines further devolution of powers and functions, programmes, and projects but has, reportedly, not been fully implemented. Executive Order 125 (and its amendment 125-A) sets out the devolution of locally-funded programmes and

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<sup>111</sup> Asia Foundation, Rapid Fire Appraisal of Decentralization: Autonomous Region in Muslim Mindanao, [undated] [21.7.17].

<sup>112</sup> ARMM Regional Development Plan 2011-2016 Midterm Update, p. 37.

<sup>113</sup> ARMM Regional Development Plan 2011-2016 Midterm Update, pp. 37-38.

<sup>114</sup> ARMM Regional Development Plan 2011-2016 Midterm Update, p. 38.

projects in ARMM; internationally funded Official Development Assistance (ODA)<sup>115</sup> programmes and projects intended for ARMM and all nationwide programmes with an ARMM component. The Executive Order also sets out provisions for a ‘Catch-up Budget for ARMM’, according to which National Government Agencies (NGAs) are required to include in their programme and projects a proportionate budget for programmes and activities intended for ARMM, in consultation with the Autonomous Regional Government (ARG).<sup>116</sup> The current governance and administration structure means that, at present, programming and service delivery in different rights outcome areas may be administered locally, by the LGUs, regionally, through Regional Departments, as part of nationwide departmental initiatives, or as part of nationwide internationally funded, and led, initiatives.

According to the ARMM Regional Development Plan 2017-2022, devolution in ARMM has so far been from national to the ARMM regional level primarily, with challenges and gaps in the devolution down further to local level. While the MMAA 25 and Republic Act 7160 include provisions in relation to service delivery more locally, clarity over the roles of the ARG versus LGUs continues to be an issue and implementation at LGU level is questionable.<sup>117</sup> In the 2017-2022 Regional Development Plan, operationality at the LGU level is categorised and assessed according to seven key considerations, set out below:

Category	Assessment (out of 118 LGUs in ARMM) <sup>118</sup>
Presence of Government centre with facilities	108 have permanent halls; 10 temporary.
Presence of working elected and appointed mandatory officials and functionaries	37 per cent filled nine mandatory positions on a permanent basis; 28 per cent on a temporary basis; 28 per cent on a designation basis
Functional local special bodies	Most local bodies created, but not all functioning: 94 per cent of health boards, 82 per cent of peace and order councils, 71 per cent of anti-drugs councils, 70 per cent of development councils, 68 per cent of disaster risk reduction councils, 54 per cent of school boards and 42 per cent of councils for protection of children.
Functional local legislative body/sanggunian	87 of the 118 LGUs (74 per cent) have legislative bodies, but only 77 per cent of these meet regularly. Local legislation is limited: only 35 LGUs have codes for children, 37 have legislation for gender and development, and 20 have health and sanitation codes.

<sup>115</sup> OECD, “Official development assistance – definition and coverage”, undated, <http://www.oecd.org/dac/stats/officialdevelopmentassistancedefinitionandcoverage.htm> [21.7.17].

<sup>116</sup> ARMM Regional Development Plan 2011-2016 Midterm Update, p. 38.

<sup>117</sup> Regional Development Plan 2017-2022, p. 60.

<sup>118</sup> Regional Development Plan 2017-2022, p. 53-59.

Approved mandated plans and budget	Compliance with mandated plans is limited, and highest in the areas of disaster and emergency, but only 5 of 83 Community Development Plans were approved. Compliance with financial document was higher. For example, 95 LGUs have annual procurement plans.
Availability of basic services	Basic services (citizen’s charter, public information office/desk and customer complaint desk) reportedly ‘wanting’.
Sound fiscal management	Provinces funded by Internal Revenue Allotment share and/or external revenue sources. Only 5.4 per cent of income is locally sourced, compared to 19.3 per cent nationally.

The challenge of local implementation is reflected in concerns over the efficacy and appropriateness of LGUs. The ARMM Regional Development Plan 2017-2022 reiterates that RA No 7160 requires the Philippines to establish a system of decentralisation, according to which LGUs should ‘be given more powers, authority, responsibility and resources.’<sup>119</sup> However, the Plan notes that the ‘functionality’ of the ARMM LGUs is a barrier to this decentralisation: ‘Out of the 118 municipalities, only a few were able to comply with the seven elements of LGU functionality.’<sup>120</sup> The Plan attributes this failure to insufficient capacity at the LGU level, and poor commitment.<sup>121</sup> Additional challenges and concerns set out within the Plan in relation to decentralisation and implementation at the LGU level are: poor compliance of agencies with requirements of the Anti-Red Tape Act (ARTA), poor community involvement and engagement, and weak implementation of policies across ARMM.<sup>122</sup> This means that, despite some developments in devolution of the agencies as set out above, the practical implementation at the local level is often limited.

### 2.3.2. The Judiciary

The judiciary remain a national institution. They remain bound by the Constitution and national law, except to the extent that the matter before them is a devolved matter subject to legislation passed by the Regional Legislative Assembly. The judicial branch of the Philippines is headed by a Supreme Court made up of 15 justices.<sup>123</sup> Three of the current 15 justices are women, including the Chief Justice.<sup>124</sup> In the lower courts, in 2015, there were 747 judges, 43.97 per cent of whom were women.<sup>125</sup>

<sup>119</sup> Regional Development Plan 2017-2022, p. 61.

<sup>120</sup> Regional Development Plan 2017-2022, p. 61.

<sup>121</sup> Regional Development Plan 2017-2022, p. 61.

<sup>122</sup> Regional Development Plan 2017-2022, p. 62-3.

<sup>123</sup> Article VIII, Section 1, 1987 Constitution

<sup>124</sup> Taken from: <http://sc.judiciary.gov.ph/aboutsc/justices/>

<sup>125</sup> Table 8.3, Women and Men in the Philippines Statistical Handbook 2016, Philippine Statistics Authority

The U.S. State Bureau of Democracy Human Rights and Labor, in a 2013 Country Report on Human Rights Practices, that the Law in the Philippines provides for an independent judiciary, and that the government has generally respected judicial independence.<sup>126</sup> However, corruption through nepotism, personal connections, and sometimes bribery has continued to result in impunity for wealthy or influential offenders in criminal cases and has also impacted on civil cases. Overall, the judicial system continues to suffer from an insufficient personnel, inefficient processes, and long procedural delays. The judiciary is underfunded by the State and often depends on local sponsors for resources and salaries, resulting in non-transparent and biased court decisions. These factors continue to contribute to widespread scepticism in the Philippines that the justice system, and especially the criminal justice system, is able to deliver due process and equal justice.

Despite a raft of human rights legislation, the Philippines has a high number of extrajudicial killings and summary executions. Following a much-publicised spate of extrajudicial killings of drug dealers and drug pushers following the election of President Duterte, Senator Leila de Lima introduced Resolution 9 on 13 July 2016, directing the Senate Committee on Justice and Human Rights to investigate the extrajudicial killings. The Resolution notes that in a 13-day period following the inauguration of President Duterte (30 June–12 July), a national newspaper reported that there had been 136 extrajudicial and summary killings, while a television company alleged that from 10 May to 12 July, the number of bodies had risen to 339.

The Senate reported on the investigation on 16 December 2016. It noted that there had been a reported 4,248 killings all over the Philippines from 1 July to 11 October 2016 amounting to 47 killings per day, and that these were mainly drug-related. There was no indication of the extent to which these included deaths within the ARMM region. The Senate Committee found that there was no proof that there was a State-sponsored policy to commit killings, however, the Committee took note of the many thousands of killings with impunity that have taken place every year for at least two decades. Under the Arroyo administration been 2001 and 2009, there were 91,762 killings, an average of 29 killings per day, while under the Aquino administration the rate went up to an average of 40 per day.

The Senate Committee also found that those involved in extrajudicial killing had acted with impunity and that there was an urgent need for law reform to strengthen the criminal law. The police alleged that impunity was not the issue but an insufficient number of personnel to investigate and pursue cases and complaints against the police. The hearings were regarded as providing an opportunity to access justice for the victims and their families as well as for the public to be educated and kept abreast of the situation. The evidence given to the Committee is contained in the report and is available online.

It should also be noted that customary laws and justice systems are also used throughout ARMM, in Indigenous communities. These systems have legal recognition under the

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<sup>126</sup> The President has the power to appoint the Justices of the Supreme Court, subject to a list prepared by the Judicial and Bar Council (s.9, Article VIII, 1987 Constitution), subject to confirmation of the Committee on Appointment of Congress (B Section 1(2); C Section 1(2) and D., Section 1 (2) of Article IX, 1987 Constitution.

Indigenous Peoples Rights Act of 1997, which provides that Indigenous Persons ‘shall have the right to use their own commonly accepted justice systems, conflict resolution institutions, peace building processes or mechanisms and other customary laws and practices within their respective communities and as may be compatible with the national legal system and with internationally recognized human rights.’<sup>127</sup>

### 2.3.3. Child participation in governance

Article 12 of the CRC provides that children should have a right to express their views freely in all matters affecting them, and for these views to be given due weight in accordance with the child’s age and maturity. This right is enshrined in the MMA No. 162, or the Magna Carta of Children’s Rights (2003), which states that ‘the Regional Government shall recognize and support child rights to participate in matters that affect him or her most by providing all appropriate venues where he or she can express his or her opinions freely and to have these opinions taken into account...’<sup>128</sup>

The Magna Carta of Children’s Rights also places obligations on government agencies to ensure that children are able to have their opinions heard and taken into account. Sections 27 and 28 require the ARG and LGUs shall ensure that a venue for children to be heard in policy formulation, programming and other decision-making processes, through their representatives. While the Act requires that detailed implementing rules and guidelines be developed by ‘concerned agencies’, Implementing Rules and Regulations for the Act have not yet been adopted.

Children and young people in ARMM, as in other regions, can participate in local government through the youth council *Sangguniang Kabataan* (SK) as provided for under the Local Government Code of 1991.<sup>129</sup> According to the Magna Carta of Children’s Rights, the SK – in addition to its powers and functions under the Local Government Code – shall ‘actively involve itself in the formulation and implementation of prevention and protection programs for children in the community.’<sup>130</sup>

The Bureau of Youth Affairs was also established by the ARG in 2013, with a mission to ‘enhance and promote the active involvement of the youth in the context of regional development and nation-building.’<sup>131</sup>

Despite robust legal provisions and initiatives to promote child participation in ARMM, the extent to which these measures have been implemented does not appear to have been subject to any research or assessments. At the national level, there remains a divide between the vision of child participation and its effective implementation. There are a number of reasons for this. The most common reason given for barriers to participation are current social and cultural norms which regard children as incompetent and subordinate to adults.

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<sup>127</sup> Section 15, RA No. 8371, Indigenous Peoples Rights Act 1997.

<sup>128</sup> Section 9, Muslim Mindanao Autonomy Act No. 162, or the Magna Carta of Children’s Rights, 2003.

<sup>129</sup> Republic Act 7160.

<sup>130</sup> Section 62, Muslim Mindanao Autonomy Act No. 162, or the Magna Carta of Children’s Rights, 2003.

<sup>131</sup> Bureau of Youth Affairs – ARMM (Facebook page)

However, there are a number of other barriers. Age-based hierarchies tend to give far greater weight and respect to the views of adults, especially those of older adults. There is also insufficient clarity and understanding about what children can contribute and how, which reduces receptiveness to the idea of children's participation and inhibits change in existing rules and norms.<sup>132</sup> There is, in addition, a lack of agreement about the age at which children can participate effectively. It has been noted that participation of younger children *'is a vexed issue, and issues of competency and capability tend to become more confronting and controversial.'*<sup>133</sup>

The Council for the Welfare of Children has also raised other issues which impact on children's participation. These include the need for child representatives on the Council and other formal bodies to miss considerable amounts of school in order to participate; that child representatives may be seen as different from other children, regarded as an 'elite' group and suffer ostracization as a consequence, and that setting procedures for the selection of child representatives is often difficult, time consuming and resource intensive.<sup>134</sup> Last, there is an issue of 'romanticisation' of child participation: treating children as equal with adults, with formal bodies placing too much responsibility on child members for decisions on issues with which they might not be familiar or knowledgeable. For example, in barangay councils, a child may be asked to participate in a decision whether a child should be removed from a family for reasons of protection, or to provide support to a child who has been the subject of violence or abuse. Placing such a burden on children who are not equipped or supported to make such decisions is also a barrier to effective participation.<sup>135</sup>

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<sup>132</sup> Bessell, S., Children's Participation in Decision-Making in the Philippines, *Childhood* Vol. 16(3), 299-316. August 2009 at p.309.

<sup>133</sup> Bessell, S., Children's Participation in Decision-Making in the Philippines, *Childhood* Vol. 16(3), 299-316. August 2009 at p.310.

<sup>134</sup> Bessell, S., Children's Participation in Decision-Making in the Philippines, *Childhood* Vol. 16(3), 299-316. August 2009 at p.312.

<sup>135</sup> Bessell, S., Children's Participation in Decision-Making in the Philippines, *Childhood* Vol. 16(3), 299-316. August 2009 at p.312.

### **Spotlight issue: Data collection and use in policy and programming**

The collection and use of data has been highlighted as a key challenge in ARMM that limits the ability of the ARG and LGUs to design effective policies and programmes and target resources effectively and efficiently. Operational challenges in the effective implementation of data collection systems, including limited capacity at the local level in data collection and insufficient effective systems to ensure vertical and horizontal flows of information contribute to gaps in data on the situation of children in ARMM,<sup>136</sup> as is highlighted throughout this report. Limited monitoring and quality control mechanisms has also been reported as a challenge. These challenges were illustrated during a key stakeholder interview carried out for this study: *“the systems are sometimes there e.g. the education sector has a management information system – they have all the forms, the software etc. but it’s not updated, and it’s always delayed by a year or two. The schools have forms that they complete, they submit it to the district level and it goes up to regional level. But still there are problems with education data. It’s down to the capacity of the [school staff] to provide those data. And they do not always have capacity.”*<sup>137</sup>

#### **2.4. Legislative and policy framework and monitoring of child rights**

Internationally, two different approaches are taken by States when they ratify a treaty. In some States, known as ‘monist’ States, a ratified treaty automatically becomes part of the law of the land, and takes precedence over national law. In other, ‘dualist’ States, an international treaty is only treated as having full legal effect when it is incorporated into national law. The Philippines is a dualist State and ratified treaties are not valid or effective unless they have been concurred in by at least two thirds of all the Members of the Senate.<sup>138</sup> National Congress has the power to ratify treaties, and key international conventions and declarations are referred to as defining the fundamental rights of persons in ARMM under RA No 9054.<sup>139</sup>

A Bill of Rights which enshrines a number of the Philippines international human rights obligations was incorporated in the 1987 Constitution,<sup>140</sup> which applies to ARMM just as to other regions of the country. Additionally, the family is protected under the Constitution, including the obligation on the State to defend the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.<sup>141</sup>

The Regional Legislative Assembly has gone further in protecting children’s rights by passing the Muslim Mindanao Autonomy Act No. 162, or the Magna Carta of Children’s Rights in March 2003. The purpose of the Law is to ensure the promotion of children’s rights and

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<sup>136</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 14

<sup>137</sup> Interview with representative of UNICEF, Cotabato field office, Cotabato City, 21 June 2017

<sup>138</sup> Section 21, Article VII Constitution

<sup>139</sup> Section 15, RA 9054.

<sup>140</sup> Article III Constitution

<sup>141</sup> Article XV, Constitution



welfare within the region. However, the Child Rights Situational Analysis in ARMM<sup>142</sup> published by Save the Children in 2016 which examined knowledge of the Act no 162 (the Magna Carta) in six municipalities of ARMM, noted that not one local government unit had any knowledge of the Law. While the Implementing Rules and Regulations for the Act were finalized in 2008, they have not yet been adopted.

#### 2.4.1. Monitoring mechanisms

The Presidential Human Rights Committee was established under Administrative Order No. 29 on 27 January 2002. Its role is to act as the primary advisory body to the President on human rights concerns and issues in the country; to assess and monitor all aspects of human rights within the Philippines; assist victims of human rights violations and their families and perform other functions and duties as directed by the President.<sup>143</sup>

Additionally, the Council for the Welfare of Children (CWC), whose mandate was affirmed by Executive Order 806 of 8 June 2009, is the inter-agency body for children in the Philippines. It has a mandate to coordinate the implementation and enforcement of all laws, policies, programmes and measures for children and is the main institutional mechanism for implementing and monitoring the National Plan of Action for Children, formulating policies for children and monitoring implementation of the Convention on the Rights of the Child (CRC).<sup>144</sup> There is a regional sub-committee for the Welfare of Children in ARMM, created by Act No 162 (the Magna Carta for Children), Section 75. Its mandate is to coordinate the formulation, implementation and enforcement of all policies, programmes, and projects relative to the survival, development and protection and participation of children in the local councils. It is also responsible for 'ensuring the effective implementation of the Philippine Government's commitment to the Convention on the Rights of the Child, World Declaration on the Survival, Development and Protection of Children, and Child 21.'<sup>145</sup>

The Regional Government created the regional sub-committee for the Welfare of Children under the Regional Social Development Committee. At the provincial level there is also a council for children known as the Provincial Council for the Welfare of Children, and City/Municipal Councils for the Welfare of the Children as well as the Barangay Council for the Protection of Children at the barangay level.

It is the task of the Local Councils for the Welfare of Children to formulate development and investment plans and implement programmes and services for children. However, Save the Children in their Child Rights Situational Analysis of children in ARMM (2016), found municipalities covered in their study were unaware of the existence of the Regional Sub-Committee for the Welfare of Children its functions. The UN Committee on the Rights of the Child raised concern about the insufficient human and financial resources allocated to the various levels of Child Welfare Councils which may affect their abilities to function effectively.<sup>146</sup>

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<sup>142</sup> Save the Children, 2016 at p. 86.

<sup>143</sup> Section 4, Administrative Order 29, 27 January 2002.

<sup>144</sup> CRC state report, Philippines 2009, para 25

<sup>145</sup> Child Rights Situational Analysis in ARMM, Save the Children 2016, p.88.

<sup>146</sup> CRC Concluding Observations, Philippines, 2009, para 13

### 2.4.2. National Human Rights Institutions

The Constitution creates the Commission on Human Rights,<sup>147</sup> which was established on 5 May 1987 under Executive Order No. 163. It is the National Human Rights Institution of the Philippines. It has the power to investigate human rights violations involving civil and political rights, either following a complaint or on its own initiative; provide legal measures for the protection of human rights of all persons within the Philippines as well as Filipinos residing abroad; provide for preventative measures and legal aid services to the underprivileged; visit prisons and detention facilities and to monitor the Philippine Government's compliance with international treaty obligations on human rights.<sup>148</sup> The Commission has a Child Rights Center which was mandated under Presidential Memorandum Order No. 257 dated 7 February 1995. The Center acts as the focal point of coordination and facilitation of functions, programmes and activities relating to child rights and acts as the Ombudsman for Children with a mandate to receive complaints from children. There is also a Center for Gender Equality and Women's rights in the Commission which acts as the central point of coordination for the role of Gender Ombud.<sup>149</sup> The UN Committee on the Rights of the Child has raised concerns that the Child Rights Center does not have sufficient human and financial resources or an adequate legal basis to exercise its mandate effectively and independently.<sup>150</sup>

### 2.4.3. Application of Treaties

According to the RA No 9054, the *'fundamental rights and duties' of persons in ARMM are defined in key international Treaties, including the Geneva Conventions, the UN Charter, the UN Declaration on the Rights of Indigenous Peoples and the UN Declaration on Human Rights, along with the 'laws practices and principles binding upon all members of the community of nations.'*<sup>151</sup> This broad provision would encompass treaties and declarations that apply to children, including the Convention on the Rights of the Child (CRC), which was ratified by the Philippines on 21 August 1990, the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW), which was ratified by the Philippines on 5 August 1981, and the Convention on the Rights of Persons with Disabilities (CRPD), which was ratified by the Philippines on 15 April 2008.

The Philippines does not have a consolidated piece of legislation incorporating the CRC or a legislative instrument dealing with Child Rights, but instead has a number of laws containing relevant provisions relating to children and children's rights. These include Muslim Mindanao Autonomy Act No. 163 (the Magna Carta for Children) and the Muslim Mindanao Autonomy Act 293 (known as the Free Registration Act relating to birth registration); Muslim Mindanao Autonomy Act No 241, (the Tribal Peoples Rights Act); Muslim Mindanao Autonomy Act No 279 (ARMM Basic Education Act of 2010); Muslim Mindanao Autonomy Act No 279

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<sup>147</sup> Section 17(1), Article XII Constitution

<sup>148</sup> Section 18, Article XII Constitution

<sup>149</sup> <http://198.23.173.74/chr/what-does-the-commission-do/specialized-thematic-human-rights-program/>

<sup>150</sup> CRC state report, Philippines, 2009, para 17 and 18.

<sup>151</sup> Section 15, RA 9054.

(Reproductive Health Care Act of 2012 for the Autonomous Region in Muslim Mindanao) and Muslim Mindanao Autonomy Act No 302 Bangsamoro Youth Commission Act of 2013). However, the UN Committee on the Rights of the Child has raised concerns about the limited implementation and enforcement of legislation relating to children in the Philippines.<sup>152</sup>

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<sup>152</sup> CRC Concluding Observations, Philippines, 2009 para 11

## 3. Cross-cutting issues impacting on children

### 3.1. Armed conflict

The Southern Philippines, and particularly Mindanao, of which the ARMM provinces form a part, has a long history of conflict, stretching back centuries to the time of colonisation by the Spanish. The Mindanao Development Plan explains that the root cause of the conflict is ‘historical injustice caused by colonisation, annexation of the Moro homeland to the Philippine State and a series of government policies that lead to the minoritisation of the Moro and indigenous inhabitants on to newer and various forms of injustice perpetuated by the present.’<sup>153</sup> In this regard, the Transitional Justice and Reconciliation Commission (established under the Annex to the Comprehensive Agreement on Bangsamoro, see Table 3.2) concludes, succinctly: **‘these issues are the result of three interlocking phenomena— violence, impunity, and neglect—which, in turn, are rooted in the imposition of a monolithic Filipino identity and Philippine State by force on multiple ethnic groups in Mindanao and the Sulu archipelago that saw themselves as already pre-existing nations and nation-states.’** [emphasis in original].<sup>154</sup>

The extent to which conflict has existed, and continues to exist, varies across ARMM. So, too, does the nature of the conflict. Some of the conflicts within ARMM have been sufficiently serious to be considered ‘armed conflicts’ (i.e. protracted armed violence between Government forces and non-State armed groups, or between two or more non-State armed groups)<sup>155</sup>, while others can best be described as ‘internal tensions’ or ‘disturbances’.<sup>156</sup> The conflict has had a severe, wide-ranging and lasting impact on the population in ARMM. As the Transitional Justice and Reconciliation Commission noted in its 2016 Report:

‘Armed conflict in Mindanao has had many tragic consequences in the Bangsamoro and for Filipino society at large. Over the past four decades, an untold number of people in Mindanao and the Sulu archipelago have experienced immense sufferings. They have lost family members; they have been driven from their homes; they have lost their lands and livelihoods. They are poor and they are tired and they want peace. These incidents of violence and of systematic discrimination and exclusion have become a transgenerational, collective experience and memory for the Bangsamoro

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<sup>153</sup> Republic of the Philippines, Mindanao Development Authority, Mindanao 2020: Peace and Development Framework Plan (2011-2030), 2012, p 93.

<sup>154</sup> TJRC, Report of the Transitional Justice and Reconciliation Commission, 2016, p xi, [http://www.tjrc.ph/skin/vii\\_tjrc/pdfs/report.pdf](http://www.tjrc.ph/skin/vii_tjrc/pdfs/report.pdf)

<sup>155</sup> Common Article 3, Geneva Conventions, 1949

<sup>156</sup> Where conflicts do not reach the qualification of either an international or non- international armed conflict, they are generally referred to as ‘internal tensions’ or ‘disturbances’. These can include riots, demonstrations or sporadic acts of violence. Even if the State uses force to restore public order, this may be insufficient to trigger the application of international humanitarian law. In such instances, national laws and human rights conventions continue to apply, though some provisions, such as certain provisions of the ICCPR may be derogated from. International Committee of the Red Cross, How does Law Protect in War: Volume 1, outline of International Humanitarian Law, 2011, p 24.

and indigenous peoples.’<sup>157</sup>

There are no figures relating to deaths as a result of conflict in the ARMM provinces alone, but the estimated numbers of deaths resulting from the conflicts in the Philippines over a 35-year period to be within 140,000 to 220,000,<sup>158</sup> a large proportion of which have occurred within the ARMM provinces. In an effort to address gaps in data on conflict in ARMM, the Bangsamoro Conflict Monitoring System was established by the International Alert UK Philippines Office in partnership with the World Bank, and records ‘real-time’ data on the situation of conflict in ARMM.<sup>159</sup> In the period 1969 to 2004, total military expenditures amounted to \$24 billion. Impact on the Philippines economy is estimated conservatively at \$17.5 billion in lost GDP.<sup>160</sup>

Much of the literature relating to armed conflict within Philippines and Mindanao addresses conflict within Mindanao and does not separate out data or analysis for the ARMM provinces. However, the causes of conflict are similar across all the provinces in Mindanao, including those in ARMM.

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<sup>157</sup> TJRC, Report of the Transitional Justice and Reconciliation Commission, 2016, p xi, [http://www.tjrc.ph/skin/vii\\_tjrc/pdfs/report.pdf](http://www.tjrc.ph/skin/vii_tjrc/pdfs/report.pdf)

<sup>158</sup> The reference for this is the U.S. Department of State, Armed Conflicts Report, Philippines – Mindanao, February 2014.

<sup>159</sup> See International Alert, Rebellion, Political Violence and Shadow Crimes in the Bangsamoro: The Bangsamoro Conflict Monitoring System (BCMS), 2011-2013, [http://www.international-alert.org/sites/default/files/Philippines\\_BangsamoroConflictMonitoringSystem\\_EN\\_2014.pdf](http://www.international-alert.org/sites/default/files/Philippines_BangsamoroConflictMonitoringSystem_EN_2014.pdf).

<sup>160</sup> Republic of the Philippines, Mindanao Development Authority, Mindanao 2020: Peace and Development Framework Plan (2011-2030), 2012, p 93.

**Table 3.1: The Mindanao Problem**



*The Mindanao 2020 Peace and Development Framework Plan 2011-2030*

The triggers of conflict can also be highly localised. In a Peace and Conflict Analysis in Seven Local Government Units in ARMM in 2014,<sup>161</sup> the triggers were considered to include elections, elopements, anticipation of formal signing of agreements, formal land disposition procedures impinging on traditional land tenure arrangements (land grabbing) and ‘fitna’ (gossip or rumours).<sup>162</sup>

The conflict across Mindanao involves a number of different groups, with different aims and objectives, though many are overlapping.<sup>163</sup>

<sup>161</sup> Mediators Network for Sustainable Peace Inc. March 17, 2014. UNICEF.

<sup>162</sup> Governance Social Development Humanitarian Conflict, Applied Knowledge Services, Conflict analysis of Muslim Mindanao, December 2015, pp 12-13.

<sup>163</sup> The 6 categories are set out in Adriano F., and Parks T., *The Contested Corners of Asia: Subnational Conflict and International Development Assistance, the Case of Mindanao, Philippines*, The Asia Foundation 2013. The categories remain relevant to the present day.

**Table 3.2: Actors in the conflict****Actors involved in conflict**

Basilan	Sulu	Tawi-Tawi
ASG – Isnilon Hapilon (Ideologue)  Puruji Indama (mix – KFR Radzmi jannatul-unkya pukan  Nurhassan jamiri – albarka – sumisip, tipo tipo tuburan,	ASG – Raddulan Sahiron, Yaser Igasan (the Ideologue) - HAtib Hajan, Alhabsi, Idang (more into KFR)	
Lawless Group	Lawless group (Anak Ilu') Ajang-Ajang	KFR (small number)
Pagbanta (Clan)	Pagbanta (Clan)	Small numbers of PAGbanta (spill-over of Basilan and Sulu)
MNLF	MNLF (main camp)	MNLF
MILF (With Arms)	MILF (political)	MILF (Political)
Political Alliances/groupings		

Source: Birowa V. M., *Conflict analysis for Basilan, Sulu and Tawi-Tawi*, 2016.

The objective of the armed groups, generally referred to as ‘separatists,’ and operating in the ARMM provinces is independence for the Moro people.<sup>164</sup> The groups falling into this category include the Moro Islamic Liberation Front (MILF)/Bangsamoro Islamic Armed Forces (BIAF), the Moro National Liberation Front (MNLF) and the Bangsamoro Islamic Freedom Fighters (BIFF). BIFF splintered from MILF in 2010 to continue the armed struggle for full independence from the Philippines following the initiation of a peace agreement between the Government and MILF.<sup>165</sup> These groups operate mostly within the ARMM provinces.

A 2013 Humanitarian Action Plan Report from the UNCHA notes that, in addition to the GPH-MILF conflict, other parties include the BIFF and NPA, with the latter ‘specialising’ in sporadic guerrilla style attacks. The plan also cites clan violence or *ridos* which involves people in government positions and commanders of non-state armed groups. Women and girls of families are reported to be targeted for kidnapping and may subsequently subjected to rape and other forms of sexual violence in order to ‘dishonour’ their families. The Abu Sayyaf Group (ASG) and other non-state armed groups are also identified as drivers of conflict and causes of internal displacement.<sup>166</sup>

<sup>164</sup> For more detail on the armed conflict in ARMM, see Save the Children, *Child Rights Situational Analysis in ARMM*, 2016.

<sup>165</sup> United Nations Security Council, *Report of the Secretary – General on Children and Armed Conflict in the Philippines*, April 2017, para 15.

<sup>166</sup> UN Office for the Coordination of Humanitarian Affairs, *Philippines (Mindanao) Humanitarian Action Plan 2013*, November 2012, p 20-21.

Peace negotiations have taken place, mainly with the MILF and the MNLF for many years. Following his election, President Duterte met with both groups in June 2016 to discuss the next steps in the peace process.<sup>167</sup> The two Moro groups agreed to undertake an intra-Moro dialogue with the objective of arriving at an inclusive solution for the Bangsamoro.<sup>168</sup> On 7 November, the President signed an executive order creating a new Bangsamoro Transition Commission, whose task was to draft a new version of the Bangsamoro Basic Law.<sup>169</sup> Formal talks were held in August and October 2016, but as yet no permanent ceasefire has been reached. However, in July 2017 the Government and rebel representatives submitted a new draft law to President Duterte which aims to establish a more powerful ARMM under the 2014 peace accord. According to news reports, the Draft Bill has the President's support.<sup>170</sup> Despite the long period of time spent trying to agree the Basic Law, conflict between the MILF/MNLF and the Armed Forces of the Philippines (AFP) has declined significantly, though less so in the case of the MNLF.<sup>171</sup>

Pick up from here.

**Table 3.3: Attempts to address the armed conflict in ARMM**

<i>Date</i>	<i>Nature of agreement</i>
1976: Tripoli Agreement	Provided for nominal autonomy, a separate Sharia (Islamic) law compliant judicial system and independent security forces. Legislation followed to create Regional Autonomous Governments in Western and Central Mindanao. <sup>172</sup> The Agreement broke down when the original 13 provinces included in the Agreement were reduced to ten by President Marcos.
1987: Jeddah Accord	Signed by the Moro National Liberation Front (MNLF) in which it agreed to give up its fight in return for autonomy. Talks collapsed over the terms of a referendum to ratify the final deal.
1989	The Government held a referendum to establish an Autonomous Region in Muslim Mindanao (ARMM). Only two provinces in mainland Mindanao (Maguindanao and Lanao del Sur) and two in the Sulu Islands (Sulu and Tawi-Tawi) accepted autonomy. <sup>173</sup>
1996	President Ramos offered to expand ARMM which the MNLF accepted, but the agreement was not signed, as

<sup>167</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 7.

<sup>168</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 7.

<sup>169</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 7.

<sup>170</sup> Philstar Global, Reformatted Bangsamoro Draft Law for Submission to Congress, June 2017.

<sup>171</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 7.

<sup>172</sup> The full text of the agreement is available at [www.opapp.gov.ph](http://www.opapp.gov.ph).

<sup>173</sup> See official website of the ARMM: [www.armm.gov.ph/history](http://www.armm.gov.ph/history).



<i>Date</i>	<i>Nature of agreement</i>
	the MNLF split. A breakaway group of members of the MNLF established the MILF, which restarted hostilities. These continued sporadically.
2008	Following the election of President Arroyo, a Memorandum of Agreement on Ancestral Domain was signed in 2008, but was ruled unconstitutional by the Supreme Court.
2009	The Philippines adopted a National Action Plan on Women, Peace and Security: Implementing the UNSCRs 1325 and 1820. This NAP, which sought to implement the UN Security Council's Resolutions 1325 and 1820 and was developed through consultations and validation workshops, with the aim of strengthening women's role and involvement in peace building. <sup>174</sup>
2012–2014: The Framework Agreement on Bangsamoro (FAB), followed by the Comprehensive Agreement on Bangsamoro (CAB). <sup>175</sup>	The FAB directed negotiators to agree on four annexes: transition and implementation; wealth sharing; power sharing and normalization. These were all signed but Congress needed to pass legislation to replace the ARMM. A draft was sent to Congress in September 2014. The Normalisation Annex of the Comprehensive Agreement on the Bangsamoro provided for the creation of the Transitional Justice and Reconciliation Commission (TJRC).
January 2015	An armed incident took place in ARMM in which it was alleged that 44 police and 18 MILF members were killed after which some legislators withdrew support for the Bill. Following this, a new Bangsamoro Basic Law (BBL) was drafted which weakened the powers to be given to the Bangsamoro, who argued that the legislation was no longer consistent with the Comprehensive Agreement. The Bill did not pass before the elections were held in 2016.
June 2016	Following his election, President Duterte, MNLF and MILF agreed to take the peace process forward. In November 2016 the President signed an executive order creating a new Bangsamoro Transition Commission, tasked with drafting a new version of the Bangsamoro Basic Law. Formal talks were held in August and October 2016, but as yet no permanent ceasefire has been reached.

<sup>174</sup> Available at [http://peacewomen.org/assets/file/NationalActionPlans/philippines\\_nap.pdf](http://peacewomen.org/assets/file/NationalActionPlans/philippines_nap.pdf).

<sup>175</sup> The full text of FAB is at [www.scribd.com/doc/137673080/Framework-Agreement-on-the-Bangsamoro](http://www.scribd.com/doc/137673080/Framework-Agreement-on-the-Bangsamoro). The full text of the CAB is at [www.scribd.com/doc/215831703/Comprehensive-Agreement-on-the-Bangsamoro](http://www.scribd.com/doc/215831703/Comprehensive-Agreement-on-the-Bangsamoro).

<i>Date</i>	<i>Nature of agreement</i>
July 2017	Philippines releases a National Action Plan on Women, Peace and Security 2017-2022. <sup>176</sup>

A second grouping operating within the ARMM provinces includes the ASG (named on the UN Sanctions list for its links with Al Qaeda and ISIS)<sup>177</sup> and the Maute Group (essentially a clan group), who have joined forces with Abu Sayyaf, and who have also pledged allegiance to ISIS.<sup>178</sup> Both of these groups, generally referred to as Islamic extremists, are actively involved in hostilities with government forces in Marawi, in Lanao del Sur Province in ARMM, at the time of writing of this SitAn. There is some evidence that foreign terrorist fighters have joined in these hostilities.<sup>179</sup> This conflict led to President Rodrigo Duterte declaring martial law across the whole of Mindanao on 23 May 2017.<sup>180</sup> Martial law was renewed on 22 July 2017, and at the time of writing is due to remain in force until 31 December 2017. This conflict has had a very serious impact on civilians, with approximately 200,000 civilians displaced.<sup>181</sup>

The New People's Army (NPA),<sup>182</sup> the military wing of the Communist Party of the Philippines, is fighting to establish what it describes as 'a socialist democracy.'<sup>183</sup> While this operates in Mindanao, the operations are mainly in non-ARMM provinces. The conflict with the NPA and its supporting groups is generally referred to by the Government as a communist 'insurgency'.<sup>184</sup> Although the NPA is designated as a foreign terrorist organization by the United States State Department<sup>185</sup> and as a terrorist group by the EU Common Foreign and Security Policy<sup>186</sup>, the Government of the Philippines delisted the NPA as a terrorist organization in 2011 and resumed peace talks pending formal negotiations with the Communist Party of the Philippines.<sup>187</sup> These faltered and there was an increase in the number of clashes between the AFP and pro-government armed groups and the NPA in 2015.

<sup>176</sup> Available at: <http://www.peacewomen.org/nap-philippines>.

<sup>177</sup> The List was established and is maintained pursuant to Security Council res. 1267/1989/2253.

<sup>178</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 17.

<sup>179</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 03, 14<sup>th</sup> July 2017, p 1.

<sup>180</sup> Felipe Villamor, 'Duterte Suggests Martial Law Across Philippines, Citing Islamist Threat', 24 May 2017, [https://www.nytimes.com/2017/05/24/world/asia/philippines-duterte-martial-law.html?\\_r=0](https://www.nytimes.com/2017/05/24/world/asia/philippines-duterte-martial-law.html?_r=0)

<sup>181</sup> International Committee of the Red Cross, Philippines: Marawi Operations Update, 6 June 2017.

<sup>182</sup> The NPA is designated as a foreign terrorist organization by the US State Department and as a terrorist group by the EU Common Foreign and Security Policy.

<sup>183</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 16.

<sup>184</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 6,44.

<sup>185</sup> U.S. Department of State, Foreign Terrorist Organizations, available at - <https://www.state.gov/j/ct/rls/other/des/123085.htm>.

<sup>186</sup> European Council, Council Decision (CFSP) 2017/14 of 4 August 2017, updating the list of persons, groups and entities subject to Articles 2, 3 and 4 of Common Position 2001/931/CFSP on the application of specific measures to combat terrorism, and repealing Decision (CFSP) 2017/154, 5<sup>th</sup> August 2017.

<sup>187</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017, para.12. However, during 2015, there were an increase number of clashes between the AFP and pro-government armed groups and the NPA

The Government resumed formal peace negotiations in July 2016. However, the security situation deteriorated to such a degree from that time that peace talks were suspended in May 2017 and it is not clear at the time of writing what further steps will be taken to end the conflict.<sup>188</sup>

The government forces, the Armed Forces of the Philippines (AFP), are supported by the Citizen's Armed Forces Geographical Unit, an auxiliary force under the control of the AFP, composed of army reservists and civilians. This Unit functions as a force multiplier to regular government forces in the battle against the National People's Army (NPA).<sup>189</sup> In September 2015, the Commission on Human Rights of the Philippines raised concerns over the use of these auxiliary forces, owing to their lack of proper training and sufficient orientation in the conduct of military functions.<sup>190</sup>

Other conflicts in the ARMM provinces, which do not reach the threshold of an armed conflict, are disputes between families that are frequently referred to as 'clan disputes', or are competition-related disputes between local elites competing for political posts in elections in order to consolidate political power. In both cases, the aim of the 'conflict' is generally control over natural resources (e.g., land) and assets (such as mines). As can be seen from Table 2.23 clan disputes are present in all the ARMM provinces.

There are also inter-communal (ethnic or tribal) conflicts in ARMM, though on a far smaller scale, taking place between two groups affiliated to different religions, or between two groups within the same ethnic group or two different ethnic groups or tribes.<sup>191</sup> In addition, there are conflicts which consist of violence caused largely by criminal elements. Many of these groups are made up of members of the military or paramilitary groups who have defected from their original body. These groups often engage in kidnap for ransom, drug and people trafficking and similar or related criminal activities and offences. Lastly, there are conflicts brought about by armed criminal gangs. Their criminal activities including drug trafficking, arms trading, narco-politics, extortion/harassment/intimidation, kidnapping for ransom, illegal logging, smuggling, human trafficking, illegal gambling, cattle rustling, rape, and pornography. These criminal activities are mostly connected to the region's shadow economy.<sup>192</sup>

The Secretary-General, in his annual report on the situation of children in armed conflict covering the period December 2009–November 2012,<sup>193</sup> noted that although there was a decline in the number of large scale hostilities during this time, conflict was still occurring in

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<sup>188</sup> Philstar Global, 'Government panel suspends peace talks with reds,' last updated May 28<sup>th</sup> 2017 – available at <http://www.philstar.com/headlines/2017/05/28/1704320/government-panel-suspends-peace-talks-reds>.

<sup>189</sup> United Nations Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, April 2017, para 19.

<sup>190</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017, para. 19.

<sup>191</sup> Governance Social Development Humanitarian Conflict, Applied Knowledge Services, Conflict analysis of Muslim Mindanao, December 2015, pp 19-20.

<sup>192</sup> Mediators Network for Sustainable Peace, Inc: Peace and Conflict Analysis in Seven Local Government Units in ARMM, March 17, 2014. UNICEF.

<sup>193</sup> Un Doc. S/2013/419 12 July 2013.

more than a quarter of the barangays in the Philippines, mainly in Mindanao.<sup>194</sup> In a later report covering 1 December 2012 to 31 December 2016, the Secretary-General again stated that there was a general decrease in large-scale armed engagements, but that sporadic, low-intensity clashes and a number of incidents continued to affect the overall security situation.<sup>195</sup> In March 2016, the Transitional Justice and Reconciliation Commission presented its findings in relation to the conflict in Mindanao and Sulu, based on an extensive consultation process. These included grievances, injustices and human rights violations, including killings, violence, spoliation, abduction, rape, exclusion and displacement.<sup>196</sup>

The National Baseline Study on Violence against Children,<sup>197</sup> which studied a nationally representative sample of 2,303 children between 13 and 18 found that 2.6 per cent of the children had been forced to live in another place because of war, ethnic conflicts, organized crimes, terrorism or other similar incidents. Among the children who had experienced armed conflict, 3.5 per cent lost a parent, sibling or close family member. About 1.6 per cent were personally injured or beaten, while 2 out of 30 (0.7 per cent) admitted that they were combatants or warriors in a war or community violence, or assisted older warriors in their fight against their enemies. The figures are likely to be far higher in a survey of the ARMM provinces alone.

Table 3.5 shows the number of conflict ‘incidents’ occurring between 2012 and 2015, with the occurrence of so many conflict incidents resulting in heavy military presence by the AFP in ARMM provinces.

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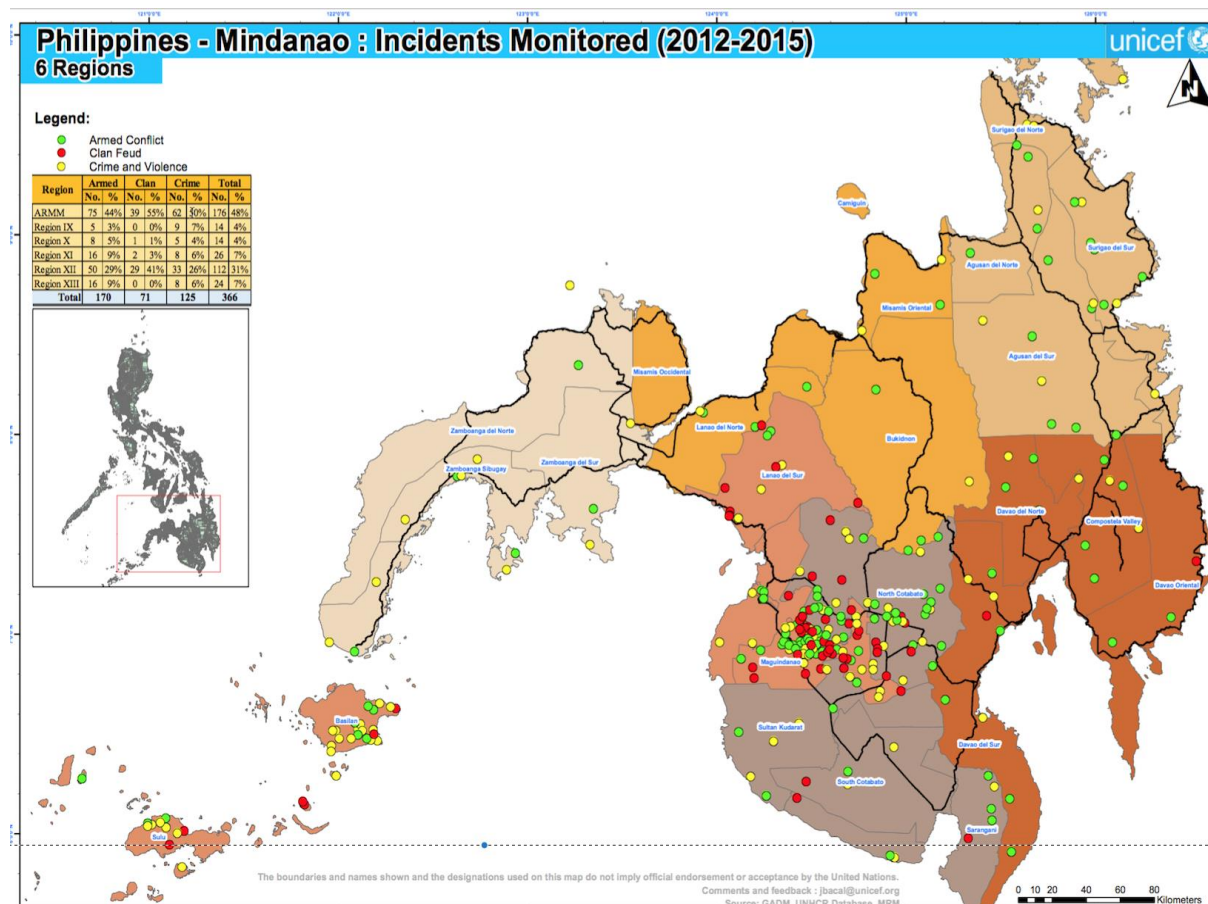
<sup>194</sup> Un Doc. S/2013/419 12 July 2013, paragraph 2, Report of the Secretary-General on children and armed conflict in the Philippines

<sup>195</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017

<sup>196</sup> TJRC, Report of the Transitional Justice and Reconciliation Commission, 2016, foreword, [http://www.tjrc.ph/skin/vii\\_tjrc/pdfs/report.pdf](http://www.tjrc.ph/skin/vii_tjrc/pdfs/report.pdf)

<sup>197</sup> The National Baseline Study on Violence against Children, Council for the Welfare of Children and UNICEF, 2016, Executive Summary, p.11.

**Table 3.5: Conflict incidents in Mindanao, 2012–2015**



Source: Conflict Affected Areas Philippines – Mindanao, 2012-2015, UNICEF

### 3.1.1. The impact of the conflict on women and children

When considering the impact of conflict upon children, it is important to recognise that the Children’s Emergency Relief and Protect Act, RA No 10821, was enacted in order to promote and declare the State’s responsibility to protect the fundamental rights of children before, during and after disasters and other emergency situations, which means that children should still benefit from the protections and rights set out within the national and ARMM regional legislation, and, that such protection should be enhanced as necessary.<sup>198</sup>

The major impact of the conflicts in ARMM has been one of poverty. ARMM has the highest poverty incidence in the Philippines.<sup>199</sup> In addition, while the incidence of poverty has lowered in the Philippines over the last 18 years, in ARMM it has doubled.<sup>200</sup> Maguindanao has been particularly badly affected by conflict, and has been consistently among the Top 10 poorest provinces for the last 12 years.<sup>201</sup>

<sup>198</sup> Children’s Emergency Relief and Protection Act 2016, RA 10821, section 2.

<sup>199</sup> Republic of the Philippines: Philippine Statistics Authority, Official Poverty Statistics of the Philippines Full year 2015, October 2016, p 4 (Table 3)

<sup>200</sup> UNICEF Philippines & Republic of the Philippines: Philippine Statistics Authority, March 2015, p 6

<sup>201</sup> <http://www.focusonpoverty.org/maguindanao-in-focus/>

Conflict has also caused social vulnerability. As has been seen above, many families have been displaced as a result of the different form of conflicts. Displacement, and especially repeated displacement, means loss of livelihood for the family, and disruption of agricultural activity which places food security and income generation at risk, as well as loss of education for children and potential loss of their home, family networks and community. The protection cluster figures do not provide any detail on how many of the displaced are women and children, but as children form nearly 50 per cent of the population, it is not unreasonable to assume that those displaced are at least 50 per cent children, and possibly more.

UNHCR noted in a recent IDP Protection Assessment Report, that the displaced population, particularly those in host communities (95 percent), continued to face mounting protection concerns such as the non-recognition of informal settlements, congestion in the evacuation centres, limited identification, poor prioritisation of persons with specific needs in the relief assistance, and limited information for IDPs.<sup>202</sup> There were also particular concerns relating to displaced children, including the risk of gender-based violence due to the lack of privacy and security in evacuation centres; separation from the family; limited availability of clean drinking water and food; poor sanitation, acute diarrhoea, chicken pox and colds.<sup>203</sup> There were further concerns relating to access to education. Some of the children displaced from Marawi were not able to attend school, either because the schools were being used as evacuation centres, poor familiarity with the language of instruction (*Bisaya* instead of *Maranao*), a requirement that the children purchase and wear the required school uniform—which the families cannot afford – and in some cases parents were unwilling to allow their children to attend due to concern about the conflict erupting once more.<sup>204</sup> There are no specific figures on the number of children in the camp, nor on the ages or gender of the children.

Providing for such large numbers of IDPs over a long period of time is costly and places a significant burden on duty bearers and stakeholders who are tasked with providing for IDPs. The information contained in the publications from the Child Protection Cluster provide regular information on barriers and bottlenecks to protection of IDPs and sets out the action needed to address them. For instance, in relation to the IDPs from Marawi, there was initially a requirement that they produce identification in order to access relief, but many had left with nothing, leaving all their belongings behind. The members of the Child Protection Cluster were able to advocate with Government to draw their attention to these issues, setting out what needed to be done, and linking up the relevant bodies.<sup>205</sup>

The June 2017 UNHCR IDP Protection Assessment Report notes that the Philippine government had established the National Emergency Operations Center (NEOC), to serve as

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<sup>202</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 1.

<sup>203</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 5.

<sup>204</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 5.

<sup>205</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 1.

the central coordination hub for government and humanitarian responders, and that the different clusters have been activated at sub- national level.<sup>206</sup> The Government had already identified areas for possible relocation of IDPs and reconstruction plans had been discussed by government officials. A decision had been made to establish a ‘tent’ city in Marawi City as soon as the fighting stopped. An oversight committee to focus on a reconstruction program for Marawi was formed by the Office of the President, and it was stated that a multi-agency task force would soon be convened to assess the situation.<sup>207</sup> By mid-July, fighting was continuing and no resolution had been reached.<sup>208</sup>

In addition, women and girls of families engaged in clan violence are at particularly high risk of being kidnapped, raped and suffering other forms of sexual violence. A further result of conflicts has been early marriage for girls. Survey data undertaken indicates that in 2014, 83 per cent of females surveyed in ARMM, had married between the ages of 15–17; while 17 per cent were aged 9–14.<sup>209</sup> An assessment and analysis on violence against women and girls in ARMM in relation to armed conflict, and in the context of the grave violations is set out in Section 8 of this SitAn.

### 3.2. Climate and disaster risks

The Philippines is located on the Pacific Ring of Fire, making it vulnerable to earthquakes, cyclones and volcanic hazards.<sup>210</sup> ARMM is prone to natural hazards including flooding, drought, rain-induced landslides, volcanic eruptions, storm surges and earthquakes. Many of these are likely to be exacerbated by climate change.<sup>211</sup> Around 7–9 typhoons make landfall every year in the Philippines<sup>212</sup> which, depending on their trajectory, may affect ARMM.

**Table 3.6: Number of Natural Disasters and affected population in ARMM, 2010–2014**

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<sup>206</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 1.

<sup>207</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 1.

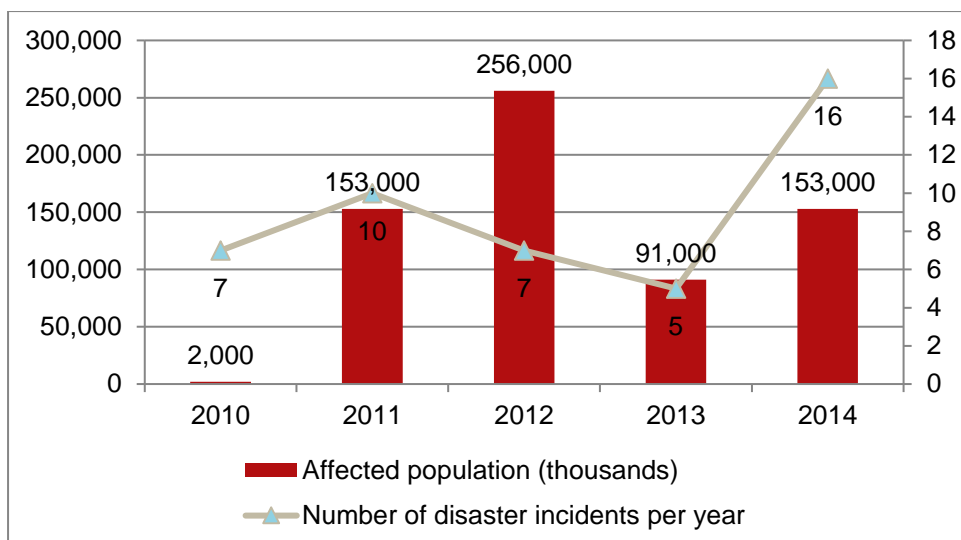
<sup>208</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 03, 14<sup>th</sup> July 2017, p 1.

<sup>209</sup> Mediators Network for Sustainable Peace, Inc: Peace and Conflict Analysis in Seven Local Government Units in ARMM, March 17, 2014. UNICEF.

<sup>210</sup> About the Philippines, UNDP, <http://www.ph.undp.org/content/philippines/en/home/countryinfo.html>.

<sup>211</sup> Bangsamoro Development Plan 2015, Bangsamoro Development Agency, p 98.

<sup>212</sup> Second National Communication to the United Nations Framework Convention on Climate Change, Philippines, p 15.



Source: OCD/NDRRMC<sup>213</sup>

Although the Island of Mindanao is affected by natural disasters on a regular basis, these appear to impact on the ARMM region less often than they do other regions in Mindanao.<sup>214</sup> Within ARMM, Maguindanao appears to be the province worst affected by natural disasters. Between 2011 and 2016, out of 202,684 families affected by disaster in ARMM, 82.2 per cent (166,515 families) were in Maguindanao, 16.3 per cent were in Lanao, 1.3 per cent in Basilan, 0.13 per cent in Sulu and 0.07 per cent in Tawi-Tawi.<sup>215</sup>

The 2016 Multiple Indicator Survey carried out in 36 municipalities in the Philippines, including seven municipalities in ARMM, asked respondents about their experiences in relation to disasters. In the seven municipalities in ARMM that were surveyed, the percentage of respondents that had been affected by a disaster or calamity in the 12 months prior to the survey varied between a high of 80.2 per cent in Mamasapano, Maguindanao to 19 per cent in Parang, Maguindanao.<sup>216</sup> About 94.5 per cent of those in Mamasapano had been affected by flooding, while the majority of those affected in Parang were affected by typhoons, and 82.1 per cent of those affected in Siasi, Sulu were affected by earthquakes.<sup>217</sup>

Geographic location and topography have a major impact upon disaster affectedness. Overall, it appears that more northerly provinces are closer to the tracks of the typhoons which made landfall in the Philippines in recent years. Maguindanao is a catch basin province where the majority of water bodies from surrounding provinces converge, and these waterways are heavily silted due to landslides and soil erosion making them more susceptible to flooding.<sup>218</sup>

<sup>213</sup> As set out in OCHA Philippines: Autonomous Region in Muslim Mindanao (ARMM), January 2017 - [http://reliefweb.int/sites/reliefweb.int/files/resources/phl-ocha-armm\\_profile-a3\\_jan2017\\_0.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/phl-ocha-armm_profile-a3_jan2017_0.pdf).

<sup>214</sup> Displacement dashboard, Mindanao, Philippines Forced Displacement Annual Report, 2015, UNHCR, [http://unhcr.ph/cms/wp-content/uploads/2015-Mindanao-Philippines-Forced-Displacement-Report\\_Final-HR3.pdf](http://unhcr.ph/cms/wp-content/uploads/2015-Mindanao-Philippines-Forced-Displacement-Report_Final-HR3.pdf).

<sup>215</sup> ARMM Regional Development Plan (Draft) 2017-2022, p254.

<sup>216</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, table 10.1

<sup>217</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, table 10.1

<sup>218</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p 2



The susceptibility of Maguindanao to natural disasters has resulted in it having a high poverty incidence year after year.<sup>219</sup>

The Philippines, generally, is vulnerable to the impacts of climate change and has experienced noticeable adverse effects in recent years that are expected to intensify over the medium and long term.<sup>220</sup> Sea levels around the Philippines are projected to rise by between 7.6 and 10 centimetres every 10 years, in comparison to the average worldwide sea level rise of 3.1 centimetres per decade.<sup>221</sup> The majority of the population of ARMM live in the immediate vicinity of the coast and may face a need to relocate as sea levels rise; this is generally the case for those living in the Philippines.<sup>222</sup> Rising seas do not only threaten to displace communities, they also result in saltwater intrusion which alters the salinity of the coastal ecosystem. Climate change is increasing ocean temperatures and is likely to have an impact on fish breeding patterns as well as plant cycles.<sup>223</sup>

As the impacts of climate change increase, storm surges<sup>224</sup> in ARMM and the Philippines more generally are becoming more frequent and stronger, increasing the risk to those living on the coast.<sup>225</sup> Large tropical cyclones create storm surges which can devastate crowded coastal regions and low-lying areas. Evidence suggests that climate change will intensify storm surges in the future, both due to rising sea levels and intensified cyclone activity as a result of warmer oceans.<sup>226</sup> This will lead to greater destruction as storm surges move further inland threatening larger areas than in the past.<sup>227</sup> This is likely to have considerable, negative and destructive impacts on ARMM, given the low-lying nature of some of the land.

### **Flooding**

Flooding has had a major impact on the provinces in ARMM. Between July 2012 and March 2017, various types of flooding displaced 702,571 people in ARMM: 20.1 per cent were displaced by flash floods; 79.86 per cent by floods; and 0.04 per cent by storm surges.<sup>228</sup> Rain-triggered landslides are common in mountainous areas of Maguindanao and Lanao Del Sur.<sup>229</sup>

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<sup>219</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.3.

<sup>220</sup> National Climate Change Action Plan 2011-2028, Climate Change Commission, p i.

<sup>221</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 10.

<sup>222</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 11.

<sup>223</sup> Villarín et al. 2008, 17-18. See also Ewing J.J. Converging Peril: Climate Change and Conflict in the South Philippines, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf).

<sup>224</sup> "The temporary increase, at a particular locality, in the height of the sea due to extreme meteorological conditions (low atmospheric pressure and/or strong winds). The storm surge is defined as being the excess above the level expected from the tidal variation alone at that time and place." Climate Change 2007 Synthesis Report, A Report of the Intergovernmental Panel on Climate Change.

<sup>225</sup> Second National Communication to the United Nations Framework Convention on Climate Change, Philippines, p 2.

<sup>226</sup> Climate Change and the Future Impacts of Storm-Surge Disasters in Developing Countries, Centre for Global Development Working Paper 182, September 2009, p 16.

<sup>227</sup> Climate Change and the Future Impacts of Storm-Surge Disasters in Developing Countries, Centre for Global Development Working Paper 182, September 2009, p 16.

<sup>228</sup> Mindanao Displacement Dashboard, OCHA Philippines, <https://data.humdata.org/organization/ocha-philippines>, accessed 20.07.2017.

<sup>229</sup> See, e.g., Reliefweb, Philippines: Floods and Landslides – Jan 2017, <https://reliefweb.int/disaster/fl-2017-000010-phl>

Floods and storm surges caused severe damage to Basilan, Sulu, and Tawi-Tawi in the early part of 2011. In June of the same year, severe flooding struck Maguindanao and Lanao Del Sur.<sup>230</sup> The 2011 floods in Maguindanao damaged agricultural crops, houses, school buildings and other infrastructures particularly roads and bridges, causing damages in millions of pesos.<sup>231</sup> More recently in May and June 2017, rains and thunderstorms in Maguindanao had, as of 14 June 2017, affected 302,000 people.<sup>232</sup>

### **Droughts**

The periodic El Niño Southern Oscillation affects ARMM, in particular Maguindanao, and is a constant threat, resulting in droughts.<sup>233</sup> These impact of the El Niño Southern Oscillation may become more acute in the future due to climate change globally, affecting several child outcome areas, including water security, health, nutrition (through agriculture) and social protection (due to threatened livelihoods).

In 2015, a state of emergency was declared in Maguindanao due to the effects of El Niño, which caused a drought resulting in extensive crop damage.<sup>234</sup> In February 2016, a state of calamity was declared in the province of Maguindanao due to a dry spell and extreme heat. It was reported by the provincial agriculture office that more than PhP150 million worth of corn, palay and other high value crops had been damaged since early January 2016, affecting more than 10,000 farmers in Maguindanao's 36 municipalities.<sup>235</sup> There were reports that the Teduray tribe in South Upi were affected particularly badly, and were relying on wild crops to survive. Freshwater fisherfolk were also affected as water tributaries and rivers dried up.<sup>236</sup> Sulu, Basilan and Lanao Del Sur are also prone to drought resulting in water shortages and crop failure, as well as increasing the risk of forest fires and a reduction in hydropower generation, and, therefore, access to electricity.<sup>237</sup> Around 50 per cent of the time, El Niño is followed by La Niña, bringing unusually cold and wet conditions and leading to heavy rainfall, flooding, a strong monsoon and more typhoons.<sup>238</sup>

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<sup>230</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.3.

<sup>231</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.3.

<sup>232</sup> OCHA, Philippines: Mindanao Displacement Snapshot, 14 June 2017, [http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-PHL-Mindanao%20Displacement\\_14June2017.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA-PHL-Mindanao%20Displacement_14June2017.pdf).

<sup>233</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 9.

<sup>234</sup> 'How vulnerable is Mindanao to El Niño', Gwen de la Cruz, April 3, 2016, <https://www.rappler.com/move-ph/issues/disasters/127991-how-vulnerable-mindanao-el-nino>.

<sup>235</sup> 'Maguindanao declare state of calamity as farms lose P150M, face starvation', Edwin O. Fernandez, February 2 2016, <http://newsinfo.inquirer.net/760753/maguindanao-declares-state-of-calamity-as-farms-lose-p150m-face-starvation>.

<sup>236</sup> 'Maguindanao declare state of calamity as farms lose P150M, face starvation', Edwin O. Fernandez, February 2 2016, <http://newsinfo.inquirer.net/760753/maguindanao-declares-state-of-calamity-as-farms-lose-p150m-face-starvation>.

<sup>237</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 9.

<sup>238</sup> Climate Landscape Analysis for Children in the Philippines, UNICEF Working Paper, 2017, p 9.

## **Typhoons**

While typhoons rarely make landfall in ARMM, the effects of typhoons passing through neighbouring provinces are often felt in ARMM.<sup>239</sup> For example:

- Typhoon Frank (Fengshen) made landfall in the Philippines in June 2008. As of 24 July 2008, 93,204 families (451,997 people) were affected in ARMM, with evacuation centres established in Shariff Kabunsuan, Maguindanao and Lanao Del Sur. About 43 people were killed, mostly in Shariff Kabunsuan; 831 homes were totally damaged, and 174 were partially damaged. The cost to agriculture was PhP225,925,000.<sup>240</sup>
- Tropical Storm Sendong (Washi) made landfall in the Philippines in December 2011. By 22 January 2012, in Lanao del Sur, 27,432 families (139,879 people) were affected and 15,679 families (80,237 people) were displaced;<sup>241</sup> four people were killed in Kapai, Lanao del Sur.<sup>242</sup>
- Typhoon Pablo (Bopha) made landfall in Philippines in December 2012 and affected the ARMM provinces of Lanao Del Sur and Maguindanao; 50,050 families were affected (250,622 people) in ARMM. No evacuation centres were established but 103,651 people were displaced. There were no fatalities in ARMM, but 256 houses were totally damaged and 368 were partially damaged. The water supply in Balindong was destroyed by flooding, as were four bridges.<sup>243</sup>

## **Earthquakes and volcanoes**

Alongside weather related disasters, ARMM is at risk from geological disasters. There are earthquake faults in Maguindanao and offshore faults in the Sulu and Cotabato Trenches.<sup>244</sup> Earthquakes are often accompanied by disasters causing additional damage, such as tsunamis or flash floods, the consequences of which can be devastating and extensive.<sup>245</sup> There have been earthquakes in the recent past which affected the island of Mindanao but not ARMM provinces—for example, a magnitude 7.5 earthquake on 6 March 2002.<sup>246</sup>

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<sup>239</sup> Bangsamoro Development Plan, p 99.

<sup>240</sup> National Disaster Co-ordinating Council Update, situation report no. 33 on the effects of Typhoon, [http://reliefweb.int/sites/reliefweb.int/files/resources/AF08756A504E59A48525749700629D7A-Full\\_Report.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/AF08756A504E59A48525749700629D7A-Full_Report.pdf).

<sup>241</sup> NDRRMC Update Sit Rep No. 43 re Effects of Tropical Storm “Sendong” (Washi) and Status of Emergency Response Operations, 22 January 2012, 8 am, [http://www.ndrrmc.gov.ph/attachments/article/1342/Effects\\_of\\_Tropical\\_Storm\\_SENDONG\\_\(WASHI\)\\_and\\_Status\\_of\\_Emergency\\_Response\\_Operations\\_Situational\\_Report\\_No\\_43\\_as\\_of\\_22JAN2012\\_0800H.pdf](http://www.ndrrmc.gov.ph/attachments/article/1342/Effects_of_Tropical_Storm_SENDONG_(WASHI)_and_Status_of_Emergency_Response_Operations_Situational_Report_No_43_as_of_22JAN2012_0800H.pdf).

<sup>242</sup> NDRRMC Final Report on the Effects and Emergency Management re Tropical Storm “Sendong” (Washi), 10 February 2012, [http://www.ndrrmc.gov.ph/attachments/article/1347/Final\\_Report\\_on\\_the\\_Effects\\_and\\_Emergency\\_Management\\_re\\_Tropical\\_Storm\\_SENDONG\\_%28WASHI%29\\_Status\\_of\\_Early\\_Recovery\\_Programs\\_in\\_Region\\_X\\_issued\\_10FEB2014.pdf](http://www.ndrrmc.gov.ph/attachments/article/1347/Final_Report_on_the_Effects_and_Emergency_Management_re_Tropical_Storm_SENDONG_%28WASHI%29_Status_of_Early_Recovery_Programs_in_Region_X_issued_10FEB2014.pdf).

<sup>243</sup> NDRRMC Update Sit Rep No. 38 re Effects of Typhoon “Pablo” (Bopha) 25 December 2012, 6am <http://reliefweb.int/sites/reliefweb.int/files/resources/NDRRMC%20Update%20Sitrep%20No%2038%20re%20Effects%20of%20Typhoon%20Pablo%20Bopha.pdf>.

<sup>244</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao p.6.

<sup>245</sup> “ARMM provinces vulnerable to disasters”, April 24 2014, <http://www.philstar.com/nation/2014/04/24/1315620/armm-provinces-vulnerable-disasters>.

<sup>246</sup> Philippines – Earthquake, OCHA Situation Report No. 3, 15 March 2002, <http://reliefweb.int/report/philippines/philippines-earthquake-ocha-situation-report-no-3>.

Throughout history, large and destructive earthquakes have affected ARMM. In April 1955, a magnitude 7.6 earthquake struck Lanao, killing 400 people;<sup>247</sup> while on 17 August 1976, a magnitude 8.1 earthquake originating from the Cotabato Trench struck the island of Mindanao. Although the earthquake itself caused damage, including the destruction of houses and buildings, it was the massive tsunami that affected 700 km of coastline that caused most damage, killing 6,000 people.<sup>248</sup>

In addition, active volcanoes such as Mount Bud Dajo in Sulu and the Ragang and the Makaturing Mountains in the Bukidnon-Lanao Del Sur area, as well as Mount Matutum in South Cotabato pose a constant threat to inhabitants.<sup>249</sup> However, though these volcanoes are considered active, they have not erupted in over 100 years.<sup>250</sup>

### 3.2.1. Legislation and policy

The Philippines has a reputation for having a strong and comprehensive law on disaster response and climate change. The Special Representative of the UN Secretary-General on DRR has noted that the Philippines Law on climate change adaptation and disaster risk reduction are the ‘best in the world’, and has shifted from a reactive to a proactive stance.<sup>251</sup>

Following the Hyogo Framework for Action (a 10-year plan to reduce disaster risks adopted by 168 UN member states in 2005), the Philippines reformed its disaster law and adopted RA No 10121, the Philippines Disaster Risk Reduction and Management Act in May 2010 (the 2010 Act). This Act restructured the risk reduction and emergency management bodies and functions at all levels of Philippines government and moved the focus from disaster response to disaster preparedness. The 2010 Act has made it the formal responsibility of Government at national, provincial and local levels to develop policies and plans relating to all aspects of DRRM, reduce underlying risk factors and prepare for effective response and early recovery.<sup>252</sup> Then, following Typhoon Haiyan, the Philippines introduced the RA No 10821, the Children’s Emergency Relief and Protection Act 2016. Under this Act, a comprehensive and strategic programme of action provides children, pregnant and lactating mothers affected by disasters and other emergency situations with support and assistance for immediate recovery and protection.<sup>253</sup> The DSWD is responsible for formulating a Comprehensive Emergency Programme for Children, taking into consideration humanitarian standards for their

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<sup>247</sup> PHILVOCS reminds to duck, cover, hold during earthquakes, March 18 2014, <https://afirm.org.ph/dev/phivolcs-reminds-to-duck-cover-hold-during-earthquakes-2/>.

<sup>248</sup> PHILVOCS commemorates the 1976 Moro Gulf Earthquake and Tsunami, [http://www.phivolcs.dost.gov.ph/index.php?option=com\\_content&view=article&id=6389:phivolcs-commemorates-the-1976-moro-gulf-earthquake-and-tsunami&catid=60:latest-news&Itemid=19](http://www.phivolcs.dost.gov.ph/index.php?option=com_content&view=article&id=6389:phivolcs-commemorates-the-1976-moro-gulf-earthquake-and-tsunami&catid=60:latest-news&Itemid=19).

<sup>249</sup> Local Disaster Risk Reduction and Management Capacity of the Autonomous Region in Muslim Mindanao Province, p.6.

<sup>250</sup> Volcanoes of the Philippines, Philippine Institute of Volcanology and Seismology, <http://www2.phivolcs.dost.gov.ph/index.php/volcano/volcanoes-of-the-philippines>.

<sup>251</sup> ‘UN lauds Philippines’ climate change laws ‘world’s best’, Michael Lim Ubac, 4 May 2012, Inquirer.net, <http://globalnation.inquirer.net/35695/un-lauds-philippines%E2%80%99-climate-change-laws-%E2%80%98world%E2%80%99s-best%E2%80%99>.

<sup>252</sup> Philippines Disaster Risk Reduction and Management Act, RA 10121, section 4.

<sup>253</sup> Children’s Emergency Relief and Protection Act 2016, RA 10821, section 2.

protection. *More detail on the national level legislation and policy is set out in the Philippines National Situational Analysis.*

Under RA No 9054, An Act to Strengthen and Expand the Organic Act for the Autonomous Region in Muslim Mindanao, the ARMM Regional Government is responsible for maintaining disaster-preparedness units who can provide immediate and effective relief services to victims of natural and man-made calamities. It is also responsible for ensuring the rehabilitation of calamity areas and victims of calamities.<sup>254</sup>

In ARMM, the Regional Disaster Risk Reduction and Management Council (RDRRMC) has a slightly different composition to those formed in the other regions in the Philippines. Under the 2010 Act, the regional governor is the RDRRMC Chairperson.<sup>255</sup> Under the Implementing Rules of RA No 10121, the ARMM RDRRMC may have four vice chairpersons who are the secretaries of DSWD-ARMM for disaster response, the DILG-ARMM for Disaster Preparedness, and the DOST-ARMM for Disaster Mitigation and Prevention and the Executive Director of the Regional Planning and Development Office for Disaster Rehabilitation and Recovery.<sup>256</sup> The RDRRMC in ARMM was established in 2012 by the ARMM governor under Executive Order No. 6.<sup>257</sup> In 2014, the Governor issued EO 11 which reorganised the ARMM RDRRMC and established the ARMM-Humanitarian and Emergency Action Response Team.<sup>258</sup>

There are a number of departments in the ARMM Regional Government with responsibility for DRRM. DILG ARMM leads the disaster preparedness programme, providing key actions, including community awareness and understanding, contingency planning, conduct of local drills and development of a regional disaster response plan.<sup>259</sup> DSWD ARMM works on disaster response, providing key actions during disaster response such as needs assessments, search and rescue, relief operations and early recovery activities. Its focus is life preservation and meeting the basic subsistence needs of the affected population during or immediately after a disaster.<sup>260</sup>

The Regional Planning and Development Office in ARMM is responsible for disaster rehabilitation and recovery, dealing with employment and livelihoods, infrastructure and lifeline facilities and housing and resettlement.<sup>261</sup> OCD-ARMM is responsible for ensuring implementation and monitoring of the RDRRMC Plan and conducting periodic assessment and performance monitoring of members of the RDRRMC and LDRRMCs. It also ensures that the physical framework, social, economic, and environmental plans of communities, cities, municipalities and provinces are consistent with the RDRRMC Plan. It is responsible for

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<sup>254</sup> An Act to Strengthen and Expand the Organic Act for the Autonomous Region in Muslim Mindanao, RA 9054 as amended Article III, section 11.

<sup>255</sup> Philippines Disaster Risk Reduction and Management Act of 2010, Section 10.

<sup>256</sup> Implementing Rules and Regulations Republic Act 10121, Rule 4, section 7.

<sup>257</sup> Office of the Regional Governor, Autonomous Region in Muslim Mindanao, Executive Order No. 6, March 1 2012.

<sup>258</sup> As referenced in Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 8.

<sup>259</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 9.

<sup>260</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 10.

<sup>261</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 11.

checking that all DRR programmes, projects and activities requiring international support are in accordance with duly established national policies and aligned with international agreements.<sup>262</sup>

The RDRRMC Operation Centre or the Humanitarian Emergency Action and Response Team (HEART), in coordination with OCD, is responsible for monitoring and responding to displacements; convening all stakeholders for response during emergency, keeping reports of DRR pertinent documents; disseminating information and raising public awareness on DRR concerns; receiving and transmitting emergency reports from different LGUs; serving as logistics for DRR equipment; and maintaining the RDRRM hotline in emergency.<sup>263</sup> It coordinates all government agencies and NGOs and international partners during an emergency and establishes a hotline for emergency and disaster purposes.<sup>264</sup>

The multiplicity of bodies involved in DRRM inevitably poses challenges. In particular, ensuring a consistent approach at regional government level for LGUs to implement on the ground is a known and enduring practical challenge. Additionally, in a disaster situation, the practical implementation of law and policy requires a great deal of coordination and communication in order to ensure efficient processes for those affected.

It has been suggested that children and youth are involved in DRRM activities. Although it appears they are involved in activities such as drills, tree planting and waste disposal,<sup>265</sup> there is little evidence that they are active participants in the full range of DRRM activities, including planning. This leaves open the possibility that their needs and concerns may not be fully understood or incorporated into DRRM plans.

Under the proposed Bangsamoro Basic Law, drafted in 2017, humanitarian protection and promotion would be a concurrent power between the Bangsamoro government and the national government, with the Bangsamoro government taking primary responsibility for the ARMM region.<sup>266</sup> The draft of the Basic Law also creates a Bangsamoro Disaster Risk Reduction and Management Council which will formulate the Bangsamoro Disaster Risk Reduction and Management Plan. This body will be able to mobilise resources of national defence in times of disasters in the Bangsamoro.<sup>267</sup> The Bangsamoro Government would also be responsible for proclaiming a state of calamity, as ARMM is currently able to do under RA No 9054, within its territorial jurisdiction.<sup>268</sup>

### 3.2.2. Impact of climate change and disasters on families and children in ARMM

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<sup>262</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 11.

<sup>263</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 12.

<sup>264</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 12.

<sup>265</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 14.

<sup>266</sup> Article V Section 2(5), Draft Bangsamoro Basic Law,

<https://www.adzu.edu.ph/images/stories/Talks%20and%20Speeches/DRAFT-Bangsamoro-Basic-Law.pdf>.

<sup>267</sup> Article V Section 2(5), Draft Bangsamoro Basic Law.

<sup>268</sup> Article V Section 2(13), Draft Bangsamoro Basic Law.

In terms of the impact of climate change, ARMM has some of the highest risk indicators in the Philippines. Much of the land in Sulu, Basilan and Tawi-Tawi is low lying and the whole of ARMM relies upon coastal resources, which are highly susceptible to climate-driven ecological changes, for the livelihoods and life support of their populations. ARMM is regarded to be at acute physical and social vulnerability to climate change, which is likely to exacerbate the impact of weather-related disasters in the region.

The ARMM provinces have some of the lowest HDIs in the country.<sup>269</sup> The low level of economic development in ARMM, the high level of poverty and the relative deprivation leaves ARMM with low capacity for climate change adaptation, which makes those living in ARMM even more vulnerable to natural disasters and climate change.<sup>270</sup>

Many people in ARMM rely on natural resources for their livelihoods, with the majority of employment being in agriculture, fishing and forestry, all of which are affected by natural disasters such as flooding and drought.<sup>271</sup> Additionally, El Niño and La Niña cause sea temperatures to fluctuate, which reduces production of seaweeds and fish-catch leading to a reduction in the income of fisherfolk.<sup>272</sup> The effect of El Niño are likely to be exacerbated by climate change and so the adaptive capacity of farmers and fisherfolk needs to be improved,<sup>273</sup> for example, identifying alternative sustainable livelihoods. Not only are the effects of climate change on agriculture, fishing and forestry likely to affect livelihoods, it is also likely to threaten food security in ARMM.<sup>274</sup>

Limited access to livelihoods, coupled with insufficient food security and potentially increased food prices can have severe consequences for families and children, especially on their health and nutrition status. These factors alone, or in combination, are likely to increase the already high levels of poverty in the region. Although everyone in the path of a disaster is affected, rich and poor alike, the wealthy tend to recover fastest.<sup>275</sup> Those who live in poverty tend to be more vulnerable to disasters, because they are less able to prepare for and respond to them. Those living in poverty are generally unable to build or rent safe accommodation and are more likely to live in high-risk areas, including 'no-build zones' as they have limited alternatives and want to be close to their livelihood opportunities.<sup>276</sup> In the Regional Development Plan 2017-2022, the ARMM Regional Government has committed to identifying

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<sup>269</sup> Ewing J.J. *Converging Peril: Climate Change and Conflict in the South Philippines*, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf), p 22.

<sup>270</sup> Villarín et al. 2008, 17-18. See also Ewing J.J. *Converging Peril: Climate Change and Conflict in the South Philippines*, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf).

<sup>271</sup> Ewing J.J. *Converging Peril: Climate Change and Conflict in the South Philippines*, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf), p 25.

<sup>272</sup> ARMM Regional Development Plan 2017-2022, p 143.

<sup>273</sup> ARMM Regional Development Plan 2017-2022, p 143.

<sup>274</sup> ARMM Regional Development Plan 2017-2022, p 126.

<sup>275</sup> Key Informant Interview with representative from UNICEF, 22 June 2017, Manila.

<sup>276</sup> IDMC Disaster-induced internal displacement in the Philippines – the case of Tropical storm Washi/Sendong, January 2013, IDMC p 23-24.

and implementing alternative and innovative solutions to address the housing needs of the poor and vulnerable in order to enhance their adaptive capacity.<sup>277</sup>

According to the Regional Development Plan 2017-2022, the ARMM Regional Government has implemented a number of programs in order to respond to natural disasters including ARMM Bangsamoro Regional Inclusive Development for Growth and Empowerment (BRIDGE which involves providing basic requirements of families including shelter, water, electricity and food.<sup>278</sup> This program only serves 600 households currently, although the aim is to extend it to 25,000 households by 2022.<sup>279</sup> Additionally, programs such as the conditional cash transfer program help to reduce the poverty of families, which assists in improving their resilience and reducing their vulnerability to disaster.<sup>280</sup> Further, the Emergency Assistance Program, with the support of ARMM-HEART and DSWD XII, arranged the staggered release of rice to those affected by drought in 2016, and the Cash for Work program under which individuals are paid to help with the construction of day care centres and shelter units.<sup>281</sup> The ARMM Humanitarian and Development Assistance Programme (ARMM-HDAP) was established in January 2015, following the Mamasapano incident to cover 15 municipalities affected by intensified law enforcement operations immediately following the events in Mamasapano. It also covers persons affected by natural disasters in the 15 municipalities. The programme aims to tackle poverty, through livelihood support and community strengthening programmes. These programs have helped to ameliorate the impacts of disaster on affected and vulnerable populations.

Hazards such as cyclones, floods, mudslides and earthquakes can increase the vulnerability of children. This includes both large- and small-scale events where children are among the most susceptible to injury and death during disasters.<sup>282</sup> Flooding, for example, impacts on children's health as it can lead to outbreaks of a wide range of waterborne diseases.<sup>283</sup> Existing vulnerabilities, such as poor health and nutrition can also increase the disaster risk for children, hamper recovery and if not addressed, leave children more vulnerable after a disaster.

Many older children want to be part of the response to a disaster and help their families recover, often dropping out of school and seeking employment in order to do this.<sup>284</sup> Such children are generally unskilled and vulnerable to taking on hazardous work, or one of the worst forms of child labour.<sup>285</sup>

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<sup>277</sup> ARMM Regional Development Plan 2017-2022, p 272.

<sup>278</sup> ARMM Regional Development Plan 2017-2022, p 253.

<sup>279</sup> ARMM Regional Development Plan 2017-2022, p 259.

<sup>280</sup> ARMM Regional Development Plan 2017-2022, p 255.

<sup>281</sup> ARMM Regional Development Plan 2017-2022, pp 257-8.

<sup>282</sup> The State of the World's Children 2012, Children in an Urban World, UNICEF, p 45.

<sup>283</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.3.

<sup>284</sup> Key Informant Interview with representative from UNICEF, 22 June 2017, Manila.

<sup>285</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 16.



Indigenous groups such as Lumads may be particularly vulnerable to disasters. These groups may not speak the common Tagalog language and so struggle to get information about disaster preparedness and forthcoming emergencies.<sup>286</sup>

### ***Displacement***

Between 2011 and 2016, the Regional Government in ARMM spent large amounts of money dealing with displaced persons created by both natural disasters and armed conflict. 202,684 persons were displaced between 2011 and 2016: 180,179 of these were due to natural disasters, most of whom were farmers and fisher-folk.<sup>287</sup> There was a reduction in the number of families displaced due to natural disasters from 48,769 in 2011 to 31,705 families in 2016, which, the Regional Development Plan 2017-2022 suggests, may be due to the implementation of disaster risk reduction programs in the region within this period.<sup>288</sup>

Disasters and displacement create additional stress and strain on families and can exacerbate issues such as family violence.<sup>289</sup> Displacement increases the risk of gender based violence, trafficking, prostitution and sexual exploitation,<sup>290</sup> particularly for children and young people who may be separated from their families and support networks. According to the Regional Development Plan 2017-2022, the ARMM Regional Government, through ARMM-HEART, ARMM-OCD and ARM-DSWD, and working alongside LGUs, will establish ARMM Community Peace and Development Centers to serve as temporary shelters for disaster victims. These will include women- and child-friendly spaces that will provide mental and psychosocial health support services.<sup>291</sup> Protocols will be developed for emergency cash transfers, calamity loans and livelihood programs in areas most likely to be affected by natural and man-made disasters.<sup>292</sup>

### ***Climate change, conflict and displacement***

The conflict-prone provinces of Mindanao are also vulnerable to rising sea levels. Sulu province has been identified as one of the most vulnerable islands to rising sea levels in the Philippines.<sup>293</sup> Further, economic and human development indicators are particularly poor in violence-prone and environmentally vulnerable regions of Mindanao.<sup>294</sup> The levels of poverty in these areas make these communities less resilient and able to respond to disasters and adapt to lessen the impact of climate change. Additionally, there is a risk that climate change may lead to increased incidences of conflict as it increases deprivation, which can lead to

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<sup>286</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 16.

<sup>287</sup> ARMM Regional Development Plan 2017-2022, p 253.

<sup>288</sup> ARMM Regional Development Plan 2017-2022, p 253.

<sup>289</sup> Key Informant Interview with representative from UNICEF, 22 June 2017, Manila.

<sup>290</sup> Save the Children See Me, Ask Me, Hear Me: children's recommendations for recovery three months after Typhoon Haiyan, February 2014, p 3.

<sup>291</sup> ARMM Regional Development Plan 2017-2022, p 262.

<sup>292</sup> ARMM Regional Development Plan 2017-2022, p 262.

<sup>293</sup> Ewing J.J. Converging Peril: Climate Change and Conflict in the South Philippines, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf), p 20.

<sup>294</sup> Ewing J.J. Converging Peril: Climate Change and Conflict in the South Philippines, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf), p 21.

migration, friction within and between communities and perpetuation of conflict, especially where there is a prior history of unrest.<sup>295</sup>

Many of those displaced by armed conflict in ARMM are living in areas that are affected by yearly flooding from typhoons and monsoon rains.<sup>296</sup> Such natural disasters can cause additional displacement and exacerbate the living conditions for those already displaced.<sup>297</sup> For example, floods in 2008 in Datu Piang in Maguindano flooded camps set up for internally displaced people fleeing conflict, forcing this group of highly vulnerable, displaced persons to move on again.<sup>298</sup> Repeated displacement depletes the resources of communities, making them more vulnerable when they are displaced. It also stretches the resources of local authorities who have to find funds to protect both those displaced by fighting and those displaced by disasters.<sup>299</sup>

### 3.2.3. Opportunities, Barriers and Bottlenecks

#### ***Conflict and disaster response***

The conflict situation in ARMM can lead to challenges in responding to disasters. According to the Overseas Development Institute, there are concerns about the ability of the Government of the Philippines to act even-handedly in taking action to prepare for the impacts of conflict in the ARMM Region. This stems, in part, from concerns that there may be a conflict of interest due to the Government's involvement as a participant in the conflict. In particular, the Office of Civil Defence is a civilian arm of the Department of Defence, which can result in challenges over trust within affected communities.<sup>300</sup> These challenges may also result in communities being unwilling to accept government assistance through the Office of Civil Defence in its capacity in relation to prevention and response to disasters, making communities in ARMM less prepared when a disaster occurs.

Despite these concerns over government involvement, there are many humanitarian organisations and NGOs working to prepare for and respond to conflict in affected communities. When a disaster occurs, organisations such as the International Committee of the Red Cross who have been working in conflict response, are able to change focus and

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<sup>295</sup> Ewing J.J. Converging Peril: Climate Change and Conflict in the South Philippines, RSIS Working Paper, 2009, available at [www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf](http://www.rsis.edu.sg/wp-content/uploads/rsis-pubs/WP187.pdf), p 27.

<sup>296</sup> Displacement dashboard, Mindanao, Philippines Forced Displacement Annual Report, 2015, UNHCR, [http://unhcr.ph/cms/wp-content/uploads/2015-Mindanao-Philippines-Forced-Displacement-Report\\_Final-HR3.pdf](http://unhcr.ph/cms/wp-content/uploads/2015-Mindanao-Philippines-Forced-Displacement-Report_Final-HR3.pdf)

<sup>297</sup> Philippines: Cycle of conflict and neglect: Mindanao's displacement and protection crisis, A profile of the internal displacement situation, IDMC, 5 November 2009, p 27.

<sup>298</sup> Philippines: Heavy floods aggravate plight of civilians displaced by conflict, ICRC report – 24 September 2008, <http://reliefweb.int/report/philippines/philippines-heavy-floods-aggravate-plight-civilians-displaced-conflict>.

<sup>299</sup> Philippines: Heavy floods aggravate plight of civilians displaced by conflict, ICRC report – 24 September 2008, <http://reliefweb.int/report/philippines/philippines-heavy-floods-aggravate-plight-civilians-displaced-conflict>.

<sup>300</sup> Jan Kellett, Case Study: financing of emergency preparedness in the Philippines, in Dare to Prepare: taking risk seriously, Compendium of background resources, compiled by Jan Kellett and Katie Peters, ODI, 2014, p18 <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8916.pdf>.

provide support to communities affected by disasters.<sup>301</sup> This has the benefit of a faster response time, as organisations are already on the ground, and more tailored responses, as these organizations are already working with and know the affected communities and relevant procedures for delivering aid.

### **Capacity**

While the Philippines has the technical capacity to reduce and manage disaster risks, those with technical expertise are largely found within national government institutions, rather than in LGUs that are tasked with leading on DRRM under the Philippines Disaster Risk Reduction and Management Act 2010. The limited capacity and technical expertise at local government level has been identified as a major impediment to effective implementation of DRRM policies.<sup>302</sup> Despite the legislative requirement for ARMM LGUs to take the lead in disaster response, the LGUs tend to look to, and rely upon, provincial or regional government during emergency situations.<sup>303</sup>

In addition, there appears to be insufficient capacity in relation to mainstreaming DRR and CCA into other projects and programmes in the region. Some of this may be due to insufficient awareness of the impact climate change is likely to have in the future, particularly amongst front-line staff.<sup>304</sup> It has been noted that training programs on DRRM are attended by senior staff members of government agencies and bodies, but these staff have not passed on the training and the information from the training to front line staff whose role it is to implement DRRM.<sup>305</sup> However, according to the Regional Development Plan 2017-2022, the ARMM Regional Government is taking steps to assist LGUs in conducting vulnerability and risk assessments to help them to mainstream disaster risk reduction and climate change adaptation into their local development plans.<sup>306</sup>

### **Implementation and enforcement**

Although there are strong laws in place in the ARMM region, which appear to be in line with national laws, there is insufficient implementation, enforcement and monitoring.<sup>307</sup> As of July 2017, although it appeared that there was a regional disaster risk reduction and management plan, only 78 of 118 LGUs had reportedly formulated their own plan.<sup>308</sup> It was not possible to locate publicly available copies of either the regional DRRM plan or any local DRRM plans in drafting this SitAn, raising concerns about the level of awareness amongst the public. Out of 113 LGUs that established DRRM offices, only 17 have permanent DRRM officers.<sup>309</sup> Having a DRRM office with permanent staff, emergency facilities and equipment at LGU level is

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<sup>301</sup> Jan Kellett, Case Study: financing of emergency preparedness in the Philippines, in *Dare to Prepare: taking risk seriously*, Compendium of background resources, compiled by Jan Kellett and Katie Peters, ODI, 2014, p18 <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8916.pdf>.

<sup>302</sup> IDMC Disaster-induced internal displacement in the Philippines – the case of Tropical storm Washi/Sendong, January 2013, IDMC, p.28.

<sup>303</sup> ARMM Regional Development Plan 2017-2022, Chapter 12, p 5.

<sup>304</sup> ARMM Regional Development Plan 2017-2022, Chapter 12, p 4.

<sup>305</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 16.

<sup>306</sup> ARMM Regional Development Plan 2017-2022, p 262.

<sup>307</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 17.

<sup>308</sup> ARMM Regional Development Plan 2017-2022, Chapter 11; Chapter 20 p. 419.

<sup>309</sup> ARMM Regional Development Plan 2017-2022, p 419.

required under Section 12 of the Philippines Disaster Risk Reduction and Management Act (2010), and the failure to establish and staff such an office means DRRM plans are unlikely to be developed, monitored and implemented effectively.

In addition to these concerns, there appears to be general limitations in coordination of DRRM, resulting in duplication and gaps in implementation. Functions of the different actors are not always clearly delineated and staff members do not always have job descriptions.<sup>310</sup> Challenges in coordination in areas of disaster response, recovery and rehabilitation, can result in a low level of implementation of DRRM system and delays.<sup>311</sup>

A further, allied problem is the insufficiency of local level laws and policies needed to support DRRM including for instance, policies on the prevention of construction in high-risk areas. Where these policies do exist, there are frequently low levels of enforcement. For example, in Languyan in Tawi-Tawi, many people have built houses in the mangrove areas, where they are at high risk of tidal surges and flooding. Additionally, schools have been built in high-risk areas, such as landslide-prone areas.<sup>312</sup> Such building work would likely not be approved if appropriate actions under the Regional Development Plan 2017-2022 were taken. Under the Plan, the ARMM Regional Government is planning to provide capacity building programs for LGUs in preparing and enforcing their Comprehensive Land Use Plans, which set out how suitable settlements shall be identified for housing projects.<sup>313</sup> They have also committed to raising awareness of LGUs and other stakeholders on housing and shelter programs of the national government, and encouraging public-private partnerships for housing projects.<sup>314</sup> These programs may help improve the implementation and enforcement of planning laws and policies, and reduce the construction of buildings in high-risk areas.

There has been limited success in enforcing forest and environmental protection laws to prevent issues such as illegal logging and mining.<sup>315</sup> These practices reduce forest cover, leaving soil, boulders and rocks exposed, exacerbating the effect of large amounts of rainfall and resulting in increased incidence of flooding and landslides.<sup>316</sup> Soil erosion also increases the amount of silt in riverbeds, increasing the likelihood of flooding.<sup>317</sup> Following Typhoon Sendong, logging was banned in ARMM through Executive Order O1 in 2011, which rescinded or revoked all existing timber agreements and cancelled all cutting permits in ARMM.<sup>318</sup> However there have been difficulties in implementing these laws, particularly as there has been a failure to provide alternative livelihoods for those living in forests, who use fallen trees to create charcoal.<sup>319</sup> Enforcement has also been a challenge due to the limited capacities of

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<sup>310</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 14.

<sup>311</sup> ARMM Regional Development Plan 2017-2022, Chapter 12, p 6.

<sup>312</sup> Local Disaster Risk Reduction and Management Capacity of Tawi-Tawi Province, p 6.

<sup>313</sup> ARMM Regional Development Plan, p 273.

<sup>314</sup> ARMM Regional Development Plan, p 273.

<sup>315</sup> IDMC Disaster-induced internal displacement in the Philippines – the case of Tropical storm Washi/Sendong, January 2013, IDMC, p26.

<sup>316</sup> 'Extensive logging, unrestricted mining blamed for flooding', IRIN news, 23 January 2009, <http://www.irinnews.org/news/2009/01/23>.

<sup>317</sup> ARMM Regional Development Plan 2017-2022, p 421.

<sup>318</sup> Executive Order 01, Office of the Regional Governor, ARMM, 29 December 2011.

<sup>319</sup> ARMM Regional Development Plan 2017-2022, Chapter 19, p 29.

environmental enforcement officers and insufficient support from other enforcement agencies.<sup>320</sup>

Although the Philippines Disaster Risk Reduction and Management Act of 2010<sup>321</sup> requires a focus on prevention as well as response, in ARMM, there is still a strong focus on responding to disasters rather than preventing or taking proactive steps to mitigate the impacts of disasters.<sup>322</sup> In particular, according to a KII, there has been limited planning to deal with future displacement which may occur due to rising sea levels causing those in low lying ARMM islands to have to relocate.<sup>323</sup> The limited enforcement and implementation may also be due to insufficient political will to commit to DRRM in ARMM, because ARMM has historically been less impacted than other regions in the Philippines by disasters.<sup>324</sup>

### ***Community awareness of DRRM***

The 2016 Multiple Indicator Survey carried out in 36 municipalities in the Philippines, seven of which were in ARMM, sought input from respondents on community awareness of DRRM. Community awareness of DRRM was shown to be limited in the seven municipalities in ARMM. The percentage of those surveyed in the ARMM municipalities who recalled any disaster-related orientation conducted by LGUs, private organisations or schools in the last 12 months varied between municipalities. In Upi, Maguindanao in 2014, 40.6 per cent of the population recalled some disaster-related orientation being carried out in the previous 12 months, increasing to 45.6 per cent by 2016.<sup>325</sup> This compares to only 8.4 per cent of those surveyed in Siasi, Sulu in 2014, increasing to 13.6 per cent by 2016.<sup>326</sup> However, in some municipalities, it appears that disaster-related orientation had decreased between 2014 and 2016. For example, in Parang, Sulu, it decreased from 15.5 per cent in 2014 to 4.8 per cent in 2016, and in Languyan, Tawi-Tawi, from 21.2 per cent in 2014 to 5.1 per cent in 2016.<sup>327</sup> This suggests that there may be low levels of community awareness of DRRM in ARMM, which is concerning given the likelihood of disasters occurring.

Across all seven municipalities surveyed in the Multiple Indicator survey, the majority of DRR training appears to have been carried out by local government, ranging from 85 per cent in 2014 in Languyan, Tawi-Tawi (decreasing to 62.8 per cent by 2016) to 52.1 per cent in Siasi, Sulu in 2014 (decreasing to 47.0 in 2016).<sup>328</sup> The second most common providers of DRR orientation were school officials or personnel, ranging from 30.2 per cent in Siasi, Sulu in 2014 (increasing to 31.9 per cent in 2016).<sup>329</sup> In Parang, Maguindanao there was a decrease in the provision of DRR orientation by LGUs from 78.8 per cent in 2014 to 40.6 per cent in 2016, however this seems to have been picked up by school officials or personnel as the provision

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<sup>320</sup> ARMM Regional Development Plan 2017-2022, Chapter 20, p 422.

<sup>321</sup> Republic Act No. 10121.

<sup>322</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 6.

<sup>323</sup> Key Informant Interview with representative from UNICEF, Thursday 22 June 2017, Manila.

<sup>324</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 13.

<sup>325</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.2.

<sup>326</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.2.

<sup>327</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.2.

<sup>328</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.2.

<sup>329</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.2.

of DRR orientation by school officials and personnel has increased from 3.7 per cent in 2014 to 43.8 per cent in 2016.<sup>330</sup>

The MIS also recorded the number of children from the surveyed municipalities who had participated in any calamity or disaster related orientation. In three municipalities (Mamasapano, Maguindanao; Parang, Sulu; Languyan, Tawi-Tawi), no females under the age of 18 had participated in any calamity or disaster-related orientation in 2014 or 2016.<sup>331</sup> In Parang, Sulu no males under the age of 18 had participated in calamity or disaster-related orientation in 2014 or 2016, and only 1.1 per cent of males under 18 in Mamasapano, Maguindanao in 2016 (0 in 2014) and 0.7 per cent of males under 18 in Languyan, Tawi-Tawi in 2014 although this reduced to 0 by 2016.<sup>332</sup> Other municipalities performed better with 21.2 per cent of males under 18 years old participating in any calamity or disaster related orientation in Upi, Maguindanao and 27.9 per cent of females below 18 years old in Parang, Maguindanao.<sup>333</sup> However, these figures suggest that there is still a long way to go in order to ensure that children and young people in ARMM are included in calamity and disaster related orientation.

Further, the MIS collected data on the percentage of respondents who reported that they knew where to go in the case of a disaster, which, by 2016 was generally high, with all but one municipality having positive responses of over 60 per cent.<sup>334</sup> In Languyan, Tawi-Tawi the percentage of respondents who knew where to go in case of a disaster had reduced from 56.8 per cent at baseline to 15.7 per cent at end line.<sup>335</sup> The reason for the particularly low levels of knowledge in Tawi-Tawi may be because it has been one of the least affected provinces in ARMM by natural disasters in recent years.

### **Availability of funds**

The Philippines Disaster Risk Reduction and Management Act (2010) established a series of disaster risk reduction and management funds, accessible to the national and subnational governments, and set out budgetary quotas for provision of funds set aside for the Local Disaster Risk Reduction and Management Fund (LDRRMF) for disaster risk management activities.<sup>336</sup> The LDRRMF funds are included in the General Fund Annual Budget and/or Supplemental Budget of each LGU,<sup>337</sup> and any projects for which LDRRMF funds are used shall be integrated into the Annual Investment Program of the LGU.<sup>338</sup> The Quick Response Fund

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<sup>330</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.2.

<sup>331</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.3.

<sup>332</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.3.

<sup>333</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.3.

<sup>334</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.5.

<sup>335</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 10.5.

<sup>336</sup> Philippines Disaster Risk Reduction and Management Act, RA 10121, section 21.

<sup>337</sup> National Disaster Risk Reduction and Management Council Department of Budget and Management and Department of the Interior and Local Government, Joint Memorandum Circular No. 2013-1, March 25, 2013, para 6.1.

<sup>338</sup> National Disaster Risk Reduction and Management Council Department of Budget and Management and Department of the Interior and Local Government, Joint Memorandum Circular No. 2013-1, March 25, 2013, para 6.2.



can be released following the declaration of a state of calamity either by the local Sanggunian or President.<sup>339</sup>

However, even with this obligation to establish an LDRRMF, there is still limited funding available for DRRM in ARMM. Because the LDRRMF is set out as a minimum percentage of the LGU's budget, poorer LGUs are likely to have access to less money without any reference to their risk profile.<sup>340</sup> Additionally it appears that some LGUs in ARMM don't receive an internal revenue allotment and so do not have any funding to put towards DRRM.<sup>341</sup> Insufficiency of funds has affected the delivery of DRRM services in remote areas.<sup>342</sup> It also exacerbates the focus, discussed above, on activities to respond to disasters, rather than encouraging LGUs to invest in prevention and mitigation activities.<sup>343</sup>

### **The particular vulnerability of Indigenous children in ARMM: exclusion, discrimination and unfulfilled rights**

A significant proportion of the Philippines' Indigenous population (61 per cent) live in Mindanao, including a significant population in ARMM. Indigenous people in ARMM continue to face marginalization, exclusion and discrimination, and are particularly impacted by conflict and displacement. As examined throughout this report, children from Indigenous communities appear to have some of the worst development outcomes of all children in ARMM, though robust data on outcomes among Indigenous children is limited. Insufficient data on Indigenous peoples and limited disaggregated data on child rights and outcomes for Indigenous children has rendered the particular deprivations and issues faced by Indigenous children largely invisible. This lack of data is evidence of the low priority given to these issues by the national Government. It has also limited the ability of ARG and national government policies and programmes to respond effectively to issues facing Indigenous populations, including Indigenous children.

There are no accurate data on the number and distribution of indigenous peoples in ARMM, due to variations and lack of consensus on how to define Indigenous peoples/populations, and also due to a lack of comprehensive mappings of Indigenous populations.<sup>344</sup> However, a mapping of Indigenous persons in 80 IP-dominant barangays in mainland ARMM (Maguindanao and Lanao Del Sur) was carried out in 2012 to 2013.<sup>345</sup> It identified 15,510 Indigenous households, the majority of which were Teduray. The other major ethnic groups were Lambangian (480) and Dulangan Manobo (383). While the Indigenous groups are

<sup>339</sup> National Disaster Risk Reduction and Management Council Department of Budget and Management and Department of the Interior and Local Government, Joint Memorandum Circular No. 2013-1, March 25, 2013, para 6.3.

<sup>340</sup> Philippines National Progress Report on the implementation of the Hyogo Framework for action (2013-2015), p.49.

<sup>341</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 17.

<sup>342</sup> Local Disaster Risk Reduction and Management Capacity of Autonomous Region in Muslim Mindanao, p 15.

<sup>343</sup> ARMM provinces vulnerable to disasters, April 24, 2014,

<http://www.philstar.com/nation/2014/04/24/1315620/armm-provinces-vulnerable-disasters>.

<sup>344</sup> Asian Development Bank, Indigenous Peoples / ethnic minorities and poverty reduction: Philippines (2002), p. 4; TEBTEBBA, Situation of Indigenous Peoples in the Philippines: Submission to the 59<sup>th</sup> Session of CESCR, 26 September 2016.

<sup>345</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014).

culturally distinct, ‘territorial and physical proximity has bound them together, in a unique and lasting relationship informed by intermarriages, traditional alliance, inter-tribal wars, trading practices, including some shares myths, stories and legends passed through millennial oral tradition.’<sup>346</sup> The mapping found that Indigenous Peoples in the surveyed Barangays still maintained their traditional clustering of houses among their group. The banding together of Indigenous communities has resulted in the formation of small enclaves or clusters of Indigenous persons within some Barangays.<sup>347</sup>

The mapping found that a young population among the Indigenous groups in mainland ARMM. More than half of the surveyed population (56 per cent) were between the ages of one and 20,<sup>348</sup> with a peak in the 6–10 age range, suggesting that ‘IP societies in mainland ARMM nurture a highly dependent population.’<sup>349</sup> Agriculture remains the major source of income in the communities.<sup>350</sup>

Historical discrimination, land dispossession and marginalization from political processes and economic benefits has had a profound impact on indigenous populations that continues today. Before colonization by the Spanish, indigenous communities had customary concepts of land use and ownership, based on collectivism (though this concept took different forms among the many different Indigenous groups). Notions of private land and resource ownership were not recognized.<sup>351</sup> Following colonization, the Spanish crown claimed rights over the Philippine islands, including the authority to dispose of land. Later, U.S. authorities claimed the right to dispose of all land, and voided previous land claims made by Indigenous peoples. The US authorities instituted a land title system that only allowed land to be held by individuals or corporations.<sup>352</sup> In Mindanao, a steady migration of Christian lowland Filipinos into areas previously dominated by the Lumad and Moro occurred throughout the twentieth century, encouraged by US authorities. Following independence, ‘*the development of plantation agriculture, logging concessions and hydro-electric and geothermal energy schemes*’ gave further impetus for this trend and contributed to the ‘minoritisation’ of the Lumad in their ancestral lands.<sup>353</sup>

Several significant developments in the 1980s and 1990s recognized the legal identity of Indigenous people nationally and provided them with a range of human rights. In 1987, the Constitution provided legal recognition of indigenous people through two key provisions. Article XII(5) obliges the Government to “*protect the rights of Indigenous cultural communities to their ancestral lands to ensure their economic, social and cultural wellbeing*”, and Article

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<sup>346</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014), p. 9.

<sup>347</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014), p. 19.

<sup>348</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014), p. 21.

<sup>349</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014), p. 21.

<sup>350</sup> IPDEV, *The Indigenous Peoples of Mainland ARMM* (2014), p. 21.

<sup>351</sup> Asian Development Bank, *Indigenous Peoples / ethnic minorities and poverty reduction: Philippines* (2002)

<sup>352</sup> Minority Rights Group, *Philippines – Indigenous Peoples*, available at <http://minorityrights.org/minorities/indigenous-peoples-6/>.

<sup>353</sup> Minority Rights Group, *Philippines – Indigenous Peoples*, available at <http://minorityrights.org/minorities/indigenous-peoples-6/>; Asian Development Bank, *Indigenous Peoples / ethnic minorities and poverty reduction: Philippines* (2002).



XIV(17) obliges the State to “*recognise, respect and protect the rights of indigenous cultural communities to preserve and develop their cultures, traditions and institutions.*”

The Indigenous Peoples Rights Act was passed in 1997 (Republic Act 8371). At the time, the Act was the first of its kind in the South-East Asia region. It recognizes the collective and individual rights of indigenous people, including the right to manage their ancestral lands / domains (Chapter III) and provides rights to self-governance and empowerment (Chapter IV); including rights to participate in decision-making in decisions affecting them (Section 16) and to decide on priorities for development (Section 17); rights to social justice and human rights (Chapter V); and rights to cultural integrity (Chapter VI). The National Commission on Indigenous Persons was created with a mandate to facilitate full delineation of Indigenous ancestral lands and domains through the issuance of Certificates of Ancestral Domain Title.

In ARMM, the Magna Carta on Children recognises the entitlement of Indigenous children to ‘an upbringing and environment consistent with the traditions of their community that promote their protection, survival and development.’<sup>354</sup> It also prohibits discrimination against children of Indigenous tribal communities,<sup>355</sup> and requires the ARG to develop an alternative education system for Indigenous children, which is culturally relevant to their needs<sup>356</sup> and to deliver health and nutrition services to Indigenous children as a matter of priority.<sup>357</sup>

Despite these comprehensive provisions, Indigenous persons continue to be vulnerable to land dispossession and an inability to access their collective cultural rights. The process for issuing Certificates of Ancestral Domain Title is burdensome and overly bureaucratic.<sup>358</sup> Nationally, only 182 Certificates had been issued as of 2016 out of the 248 ancestral domain claims, and less than 50 of these had been registered with the Registry of Deeds.<sup>359</sup> This represents a problem as it means indigenous peoples are less able to prevent intrusion into their ancestral domains by migrants and corporations.<sup>360</sup> The National Commission of Indigenous Persons, which is the organization mandated to implement the IPRA, lacks influence and capacity. According to an assessment by World Bank in 2007, the National

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<sup>354</sup> Article 11, section 52.

<sup>355</sup> Article 11, section 55.

<sup>356</sup> Article 11, section 53.

<sup>357</sup> Article 11, section 54.

<sup>358</sup> UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples’ International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

<sup>359</sup> Nester Castro, University of the Philippines, Assessing the status of Indigenous People’s rights during the Aquino administration (2016), available at <http://www.halalan.up.edu.ph/viewpoints/by-experts/248-assessing-the-status-of-indigenous-people-s-rights-during-the-aquino-administration>; UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples’ International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

<sup>360</sup> UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples’ International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

Commission experiences organizational challenges due to inadequate human, logistics and financial resources, limiting its ability to carry out its functions effectively.<sup>361</sup>

Even where Certificates are issued, economic development projects and activities of extractive industries can compromise access to ancestral domains. In order for such activities to be carried out in Indigenous peoples' territories, companies are required to obtain a Compliance Certificate for Free and Prior Informed Consent; however, in practice, this consent is often not obtained by mining companies.<sup>362</sup> Community leaders and human rights defenders who lead community processes of obtaining consent have reported facing harassment, threats and attacks.<sup>363</sup> This has included 76 documented cases of killings of Indigenous human rights defenders from 2010 to 2016.<sup>364</sup>

This encroachment of corporate mining operations onto the lands of Indigenous people has limited their ability to work their land and has caused indigenous children to drop out of school.<sup>365</sup> Mining has also resulted in environmental degradation, causing a reduction of agricultural production, water pollution, decreased fish catch and health problems.<sup>366</sup> The Special Rapporteur on the Right to Food has noted that the loss of ancestral lands by Indigenous people in the Philippines caused by economic development projects and extractive industries has undermined their capacity to survive.<sup>367</sup>

Indigenous people in Mindanao have also been heavily impacted by conflict and displacement. The Special Rapporteur on Internally Displaced Persons noted in 2016 that Indigenous people in Mindanao had been "*disproportionately affected by the long-standing conflict between the Government and the New People's Army.*"<sup>368</sup> Many Indigenous people are located in areas of Mindanao in which the NPA and the counter-insurgency are active, and Indigenous people are often stigmatized and harassed, and sometimes attacked for their perceived association with or support for the NPA's agenda. In addition, many Indigenous

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<sup>361</sup> World Bank, Philippines: The Indigenous People's Rights Act: Legal and institutional frameworks implementation and challenges (2007).

<sup>362</sup> UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples' International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

<sup>363</sup> UN Human Rights Council, Working Group on Universal Periodic Review, Summary of stakeholders' submissions – the Philippines, 27 February 2017, A/HRC/WG.6/27/PHI/2, para. 121.

<sup>364</sup> UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples' International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

<sup>365</sup> UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples' International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

<sup>366</sup> UN Committee on Economic, Social and Cultural Rights, Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples' International Center for Policy Research and Education Philippines to 59<sup>th</sup> session, 26 September 2016.

<sup>367</sup> UN Human Rights Council, Working Group on Universal Periodic Review, Compilation on the Philippines: Report of the Office of the United National High Commissioner for Human Rights, 27 February 2017, A/HRC/WG.6/27/PHI/2, para. 91.

<sup>368</sup> UN Human Rights Council, Working Group on Universal Periodic Review, Compilation on the Philippines: Report of the Office of the United National High Commissioner for Human Rights, 27 February 2017, A/HRC/WG.6/27/PHI/2, para. 91.

communities have been negatively impacted by ‘the militarization of their territories’: the military are permanently based within some Indigenous territories, and have conducted operations including unwarranted searches of homes, imposition of food blockages and curfews.’<sup>369</sup>

The historical and continuing exclusion and discrimination faced by Indigenous people in the ARMM has had a profoundly negative impact on Indigenous children. Like elsewhere in the country, and as examined throughout this report, Indigenous persons in ARMM suffer severe forms of deprivation, including poor educational and health outcomes and exposure to violence and abuse. They tend to be concentrated in disadvantaged areas in the region, and their vulnerability is compounded by gaps in Government services in areas where Indigenous people live – these areas are often geographically isolated and remote, with limited economic opportunities.<sup>370</sup> Government policies and services have also been recognized as lacking sensitivity to Indigenous cultural practices and traditions, resulting in exclusion of IPs from essential services, including health, education and protection services.<sup>371</sup>

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<sup>369</sup> UN Human Rights Council, Working Group on Universal Periodic Review, Summary of stakeholders’ submissions – the Philippines, 27 February 2017, A/HRC/WG.6/27/PHI/2, para. 123.

<sup>370</sup> International Workgroup for Indigenous Affairs, *Indigenous Peoples in the Philippines*, available at: <http://www.iwgia.org/regions/asia/philippines>.

<sup>371</sup> Institute for Autonomy and Governance and UNICEF, *The situation of Indigenous children: A participatory research with Indigenous children and their communities in mainland ARMM*, p. 60.

## 4. Health

### Key health-related SDGs

SDGs	Targets	Indicators
3.1	By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio
		Proportion of births attended by skilled health personnel
3.2	By 2030, reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Under-five mortality rate
		Neonatal (0-28 days) mortality rate
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
		Tuberculosis incidence per 1,000 population
		Malaria incidence per 1,000 population
3.6	By 2020, halve the number of deaths and injuries from road traffic accidents	Death rate due to road traffic injuries
3.7	By 2030, ensure universal access to sexual and reproductive health-care services	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
		Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

#### Key CRC Articles

Article 2: Every child has the right to enjoyment of CRC provisions without discrimination on the ground of a child's or his or her parent's or guardian's race, colour, sex, language, political or other opinion, national, ethnic or social origin, property, disability, birth or other status

Article 6 (1): Every child has the inherent right to life; (2) States parties shall ensure to the maximum extent possible the survival and development of the child

Article 17: States shall ensure that the child has access to information aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health

Article 24 (1) Every child has the right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health; (2) In particular, States must: (a) diminish infant and child mortality; (b) Ensure necessary health care for all; (c) Combat disease and malnutrition, including through the provision of adequate nutritious

foods and clean drinking-water, taking into consideration the dangers of environmental pollution; (d) Ensure appropriate pre- and post-natal health care for mothers; (e) Ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) Develop preventative health care, guidance for parents and family planning education and services.

Article 27: States recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

Article 33: States shall take all appropriate measures to protect children from the illicit use of narcotic drugs and psychotropic substances

According to the CRC and ICESCR, every child has the right to “the highest attainable standard of physical and mental health”.<sup>372</sup> The right to health is an inclusive right, encompassing not only the right to appropriate and timely health care, but also to the ‘underlying determinants’ of health, including access to safe and potable water and adequate sanitation<sup>373</sup>, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health.<sup>374</sup> The right to health encompasses a number of components, and this analysis accordingly covers the following broad areas: child mortality, communicable disease and immunisation, HIV/AIDS, maternal health, violence against women and girls, sexual and reproductive health, substance abuse and mental health.

#### **4.1. National legal and policy framework**

The right to health across the Philippines is protected under the Philippines Constitution in Article II Section 15 which states that ‘The State shall protect and promote the right to health of the people and instil health consciousness among them.’ Article XIII Sections 11-13 of the Constitution sets out further provisions related to health. In the Philippines Development Plan for the 2017-2022 period (PDP), the State has committed to accelerating Human Capital Development and this includes improvements to health. The targets set out in the PDP are reflected in the Philippines Health Agenda 2016-2022.

In the Philippines, there is a government mandate to ensure provision of Universal Health Care, also referred to as *Kalusugan Pangkalahatan* (KP). KP mandates the:

“provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed and appropriately used by an informed and empowered public.”<sup>375</sup>

<sup>372</sup> Article 24 CRC; Article 12 ICESCR.

<sup>373</sup> Water, Sanitation and Hygiene are discussed in Chapter 5 of this Report.

<sup>374</sup> CESCR General Comment No 14: The Right to the Highest Attainable Standard of Health (Art 12), 11 August 2000, E/C.12/2000/4, para 11.

<sup>375</sup> DoH. Universal Health Care <http://www.DoH.gov.ph/universal-health-care>

PhilHealth, the Philippines's national health insurance programme, is governed by the National Health Insurance Act of 1995, which replaced the Medicare Act of 1969.<sup>376</sup> In 2012, there was a landmark tobacco and alcohol excise tax increase (the Sin Tax Law) which earmarked the majority of revenues for health insurance for the poor. This meant that, in 2014, coverage was extended to 14.7 million poor families under the 2013 Amendment to the National Health Insurance Act of 1995 (RA 10606). RA No 10645, passed in November 2014, grants automatic coverage in PhilHealth to Filipino citizens who have reached the age of 60, extending coverage still further.<sup>377</sup> As of December 2016, 91 per cent of the total population was covered by PhilHealth: 36 per cent of members were indigents, 35 per cent were in the formal economy, 15 per cent were senior citizens, 8 per cent were in the informal economy, 3 per cent were lifetime members, and 3 per cent were sponsored.<sup>378</sup>

PhilHealth benefits include inpatient care; maternity and newborn care; outpatient treatment for tuberculosis, rabies and leptospirosis. The 'z-benefit' package for catastrophic illnesses includes coverage for certain cancers, cardiovascular surgeries, dialysis and kidney transplants; primary care benefits include screening for breast cancer and cervical cancer; and small medicines benefits.<sup>379</sup>

Indigent PhilHealth members benefit from no-balance billing, which prohibits providers from charging the poor any fees or charges over and above what is reimburse by PhilHealth.<sup>380</sup> There have been initiatives to reduce the price of drugs through the Cheaper Medicines Act 2008 and improve the availability of cheap medicines through the *Botikang Barangay*, *Botikang Bayan* and PHP100-treatment pack initiatives.<sup>381</sup>

In May 2017, in response to the destruction caused by Super Typhoon Yolanda (Haiyan), the Department of Health (DoH) issued Guidelines on the Provision of Essential Health Service Packages in Emergencies and Disasters. The Guidelines set standards for the delivery of essential health services in emergencies and disasters, define essential service components (for health, nutrition, WASH, and mental health), and delineate roles and responsibilities between different national and local government units and non-governmental actors.<sup>382</sup>

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<sup>376</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at:

[http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1)

<sup>377</sup> Universal Health Coverage in the Philippines- Progress on Financial Protection Goals, Policy Research Working Paper 7258, World Bank Group

<sup>378</sup> [https://www.philhealth.gov.ph/about\\_us/statsncharts/snc2016.pdf](https://www.philhealth.gov.ph/about_us/statsncharts/snc2016.pdf)

<sup>379</sup> Universal Health Coverage in the Philippines- Progress on Financial Protection Goals, Policy Research Working Paper 7258, World Bank Group, p 3

<sup>380</sup> Universal Health Coverage in the Philippines- Progress on Financial Protection Goals, Policy Research Working Paper 7258, World Bank Group, p 3

<sup>381</sup> Universal Health Coverage in the Philippines- Progress on Financial Protection Goals, Policy Research Working Paper 7258, World Bank Group, p 4

<sup>382</sup> DoH. May 23, 2017. Administrative Order No. 2017-0007. Guidelines in the Provision of Essential Health Service Packages in Emergencies and Disasters.

## 4.2. ARMM legal and policy framework

The provision of health services is the responsibility of the ARG of ARMM, which complements the efforts of the LGUs in providing basic social services at the community level. In contrast to the national level, ARMM's health system is centralised under the ARMM-DOH, which runs the provincial hospitals and the municipal health centres under its jurisdiction.<sup>383</sup> However, not all provincial hospitals have been devolved to ARMM (e.g. Amai Pakpak Provincial hospital in Lanao del Sur).

Article III Section 11 of RA No. 6734 (of August 1, 1989) states that the ARMM Regional Government 'shall provide, maintain, and ensure the delivery of basic health education and services'.<sup>384</sup> Executive Order No. 133 (signed by the President on October 29, 1993) grants the ARG the power to 'exercise administrative control and supervision over all regional, provincial, city, municipality, district and barangay health units and government-owned or controlled establishments such as hospitals, clinics and dispensaries, laboratories, blood banks, drugstores and such other facilities'.<sup>385</sup> Further, it provides that the ARMM ARG is responsible for the provision of health-related information and education, and the collection of health data.<sup>386</sup>

ARMM also develops its own laws, plans and policy in relation to health. Chapter 10 (Accelerating Human Capital Development) of the Regional Development Plan 2017-2022 contains a number of targets related to child and maternal health.<sup>387</sup> Relevant regional laws, policies and targets are mentioned in the respective sub-sections.

## 4.3. Child Mortality

Article 24(2)(a) of the UNCRC states that States Parties shall take appropriate measures to diminish infant and child mortality. SDG 3.2 includes the targets to reduce the neonatal mortality rate to at least 12 deaths per 1,000 live births, and the under-5 mortality rate to at least 25 deaths per 1000 live births.

Overall, neonatal mortality (0–28 days), infant mortality (under-1), and under-5 mortality in ARMM have experienced a decline over the last decades. However, ARMM still faces significant challenges in relation to child mortality, with *some of the worst infant and under-5 mortality rates amongst the 17 regions* of the Philippines.

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<sup>383</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p. 21 [http://www.wpro.who.int/philippines/areas/health\\_systems/financing/philippines\\_health\\_system\\_review.pdf](http://www.wpro.who.int/philippines/areas/health_systems/financing/philippines_health_system_review.pdf)

<sup>384</sup> Republic Act No. 6734 ('Act Providing for an Organic Act for the Autonomous Region in Muslim Mindanao'), Article III Section 11. [http://www.lawphil.net/statutes/repacts/ra1989/ra\\_6734\\_1989.html](http://www.lawphil.net/statutes/repacts/ra1989/ra_6734_1989.html)

<sup>385</sup> Executive Order No. 133, Section 2.a <http://www.officialgazette.gov.ph/1993/10/29/executive-order-no-133-s-1993/> [30.08.17]

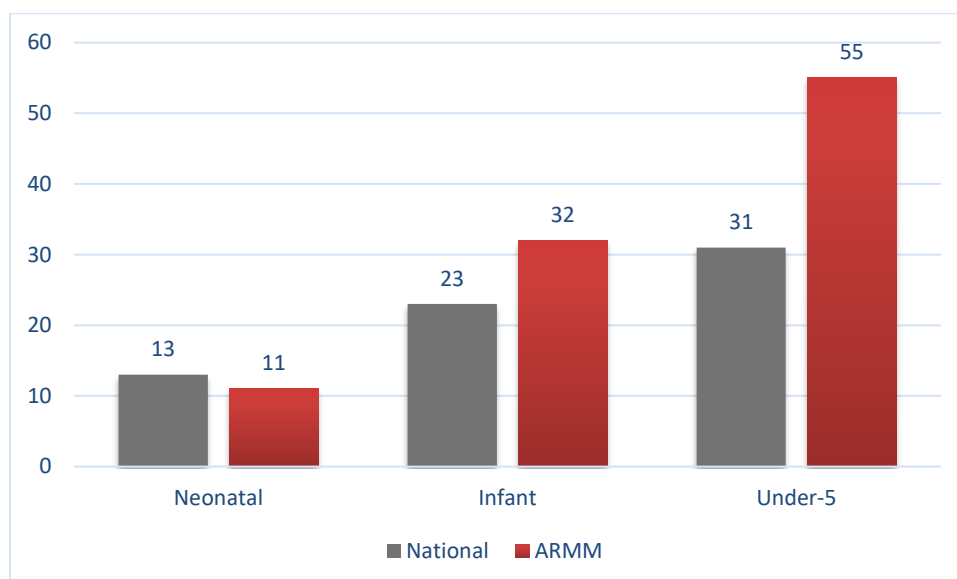
<sup>386</sup> Executive Order No. 133, Section 2.c-k <http://www.officialgazette.gov.ph/1993/10/29/executive-order-no-133-s-1993/> [30.08.17]

<sup>387</sup> See ARMM Regional Development Plan 2017-2022 <http://rpdo.armm.gov.ph/rpdo/index.php/rdp-2017-2022> [18.05.17]

### 4.3.1. Neonatal mortality

Data from the 2013 National Demographic and Health Survey (NDHS) suggest that the neonatal mortality in ARMM stood at 11 deaths per 1000 live births, as of 2013.<sup>388</sup> The 11/1000 rate would suggest that ARMM has already reached the SDG target in relation to neonatal mortality, which aims for a rate of 12/1000 by 2030. ARMM's neonatal mortality rate compares favourably with the nationwide neonatal mortality rate, which stood at 13/1000 as of 2013, just short of reaching the SDG target.<sup>389</sup>

**Table 4.1: Child mortality rates in Philippines and ARMM**



Source: 2013 NDHS

### 4.3.2. Infant mortality

In contrast to neonatal mortality, ARMM performs very poorly when it comes to infant (under-1) mortality. 2013 NDHS data reveal that ARMM's infant mortality rate stood at 32/1000, which is significantly higher than the national average of 23/1000.<sup>390</sup> The SDGs do not include an explicit target linked to infant mortality, but instead focus on under-5 mortality and neonatal mortality. However, the Philippines Development Plan (PDP) 2017-2022 includes the target of reducing the infant mortality rate to 15/1000 by 2020.<sup>391</sup> The Mindanao 2020 Peace and Development Framework (MPDF) sets the even more ambitious target of reducing the infant mortality rate to 3/1000 by 2020 and to 1/1000 by 2030.<sup>392</sup> ARMM's 2013

<sup>388</sup> Note that mortality rates based on the NDHS may be biased as only surviving women age 15-49 were interviewed, eliminating data on children of women who were not represented in the sample because they have died. 2013 NDHS <https://NDHSprogram.com/pubs/pdf/FR294/FR294.pdf> [18.05.17]

<sup>389</sup> 2013 NDHS <https://NDHSprogram.com/pubs/pdf/FR294/FR294.pdf> [18.05.17]

<sup>390</sup> 2013 NDHS <https://NDHSprogram.com/pubs/pdf/FR294/FR294.pdf> [18.05.17] p. 91

<sup>391</sup> Philippine Development Plan 2017-2022, Table 10.4, p.147, Chapter 10. <http://pdp.neda.gov.ph/wp-content/uploads/2017/01/10-05-02-2017.pdf> [18.05.17]

<sup>392</sup> Mindanao 2020 Peace and Development Framework, p.114.

[http://minda.gov.ph/resources/Publications/Mindanao\\_2020/m2020\\_full\\_doc\\_for\\_web.pdf](http://minda.gov.ph/resources/Publications/Mindanao_2020/m2020_full_doc_for_web.pdf) [18.05.17]



rate of 32/1000 would suggest that the region is still a long way from achieving the targets set out in the 2020 PDP and the 2020 MPDF, which would require the region to reduce its infant mortality rate by at least 50 per cent (in the case of the PDP target).

As of 2013, only three regions in the Philippines had a higher infant mortality rate than ARMM, with SOCCSKSARGEN at 37/1000, MIMAROPA at 26/1000, and Caraga at 33/1000.<sup>393</sup> Findings from the 2013 NDHS also suggest that the 18/1000 infant mortality rate for ARMM found in the 2011 Family Health Survey (FHS) and cited in the ARMM Regional Development Plan Midterm Update 2013-2016 represents an *outlier*, and should be treated with caution.<sup>394</sup> This is particularly relevant given that - if taken at face value - the FHS data would suggest that infant mortality rates in ARMM plummeted by around 68 per cent within only three years, from 56/1000 in 2008.<sup>395</sup> The 2013 NDHS findings are more in line with findings from previous years, which would suggest that infant mortality declined slowly (but steadily) from 55/1000 in 1998 to 32/1000 in 2013.<sup>396</sup>

#### 4.3.3. Under-5 mortality

ARMM's performance in relation to under-5 child mortality is particularly worrying, with 2013 NDHS data indicating that it has the highest under-5 mortality rate of any of the country's 17 regions. As of 2013, the under-5 mortality rate in ARMM was estimated to stand at 55/1000, which is significantly above the national average of 31/1000 and still a long way short of achieving the SDG target of 25 death per 1000 live births by 2030.

#### **Disparities in child mortality**

The 2013 NDHS report does not provide ARMM-specific breakdowns for child mortality disparities between genders, ethnicities, rural and urban areas, household wealth quintiles and educational background of the mother. However, nationwide data suggests that child mortality rates are significantly higher in rural areas than in urban areas. Furthermore, nationwide trends indicate that children born to mothers from poorer households and to mothers with little or no education are at a far higher risk of premature death, compared to children born to mothers from wealthier households and to mothers with at least high school or college education.<sup>397</sup> Nationwide trends also indicate that birth order and the age of the mother are significant determinants of child mortality, with risks particularly acute for higher order births and for children born to relatively young and relatively old mothers.<sup>398</sup>

Across the East Asia and Pacific region, child mortality rates are, on average, somewhat higher for male children than for female children.<sup>399</sup> This typical pattern of higher mortality for male children is not reflected strongly in the gender-disaggregated nationwide NDHS data on child

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<sup>393</sup> 2013 NDHS <https://NDHSprogram.com/pubs/pdf/FR294/FR294.pdf> [18.05.17] p. 91

<sup>394</sup> See ARMM Regional Development Plan Midterm Update 2013-2016, p.84.

<sup>395</sup> See ARMM Regional Development Plan Midterm Update 2013-2016, p.84.

<sup>396</sup> See ARMM Regional Development Plan Midterm Update 2013-2016, p.84.

<sup>397</sup> See ARMM Regional Development Plan Midterm Update 2013-2016, p.91.

<sup>398</sup> See ARMM Regional Development Plan Midterm Update 2013-2016, p.94.

<sup>399</sup> State of the World's Children 2016 data: <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/> [03.07.17]

mortality from 2013.<sup>400</sup> Unfortunately, the 2013 NDHS report does not present gender-disaggregated child mortality data for ARMM.

### **Immediate causes of child mortality**

Data on the immediate causes of death in children (under-5) in ARMM are limited. Unfortunately, UN estimates of causes of child mortality are only provided at the national level and not broken down at the subnational level. As of 2015, the main causes of death for children under 5 years in the Philippines were pneumonia (19 per cent), preterm complications (17 per cent), intrapartum complications (11 per cent) and congenital diseases (10 per cent of all deaths).<sup>401</sup> For newborns (under 1 month old), the UN data suggest that the main causes of death were preterm complications (34 per cent), intrapartum complications (22 per cent), congenital diseases (17 per cent), sepsis (13 per cent) and pneumonia (5 per cent).<sup>402</sup> According to 2010 estimates from the Institute for Health Metrics and Evaluation, the leading nationwide risk factor for children under 5 was childhood underweight.<sup>403</sup>

## **4.4. Communicable diseases and immunisation**

Article 24(2)(c) of the Convention on the Rights of the Child obliges States Parties to take appropriate measures to combat disease. According to SDG 3.3, countries should aim to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

### **4.4.1. Malaria**

The Philippines Development Plan 2017-2022 sets out the ambitious target of reducing the malaria prevalence rate to less than 1 case per 100,000 population by 2022.<sup>404</sup> There is some evidence to suggest that ARMM is one of the most malaria-endemic regions in the Philippines.<sup>405</sup> For example, a 2014 WHO report suggests that coverage of malaria control interventions has been lower than in other parts of the country (largely as a result of the armed conflict), and that two of ARMM's provinces (Sulu and Tawi-Tawi) were amongst the most malaria endemic in the whole country.<sup>406</sup>

Similarly, the Malaria Medium Term Development Plan 2011-2016 states that Sulu and Tawi-Tawi are amongst only five provinces nationwide that can be considered *Stable Risk-High Malaria Endemic*.<sup>407</sup> The Malaria Plan also estimates that Sulu and Tawi-Tawi are unlikely to

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<sup>400</sup> NNDHS, 2013, p.94

<sup>401</sup> UNICEF data: <https://data.unicef.org/topic/child-survival/under-five-mortality/> [18.05.17]

<sup>402</sup> UNICEF data <https://data.unicef.org/topic/child-survival/under-five-mortality/> [18.05.17]

<sup>403</sup> IHME. 2010. Global Burden of Diseases, Injuries, and Risk Factors Study 2010.

[http://www.healthdata.org/sites/default/files/files/country\\_profiles/GBD/ihme\\_gbd\\_country\\_report\\_philippines.pdf](http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_philippines.pdf) [18.05.17]

<sup>404</sup> PDP, Table 10.4, p.147 <http://pdp.neda.gov.ph/wp-content/uploads/2017/01/10-05-02-2017.pdf>

<sup>405</sup> See [http://www.who.int/malaria/publications/country-profiles/profile\\_phl\\_en.pdf](http://www.who.int/malaria/publications/country-profiles/profile_phl_en.pdf) [18.05.17]

<sup>406</sup> WHO. 2014. [http://apps.who.int/iris/bitstream/10665/149678/1/9789241507387\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/149678/1/9789241507387_eng.pdf) [18.05.17]

<sup>407</sup> Malaria Medium Term Development Plan 2011-2016

[http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan\\_0.pdf](http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan_0.pdf)

be able to zero their indigenous malaria cases over the next six years, in time to qualify as malaria-free by 2020.<sup>408</sup>

The ARMM-DOH recorded a total of 33 cases of malaria in the first three months of 2016, which is lower than the average of 70 cases per quarter recorded in 2015,<sup>409</sup> 21 of these reported cases of malaria appear to have been in Sulu, nine cases were in Tawi-Tawi and three cases were in Maguindanao.<sup>410</sup> On a positive note, it appears that malaria treatment guideline adherence is high in ARMM or at least in some of its provinces. For example, as of 2009, Sulu was one of the provinces that recorded the highest percentage (98.8) in treating cases in accordance with the 2002 Malaria Treatment Protocol.<sup>411</sup>

In the first quarter of 2016, the ARMM DOH reported no malaria-related deaths in the region, and only four malaria-related deaths in 2015.<sup>412</sup> Unfortunately, both Tawi-Tawi and Basilan province have incomplete data on malaria-related mortality, so accurate malaria-related mortality and morbidity reduction rates and trends for ARMM cannot be established.<sup>413</sup>

Nationwide, confirmed cases of malaria and malaria-related deaths have been decreasing almost continuously (with occasional reversals) since the mid-1990s (see Table 4.2 below). According to the Philippines Development Plan, the nationwide malaria mortality rate decreased further between 2011 and 2014, from 0.01 cases per 100,000 population in 2011 to 0.008 per 100,000 population in 2014. However, the rate increased again slightly in 2015, to 0.019 cases per 100,000 population.<sup>414</sup> The PDP suggests that the slight increase in malaria mortality in 2015 was concentrated in endemic areas such as Palawan and amongst indigenous peoples and mobile populations.<sup>415</sup>

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<sup>408</sup> Malaria Medium Term Development Plan 2011-2016

[http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan\\_0.pdf](http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan_0.pdf), p. 27

<sup>409</sup> <http://armm.DoH.gov.ph/index.php/2-uncategorised/194-malaria-cases-down-in-armm> [18.05.17]

<sup>410</sup> See <http://www.philstar.com/nation/2016/05/24/1586515/malaria-cases-down-armm> [18.05.17]

<sup>411</sup> Malaria Medium Term Development Plan 2011-2016

[http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan\\_0.pdf](http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan_0.pdf)

<sup>412</sup> <http://www.philstar.com/nation/2016/05/24/1586515/malaria-cases-down-armm>

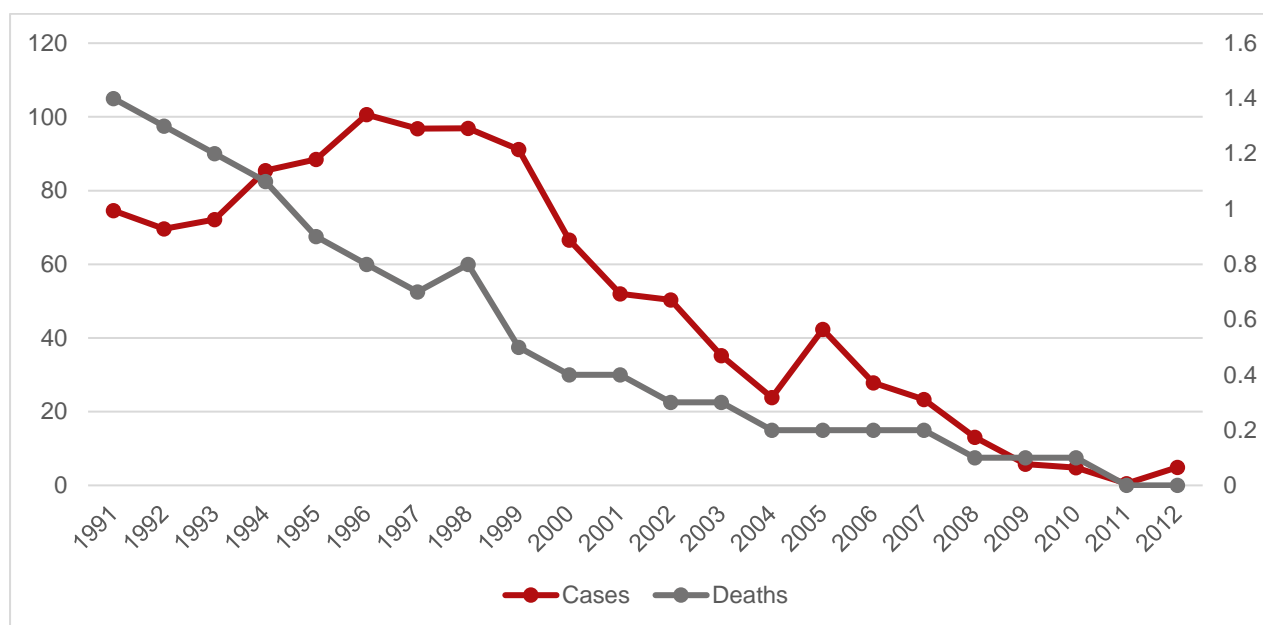
<sup>413</sup> Malaria Medium Term Development Plan 2011-2016

[http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan\\_0.pdf](http://portal.DoH.gov.ph/sites/default/files/Final%20Malaria%20Medium%20Term%20Development%20Plan_0.pdf)

<sup>414</sup> PDP, Table 10.1, p.139 <http://pdp.neda.gov.ph/wp-content/uploads/2017/01/10-05-02-2017.pdf>

<sup>415</sup> PDP, p.138

**Table 4.2: Confirmed malaria cases and deaths in the Philippines 1991-2012**



Source: PHS 2012

#### 4.4.2. Tuberculosis

Tuberculosis (TB) has been one of the leading causes of mortality in the Philippines. As of 2012, TB was the eighth most prevalent cause of death in the Philippines, accounting for around 4.4 per cent of all deaths that year.<sup>416</sup> However, TB-related deaths have been decreasing steadily since the early 1990s. While, in 1992, TB accounted for 23,356 deaths nationwide (or 35.7 per 100,000 deaths), this was reduced to 22,693 TB-related deaths in 2012 (or 23.6 per 100,000 deaths).<sup>417</sup>

According to the 2010-2015 Philippine Plan of Action to Control Tuberculosis, ARMM has one of the lowest reported TB death rates in the whole country, estimated to stand at 5.2 as of 2004.<sup>418</sup> However, these figures are likely to underestimate the true extent of TB-related mortality in ARMM, as deaths in the region are generally left unreported due to different cultural practices.<sup>419</sup>

Between 2000 and 2009, the nationwide TB case notification rate fluctuated within a range of 136 to 169 cases per 100,000 population. However, since 2009, it has started to increase

<sup>416</sup> <http://pdp.neda.gov.ph/wp-content/uploads/2017/01/10-05-02-2017.pdf>.

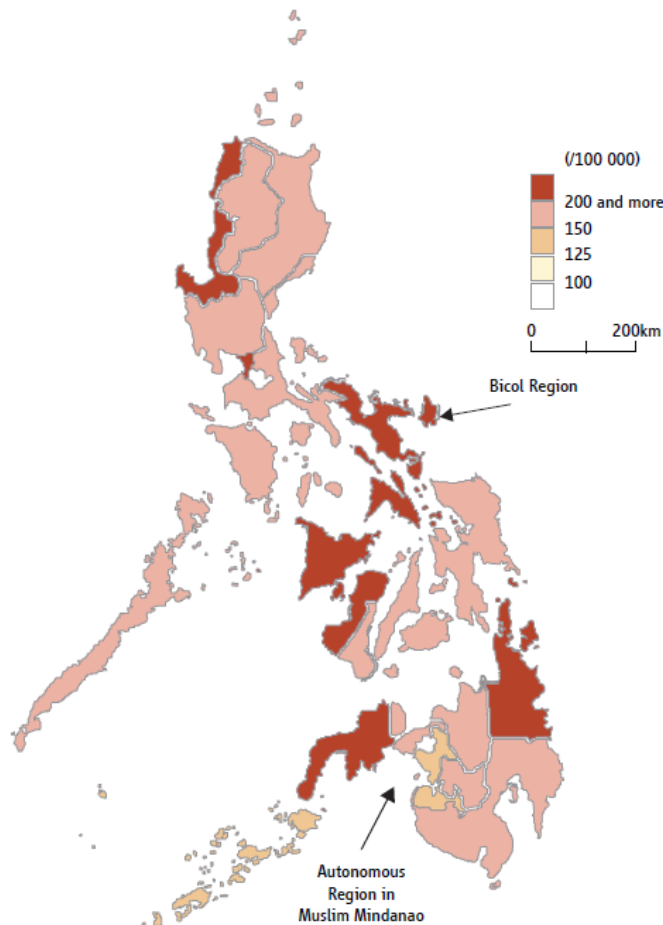
<sup>417</sup> The 2012 Philippine Health Statistics, Department of Health Epidemiology Bureau, (PHS 2012) Table 22, p.90 <http://www.DoH.gov.ph/sites/default/files/publications/PHS2012.pdf>

<sup>418</sup> 2010-2015 Philippine Plan of Action to Control Tuberculosis, p. 14. [http://www.nationalplanningcycles.org/sites/default/files/country\\_docs/Philippines/philippine\\_tb\\_plan\\_2010-2015\\_draft.pdf](http://www.nationalplanningcycles.org/sites/default/files/country_docs/Philippines/philippine_tb_plan_2010-2015_draft.pdf)

<sup>419</sup> 2010-2015 Philippine Plan of Action to Control Tuberculosis, p. 14. [http://www.nationalplanningcycles.org/sites/default/files/country\\_docs/Philippines/philippine\\_tb\\_plan\\_2010-2015\\_draft.pdf](http://www.nationalplanningcycles.org/sites/default/files/country_docs/Philippines/philippine_tb_plan_2010-2015_draft.pdf).

again, reaching 206 per 100 000 population in 2011.<sup>420</sup> The TB notification rate refers to the number of new and relapsed TB cases notified in a given year, per 100 000 population.<sup>421</sup> As of 2011, the notification rate in ARMM was the lowest of all regions in the Philippines, with 109 cases per 100,000 population.<sup>422</sup>

**Table 4.3: Notification rates of all forms of TB in 2011**



Source: WHO

The nationwide TB incidence rate in 2015 was 322 cases per 100,000 population.<sup>423</sup> The target in the PDP is a TB rate of 225 per 100,000 by 2022, which suggest that the country as a whole still has a long way to go in order to achieve this target.<sup>424</sup> It was estimated that in 2015 the

<sup>420</sup> See <http://www.wpro.who.int/tb/data/rr12/en/index8.html>,

<sup>421</sup> The term 'notification' means that TB is diagnosed in a patient and is reported within the national surveillance system, and then on to WHO.

[http://www.who.int/healthinfo/indicators/2015/chi\\_2015\\_45\\_tb\\_notification.pdf](http://www.who.int/healthinfo/indicators/2015/chi_2015_45_tb_notification.pdf)

<sup>422</sup> See <http://www.wpro.who.int/tb/data/rr12/en/index8.html>, especially Annex 6

<sup>423</sup> WHO Tuberculosis country profiles -

[https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PH&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PH&LAN=EN&outtype=html)

<sup>424</sup> Table 10.4, PDP

TB incidence for those aged 0–14 years was 31,000 out of 324,000 cases (9.5 per cent).<sup>425</sup> Unfortunately, WHO incidence estimates of TB in the Philippines are not disaggregated by region. However, the existing data suggest that TB incidence is significantly higher amongst the male population than amongst the female population (for both adults and children).<sup>426</sup>

#### 4.4.3. Immunization

The Expanded Programme on Immunization (EPI) was launched in the Philippines in 1976 to ensure infants, children and mothers have access to routinely recommended infant and childhood vaccines. In 2011, RA No. 10152 was signed into law, providing for a comprehensive, mandatory and sustainable immunization programme for vaccine-preventable diseases for all infants and children.<sup>427</sup> The current immunization schedule includes Bacillus Calmette-Guérin (BCG), OPV, DPT, Hepatitis B, Haemophilus Influenza type B (HiB), IPV and Measles (MMR) vaccines. This year has also seen a policy shift from the provision of Tetanus (TT) to Tetanus and Diphtheria (Td) vaccines for pregnant and women of reproductive age.<sup>428</sup> PCV, Rotavirus and Dengue vaccines have been trialled in some areas. School-based immunization was introduced nationwide in 2013 to deliver routine immunizations to school-aged children and in order to catch up on missed doses.<sup>429</sup> However, it appears that, as of 2015, school-based immunisation was yet to be implemented in ARMM, due to resistance from parents.<sup>430</sup>

DTP3 is used by UNICEF as an indicator of how well countries are providing routine immunization services. Worryingly, the nationwide DTP3 coverage rate dropped from 94 per cent in 2013 to around 60 per cent in 2015.<sup>431</sup> However, most recent UN estimates for 2016, suggest that nationwide DTP3 coverage has since recovered to 86 per cent.<sup>432</sup>

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<sup>425</sup> WHO Tuberculosis country profiles.

[https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PH&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PH&LAN=EN&outtype=html)

<sup>426</sup> WHO Tuberculosis country profiles.

[https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PH&LAN=EN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=PH&LAN=EN&outtype=html)

<sup>427</sup> NDHS 2013, p.123

<sup>428</sup> Information provided by UNICEF Philippines

<sup>429</sup> UNICEF internal briefer on national immunisation program of the Philippines, p 5

<sup>430</sup> <http://news.abs-cbn.com/nation/regions/08/20/15/why-immunization-campaign-armm-delayed> [19.05.17]

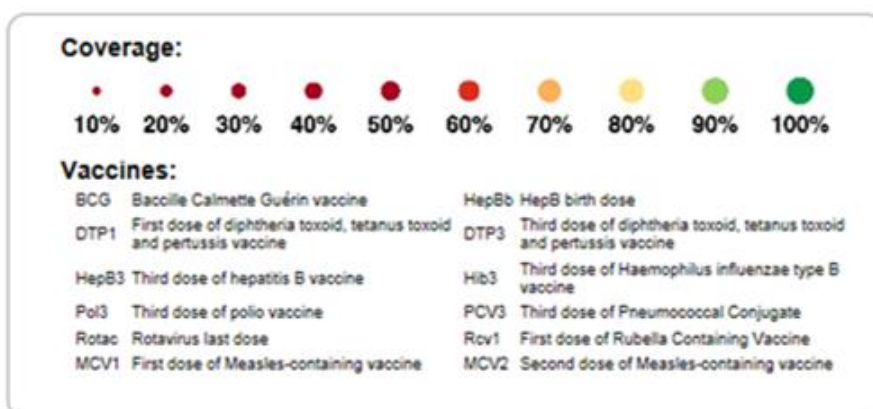
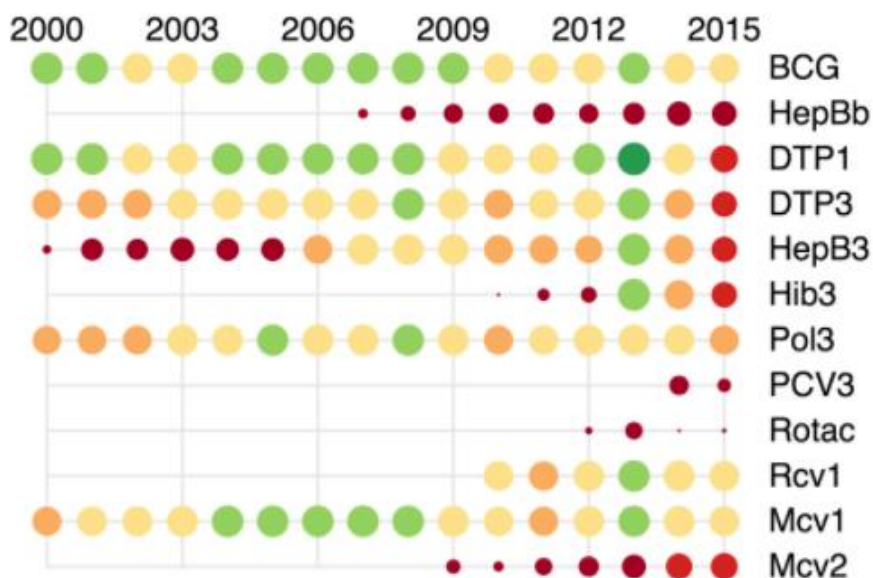
<sup>431</sup> WHO and UNICEF estimates of immunization coverage – 2016 revision -

[http://www.who.int/immunization/monitoring\\_surveillance/data/phl.pdf](http://www.who.int/immunization/monitoring_surveillance/data/phl.pdf)

<sup>432</sup> UNICEF data. Immunization coverage by antigen (including trends). <https://data.unicef.org/topic/child-health/immunization/>

**Table 4.4: National immunization coverage**

## Philippines



Source: WHO<sup>433</sup>

Low immunization coverage (and in some cases declining immunization coverage) has resulted in increased incidence of vaccine preventable diseases in the Philippines, with two major outbreaks of Rubella in 2001 and 2011, and a measles outbreak in 2014, which also affected the province of Maguindanao in ARMM.<sup>434</sup>

2013 NDHS data reveal that ARMM has unfavourable immunization coverage rates compared to the Philippines as a whole. According to the 2013 NDHS, ARMM has the lowest coverage

<sup>433</sup> For more information on how the WHO/UNICEF database collates immunisation data from national authorities and surveys, see: <http://www.who.int/bulletin/volumes/87/7/08-053819/en/> [07.07.17]

<sup>434</sup> UNICEF internal briefer on national immunisation program of the Philippines, p 3; see also <http://news.abs-cbn.com/nation/regions/08/20/15/why-immunization-campaign-armm-delayed> [19.05.17]



rates amongst all 17 regions for tetanus toxoid immunization amongst pregnant women (with only 31 per cent in ARMM compared to 53 per cent nationwide).<sup>435</sup> Similarly, 2013 NDHS data suggest that ARMM is the region with the lowest percentage of children aged 12–23 months who have received all basic vaccinations (with only 29 per cent in ARMM compared to 68 per cent nationwide).<sup>436</sup> Worryingly, the NDHS data suggest that 40 per cent of all children aged 12–23 months in ARMM have not received any vaccination, compared with only 3.8 per cent at the national level.<sup>437</sup>

According to the 2013 NDHS, there are also differences in vaccination coverage based on the child’s and mother’s background characteristics. Urban children were more likely to have had all basic vaccinations (73 per cent) compared to rural children (64.7 per cent), while firstborn children are more likely to have had all its basic vaccinations (73.6 per cent) compared with the sixth or higher child (52.8 per cent). Lastly, the NDHS data suggest that mothers with no education are less likely to have their child receive all basic vaccinations (30 per cent) compared to mothers with college education (75 per cent).<sup>438</sup>

There is very little difference in immunization coverage between male and female children at the national level, with 69.6 per cent of male children and 67.5 per cent of female children having received all basic vaccinations.<sup>439</sup> Unfortunately disparities are not disaggregated by region.

### **Neglected tropical diseases**

Neglected tropical diseases (NTDs) such as Schistosomiasis, Lymphatic Filariasis, or Soil-transmitted helminths (STHs) are endemic in many of the poorest provinces in the Philippines.<sup>440</sup> Because NTDs do not cause instant death, they tend to be overlooked by policy makers.<sup>441</sup> Nevertheless, the national DOH has implemented the Soil Transmitted Helminthiasis Control Program (STHCP) in 2002, the National Filariasis Elimination Program (NFEP) in 2000 and, the Schistosomiasis Control Program (SCP) in 2001.<sup>442</sup>

STH infections are transmitted by roundworms (*A. lumbricoides*), whipworms (*T. trichiura*) and hookworms. STHs can lead to general malaise and weakness, impaired nutritional status, as well as cognitive and physical underdevelopment. Furthermore, hookworms cause chronic intestinal blood loss that can result in anaemia.<sup>443</sup> A 2015 study on the risk of STH infections in the Philippines found that it is endemic in all 80 provinces of the Philippines.<sup>444</sup> Most areas in Mindanao were found to have prevalence rates between 10–40 per cent for *A.*

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<sup>435</sup> NDHS 2013, p. 104

<sup>436</sup> NDHS 2013, p. 125. ‘Basic vaccinations’ refers to BCG, measles and three doses each of DPT, polio and Hepa-B vaccine (either Hepa-B0, B1, and B2 or Hepa-B1, B2 and B3); but excludes HiB vaccination.

<sup>437</sup> NDHS 2013, p. 125.

<sup>438</sup> NDHS 2013, p. 125.

<sup>439</sup> NDHS 2013, p.125

<sup>440</sup> [http://www.wpro.who.int/philippines/areas/communicable\\_diseases/mvp/story\\_ntd/en/](http://www.wpro.who.int/philippines/areas/communicable_diseases/mvp/story_ntd/en/)

<sup>441</sup> [http://www.wpro.who.int/philippines/areas/communicable\\_diseases/mvp/story\\_ntd/en/](http://www.wpro.who.int/philippines/areas/communicable_diseases/mvp/story_ntd/en/)

<sup>442</sup> [http://www.wpro.who.int/philippines/areas/communicable\\_diseases/mvp/story\\_ntd/en/](http://www.wpro.who.int/philippines/areas/communicable_diseases/mvp/story_ntd/en/)

<sup>443</sup> <http://www.who.int/mediacentre/factsheets/fs366/en/>

<sup>444</sup> Soares M. et al. 2015. Mapping the Risk of Soil-Transmitted Helminthic Infections in the Philippines. PLoS Negl Trop Dis 9(9) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4569387/pdf/pntd.0003915.pdf>



*lumbricoides*, while *T. trichiura* was more circumscribed, with areas predicted to be highly endemic in small foci in Surigao del Norte and the Compostela Valley in the Davao region. The study also found that *A. lumbricoides* overlapped with *T. trichiura* in the Zamboanga Peninsula. Lastly, the study found a hookworm prevalence of between 20–40 per cent in the central provinces of Mindanao, including Cotabato, Bukidnon, Agusan del Sur and Davao.<sup>445</sup> In Mindanao, men were found to be particularly at risk of hookworm infections, which may be because men in this region are traditionally more involved in agricultural occupations than women.<sup>446</sup>

Somewhat outdated DOH estimates from 2005 suggest that lymphatic filariasis, also known as elephantiasis, is endemic in 40 provinces in the Philippines: 76 per cent of the municipalities in these provinces are considered ‘poor’, and 56 per cent of all reported lymphatic filariasis infections were in Mindanao.<sup>447</sup> As of 2011, only nine provinces had eliminated lymphatic filariasis completely.<sup>448</sup>

According to somewhat outdated 2006 data, schistosomiasis (a disease caused by parasitic flatworms) remains endemic in 12 regions in the Philippines, affecting 28 provinces, 15 cities, and 190 municipalities.<sup>449</sup> The national schistosomiasis prevalence rate declined slightly from 4.5 per cent in 1997 to 3 per cent in 2006.<sup>450</sup> Mass drug administration aimed at combatting lymphatic filariasis and schistosomiasis have been hampered due to insufficient political and financial support in the endemic regions, as well as insufficient drug supplies and limitations in reliable and accurate disease surveillance data.<sup>451</sup>

## 4.5. HIV/AIDS

### 4.5.1. Status at a glance

SDG 3.3 calls on States to end the epidemic of HIV/AIDS by 2030. After more than two decades of low HIV prevalence and slow expansion, the Philippines now has one of the fastest-growing HIV epidemics in the world.<sup>452</sup>

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<sup>445</sup> Soares M. et al. 2015. P.10

<sup>446</sup> Soares M. et al. 2015. P.11

<sup>447</sup> DoH. 2008. Health Policy Notes. Volume 1: Issue 4 (April 2008). Department of Health, Manila, Philippines. [http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008\\_1.pdf](http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008_1.pdf)

<sup>448</sup> [http://www.wpro.who.int/philippines/areas/communicable\\_diseases/mvp/story\\_ntd/en/](http://www.wpro.who.int/philippines/areas/communicable_diseases/mvp/story_ntd/en/)

<sup>449</sup> DoH. 2008. Health Policy Notes. Volume 1: Issue 4 (April 2008). Department of Health, Manila, Philippines. [http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008\\_1.pdf](http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008_1.pdf)

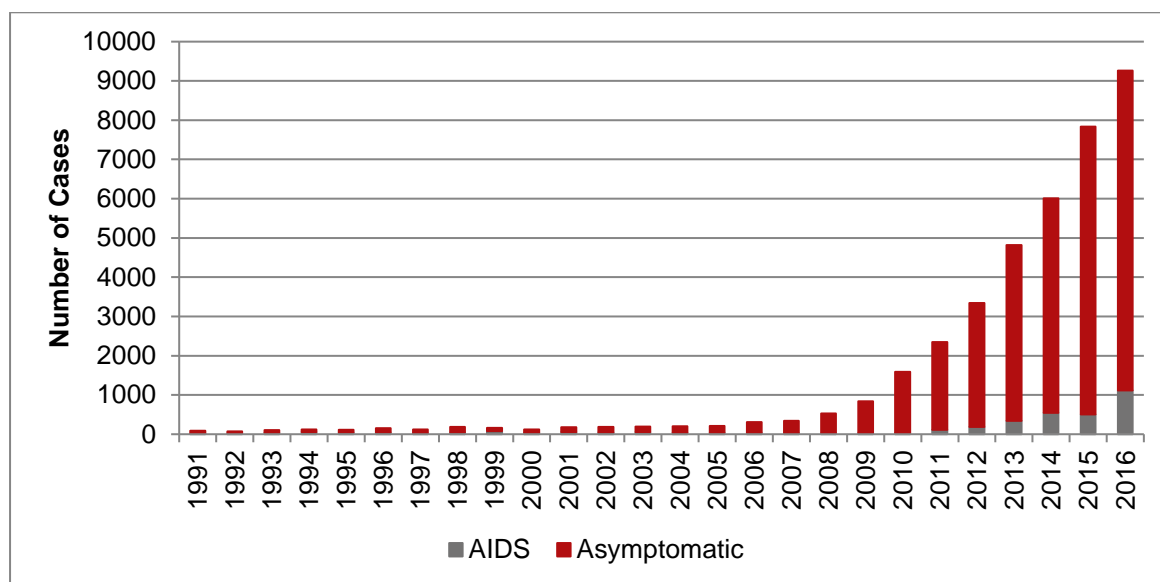
<sup>450</sup> DoH. 2008. Health Policy Notes. Volume 1: Issue 4 (April 2008). Department of Health, Manila, Philippines. [http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008\\_1.pdf](http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008_1.pdf)

<sup>451</sup> DoH. 2008. Health Policy Notes. Volume 1: Issue 4 (April 2008). Department of Health, Manila, Philippines. [http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008\\_1.pdf](http://www.DoH.gov.ph/sites/default/files/publications/Vol1Issue4April2008_1.pdf)

<sup>452</sup> See WHO country profile on HIV/AIDS <http://www.wpro.who.int/hiv/data/countries/phl/en/> and UNAIDS Philippines. 2015. Investment Options for Ending AIDS in the Philippines by 2022. Available at: [http://www.aidsdatahub.org/sites/default/files/publication/Investment\\_Options\\_for\\_Ending\\_AIDS\\_in\\_the\\_Philippines\\_by\\_2022.pdf](http://www.aidsdatahub.org/sites/default/files/publication/Investment_Options_for_Ending_AIDS_in_the_Philippines_by_2022.pdf) [27.06.17]

The overall prevalence of HIV in the Philippines remains below 1 per cent.<sup>453</sup> However, there has been a steady increase in the number of newly diagnosed HIV cases since 2010, from one per day in 2008 to 26 per day in 2016; 96 per cent of newly diagnosed cases in 2016 were male, the average age was 28, 53 per cent are aged 25–34, 28 per cent are aged 15–24 and there were 22 new cases for those under 15.<sup>454</sup>

**Table 4.5: Number of HIV cases reported in the Philippines;**



Source: Department of Health 2016

Data from the National DOH suggest that ARMM has the lowest HIV incidence in the whole country, accounting for less than 1 per cent of all newly diagnosed cases as of March 2016 (see Figure 6 below). Note, however, that these estimates may also be biased by lower detection or reporting rates in ARMM compared to other regions. According to DOH Epidemiological Bureau data cited in the RDP 2017-2022, there were a total of 13 recorded HIV-positive cases in ARMM in 2016, a plurality of which (6) were recorded in Basilan province.<sup>455</sup> However, the RDP also notes that most HIV-positive cases are treated outside of ARMM (in Regions IX and XI) because of a lack of an established HIV treatment hub in the region.<sup>456</sup>

#### 4.5.2. HIV/AIDS amongst adolescents and children

Of all reported HIV-positive cases in the country, only 4 per cent were in individuals aged 19 years old and below. Amongst all HIV-positive adolescents (aged 10–19 years) identified between 1984 and 2016, the vast majority (90 per cent) were male.<sup>457</sup> Worryingly, data from

<sup>453</sup> <http://www.unaids.org/en/regionscountries/countries/philippines>

<sup>454</sup> HIV/AIDS and ART Registry of the Philippines, December 2016, [http://www.aidsdatahub.org/sites/default/files/publication/NEC\\_HIV\\_Dec-AIDSreg2016.pdf](http://www.aidsdatahub.org/sites/default/files/publication/NEC_HIV_Dec-AIDSreg2016.pdf), p2

<sup>455</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.2.

<sup>456</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.2.

<sup>457</sup> HIV/AIDS and ART Registry of the Philippines, December 2016, [http://www.aidsdatahub.org/sites/default/files/publication/NEC\\_HIV\\_Dec-AIDSreg2016.pdf](http://www.aidsdatahub.org/sites/default/files/publication/NEC_HIV_Dec-AIDSreg2016.pdf), p.4

both the HIV/AIDS & ART Registry of the Philippines (HARP) and the 2015 Integrated HIV Behavioural and Serologic Surveillance (IHBSS) indicate an escalating HIV problem among Filipino youth. In December 2016, more than half of all new infections belonged to the 25–34 year age group while 29 per cent were youth aged 15–24 years.<sup>458</sup>

From 2011 to 2015, newly diagnosed HIV cases among key affected young populations<sup>459</sup> increased by 230 per cent.<sup>460</sup> Unfortunately, the data are not disaggregated by region, so it is not possible to examine the extent to which nationwide trends apply to ARMM.

Findings from the 2015 IHBSS suggest that, whilst most men who have sex with (MSM), female sex workers and people who inject drugs start engaging in high-risk behaviours during their adolescent years, protective behaviours (such as condom use) are only adopted two to three years later, which makes adolescents particularly vulnerable to HIV/AIDS transmission.<sup>461</sup> Gateway behaviours such as drinking alcoholic beverages and taking recreational drugs were also found to place young key affected populations at an increased risk of HIV/AIDS.<sup>462</sup>

#### 4.5.3. Knowledge about HIV/AIDS amongst young people

Comprehensive knowledge about HIV/AIDS<sup>463</sup> appears to be very limited amongst young Filipinos nationally, which is likely to contribute to the escalating HIV problem among Filipino youth mentioned above. For example, the 2013 YAFS survey revealed that only 17 per cent of survey respondents aged 15–24 have comprehensive knowledge of HIV/AIDS, a level which is far below the 95 per cent target set at the 2001 United Nations General Assembly Special Session on HIV and AIDS.<sup>464</sup> Worryingly, the YAFS data also suggest that general awareness about HIV/AIDS amongst Filipino youth is declining, with 95 per cent of youth expressing general awareness of HIV/AIDS during the 1994 YAFS, compared to a significantly lower 83 per cent during the 2013 YAFS.<sup>465</sup> The downward trend in general awareness of HIV/AIDS

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<sup>458</sup> HIV/AIDS and ART Registry of the Philippines, December 2016,

[http://www.aidsdatahub.org/sites/default/files/publication/NEC\\_HIV\\_Dec-AIDSreg2016.pdf](http://www.aidsdatahub.org/sites/default/files/publication/NEC_HIV_Dec-AIDSreg2016.pdf), p.1

<sup>459</sup> The term refers to young people aged 15 to 24 years who are members of key affected populations, such as young people living with HIV, young gay men and other men who have sex with men, young transgender people, young people who inject drugs and young people (18 years and older) who sell sex. See [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) p.50

<sup>460</sup> DoH-Epidemiology Bureau. The Growing HIV Epidemic among Adolescents in the Philippines.

[http://www.aidsdatahub.org/sites/default/files/publication/2015\\_Briefer\\_on\\_Young\\_Key\\_Affected\\_Populations.pdf](http://www.aidsdatahub.org/sites/default/files/publication/2015_Briefer_on_Young_Key_Affected_Populations.pdf)

<sup>461</sup> DoH-Epidemiology Bureau. The Growing HIV Epidemic among Adolescents in the Philippines.

[http://www.aidsdatahub.org/sites/default/files/publication/2015\\_Briefer\\_on\\_Young\\_Key\\_Affected\\_Populations.pdf](http://www.aidsdatahub.org/sites/default/files/publication/2015_Briefer_on_Young_Key_Affected_Populations.pdf)

<sup>462</sup> DoH-Epidemiology Bureau. The Growing HIV Epidemic among Adolescents in the Philippines.

[http://www.aidsdatahub.org/sites/default/files/publication/2015\\_Briefer\\_on\\_Young\\_Key\\_Affected\\_Populations.pdf](http://www.aidsdatahub.org/sites/default/files/publication/2015_Briefer_on_Young_Key_Affected_Populations.pdf)

<sup>463</sup> Comprehensive knowledge of HIV/AIDS is defined as ‘correctly identifying the two major ways of preventing the sexual transmission of HIV (i.e., using condoms and limiting sex to one faithful, uninfected partner), rejecting the two most common local misconceptions about HIV transmission, and knowing that a healthy-looking person can be HIV positive. See YAFS 2013, p.126

<sup>464</sup> YAFS 2013, p.126

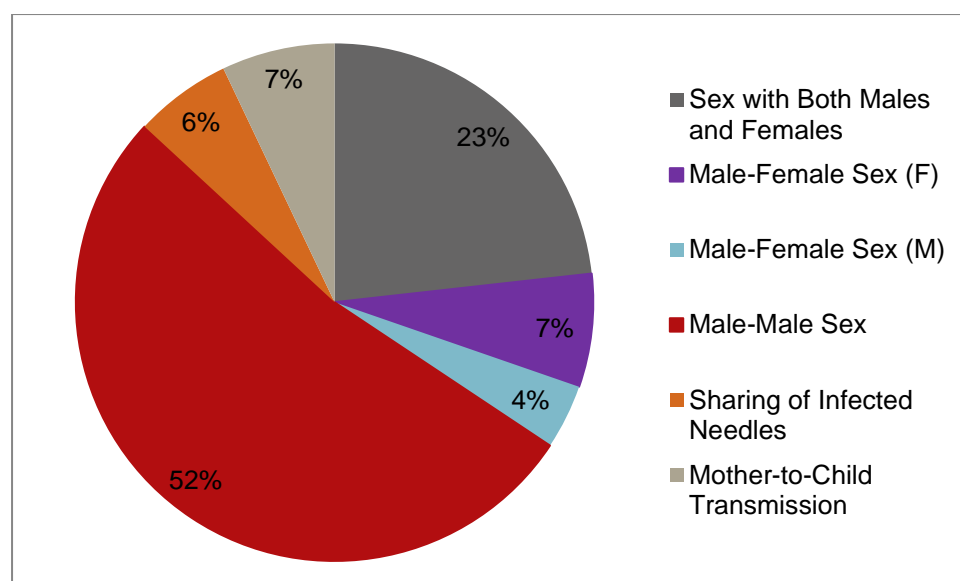
<sup>465</sup> YAFS 2013, p. 125

appears to be steeper for young men, compared to young women.<sup>466</sup> In 2013, the IHBSS of MSM, found that younger males in this ‘high-risk’ group (aged 15–24) were less knowledgeable about HIV/AIDS than older respondents (aged 25–75).<sup>467</sup> This is a cause for concern given that, as shown below, unprotected sex between men is the most prominent mode of HIV transmission amongst young Filipinos, accounting for 52 per cent of all new infections amongst 0–19 year olds between 1984 and 2016. Disaggregated data relating to the situation in ARMM are, unfortunately, not available.

### **Modes of HIV transmission**

Between 1984 and 2016 in the Philippines, almost all HIV-positive children aged below 10 years of age (81 of all 84 HIV positive cases) were infected through mother-to-child transmission, and only one child was infected through blood transfusion (for two children the mode of transmission was not specified).<sup>468</sup> 90 per cent of HIV-positive adolescents (aged 10–19) were infected through sexual contact (130 through male-female sex, 562 through male-to-male sex, 253 through sex with both males and females), 8 per cent were infected through sharing of infected needles and only 1 per cent through mother-to-child transmission.<sup>469</sup> Table 6 below shows the proportions attributable to different modes of HIV-transmission for children and adolescents between 1984 and 2016. Again, the data are not disaggregated by region, so it is not possible to examine the extent to which nationwide trends apply to ARMM.

**Table 4.6: Modes of Transmission Among Children (<10 years) and Adolescents (10–19 years), Jan 1984–Dec 2016**



Source: HIV/AIDS & ART Registry of the Philippines, December 2016

<sup>466</sup> YAFS 2013, p. 125

<sup>467</sup> HOH. 2013. 2013 Integrated HIV Behavioural and Serologic Surveillance. Males who have Sex with Males (MSM) and Male Injecting Drug Users (IDU).

<http://www.DoH.gov.ph/sites/default/files/publications/2013IHBSSBrieferMSMandMaleIDU.pdf>

<sup>468</sup> HIV/AIDS and ART Registry of the Philippines, December 2016. p.4

<sup>469</sup> HIV/AIDS and ART Registry of the Philippines, December 2016. p.4

## **Future outlook**

As of 2013, it was estimated that only 20 per cent of all people living with HIV in the Philippines had been diagnosed and were accessing anti-retroviral treatment.<sup>470</sup> According to projections by UNAIDS Philippines, maintaining a ‘business as usual’ approach (i.e. sustaining current anti-retroviral treatment levels and prevention coverage) would mean that the Philippines can expect an explosion of the total number of people living with HIV to more than 350,000 by 2030, falling far short of SDG target 3.3, despite an annual resource need of \$19 million.

In contrast, adopting an ‘Ending AIDS’ approach (i.e. scaling up to universal access to ART treatment while optimizing prevention interventions for high-risk groups) would require an annual investment of \$51 million until 2030, but see the annual number of infections (the incidence rate) beginning to decline in 2029.<sup>471</sup> UNAIDS Philippines estimates that the ‘Ending AIDS’ approach will save more lives and yield the greatest cost-benefits in terms of disability-adjusted life-years,<sup>472</sup> income and treatment costs saved.<sup>473</sup>

## **4.6. Maternal Health**

### **4.6.1. Maternal mortality**

According to SDG 3.1, countries should aim to reduce the maternal mortality ratio (MMR) to less than 70 deaths per 100,000 live births by 2030. The PDP sets the target of achieving a nationwide MMR of 90 per 100,000 live births by 2022.<sup>474</sup> The ARMM Regional Development Plan (RDP) 2017-2022 sets the target of reducing the MMR to 75 deaths per 100,000 live births by 2022.<sup>475</sup> Lastly, the MPDF sets the target of reducing the MMR to 60 deaths per 100,000 live births by 2020 and 30 deaths by 2030.<sup>476</sup>

Overall, the Philippines have achieved a steady reduction in the MMR over the past few decades, from an estimated MMR of 152 in 1990 to 114 in 2013 (see Figure 6 below).<sup>477</sup>

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<sup>470</sup> UNAIDS Philippines. 2015. Investment Options for Ending AIDS in the Philippines by 2022. Available at: [http://www.aidsdatahub.org/sites/default/files/publication/Investment\\_Options\\_for\\_Ending\\_AIDS\\_in\\_the\\_Philippines\\_by\\_2022.pdf](http://www.aidsdatahub.org/sites/default/files/publication/Investment_Options_for_Ending_AIDS_in_the_Philippines_by_2022.pdf) [27.06.17], p.7

<sup>471</sup> UNAIDS Philippines. 2015. Investment Options for Ending AIDS in the Philippines by 2022. Available at: [http://www.aidsdatahub.org/sites/default/files/publication/Investment\\_Options\\_for\\_Ending\\_AIDS\\_in\\_the\\_Philippines\\_by\\_2022.pdf](http://www.aidsdatahub.org/sites/default/files/publication/Investment_Options_for_Ending_AIDS_in_the_Philippines_by_2022.pdf) [27.06.17], p.7

<sup>472</sup> One disability-adjusted life year (DALY) can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability. See [http://www.who.int/healthinfo/global\\_burden\\_disease/metrics\\_daly/en/](http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/) [03.07.17]

<sup>473</sup> UNAIDS Philippines. 2015. Investment Options for Ending AIDS in the Philippines by 2022. Available at: [http://www.aidsdatahub.org/sites/default/files/publication/Investment\\_Options\\_for\\_Ending\\_AIDS\\_in\\_the\\_Philippines\\_by\\_2022.pdf](http://www.aidsdatahub.org/sites/default/files/publication/Investment_Options_for_Ending_AIDS_in_the_Philippines_by_2022.pdf) [27.06.17], p.15

<sup>474</sup> Table 10.4 PDP

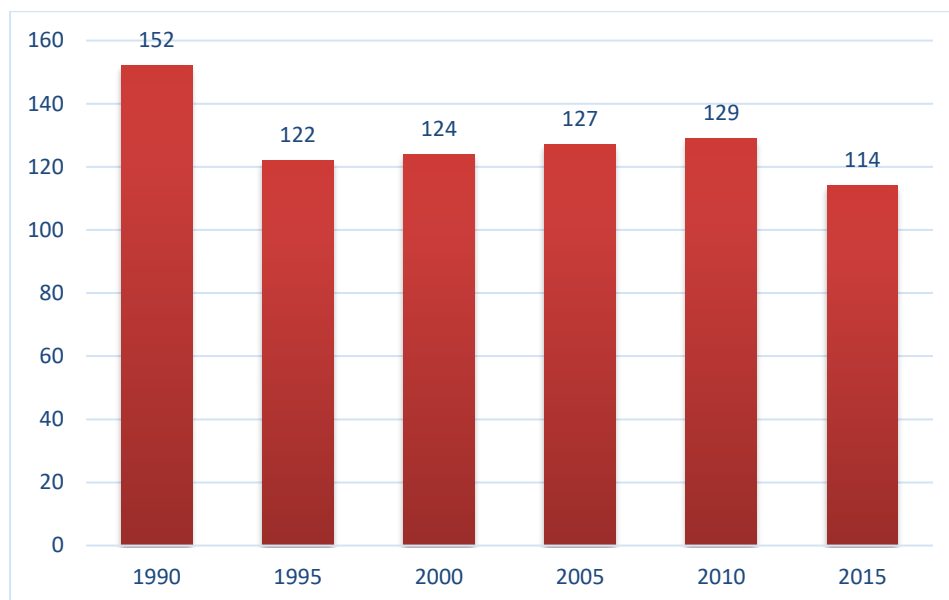
<sup>475</sup> ARMM Regional Development Plan, Chapter 10, p.231 <http://rpdo.armm.gov.ph/rpdo/index.php/rdp-2017-2022> [30.08.17]

<sup>476</sup> MPDF, p.114

<sup>477</sup> <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [19.05.17]. Note that the UN estimates do not necessarily match with the MRR reported by national authorities (e.g. in the PDP). The World Bank and the United Nations Population Division produce internationally comparable sets of maternal mortality data

However, as of 2015, the Philippines as a whole was still a long way from achieving the targets set out by in the SDGs and the PDP.

**Table 4.7: National maternal mortality ratio (maternal deaths per 100,000 live births), 1990-2015**



Source: UN/World Bank

Maternal mortality rates appear to be very high in ARMM, especially in comparison the Philippines as a whole. Unfortunately, UN-validated MMR estimated for ARMM are not available, so estimates for ARMM rely on data reported by regional or national authorities. It has been noted that, in the case of ARMM in particular (though not unique to ARMM), officially reported vital statistics are unreliable and prone to under-reporting – partially attributable to frequent civil unrest – and should therefore be treated with caution.<sup>478</sup>

Based on data from the Philippine Health Statistics (PHS) reports, it would appear that ARMM reported the highest MMR among all regions, with an average MMR of 340 deaths per 100,000 live births for the period 1976–2012.<sup>479</sup> However, it also appears that ARMM has been able to reduce its MMR over the last decades, even though the unreliability of official data does not allow for precise quantification. As of 2015, official ARMM-DOH Field Health Service Information System (FHSIS) data cited in the RDP 2017-2022 documents 104 maternal deaths per 100,000 live births,<sup>480</sup> suggesting that ARMM has achieved remarkable success in reducing its MMR since 1998, when the MMR still stood at 320 maternal deaths per 100,000 live

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that account for the well-documented problems of reporting bias and misclassification of maternal deaths, and are therefore preferable to national statistics.

<sup>478</sup> See e.g. Quintos, M. 2016. Trends in Regional Differences in Maternal Mortality in the Philippines in the Last Four Decades <http://uruae.org/siteadmin/upload/1822UH0516067.pdf> [19.05.17].

<sup>479</sup> See e.g. Quintos, M. 2016. Trends in Regional Differences in Maternal Mortality in the Philippines in the Last Four Decades <http://uruae.org/siteadmin/upload/1822UH0516067.pdf> [19.05.17. p.65

<sup>480</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.2.

births.<sup>481</sup> However, as mentioned above, the regional estimates from ARMM should be treated with caution as they are likely to be unreliable.<sup>482</sup>

The 2020 MPDF suggest that most maternal deaths in Mindanao can be attributed to high overall fertility rates, low average age at first delivery, limited birth spacing and access barriers to reproductive health services.<sup>483</sup> A more detailed discussion of key barriers and bottlenecks in relation to accessing reproductive health services in ARMM is provided in the ‘Barriers and Bottlenecks’ chapter below.

#### 4.6.2. Maternal health care

Under Article 24(2)(d) of the UNCRC and as set out in the CRC Committee’s General Comment No.15 paras 51–57, the Philippines has an obligation to ensure appropriate pre- and post-natal health care for mothers. The 2012 ARMM RHCA calls for a ‘minimum ratio of one fulltime skilled birth attendant for every 150 deliveries per year.’<sup>484</sup> Furthermore, the ARMM RHCA also requires each province and city to establish or upgrade at least one hospital per province, with adequate and qualified personnel, equipment and supplies to provide emergency obstetric and neo-natal care.<sup>485</sup> Antenatal care is important to monitor the status of health of mothers and their babies to diagnose early any pregnancy-related problems.<sup>486</sup> Postnatal check-ups are important to protect mothers and babies from any complication that may arise after birth.<sup>487</sup>

#### 4.6.3. Pre-natal care

Existing data suggests that access to prenatal care for mothers is severely restricted in ARMM, especially in comparison to nationwide averages. According to 2013 NDHS estimates, antenatal coverage for at least one visit in ARMM stood at a very low 53 per cent, which indicates that initial antenatal health care (from a skilled provider) is inaccessible to almost half of all women living in ARMM.<sup>488</sup> Antenatal coverage in ARMM is the lowest amongst all regions in the Philippines, and compares very unfavourably with the nationwide average of 95 per cent (see Figure 7 below).<sup>489</sup> Antenatal coverage rates for at least four visits are not available at the sub-national level, but are also likely to be significantly lower than the national average of 84 per cent.<sup>490</sup>

#### **Delivery care**

The NDHS 2013 data also suggest that a very low proportion of pregnant women in ARMM give birth in the presence of a skilled health professional (only 20 per cent in ARMM compared

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<sup>481</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.2.

<sup>482</sup> See e.g. Quintos, M. 2016. Trends in Regional Differences in Maternal Mortality in the Philippines in the Last Four Decades <http://uruae.org/siteadmin/upload/1822UH0516067.pdf> [19.05.17].

<sup>483</sup> MPDF, p. 110

<sup>484</sup> ARMM RHCA. 2012. Section 5

<sup>485</sup> ARMM RHCA. 2012. Section 6

<sup>486</sup> NDHS 2013, p. 100

<sup>487</sup> NDHS 2013, p.112

<sup>488</sup> NDHS 2013, p.100

<sup>489</sup> NDHS 2013, p.100.

<sup>490</sup> NDHS 2013, p. 101



to the national average of 73 per cent). Similarly, only 12 per cent of women in ARMM delivered their baby in a health facility (rather than at home), compared to the national average of 60 per cent (see Figure 7 below).<sup>491</sup> Progress in improving delivery care has been very limited over the last years: The assisted delivery rate only increased by 1 percentage point over 5 years, from 19 per cent in 2008 to 20 per cent in 2013.<sup>492</sup> Worryingly, the facility-based delivery rate has actually declined by 3 percentage points, from 15 per cent in 2008 to 12 per cent in 2013.<sup>493</sup>

Province-level data on delivery care coverage from the 2015 National Nutrition Survey (NNS) also highlight significant differences within ARMM. For example, whilst 45.7 per cent of women in Basilan province gave birth in a health facility, this drops to only 6.7 per cent in Sulu. Similarly, 2015 NNS data suggests that whilst 58 per cent of births in Basilan were attended by a skilled health professional, this drops to only 7.5 per cent in Sulu.<sup>494</sup>

### ***Post-natal care***

Postnatal care coverage is also very low in ARMM compared to nationwide post-natal coverage. For example, the 2013 NDHS data suggest that only 20 per cent of women attended the recommended post-natal check-up within two days after birth, compared to the national average of 72 per cent (see Figure 7 below).<sup>495</sup>

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<sup>491</sup> NDHS 2013, p. 101.

<sup>492</sup> NDHS 2008 & 2013

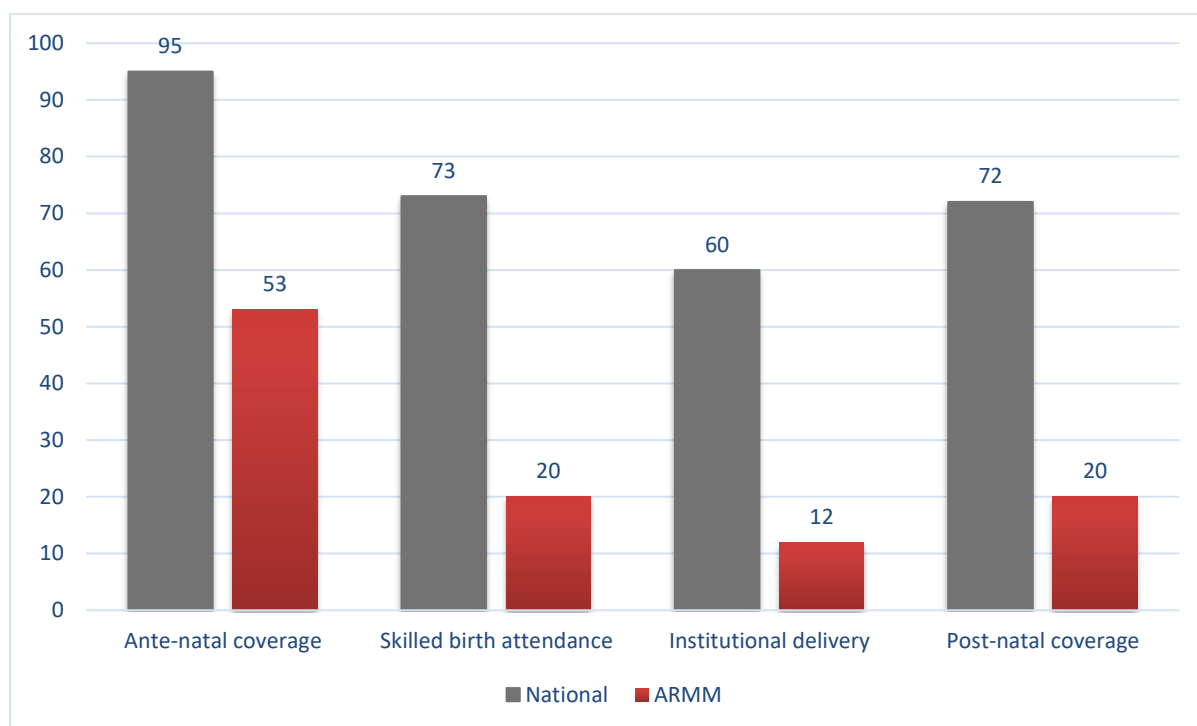
<sup>493</sup> NDHS 2008 & 2013

<sup>494</sup> 2015 NNS data.

<sup>495</sup> 2015 NNS data, p.113



**Table 4.8: Maternal health care coverage (per cent) in ARMM and the Philippines**



Source: NDHS 2013

There is some evidence suggesting that low rates of institutional delivery in ARMM are the result of demand- as well as supply-side constraints. A detailed discussion of barriers to accessing maternal health care in ARMM is provided in the ‘Barriers and Bottlenecks’ chapter below.

#### **4.7. Violence against Women and Girls**

Violence against women and girls (VAWG) is a key public health concern: VAWG can lead to violent deaths either directly (through homicide) or indirectly, through suicide, maternal causes and HIV/AIDS. Furthermore, VAWG is an important cause of morbidity, from multiple mental, physical, sexual and reproductive health outcomes, and it is linked with known risk factors, such as alcohol and drug use, smoking and unsafe sex. Violence during pregnancy is also associated with an increased risk of miscarriage, premature delivery and low birth weight.<sup>496</sup>

Available data on VAWG suggest that it is a significant problem in the Philippines in general and in ARMM. For example, according to the 2013 NDHS, around 20 per cent of ever-married women aged 15–49 reported having experienced emotional, physical, and/or sexual violence from their intimate partners, and seven per cent reported having experienced physical or sexual violence in the past twelve months.<sup>497</sup> While, according to the NDHS data, reported rates of intimate partner violence are generally lower in ARMM than at the national level, it

<sup>496</sup> WHO. 2011. Violence against women: an urgent public health priority. <http://www.who.int/bulletin/volumes/89/1/10-085217/en/> [30.06.17]

<sup>497</sup> NDHS 2013, p.185

is important to keep in mind that this may simply reflect differences in reporting rates (e.g. due to cultural stigma or fear of repercussions), rather than differences in true prevalence.<sup>498</sup>

A more detailed discussion of the extent and underlying causes of VAWG in ARMM is provided in Chapter 8 on 'Child Protection'.

## **4.8. Sexual and Reproductive Health**

### **4.8.1. National legal and policy framework**

Art 24(2) of the UNCRC requires States Parties to take appropriate measures to develop preventative health care, guidance for parents and family planning education and services. SDG 3.7 encourages States to ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

At the national level, the Responsible Parenthood and Reproductive Health Act of 2012 (RHA) guarantees 'universal access to medically-safe, non-abortifacient, effective, legal, affordable and quality reproductive care services, methods, supplies.'<sup>499</sup> The RHA recognizes the right to reproductive health as well as the rights to access services, make informed decisions, receive reproductive health education and determine family size. The implementing guidelines for the RHA - the Implementing Rules and Regulations of RA No. 10345 (IRR) - state that discrimination on the basis of marital status is not permitted in the provision of reproductive health care.<sup>500</sup>

Despite the guarantee of a right to reproductive health for all, several provisions of the RHA and the IRR restrict this right in a manner that may place a greater burden on adolescents seeking independent access to contraceptive services or information, and limit the availability of contraceptives. In addition, a legal challenge to the RHA's constitutionality led to eight provisions of the law being struck out by the Supreme Court in 2014; many of which may directly affect access of vulnerable adolescents to services, information and referrals for reproductive health services.

Restrictions on availability of contraceptives: Access to contraceptives is limited to those that are classified as 'non-abortifacient' by the Food and Drug Administration (FDA). Section 7.04 of the IRR gives the FDA the power to determine whether any given drug is, in fact, abortifacient. This has resulted in the prohibition on several types of contraceptives. Emergency contraception has not been legally available in the Philippines since 2001, when

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<sup>498</sup> NDHS 2013, p.189

<sup>499</sup> Congress of the Philippines (2012) *The Responsible Parenthood and Reproductive Health Act of 2012*, Available at: <http://www.gov.ph/2012/12/21/republic-act-no-10354/> Section 2

<sup>500</sup> Department of Health of the Philippines (2013) *Implementing Rules and Regulations of Republic Act No. 10345*, Available at: [http://pcw.gov.ph/sites/default/files/documents/laws/republic\\_act\\_10354\\_irr\\_0.pdf](http://pcw.gov.ph/sites/default/files/documents/laws/republic_act_10354_irr_0.pdf), Section 2.01 (e): *The provision of reproductive health care shall not discriminate between married or unmarried individuals, for all individuals regardless of their civil status have reproductive health concerns.*

the drug, Positer, was delisted by the FDA from the drug registry.<sup>501</sup> The RHA also explicitly prohibits the purchase or acquisition of emergency contraceptives by national hospitals.<sup>502</sup>

In addition, a Supreme Court decision in 2015 issued a temporary restraining order on the DoH on 'procuring, selling, distributing, dispensing or administering, advertising and promoting' two implant contraceptive products in the Philippines: Implanon and Implanon NXT. A temporary restraining order also put on hold the issuing and renewing of licenses for the distribution and sale of all family planning commodities. The restraining order was upheld in August 2016, despite an appeal from the Health Secretary.<sup>503</sup> However, it appears that the order was effectively lifted in November 2017, when the FDA released a list of 51 contraceptives which will be re-certified as safe and non-abortifacient.<sup>504</sup>

Conscientious objection: The IRR states that private health facilities do not have to provide family planning services if they are affiliated with a religious group. However, to opt out of providing contraceptive services, religiously-affiliated health facilities must apply for an exemption through the Department of Health.<sup>505</sup> As a result of the 2014 Supreme Court ruling, private health facilities (or those run by religious groups) no longer have to refer patients for services at other facilities unless it is an emergency or life-threatening situation, and providers may no longer be punished for failing or refusing to provide information or referrals.<sup>506</sup>

Parental consent requirements: Whilst stating that no person shall be denied access to family planning services and information, Section 7 of the RHA articulates a parental or guardian consent requirement for minors (under 18) to access modern methods of family planning in the Philippines.<sup>507</sup> Whilst the RHA initially exempted minor parents and minors who had experienced a miscarriage from the parental consent requirement, this provision was declared unconstitutional by the Supreme Court in 2014. However, in all emergency and life-threatening cases, parental or guardian consent is not required.<sup>508</sup>

Spousal consent requirements: The 2014 Supreme Court ruling on the RHA also resulted in Section 23(a)(2)(i) being struck down, which in its original form prohibited the requirement

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<sup>501</sup> Bureau of Food and Drugs, Delisting of Levonorgestrel 750 mcg (Postinor) from Bureau of Food and Drugs Registry of Drug Products, Bureau Circular No. 18 of 2001 (7 December 2001), available at <http://www.fda.gov.ph/attachments/article/28978/bc%2018%202001.pdf>

<sup>502</sup> Section 9, RHA; Rule 7.01 IRR

<sup>503</sup> Philippines News Now (2016) *DoH Appeals SC to lift TRO vs contraceptive Implanon*, Available at: <http://www.philippinenewsnow.com/2016/10/DoH-appeals-sc-to-lift-tro-vs-contraceptives-implanon/>.

<sup>504</sup> CNN Philippines, 'FDA declares 51 contraceptives s non-abortifacient', 12 November 2017, <http://cnnphilippines.com/news/2017/11/12/FDA-declares-51-contraceptives-non-abortifacients.html>

<sup>505</sup> Department of Health of the Philippines (2013) *Implementing Rules and Regulations of Republic Act No. 10345*, Available at: [http://pcw.gov.ph/sites/default/files/documents/laws/republic act 10354 irr 0.pdf](http://pcw.gov.ph/sites/default/files/documents/laws/republic%20act%2010345%20irr%200.pdf) (Last access 7 November 2016), Section 5.22.

<sup>506</sup> Congress of the Philippines (2012) *The Responsible Parenthood and Reproductive Health Act of 2012*, Available at: <http://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/>

<sup>507</sup> Congress of the Philippines (2012) *The Responsible Parenthood and Reproductive Health Act of 2012*, Available at: <http://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/>. Section 7.

<sup>508</sup> Congress of the Philippines (2012) *The Responsible Parenthood and Reproductive Health Act of 2012*, Available at: <http://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/>

of spousal consent for an individual to undergo a reproductive health care procedure.<sup>509</sup> It is unclear whether the term ‘procedure’ in the Act refers solely to permanent contraceptive procedures such as sterilisation, or whether it is broadly applicable to all reproductive health services.

#### 4.8.2. ARMM legal and policy framework

At the regional level, the ARMM Reproductive Health Care Act (RHCA) of 2012 ‘recognizes and guarantees the universal basic human right to reproductive health by all persons, particularly of parents and legally married couples consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood.’<sup>510</sup> The 2012 RHCA further prohibits the ‘discrimination against any person on grounds of sex, age, religion, sexual orientation, disabilities, political affiliation and ethnicity.’<sup>511</sup> It states that the promotion of ‘Natural Family Planning Methods’<sup>512</sup> must be fully guaranteed by the regional government,<sup>513</sup> and that the provision of reproductive health care information is the joint responsibility of the Regional Government, LGUs, and the DOH.<sup>514</sup> In November 2015, a Fatwa on the ‘Model Family in Islam’ was issued by Islamic leaders in Mindanao, which, according to UNFPA, “conveys a loud and clear message that reproductive health is not at odds with Islam.”<sup>515</sup>

#### 4.8.3. Contraceptive prevalence

Existing evidence suggests that access to and use of contraception (especially modern contraceptive methods) is very limited in ARMM. According to 2013 NDHS data, the estimated contraceptive prevalence rate (CPR)<sup>516</sup> in ARMM stood at a very low 23 per cent, compared to the nationwide CPR of 55 per cent.<sup>517</sup> The use of modern (rather than traditional<sup>518</sup>) methods of contraception appears to be particularly low in ARMM, with a rate of only 15 per cent, compared to the nationwide rate of 37 per cent.<sup>519</sup> The PDP and the RDP establish the goal of achieving a contraceptive prevalence rate of 65 per cent by 2022, which appears to be

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<sup>509</sup> Congress of the Philippines (2012) *The Responsible Parenthood and Reproductive Health Act of 2012*, Available at: <http://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/>

<sup>510</sup> ARMM RHCA. 2012. Section 2, [https://armm.gov.ph/armm-content/uploads/2015/03/MMA\\_292\\_RH\\_BILL\\_2015\\_03\\_04\\_04\\_54\\_21\\_560.pdf](https://armm.gov.ph/armm-content/uploads/2015/03/MMA_292_RH_BILL_2015_03_04_04_54_21_560.pdf)

<sup>511</sup> ARMM RHCA. 2012. Section 3(a)

<sup>512</sup> Natural Family Planning Methods “refer to the forms of birth spacing that do not include the insertion of any device, taking of birth control pills and medications, usage of injectable anti-pregnancy drug or application of spermicides, but relies only on the natural physiologic processes of the body to avoid pregnancy [sic]”. ARMM RHCA. 2012. Section 4(p)

<sup>513</sup> ARMM RHCA. 2012. Section 2

<sup>514</sup> ARMM RHCA. 2012. Section 3(j)

<sup>515</sup> UNFPA. 2015. <http://www.unfpa.org.ph/index.php/news/268-unfpa-hails-new-fatwa-on-early-marriage-gender-and-youth> [30.08.17]

<sup>516</sup> The contraceptive prevalence is typically defined as the percentage of women of reproductive age who use (or whose partners use) a contraceptive method at a given point in time. Women ‘of reproductive age’ is usually defined as women aged 15 to 49. See e.g. <http://indicators.report/indicators/i-29/> [21.03.17]

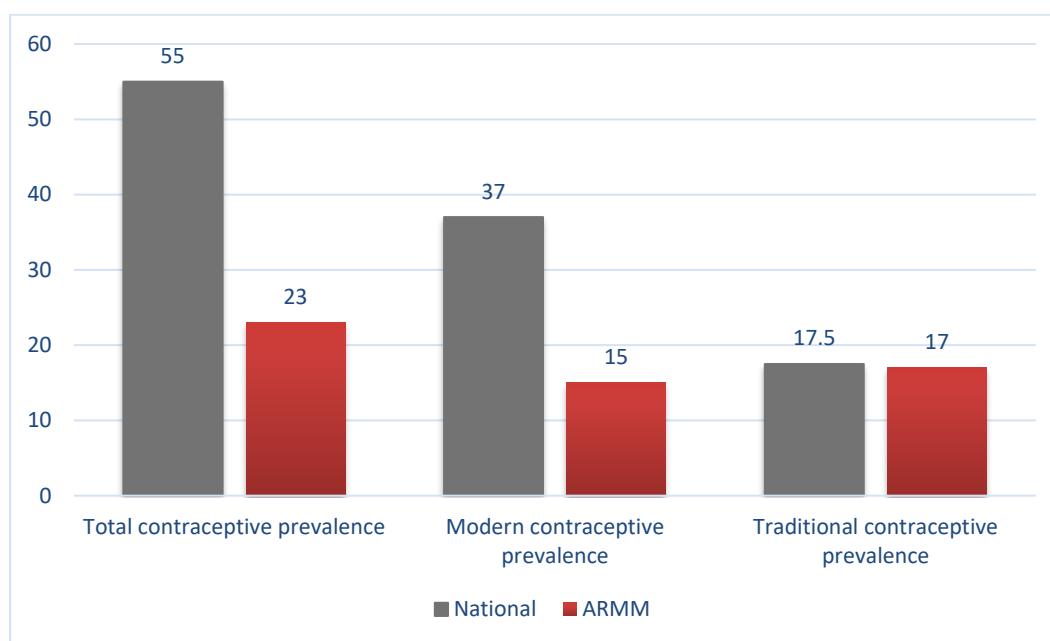
<sup>517</sup> NDHS 2013, p. 75

<sup>518</sup> ‘Traditional contraceptive methods include periodic abstinence or rhythm, withdrawal, and folkloric methods’, USAID, DHS Working Papers, Ten Years of Traditional Contraceptive Method Use in the Philippines: Continuity and Change, 2017.

<sup>519</sup> NDHS 2013, p. 75.

unattainable for ARMM given the currently very low prevalence rate.<sup>520</sup> Traditional methods of contraception appear to be relatively popular in ARMM, with an estimated 17 per cent of women using traditional methods in ARMM, compared to the nationwide average of 17.5 per cent.<sup>521</sup> Traditional methods include the rhythm/calendar method, withdrawal, and other traditional and folk methods.<sup>522</sup>

**Table 4.9: Contraceptive prevalence in ARMM and the Philippines**



Source: NDHS 2013

### Early pregnancy

In light of the low level of contraceptive use in ARMM, it is worrying to see that sexual activity amongst adolescents appears to be relatively common in the region, which (in combination) increases the risks of early pregnancy and getting infected with sexually transmitted diseases. For example, while the nationwide average for women who had sexual intercourse before the age of 15 stood at 2.2 per cent, this rate stood at a higher 3.1 per cent in ARMM, according to NDHS 2013 data.<sup>523</sup>

Existing data suggest that teenage pregnancies are a relatively common phenomenon in ARMM, but largely in line with nationwide trends. Teenage pregnancy and bearing children at an early age involves substantial risks to the health of both the mother and the child. In addition, early childbearing tends to restrict future educational and economic opportunities for women.<sup>524</sup> According to 2013 NDHS data, the median age at first birth amongst women in ARMM was estimated to be 22 years of age. This is the second-lowest median age amongst

<sup>520</sup> Table 10.4 PDP, p147 & ARMM Regional Development Plan 2017-2022, Chapter 13, p.291.

<sup>521</sup> NDHS 2013, p. 75

<sup>522</sup> NDHS 2013, p.70

<sup>523</sup> Note that these figures are likely to be under-estimates resulting from reporting bias. NDHS 2013, p. 152

<sup>524</sup> NDHS 2013, p.51

the 17 regions (only MIMAROPA has a lower median age at first birth), and lower than the nationwide median age at first birth, which stands at 23.4 years of age.<sup>525</sup>

On a positive note, teenage pregnancy rates appear to be somewhat lower in ARMM compared to the national average. According to NDHS data, 24 per cent of young women age 15–24 in ARMM have begun childbearing, compared to a somewhat higher rate of 27 per cent at the national level.<sup>526</sup> In general, there is limited information on the underlying determinants of teenage pregnancy in ARMM, and what factors could account for the somewhat lower rate of teenage pregnancy in ARMM, compared to the nationwide average.

### ***Comprehensive sexuality education***

The 2012 ARMM RHCA mandates that ‘Reproductive Health Care Education shall be taught by a trained teachers and/or *asatidz* (Arabic lecturer) in formal and non-formal educational system starting the adolescence stage.’<sup>527</sup> Topics to be included in the curriculum, according to the RHCA, are; ‘Islamic values formation, children’s and women’s rights, responsible-guided relationship, reproductive health care practices and services; HIV/AIDS and other sexually transmitted diseases, and other relevant topics.’<sup>528</sup>

At the national level, the 2012 RHA mandates the provision of comprehensive sexuality education in schools.<sup>529</sup> A recent Executive Order issued by the Office of the President also instructs the national Department of Education (DepEd) to implement comprehensive sexuality education in the school curriculum.<sup>530</sup> While the DepEd has taken first steps towards implementation (e.g. it has commissioned a study on gaps in health service provision in schools), it is yet to fully implement comprehensive sexuality education in the school curriculum, as of mid-2017.<sup>531</sup> Newspaper reports suggest that the piloting of separate sex education modules in a small number of schools in ARMM has been met with fierce resistance by religious authorities and members of the Regional Legislative Assembly.<sup>532</sup>

In early 2017, the national DoH stated publicly that it wants to distribute condoms in schools as part of its strategy to prevent HIV infections amongst adolescents. In contrast, the national DepEd has rejected this programme, as it believes that distributing condoms in schools will be seen as ‘encouraging pre-marital sex’ amongst adolescents.<sup>533</sup> The Regional ARMM

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<sup>525</sup> NDHS 2013, p. 52

<sup>526</sup> NDHS 2013, p. 53

<sup>527</sup> ARMM RHCA. 2012. Section 15

<sup>528</sup> ARMM RHCA. 2012. Section 15

<sup>529</sup> Congress of the Philippines (2012) *The Responsible Parenthood and Reproductive Health Act of 2012*, Available at: <http://www.officialgazette.gov.ph/2012/12/21/republic-act-no-10354/> Section 2 and Section 4

<sup>530</sup> Office of the President, Executive Order No 12, “Attaining and sustaining ‘Zero unmet need for modern family planning’ through the strict implementation of the Responsible Parenthood and Reproductive Health Act, providing funds therefor, and for other purposes”, January 2017, available at: <http://www.officialgazette.gov.ph/downloads/2017/01jan/20170109-EO-12-RRD.pdf>

<sup>531</sup> IPPF ESAOR & Coram International. 2017. Overprotected and Underserved: The Influence of the Law on Young People’s Access to Sexual and Reproductive Health in the Philippines. Unpublished draft.

<sup>532</sup> See Manila Times. 21 June 2010. <https://www.pressreader.com/philippines/manila-times/20100621/282213712075133>

<sup>533</sup> <http://www.sbs.com.au/news/article/2017/02/04/philippine-education-ministry-rejects-school-condoms> [17.07.17]

Government has not rejected the DOH initiative outright, but has instead stated that it wants to be ‘culturally sensitive’ on the issue of condom distribution in schools.<sup>534</sup>

Existing evidence suggests that adolescents’ access to comprehensive sexuality education is restricted indirectly, by provisions in the law and socio-cultural barriers. The law allows private educational institutions (such as religious schools) to develop their own curriculum on comprehensive sexuality education, so that adolescents’ access to comprehensive sexuality education can vary from school to school. Adolescents’ access also appears to be hampered by insufficient skills and training on the part of teachers, and is compounded by social stigma and taboos associated with adolescents’ sexuality, which appear to inhibit teachers from speaking openly about comprehensive sexuality education topics. In addition, sex is rarely talked about in young people’s families, with only 10 per cent of respondents from the 2013 Young Adult Fertility and Sexuality Survey (YAFS) reporting that sex was ever discussed at home while they were growing up.<sup>535</sup>

Myths and misperceptions about sex and sexuality appear to be widespread amongst adolescents, negatively affecting their service-seeking behaviour.<sup>536</sup> In addition, there is some evidence to suggest that gaps in comprehensive sexuality education in schools may lead to earlier sexual initiation and higher rates of risky sexual activity amongst less-informed young adults.<sup>537</sup>

The 2013 NDHS data suggest that teenage girls aged 15–19 are the age group that is least likely to have been exposed to family planning messages (29 per cent were not exposed to any of the four main media sources), compared to women in older age groups (22 per cent amongst 20- to 24-year-olds, and 20 per cent amongst 25–29 year olds).<sup>538</sup> ARMM is the region in the Philippines where women (aged 15–49) are least likely to have been exposed to any family planning messages: More than 50 per cent were not exposed to any family planning messages, compared to the national average of 24 per cent.<sup>539</sup>

Evidence from the 2013 YAFS suggests that actual knowledge about sex is very poor overall amongst young Filipinos, as measured by the extremely low percentages of respondents aged 15–24 years (12 per cent amongst males and 18 per cent amongst females) who correctly identified the time during the menstrual cycle when a woman is most likely to conceive if she has sexual relations. In ARMM, this percentage drops to an even lower 5.7 per cent for males (the second-lowest rate in the country), while for females it is just above the national average, at 22 per cent.<sup>540</sup>

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<sup>534</sup> <http://pia.gov.ph/news/articles/1521485765576> [17.07.17]

<sup>535</sup> YAFS 2013, p.142

<sup>536</sup> IPPF ESAOR & Coram International. 2017. Overprotected and Underserved: The Influence of the Law on Young People’s Access to Sexual and Reproductive Health in the Philippines. Unpublished draft.

<sup>537</sup> Philippine Institute for Development Studies. 2017. Unintended Consequences: The Folly of Uncritical Thinking. P 5. Available at: [https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsbk2017-unintended\\_fnl.pdf](https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsbk2017-unintended_fnl.pdf) [29.06.17]

<sup>538</sup> NDHS 2013, p.87

<sup>539</sup> NDHS 2013, p.87

<sup>540</sup> YAFS 2013, p.133

The YAFS data also reveal that young people themselves feel like they do not receive sufficient information about sexual and reproductive health. For example, only 27.4 per cent of survey respondents thought that they ‘have enough knowledge about sex’.<sup>541</sup> ARMM is the region with the lowest percentage of survey respondents who thought that they ‘have enough knowledge about sex’ (15.5 per cent among males and 12.7 per cent among females), which indicates poor access to information about sexual and reproductive health amongst ARMM’s youth.<sup>542</sup>

### ***Sexually transmitted infections***

Data on the prevalence and knowledge of sexually transmitted infections (STIs) amongst adolescents in ARMM is poor, but the little data that is available suggests that STIs are a significant problem and that knowledge of STIs is very limited. Findings from the 2013 Young Adult Fertility and Sexuality Study (YAFS) indicate that only 16 per cent of adolescents (aged 15-24) know about STIs, which is the lowest regional rate in the country, and compares very unfavourably to the national average of 47 per cent.<sup>543</sup>

National-level data on the prevalence of STIs is quite out of date, and there is very little data on STI prevalence in ARMM. As of 2006, the nationwide prevalence of STIs among sex workers was estimated to stand at a very high 40 per cent.<sup>544</sup> In 2002, FHI reported a 5.6 per cent prevalence rate for chlamydia infection amongst women, with a higher rate is reported among young females and males (7.7 per cent and 9 per cent, respectively). A study among MSM showed that around 30 per cent MSM has had STIs.<sup>545</sup>

ARMM DoH data presented in the region’s First Progress Report on the Millennium Development Goals suggest that there were only 54 STI cases recorded in the whole region in 2006 (most of which occurred in Marawi City).<sup>546</sup> According to the Report, this amounts to an STI prevalence of around 0.06 per cent.<sup>547</sup> However, it is not clear which diseases are captured in these health department statistics, and it is likely that figures underestimate the true prevalence of STIs due to under-reporting. Up-to-date estimates of STI prevalence in ARMM appear to be lacking, which represents a significant data gap.

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<sup>541</sup> YAFS 2013, p.130

<sup>542</sup> YAFS 2013, p.131

<sup>543</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. (YAFS 2013)

<sup>544</sup> UNICEF. 2006. East Asia and Pacific Regional Consultation on Children and HIV/AIDS Hanoi, Viet Nam 22-24 March 2006. Available at: [https://www.unicef.org/eapro/11\\_philippines.pdf](https://www.unicef.org/eapro/11_philippines.pdf) [19.05.17]

<sup>545</sup> As cited in UNICEF. 2006. East Asia and Pacific Regional Consultation on Children and HIV/AIDS Hanoi, Viet Nam 22-24 March 2006. Available at: [https://www.unicef.org/eapro/11\\_philippines.pdf](https://www.unicef.org/eapro/11_philippines.pdf) [19.05.17]

<sup>546</sup> First Progress Report on the Millennium Development Goals. Undated. [http://www.rpdoarmmgov.ph/rpdo/MDG/MDG\\_progressreport.pdf](http://www.rpdoarmmgov.ph/rpdo/MDG/MDG_progressreport.pdf) [19.05.17]

<sup>547</sup> First Progress Report on the Millennium Development Goals. Undated. [http://www.rpdoarmmgov.ph/rpdo/MDG/MDG\\_progressreport.pdf](http://www.rpdoarmmgov.ph/rpdo/MDG/MDG_progressreport.pdf) [19.05.17]



#### 4.9. Substance abuse

According to SDG target 3.5, the Philippines should strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. Reducing the use of illegal drugs has been identified in the PDP as a priority of the current government.<sup>548</sup> The approach being advocated in the PDP is an intensification of law enforcement operations, as well as drug rehabilitation and massive preventative education and awareness programs.<sup>549</sup> According to the Dangerous Drugs Board, in 2004, there were 6.7 million drug users in the Philippines, but this reduced to 1.7 million Filipinos (1.9 per cent of the population) in 2008 and to 1.3 million in 2012.<sup>550</sup> However the Philippines Drug Enforcement Agency has claimed that there are 4 million drug users.<sup>551</sup>

Alcohol drinking amongst adolescents appears to be significantly less common in ARMM than in other parts of the country. Findings from the 2013 YAFS study suggest that only 8 per cent of youth aged 15–25 in ARMM had ever consumed alcohol, which is the lowest rate in the whole country and significantly lower than the national average of 68 per cent.<sup>552</sup> Interestingly, the second-lowest rate amongst the Philippines’ regions was found to be 62 per cent in Western Visayas.<sup>553</sup> It is likely that the prohibition of alcohol under Islamic law plays an important role in explaining these huge differentials in relation to alcohol consumption between ARMM and the rest of the country.<sup>554</sup> Female adolescents (5 per cent) in ARMM were roughly half as likely to report having consumed alcohol compared to their male counterparts (11 per cent).<sup>555</sup> These gender differentials are less pronounced at the national level (76 per cent for males and 60 per cent for females).<sup>556</sup>

Drug use amongst adolescents appears to be a relatively small problem in ARMM compared to the rest of the Philippines. For example, 2013 YAFS estimates suggest that only 0.9 per cent of adolescents aged 15–24 years ever tried any drugs (Marijuana, ‘Shabu’/methamphetamine, ‘Rugby’/inhalants, and cough syrup), compared to the nationwide average of 3.8 per cent.<sup>557</sup> Note, however, that YAFS rates are likely to

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<sup>548</sup> PDP p.52

<sup>549</sup> PDP p.275

<sup>550</sup> “Explainer: How serious is the PH drug problem? Here’s the data” Rappler, September 29, 2016  
<http://www.rappler.com/newsbreak/iq/144331-data-drug-problem-philippines>

<sup>551</sup> PDP p.288

<sup>552</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon

<sup>553</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon

<sup>554</sup> Comment received from a representative of the ARMM Regional Government.

<sup>555</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.70

<sup>556</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.70

<sup>557</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.74

underestimate the true prevalence of drug use amongst adolescents (both in ARMM and nationally) due to under-reporting. Marijuana and methamphetamine (Shabu) were identified as the most commonly used illicit drugs, regardless of gender.<sup>558</sup>

The 2013 YAFS findings highlight gender disparities in relation to drug use among adolescents in ARMM. While reported drug use stood at 0 per cent amongst girls and women aged 15–24, this figure was 1.9 per cent for boys and men in the same age group.<sup>559</sup> These gender differentials are replicated nationally, albeit at a higher level (0.9 per cent girls and women; 7.1 per cent boys and men).<sup>560</sup>

#### **4.10. Mental Health**

SDG 3.4 encourages States to ‘promote the mental health and wellbeing of their populations’.<sup>561</sup> Steps have been taken in the Philippines to consolidate mental health provisions in existing laws (the Revised Penal Code, the Magna Carta for Disabled Persons, and the Family Code) into one Mental Health Act, in order to establish the legal framework to provide care and services to those with mental illness.<sup>562</sup> Senate Bill No. 1345 (Philippine Mental Health Act) was approved on 2 May 2017 but has not yet been passed in the House of Representatives.<sup>563</sup>

The PDP recognises the importance of addressing mental health, including in disaster response efforts, which should include economic, material and physical needs, as well as psychosocial and mental concerns. The PDP commits to increasing public awareness of mental health and psychosocial support services (MHPSS), capacity building of local implementers, and ensuring that facilities and relocation sites are MHPSS-friendly.<sup>564</sup> Furthermore, the National Disaster Risk Reduction and Management Council recently signed off a Memorandum on National Guidelines on Mental Health and Psychosocial Support in Emergencies and Disaster Situations, which aims at improving the coordination of MHPSS services in the context of emergencies and disasters.<sup>565</sup>

Data on mental health problems in ARMM are very limited; but existing evidence suggest that mental health problems affect a significant proportion of young people in ARMM. Evidence

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<sup>558</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.74

<sup>559</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.74

<sup>560</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.74

<sup>561</sup> [http://www.who.int/mental\\_health/SDGs/en/](http://www.who.int/mental_health/SDGs/en/) [19.05.17]

<sup>562</sup> Table 10.7, PDP, p159

<sup>563</sup> “Senate passes Mental Health Act”, Ver Marcelo, CNN Philippines, May 3, 2017, <http://cnnphilippines.com/news/2017/05/02/senate-passes-mental-health-act-third-reading.html>

<sup>564</sup> PDP, p176

<sup>565</sup> See National Guidelines on Mental Health and Psychosocial Support in Emergencies and Disaster Situations <https://mhps.net/?get=219/ndrrmc-memorandum-no.62-s.-2017-national-guidelines-on-mhps.pdf>

from the 2013 YAFS study suggest that 6.2 per cent of adolescents aged 15–24 years have thought of committing suicide, compared to a slightly higher 8.7 per cent at the national level.<sup>566</sup> Figures are unfortunately not disaggregated by gender, so it was not possible to draw out disparities between genders in relation to suicide. Family problems and quarrels with partners were the main reasons cited for attempted suicide.<sup>567</sup>

It is likely that a significant proportion of the population in ARMM suffers from trauma and mental disorders as a result of exposure to decades of armed conflict and displacement.<sup>568</sup> Unfortunately, prevalence estimates for conflict-related mental disorders in ARMM are not available. However, between March 4 and December 15, 2009, a Medecins Sans Frontieres mental health team assessed 962 patients in ARMM, 80 per cent of whom were considered to suffer from a mental health disorder. Of those 771 individuals diagnosed with a mental health disorder, 87 were under the age of 15 years.<sup>569</sup>

On a positive note, it appears that the ARMM DOH is aware of the potential mental health burdens associated with armed conflict, and has conducted stress debriefings and counselling for non-combatants in affected areas.<sup>570</sup>

According to a WHO Report, in 2007 there were two mental hospitals for the whole of the Philippines, 46 outpatient facilities, four day-treatment facilities, 19 community-based psychiatric inpatient facilities, and 15 community residential facilities.<sup>571</sup> According to the explanatory note to the Philippines Mental Health Act, almost all mental health facilities are in the country's major cities.<sup>572</sup> Unfortunately, information on available mental health facilities is not broken down by region.<sup>573</sup>

Data on mental health financing indicates that spending is biased towards the larger mental health facilities located in the country's urban centres (likely to the detriment of ARMM). For example, a 2007 WHO Assessment Report notes that whilst only 5 per cent of all public health care expenditure is directed towards mental health, 95 per cent of this mental health budget

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<sup>566</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon

<sup>567</sup> DRDF Inc. 2016. The 2013 Young Adult Fertility and Sexuality Study in the Philippines. Demographic Research and Development Foundation Inc. University of the Philippines Population Institute Diliman, Quezon. p.80

<sup>568</sup> See Mueller et al. 2011. Integrating mental health into primary care for displaced populations: the experience of Mindanao, Philippines. <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-5-3> [19.05.17]

<sup>569</sup> See Mueller et al. 2011. Integrating mental health into primary care for displaced populations: the experience of Mindanao, Philippines. <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-5-3> [19.05.17]

<sup>570</sup> See e.g. <http://armm.DoH.gov.ph/index.php/12-press-releases/144-DoH-armm-conducts-post-conflict-medical-psychological-intervention-to-idps> [19.05.17]

<sup>571</sup> WHO-AIMS report on Mental Health System in The Philippines, 2007, p10 [http://www.who.int/mental\\_health/evidence/philippines\\_who\\_aims\\_report.pdf](http://www.who.int/mental_health/evidence/philippines_who_aims_report.pdf)

<sup>572</sup> Explanatory Note to the Philippines Mental Health Act- <https://www.senate.gov.ph/lisdata/2385220552!.pdf>

<sup>573</sup> Explanatory Note to the Philippines Mental Health Act- <https://www.senate.gov.ph/lisdata/2385220552!.pdf>.

is spent on the operation, maintenance and salary of personnel of the country's two mental hospitals.<sup>574</sup>

#### **4.11. Key barriers and bottlenecks in health**

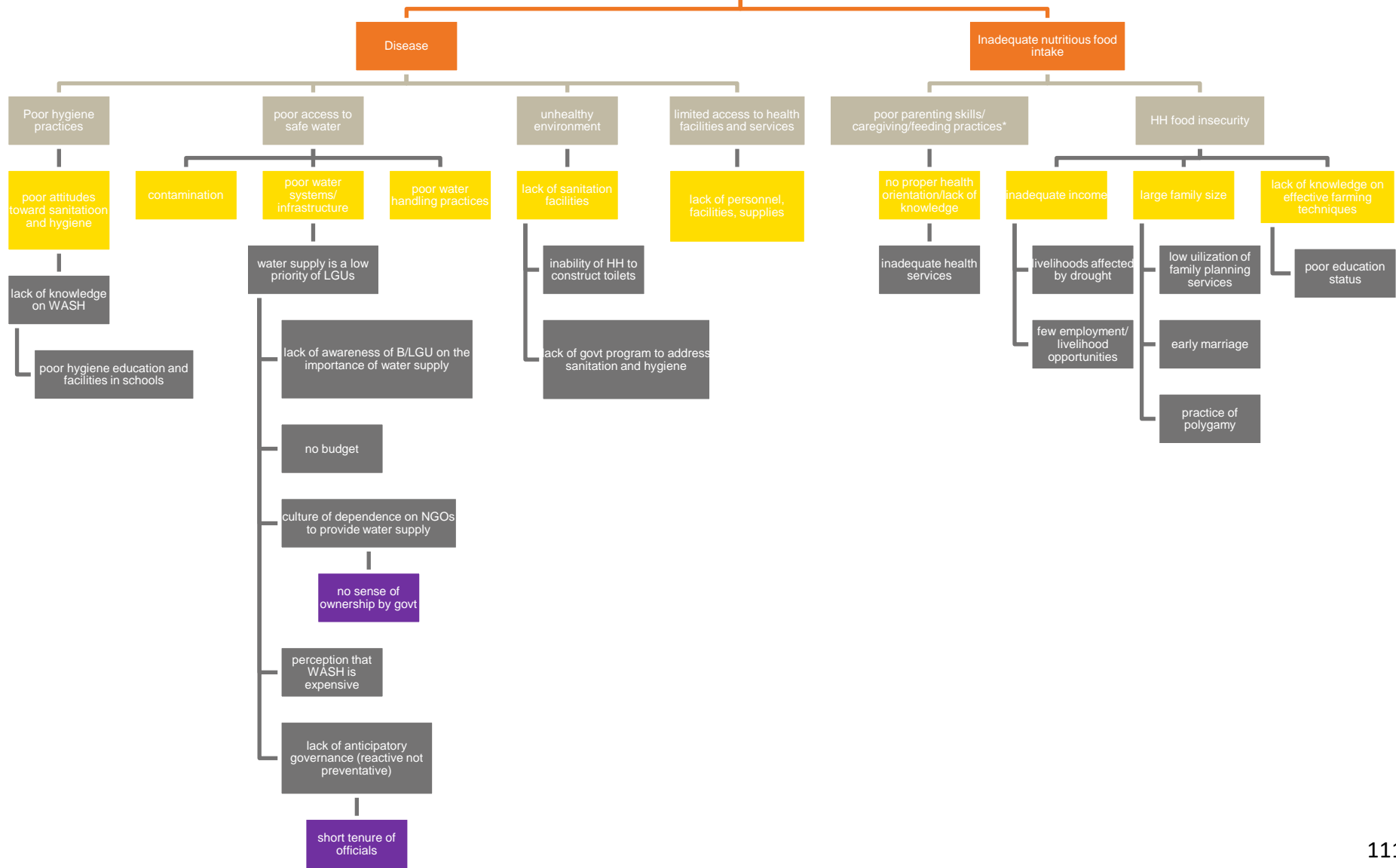
The key barriers and bottlenecks in relation to improving health outcomes in ARMM were mapped out by local and national stakeholders at a consultation workshop in Cotabato that informed this Situation Analysis. The key barriers and bottlenecks were identified using a methodology that involved selecting a key deprivation within the field of health, and identifying a causality chain of immediate, underlying and structural causes of that deprivation. The results of this causality mapping exercise are presented below, but also appear within the Nutrition and WASH chapters, as the three outcome areas were discussed within the same causality analysis. It should be noted that these reflect the views of participants in the consultation workshops and that the barriers and bottlenecks below take into account the existing literature, key informant interviews and these causality maps.

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<sup>574</sup> WHO-AIMS report on Mental Health System in The Philippines, 2007, p10  
[http://www.who.int/mental\\_health/evidence/philippines\\_who\\_aims\\_report.pdf](http://www.who.int/mental_health/evidence/philippines_who_aims_report.pdf)

**Table 4.10: Health/nutrition/WASH causality map**

Stunting under-5 children  
(ARMM 45.2%, NNS)



The existing literature and key informant interviews can be used to elaborate the key barriers and bottlenecks in relation to improving health outcomes in ARMM. These barriers and bottlenecks are presented in accordance with the four main domains of UNICEF's Ten Determinants Framework: enabling environment, supply, demand, and quality.<sup>575</sup>

#### 4.11.1 Enabling environment

##### **Governance**

The existing literature on governance in the Philippines identifies corruption, misallocation of resources, political instability, and uncoordinated government agencies as some of the key governance challenges that slow down or obstruct developmental progress, including in the health sector nationally.<sup>576</sup> In relation to the health sector in ARMM, the devolution of health service delivery to LGUs was identified as a key structural bottleneck for the health sector as a whole.<sup>577</sup> Importantly, given the unique autonomous status of ARMM, devolution affects its health sector somewhat differently than the health sector in the rest of the Philippines.

In contrast to the national level, ARMM's health system is centralised under the ARMM Department of Health, which runs the provincial hospitals and municipal health centres under its jurisdiction, instead of the component LGUs (though, as noted above, not all provincial hospitals have been devolved to ARMM-DOH).<sup>578</sup> Section 14 of Muslim Mindanao Autonomy (MMA) Act 25 of 1993<sup>579</sup> does not provide specifically that LGUs shall "discharge the functions and responsibilities of national agencies and offices devolved" to them, in contrast to the equivalent devolution law at the national level, Section 17 of the Local Government Code of 1991 (RA 7160).<sup>580</sup> According to a 2010 report by the Asia Foundation, this omission in the 1993 MMA Act gives the ARG an excuse not to implement devolution down to the LGUs, including in the area of health service delivery.<sup>581</sup>

The Asia Foundation Report notes that, as a result of misunderstandings about the applicability of the 1991 national devolution law in ARMM, LGUs in ARMM usually do not appoint mandatory health officers or maintain municipal health offices.<sup>582</sup> Despite some provincial level initiatives aimed at 'downloading' responsibilities from the regional to the provincial level, the ARMM DoH thus continues to maintain and oversee ARMM provincial

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<sup>575</sup> See e.g. [https://www.unicef.org/ceecis/Athens\\_MoRES\\_in\\_Early\\_Learning\\_6\\_June\\_2012.pdf](https://www.unicef.org/ceecis/Athens_MoRES_in_Early_Learning_6_June_2012.pdf) p.15

<sup>576</sup> See e.g. Mendoza, et al. 2017. Governance and Institutions in the Philippines. ASOG Working Paper 17-002. Available at SSRN: <https://ssrn.com/abstract=2873942>

<sup>577</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2 [http://www.wpro.who.int/philippines/areas/health\\_systems/financing/philippines\\_health\\_system\\_review.pdf](http://www.wpro.who.int/philippines/areas/health_systems/financing/philippines_health_system_review.pdf)

<sup>578</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p. 21 [http://www.wpro.who.int/philippines/areas/health\\_systems/financing/philippines\\_health\\_system\\_review.pdf](http://www.wpro.who.int/philippines/areas/health_systems/financing/philippines_health_system_review.pdf)

<sup>579</sup> Muslim Mindanao Autonomy Act 25 of 1993 <http://dilgarmmv2.dilg-armm.ph/index.php/2016-03-04-06-17-38/muslim-mindanao-autonomy/42-muslim-mindanao-autonomy-mma-act-25>

<sup>580</sup> Local Government Code of 1991 (RA 7160)

[http://www.lawphil.net/statutes/repacts/ra1991/ra\\_7160\\_1991.html](http://www.lawphil.net/statutes/repacts/ra1991/ra_7160_1991.html)

<sup>581</sup> The Asia Foundation. 2010. Rapid Field Appraisal of Decentralization: ARMM <https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.6

<sup>582</sup> The Asia Foundation. 2010. Rapid Field Appraisal of Decentralization: ARMM <https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.8

health offices,<sup>583</sup> and in practice, there appears to be very little coordination and insufficient clarity about roles and responsibilities between the regional authorities and the LGUs in ARMM.<sup>584</sup>

In addition to tensions between local and regional authorities, health programming is further hampered by tensions between regional and national authorities in Manila, as noted by a key respondent from UNICEF:

The interaction between the ARMM government and the national government is so tense. We are seeing it now with the response to the armed conflict in Marawi and how the ARMM-DoH and the Northern Mindanao DoH are responding to displaced populations. Northern Mindanao DoH are getting funds and support from the national government, but ARMM-DoH are getting no support whatsoever. There is a different funding request mechanism: in ARMM, funding requests do not just go straight from ARMM-DoH to the national DoH. It has to go to the regional government in ARMM first. So, they have been requesting support from external development partners rather than the central government. The reasons for this could be practical or political, or both!<sup>585</sup>

External development partners operating in ARMM appear to be wary of being seen as ‘taking sides’ between the ARMM Regional Government and the National Government, which may lead to delays in the disbursement of funds –a particular problem in emergency situations. Consider, for example, the following excerpt from an interview with the UNICEF Emergencies team:

When the ARMM Governor requests help from UNICEF, we usually say yes, as they are autonomous. But we are also required to ask the National Government, and we can only respond if they give us the green light. UN agencies do not want to respond until the national government said that it is okay to respond.<sup>586</sup>

### **Armed conflict**

In ARMM, the on-going armed conflict represents a key barrier for the delivery of (even basic) health services, such as routine vaccinations, as noted by a key informant from UNICEF’s health and nutrition sections:

Conflict and security play a big role for health workers in ARMM. For example, there have been abductions of health workers when they go into the [conflict-affected] communities. Doctors were saying that even if you want to go to those villages that have low immunization coverage and do home visits, you cannot do so due to the fear of kidnapping of health workers.<sup>587</sup>

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<sup>583</sup> The Asia Foundation. 2010. Rapid Field Appraisal of Decentralization: ARMM <https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.9

<sup>584</sup> The Asia Foundation. 2010. Rapid Field Appraisal of Decentralization: ARMM <https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.15

<sup>585</sup> KII with representative from UNICEF WASH, 16 June 2017, Manila

<sup>586</sup> KII with representative from UNICEF Emergencies and DRR, 22 June 2017, Manila

<sup>587</sup> KII with representatives from UNICEF, 13 June 2017, Manila

Evidence from the 4<sup>th</sup> Country Report of the Secretary-General on Children and Armed Conflict in the Philippines highlights the negative impact of armed conflict on ARMM's health facilities and health workers. Although the Report (for the most part) does not specify the exact location of recorded attacks on hospitals and health workers, it attributes several incidents to armed groups that operate in ARMM. For the reporting period (1 December 2012 to 31 December 2016), the UN task force verified 32 incidents of attacks on schools and hospitals and related personnel (not disaggregated further), four of which were attributable to the Bangsamoro Islamic Freedom Fighters and two to the ASG. In a particularly disturbing incident in 2013, the ASG looted medical supplies in a provincial health office on Jolo Island (Sulu), then abducted and later killed a female health-care worker.<sup>588</sup>

Displacement due to armed conflict was also highlighted as a key challenge for the ARMM health sector:

Displacement is an issue too. Communities move to other places because of the conflict. They are not all in camps; some are living in informal settlements. These are not reached by the formal health system. For example, in Zamboanga, where there were large number of internally displaced persons, the host community health system was not ready for that influx and the support from the provincial health system was poor as they were not ready to support the local host community in augmenting services to respond to the new increase in demand - and these were formal settlements!<sup>589</sup>

In ARMM, strong family and community support networks appear to exacerbate problems associated with providing adequate health services to populations displaced by armed conflict. Consider, for example, the following statement from a national DoH representative:

In armed conflict, people gather in the evacuation centres, so there should be uninterrupted service delivery for these people. But in Marawi [where armed conflict erupted in May 2017], half of the displaced population or even more would opt to stay with relatives, so we also have a large number of home-based evacuees (*Bakwit*) ... and this makes matters complicated.<sup>590</sup>

### **Financing**

Data on health financing in ARMM are very limited. As of 2006, ARMM spent an estimated PHP 3.4 billion on health.<sup>591</sup> In terms of sources, the national and provincial governments (DOH and ARMM DOH) account for 14 per cent, households for 29 per cent; PhilHealth for 4 per cent, and LGUs for only 2 per cent. The remaining 51 per cent came from foreign-assisted projects (FAPs), a significant proportion, especially when compared to the nationwide

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<sup>588</sup> United Nations: Security Council, Report of the Secretary – General on Children and Armed Conflict in the Philippines, S/2017/294, 5 April 2017, paragraph 47/

<sup>589</sup> KII with representatives from UNICEF, 13 June 2017, Manila

<sup>590</sup> KII with representative from Health Emergency Management Bureau DoH, 23 June 2017, Manila

<sup>591</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.52



average, where FAPs account for only 3.6 per cent of total health spending.<sup>592</sup> Excluding funds from FAPs, in 2006, 49 per cent of ARMM's health funding was spent on hospital services, rural health units and other ambulatory care providers; 12 per cent was spent on public health programmes; 35 per cent went to pharmacies and 4 per cent was spent on administration.<sup>593</sup>

A report by the Asia Foundation provides some evidence as to why spending on health services at LGU-level in ARMM is so minimal (at only 2 per cent of total health expenditure in ARMM). The report argues that LGUs do not prioritize funding for basic health services because of a widespread misunderstanding that it is the regional ARMM DOH that is primarily responsible for the delivery of such services.<sup>594</sup> The report also notes that most LGUs in ARMM are completely reliant on funds from the Internal Revenue Allotment (IRA) and that ARMM LGUs generally do not have local revenue generation systems and procedures in place.<sup>595</sup> The ARMM regional authorities in turn 'perennially complain of lack of sufficient funding from national government' according to the Asia Foundation Report.<sup>596</sup> A recent situation analysis of health financing in conflict-affected areas of Mindanao and ARMM notes that overall financial management capacity is very limited in the region, especially when it comes to overseeing financial flows and resource allocations.<sup>597</sup>

The benefits of health insurance are not maximized in ARMM given low enrolment in PhilHealth and limited incentives for Local Chief Executives to enrol indigent populations.<sup>598</sup> According to 2013 NDHS data, ARMM had the lowest health insurance coverage rate of any region in the Philippines – at only 43.7 per cent,<sup>599</sup> which is significantly below the nationwide average of 62.8 per cent.<sup>600</sup> PhilHealth enrolment rates also fluctuate heavily in ARMM (for example in Maguindanao province enrolment figures fluctuated from 2,940 in 2003 to 109,917 in 2004, and down again to 9,440 in 2005), making it difficult to establish a sustainable 'risk pool'.<sup>601</sup>

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<sup>592</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.52

<sup>593</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.52

<sup>594</sup> The Asia Foundation. Undated. Rapid Field Appraisal of Decentralization: ARMM  
<https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.12

<sup>595</sup> The Asia Foundation. Undated. Rapid Field Appraisal of Decentralization: ARMM  
<https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.12

<sup>596</sup> The Asia Foundation. Undated. Rapid Field Appraisal of Decentralization: ARMM  
<https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.13

<sup>597</sup> GRM International. Undated. A Situational Analysis of Health Financing in the Mindanao and ARMM Regions

<http://www.DoH.gov.ph/sites/default/files/publications/SituationalAnalysisHealthFinancingMindanaoARMMRegions.pdf> P.3

<sup>598</sup> GRM International. Undated. A Situational Analysis of Health Financing in the Mindanao and ARMM Regions, p.12

<sup>599</sup> Note that nearly all insurance coverage in ARMM is via PhilHealth. Other insurance schemes (GSIS, SSS, private, other) all have less than 1 per cent coverage rates in ARMM. NDHS 2013, p. 158

<sup>600</sup> NDHS 2013, p.158

<sup>601</sup> GRM International. Undated. A Situational Analysis of Health Financing in the Mindanao and ARMM Regions, p.12

### **Data availability**

The situation analysis of health financing in conflict-affected areas and in ARMM notes limitations in local health accounts in ARMM that would allow for financial management and linkages to public health data. It also points to weak data systems capacity, and an insufficiency of reliable unit-cost data at the facility level to examine and improve resource efficiency.<sup>602</sup>

Data on vital statistics in ARMM are often unreliable, in conflict with national estimates, or missing altogether. For example, a 2016 study on maternal mortality in the Philippines noted that officially reported maternal mortality ratios from ARMM are particularly unreliable and prone to underreporting and should therefore be treated with caution.<sup>603</sup> The study suggests that, besides the negative impact of frequent civil unrest on data collection efforts, neglect and inadequate training on the part of local health officials are amongst the key reasons for underreporting and misclassification of maternal deaths in ARMM.<sup>604</sup>

The devolved nature of the Philippines' health sector also makes it difficult for national-level authorities to collect and harmonise health sector data from ARMM. At present, the national DOH cannot require sub-national authorities (including the ARMM DoH) as well as the private sector to submit health sector data, which, according to the World Bank, creates huge challenges for the national DOH to exercise its 'stewardship and oversight' function in the health sector.<sup>605</sup>

#### **4.11.2. Supply-side barriers and bottlenecks**

Existing evidence suggests that health interventions in ARMM are constrained by a number of barriers and bottlenecks on the supply side, especially in the region's more rural and isolated areas. Inadequate supply and logistics management systems lead to a failure to deliver essential health interventions in remote, rural areas. Limited health workforce coverage in ARMM also creates significant barriers to access.

#### **Limited health facilities in rural areas**

In relation to delivery care, the 2013 NDHS data reveal that the limited health facilities in rural areas act as a key barrier to access in ARMM. Nationwide, amongst those women who did not deliver in a health facility, 24 per cent indicated that the main reason for this was 'Too far or No transportation', with rates being significantly higher in rural areas (29 per cent) compared to urban areas (16 per cent).<sup>606</sup> According to the national DOH, the average travel time to the nearest health facility is longest in ARMM (83 minutes) and shortest in NCR and Northern

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<sup>602</sup> GRM International. Undated. A Situational Analysis of Health Financing in the Mindanao and ARMM Regions

<http://www.DoH.gov.ph/sites/default/files/publications/SituationalAnalysisHealthFinancingMindanaoARMMRegions.pdf> P.20

<sup>603</sup> Quintos, M. 2016. Trends in Regional Differences in Maternal Mortality in the Philippines in the Last Four Decades <http://uruae.org/siteadmin/upload/1822UH0516067.pdf> [19.05.17]. p.64

<sup>604</sup> Quintos, M. 2016. Trends in Regional Differences in Maternal Mortality in the Philippines in the Last Four Decades <http://uruae.org/siteadmin/upload/1822UH0516067.pdf> [19.05.17]. P. 65

<sup>605</sup> World Bank. 2011. Transforming the Philippine Health Sector: Challenges and Future Directions. P.4

<sup>606</sup> NDHS 2013, p. 108

Mindanao (28 minutes), which suggests that access barriers due to remoteness are highest in ARMM.<sup>607</sup>

Health service delivery faces particular transportation challenges in ARMM's three island provinces, as noted by a key informant from the Mindanao State University:

In Basilan, Sulu, and Tawi-Tawi there are problems with connections and transportation. You have to go through Davao [in fact, it is Zamboanga] or Manila to go between these islands. Boat travel is heavily dependent on climate and sea conditions. This presents managerial as well as monitoring challenges.<sup>608</sup>

### **Capacity of health facilities**

While up-to-date data on the capacity of ARMM's health facilities are sparse, existing evidence suggests that the health facility network in ARMM has insufficient capacity to meet demand. As of 2016, there are a total of 50 hospitals operating in ARMM, roughly half (24) of which are operated by the ARMM DoH; four are 'retained' hospitals operated by the national DOH, two are military hospitals, one is financed through a congressional development fund, and 19 are privately owned (14 of which are located in Marawi City).<sup>609</sup> As of 2016, the ARMM DOH has issued 44 licences to operate hospitals and infirmaries (43 of which are accredited by PhilHealth).<sup>610</sup> As of 2016, there were 10 licenced government infirmaries, 10 licenced private infirmaries, 7 private Level I hospitals, 16 government Level I hospitals, and only one Level II hospital (the Maguindanao Provincial Hospital) in all of ARMM.<sup>611</sup>

There is currently no health facility in ARMM that can serve as a tertiary referral centre. In emergencies and in cases requiring specialised treatment, patients need to be referred to facilities outside of ARMM.<sup>612</sup> Significant capacity gaps also exist in ARMM's primary health care system. The RDP 2017-2022 identified a capacity gap of at least 16 Maternal Health Care/Rural Health Units across the whole ARMM region, with most units (13) missing in the Lanao del Sur province. Furthermore, the RDP identified a capacity gap of at least 1833 Barangay Health Stations (BHS) across the whole ARMM region. Again, a large proportion of the capacity gap is concentrated in the Lanao del Sur province, where a total of 936 BHS are lacking, according to estimates presented in the RDP 2017-2022.

According to the national DOH, only four regions in the Philippines (NCR, Northern Mindanao, Southern Mindanao and CAR) had more than 2 hospital beds per 1,000 population, which is the minimum bed-to-population ratio recommended by the WHO.<sup>613</sup> Among all of the regions in the Philippines, ARMM has the lowest bed-to-population ratio, at 0.17 beds per 1,000 population, which is significantly lower than the national average of 1.04 beds per 1000

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<sup>607</sup> DoH. Undated. The Philippine Health System at a Glance. <http://www.DoH.gov.ph/sites/default/files/basic-page/chapter-one.pdf>, p 9

<sup>608</sup> KII with representative from the Mindanao State University, 20 June 2017, Cotabato.

<sup>609</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.

<sup>610</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.; In Lanao, only 6 out of 7 licensed health facilities are accredited with PhilHealth, as of 2016.

<sup>611</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.

<sup>612</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.

<sup>613</sup> DoH. Undated. The Philippine Health System at a Glance. <http://www.DoH.gov.ph/sites/default/files/basic-page/chapter-one.pdf>, p 5

population.<sup>614</sup> Although the overall number of beds in ARMM increased from 560 in 2005 to 640 in 2008, the bed-to-population ratio is still far from international standards.<sup>615</sup>

### **Human resources**

Limited human resources are a key supply-side bottleneck preventing further progress in the health sector in ARMM. Over the last decade, the Philippines as a whole has experienced increasing out-migration of its health professionals, with consequent shortages nationwide.<sup>616</sup> According to the WHO, there are insufficient doctors, dentists and therapists for the needs of the population, and many nurses and midwives train specifically to work overseas on a temporary basis.<sup>617</sup> However, the health workforce shortage is particularly acute in ARMM. According to a 2011 WHO health systems review, ARMM has amongst the lowest health worker-to-population ratios in the whole Philippines.<sup>618</sup> The RDP 2017-2022 notes that ‘some of the municipalities [in ARMM] are without physicians, nurses, dentists, and medical technologists’ and that ‘most of the midwives [in ARMM] need to cover at least three to four barangays.’<sup>619</sup> The shortage of health workers in ARMM was also highlighted by recent report on devolution in the region. It notes that ‘the number of ARMM personnel at the provincial and municipal level providing basic services is on the average four employees for each office. A few LGUs augment this by hiring contractual employees on a case-to-case basis. Upi [in Maguindanao] has adopted an exceptional program of one-midwife-for-one-barangay, which is somewhat similar to LGUs outside of ARMM.’<sup>620</sup>

There is no authoritative and up-to-date information on the total number of active health workers in the Philippines and ARMM, as data from the private sector are not readily available. 2006 administrative data on health workers in the public sector show that NCR and Central Luzon have a much higher proportion of health workers, compared to more remote regions such as ARMM (see Table 4.11 below).<sup>621</sup> NCR, for example, is home to 22 per cent of all doctors, even though its population only amounts to around 13 per cent of the total population of the Philippines.<sup>622</sup> In contrast, ARMM is home to only 2.6 per cent of all doctors, even though its population amounts to around 3.7 per cent of the total population of the Philippines.<sup>623</sup> Administrative data presented in the RDP 2017-2022 suggests that, as of July 2016, there were a total of 69 doctors, 1,016 nurses, 798 midwives, and 20 dentists working in ARMM’s public health sector; however, regional data on health workers in the private sector are not available – a significant data gap.

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<sup>614</sup> DoH. Undated. The Philippine Health System at a Glance. <http://www.DoH.gov.ph/sites/default/files/basic-page/chapter-one.pdf>, p 7

<sup>615</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.67

<sup>616</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.6

<sup>617</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.6

<sup>618</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.52 [http://www.wpro.who.int/philippines/areas/health\\_systems/financing/philippines\\_health\\_system\\_review.pdf](http://www.wpro.who.int/philippines/areas/health_systems/financing/philippines_health_system_review.pdf)

<sup>619</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.

<sup>620</sup> The Asia Foundation. Undated. Rapid Field Appraisal of Decentralization: ARMM <https://asiafoundation.org/resources/pdfs/16ARMM.pdf> p.10

<sup>621</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.79

<sup>622</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.79

<sup>623</sup> Regional population figures are from the 2015 Census. See <https://www.psa.gov.ph/content/population-autonomous-region-muslim-mindanao-based-2015-census-population> [19.07.17]

**Table 4.11: Public health workers per region, 2006**

Region	Doctors		Nurses		Dentists <sup>a</sup>		Midwives	
	No.	%	No.	%	No.	%	No.	%
NCR	650	22.0	683	15.6	561	28.8	1065	6.3
CAR	83	2.8	151	3.5	32	1.6	599	3.6
Ilocos (I)	154	5.2	232	5.3	110	5.7	1019	6.0
Cagayan Valley (II)	95	3.2	176	4.0	69	3.5	816	4.8
C. Luzon (III)	284	9.6	384	8.8	171	8.8	1630	9.7
CALABARZON (IV-A)	247	8.4	459	10.5	259	13.3	1802	10.7
MIMAROPA (IV-B)	83	2.8	124	2.8			527	3.1
Bicol (V)	179	6.1	271	6.2	89	4.6	1072	6.4
W. Visayas (VI)	263	8.9	485	11.1	111	5.7	1689	10.0
C. Visayas (VII)	215	7.3	305	7.0	139	7.1	1495	8.9
E. Visayas (VIII)	152	5.1	208	4.8	90	4.6	880	5.2
Zamboanga (IX)	94	3.2	167	3.8	42	2.2	541	3.2
N. Mindanao (X)	116	3.9	203	4.6	73	3.8	956	5.7
Davao (XI)	69	2.3	110	2.5	62	3.2	859	5.1
SOCCSKSARGEN (XII)	108	3.7	186	4.3	55	2.8	817	4.8
CARAGA (XIII)	85	2.9	116	2.7	57	2.9	631	3.7
ARMM	78	2.6	114	2.6	26	1.3	459	2.7
Philippines	2955	100.0	4374	100.0	1946	100.0	16 857	100.0

<sup>a</sup>2005

Source: WHO 2011

In ARMM, the Hataman administration has initiated a scale-up of the health workforce in geographically isolated and disadvantaged areas (GIDAs), through the ‘Doctors to the Barrios’ and the ‘Nurses Deployment Programme’.<sup>624</sup> There have also been some efforts at the central level to counter-act the inter-regional and rural-urban disparities in health workforce coverage, but their impact has so far been relatively limited, as highlighted by a key informant from the national DOH:

The DOH has a midwife and nurse deployment programme, which aims to augment health units in remote areas – health personnel are deployed to the LGUs and they are salaried by the DoH. The objective is to get the LGUs to hire them, and give them a permanent position. But there are only very few success stories.<sup>625</sup>

<sup>624</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.

<sup>625</sup> Key Informant Interview with a representative from the Health Emergency Management Bureau, Department of Health, 23 June 2017, Manila

### 4.11.3. Demand-side barriers and bottlenecks

Family expenditure on health is very limited in ARMM, and represents, on average, just 0.8 per cent of a family's expenditure.<sup>626</sup> This indicates the presence of significant demand-side barriers to accessing health care in ARMM.

#### **Financial access**

There is some evidence that the very low rate of facility-based deliveries in ARMM (at only 12 per cent in 2013) is at least partially the result of demand-side constraints related to prohibitive health care costs. While the 2013 NDHS data are (in this instance) not broken down at the subnational level, the primary reasons given by respondents across all of the Philippines for not delivering their babies in a health facility were: that it 'cost too much', (cited by 37 per cent of women who did not deliver in a health facility), that it was 'not necessary' (32 per cent) and that there was 'no transportation or the facility was too far' (25 per cent).<sup>627</sup>

Health services in ARMM are provided mainly through a public sector health system, which is managed by the ARMM DOH. Both public and private facilities operate on a fee-for-service basis, although public services receive greater subsidies from PhilHealth.<sup>628</sup> In public facilities, 'informal payments' or the 'collection of donations' is reported to be common, though robust quantitative evidence is limited.<sup>629</sup> According to a recent situational analysis of health financing in ARMM and conflict-affected areas of Mindanao, a large proportion of expenditure for health services still comes from patients' out-of-pocket payments (OPPs), at around 48 per cent in conflict-affected areas and in ARMM - similar to nationwide OPP rates.<sup>630</sup>

The high level of OPPs in ARMM may lead to financial catastrophe and impoverishment when family members fall ill, especially amongst the economically less secure sections of society.<sup>631</sup> According to the 2011 WHO review report, high levels of OPPs make individuals from poor households more vulnerable than those from wealthier households: they are generally more prone to illness, their OPPs are relatively larger, and they are usually less able (e.g. because of gaps in awareness) to maximize the use of social protection provided by the government.<sup>632</sup> According to the National Anti-Poverty Commission, ARMM is still the poorest region in the Philippines, with 1 in every 2 families living below the national poverty line as of 2015.<sup>633</sup>

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<sup>626</sup> Philippines Statistics Authority, *Family Income and Expenditure Survey* (2015).

<sup>627</sup> NDHS 2013. p.108

<sup>628</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.6

<sup>629</sup> Key Informant Interview with a representative from the Health Policy and Development Bureau, Department of Health, 16 June 2017, Manila

<sup>630</sup> GRM International. Undated. A Situational Analysis of Health Financing in the Mindanao and ARMM Regions, p.3; for nation-wide OPP estimates, see: WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.36

<sup>631</sup> DoH. Undated. The Philippine Health System at a Glance. <http://www.DoH.gov.ph/sites/default/files/basic-page/chapter-one.pdf>, p 5

<sup>632</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.36

<sup>633</sup> NAPC. <http://www.napc.gov.ph/articles/armm-still-poorest-region?throbber=1> [19.07.17]

At the national level, drugs and medicines account for an estimated 70 per cent of total OPPs, while less than 10 per cent is spent on professional fees.<sup>634</sup> Importantly, households in the poorest income stratum allot about 73 per cent of their OPPs to drugs and medicines, which is about 13 percentage points higher than the share among the richest households.<sup>635</sup>

According to 2013 NDHS data, 78 per cent of all births in ARMM were attended by *hilots* (or traditional birth attendants), which is *by far* the highest rate amongst all regions in the Philippines (the national average being 25 per cent).<sup>636</sup> Most traditional medicine practitioners do not have set fees, and rely instead on voluntary donations, which makes them attractive alternatives for individuals from poor sectors of society.<sup>637</sup>

### ***Socio-religious norms and practices***

Existing evidence suggests that social and religious norms play an important role in determining health outcomes in ARMM. For example, a recent Situational Analysis of Child Rights in ARMM attributes the very low levels of professional pre- and post-natal care coverage in ARMM to the continued patronage of traditional birth attendants and socio-cultural preferences for giving birth at home.<sup>638</sup>

At the national level, socio-religious norms that render sexual activity among young (unmarried) people unacceptable were found to have a significant restrictive impact on young people's access to family planning services, by suppressing demand amongst adolescents and leading service providers to deny access.<sup>639</sup> Similar concerns about the restrictive impact of socio-religious norms on young people's access to sexual and reproductive health services were also raised by a key informant from the United Nations Population Fund (UNFPA):

Our culture is conservative - either Catholic or Muslim - and this translates into conservative professionals working within the health sector. The way these professionals deal with young people trying to access sexual and reproductive health services is restrictive. Conservative culture also affects the way young people perceive sexual and reproductive health – it is something sinful and not to be talked about.<sup>640</sup>

ARMM-specific evidence on the impact of socio-religious norms on young people's access to sexual and reproductive health services is very limited. However, the RDP 2017-2022 notes that cultural barriers prevent the widespread use of family planning in the region, citing 'misconceptions that family planning is a way to further reduce the population of the Muslim minority, and 'the widespread belief that Islam prohibits family planning'.<sup>641</sup>

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<sup>634</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.58

<sup>635</sup> WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.58

<sup>636</sup> NDHS 2013, p. 109-100

<sup>637</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile, p.10

<sup>638</sup> Save the Children. 2016. Child Rights Situational Analysis in ARMM. p.56-57

<sup>639</sup> IPPF ESAOR & Coram International. 2017. Overprotected and Underserved: The Influence of the Law on Young People's Access to Sexual and Reproductive Health in the Philippines. Unpublished draft.

<sup>640</sup> Key Informant Interview with a representative from the Reproductive Health section of UNFPA, 23 June 2017, Manila

<sup>641</sup> ARMM Regional Development Plan 2017-2022, Chapter 13, p.291.



### **Limited knowledge**

Limitations in knowledge and/or misunderstandings about the benefits (and risks) of routine health interventions and practices may also serve to suppress demand for health care services in ARMM. For example, a key informant from the Bangsamoro Development Agency explained low levels of immunization coverage in ARMM by suggesting that “parents are not allowing their children to be immunized. The problem is not cultural, but rather related to the ignorance of parents.”<sup>642</sup>

A key informant from the ARMM DOH also highlighted how misunderstanding about the risks of health interventions can suppress demand: “Some parents do not like their children to be immunized or even to receive de-worming because of the belief that they will then suffer from fever.”<sup>643</sup>

#### **4.11.4. Quality**

The national DOH and PhilHealth are mandated to accredit and regulate quality of care, service delivery and health establishments in the Philippines.<sup>644</sup> Health professionals are regulated by the Professional Regulations Commission, and the national Food and Drug Administration regulates drugs, health devices and equipment.<sup>645</sup> In ARMM, Executive Order No. 133 (signed by the President on October 29, 1993) grants the regional authorities the power to ‘exercise administrative control and supervision over all regional, provincial, city, municipality, district and barangay health units and government-owned or controlled establishments such as hospitals, clinics and dispensaries, laboratories, blood banks, drugstores and such other facilities’.<sup>646</sup>

The RDP 2017-2022 states that ‘many of the existing health facilities in ARMM do not function in accordance with the specified DoH standards’ and that ‘most rural health units [RHUs] are physically dilapidated and worn out.’<sup>647</sup> Besides this relatively limited account of the quality of ARMM’s health infrastructure, there is limited data on the quality of health care provision in the region. A detailed assessment and analysis of quality of care in the ARMM health care sector is therefore not possible.

Evidence from the national level suggest that quality of care remains a significant bottleneck in the health sector, especially in rural areas of the Philippines, including ARMM. For example, the 2012 WHO service delivery profile notes that ‘highly urbanized metropolitan areas with higher income levels tend to and are perceived to have better quality health service than the

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<sup>642</sup> KII with representative from the Bangsamoro Development Agency, Cotabato City, 2017.

<sup>643</sup> KII with representative from DoH ARMM, Cotabato City, 2017.

<sup>644</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.8

<sup>645</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.8

<sup>646</sup> Executive Order No. 133, Section 2.a <http://www.officialgazette.gov.ph/1993/10/29/executive-order-no-133-s-1993/> [30.08.17]

<sup>647</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.3.4.



mainly rural impoverished and often isolated communities, where licensing standards are absent, and accreditation rates are very low.<sup>648</sup>

Primary care facilities and lower-level hospitals are frequently bypassed because of perceptions of low quality, causing heavy traffic at the higher-level facilities and corresponding over-utilization of resources.<sup>649</sup> The RDP 2017-2022 notes that the role of community health workers in ARMM's health referral system is not yet systematised, which is one of the reasons why patients seek basic health care services directly from hospitals.<sup>650</sup> Nurses appear to be frequently bypassed in favour of doctors, even in cases of minor illness, as the latter are perceived to be able to provide better quality of care:

Filipinos want to be seen by a doctor. There is a cultural component: doctors are put on a pedestal.<sup>651</sup>

Furthermore, the World Bank observes that first-contact primary care in the Philippines is largely perceived to be providing preventive (rather than curative) services and that therefore patients prefer to seek care at the next level.<sup>652</sup> Private providers are generally perceived to provide better quality of care, compared to public providers.<sup>653</sup> However, data on quality of care in the private sector are not readily available, so it is difficult to establish to what extent these perceptions correspond with reality.<sup>654</sup>

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<sup>648</sup> WHO & DOH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.8

<sup>649</sup> WHO & DOH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.8; and WHO. 2011. The Philippines Health System Review. Health Systems in Transition Vol. 1 No.2, p.92

<sup>650</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, section 10.2.2.3.

<sup>651</sup> Key Informant Interview with a representative from the Health Policy and Development Bureau, Department of Health, 16 June 2017, Manila

<sup>652</sup> World Bank. 2011. Transforming the Philippine Health Sector: Challenges and Future Directions. P.118

<sup>653</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.6

<sup>654</sup> WHO & DoH. 2012. Philippines Health Service Delivery Profile. Available at: [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_philippines.pdf?ua=1](http://www.wpro.who.int/health_services/service_delivery_profile_philippines.pdf?ua=1), p.6

## 5. Nutrition

SDG 2.2 encourages states to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.<sup>655</sup> Child and maternal nutrition are also of critical relevance to a number of rights enshrined in the UNCRC, including the right to life, survival and development, food security, care and health (Articles 3, 4, 6, 24 and 27).

According to the Global Nutrition Targets, which were adopted by World Health Assembly Resolution 65.6, States should, by 2025, aim to: achieve a 40 per cent reduction in the number of children under-5 who are stunted; achieve a 50 per cent reduction of anaemia in women of reproductive age; achieve a 30 per cent reduction in low birth weight; ensure that there is no increase in childhood overweight; increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent; and reduce and maintain childhood wasting to less than 5 per cent.<sup>656</sup>

### Global Nutrition Targets

SDG	Targets	Indicators
2.1	By 2025, achieve a 40 per cent reduction in the number of children under-5 who are stunted	Prevalence of stunting (low height-for-age) in children under 5 years of age
2.2	By 2025, achieve a 50 per cent reduction of anaemia in women of reproductive age	Percentage of women of reproductive age (15-49 years of age) with anaemia
2.3	By 2025, achieve a 30 per cent reduction in low birth weight	Percentage of infants born with low birth weight (< 2,500 grams)
2.4	By 2025, ensure that there is no increase in childhood overweight	Prevalence of overweight (high weight-for-height) in children under 5 years of age
2.5	By 2025, increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%	Percentage of infants less than 6 months of age who are exclusively breast fed
2.6	By 2025, reduce and maintain childhood wasting to less than 5 per cent	Prevalence of wasting (low weight-for-height) in children under 5 years of age
<b>Key CRC Articles</b>		
Article 2: Every child has the right to enjoyment of CRC provisions without discrimination on the ground of a child's or his or her parent's or guardian's race, colour, sex, language, political or other opinion, national, ethnic or social origin, property, disability, birth or other status		

<sup>655</sup> See <https://sustainabledevelopment.un.org/sdg2> [10.04.17]

<sup>656</sup> <http://www.who.int/nutrition/global-target-2025/en/> [02.03.17]

Article 6 (1) Every child has the inherent right to life; (2) States parties shall ensure to the maximum extent possible the survival and development of the child

Article 17: States shall ensure that the child has access to information aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health

Article 24 (1) Every child has the right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health; (2) In particular, States must: (a) diminish infant and child mortality; (c) Combat disease and malnutrition, including through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers of environmental pollution; (e) Ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

Article 27: States recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

The situation of child and maternal nutrition in ARMM is analysed in relation to the six thematic areas described in the WHO's Global Nutrition Targets: child stunting; child wasting, micronutrient deficiencies/anaemia; low birth weight; over-weight; and breastfeeding.

### **5.1. Legislative and policy framework**

A number of laws and policy documents underpin programmes and services relating to nutrition in the Philippines and in ARMM. These are set out, in detail, in the DOH's Strategic Framework for Comprehensive Nutrition Implementation Plan 2014-2015, which lists a detailed history of nutrition law and policy making in Philippines, including, for example, RA No. 8172 (1995), the National Salt Iodization Nationwide on mandatory salt iodization, and RA 10611 (2013), the Food Safety Act of 2013, as well as RA 10611 Food Safety Act of 2013. The Plan also lists influential nutrition-linked policies, including the Healthy Lifestyle Policy – AO 2011-0003 National Policy on Strengthening the Prevention & Control of Chronic Lifestyle Related Non Communicable Diseases.<sup>657</sup> The legislative and policy framework around nutrition in Philippines also includes RA 8976, the 'Philippine Food Fortification Act of 2000' setting out provision to address nutritional deficiency in Philippines, including, specifically, 'energy, iron, vitamin A, iodine, thiamine and riboflavin'.<sup>658</sup> In addition to these, the DOH has propounded a number of Administrative Orders in connection with nutrition, and child nutrition, including, for instance, Administrative Order 2015-0055 'National Guidelines on the Management of Acute Malnutrition for Children under 5 years' (2015). RA 7322 on Maternity Leave (amending RA 1161, the Social Security Law), which provides for 60 days of paid leave

<sup>657</sup> DoH Strategic Framework for Comprehensive Nutrition Implementation Plan 2014-2015, p. 12-14 and 22-24.

<sup>658</sup> RA 8976 Philippine Food Fortification Act of 2000.

following a child's birth, subject to restrictions, is also an important part of the nutrition-related legislative landscape, allowing, as it does, mothers to breastfeed their babies at least for the initial 60 days of their lives, though, as set out in Chapter 5.8, sub-optimal breastfeeding practices remain a challenge in the Philippines as a whole as well as in ARMM.

## **5.2. Malnutrition: Status at a glance**

Malnutrition refers to deficiencies, excesses or imbalances in individual's intake of energy and/or nutrients. The term malnutrition covers two broad groups of conditions. On the one hand is 'undernutrition', which includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies (a lack of important vitamins and minerals). On the other hand is 'over-nutrition', which captures overweight, obesity and diet-related non-communicable diseases such as heart disease, stroke, diabetes and cancer.<sup>659</sup> Globally, malnutrition is estimated to contribute to more than one third of all child deaths, although it is rarely listed as the direct cause of child mortality.<sup>660</sup>

The Philippine Plan of Action for Nutrition 2017-2022 (PPAN) focuses on the first 1000 days of life of the child, referring to the period of pregnancy up to the first two years of the child. This is the period during which poor nutrition can have irreversible effects on the physical and mental development of the child, the consequences of which are felt far into adulthood.<sup>661</sup>

Using nationwide trend data from the 2015 National Nutrition Survey (NNS), Table 5.1 below shows that while childhood stunting and underweight prevalence in under-5 year-olds has been declining slowly overall between 1989 and 2015 (albeit at very high levels), childhood wasting and overweight have been increasing over the same time period (albeit at much lower levels).<sup>662</sup>

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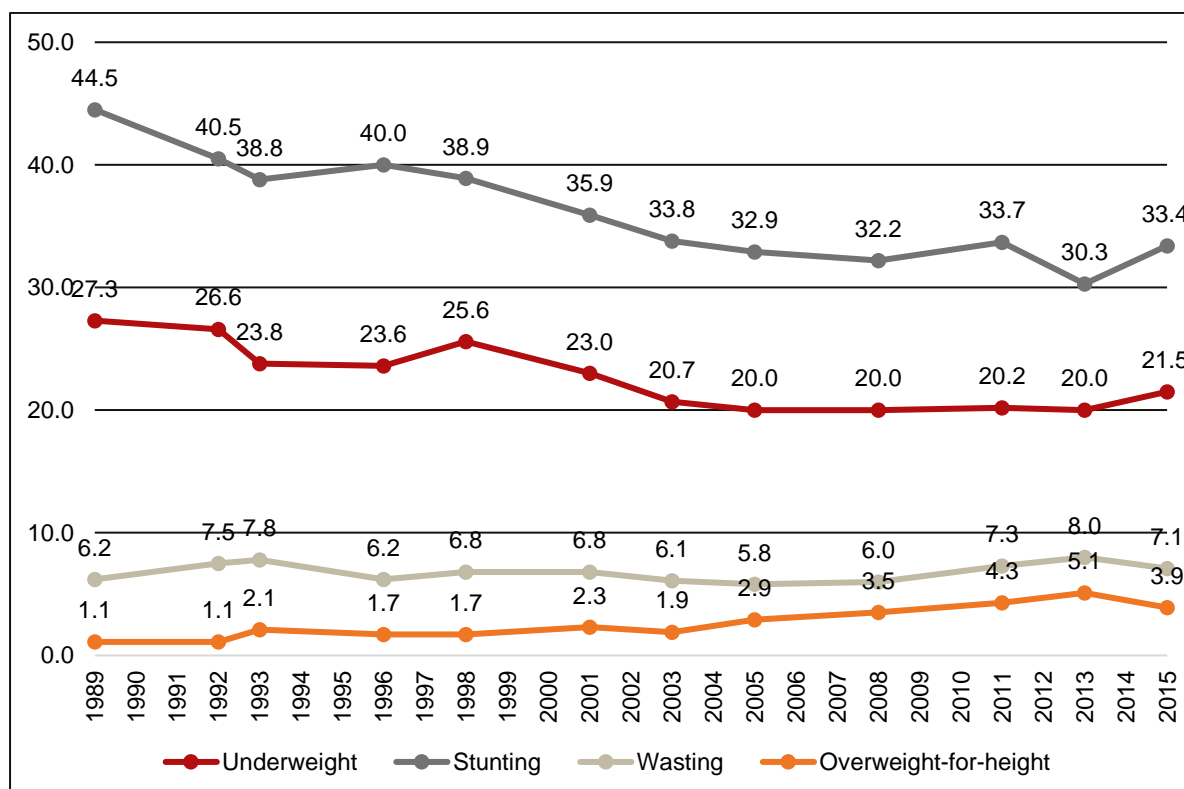
<sup>659</sup> WHO. 2016. What is malnutrition? <http://www.who.int/features/qa/malnutrition/en/> [29.06.17]

<sup>660</sup> WHO [http://www.who.int/maternal\\_child\\_adolescent/topics/child/malnutrition/en/](http://www.who.int/maternal_child_adolescent/topics/child/malnutrition/en/) [29.06.17]

<sup>661</sup> Philippine Plan of Action for Nutrition 2017-2022, p.36

<sup>662</sup> Note that the 2015 National Nutrition Survey data have not yet been validated and included in the UNICEF- WHO-World Bank Joint Malnutrition Estimates (JME). The latest Philippines data included are from the 8th National nutrition Survey Philippines 2013. See <http://www.who.int/nutgrowthdb/estimates/en/> [29.06.17]

**Table 5.1: Trends in the nationwide prevalence (per cent) of malnutrition among children 0–59 months: 1989–2015**

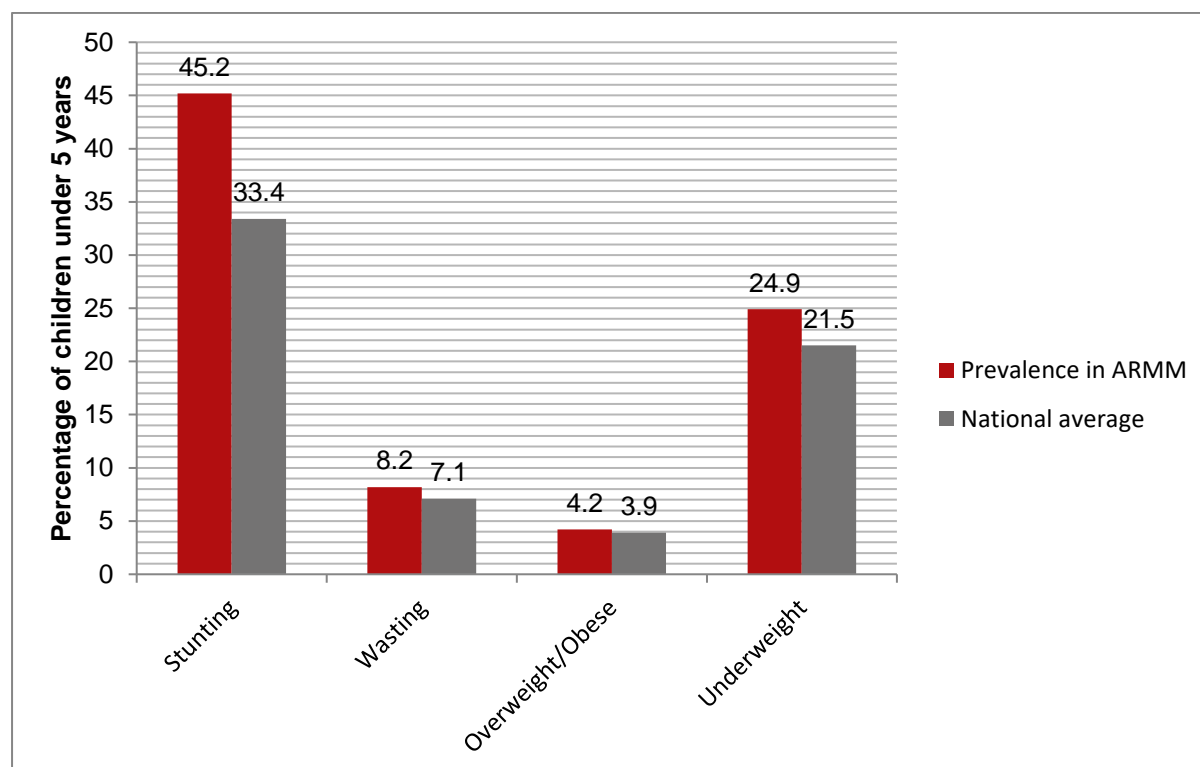


Source: National Nutrition Survey 2015

Worryingly, the last years have seen a reversal of downward trends in childhood stunting and underweight at the national level, with statistically significant increases in both malnourishment indicators between 2013 and 2015. While the nationwide prevalence of childhood stunting increased from 30 per cent to 33 per cent between 2013 and 2015, the nationwide prevalence of underweight increased from 20 per cent to 21.5 per cent in the same time period.

Regionally, ARMM faces particular challenges in relation to child malnutrition; as demonstrated by Table 5.2 below, the 2015 NNS found the prevalence of stunting, wasting, being overweight/obese, and underweight among children under the age of 5 to be higher in ARMM than in other parts of the Philippines. Childhood stunting, in particular, is significantly higher in ARMM (at 45 per cent of under-5-year-olds) than at the national level (33 per cent).

**Table 5.2: Malnutrition prevalence (per cent) in children under 5 years, ARMM & nationwide 2015**



Source: National Nutrition Survey 2015

### Regional policy response

In response to the very high levels of malnutrition in ARMM, the Provincial Nutrition Council was established in 2015, by virtue of Executive Order No. 02-2015.<sup>663</sup> According to the Mid-term Update for the 2013–2016 Regional Development Plan, some progress towards addressing malnutrition in ARMM appears to have been achieved.<sup>664</sup> However, concerns about the validity and reliability of the cited nutrition data have been raised, so it is not possible to draw firm conclusions about progress in this area.<sup>665</sup>

### 5.3. Stunting

A child is considered to be stunted if they fall below minus two standard deviations from the median height for age of the reference population.<sup>666</sup> High levels of childhood stunting are associated with a high risk of frequent and early exposure to illness and/or inappropriate feeding practices. In the long-run, stunted children are likely to have reduced work capacity as adults, which negatively impacts economic productivity.<sup>667</sup>

<sup>663</sup> Save the Children. 2016. Child Rights Situational Analysis in ARMM. p.68

<sup>664</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 91

<sup>665</sup> Correspondence with UNICEF Philippines

<sup>666</sup> UNICEF, Definitions, Nutrition, [www.unicef.org/infobycountry/stats\\_popup2.html](http://www.unicef.org/infobycountry/stats_popup2.html)

<sup>667</sup> See e.g. <http://www.who.int/nutgrowthdb/about/introduction/en/index2.html> [03.07.17]

The stunting reduction target set out in the PDP as well as the national PPAN 2017-2022 is to reach a stunting prevalence rate of less than 21.4 per cent in under-5 children by 2022.<sup>668</sup> As set out above, the current nationwide prevalence of childhood stunting is estimated to stand at a high 33 per cent, which is still far from the PDP reduction target, and compares unfavourably with the regional average for East Asia and Pacific, which stands at 11 per cent, as of 2015.<sup>669</sup>

ARMM fares considerably worse than the Philippines as a whole when it comes to childhood stunting rates. According to 2015 NNS data, ARMM is the region with the highest level of childhood stunting in the whole country (at 45.2 per cent), while Central Luzon was found to be the region with the lowest level of childhood stunting (at 23.1 per cent).<sup>670</sup> Worryingly, childhood stunting prevalence in ARMM appears to have increased between 2013 and 2015, rising significantly from 38.8 per cent to 45.2 per cent.<sup>671</sup> According to the WHO, if more than 40 per cent of the target population is stunted (as is the case in ARMM), the severity of malnutrition in this target population can be classified as 'very high'.<sup>672</sup>

Nationwide data from the 2015 NNS also reveal significant disparities in relation to childhood stunting rates along gender lines, geographical location, as well as household wealth. As of 2015, boys under the age of 5 were slightly more likely to be stunted (at 34.3 per cent) compared to girls (32.5 per cent).<sup>673</sup> It appears that children living in rural areas are also more likely to be stunted (at 38.1 per cent) than those living in urban areas (28.3 per cent).<sup>674</sup> Household wealth was also found to be one of the most significant predictors of childhood stunting prevalence: nearly 1 in 2 children from households in the poorest wealth quintile (49.2 per cent) were found to be stunted, whereas only 15 per cent of children from households in the richest quintile were found to be stunted.<sup>675</sup>

Unfortunately, data on most disparities in childhood stunting are not provided at the regional level, so it is not clear to what extent the nationwide disparities apply within ARMM. However, when broken down by province within ARMM, stunting rates appear to be highest in Basilan (48 per cent) and Lanao del Sur (49 per cent), and somewhat closer to the national average in Sulu (41 per cent) and Tawi-Tawi (41 per cent). Note that the province with the highest stunting rate (Lanao del Sur) also has the highest rates of basic needs poverty and food poverty amongst ARMM's provinces (as shown in Table 5.1 and 5.2 above).

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<sup>668</sup> Table 10.4 PDP & PPAN Executive Summary. P.8

<sup>669</sup> State of the World's Children 2016 data <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/> [29.06.17]

<sup>670</sup> NNS 2015

<sup>671</sup> Food and Nutrition Research Institute, National Nutrition Summit, 2016

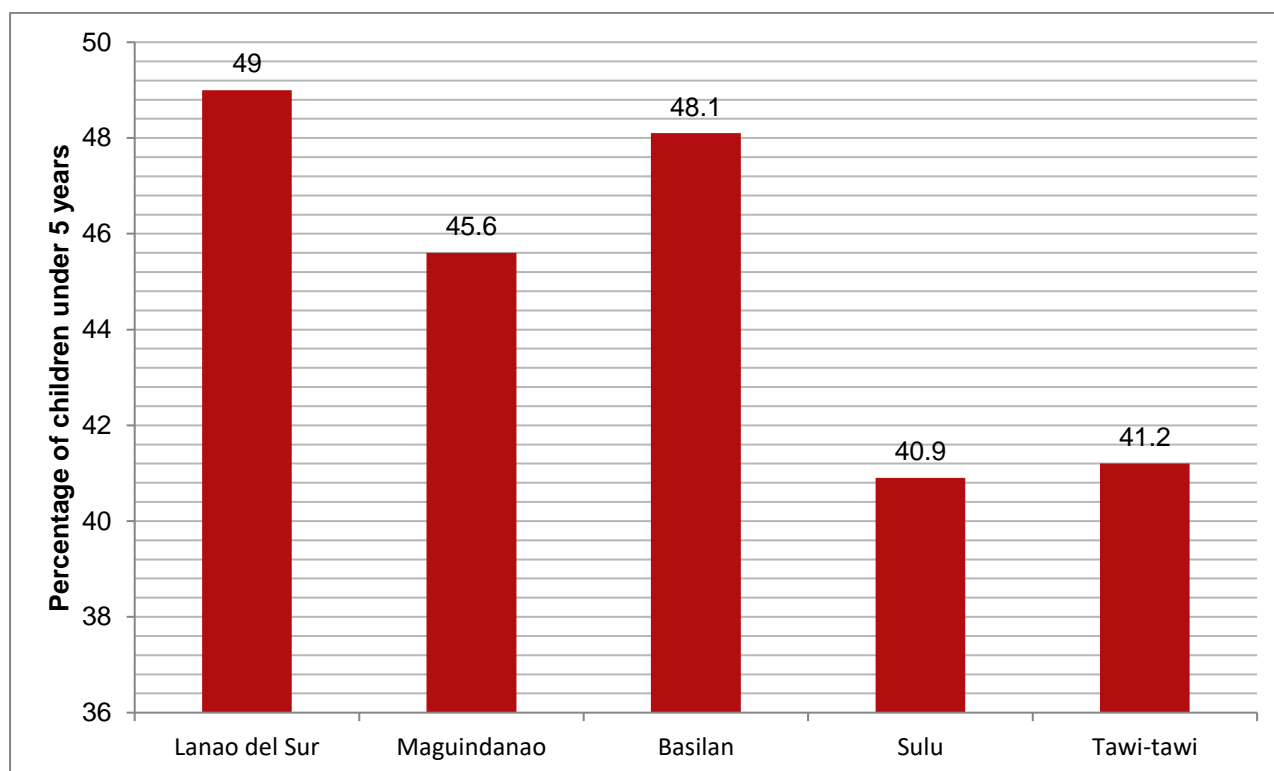
<sup>672</sup> It should be borne in mind, however, that this classification is largely arbitrary and simply reflects a convenient statistical grouping of prevalence levels worldwide. See <http://www.who.int/nutgrowthdb/about/introduction/en/index5.html> [23.08.17]

<sup>673</sup> NNS 2015

<sup>674</sup> NNS 2015

<sup>675</sup> NNS 2015

**Table 5.3: Prevalence of stunting (per cent of under-5 year olds) in ARMM Provinces, 2015**



Source: National Nutrition Survey, 2015<sup>676</sup>

#### 5.4. Wasting

A child is considered to be wasted if they fall below minus two standard deviations from the median weight for height of the reference population.<sup>677</sup> As with stunting, the percentage of children under the age of 5 who were wasted was found to be higher in ARMM (8.2 per cent) than the national average (7.1 per cent), as per 2015 NNS data.<sup>678</sup> Wasting prevalence in ARMM appears to have remained fairly consistent between 2013 and 2015, dropping only slightly within this period, from 8.8 per cent to 8.2 per cent.<sup>679</sup> According to ARMM-DepEd, around 60 per cent of learners aged 6–12 years are wasted or severely wasted.<sup>680</sup>

Results from the 2015 NNS also highlight significant differences in wasting prevalence *within* the ARMM region. The data suggest that wasting is much higher in Sulu (14.2 per cent) and Tawi-Tawi (14 per cent), than in other provinces in ARMM, as demonstrated in the below graph.<sup>681</sup> According to the WHO, if between 10 and 14 per cent of the target population are

<sup>676</sup> Estimates for Basilan include the City of Isabela.

<sup>677</sup> UNICEF, Definitions, Nutrition, [www.unicef.org/infobycountry/stats\\_popup2.html](http://www.unicef.org/infobycountry/stats_popup2.html)

<sup>678</sup> 2015 NNS data.

<sup>679</sup> Food and Nutrition Research Institute, National Nutrition Summit, 2016

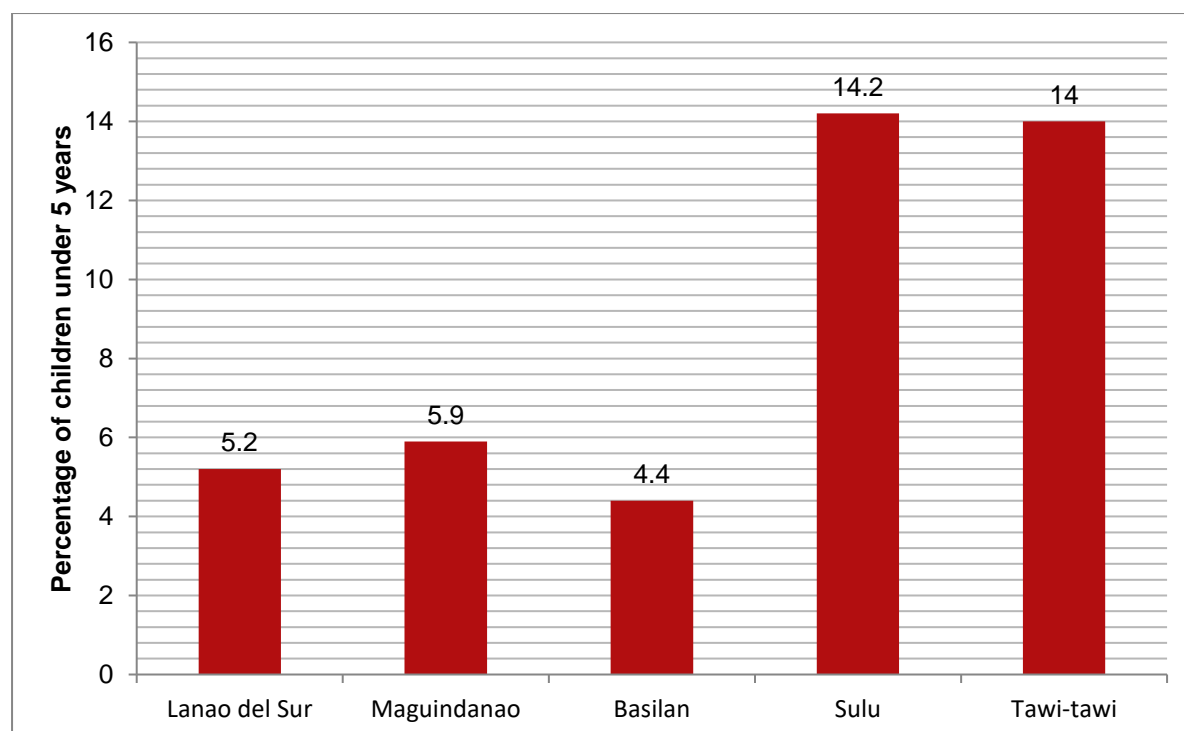
<sup>680</sup> Focus group discussion with ARMM Government Representatives and key experts, August 2017.

<sup>681</sup> 2015 NNS data.



wasted (as is the case in Sulu and Tawi-Tawi), the severity of malnutrition in this population can be classified as 'high'.<sup>682</sup>

**Table 5.4: Prevalence of wasting (per cent of under-5 year olds) in ARMM Provinces, 2015**



Source: National Nutrition Survey 2015

## 5.5. Micronutrient deficiencies

### **Anaemia**

Globally, maternal anaemia accounts for around 20 per cent of maternal deaths<sup>683</sup> as it increases the risk of blood loss at delivery and postpartum haemorrhage.<sup>684</sup> The nutritional status of the mother during pregnancy and lactation can also impact on the health and nutritional status of the child. For example, anaemic mothers are at greater risk of delivering premature and low-birth-weight babies, who also have an increased risk of dying.<sup>685</sup> Anaemia can be caused by infectious diseases such as malaria, helminth infections, and other

<sup>682</sup> It should be borne in mind, however, that this classification is largely arbitrary and simply reflects a convenient statistical grouping of prevalence levels worldwide. See

<http://www.who.int/nutgrowthdb/about/introduction/en/index5.html> [23.08.17]

<sup>683</sup> Black et al. 2008. Maternal and child undernutrition: global and regional exposures and health consequences.

<sup>684</sup> See e.g. K4Health. Anaemia Prevalence, Causes, and Consequences.

<https://www.k4health.org/toolkits/anemia-prevention/anemia-causes-prevalence-impact>

<sup>685</sup> See e.g. K4Health. Anaemia Prevalence, Causes, and Consequences.

<https://www.k4health.org/toolkits/anemia-prevention/anemia-causes-prevalence-impact>

infections. Iron supplementation, food fortification and de-worming can be effective in reducing anaemia in pregnant women as well as children.<sup>686</sup>

### **Nationwide trends**

The PPAN 2017-2022 sets out the target for reducing the prevalence of anaemia amongst women of reproductive age to 6 per cent by 2022.<sup>687</sup> The prevalence of anaemia amongst women of reproductive age (15–49 years) has decreased steadily in the Philippines as a whole over the past decades, but remains significantly above the PPAN target for 2022. Whilst in 2000, the percentage of women of reproductive age with anaemia in the Philippines stood at a very high 40 per cent, by 2011 it had decreased to an estimated 25 per cent (with severe anaemia at 1.6 per cent).<sup>688</sup> Based on the estimates from 2011, the WHO classifies the Philippines' level of public health significance in relation to anaemia amongst women of reproductive age as 'moderate'. The 25 per cent prevalence rate in the Philippines is below the regional average of 32 per cent for Asia (as of 2011).<sup>689</sup>

Nationwide anaemia prevalence among pregnant women was estimated to stand at a relatively high 25 per cent, according to NNS data from 2013. This means that the anaemia prevalence rate amongst pregnant women was halved since 1998, when it stood at more than 50 per cent.<sup>690</sup> Results from the 2013 NNS also suggest that teenaged girls (<20 years old) who are pregnant, are significantly more at risk of anaemia than pregnant women who are 20 years and above.<sup>691</sup> Anaemia prevalence amongst lactating mothers was estimated to stand at a lower 17 per cent as of 2013 – a significant decrease from 46 per cent in 1998.<sup>692</sup>

Nationwide childhood anaemia prevalence remains very high in the Philippines. While anaemia prevalence among children aged 6 months to 1 year decreased from a very high 66 per cent in 2003, it still stood at a high 39.4 per cent as of 2013.<sup>693</sup> The data suggest that childhood anaemia primarily affects children in the age group of 6 months to 1 year: anaemia prevalence among children in other age groups (1–5 and 6–12 years) is estimated to stand at a lower 11 per cent, after having steadily decreased since 2003.<sup>694</sup>

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<sup>686</sup> WHO. 2014. WHA Global Nutrition Targets 2025: Anaemia Policy Brief. Available at: [http://www.who.int/nutrition/topics/globaltargets\\_anaemia\\_policybrief.pdf](http://www.who.int/nutrition/topics/globaltargets_anaemia_policybrief.pdf) [25.04.17]

<sup>687</sup> PPAN, Executive Summary, p.8

<sup>688</sup> Table A3.4, The Global Prevalence of Anaemia in 2011, World Health Organisation: [http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960_eng.pdf) [29.06.17]

<sup>689</sup> Table A2.2. The Global Prevalence of Anaemia in 2011, World Health Organisation: [http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960_eng.pdf) [29.06.17]

<sup>690</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: [http://www.fnri.dost.gov.ph/images/sources/anemia\\_revised.pdf](http://www.fnri.dost.gov.ph/images/sources/anemia_revised.pdf) [25.04.17]

<sup>691</sup> As cited in PPAN 2017-2022, p.21

<sup>692</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: [http://www.fnri.dost.gov.ph/images/sources/anemia\\_revised.pdf](http://www.fnri.dost.gov.ph/images/sources/anemia_revised.pdf) [25.04.17]

<sup>693</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: [http://www.fnri.dost.gov.ph/images/sources/anemia\\_revised.pdf](http://www.fnri.dost.gov.ph/images/sources/anemia_revised.pdf) [25.04.17]

<sup>694</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: [http://www.fnri.dost.gov.ph/images/sources/anemia\\_revised.pdf](http://www.fnri.dost.gov.ph/images/sources/anemia_revised.pdf) [25.04.17]

### **ARMM-wide trends**

The ARMM region is amongst the three regions in the Philippines with the highest prevalence rate of anaemia in children aged six months to five years (the other two regions being Cagayan and MIMAPROPA).<sup>695</sup> In this respect it is relevant to note that, according to 2013 NDHS data, ARMM also has one of the highest under-5 child mortality rates in the country (at 43 deaths per 1000 live births),<sup>696</sup> which may suggest a strong association between childhood anaemia and child mortality.<sup>697</sup>

ARMM-level anaemia prevalence data for pregnant and non-pregnant women are very limited, with no ARMM-level data contained in the available 2015 NNS documentation. However, results from the 2013 NNS suggest that ARMM has the fourth-highest rate of anaemia in adults aged 20–59 years (at 11.5 per cent). Unfortunately, the region-specific rates from the 2013 NNS are not broken down by gender or pregnancy status.<sup>698</sup>

Daily oral iron and folic acid supplementation with 30 mg to 60 mg of elemental iron and 400 µg (0.4 mg) folic acid is recommended for pregnant women to prevent maternal anaemia, puerperal sepsis, low birth-weight, and pre-term birth.<sup>699</sup> According to 2015 NNS data, the use of iron and iron-folic acid supplements is much lower in ARMM than in the rest of the country, at 56 per cent compared to 92 per cent in the broader population for iron supplements, and 24 per cent compared to 46 per cent in the broader population for iron-folic acid supplements.<sup>700</sup>

### **Vitamin A and Iodine deficiency**

Globally, Vitamin A deficiency (VAD) is the leading cause of preventable blindness in children and increases the risk of disease and death from severe infections. In pregnant women, VAD causes night blindness and may increase the risk of maternal mortality.<sup>701</sup> Iodine deficiency disorders (IDD), which can start before birth, jeopardize children’s mental health, with potentially fatal consequences. Serious iodine deficiency during pregnancy can result in stillbirth, spontaneous abortion, and congenital abnormalities.<sup>702</sup>

The PPAN sets a target of reducing the prevalence of VAD in children aged 6 months to 5 years old to less than 15 per cent by 2022, and the percentage of children 6–12 years old with urinary iodine concentration (<50 mcg/L) to less than 20 per cent by 2022.

According to 2013 NNS data, the Philippines as a whole has already reached the PPAN target for 2022 in relation to IDD, with an estimated 16 per cent of children (aged 6–12) having a

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<sup>695</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey:  
[http://www.fnri.dost.gov.ph/images/sources/anemia\\_revised.pdf](http://www.fnri.dost.gov.ph/images/sources/anemia_revised.pdf) [25.04.17]

<sup>696</sup> NDHS 2013, p. 93

<sup>697</sup> PPAN, p.20

<sup>698</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey:  
[http://www.fnri.dost.gov.ph/images/sources/anemia\\_revised.pdf](http://www.fnri.dost.gov.ph/images/sources/anemia_revised.pdf) [25.04.17]

<sup>699</sup> WHO [http://www.who.int/elena/titles/guidance\\_summaries/daily\\_iron\\_pregnancy/en/](http://www.who.int/elena/titles/guidance_summaries/daily_iron_pregnancy/en/)

<sup>700</sup> 2015 NNS data

<sup>701</sup> WHO <http://www.who.int/nutrition/topics/vad/en/> [29.06.17]

<sup>702</sup> WHO <http://www.who.int/nutrition/topics/idd/en/> [29.06.17]

urinary iodine concentration of <50 mcg/L.<sup>703</sup> However, the aggregate figures hide significant regional differences, with the Mindanao Island group recording a higher rate of 25 per cent (5 percentage points above the PPAN target), and the Luzon Island group recording a significantly lower rate of 12 per cent.<sup>704</sup> Regions with the highest IDD prevalence rate were found to be Zamboanga Peninsula (41 per cent), CAR (26 per cent), and Davao (24 per cent).<sup>705</sup> Prevalence in ARMM stood just above the PPAN target, at 20.6 per cent, according to 2013 NNS data.<sup>706</sup>

In contrast to IDD, the Philippines has not yet met the PPAN target for 2022 in relation to VAD. According to nationwide 2013 NNS data, 20.4 per cent of children aged 6 months to 5 years have Vitamin A deficiency.<sup>707</sup> Vitamin A deficiency prevalence in pregnant women is estimated to stand at around 9 per cent, and at 5 per cent amongst lactating mothers.<sup>708</sup> Unfortunately, the 2013 NNS data are not broken down by region in this respect, so it is not possible to establish the extent to which nationwide VAD trends apply to ARMM.

Mandatory fortification of wheat flour and vegetable oil as well as some voluntary fortification is believed to have contributed to recent falls in vitamin A deficiency in the Philippines, but additional efforts will be necessary to meet VAD targets, especially in ARMM.<sup>709</sup> 2015 NNS data suggest that the vitamin A supplementation rate is significantly lower in ARMM (at 61 per cent) than at the national level (85 per cent).<sup>710</sup>

## 5.6. Low Birth Weight

Low birth weight is closely associated with foetal and neonatal mortality and morbidity.<sup>711</sup> The WHO defines low birth weight as weight at birth of less than 2.5 kg.<sup>712</sup> According to the 2013 NDHS, 21.4 per cent of children in the Philippines had low birth weight.<sup>713</sup> The low birth weight prevalence in the Philippines compares unfavourably to the global average of 16 per cent as of 2015.<sup>714</sup>

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<sup>703</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: <http://www.fnri.dost.gov.ph/images/sources/Iodine.pdf> [25.04.17]

<sup>704</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: <http://www.fnri.dost.gov.ph/images/sources/Iodine.pdf> [25.04.17]

<sup>705</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: <http://www.fnri.dost.gov.ph/images/sources/Iodine.pdf> [25.04.17]

<sup>706</sup> Results of the Philippines 8<sup>th</sup> National Nutrition Survey: <http://www.fnri.dost.gov.ph/images/sources/Iodine.pdf> [25.04.17]

<sup>707</sup> 2013 NNS data, as cited in the PPAN, p.18

<sup>708</sup> 2013 NNS data, as cited in the PPAN, p.18

<sup>709</sup> [https://www.unicef.org/eapro/Vol\\_2\\_EAPR\\_strategic\\_approach\\_to\\_nutrition\\_programming.pdf](https://www.unicef.org/eapro/Vol_2_EAPR_strategic_approach_to_nutrition_programming.pdf) p.36

<sup>710</sup> 2015 NNS data.

<sup>711</sup> NDHS 2013, p.121

<sup>712</sup> WHO <http://apps.who.int/iris/bitstream/10665/43184/1/9280638327.pdf>

<sup>713</sup> Table 10.1 p 122 NDHS, 2013

<sup>714</sup> A regional average for East Asia and Pacific is not provided. The global average excludes China. State of the World's Children 2016 data: <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/> [29.06.17]

The 2013 NDHS found that only 28 per cent of births in ARMM have a reported birth weight. This is unsurprising as, compared to national figures, very few births in ARMM occur in facilities or with a skilled birth attend present; however, as a result it is difficult to draw conclusions about the prevalence of low birth weight in ARMM. Of the births with a reported birth rate in ARMM, 21.8 per cent were under 2.5 kg, which is just above the national average, according to 2013 NDHS data.<sup>715</sup> The regions with the highest percentage of children with a low birth weight are Central Visayas (25.5 per cent), MIMAROPA (25.3 per cent) and Caraga (25.1 per cent).<sup>716</sup> The lowest low birth weight prevalence was found in Davao (16 per cent).<sup>717</sup> There appears to be no significant difference between rural and urban areas in relation to low birth weight prevalence in the Philippines.<sup>718</sup>

Figures from the National Nutrition Survey of 2013 paint a slightly different picture, with 18 per cent of babies in ARMM born with low birth weight, as compared to 11.5 per cent of babies nationally.<sup>719</sup> Differences in results between the 2013 NDHS and the 2013 NNS may be due to different survey methodologies and reporting rates.

### 5.7. Overweight

As noted earlier, overweight prevalence in children under 5 years has been increasing in the Philippines since at least the early 1990s, albeit at a relatively low level. While in 1989, overweight prevalence in under-5 children stood at only 1.1 per cent, this rose to 5.1 per cent by the year 2013. Since 2013, overweight prevalence has decreased again, to 3.9 per cent in 2015.<sup>720</sup>

According to a 2015 report by the Special Rapporteur on the Right to Food, the gradual increase in nationwide overweight and obesity levels (also amongst the adult population) corresponds to a change in nutritional habits, with a move away from high-fibre healthier foods to meat, dairy and canned and packaged foods. In addition, urban dwellers are increasingly vulnerable to food price hikes, and in such cases opt for less nutritious foods which are usually less costly.<sup>721</sup>

Nationwide data from the 2015 NNS suggest that overweight prevalence is only slightly higher amongst male children under 5 years (4 per cent) than amongst female children in the same age group (3.8 per cent).<sup>722</sup> The 2015 NNS data also suggest that children are more likely to be overweight if they live in an urban area (4.9 per cent) rather than in a rural area (3.0 per cent), and if they live in households in the richest wealth quintile (8.9 per cent) rather than the poorest wealth quintile (1.7 per cent).<sup>723</sup>

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<sup>715</sup> Table 10.1 p.122 NDHS, 2013

<sup>716</sup> NDHS 2013 Table 10.1 p.122

<sup>717</sup> NDHS 2013 Table 10.1 p.122

<sup>718</sup> NDHS 2013 Table 10.1 p.122

<sup>719</sup> 2015 NNS data.

<sup>720</sup> NNS 2015

<sup>721</sup> Report of the Special Rapporteur on the right to food on her mission to Philippines, 29 December 2015, para 41 <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G15/293/32/PDF/G1529332.pdf?OpenElement>

<sup>722</sup> NNS 2015; it is not clear whether this difference is statistically significant.

<sup>723</sup> NNS 2015

According to the 2015 NNS data, the prevalence of overweight children is slightly higher in ARMM (4.2 per cent) than the national prevalence (3.9 per cent). In contrast to nationwide trends, the prevalence of overweight children in ARMM appears to have remained relatively stable between 2013 and 2015.<sup>724</sup>

## 5.8. Breastfeeding

The WHO recommends that infants are exclusively breastfed for the first six months of life to achieve optimal growth, development and health.<sup>725</sup> In addition, the WHO recommends that breastfeeding is initiated within one hour after birth, continued for at least 24 months (with the introduction of complementary foods after 6 months), and that bottle feeding is avoided during early infancy.<sup>726</sup> The PDP recognises that breastfeeding should be promoted and supported.<sup>727</sup> Furthermore, through its National Policies on Infant and Young Child Feeding, the national DoH has adopted the WHO recommendations on breastfeeding practices.<sup>728</sup> The ARMM Regional Development Plan 2017-2022 includes initiatives to promote exclusive breastfeeding amongst new mothers.<sup>729</sup> In 2011, a fatwa and a khutbah were issued by Islamic leaders (including from ARMM), encouraging Muslim mothers to breastfeed their babies for up to two years.<sup>730</sup>

According to the most recent UN-validated estimates, only 34 per cent of children in the Philippines are exclusively breastfed for the first six months after birth.<sup>731</sup> Note, however, that the UN-validated estimates for the Philippines are based on outdated NDHS data from 2008 (not the 2013 NDHS or the 2015 NNS) – a significant shortcoming in relation to data quality. Unfortunately, the UN-validated data on exclusive breastfeeding rates are also not broken down by region, so it is not possible to establish to what extent nationwide trends apply to ARMM. The exclusive breastfeeding rate in the Philippines is still significantly below the 50 per cent rate envisaged in the global nutrition targets for 2025, but already slightly above the regional average of 31 per cent for East Asia and Pacific (as of 2015).<sup>732</sup> Despite the relatively low nationwide exclusive breastfeeding rate, almost all children in the Philippines are breastfed at some stage. According to 2013 NDHS data, 94 per cent of children are breastfed at some stage.<sup>733</sup> The rate is slightly higher in ARMM (95.6 per cent) than at the national level.

Early initiation of breastfeeding (i.e. the provision of mother’s breast milk to infants within one hour of birth) ensures that infants receive colostrum (‘first milk’), which is rich in

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<sup>724</sup> NNS 2015

<sup>725</sup> WHO [http://www.who.int/elena/titles/exclusive\\_breastfeeding/en/](http://www.who.int/elena/titles/exclusive_breastfeeding/en/) [13.04.17]

<sup>726</sup> WHO <http://www.who.int/topics/breastfeeding/en/> [29.06.17]

<sup>727</sup> PDP p 152

<sup>728</sup> Administrative Order 2005-0014

<sup>729</sup> ARMM Regional Development Plan 2017-2022 <http://rpdo.armm.gov.ph/rpdo/index.php/rdp-2017-2022>

<sup>730</sup> See e.g. <http://newsinfo.inquirer.net/46657/manifesto-signed-advocating-breastfeeding-for-muslim-women> [31.08.17]

<sup>731</sup> State of the World’s Children 2016 data: <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/> [29.06.17]; See also 2008 NDHS <https://dhsprogram.com/pubs/pdf/FR224/FR224.pdf>, p.137

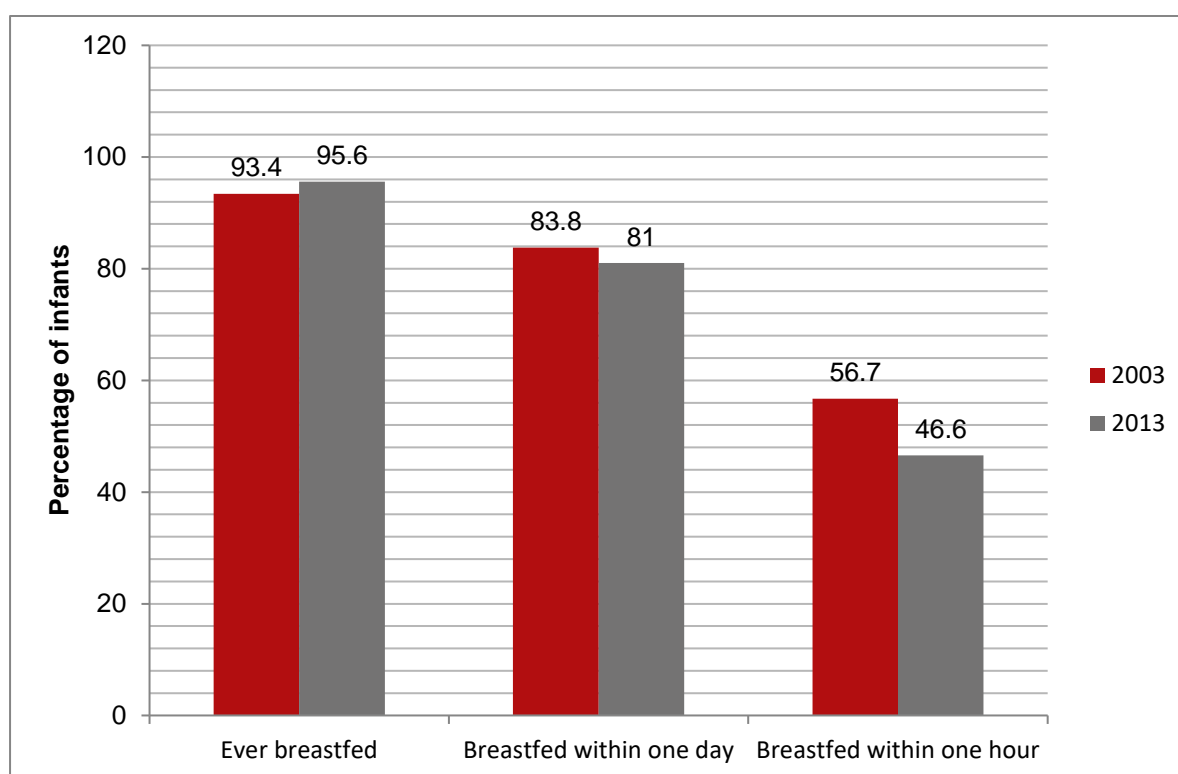
<sup>732</sup> State of the World’s Children 2016 data: <http://data.unicef.org/resources/state-worlds-children-2016-statistical-tables/> [29.06.17]

<sup>733</sup> NDHS 2013, p.138

protective factors, and recommended by the WHO.<sup>734</sup> According to 2013 NDHS data, only 50 per cent of Filipino infants started breastfeeding within one hour of birth.<sup>735</sup> Early initiation of breastfeeding is slightly lower in ARMM than the national average, with 46.6 per cent of children breastfed within one hour in ARMM, which is in the middle-range of regions in the Philippines, according to 2013 NDHS data.<sup>736</sup> The region with the lowest early initiation rates is Central Luzon (26 per cent), and the region with the highest early initiation rate is Western Visayas (72 per cent).<sup>737</sup>

As is demonstrated in the graph below, NDHS trend data suggest that breastfeeding practices in ARMM have remained fairly constant between 2003 and 2013, with only a slight increase in the proportion of children ever breastfed, and only a slight decrease in the proportion breastfed within one day. However, the trend data also suggest that, worryingly, the proportion of children breastfed within one hour as well has decreased by more than 10 percentage points between 2003 and 2013.

**Table 5.5: Breastfeeding practices in ARMM, 2003 and 2013**



Source: NDHS, 2003 and 2013

<sup>734</sup> WHO. Early initiation of breastfeeding to promote exclusive breastfeeding.

[http://www.who.int/elena/titles/early\\_breastfeeding/en/](http://www.who.int/elena/titles/early_breastfeeding/en/) [31.05.17]

<sup>735</sup> NDHS 2013, p.138

<sup>736</sup> NDHS 2013, p.139

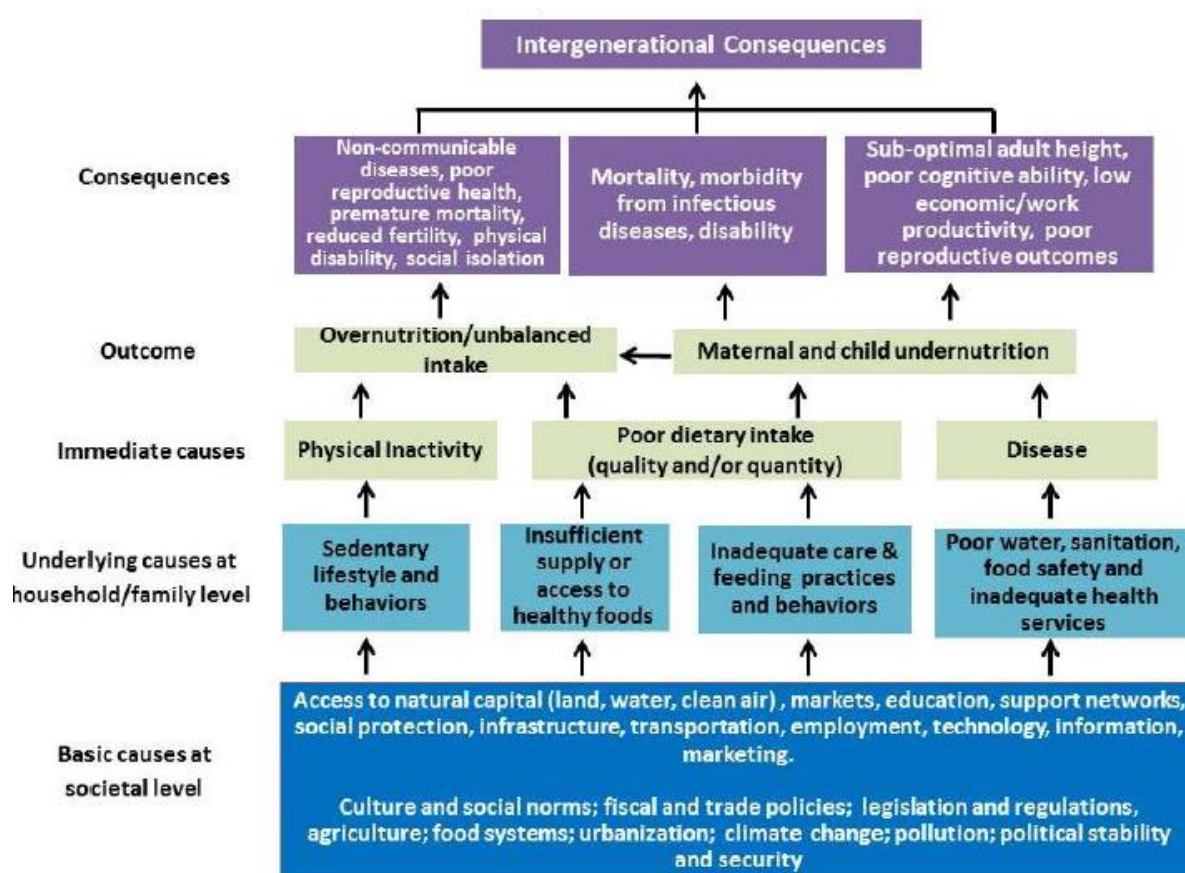
<sup>737</sup> NDHS 2013, p.139



## 5.9. Conceptual framework of malnutrition

The causes of childhood under- and over-nutrition in ARMM are multifaceted and interlinked. The PPAN 2017-2022 notes that malnutrition is caused, on the one hand, by the immediate causes of inadequate dietary intake, physical inactivity and disease; whereas, on the other hand, underlying causes of malnutrition are identified as sedentary lifestyle, food insecurity, poor caring and breastfeeding practices (described above), inadequate access to water and sanitation (described in Chapter 6 below), and poor access to health services (see Table 5.6 below for a general conceptual framework of malnutrition).<sup>738</sup>

**Table 5.6: Conceptual Framework of Malnutrition**



Source: ASEAN/UNICEF/WHO 2016 Regional Report on Nutrition Security in ASEAN Volume 2

## 5.10. Key barriers and bottlenecks in nutrition

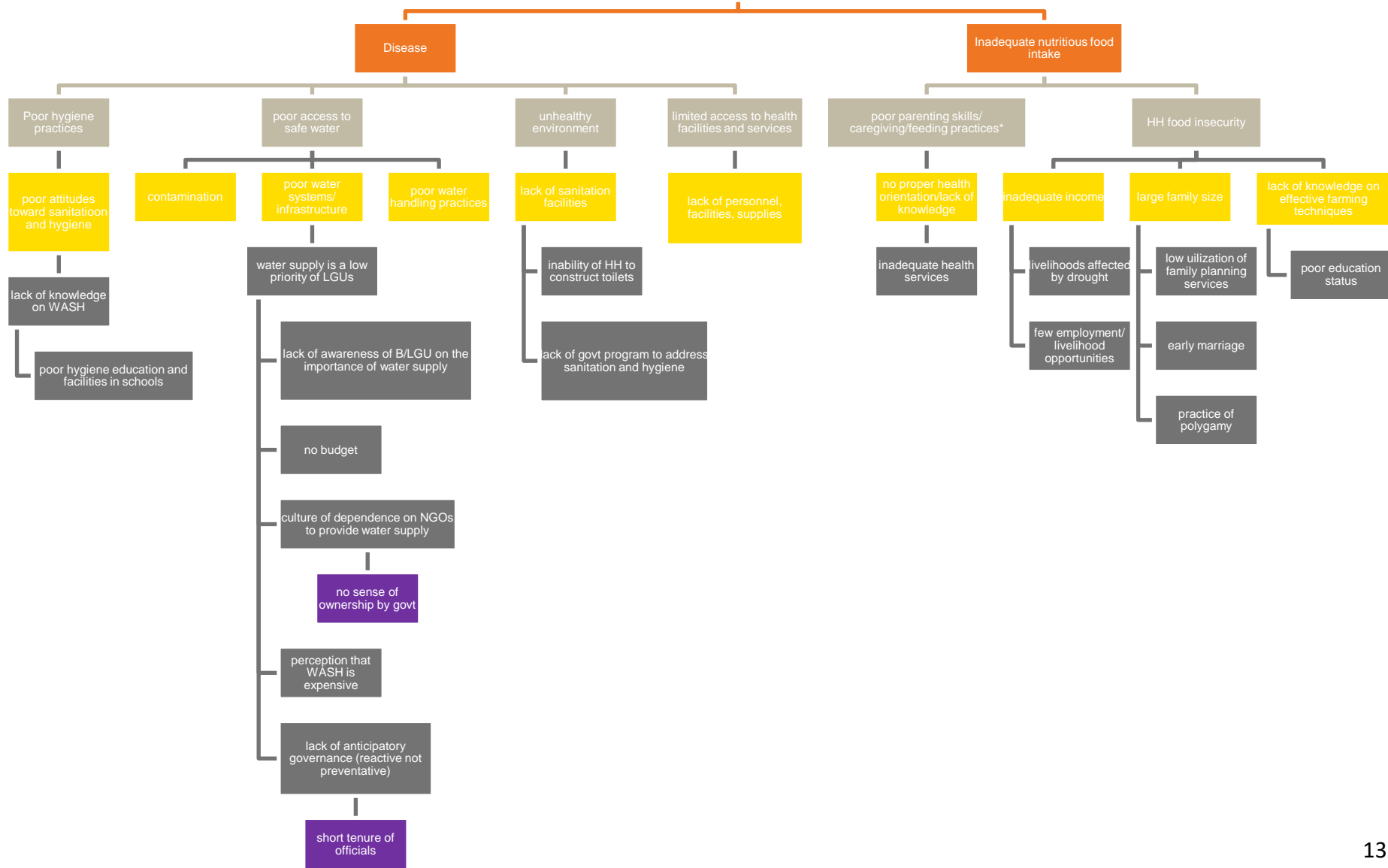
The key barriers and bottlenecks in the relation to improving nutrition outcomes in ARMM were mapped out by a group of key stakeholders at the consultation workshop in Cotabato that informed this Situation Analysis. The group focused on health, nutrition and WASH as a combined analysis. Causality was identified using a methodology that involved selecting a key deprivation within the fields of health, nutrition or WASH (in this case childhood stunting, which is significantly higher in ARMM than at the national level), and identifying a causality chain of immediate, underlying and structural causes. The resulting 'causality map' is presented below, and, as noted above, also appear within the health and WASH chapters.

<sup>738</sup> Philippine Plan of Action for Nutrition 2017-2022, p.30



**Table 5.7: Health/nutrition/WASH causality map**

Stunting under-5 children  
(ARMM 45.2%, NNS)



The ‘causality map’ shows that stakeholders identified poor parenting and breastfeeding practices, as well as food insecurity at the household-level as the key factors contributing to malnutrition in ARMM. Evidence from the existing literature and key informant interviews confirm these findings and can be used to elaborate on the key barriers and bottlenecks in relation to improving nutrition outcomes in ARMM. As in the chapter on ‘health’, the key barriers and bottlenecks in relation to nutrition are presented in accordance with the four main domains of UNICEF’s Ten Determinants Framework: enabling environment, supply, demand, and quality.<sup>739</sup>

### 5.10.1. Enabling environment

#### **Governance**

The existing literature on governance in the Philippines identifies a number of concerns in relation to administration, organisation and provision within all outcome areas, including the nutrition sector. These concerns include corruption, misallocation of resources, political instability, and uncoordinated government agencies, as well as challenges faced as a result of decentralisation, all of which are considered to have a negative impact upon progress, and, ultimately, outcomes in sectors including nutrition.<sup>740</sup> As suggested in the causality map above, nutrition outcomes are inextricably linked to health sector governance concerns, which are discussed in detail in chapter 4.11.1 above. As set out above in relation to health sector barriers and bottlenecks, devolution (or decentralisation), acts as a key structural bottleneck within the health system, and it is likely that this challenge is also experienced within the nutrition sector, as most nutrition-related interventions are delivered through the health sector.<sup>741</sup>

Highlighting the governance challenges in the nutrition sector, the PDP 2016-2020 notes that limited progress in improving nutritional outcomes in the Philippines has partly been due to the weak multi-sectoral and multilevel approach to address malnutrition.<sup>742</sup> Similarly, the PPAN 2017-2022 suggests that weak response of local governments to national nutrition programming and insufficient robust LGU mobilization strategies remain key unresolved governance bottlenecks in the sector.<sup>743</sup>

#### **Armed conflict**

Armed conflict is a key structural barrier to further progress in relation to malnutrition in ARMM. For example, a recent Situation Analysis by Save the Children indicates that access to health and nutrition services in ARMM has been adversely impacted by displacement due to armed-conflict.<sup>744</sup> Similar concerns were raised by a key informant from the Health Emergency Management Bureau of the national DOH:

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<sup>739</sup> See e.g. [https://www.unicef.org/ceecis/Athens\\_MoRES\\_in\\_Early\\_Learning\\_6\\_June\\_2012.pdf](https://www.unicef.org/ceecis/Athens_MoRES_in_Early_Learning_6_June_2012.pdf) p.15

<sup>740</sup> See e.g. Mendoza, et al. 2017. Governance and Institutions in the Philippines. ASOG Working Paper 17-002. Available at SSRN: <https://ssrn.com/abstract=2873942>

<sup>741</sup> DoH. 2014. Strategic Framework for Comprehensive Nutrition Implementation Plan for 2014-2025 (‘Strategic Framework’), p.11

<sup>742</sup> PDP, p.138

<sup>743</sup> PPAN, p.32

<sup>744</sup> Plan of Action Nutrition

The relief goods that are provided are often not really healthy for children. Some of these are canned food. The regular donors do not have the right idea about nutrition. So aside from breast milk, we are advocating for regular food, cooked in evacuation centres, that includes vegetables and high-calorie food.<sup>745</sup>

Overcrowding and unsanitary conditions in camps for displaced persons may also negatively affect nutrition outcomes, as observed by a key informant from the National Nutrition Council:

When there is displacement and people are put together in a camp, there are often inadequate facilities. You will have to watch out for children getting sick from diarrhoea or pneumonia, and developing malnutrition.<sup>746</sup>

In ARMM, insecurity due to armed conflict also affects the delivery of food supplies in emergency situations, as noted by a key informant from the Health Organization of Mindanao: “Distribution of relief goods is affected by the conflict. You cannot easily access communities because of check points, especially in Sulu and Basilan Provinces.”<sup>747</sup>

### 5.10.2. Supply-side barriers and bottlenecks

As mentioned earlier, most nutrition-related interventions in the Philippines are delivered through the health sector,<sup>748</sup> and the supply-side analysis set out in the ‘health’ chapter of this Situation Analysis is therefore crucial to understanding supply-side challenges in relation to nutrition.<sup>749</sup> However, there are a number of important information gaps in relation to the supply-side of the nutrition sector in ARMM, in particular, in relation to capacity and equipment, and the financing of nutrition-related interventions.

The DoH’s Strategic Framework for Comprehensive Nutrition Implementation Plan for 2014-2025 suggests that all 72 ‘DoH-retained’ hospitals nationwide have nutrition and dietetics services that ‘need to be upgraded in terms of standards for manpower, facilities, process, systems and nutritional aspect of patient care.’<sup>750</sup> However, the document does not provide further information on these supply-side problems and does not include any ARMM-specific data.

An analysis of human resource bottlenecks in the area of nutrition is also not possible, given the gaps in ARMM-specific data on this issue. Authoritative information on the number and training of nutritionists and dietitians operating in ARMM is lacking. However, the DoH’s Strategic Framework for Comprehensive Nutrition Implementation Plan for 2014-2025 states that the recent implementation of a rationalization plan resulted in an insufficiency of human resources dedicated to Nutrition Program implementation, including in ARMM.<sup>751</sup>

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<sup>745</sup> KII with representative from Health Emergency Management Bureau, 23 June 2017, Manila

<sup>746</sup> KII with representative from the National Nutrition Council, 14 June, 2017, Manila

<sup>747</sup> KII with representative from the Health Organization of Mindanao, Cotabato City, Jul 2017.

<sup>748</sup> DoH Strategic Framework 2014-2015, p. 18

<sup>749</sup> DoH Strategic Framework 2014-2015, p. 11.

<sup>750</sup> DoH Strategic Framework 2014-2015, p. 18

<sup>751</sup> DoH Strategic Framework 2014-2015, p. 22

### 5.10.3. Demand-side barriers and bottlenecks

#### ***Economic insecurity and food insecurity***

As drawn out in the above ‘causality map’, economic insecurity and food insecurity at the household level play an important role as underlying determinants of child malnutrition in ARMM. In particular, the financial cost of accessing healthy and nutritional food can act a major demand-side barrier to improving nutrition outcomes.

As described in detail above, existing data revealed that household wealth is one of the most significant predictors of childhood stunting prevalence, with children from poor households being, on average, more at risk of malnutrition. In ARMM, the strong relationship between poverty, food insecurity and childhood stunting is also highlighted by the fact that the province with the highest stunting rate (Lanao del Sur) also has the highest rates of basic needs poverty and food poverty amongst ARMM’s provinces.

A key informant from the National Nutrition Council (NNC) highlighted how economic pressures on households can interact with limited knowledge about optimal breastfeeding practices to exacerbate malnutrition amongst Filipino infants:

*Question: What are the causes of stunting?*

Infants are not being breastfed optimally, and are being given food in addition to breastmilk too early or too late. The kind of food given to them is not nutritious. They are given porridge that is not thick enough and does not have vitamins.

*Question: Why are infants not fed well?*

In higher income groups, it is a lack of knowledge and time. In lower income groups, it is a lack of knowledge and not having the means.”<sup>752</sup>

Households with working mothers, in particular, will need to be supported in order to improve breastfeeding practices:

Working mothers say they stop breastfeeding as they have to go back to work. That is why it is important to work with companies and workplaces to promote breastfeeding.<sup>753</sup>

The impact of parents’ employment on child nutrition is not limited to breastfeeding, but may also affect the time and effort that some parents (particularly those living in urban environments) can spend on preparing wholesome food for their children, as noted by a key informant from the Health Organisation of Mindanao:

The Maranao are into business rather than agriculture, which makes them busy parents. Parents do not have time to prepare nutritious food for their children. They prefer instant food, which has little nutritional value.<sup>754</sup>

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<sup>752</sup> Key informant interview with representative from the National Nutrition Council, 14 June 2017, Manila

<sup>753</sup> Key informant interview with representative from the National Nutrition Council, 14 June 2017, Manila

<sup>754</sup> KII with representative from the Health Organization of Mindanao

Nutrition-related programming will need to alleviate women's double-burden, which results from traditional expectations to provide and nurture children, whilst also being increasingly expected to earn income to support the household:

There is the idea that taking care of children and nutrition is a mother's responsibility. Traditionally, women nurture and men have an economic role. Now, more women are working, but they also have to take care of the home and the children, even though they are working. What we want is that more fathers become involved in the care of the child.<sup>755</sup>

Besides household-level factors affecting food insecurity, societal-level factors also play an important role in explaining the problem of food insecurity in ARMM. For example, the DOH's Strategic Framework document highlights that access to food is affected during emergencies (including armed conflict), particularly among the most vulnerable members of the community.<sup>756</sup>

Given the importance of societal-level factors in determining food insecurity, a key informant from the NNC interviewed for this study argued that malnutrition should not be viewed just as a health issues, but also as a more fundamental, social issue:<sup>757</sup>

When you talk about food intake, ... you have to talk about whether people are earning enough to be able to buy the food. Do they have enough resources to grow their own food? Then you need to talk about poverty alleviation and economic development.<sup>758</sup>

It must be stressed that extreme weather events may also exacerbate the risk of food insecurity and resulting malnutrition in the Philippines. For example, it was noted in a recent report by the UN Special Rapporteur on the Right to Food, that after Typhoon Haiyan (Yolanda) in 2013, an estimated 2.94 million individuals were at risk of undernutrition, including about 320,000 children under the age of 5 and up to 210,000 pregnant and lactating women.<sup>759</sup>

### ***Socio-religious norms***

Socio-religious norms also appear to be a key demand-side barrier contributing to sub-optimal breastfeeding practices in ARMM, as noted by a key informant from the Health Organization of Mindanao:

Social norms, including religious beliefs, lead women to breastfeed their babies for only up to four months, which contributes to the stunting and malnourishment of children.<sup>760</sup>

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<sup>755</sup> Key informant interview with representative from the National Nutrition Council, 14 June 2017, Manila

<sup>756</sup> DOH Strategic Framework 2014-2015, p. 22.

<sup>757</sup> Key informant interview with representative from the National Nutrition Council, 14 June 2017, Manila

<sup>758</sup> KII with representative from the National Nutrition Council, 14 June 2017, Manila

<sup>759</sup> Report of the Special Rapporteur on the right to food on her mission to Philippines, 29 December 2015, para 49

<sup>760</sup> KII with representative from the Health Organization of Mindanao, Cotabato City

Similarly, the PPAN 2017-2022 suggests that poor infant and young child feeding in the first two years of life, coupled with bouts of infection, can explain the high levels of childhood stunting.<sup>761</sup>

Furthermore, a key informant from the National Nutrition Council highlighted how socio-religious beliefs can act as a barrier to disaster programming. For example, it was suggested that, while there have been efforts to mobilise wet nurses in conflict-affected areas of ARMM, this was not accepted by the local Muslim communities, as there appears to be a belief that a wet nurse becomes related to the baby she breastfeed.<sup>762</sup>

Another key informant noted that encouraging continued breastfeeding amongst displaced populations in ARMM was complicated by the fact that, according to Muslim culture, a lactating woman's breasts should never be exposed in public, but that in most evacuation centres mothers cannot be afforded the required level of privacy.<sup>763</sup>

Lastly, it appears that cultural preferences for specific types of staple foods may negatively impact nutritional outcomes in certain areas of ARMM, as highlighted by a representative from the Health Organization of Mindanao: "The Sama-Bajau people [native to the Sulu Archipelago] do not eat rice and vegetables. They are more into root crops [sic], which is why their children are highly vulnerable to malnutrition."<sup>764</sup>

### **Knowledge limitations**

Concerns were raised by the ARMM DoH representative in relation to knowledge about optimal breastfeeding practices:

There is a lack of information about breastfeeding amongst parents in ARMM. During our monitoring missions and trainings, many parents affirmed that it is was the first time they had ever learnt about the proper way to breastfeed, and the importance of breastfeeding.<sup>765</sup>

Furthermore, and as mentioned above, it appears that teenage pregnancies are an underlying determinant of malnutrition: in the Philippines as a whole, pregnant women under the age of 20 were found to be more at risk of anaemia than pregnant women aged 20 years and above.<sup>766</sup> In response, the PPAN 2017-2022 highlights the need to reach to more teenage pregnant women with nutrition education and infant and young child feeding counselling programmes.<sup>767</sup> This also applies to ARMM, where teenage pregnancies are nearly as frequent as at the national level, with 24 per cent of teenage women (age 15–24) in ARMM having begun childbearing, compared to a rate of 27 per cent at the national level.<sup>768</sup>

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<sup>761</sup> Philippine Plan of Action for Nutrition 2017-2022, p.27

<sup>762</sup> Key informant interview with representative from the National Nutrition Council, 14 June 2017, Manila

<sup>763</sup> KII with representative from the Health Organization of Mindanao, Cotabato City

<sup>764</sup> KII with representative from the Health Organization of Mindanao, Cotabato City

<sup>765</sup> KII with representative from DoH ARMM, Cotabato City

<sup>766</sup> Philippine Plan of Action for Nutrition 2017-2022, p.21

<sup>767</sup> Philippine Plan of Action for Nutrition 2017-2022, p.22

<sup>768</sup> NDHS 2013, p. 53

#### 5.10.4. Quality

Unfortunately, there is a data gap in relation to the quality of nutrition-related services in ARMM and it is therefore not possible provide an analysis of barriers and bottlenecks in this respect.

## 6. Water, Sanitation and Hygiene (WASH)

Ensuring that all children have access to safe and affordable drinking water, as well as adequate sanitation and hygiene (WASH), is crucial for achieving a whole range of development goals, including those related to health and nutrition, education and child and social protection. For instance, evidence suggests that poor water, sanitation and hygiene access is linked to growth stunting,<sup>769</sup> while clean water and sanitation facilities (at home and in schools) can improve school attendance and even learning outcomes for boys and girls.<sup>770</sup> The achievement of sustainable access to water, sanitation and hygiene for all also makes a critical contribution to poverty reduction, gender equality, sustainable and resilient cities and communities, and environmental protection.

This chapter assesses the situation in ARMM regarding children’s access to water sources and sanitation facilities, as well as children’s hygiene practices, accessing this information and engaging in analysis by considering, mainly, data relating to household WASH access and practices. The chapter uses SDG 6 (ensure availability and sustainable management of water and sanitation for all) and the rights to water and sanitation as benchmarks.

### WASH-related SDG targets

SDGs	Targets	Indicators
1.4	By 2030 ensure all men and women, in particular the poor and vulnerable, have equal rights to economic resources as well as access to basic services	Proportion of population living in households with access to basic services (including basic drinking water, sanitation and hygiene)
6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all	Proportion of population using safely managed drinking water services
6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	Proportion of population using safely managed sanitation services Proportion of population with a basic hand-washing facility with soap and water available on premises Proportion of population practising open defecation

<sup>769</sup> UNICEF, Looking back, moving forward. A snapshot of UNICEF’s work for Pacific Island children 2015-16, 2006.

<sup>770</sup> UNICEF, Looking back, moving forward. A snapshot of UNICEF’s work for Pacific Island children 2015-16, 2006.



### Key CRC Articles

Article 2: Every child has the right to enjoyment of CRC provisions without discrimination on the ground of a child's or his or her parent's or guardian's race, colour, sex, language, political or other opinion, national, ethnic or social origin, property, disability, birth or other status

Article 6 (2) States parties shall ensure to the maximum extent possible the survival and development of the child

Article 17: States shall ensure that the child has access to information aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health

Article 24 (1) Every child has the right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health; (2) In particular, States must: (a) diminish infant and child mortality; (c) Combat disease and malnutrition, including through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers of environmental pollution; (e) Ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

Article 27: States recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

#### 6.1. Policy and legislation

The Philippines has implicitly recognised the human right to safe drinking water and sanitation on several occasions at the international level. Representatives from the Philippines were present at the adoption of Human Rights Council Resolutions 21/2 of September 2012, 24/18 of September 2013 and 27/7 of September 2014, as well as General Assembly Resolution 68/157 of December 2013, all of which were adopted without a vote. These Resolutions all affirm the human right to safe drinking water and sanitation under the right to an adequate standard of living, which is also engrained within the ICESCR, CRC and CRPD.<sup>771</sup>

The administration of WASH in ARMM is devolved to the Regional Government under RA No 9054, in the sense that it does not fall under one of the areas that are excluded from regional legislative power under Article IV, Section 3 of RA No 9054. Despite this devolution by omission, there are no specific provisions detailing the legislative authority around WASH in ARMM in the remainder of RA No 9054, in comparison to provisions relating to many other sectors, including education for example, which is covered in Article XIV of RA No 9054. Devolved responsibility for 'water resource development' and 'potable water' is confirmed in ARMM Regional Development Planning, including the Midterm Update to the 2013-2016

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<sup>771</sup> Amnesty International and Wash United 2015, recognition of the human rights to water and sanitation by UN Member States at the international level.

ARMM Regional Development Plan<sup>772</sup> and the Regional Development Plan (Draft) 2017-2022.<sup>773</sup>

There are also no explicit provisions for the delivery of children's WASH rights in the Magna Carta for Children in the Autonomous Region in Muslim Mindanao (Muslim Mindanao Autonomy Act No 162), though the Act includes general provisions supporting the health and development of children, including, for example, the requirement that the Regional Government 'shall defend the right of children and provide them assistance which shall include proper health care, nutrition, education and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.'<sup>774</sup>

National level departmental orders that extend to ARMM provide authority for specific activities in the area of WASH, including, for example, Department Order #65 s.2009 'Essential health care program supported by UNICEF' and Department Order #10 'Comprehensive Policy guidelines to institutionalize WASH', both of which were ordered by DepEd in order to operationalize and support WASH activities.<sup>775</sup> In sanitation, the Sanitation Code of the Philippines- Presidential Decree (PD) 857 is a further example of a national decree with impact in ARMM.<sup>776</sup>

According to the 2013-2016 Regional Development Plan Midterm Update, the ARMM Department of Health has primary responsibility for Water, Sanitation and Hygiene in general, in connection with Local Government Units.<sup>777</sup> The ARMM Regional Development Plan 2017-2022 notes that 'improving access to basic facilities like potable water supply and better sanitation is one of the priority projects of the ARMM Government'<sup>778</sup> and notes that the DPWH-ARMM 'shall design, construction, and maintenance of national roads and bridges, water resources projects and major flood control systems.'<sup>779</sup> The ARMM Department of Interior and Local Government (DILG-ARMM) is also reportedly a lead agency for Water and Sanitation and coordinates the WATSAN Regional Hub, which leads awareness raising and information sharing on water system implementation projects in ARMM.<sup>780</sup> One of the achievements of the WATSAN Regional Hub was to establish a Regional Sub-committee on Water and Sanitation to coordinate efforts on water system implementation, including efforts

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<sup>772</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p. 12.

<sup>773</sup> ARMM Regional Development Plan 2017-2022, p 393.

<sup>774</sup> Section 4 Magna Carta for Children in ARMM (Muslim Mindanao Autonomy Act No 162)

<sup>775</sup> KII with Consultant to UNICEF-ARMM, July 2017.

<sup>776</sup> KII with Project Officer from UNICEF-ARMM, July 2017.

<sup>777</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p. 88.

<sup>778</sup> ARMM Regional Development Plan 2017-2022, p 394.

<sup>779</sup> ARMM Regional Development Plan 2017-2022, p 413.

<sup>780</sup> A Single Drop of Safe Water, RSCW: manifesting Good Governance in ARMM, <http://www.singledrop.org/2016/03/the-regional-sub-committee-on-wash-a-milestone-in-good-governance-for-the-regional-economic-development-and-planning-in-armm-in-collaboration-with-a-single-drop-for-safe-water/> [19.7.17].

by governmental and non-governmental organisations.<sup>781</sup> The Regional Sub-committee sits under the Regional Development Administration Committee.<sup>782</sup>

It is important to take into account that implementation of WASH programmes and services, and realisation of WASH-related rights involve several different departments, as a means to ensure children have access to WASH rights in all aspects of their lives. This is explained clearly in the Bangsamoro Development Plan sub-theme on WASH, 'in ARMM, the agencies involved in WASH include the Departments of Public Works and Highways (DPWH), Health (DoH), the Interior and Local Government (DILG), Education (DepEd), and Science and Technology (DOST).'<sup>783</sup> It is also important to recognise that, although some aspects of WASH are devolved to the Regional Government, some nationwide programmes, including those led or supported by the national DepEd cover ARMM.

The Bangsamoro Development Plan lists the '10 Basic Principles' as set out in the Philippine Water Supply Sector Roadmap:

1. Water is a human right and the government has an obligation to respect, protect and fulfil the enjoyment of the right to water.
2. Water is a finite and vulnerable resource essential to sustain life, development and the environment. It should be managed for the common good.
3. Access to water should be equitable and sensitive to gender and the disadvantaged.
4. The governance of water resources should be transparent and socially accountable and its management should be decentralized at the lowest possible level.
5. Water supply services should be financially sustainable and socially acceptable.
6. Water supply services should be demand responsive. This includes appropriateness and viability of technology and management options at various levels.
7. Water supply projects should have capacity development components at all levels inclusive of knowledge management that promotes a learning environment for all stakeholders.
8. Water supply provision should be a priority component in poverty reduction programs. This means giving priority to public allocation for water supply services.
9. Sanitation is directly linked to water supply.
10. The development of the water supply sector should contribute to the promotion of gender equality.<sup>784</sup>

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<sup>781</sup> A Single Drop of Safe Water, RSCW: manifesting Good Governance in ARMM, <http://www.singledrop.org/2016/03/the-regional-sub-committee-on-wash-a-milestone-in-good-governance-for-the-regional-economic-development-and-planning-in-armm-in-collaboration-with-a-single-drop-for-safe-water/> [19.7.17].

<sup>782</sup> Regional Planning and Development Office – ARMM, RSC on Water and Sanitation gains support from UNICEF, 18 January 2016, <http://rpdo.armm.gov.ph/rpdo/index.php/activities/357-rsc-on-water-and-sanitation-gains-support-from-unicef> [19.7.17].

<sup>783</sup> Bangsamoro Development Plan sub-theme on WASH, p. 7.

<sup>784</sup> Bangsamoro Development Plan sub-theme on WASH, p. 7.

## 6.2. Access to safely managed water sources

According to target 6.1 of the Sustainable Development Goals (SDGs), the Philippines (including ARMM) should aim to achieve universal and equitable access to safe and affordable drinking water by 2030. Progress towards, or achievement of this target is measured by the proportion of the population that has access to ‘safely managed’ drinking water. According to the WHO and UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), in order to meet the criteria for a safely managed drinking water service an improved water source<sup>785</sup> should fulfil three criteria:

- 1) It should be accessible on premises (in the home);
- 2) It should be available when needed;
- 3) It should be free from contamination.<sup>786</sup>

If an improved water source fails to meet *one* of these criteria, but the time it takes to conduct a round trip to collect water is 30 minutes or less, the water source is classified as a ‘*basic drinking water service*’ that meets the requirements of SDG 1.4.<sup>787</sup> If, however, the time taken to collect water from an improved source is greater than 30 minutes, the source is categorized as a ‘*limited service*.’<sup>788</sup> According to the JMP Report, the immediate priority in many countries will be to ensure universal access to at least basic level services.<sup>789</sup>

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<sup>785</sup> Improved water sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, and packaged or delivered water. Progress on drinking water, sanitation and hygiene. World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF), 2017 update and SDG baselines. 2017, p 8.

<sup>786</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

<sup>787</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8. Under target 1.4 of the SDGs, all men and women should have equal rights of access to basic services, including basic drinking water.

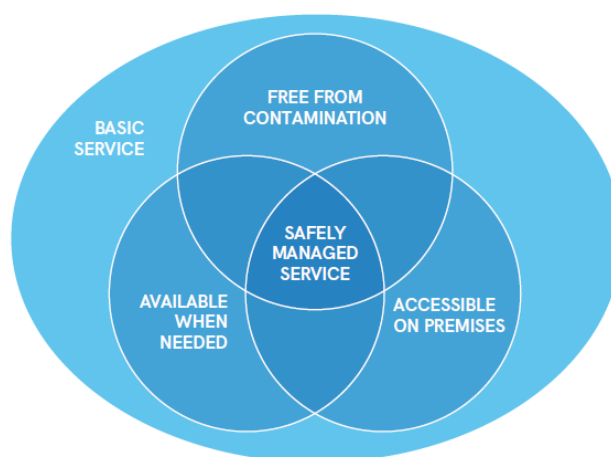
<sup>788</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

<sup>789</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 10.

**Table 6.1: JMP service ladder for improved water sources**

SERVICE LEVEL	DEFINITION
SAFELY MANAGED	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination
BASIC	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing
LIMITED	Drinking water from an improved source for which collection time exceeds 30 minutes for a round trip, including queuing
UNIMPROVED	Drinking water from an unprotected dug well or unprotected spring
SURFACE WATER	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal

*Note: Improved sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.*



Source: JMP Report 2017

The ARMM Regional Development Plan 2013-2016 set targets for the proportion of households with access to safe water at 80 per cent in 2014 and 85 per cent in 2015 and 2016, and makes the DOH the responsible agency for this.<sup>790</sup> The ARMM Regional Development Plan 2017-2022 notes that the percentage of families in ARMM with access to safe water was at 58 per cent in 2014, according to the Philippine Statistics Authority.<sup>791</sup>

<sup>790</sup> ARMM Regional Development Plan Medium Update Results Matrices, p. 30.

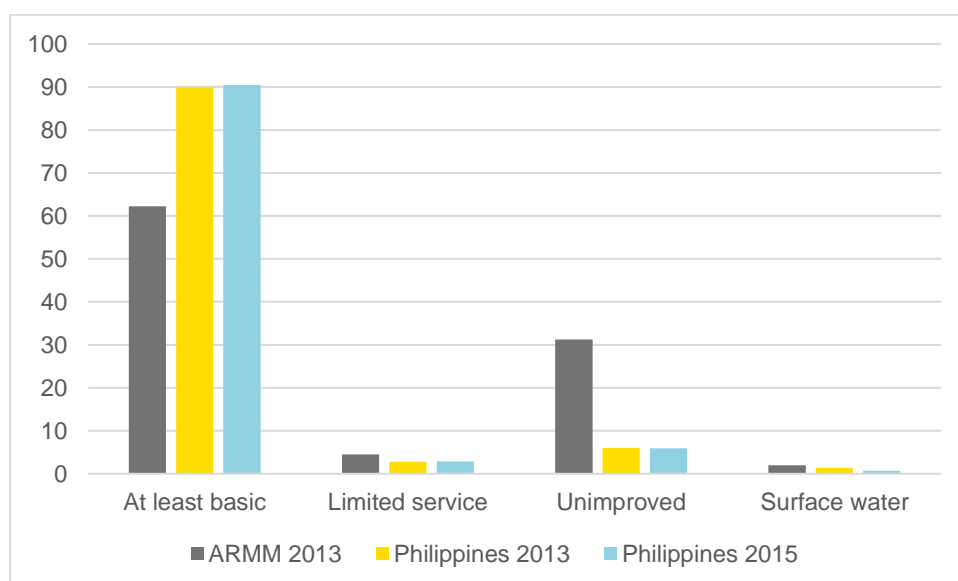
<sup>791</sup> ARMM Regional Development Plan 2017-22, 394.

### 6.2.1. The status of safely managed water in ARMM

In ARMM, Level III water systems (piped water to private points) are normally run by water districts or municipal waterworks, with such systems provided by six utilities in the region. Level II systems (communal faucets) are usually operated by Barangay Waterworks System Association (BMWSA), with a total of 196 in operation in ARMM, with most in Maguindanao (71), and fewest in Tawi-Tawi (14).<sup>792</sup> Finally, Level I systems, which are generally from shallow wells with hand or motorized pumps are reported to be more common rurally, though figures on such sources are not known.<sup>793</sup>

According to the JMP data estimates from 2015 (published in 2017), 90.5 per cent of the population of Philippines had access to a basic drinking water service, while a further 2.83 per cent had access to a limited drinking water service, 5.94 per cent had access to unimproved water and 0.72 per cent was reported to be surface water supplies.<sup>794</sup> Data from 2013 are available for ARMM and provide that 62.27 per cent of the population had access to a basic drinking water service, 4.53 per cent had access to limited drinking water service 31.27 per cent had access to unimproved water, and 1.94 per cent were reported to use surface water. A comparison of the national to ARMM data is set out below in Table 6.2.

**Table 6.2: Comparison of water services in ARMM and Philippines nationally**



Source: JMP 2017

As discussed above, there are three necessary elements to a safely managed water system (accessibility on premises, availability when needed and freedom from contamination). It is not possible to determine what proportion of the population of ARMM has access to safely

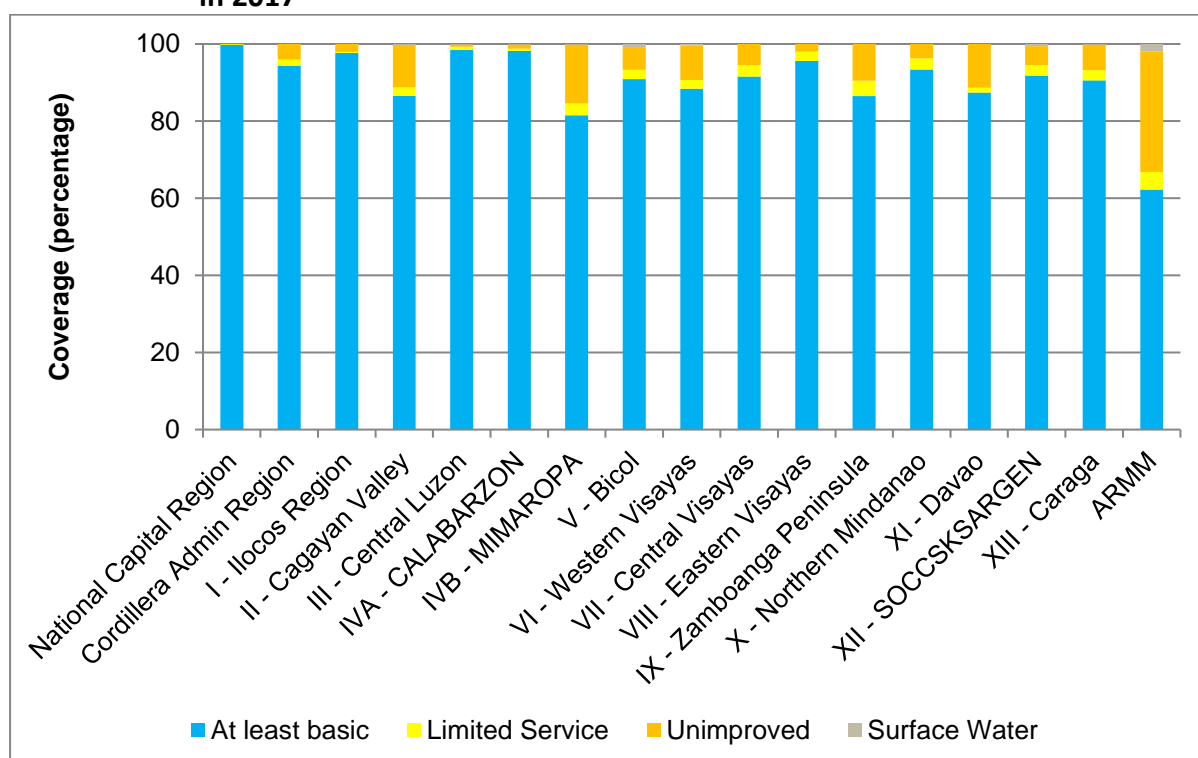
<sup>792</sup> ARMM Regional Development Plan 2017-22, p 394.

<sup>793</sup> ARMM Regional Development Plan 2017-22, p 394.

<sup>794</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Estimates on the Use of water, sanitation and hygiene in Philippines, Updated July 2017, accessed at <https://washdata.org/data#!/phl>, accessed 22 August 2017.

managed drinking water from the 2017 JMP data because there is a data gap in relation to the third of these criteria, freedom from contamination. The data that are available reveal that the population of ARMM was the lowest performing region in the Philippines in terms of water supply, with only 62.27 per cent of the population using at least a basic water supply, compared, for example, to 99.81 per cent of the population of the National Capital Region, the highest performing region nationally.<sup>795</sup> This suggests an urgent need to focus on provision of some form of improved water (basic or limited) in ARMM, through infrastructure where possible, or through promotion of household water treatment options.

**Table 6.3: Drinking water service in Philippines by region, 2013 estimates as published in 2017**



Source: JMP Estimates 2017

According to the ARMM Development Plan 2013-2016 Midterm Results Matrix, the 2010 baseline for access to safe water<sup>796</sup> was 61 per cent, which decreased to 57 per cent in 2011, increased to 67 per cent in 2012, and then decreased again to 51 per cent in 2013.<sup>797</sup> Data from the 2013 National Demographic and Health Survey and the 2015 National Nutrition Survey suggest that the proportion of households with access to improved drinking water

<sup>795</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Estimates on the Use of water, sanitation and hygiene in Philippines, Updated July 2017, accessed at <https://washdata.org/data#!//ph/>, accessed 22 August 2017.

<sup>796</sup> Although it is not clear from the Regional Development Plan 2013-2016 what definition of safe water is used, for the purposes of this assessment and subsequent analysis, it is taken to be synonymous with 'access to safe and affordable drinking water' as set out in the SDG. However, it is important to recognise that there is no mention of the term 'affordable' in the Regional Development Plan, which could mean that safe water is available at a cost.

<sup>797</sup> ARMM Regional Development Plan 2013-2016 Results Framework, p. 30.

sources in ARMM stood at 73.5 per cent,<sup>798</sup> which is higher than the estimate given by the 2013-2016 Development Plan Midterm Report, but still lower than the national average for the Philippines, and some way off universal coverage. In contrast, the 2015 Field Health Service Information System Annual Report (produced by the DoH) found that 47.51 per cent of households in ARMM had access to improved safe water, compared to a national figure of 89.96 per cent.<sup>799</sup> Unfortunately, none of the data available for review for this Report were disaggregated by sex, ethnicity or other demographic data, which might allow an analysis of discrimination or disproportionate impact.

Though national data in relation to provision of water reveal a discrepancy between availability of improved water sources in urban and rural areas, with 98.4 per cent of the urban population using improved water sources in 2015, compared to 89.3 per cent of the rural population,<sup>800</sup> a similar urban/rural comparison is not available for ARMM. The national data also record economic disparities, with 99 per cent of the richest wealth quintile using at least basic drinking water in 2013, in comparison to only 80 per cent of the poorest wealth quintile, for example.<sup>801</sup> Again, no such disaggregated data are available for ARMM. However, a 2016 Multiple Indicator Survey (MIS), which was carried out in a non-representative sample of 36 municipalities across the Philippines, showed that remote, island municipalities were least likely to have access to improved water sources.<sup>802</sup> The 2016 Multiple Indicator Survey Report covered seven municipalities in ARMM, Parang, Upi, South Upi and Mamasapano in Maguindanao; Parang and Siasi in Sulu; and Languyan in Tawi-Tawi, out of a total of 10. As the Survey captured only seven municipalities out of 104 municipalities and three cities in the Region. This means there are important limitations in the inferences that can be drawn from this data, though the data remains illustrative of the situation in those municipalities covered and provides an interesting reflection of change over time, as it includes baseline and endline data.

According to the 2016 MIS data, whilst access to safe drinking water is generally high in the Philippines, areas in the ARMM have lower rates of access to safe drinking water than areas elsewhere. This is particularly the case in island municipalities like Languyan, Siasi and Sulu Parang, where water is evidently a scarce resource.<sup>803</sup> In a number of areas of ARMM rates of access to safe drinking water appear to be diminishing, rather than increasing, over time.

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<sup>798</sup> Data set: 2013 National Demographic and Health Survey (NDHS); 2015 National Nutrition Survey

<sup>799</sup> Department of Health, Field Health Service Information System Annual Report 2015, p. 80  
[http://www.DoH.gov.ph/sites/default/files/publications/2015\\_FHSIS\\_0.pdf](http://www.DoH.gov.ph/sites/default/files/publications/2015_FHSIS_0.pdf) [19.7.17].

<sup>800</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Estimates on the Use of water, sanitation and hygiene in Philippines, Updated July 2017, accessed at <https://washdata.org/data#!/phl>, accessed 22 August 2017.

<sup>801</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 101.

<sup>802</sup> 2016 Multiple Indicator Survey Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 83.

<sup>803</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 88.



**Table 6.4: Access to improved water source by province**

Province	City/ Municipality	Percentage of households using improved sources of drinking water <sup>804</sup>	
		Baseline	Endline
Maguindanao	Mamasapano	75.2	69.9
Maguindanao	Parang	70.7	67.4
Maguindanao	South Upi	68.2	86.0
Maguindanao	Upi	59.0	76.4
Sulu	Parang	12.4	8.8
Sulu	Siasi	62.4	42.3
Tawi-Tawi	Languyan	53.8	44.6
<i>Philippine National Average (inc ARMM)</i>	<i>36 municipalities</i>	<i>74.85 (of 30 for which data available)</i>	<i>80.6</i>

Source: 2016 Multiple Indicator Survey, Demographic Research and Development Foundation, page 88.

As the table above shows, according to the MIS ‘endline’ data taken from 2016, less than half the population in Sulu Parang, Siasi and Languyan had access to safe drinking water, with these cities/municipalities showing lower rates of access than those surveyed in Maguindanao, while, crucially, in all of these locations, access had decreased since the baseline data was collected from 2012–14.<sup>805</sup>

Access to drinking water was particularly poor in Sulu Parang where 91.2 per cent of households used ‘unimproved’ sources<sup>806</sup> as their main source of drinking water, with the majority using tanks/truckers (89 per cent). In Siasi, 57.7 per cent used unimproved sources, with the majority using tanks/truckers (39 per cent). In Languyan, 55.5 per cent used unimproved sources, with the majority of these (50.9 per cent) using an unprotected well as their main source of drinking water. Most respondents in all three provinces reported boiling their water before drinking it.<sup>807</sup>

According to the MIS Final Report, most households in the areas of ARMM that were surveyed, other than Mamasapano, had to fetch water because it was not available on, or delivered to, their premises.<sup>808</sup> A minority of households in several municipalities were

<sup>804</sup> Defined as piped water, tube well/ borehole, protected well, protected spring, rainwater, or purified/ bottled water.

<sup>805</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 88.

<sup>806</sup> Defined as use of an unprotected well or spring; a tanker, truck or peddler; or a river, stream, pond, lake, dam, irrigation channel as their main source of drinking water

<sup>807</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 89

<sup>808</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 91

required to walk more than 30 minutes to access water. In the majority of households, adult men are reportedly responsible for fetching water.<sup>809</sup>

**Table 6.5: Time to source drinking water by province (Endline results)<sup>810</sup>**

Province	City/ Municipality	Time to source drinking water		
		Less than 30 minutes	30 minutes or more	Water available or delivered to premises
Maguindanao	Mamasapano	42.7	2.0	55.3
Maguindanao	Parang	47.1	7.0	45.9
Maguindanao	South Upi	76.2	12.3	11.5
Maguindanao	Upi	49.9	23.6	26.5
Sulu	Parang	63.9	22.9	13.2
Sulu	Siasi	31.2	44.5	24.3
Tawi-Tawi	Languyan	54.1	44.9	1.0
<i>Philippine National Average (inc ARMM)</i>	<i>36 municipalities</i>	<i>44.83</i>	<i>10.11</i>	<i>22.52</i>

Source: 2016 Multiple Indicator Survey, Demographic Research and Development Foundation, p 91.

The MIS data thus supports the findings in the 2013-2016 ARMM Regional Development Plan Midterm Update that progress against safe drinking water targets in ARMM may be deteriorating over time, though there could be a number of explanations for this. For example, the lack of a shared definition of ‘safe water source or improved water source’ may mean that assessment of indicators is against different definitions, while, displacement due to the conflict may also mean some members of the population have moved to areas without water sources, and that the provision of water services had not ‘caught up’ at the time of the survey. The renewed understanding of assessment of safely managed water under the JMP ladders should help to address the first concern.

According to a further research report produced by the Philippine Institute for Development studies, using data estimates based on the Matched Family Income and Expenditure Survey (2003, 2006, and 2009), and the Labor Force Survey (January 2004, 2007, and 2010), 35.3 per cent of children in ARMM in 2009 experienced ‘severe deprivation of safe water’ (the highest rates for any region). This compared to a reduced 21.7 per cent of children in 2003, indicating an increase in children facing water insecurity over time.<sup>811</sup>

<sup>809</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 92

<sup>810</sup> 2016 Multiple Indicator Survey, Demographic Research and Development Foundation, p 91.

<sup>811</sup> Philippine Institute for Development Studies. Child Poverty in the Philippines. DISCUSSION PAPER SERIES NO. 2014-33, p. 32.

### 6.3. Access to improved sanitation facilities

Poor sanitation can have substantial health impacts for children, including a higher prevalence of diarrheal disease, intestinal worms, enteropathy, malnutrition, and death.<sup>812</sup> According to the WHO, most diarrhoeal deaths in the world (88 per cent) are caused by unsafe water, sanitation, or hygiene.<sup>813</sup> More than 99 per cent of these deaths are in developing countries, and about 8 in every 10 deaths are children.<sup>814</sup> Diarrhoea also has an economic impact because it obliges households to incur costs on medicine, transportation, health facility fees, and more, and can mean lost work, wages, and productivity among working household members.<sup>815</sup> Stunting and worm infestation has also been linked to reduced intellectual capacity among children, which affects their development and productivity later in life.<sup>816</sup> The WHO estimates that the average IQ loss per worm infection is around 3.75 points.<sup>817</sup>

According to SDG target 6.2 the Philippines should aim to achieve access to adequate and equitable sanitation for all by 2030. The measure of whether they have met this target is the proportion of population using safely managed sanitation services. As with drinking water, JMP has set out three qualifying elements of a safely managed sanitation service, which are fulfilled when access to ‘improved facilities’ (which include flush/pour flush to piped sewer systems, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs)<sup>818</sup> that are not shared with other households, and where:

- 1) Excreta are ‘treated and disposed of in situ’<sup>819</sup>
- 2) Excreta are stored on site and then emptied for transportation and treatment off site
- 3) Excreta are transported through a sewerage system alongside wastewater and then treated offsite.<sup>820</sup>

Households with access to improved sanitation services in which excreta are not managed in line with one of these three methods are considered to have access to a basic service.

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<sup>812</sup> UNICEF, WSP, World Bank Group, Child Faeces Disposal in Philippines, February 2015, p 3.

<sup>813</sup> WHO, Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks. Geneva: World Health Organization, 2009, p. 23  
[http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf) [07.07.17].

<sup>814</sup> WHO, Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks. Geneva: World Health Organization, 2009, p. 23  
[http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf) [07.07.17].

<sup>815</sup> Favin, M., G. Naimoli, and L. Sherburne, Improving Health through Behaviour Change: A Process Guide on Hygiene Promotion. Joint Publication, Washington, DC: Environmental Health Project (EHP), 2004, p. 7.

<sup>816</sup> WHO, Report of the Third Global Meeting of the Partners for Parasite Control: Deworming for Health and Development. Geneva: World Health Organization, 2005, p 15.

<sup>817</sup> WHO, Report of the Third Global Meeting of the Partners for Parasite Control: Deworming for Health and Development. Geneva: World Health Organization, 2005, p 15.

<sup>818</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

<sup>819</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

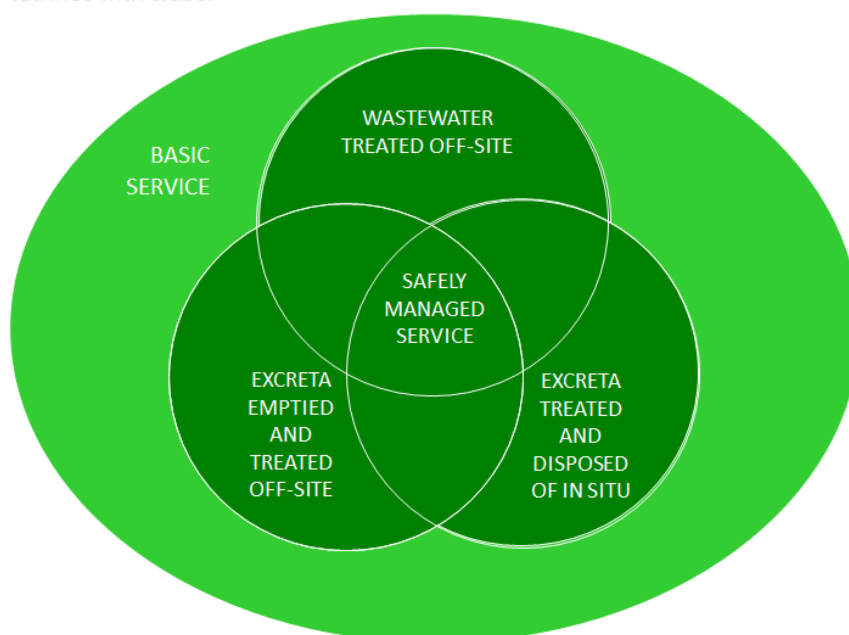
<sup>820</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

Households with access to improved sanitation that is shared is considered ‘limited’.<sup>821</sup> An unimproved sanitation service is one that involves the use of pit latrines without a slab or platform, hanging latrines or bucket latrines.<sup>822</sup>

**Table 6.6: JMP service ladder for improved sanitation facilities**

SERVICE LEVEL	DEFINITION
<b>SAFELY MANAGED</b>	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite
<b>BASIC</b>	Use of improved facilities that are not shared with other households
<b>LIMITED</b>	Use of improved facilities shared between two or more households
<b>UNIMPROVED</b>	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
<b>OPEN DEFECACTION</b>	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste

*Note: improved facilities include flush/pour flush to piped sewer systems, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.*



Source: JMP 2017

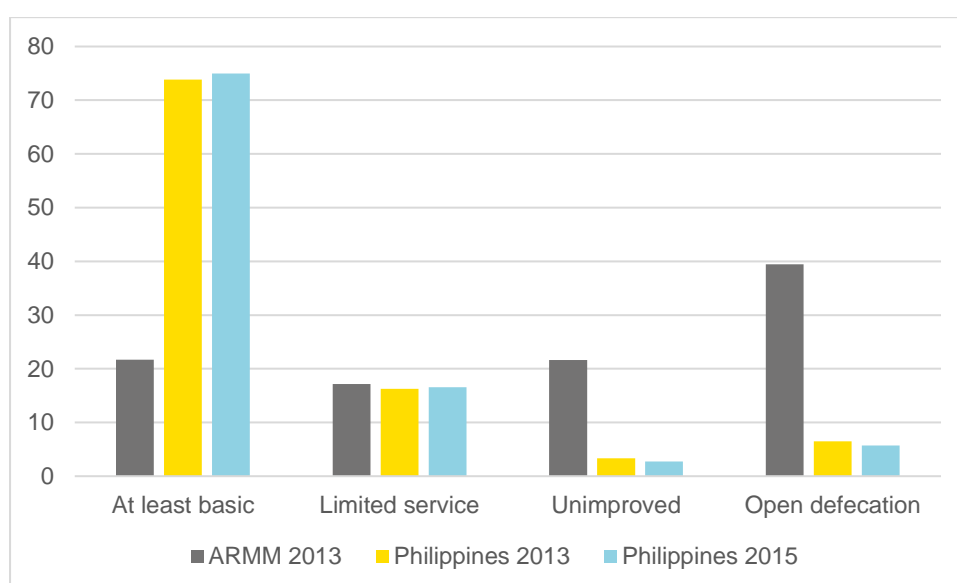
<sup>821</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

<sup>822</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 8.

### 6.3.1. The status of sanitation in ARMM

As of 2015, only 75 per cent of the Philippines' population was using basic sanitation sources, 16.5 per cent was using limited sanitation services and 2.7 per cent was using unimproved sanitation. It was not possible to estimate the proportion of the population using safely managed sanitation because data on the method of disposal of waste were not available.<sup>823</sup> 2013 data for ARMM report that 21.72 per cent of the population had access to at least a basic sanitation service, 17.18 per cent had access to a limited service, 21.66 per cent had access to unimproved sanitation facilities, and 39.44 per cent relied upon open defecation. A comparison of the national to ARMM data is set out below in Table 6.7.

**Table 6.7: Comparison of access to sanitation services in ARMM and Philippines nationally**



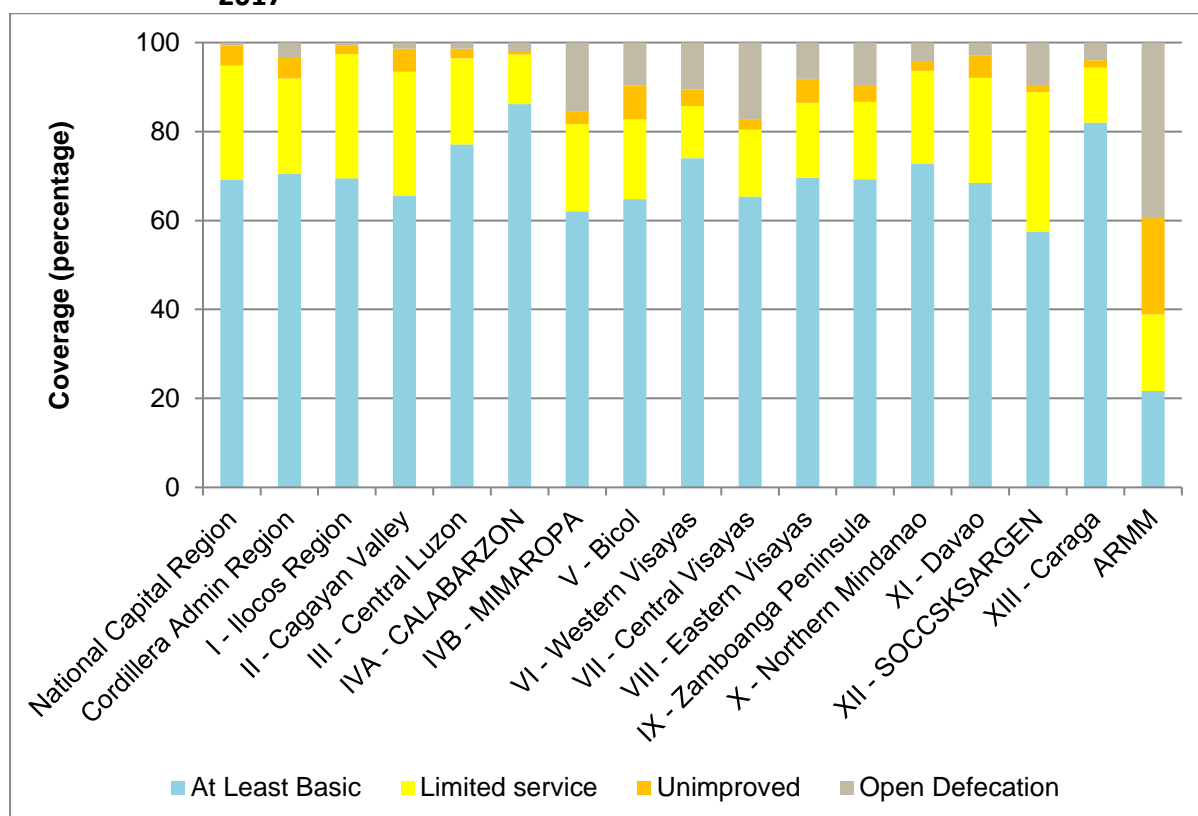
Source: JMP Estimates 2017

According to the 2017 JMP data, in 2013, ARMM was the lowest performing region in the Philippines with only 21.72 per cent of the population using at least basic sanitation, compared to 86.14 per cent of the population of CALABARZON, the highest performing region.<sup>824</sup>

<sup>823</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Estimates on the Use of water, sanitation and hygiene in Philippines, Updated July 2017, accessed at <https://washdata.org/data#!/phl>, accessed 22 August 2017.

<sup>824</sup> WHO and UNICEF, Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines, 2017, p 100.

**Table 6.8: Sanitation services in Philippines by region, 2013 estimates as published in 2017**



Source: JMP Estimates 2017

Additional data also suggest that access to adequate sanitary facilities is significantly lower in ARMM than in other regions in the Philippines.<sup>825</sup> According to the ARMM Regional Development Plan 2017-2022, 2016 data from ARMM-DoH show that 32.0 per cent of households in ARMM had a sanitary toilet facility, with Tawi-Tawi recording the highest rate at 62.0 per cent, and Sulu the lowest, at 3.0 per cent.<sup>826</sup>

Overall data on the proportion of households with improved sanitation facilities in ARMM is set out in a UN-validated dataset that combines information from the 2013 National Demographic and Health Survey (NDHS) and 2015 National Nutrition Survey found that the proportion of households in ARMM with improved sanitation facilities stood at 32.3 per cent, compared to 92.3 per cent of households in the Philippines nationally – a dramatic disparity. Poor access to a sanitary toilet is also highlighted in the DOH’s, 2015 Field Health Service Information System Annual Report, which found that only 25.04 per cent of households in ARMM had access to sanitary toilet facilities, compared to a national average of 84.18 per cent, and a next lowest rate of 66.14 per cent in Region VII.<sup>827</sup> The Field Health Service Information System’s Annual Report 2015 further reported on households with satisfactory disposal of solid waste and households with complete basic sanitation facilities, as set out in Table 6.9 below.

<sup>825</sup> Department of Health, 2014 Annual Report, p. 83.

<sup>826</sup> ARMM Regional Development Plan 2017-22, p. 398.

<sup>827</sup> Department of Health, Field Health Service Information System Annual Report, p. 81 [http://www.DoH.gov.ph/sites/default/files/publications/2015\\_FHSIS\\_0.pdf](http://www.DoH.gov.ph/sites/default/files/publications/2015_FHSIS_0.pdf) [19.7.17].

**Table 6.9: Household sanitation facilities**<sup>828</sup>



Source: Department of Health, Field Health Service Information

The ARMM Regional Development Plan 2013-2016 Results Framework contains an additional set of data relating to access to improved sanitation in ARMM, noting that the proportion of households with access to sanitary toilet facilities was 37 per cent in 2010, decreasing to 27 per cent in 2011, increasing to 36 per cent in 2012 and decreasing again to 33 per cent in 2013.<sup>829</sup>

According to data gathered for the MIS, which, as explained earlier, is a non-representative study of 36 municipalities in Philippines, including 7 from ARMM, the use of improved sanitation facilities in those municipalities that were surveyed provides a stark picture both of disparity between areas, but also of the almost complete lack of access to improved sanitation facilities in some locales, with a decrease in use between the Baseline and Endline in all but South Upi and Upi. As set out in Table 6.10 below, the 2016 MIS data suggest that access to improved sanitary facilities is highly variable across the municipalities and indeed the provinces within ARMM that were surveyed for the dataset.

<sup>828</sup> Department of Health, Field Health Service Information System Annual Report, p. 81-82 [http://www.DoH.gov.ph/sites/default/files/publications/2015\\_FHSIS\\_0.pdf](http://www.DoH.gov.ph/sites/default/files/publications/2015_FHSIS_0.pdf) [19.7.17].

<sup>829</sup> ARMM Regional Development Plan 2013-2016 Results Framework, p. 30.

**Table 6.10: Percentage of households using improved sanitation facilities (Endline results)**

Province	City/ Municipality	Percentage of households using improved sanitation facilities <sup>830</sup>	
		Baseline	Endline
Maguindanao	Mamasapano	52.9	43.1
Maguindanao	Parang	68.5	63.4
Maguindanao	South Upi	70.8	84.5
Maguindanao	Upi	82.8	84.7
Sulu	Parang	6.0	4.9
Sulu	Siasi	17.7	10.7
Tawi-Tawi	Languyan	5.1	0.9
<i>Philippine National Average (inc ARMM)</i>	<i>36 municipalities</i>	54.85	76.43

Source: 2016 Multiple Indicator Survey, Demographic Research and Development Foundation, p 99.

### 6.3.2. Open defecation

According to SDG target 6.2 the Philippines should end all open defecation by 2030. Open defecation can pose a serious threat to public health and the environment, potentially leading to groundwater pollution as well as spread of water- and faecal-borne illnesses such as diarrhoea, intestinal worms, and cholera. It can also affect economic and social development, as when individuals suffer ill-health, their schooling is restricted and it can eventually affect productive activities.<sup>831</sup>

As set out earlier in relation to sanitation services, data from 2013 suggest that 39.44 per cent of the population in ARMM practiced open defecation, compared to 6.5 per cent of the population nationally and 3.8 per cent regionally during the same year.<sup>832</sup> It has not been possible to locate data on open defecation that is disaggregated by every municipality in ARMM, but the (limited) data from the 2016 MIS suggests wide variation in the use of open defecation in areas for which data are available, with almost half (48.7 per cent) of households in Sulu Parang, and more than a quarter (29.9 per cent) of households in Sulu Siasi reportedly use open defecation in a bush or a field, compared to 41.7 per cent in Masampano, 17.3 per cent in Parang, 5.1 per cent in South Upi and 3.7 per cent in Upi, use of open defecation was at 14 per cent in Languyan.<sup>833</sup>

<sup>830</sup> Defined as piped water, tube well/ borehole, protected well, protected spring, rainwater, or purified/ bottled water.

<sup>831</sup> Scaling up demand and supply for rural sanitation, Final Report, April 2013, p 4.

<sup>832</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, Estimates on the Use of water, sanitation and hygiene in Philippines, Updated July 2017, accessed at <https://washdata.org/data#!/phi>, accessed 22 August 2017.

<sup>833</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 99.



## 6.4. Hygiene practices

Hygiene promotion that focuses on key practices in households and schools, washing hands with soap after defecation and before handling food, and the safe disposal of children's faeces, is an effective way to prevent diarrhoea (and other diseases), which in turn affect important development outcomes such as those related to child mortality and school attendance.<sup>834</sup> According to SDG target 6.2 the Philippines should, by 2030, aim to provide access to adequate and equitable hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations. The UN estimates that in the Philippines 19.8 per 100,000 children under 5 years of age die from diarrhoea due to inadequate access to WASH.<sup>835</sup>

### 6.4.1. Access to cleansing agents and hand washing

In the non-random sample of 36 municipalities covered by the 2016 MIS, almost all households surveyed, including those in ARMM, had a cleansing agent, usually bar soap or detergent. All municipalities in ARMM reported rates at over 90 per cent at baseline, apart from Sulu Siasi, 80.5 per cent, and Tawi-Tawi Languyan, 89.3 per cent,<sup>836</sup> and the overwhelming majority claimed that they wash their hands before preparing food, feeding children or eating and after going to the toilet, with the majority of respondents saying that they do this 'always'.<sup>837</sup> The survey indicates that hygiene practices may be less well followed in the ARMM municipalities of Siasi and Languyan: over 10 per cent of respondents in Siasi reported 'rarely' washing their hands in all situations, and over 20 per cent of respondents reported this in Languyan.<sup>838</sup>

### 6.4.2. Disposal of child stools

If human faeces is not disposed of safely, diseases may spread by direct contact or by animal contact. Safe disposal of children's stools is therefore essential in the prevention of spread of disease, particularly diarrhoea.<sup>839</sup> 'Safe disposal' is achieved either by a child's direct use of a toilet, or through rinsing a child's stools in a toilet or latrine.<sup>840</sup>

According to the 2013 DHS report, only 46.7 per cent of children under the age of 5 in the Philippines had their stools disposed of safely.<sup>841</sup> This placed the Philippines third-worst in

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<sup>834</sup> See e.g. UN-Water Decade Programme on Advocacy and Communication Information Brief. Available at: [http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash\\_eng.pdf](http://www.un.org/waterforlifedecade/waterandsustainabledevelopment2015/images/wash_eng.pdf) [27.03.17]

<sup>835</sup> UN Water Global Analysis and Assessment of Sanitation and Drinking-Water GLAAS 2017 report, p 61.

<sup>836</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 103.

<sup>837</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 106.

<sup>838</sup> 2016 Multiple indicator survey in 36 municipalities in the Philippines Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 84.

<sup>839</sup> 2013 Philippines DHS report. p.138.

<sup>840</sup> 2013 Philippines DHS report. p.138.

<sup>841</sup> Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the faecal matter was put/rinsed into a toilet or latrine or if it was buried, NDHS 2013.

relation to the proportion of children whose faeces are safely disposed of out of nine countries in East Asia and the Pacific with available comparable Multiple Indicator Cluster Survey (MICS) or DHS data.<sup>842</sup> The DHS also found that, across the regions in the Philippines, ARMM had the lowest rates of safe disposal of children's stools, with 22 per cent of stools disposed of safely; compared to the national average of 47 per cent.<sup>843</sup>

Breaking down the ARMM regional results, the DHS reported that 13.9 per cent of children used a toilet or latrine, 5.3 per cent had their stools thrown into a toilet or latrine, 2.6 per cent had their stools buried in the yard, each of these methods being considered safe disposal. On the other hand, 16.1 per cent of children in ARMM had their stools put or rinsed into a drain or ditch, 32.2 per cent had their solid waste thrown into the garbage, and 9.2 per cent had their stools left out in the open (18.2 per cent were recorded as 'other').<sup>844</sup> According to the DHS Report, safe disposal of children's solid waste 'increases with the child's age and the mother's level of education' and with 'access to a private toilet facility'.<sup>845</sup>

### 6.4.3. Menstrual hygiene management

Limited access to sanitary protection materials and gaps in appropriate WASH facilities in schools have been shown to negatively affect girls in several ways, for example, by leading to bullying or harassment, reducing girls' self-confidence, concentration and school attendance during menstruation, or even leading to school drop-out.<sup>846</sup> In the context of the Philippines, it was found that the negative impacts of poor menstrual hygiene management (MHM) include girls' self-exclusion from school and reduced participation in school including distraction, missing class and absenteeism.<sup>847</sup> There were also found to be additional health and nutritional challenges associated with inadequate MHM, including, for example, girls' missing out on eating sour fruit such as green mangoes, which are a common school snack.<sup>848</sup>

According to a recent regional report on menstrual hygiene management in East Asia and Pacific, the Philippines has made 'significant progress' on stakeholder engagement and formative research on menstrual hygiene management.<sup>849</sup> The report also suggests that the Philippines has achieved 'good progress' in government leadership on menstrual hygiene management, coordination and menstrual hygiene management in policies, and having

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<sup>842</sup> Child Faeces Disposal in Philippines, UNICEF, WSP, World Bank Group, February 2015, p 2.

<sup>843</sup> 2013 Philippines DHS report. p.135.

<sup>844</sup> 2013 Philippines DHS report. p.135.

<sup>845</sup> 2013 Philippines DHS report. p.135.

<sup>846</sup> See e.g. UNICEF. 2016. Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, Thailand, 2016.

[https://www.unicef.org/eapro/MHM\\_Realities\\_Progress\\_and\\_OpportunitiesSupporting\\_opti.pdf](https://www.unicef.org/eapro/MHM_Realities_Progress_and_OpportunitiesSupporting_opti.pdf) [05.05.17]

<sup>847</sup> WASH in schools, Empower Girls Education in Masbate Province and Metro Manila, Philippines, an assessment of menstrual hygiene management in schools, UNICEF, 2013, p 9.

<sup>848</sup> WASH in schools, Empower Girls Education in Masbate Province and Metro Manila, Philippines, an assessment of menstrual hygiene management in schools, UNICEF, 2013, p 26.

<sup>849</sup> UNICEF, Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, Thailand, 2016, p 14.

teaching and learning materials on menstrual hygiene management.<sup>850</sup> Lastly, ‘reasonable progress’ has been achieved in placing menstrual hygiene management into the curriculum for teacher training and for school WASH facilities.<sup>851</sup>

In a survey of girls, boys, teachers and mothers at 10 schools in Masbate Province and the NCR in 2012, it was found that the negative impacts of poor menstrual hygiene management included girls’ self-exclusion from school and reduced participation in school including distraction, missing class and absenteeism.<sup>852</sup> Though this survey did not cover ARMM, it identified some common myths around menstruation that may be applicable, and have a negative impact upon girls in ARMM. The report found that girls were disadvantaged by limited knowledge about menstruation, misinformation from friends, family and even teachers, often based on traditional practices such as not bathing for the first three days of menstruation, not doing heavy lifting or physical work, not interacting with boys and not consuming sour foods.<sup>853</sup> Unfortunately, there are no data on MHM in ARMM, though MHM in Schools forms part of the Water, Sanitation and Hygiene in Schools Program led by the National DepEd under DepEd Order No. 10, s.2006, which should also be implemented in ARMM.<sup>854</sup>

## 6.5. WASH in schools

International standards for WASH in schools require 1 toilet per 25 girls and 1 toilet and 1 urinal per 50 boys.<sup>855</sup> WASH related policy in schools in ARMM is set by the national Department for Education under DepEd Order No. 10, s. 2016. UNICEF Philippines is currently working with DepEd to improve school-based management of WASH, with national policy and guidelines that will see a staged approach to gradually improving WASH in schools.<sup>856</sup> Data from School Year 2015–2016 on Water and Electrical Supply in Schools in ARMM found that 79.01 per cent of elementary schools and 84.69 per cent of secondary schools in ARMM had access to a water supply, while 32.19 per cent of elementary schools and 64.50 per cent of secondary schools had access to electricity.<sup>857</sup>

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<sup>850</sup> UNICEF, Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, Thailand, 2016, p 14.

<sup>851</sup> UNICEF, Supporting the Rights of Girls and Women through Menstrual Hygiene Management (MHM) in the East Asia and Pacific Region: Realities, progress and opportunities, UNICEF East Asia and Pacific Regional Office (EAPRO), Bangkok, Thailand, 2016, p 14.

<sup>852</sup> WASH in schools, Empower Girls Education in Masbate Province and Metro Manila, Philippines, an assessment of menstrual hygiene management in schools, UNICEF, 2013, p 9.

<sup>853</sup> UNICEF, WASH in schools, Empower Girls Education in Masbate Province and Metro Manila, Philippines, an assessment of menstrual hygiene management in schools, 2013, p 20.

<sup>854</sup> DepEd, The Water, Sanitation and Hygiene in Schools (WINS) Program and its Implications, July 2017.

<sup>855</sup> United Nations Children’s Fund and World Health Organization, ‘Water, Sanitation and Hygiene Standards for Schools in Low-Cost Settings’, WHO, Geneva, 2009.

<sup>856</sup> KII with Representative of UNICEF, WASH, June 2017.

<sup>857</sup> DepEd Enhanced Basic Education Information System 2016.

The national Philippines DepEd goal is to have 100 per cent of schools with access to sanitation facilities, with a standard of 1:50 toilet-to-pupil ratio.<sup>858</sup> According to the 2014 National School Buildings Inventory, provided by UNICEF Philippines, of 2,155 elementary schools in ARMM, only 1,008 had at least toilet or urinal, while, of 304 secondary schools, only 202 had at least one toilet or urinal.<sup>859</sup> A 2011 UNICEF Report on WASH in Schools in Kyrgyzstan, Malawi, the Philippines, Timor-Leste, Uganda and Uzbekistan found that ARMM had a pupil to toilet bowl ratio of 1 to over 150 in elementary schools, and 1 to more than 300 in secondary school.<sup>860</sup>

Several NGOs are involved in services and programming relating to WASH in schools projects in ARMM.<sup>861</sup> The German development agency, GIZ, has also been involved in providing DepEd-ARMM with technical assistance to support the delivery of hygiene programs for children.<sup>862</sup> In 2015, GIZ was reported to have installed 1,500 washing facilities in schools and learning centres across ARMM, including in Maguindanao, Lanao del Sur (mainland Mindanao) and Basilan, Sulu and Tawi-Tawi.<sup>863</sup> DepEd-ARMM, with support from a number of partners, also celebrated Global Handwashing Day to highlight the importance of handwashing with soap, encouraging children to use the handwashing practices learned in schools into their homes.<sup>864</sup> UNICEF-ARMM has extensive programming for WASH in schools, including capacity building on WASH in schools and the provision of hygiene kits, which are provided alongside programming promoting construction of hygiene facilities,<sup>865</sup> with the Basic Education for Muslim Mindanao Programme works to support 'implementation of handwashing, deworming and tooth brushing in all public schools.'<sup>866</sup>

## 6.6. WASH in DCC and ECCD

DSWD Administrative Order No. 15 series of 2011 (Guidelines for the Accreditation of Day Care Centres and Day Care Workers) provides standards on the availability of safe water supply, functional toilets, hand washing sinks and prescribes hand-washing practice in day care centres (DCCs),<sup>867</sup> which cater to children aged 3–4 years old.<sup>868</sup> However, it is not clear

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<sup>858</sup> Interview with School Effectiveness Division, DepEd, June 2017; DepEd Educational Handbook p. 106; Chapter VI, PD No 856, Code on Sanitation (1975).

<sup>859</sup> DepEd Enhanced Basic Education Information System 2016.

<sup>860</sup> Equity of Access to WASH in Schools: A comparative study of Policy and Service Delivery in Kyrgyzstan, Malawi, the Philippines, Timor-Leste, Uganda and Uzbekistan, 2011, p. 53.

<sup>861</sup> A single drop for safe water 2015 Annual General Report, p 8 - <http://www.singledrop.org/wp-content/uploads/2016/12/Annual-report-2015.pdf>

<sup>862</sup> GIZ, Improving health for better education and child development, Summary Document, <https://www.giz.de/expertise/downloads/giz2014-en-faltblatt-28-ueberregional.pdf> [20.7.17]

<sup>863</sup> Notre Dame Broadcasting Company, "WHO cites ARMM government's hygiene thrusts for schoolchildren", 27<sup>th</sup> Oct 2015, <http://www.ndbcnews.com.ph/news/who-cites-armm-government-s-hygiene-thrusts-for-schoolchildren> [20.7.17]

<sup>864</sup> Business Mirror, ARMM set to bring handwashing habit to region's children, 13<sup>th</sup> November 2016, <http://www.businessmirror.com.ph/armm-set-to-bring-handwashing-habit-to-regions-children/> [20.7.17].

<sup>865</sup> KII with Project Officer, UNICEF-ARMM, July 2017.

<sup>866</sup> KII with Representative from Basic Education for Muslim Mindanao (BEAM)-ARMM.

<sup>867</sup> UNICEF, WASH (water, sanitation and hygiene) in Day Care Centers (WinD) <http://www.itnphil.org.ph/docs/WinD%20Intro%20long%20version.pdf> [20.7.17].

<sup>868</sup> UNICEF, WASH (water, sanitation and hygiene) in Day Care Centers (WinD) <http://www.itnphil.org.ph/docs/WinD%20Intro%20long%20version.pdf> [20.7.17].

how and to what extent these guidelines have been implemented in practice in ARMM, and quantitative data on WASH in DCCs are not available.

Under the DILG-DepEd Joint Memorandum Circular for Water, Sanitation and Hygiene in Early Child Care and Development (ECCD), there is a commitment to have access to safe, clean water for drinking, handwashing and toothbrushing materials in all early learning centres, specifically day care centres and child development centres, as well as at least one functional sanitary toilet per centre.<sup>869</sup> It has not been possible to gather data in relation to WASH in DCC and ECCD in ARMM, though a key informant interview with a UNICEF-ARMM WASH representative reported that UNICEF is working with DSWD to integrate daily class programming in relation to handwashing and tooth brushing in Day Care Services in ARMM.<sup>870</sup>

### **6.7. WASH in Health Care Facilities**

The provision of adequate WASH in health care facilities serves to prevent infections and spread of disease, protect staff and patients, and uphold the dignity of vulnerable populations including pregnant women and the disabled.<sup>871</sup> The Philippines Water Supply Sector Roadmap 2010 lists the goal of reducing maternal mortality ‘by ensuring that water is available in health centres for pregnant mothers’<sup>872</sup> Furthermore, DOH Administrative Order 2010-0021 declared Sustainable Sanitation as a National Policy and a National Priority Program of the DOH, with the goal of achieving universal access to safe and adequate sanitary facilities by 2028.<sup>873</sup> However, it is difficult to assess the situation and progress in ARMM in relation to WASH in health care facilities, as quantitative data are not available.

The key barriers and bottlenecks in the relation to nutrition outcomes were mapped out by a group of key stakeholders at the consultation workshop that informed this Situation Analysis. The group focused on health, nutrition and WASH as a combined analysis. Causality was identified using a methodology that involved selecting a key deprivation within the three outcome areas, and identifying a causality chain of immediate, underlying and structural causes. The map is presented below (see Table 6.11).

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<sup>869</sup> DILG-DepEd Joint Memorandum-Circular for Water, Sanitation, and Hygiene in early child care and development (ECCD), Paragraph D.5, p.4, <http://www.dilg.gov.ph/issuances/jc/DILG-DepEd-Joint-Memorandum-Circular-for-Water-Sanitation-and-Hygiene-wash-in-early-child-care-and-development-ECCD/68> [20.7.17].

<sup>870</sup> KII with Representative of UNICEF, WASH, June 2017.

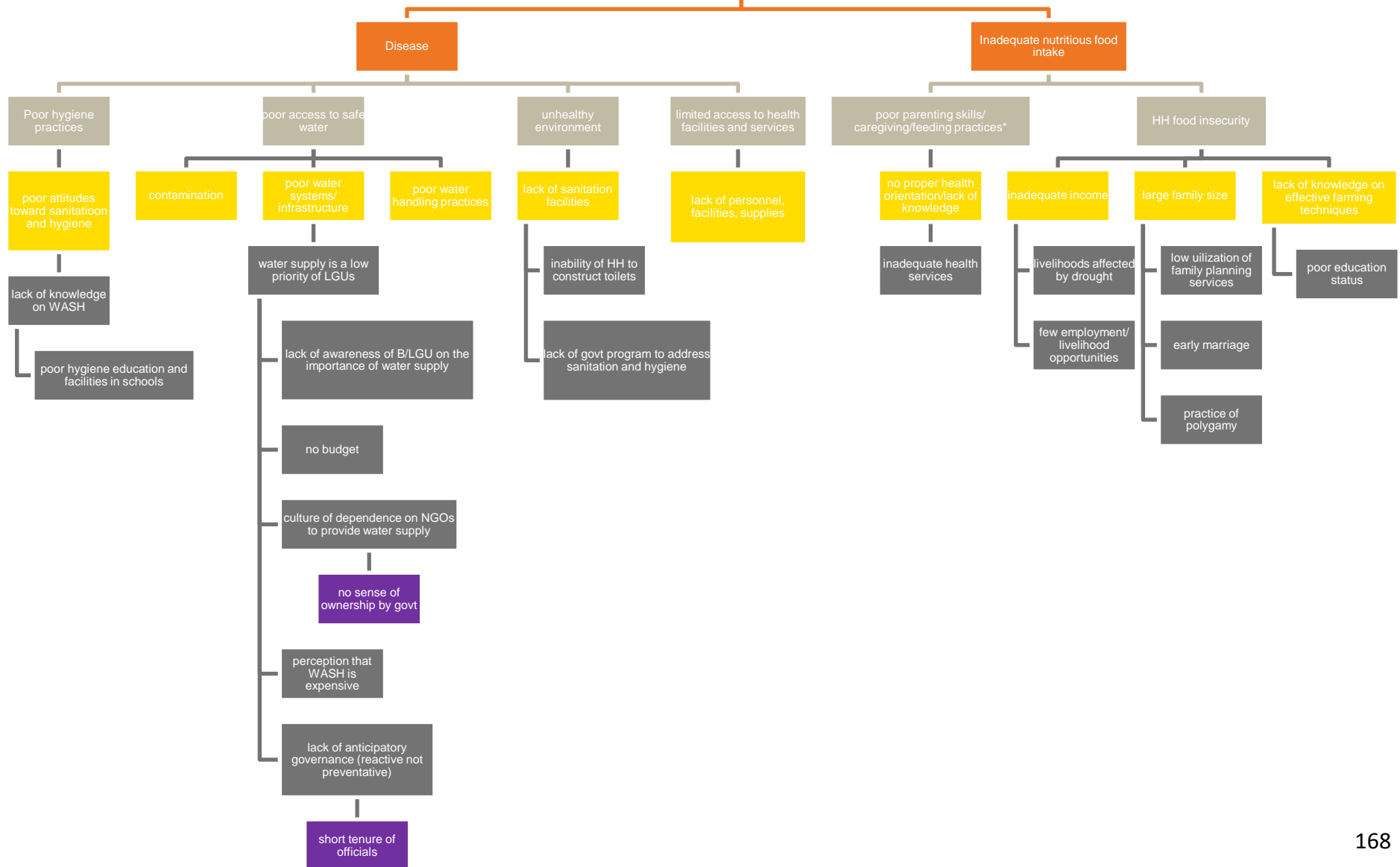
<sup>871</sup> WHO/UNICEF. 2015 Water, sanitation and hygiene in health care facilities Status in low- and middle-income countries and way forward. P.1 [http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/154588/1/9789241508476_eng.pdf) [20.7.17].

<sup>872</sup> Philippines Water Supply Sector Roadmap 2010, p.36

<sup>873</sup> As cited in World Bank. Water Supply and Sanitation in the Philippines: Turning Finance into Services for the Future. p.27 <http://documents.worldbank.org/curated/en/469111467986375600/Water-supply-and-sanitation-in-the-Philippines-turning-finance-into-services-for-the-future> [20.7.17].

**Table 6.11: Health/nutrition/WASH causality map**

Stunting under-5 children  
(ARMM 45.2%, NNS)



## 6.8. Bottlenecks and barriers in WASH

In addition to the key barriers and bottlenecks in WASH (and the intersections between nutrition and WASH outcomes) that were mapped out by a group of key stakeholders at the consultation workshop in the causality map, the following analysis elaborates key barriers and bottlenecks in the fulfilment of children's outcomes relating to WASH using evidence from existing research and key informant interviews that were carried out for this study.

### 6.8.1. Enabling environment

#### **Governance**

The enabling environment for WASH in ARMM includes a governance structure under which WASH is devolved to the Regional Government, but some programmes are organised and administered through the national DepEd, or through (I)NGOs operating nationally and locally. Key Informants suggest that the implementation of laws and policies locally is a challenge, particularly as funding streams are complex and financial resources limited.<sup>874</sup> This concern is reflected in the Water, Sanitation and Hygiene (WASH) Sub-Theme of the Bangsamoro Development Plan, which notes that 'LGU understandings of the Sanitation Code and DOH definitions are hindering factors for appropriate solution design and implementation'.<sup>875</sup>

The presence of a regional coordination body, the Regional Sub-committee on Water and Sanitation, could help to change this environment and to support implementation more effectively. Similarly, the inclusion of WASH priorities in Regional Development Plans could provide additional impetus to the realisation of WASH rights in practice. One important consideration to this end is that, according to the Bangsamoro Regional Development Plan, while water is acknowledged to be the responsibility of the government, sanitation is considered to be responsibility of household, meaning that efforts in relation to water systems are more firmly embedded within governance structures than those for sanitation.<sup>876</sup>

#### **Armed conflict, disasters and displacement**

As with all child rights outcome sectors in ARMM, access to WASH rights is heavily affected by the combination of armed conflict and crisis, including natural disasters such as flooding,<sup>877</sup> which have left hundreds of thousands of children and families internally displaced across ARMM.<sup>878</sup> According to the Internal Displacement Monitoring Centre's June 2017 Internal Displacement Update, more than 35,000 people were displaced through disaster between 3 and 6 June 2017, and 389,000 persons were displaced through conflict between 23 May and

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<sup>874</sup> E.g. KII with Representative of UNICEF; KII with Representative of Bureau of Madaris Education, ARMM, Jun 2017.

<sup>875</sup> A Single Drop for Safe Water (ASDSW) with the support of UNICEF, Water, Sanitation and Hygiene (WASH) Sub-Theme of the Bangsamoro Development Plan, p. 21.

<sup>876</sup> A Single Drop for Safe Water (ASDSW) with the support of UNICEF, Water, Sanitation and Hygiene (WASH) Sub-Theme of the Bangsamoro Development Plan, p. 20.

<sup>877</sup> KII with Representative of DoH-ARMM, Jun 2017.

<sup>878</sup> Internal Displacement Monitoring Center, Internal Displacement Update, Issue 19: 1-14 June 2017, <http://reliefweb.int/sites/reliefweb.int/files/resources/20170628-idu-issue-19.pdf> [20.7.17].



14 June, with 2400 persons returning.<sup>879</sup> In this time frame, disaster displacement was as a result of flooding, while displacement due to conflict was as a result of conflict and violence in Marawi.<sup>880</sup>

WASH rights are implicated in a number of ways as a result of such displacement. During the recent displacement from Marawi for example, WASH was identified as a key concern due to poor sanitation and drinking water in many evacuation centres.<sup>881</sup> UNICEF ARMM sought to address this through provision of hygiene and water kits to displaced families.<sup>882</sup> The limited sanitation facilities has increased the risk of waterborne diseases.<sup>883</sup> Challenges faced in the evacuation centres include the need for drinking water in Balo-i, Lanao del Norte<sup>884</sup> and dramatic insufficiency of sanitation facilities. For example, in Balo-i, Lanao del Norte province, 1,000 internally displaced persons were forced to share one toilet in one evacuation centre, leading to open defecation as an alternative.<sup>885</sup> Poor access to safe water and sanitation in the evacuation centre was reported to be leading to disease outbreaks, including diarrhoea, and also health complications due to dehydration.<sup>886</sup> According to UNICEF, 100,000 children had been displaced by the Marawi City siege as of 8 June 2017,<sup>887</sup> including 86,000 school-aged children who were not able to attend schools, with school reopening suspended.<sup>888</sup> According to a key informant, UNICEF ARMM, recognising the gaps in of adequate sanitation in emergency centres, has focused relief activities on providing hygiene kits to children and families.<sup>889</sup>

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<sup>879</sup> Internal Displacement Monitoring Center, Internal Displacement Update, Issue 19: 1-14 June 2017, <http://reliefweb.int/sites/reliefweb.int/files/resources/20170628-idu-issue-19.pdf> [20.7.17].

<sup>880</sup> Internal Displacement Monitoring Center, Internal Displacement Update, Issue 19: 1-14 June 2017, <http://reliefweb.int/sites/reliefweb.int/files/resources/20170628-idu-issue-19.pdf> [20.7.17].

<sup>881</sup> ACAPS Briefing Note, "Displacement from Marawi City, Lanao del Sur", 23 June 2017, [https://www.acaps.org/sites/acaps/files/slides/files/20170623\\_acaps\\_briefing\\_note\\_philippines\\_displacement\\_marawi.pdf](https://www.acaps.org/sites/acaps/files/slides/files/20170623_acaps_briefing_note_philippines_displacement_marawi.pdf).

<sup>882</sup> UNICEF Philippines Humanitarian Situation Update, 8 June 2017, [https://www.unicef.org/appeals/files/UNICEF\\_Philippines\\_Humanitarian\\_SitRep\\_Marawi\\_City\\_Siege\\_8\\_June\\_2017.pdf](https://www.unicef.org/appeals/files/UNICEF_Philippines_Humanitarian_SitRep_Marawi_City_Siege_8_June_2017.pdf).

<sup>883</sup> ICRC, "Philippines: Increased health risks feared among people displaced by Marawi fighting", 8 June 2017, <https://www.icrc.org/en/document/philippines-increased-health-risks-feared-among-people-displaced-marawi-fighting>.

<sup>884</sup> Channel News Asia, "Health crisis looms for evacuees as Marawi siege drags on", 16 Jun 2017, <http://www.channelnewsasia.com/news/asiapacific/health-crisis-looms-for-evacuees-as-marawi-siege-drags-on-8953032>.

<sup>885</sup> Reuters, "As Philippines battle grinds on, some displaced die in centers", 19 June 2017, <http://news.abs-cbn.com/news/06/19/17/as-marawi-battle-continues-some-who-fled-die-in-refugee-centers>.

<sup>886</sup> Reuters, "As Philippines battle grinds on, some displaced die in centers", 19 June 2017, <http://news.abs-cbn.com/news/06/19/17/as-marawi-battle-continues-some-who-fled-die-in-refugee-centers>.

<sup>887</sup> UNICEF Philippines Humanitarian Situation Update, 8 June 2017, [https://www.unicef.org/appeals/files/UNICEF\\_Philippines\\_Humanitarian\\_SitRep\\_Marawi\\_City\\_Siege\\_8\\_June\\_2017.pdf](https://www.unicef.org/appeals/files/UNICEF_Philippines_Humanitarian_SitRep_Marawi_City_Siege_8_June_2017.pdf).

<sup>888</sup> UNICEF Philippines Humanitarian Situation Update, 8 June 2017, [https://www.unicef.org/appeals/files/UNICEF\\_Philippines\\_Humanitarian\\_SitRep\\_Marawi\\_City\\_Siege\\_8\\_June\\_2017.pdf](https://www.unicef.org/appeals/files/UNICEF_Philippines_Humanitarian_SitRep_Marawi_City_Siege_8_June_2017.pdf).

<sup>889</sup> KII with Representative from UNICEF-ARMM, WASH.



This may be one reason to account for the decrease in several ARMM municipalities in WASH standards over time, as suggested by the baseline and endline data set out in the ARMM Regional Development Plan 2013-2016 and in the MIS dataset.

**Table 6.12: Data fluctuations in WASH by source**

ARRM Development Plan 2013-2016 <sup>890</sup>	2010		2011		2012		2013
Access to safe water	61 per cent	↓	57 per cent	↑	67 per cent	↓	51 per cent
Access to sanitation	37 per cent	↓	27 per cent	↑	36 per cent	↓	33 per cent

Data source: MIS <sup>891</sup>	Access to safe water			Access to sanitation		
	2012-2014		2016	2012-2014		2016
Mamasapano	75.2 per cent	↓	69.9 per cent	52.9 per cent	↓	43.1 per cent
Parang	70.7 per cent	↓	67.4 per cent	68.5 per cent	↓	63.4 per cent
South Upi	68.2 per cent	↑	86.0 per cent	70.8 per cent	↑	84.5 per cent
Upi	59.0 per cent	↑	76.4 per cent	82.8 per cent	↑	84.7 per cent
Parang	12.4 per cent	↓	8.8 per cent	6.0 per cent	↓	4.9 per cent
Siasi	62.4 per cent	↓	42.3 per cent	17.7 per cent	↓	10.7 per cent
Languyan	53.8 per cent	↓	44.6 per cent	5.1 per cent	↓	0.9 per cent
Philippines national	74.85 per cent	↑	80.6 per cent	54.85 per cent	↑	76.43 per cent

### **Data availability and reliability**

Despite the presentation of data from the 2017 JMP Report, the MIS and the Regional Development Plans, availability and reliability of data relating to WASH is a challenge.<sup>892</sup> One of the reasons for this is the differing indicators and interpretations of indicators that are used. As set out above, for example, the Regional Development Plan 2011-2013 Midterm Update did not use an agreed definition of ‘safe water’. This means that data are not always

<sup>890</sup> ARMM Regional Development Plan 2013-2016 Results Framework, p. 30.

<sup>891</sup> 2016 Multiple Indicator Survey Final Report, Demographic Research and Development Foundation, Inc, 21 November 2016, p 83.

<sup>892</sup> As identified during a focus group discussion with UNICEF staff members, held in Cotabato City, August 2017.

directly comparable or reliable. The revised indicators set out by JMP in relation to the SDGs should help to ameliorate this situation, at least to some degree, and if used universally.

### **Resources**

The Water, Sanitation and Hygiene (WASH) Sub-Theme of the Bangsamoro Development Plan described financial resourcing for sanitation and hygiene as ‘virtually non-existent’<sup>893</sup>, while several key informants noted that there were gaps in adequate funding at various levels, including the LGU and within DepEd.<sup>894</sup>

#### **6.8.2. Supply-side barriers and bottlenecks**

The assessment set out above suggests that WASH services in ARMM are constrained by bottlenecks on the supply side, particularly in more rural areas and island provinces, and especially in relation to the infrastructure supplying water.<sup>895</sup> WASH relies on both supply side infrastructure (i.e. physical presence of and access to water, toilets, etc.) and on demand-side use of these services and systems, as well as personal practices. This section focuses on supply, which, according to several sources, is limited. For example, the Water, Sanitation and Hygiene (WASH) Sub-Theme of the Bangsamoro Development Plan reports that where toilet facilities in ARMM schools do exist, they are poorly maintained, and at risk of becoming unusable quickly.<sup>896</sup> The Plan also highlights that facilities are not always linked to local water sources, and can be poorly designed, without consideration for local cultural and community toileting preferences.<sup>897</sup>

There are also considerable barriers and bottlenecks associated with rural and remote areas, including, specifically, geographically isolated and disadvantaged areas.<sup>898</sup> According to the Bangsamoro Development Plan, coastal areas and communities living on house boats or on coral tables are particularly at risk of poor sanitation practices due to the constraints of their ‘physical situation’, requiring specialised sanitation service design to accommodate their needs.<sup>899</sup>

Resourcing concerns in schools also present a barrier to implementation of WASH programmes. The assessment indicated that 79.01 per cent of elementary schools and 84.69 per cent of secondary schools in ARMM had access to a water supply, while 46.77 per cent of elementary schools and 66.45 per cent of secondary schools had access to a toilet.<sup>900</sup> This

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<sup>893</sup> Water, Sanitation and Hygiene (WaSH) Plan A Sub-Theme of the Bangsamoro Development Plan A Single Drop for Safe Water (ASDSW) with the support of UNICEF, 2014, p.4.

<sup>894</sup> E.g. KII with Representative from Bureau of Madaris Education, DepEd, ARMM; KII with Representative of UNICEF WASH.

<sup>895</sup> Focus Group Discussion with Government Representatives and Key Experts, August 2017.

<sup>896</sup> Water, Sanitation and Hygiene (WaSH) Plan A Sub-Theme of the Bangsamoro Development Plan A Single Drop for Safe Water (ASDSW) with the support of UNICEF, 2014, p.4.

<sup>897</sup> Water, Sanitation and Hygiene (WaSH) Plan A Sub-Theme of the Bangsamoro Development Plan A Single Drop for Safe Water (ASDSW) with the support of UNICEF, 2014, 21.

<sup>898</sup> KII with Representative from UNICEF-ARMM, WASH.

<sup>899</sup> Water, Sanitation and Hygiene (WaSH) Plan A Sub-Theme of the Bangsamoro Development Plan A Single Drop for Safe Water (ASDSW) with the support of UNICEF, 2014, 21.

<sup>900</sup> DepEd Enhanced Basic Education Information System 2016.

means that, even where socio-behavioural change services and programmes are planned, delivery faces bottlenecks. For example, though UNICEF and the DepEd have a programme for a Daily Plan of Activity, which includes hygiene measures, the daily plan is sometimes not followed because of poor access to water and the fact that not all classrooms have facilities.<sup>901</sup> Limitations in access to water are a considerable barrier to sanitation and hygiene.<sup>902</sup>

### 6.8.3. Demand-side barriers and bottlenecks

On the demand side, literature about WASH in ARMM suggests considerable socio-cultural barriers to safe sanitation, particularly around the use of toilets as opposed to open defecation. Key informants for this research noted, for example:

‘Toilet bowls have been provided in the communities but they were not used because they were not motivated since everybody defecates anywhere’<sup>903</sup>

‘Social norms of the people in the community which they are used in defecating in open space or in the riverbanks’<sup>904</sup>

These concerns over socio-cultural barriers to sanitation are also set out in the Bangsamoro Development Plan, which notes that ‘the knowledge and attitude systems that underpin sanitation and hygiene behaviours in these areas will also have to be addressed.’<sup>905</sup> This should also be viewed in connection with the demand-side barriers and bottlenecks that reduce access to services, such as, for example, geographical and resource constraints limiting access to toilets.

Socio-behavioural factors and education appear to feature heavily in community-level interventions in relation to WASH in ARMM, including in schools and day care centres, and at the community level, including the UNICEF-led Community Lead Total Sanitation programme.<sup>906</sup> One further issue noted by the Bangsamoro Development Plan is that:

Muslim religious leaders are of the opinion that many Islam---believing communities in the Bangsamoro do not fully appreciate the implications of the religious injunction on purity in relation to worship. Hence while ablution is strictly followed as a precondition of worship, there is not as much regard for the quality of the water used, and the polluting effects of poor sanitation and personal hygiene.<sup>907</sup>

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<sup>901</sup> KII with Representative from UNICEF-ARMM, WASH.

<sup>902</sup> Ms. Farinah Lidasan- Nutrition Officer III- DoH ARMM

<sup>903</sup> KII with Representative from UNICEF-ARMM, WASH.

<sup>904</sup> KII with Representative from UNICEF-ARMM, WASH.

<sup>905</sup> Water, Sanitation and Hygiene (WaSH) Plan A Sub-Theme of the Bangsamoro Development Plan A Single Drop for Safe Water (ASDSW) with the support of UNICEF, 2014, p.21.

<sup>906</sup> KII with Representative from UNICEF-ARMM, WASH.

<sup>907</sup> Water, Sanitation and Hygiene (WaSH) Plan A Sub-Theme of the Bangsamoro Development Plan A Single Drop for Safe Water (ASDSW) with the support of UNICEF, 2014, p.4.

This suggests that socio-behavioural change could be influenced through religious advocacy as a means to overcome knowledge and attitudes that precipitate against use of safe sanitation and hygiene practices.

There are a number of equity issues that require consideration in relation to WASH in the Philippines and in ARMM. These include, for example stark disparities in access to safe water and adequate sanitation between rural and urban areas, but also in relation to gender equity concerns, including, for example, the fact that women in the Philippines traditionally bear responsibility collecting water for households, often from locations far from home.<sup>908</sup> In addition, nationally, it is reported that women and female children can be exposed to harassment and danger when using practicing open defecation or when using poorly constructed or shared toilet facilities, which offer limited privacy.<sup>909</sup> Finally, as set out above, girl children in schools continue to face stigma and practical concerns around their periods due to inadequate MHM programming.

#### 6.8.4. Quality

As such limited information is available about implementation of services and programming in ARMM in relation to WASH, it is difficult to provide an assessment or analysis about the quality of services available. The reported limitations in resources, combined with conflict and natural disasters placing a physical, practical and financial strain on delivery of WASH are all likely to have a negative impact on the quality of services, including, for example, the sustainability of pipelines and sanitary ware.

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<sup>908</sup> Fritzie Rodriguez, A thirsty world and the PH water problem, June 25, 2014, <http://www.rappler.com/move-ph/issues/hunger/61480-access-water-sanitation-philippines>.

<sup>909</sup> Department of Health, Philippines Sustainable Sanitation Roadmap, April 2010, p 37.

## 7. Education

### Education-related SDG targets

SDG	Targets	Indicators
4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	Proportion of children and young people: in grades 2/3; at the end of primary; and at the end of lower secondary achieving at least a minimum proficiency level in reading and mathematics, by sex
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
		Participation rate in organized learning (one year before the official primary entry age), by sex
4.3	By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill
4.5	By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Parity indices (female/male, rural/urban)
4.6	By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	Percentage of population in a given age group achieving at least a fixed level of proficiency in functional literacy and numeracy skills, by sex
4.A	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	Proportion of schools with access to: electricity; the Internet for pedagogical purposes; computers for pedagogical purposes; adapted infrastructure and materials for students with disabilities; basic

		drinking water; single-sex basic sanitation  facilities; and basic handwashing facilities (as per the WASH indicator definitions)
<b>4.B</b>	By 2020, substantially expand globally the number of scholarships available to developing countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes	Volume of official development assistance flows for scholarships by sector and type of study
<b>4.C</b>	By 2030, substantially increase the supply of qualified teachers	Proportion of teachers in pre-primary; primary; lower secondary; and upper secondary education who have received at least the minimum organized teacher training for teaching at the relevant level

#### **Key CRC Articles**

Article 2: Every child has the right to enjoyment of CRC provisions without discrimination on the ground of a child's or his or her parent's or guardian's race, colour, sex, language, political or other opinion, national, ethnic or social origin, property, disability, birth or other status

Article 6(2): States parties shall ensure to the maximum extent possible the survival and development of the child

Article 18(3): States shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible

Article 23(3): States shall ensure that every child with a disability has effective access to and received education, training, health care services, rehabilitation services, preparation for employment and recreational opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

Article 28(1): Every child has the right to education on the basis of equal opportunity. States shall: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education, making them accessible to every child; (c) Make higher education accessible on the basis of capacity; (d) Make educational and vocational information and guidance available and accessible to all

children; (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates

Article 29: Education shall be directed to: (a) the development of the child's personality, talents and mental and physical abilities to their fullest potential; (b) The development of respect for human rights; (c) The development of respect for the child's parents, his or her own cultural identity, language and values; (d) The preparation of the child for responsible life in society, in the spirit of peace, tolerance, equality of the sexes and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin; (e) The development of respect for the natural environment

Article 30: Every child belonging to an ethnic, religious or linguistic minority or persons of indigenous origin shall have the right, in community with other members of his or her own culture, to profess and practice his or her own religion, or use his or her own language

The right to education is a fundamental human right, enshrined in Articles 28 and 29 of the UNCRC and article 13 of ICESCR. According to the UN Committee on Economic, Social and Cultural Rights, the right to education encompasses the following 'interrelated and essential features': availability; accessibility; acceptability; and adaptability.<sup>910</sup> The right to education is also contained in the SDGs, where it is recognised that 'quality education is the foundation to improving people's lives and sustainable development.' Goal 4 requires States to 'ensure inclusive and quality education for all and promote lifelong learning.'

### **7.1. Legislation and Policy**

The right to education is protected in the Philippines Constitution under Article XIV, Section 1 which states that 'the State shall protect and promote the right of all citizens to quality education at all levels, and shall take appropriate steps to make such education accessible to all'. Additionally, the Constitution requires the establishment, maintenance and support of a complete, adequate and integrated system of education relevant to the needs of the people and society under Article XIV Section 2. DepEd has committed to integrate the principles of gender equality, gender equity, gender sensitivity, non-discrimination and human rights, in the provision and governance of basic education.<sup>911</sup>

At a regional level in ARMM, the right to education is enshrined in the Muslim Mindanao Autonomy Act No 162, the Magna Carta for Children in the Autonomous Region in Muslim Mindanao.<sup>912</sup> Under Republic Act No 9054, the Organic Act for the Autonomous Region in Muslim Mindanao, the regional education system of ARMM is set out as a subsection of the national education system, though the Regional Government has fiscal autonomy and

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<sup>910</sup> UN Committee on Economic, Social and Cultural Rights, General Comment No. 13 (1999), The Right to Education, 8 December 1999, E/C.12/1999/10 (CESCR GC No. 13 (1999)), para 6.

<sup>911</sup> DepEd Order No. 32, s. 2017, Gender-Responsive Basic Education Policy, 29 June 2017.

<sup>912</sup> Section 7, Magna Carta for Children in ARMM (Muslim Mindanao Autonomy Act No 162).

academic freedom in administering it.<sup>913</sup> Further devolution of responsibility for education would occur if the Bangsamoro Basic Law were passed, as education would be under the exclusive power of the Bangsamoro Government.<sup>914</sup>

The Mindanao Autonomy Act No. 303 (An Act Strengthening the Basic Education System in the ARMM) 2012 sets out a number of principles to guide the development of the education system in ARMM. It defines the education system as consisting of: free and compulsory kindergarten, elementary and secondary schooling; Madrasah education; the free alternative learning system (ALS); provision for adult learners; education for Indigenous students; and education for children with disabilities.<sup>915</sup> It sets out the principle that the ARMM Regional Government shall “develop the full potential of its graduates by providing a holistic and integrated system to develop individuals capable of thinking critically and independently, who value inner peace, human rights, multiculturalism, sustainable development, lifelong learning and social justice.”<sup>916</sup> It also contains provisions on the strengthening of basic education, school-based management systems and qualifications for school staff.

The DepEd-ARMM structure consists of a Regional office based in Cotabato City, which leads 9 divisions spread across the ARMM provinces: Basilan, Lamitan city, Lanao Sur I, Lanao Sur II, Maguindanao I, Maguindanao II, Sulu, Marawi City and Tawi-Tawi.<sup>917</sup>

#### 7.1.1. K-12 program

Under Muslim Mindanao Autonomy Act No 279, the ARMM Basic Education Act of 2010, DepEd-ARMM is responsible for *basic education* in ARMM,<sup>918</sup> which includes elementary and secondary education lasting 10 years. However, from mid-2016, the ARMM Government followed the national Government’s move to the K to 12 program and the basic education system in ARMM has comprised, therefore, one year of kindergarten, six years of elementary education and six years of secondary education.<sup>919</sup>

The new K-12 system, which has been implemented from mid-2016 by the national DepEd, extends the length of compulsory basic education in the Philippines to 13 years. Kindergarten is compulsory for children aged 5, elementary school runs for those aged 6–11 and secondary school for those aged 12–18 with those aged 12–16 in Junior High School and 16–18 in Senior High School.<sup>920</sup> As stated above, ARMM has followed the direction of the national DepEd and has moved to the K-12 program.

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<sup>913</sup> Article XIV, Section 1, Republic Act No.9054 Organic Act for the Autonomous Region in Muslim Mindanao (ARMM).

<sup>914</sup> Article V, Section 3 (18), Draft Bangsamoro Basic Law, <https://www.adzu.edu.ph/images/stories/Talks%20and%20Speeches/DRAFT-Bangsamoro-Basic-Law.pdf>.

<sup>915</sup> Section 3, Mindanao Autonomy Act No. 303 (An Act Strengthening the Basic Education System in the ARMM) 2012.

<sup>916</sup> Section 3, Mindanao Autonomy Act No. 303 (An Act Strengthening the Basic Education System in the ARMM) 2012.

<sup>917</sup> <http://deped.armm.gov.ph/p/orgl-structure.html>.

<sup>918</sup> ARMM Basic Education Act of 2010, Muslim Mindanao Autonomy Act No. 279, section 18.

<sup>919</sup> Section 8, RLA Bill No. 42, Strengthened Basic Education Act in ARMM of 2012.

<sup>920</sup> Enhanced Basic Education Act, RA 10533, section 4.



The K-12 program includes the introduction of senior high school at grades 11 and 12 for the 2016-2017 school year. As of June 2016, it was expected that 156 out of 304 high schools in ARMM would offer senior high school, with spaces available for 35,000 senior high school students.<sup>921</sup> However, it is unclear whether the full number of places was made available at that time, as there were reported to be continuing problems with an insufficient number of classrooms and teachers.<sup>922</sup> Given that the full K-12 program was only introduced in the 2016-2017 school year, there are, currently, limited data on the implementation of the program, both nationally and in ARMM.

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<sup>921</sup> ARMM ready for implementation of senior high school program, 17 June 2016, <http://pia.gov.ph/news/articles/1521466143053>.

<sup>922</sup> ARMM ready for implementation of senior high school program, 17 June 2016, <http://pia.gov.ph/news/articles/1521466143053>.

### 7.1.2. Mother Tongue Based Multi-Lingual Education

Mother tongue-based multi-lingual education has been recognised and supported in the formal education system in the Philippines since 2009.<sup>923</sup> Under the Kindergarten Education Act, RA No 10157 (2012) the mother tongue of the learner is the primary medium of instruction for teaching and learning at the kindergarten level.<sup>924</sup> Under the Enhanced Basic Education Act, RA No 10533 (2013), teaching materials and assessment must be in the regional or native language of the learners until Grade 3. From Grades 4 to 6, a mother language transition program should be used in order to introduce Filipino and English as languages of instruction, so that by secondary level Filipino and English are the primary languages of instruction for all students.<sup>925</sup>

This national program has also been implemented in ARMM. Under DepEd Order 16 of 2012, which sets out guidelines on the implementation of Mother Tongue-Based Multilingual Education, Maguindanaoan is recognised as a mother tongue language.<sup>926</sup> However, given that many teachers in ARMM are not from the region, it is likely that they will speak the main mother tongue languages, including Maguindanaoan. The MIS carried out in 2016 in 36 municipalities in the Philippines, including 7 municipalities in ARMM, found that, of languages taught in schools to children aged 3–8, 89 per cent of children in Parang, Maguindanao and 83 per cent of children in South Upi were taught in Filipino rather than their mother tongue.<sup>927</sup> Interestingly, municipalities in Maguindanao appear to have less mother tongue teaching than in Sulu and Tawi-Tawi, although the fact that only a few municipalities were surveyed means that this finding should be treated with caution. This ‘finding’ may also be due to the relative remoteness of Sulu and Tawi-Tawi, which could therefore have a higher level of local recruitment of teachers for schools.

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<sup>923</sup> Issues and Challenges in Teaching Mother Tongue-Based Multilingual Education in Grades II and III: The Philippine Experience, Rosario P Alberto, Sunny G Gabinete, Vanessa S Ranola, April 2016.

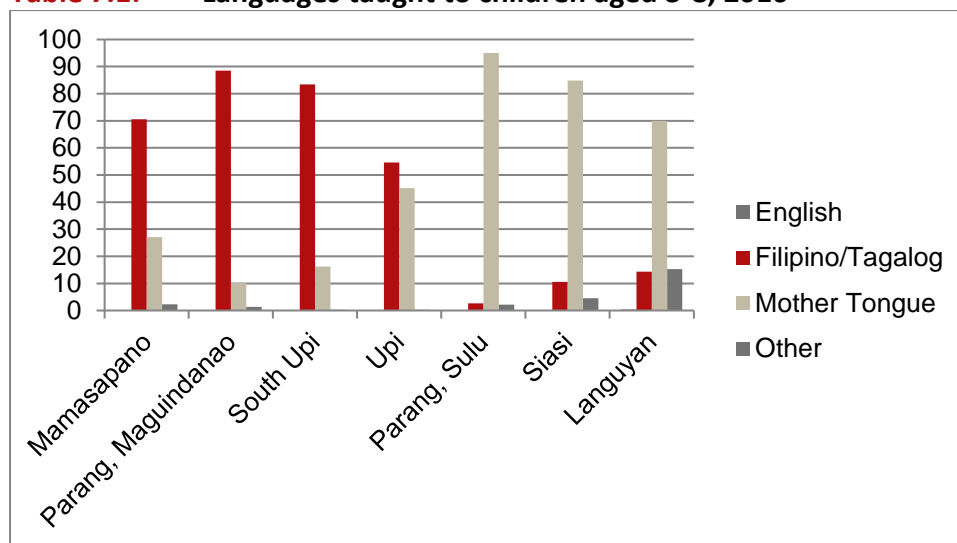
<sup>924</sup> Kindergarten Education Act, Republic Act 10157, section 5.

<sup>925</sup> Enhanced Basic Education Act, RA 10533, section 4.

<sup>926</sup> DepEd Order No 16 series 2012, Guidelines on the Implementation of the Mother Tongue Based Multilingual Education (MTB-MLE), February 17, 2012.

<sup>927</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, p 165.

**Table 7.1: Languages taught to children aged 3-8, 2016**



Source Multiple Indicator Survey, 2016

## 7.2. Early Childhood Care and Education

According to the SDGs, by 2030, States are required to ensure that ‘all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education’.

### 7.2.1. Legislation and policy

At national level, the Early Childhood Care and Development Act, RA No 8980 (2000), created an integrated and comprehensive system for early childhood care and development. It was amended by the Early Years Act of 2013, Republic Act 10410, which recognised ages 0–8 a crucial first stage of educational development. The Early Years Act created the ECCD Council, which is responsible for children from 0–4 years old, leaving responsibility for children aged 5–8 with the DepEd.<sup>928</sup> The Act also established an ECCD system covering health nutrition, early education and social services development program for children from 0–4 years old.<sup>929</sup>

Presidential decree No 1567 of 1977 (Decree on Establishing a Day Care Centre in Every Barangay) requires every barangay in the Philippines to have at least one day care centre. In ARMM, according to 2016 data from the ARMM Regional Development Plan 2017-2022, of 2,490 barangays, 2,296 or 92.2 per cent had day-care centres.<sup>930</sup> This reflects a large increase from only 829 day care centres in 2008 in the ARMM region.<sup>931</sup> A further 551 day care centres will need to be established in order to meet the required ratio.<sup>932</sup> The distribution of day care centres across ARMM is not uniform across all provinces. Lanao del Sur, Sulu and Marawi City all have more day care centers than the number of barangays, with Lanao del Sur having 374

<sup>928</sup> Section 7, Early Years Act 2013, Republic Act No 10410.

<sup>929</sup> See, e.g. Section 5(a), Early Years Act 2013, Republic Act No 10410; see also, Philippines Education for All 2015 Review Report p 13

<sup>930</sup> ARMM Regional Development Plan 2017-2022, p 218

<sup>931</sup> ARMM Regional Development Plan 2017-2022, p 219.

<sup>932</sup> ARMM Regional Development Plan 2017-2022, p 219.

more Day Care Centres than barangays. In comparison, Maguindanao, Tawi-Tawi and Basilan all have fewer day care centres than the number of barangays, with Maguindanao the worst resourced, with 313 barangays without a centre.<sup>933</sup>

### 7.2.2. Participation

There are very little data available on participation in early education for children aged 3–4 in ARMM or in the Philippines as a whole. As a result, a comprehensive assessment and analysis of participation in early childhood care and education is not possible.

The 2016 MIS considered the issue of participation in ECCE. Although the survey only captured the situation in seven municipalities in ARMM, and only from 3 of the 5 ARMM provinces, it provides some relevant information on the situation of ECCE in these municipalities. The survey found a low prevalence of attendance in pre-school for children aged 3–4 across all surveyed municipalities nationally (an average of 58 per cent). In five municipalities, including Siasi, Sulu and Mamasapano, Maguindanao, both in ARMM, the prevalence of attendance was below 30 per cent, at 27 per cent and 29 per cent respectively.<sup>934</sup>

The 2016 MIS also identified a change in the proportion of children aged 3–5 who received ECCE between the base line survey carried out in ARMM municipalities in 2014 and the end line survey in 2016. Most municipalities from ARMM that were surveyed showed an increase in the number of children receiving early education. While, Upi and Mamasapano in Maguindanao both showed a reduction in the percentage attending public early education between 2014 and 2016, the proportion of children from Upi attending private early education increased from 2.6 per cent to 15.6 per cent between 2014 and 2016, which may account for some of the reduction in numbers attending public ECCE.<sup>935</sup> The high levels of conflict in Maguindanao may have contributed to the reduction in children attending ECCE in Mamasapano.

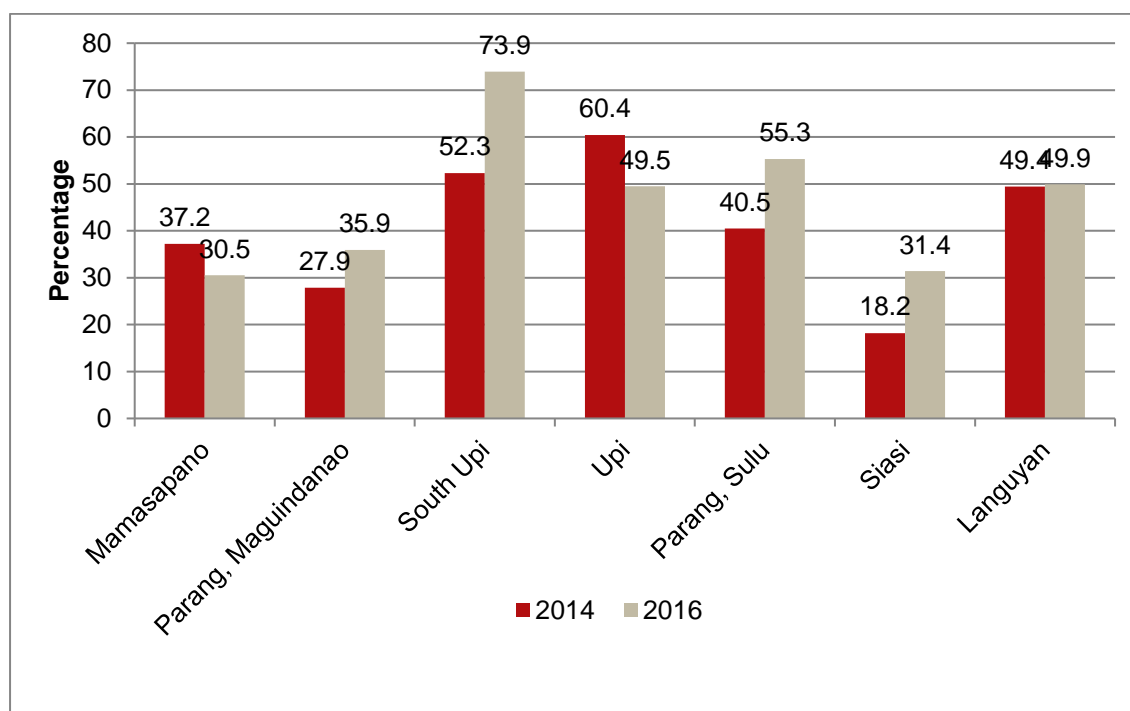
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<sup>933</sup> ARMM Regional Development Plan 2017-2022, p 220

<sup>934</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, p 156.

<sup>935</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 8.2.

**Table 7.2: Children aged 3-5 who have received early education, 2014-2016**



Source: 2016 Multiple Indicator Survey

Low levels of ECCE attendance in ARMM are a concern because it is so important for preparing young children for formal education. Studies in the Philippines have shown that where children have attended pre-school they perform better at kindergarten and grade 1.<sup>936</sup> If children miss out on ECCE, they are less likely to perform well and are more at risk of dropping out from elementary education. Though overall ECCE attendance rates appear low in ARMM, participation levels for indigenous children are particularly poor. According to one report on indigenous persons in ARMM, in 2014, only 3.9 per cent of indigenous children were in day care.<sup>937</sup>

UNICEF has been supporting the Tahderriyah program in ARMM, which focuses on the provision of kindergarten in Islamic schools. As part of this, UNICEF, in collaboration with the Bangsamoro Development Authority and the Tarbiyah Committee of the MILF, has developed a Tahderriyah curriculum for 3–5 year olds. The partners have trained teachers in using the curriculum, and have made efforts to contextualise the kindergarten curriculum for the Teduray tribe.<sup>938</sup> According to Oxford Policy Management (OPM), parents whose children attended Tahderriyahs often chose to enrol their children in such centres so that they could

<sup>936</sup> Philippines Development Plan 2017-2022, p 142.

<sup>937</sup> The Indigenous Peoples of Mainland ARMM, IPDEV, 2014, p 16.

<sup>938</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 13-14.

receive a balanced education in both English and Arabic.<sup>939</sup> There is further discussion of Madrasah education below.

### 7.2.3. Determinants Barriers and Bottlenecks

Although the limited data that are available on participation in ECCE in ARMM allow some discussion of the situation for children, as set out above, data in some areas are particularly limited. For example, it has not been possible to obtain national and regional level disaggregated data on enrolment rates, student to teacher ratios and the situation of disadvantaged groups. This means it has not been possible to carry out a full analysis of the situation of ECCE in ARMM. However, it has been possible to identify some barriers and bottlenecks affecting ECCE.

Basic services and budgets for ECCE are centralised to the Regional Government in ARMM. This contrasts with the decentralisation program in the rest of the Philippines under the Local Government Code and can result in limited local input into planning, budgeting and determination of needs.<sup>940</sup>

Coordination challenges in the education sector, compounded by differences in institutional set-up within the ARMM Regional and National Governments have resulted in challenges in implementing education programmes in ARMM, including in ECCE.<sup>941</sup> This has affected the implementation of the curriculum in Tahderriyahs in particular, as the curriculum is recognised by national DepEd and the Tarbiyah Committee (education committee) of the MILF, but is not officially recognized by DepEd-ARMM.<sup>942</sup> This means Tahderriyahs do not receive official support, including honoraria for staff, which, in turn, has a negative impact on their sustainability and quality.<sup>943</sup>

Uptake of ECCD and ECCE placements is low in ARMM for reasons linked both to supply and demand. On the supply side, the infrastructure for ECCD is limited in ARMM.<sup>944</sup> Due to the low number of day care centres, the distances between where children live and the nearest day care centre may be prohibitively far in terms of cost and duration of travel, leading to a low

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<sup>939</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 32

<sup>940</sup> A Study on Factors Affecting Local Government Budgets and Expenditures for Early Childhood Care and Development at City and Municipal levels, Philippines, Final Report, May 2016, p 66

<sup>941</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 39.

<sup>942</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 39.

<sup>943</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 39.

<sup>944</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 12.

level of attendance. These distances can be too far for young children to travel by themselves and too far for parents who have work commitments to accompany them, especially as day care sessions often last only 2–3 hours.<sup>945</sup> However, on the demand-side, there can be some resistance to children accessing ECCE from families themselves. According to the 2016 MIS, one main reason for children not attending kindergarten is because parents think the child is too young.<sup>946</sup>

For some children in ARMM, ECCE has been disrupted due to the impact of the ongoing conflict and natural disasters in the region. This is not only due to the dramatic consequences of conflict and disaster leading to damaged premises or displacement, but also because those who work in day care centres may be redeployed to help with emergency distribution and relief efforts. It is therefore common for ECCD classes to be put on hold following a disaster or emergency, and for them to take some time to resume.

A further challenge to ECCE and ECCD services is the recruitment and remuneration of qualified teaching and development staff. Some of this is due to a shortage of qualified candidates within communities, as well as the low levels of remuneration in the ECCE sector, as those working in day care centres are often working on a voluntary basis, receiving variable amounts of remuneration in the form of honoraria.<sup>947</sup> The remote locations of day care centres, noted above, may also cause difficulties as there is an expectation that teachers will live near the site of the day care centre, which is often not the case, with relocation for a voluntary position unattractive to those living elsewhere.<sup>948</sup> Further, according to a 2017 study by Oxford Policy Management, in most LGUs day care centre staff reported incurring personal costs for the provision of food and/or school supplies to students.<sup>949</sup> These factors deter applicants, result in poor morale or satisfaction and can lead to high turnover of staff.<sup>950</sup>

Even where children living in conflict zones remain in education, they are likely to have reduced educational attainment. It is important to recall, in this regard, that the vast majority of children in ARMM are, de-facto, living in conflict-affected areas. According to the Philippines ECCD Longitudinal Report, for which 10 percent of students surveyed in kindergarten to Grade 2 were enrolled in schools affected by conflict, students enrolled in conflict zones demonstrated virtually no growth in literacy and were the lowest performer

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<sup>945</sup> A Study on Factors Affecting Local Government Budgets and Expenditures for Early Childhood Care and Development at City and Municipal levels, Philippines, Final Report, May 2016, p 43.

<sup>946</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, p 150

<sup>947</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p. 39-40

<sup>948</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p. 39-40

<sup>949</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 40

<sup>950</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 40

overall, compared to disaster-prone and urban poor.<sup>951</sup> Students from conflict-affected school communities were the lowest performers overall compared to disaster-prone and urban poor. Many of the students in the study who lived in conflict affected zones were also from the urban poor group, which may exacerbate the impact of conflict on ECCD.<sup>952</sup>

### 7.3. Basic education

The following section engages in a situation analysis for education in ARMM, providing a comparison with national standards and indicators as necessary and available. As a snapshot overview, the ARMM Regional Development Plan 2017-2022 provides the following table<sup>953</sup>:

<b>Table 14: Key Educational Indicators: Relative Performance of the ARMM Indicator</b>	<b>National</b>	<b>ARMM</b>	<b>Remarks</b>
ECE Gross Enrolment Rate (2014–15)	99.1	84.3	Catching-up
Net Enrolment Ratio (2014–15)	89.8	63.7	Still far from the national average
Net Elementary Enrolment Rate (2014–15)	92.57	75.64	17 percent lower than national average
Net Elementary Completion Rates (2014-15)	83.04	35.28	Only 4 in 10 complete elementary
Elementary Achievement Test (2014–15)	69.10	59 .64	National target is 75 percent
Net Secondary Enrolment Rate (2014–15)	63.23	29.62	Only 3 in 10 enrolled in secondary
Net Secondary Completion Rate (2014)- 15)	78.70	48.97	Only 6 in 10 complete secondary
Secondary Achievement Test (2014-15)	48.48	41.07	National target is 75 %

Source: ARMM Regional Development Plan 2017-2022.

#### **Note on data availability and reliability**

It is important to note that data on enrolment rates, dropout rates, cohort survival rates, and other indicators may present a picture of education in ARMM that is perhaps worse than the situation on the ground. There are challenges, in particular, with the non-UN-validated administrative data, which relies upon data collected by and for ARMM-DepEd by institutions such as schools, and which has been subject to blotating of data in the past, through the addition of ‘ghost students’. In addition, the exclusion of children who are enrolled only in non-accredited Madrasha schools and private schools from DepEd data is likely to paint a distorted picture of access to education in ARMM.<sup>954</sup>

<sup>951</sup> Philippines Early Childhood Care and Development (ECCD) longitudinal Study, Road 1 & 2 Longitudinal Report, 29 May 2017, p 38-39

<sup>952</sup> Philippines Early Childhood Care and Development (ECCD) longitudinal Study, Road 1 & 2 Longitudinal Report, 29 May 2017, p 26

<sup>953</sup> ARMM Regional Development Plan 2017-2022, Chapter 10, Figure 14.

<sup>954</sup> See details in the section below, as well as Focus Group Discussion with Government Representatives and Key Experts, August 2017.



### 7.3.1. Literacy

ARRM has the lowest literacy rates of all regions in the Philippines.<sup>955</sup> The *basic* literacy rate of those aged 10 and over in ARMM decreased from 73.5 per cent in 1994 to 70.2 per cent in 2003, but has been increasing in recent years: to 81.5 per cent in 2008 and 86.1 per cent in 2013.<sup>956</sup> However, the rate remains significantly lower than the national rate, which was 96.5 per cent in 2013.<sup>957</sup> Disruptions to the education system due to conflict, the low enrolment rate and the high dropout rates for children in ARMM have undoubtedly all contributed to the low levels of basic literacy. Perhaps in response to this, a goal of the Mindanao 2020 Peace and Development Framework Plan, 2011-2030 is to increase the literacy rate to 96 per cent by 2016, to 98 per cent by 2020 and 100 per cent by 2030.<sup>958</sup>

According to the Functional Literacy, Education, and Mass Media Survey (FLEMMS) carried out in 2013, the functional literacy of 10- to 64-year-olds in ARMM increased from 61.2 per cent in 1994 to 72.1 per cent in 2013.<sup>959</sup> Despite this increase, the functional literacy rate remains significantly below the Philippines rate, which stood at 90.3 per cent in 2013.<sup>960</sup>

### 7.3.2. Participation in Basic Education

#### **Kindergarten**

The net enrolment rate in kindergarten in the Philippines nationally rose dramatically from 57.2 per cent in 2010 to 79.3 per cent in 2014 but dropped back down to 74.65 in 2015.<sup>961</sup> The goal set out in the PDP in relation to this issue is 95 per cent enrolment by 2022.<sup>962</sup> Unfortunately, there do not appear to be any available data on the kindergarten enrolment rate in ARMM, so it has not been possible to carry out an assessment or analysis in relation to kindergarten education.

However, the Multiple Indicator Survey carried out in 2016 in seven municipalities in ARMM considered the proportion of children in Grade 1 who had not completed kindergarten, which provides a small insight into kindergarten attendance. Although there is a requirement that all children admitted to Grade 1 should have completed kindergarten, this is not being

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<sup>955</sup> 2013 Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority, chapter 6. The report defines basic literacy as: ‘the ability of a person to read and write with understanding a simple message in any language or dialect’ and functional literacy as ‘a significantly higher level of literacy which includes not only reading and writing but also numeracy skills. The skills must be sufficiently advanced to enable the individual to participate fully and efficiently in activities commonly occurring in his life situation that require a reasonable capability of communicating by written language.’

<sup>956</sup> 2013 Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority Chapter 5 and ARMM Quickstat, Philippines Statistics Authority

<sup>957</sup> 2013 Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority, p 35.

<sup>958</sup> Mindanao 2020 Peace and Development Framework Plan 2011-2030, p 114

<sup>959</sup> 2013 Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority Chapter 5 and ARMM Quickstat, Philippines Statistics Authority

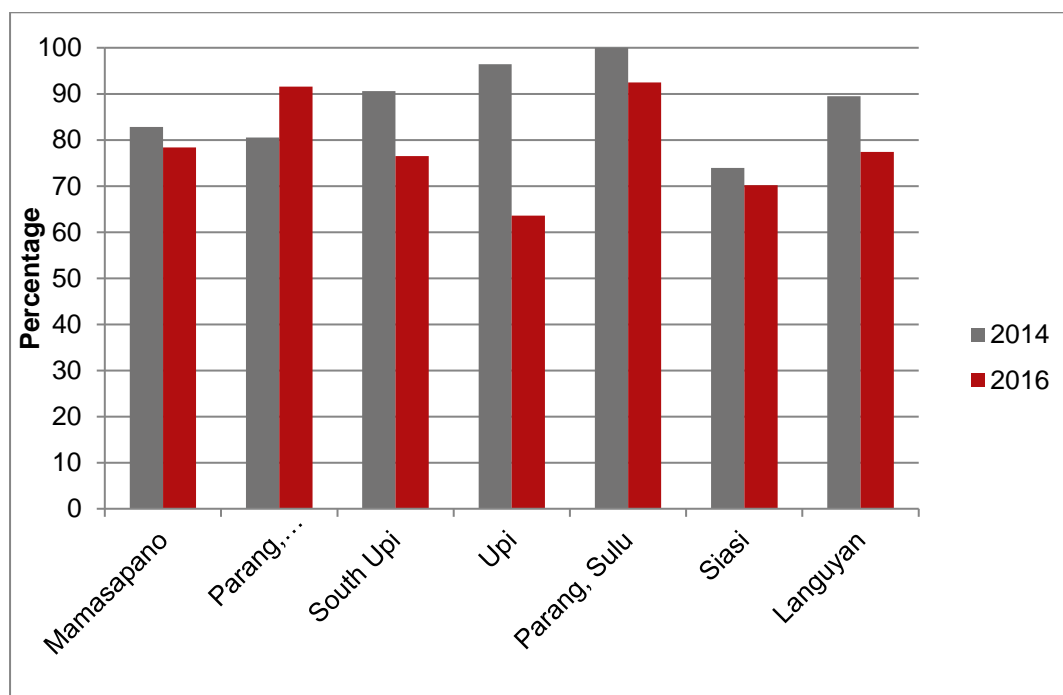
<sup>960</sup> 2013 Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority, Chapter 5

<sup>961</sup> Table 10.2 Philippines Development Plan 2017-2022.

<sup>962</sup> Table 10.5 Philippines Development Plan 2017-2022.

universally applied. The municipality with the lowest level of completion of kindergarten was Upi, at 64 per cent.<sup>963</sup> Worryingly, in all seven municipalities surveyed within the MIS in ARMM, other than Parang, Maguindanao, there was a reduction in the number of children attending Grade 1 who had completed kindergarten between 2014 and 2016.<sup>964</sup>

**Table 7.3: Proportion of children attending Grade 1 who have completed Kindergarten 2014–2016**



Source: 2016 Multiple Indicator Survey

### **Elementary or primary education**

Elementary (sometimes called primary) education is compulsory for all children of school age under the Philippines Constitution and is provided for free (Article XIV section 2(1)). The Magna Carta for Children in ARMM, MMA No 162 (2003) also guarantees the right to free primary education, which is compulsory.<sup>965</sup> Elementary school in ARMM is for children aged 6–11.

The number of students enrolled in public elementary schools reduced in ARMM from 686,024 in school year 2011–2012 by 8.8 per cent to 625,166 in school year 2012–2013 but increased again to 695,979 in school year 2013–2014.<sup>966</sup> One of the reasons for the fluctuation in numbers may be the introduction of an improved system for monitoring and recording attendance in schools which has removed duplicate students from the system.

<sup>963</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, p 151.

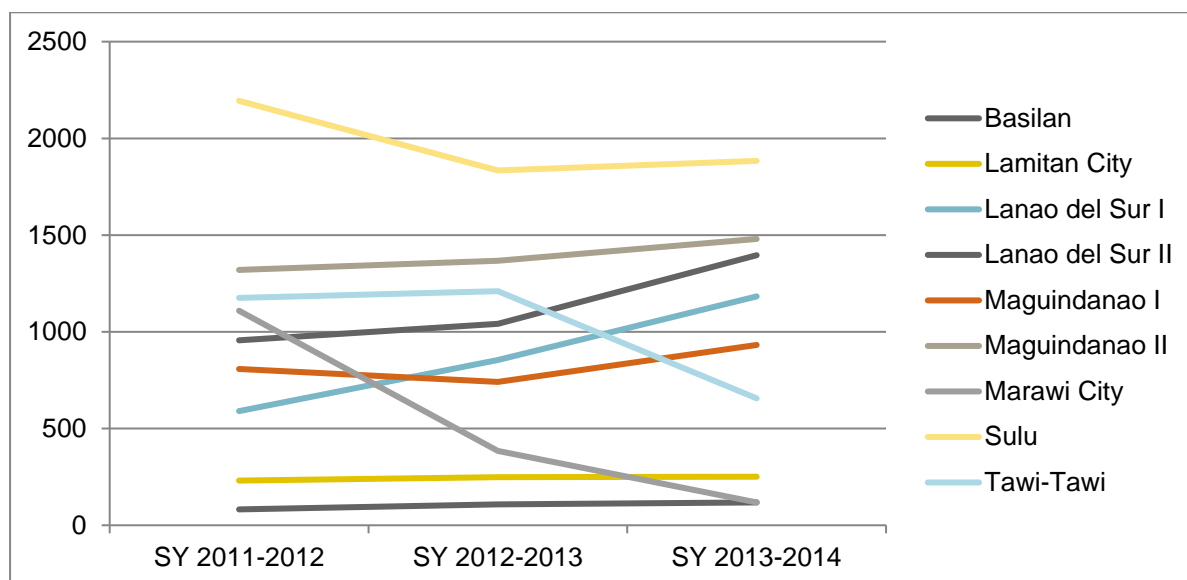
<sup>964</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, Table 8.6.

<sup>965</sup> Magna Carta for Children, section 7(d).

<sup>966</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 73.

A number of areas showed an increasing trend in completion or graduation at elementary level including Basilan, Lamitan City, Lanao del Sur I, Lanao del Sur II and Maguindanao II. However, this was not the case for all areas, and Marawi City and Tawi-Tawi had a decreasing number of elementary graduates.<sup>967</sup>

**Table 7.4: Completion of elementary level by school year and division, school year 2011–2012 to school year 2013–2014**



Source: ARMM BEAM baseline study on improved access and participation in ARMM, p 12

The goal in the Mindanao Peace and Development Framework Plan (MPDF) (which it should be noted is for the Mindanao island group including ARMM) is to increase the net enrolment rate in primary school to 95 per cent by 2016 from 82.5 in 2009–2010. This should be increased further to 100 per cent by 2020.<sup>968</sup> There is no evidence available to indicate whether the 2016 target was met.

In the Philippines nationally, the net enrolment rate in elementary education in 2010 was 95.9 per cent. This decreased to 92.57 per cent in 2014 and 91.05 per cent in 2015.<sup>969</sup> The goal in the Philippines Development Plan 2017-2022 is to raise this to 95 per cent by 2022.<sup>970</sup>

According to the ARMM Regional Development Plan 2017-2022, the net enrolment rate in elementary school fluctuated a number of times between School Year (SY) 2007–2008 and SY 2013–2014. From a starting point of 85.82 per cent in SY 2007–2008, it reached a high of 99.45 per cent in SY 2009–2010, reduced to 64.42 per cent in SY 2011–2012, increased again to 72.46 per cent in SY 2012–2013 and, finally, decreased to 70.42 per cent and 69.94 per cent in SY 2013–2014 and 2014–2015 respectively.<sup>971</sup> These later rates are below the national net enrolment rate for the Philippines of 91.05 per cent in 2015.

<sup>967</sup> ARMM BEAM Baseline Study on Improved Access and Participation in ARMM, p 12.

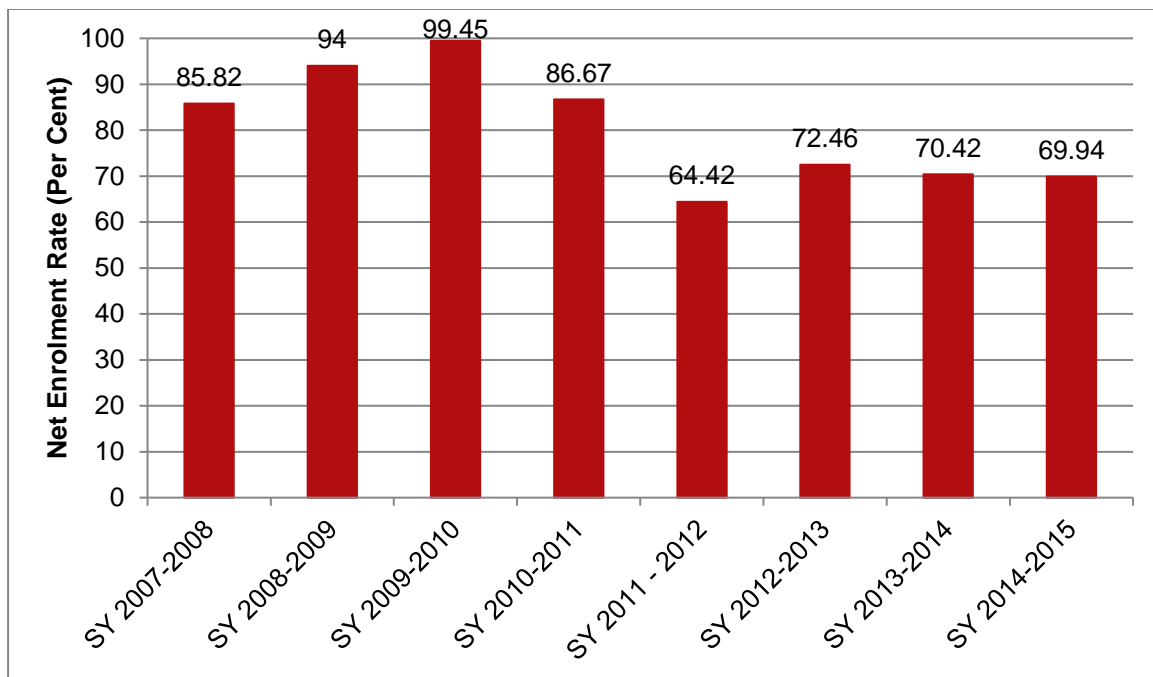
<sup>968</sup> Mindanao 2020 Peace and Development Framework Plan 2011-2030, p 114.

<sup>969</sup> Table 10.2 Philippines Development Plan 2017-2022.

<sup>970</sup> Table 10.5 Philippines Development Plan 2017-2022.

<sup>971</sup> ARMM Regional Development Plan 2017-2022 Chapter 10, section 10.2.3.1.

**Table 7.5: Elementary Net Enrolment Rate in ARMM School Year 2007–2008 to School Year 2013–2014.**



Source: ARMM Regional Development Plan Midterm update 2013-2016, DepEd-ARMM BEIS

One of the reasons for the peak of enrolment in elementary school in school year 2009–2010 may have been the implementation of various programmes including the Food for Schools program and Conditional Cash Transfer program, which encouraged parents to send their children to school.<sup>972</sup> A reason for some of the recorded reduction in enrolment figures may be due to the eradication of ‘ghost’ students and improvement of the recording of information on students. Finally, a further area that renders school enrolment figures in ARMM somewhat complex and controversial is that children attending faith-based, particularly Islamic-based schools may not be considered to be enrolled in elementary education, meaning that large numbers of children are not factored into enrolment figures.<sup>973</sup> However, this issue is made complex by concerns and accusations that the quality of education in such schools is not of a sufficient standard to consider them to be providing elementary education.

According to the Mindanao Peace and Development Framework Plan (for the whole Mindanao region, including ARMM) the elementary enrolment rate by 2016 should have improved by 50 per cent over their 2010 levels. By 2020, this should have improved by 75 per cent over their 2010 levels and by 2030 the elementary enrolment rate should be at 100 per cent.<sup>974</sup> Given the low rates of enrolment currently in ARMM achieving these goals will likely be a challenge, and may be difficult to do.

<sup>972</sup> ARMM Regional Development Plan 2017-2022 Chapter 10, section 10.2.3.1.

<sup>973</sup> Focus group discussion with Government Representatives and Key Experts, August 2017.

<sup>974</sup> Mindanao 2020 Peace and Development Framework Plan 2011-2030, p 114.

The FLEMMS 2013 survey, which took into account responses from 1,049 households in ARMM, found almost equal numbers of girls and boys enrolled in elementary education in ARMM. The net enrolment rate for boys was 84.3 per cent and for girls was 84 per cent.<sup>975</sup> However, according to the 2017 OPM Report on ECCD and Basic Education, there were significant barriers to girls' participation in Grade 1 in some LGUs in ARMM, including Upi, where the study found there to be twice as many 6-year-old boys studying as there were 6-year-old girls.<sup>976</sup> This may be due to local cultural and religious practices resulting in girls being excluded from education.<sup>977</sup>

It is not clear why there is a difference in the enrolment rates between provinces, however having a gross enrolment rate of over 100 per cent may indicate that there are overage or underage students included in the calculations, or students repeating grades.<sup>978</sup> Alternatively, it may be that there are a large number of internally displaced children attending school outside their home province. Having a net enrolment rate of over 100 per cent should not occur but suggests inconsistencies between population and enrolment data, or unreliable data.<sup>979</sup> This suggests that both low and high enrolment rates should be treated with caution. In addition, high enrolment rates in Marawi may indicate that the elementary education system in Marawi is being placed under pressure due to increased numbers of pupils in the system.

The Basic Education Assistance for Muslim Mindanao Autonomous Region in Muslim Mindanao (BEAM-ARMM) project was established in 2011 in order to get children in ARMM into school, keep them in school and get them to finish school. It is a project run by DepEd-ARMM in partnership with the Australian government.<sup>980</sup> It is implemented in the entire of ARMM through partner organisations including Cardno, BRAC, GIZ and UNICEF.<sup>981</sup> Data gathered and extrapolated as part of the BEAM-ARMM programme shows that the estimated gross enrolment ratio<sup>982</sup> at elementary level varies extensively between provinces in ARMM. In SY 2011–2012, the latest school year from which data are available, the lowest gross enrolment rate was in Basilan at 42.86 per cent, and the highest in Marawi City at 164.22 per

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<sup>975</sup> 2013 Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority, chapter 5.

<sup>976</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 58

<sup>977</sup> Evaluation of the UNICEF Philippines Country Office 'Early Childhood Care and Development' and 'Basic Education' components of the 7<sup>th</sup> GPH-UNICEF Country Programme 2012-2016 Final Report, March 2017, Oxford Policy Management, p 58

<sup>978</sup> Gross Enrolment ratio definition, <http://uis.unesco.org/en/glossary-term/gross-enrolment-ratio> [accessed 5 September 2017]

<sup>979</sup> Net Enrolment Rate in Primary Education Indicator, [http://www.un.org/esa/sustdev/natlinfo/indicators/methodology\\_sheets/education/net\\_enrolment.pdf](http://www.un.org/esa/sustdev/natlinfo/indicators/methodology_sheets/education/net_enrolment.pdf) [accessed 5 September 2017]

<sup>980</sup> BEAM-ARMM baseline study on improved access and participation in ARMM, p 3.

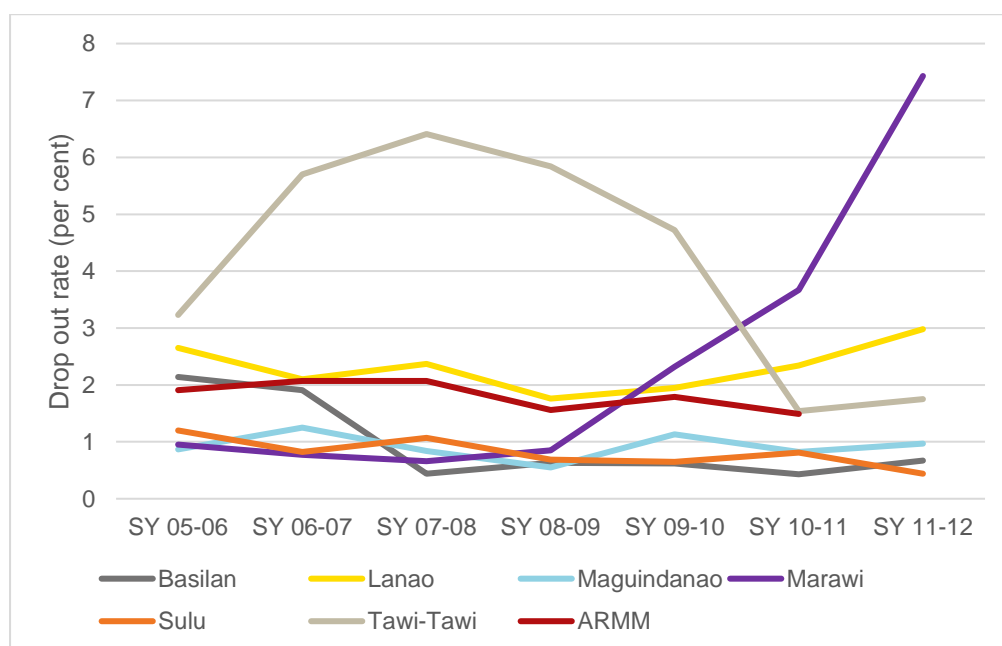
<sup>981</sup> BEAM-ARMM Six-Monthly Progress Report July-December 2016, 23 January 2017, p 1.

<sup>982</sup> The ratio of the number of pupils enrolled in the elementary grades over the total number of children aged 6-11 being the official age for elementary education.

cent.<sup>983</sup> Similarly, net enrolment rates<sup>984</sup> show extensive differences between provinces in ARMM, varying from 35.57 in Basilan to 148.48 in Marawi City.<sup>985</sup>

There are very limited recent data on elementary dropout rates in ARMM. The latest figures that are available show a rate of 1.49 per cent in SY 2010–2011, which was a reduction from 2.07 per cent in SY 2006–2007.<sup>986</sup> The ARMM Regional Development Plan 2017-2022 attributed the low dropout rate to the implementation of the Dropout Retention Program but it has not been possible to find any publicly available information on this scheme.<sup>987</sup> Particularly low dropout rates were reported for SY 2011–2012 in the provinces of Sulu and Basilan, at 0.44 and 0.67 respectively, compared to Marawi City, which had the highest dropout rate in ARMM at 7.43 per cent.<sup>988</sup> As can be seen in the table below, Marawi city shows the most dramatic increase in dropout rate, and Tawi-Tawi shows a significant increase in the dropout rate between SY 2005–2006 and SY 2007–2008, a substantial drop in SY 2010–2011. The reasons behind these differences across the different provinces in ARMM are not clear, but could relate to the greater opportunities for employment, including child labour, in Marawi City.

**Table 7.6: Elementary Dropout Rate, ARMM provinces, School Year 2005–2006 to School Year 2011–2012**



Source: ARMM Regional Development Plan Midterm Update 2013-2016, DepEd BEIS

<sup>983</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 18.

<sup>984</sup> The number of enrolled children aged 6-11 over the total number of children of the same age.

<sup>985</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 19.

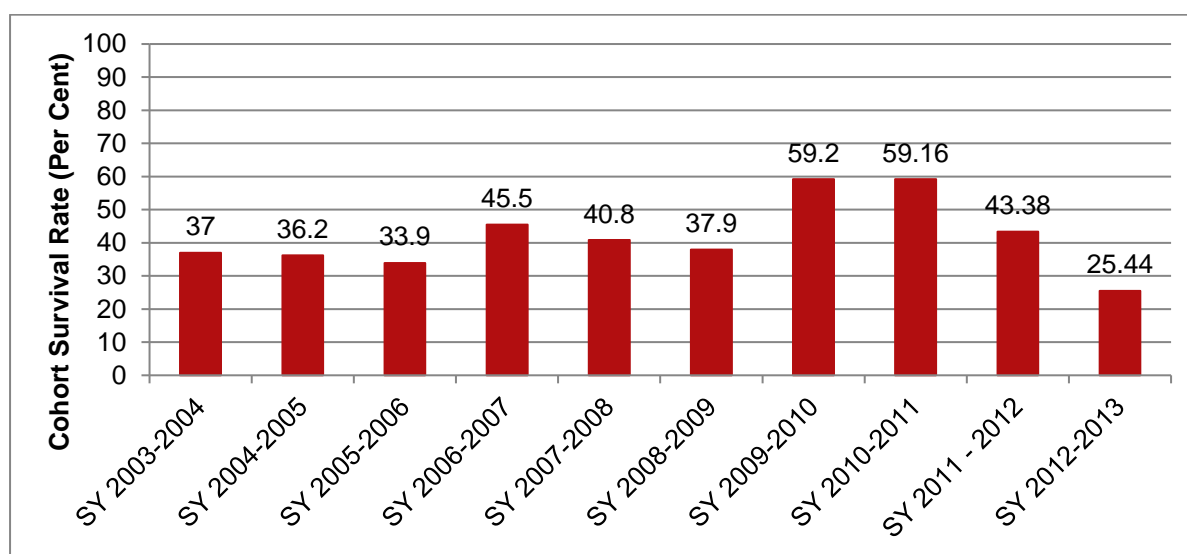
<sup>986</sup> ARMM Regional Development Plan 2017-2022, p 214

<sup>987</sup> ARMM Regional Development Plan 2017-2022, p 214.

<sup>988</sup> ARMM Regional Development Plan 2017-2022, p 214.

According to the PDP, the national cohort survival rate in elementary schools in the Philippines was 74.2 per cent in 2010.<sup>989</sup> This rose to 85.08 per cent in 2014 and 87.07 per cent in 2015.<sup>990</sup> The ARMM elementary cohort survival rate fluctuated between SY 2005–2006 and SY 2011–2012, but at the average was 41.8 per cent, which implies that more than half of Grade 1 pupils in ARMM during this timeframe did not reach Grade 6. Not only is the cohort survival rate in ARMM substantially lower than the national rate, in contrast to the rising national cohort survival rate, there was a steep decline in the ARMM cohort survival rate between SY 2009–2010, when the cohort survival rate was 59.2 per cent to SY 2012–2013 when it was only 25.44 per cent.<sup>991</sup>

**Table 7.7: Elementary Cohort Survival Rates, School Year 2003–2004 to School Year 2012–2013**



Source: ARMM Regional Development Plan Midterm Update 2013–2016, DepEd-ARMM BEIS

The Mindanao 2020 Peace and Development Framework Plan set the following goals in relation to elementary school completion rates:

- To improve the rate by 50 per cent by 2016 from 2010,
- To improve the rate by 75 per cent from 2010 levels by 2020; and
- Achieving a 90-95 per cent completion rate by 2030.<sup>992</sup>

Given that the cohort survival rate in ARMM has decreased since SY 2010–2011, and that so much in relation to school attendance and complete appears linked to ongoing and conflict and disaster risks, there are concerns over whether ARMM will be able to meet these targets.

There are a number of possible explanations for the low cohort survival rate in ARMM. The first is that there has not actually been a fall in the rate at all, rather that the drop is due to changes in the data recording system (to the Learner Information System, introduced by the

<sup>989</sup> Table 10.2 Philippines Development Plan 2017-2022.

<sup>990</sup> Table 10.2 Philippines Development Plan 2017-2022.

<sup>991</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 76.

<sup>992</sup> Mindanao 2020 Peace and Development Framework Plan 2011-2030, p 114.

ARG Governor in 2013<sup>993</sup>) and removal of ghost students. This is not likely to account for the entire reduction in the cohort survival rate, however, and it is likely that a proportion of the reduction is likely to be due to limitations in the education infrastructure and concerns over the quality of teaching in ARMM which discourages students from remaining in school. Additionally, low rates of enrolment in ECCE and kindergarten may mean that young children are not prepared for formal education and could struggle in the first few years, increasing the likelihood of a child dropping out.

Further, it is important to recall the unique stresses that conflicts and disasters place upon all sectors in ARMM. The high levels of displacement due to conflict and disasters are known to cause disruption to a child's education, resulting in de-enrolment when families 'relocate', and, potentially, resulting in the child never being re-enrolled. Schools and children face and share a number of challenges in relation to displacement, including, for example, insufficient space in schools in areas to which children have been displaced, children not speaking the language of the schools, or children not having and being unable to afford a required uniform. Numbers of displaced children have been unable to enrol as they are not familiar with the language of instruction used in their new schools in their host communities (Bisaya instead of Maranao). Some parents prevent their children from attending school because they are afraid that the conflict will resume. Moreover, some schools have been used as evacuation centres and some of the teachers have been displaced leading to staff shortages.<sup>994</sup>

### **Secondary education**

Secondary education is compulsory for all children of school age under the Article XIV, Section 2(1) of the Philippines Constitution and is provided free of charge. Until mid-2016, secondary education was compulsory for children aged 11–15, however, under the new K-12 program, secondary school is now compulsory for children aged 11–18. Under the Magna Carta for Children in ARMM, MMA No 162, (2003), secondary education must be provided for free but is not explicitly compulsory.<sup>995</sup>

The number of students enrolled in secondary schools in ARMM has fluctuated in recent years. The enrolment rate was 111,642 in SY 2010–2011, increased to 113,637 in SY 2011–2012, but decreased to 104,605 in 2012–2013.<sup>996</sup> It is not clear why the number of enrolments has fluctuated but this may be down to the changes in collection of information on students, or demographic trends, employment trends, conflict or disaster.

The net enrolment rate in secondary education at the national level in the Philippines has fluctuated, decreasing from 64.7 per cent in 2010 to 63.26 per cent in but increasing again to 68.15 per cent in 2015.<sup>997</sup> The net enrolment rate in secondary schools in ARMM has also fluctuated, but is substantially lower than the national rate: according to the 2013–2016 ARMM Regional Development Plan Mid-term Update, it increased from 32.6 per cent in SY

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<sup>993</sup> ARMM Dep-Ed website, <http://deped.armm.gov.ph/2014/01/annual-reform-reprt-2013-5-of-5-parts.html>.

<sup>994</sup> IDP Protection Assessment Report, Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30 June 2017, p 5.

<sup>995</sup> Magna Carta for Children, section 7 (d).

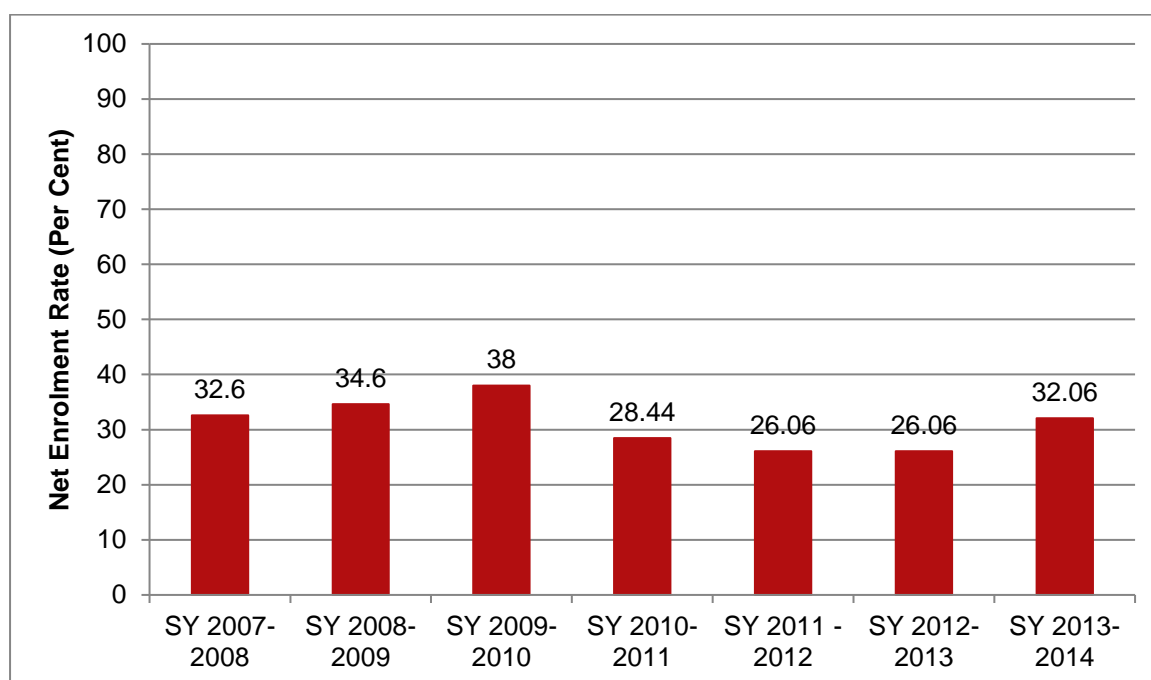
<sup>996</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p74.

<sup>997</sup> Table 10.2 Philippines Development Plan 2017-2022.



2007–2008 to 38 per cent in 2009–2010 but dropped to 26.06 per cent in 2011–2012 before increasing to 32.06 per cent in 2013–2014.<sup>998</sup> The high increase in 2009–2010 was attributed to the implementation of the Food for School Programme, the UN-World Food Programme, the conditional cash transfer program, and other programs in recipient schools which greatly encouraged parents to send their children to school.<sup>999</sup> It should be noted that, during a focus group discussion with government representatives, it was suggested that many parents prefer private education at the secondary level, and that there are at least 65 such schools in ARMM, with enrolment in these schools not necessarily reflected in enrolment rates.<sup>1000</sup>

**Table 7.8: Secondary School Net Enrolment Rate School Year 2007–2008 to School Year 2013–2014.**



Source: ARMM Regional Development Plan Midterm Update 2013-2016, DepEd-ARMM BEIS

The Mindanao Peace and Development Framework Plan (for the Mindanao region including ARMM) set a goal of increasing the net enrolment rate in secondary school from 46.2 per cent in 2009–2010 to 60 per cent by 2016, 70 per cent by 2020, and 100 per cent by 2030.<sup>1001</sup> There are no available figures on whether the 2016 target was met.

According to the FLEMMS Survey, which, in 2013, surveyed 1,049 children in ARMM, the net enrolment rate of boys aged 12–15 was 50.5 per cent, compared to 66.9 per cent of girls.<sup>1002</sup> There are many reasons why boys are more likely than girls to drop out or fail to progress from elementary school to secondary school in ARMM, including low expectations from

<sup>998</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p74.

<sup>999</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p75.

<sup>1000</sup> Focus Group Discussion with Government Representatives, August 2017.

<sup>1001</sup> Mindanao 2020 Peace and Development Framework Plan 2011-2030, p 114.

<sup>1002</sup> Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority, p 26.

parents and teachers, limited interest in school and, some suggest, the feminisation of teaching, such that the majority of teachers are women, which some consider may discourage boys to continue to attend school.<sup>1003</sup> However, at secondary level, the need to work may also be a significant factor, and this appears to take on a gendered element at this age. According to the 'Education for All' national report, for example, boys are thought more likely to get a job that does not require academic skills, and so remaining in school when they could be earning is less attractive.<sup>1004</sup> There are also social expectations on girls to finish their studies so they can help their siblings, whereas boys are not seen as having the same responsibility. Girls are expected to persevere and seek a job that requires qualifications.<sup>1005</sup>

According to the BEAM-ARMM Base-line Report, completion rates at secondary level have fluctuated, rising from 2,003 in SY 2011–2012 to 2,534 in SY 2012–2013 and then reducing to 2,054 in SY 2013–2014.<sup>1006</sup> Completion rates vary between different geographical areas in ARMM. Although Basilan has shown a slight increase, others, including Maguindanao I, and Tawi-Tawi have shown a decreasing trend.<sup>1007</sup> The dropout rate at secondary level is much higher than at elementary level. In 2011–2012, the secondary dropout rate was 4.36 per cent in ARMM, showing an increase since SY 2006–2007 when the rate was 3.92 per cent, although it had dropped from a high of 5.53 per cent in SY 2010–2011.<sup>1008</sup> The province with the highest dropout rate was Marawi City, where the dropout rate was 9.72 per cent in SY 2011–2012, lower than the highest rate of 23.22 per cent in SY 2010–2011.<sup>1009</sup> The high dropout rate has been attributed to the ongoing conflict situation, the economic instability of families, health concerns and the prevalence of rido (feuding between families/clans).<sup>1010</sup>

**Table 7.9: Secondary Dropout Rates, ARMM provinces, School Year 2005–2006 to School Year 2009–2010**

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<sup>1003</sup> Last-mile learners situational analysis report, DepEd Project Development Division, June 2016, p 8.

<sup>1004</sup> Education for All 2015 National Review Report:

Philippines <http://unesdoc.unesco.org/images/0023/002303/230331e.pdf> p 45.

<sup>1005</sup> Key Informant Interview with representatives from UNICEF, Tuesday 13 June, Manila

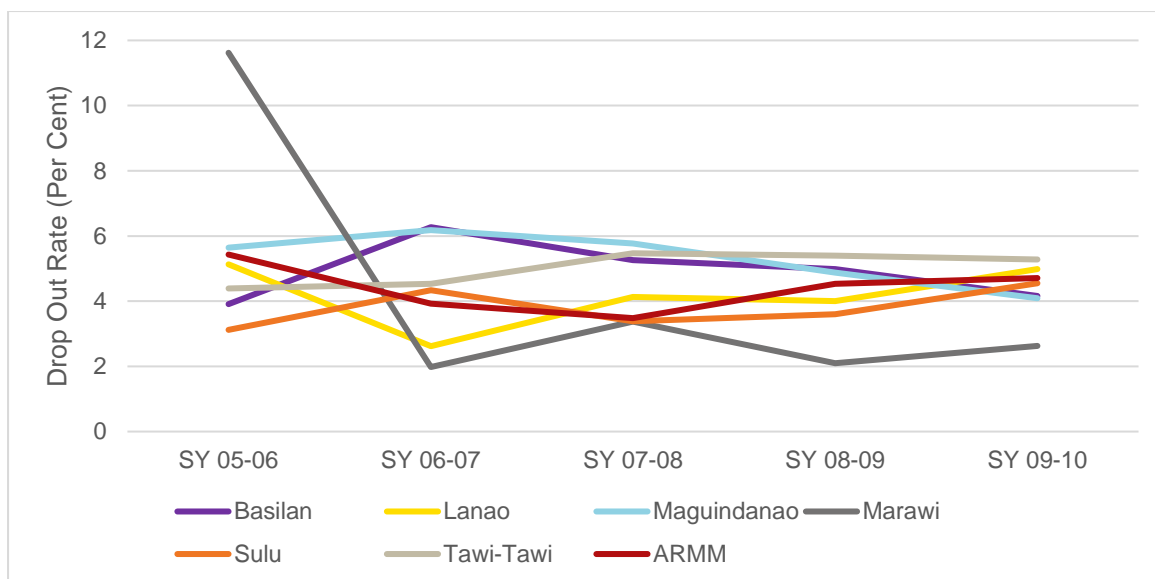
<sup>1006</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 13.

<sup>1007</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 13.

<sup>1008</sup> ARMM Regional Development Plan 2017-2022, p 214.

<sup>1009</sup> ARMM Regional Development Plan 2017-2022, p 214.

<sup>1010</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 22.



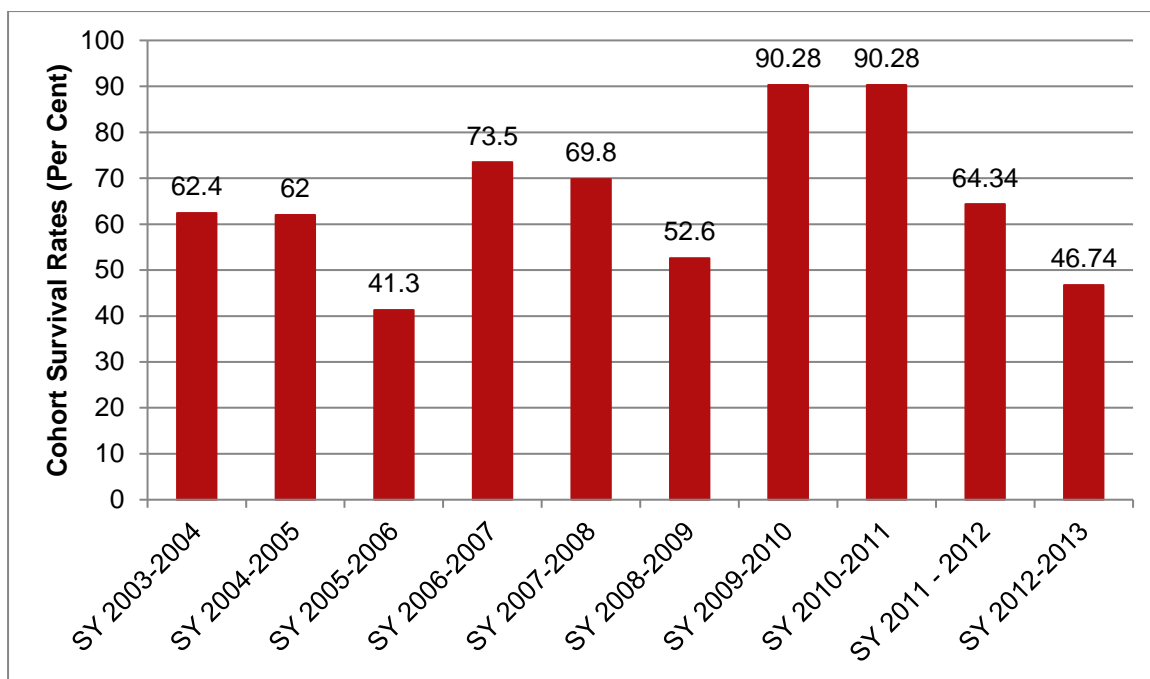
Source: ARMM Regional Development Plan Midterm Update 2013-2016, DepEd BEIS

The cohort survival rate at secondary level in ARMM has fluctuated considerably, improving from a low of 41.3 per cent in SY 2005–2006 to over 90 per cent in SY 2009–2010 and SY 2010–2011.<sup>1011</sup> Unfortunately, this improvement was not maintained in the following years and the cohort survival rate dropped to 46.74 per cent in SY 2012–2013.<sup>1012</sup> As discussed above some of this may have related to programs introduced in and around SY 2009–2010, but also to the changes to the information recording systems in ARMM around SY 2011–2012 which removed ‘ghost’ students.

**Table 7.10: Secondary Cohort Survival Rates School Year 2003–2004 to School Year 2012–2013**

<sup>1011</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 76.

<sup>1012</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 76.



Source: ARMM Regional Development Plan Midterm Update 2013-2016, DepEd-ARMM BEIS

In the Mindanao 2020 Peace and Development Framework Plan, the goal for the Mindanao islands was to increase secondary school completion rates by 50 per cent over the 2010 levels by 2016; by 75 per cent from 2010 levels in 2020; and 90–95 per cent completion rates by 2030.<sup>1013</sup> Given the decrease in cohort survival rate in ARMM since 2010–2011, and the continuation of the possible causes of these decreases, including, in particular, ongoing conflict and disaster risks, it seems unlikely that ARMM will meet these targets.

### **Provincial variation**

Unfortunately, ARMM has the lowest educational performance in the Philippines at both elementary and secondary level.<sup>1014</sup> Within the region, there is also significant variation for educational performance.

A baseline survey carried out for the BEAM-ARMM project in 164 public elementary and secondary schools found discrepancies in the overall trend of increasing student enrolment numbers between provinces. In both Maguindanao I and II, the enrolment rate increased between SY 2011–2012 and SY 2013–2014 (from 10,365 to 11,792 and 13,674 to 14,786 respectively), while, in Lanao del Sur II and Tawi-Tawi, the rate decreased (from 11,984 to 11,145 and 6,401 to 5,706 respectively).<sup>1015</sup> It is not clear why there are these differences between provinces.

The BEAM-ARMM survey also identified differences in enrolment rate for girls and boys in elementary and secondary school. Overall, the percentage of male students enrolled increased very slightly, from 46.5 per cent in SY 2011–2012 to 47 per cent in SY 2013–2014.

<sup>1013</sup> Mindanao 2020 Peace and Development Framework Plan 2011-2030, p 114.

<sup>1014</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 72.

<sup>1015</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 8.

However, Lanao del Sur II had the lowest proportion of boys enrolled, at 41.8 per cent in SY 2013–2014, with Lanao del Sur I just behind at 44.4 per cent. The school province with the highest proportion of boys enrolled was Lamitan City with 49.6 per cent, with Maguindanao I just behind at 48.9 per cent.<sup>1016</sup> With completion rates, girls were found to be more likely to complete or graduate from school than boys. Between SY 2011–2012 and SY 2013–2014, 54.7 per cent who completed or graduated in every school year were female.<sup>1017</sup>

As at national level, boys are less likely to enrol and complete education. Boys are considered to be less ready for school at a young age, they are reported to be more likely to experience illness or malnourishment, and there are low parental expectations of boys in terms of schooling, all of which are likely to lead to lower enrolment rates of boys in formal education.<sup>1018</sup> Boys are also more likely to be taken out of school to work so they can support their family, particularly in rural areas, and education is seen as less important for boys who are more likely to be employed in jobs that do not require high academic skills.<sup>1019</sup> Finally, the teaching profession is dominated by women, and it is suggested that there is a gender bias towards girls in schools.<sup>1020</sup>

### **Overall attendance in education**

According to the Annual Poverty Indicator Survey carried out in 2013, 16.73 per cent of 5- to 15-year-old children in ARMM are out of school.<sup>1021</sup> This has decreased from 25.10 per cent in 2008.<sup>1022</sup> The number of out of school children in ARMM compares poorly against the national average of 5.21 per cent.<sup>1023</sup> Additionally, ARMM has the highest prevalence of 5- to 15-year-olds out of school across all regions in the Philippines.<sup>1024</sup>

In the 2003 FLEMMS survey, household respondents identified the main reasons for not attending school in ARMM as: lack of personal interest (39.6 per cent), need for employment (13.9 per cent) and high cost of education (13.8 per cent).<sup>1025</sup> In 2013, this had changed to lack of personal interest (23 per cent), lack of family income (20.1 per cent), high cost of education (14.9 per cent - the highest percentage across all regions in the Philippines) and the need for

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<sup>1016</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 8.

<sup>1017</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 12.

<sup>1018</sup> Education for All 2015 National Review Report: Philippines, <http://unesdoc.unesco.org/images/0023/002303/230331e.pdf> p 45.

<sup>1019</sup> Education for All 2015 National Review Report: Philippines, <http://unesdoc.unesco.org/images/0023/002303/230331e.pdf> p 45.

<sup>1020</sup> Last-mile learners situational analysis report, DepEd Project Development Division, June 2016, p 8.

<sup>1021</sup> APIS 2013 (as cited in Philippine Country Study, All Children in School by 2015, Global Initiative on Out-of-School Children, p 117)

<sup>1022</sup> APIS 2008 (as cited in Philippine Country Study, All Children in School by 2015, Global Initiative on Out-of-School Children, p 117)

<sup>1023</sup> APIS 2013 (as cited in Philippine Country Study, All Children in School by 2015, Global Initiative on Out-of-School Children, p 117)

<sup>1024</sup> Philippine Country Study, All Children in School by 2015, Global Initiative on Out-of-School Children, UNICEF, 2015, p 117.

<sup>1025</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p 76.

employment (10.3 per cent).<sup>1026</sup> These changes show a clear shift towards financial factors influencing whether or not children attend school and access their educational rights.

According to respondents to the BEAM-ARMM Study (June 2017), which gathered data from 164 schools across ARMM, the reasons for low enrolment and access to education were reported to be poverty/low family income (88.4 per cent), health problems (46.3 per cent), residence being far from school (43.3 per cent), family domestic problems (40.2 per cent), natural calamities (21.3 per cent), armed conflict (18.9 per cent), and teacher factor (3.7 per cent).<sup>1027</sup> The reasons for drop-outs were reported to be poverty/low family income (92.6 per cent), health problems (51.9 per cent), peace and order problems (44.4 per cent), family/domestic problems (37 per cent), residence far from school (29.6 per cent), natural calamities (29.6 per cent) armed conflict (22.2 per cent) and teacher factor (3.7 per cent).<sup>1028</sup>

Both the FLEMMS and BEAM-ARMM surveys show that poverty and low family income are key reasons for failure to attend school in ARMM. However, the instability, stress and other challenges associated with conflict also have a large impact on school attendance. In areas where there is armed conflict, 19 per cent of those who stopped attending school gave this as a reason.<sup>1029</sup> Additionally, schools in areas where there is armed conflict are likely to have poorer facilities. According to a needs assessment conducted by UNICEF in 2007, more children in conflict areas in the Philippines said that not all children had their own desk (18 per cent) than those not living in conflict areas (5 per cent), and more children in conflict areas had multi-grade sessions in their classes (32 per cent) than those not living in conflict areas (13 per cent).<sup>1030</sup> Poor or missing facilities and overcrowded classrooms are likely to discourage children from attending school and to increase dropout rates.<sup>1031</sup>

The geographic situation of some of the provinces of ARMM may also contribute to low attendance rates. Children from geographically isolated areas have been identified as facing particular challenges in accessing education.<sup>1032</sup> According to FLEMMS 2013, 65.8 per cent of ARMM students walked to school and 12.2 per cent had no alternative to walking, 30.4 per cent travelled by public utility jeepney, non-metered taxi, van or bus, and 44.1 per cent travelled by tricycle, motorcycle or pedicab.<sup>1033</sup> Having to travel long distances to school can discourage pupils from attending school and decrease their attention when they are at school if they have had to walk long distances and are tired before they even reach the classroom.

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<sup>1026</sup> Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority Chapter 5.

<sup>1027</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 10.

<sup>1028</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 16.

<sup>1029</sup> Uncounted Lives: Children and Women in the Philippines, A Needs Assessment of Children and Women Affected by Armed Conflict, UNICEF, 2007, p 167.

<sup>1030</sup> Uncounted Lives: Children and Women in the Philippines, A Needs Assessment of Children and Women Affected by Armed Conflict, UNICEF, 2007p 169.

<sup>1031</sup> Last-mile learners situational analysis report, DepEd Project Development Division, June 2016, p 7-8.

<sup>1032</sup> Key Informant Interview with Representative from DepEd, Wednesday, 14 June 2017, Manila.

<sup>1033</sup> Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority chapter 5.

#### 7.4. Alternative learning system

Because of the remoteness of some of the provinces of ARMM, especially Tawi-Tawi, the southern-most island in the Philippines, as well as the displacement from conflict, there has been a high demand for ALS in the region.<sup>1034</sup> The Bureau of Alternative Learning System is tasked with operationalising the ALS in ARMM, but there is limited information about its implementation.<sup>1035</sup>

According to a KII with a representative of DepEd-ARMM, the Department is providing a mobile learning system that is being implemented across ARMM so that children can access basic education. This system is aimed, in particular, at children who have been affected by peace and security issues or poverty.<sup>1036</sup> It has not been possible to find any further information about how this system is delivered or how effective it has been.

Alternative delivery models were used in the BEAM-ARMM project to provide opportunities for children in remote and disadvantaged communities in ARMM. Over four years of the project, 65,990 children were provided with education services, with 32,180 transitioning to the nearest public school.<sup>1037</sup> Between 2012 and 2017, 2,108 learning centres were established in communities without public schools or where out-of-school children were prevalent, covering both kindergarten and elementary levels.<sup>1038</sup> In 2015-16 a total of 13,201 boys and 12,237 girls were provided access to education through alternative delivery models, a figure that included 2,670 indigenous children.<sup>1039</sup> The project ran from February 2013 until June 2015 initially, but was extended until June 2018.<sup>1040</sup> Unfortunately, it is unclear whether the activities covered by this project will continue to run after June 2018.

Despite the need for alternative delivery models in ARMM, and the DepEd-ARMM's involvement in delivering such services, there remain challenges in implementing ALS in ARMM. In 2016, Save the Children identified limited viable 'catch up' programmes for children who have been out of the education system for some time, or who have never attended school. One group of children who are affected are those who travel to Sabah, Malaysia with their parents for work. These children are often deported a number of months after arriving in Sabah, sometimes more than once in a school year, and may not be accepted back into their schools in ARMM on their return.<sup>1041</sup> Many of the children choose to work, or are required to work by their families, while they are in Sabah as the child can earn more in a few months in Sabah than in a year in the streets of Tawi-Tawi or Basilan.<sup>1042</sup> Even if the child wished to attend school while in Sabah, this is often not possible, because the family does not

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<sup>1034</sup> Making Education Spending Count for the Children of the Autonomous Region of Muslim Mindanao, Public Expenditure and Institutional review for ARMM basic Education, DFAT Australia and World Bank, 2015, p 12.

<sup>1035</sup> Basic Education Act in ARMM 2010 section 40.

<sup>1036</sup> Key Informant Interview with representative from DepEd-ARMM, June 13, 2017.

<sup>1037</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 5.

<sup>1038</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 14.

<sup>1039</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 15.

<sup>1040</sup> BRAC Philippines 2016 Annual Report, p 62.

<sup>1041</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 11.

<sup>1042</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 75.

have the correct documents to receive an education in Malaysia or does not speak the language.

There are also a number of children in ARMM who are enrolled in grade levels that are not appropriate to their age due to late enrolment because of financial constraints, or because they have had to take a break in education to help their parents make a living.<sup>1043</sup> Although there is a catch-up education program for kindergarten-age children, the same type of program is not available for over-age pupils at other points in the basic education system. Being overaged can be a source for bullying and social exclusion.<sup>1044</sup>

### **7.5. Madrasah education**

Steps have been taken by DepEd nationally to increase the number of Muslim and indigenous students receiving formal education in the Philippines. Formal recognition of Madrasah education has been introduced to promote education for all and to contribute to the peace process by according rights and respect to the Muslim and indigenous communities, who report experiencing marginalisation. The Refined Elementary Madrasah Curriculum was implemented in elementary schools through DO No. 40 s. 2011, with at least 15 Muslim students and private Madaris. Some public school divisions have used ALIVE (the alternative name for the curriculum) in their ALS program to deliver Arabic Language and Islamic Values to Muslim out of school youth.<sup>1045</sup> As expected, Madrasah education is popular in the ARMM region, with the network of Madaris in ARMM reaching over 2000 by the late 1980s.<sup>1046</sup>

DepEd provides financial and infrastructure support to Madrasahs if they adopt the Refined Elementary Madrasah Curriculum, which includes both secular education and Arabic Language and Islamic studies.<sup>1047</sup> One of the reasons for introducing the Refined Elementary Madrasah Curriculum is to ensure that children are better able to move between Madrasahs and regular public schools, and to promote Filipino culture while preserving Muslim cultural heritage and values.<sup>1048</sup>

As indicated earlier, the BEAM-ARMM project aimed to provide marginalized Muslim Mindanao Children, especially those in conflict-affected areas, access to Islamic preschools (Tahderriyah), an effort also undertaken by UNICEF Philippines. A total of 51,261 children enrolled in BEAM-ARMM Tahderriyah centers between 2012 and SY 2016–2017.<sup>1049</sup> The 7,690 children recorded enrolled in 313 Tahderriyah centres were equally split between boys and girls: 37 per cent were aged 3–4, 29 per cent were aged 5 and 34 per cent were aged 6 or above. Of those who completed the Tahderriyah sessions in SY 2015–2016, 61 per cent

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<sup>1043</sup> Save the Children, Child Rights Situational Analysis in ARMM, 2016, p 62.

<sup>1044</sup> Save the Children, Child Rights Situational Analysis in ARMM, 2016, p 62.

<sup>1045</sup> Baseline Study of DepEd's Readiness to Provide and Sustain Basic Education Services to Disadvantaged Muslim Communities as cited in Education for All 2015 National Review Report: Philippines, <http://unesdoc.unesco.org/images/0023/002303/230331e.pdf> p 40.

<sup>1046</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', *Comparative Education Review*, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410

<sup>1047</sup> Refined Elementary Madrasah Curriculum, DepEd Order No. 40, s.2011.

<sup>1048</sup> DepEd Order No. 40, s.2011.

<sup>1049</sup> BEAM-ARMM Six-Monthly Progress Report July-December 2016, 23 January 2017, p 2.



transitioned to the next grade level.<sup>1050</sup> According to the BEAM-ARMM Six-Monthly Progress Report for July–December 2016 3,270 individuals were enrolled in Madaris supported by BEAM-ARMM for kindergarten to Grade 3 between SY 2013–2014 and SY 2016–2017,<sup>1051</sup> 81 per cent of those enrolled in SY 2015–2016 re-enrolled for SY 2016–2017.<sup>1052</sup> The gender breakdown of students who re-enrolled was 86 per cent male and 76 per cent female.<sup>1053</sup> It is interesting that the proportion of male students enrolling was higher than that of female students, which is different from the gender split in education in ARMM and the Philippines as a whole. This may be due to differing religious and cultural views about the educational needs, career prospects and gender roles among Muslim communities in ARMM.

There have been some challenges in providing access to education through Madaris. The ongoing conflict situation and localised *ridos* have resulted in students failing to progress grades in the Madrasah education system. Additionally, many Madaris charge tuition fees for students who attend, which results in students choosing to transfer to the public education system.<sup>1054</sup> Further, although some Madaris have registered with the DepEd and combine basic formal education with Islamic studies, others teach only Islamic studies and are not registered with DepEd.<sup>1055</sup> On the one hand, as noted earlier, this can mean that children receiving education through these schools are recorded as out of school, which presents a data recording and analysis challenge, while, on the other hand, it can be difficult for those who complete kindergarten or other schooling at Tahderriyah and Madaris to transition to the next grade or into public schools.<sup>1056</sup> Where Madaris are not registered with DepEd, students will not be allocated a learner reference number, which may be required to enter the public school system. If the Tahderriyah or Madrasah has not followed the formal curriculum, children may also be behind other children their age, which can result in public schools refusing to accept them or the children subsequently dropping out.

Parallel systems of education can offer Muslim Filipinos a difficult choice between public schools where they may not learn about their culture and religion or Madrasah where they will learn in line with their religious and cultural needs but where they may experience a limited curricula or insufficient quality of teaching to enable them to proceed to university or employment in wider Filipino society.<sup>1057</sup> This can isolate Muslim Filipinos from mainstream Filipino society.

## **7.6. Indigenous peoples**

DepEd also has a framework for education of Indigenous Persons. The National Indigenous People Educational Policy Framework (DO No. 62 s. 2011) aims to make education culturally

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<sup>1050</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 2.

<sup>1051</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 5.

<sup>1052</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 2.

<sup>1053</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 2.

<sup>1054</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p 5.

<sup>1055</sup> Assessment of the Drivers of Children's Association with Armed Groups and Entry Points to Prevent Association, 20 December 2016, p 53.

<sup>1056</sup> BEAM-ARMM Six-Monthly Progress Report, July-December 2016, 23 January 2017, p xii.

<sup>1057</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', *Comparative Education Review*, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410, p 416.

responsive. It integrates Indigenous Peoples' learning systems alongside the standard basic education curriculum and commits to providing culturally appropriate learning resources and environments to indigenous learners.<sup>1058</sup> The framework allows Indigenous communities to contextualise and localise national materials based on their own culture and traditions, and to build classrooms that respond to their environment and culture.<sup>1059</sup> There is very limited information on the quality of the education provided under these frameworks. In SY 2013-14, there were 997,138 elementary and 246,820 secondary indigenous learners in the Philippines with 21 per cent of all indigenous students located in CAR.<sup>1060</sup>

Despite the introduction of the DepEd frameworks for education of Indigenous Persons, in ARMM, school attendance among indigenous children remains a challenge. According to the IPDEV study ('Recognition of the Rights of the Indigenous Peoples in the Autonomous Region in Muslim Mindanao for their Empowerment and Sustainable Development'), in 2014 only 4.6 per cent of indigenous children attended kindergarten,<sup>1061</sup> only 48.5 per cent of indigenous children's attended public elementary school, and only 11.2 per cent completed Grade 6.<sup>1062</sup>

### **7.7. Children with Disabilities**

The Strengthened Basic Education Act in ARMM of 2012, MMA No 303 provides for children with special educational needs to be educated in the standard schooling system unless the nature and degree of their needs mean that to do so would not be in their best interests.<sup>1063</sup> To comply with this, every school division is required to have a SPED (Special Education) centre.<sup>1064</sup> There are extremely limited data on the number of children with disabilities in the ARMM education system and so it has not been possible to complete an assessment and analysis of the situation of CWD. In SY 2008–2009, there were 515 children with disabilities (CWD) enrolled in special education centres, the lowest number across all regions in the Philippines.<sup>1065</sup> In SY 2013–2014, there were 175 children with disabilities registered by DepEd in kindergartens in ARMM,<sup>1066</sup> and 881 children at elementary levels in ARMM.<sup>1067</sup> Both of these were the lowest figures across all regions in the Philippines. However, more up to date data would likely show an increase, given the introduction of five SPED centres in SY 2015–2016

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<sup>1058</sup> Dep Ed Order No. 62 s. 2011.

<sup>1059</sup> Dep Ed Order No. 62 s. 2011.

<sup>1060</sup> Education for All 2015 National Review Report: Philippines, <http://unesdoc.unesco.org/images/0023/002303/230331e.pdf> p 29.

<sup>1061</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM p 44.

<sup>1062</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM p 42.

<sup>1063</sup> Section 11, Strengthened Basic Education Act in ARMM of 2012, MMA No 303.

<sup>1064</sup> Section 11, Strengthened Basic Education Act in ARMM of 2012, MMA No 303.

<sup>1065</sup> Persons with disabilities: Status in the Philippines presentation, by Edgardo F. Garcia, MPA, 1<sup>st</sup>

International Conference of Public Librarians, March 19-21 2014 -

<http://web.nlp.gov.ph/nlp/sites/default/files/20Mar2014/Persons%20with%20Disabilities%20by%20Edgardo%20garcia.pdf>

<sup>1066</sup> DepEd Research and Statistics Division, as presented during the DepEd Workshop on Last Mile Learners on February 5-6, 2015 at DepEd as cited in Last Mile Learners Situational Analysis report, DepEd June 2016, p 67

<sup>1067</sup> DepEd Research and Statistics Division, as presented during the DepEd Workshop on Last Mile Learners on February 5-6, 2015 at DepEd as cited in Last Mile Learners Situational Analysis report, DepEd June 2016, p 68.

through the BEAM-ARMM project.<sup>1068</sup> Unfortunately, it is not clear at which school levels these are operating in ARMM, with the 2016 Last Mile Learners Report suggesting that, at elementary level, there are only two SPED centres or elementary schools with SPED classes, and that there are none at secondary level.<sup>1069</sup>

## **7.8. Infrastructure**

Concerns have been raised by the UN Committee on the Rights of the Child regarding poor school facilities in the Philippines, especially in remote areas, including the insufficient number of classroom seats, text books and school supplies.<sup>1070</sup> In 2016, there were 2,500 schools in ARMM, with 7 per cent in Basilan, 2 per cent in Lamitan City, 18 per cent in Lanao del Sur I, 16 per cent in Lanao del Sur II, 13 per cent in Maguindanao I, 12 per cent in Maguindanao II, 3 per cent in Marawi City, 18 per cent in Sulu and 11 per cent in Tawi-Tawi.<sup>1071</sup> Additionally, in 2016 there were 585 barangays (23.5 per cent) which did not have a public elementary school; 33.7 per cent of the barangays without an elementary school are in Sulu and 13.4 per cent in Maguindanao.<sup>1072</sup> Between 2012 and 2014, 1,909 classrooms were planned to be built across ARMM.<sup>1073</sup> By September 2016, 694 classrooms had been completed, 801 were ongoing and 414 had not yet started.<sup>1074</sup>

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<sup>1068</sup> BEAM-ARMM Six-Monthly Progress Report July-December 2016, 23 January 2017, p 16.

<sup>1069</sup> Last Mile Learners Situational Analysis report, DepEd June 2016, p 66.

<sup>1070</sup> UN Committee on the Rights of the Child, concluding observations on the Philippines, 2009, para 65.

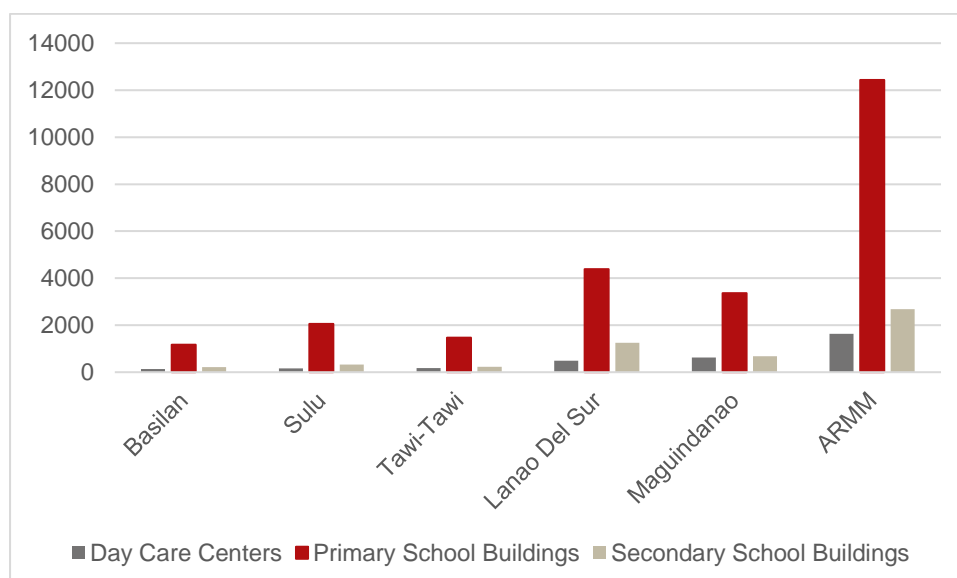
<sup>1071</sup> ARMM BEAM baseline study on improved access and participation in ARMM, p 6.

<sup>1072</sup> ARMM Regional Development Plan 2017-2022, p 219.

<sup>1073</sup> ARMM Regional Development Plan 2017-2022, p 402.

<sup>1074</sup> ARMM Regional Development Plan 2017-2022, p 402.

**Table 7.11: Number of school buildings in ARMM by province, 2016**



Source: ARMM Regional Development Plan mid-term update 2013-2016, EBIS database

Education budgets in ARMM are centralized in ARMM and managed by the regional DepEd.<sup>1075</sup> There is limited information available about the budget allocation and utilisation in the education sector in ARMM, however, it is likely that similar issues affect the utilisation of budgets in ARMM as they do nationally. Nationally, the failure to utilise budget and execute planned projects in the education sector occurs for a number of reasons. Firstly, there can be delays in receiving funds for planned projects, which, combined with strict procurement rules, means schools cannot spend and account for their funds before the end of the fiscal year, at which point the budget may no longer be available.<sup>1076</sup> Secondly, some schools, especially those in rural areas, don't have sufficient administrative staff to prepare the necessary accounts for their expenditure.<sup>1077</sup> Failure to prepare accounts for previous expenditure results in future funds being withheld leading to an inability to spend funds. Additionally, school construction is implemented through the Department of Public Works and Highways which does not always co-ordinate effectively with DepEd, leading to delays in executing of projects.<sup>1078</sup>

Nationally, the classroom to student ratio was 1:34 in 2014 at primary level and 1:48 in 2014 at secondary level.<sup>1079</sup> The ARMM Regional Development Plan 2017-2022 reports that the classroom to student ratio is 'way above the standard of 1:45' in some ARMM provinces.<sup>1080</sup> According to the 2013-2016 Regional Development Plan Midterm Update, the elementary level classroom to student ratio varied between provinces in ARMM in SY 2011–2012 from 1:38.8 in Lamitan City, to 1:104.34 in Tawi-Tawi. Similarly, at secondary level, the variance

<sup>1075</sup> A Study on Factors Affecting Local Government Budgets and Expenditures for Early Childhood Care and Development at City and Municipal levels, Philippines, Final Report, May 2016, p 65.

<sup>1076</sup> Assessing Basic Education Service Delivery in the Philippines, World Bank, June 2016, p21.

<sup>1077</sup> Assessing Basic Education Service Delivery in the Philippines, World Bank, June 2016, p21.

<sup>1078</sup> Assessing Basic Education Service Delivery in the Philippines, World Bank, June 2016, p21.

<sup>1079</sup> Philippines Development Plan 2017-2022 p 310.

<sup>1080</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.2.3.1

was from 1:43.94 in Sulu II to 1:184.74 in Tawi-Tawi.<sup>1081</sup> By SY 2015–2016, there had been much improvement in the classroom to pupil ratio overall, but, in Basilan there was still a classroom to student ratio of 1:53 at elementary level and 1:46 at secondary level, while Maguindanao had a ratio of 1:52 for elementary level.<sup>1082</sup> Not only does ARMM have high classroom to student ratios, there are schools in ARMM that don't have classrooms, or where classrooms are too damaged to be used and so classes are being held 'under the shade of the tree'.<sup>1083</sup> As of SY 2015–2016 ARMM, needed to create 1,725 more classrooms in order to meet the standard classroom to student ratio.<sup>1084</sup>

There is also a shortage of seats in classrooms across ARMM. As of SY 2011–2012, there was an average ratio of 1:2.65 seats to pupils in elementary school and 1:2.71 in secondary school. This varies between provinces. In elementary school, the ratio varies from 1:1.38 in Lanao Sur I-A to 1:4.67 in Sulu II. In secondary school, this varies from 1:1.86 in Lamitan City to 1:8.36 in Tawi-Tawi.<sup>1085</sup> This rate had reduced to 1:2 on average across ARMM as reported in the Regional Development Plan 2017-2022.<sup>1086</sup>

The education infrastructure is affected badly by armed conflict. For example, in relation to the most recent Marawi Crisis, it is estimated that overall 132 schools with 22,714 students and 2,933 teachers are estimated to have been affected by the crisis. Schools totally or partially damaged have been named as the Ibango Elementary School, Marawi Pilot Central School, Dangcal Elementary School, Lower Dansalan Elementary School, Dansalan National High School, Raya Madaya Elementary School, Disomangcop Elementary School, Marinaut Central Elementary School, Banggolo Central Elementary School, and Madaya Lilod Elementary School. By July 27, DepEd-ARMM had designated 11 Temporary Learning Spaces as alternative schools in six municipalities with 3,289 school children and 122 teachers.<sup>1087</sup>

### 7.8.1. Quality of education

Across ARMM, there is an insufficiency of teachers leading to overcrowding and the need to run classes in shifts.<sup>1088</sup> Along with 'ghost' students, there have also been 'ghost' teachers – those who were registered but not actually present. Steps have been taken to increase the number of teachers: between 2014 and 2016 2,000 teachers have been hired by the ARMM government.<sup>1089</sup> Recruitment of teachers is done at the regional level by DepEd-ARMM,<sup>1090</sup> and can be influenced by political factors and nepotism.<sup>1091</sup> Limited local involvement of schools

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<sup>1081</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p77.

<sup>1082</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.2.3.1

<sup>1083</sup> Child Rights Situational Analysis, Save the Children, 2016 p 59.

<sup>1084</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.2.3.1

<sup>1085</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p77.

<sup>1086</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.2.3.1.

<sup>1087</sup> Depart of education ARMM, DepEd-ARMM assists schools affected by Marawi crisis, 02 August 2017.

<sup>1088</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p77.

<sup>1089</sup> ARMM hires 562 more 'peace teachers', April 28, 2016 -

<http://www.philstar.com/nation/2016/04/28/1577780/armm-hires-562-more-peace-teachers>.

<sup>1090</sup> Key Informant Interview with academic from Mindanao State University, 21 June 2017, Cotabato.

<sup>1091</sup> Key Informant Interview with representative from UNICEF, 21 June 2017, Cotabato.

and provinces in the recruitment and allocation of teachers can also result in a mismatch of skills, and insufficient teachers allocated to less desirable locations.

According to the ARMM Regional Development Plan 2017-2022, the 'ideal' teacher to student ratio of 1:45.<sup>1092</sup> The teacher to student ratio in SY 2011-12 in ARMM was 1:52.36 in elementary school and 1:54.46 in secondary school. At elementary level, the ratio varied across provinces from 1:31.94 in Lamitan City to 1:83.54 in Tawi-Tawi. Similarly, at secondary level, the variance was from 1:34.45 in Lamitan City to 1:143.50 in Tawi-Tawi.<sup>1093</sup> This may be due to the geographical location of Tawi-Tawi and insufficient numbers of teachers wanting to work in such a remote location. According to a key informant from UNICEF Philippines, rural and remote areas in ARMM can be difficult for teachers to reach due to poor transport options. This can result in the reduction of hours of teaching due to the increased travel time faced by teachers.<sup>1094</sup>

Save the Children has identified that the high ratio of students to teachers exacerbates the shortage of teachers as teachers are unwilling to come and work in such overcrowded environments.<sup>1095</sup> Additionally, the threat of violence or conflict in many areas in ARMM means that many newly licensed teachers are not willing to be deployed to reputed warzones, especially when they are not from the local area.<sup>1096</sup>

One of the key concerns in the education sector in ARMM is that children are not learning or achieving well. Children in ARMM had significantly lower National Achievement Test (NAT) Scores than other regions in the country at both elementary and secondary levels.<sup>1097</sup> Although the elementary and secondary level results improved slightly over a three-year period between 2012–2013 and 2014–2015, it is not clear why they reduced in SY 2014–2015, although this mirrors the national trend.

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<sup>1092</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.2.3.1.

<sup>1093</sup> ARMM Regional Development Plan Midterm Update 2013-2016, p77.

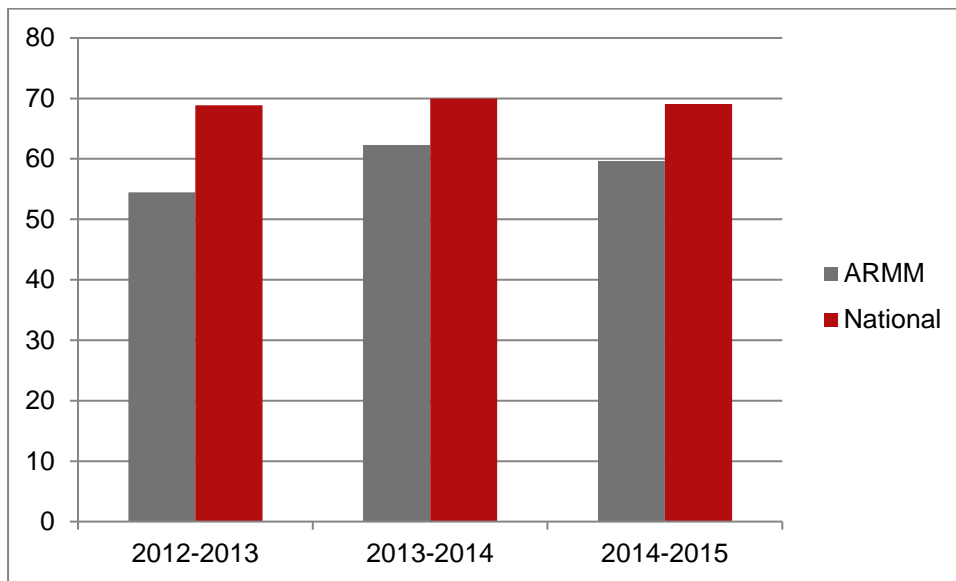
<sup>1094</sup> Key Informant Interview with representative from UNICEF, 21 June 2017, Cotabato.

<sup>1095</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 11.

<sup>1096</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 59.

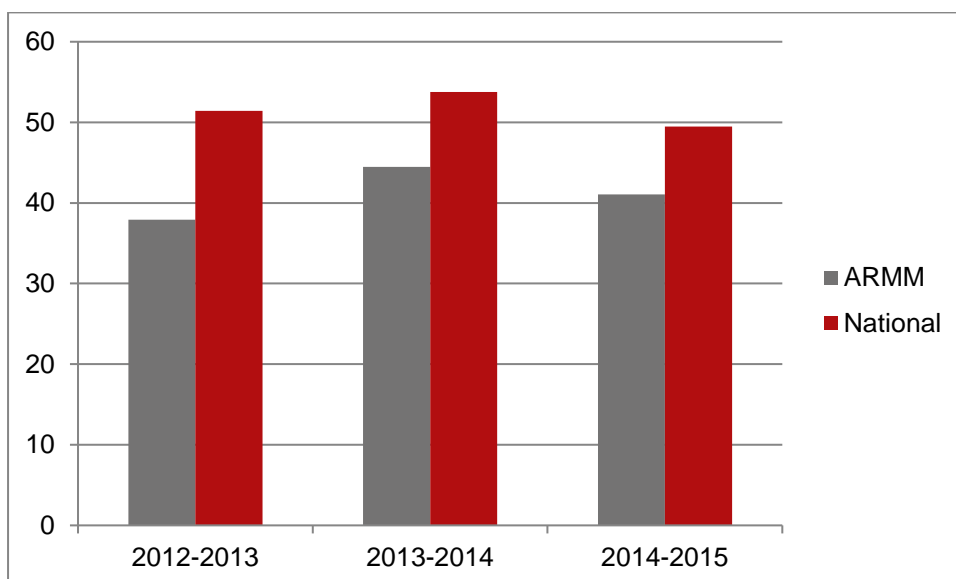
<sup>1097</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.2.3.1

**Table 7.12: National Achievement Test results at elementary level, ARMM and National, 2012–2013 to 2014–2015**



Source: ARMM Regional Development Plan 2017-2022, citing data from Bureau of Education Assessment

**Table 7.13: National Achievement Test results at secondary level, ARMM and National, 2012-2013 to 2014-2015**



Source: ARMM Regional Development Plan 2017-2022, citing data from Bureau of Education Assessment

The BEAM-ARMM Project aims, by the end of 2017, to have improved the achievement rate at elementary and secondary levels from the baseline by 5 per cent. The program involved training teachers and supervisors and reviewing and developing teaching and learning materials to improve student performance.<sup>1098</sup> The Project’s baseline study covering 7,891 teachers of science and math’s at grades 1, 2, 7 and 8 from nine school divisions in ARMM

<sup>1098</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 8.

found that the majority of teachers (51 per cent) had less than 10 years' experience of teaching, while 67 per cent of teachers were in entry level positions and receiving the lowest salary;<sup>1099</sup> 83 per cent of teachers were education graduates, 4 per cent had a Master's degree in education, and 4 per cent were non-education graduates.<sup>1100</sup> By the end of the BEAM-ARMM Project, a random sample of teachers showed an improvement in competencies, with 64 per cent having improved scores. Additionally, elementary children in Grade 3 showed increased NAT scores in core subjects of science, maths, and reading and grammar in English and Filipino, amounting to a 10.5 per cent increase in NAT scores between SY 2011–2012 and SY 2015–2016.<sup>1101</sup>

### 7.8.2. Determinants, Barriers and Bottlenecks

The key barriers and bottlenecks in education were mapped out by a group of key stakeholders at the consultation workshop that informed this Situation Analysis using a methodology that involved selecting a key deprivation within the field of education, and identifying a causality chain of immediate, underlying and structural causes. The maps for education are presented below.

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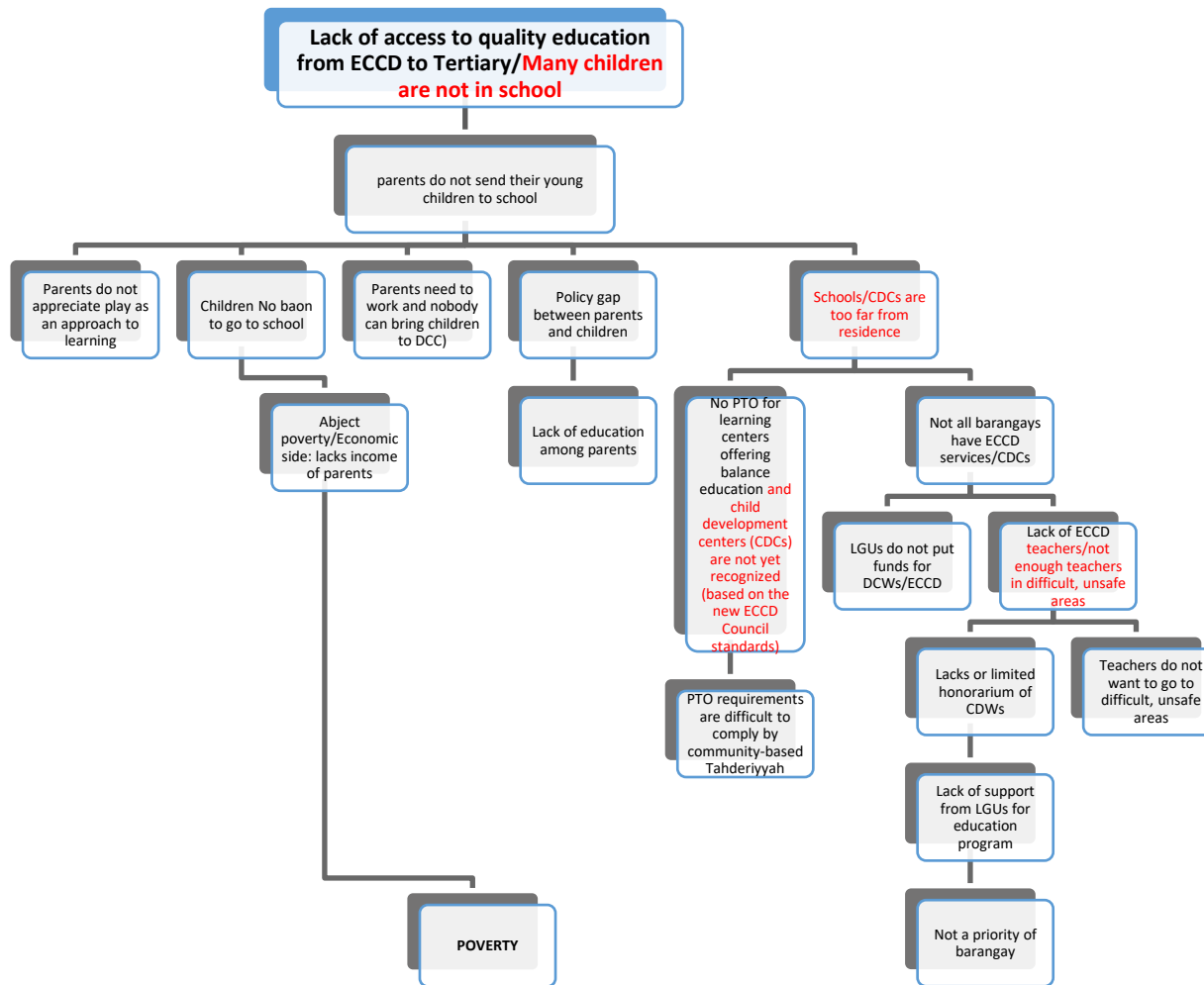
<sup>1099</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 13-14.

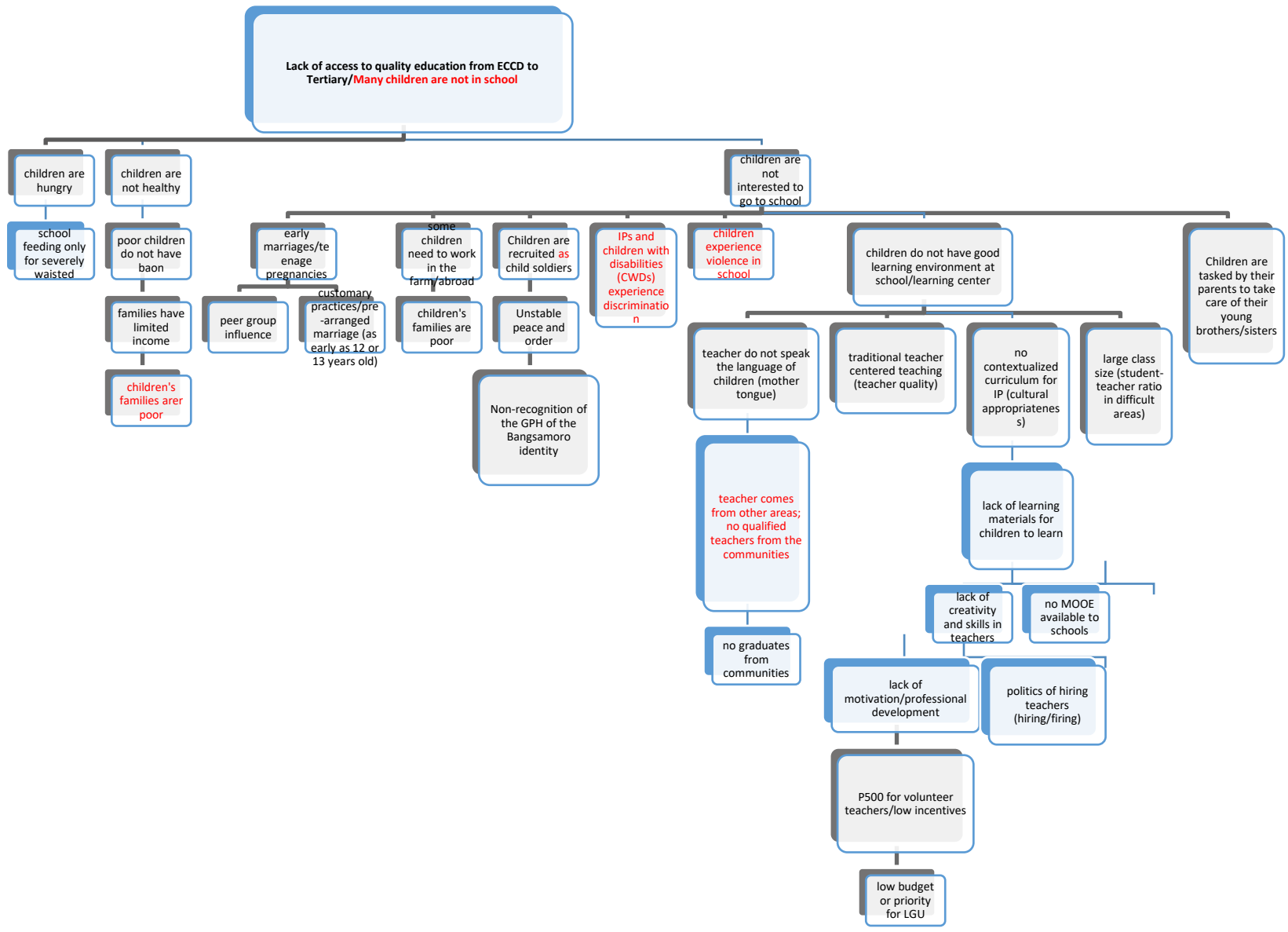
<sup>1100</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 13-14.

<sup>1101</sup> BEAM-ARMM Six-Monthly Progress Report July-December 2016, 23 January 2017, p 8.

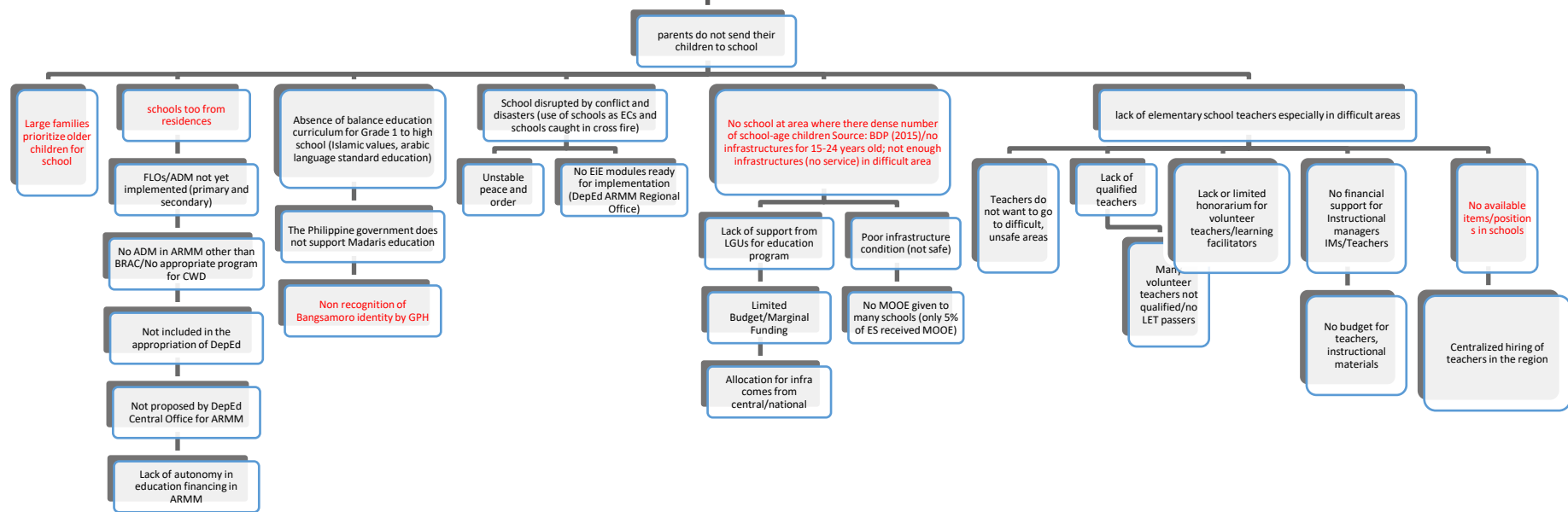


**Table 7.14: Stakeholder causality maps: education**





**Lack of access to quality education from ECCD to Tertiary/Many children are not in school**



In addition to the causality maps, key barriers and bottlenecks in the fulfilment of children’s outcomes relating to education can be elaborated using evidence from existing research and key informant interviews that were carried out for this study.

### 7.8.3. Enabling Environment

#### **Data**

There is limited access to good quality, disaggregated data on education in ARMM. Where there is data, it is not always well managed and may be used in limited ways to inform decisions. This may be because there has been previous negative experience with making decisions based on flawed data.<sup>1102</sup> Additionally, even where data is gathered it often takes a number of years before it is published.<sup>1103</sup> This can lead to a time lag with programs being implemented based on out of date information and dealing with out of date issues. This is problematic for the ARMM-DepEd who “need to know what to provide to classrooms”<sup>1104</sup> but, in the absence of accurate data, are unable to plan appropriately for this.

Learner Reference Numbers were introduced nationwide in the Philippines under DepEd Order No. 22 s.2012, and were to be issued to all public school pupils and students and ALS learners.<sup>1105</sup> The purpose of these was to keep a record of learners throughout their education journey including when they transfer to another school, between the public and private sector or moved up to another level of education.<sup>1106</sup> Under DepEd Order No. 32 s.2012 Learner Reference Numbers are allocated to children at kindergarten level.<sup>1107</sup> Kindergarten is compulsory for all children before entering grade 1.<sup>1108</sup> The Learner Reference Number is linked to the education institution, which means that if children attend kindergartens that are not accredited by DepEd-ARMM, they will not get a Number and may struggle to transition to different schools or school grades. Although some schools will accept children without a Learner Reference Number (LRN), some schools interpret the policies as requiring them to refuse entry to students without an LRN. This is a particular problem for children who attend schools within the Tahderriyah system.<sup>1109</sup> In addition, 355 public elementary schools (16.06 per cent) in ARMM are reported to be ‘off-grid’, meaning that they do not enjoy recognition by the formal education system and children attending these schools may not receive LRNs, and may not be recorded in enrolment data. This compares to only 3.38 per cent of schools in the Philippines – ARMM is the region with the highest prevalence of off grid schools in the Philippines.<sup>1110</sup>

In 2012, reforms to data management in ARMM were carried out to eradicate ‘ghost’ teachers, pupils and schools who did not exist other than on paper. According to the ARMM Regional Development Plan 2017-2022, between SY 2011–2012 and SY 2013–2014, 123,908

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<sup>1102</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1103</sup> Key Informant Interview with representative from UNICEF 21 June 2017 Cotabato.

<sup>1104</sup> Focus Group Discussion with Government Representatives and Key Experts, August 2017.

<sup>1105</sup> DepEd Order No. 22 s. 2012, March 20, 2012.

<sup>1106</sup> DepEd Order No. 22 s. 2012, March 20, 2012.

<sup>1107</sup> DepEd Order No. 32, s. 2012, April 17 2012, section 20.

<sup>1108</sup> Kindergarten Education Act, RA 10157, section 4.

<sup>1109</sup> Key Informant Interview with representative from UNICEF, June 19, 2017.

<sup>1110</sup> Last Mile Learners Situational Analysis report, DepEd June 2016, p 47.

ghost students were removed from DepEd’s BEIS system.<sup>1111</sup> By January 2015, a further 77,863 ghost students had been identified in a comparison between BEIS and LIS data.<sup>1112</sup> The provinces with the greatest proportion of ghost students are Tawi-Tawi with 35.7 per cent, Lanao del Sur I with 29.1 per cent and Lanao del Sur II with 25.8 per cent.<sup>1113</sup> This is likely to have impacted on the core education indicators such as participation, retention, cohort survival and completion rates in these provinces and across the whole region. In addition, several participants in a focus group discussion convened for this SitAn noted that children attending Madaris are not always recorded as being enrolled in schools for the purposes of school enrolment rates, which some consider to be a form of marginalization or discrimination against Muslim culture, but which others suggest reflects concerns over the level of education received in some non-accredited faith-based schools.<sup>1114</sup> Either way, this raises concerns over the integrity and reliability of data relating to enrolment in education.

### ***Implementation of policy***

National policy on education is not always implemented consistently in ARMM. The standardised national curriculum for the K-12 program is supposed to be set nationally but with sufficient flexibility so it can be contextualised to meet the needs of local communities. In ARMM, there is not always sufficient capacity to carry out this contextualization, which has resulted in the K-12 curriculum being implemented without changes from that which has been set nationally.<sup>1115</sup> Additionally, there is reluctance within communities and from teachers to deviate from the national curriculum due to fears that doing so may have a negative impact on national test scores.<sup>1116</sup>

### ***Spending on education***

Historically, there has been chronic under-resourcing of the education sector in ARMM and this SitAn has revealed several concerns over teacher and classroom shortages. Some of this relates to the concerns about ‘ghost’ teachers, schools and pupils as discussed above.<sup>1117</sup> The low completion rates in ARMM affect perceptions on the efficiency of funding put into education, as the attrition of students means a 32 per cent higher investment in order to produce a single high school graduate in ARMM than elsewhere in the Philippines, and twice the effort to produce a Grade 6 graduate in ARMM.<sup>1118</sup>

Although ARMM has autonomy over public schools within its territory, its ability to exercise this authority has been limited. ARMM continues to be financially dependent on the Philippines government and it has been suggested that there has been, at least in the past,

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<sup>1111</sup> ARMM Regional Development Plan 2017-2022 p 208.

<sup>1112</sup> ARMM Regional Development Plan 2017-2022, p 208.

<sup>1113</sup> ARMM Regional Development Plan 2017-2022, p 208.

<sup>1114</sup> Focus Group Discussion with Government Representatives and Key Experts, August 2017.

<sup>1115</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1116</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1117</sup> Making Education Spending Count for the Children of the Autonomous Region of Muslim Mindanao, Public Expenditure and Institutional review for ARMM basic Education, DFAT Australia and World Bank, 2015, p 14.

<sup>1118</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p iv.

political infighting and corruption.<sup>1119</sup> However, since 2011 the Philippines DepEd has prioritised ARMM for program funding, increasing education budgets by 18 per cent in 2011, 15 per cent in 2012 and 23 per cent in 2013.<sup>1120</sup> Additionally DepEd-ARMM accounts for 57 per cent of the ARMM Regional Government's annually.<sup>1121</sup> ARMM has also benefitted from spending on programs funded by the national education budget. In particular, Madrasah education in ARMM receives 46 per cent of the national spending on Madrasah education across the Philippines.<sup>1122</sup> However, the decreasing education indicators as set out above raise concerns over whether the increase in funding is sufficient, whether it is being used effectively, or whether it is simply too soon to tell, as results will filter down through value added to graduating students.

There is no single education budget for the ARMM.<sup>1123</sup> Funding for education comes from four main sources: DepEd-ARMM budget from national government; DepEd national allotments for ARMM; spending on education from other government departments e.g. Department of Public Works and Highways building schools; and LGU spending including the Special Education Fund.<sup>1124</sup> In previous years, limited information on DepEd-ARMM performance and final budget for the previous year meant that the Office of the Regional Governor began budget preparations without fulfilling basic Budget Accountability Reporting requirements.<sup>1125</sup>

DepEd-ARMM has limited direct input into the budgeting processes because planning and budgeting are done by DepEd National without any input from ARMM education authorities.<sup>1126</sup> Internally, ARMM education budgeting is fragmented and isolated from its own education budgeting specialists.<sup>1127</sup> A further challenge is posed by the fact that different budget planning processes are not linked up. For example, the national government has prioritised increased capital expenditure in order to close the classroom gap, but this is not connected to budgets for staff and other expenses, which are required to make new facilities

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<sup>1119</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines, *Comparative Education Review* Vol 47, No 4 (November 2003, 468, p 478.

<sup>1120</sup> Making Education Spending Count for the Children of the Autonomous Region of Muslim Mindanao, Public Expenditure and Institutional review for ARMM basic Education, DFAT Australia and World Bank, 2015, p 14.

<sup>1121</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 3.

<sup>1122</sup> Making Education Spending Count for the Children of the Autonomous Region of Muslim Mindanao, Public Expenditure and Institutional review for ARMM basic Education, DFAT Australia and World Bank, 2015, p 45.

<sup>1123</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 76.

<sup>1124</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 32.

<sup>1125</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 51.

<sup>1126</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 52.

<sup>1127</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 53.

operational.<sup>1128</sup> Budgets may also not be comprehensive, with little information on donor and LGU funding, which affects the ability to plan for education spending and services.<sup>1129</sup>

Funds are regularly allotted at national level for Operations and Maintenance, but, because there are not enough funds for all levels of education, finances are often used up by districts and divisions and do not trickle down to schools.<sup>1130</sup> In ARMM, only elementary schools that are located at the centre of a municipality are provided with a standard allocation for maintenance, and the amount given is a fixed rate regardless of the size or context of the school.<sup>1131</sup> This is in contrast to the rest of the Philippines where such funds are provided directly to schools on a pre-determined national formula.<sup>1132</sup> This creates challenges for schools in obtaining the resources they need, and can affect the quality of education. Additionally, there is insufficient reporting on the use of these maintenance and other expenses funds, thus hiding needs and resulting in mistrust.<sup>1133</sup> Without knowing how funds are used, it is difficult for authorities to project future needs or to authorise spending.<sup>1134</sup>

Finally, in relation to expenditures, ARMM LGUs are reported to spend a very small proportion of their budget on education, as compared to other regions in the Philippines. In ARMM, LGUs spend less than 1 per cent on education, in comparison to other regions, which spend 1.5 to 15 per cent on education.<sup>1135</sup>

Although public school education is supposed to be free of charge, there are still expenses for school supplies, materials for projects, uniforms, food and transport, which rural families in ARMM struggle to afford.<sup>1136</sup> Although private expenditure on education by families in ARMM was PhP1,567 compared to PhP8,071 per family at national level according to 2009 figures,<sup>1137</sup> this may reflect the level of poverty in ARMM, which means that the ability of households to assume direct and indirect costs of education is limited.

There is a large amount of donor funding for education in ARMM, which, in 2014, was around PhP1.7 to 2 billion annually – about a quarter of government spending on education in

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<sup>1128</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 54.

<sup>1129</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 76.

<sup>1130</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 77.

<sup>1131</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1132</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1133</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 77.

<sup>1134</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 78.

<sup>1135</sup> Making Education Spending Count for the Children of the Autonomous Region of Muslim Mindanao, Public Expenditure and Institutional review for ARMM basic Education, DFAT Australia and World Bank, 2015, p 50

<sup>1136</sup> Uncounted Lives: Children and Women in the Philippines, A Needs Assessment of Children and Women Affected by Armed Conflict, UNICEF, 2007.

<sup>1137</sup> Family Expenditure and Income Survey, Philippines Statistics Authority, 2009.

ARMM.<sup>1138</sup> This funding is usually focused on capital investment in infrastructure or on alternative delivery modes. There are questions about the sustainability of this high level of NGO spending on education in ARMM.<sup>1139</sup> The large amount of donor funding supporting ALS also makes it difficult to compare budgets with other regions in the Philippines.<sup>1140</sup>

### **Social barriers**

One of the barriers to improving education indicators is the attitudes of families and communities, including, in particular, the belief of some parents that children are too young for school at the prescribed age for school enrolment.<sup>1141</sup> This results in children enrolling at a later age, and either being over age for the year or unable to keep up with their peers. This is a particular issue for boys, who are seen as being disruptive in class when they are too young. Parents are less concerned about boys dropped out because there are greater economic potential and opportunities for boys than for girls regardless of education level.<sup>1142</sup> Additionally, if children miss out on crucial early learning opportunities they are less likely to do well in school, and may struggle to catch up with their peers, which may in turn, make dropping out more likely.

An additional challenge within Muslim communities has been historic mistrust of the public school system, as it was feared that they would be used as agents for the 'Christianisation' of Muslim children.<sup>1143</sup> Further, in some cases, Islamic education is seen as the only way to avoid the broader social problems of drug smuggling, kidnapping, crimes and armed insurgency.<sup>1144</sup> This results in lower enrolment and completion rates in public schools.

There are also challenges in meeting the cultural needs of all communities in the Philippines. For example, the practices of Badjao (travelling fisherfolk) are not always compatible with conventional schooling, and so children from this community often drop out.<sup>1145</sup>

An additional issue identified in ARMM as a barrier to education is that some children are becoming addicted to internet games in internet cafes and fail to attend school in order to play these games.<sup>1146</sup> The Magna Carta for Children in ARMM, MMA No 162, (2003) prohibits commercial establishments from renting electronic video games to children below the age of 15 on school days between 7am and 5pm.<sup>1147</sup> However, there is no information as to whether the law is being implemented and enforced.

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<sup>1138</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p30.

<sup>1139</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p31.

<sup>1140</sup> Philippines: Making Education Spending Count for the Children of the Autonomous Region in Muslim Mindanao, DFAT Australia and the World Bank, p 75.

<sup>1141</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1142</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1143</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines, Comparative Education Review Vol 47, No 4 (November 2003, 468, p 481.

<sup>1144</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', Comparative Education Review, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410, p 417.

<sup>1145</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 11.

<sup>1146</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 81.

<sup>1147</sup> Magna Carta for Children, MMA No 162, section 25.



### **K-12 Program**

Although the move to the K-12 program aimed to improve the quality of education in the Philippines, there are barriers and bottlenecks to its implementation. Given the existing shortage of classrooms, low enrolment rates, the high student teacher ratio and high drop-out rates at secondary level in ARMM, there is a risk that placing further and more demanding requirements on the education system may worsen the quality of education for children, and exacerbate the current problems. As the K-12 program has only recently been introduced, there are limited data so far on the implementation and impact that it has had on schools and their ability to deliver quality education to all their pupils.

A further bottleneck is likely to arise with keeping young people in education past the previous limit for compulsory education (16 years old). With resource gaps in classrooms and teachers, as well as the pull of possible paid employment, it may be difficult to keep them in education. Where families are unable to pay for school and where families are expecting children to work to support themselves or their families, these are key reasons for children dropping out of school, reasons that are felt more acutely among those living in poverty.

#### **7.8.4. Supply-side and demand-side barriers and bottlenecks**

Insufficient elementary school facilities and learning resources are also a barrier to education in ARMM. 2016 data shows that 585 barangays in ARMM (23.5 per cent) do not have a public elementary school. This is particularly acute in Sulu where 33.7 per cent of barangays do not have public elementary schools, compared to Maguindanao, for example, where only 13.4 per cent of barangays do not have elementary schools.<sup>1148</sup> Through the BEAM-ARMM Project, 217 of the 585 barangays were providing with access to an alternative delivery system of education. Additionally, in many areas that do not have public elementary schools, there are private Madaris and schools operated by NGOs that are not officially registered. Although these may provide some education for children, if the education institutions are not registered with DepEd-ARMM, there is no oversight and monitoring of the type and quality of education being delivered, so they may not be providing a sufficient alternative to public education. Additionally, attending an unregistered school can prevent students from obtaining a Learner Registration Number and being able to transfer into the public education system at a later stage.<sup>1149</sup>

There are challenges in meeting the needs of the Muslim community for standard basic education as is compulsory in ARMM, and for Islamic education, which reflects their cultural and faith needs. Many Muslim parents send their children to Madaris on the weekend to ensure children learn Arabic and so they do not lose their identity as Muslims, resulting in children attending school seven days a week.<sup>1150</sup> Sending children to school seven days a week leaves little time for children to play and enjoy leisure time, and out of school development

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<sup>1148</sup> ARMM Regional Development Plan 2017-2022 p 220.

<sup>1149</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1150</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines, Comparative Education Review Vol 47, No 4 (November 2003, 468, p 483.

opportunities. It has also been argued that this reinforce the separation of secular knowledge and religious knowledge.<sup>1151</sup>

In more affluent areas, integrated schools that combine western and Islamic education have been created, but many of these are private schools and so access is limited to those who can afford them.<sup>1152</sup> These schools combine key elements of the Madrasah curriculum and subjects required nationally. Where this is done successfully, they can obtain government recognition and graduates can sit national examinations and earn admission to public and private universities.<sup>1153</sup> There is also a view that these schools are 'owned' by the local community and are more targeted to the local context in comparison to the public school system.<sup>1154</sup> However, these schools are not available to all families due to the cost. One serious concern over the segregation of Muslim children into Islamic schools is that this will create broader divisions in society.<sup>1155</sup> There is also limited monitoring and oversight of unofficial and unregistered schools, such as Madaris, which presents a risk that fundamentalist interpretations of Islam may be taught, which could have profound impacts on Muslim Filipino women, potentially isolate minorities in ARMM, and which could lead to children in ARMM being more susceptible to radicalization and to engagement in the ongoing conflict.

In many areas in ARMM, schools are far from children, with children having to travel more than 5 km to school. According to the 2016 MIS, travel time to school for those aged 3–11 is generally less than 30 minutes. However, in Parang in Sulu 52 per cent of children travel between 30 and 59 minutes to get to school. In Upi, 12 per cent of children take over an hour to get to school, and, in Languyan 31.6 per cent take between 30 and 59 minutes.<sup>1156</sup> This creates practical barriers and disincentives to travel.

### 7.8.5. Quality

There are many contributing factors to the low performance on education in ARMM, including the ongoing and unstable conflict, peace and order situation; family feuds (*rido*) that lead to the temporary closure of many schools; inadequate and dilapidated school buildings that place many children at high risk for injury; insufficient chairs, textbooks, and teaching aids; and insufficiencies and mismanaged resources that eroded the morale of the teachers and create an atmosphere which is not conducive for learning. Other factors include gaps in parents' motivation for their children to finish school and the limited support to the capacity

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<sup>1151</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', *Comparative Education Review*, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410, p 416.

<sup>1152</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines', *Comparative Education Review* Vol 47, No 4 (November 2003, 468, p 484.

<sup>1153</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', *Comparative Education Review*, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410, p 417.

<sup>1154</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', *Comparative Education Review*, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410, p 428.

<sup>1155</sup> Jeffrey Ayala Milligan, 'Reclaiming an Ideal, The Islamization of Education', *Comparative Education Review*, Vol 50, No 3, Special Issue on Islam and Education, August 2006, 410, p 429.

<sup>1156</sup> 2016 Multiple Indicator Survey in 36 Municipalities in the Philippines Final Report, table 8.32.

building for teachers, including inadequate training and continuing development, that affect teachers' performance skills.<sup>1157</sup>

The low levels of teacher and teaching quality impacts on the quality of education in ARMM. Historically, there has been a strong political and clan influence over the appointment of teachers, resulting in many underqualified teachers being appointed and retaining their positions until the current day. Although DepEd-ARMM is working to prevent the appointment of unqualified and ill-prepared teachers, the supply of teachers willing to work in ARMM is limited and many applicants come from poor performing teacher education institutions.<sup>1158</sup> Further according to the ARMM Regional Development Plan 2017-2022, political clans have historically influenced the hiring of teachers which has resulted in lower standard teachers and concerns over the fairness of the process.<sup>1159</sup> This low level of proficiency combined with high number of students in the class may be a factor in the low levels of proficiency in the NAT test.<sup>1160</sup>

As part of the BEAM-ARMM Project, supplemental training was provided to 1,019 selected ARMM teachers in science and mathematics.<sup>1161</sup> Tests carried out after the training showed that 98.3 per cent of teachers teaching mathematics in Grade 1 had only a beginning level of proficiency, and only one teacher demonstrated advanced proficiency.<sup>1162</sup> Out of 189 Grade 7 mathematics teachers who were trained as part of the BEAM-ARMM Project, 99.5 per cent of teachers remained at beginning level of proficiency after the training.<sup>1163</sup> There was little to no improvement in the proficiency of teachers from Basilan, Lamitan City, Sulu, Marawi city and Maguindanao II, while teachers from Maguindanao II showed the most improvement.<sup>1164</sup> Out of 1,029 Grade 1 science teachers, almost 100 per cent had beginning level of proficiency before the training, and only 1 per cent had developed higher proficiency after the training.<sup>1165</sup> Teachers from Lamitan city showed the lowest levels of improvement after training, while teachers from Sulu showed the most significant amount of change.<sup>1166</sup> These figures suggest that the proficiency of teachers in maths and science is low, which is worrying because if teachers have a low proficiency in their subject area they are unlikely to be able to deliver high quality teaching in these subjects to their students.

Unlike the rest of the Philippines, there are high levels of teacher absenteeism in ARMM, with a regional rate of 31 per cent that varies across the region, from 7 per cent in Lamitan city to 49 per cent in Lanao del Sur IIA. The absence of teachers is often due to remoteness of schools and ineffective supervision.<sup>1167</sup>

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<sup>1157</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1158</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1159</sup> ARMM Regional Development Plan 2017-2022, p 219.

<sup>1160</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 39.

<sup>1161</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 16.

<sup>1162</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 17.

<sup>1163</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 20.

<sup>1164</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 21.

<sup>1165</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 22.

<sup>1166</sup> Baseline Study on Improved Learning Outcomes in ARMM, p 23.

<sup>1167</sup> ARMM Regional Development Plan 2017-2022 p 219.

There are also gaps in appropriate teaching and learning resources in ARMM, in part due to limited distribution of national learning materials.<sup>1168</sup> Textbooks and learning resources are often developed at national level and do not always adequately meet local requirements. In particular, they may not refer to Muslims or may perpetuate stereotypes and bias.<sup>1169</sup> Even where there are up to date textbooks that are culturally appropriate, teachers and pupils in ARMM are often unable to afford them, which can result in them receiving a lower quality of education. It can also result in limited trust in the public education system a preference for Islamic education,<sup>1170</sup> and limited engagement from children and teachers.<sup>1171</sup>

The result of poor quality education is lower achievement levels, which lead to reduced opportunities for young people to secure further training or employment. There is a reliance on agriculture roles for young people and a requirement for children and young people to stop education early and to work to support their families in ARMM.<sup>1172</sup>

### ***Armed conflict, disasters and displacement***

Schools are often affected by conflict and this impacts on access to education for children. In many cases, schools and education centres are destroyed or damaged by fighting. Between 2012 and 2016, access to education for over 17,000 children was affected either temporarily or for extended periods of time owing to attacks on schools and related personnel and use of schools for military purposes.<sup>1173</sup> Schools were also being temporarily occupied by the armed forces of the Philippines where they were considered to have links with the New People's Army.<sup>1174</sup>

Following the military and law enforcement operation in Marawi City on 23 May 2017 against the Maute group on 8 June 2017, 86,000 school children were unable to return to school as the reopening of schools had been suspended indefinitely in communities affected by the conflict.<sup>1175</sup> It is reported that two elementary schools had been severely damaged by aerial bombing in the operation.<sup>1176</sup>

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<sup>1168</sup> ARMM Regional Development Plan 2017-2022, chapter 10, section 10.3.5.

<sup>1169</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines, Comparative Education Review Vol 47, No 4 (November 2003, 468, p 480.

<sup>1170</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines, Comparative Education Review Vol 47, No 4 November 2003, 468, p 481.

<sup>1171</sup> Jeffrey Ayala Milligan, 'Teaching between the Cross and the Crescent Moon: Islamic Identity, Postcoloniality and Public Education in the Southern Philippines, Comparative Education Review Vol 47, No 4 November 2003, 468, p 482.

<sup>1172</sup> Making Education Spending Count for the Children of the Autonomous Region of Muslim Mindanao, Public Expenditure and Institutional review for ARMM basic Education, DFAT Australia and World Bank, 2015, p14.

<sup>1173</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 46.

<sup>1174</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 45.

<sup>1175</sup> Philippines Humanitarian Situation Update, UNICEF, 8 June 2017, p 1.

<sup>1176</sup> Philippines Humanitarian Situation Update, UNICEF, 8 June 2017, p 2.

It is not just armed conflict that impacts on education. Save the Children found that clan feuding (also known as Rido or pagbanta) adversely affects the education of children within the area of the feud, and that this is a common occurrence in ARMM. These feuds are more prevalent and pervasive than the armed conflict of the government against non-state actors, and can last for generations.<sup>1177</sup> It is reported, for example, that some children aged 12–16 do not proceed to high school in Al-barka in order to take up arms in support of their clan in the feud.<sup>1178</sup>

The armed conflict and unrest in ARMM is a significant reason for drop out and absenteeism. This is likely to be the reason why Basilan has the lowest number of elementary graduates and low education outcomes, as the conflict and peace and order situation in this province is particularly acute.<sup>1179</sup>

School buildings are often damaged by flooding and other disasters. For example, in Maguindanao, hundreds of thousands of families are affected by yearly flooding and a significant number of classes are disrupted due to flooded school buildings.<sup>1180</sup> Many schools are also affected by disasters as schools are used as evacuation centres.<sup>1181</sup>

Children in ARMM are being displaced both by conflict and by disasters. In 2013, it was reported that 64,100 school aged children had been severely affected by a series of displacement incidents since 2009. Schools are often used as evacuation centres and there are limited of temporary learning spaces both for those displaced and for those in host communities whose school is being used as an evacuation centre.<sup>1182</sup> Children can be badly affected by such displacement, which can last for more than a year, during which time they often have to stop attending school.<sup>1183</sup> When children return to their communities they may be further from an open school, increasing the cost of transport, which may result in them being unable to attend.<sup>1184</sup> Additionally, children may become demoralised by having to re-sit years when they re-enter the schooling system, leading to higher dropout rates.<sup>1185</sup> In 2013, there were 42,076 children aged 13 and over still in elementary school, which should normally end at age 11.<sup>1186</sup> Others are driven to work to support themselves and their families due to financial hardship following displacement.<sup>1187</sup>

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<sup>1177</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 11.

<sup>1178</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 61.

<sup>1179</sup> BEAM ARMM baseline study on improved access and participation in ARMM, p 30.

<sup>1180</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.16.

<sup>1181</sup> Local Disaster Risk Reduction and Management Capacity of Maguindanao Province, p.30.

<sup>1182</sup> Philippines (Mindanao) Humanitarian Action Plan 2013, OCHA, p 31.

<sup>1183</sup> Uncounted Lives: Children and Women in the Philippines, A Needs Assessment of Children and Women Affected by Armed Conflict, UNICEF, 2007 p 65-68.

<sup>1184</sup> Philippines (Mindanao) Humanitarian Action Plan 2013, OCHA, p 31.

<sup>1185</sup> Uncounted Lives: Children and Women in the Philippines, A Needs Assessment of Children and Women Affected by Armed Conflict, UNICEF, 2007 p 65-68.

<sup>1186</sup> Philippines (Mindanao) Humanitarian Action Plan 2013, OCHA, p 32.

<sup>1187</sup> Philippines (Mindanao) Humanitarian Action Plan 2013, OCHA, p 32.

## 7.10. Tertiary and Vocational education

### 7.10.1. Higher Education

The Magna Carta for Children in ARMM, MMA No 162 (2003) requires that higher education be available and accessible to children based on their capacity and the capability of the parents.<sup>1188</sup> In ARMM in 2013, the percentage of the population that had completed some college or higher education was 11.6 per cent, compared to 20.6 per cent for the Philippines nationally.<sup>1189</sup>

In June 2016, there were 76 Higher Education Institutions registered in ARMM; 11 of these were State Universities and Colleges; 58 were Private Higher Education Institutions; six were Philippines CHED-supervised institutions and one was another government school. This had increased from 73 in 2013.<sup>1190</sup> The majority of these institutions were based in Lanao Del Sur (40), followed by Maguindanao (19), Sulu (8), Tawi-Tawi (5) and Basilan (4).<sup>1191</sup> The three most popular higher education programs are business administration; agriculture, forestry and fisheries; and education science and teacher Training.<sup>1192</sup> However, it should be noted that there are known to be several unregistered universities and colleges in ARMM, which do not contribute to these records.<sup>1193</sup>

According to FLEMMS, in 2013, the net enrolment rate in higher education for young people aged 16–24 was 26.3 per cent across ARMM. Women were slightly more likely to be enrolled in higher education (27.1 per cent) compared to men (25.4 per cent).<sup>1194</sup> The number of scholarships given by the CHED between SY 2013–2014 and SY 2015–2016 has fluctuated. In SY 2013–2014, 337 were given, but this decreased to 253 in SY 2014–2015, and then increased to 494 in SY 2015–2016 to 494.<sup>1195</sup>

### 7.10.2. Technical and vocational education

The number of technical and vocational education and training graduates has been increasing across the region. In 2010 there were 18,961 graduates, which increased to 23,644 in 2011 and to 29,210 in 2012 but dropped slightly to 28,942 in 2015<sup>1196</sup>, still a net gain. Most TVET graduates came from Maguindanao (9,378 or 32.1 per cent in 2012).<sup>1197</sup> The BEAM-ARMM Project supported skills training and livelihood opportunities for out of school youth and senior high school students in ARMM. By June 2016, 10,712 out of school youth had completed TVET courses as part of the program (5,731 male, 4,981 female). Technical training

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<sup>1188</sup> Magna Carta for Children in ARMM, section 7(d).

<sup>1189</sup> Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority chapter 5.

<sup>1190</sup> ARMM Regional Development Plan 2017-2022 p 220.

<sup>1191</sup> ARMM Regional Development Plan 2017-2022 p 220.

<sup>1192</sup> ARMM Regional Development Plan 2017-2022 p 220.

<sup>1193</sup> Focus Group Discussion with Government Representatives and Key Experts, August 2017.

<sup>1194</sup> Functional Literacy, Education and Mass Media Survey, 2013, Final Report, Philippines Statistic Authority chapter 5.

<sup>1195</sup> ARMM Regional Development Plan 2017-2022 p 221.

<sup>1196</sup> ARMM Regional Development Plan 2017-2022 p 222.

<sup>1197</sup> BEAM-ARMM Six-Monthly Progress Report January- June 2016, 20 July 2016, p 8.

was also given to Technical and Vocational teachers in high schools and 51 senior high school students participated in Techvoc courses.<sup>1198</sup>

### 7.10.3. Determinants, Barriers and Bottlenecks

The K-12 program may cause some challenges for higher education both in higher education institutions and TVET as it will need to adapt to the increase in length of basic education by two years. However, there may be opportunities for higher education initiatives and technical and vocational colleges to get involved in providing senior high school classes, which may ameliorate some of the impacts of the reduction in tertiary level students.

In Mindanao, there are very few vocational training programmes and facilities available to young people. Where there are courses available, these are not always matched to local and industry requirements and so are less likely to be taken up by young people.<sup>1199</sup>

According to a 2014 survey carried out by the University of the Philippines Population Institute among Indigenous Peoples in ARMM, very few indigenous out of school youth have taken up technical and vocational training opportunities because the trainings are far away from their communities, and only available to those who have completed high school, which most indigenous out of school youth have not.<sup>1200</sup>

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<sup>1198</sup> BEAM-ARMM Six-Monthly Progress Report January- June 2016, 20 July 2016, p 8.

<sup>1199</sup> Assessment of the Drivers of Children's Association with Armed Groups and Entry Points to Prevent Association, 20 December 2016, p 15.

<sup>1200</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 44.

## 8. Child Protection

Under the CRC, all States have an obligation to promote, protect and provide for the rights of the child. One of the key ways in which this can be achieved is through the establishment and implementation of a child protection system through which a State will provide a range of services and interventions to all children in order to protect them from any forms of violence, exploitation, abuse or neglect and to support the child's enjoyment of development, either within the child's birth family, or through alternative forms of care.

SDG	Targets	Indicators
5.2	End all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age
		Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations	Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
		Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age
8.7	Take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour, and by 2025 end child labour in all its forms including recruitment and use of child soldiers	Proportion and number of children aged 5 - 17 years engaged in child labour, by sex and age
11.7	By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities	Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
16.1	By 2030, significantly reduce all forms of violence and related deaths everywhere	Number of victims of intentional homicide per 100,000 population, by sex and age
		Conflict-related deaths per 100,000 population, by sex, age and cause
		Proportion of population subjected to



		physical, psychological or sexual violence in the previous 12 months
		Proportion of population that feel safe walking alone around the area they live
<b>16.2</b>	End abuse, exploitation, trafficking and all forms of violence and torture against children	Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
		Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation
		Proportion of young women and men aged 18 - 29 years who experienced sexual violence by age 18
<b>16.3</b>	Promote the rule of law at the national and international levels and ensure equal access to justice for all	Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms
		Unsentenced detainees as a proportion of overall prison population
<b>16.9</b>	By 2030, provide legal identity for all, including birth registration	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

### Key CRC articles

Article 2: Every child has the right to enjoyment of CRC provisions without discrimination on the ground of a child's or his or her parent's or guardian's race, colour, sex, language, political or other opinion, national, ethnic or social origin, property, disability, birth or other status

Article 7(1): States parties shall ensure the right of every child to be registered immediately after birth and to a nationality

Article 19: States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has care of the child.

Article 20(1): A child temporarily deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State; (2) States parties shall in accordance with their national laws ensure alternative care for such a child; (3) This could include foster placement, kafalah of Islamic law, adoption or if necessary, placement in suitable institutions for the care of children.

Article 24(3): State parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

Article 28(2): State Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the CRC.

Article 32(1): State Parties recognise the right of the child to be protected from economic exploitation and from performing work that is likely to be hazardous or to interfere with the child's education, or be harmful to the child's health or development.

Article 34: State Parties undertake to protection children from all forms of sexual exploitation and sexual abuse.

Article 35: State Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purposes or in any form.

Article 36: State Parties shall protection the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 37: State Parties shall ensure that: (a) no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment; (b) No child shall be deprived of liberty unlawfully or arbitrarily and that detention shall be used as a last resort and for the shortest appropriate period of time; (c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person ad in a manner which takes into account their age; and (d) every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the detention before a court.

Article 38: State Parties undertake to (1) respect the rules of international humanitarian law in armed conflicts which are relevant to the child; (2) Ensure that persons who are under 15 years do not take a direct part in hostilities; refrain from recruiting any person who has not attained the age of 15 years into their armed forces; (4) ensure the protection of the civilian population in armed conflict.

Article 39: State Parties shall promote the physical and psychological recovery and social reintegration of a child victim of neglect, exploitation or abuse, torture or cruel, inhuman or degrading treatment or punishment or armed conflicts.

Article 40(1): State Parties recognise the right of every child alleged as, accused of, or recognised as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth.

Under the Philippines Constitution Article XV Section 3, the State shall defend the right of children to special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development. In relation to ARMM specifically, under Section 8 of the Magna Carta for Children<sup>1201</sup> shall be protected from all forms of abuse and discrimination such as cruelty, torture, arbitrary separation from family, abuses in the justice and penal system, involvement in armed conflict, child labour, drug abuse, sexual abuse and harassment and exploitation.

This section first examines the key child protection issues affecting children in the ARMM, along with the laws, policies and more immediate cases of these child protection issues. It then presents an assessment of the child protection system, including an analysis of barriers and bottlenecks to the effective functioning of a child protection system in the Philippines. The functioning of the child protection system is assessed as a key right of children in and of itself; gaps and challenges in the system are also examined as they of course create key barriers to the realization of children's rights in the area of child protection.

## **8.1. Profile of child protection risks and vulnerabilities**

### **8.1.1. Violence against Children**

As the administration of criminal justice is not devolved to the regional level, much of the protection of children from violence, exploitation, abuse and neglect falls under the remit of the nationwide legislative framework. The box below sets out a selection of national laws in relation to protection of children from violence.

#### **Philippines laws on protection of children from violence**

**1987 Constitution:** Article XV Section 3 imposes upon the State the obligation to defend the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.

**Executive Order No. 209:** The Family Code of the Philippines 1974 deals with the family as an institution and contains provisions relating to family disputes, legitimation, adoption; financial support and parental authority.

**Republic Act No. 6972:** The Barangay-level Total Development and Protection of Children Act 1990 provides for the protection of children up to the age of 6 against all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development. Responsibility for such protection is placed upon the Barangay.

**Republic Act No. 7610:** The Special Protection of Children against Abuse, Exploitation and Discrimination Act 1991 (as amended by Republic Act 9231, 2003) provides protection to children against all forms of abuse, neglect, cruelty, exploitation and discrimination.

**Republic Act 7277:** Magna Carta for Disabled Persons 1992 provides for rights of disabled persons, including women and children.

**Republic Act 7610:** The Special Protection of Children against Abuse, Exploitation and Discrimination Act 1997. Its provisions protect children against all forms of violence

<sup>1201</sup> Magna Carta for Children in ARMM, MMA Act No. 162 (2003).

including covers a wide range of acts, including psychological abuse, neglect, cruelty and emotional maltreatment and neglect. It also prohibits and criminalises child prostitution and other sexual abuse; child trafficking, obscene publication and indecent shows; other acts of abuse and circumstances which endanger child survival and development, including child labour, children of indigenous communities and children in situations of armed conflict.

**Republic Act No. 8371:** The Indigenous Peoples Rights Act of 1997, provides for the non-recruitment of children of indigenous cultural communities/indigenous peoples into the armed forces.

**Republic Act 8972:** The Solo Parents Welfare Act 2000, provides for benefits and privileges for lone parents and their children.

**Republic Act 8980:** Early Childhood Care and Development Act (ECCD) Act 2000.

**Republic Act 9231:** The Act Prohibiting Employment of Children in Hazardous Areas 1999 and includes recruitment of children for use in armed conflict” as one of the “worst forms of child labour”.

**Republic Act 9208:** The Anti Trafficking in Persons Act 2003 and Implementing Rules and Regulations 2002, prohibits and criminalises trafficking for the purposes of prostitution, pornography, sexual exploitation, forced labour, slavery, involuntary servitude or debt bondage, and the recruitment, transportation or abduction of children to engage in armed activities.

**Republic Act 9255:** An Act Allowing Illegitimate Children to Use the Surname of their Father, 2004, Amends the Family Code of the Philippines.

**Republic Act 9262:** The Anti-Violence against Women and their Children Act of 2004 criminalises acts of physical, sexual, economic and psychological abuse and violence committed against a woman or her child by any person and provides for protective measures.

**Republic Act 9344:** The Juvenile Justice and Welfare Act of 2006, provides protection rights for children at risk and children in conflict with the law, including prevention, rehabilitation and reintegration.

**Republic Act 9710:** Magna Carta for Women 2009, sets out the rights of women.

**Republic Act 9775:** The Anti-Child Pornography Act of 2009 incorporates the provisions of the UNCRC, the Optional Protocol to the UNCRC on the Sale of Children, Child Prostitution and Child Pornography, ILO Convention No. 182 on the Elimination of the Worst Forms of Child Labour and the Convention against Transnational Organised Crime relating to child pornography, and establishes an Inter-Agency Council against Child Pornography.

**Republic Act 9745:** An Act Penalizing Torture and Other Cruel, Inhuman and Degrading Punishment (2009), recognises torture committed against children as a punishable offence.

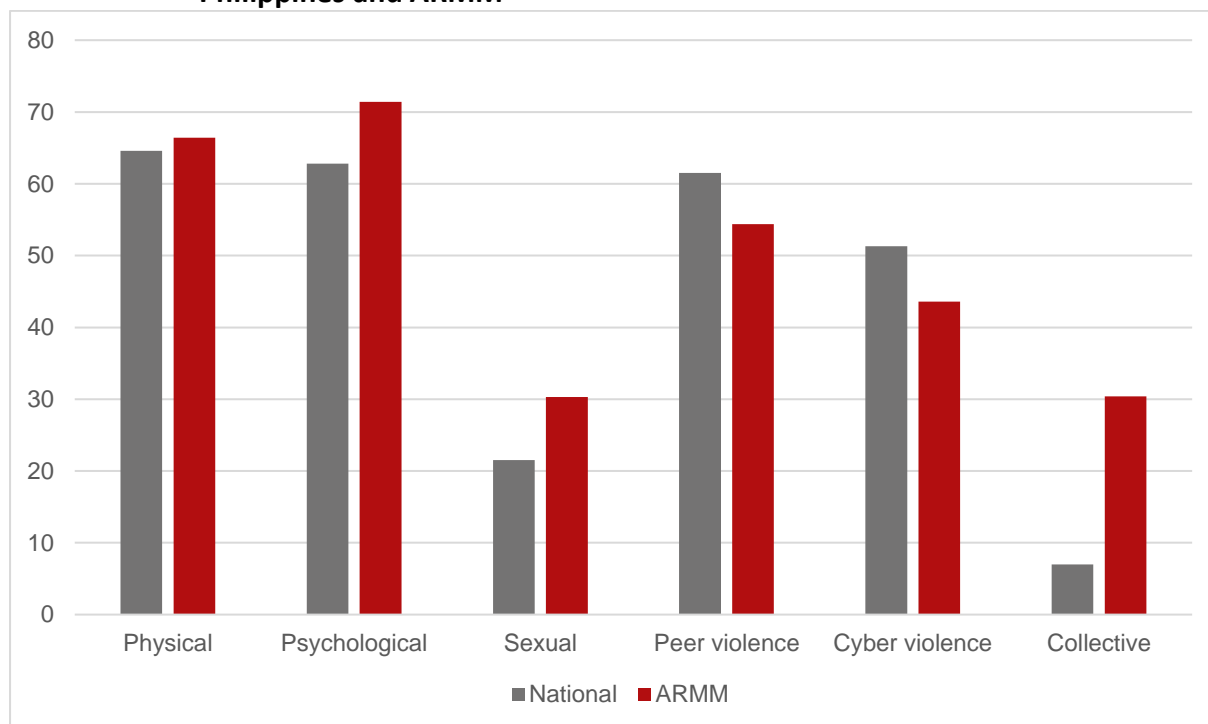
**Republic Act 10175:** Cybercrime Prevention Act of 2012: Penalises cybersex for favour or consideration and acts of child pornography committed through a computer system.

**Republic Act 10627:** The Anti-Bullying Act of 2013: provides for schools to introduce anti-bullying policies and procedures for dealing with bullying complaints.

**Republic Act 10821:** The Children’s Emergency Relief and Protection Act of 2015 establishes a comprehensive emergency program to protect children and support their immediate recovery during disasters. It mandates the establishment of evacuation centres and child-friendly spaces, the restoration of civil registry documents to facilitate the reunification of separated children and the training of emergency responders in child protection.

The National Baseline Study on Violence Against Children considered prevalence rates of violence experienced by young people aged 13–24 years in the Philippines. Unfortunately, while some of the data from the Study are disaggregated by age, allowing for discussion of violence against children specifically, these are not disaggregated by region, which mean it is not possible to assess prevalence rates of violence against children in ARMM compared to the Philippines nationally. The Baseline Study Reported the following data in relation to young people aged 13–24 and their experiences of violence.

**Table 8.1: Prevalence of different forms of violence among 13-24 year olds in Philippines and ARMM**



Source National Baseline Study on Violence against Children: Philippines

### **Corporal punishment**

Corporal punishment in the home is permitted under the Magna Carta for Children in ARMM, MMA No 162 (2003), which allows parents the power to correct, discipline and punish their children ‘moderately’.<sup>1202</sup> Without further clarification on the meaning or interpretation of the term ‘moderately’, the allowable severity of such punishment is not known. According to a recent SitAn in ARMM, mothers are the most common perpetrators of physical discipline against children in ARMM, with the discipline usually amounting to a pinch on the side.<sup>1203</sup> The SitAn report noted that a slipper or rolled up newspaper is used to perpetrate violence on some occasions, but that this was only used ‘because the child’s disobedience has become very severe and persistent’.<sup>1204</sup> According to one scholar quoted in the SitAn, under teachings of Islam, corporal punishment is permitted when disciplining a child but ‘beating’ should be considered acceptable only as a final resort.<sup>1205</sup>

<sup>1202</sup> MMA Act No. 162, Magna Carta for Children in ARMM.

<sup>1203</sup> Child Rights Situational Analysis in ARMM, Save the Children 2016, p 84.

<sup>1204</sup> Child Rights Situational Analysis in ARMM, Save the Children 2016, p 84.

<sup>1205</sup> Child Rights Situational Analysis in ARMM, Save the Children 2016, p 84.

In relation to indigenous children in Mainland ARMM, a IPDEV study ('The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM') in 2014 found that 60 per cent of Teduray children, 76 per cent of Dulangan Manobo children, 84 per cent of Lambangian children and 96 per cent of Higuanon children had been hit by their parents at home.<sup>1206</sup>

It was not possible to find data in relation to corporal punishment of children in schools in ARMM, or of violence against children in the community.

### ***Violence against women and girls***

According to the DHS 2013, the prevalence rate of violence against women in ARMM is one of the lowest across all regions in the Philippines. Nationally, 19.6 per cent of women were reported to have experienced physical violence since the age of 15, and 14.6 per cent had experienced physical or sexual violence committed by their husband. In comparison, in ARMM, only 15.1 per cent of women had experienced physical violence since the age of 15 and a significantly lower 5.9 per cent of women had experienced physical or sexual violence from their husband.<sup>1207</sup> It is possible that the low figures reflect low reporting due to a number of factors, including, as set out in the ARMM Regional Development Plan 2017-2022,

'limited financial capability to pursue legal actions [or]... Victims incurring shame (*Kahihyan*) or tarnishing their family's reputation by revealing that they suffered abuse and a lack of shelter or support facilities for victims.'<sup>1208</sup>

According to the ARMM Regional Development Plan 2017-2022, 1,413 cases involving women in especially difficult circumstances were recorded by the ARMM Government between 2011–2016.<sup>1209</sup> The Plan reported that DSWD-ARMM assisted 258 cases of violence against women and children from 2011–2016, with most cases being supported in 2015.<sup>1210</sup>

### ***Violence against children based on sexual orientation, gender identity and gender expression***

Limited data are available in relation to violence against LGBT children in ARMM, including violence perpetrated against children based on sexual orientation, gender identity and gender expression. However, a media report from 2013 sheds some light on the issue, suggesting that LGBT persons in ARMM face risk of serious violence, including murder and corrective rape. Though the examples presented were not of children (one example was of an 18-year-old who had been gang raped in Zamboanga City, Mindanao), it is likely that LGBT children face similar risks, or threats.<sup>1211</sup>

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<sup>1206</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM p 46.

<sup>1207</sup> Philippines 2013 National Demographic and Health Survey Key Findings, p15.

<sup>1208</sup> ARMM Regional Government, Regional Development Plan, 2017-2022, p 248.

<sup>1209</sup> ARMM Regional Government, Regional Development Plan, 2017-2022, p 247.

<sup>1210</sup> ARMM Regional Government, Regional Development Plan, 2017-2022, p 247.

<sup>1211</sup> Outrage, Dangerous lives: Being LGBT in Muslim Mindanao 'http://outragemag.com/dangerous-lives-lgbt-muslim-mindanao'.

### **Violence in the context of armed conflict**

Violence in the context of conflict, also known as ‘collective violence’ is acknowledged by the Special Protection of Children Against Abuse, Exploitation and Discrimination Act, RA No 7610 (1992), which seeks to protect children by declaring them ‘Zones of Peace’.<sup>1212</sup> The law designates children who are affected by armed conflict to be victims of disaster in order to ensure that children and their needs are protected, even in areas of conflict.<sup>1213</sup> These provisions are reflected in ARMM Regional Law in the Magna Carta for Children, MMA No 162 (2003).<sup>1214</sup>

Executive Order No. 138 (August 2013) established the national Government’s Inter-Agency Committee on Children in Armed Conflict, which is responsible for ensuring that international agreements including the CRC and OPAC are respected in all government activities. The Order also created a monitoring, reporting and response system on children affected by armed conflict and expanded the comprehensive programme framework for children in armed conflict to ensure the efficient monitoring of cases and the provision of timely multi-sectoral responses under the Council for the Welfare of Children (CWC).<sup>1215</sup>

The Inter-Agency Committee has been overseeing development of guidelines for the Armed Forces with respect to the protection of children affected by armed conflict.<sup>1216</sup> The Philippines Armed Forces issued letter directive No. 25 to clarify the definition of a minor, and the directive includes a protocol for the monitoring and reporting system and the process for the handover of children separated from armed forces or groups to child protection actors. In December 2015, the human rights office of the Armed Forces reviewed and updated their curricula on human rights and international humanitarian law for military personnel which includes specific child-protection aspects.<sup>1217</sup>

Children in ARMM are particularly at risk of violence due to the ongoing armed conflict. As set out in more below in *Grave Violations* section, in April 2017, the Secretary General of the UN published a report on children and armed conflict in the Philippines, which found that children in the Philippines were victims and survivors of five of the six ‘grave violations’ between 1 December 2012 to 31 December 2016: 1. Killing or maiming of children; 2. Recruitment or use of child soldiers; 3. Rape and other forms of sexual violence against children; 4. Abduction of children; and 5. Attacks against schools or hospitals; but not 6. Denial of humanitarian access to children.<sup>1218</sup> Although, as noted in the earlier section, humanitarian

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<sup>1212</sup> RA 7610, Special Protection of Children Against Abuse, Exploitation and Discrimination Act, Section 22.

<sup>1213</sup> A Systematic Literature Review of the Drivers of Violence Affecting Children: The Philippines, UNICEF, October 2016, (A Systematic Literature Review of the Drivers of VAC), p18

<sup>1214</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 29-31.

<sup>1215</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 52-53.

<sup>1216</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 52-53, para 56.

<sup>1217</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 52-53, para 56-58.

<sup>1218</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 22

access to children has been a challenge in relation to conflict between the ASG /Maute Group and the AFP in Marawi.

According to the report, most of the verified grave violations perpetrated against children during the reporting period took place on Mindanao (93 per cent), while others took place in Visayas Islands (2 per cent) and Luzon Island (5 per cent). Of those incidents in Mindanao, most took place in ARMM (46 per cent) or in Soccsksargen (19 per cent). The report noted, an increase in verified violations in Davao, Northern Mindanao and Caraga since 2015, and noted that the majority of these affected Indigenous children.<sup>1219</sup>

Data in relation to the grave violations are disaggregated according to sex, but limited information is available in relation to the location of each violation. The data are included in this section for information, with the reminder that 93 per cent of all violations were reported to take place on Mindanao, with 46 per cent of those taking place on Mindanao occurring within ARMM.

#### Killing or maiming of children:

- 74 incidents involving 116 children
- 40 children were killed (28 boys, 11 girls and 1 of unknown gender)
- 76 were injured (40 boys, 34 girls and 2 of unknown gender).
- Incidents involved targeted shootings, crossfire, airstrikes, shelling, indiscriminate attacks, summary executions, unexploded ordnance and/or the mistreatment of children during detention.
- Specific incidents reported in ARMM included those in: Basilan (In April 2014 an Armed Forces air strike hit a madrassah, killing a 15-year-old boy and injuring three boys between 14 and 16 years of age; A targeted killing of one boy occurred in May 2015), Sulu (In July 2014, seven children were killed and six injured during an ambush attack; In July 2015, an attack on a military convoy, injured 5 children who had been standing along the roadside)<sup>1220</sup>

In relation to rape and other forms of sexual violence, the report noted both that ‘the country task force received a number of reports of conflict-related rape and sexual violence that could not be verified’ and that ‘available information suggests that rape and other forms of sexual violence are not systematic in their use by combatants.’ However, it also noted that cases of rape, including those involving armed forces or armed groups, are often settled informally, particularly within indigenous communities.<sup>1221</sup> The report gave as an example a violation in which a 14-year-old girl had been raped on three occasions over three months (the location is not noted) and in which, despite the soldiers in question being court-martialled, the child’s family settled the case outside of the formal process.<sup>1222</sup>

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<sup>1219</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 23

<sup>1220</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 35-37.

<sup>1221</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 40-41.

<sup>1222</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 40-41.



The number of violations nationally, and within ARMM, is likely to be significantly higher than that recorded, as access restrictions and security constraints makes monitoring and verification of violations in remote rural areas difficult. In addition, violations occurring in the latest conflict involving Abu Sayyaf and the Maute group are not included in these data, as they fall outside the reporting period.

### 8.1.2. Sexual exploitation and trafficking

The legal framework in ARMM seeks to protect children from sexual exploitation and trafficking through a series of provisions prohibiting and criminalizing exploitative acts. Under Section 26 of the Magna Carta for Children in ARMM, for example:

‘If any establishment, enterpriser or child-caring institution shall have been found to have engaged in promoting sexual exploitation or sale or trafficking of children, it shall be immediately closed and penalized under existing laws.’

Child prostitution is defined in the Magna Carta for Children in ARMM as:

‘Children whether male or female, who for money, profit, or any other consideration or due to the coercion or influence of any adult, syndicate or group, indulge in sexual intercourse or lascivious conduct, are deemed to be children exploited in prostitution and sexual abuse.’<sup>1223</sup>

It is important that this is a gender-neutral provision, so that boys and girls are equally protected from harm. Recruiting a child for prostitution or using children in obscene publications or indecent shows is also prohibited.<sup>1224</sup>

According to the 2013 Young Adult Fertility and Sexuality Study in the Philippines, commercial sex among youth was the least prevalent in ARMM compared to other regions in the Philippines. The Study found that 0.3 per cent of youth in ARMM had ever paid for sex, and none reported having ever being paid for sex.<sup>1225</sup> Unfortunately, these data apply to young people aged 15 to 24 years, and are not disaggregated by age, sex or other demographic factors.

In 2012, the Recovery and Reintegration Program for Trafficked Persons (RRPTP) programme was established under the Children and Youth Welfare Program (CYWP) within DSWD. The RRPTP is funded by the DSWD central office, while the CYWP is funded under the ARMM local fund. The RRPTP is a comprehensive nationwide program to ensure the provision of adequate recovery and reintegration services to trafficked persons utilizing multi-sectoral approach and deliver a complete package. In 2013, 177 persons were provided financial assistance support for livelihood, skills training, and financial assistance for transportation back to their families.<sup>1226</sup> In 2015, DSWD-ARMM, under the RRTP, worked with seven trafficked children

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<sup>1223</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 44.

<sup>1224</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 46-7.

<sup>1225</sup> Young Adult Fertility and Sexuality Study in the Philippines 2013 p 93.

<sup>1226</sup> ARMM Regional Development Plan 2013-2016, Midterm Update, p 93.

and young people, four aged 16 or 17 and three aged 18–19, assisting them with reintegration and providing them with financial assistance.<sup>1227</sup>

The Regional Development Plan 2017-2022 notes concerns over trafficking of children: ‘rampant falsification of civil documents among minors travelling abroad...law enforcement agencies are not proactive in addressing cases of child trafficking and illegal recruiting’<sup>1228</sup>. The Plan sets out data in relation to trafficking of persons as disaggregated by sex, but not by age, showing that 1,033 victims were identified between 2014–2016, 44.0 per cent female and 56.0 per cent male.<sup>1229</sup> The plan suggests that factors influencing a recent increase in trafficking in persons are ‘1) poverty, 2) the promise of high salary, 3) non-productive status of the victims (unemployment), [and] 4) lack of knowledge.’<sup>1230</sup> According to UNICEF, children who are displaced as a result of the conflict are more vulnerable to illegal recruitment and trafficking, including to Malaysia.<sup>1231</sup>

In addition to these concerns over trafficking, there are considerable concerns over Filipino children or children having Filipino descent being denied access to school in Sabah, Malaysia. A publication exploring *halaws* in Malaysia reported an especially high number of undocumented Filipinos placed in prison camps in Sabah and Sarawak where they suffered various human rights violations such as abuse, sexual violence and deprivation of essential services.<sup>1232</sup> Vulnerability to exploitation and discrimination is increased when Filipinos have irregular migrant status. Many *halaws* in Malaysia are likely to have come from ARMM, particularly given the conflict and economic situation.

### 8.1.3. Child Labour

Under the Magna Carta for Children in ARMM, MMA No 162 (2003), children are prohibited from working in hazardous, exploitative or discriminatory conditions.<sup>1233</sup> Children who are working must have a work permit and permission from their parent or guardian. They should only be doing light work, where there are facilities for the protection and welfare of children and allowances for adequate rest.<sup>1234</sup>

According to the government-led 2011 Survey on Children, 5.8 per cent of children in ARMM aged 5–17 were working in 2011, compared to a national average of 12.4 per cent.<sup>1235</sup> This

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<sup>1227</sup> DSWD ARMM Website, [http://dswd.armm.gov.ph/images/transparency/2015\\_beneficiaries.pdf](http://dswd.armm.gov.ph/images/transparency/2015_beneficiaries.pdf); DSWD ARMM Annual Report 2015, [http://dswd.armm.gov.ph/images/transparency/annual\\_report-2015.pdf](http://dswd.armm.gov.ph/images/transparency/annual_report-2015.pdf), p 22.

<sup>1228</sup> ARMM Regional Development Plan 2017-22, p 248.

<sup>1229</sup> ARMM Regional Development Plan 2017-22, p 248.

<sup>1230</sup> ARMM Regional Development Plan 2017-22, p 249.

<sup>1231</sup> UNICEF, Child Protection Rapid Assessment Report, June 2014, p31.

<sup>1232</sup> Human Rights Resource Centre, Violence, Exploitation, and Abuse and Discrimination in Migration Affecting Women and Children in ASEAN: A Baseline study, 2013, page 754.

<sup>1233</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 38-42.

<sup>1234</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 38-42.

<sup>1235</sup> Philippines Statistics Authority, Estimated Number of Working Children 5 to 17 Years Old Who Worked During The Past Week Was 3.3 Million (Final Results of the 2011 Survey on Children), <https://psa.gov.ph/content/estimated-number-working-children-5-17-years-old-who-worked-during-past-week-was-33-million> [25.7.17]

equated to 1.9 per cent of the total working children in the Philippines; 2 per cent of children in hazardous child labour were in ARMM. These were both some of the lowest percentages of child labour across the Philippines.<sup>1236</sup> In addition, according to YAFS 2013, 37.8 per cent of young people in ARMM reported that they had ever worked for pay. This was the lowest rate across the Philippines.<sup>1237</sup> These data do not provide additional details on child labour that is informal or hazardous, such as, for example the number of children engaged in child labour as street vendors, compared to those working in street markets or agriculture.

Reports suggest that many families from ARMM migrate to Sabah, Malaysia looking for work. The children in these families are reported to drop out of school as a result of the migration, and, once they arrive in Sabah, end up working illegally as hired farm hands or in other blue collar jobs.<sup>1238</sup> A driving force behind this form of migration is said to be that earnings are much better in Sabah than in Tawi-Tawi or Basilan (in ARMM), and so families consider it worth the risk of being deported to complete a couple of months of working illegally in Sabah.<sup>1239</sup> Between 2013 and 2015 1,467 male and 1,383 female children were deported from Sabah to Tawi-Tawi.<sup>1240</sup>

Child labour is also reported to be a particular concern for Indigenous Peoples, with indigenous populations reported to have the highest rates of child labour in the ARMM region.<sup>1241</sup> According to the Situation of Indigenous Children Report, in 2014, 76 per cent of children in the Dulangan Manobo, 56 per cent of Teduray children, 48 per cent of Higuanon children and 32 per cent of Lambangian children were working,<sup>1242</sup> many as labourers on farms, with girls in particular employed as domestic helpers. More male indigenous children (65.9 per cent) work for pay than girls (44.1 per cent).<sup>1243</sup> Not all those engaged in child labour in ARMM are out of school children, with some working on weekends in order to earn money for food and school supplies.<sup>1244</sup> A number of these children were working in hazardous situations.<sup>1245</sup> Some indigenous children are also trafficked to cities to work to earn for themselves and their families.<sup>1246</sup>

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<sup>1236</sup> Philippines Statistics Authority, Estimated Number of Working Children 5 to 17 Years Old Who Worked During The Past Week Was 3.3 Million (Final Results of the 2011 Survey on Children), <https://psa.gov.ph/content/estimated-number-working-children-5-17-years-old-who-worked-during-past-week-was-33-million> [25.7.17]

<sup>1237</sup> Young Adult Fertility and Sexuality Study in the Philippines 2013 p 40.

<sup>1238</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 76.

<sup>1239</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 76.

<sup>1240</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 77.

<sup>1241</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 49.

<sup>1242</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 49.

<sup>1243</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 49.

<sup>1244</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 49.

<sup>1245</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 49.

<sup>1246</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM p 50.

#### 8.1.4. Harmful Traditional Practices

##### **Child marriage**

According to the NDHS 2013, the percentage of women aged 20–24 who were first married before the age of 15 in Philippines nationally was 2 per cent and 15 per cent were married by age 18.<sup>1247</sup> Pre-arranged and forced child marriages are critical issues affecting girl children in particular, and especially Muslim and indigenous girls in the Philippines.<sup>1248</sup> Under national legislation, the marriage age is set at 18 by Articles 5 and 14 of the Family Code, and a marriage is only valid under the Family Code if it is consensual. However, there are few effective penalties relating to early or forced marriage and the Family Code conflicts with the Code of Muslim Personal Laws and indigenous peoples' customary laws which permit marriage under the age of 18.

Article 350 of the *Penal Code* in the Philippines provides a weak protective provision that if one of the '*contracting parties*;' to a marriage obtains the consent of the other by means of violence, intimidation or fraud, he shall be punished through a fine and/or *Arresto Mayor* (the lowest level of penalty for a criminal offence).<sup>1249</sup> But the Philippines also have provisions in their laws that could be seen as condoning forced marriage. Article 344 of the Penal Code and Article 266-C of the Anti-Rape Law 1997 both provide that a subsequent valid marriage between the perpetrator and the offended party extinguishes the criminal action or the penalty for rape.<sup>1250</sup> It is important to remember, in this regard, that national criminal legislation applies across ARMM.

Presidential decree No. 1083 was promulgated in 1977 and recognised the system of Filipino Muslim law. Cases relating to this Code are heard in Shari'ah Courts. Article 16 of the Code sets the minimum age for marrying at 16 for both men and women. However, the Shari'ah District Court may order the solemnisation of marriage of a female who has attained puberty, provided she is over the age of 12.<sup>1251</sup> Muslim leaders in Mindanao issued a Fatwa in November 2015 clarifying the issues of early and forced marriage. The Fatwa stated that although Islam does not prescribe a marriageable age, the generally accepted ages were 18 for females and 20 for males.<sup>1252</sup>

In addition, although not a protection against individual cases of child marriage, section 36 of the Muslim Mindanao Autonomy Act No. 280 (Act Providing for the Gender and Development Code) 2008, provides that "child and early marriages shall be discouraged."

There are limited data in relation to child marriage practices in ARMM. However, despite legal and religious edicts against child marriage, the practice is reported to occur in ARMM. Child marriage is reported to be a common practice among Moro and Indigenous communities in

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<sup>1247</sup> SOWC p 152

<sup>1248</sup> CRC state report, Philippines, 2009. The Code of Muslim Personal Laws and indigenous customary laws contradict the Act which sets the age of marriage at 18.

<sup>1249</sup> Article 350, Revised Penal Code (Philippines).

<sup>1250</sup> Article 266-C, Anti Rape Law, 1997 (Philippines).

<sup>1251</sup> A Systematic Literature Review of the Drivers of VAC, p 20

<sup>1252</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 80

ARMM, with one of the underlying causes behind the practice reported to be that families may have many children, and the income of the family cannot support and educate them all, meaning that marriage 'out' of a family is a desirable outcome.<sup>1253</sup> Where children are prevented from going to school, due to clan feuds or rido, they may also be married early instead.<sup>1254</sup> According to the 2016 Child Rights SitAn for ARMM, families from the Sama and Badjao communities have reportedly 'married off' children as young as 12 years old once they have attained puberty.<sup>1255</sup> Further, according to one report, early marriage for girls is a result of the conflict in ARMM. Non-representative survey data from the seven LGUs in ARMM produced by Mediators for Sustainable Peace and UNICEF suggested that, in 2014, in 83 per cent of provinces surveyed, it was common for females to marry between the ages of 15–17; while 17 per cent of females were reported to have been married while aged 9–14.<sup>1256</sup> These figures are dramatically higher than the figures from Philippines nationally, though, as they are non-representative, they do not provide an authoritative picture of the situation for child marriage in ARMM.

According to the 2013 Young Adult Fertility and Sexuality Study, young people in ARMM expressed the view that the ideal age for marriage for men is 22.6 years old, and for women is 21.8 years old, both of which were the lowest ages given by young people across the Philippines.<sup>1257</sup> The Study also found that youth in ARMM were the most likely to state they would follow their parents' wishes when choosing a life partner (69.3 per cent) compared to the average across the Philippines of 46.3 per cent.<sup>1258</sup>

Forced child marriage is reported to be prevalent among the Tausag and Sama people in Tawi-Tawi and Sulu for children aged 18 and below.<sup>1259</sup> In Tawi-Tawi, if a prospective groom does not intend to be rejected, he brings a traditional long blade to the proposal and declares to the woman's parents that his marriage offer is 'sarahakan tugal'. Once this is declared, if the family rejects the offer, they are obliged to compensate the prospective groom with twice the value of the offered dowry, otherwise a clan feud or 'kuntara' can occur between the clans.<sup>1260</sup> This means children can be forced into marriages for financial reasons or political reasons, in order to prevent financial, political and other repercussions.

Parentally arranged marriages are reported to be prevalent among indigenous peoples in mainland ARMM, without girls having the right to choose whether to agree to the marriage.<sup>1261</sup> Among Teduray and Lambangian, the practice of arranged marriage is culturally enshrined.<sup>1262</sup>

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<sup>1253</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 79

<sup>1254</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 79

<sup>1255</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 79

<sup>1256</sup> Mediators Network for Sustainable Peace, Inc: Peace and Conflict Analysis in Seven Local Government Units in ARMM, March 17, 2014. UNICEF.

<sup>1257</sup> Young Adult Fertility and Sexuality Study in the Philippines 2013 p 55.

<sup>1258</sup> Young Adult Fertility and Sexuality Study in the Philippines 2013 p 56.

<sup>1259</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 80.

<sup>1260</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 80.

<sup>1261</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 52.

<sup>1262</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 52.

## Other issues

There is some evidence that Female Genital Mutilation may be taking place in some Muslim communities in Mindanao,<sup>1263</sup> though it has not been possible to find detailed data in relation to this.

### 8.1.5. Birth Registration

Article 7(1) of the UNCRC requires that all children be registered immediately after birth. This is reflected in SDG 16.9, under which, by 2030, everyone should have a legal identity, which includes birth registration. In the Philippines, all births are required to be registered within thirty days from the time of birth at the local civil registry office of the city/municipality where the birth occurred.<sup>1264</sup> The completeness of birth registration in the Philippines has increased from 83 per cent in 2000 to 90.2 per cent in 2010.<sup>1265</sup> Under the Magna Carta for Children in ARMM, MMA No 162 (2003), birth registration must occur within 30 days of the date of birth. The naming of a child may follow any of the general Philippines naming system or the Muslim or indigenous naming system.<sup>1266</sup> Muslim Mindanao Autonomy Act 293 (An Act Establishing Free Birth Registration in the Autonomous Region in Muslim Mindanao and Providing Funds Thereof), birth registration in ARMM recognises some obstacles to birth registration and sets out provisions to address these, including, for example, abolishing late registration fees.<sup>1267</sup>

Birth registration in ARMM was 37.85 per cent in 2010. This was the lowest of the regions in the Philippines by far, with the next lowest rate of birth registration being region XII at 81.39 per cent.<sup>1268</sup> Non-registration is a concern because it can prevent children from accessing education and other social services, but also because it is reported to increase underage recruitment into the military.<sup>1269</sup>

Some of the provinces in ARMM are estimated to have the highest percentage of unregistered children in the country.<sup>1270</sup> The Philippines Count Every Child Survey found that the Muslim population and those who are part of the Tausag or T'boli ethnic groups were less likely to have their birth registered or to have a birth certificate.<sup>1271</sup> In the Count Every Child Survey, the lowest levels of awareness of birth registration were found in three municipalities in ARMM.<sup>1272</sup> According to a 2014 survey by the University of the Philippines Population Institute in ARMM among indigenous peoples, Teduray children had the highest birth registration rate within ARMM at 92 per cent, Lambangian children were registered at a rate of 84 per cent,

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<sup>1263</sup> A Systematic Literature Review of the Drivers of VAC, p 21

<sup>1264</sup> Philippines Statistics Authority, Civil Registration Procedure, <https://psa.gov.ph/civilregistration/civil-registration-procedure> [25.7.17].

<sup>1265</sup> World Bank, Completeness of Birth Registration, <http://data.worldbank.org/indicator/SP.REG.BRTH.ZS?locations=PH>

<sup>1266</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 11-A.

<sup>1267</sup> MMA Act No. 293, [https://armm.gov.ph/armm-content/uploads/2015/03/MMA\\_293\\_FREE\\_BIRTH\\_2015\\_03\\_04\\_04\\_54\\_24\\_325.pdf](https://armm.gov.ph/armm-content/uploads/2015/03/MMA_293_FREE_BIRTH_2015_03_04_04_54_24_325.pdf) [25.7.17].

<sup>1268</sup> UNICEF Philippines fact sheet birth registration 2017

<sup>1269</sup> A Systematic Literature Review of the Drivers of VAC, p18.

<sup>1270</sup> Philippines Count Every Child Survey Report p 21.

<sup>1271</sup> Philippines Count Every Child Survey Report p 21.

<sup>1272</sup> Philippines Count Every Child Survey Report p 28.

Higuanon children were registered at a rate of had 80 per cent and Dulangan Manobo 60 per cent.<sup>1273</sup> The Dulangan Manobo tribe is the most remotely located, which may account for the lower birth registration rate. As set out in section 4.6, a large proportion of births in ARMM take place outside of hospital or health care centres, which may make birth registration more challenging to complete.

Prior to the enactment of MMA Act 293, which abolished late registration fees, those living below the poverty line in ARMM are reported to struggle to afford the costs of travelling to the municipal hall and to pay the fee for late registration where they have been unable to register in line with birth registration time requirements.<sup>1274</sup> In 2008, there was reported to be an increase in birth registration in ARMM due to increased interest in registering under the Pantawir Pamilyang Pilipino Program (a health care provision program).<sup>1275</sup>

Save the Children found that families from ARMM who migrate to Sabah illegally are often unable to register their children's births there. Around one third of the 1.5 million 'illegal' migrants in Sabah were reported to be Filipinos in 2012, making it likely that there are numerous unregistered children from ARMM in Malaysia.<sup>1276</sup>

#### 8.1.6. Alternative Care

Under the Magna Carta for Children in the Philippines, if children are separated from their family they will either be placed in alternative family care or institutional placement. Due regard will be had children's upbringing in their own cultural milieu. Support will be given to help families, relatives and community institutions to meet the needs of orphaned, displaced and abandoned children.<sup>1277</sup> As of 2008 there were around 61 residential care facilities providing alternative care being managed by DSWD, but none of those were located in AARM.<sup>1278</sup> In ARMM, a distinction is made between legitimate and illegitimate children in, and, under Shari'ah Law, children who are adopted are not considered to be legitimate children of the adoptive parents, which has particular implications on inheritance and property rights.<sup>1279</sup> No further information relating to children in alternative care placements in ARMM was available for this report.

#### 8.1.7. Grave violations committed against children<sup>1280</sup>

In 2005, the UN Security Council established a Working Group on Children and Armed Conflict and a Monitoring and Reporting Mechanism ('MRM') to monitor, document and report on heinous abuses of the rights of children in situations of armed conflict. A subsequent Security

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<sup>1273</sup> The Situation of Indigenous Children: A Participatory Research with Indigenous Children and their Communities in Mainland ARMM, p 32.

<sup>1274</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 56.

<sup>1275</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 56.

<sup>1276</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 57.

<sup>1277</sup> Magna Carta for Children in ARMM Section 67

<sup>1278</sup> Child Protection in the Philippines, A Situational Analysis, Save the Children, 2011, p2

<sup>1279</sup> Magna Carta for Children in ARMM, section 8(a)-(c)

<sup>1280</sup> UNSC Res. 1612 of 2005.



Council resolution has further expanded and strengthened the MRM.<sup>1281</sup> Although the full panoply of rights contained in the CRC continue to apply during armed conflict, the MRM mechanism focuses on collecting information on what have been termed ‘the six grave violations’ committed against children during armed conflict.<sup>1282</sup> These are

1. Killing or maiming of children
2. Recruitment or use of child soldiers
3. Rape and other forms of sexual violence against children
4. Abduction of children
5. Attacks against schools or hospitals
6. Denial of humanitarian access to children

Grave child rights violations have been perpetrated by all parties to the conflict. In his report in April 2017, the Secretary-General noted that the denial of humanitarian access was the only grave violation that was not reported during the period under review.<sup>1283</sup> However, conflict between the Abu Sayyaf Groups/Maute Group and the AFP appears to have posed challenges for the humanitarian access to children in Marawi. Most verified violations against children occurred on Mindanao (93 per cent). On Mindanao, most of the verified violations took place in ARMM region (46 per cent).

The number of violations is likely to be significantly higher than that recorded, as access restrictions and security constraints makes monitoring and verification of violations in remote rural areas difficult. In addition, violations occurring in the latest conflict involving Abu Sayyaf and the Maute group are not included, as they fall outside the reporting period.

### ***Recruitment and use of child soldiers***

International humanitarian law contained in the four Geneva Conventions and the two Additional Protocols,<sup>1284</sup> all of which have been ratified by the Philippines, prohibits the recruitment and use of children in hostilities by both armed forces and armed groups under the age of 15. The term ‘hostilities’ has been interpreted widely by the International Criminal Court and covers both children used as combatants but also children who act in a supporting role, such as spies or lookouts, as well as those who support through service, such as porters, cooks etc. In addition, the Optional Protocol to the UN Convention on the Rights of the Child, which was ratified by the Philippines in 2003, prohibits both the forced recruitment of children under the age of 18 by armed forces and all recruitment and use of children under the age of 18 by armed groups.<sup>1285</sup>

## **Domestic law on the recruitment of children**

<sup>1281</sup> UNSC Res. 1882 of 2009.

<sup>1282</sup> See Working Paper No 1, Special Representative to the Secretary-General on the Children and Armed Conflict available at [childrenandarmedconflict.un.org](http://childrenandarmedconflict.un.org)

<sup>1283</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 22

<sup>1284</sup> Protocol Additional to the Geneva Conventions of 12 August 1949 and relating to the Protocol Additional to the Geneva Conventions of 12 August 1949 and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977.

<sup>1285</sup> Article 4 Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.



Republican Act No. 7610, the Special Protection of Children against Abuse, Exploitation and Discrimination Act 1991, Article X, Section 2.2 reflects the Optional Protocol provision by providing that “*children shall not be recruited to become members of the Armed Forces of the Philippines or its civilian units or other armed groups, nor be allowed to take part in the fighting or used as guides, couriers or spies.*”

Republican Act No. 8371, the Indigenous Peoples Rights Act of 1997, provides for the non-recruitment of children of indigenous cultural communities/indigenous peoples into the armed forces

Despite the legal provisions prohibiting the recruitment and use of children, it continues to be an on-going and continuing problem. The report of the Secretary-General covering the period 1 December 2012 to 31 December 2016 noted that the country task force verified 17 incidents of recruitment involving 72 children, with the majority of children being used as human shields. Fifteen children were used by the BIFF in one incident, and 32 were used by the MNLF in the other.<sup>1286</sup> The United Nations also verified the recruitment and use of a further 10 boys by the MNLF.<sup>1287</sup> In 2016, the country task force verified the recruitment and use of 5 boys between 13 and 17 years of age by MNLF and six children (five boys and one girl) by the NPA.

The Secretary-General’s report of 2017 continues to list MILF, Abu Sayaff,<sup>1288</sup> NPA<sup>1289</sup> and BIFF<sup>1290</sup> as bodies that recruit and use children.<sup>1291</sup>

In August 2009, MILF signed an action plan with the United Nations to end and prevent recruitment and use of children. The group’s general order No. 2 (2006), the code of conduct of the BIAF and, following the action plan, the supplemental general order in 2010, prohibits the recruitment of children into the MILF/BIAF and outlines sanctions for non-compliance. The fact that the group remains primarily a community-based organisation however, and its members live with their families, complicates the identification of children associated with the group.

The NPA, the armed wing of the Communist Party of the Philippines and part of the National Democratic Front of the Philippines coalition, has been listed for recruitment and use of children since 2013. The NPA issued a Declaration in 2012 that it would not recruit children under the age of 18 to take a direct part in hostilities. However, the Declaration allows children as young as 15 years of age to join the NPA as trainees or apprentices and permits

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<sup>1286</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 25.

<sup>1287</sup> 5 of whom were used in support roles during the Zamboanga siege in September 2013, leading to the death of 2 of them.

<sup>1288</sup> The ASGhas been listed since 2003 owing to its recruitment and use of children. The group remains active in Basilan and Sulu Provinces and in the Zamboanga Peninsula and continues to carry out bombings, extortions, kidnappings for ransom and assassinations.

<sup>1289</sup> The NPA has been listed since 2013.

<sup>1290</sup> The Bangsamoro Islamic Freedom Fighters has been listed for the recruitment and use of children since 2014.

<sup>1291</sup> The List is contained in the Report of the Secretary-General on Children and Armed Conflict in the Philippines, A/70/836-S/2016/360, 20 April 2016, Annex II.

them to be assigned to self defence and other non-combat units and tasks. This clearly violates the Optional Protocol to the CRC and Article X, Section 2.2 of Special Protection of Children against Abuse, Exploitation and Discrimination Act 1991.

The Secretary-General's report in 2017 notes that, according to credible sources, the ASG recruited around 30 children in Basilan Province in April 2015. There have also been media reports that children have been recruited and used by Abu Sayyaf as combatants and in support roles in the Marawi conflict.<sup>1292</sup>

The verified number of children recruited is likely to be an under-estimate of the total number of children recruited. Recruitment is not always reported and it is difficult to access rural areas or to verify the age of those recruited. Recruitment appears to disproportionately affect boys. While it is likely from the evidence that is available that far more boys are recruited and used than girls, it is particularly difficult to obtain information about children used in 'support' roles by armed groups, such as cooks and those who clean up the camp, and even more difficult to obtain data on the recruitment and use of girls.

Research on children engaged with MILF/BIAF has shown that recruitment by these groups is inextricably linked with the structural and political issues that continue to affect Mindanao and is deeply linked to poverty and marginalisation.<sup>1293</sup> The stalled peace talks with the Bangsamoro groups and the National Democratic Front and NPA, together with the recent increase in conflict with Abu Sayyaf makes it unlikely that the current structural and political difficulties will be resolved in the near future.

Research on recruitment by MILF / BIAF has also shown that many children joined the MILF-BIAF with their parents, and many families consider the involvement of children in MILF-BIAF as an obligation and contribution to the Bangsamoro cause.<sup>1294</sup> Parents of children who are engaged with MILF expressed concern that if their children were not in education or work, it was better to be part of MILF where they would be protected from becoming involved in negative social activities, particularly drug-taking, or even re-association with an armed group.<sup>1295</sup> A further 'push' factor for child recruitment into MILF is the limited contact between local government and the MILF communities, with corresponding gaps in services and support. MILF frequently provides the only services that are available.<sup>1296</sup>

A notable pull factor in a region that suffers from endemic poverty is the payment of children who join Abu Sayyaf. Payment to recruits is not uncommon and may constitute the only regular income that a child's family receives. Membership of an armed group may also give the child status in the community and amongst his peers as well as regular food.<sup>1297</sup>

The Mindanao 2020: Peace and Development Framework Plan recognizes that peace, while

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<sup>1292</sup> Richard Lloyd Parry, the Times (London) June 10, 2017.

<sup>1293</sup> Alpaslan Ozerdem, *Child Soldiers: From Recruitment to Reintegration*, 2011, p 129

<sup>1294</sup> See Assessment of the Drivers of Children's Association with Armed Groups and Entry Points to Prevent Association, UNICEF and Transition International, 20 December 2016

<sup>1295</sup> Alpaslan Ozerdem, *Child Soldiers: From Recruitment to Reintegration*, 2011, p 129

<sup>1296</sup> Alpaslan Ozerdem, *Child Soldiers: From Recruitment to Reintegration*, 2011, p 130

<sup>1297</sup> Alpaslan Ozerdem, *Child Soldiers: From Recruitment to Reintegration*, 2011, p 130

necessary for any sustainable development, is not in and of itself sufficient and should not be the only goal. The plan also includes poverty reduction, growth of the economy, an increase in school enrolment, reaching 100 per cent enrolment in primary school by 2030 and fully equipped classrooms and well-trained teachers. In addition to the Mindanao 2020 Framework, the Bangsamoro Development Plan and the Comprehensive Reform Development Agenda launched in ARMM in 2016 seek to reduce poverty, and stimulate growth in the region. The plan recognises that the involvement of children is essential to achieve peace, security and social cohesion, but provides no further details of what form this involvement will take.<sup>1298</sup> At the time of writing there is no update on the implementation of the Mindanao 2020 Plan.

Mindanao 2020: Peace and Development Framework Plan 2011-2030) sets out the following actions to achieve peace and security:

1. Peaceful and negotiated political settlement with MNLF and MILF, and a similar political settlement with the National Democratic Front/ NPA, marked by attainment of satisfactory autonomy and genuine self-determination for Mindanawons, and redress and elimination of age-old injustices in various forms.
2. Successful implementation and completion of a generally acceptable disarmament and re-integration of all former combatants from all sides of the conflict.
3. An entrenched policy environment for sustained peace, development and human security in Mindanao, supported by massive public investments and consolidated and effective institutions for sustained peace and development.
4. Wholesale reconstruction of conflict areas, with vital social and economic infrastructures and facilities restored and enhanced, thereby transforming them into focal points of development.
5. A firmly-entrenched culture of peace and social healing sustained through the integration of peace education in curricula at all levels.
6. Supremacy of the rule of law within a justice system widely perceived to be fair, responsive and equitably accessible to all.

### ***Killing or maiming of children***

Figures from the UN Country Task Force for the period 1 December to 31 December 2012, verified 74 incidents of killing and maiming, involving 116 children; 40 children were killed (28 boys and 11 girls with one child of unknown gender); and 76 were injured (40 boys, 34 girls and 2 of unknown gender). The incidents involved targeted shootings, crossfire, airstrikes, shelling, indiscriminate attacks, summary executions, unexploded ordnance and/or the mistreatment of children during detention. While all armed groups and forces were involved in incidents leading to the killing and maiming of children, almost half of all child casualties were attributed to either the APF (30 child casualties) or the ASG (24 child casualties). Most

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<sup>1298</sup> Mindanao 2020: Peace and Development Framework Plan 2011-2030, p 121.

of those cases were crossfire incidents between the AFP and armed groups.<sup>1299</sup> The number of children killed or maimed is likely to be higher in 2017 due to the hostilities between the AFP and the Abu Sayyaf and Maute groups, with reports that children have not been able to leave Marawi during the fighting. No figures on casualties were available at the time this analysis was written.

### ***Rape and other forms of sexual violence***

The Secretary-General in his 2017 report on Children and Armed Conflict in the Philippines<sup>1300</sup> found that based on available information, rape and other forms of sexual violence were not systematically carried out against children by any of the armed groups, and only one rape was verified by the UN Country Task Force between 1<sup>st</sup> December 2012 and 31<sup>st</sup> December 2016. This is however, unlikely to represent the total level of rape and other forms of sexual violence: there is reluctance to report sexual assaults, particularly in indigenous communities, as the child may be stigmatised and his or her future prospects damaged. Cases of rape and sexual assault are often dealt with informally, with compensation paid by the perpetrator. There are no figures available on the number of cases of rape and sexual assault dealt with through the informal system.

### ***Attacks on schools and hospitals***

The targeting of civilian objects, and the deliberate targeting of schools and hospitals in the absence of military necessity is prohibited under the general legal principle of distinction, meaning that civilian objectives must be distinguished from military objectives and protected against the consequences of military operations. This is a customary norm of international law, which means that it is applicable to all parties to a conflict in all situations.<sup>1301</sup> In addition, under Article 8(2)(e)(iv) of the Rome Statute of the International Criminal Court, intentionally attacking a school or a hospital where the building is not a military objective is a serious violation of the Common Article 3 to the Geneva Conventions and constitutes a war crime.

Under Article X, Section 22 of RA No 7610, the Special Protection of Children against Abuse, Exploitation and Discrimination Act 1991, military use of schools, hospitals and rural health units for military purposes such as command posts, barracks, detachments and supply depots is prohibited. The purpose of this section is to ensure that schools, hospitals and health units cannot be treated as a military objective and will benefit from protection in the conflict. Despite this, between 1 January 2012 and 31 December 2016, the UN Country Task Force verified 32 attacks on schools and hospitals, which resulted in 24 schools being damaged. Six incidents were attributed to the AFP, five to the Magahat group, four to BIFF and two each to the Alamara group, the NPA and the ASG.<sup>1302</sup> In addition, the country task force verified, but

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<sup>1299</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 35.

<sup>1300</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017 para. 41

<sup>1301</sup> See Article 48 and 52, Additional Protocol I, Article 13(1) Additional Protocol II, Common Article 3 to the Geneva Conventions and ICRC Customary Rule 7.

<sup>1302</sup> Twelve incidents could not be attributed to a specific entity.

could not attribute, attacks on 11 schools in Maguindanao and Lanao Del Sur Provinces that were being used as polling stations during the national election in May 2016.<sup>1303</sup>

It is likely that more schools were attacked and damaged. According to the Child Protection Cluster Philippines, 52 cases of attacks on schools and military use of schools were reported between 2014 and mid-2015 alone. Most of these reports were against private schools in remote indigenous communities, and allegedly perpetrated by paramilitary groups in Mindanao.<sup>1304</sup>

### **Displacement**

Armed conflicts between the government and armed groups, between armed groups or between clans have, over the years, caused prolonged and multiple displacements of the civilian population. The armed conflict is overwhelmingly internal armed conflict (i.e. takes place between groups within the Philippines), though in March 2013, a conflict between the Philippines and Malaysia over the territory of Sabah, led to 19,000 Filipinos who had resided in Sabah being displaced to ARMM.

Displacement has been taking place for many years. Major displacements in ARMM have been caused by:

- Estrada's All Out War in 2001,
- Operations of the AFP in the Buliok Complex in 2003,
- AFP pursuit of Al Qaeda terrorists in 2004-2007,
- Breakdown in peace talks between GPH and MILF in 2008,
- BIFF attacks in 2012-2013
- Mamasapano incident in 2015
- The Marawi City Crisis May 2017<sup>1305</sup>

The Child Protection Cluster in the Philippines, which coordinates humanitarian efforts amongst its neighbours has been collecting information on displacement in Mindanao since 2007,<sup>1306</sup> and provides a displacement dashboard every month. It considers that conflicts have displaced some 3.5 million people since 2000, some of them multiple times.<sup>1307</sup> Between 1 January 2017 and 31 March 2017, 50,109 persons were displaced, 22,972 of whom were displaced in the month of March 2017.<sup>1308</sup> It is not possible to determine exactly how many displaced persons came from ARMM and how many from elsewhere in Mindanao, but in March 2017, there were a total of 53,036 internally displaced persons in Mindanao, some of

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<sup>1303</sup> Report of the Secretary-General on children and armed conflict in the Philippines, S/2017/294, 5 April 2017, para 42.

<sup>1304</sup> The Magahat includes members of the Manobo tribe and formed NPA rebels. It has been alleged that the AFP took no action to prevent attacks, although they were patrolling nearby. The Alamara Group also consists of ex-NPA members as well as members of the Ata-Manobo tribe.

<sup>1305</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 03, 14<sup>th</sup> July 2017, p 1.

<sup>1306</sup> Protection Cluster Philippines, March 2017 Displacement Dashboard, Issue no. 36, March 2017

<sup>1307</sup> Internal Displacement Monitoring Centre, Comprehensive Response to Wave of Displacement Crises Need, 9 December 2013, available at - <http://www.internal-displacement.org/south-and-south-east-asia/philippines/2013/comprehensive-response-to-wave-of-displacement-crises-needed/>

<sup>1308</sup> Protection Cluster Philippines, March 2017 Displacement Dashboard, Issue no. 36, March 2017

whom had been displaced more than once.<sup>1309</sup> In March 2017, for example, 1,290 families were displaced in Sulu Province as a result of the AFP v Abu Sayyaf conflict, 1,218 families were displaced in Maguindanao and North Cotabato due to the AFP v BIFF conflict, and a total of 286 families were displaced in Maguindanao due to clan feuds.<sup>1310</sup>

Following the outbreak of hostilities in Marawi in Lanao del Sur in May 2017 when the Maute Group ambushed a military vehicle that was reportedly on a mission to serve a warrant of arrest on the leader of the ASG, there has been intense fighting in the city.<sup>1311</sup> This has led to another round of significant displacement. The Child Protection Cluster for the Philippines estimates that 98 per cent of the population of Marawi City (just over 200,000 people in 96 barangays) sought shelter, either in evacuation centres or with relatives.<sup>1312</sup> On 30 June, the government estimated that there were 72,897 families (349,989 individuals) displaced. At that time 3,437 families (16,070 individuals) were in 77 evacuation centers and 69,460 families (333,919 individuals) were with host families.<sup>1313</sup>

## **8.2. Access to a comprehensive child protection system**

The Philippines and ARMM has an obligation to develop and deliver a child protection system to children and families that comprises law and policy, institutional capacity, coordination, monitoring and oversight and human and budgetary capacity to support the protection of children through primary, secondary and tertiary services.

### **8.2.1. Legal and policy framework**

As set out by UNICEF EAPRO within its Child Protection Programme Strategy Toolkit, an effective child protection system, “*requires collaboration from legal and regulatory systems, social welfare systems, and behaviour change systems.*”<sup>1314</sup> Within this framework, a child protection system includes support and services to parents and children at three levels: primary (universal support); secondary (targeted group support) and tertiary (individual interventions).<sup>1315</sup>

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<sup>1309</sup> Protection Cluster Philippines, March 2017 Displacement Dashboard, Issue no. 36, March 2017

<sup>1310</sup> Protection Cluster Philippines, March 2017 Displacement Dashboard, Issue no. 36, March 2017, p 1

<sup>1311</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 03, 14<sup>th</sup> July 2017, p 1.

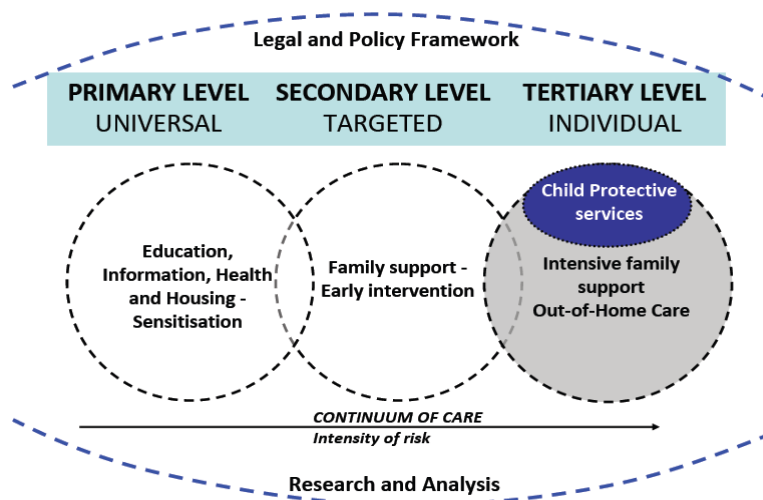
<sup>1312</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 03, 14<sup>th</sup> July 2017, p 1.

<sup>1313</sup> UNHCR, IDP Protection Assessment Report: Armed Confrontations and Displacement in Marawi (AFP vs Maute), Issue No. 01, 30<sup>th</sup> June 2017, p 1.

<sup>1314</sup> UNICEF EAPRO, Child Protection webpage, available at [https://www.unicef.org/eapro/activities\\_3601.html](https://www.unicef.org/eapro/activities_3601.html).

<sup>1315</sup> Figure below adapted from UNICEF East Asia and the Pacific Regional Office, East Asia and the Pacific Region Child Protection Programme Strategy Toolkit, 2009, 5.2, p. 7.

**Table 8.2: Legal and policy framework**



*Adapted from UNICEF East Asia and the Pacific Regional Office, East Asia and the Pacific Region Child Protection Programme Strategy Toolkit, 2009, 5.2, 7.*

Although administration of justice is not devolved to regional level in the Philippines, meaning that authority in relation to criminal justice proceedings around child protection matters of violence, exploitation and abuse sits at the national level, child protection rights and responsibility for administration of child protection laws and policies does sit with the ARMM regional government.

The principal child protection legislation that has direct effect in ARMM is the Magna Carta for Children in the ARMM, MMA No 162 (2003).<sup>1316</sup> The Muslim Mindanao Autonomy Act 293 or Free Registration Act is also applicable.<sup>1317</sup> ARMM does not have a stand-alone, comprehensive law relating to child protection and the child protection system, but, rather, a series of legislative Acts work together to protect children from violence, exploitation, abuse and neglect. The ARMM-specific child protection legal framework also contains provisions relating to child welfare, including, for example, in the Organic Act for the Autonomous Region in Muslim Mindanao (ARMM), RA No 9054, (2001), which sets out the obligations of the regional government for the protection of Women and Children. It states that ‘the Regional Government shall uphold and protect the fundamental rights of women and children including the right of women to engage in lawful employment. Women and children, especially orphans of tender age, shall be protected from exploitation, abuse or discrimination.’

The Magna Carta for Children in the Autonomous Region in Muslim Mindanao, MMA No 162 (2003) sets out a range of provisions which have the aim of protecting children, including Section 8, which provides:

<sup>1316</sup> MMA Act No. 162, <http://rla-armmgov.ph/wp-content/uploads/2015/03/MMAA-162.pdf> [25.7.17].

<sup>1317</sup> MMA Act No. 293, [https://armm.gov.ph/armm-content/uploads/2015/03/MMA\\_293\\_FREE\\_BIRTH\\_2015\\_03\\_04\\_04\\_54\\_24\\_325.pdf](https://armm.gov.ph/armm-content/uploads/2015/03/MMA_293_FREE_BIRTH_2015_03_04_04_54_24_325.pdf) [25.7.17].

‘The protection rights shall cover protection of the child from all forms of abuses and discrimination such as cruelty, torture, arbitrary separation from family, abuses in the justice and penal system, involvement in armed conflict, child labor, drug abuse, sexual abuse and harassment, and exploitation.’

Section 8 also sets out child protection provisions in relation to adoption, parental authority, property rights, and care and custody.

Under Section 11d of the Magna Carta for Children, the Regional Government is responsible for establishing ‘a barangay level network of assistance from among the adults of the barangay for the total development and protection of children’, while, under Section 11g, ‘Barangay officials and their barangay-level support systems, may call upon law enforcement agencies when there is an abused, neglected, exploited, abandoned and maltreated who needs to be assessed, rescued and given social welfare interventions.’

Article 6 of the Magna Carta for Children focuses on programs and services on protection rights, including:

- (Section 24) Programs on Child Abuse, Exploitation and Discrimination, ‘a comprehensive and appropriate program to be formulated by the Department of Social Welfare and Development – ARMM and the Local Council for the Welfare of the Children in coordination with the Special Office for Children’s Concerns, other government agencies, and the private sector...to protect children against child prostitution and other sexual abuse, child trafficking, obscene publications and indecent shows and other acts of abuse; and circumstances which endanger child survival and normal development, and
- (Section 25) Control on Children’s Exposure to Commercial Video Games;
- (Section 26) Sanctions for violation of these.

The Magna Carta for Children references, in Article 8, Section 29, R.A. 7610, ‘Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act’.<sup>1318</sup> This (national) Act is particularly important because it provides that it is the policy of the State to provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination and other conditions prejudicial to their development, and sets out penalties for the commission of such conduct.

The Act defines children in need of special protection as including those:<sup>1319</sup>

1. Being in a community where there is armed conflict or being affected by armed conflict-related activities;
2. Working under conditions hazardous to life, safety and morals which unduly interfere with their normal development;
3. Living in or fending for themselves in the streets of urban or rural areas without the care of parents or a guardian or any adult supervision needed for their welfare;

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<sup>1318</sup> Republic Act No. 7610, as amended by Republic Act 9231, 2003.

<sup>1319</sup> Republic Act No. 7610, Special Protection of Children against Abuse, Exploitation and Discrimination Act 1997 as amended by Republic Act 9231, 2003, Section 3.



4. Being a member of an indigenous cultural community and/or living under conditions of extreme poverty or in an area which is undeveloped and/ or has inadequate access to basic services needed for a good quality of life;
5. Being a victim of a man-made or natural disaster calamity; or
6. Circumstances analogous to those above stated which endanger life, safety or normal development of children.

The Magna Carta references this in relation to children in situations of Armed Conflict, who, 'shall be considered victims of disaster and shall be provided full protection in accordance with the provisions of R.A. 7610'<sup>1320</sup> and mandates the creation of crisis centres in every province and city for children who have been abused, but also for other vulnerable groups, including women.<sup>1321</sup>

Other relevant Articles and Sections within the Magna Carta for Children include:

- Article 10, which provides definitions and related penalties and protections for the abuse or exploitation of children (Section 43), child prostitution (Section 44), sale or trafficking of children (Section 45), illegal recruitment (Section 46), obscene publications and indecent shows (Section 47), other forms of sexual exploitation (Section 48), and other acts of neglect, abuse, cruelty and other conditions prejudicial to child's development (Section 49).
- Section 75, which creates the Regional Sub-Committee for the Welfare of Children (RSCWC), Provincial Council for the Welfare of Children (PCWC) and Municipal Council for the Welfare of Children (MCWC) for the coordination of policy, planning and implementation around child welfare at respective levels.
- Article 17, which sets out reporting obligations in relation to violations of the Magna Carta for Children, including child protection concerns (Section 94), and places mandatory reporting requirements upon healthcare and government professionals (Section 95 and 96).

However, according to a Situational Analysis report from Save the Children, in 2016, LGUs in six municipalities at municipal and barangay levels were unaware of the Magna Carta for Children in ARMM. This appears to partly be due to the absence of an accompanying set of Implementing Rules and Regulations for the law to be cascaded down to LGUs in the region.<sup>1322</sup>

The Regional Sub-Committee for the Welfare of Children (RSCWC) is the primary implementing mechanism of the Magna Carta on Children's Rights in ARMM, as set out in The Magna Carta for Children, Section 75. Its mandate is to coordinate the formulation, implementation and enforcement of all policies, programs, and projects relative to the survival, development and protection and participation of children in the local councils. It is also responsible for ensuring effective implementation of the UNCRC. Each province also had a Provincial Council for the Welfare of Children and coordinated with LGUs in coordinating with City/Municipal Councils for the Welfare of Children and Barangay Councils for the

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<sup>1320</sup> Section 29, Magna Carta for Children, MMA No 162. 2003

<sup>1321</sup> Section 30, Magna Carta for Children, MMA No 162,2003

<sup>1322</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p14

Protection of Children.<sup>1323</sup> However, the six municipalities covered in Save the Children’s situational analysis in 2016 were unaware of the existence of the RSCWC, suggesting the scope and reach of its work is limited.<sup>1324</sup>

The ARMM adopted a Resolution No.1 Series of 2015 establishing the Regional Child Protection Working Group (RCPWG) as one of the technical working groups under of the RSCWC.<sup>1325</sup> Its remit is to co-ordinate all child protection activities in emergencies in the region and ensure that child protection is considered as a primary concern in times of emergencies.

Local Government Units (LGUs) are responsible for coming up with policies, programs and projects for children and allocating appropriate budgets. Municipal governments will be actively involved in planning and implementing programs. Barangay Governments will prioritise the welfare of children and women in their barangay.<sup>1326</sup> Local Councils for the Welfare of Children co-ordinate and assist LGUs in coming up with comprehensive programs for children and are the primary body overseeing implementation of the programs.<sup>1327</sup> The Sangguniang Kabataan should be actively involved in formulating and implementing prevention and protection programs for children in the community. It also co-ordinates with Local Councils for the Welfare of Children.<sup>1328</sup>

### 8.2.2. The Child Protection system in practice

#### ***Children at risk***

The Philippine National Police provided data in relation to ‘child at risk’ in ARMM and all other regions of Philippines from 2012–2016. The data set out in Table 8.3. show how the figures from ARMM are far lower than in other regions, which could indicate less children at risk, but which is more likely to reflect poor identification and referral of cases. Data from ARMM across 2012–2015 shows only eight cases of children at risk in ARMM between 2012 and June 2016, all of which were for ‘other (municipal and city ordinances).<sup>1329</sup>

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<sup>1323</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p88

<sup>1324</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p14

<sup>1325</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p90

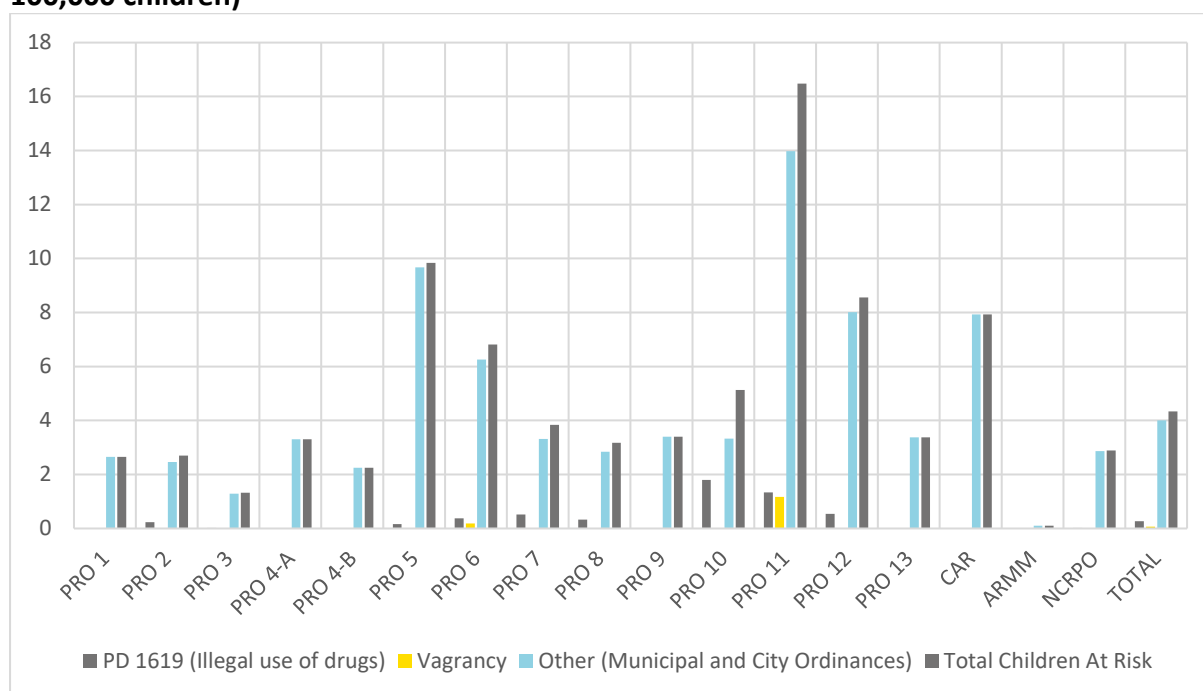
<sup>1326</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 57-60

<sup>1327</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 61

<sup>1328</sup> MMA Act No. 162, Magna Carta for Children in ARMM, Section 62

<sup>1329</sup> PNP data provided by RJJWC-ARMM.

**Table 8.3: Philippines National Police data on children at risk, 2015, by region (per 100,000 children)**



Source: PNP<sup>1330</sup>

According to the DSWD ARMM Annual Report 2015, the Child and Youth Welfare Program provided protective and community based services to 122,715 children in 2015, which represents 142 per cent of the 85,920 annual target. Of these children 77,106 were 3- to 5-year-olds attending day care sessions who were also provided with supplementary feeding.<sup>1331</sup> The Annual Report does not detail the support given to the remaining children, but notes, separately, that 14,088 couples attended counselling in relation to their role as parents, while 10,611 couples and parents attended child growth, development and behaviour capacity building.<sup>1332</sup> In addition, support services and capacity building activities were provided to 8,199 single parents and to 4,123 fathers, while 7,101 individuals were referred outside or DSWD for support.<sup>1333</sup> The Annual Report also notes that the DSWD managed 87 cases of children in need of special protection (CNSP) and who were victims of abuse, rape and trafficking, as reported by Maguindanao Province.<sup>1334</sup>

### Practice and implementation

<sup>1330</sup> Further, the ‘per capita’ calculations were based on child populations, below the age of 18 from the 2015 census data available at <https://www.psa.gov.ph/population-and-housing/statistical-tables>.

<sup>1331</sup> DSWD ARMM Annual Report 2015, [http://dswd.armm.gov.ph/images/transparency/annual\\_report-2015.pdf](http://dswd.armm.gov.ph/images/transparency/annual_report-2015.pdf), p 6.

<sup>1332</sup> DSWD ARMM Annual Report 2015, [http://dswd.armm.gov.ph/images/transparency/annual\\_report-2015.pdf](http://dswd.armm.gov.ph/images/transparency/annual_report-2015.pdf), p 18.

<sup>1333</sup> DSWD ARMM Annual Report 2015, [http://dswd.armm.gov.ph/images/transparency/annual\\_report-2015.pdf](http://dswd.armm.gov.ph/images/transparency/annual_report-2015.pdf), p 19.

<sup>1334</sup> DSWD ARMM Annual Report 2015, [http://dswd.armm.gov.ph/images/transparency/annual\\_report-2015.pdf](http://dswd.armm.gov.ph/images/transparency/annual_report-2015.pdf), p 21.

Community Based Child Protection Networks (CBPN) are informal child protection systems, which often operate in areas of high Muslim population. There are 16 operating in the Mindanao region. They are supported by international agencies and were developed in association with local Child and Family Services and are described as “part of a multi-sectoral convergence model”. They serve around 3000 people and rely upon substantial community welfare and youth focal point volunteers. The youth volunteers receive training and help bridge communication gaps between adults, children and young people. They help to bring together ethnic groups with a long history of tension to work together in community activities and projects.<sup>1335</sup>

Local Child Protection Councils are to be established in every Barangay under Article 87 of Presidential Decree 603 which will co-ordinate with the Child Welfare Council to draw up and implement plans to promote child and youth welfare. In 2016, child respondents in 5 of 6 municipalities were also unaware of the requirement to establish Local Council’s for the Protection of Children and to allocate 1 per cent funding from the Internal Revenue Allotment (IRA) as required by DILG Memorandum Circular 2012-120. Only 2 out of 6 municipalities had organised them and one was functional but not all 23 BCPCs under it were fully functional.<sup>1336</sup> Based on the 2016- 2019 DILG-ARMM Governance Roadmap, of the 108 organized Municipal/Local Councils for the Protection of Children in ARMM, only 42 per cent had conducted regular meetings or utilized the 1 per cent of their Internal Revenue Allotment (IRA) for programs and services to support children’s welfare and well-being.<sup>1337</sup>

The BEAM-ARMM Project also provided support to ECCD on child protection activities. These included supporting Tahderriyah centres to develop child protection policies and child protection committees as well as reporting and referral systems. Community action plans were developed by the CBPN and the Parents Madaris Community Association.<sup>1338</sup>

Constant conflict has prevented the establishment of a stable system of child protection in ARMM.<sup>1339</sup> According to the CBN draft prevention strategy, in Mindanao there are some social services available but most children have no access as they are rarely delivered in conflict affected communities. MILF has access to children, but no support, resources or technical skills to deliver social services.<sup>1340</sup>

### **8.3. Bottlenecks and barriers**

The key barriers and bottlenecks in child protection were mapped out by a group of key stakeholders at a consultation workshop that informed this Situation Analysis, using a methodology that involved selecting a key concern within child protection, and identifying a causality chain of immediate, underlying and structural causes. The causality map for child protection is presented in Table 8.4 (below).

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<sup>1335</sup> Strengthening Child Protection systems in the Philippines, Child Protection in Emergencies, UNICEF, p 59

<sup>1336</sup> Child Rights Situational Analysis in ARMM Save the Children 2016, p 87-88.

<sup>1337</sup> UNHCR, *Mindanao Protection Analysis*, 17 May 2017, p. 16

<sup>1338</sup> ARMM BEAM report July-December 2016, p 11.

<sup>1339</sup> A Systematic Literature Review of the Drivers of VAC, p 18.

<sup>1340</sup> National Strategy on the Prevention of Radicalisation and Recruitment of Young People in the Bangsamoro Communities of Mindanao, February 2017

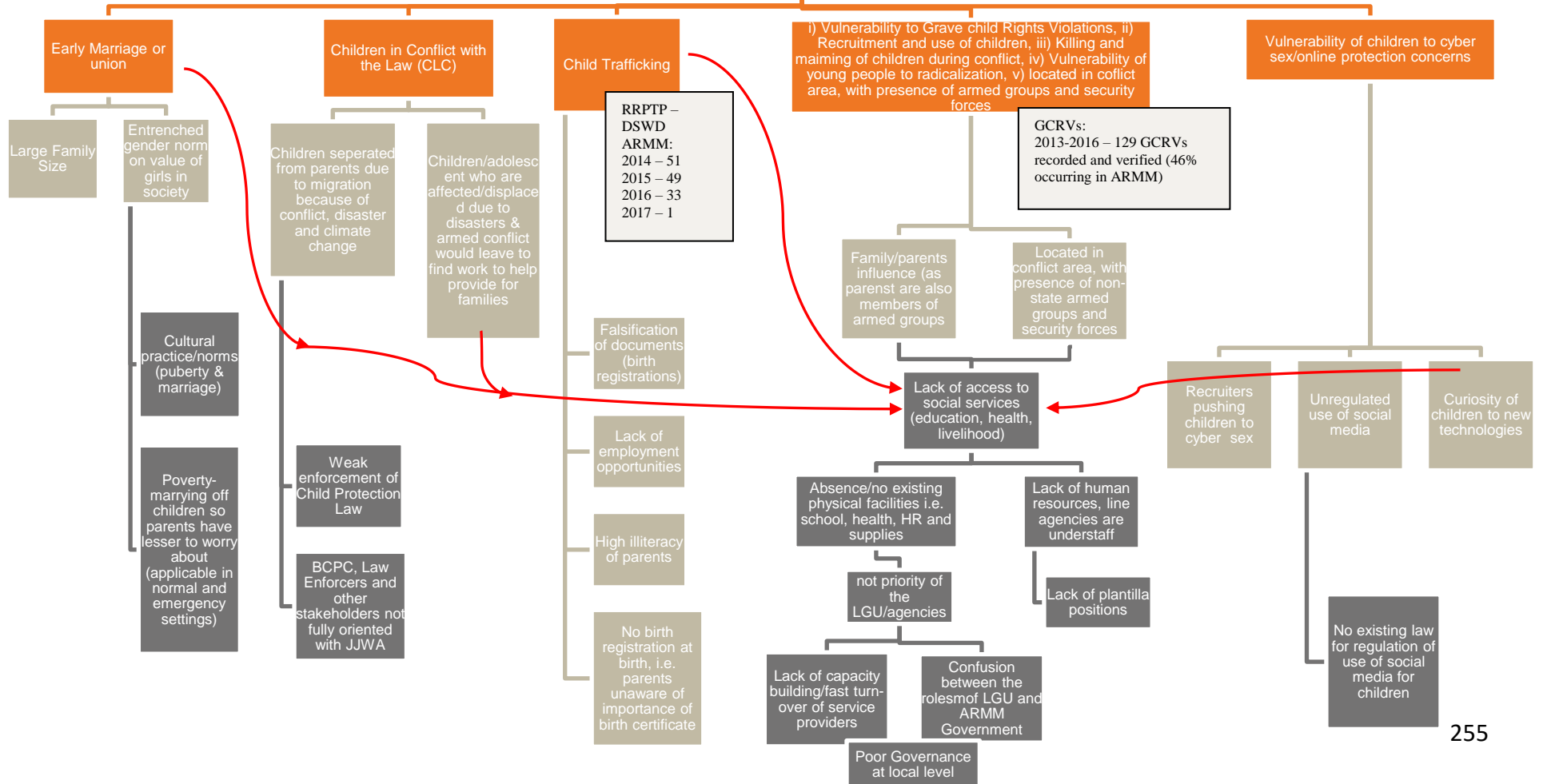
**Table 8.4: Child protection causality map**

For RJJWC ARMM Inventory:  
From 2006 to 1st Quarter of 2017 = 169 CICL  
From PNP PRO ARMM 2011 to 2016 = 94 CICL

As of April 2017 there were 12 minors detained w/ adult inmates in jail, based on RJJWC ARMM jail monitoring.

National  
2012-2015 = 43 cases  
2015: DSWD ARMM dealt w/ 10 children (CICL)  
2016: 13 cases  
2012-2016: 26 cases of detention of children associated w/ armed groups

**Children experiencing abuse, neglect, exploitation and violence in ARMM**



### 8.3.1. Enabling environment

#### **Governance**

Despite the presence of laws and policies to protect children from violence, exploitation and abuse in ARMM, there are limited data about the implementation of child protective laws and child protection in practice.

The ARMM Regional Development Plan 2017-2022 makes several notes in relation to governance and child protection, noting, in relation to violence against women and children that the 'reporting structure is weak'<sup>1341</sup> but also highlighting the challenges with implementation at the local level:

'The Local Committees on Anti-Trafficking and Violence Against Women and Children (LCAT-VAWC) in the region is weak, hence the low compliance with the RA No 9262, otherwise known as the 'Anti-VAWC Act of 2004' and limited programs and projects for women and children at the local levels. Most of the LGUs in the region have not yet established and institutionalized their MCAT-VAWC and other local special bodies. Moreover, most of the LGUs do not implement programs and projects for the protection of women and children against human trafficking and VAWC. The challenge is for all sectors in the region at all levels to ensure full enforcement of laws and effective implementation of policies and programs for women and children who are vulnerable to VAWC and Trafficking in Persons (TIP)'<sup>1342</sup>

The ARMM Regional Development Plan 2017-2022 proposes a multi-sector roadmap for children to address concerns over capacity, coordination and implementation.<sup>1343</sup>

The governance structure in ARMM, including the complexities of devolution of power and financial control are reported to act as a barrier to the child protection system. For example, one Key Informant explained that

Even before crisis in Marawi, the education and CP systems were wanting in ARMM. The problem with the way our political bureaucracy is structured: the mayor is elected for 3 years, and may be re-elected for 2 more terms (9 years) but he cannot run again for 4<sup>th</sup> time. So these people who plan for LGUs do not factor in the needs of community as being perennial.<sup>1344</sup>

Problems of bureaucracy and authority were detailed further by a representative from DSWD who explained that the DSWD Office at the Municipal level is not devolved, which means that the Regional Office of DSWD is responsible for supervising and funding implementation of programmes. The Key Informant noted that no budget was allocated for children from the LGU, and that the Department/Office was therefore reliant upon funds from the Regional Office, which, again, provide limited resources.<sup>1345</sup>

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<sup>1341</sup> ARMM Regional Government, Regional Development Plan 2017-2022, p. 247.

<sup>1342</sup> ARMM Regional Government, Regional Development Plan 2017-2022, p. 248.

<sup>1343</sup> ARMM Regional Government, Regional Development Plan 2017-2022, p. 260.

<sup>1344</sup> KII with civil society representative, ARMM, June 2017.

<sup>1345</sup> KII with Representative from DSWD Municipal Office, ARMM, June 2017.

### **Data availability**

The limited availability of accurate, harmonised data about children involved in the child protection system in ARMM, including, for example, data about cases, children taken into the care of the Government, and case disposals is a challenge because such data gaps make it extremely difficult to determine the level of implementation of any child protection system or services. It is also a barrier in itself because it makes programming, and adapting programming to need impossible.

#### **8.3.2. Supply-side bottlenecks and barriers**

In order to understand the implementation of child protection in ARMM, it is essential to gain a broader insight into supply-side barriers, such as the availability of services and programming and of specially trained staff. The available data in relation to child protection in ARMM suggests that there are supply-side challenges in relation to delivery of services and also in the availability of trained staff. One Key Informant from DSWD ARMM reported insufficient social workers, for example, and insufficient rehabilitation services in the Region, meaning that children in need of specialised psycho-social rehabilitation have to be transferred to Region XII.<sup>1346</sup> This may be expected to include children who are victims and survivors of one of the six grave violations, for whom the provision of specialist services by trained social workers would be essential.

#### **8.3.3. Demand-side bottlenecks and barriers**

The high levels of violence against children in ARMM, evidenced where such data are available, suggest that there is demand for child protection services, though there are notable poverty-linked and socio-cultural barriers on the demand-side. According to the ARMM Regional Development Plan 2017-2022, for example, 'difficult economic conditions of some families lead to child-specific problems such as increased dropout rate and incidence of child trafficking, child labour, and commercial sexual exploitation of children.'<sup>1347</sup> With the high levels of poverty, and especially child poverty, in ARMM, this suggests that child protection concerns, and the need for child protection services will continue to increase, unless income and social protection matters are addressed. The need for child protection services is also deepened by the armed conflict, due to which children are displaced and exposed to violence and a direct and indirect consequence of the conflict.<sup>1348</sup>

It appears one of the biggest socio-cultural challenges in ARMM is linked to the families of children in ARMM – families are reportedly reluctant for children to report violence against them, families facilitate or force child marriage<sup>1349</sup>, and children are caught up in family movements and interests in relation to migration, child labour or displacement that expose the children themselves to rights violations. This means that, not only do family expectations and socio-cultural norms facilitate child protection concerns, they act as a barrier to children accessing child protection services. The ARMM Regional Development Plan 2017-2022 echoes these concerns, stating that:

'low VAWC figures in the region may be attributed to underreporting of cases in ARMM and instances of reporting of incidents that actually happened within ARMM in nearby regions.

<sup>1346</sup> KII with Representative from DSWD Municipal Office, ARMM, June 2017.

<sup>1347</sup> ARMM Regional Government, Regional Development Plan 2017-2022, p. 248.

<sup>1348</sup> KII with Representative from DSWD-ARMM, June 2017.

<sup>1349</sup> KII with Representative from DSWD-ARMM, June 2017; KII with Representative from DSWD Municipal Office, ARMM, June 2017.

Limited financial capacity to pursue legal action by majority of victim-survivors contributes to underreporting of cases. The fear of putting oneself in shameful conditions or *kahihyan*, or tarnished clan/family honor or *maratabat* prevents them from reporting and filing cases against their perpetrator.<sup>1350</sup>

Demand in child protection is also driven by professionals identifying risk and harm to children. If there are, as suggested earlier, insufficient trained social workers and other professionals engaged in the child protection system, this is likely to be a barrier to effective functioning of the system, particularly in relation to identification, referral, assessment, response and monitoring.

### 8.3.3. Quality

As so little information about implementation of services and programming is available, it is not possible to provide an assessment or analysis about the quality of services available, save to say that with additional funding and resources, it is likely that those provisions that are available would improve.

## 8.4. Profile of children in contact with the criminal law

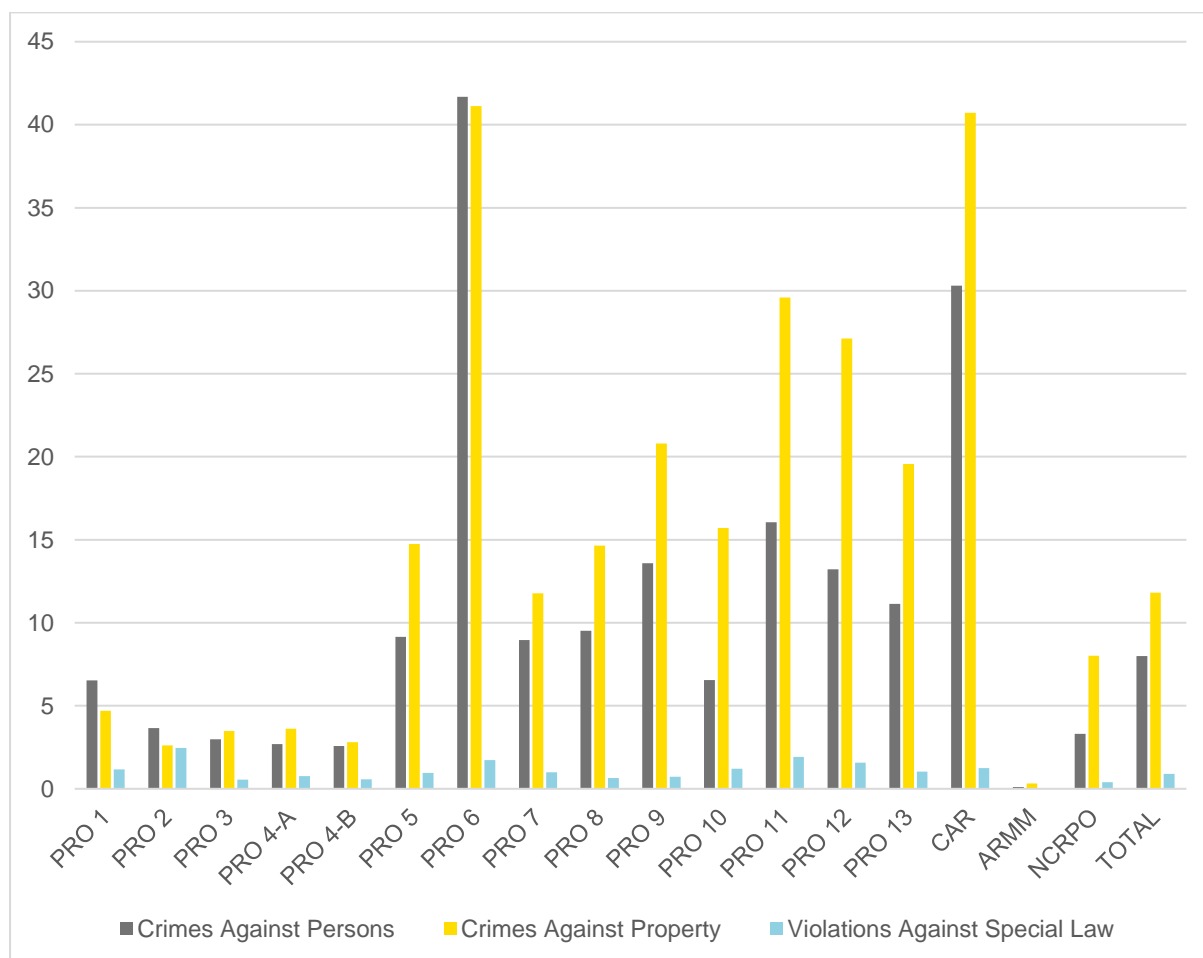
There is limited information available about children in contact with the law in ARMM, either as those alleged as having committed offences, or those in contact with the criminal law as victims of witnesses. Data from the Philippines Juvenile Justice Welfare Committee, sourced from the Philippines National Police Force, reveals extremely low rates of offending in ARMM, as set out in the tables below. As Table 8.5 shows, for example, offending rates in ARMM barely figure on a per 100,000 capita comparison of police records on children in contact with the law in Philippines. There are a couple of potential reasons for this, including the possibility that offending rates are low, but also that reporting or identification of crimes is limited, that cases tend to be handled informally, or that data collection is inadequate.

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<sup>1350</sup> ARMM Regional Government, Regional Development Plan 2017-2022, p. 248.



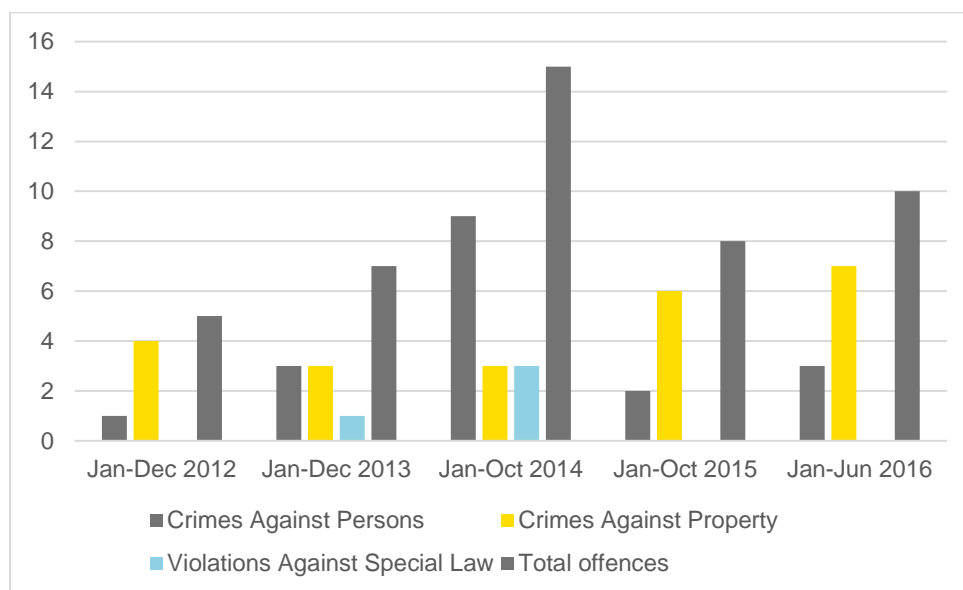
**Table 8.5: Philippines National Police data on children in conflict with the law, 2015, by region (per 100,000 children)**



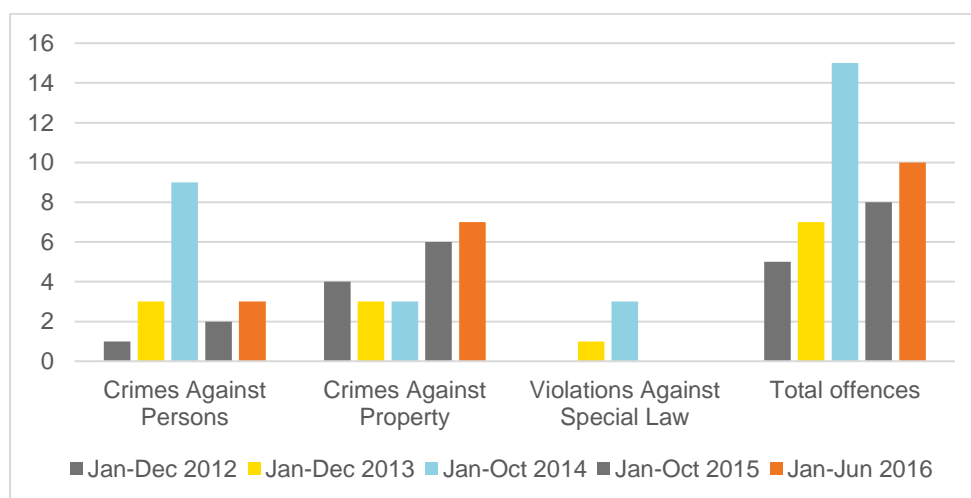
Source: PNP<sup>1351</sup>

<sup>1351</sup> Please note the following categories: crimes against persons (rape, attempted rape, acts of lasciviousness, physical injuries, murder, attempted murder, seduction, grave threats, abduction and homicide); crimes against property (theft, robbery, malicious mischief, fraud); violations against special law (prohibited drugs, illegal possession of firearms, illegal gambling). Further, the 'per capita' calculations were based on child populations, below the age of 18 from the 2015 census data available at <https://www.psa.gov.ph/population-and-housing/statistical-tables>.

**Table 8.6: Philippines National Police data on children in conflict with the law, 2012-2015 by year**



**Table 8.7: Philippines National Police data on children in conflict with the law, 2012-2015 by offence**



It must be remembered that data in tables 8.6 and 8.7 are based on low figures overall such that small variations will result in large differences in the charts. However, the figures do show a slight pattern that, in most years for which data are available, most offences for which children come into conflict with the law are crimes against property, followed by crimes against persons and that there appears to be an increase in crimes against property in 2015 and 2016. In 2016, the crimes of statutory rape, attempted theft, qualified theft and car-jacking were added to the list of offences for which data were recorded, which could account for an increase in crimes.<sup>1352</sup> It is likely that a main reason for the low level of offences, as compared to other regions, is that many cases are handled informally, within the community, and outside of the formal justice system, in addition to the possibility of limited offending and limited data collection techniques.

<sup>1352</sup> PNP data provided by RJJWC-ARMM.

Some quantitative data in relation to CICL are also available within the DSWD's Annual Reports. According to the 2015 Annual Report, for example, in 2015, DSWD-ARMM dealt with 72 CICL, 36 from Maguindanao, 29 from Sulu and 7 from Tawi-Tawi.<sup>1353</sup> Unfortunately, these data are not disaggregated by the nature of the alleged offence, the outcome or diversionary measure applied, or in order to reflect the sex or any other demographics in relation to the alleged offenders and victims. It was not possible to find data in relation to cases involving children in contact with the law as victims or witnesses.

The Bureau of Jail Management and Penology (BJMP) provides data on the number of children sent to prisons run by BJMP in ARMM<sup>1354</sup> between 2007 and 2011, though this data, which shows that there were 41 CICL who were sent to BJMP prisons in that time frame, is also not disaggregated.<sup>1355</sup> The BJMP data suggests that none of the 255 inmates in ARMM facilities as of 31 January 2017 were under the age of 18. To this end, it is perhaps interesting to note that the ARMM prison population accounts for only 0.19 per cent of the total prison population of 131,530.<sup>1356</sup> According to correspondence from the Regional Government of ARMM, as of December 2016, there were 10 children detained in the region, as identified through regular visitations at prison facilities by the ARMM Regional Juvenile Justice Welfare Committee (RJJWC), the regional committee established under the Regional Social Development Committee.<sup>1357</sup>

Though quantitative data on the profile of children coming into conflict with the law are not available, a representative from DSWD-ARMM noted in a key informant interview that most CICL come from poor families, with the poverty thought to make them 'more vulnerable to commit crime'.<sup>1358</sup> The same representative explained that the types of offence committed tended to be 'theft, drug related activities and illegal possession of fire arms' and blamed poverty, 'exposure to the environment of armed conflict' and the 'media effect' as being the causes of offending behaviour among children, with this data based on social case study reports developed by social workers assigned to children's cases.<sup>1359</sup> Another representative echoed these concerns over the 'main' types of offences, listing them as theft, robbery, illegal drugs, rape, and illegal possession of firearms.<sup>1360</sup>

A representative from the ARMM RJJWC noted that armed conflict can exacerbate child offending: 'in areas where there is conflict because it encourages them to commit crime especially when their livelihood are affected and they are more vulnerable to be recruited by the armed groups. During

<sup>1353</sup> DSWD-ARMM, Annual Report 2015, [http://dswd.armm.gov.ph/images/transparency/annual\\_report-2015.pdf](http://dswd.armm.gov.ph/images/transparency/annual_report-2015.pdf) .

<sup>1354</sup> The BJMP website provides data and statistics that it breaks down by region. It is not clear whether the persons represented by these data are from ARMM or held in prisons within ARMM, but seems most likely that the data refer to prisons within the jurisdiction of ARMM.

<sup>1355</sup> Universalia, Evaluation of the Intervention and Rehabilitation Program in Residential Facilities and Diversion Programs for Children in Conflict with the Law, [https://www.unicef.org/evaldatabase/files/Philippines\\_2015-004\\_Final\\_Report.pdf](https://www.unicef.org/evaldatabase/files/Philippines_2015-004_Final_Report.pdf), [24.7.17], p. 21. See also, BMJP website, <http://www.bjmp.gov.ph/datstat.html> [24.7.17].

<sup>1356</sup> BMJP website, <http://www.bjmp.gov.ph/datstat.html> [24.7.17].

<sup>1357</sup> Correspondence provided by the ARMM Regional Government to consultants, September 2017.

<sup>1358</sup> KII with Representative from DSWD-ARMM (RJJWC).

<sup>1359</sup> KII with Representative from DSWD-ARMM (RJJWC).

<sup>1360</sup> KII with Representatives from Child and Youth Welfare Program, DSWD-ARMM.

disaster and conflict, cases of children at risk increase and when not given intervention, they become Children in Conflict with the Law because of survival reasons for committing crimes.<sup>1361</sup>

## 8.5. Access to a child-friendly justice system

A child-friendly justice system sits at the core of a child-rights compliant child protection system, and seeks to deliver accessible justice to children in contact with the law, either those who are ‘alleged as, accused of, or recognized as having infringed the penal law’<sup>1362</sup> or those who are the victims or witnesses of acts that infringe the criminal law. Sustainable Development Goal 16.3 requires States to ‘promote the rule of law at the national and international levels and ensure equal access to justice for all’. Though there is no fixed definition of ‘access to justice’ within international law, UNDP defines access to justice as *the ability of people to seek and obtain a remedy through formal or informal institutions of justice, and in conformity with human rights standards.*<sup>1363</sup> In other words, compliant child justice requires a functioning system that can be accessed and that operates in line with international child rights standards.

These international standards are elaborated in Articles 37 and 40 of the Convention on the Rights of the Child, and supporting United Nations Rules and Guidelines.<sup>1364</sup> Together, they require that the justice system functions to protect and promote the dignity and well-being of the child, as well as his or her rehabilitation and reintegration.<sup>1365</sup> The international standards also specify a range of ‘due process’ provisions to safeguard the rights of CICL. One of the key ways in which State Parties can guarantee the rights of CICL is to establish a ‘separate system’ for juvenile justice, by introducing legislation that ensures children are handled in a different manner to adults. It is also essential, under international standards, that States Parties establish a minimum age of criminal responsibility, which means that children below a specific age are not considered to be capable of infringing criminal laws, and are therefore not subjected to the criminal justice system.

In addition to governing treatment of CICL, the CRC sets out provisions relating to the child-friendly treatment of children who come into contact with the law as victims or witnesses of criminal offences. Article 39 of the CRC requires that States ‘*promote physical and psychological recovery and social reintegration of a child victim [...] Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.*’<sup>1366</sup> Further, the UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime<sup>1367</sup> set out four main principles for handling cases involving child victims and witnesses that are criminal by nature: dignity,

<sup>1361</sup> KII with Representative from DSWD-ARMM (RJJWC).

<sup>1362</sup> Article 40, UNCRC.

<sup>1363</sup> UNDP, Programming for Justice: A Practitioner’s Guide to a Human Rights-Based Approach to Access to Justice, 2005, 5.

<sup>1364</sup> Including the: United Nations Standard Minimum Rules for the Administration of Juvenile Justice, G.A. res. 40/33, annex, 40 U.N. GAOR Supp. (No. 53) at 207, U.N. Doc. A/40/53 (1985). United Nations Guidelines for the Prevention of Juvenile Delinquency, G.A. res. 45/112, annex, 45 U.N. GAOR Supp. (No. 49A) at 201, U.N. Doc. A/45/49 (1990); United Nations Rules for the Protection of Juveniles Deprived of their Liberty, G.A. res. 45/113, annex, 45 U.N. GAOR Supp. (No. 49A) at 205, U.N. Doc. A/45/49 (1990) and ECOSOC Resolution 1997/30 (1997).

<sup>1365</sup> Article 40(1) UNCRC.

<sup>1366</sup> Article 39 UNCRC.

<sup>1367</sup> ECOSOC Resolution 2005/20.

non-discrimination, best interests of the child, including protection and harmonious development, and the right to participation.<sup>1368</sup>

### 8.5.1. Access to child friendly justice for children in conflict with the law

The administration of justice is an issue reserved to the national government of the Philippines, meaning that national legislation applies to the administration of child justice in ARMM and that the national government controls and determines how laws and policies are implemented. The ARMM Regional Legislative Assembly may legislate in relation to the administration of Shari'ah Law, which applies only to Muslims and is limited by national constitutional principles, including, specifically, '[the] prohibition against cruel and unusual punishment and by pertinent national legislation that promotes human rights and the universally accepted legal principles and precepts'.<sup>1369</sup> The Shari'ah Public Assistance Office was established under RA No 9054 in each of the Shari'ah judicial districts in ARMM and provides free legal assistance to poor or indigent party litigants engaged in Shari'ah-based administration of justice.<sup>1370</sup> Where there is any conflict between the administration of Shari'ah Law and the national law, the national law prevails.<sup>1371</sup>

Tribal courts were established under RA No 9054 for administration of justice by 'indigenous cultural communities' and have jurisdiction over settlement and determination of issues involving personal and family and property rights of members of the indigenous cultural community, in line with tribal codes.<sup>1372</sup> Tribal Courts only have jurisdiction over members of indigenous cultural communities.<sup>1373</sup> As with the administration of Shari'ah, where there is any conflict between the administration of Tribal Codes and national law, national law prevails.<sup>1374</sup>

Due to the non-devolution of justice matters, justice for CICL in ARMM is governed by the same legislative framework as for the Philippines generally: The Juvenile Justice and Welfare Act 2006 (RA No 9344) (as amended by RA No 10630). RA No 9344 established a comprehensive restorative juvenile justice and welfare system in the Philippines, and was drafted and intended to fall largely into line with international child justice standards, including the CRC, which is mentioned in Section 2 of the Act. RA No 9344 provides for the protection of the rights of CICL, has rehabilitation and reintegration of children as its underlying philosophy and makes detention of a child in conflict with the law a matter of last resort.

The Act created a Juvenile Justice and Welfare Council, headed by the DSWD, as an inter-agency body, responsible for co-ordinating the implementation of the new juvenile justice system as set out in the Act. Part of the mission of the Council is to institutionalise the restorative justice and welfare system for children at risk and CICL through effective implementation of the law and the coordination of stakeholders, a mandate that further emphasises the intent of the Act to bring into law

<sup>1368</sup> UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime, ECOSOC Resolution 2005/20, Part III, para 8.

<sup>1369</sup> RA 9054, Organic Act for the Autonomous Region in Muslim Mindanao, Article IV, Section 3.

<sup>1370</sup> RA 9054, Organic Act for the Autonomous Region in Muslim Mindanao, Article VII, Section 6.

<sup>1371</sup> RA 9054 Organic Act for the Autonomous Region in Muslim Mindanao, Article VIII, Section 22.

<sup>1372</sup> RA 9054 Organic Act for the Autonomous Region in Muslim Mindanao, Article VIII, Section 19.

<sup>1373</sup> RA 9054 Organic Act for the Autonomous Region in Muslim Mindanao, Article VIII, Section 19.

<sup>1374</sup> RA 9054 Organic Act for the Autonomous Region in Muslim Mindanao, Article VIII, Section 22.

international standards and best practices.<sup>1375</sup> Membership of the Council is set out in RA No 10630 and includes government and NGOs participants. Many stakeholders in the Council are the same as those who sit on the Council for the Welfare of Children and the National Task Force on Children in need of Special Protection. To date, the Council has issued Rules and Regulations implementing the Juvenile Justice and Welfare Act;<sup>1376</sup> Guidelines and Procedures on the Management of Children at Risk and CICL; the PNP National Police Manual on Handling and Treatment of Children at Risk and CICL; and the Department of the Interior and Local Government Guidelines for the LGUs on the development of Comprehensive Local Juvenile Intervention programs (CLJIPs).

Although the Juvenile Justice and Welfare Act raised the minimum age of criminal responsibility from 9 to 15, House Bill 002, introduced in 2016, proposed that the minimum age of criminal responsibility be changed back to the age of nine once more.<sup>1377</sup> At the time of writing, the age remains at 15 but the UN Committee on the Rights of the Child and others have raised concerns about initiatives to lower the minimum age of criminal responsibility.<sup>1378</sup>

RA No 10630 did not reduce the age of criminal responsibility but did introduced a provision that created quasi-criminal responsibility for a child aged 12–15 who commits a serious offence, such as homicide, rape or robbery, or any other offence punishable by more than 12 years imprisonment if perpetrated by an adult. Under Section 6 of RA No 10630, which amended Section 20 of RA No 9344, a child shall be deemed a neglected child and shall be mandatorily placed in a Bahay Pag-asa, or an Intensive Juvenile Intervention and Support Centre. Placement shall not be for less than a year after which the Intensive Juvenile Intervention and Support Centre will submit a psychiatric report to the Court recommending either reintegration or extension of the placement. Similar provisions apply to children aged 12–15 who are repeat offenders. This means that children who fall within the terms of this provision are, in effect, subject to deprivation of liberty through a form of administrative detention, which, in effect, this reduces the minimum age of criminal responsibility to 12, the lowest acceptable minimum age of criminal responsibility according to the CRC Committee.<sup>1379</sup>

The Juvenile Justice and Welfare Act (RA No 9344) introduced the concept of ‘diversion’ from legal proceedings for children who admit an offence for which the penalty is not more than six years imprisonment.<sup>1380</sup> The decision to divert a child may be made at any stage during the justice process, up to the end of a criminal trial, meaning that police, prosecutors and the judiciary have the power to halt proceedings and divert a child into a diversion programme. Where the alleged criminal offence carries a penalty of over 6 years, only the court can order that the child be diverted.<sup>1381</sup> The diversion process in ARMM may follow a number of forms, including family group conferencing, mediation or conciliation proceedings. Following a diversion process of some form, where the child admits the offence, a diversion program will be designated or designed.<sup>1382</sup> Diversion program options are set out in Section 31 of RA No 9344 and are required to include adequate socio-cultural and psychological responses and services for the child. The programming itself may include restitution, reparation, an

<sup>1375</sup> The various tasks allocated to the Juvenile Justice and Welfare Council are set out in Section 9 of the Act.

<sup>1376</sup> Resolution No 4 of the Juvenile Justice and Welfare Council.

<sup>1377</sup> Available at [http://www.congress.gov.ph/legisdocs/basic\\_17/HB00002.pdf](http://www.congress.gov.ph/legisdocs/basic_17/HB00002.pdf) [24.7.17].

<sup>1378</sup> CRC concluding observations, Philippines, 2009, para 80.

<sup>1379</sup> UN Committee on the Rights of the Child, General Comment 10.

<sup>1380</sup> RA 9344, Juvenile Justice and Welfare Act, Chapter 2.

<sup>1381</sup> RA 9344, Juvenile Justice and Welfare Act, Section 23(c).

<sup>1382</sup> RA 9344, Juvenile Justice and Welfare Act, Sections 29-31.

apology, care, guidance or supervision orders, counselling for the child and family, attendance at various programmes, training and seminars and participation in education, vocation and life-skills programmes.<sup>1383</sup> It has not been possible to obtain data in relation to implementation of diversion or informal justice processes in ARMM, though it seems likely that, given the low figures of offending, many cases are handled informally, or outside of the formal justice system. This can place children's rights at risk if, for example, emphasis and purpose is placed on resolution and community harmony, rather than the best interests and due process rights of the child.

**Spotlight issue: children in conflict with the law in relation to armed conflict**

Children arrested for reasons related to armed conflict have certain rights guaranteed under RA No 7610. They are to be detained separately from adults (unless detained as a family unit), are entitled to free legal assistance; shall have their parents immediately notified; and shall be released into the custody of their parent, guardian or social welfare agency within 24 hours of arrest.<sup>1384</sup> The same provisions are reflected in the Magna Carta for Children in ARMM, which states in Section 29, Article 8: 'Children in situations of armed conflict shall be considered victims of disaster and shall be provided full protection in accordance with the provisions of R.A. 7610 "Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act."' <sup>1385</sup> Despite this, 26 cases of children arrested and detained or deprived of their liberty for being associated with armed groups were documented between 2012 and 2016, with five of these allegedly ill-treated while in custody, suffering alleged physical abuse, torture and disappearance.<sup>1386</sup>

**8.5.2. Access to child-friendly justice for children in contact with the law as victims and witnesses to criminal offences**

Unfortunately, as set out above, it was not possible to find data in relation to children who come into contact with the law as victims and witnesses to criminal offences in ARMM. This may mean that many cases are handled informally, through community based, informal justice systems, including the Indigenous Tribal Justice System. While these can often be less stressful and less protracted than formal justice systems, if they do not operate in line with child rights safeguards and principles, they can lead to child rights violations and may prioritise community reconciliation over the rights and best interests of any children involved.

The legislative framework around criminal offences against children is explored in section 8.1 of this chapter, which focuses on child protection in relation to violence, exploitation, abuse and neglect of children. This present section focuses on the processes and procedures by which justice for children who are victims or witnesses of criminal offences are delivered.

There are two practice documents which address the treatment of child victims and witnesses in Philippines/ARMM. The first is the Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation. This sets out the process to be followed by those responsible for the criminal justice process from the time that a complaint is made involving a child victim or witness. The Protocol is detailed, progressive and reflects current understanding of good practice in dealing with child

<sup>1383</sup> RA 9344, Juvenile Justice and Welfare Act, Sections 30-31.

<sup>1384</sup> Child Protection in the Philippines, A Situational Analysis, Save the Children, 2011, p 62.

<sup>1385</sup> Muslim Mindanao Autonomy Act No 162, Magna Carta for Children in ARMM, Section 35.

<sup>1386</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 33-34.



victims. In particular, it minimises the extent to which the child has to take part in legal processes. It requires those involved in the criminal justice process to ensure that a face to face confrontation between the child and the alleged perpetrator is to be avoided through various means, including the use of screens, one way mirrors and other devices to shield the child. More importantly, at the preliminary investigation stage, if the parties are represented by counsels, counsels must submit their questions 3 working days before the preliminary investigation takes place. Only the investigating prosecutor is permitted to question the child and must use simple, developmentally appropriate and non-threatening words.<sup>1387</sup>

Where a trial of a perpetrator is to take place, the social worker assigned to the child should enrol the child victim or witness in a 'Kids Court Programme' if there is one in the area to familiarise the child with the court process. The prosecutor also plays a role, and should prepare the child before their evidence is given in court. The level of implementation of the Protocol in ARMM is unclear, particularly as it requires human and financial/practical resources including, for example, specially trained officials and child-friendly facilities.

The Rules on Examination of a Child Witness were promulgated by the Philippines Supreme Court in 2000. These Rules reflect current understanding of good practice for child witnesses. Under the Rules, every child is presumed qualified as a witness and it is up to the opposing party to prove that they are not. Age in and of itself is not enough to challenge competency.<sup>1388</sup> The Rules also permit the court to appoint a *guardian ad litem* for a child who is a victim or a witness to a crime in order to promote the best interests of the child. The responsibilities of the *guardian ad litem* include, but are not limited to: attending all interviews, depositions, hearing and trial proceedings in which a child participates, making recommendations to the court concerning the welfare of the child; explaining, in language understandable to the child, attending all legal proceedings including police investigations; and assisting the child and his/her family in coping with the emotional effects of crime and subsequent criminal or non-criminal proceedings.<sup>1389</sup> In addition to the *guardian ad litem*, a child has the right to be accompanied by one or two support persons of his or her own choosing to provide emotional support during the trial process. The support person can hold the child's hand while he or she gives evidence but must not answer on behalf of the child.

A facilitator may also be appointed by the Court if the child is unable to understand or respond to the questions asked. This person is permitted to rephrase questions from counsel in language that the child can understand.

For child witnesses, including victims, the Rules, if implemented correctly, create a comfortable courtroom environment, provision of interpretation assistance, the giving of testimony at appropriate hours ensuring the child is well rested, using toys or other items to assist the testimony process etc.<sup>1390</sup> The Rules also permit the use of live-link evidence from the child (i.e. giving evidence outside the court-room) and the use of video recorded rather than live evidence. It is not known to what extent Courts have been able to implement the Rules on the giving of evidence by children, because, as with the Protocol, implementation is resource and administration heavy.

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<sup>1387</sup> Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation, Para. 8 p 28.

<sup>1388</sup> Rules on examination of Child Witnesses, para 6.

<sup>1389</sup> Rules on examination of Child Witnesses, para 5.

<sup>1390</sup> Rules on examination of Child Witnesses, para 10-16.



One Key Informant from DSWD-ARRM reported that “victims of trafficking are being given after care service after being recovered and reintegrated with their family” and that the office caters to the reach out client (this are those being visited at home and in the community where you bring the service to the client). When the service is not available in the office, you refer the client to other agency or institution that will help his/her address the need and the walk-in client who came to the office asking for help.<sup>1391</sup>

Finally, the Regional Human Rights Commission has its own set of guidance for interviewing children (and women) who are alleged victims and witnesses to human rights complaints. The guidance includes direct reference to the guiding principles of the CRC, as well as the use of a separate room and a child-friendly room in which to interview children.<sup>1392</sup>

### **Spotlight issue: children in conflict with the law in relation to armed conflict**

There have been cases, as set out elsewhere in this report, where grave violations of children’s rights have occurred in the context of armed conflict and where justice has not been achieved for the victim. In one case, for example, it is alleged that the New People’s Army forced a victim’s mother to withdraw a complaint after her 14 year old daughter was raped by the Philippines Armed Forces and that civilian criminal proceedings were dismissed once the victim’s mother completed an affidavit of desistance.<sup>1393</sup> It is also reported that many incidents of rape and sexual violence are not reported by victims or their families due to fears of stigmatisation within the community, or reprisals from the perpetrators.<sup>1394</sup> The UN Secretary General’s 2017 Report on children and armed conflict in the Philippines also noted that cases involving child victims are settled outside of the formal justice system through financial payments, particularly in indigenous communities.<sup>1395</sup> In response to this, the UNSG encouraged the government of the Philippines to ensure independent, prompt and thorough investigations into alleged violations against children so that perpetrators are held to account,<sup>1396</sup> as well as encouraging the government to provide appropriate assistance and services to all child victims.<sup>1397</sup>

## **8.6. Bottlenecks and barriers in child-friendly justice**

### **8.6.1. Enabling environment**

#### **Governance**

While the legislative and policy framework for child-friendly justice in ARMM is laudable, recent advocacy attempts to lower the minimum age of criminal responsibility, and the RA No 10630 amendment that brought more children into the quasi-criminal justice system is concerning.

<sup>1391</sup> KII with Representatives from Child and Youth Welfare Program, DSWD-ARRM.

<sup>1392</sup> Regional Human Rights Commission, Manual of Operations, 2015, section 7.3, <http://rhrc.armm.gov.ph/sites/default/files/RHRC%20MANUAL%20OF%20OPERATIONS.pdf> [25/7/17].

<sup>1393</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 40.

<sup>1394</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 40.

<sup>1395</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 41.

<sup>1396</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 78.

<sup>1397</sup> Report of the Secretary General on children and armed conflict in the Philippines, 5 April 2017, S/2017/294, para 78.

Nonetheless, as things stand, there is a strong legal basis for child-friendly delivery of justice in ARMM, which contributes to an enabling environment for child-friendly justice for children in contact with the law (as alleged offenders and as children who are victims or witnesses). Unfortunately, it was not possible to find information for this Report in relation to the development and implementation of Shari'ah Law/Courts, and Tribal Codes/Courts, in order to gauge to what degree these forms of justice meet international standards and best practices.

### **Resources**

One of the main concerns over administration of child-friendly justice in ARMM is the high level of resources required to implement the programs and practices contained within the law and policy. Perhaps recognising this concern, RA No 10620 mandated Regional Juvenile Justice Welfare Councils to develop 3–5 year CLJIPs using the National Comprehensive Juvenile Intervention Program as a guide.<sup>1398</sup> In an effort to ensure that there is sufficient funding, Section 10 of RA No 10630 (amending Section 50 of RA No 9433) requires that expenditures on local juvenile intervention programme for children at risk and children in conflict with the law be included in LGUs' annual budgets.

Section 49 of RA No 10630 amended RA No 933 to require that each province and highly-urbanised city in Philippines nationally, including in ARMM, is made responsible for building, funding and operating a Bahay Pag-Asa, A 24 hour pre-trial 'child-care' institution, in its area, and that each of these must contain an intensive juvenile intervention and support centre. Regional Juvenile Justice and Welfare Committees were established in 2015 to assist with this process. The Department of the interior and Local Government (DILG) is responsible for monitoring compliance of the LGU and issuing necessary guidelines for the development, budget allocation, implementation, monitoring and evaluation of their CLJIP.<sup>1399</sup> DILG issued guidance in 2015, setting out the steps that need to be taken to develop and establish a CLJIP, including requirements on data gathering and establishing baseline data using standard data gathering tools.<sup>1400</sup> The guidance also provides step by step guidance on the procedures to be followed and ways of working with children and families. The budget allocation for the CLJIP is to be sourced from the 1 per cent Internal Revenue Allotment allocated for the strengthening and implementation of the programmes of the local child protection councils for children at risk and CICL.<sup>1401</sup> Despite this required budgetary allocation, it has not been possible to determine the extent to which financial resources have been allocated to child justice in practice, and there are concerns, particularly in the more rural areas, that programming and services are likely to be limited.

One key informant representative from the RJJWC explained that financial concerns are a particular problem, noting that the budget for RJJWC comes from DSWD but that disbursement can be 'slow' and is not always prioritised, which means that 'some of the contractors or the service providers do not like to cater to our needs because of the slow processing, and it affects our service delivery.'<sup>1402</sup>

### **Data availability**

Crime statistics for Philippines nationally are compiled by the Philippines National Police; statistics on legal assistance provided by the government (i.e. legal aid) is compiled by the Public Attorney's

<sup>1398</sup> RA 10630 (Amending RA 9344), Section 5.

<sup>1399</sup> Rule 24.e of the Revised IRR of 9344 as amended by RA 10630.

<sup>1400</sup> Section 12 of the Juvenile Justice and Welfare Act requires that a register of all children in conflict with the law be established.

<sup>1401</sup> It is likely that this comes out of the 1 per cent allocated for child protection as a whole.

<sup>1402</sup> KII with Representative from DSWD-ARMM (RJJWC).

Office; the Supreme Court is responsible for court data while data on prisoners is collected by the Bureau of Corrections and the BJMP. It is not easy to access data, and the data provided to the UN Crime Survey by the government is not all available on government sites.

Gaps in accurate, harmonised data about children in conflict with the law in ARMM, and especially in relation to charges, convictions and disposals is a challenge that has been taken on board by the National Juvenile Justice Welfare Committee, which is in the process of developing a centralised information system. In addition, there is similarly little data about children who are victims and witnesses to crime in ARMM. It has been recommended that a crime victimisation survey should be carried out at regular intervals.<sup>1403</sup>

Without sufficient data in relation to cases involving children in contact with the law, it is extremely difficult to determine the level of implementation of child-friendly justice and children's access to it in ARMM.

### 8.6.2. Supply-side barriers and bottlenecks

Unfortunately, little is known in relation to the delivery of child-friendly justice in ARMM, including, for example, the types of diversion programs available, or the form of special measures offered to child victims or witnesses in order to assist them through the justice process.

A Barangay Protocol in Managing Cases of Children at Risk and Children in Conflict with the Law was issued in March 2017 providing information on how to handle child-related cases, including diversion proceedings and prevention. It is also intended to act as a practical guide to barangay officials and other duty bearers in assisting and managing children at risk and CICL effectively. The Guide is comprehensive and is an attractively presented document, but its length and complexity may pose a challenge to its target audience.

It has been difficult to find detailed information on the implementation of the RJJWCs and other resource matters, including training in ARMM. One key supply-side barrier to delivery of child justice for CICL in ARMM is the lack of a *Bahay Pag-asa* centre for children, which one key representative noted as a key concern, while also acknowledging that the lack of a rehabilitation centre/Bahay Pag-asa is contrary to the law.<sup>1404</sup> As a result of this, juvenile justice officials are forced to refer child offenders to other regions, including, specifically, Region XII, but, officials reported that when the Region XII facility is full or close to capacity, local children take precedence.<sup>1405</sup> The ARMM region is able to engage in monitoring and referral for 'those offenders who wanted to go back to school', but, according to one key informant, 'there are still minors who are detained at the provincial jail.'<sup>1406</sup> This assertion reflects a disparity in the available data which suggests that there are no children in BJMP managed prisons. The Regional JJWC visits child offenders, acknowledging that this is a symptom of weak implementation of a law that requires children should be rehabilitated rather than placed in jail, and explaining that 'some reasons for non-release of minor are: a) no case study made by the

<sup>1403</sup> Astrologo C.J. (Philippines Statistics Authority) and Garcia J.H.M. (Department of Justice) 2016.

<sup>1404</sup> KII with Representative from DSWD-ARMM (RJJWC).

<sup>1405</sup> KII with Representative from DSWD-ARMM (RJJWC).

<sup>1406</sup> KII with Representatives from Child and Youth Welfare Program, DSWD-ARMM.

social worker and b) scheduling of hearing took so long.<sup>1407</sup> Indicating, again, that poor implementation, either due to misunderstanding or limited resources is a challenge.

However, in relation to child victims and witnesses linked to trafficking, the ARMM Council Against Trafficking has conducted training of multi-disciplinary teams on the Philippines Protocol for Case Management of Child Victims of Abuse, Neglect and Exploitation for the ARMM Municipal Committee on Anti-Trafficking and Violence against Women and their Children.<sup>1408</sup> The purpose of the training was to address long standing challenges in responding to cases of child abuse, neglect and exploitation such as confusion of the public on reporting child abuse cases; the failure of duty bearers to respond to cases immediately because of unclear delineation between and among government agencies; and non-observation of appropriate referral processes.<sup>1409</sup>

In order to understand the situation for children in contact with the law fully, it would be essential to gain a broader insight into supply-side barriers, such as the availability of services and programming and of specially trained staff. It would also be essential to understand the role of community-based and informal justice processes. These, which would be organised and implemented by community leaders, are likely to provide a form of restorative justice that could focus upon community harmony and reconciliation, whether the child or children in question are alleged perpetrators or victims, and which could lead to the failure to safeguard the rights and best interests of the children involved.

### 8.6.3. Demand-side bottlenecks and barriers

Again, little is known about the profile of children in contact with the law, including what brings them into contact with the law, and what barriers they face in accessing justice. A common concern in relation to administration of child-friendly justice for child victims and witnesses is, for example, the willingness of the child or the child's family to pursue or withdraw a case. As noted by the UNSG in relation to children who are victims of grave violations, stigmatisation and fear of reprisal can lead to a child settling even serious cases through informal measures or outside of formal procedures, in order to have the matter settled, and to ensure that community harmony is preserved. This is a particular risk in relation to traditional forms of justice, but can also occur within the formal justice system. This was reported to be a problem among 'Muslim communities' in 'the South' by one Key Informant representative, who noted that...

...in Muslim communities, there is settlement of crimes at community level. What is more worrisome is that the victim is forced to marry the perpetrator as they say rape is a dishonor on the family. So, this practice is common in Muslim and indigenous people's communities. [It] can happen in urban areas, but [is] more common in the south.<sup>1410</sup> A representative from Parang, Maguindanao also noted this demand side concern: 'In the Iranon and Maranao tribe

<sup>1407</sup> KII with Representative from DSWD-ARMM (RJJWC).

<sup>1408</sup> RPDO-ARMM website, "Training of multi-disciplinary teams on the protocol for case management of child victims of abuse, neglect, and exploitation, <http://rpdo.armm.gov.ph/rpdo/index.php/component/content/article/43-fb/300-training-of-multi-disciplinary-teams-on-the-protocol-for-case-management-of-child-victims-of-abuse-neglect-and-exploitation> [25.7.17].

<sup>1409</sup> RPDO-ARMM website, "Training of multi-disciplinary teams on the protocol for case management of child victims of abuse, neglect, and exploitation, <http://rpdo.armm.gov.ph/rpdo/index.php/component/content/article/43-fb/300-training-of-multi-disciplinary-teams-on-the-protocol-for-case-management-of-child-victims-of-abuse-neglect-and-exploitation> [25.7.17].

<sup>1410</sup> KII with Representative from UNFPA.

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they have the so called, Maratabat, meaning 'pride' in which sometimes they do not want the community to know that they were victim so they rather keep silent.<sup>1411</sup>

This socio-cultural norm can create a barrier to reporting of cases, particularly those to which greater stigma are attached, such as sexual offences. This behaviour goes hand in hand with a tendency towards handling cases through informal processes, rather than approaching the formal justice system because community methods may be more familiar, are considered to be 'private' or less dishonourable and because it can be time consuming and daunting to enter formal proceedings.

Other demand-side barriers can include the practical considerations in relation to accessing justice, which could include barriers such as remoteness of police stations and court buildings, and difficulty in children or parents accessing them, or the inability of victims or witnesses to afford transport, time off work or other such practical expenses in order to participate in the justice process. Again, these may act as push factors towards informal justice processes for children in contact with the law, which may result in rights violations, or lack of due process and other justice safeguards for those children. Where armed conflict is a concern, safety considerations are an additional and serious challenge. Unfortunately, without further information, it is not possible to determine to what degree these barriers/bottlenecks are applicable to child justice in ARMM.

#### 8.6.4. Quality

As so little information is available about implementation of services and programming in relation to child protection, it is not possible to provide an assessment or analysis about the quality of services available. However, the enabling environment and supply-related barriers suggest that services that do exist would be underfunded and supported, perhaps leading to limitations of quality.

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<sup>1411</sup> KII with Representative from Municipal Social Welfare Office, Parang, Maguindanao.

## 9. Child poverty, inequality and social inclusion

Social inclusion is conceived broadly in line with the UN definition (1995): as a vision of a ‘society for all, in which each individual, each with rights and responsibilities, has an active role to play.’ It is also a process by which those at risk of poverty and social exclusion gain opportunities and resources that are needed to fully participate in societal activities.

Numerous rights standards and development targets are relevant in measuring and assessing interventions aimed at reducing poverty, vulnerability and social exclusion, including in particular, the right to non-discrimination<sup>1412</sup>; survival and development<sup>1413</sup>; ICESCR rights to social security;<sup>1414</sup> and an adequate standard of living.<sup>1415</sup> Numerous SDG targets relate to social inclusion; however, the key goals are SGD 1 (end poverty in all its forms everywhere); and SDG 10 (reduce inequality within and among countries) are key.

### Key social inclusion-related SDGs

SDGs	Targets	Indicators
1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day	Proportion of population living under international poverty line (US\$1.25 a day)
1.2	By 2030, reduce at least by half the proportion of men, women and children living in poverty in all its dimensions according to national definitions	Proportion of population living under national / regional food poverty line
		Proportion of population living under national / regional basic needs poverty line
1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	Social protection index / indicator (depth and breadth of social protection system)
1.4	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	Proportion of population experiencing severe deprivation of number of basic needs / services (multi-dimensional poverty assessment)
		Social protection index / indicator (depth and breadth of social protection system)

<sup>1412</sup> e.g. CRC, Article 4

<sup>1413</sup> CRC, article 6

<sup>1414</sup> ICESCR, article 9

<sup>1415</sup> ICESCR, article 11

### Key CRC Articles

Article 2: Every child has the right to enjoyment of CRC provisions without discrimination on the ground of a child's or his or her parent's or guardian's race, colour, sex, language, political or other opinion, national, ethnic or social origin, property, disability, birth or other status

Article 6(2): States parties shall ensure to the maximum extent possible the survival and development of the child

Article 27 (1) Every child has the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development; (2) State parties shall take appropriate measures to assist parents / carers to implement this right and shall provide material assistance and support programmes where needed

Article 26: Every child has the right to benefit from social security, including social insurance

According to the SDGs set out in the table above, social protection systems are a key element in reducing poverty, vulnerability, inequality and exclusion. Social protection systems can strengthen the capacity of families and carers to care for their children and help remove barriers to accessing essential services, such as healthcare and education, and can thereby help close inequality gaps. Social protection measures can also help to cushion families from livelihood shocks, including unemployment, loss of a family member or a disaster, and can build resilience and productivity among the population.

According to UNICEF, social protection is 'the set of public and private policies and programmes aimed at preventing, reducing and eliminating *economic* and *social* vulnerabilities<sup>1416</sup> to poverty and deprivation, and mitigating their effects.'<sup>1417</sup> Social protection systems are essential to ensuring that the rights of children to social security<sup>1418</sup> and a standard of living adequate for their physical, mental, spiritual, moral and social development<sup>1419</sup> are realised. According to the CRC, States are required to 'take appropriate measures to assist parents and others responsible for the child to implement this right [to an adequate standard of living] and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.'<sup>1420</sup> Effective social protection measures are also essential to achieving SDG 1.3, which requires the implementation of 'nationally appropriate social protection systems and measures for all, including [social protection] floors.' A social protection floors consist of two main elements: essential services (ensuring access to WASH, health, education and social welfare services); and social transfers (a basic set of essential social transfers in cash or in kind, paid to the poor and vulnerable).<sup>1421</sup>

<sup>1416</sup> UNICEF distinguishes between the two as follows: '[p]overty reflects current assets or capabilities, while vulnerability is a more dynamic concept concerned with the factors that determine potential future poverty status. Vulnerability considers both an individual's current capabilities and the external factors that he/she faces, and how likely it is that this combination will lead to changes in his/her status.'

<sup>1417</sup> UNICEF, *Social Protection Strategic Framework* (2012), p 24

<sup>1418</sup> CRC, article 26

<sup>1419</sup> CRC, article 27

<sup>1420</sup> CRC, article 27(2)

<sup>1421</sup> ILO and WHO, 'The Social Protection Floor: A joint crisis initiative of the UN Chief Executive Board for Coordination on the Social Protection Floor', October 2009 available at: <http://www.un.org/ga/second/64/socialprotection.pdf>

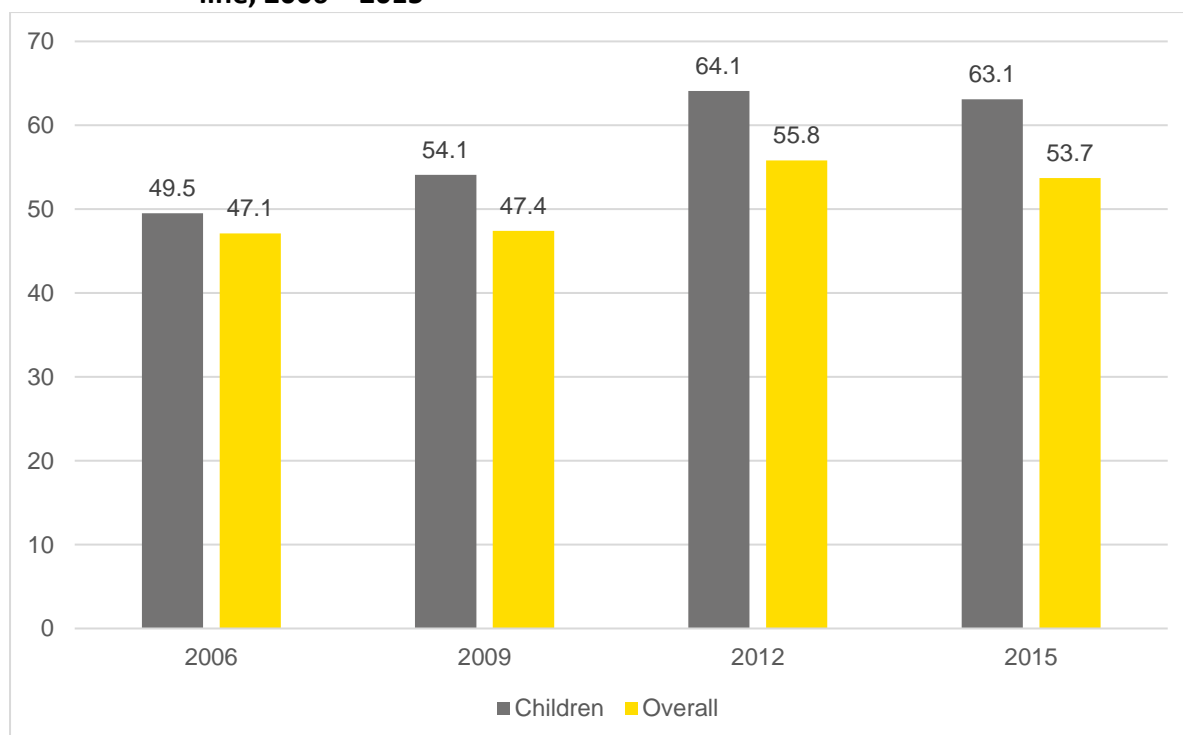


### 9.1. Profile of child poverty, vulnerability and social exclusion

In recent years, ARMM has been characterised by limited growth, low human development and high and rising levels of poverty. As set out above, almost one in two people in ARMM are living under the basic needs poverty line, and food poverty is also high, at 17 per cent. Poverty levels are more than double that at the national level, and, in contrast to the national level, poverty rates have increased significantly in recent years. ARMM is therefore not on target to reach SDG goals 1.1 (end extreme poverty for all persons everywhere) and 1.2 (a reduction of by half of the number of persons living below national poverty lines by 2030).

Poverty rates are higher for children in ARMM, as they are at the national level, and poverty appears to affect children disproportionately. According to calculations based on the 2015 Family Income and Expenditure Survey, 63.1 per cent of children in ARMM were living in poverty in 2015 – almost double the percentage of children living in poverty at the national level, and higher than the total population in ARMM living below the basic needs poverty line, as illustrated in Table 9.1.

**Table 9.1: Percentage of children and overall population living under the basic needs poverty line, 2006 – 2015**



Source: Philippines Statistics Authority, Table 2: Poverty incidence for children, 2006, 2009, 2012 and 2015 (FIES data)

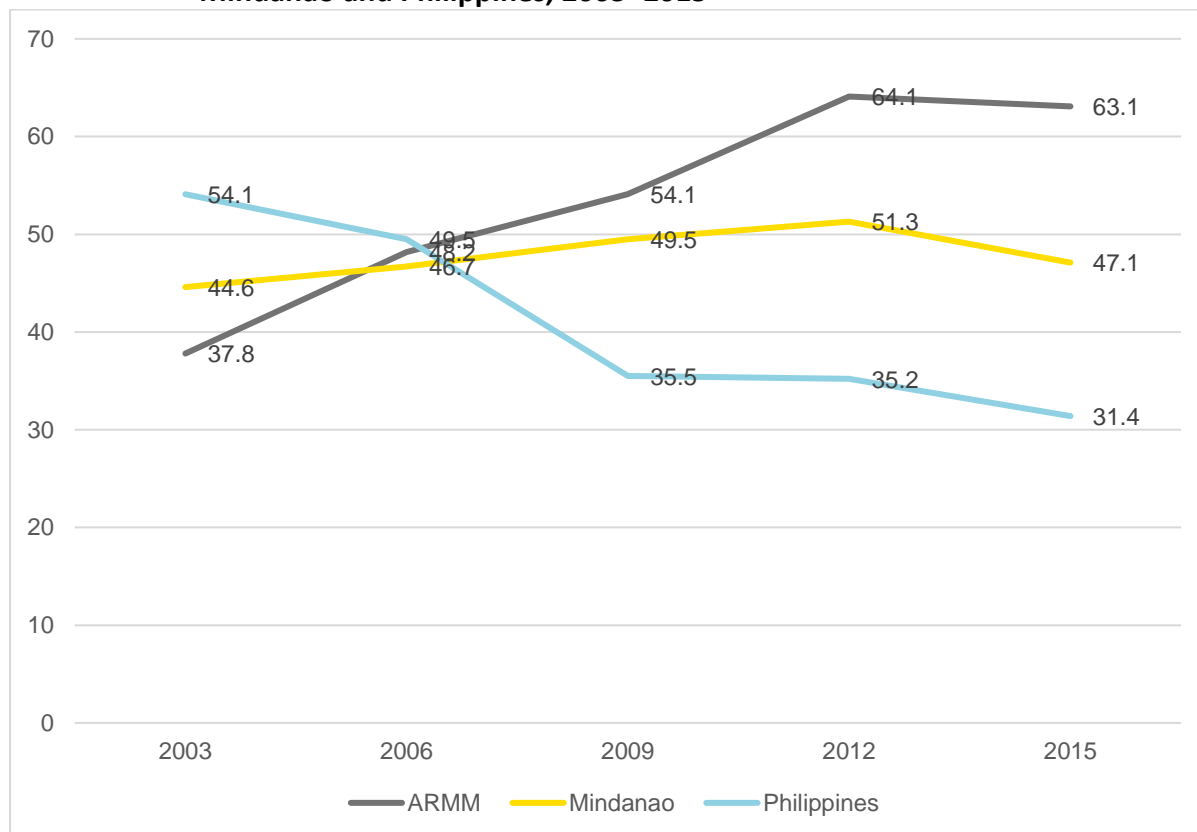
The impacts of poverty are more significant for children, and there is growing evidence that children experience poverty more acutely than adults: the negative impacts of poverty on their development can have profound and irreversible effects into adulthood. It has also been noted that, when a family moves into poverty (e.g. as a consequence of an economic shock), children often suffer by being withdrawn from school and drawn into working in forms of hazardous labour.<sup>1422</sup>

<sup>1422</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF, p. 23



Child poverty has increased in ARMM in the past decade, which is against the trend at the national level, and counter to the recent decline in child poverty rates in Mindanao between 2012 and 2015, as indicated in Table 9.2, below.

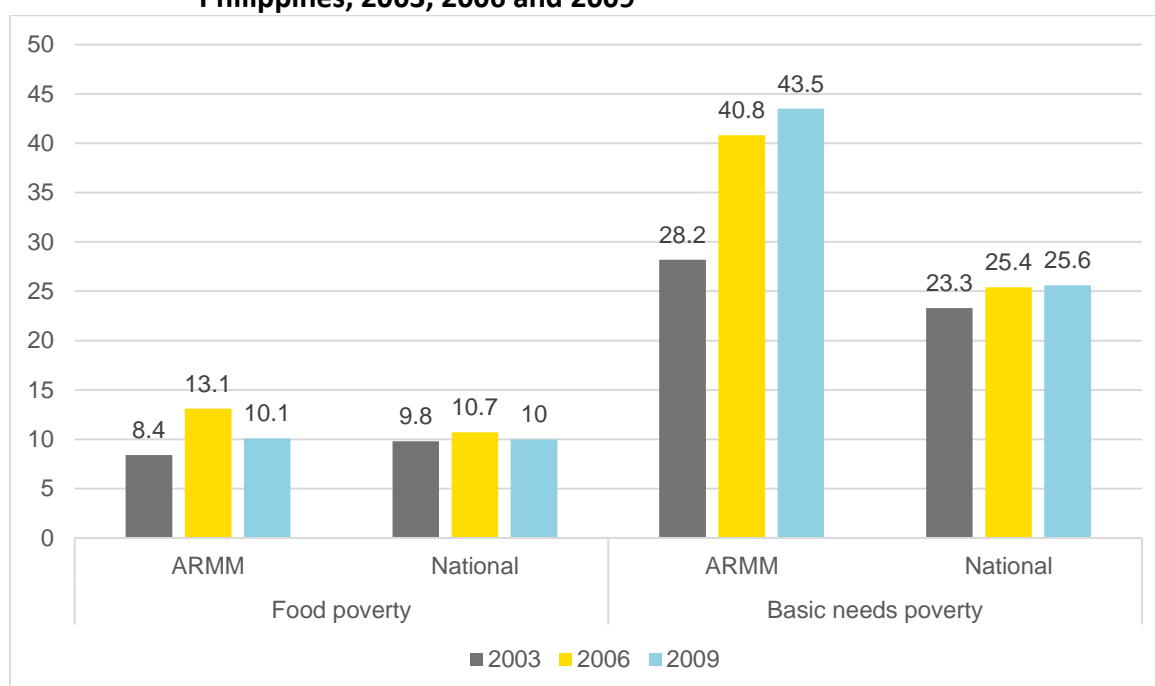
**Table 9.2: Percentage of children living below the basic needs poverty line in ARMM, Mindanao and Philippines, 2003–2015**



Source: Philippines Statistics Authority, Table 3: Poverty incidence for children, 2006, 2009, 2012 and 2015 (FIES data)

The rates of food poverty among children were also quite high (15.2 per cent in 2009) though consistent with the incidence of food poverty among children at the national level (15.7 per cent in 2009).<sup>1423</sup> Food poverty rates (for children) do not appear to have been published in 2012 and 2015. The data also indicate that families with children are more likely to be living in poverty in ARMM. According to data from the 2009 Family Income and Expenditure Survey, 43.5 per cent of families with children were living below the basic needs poverty line in ARMM, compared to 39.9 per cent of families in general in ARMM and 25.6 per cent of families with children at the national level. Though the incidence of food poverty among families with children in ARMM (10.1 per cent) was in line with national level rates of food poverty among families with children at the national level (10 per cent) in 2009, as illustrated in Table 9.3 below.

<sup>1423</sup> Philippines Statistical Authority and UNICEF, *Child Poverty in the Philippines*, (2015)

**Table 9.3: Basic needs and food poverty among families with children in ARMM and Philippines, 2003, 2006 and 2009**

Source: *Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF*

It is important to note that poverty is not necessarily a fixed state: children and families can move in and out of poverty in response to a whole range of factors. An analysis based on Family Income and Expenditure Survey data from 2003, 2006 and 2009 found that 14 per cent of children were chronic or persistently poor (i.e. they were living below the poverty line in all three years), while around 30 per cent moved in and out of poverty during this time frame.<sup>1424</sup> While this analysis was carried out at the national level, it is noted that chronic poverty appears to be particularly associated with living in a rural location: one in five rural families were considered chronically poor, while only five in 100 urban families were chronically poor.<sup>1425</sup> Given that the majority of ARMM's population resides in rural locations, it is likely that rates of chronic and persistent poverty are high in ARMM.

While these measures of poverty (based on income and consumption) demonstrate significant levels of poverty among children and young people, a high proportion of children have also been found to be living in poverty according to multi-dimensional measurements. A multi-dimensional approach recognizes that poverty is multi-faceted, and broader than deprivation of income. It is characterised by a range of deprivations (education, work, housing, communications and access to information and income). According to a multi-dimensional assessment carried out in 2014, using data from the 2009 Family Income and Expenditure Survey and the 2010 Labour Force Survey, 12.3 per cent of children in ARMM were deprived of all four dimensions of poverty (income poverty, education, health and nutrition and access to basic amenities) – a higher percentage than any other region in the Philippines except for one (Zamboanga Peninsula, 12.0).<sup>1426</sup> Children in ARMM were most likely to have suffered deprivations of education and access to basic amenities.<sup>1427</sup>

<sup>1424</sup> Philippines Statistical Authority and UNICEF, *Child Poverty in the Philippines*, (2015), p 24

<sup>1425</sup> Philippines Statistical Authority and UNICEF, *Child Poverty in the Philippines*, (2015), p. 24

<sup>1426</sup> Philippines Statistical Authority and UNICEF, *Child Poverty in the Philippines*, (2015)

<sup>1427</sup> Philippines Statistical Authority and UNICEF, *Child Poverty in the Philippines*, (2015)

In August 2017, UNICEF collected survey data and carried out a series of consultations with young people in Illigan City, in Lanao Del Sur in order to collect basic data on the issues that concern them. According to the survey data, poverty / financial problems / unemployment was the most frequently cited by respondents to an open question asking them to cite any important issues impacting on young people.

### 9.1.1. Child poverty: risk factors and equity issues

As set out above in section 2.2, poverty averages mask inequalities across ARMM. Though economic inequality appears to be lower in ARMM than at the national level, there is still a considerable gap between the income and expenditure levels of the poorest households (those in the bottom wealth deciles) and wealthier households (those in the top wealth deciles). While SGD goals require a reduction in inequality, it appears that the gap between the income and expenditure levels of poor and wealth households has stayed almost the same between 2012 and 2015 (though it is noted that there was a slight reduction in this gap). In 2012, the bottom 40 per cent of the population had a share of 12.6 per cent of total income in contrast to the top 20 per cent, which had a share of 35.2 per cent. In 2015, the bottom 40 per cent of the population had a share of 13.3 per cent of total income and the top 20 per cent had a 33.7 per cent share of total income.<sup>1428</sup>

The data illuminate a range of disparities in economic outcomes among different groups in the population. These disparities raise equity issues, as economic disadvantage impacts negatively on the ability of some groups of children have access to services and equitable enjoyment of a range of rights and outcomes.

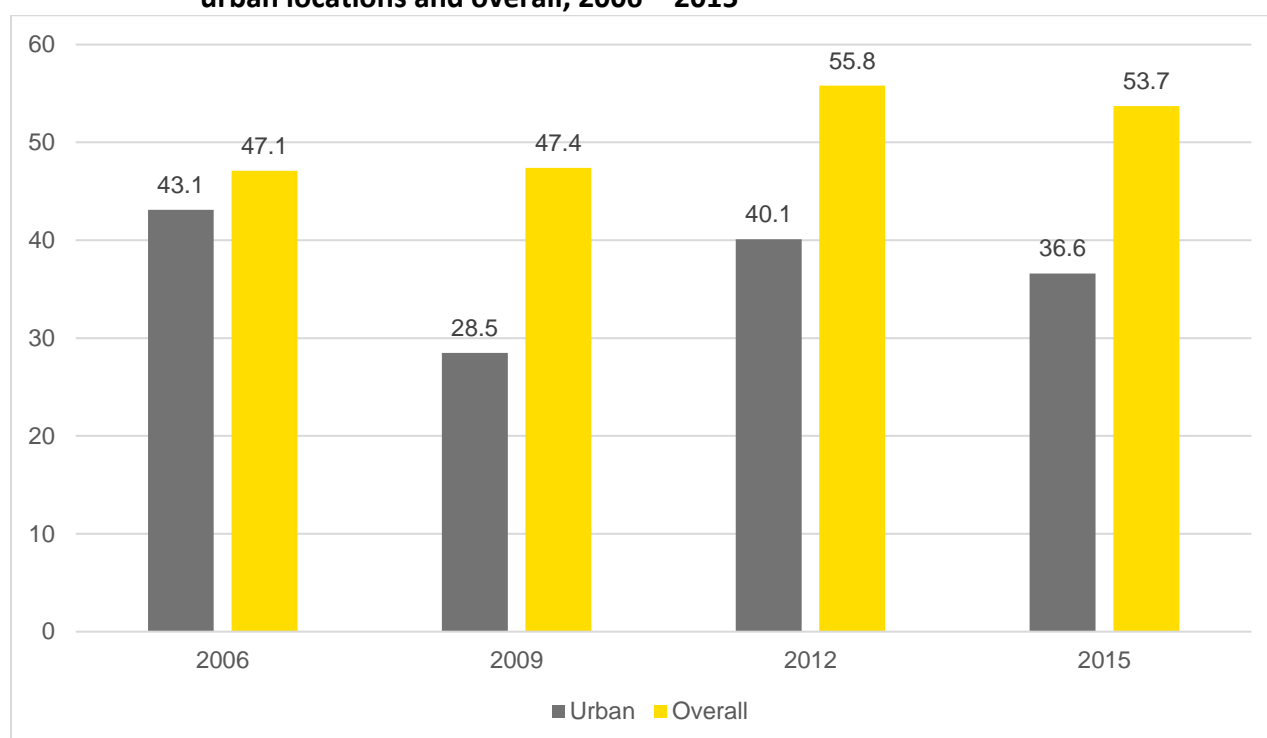
#### **Geographic location**

In ARMM, persons in rural areas are far more likely to be living in poverty – as noted above, living in a rural location is also associated with a greater likelihood of chronic poverty and greater risk of being deprived of basic needs. According to data from the 2015 Family Income and Expenditure Survey, 36.6 per cent of persons living in urban areas were under the basic needs poverty line, compared to 53.7 per cent overall.<sup>1429</sup> Also, as demonstrated in Table 9.4 below, urban poverty decreased in ARMM from 43.1 per cent in 2006 to 36.6 per cent in 2015, against the overall trend which saw basic needs poverty among the population rise from 47.1 per cent in 2006 to 53.7 per cent in 2015.

<sup>1428</sup> Philippines Statistics Authority, Family Income and Expenditure Survey 2015 (Table 6) and 2012.

<sup>1429</sup> However, it should be noted that characterisations of locations in ARMM as ‘urban’ has been questioned, which may affect the validity of this data – it is likely that locations classed as ‘urban’ in ARMM may be little more than administrative centres, rather than urbanised areas.

**Table 9.4: Percentage of the population in ARMM living below the basic needs poverty line in urban locations and overall, 2006 – 2015**



Source: Philippines Statistics Authority, Table 5: Poverty incidence for individuals residing in urban areas, 2006, 2009, 2012 and 2015 (FIES data)

This suggests that the very high and increasing rates of poverty in ARMM are largely a rural phenomenon. As set out below, rural areas in ARMM are characterised by slow economic growth, limited economic opportunities and limited options for well paid, quality employment. Rural locations are also characterised by a series of other deprivations associated with insufficient access to basic services (health, education, WASH, communications, electricity etc.).<sup>1430</sup>

However, it should be noted that data on overall poverty rates likely mask significant pockets of deprivation in urban centres, in particular, among persons living in informal ‘squatter’ settlements. According to estimates in 2009, using data from the Family Income and Expenditure Survey and Labour Force Survey, 3.3 per cent of children in ARMM were living in informal settlements, which is slightly less than the proportion of children in informal settlements at the national level (3.8 per cent).<sup>1431</sup> Informal settlements vary considerably, but tend to be characterised by deterioration, significant overcrowding, a lack of basic conveniences and are often in hazardous, polluted locations.<sup>1432</sup> While there are no nationally representative or ARMM-wide data on poverty levels among families and individuals living in urban settlements, the Philippines Housing and Urban Development Coordinating Council has reported ‘deep levels of urban poverty’ among informal

<sup>1430</sup> See generally Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF

<sup>1431</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF, p. 40

<sup>1432</sup> Junio M Rragio, ‘Urban slums report: the case of Metro Manila’ in *Understanding slums: Case studies for the Global Report on Human Settlements* (2003), available at [https://www.ucl.ac.uk/dpu-projects/Global\\_Report/pdfs/Manila.pdf](https://www.ucl.ac.uk/dpu-projects/Global_Report/pdfs/Manila.pdf)

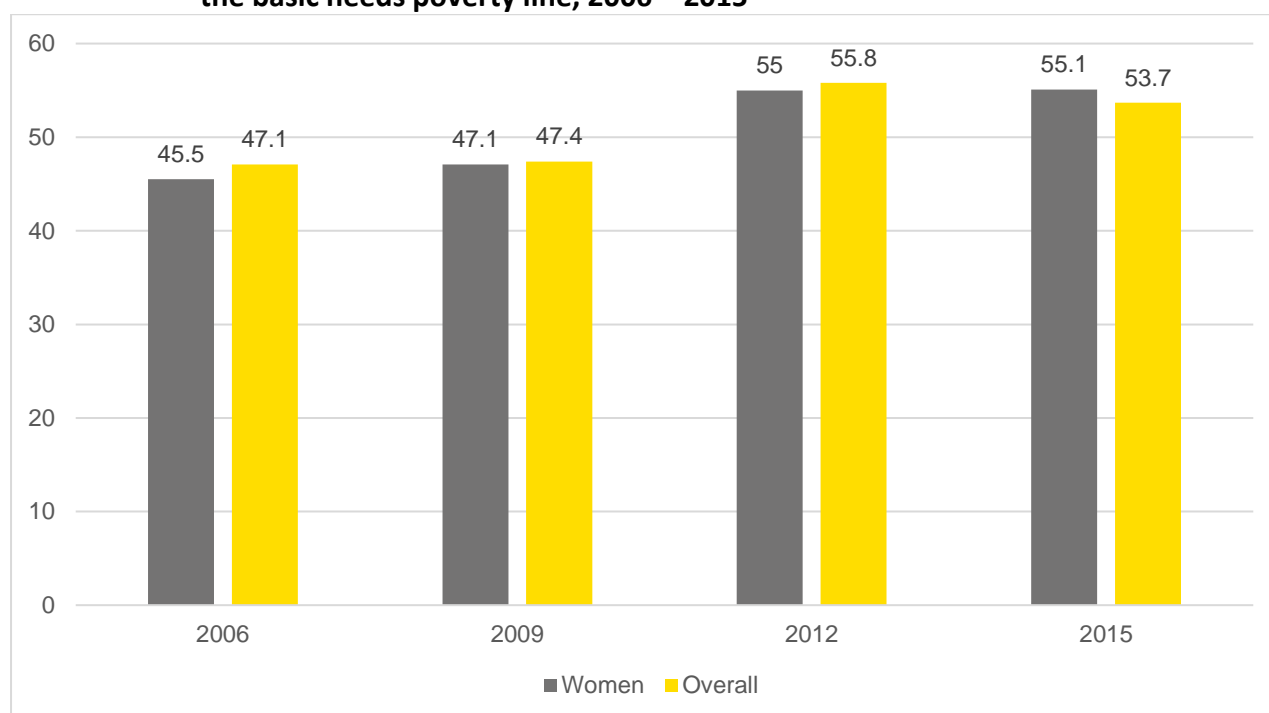
settlement dwellers;<sup>1433</sup> in particular chronic urban poverty and exposure to ‘physical, economic, social, legal and environmental risks on a day-to-day basis.’<sup>1434</sup>

Children living in urban slums are typically deprived of a number of basic needs, including exposure to health and environmental risks caused by unsanitary living conditions and poor quality drinking water and food storage facilities and exposure to indoor pollution, and social problems, including exposure to violence and drugs.<sup>1435</sup> Also, because children are deprived of tenure, they can experience difficulties ensuring regularity of schooling.<sup>1436</sup> Children living in urban slums are also exposed to a cycle of poverty and deprivation: ‘the lack of access to employment and livelihood opportunities, capital, basic urban services, education, health and social networks’ entrench and reinforce existing deprivations and inequality.<sup>1437</sup>

### Gender

According to Family Income and Expenditure Survey data, women are more likely to be living in poverty in ARMM. According to the most recent Survey (2015), 55.1 per cent of women were living below the basic needs poverty line compared to 53.7 per cent of the overall population in ARMM. This is shown in Table 9.5, below.

**Table 9.5: Proportion of women and proportion of overall population in ARMM living below the basic needs poverty line, 2006 – 2015**



Source: Philippines Statistics Authority, Table 1: Poverty incidence for women by region, 2006, 2009, 2012, 2015

<sup>1433</sup> Housing and Urban Development Coordinating Council (HUDCC), *Habitat III: The Philippine national report* (2016), para. 2.6.1.

<sup>1434</sup> Housing and Urban Development Coordinating Council (HUDCC), *Developing and national informal settlement upgrading strategy for the Philippines* (2014), p. 65.

<sup>1435</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF

<sup>1436</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF

<sup>1437</sup> Housing and Urban Development Coordinating Council (HUDCC), *Habitat III: The Philippine national report* (2016), p. 65.

This contrasts with the situation at the national level: in 2015, women were only slightly more likely to be living in poverty than the overall population (22.5 per cent of women were living under the basic needs poverty line, compared to 21.6 per cent of the overall population).<sup>1438</sup>

While it is difficult to find data that links poverty levels among women to particular factors, it is clear that women experience economic disadvantage and disempowerment in ARMM (and in the Philippines generally). According to a report by the Asia Foundation, 'the question of gender equality is particularly acute in ARMM.'<sup>1439</sup> It should be noted that several provinces in ARMM (Maguindanao, Sulu and Tawi-Tawi) have the highest Gender Disparity Index rankings in the Philippines, indicating disadvantage in terms of standards of living, education and life expectancy on the basis of gender.<sup>1440</sup> These disparities are compounded by social and cultural norms that constrain opportunities of women in ARMM 'to be full participants and beneficiaries in social, political and economic life.'<sup>1441</sup>

As set out above, in Chapter 7, women in ARMM have significantly lower literacy and educational attainment levels than men.<sup>1442</sup> Women in ARMM also have limited access to the (formal) job market and there is a large gender disparity in the labour force participation rate. According to the most recent labour force Survey (2016), only 28.6 per cent of women over 15 years were the labour force, compared to 71.4 per cent of men.<sup>1443</sup> Women's labour market participation is lower than men's due to gender stereotyping of jobs that create barriers to women's entry, regulations prohibiting women from entering certain jobs, disincentives due to standards relating to childbearing and child rearing and less access to credit, networking and interaction with business and government officials.<sup>1444</sup> Also, social norms that relegate women to the domestic sphere restrict the time available for work and limit opportunities to work in the formal sector. In the Philippines, women provide 84 per cent of total child care work, and in 2011, it was found that 31 per cent of working-age women reported that they were not in the labour force in 2011 because of household or family duties, compared to only three per cent of men.<sup>1445</sup>

According to the Philippine Commission on Women, women tend to work in low-paying and insecure jobs in the informal economy and thereby lack the social protection and work benefits. They are therefore 'at high risk in times of illness, disability, work injury, maternity, unemployment and old age.' Their income may be compromised if they become pregnant or they or their children get sick.<sup>1446</sup>

<sup>1438</sup> Philippines Statistics Authority, *Table 1: Poverty incidence for women by region, 2006, 2009, 2012, 2015*

<sup>1439</sup> Maria Isabel T. Buenaobra, The Asia Foundation, *Gender and conflict in Mindanao*, October 2011, available at: <http://asiafoundation.org/2011/10/19/gender-and-conflict-in-mindanao/>

<sup>1440</sup> Transitions International, *Mapping of services and opportunities for children and young people in Bangsamoro communities in Mindanao* (2017) (unpublished draft)

<sup>1441</sup> Maria Isabel T. Buenaobra, The Asia Foundation, *Gender and conflict in Mindanao*, October 2011, available at: <http://asiafoundation.org/2011/10/19/gender-and-conflict-in-mindanao/>

<sup>1442</sup> Maria Isabel T. Buenaobra, The Asia Foundation, *Gender and conflict in Mindanao*, October 2011, available at: <http://asiafoundation.org/2011/10/19/gender-and-conflict-in-mindanao/>

<sup>1443</sup> Philippines statistics authority, *Statistical tables on labor force survey*, October 2016, Table 1B, available at <https://psa.gov.ph/content/statistical-tables-labor-force-survey-lfs-october-2016>

<sup>1444</sup> Asian Development Bank and ILO, *Gender equality in the labour market in the Philippines* (2013),

<sup>1445</sup> DOLE Decent Work Statistics (2011), in Asian Development Bank and ILO, *Gender equality in the labour market in the Philippines* (2013),

<sup>1446</sup> Fritzie Rodriguez, 'Why many of the hungry are women', *Rappler*, 25 March 2014, available at: <http://www.rappler.com/move-ph/issues/hunger/53801-gender-inequality-women-hunger>

Also, having an income does not necessarily mean that women have control over their income: 'women's control over their own earnings is influenced by education, marital status, age, household composition, debt and social norms.'<sup>1447</sup> According to the latest DHS data (2013), women in ARMM have limited ownership of land and other assets, and more limited control over assets: according to the data, 84.6 per cent of women did not own land and 69.6 per cent did not own a house.<sup>1448</sup> The Survey also indicated a degree of tolerance for attitudes that justify violence against women (31.5 per cent of respondents agreed with at least one statement as a justification for a husband beating his wife).<sup>1449</sup> While these data indicate women's marginalization and limited empowerment, more information is needed to examine the gender dimensions of poverty and exclusion.

The conflict in ARMM has also had an impact on poverty among women and on gender roles more generally. A qualitative study carried out in 2010 in conflict-affected provinces in Mindanao found that the conflict had affected mobility, making women comparably more mobile than men as they are far less frequently targeted for revenge killings. As a result, women were increasingly undertaking new activities, including income-generating activities that were traditionally performed by men. However, these activities were considered by the women who participated in the research to be more of an 'exhausting strain' than empowering.<sup>1450</sup> Also, it was noted that 'when conflict flares in Mindanao, or when ethnic, clan or religious identity is perceived to be under attack, more rigid social norms regarding women's appropriate roles may become more central to identities, circumscribing women's choices'.<sup>1451</sup> In addition, IDPs living in camps – the majority of whom are children and women – have undergone cycles of displacement and return, 'making normal economic activity very difficult' and making women vulnerable to exploitation, including trafficking in persons.<sup>1452</sup>

### **Family size**

Children from larger families are more likely to live in poverty than those from smaller ones. While regionally-disaggregated data are not available, in 2009, more than half of families (51.5 per cent) with seven or more members lived below the poverty line at the national level, which had increased from 48 per cent in 2003 and 50.2 per cent in 2006. In comparison, in 2009, only 15.2 per cent of children in families with only three to four members lived in poverty; a small increase from 15.1 per cent in 2003 but a reduction from 15.6 per cent in 2006.<sup>1453</sup> Larger families (over six members) had a higher rate of extremely poor children (26.3 per cent) compared to those with three to four members (4.0 per cent).<sup>1454</sup>

**Table 9.6: Child poverty incidence by household size, 2009 (FIES data)**

<sup>1447</sup> Asian Development Bank and ILO, *Gender equality in the labour market in the Philippines* (2013),

<sup>1448</sup> Philippines Statistics Authority, *National Demographic and Health Survey* (2013), p. 175.

<sup>1449</sup> Philippines Statistics Authority, *National Demographic and Health Survey* (2013), p. 179.

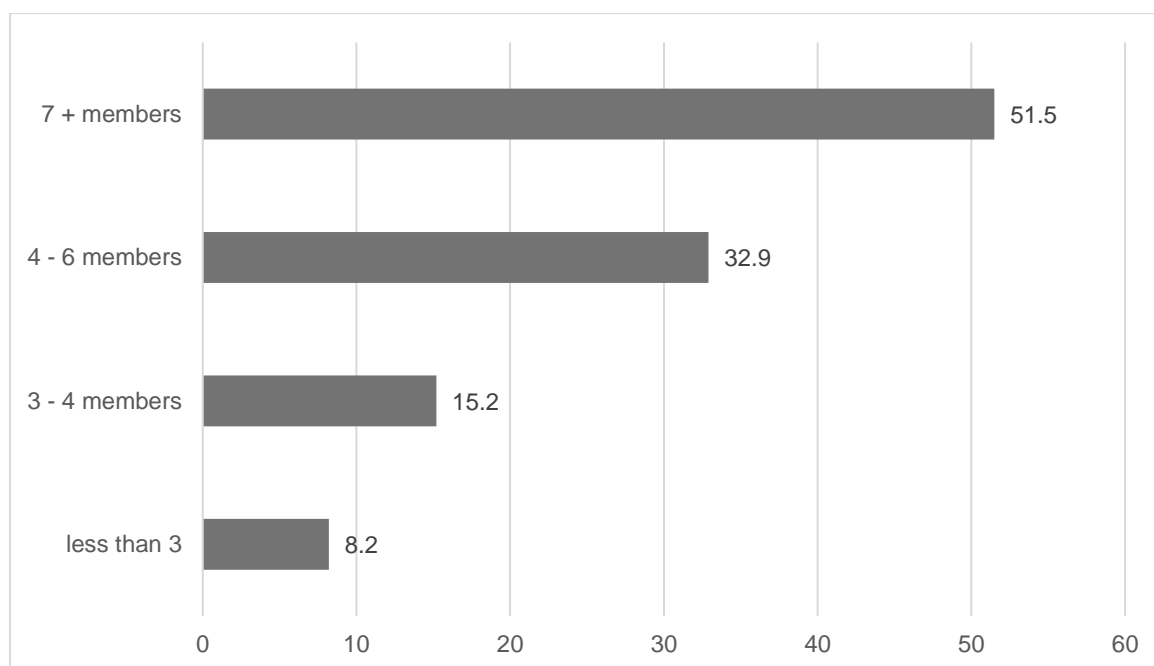
<sup>1450</sup> Leslie Dwyer and Rufa Guiam, *Gender and conflict in Mindanao*, The Asia Foundation (2010), available at: <https://www.ndi.org/sites/default/files/Gender%20and%20Conflict%20in%20Mindanao.pdf>

<sup>1451</sup> Leslie Dwyer and Rufa Guiam, *Gender and conflict in Mindanao*, The Asia Foundation (2010), available at: <https://www.ndi.org/sites/default/files/Gender%20and%20Conflict%20in%20Mindanao.pdf>

<sup>1452</sup> Leslie Dwyer and Rufa Guiam, *Gender and conflict in Mindanao*, The Asia Foundation (2010), available at: <https://www.ndi.org/sites/default/files/Gender%20and%20Conflict%20in%20Mindanao.pdf>

<sup>1453</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 8

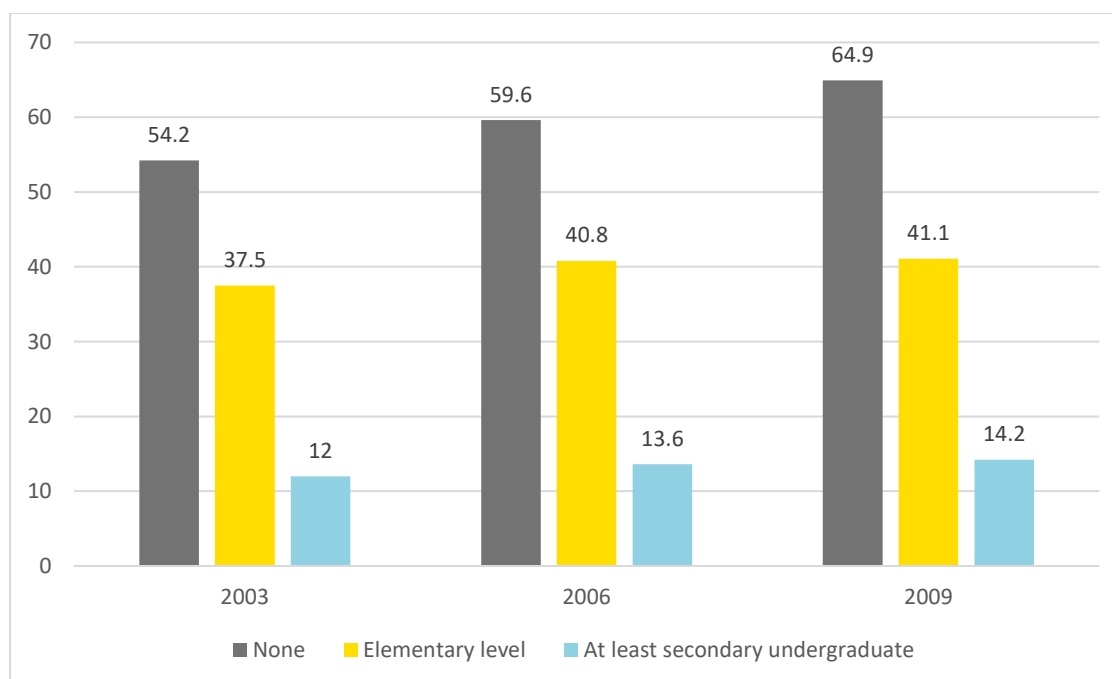
<sup>1454</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 13



### **Education level of household head**

According to national-level data (published regionally-disaggregated data are not available); the educational level of the household head is positively associated with poverty. As demonstrated in the table below, persons with no education are significantly more likely to be living under the basic needs poverty line than those with at least secondary graduate level (14.2 per cent compared to 64.9 per cent in 2009).

**Table 9.7: Basic needs poverty rates by educational level, 2003, 2006 and 2009**



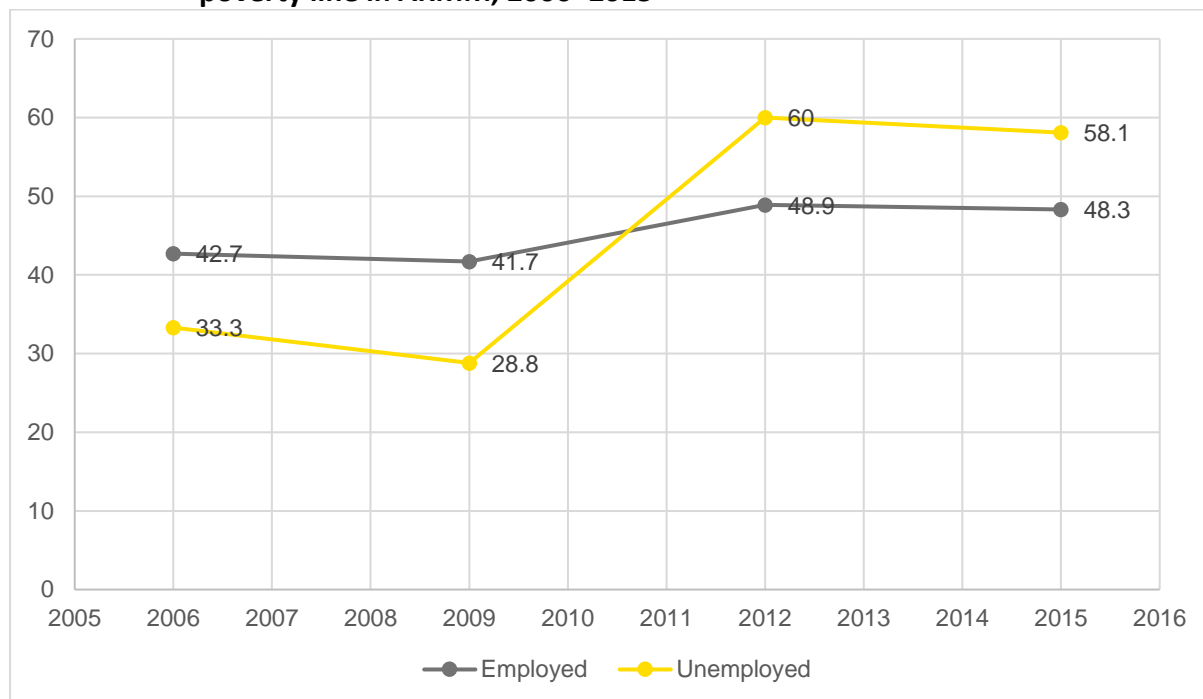
Source: *Child Poverty in the Philippines*, Philippines Statistical Authority and UNICEF p. 14



### Employment status and sector

Interestingly, unemployed persons are only slightly more likely to be living below the basic needs poverty line in ARMM than employed persons, as illustrated by the table below.

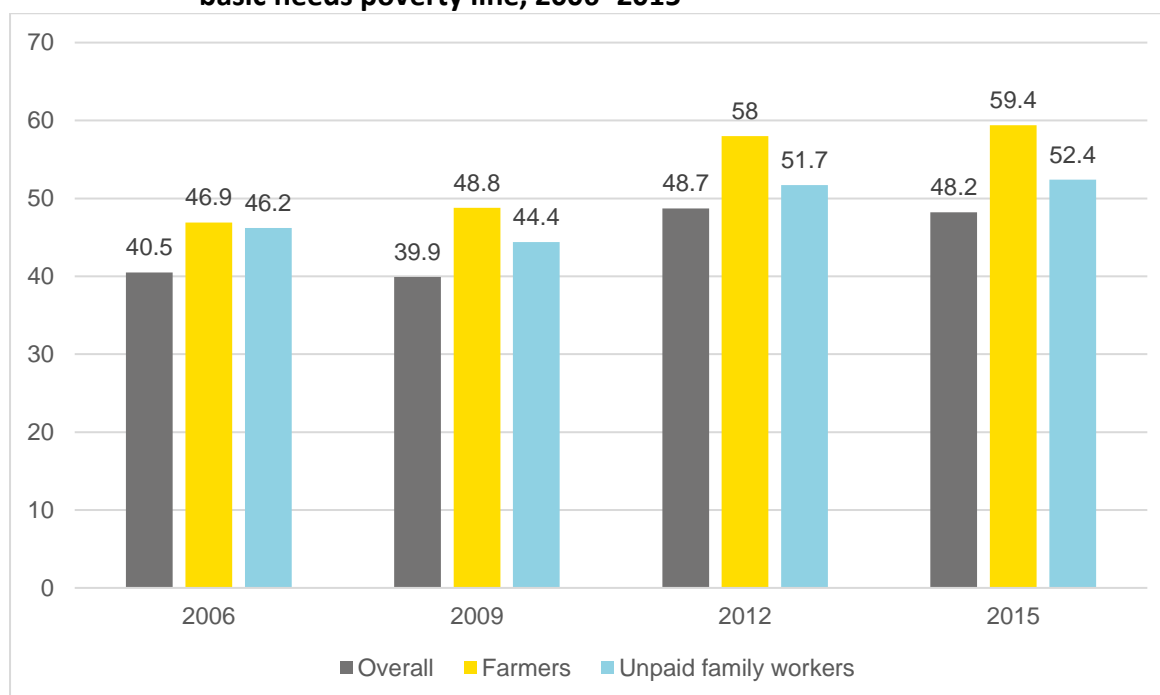
**Table 9.8: Proportion of employed and unemployed persons living below the basic needs poverty line in ARMM, 2006–2015**



Source: Philippines Statistics Authority, Table 10: Poverty incidence for employed population, by region: 2006, 2009, 2012, 2015; and Philippines Statistics Authority, Table 11: Poverty incidence for unemployed population, by region: 2006, 2009, 2012, 2015

This could indicate that absolute lack of employment opportunities may not be a factor that is strongly associated with poverty in ARMM. Rather, poverty may be associated with the quality of employment opportunities. The data indicate that persons working in sectors characterised by less formal employment opportunities are more likely to be living in poverty. In particular, farmers and those who are self-employed or performing unpaid family work were more likely to be living in poverty, as illustrated in the table below. In 2015, 59.4 per cent of farmers and 52.4 per cent of those carrying out self-employment / unpaid family work were living below the basic needs poverty line in ARMM, compared to 48.3 per cent overall.

**Table 9.9: Proportion of farmers and self-employed / unpaid family workers living under the basic needs poverty line, 2006–2015**



Source: Philippines Statistics Authority, Table 9: Self-employed and unpaid family workers, by region: 2006, 2009, 2012, 2015; and Philippines Statistics Authority, Table 7: Poverty incidence for farmers, by region: 2006, 2009, 2012, 2015.

Subsistence farmers appear to be more at risk of poverty than commercial farmers, which has been attributed to ‘a lack of productivity enhancing inputs, such as irrigation, seeds and others.’<sup>1455</sup>

### **Children from marginalised groups**

In addition to these associations, children belonging to a number of other groups have been identified as being particularly prone to child poverty and economic and social exclusion. During the consultation with key stakeholders that took place in Manila and Cotabato City to inform this report, the following groups of children were identified.

#### **Groups of children particularly at risk of poverty and social exclusion: data from consultation workshop**

- Street children;
- Child workers;
- Children from Indigenous Communities; and
- Children with disabilities.<sup>1456</sup>

While there are limitations on the availability of nationally representative data to confirm these associations, available data do indicate that children from these groups are more at risk of poverty.

<sup>1455</sup> Office of the President of the Philippines, *National Anti-Poverty Programme (2010 – 2016), Part 1*, p. 16.

<sup>1456</sup> The workshop participants also identified ‘urban poor’ as a particular group who was at increased risk of poverty; however, this has been addressed above. Children from Indigenous Communities were mentioned at both workshops (Manila and Cotabato City).

### **Indigenous Peoples**

As noted above (Groups of Children particularly at risk of poverty and social exclusion), Indigenous children continue to experience ‘social discrimination, economic marginalisation and political disempowerment’, along with socio-economic exclusion. There do not appear to be any recent data available to establish poverty levels in Indigenous Communities. However, they are reported to be ‘the most disadvantaged peoples, representing the poorest of the poor and the most vulnerable.’<sup>1457</sup> IPs tend to be concentrated in the most disadvantaged parts of the country. Mindanao, where 61 per cent of IPs live, contributes 31 per cent to total poverty incidence, and parts of Mindanao, including ARMM, are among the poorest provinces in the country.<sup>1458</sup> These areas also tend to be characterised by poor health, nutrition and educational outcomes for children.<sup>1459</sup>

Problems in land access and use continue to interfere with livelihoods – in particular, the encroachment of corporate mining operations onto the lands of IPs and the presence of military personnel has limited the ability of IPs to work on their land and has caused Indigenous children to drop out of school.<sup>1460</sup> Mining has also resulted in environmental degradation, causing a reduction of agricultural production, water pollution, decreased fish catch and health problems.

Poverty and vulnerability appears to be compounded by insufficient Government services in areas where IPs live – these areas are often geographically isolated and remote, with limited economic opportunities.<sup>1461</sup>

### **Children with disabilities**

According to the Philippines Census in 2010 1,442,586 persons, or 1.57 per cent of the household population of the Philippines, and 0.9 per cent of children, had a disability (defined as any restriction or lack of ability, resulting from an impairment, to perform an activity in the manner or within the range considered normal for a human being). The rate of disability among children was reported to be lower in ARMM at 0.6 per cent of children. However, disability is likely to have been underreported, and actual rates of disability prevalence is likely to be higher.<sup>1462</sup> There are limited data on the extent and nature of poverty and deprivation among children with disabilities, both in ARMM and at the national level.<sup>1463</sup> However, it has been noted that children with disabilities likely experience social exclusion and deprivation as a result of insufficient access to education, (as examined above), social services and very limited access to the job market.

<sup>1457</sup> Institute for Autonomy and Governance, *The situation of Indigenous children: A participatory research with Indigenous children and their communities in Mainland ARMM*, p. 16

<sup>1458</sup> UNICEF, *The situation of Indigenous children in ARMM: A participatory research with Indigenous Children and their communities in Mainland ARMM* (unpublished), p. 19.

<sup>1459</sup> UNICEF, *The situation of Indigenous children in ARMM: A participatory research with Indigenous Children and their communities in Mainland ARMM* (unpublished), p. 19.

<sup>1460</sup> UN Committee on Economic, Social and Cultural Rights, *Situation of Indigenous Peoples in the Philippines: Statement by TEBTEBBA – Indigenous Peoples’ International Center for Policy Research and Education Philippines to 59<sup>th</sup> session*, 26 September 2016

<sup>1461</sup> International Workgroup for Indigenous Affairs, *Indigenous Peoples in the Philippines*, available at: <http://www.iwgia.org/regions/asia/philippines>

<sup>1462</sup> See discussion above, chapter 7.

<sup>1463</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 80

### **Working children**

Perhaps unsurprisingly, poverty is highly correlated with working children. It has been calculated (at the national level), based on merged datasets of the 2009 Family Income and Expenditure Survey and the 2010 Labour Force Survey that almost half of the population of working children (47 per cent) are from the poorest income group, and about seven in 10 children who work come from the poorest 40 per cent of the population.<sup>1464</sup> Though it has been noted that child work is not exclusively a practice among the poor, and that around eight per cent of working children come from the richest 20 per cent of the population.<sup>1465</sup> Data also demonstrate that child work is more prevalent among families experiencing other forms of deprivation (e.g. those without sanitary toilet facilities, safe water sources and access to electricity).<sup>1466</sup> Child labour tends to reinforce intergenerational poverty by impeding a child's access to education and increasing the risk of exploitation.<sup>1467</sup>

### **Street children**

The extent of children living on the street and the risks associated with this has been addressed above (Chapter 8). It has also been noted, unsurprisingly, that living on the street is strongly associated with poverty and deprivation.

Lack of data on the levels and experiences of poverty and vulnerability among these marginalised groups of children entrenches their social exclusion and invisibility, and minimises the ability for effective policy and programming interventions to address their vulnerability.

## **9.2. Causes of child poverty**

The causes of poverty in ARMM are complex, intersecting and operate at different levels. These immediate, underlying and structural causes of child poverty were mapped out by key stakeholders and experts during a consultation workshop in Cotabato City, and were used to inform this analysis. The causality map is presented below (Table 9.10), and represents consensus of key stakeholders at the consultation workshop.

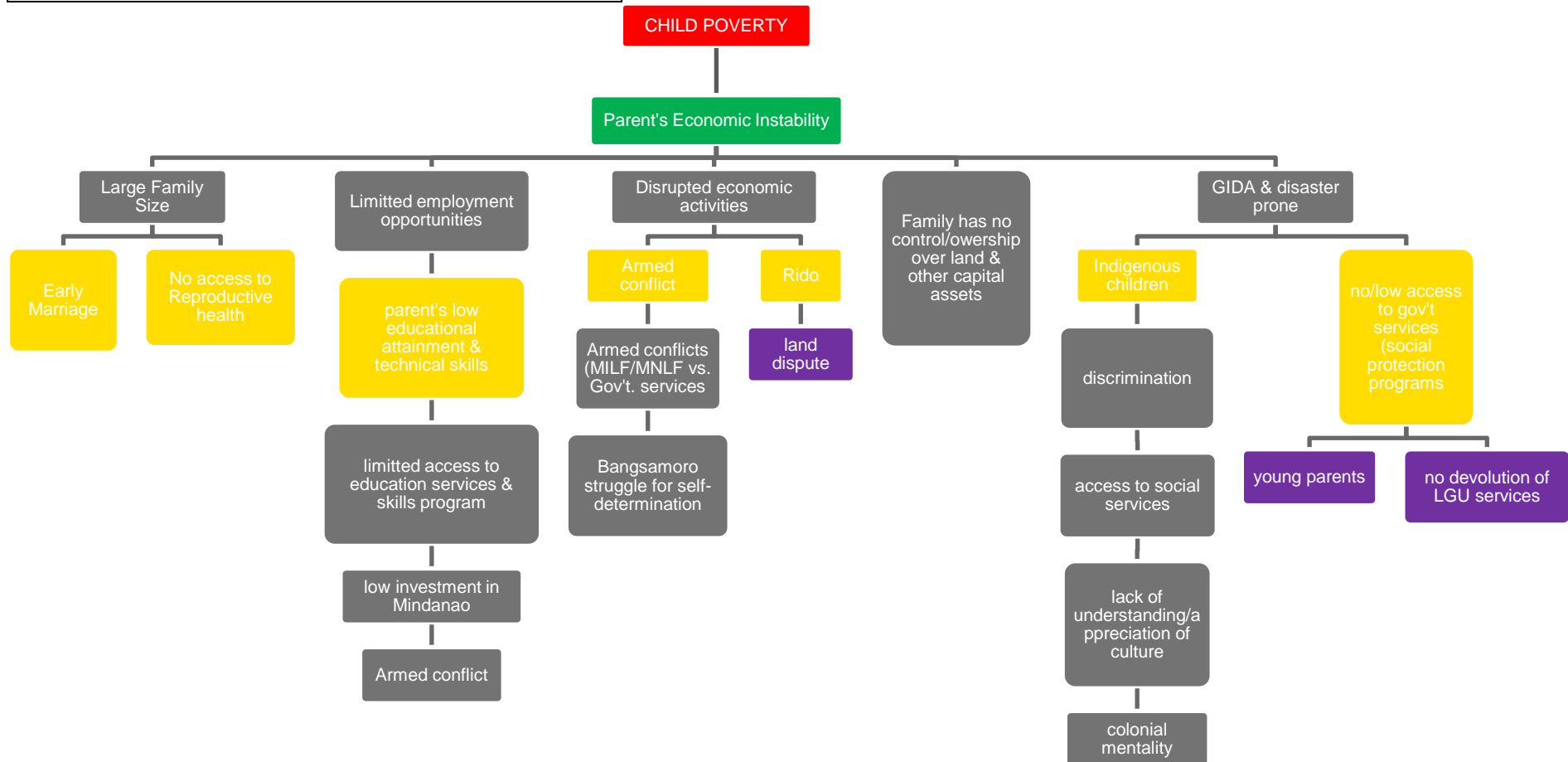
<sup>1464</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 80

<sup>1465</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 87

<sup>1466</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 90

<sup>1467</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 90

Table 9.10: Stakeholder causality map: Child poverty in ARMM



Existing data and research can help to elaborate some of the causes of poverty identified in the causality map above, and also suggest other underlying causes. As can be seen, causes are complex, nebulous and relate to a range of deprivations that have been identified throughout this report.

### 9.2.1. Conflict and exposure to natural disasters

As set out in Chapter 3, exposure to regular shocks and risks caused by conflicts, natural disaster and environmental poverty impacts negatively on poverty levels and entrenches inequality. While economic shocks resulting from natural disasters and conflict affect the poor and non-poor alike, poor families face greater difficulty recovering from shocks: ‘the already low earnings among the poor provide less opportunities for savings to prepare for income shocks related to natural disasters...the low skills and education often result in their inability to shift to other jobs that can provide them with a more predictable and stable income.’<sup>1468</sup>

In ARMM, conflict, in particular, has a strong and multi-dimensional association with poverty. It was noted above (section 3.2) that poverty is one factor that fuels continuing ongoing conflict in ARMM, entrenching conditions that cause disempowerment and breed discontentment and desperation among the population. This point was also illustrated by a key expert who was interviewed for this research:

It is easy for groups like IS to capitalize on feelings of anger; there is so much poverty around. It is a confluence of factors that makes it an enabling environment for terrorism to thrive...It’s a combination of many factors – most notably, political disempowerment, and an inability to provide welfare to constituents. There has been a long expression of dissatisfaction. Sometimes it pushes to the level of desperation, so it’s easy for groups like ISIS to recruit people.<sup>1469</sup>

However, poverty can also be seen as a *consequence* of conflict. It has been noted that poverty incidence in ARMM is highest among areas experiencing higher levels of conflict (which also tend to be the areas that have experienced the lowest levels of economic growth and human development).<sup>1470</sup> According to a literature review carried out in 2007 for the European Union, poverty is ‘compounded in major ways by the effects of conflict which go far beyond the initial impact of the fighting and concomitant destruction itself.’<sup>1471</sup> These effects include:

- Disruption of services and inability to travel and access basic services;
- Disruption of economic activity, including subsistence activity - this can also result in the collapse of local markets; and
- Displacement of populations, as set out above, which can disrupt livelihoods and subsistence activities.<sup>1472</sup>

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<sup>1468</sup> Ronald U. Mendoza, Rosechin Olfindo and Camille Regina Maala, ‘Spatial disparities and poverty: The case of three provinces in the Philippines’ (2017), p. 33.

<sup>1469</sup> Interview with Professor, Mindanao State University, Cotabato City, 20 June 2017

<sup>1470</sup> Asia Foundation, *The contested corners of Asia: Subnational conflict and international development assistance: The case of Mindanao, Philippines* (2013)

<sup>1471</sup> GRM, *Report to the delegation of the European Commission in the Philippines: A review of poverty in the conflict affected areas of Mindanao* (2007), p. 14.

<sup>1472</sup> GRM, *Report to the delegation of the European Commission in the Philippines: A review of poverty in the conflict affected areas of Mindanao* (2007), p. 14.

At the macroeconomic level, years of conflict in ARMM has slowed economic growth by creating a disincentive to investment and stunting and disrupting markets: according to a report by the Asian Development Bank, ‘criminal incidents have discouraged business investments and negatively affected the tourism industry.’<sup>1473</sup>

Conflict has also restricted access to education for children, leading to a cycle of deprivation and inability to escape poverty.

### 9.2.3. Limited economic growth

One of the main underlying reasons for the slow pace of poverty reduction in the Philippines (compared to other Asian countries) is the slow pace of economic growth at the national level, which has limited the extent of quality employment opportunities, especially in sectors in which large number of the poor work.<sup>1474</sup> While the economy has shown growth in recent years, this growth has been uneven and largely driven by the industrial and services sectors, and not the agriculture sector, which accounts for the majority of economic activity in ARMM, and where the majority of workers are poor.<sup>1475</sup> Inequality therefore persists, while economic growth is not diversified across all sectors.<sup>1476</sup>

Data indicate that economic growth has not corresponded with a reduction in poverty in the Philippines. Estimates on the ‘growth elasticity’ of poverty reduction at the national level (an indicator of whether economic growth has affected poverty positively) have found that economic growth has had little or even negative impact on poverty reduction in the Philippines.<sup>1477</sup> This might indicate that growth has not been inclusive and that there are segments of the population that are chronically poor.<sup>1478</sup>

#### **Poor quality job market**

Poor economic growth in ARMM, as in the Philippines more generally, has had a negative impact on the creation of economic opportunities. Nationally, economic growth has not kept up with the growth in the number of persons entering the labour force.<sup>1479</sup> As noted above, data indicate that unemployment rates are relatively low in ARMM; however, it appears that low quality economic opportunities limit livelihood opportunities for families.

A recent World Bank study<sup>1480</sup> noted the extent of ‘pervasive in-work poverty’ in the Philippines, indicating that it is the lack of *quality* jobs and the lack of access to quality employment opportunities for the poor that contributes to poverty: ‘economic growth has created enough jobs to absorb the

<sup>1473</sup> Asian Development Bank, *Mapping fragile and conflict-affected situations in Asia and the Pacific* (2016), p. 75.

<sup>1474</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 39

<sup>1475</sup> World Bank, *Philippines economic update*, April 2017, p. 18

<sup>1476</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 39

<sup>1477</sup> Balisacan and Pernia (2002), Balisacan and Hill (2007) and Habito (2009 in Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 40

<sup>1478</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 40

<sup>1479</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 43

<sup>1480</sup> Jan J. Rutkowski, ‘Employment and poverty in the Philippines’, *Philippines Social Protection Note*, No. 9, December 2015

increase in the working age population but has failed to improve job quality.’<sup>1481</sup> It found that poverty is caused by low earning capacity of the poor, behind which are the contributing underlying causes of low education of the poor, and the scarcity of quality, productive job opportunities. The poor tend to hold jobs that are informal, temporary or casual and low paid. The informality of these opportunities means that the poor are denied the protections of labour laws and regulations, including minimum wages and access to benefits, including social protection measures. Economic growth has therefore not led to growth in wages.<sup>1482</sup> A recent mapping report of social services in 18 municipalities in ARMM found that community members were concerned about the lack of quality job opportunities to match the education and skills of young people.<sup>1483</sup>

### **Episodes of food inflation**

High inflation has had an impact on poverty levels, reducing the positive impact of economic growth. Rising food prices affect the poorest the most, as they spend most of their income on food, increasing the severity of poverty,<sup>1484</sup> impeding their ability to lift themselves out of poverty. However, it should be noted that in recent years, the Philippines has enjoyed low inflation: the annual average inflation rate in 2016 was 1.8 per cent (compared with 5.5 per cent 10 years ago in 2005).<sup>1485</sup>

### **Failure to manage population growth**

As noted above, population growth remains rapid in ARMM, owing to a persistently high fertility rate. The high fertility rate can, in part, be attributed to restrictive laws, social norms and inefficient service delivery systems that create barriers on access to contraception (see Chapter 4, above). Family size is positively associated with poverty, as demonstrated above. Population growth also contributes to poverty through the rapid expansion of the labour force, contributing to unemployment and slowing per capita income growth.<sup>1486</sup>

### **Inequality**

High levels of inequality persist in the Philippines, notwithstanding a drop in the Gini coefficient calculated in 2015. While inequality appears to be significantly lower in ARMM, the gap in income of the poorest 40 per cent and richest 20 per cent is still quite high. Inequality slows the reduction of poverty through limiting the ability of the poor to move out of poverty. According to a World Bank report, a portion of the gains of economic growth accrue to the owners of capital – given the high levels of inequality in the Philippines, the gains in growth have gone to a ‘very small segment of the population.’<sup>1487</sup> Inequality can also impact on poverty indirectly through slowing economic growth, which in turn, negatively impacts on poverty reduction.<sup>1488</sup>

<sup>1481</sup> Jan J. Rutkowski, ‘Employment and poverty in the Philippines’, *Philippines Social Protection Note*, No. 9, December 2015, p. 3

<sup>1482</sup> Jan J. Rutkowski, ‘Employment and poverty in the Philippines’, *Philippines Social Protection Note*, No. 9, December 2015

<sup>1483</sup> Transitions International and UNICEF Philippines, *Mapping of services and opportunities for children and young people in Bangsamoro communities in Mindanao*, 2017 (unpublished draft)

<sup>1484</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 44; see also PDP, section 4-3

<sup>1485</sup> Central Bank of the Philippines (Bangko Sentral Ng Pilipinas), *Inflation rates, 1998 – 2016*, available at: [http://www.bsp.gov.ph/statistics/spei\\_new/tab34\\_inf.htm](http://www.bsp.gov.ph/statistics/spei_new/tab34_inf.htm)

<sup>1486</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 45; World Bank, *Philippines economic update*, April 2017, p. 18

<sup>1487</sup> World Bank, *Philippines economic update*, April 2017, p. 18

<sup>1488</sup> Felix Naschold, ‘Why inequality matters for poverty’, *Inequality Briefing Paper No. 2*, March 2002 (Overseas Development Institute), p. 1.



In ARMM, as in the Philippines generally, income inequality is compounded by inequitable distribution of land ownership. Studies have shown that a country's initial land distribution influences its economic growth and human development performance: a developing country with initial high land inequality can be expected to have lower long-term income growth and slower pace of poverty reduction than a country characterised by more equitable land distribution.<sup>1489</sup>

### **Limited access to land and other capital**

As examined above, one of the root causes of the enduring conflict in ARMM is the dispossession of land from Indigenous communities by migrant settlers under State law, which was not recognised by the Muslim communities that have their own land ownership systems and laws.<sup>1490</sup> This has led to 'land grabbing and a mass of landless poor'.<sup>1491</sup> There is currently a lack of clear policy on resolution of land ownership issues, leading to enduring disputes between families or clans, as well as between neighbouring local governments<sup>1492</sup>; this has resulted in a lack of access to land ownership among the population, limiting the capital available to persons from which to generate an income. This runs counter to SDG 1.4, which requires the Government to ensure that all men and women (particularly the poor and vulnerable) have equal rights to economic resources, including ownership and control over land and other forms of property.

### **Devolution and budget allocation**

Inequality between geographic areas is compounded by budgeting allocation systems from the National Governments to the LGUs, which results in wide variations in spending capacity among LGUs. LGU budgets rely heavily on internal revenue allocation,<sup>1493</sup> and this allocation is based on population and land area, as summarised in the table below.

**Table 9.11: Internal revenue allocation formula**

Allocation of IRA to LGUs			
Total share of national internal revenue taxes collected	Total share of the 40% by the various LGUs	Formula for total allotment for each LGU type	
STEP 1	STEP 2	STEP 3	
40%	23% to provinces	Population (50%)	= Actual IRA for each LGU
	23% to cities	+	
	34% to municipalities	Land area (25%)	
	20% to barangays	+ Equal share (25%)	

Source: Oxford Policy Management, *The integration of equity in sub-national PFM systems in the Philippines: Sub-national case study report: volume 1* (2017)

The formula does not consider horizontal imbalances between geographic areas, and is not needs-based (e.g. it is not based on poverty measurements). It has therefore 'potentially widened

<sup>1489</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 46

<sup>1490</sup> Asian Development Bank, *Mapping fragile and conflict-affected situations in Asia and the Pacific* (2016), p. 75.

<sup>1491</sup> Asian Development Bank, *Mapping fragile and conflict-affected situations in Asia and the Pacific* (2016), p. 75.

<sup>1492</sup> Asian Development Bank, *Mapping fragile and conflict-affected situations in Asia and the Pacific* (2016), p. 75.

<sup>1493</sup> Oxford Policy Management, *The integration of equity in sub-national PFM systems in the Philippines: Sub-national case study report: volume 1* (2017)

geographical disparities in levels of economic development'<sup>1494</sup> and may 'influence inequity in basic service delivery across the regions.'<sup>1495</sup> For instance, the formula, based on population size, favours cities and, given that poverty levels are highest in rural and less populous areas (which includes most of ARMM), this system creates uneven access to funding across the country to implement social welfare and other programmes, thereby entrenching uneven economic growth across the country. For example, it has been argued that the very small budget allocations given to regions with the highest concentrations of IPs has 'resulted in generally poorer living conditions and higher incidence of poverty in regions where IPs are found or concentrated.'<sup>1496</sup>

Moreover, 12 LGUs in ARMM do not receive any IRA funds, as they do not meet criteria of the Local Government Code 1991.<sup>1497</sup>

### **Insufficient and inequitable access to basic services**

As illustrated throughout this report, there are significant gaps in children's and families' access to basic services, including health, WASH, nutrition, education and social welfare services, and access to these services is uneven across ARMM and across different groups of children. This insufficient access is compounded by the enduring conflict in ARMM and by environmental disasters. Children from rural or remote areas, children with disabilities, children from Indigenous communities and LGBTI children experience additional barriers in accessing services. Insufficient access to services is a key cause of poverty and social exclusion in ARMM, which often has the effect of entrenching existing vulnerabilities and cycles of deprivation and poverty.

Insufficient access to basic services is underpinned by governance problems and weak institutions, characterised by corruption, low quality personnel and limited capacity to deliver services effectively.<sup>1498</sup>

### **9.3. Social protection system in ARMM**

Social protection encompasses many different types of systems and programmes, including social insurance programmes (e.g. contributory schemes to provide security against for risk, such as unemployment, illness, disability etc.); social assistance programmes (non-contributory measures such as regular cash transfers targeting vulnerable groups, such as persons living in poverty, persons with disabilities, the elderly or children); and social care services (child protection prevention and response services, detailed in Chapter 8). There has been a growing acceptance in recent times that social security, in particular, the provision of regular cash transfers to families living in and vulnerable to poverty should be a key component of a social protection system. Cash transfers provide

<sup>1494</sup> Manasan (2007) in Oxford Policy Management, *The integration of equity in sub-national PFM systems in the Philippines: Sub-national case study report: volume 1* (2017)

<sup>1495</sup> Oxford Policy Management, *The integration of equity in sub-national PFM systems in the Philippines: Sub-national case study report: volume 1* (2017)

<sup>1496</sup> Carino (2012) in UNICEF, *The situation of Indigenous children in ARMM: A participatory research with Indigenous Children and their communities in Mainland ARMM* (unpublished), p. 19.

<sup>1497</sup> Unson, J., The Philippine Star, *ARMM to subsidise 12 IRA-less towns*, 7 January 2014, available at: <https://www.philstar.com/nation/2014/01/07/1275808/armm-subsidize-12-ira-less-towns>

<sup>1498</sup> Ronald U. Mendoza, Rosechin Olfindo and Louise Camille R. Poco, 'Governance and institutions in the Philippines', Ateneo School of Government Working Paper Series, January 2017

households with additional income that enables them to invest in children’s wellbeing and human development.<sup>1499</sup>

### 9.3.1. National law and policy framework for social protection

Under the Constitution of the Philippines, the Government is required to ‘promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.’<sup>1500</sup>

In 1997, the Government passed the Social Reform and Alleviation of Poverty Act (RA No 8425), which institutionalized the Social Reform Agenda of the Government, and created the National Anti-Poverty Commission to serve as an advisory body in implementing the Social Reform Agenda. The Social Reform Agenda required the adoption of an ‘area-based and focused intervention to poverty alleviation wherein every poor Filipino family shall be empowered to meet its minimum basic needs of health, food, nutrition, water and environmental sanitation, income security, shelter and decent housing, peace and order, education and functional literacy, participation in governance, and family care and psycho-social integrity.’<sup>1501</sup> The Social Reform Agenda focused on the following priorities: access to quality basic services; asset reform and access to economic opportunities; sustainable development of productive resources; and democratizing the decision-making management processes, and codifies several sector-specific flagship programmes for farmers and landless rural workers, fisherfolk, IPs, informal sector workers, urban poor and members of other disadvantaged groups including women, children, youth, persons with disabilities, the elderly and victims of natural disasters.<sup>1502</sup>

In 2007, the Government adopted its first official definition and framework for social protection, under Resolution 1 of the National Economic Development Authority (NEDA)<sup>1503</sup> – Social Development Committee: social protection was defined as ‘policies and programmes that seek to reduce poverty and vulnerability to risks and enhance the social status and rights of the marginalized by promoting and protecting livelihoods and employment, protecting against hazards and sudden loss of income, and improving people’s capacity to manage risks.’ It set out a framework for social protection, defining four major components of social protection:

- **Social insurance Programmes** that seek to mitigate income risks by pooling resources and spreading risks across time and classes. Beneficiaries pay a premium over a period of time to cover or protect them from loss of income or unemployment as a result of illness, injury, disability, retrenchment, harvest failure, maternity, old age etc.
- **Social Welfare Programmes:** preventive and development interventions that seek to support the minimum basic requirements of the poor, particularly the poorest of the poor, and reduce risks associated with unemployment, resettlement, marginalization, illness, disability, old age

<sup>1499</sup> UNICEF, *Social Protection Strategic Framework* (2012)

<sup>1500</sup> Section 9, Constitution of the Philippines

<sup>1501</sup> Section 2, Social Reform and Alleviation of Poverty Act 1997 (RA 8425)

<sup>1502</sup> Section 4, Social Reform and Alleviation of Poverty Act 1997 (RA 8425)

<sup>1503</sup> The resolution was approved by the SDC - Cabinet Level composed of the National Economic and Development Authority (NEDA), Department of Labor and Employment (DOLE), Housing and Urban Development Coordinating Council (HUDCC), Department of Social Welfare and Development (DSWD), Department of Education (DepEd), Department of Health (DOH), Department of Interior and Local Government (DILG) and Department of Agriculture (DA).

and loss of family care. These programmes usually take the form of direct assistance via transfers in cash or in kind to poor or marginalized groups, as well as social services, including family and community support, alternative care and referral services.

- **Social Safety Nets:** stop-gap measures or urgent responses that address effects of economic shocks, disasters and calamities on specific vulnerable groups with the specific objective of providing relief and transition to specifically targeted groups. Measures may include emergency assistance, price subsidies, food programmes, employment programmes, retraining programmes and emergency loans
- **Labour market interventions:** measures aimed at enhancing employment opportunities (for instance, trade policies and skills development and training) and protecting the rights of workers (e.g. through labour standards such as minimum wages).

Following the outbreak of the global financial crisis, the Government issued two Administrative Orders (232 and 232-A) in 2008, which clustered social welfare programmes in a National Social Welfare Programme Cluster, which was headed by the Chair of the Social Security System and implemented by the DSWD. There was, reportedly, however, little information on how the cluster was to function, and some groups also questioned the President's appointment to the position of Social Security System Chair.<sup>1504</sup>

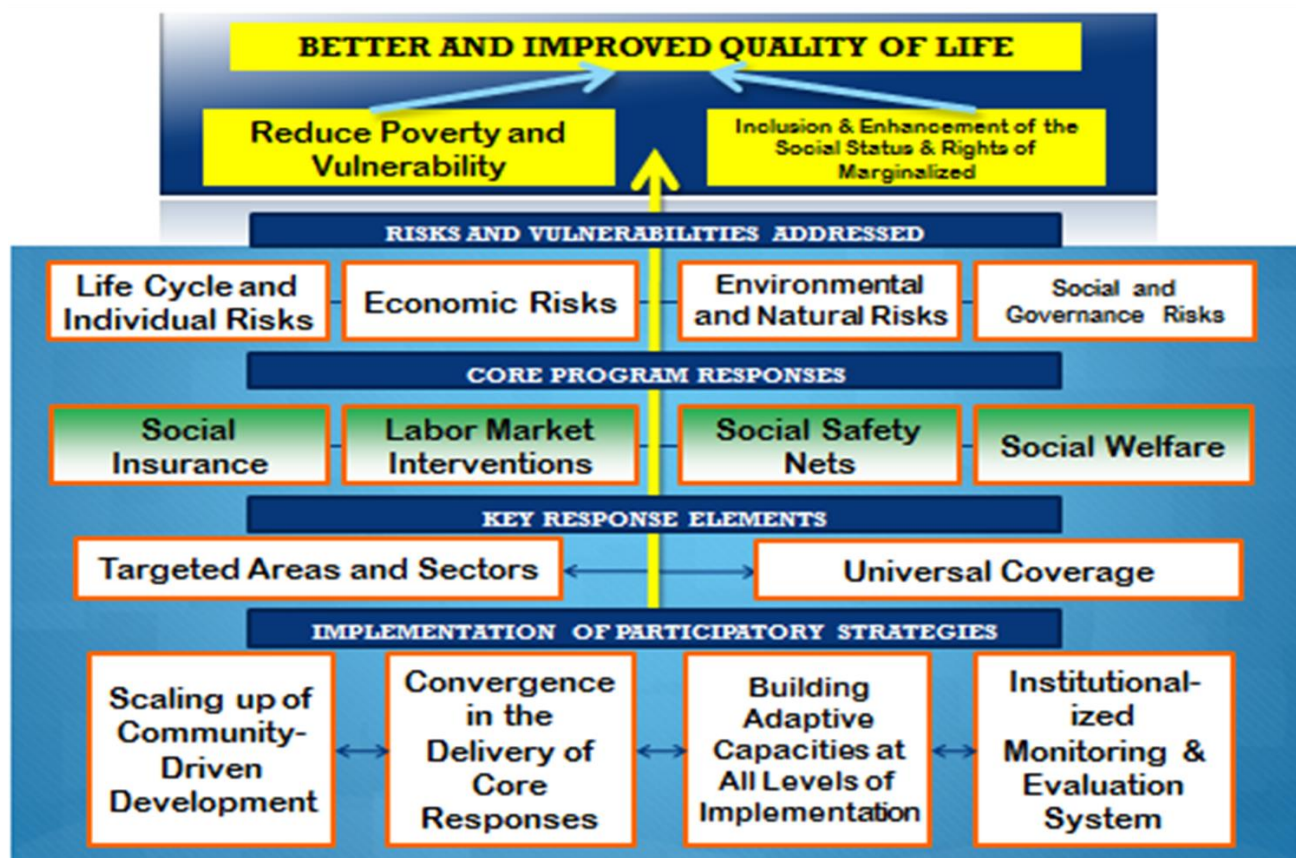
In 2009, the Cluster commissioned the Development Academy of the Philippines to conduct an assessment of social welfare and protection programs in the country ('Review and Strengthening of the National Social Protection and Welfare Program'). The study recommended that social welfare programs should be harmonized in order to avoid overlaps and improve targeting of areas and beneficiaries. It was also recommended that government should harmonize and coordinate poverty reduction in crafting interventions and strategies.

In response to these recommendations, in 2012 the Social Protection Operational Framework and Strategy was developed by a group of institutions, including NEDA, DSWD and others and approved by NEDA's Social Development Cluster. The aim of the Framework and Strategy and its accompanying Action Plan is to 'provide adequate social protection to the people in a coordinated, inclusive and effective manner.' The specific objectives of the Social Protection Operational Framework and Strategy are to: protect and prevent people from falling from their current income / consumption levels due to various risk factors; build capacity and adaptability to ensure that better quality of life is maintained and sustained; expand opportunities for income expansion and improve human capital investments in the long term; and sustain the standard of living in spite of exposure to risks of different types. The following diagram presents the aims, core response strategies and implementation strategies of the Social Protection Operational Framework and Strategy.

**Table 9.12: Social protection operational framework and strategy**

<sup>1504</sup> Jose Carlos Maningat, 'Social protection in aid of corporations? The Filipino workers' dilemma with social security', *Asia Round-Table on Social Protection, Social Protection Discussion Paper Series*, December 2015, p. 3.

**SOCIAL PROTECTION OPERATIONAL FRAMEWORK  
and STRATEGY  
(SDC Resolution no. 3, s. 2012)**



Source: Policy Development and Planning Division, DSWD, 'The Philippine Social Protection Framework and Strategy: An Overview', 5 June 2015, presentation to Area-Based Dialogue, Makati City

The Framework and Strategy promotes the harmonization of social protection measures through mandating all Government agencies to utilize a centralized targeting system (the DSWD's Household Targeting System for Poverty Reduction) and work together to ensure universal coverage for basic rights and services (basic education, health and nutrition, shelter, water and sanitation). It also aims to ensure the localization of converged social protection programmes through 'bottom up budgeting' (a process to increase the participation of the public in governance and budgeting at the local level) and the Comprehensive Integrated Delivery of Social Services Programme. However, the Framework uses a risk-based approach, according to which social protection is conceived as a tool to address risks and vulnerabilities arising from various sources. This may 'simplify poverty reduction into a form of risk management (risk prevention, mitigation and coping without addressing its root causes.'<sup>1505</sup>

Social protection is also explicitly included in the PDP, through its 'reducing inequality' pillar, which 'aims to build the socioeconomic resilience of individuals and families by reducing their vulnerability to various risks and disasters', through 'universal and transformative social protection for all

<sup>1505</sup> Jose Carlos Maningat, 'Social protection in aid of corporations? The Filipino workers' dilemma with social security', *Asia Round-Table on Social Protection, Social Protection Discussion Paper Series*, December 2015, p. 4.



Filipinos.’<sup>1506</sup>

In addition to these broad laws and policies, a range of other laws and regulations relate to various sector-specific social protection measures, for example the National Health Insurance Act of 1995 (discussed above in chapter 4) and the Social Security Law 1997 (RA No 8282), which sets out the benefits and entitlements of beneficiaries of the social insurance programme, and establishes the Social Security System (the corporate body) and Social Security Commission, which manage the social insurance scheme.

### 9.3.2. Regional law and policy framework for social protection

The provision of social welfare services is the responsibility of the ARG of ARMM. According to article XV of Republic Act 9054, the Regional Government in ARMM shall be responsible for the promotion of social justice, which includes: ‘the commitment to create social, political and economic opportunities based on freedom of initiative, resourcefulness and self-reliance’,<sup>1507</sup> and the Regional Assembly shall ‘consistent with the provisions of the Constitution and existing national laws, enact measures to provide and promote social services.’<sup>1508</sup>

As of 2013, devolution of power from national to local government units had occurred across 19 departments, including DSWD – the key institution in the implementation of social protection measures. Executive Order No. 125, issued in 2002, outlines further devolution of powers and functions, programs, and projects, but has, reportedly, not been fully implemented. EO 125 (and its amendment 125-A) sets out the devolution of locally funded programs and projects in ARMM, internationally funded Official Development Assistance (ODA)<sup>1509</sup> programs and projects intended for ARMM and all nationwide programmes with an ARMM component.

### 9.3.3. Key institutions and structures

At the national level, many Government and several private sector institutions are involved in implementing particular social protection measures. In addition, several multi-sector bodies have been established to coordinate the implementation of the Government’s responses to poverty and its social protection measures at the national level.

The Anti-Poverty Commission was established pursuant to the Social Reform and Poverty Alleviation Act 1997 (RA No 8425) in order to serve as the coordinating and advisory body for the implementation of the Government’s Social Reform Agenda.<sup>1510</sup> The mission of the Anti-Poverty Commission is ‘to undertake policy advocacy, oversee anti-poverty efforts, and ensure meaningful and inclusive people’s participation in governance and nationalist development.’<sup>1511</sup> It has a coordination role, and coordinates with national and local government agencies and the private sector to support the implementation of all social reform and poverty alleviation programmes, and policy development. It has a particular focus on 14 ‘basic sectors’: farmers and rural landless workers;

<sup>1506</sup> PDP, 11-9

<sup>1507</sup> Article XV, section 1, RA 9054

<sup>1508</sup> Article XV, section 2(a), RA 9054

<sup>1509</sup> OECD, “Official development assistance – definition and coverage”, undated, <http://www.oecd.org/dac/stats/officialdevelopmentassistancedefinitionandcoverage.htm> [21.7.17].

<sup>1510</sup> Section 5, Social Reform and Alleviation of Poverty Act 1997 (RA 8425)

<sup>1511</sup> National Anti-Poverty Commission, *Service charter*, available at: <http://www.napc.gov.ph/articles/service-charter>

artisanal fisherfolk; Indigenous Peoples and minority communities; informal sector workers; senior citizens; persons with disabilities; women; children; youth students' cooperatives; NGOs; and victims of calamities and disasters.<sup>1512</sup>

The Social Development Committee of NEDA has established a Subcommittee on Social Protection in 2009, which is co-chaired by NEDA and DSWD. It has a range of functions which are designed to support the implementation of the Social Protection Operational Framework and Strategy.

The regional service provider is the ARG, through its Regional Line Departments that have been devolved from the National Government. As set out above, these include socio-economic service agencies, in particular, the DSWD. However, it is noted that the flagship social protection programme targeting poor and vulnerable families with children – the Pantawid Pamilyang Pilipino Program (4Ps) programme – is managed and operationalised by DSWD at the national level, through regional and municipal DSWD offices.

Other regional structures include the Office of the Bangsamoro Youth Affairs and the Regional Commission on Bangsamoro Women, which coordinate policies and implement development and empowerment programmes for young people aged 18–30 years and women, respectively, by the Devolved Agencies.

In addition, ARMM HELPS (Health, Education, Livelihood, Peace and Governance Synergy) is a coordinating programme established by the Regional Government in 2014, focused on bringing together relevant line agencies to improve social service interventions at the barangay level, including through the improvement of coordination and enhanced integration in the delivery of services. This programme is complemented by the ARMM-BRIDGE (Bangsamoro Regional Inclusive Development for Growth and Empowerment) programme, which aims to strengthen local government and empower communities in ARMM through the development projects focused on the provision of shelter, light, water, food and livelihood initiatives.<sup>1513</sup>

The provision of social protection / welfare services is also the responsibility of local governments, as set out in the Local Government Code of 1991, which continues to apply in ARMM until the Regional Government adopts a policy on the devolution of powers to local government units.<sup>1514</sup> Different levels of Government Units (province, municipality and barangay) have different levels of responsibility for the delivery of social services. LGUs receive funding from the Internal Revenue Allotment from the national government to deliver social and other services, according to a formula based on land area and population.<sup>1515</sup>

### ***Social protection programmes and systems***

The beginnings of the current social protection system in the Philippines date back to the 1930s, when the Government Service Insurance System was established, replacing several existing pension schemes for Government employees. A similar pension scheme was later adopted for the private

<sup>1512</sup> National Anti-Poverty Commission, *Service charter*, available at: <http://www.napc.gov.ph/articles/service-charter>

<sup>1513</sup> Government of ARMM, Bureau of Public Information, ARMM introduces new program to address local governance and community empowerment, 16 January 2015, available at: <http://www.armm-info.com/2015/01/armm-introduces-new-program-to-address-local-governance-and-community-empowerment.html>

<sup>1514</sup> Article III, section 3, RA 9054

<sup>1515</sup> Section 284, RA 7160, Local Government Code of the Philippines, 1991

sector in the 1950s.<sup>1516</sup>

Since that time, and following the adoption of several laws and policies as set out above, a plethora of social protection programmes have been developed across the Philippines. The table below sets out the key programmes available in ARMM in each social protection pillar, according to a recent mapping of services in 18 municipalities across ARMM<sup>1517</sup> (it is not intended as an exhaustive list).

**Table 9.13: Illustrative list of social protection programmes**

	Description	Key programme(s)
<b>Social insurance</b>	Contributory risk mitigation strategies through pooling resources to spread risk through	The <b>Social Security System (SSS)</b> , and <b>Government Service Insurance System</b> for government employees, provides insurance for members and beneficiaries against old age, disability and death, and for women include sickness and maternity benefits. SSS covers employers, employer and self-employed as well as farmers, fisherfolk, agricultural workers non-working spouses and house helpers. <b>Philhealth</b> , the National Health Insurance Programme (discussed above in Chapter 4) provides a range of health benefits to beneficiaries, including inpatient care; maternity and new-born care; outpatient treatment for tuberculosis, rabies and leptospirosis; a benefit package covering certain cancers, cardiovascular surgeries, dialysis and kidney transplants; primary care benefits include screening for breast cancer and cervical cancer; and small medicines benefit. <sup>1518</sup> National Coverage reached 93 million (92 per cent) in 2015, 61 million of whom are the vulnerable (informal economy, indigent, sponsored and senior citizens). According to the ARMM RDP, 90.2 per cent of poor families were covered by PhilHealth in 2016. <sup>1519</sup>
<b>Social welfare</b>	Direct assistance to the poor through cash and in kind transfers	The Government's flagship social welfare programme is the <b>Pantawid Pamilyang Filipino Program (4Ps)</b> : a conditional cash transfer programme implemented by DSWD that is aimed at reaching the poorest households. It currently

<sup>1516</sup> Global Network, *Social protection in the Philippines: A case study on the country's social security model and conditional cash transfer program* (2010), p. 3.

<sup>1517</sup> Transitions International and UNICEF Philippines, *Mapping of services and opportunities for children and young people in Bangsamoro communities in Mindanao*, 2017 (unpublished draft)

<sup>1518</sup> Universal Health Coverage in the Philippines- Progress on Financial Protection Goals, Policy Research Working Paper 7258, World Bank Group, p 3

<sup>1519</sup> ARMM RDP, Chapter 11, p. 272.



		reaches 4.4 million households (see below).  The <b>Modified Cash Transfer Programme</b> provides cash transfers to the most vulnerable and excluded populations (e.g. IPs).  <b>PAMANA</b> is a peace building social welfare programme implemented by DSWD-ARMM, targeting ‘sons and daughters’ of MNLF and MILF.
<b>Social safety nets</b>	Risk-coping mechanisms to provide relief against economic shocks	The DSWD implements <b>cash-for-work</b> and <b>food-for-work</b> programmes; <b>food assistance</b> for victims of drought; and support to fire victims. Disaster relief assistance ( <b>cash transfers</b> ) is also provided through the 4Ps programme
<b>Labour market</b>	Measures aimed at improving employment opportunities and worker’s rights	A range of <b>skills development programmes</b> , and <b>cooperative livelihood programmes</b> are implemented by DOLE-ARMM, including the <b>sustainable livelihoods programme</b> .  The provision of <b>farming equipment</b> by LGUs.  DOLE-ARMM also offers a <b>special programme for employment of students</b> .

As suggested above, the Government’s **4Ps conditional cash transfer programme** is the flagship social protection measure designed specifically to provide protection to poor and vulnerable families and improve outcomes for children in these families. It is the only large-scale social protection programme that is specifically child-focused, with goals and targets aimed at improving outcomes for vulnerable children. The programme was extended following a pilot in 2007, and it now covers 4.4 million beneficiaries nationally; it is the third largest conditional cash transfer programme in the world.<sup>1520</sup> It covers all five provinces in ARMM, reaching 416,408 beneficiaries in ARMM as at 2016.<sup>1521</sup> It has also helped in enrolling 1,367,772 members in PhilHealth, with 2,792,110 dependents (as at 2015).<sup>1522</sup>

The programme is managed nationally by DSWD and involves the giving of direct cash transfers to poor households on the basis that certain conditions are met; conditions relate to the health, education and nutrition of the children of beneficiaries (0–18 year olds).<sup>1523</sup> In order to receive benefits under the Programme all conditions must be met by household beneficiaries.

<sup>1520</sup> World Bank, *The state of social safety nets* (2015); SWD, Official Gazette, Pantawid Pamilyang Pilipino Program, available at <http://www.officialgazette.gov.ph/programs/conditional-cash-transfer/>

<sup>1521</sup> ARMM Regional Development Plan 2017-2022, Chapter 11.

<sup>1522</sup> ARMM Regional Development Plan 2017-2022, Chapter 11.

<sup>1523</sup> DSWD, Official Gazette, Pantawid Pamilyang Pilipino Program, available at <http://www.officialgazette.gov.ph/programs/conditional-cash-transfer/>

The 4Ps has two types of cash grants that are given out to household-beneficiaries depending on the number of children and type of grant (education or health grant). Households can receive PHP500 per household per month for complying with health conditions, including availing of pre- and post-natal care; and ensuring children receive vaccines and health check-ups, and deworming pills (to a total of PHP6,000 every year), and an education grant of PHP300 per child enrolled in day care or elementary education and PHP500 a month per child enrolled in secondary education to a maximum of three child for 10 months of the year. The maximum total grant per household is PHP 2,000.<sup>1524</sup> The cash grants are distributed to the household-beneficiaries through bank payments or alternative payment schemes.<sup>1525</sup>

To be eligible for the programme, beneficiaries must live in a poor municipality, and be living below the poverty line; households must also have children and / or a pregnant woman.<sup>1526</sup> Beneficiaries of the 4Ps programme are selected through the National Household Targeting System for Poverty Reduction, which uses a range of indicators to identify who and where poor households are. The targeting system uses a proxy means test methodology to estimate the level of economic welfare of a household based on its socioeconomic and demographic characteristics. The Targeting System is implemented by DSWD and is used by several other government programmes to target the poor.<sup>1527</sup>

The programme is managed and implemented by an advisory Committee (under the DSWD) at the national level and through the 17 DSWD regional offices. It is supported on the ground by around 12,000 field facilitators (called municipal and city links), who work with participating households, which are organised into parent groups. LGUs have designated at least one full-time staff member to support the programme.<sup>1528</sup>

A two-wave evaluation of the 4Ps programme carried out by the World Bank in 2011<sup>1529</sup> and 2014<sup>1530</sup> using random control methodology found that the programme was reaching most of its key objectives. The evaluations found that, overall, the programme was meeting its objectives of keeping poor children in school by increasing enrolment among younger children (3–11 years) and increasing attendance among older children (6–17 year olds). However, the programme had not had a significant impact on increasing enrolment among older children aged 12–17 years. The programme was also found to be meeting its objectives of keeping poor children healthy, assisting in improving the long-term nutritional status of younger children (6–36 months), through enabling a more nutritious diet for families and helping to improve health-seeking behaviours among beneficiaries when children are ill. It also found that families who received the 4Ps programme spent more on

<sup>1524</sup> DSWD, Official Gazette, Pantawid Pamilyang Pilipino Program, available at <http://www.officialgazette.gov.ph/programs/conditional-cash-transfer/>

<sup>1525</sup> DSWD, Official Gazette, Pantawid Pamilyang Pilipino Program, available at <http://www.officialgazette.gov.ph/programs/conditional-cash-transfer/>

<sup>1526</sup> DSWD, Official Gazette, Pantawid Pamilyang Pilipino Program, available at <http://www.officialgazette.gov.ph/programs/conditional-cash-transfer/>

<sup>1527</sup> Luisa Fernandez, 'Design and implementation features of the National Household Targeting System in the Philippines', *Philippine Social Protection Note*, No. 5, June 2012, p. 1

<sup>1528</sup> Karin Schelzig, 'Social protection brief: The social protection support project in the Philippines', *ADB Briefs*, No. 38, July 2015, p. 2.

<sup>1529</sup> World Bank, *Philippines Conditional Cash Transfer Programme Impact Evaluation 2012* (2013)

<sup>1530</sup> World Bank, *Keeping children healthy and in school: Evaluating the Pantawid Pamilya using regression discontinuity design second wave impact evaluation results* (2014)

health and education than poor families who were not enrolled in the programme, and that beneficiary households spent less on goods such as alcohol.

However, it found that there was no impact in increasing full immunisation rates among children in beneficiary households. It also did not find an overall increase in per capita consumption among poor beneficiaries, though there was some evidence that poor beneficiary households were saving more. It was found that this could indicate a challenge in beneficiaries meeting and reporting on compliance with the programme's conditions, due to insufficient supply of relevant services and limited effective monitoring and reporting systems to verify compliance with the conditions (this is discussed below in the barriers and bottlenecks section).

Other programmes that have been introduced in the Philippines to increase social protection for children include a Modified Conditional Cash Transfer scheme which targets families most in need of special protection (street children, indigenous people, migrant families, families with children with disabilities, families with child labourers and those displaced by man-made or natural disasters); homeless street families and those with children under 14 whose income is below the provincial poverty threshold.<sup>1531</sup> There are also a number of programmes to support street children, street families and Bajau, children in armed conflict and CICL.<sup>1532</sup>

The Modified Conditional Cash Transfer Program for Indigenous People in Geographically Isolated and Disadvantaged Areas is a pilot programme designed to overcome some barriers among IPs in accessing the 4Ps scheme, for instance, targeting challenges and enrolment barriers compounded by geographic isolation. The Programme, run by DSWD, provides the same cash benefits as the 4Ps programme, provided that the same health and education conditionalities are met (the main modification is the replacement of the Family Development Sessions with Community and Family Development Sessions which non-beneficiary community members are able to join, to discuss issues facing Indigenous communities in addition to parenting and care giving). The MCCT provides additional support services based on assessments carried out by DSWD Community Facilitators to address health, education, sanitation, and livelihood needs (e.g. through the provision of goods for farming and cash for work programmes), along with capacity building training, and activities to promote the rights and self-determination of IPs.<sup>1533</sup> A recent qualitative assessment of the Programme found that beneficiaries were generally in favour of the programme and recognised its benefits, including *“the program’s contributions to the improvement of their life situation, the education of their children, as well as the recognition it gives to their traditions and beliefs.”*<sup>1534</sup> However, problems meeting the programmes conditions, caused by insufficient access to services in geographically isolated areas, continued to cause access barriers.<sup>1535</sup>

<sup>1531</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 87

<sup>1532</sup> Child Poverty in the Philippines, Philippines Statistical Authority and UNICEF p 88

<sup>1533</sup> Population Institute, College of Social Sciences and Philosophy, University of the Philippines, *Assessment of the Modified Conditional Cash Transfer Programme for Indigenous Peoples in Geographically Isolated and Disadvantaged Areas*, June 2017.

<sup>1534</sup> Population Institute, College of Social Sciences and Philosophy, University of the Philippines, *Assessment of the Modified Conditional Cash Transfer Programme for Indigenous Peoples in Geographically Isolated and Disadvantaged Areas*, June 2017.

<sup>1535</sup> Population Institute, College of Social Sciences and Philosophy, University of the Philippines, *Assessment of the Modified Conditional Cash Transfer Programme for Indigenous Peoples in Geographically Isolated and Disadvantaged Areas*, June 2017

## 9.4. Barriers and bottlenecks in the social protection system

### 9.4.1. Enabling environment

#### **Legal and policy framework**

The effective implementation of social protection requires a strong policy and legal framework that promotes and facilitates coordination between relevant government and private sector institutions and cohesion of different programmes and measures. In the Philippines, and in ARMM, social protection measures are delivered by a range of individual Government and private sector institutions according to their mandates, and individual measures tend to be underpinned by specific laws and policies. This lack of a joined-up and cohesive policy and legal framework has led to very limited coordination in the implementation of social protection programmes.

While some steps have been undertaken to create a cohesive and coordinated framework for social protection (e.g. ARMM-HELPS), as set out above, challenges remain.

One notable gap in the legal framework is that the 4Ps programme – the Government’s flagship social welfare programme for the poorest families – does not have legislative footing. This makes the programme more vulnerable to being scaled back or ended by unsupportive political influences – this is particularly significant given the historic opposition to the CCT programme, based on the belief that it is effectively a ‘dole out’ (though it is noted that political and public support for the 4Ps programme has increased over its life time).<sup>1536</sup> Without a basis in law, the programme could be significantly altered or scaled back without the political debates and processes that are necessary to pass an amendment to law. It is noted, however, that a Bill was put before Parliament in 2015 that is designed to enshrine the 4Ps programme in law.<sup>1537</sup> Although, it is noted that the continuation and development of the 4Ps programme is contained in the PDP, which places it on the Government’s agenda for the next five years.

#### **Governance and coordination**

The lack of a cohesive, joined up law and policy framework for social protection at the national and regional and local levels has led to ‘a lack of...institutionalised coordination, with several departments undertaking uncoordinated and sometimes ineffective programmes.’<sup>1538</sup> Horizontal coordination between different Government sectors appears to be a challenge. According to NEDA, in 2011 at the national level, ‘there were so many uncoordinated and overlapping poverty-reduction-related programs, reflecting the lack of coordinative mechanisms among various agencies.’<sup>1539</sup>

The limited horizontal coordination between different agencies filters down to the local level – for example, it has been noted that the 4Ps programme’s conditionality requirements have caused difficulties for families in accessing the required benefits. According to an Asian Development Bank publication, ‘there are challenges in ensuring enough schools, full immunisation and deworming and

<sup>1536</sup> Aniceto C. Orbeta Jr and Vincente B. Paqueo, ‘Pantawid Pamilyang Pilipino Programme: boon or bane?’ in Vincente B. Paqueo, Aniceto C. Orbeta Jr. and Gilberto M. Llanto, Philippine Institute of Development Studies, *Unintended consequences: The folly of uncritical thinking* (2017).

<sup>1537</sup> *Pantawid Pamilyang Pilipino Program Act of 2015*, filed on 16 September 2015, 16<sup>th</sup> Congress, by Recto, Ralph G.

<sup>1538</sup> Karin Schelzig, ‘Social protection brief: The social protection support project in the Philippines’, *ADB Briefs*, No. 38, July 2015, p. 1.

<sup>1539</sup> Celia M. Reyes and Aubrey D. Tabuga, Philippine Institute for Development Studies, ‘The Conditional Cash Transfer Programme in the Philippines: Is it reaching the extremely poor?’ in *PIDS Discussion Paper Series No. 2012-42* (2012).

pre—and post-natal care and delivery health facilities. Some of these challenges are related to the supply of educational and health facilities...This calls for more active coordination with the Departments of Education and Health.<sup>1540</sup>

According to a report by the Philippine Institute for Development Studies, the inability to put in place adequate education and health services to ensure that households could meet the conditionality requirements of the 4Ps programme has undermined its implementation. The 4Ps programme was scaled up during a time when expansion of these services was underway, and delayed by ‘the rigid institutional structure and weak procurement system’.<sup>1541</sup> A key informant interviewed for this study illustrated the impacts of insufficient coordination and absence of a synchronised approach between different Government sectors on the implementation of the 4Ps programme: the programme will not be effective where quality social services (education, health) do not exist or are not accessible to potential beneficiaries.

*“The CCT won’t make any difference if you don’t have the health staff there to give the medical attention. It’s really dependent on synchronization and funding across the agencies, and this is not always in place.”<sup>1542</sup>*

The implementation of other social welfare programmes is impacted by the devolved structure of governance in the Philippines (this is in contrast to the 4Ps programme, which is operated at the national level). According to this structure, social welfare services are implemented at the local (LGU) level, and there is insufficient monitoring of LGU’s performance in implementing social protection (and other social welfare) measures, and very limited coordination between LGUs.<sup>1543</sup>

This appears to have led to insufficient coordination between ARG and local governments.<sup>1544</sup> According to research carried out by Asia Foundation, ‘in practice, there are no permanent inter-governmental links or indeed roles between the ARG and the LGUs in the non-devolved offices [on social welfare et al]. Coordination and support are on a case by case basis.’<sup>1545</sup> This lack of coordination impacts negatively on the ability of the ARG and LGUs to develop an effective social protection system and ensure the full implementation of social protection measures.

In addition, governance challenges at the local level appear to hamper the delivery of social protection measures. According to a recent literature review, weak institutions with limited capacity and problems with governance – including corruption and political instability – undermine the ability of LGUs to deliver services effectively.<sup>1546</sup> This was consistent with a data collected through key informant interviews in ARMM, in which corruption (e.g. withholding of benefits under the 4Ps

<sup>1540</sup> Karin Schelzig, ‘Social protection brief: The social protection support project in the Philippines’, *ADB Briefs*, No. 38, July 2015, p. 3.

<sup>1541</sup> Celia M. Reyes and Aubrey D. Tabuga, Philippine Institute for Development Studies, ‘The Conditional Cash Transfer Programme in the Philippines: Is it reaching the extremely poor?’ in *PIDS Discussion Paper Series No. 2012-42* (2012).

<sup>1542</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

<sup>1543</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

<sup>1544</sup> Transitions International, *Mapping of services and opportunities for children and young people in Bangsamoro communities in Mindanao* (2017) (draft)

<sup>1545</sup> Asia Foundation, *Rapid field appraisal of decentralisation: ARMM* (2011), available at <http://asiafoundation.org/resources/pdfs/16ARMM.pdf>

<sup>1546</sup> Ronald U. Mendoza, Rosechin Olfindo and Louise Camille R. Poco, ‘Governance and institutions in the Philippines’, Ateneo School of Government Working Paper Series, January 2017

programme), self-service in order to sustain political dynasties and political appointments were mentioned. These governance challenges appear to have led to limited capacity to deliver social protection services on the ground.

### **Budgeting and finance**

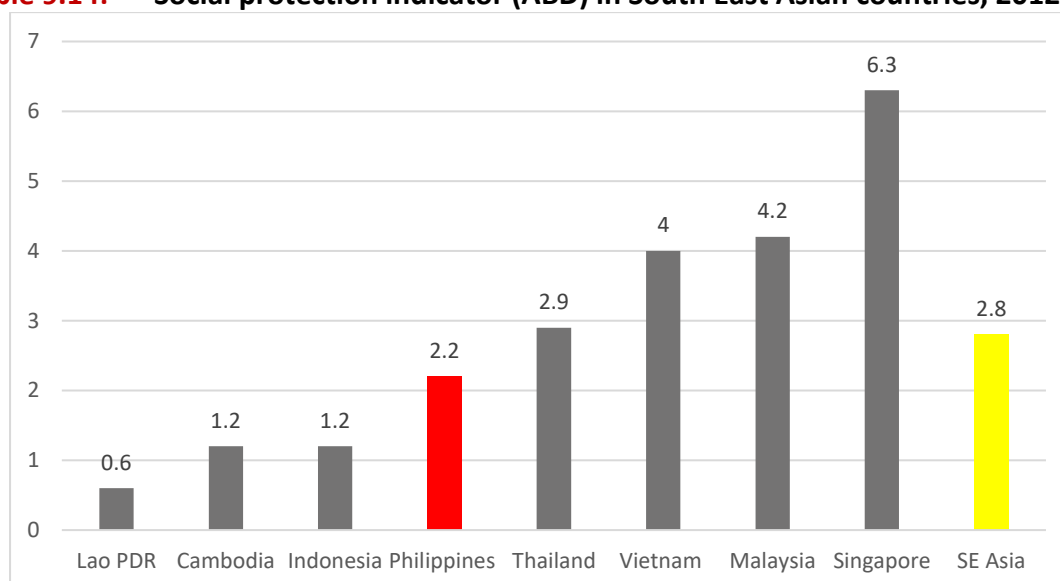
Budgeting for social protection is largely dependent on allocation at the national level, as LGUs are heavily reliant on internal revenue allocation, and also because the largest social protection programme targeting the poor is managed and funded at the national level. While the national Government budget for social protection has expanded in recent years mainly as a result of the expansion of the 4Ps programme and health care for the poor, it is still below the regional average. According to the ILO's World Social Protection Report in 2014/15, the Philippines spent just under four per cent of its GDP on social protection, which was up from 2.9 per cent in 2009 (the majority of this was spent on healthcare and social protection for elderly persons). This is less than half of the regional average (Asia), which was seven per cent of GDP and was well below the OECD average of 21 per cent.<sup>1547</sup> In 2015, the World Bank reported that only 0.57 per cent of GDP in the Philippines was spent on social welfare programmes (programmes targeting the poor), and 0.4 per cent of this was attributed to the 4Ps programme.<sup>1548</sup>

The Asian Development Bank's Social Protection Indicator, which is a measurement of social protection spending and recipients (calculated by dividing the total expenditure on social protection by the total potential beneficiaries of social protection and comparing this with GDP per capita), found (in 2012) that the Philippines ranked fairly low in terms of the coverage and depth of social protection, as illustrated in the table below. The Philippines had a Social Protection Indicator of 2.2, which was below that calculated for the South-East Asia region (2.8).

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<sup>1547</sup> OECD, *A decade of social protection development in selected Asian countries* (2017), p. 55.

<sup>1548</sup> World Bank, *The state of social safety nets* (2015)

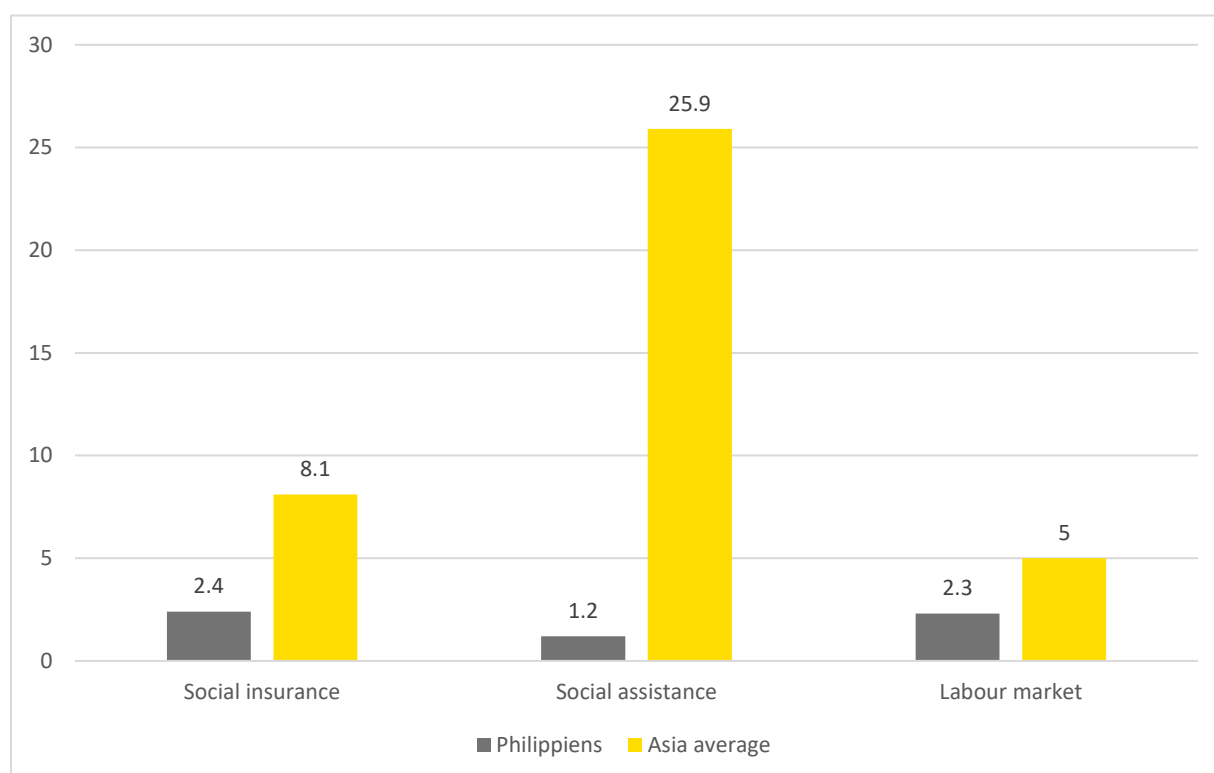
**Table 9.14: Social protection indicator (ABD) in South East Asian countries, 2012**

Source: Asian Development Bank, *The social protection indicator: assessing results for Asia (2016)*

This indicates that funding for social protection is still lacking and lagging behind regional averages, despite increases in recent years.

It appears that the limited spending on social protection has impacted heavily on the depth (i.e. average benefits received by actual beneficiaries). As indicated in the table below, the depth of benefits in the Philippines is considerably below the regional average for Asia particularly in terms of social welfare measures (which are programmes aimed at the poor and vulnerable). This indicates that the level of benefits received by beneficiaries may not be sufficient to ensure that they are lifted out of poverty.



**Table 9.15: Depth social protection indicator (ADB) by type of programme, 2012**

Source: Asian Development Bank, *The social protection indicator: assessing results for Asia (2016)*

The level of benefits received by recipients of the 4Ps programme has been questioned for being possibly too low. The amount of the cash grant received has not changed since the start of the programme in 2008, and so has not been adjusted for inflation. The cash grant was calculated with reference to the distance of the poor from the basic needs poverty line. When the programme began, the amount of the grant was about 20 per cent of the poverty line, but, allowing for inflation, it is now worth less – around 15 per cent of the poverty line.<sup>1549</sup> This likely limits the impact of the programme in responding effectively to poverty, and limits the ability of families to increase consumption (as was found in the evaluations mentioned above) or be cushioned against shocks (though, according to the evaluations mentioned above, the programme had led to families in some areas being able to save).

### **Gaps in data and data utilisation**

Gaps in availability of data and limited use of data continues to pose a challenge to the effective design of policies and targeting of resources to address poverty. Lack of data on the non-income dimensions of poverty has been noted, partly as a result of limited horizontal systems of information flow between different Government institutions; this is a particular issue for the design and implementation of cross-sector / integrated programmes.<sup>1550</sup>

<sup>1549</sup> NEDA, *Socio-economic report (2015)*, p. 58.

<sup>1550</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities (2009)*, p. 14



The problem is, normally we just look at income deprivation – not other aspects of deprivation: housing, access to social services etc. In terms of deprivations, there are different studies of different line agencies, but nothing bringing it together.<sup>1551</sup>

A recent report by Asian Development Bank highlighted limitations and challenges in vertical and horizontal information flows that limit the ability for the Government to use data to inform programme and policy development: ‘in the current state of information flows, the local government units often do not use statistics generated by the national agencies; they either fail to collect data from their constituents or the data collected are unreliable.’<sup>1552</sup>

Poverty is a multi-sector issue, and limited harmonisation and sharing of data between Government agencies is also a key barrier to ensuring a complete understanding of poverty and deprivation, and to effective evidence-based policy development and programming.

Insufficient disaggregated data that highlights the equity dimensions of poverty is also a gap in ARMM and at the national level. As noted above, there is very limited data on poverty among particularly marginalised groups, including persons with a disability, IPs, urban poor etc. This limits the understanding of poverty and experiences of deprivation among already marginalised groups and impairs the ability to target effective policy and programming interventions that respond to their needs.

#### 9.4.2. Supply-side barriers and bottlenecks

##### **Human resources**

A shortage of human resources at the local level also appears to have impeded the delivery of social protection services to families and communities. The 4Ps programme, along with several other social welfare programmes, are implemented by DSWD and through LGUs (though as noted, the 4Ps programme is operationalised at the national level). This has led to uneven delivery of social welfare services at the local level, due to insufficient monitoring of implementation of programmes at the local level and the low resources and capacity of LGU staff in some areas.<sup>1553</sup>

There is a shortage of social workers in LGUs, and limited capacity and skills at the local level, as illustrated by two key informants from the DSWD who were interviewed as part of this report:

The LGUs– they are inadequate. Even the people who are working, you will go to one LGU who only have on social welfare officer doing everything from womb to tomb. You would even see local social welfare offices headed by non-social workers, because of political favours and nepotism.<sup>1554</sup>

The 4Ps programme has also faced challenges due to limited staff at the local level to implement the programme. As noted above, there is one Municipal or City Link officer at LGU level (a social welfare officer or nurse), and they are required to manage 800 households on average, and this number can go up to 1,200 households. This creates considerable difficulty in ensuring that compliance with the programme’s conditions are monitored effectively, and in carrying out necessary case work

<sup>1551</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

<sup>1552</sup> Asian Development Bank, *Poverty in the Philippines: Causes, constraints, opportunities* (2009), p. 14

<sup>1553</sup> Interview with representatives of Protective Services Bureau and Standards Bureau, DSWD, 16 June 2017, Manila

<sup>1554</sup> Interview with representatives of Protective Services Bureau and Standards Bureau, DSWD, 16 June 2017, Manila

(coordination, carrying out family development sessions etc.).<sup>1555</sup> According to a key informant interview, the Government is imposing a benchmark that the 4Ps programme is unable to go over eight per cent of expenditure on operational costs; therefore while more staff are needed to ensure that it is implemented properly, DSWD are unable to recruit any more as the operational costs of the programme are already at eight per cent.<sup>1556</sup>

The interviews with key informants illuminated the barriers caused by insufficient personnel and properly qualified staff with capacity to effectively deliver social welfare programmes. Limited human resources can be attributed to budgetary constraints, but are also due to the reluctance of qualified social service personnel to be posted to conflict-affected areas in ARMM.<sup>1557</sup>

Political appointments of personnel also appear to be a problem, which limits the capacity of institutions to deliver services: “It’s political. When someone has a seat [in local government], they will employ their relatives. It’s not based on the ability of the person – people getting positions are all related, they are not the most capable. It’s engrained in the culture.”<sup>1558</sup>

### 9.4.3. Operational issues

Operational issues have also impacted on the effective implementation of social protection measures. The targeting of social protection measures to the poorest and most vulnerable is impeded by an insufficiently effective system, or, where it is utilised, challenges in the Household Targeting System methodology. The Household Targeting System, developed primarily to support the 4Ps programme, has been heralded as an effective and objective system for identifying those most in need of social protection measures.<sup>1559</sup> However, it uses a series of proxy indicators in order to carrying out means testing (e.g. household consumption, education of household members, housing conditions etc.). The test assumes that a beneficiary is living in a dwelling, as the calculations are based, in part, on the condition of the house etc. This has led to the exclusion of homeless persons and many IPs, as illustrated by a key informant:

*“The proxy means test requires a house. E.g. it’s calculated on the basis of what materials your house is made from etc. So, this excludes homeless persons and many IPs – they were not initially included in the programme as they can’t provide answers to questions about their housing.”<sup>1560</sup>*

These challenges led to the development of the Modified Conditional Cash Transfer Programme which specifically targets the most vulnerable members of society that may be excluded from the 4Ps programme (homeless, IPs etc.).

There have also been challenges in ensuring compliance with the programme’s conditions. The compliance data relies on other institutions – schools, health facilities – having the capacity and

<sup>1555</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

<sup>1556</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

<sup>1557</sup> Interview with representative of Non-Violence for Peace NGO, Cotabato City, DATE

<sup>1558</sup> Interview with representative of UNICEF, Cotabato Field Office, Cotabato City, 21 June 2017

<sup>1559</sup> Luisa Fernandez, ‘Design and implementation features of the National Household Targeting System in the Philippines’, *Philippine Social Protection Note*, No. 5, June 2012, p. 1

<sup>1560</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

motivation to monitor compliance of programme beneficiaries. This can be difficult to achieve in practice, as illustrated by a key informant:

Part of the (compliance) reporting relies on school data. So, there should be 85 per cent attendance of children at school for parents to receive the CCT, so if I'm the teacher, I should be reporting good compliance, but there are a lot of absentee teachers. So, there is not a lot of monitoring of compliance.<sup>1561</sup>

#### 9.4.4. Demand side barriers and bottlenecks

##### **Geographic isolation**

Children and families in geographically isolated areas experience barriers to enrolment in social protection programmes and in meeting conditions of the 4Ps and MCCT programmes (as set out above). According to a recent assessment of the MCCT for IPs, one of the reasons families were not able to access the MCCT was that their household was *"too far away to be visited by the listing team,"* which enrol beneficiaries onto the programme.<sup>1562</sup> Physical barriers also resulted in delays and lack of regularity in beneficiaries receiving cash payments: *"getting to the pay-out venue from their places of residence involves major effort on their part because of the distance and the terrain."*<sup>1563</sup>

##### **Access, coverage and equity issues**

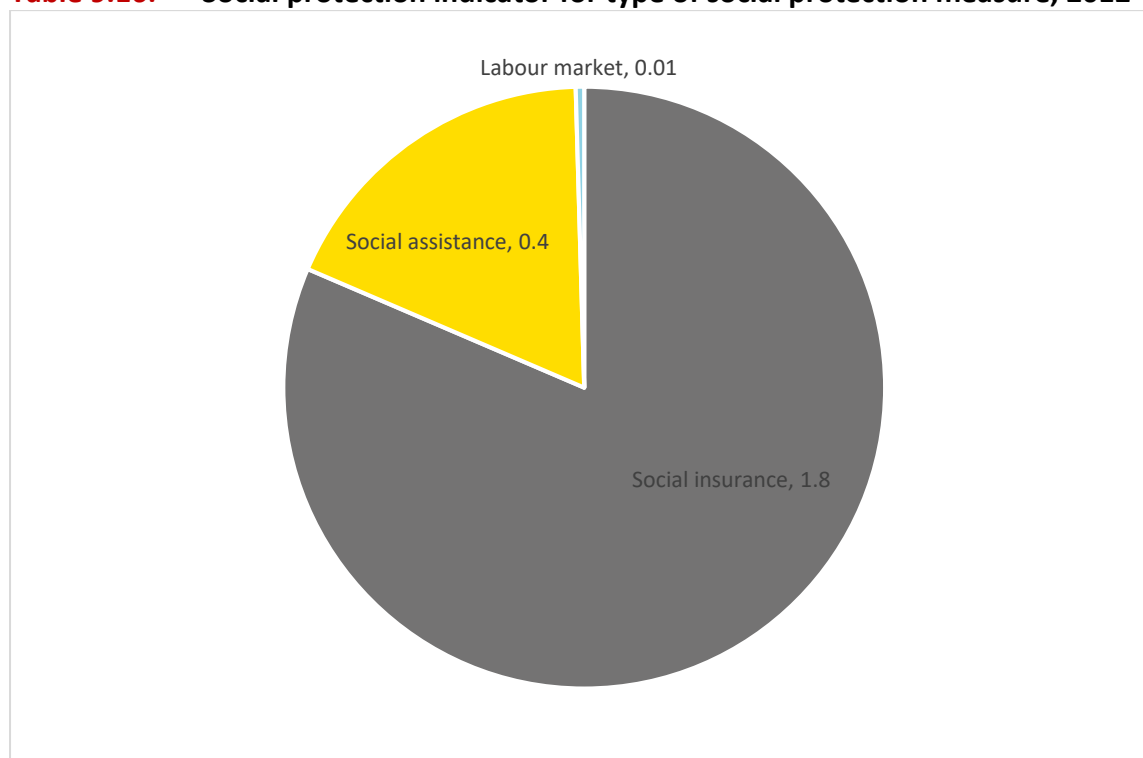
Overall, social protection in the Philippines benefits the non-poor (though this may change with the expansion of the 4Ps programme). According to the ABD's social protection indicator, the expenditure and coverage of social protection is mainly attributed to social insurance measures, which are largely limited to the non-poor (primarily consisting of contributory schemes for formal sector workers).

As illustrated in the Table below, social insurance measures accounted for 1.8 of the total social protection indicator – far greater than social assistance (0.4) and labour market programmes (0.01) in 2012.

<sup>1561</sup> Interview with Social Policy Team, UNICEF Philippines, Manila, 13 June 2017.

<sup>1562</sup> Population Institute, College of Social Sciences and Philosophy, University of the Philippines, *Assessment of the Modified Conditional Cash Transfer Programme for Indigenous Peoples in Geographically Isolated and Disadvantaged Areas*, June 2017.

<sup>1563</sup> Population Institute, College of Social Sciences and Philosophy, University of the Philippines, *Assessment of the Modified Conditional Cash Transfer Programme for Indigenous Peoples in Geographically Isolated and Disadvantaged Areas*, June 2017.

**Table 9.16: Social protection indicator for type of social protection measure, 2012**

Source: Asian Development Bank, *The social protection indicator: assessing results for Asia (2016)*

Social insurance covers around 34 per cent of the population, though informal sector workers (many of whom are poor) and IPs have very limited access to these programmes.<sup>1564</sup> Also, social insurance measures benefit more men than women: the ADB Social Protection Indicator for men is higher than it is for women (1.3 compared to 1.0).<sup>1565</sup> As examined above, women have less access to formal employment opportunities, and are therefore less likely to be enrolled in social insurance schemes.<sup>1566</sup>

It also appears that the poor are not the main recipients of social protection measures. The ADB Social Protection Indicator shows that social protection measures benefit the non-poor more than the poor (the Social Protection Indicator for non-poor was 3.7 and for the poor was only 0.5, based on data from 2012).<sup>1567</sup> It was also reported by the World Bank in 2015 that only 35 per cent of the poorest quintile received any social safety net transfer.<sup>1568</sup>

Particularly marginalised groups of persons in ARMM appear to have limited access to social protection and social welfare services. A recent mapping of services in 18 municipalities across ARMM found that persons in conflict-affected areas appear to have limited access to social welfare measures. Indigenous Persons, as set out above, also appear to have limited access to social welfare measures, including the 4Ps programme, owing to administrative difficulties (e.g. documentary requirements), discrimination and misappropriation of resources: 'While some indigenous peoples

<sup>1564</sup> ILO Regional Office for Asia and the Pacific, *Social protection in Asia: Philippines, 2015*, p. 1

<sup>1565</sup> Asian Development Bank, *The social protection indicator: assessing results for Asia (2016)*, p. 116

<sup>1566</sup> See also Asian Development Bank, *The social protection indicator: assessing results for Asia (2016)*

<sup>1567</sup> Asian Development Bank, *The social protection indicator: assessing results for Asia (2016)*, p. 115

<sup>1568</sup> World Bank, *The state of social safety nets (2015)*

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are included in this program [4Ps], testimonies from indigenous communities and organizations reveal that the process in getting financial assistance is too tedious, requiring documents that indigenous peoples usually don't have or can't acquire and entailing additional expenses for the family. There are also cases of discrimination against indigenous peoples and misappropriation of financial assistance.<sup>1569</sup>

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<sup>1569</sup> TEBTEBBA, *Philippines country report in preparation for the World Conference on Indigenous Peoples*, November 2012, available at: [http://www.piplinks.org/philippine-country-report-preparation-world-conference-indigenous-peoples-\(wqip\).html](http://www.piplinks.org/philippine-country-report-preparation-world-conference-indigenous-peoples-(wqip).html)

## 10. Conclusions and implications for policy and practice

This report has highlighted significant gaps in the respect, protection and fulfilment of children's rights in ARMM. Despite concerted efforts by the ARMM Government to create laws and policies to promote children's rights across the outcome sectors, this report has identified areas in which progress towards the achievement of international development goals is slow, has stalled or even reversed, and has shown that the situation for children in ARMM often lags behind that of children in the Philippines nationally. There is no doubt, in this regard, that the ongoing armed conflict and unrest in ARMM presents a complex and unique challenge to the realization of children's rights across all sectors. Though it is not surprising that the peace and security situation plays such a central role in the gaps and shortcomings in the realization of children's rights in ARMM, this report captures to extent to which the impact of the situation permeates across all rights in all areas of the region (see box 10.1, below). In addition, the limited economic growth and entrenched and rising poverty in ARMM compound and contribute to these challenges, weakening the enabling environment for implementation of government and community-based systems to ensure the fulfilment of children's rights and placing barriers and bottlenecks in the way of improved outcomes for children.

The implementation of children's rights in ARMM is also affected heavily by overwhelming limitations on resources and services, including a particular scarcity in the most rural or remote areas, which contributes to considerable challenges, and leads to failure to meet international development targets across almost all indicators and outcome areas. Unfortunately, due to insufficiently disaggregated data (e.g. by geographic location, rural/urban region, gender, ethnicity, religion, disability, sexuality, or other criteria - a shortcoming in itself), it has not always been possible to develop and present a complete picture of whether and how different children with different needs and vulnerabilities enjoy, or experience gaps in access to services; though it is clear that children in rural locations, displaced children, children from Indigenous communities, children with disabilities and children living in poverty face additional challenges in accessing their rights. These inequities, highlighted throughout the report, and particularly in Chapter 9, Child Poverty, Inequality and Social Inclusion, must be addressed to ensure that ARMM meets international development targets and standards and improves the situation of its children.

This report has identified a number of barriers and bottlenecks to the full protection and fulfilment of the rights of children in ARMM. These issues appear to have a wide-ranging and cross-cutting impact across all key sectors that impact on children (health, nutrition, WASH, education, child protection and child justice and social protection), impeding the ability of laws, policies and programmatic efforts to achieve progress and sustainable change for children.

The report's key findings have important implications for policy and practice, which are set out below under the relevant findings, and could be used to inform and guide future policy and planning relating to children in ARMM, including the development of more concrete and specific recommendations for action. In order to ensure that the implications drawn from the study's findings are relevant and responsive to context in ARMM, researchers sought inputs from groups of key experts and stakeholders during validation workshops that took place in Manila in August 2017. The implications drawn out below represent a convergence of the authors' own analysis, and inputs from these groups of key stakeholders and experts.

**Box 10.1: Cross cutting issues impacting on children's rights**

As mentioned above, long-running conflicts and exposure to natural disasters present huge challenges in the fulfilment of children's rights in ARMM.

***Conflict***

The peace and security situation in ARMM plays a dramatic role in shaping the realization of children's rights in ARMM, leading to numerous gaps and challenges in the implementation of laws and policies, and in the way that children and their families are able to access their rights. The ongoing conflicts within the region have resulted in grave violations against children, including their recruitment and abduction for use in the armed conflict, killings, maiming and sexual violence, while also causing untold stress and trauma for children and their families as they face the disruption of extensive displacement, and the continued threat of violence and unrest. This report has identified that the ongoing conflict situation has led to slowed growth and development in ARMM, limiting economic opportunities, creating difficulties in the delivery of social services including education, WASH, health, child protection and social protection and poverty alleviation services, and fuelling high levels of poverty and deprivation. The impact of conflict upon governance in ARMM is considerable: government agencies must channel resources and efforts towards protection of civilians, emergency response and rebuilding of damaged infrastructure. The impact on children and families is no less severe: children are at direct and indirect risk of injury and death as health, nutrition and WASH services are affected, they have reduced access to education and do not have access to a protective environment. These factors may draw children and young people into involvement in the conflict, while preventing or hindering access to basic services to support enjoyment of their rights.

***Disaster risks***

The ARMM region is highly vulnerable to disasters, particularly in the form of extreme weather events such as typhoons, the risk and impact of which are likely to get worse with climate change. A key finding of this report is that climate change and disaster risks have a considerable impact across all sectors in relation to the realisation of children's rights in ARMM, due to the damage and disruption they cause to infrastructure and government services, and the challenges in planning for effective service delivery, including the reallocation of services and infrastructure for emergency relief, but also due to displacement, stress and lack of security. Although this report has identified that ARMM has a strong legal and policy framework for Disaster Risk Reduction and Management, the report noted limitations in the capacity to mainstream DRRM across all sectors and to support implementation of DRRM from the regional level.

**10.1. Enabling environment**

A strong enabling environment includes a comprehensive law and policy framework; the provision and adequate financing of services for children; social-cultural norms that are supportive of children's rights; and the availability and use of a solid evidence base. Effective data collection and reporting systems are essential to enable planning and targeting of resources for children and families, for promoting children's rights and for improving outcomes for all children. This report identified a number of gaps in the existence of an enabling environment for children in ARMM, as set out below.

### 10.1.1. Gaps in law and policy frameworks

The Philippines, nationally, is renowned for having a legislative framework that is both comprehensive, and supportive of children's rights. This report has identified that the ARMM region has taken positive steps to establish a legal and policy framework for the region that is likewise comprehensive and detailed, but has noted several important gaps in the framework at present:

- Corporal punishment is not prohibited in ARMM at present and the criminal laws, which are applicable across Philippines, do not criminalise or prohibit the practice;
- In relation to criminal laws, which are not devolved to the region, criminal responsibility for rape may be expunged if a perpetrator subsequently marries the victim;
- There have been attempts recently to lower the minimum age of criminal responsibility in the Philippines, which would affect administration of child justice in ARMM;
- The 4Ps programme – the Government's flagship social welfare programme for the poorest families in the Philippines and in ARMM does not have a basis in law.

While acknowledging a legal and policy framework that is generally detailed, the report identified that the key barriers and bottlenecks in the protection and fulfilment of children's rights in ARMM tend to stem from the *implementation* of laws and policies, rather than from gaps in the laws and policies themselves.

One of the main concerns in relation to the enabling environment in ARMM appears to be created by the somewhat complicated devolution (or non-devolution) of authority and responsibility to and within the ARMM region. Governance and coordination gaps are set out in more detail below in section 10.1.2, and contribute to gaps that exist in the implementation of laws and policies across all sectors including, in education, that curricula are not always contextualized as per national policy due to capacity constraints, and, in violence against women and girls, that a 'weak' local structure for implementation leads to low compliance with the law. In other areas, including child justice, there is simply a lack of data in relation to implementation, particularly of child-friendly practices.

#### ➤ **Implications for policy and practice (law and policy frameworks)**

- There is a need to review and amend criminal laws to ensure that they provide comprehensive protection against all forms of violence against children and that they provide equal protection to boys and girls.
- As the ARMM Regional Government continues to strengthen the regional legal and policy framework, a robust review / assessment system should be developed to ensure that all new laws and policies are child-sensitive, responsive to the gender dimensions of children's issues and sensitive to the needs of particularly vulnerable groups of children – this system should include avenues for meaningful child and youth participation.
- There is a need to build capacity and improve planning at the stage of formulating laws and policies relating to children: financial planning, allocating necessary resources, ensuring structures are in place, including proper accountability mechanisms, effective monitoring systems and the provision of training for those who will be responsible for delivery of the new policy or law etc.
- Despite the presence of the Magna Carta for Children, MMA No 162 (2003), there is a need to develop a comprehensive law and policy framework setting out the child protection system, and ensuring a move away from an issue-specific and fragmented approach to child protection.



- A legal review should be carried out to ensure that there are no barriers to children's and adolescent's independent access to services, and that law recognizes the evolving capacities of children and their ability to consent to receiving services and interventions.

### 10.1.2. Governance and coordination challenges

Strong institutions, good governance practices and robust frameworks for cooperation at all levels are essential in ensuring that laws and policies are implemented effectively and that they are translated into improved outcomes for children. Unfortunately, weak institutions, limited cooperation and poor governance were found to be key bottlenecks to the fulfilment of children's rights across all sectors in ARMM, and this was, in part, caused by incomplete and inconsistent devolution of powers and institutions from the national government to the ARG, and limited clarity on the relationship between the ARG and LGUs in ARMM. These challenges are compounded by the delays in passing the Bangsamoro Basic Law. The report found that delivery of basic services to children is hampered by poor governance, with risks of corruption, misallocation of resources, political instability, and uncoordinated government agencies some of the key governance challenges alongside a core difficulty linked to limited clarity or understanding over devolution.

In particular, the devolution of powers from national government to ARMM in specific areas appears to have led to confusion over mandates and responsibilities among the different levels of government within the region, creating a core structural bottleneck in relation to delivery of services and programs. This challenge appears most acute in areas that are devolved to LGUs (including health, WASH, child protection and social welfare), and especially where regional line agencies / departments are budget holders for implementation of services and programmes at the local level (child protection and services). Misunderstandings about devolution of power were thought to cause particular problems in health service delivery, while limited clarity over roles and responsibilities appear to be of concern across all sectors.

The governance structure in ARMM, including the complexities of devolution of power and financial control are reported to act as a barrier. For instance, the fact that majors are elected for three year terms, and may only be re-elected twice may discourage them from taking a long term view of the needs and interests of their community.<sup>1570</sup>

#### ➤ **Implications for policy and practice (governance and coordination challenges)**

- As proposed by the ARMM Regional Development Plan 2017-2022, it is recommended to develop a multi-sector roadmap for children to address concerns over capacity, coordination and implementation,<sup>1571</sup> which would also set out clear governance routes, authority and responsibilities.
- There is a need, in particular, to clarify the relationship between the ARG and LGUs in ARMM in the implementation of laws, policies and programmes concerning children.
- It is necessary to improve coordinated working between different government agencies on issues and programmes relating to children. In particular, there is a need to complete a review of the multiple oversight and coordinating bodies relating to children and children's issues, and to streamline and harmonise multi-sector work across all areas. It would be helpful to ensure that the regional oversight body for issues relating to children – the Regional Sub-

<sup>1570</sup> KII with civil society representative, ARMM, June 2017.

<sup>1571</sup> ARMM Regional Government, Regional Development Plan 2017-2022, p. 260.

Committee for the Welfare of Children – is sufficiently resourced and empowered to encourage effective, cooperative working among the different Government agencies and sectors in issues relating to children.

- There is a need for the ARG (and, where relevant, national) line agencies to provide the necessary support and capacity development to ensure that all LGUs are able to implement government laws, policies and programmes targeting children and families effectively. In order to achieve this, it is necessary to ensure that ARMM-DILG and the relevant line agencies in ARMM have the mandate, power and resources to support LGUs in implementing laws, policies and programmes for children and families.
- There is a need to improve oversight and accountability mechanisms for LGUs to ensure that there are strong incentives for delivering effective, quality services for children and families and for achieving key targets in outcomes for children. Targets could be linked to the SDGs.
- Improved transparency and accountability mechanisms are also necessary to ensure sound and efficient public finance management, and ensure the appropriate, efficient and effective use of resources toward improving outcomes for children.
- The ARG could advocate for changes to be made to the national Inland Revenue Allocation formula so that it is focused on need, in order to help reduce disparities in resources across LGUs and to help reduce inequalities in outcomes for children.

### 10.1.3. Budgeting and finance

A well-resourced social services sector and efficient public finance management systems are essential to the implementation of laws, policies and programmes aimed at fulfilling children’s rights in ARMM. Unfortunately, the report found that social sector financing in ARMM is fragmented, often with insufficient government investment and support at the local level, and that there are high levels of inequity, making this a core bottleneck to the fulfilment of children’s rights in the region.

#### ***Budget for social services for children and families***

A fundamental barrier to fulfilling children’s rights and ensuring good outcomes for children is the inadequate financing allocated to essential services – e.g. health service and social welfare / social protection measures, which are below regional averages. Internal Revenue Allocations to local governments, on which they rely heavily, is determined not on a needs basis, but according to land mass and population size. This has compounded regional inequalities and limited the funding available for smaller and less populated LGUs.

There have also been challenges in utilising social sector allocations due to strict procurement rules and centralised procurement systems, which are slow. This has resulted in the failure to ensure the supply of essential services (schools, school supplies, WASH supplies and infrastructure, health facilities and supplies and social welfare and child protection services), and inadequate responses to emergencies.

#### ➤ ***Implications for policy and practice (budgeting and finance)***

- There is a need to increase public spending, including spending by the national government where necessary, or the regional government where devolved, in the social sectors (particularly health, nutrition, WASH, child protection and social protection) to ensure that quality services are available to meet demand.
- It is suggested that a ‘child budget’ be presented at the regional, provincial, municipal and local levels to ensure transparency and improve accountability for public spending on

services and programmes for children and families. Alternatively, it is suggested that social audits of budgets be carried out by independent bodies.

- There is a need to build capacity and skills at all levels of government for improved public finance management and planning.
- There is a need to improve oversight and accountability mechanisms of public spending by LGUs, and to clarify oversight responsibilities of the ARG vis-a-vis the LGUs in ARMM.
- It is suggested that the ARG advocate for a robust review of the Procurement Law be carried out at the national level, and recommendations made for reform to improve efficiency of public finance systems, while retaining transparency and anti-corruption safeguards. It is suggested that special procurement rules be adapted to ensure that procurement challenges do not undermine the ability for relevant agencies to respond swiftly in the event of emergencies, and that consideration be given to ways in which procurement could be simplified at all levels within the region.

#### 10.1.4. Data limitations and ineffective use of data

Strong, effective data collection and monitoring systems, and the systematic, effective analysis and use of data gathered by these systems is essential in ensuring government priorities and planning are well informed, that policies and programmes are designed and targeted effectively, and that priorities, plans, policies and programmes are monitored and respond to changing requirements.

The report identified clear limitations in the availability and use of data, which pose a challenge to the effective design of policies and targeting of resources. The report also identified limitations and challenges in vertical and horizontal information flows that limit the ability for the ARMM Government to use data to inform programme and policy development, as well as insufficient monitoring and evaluation of programmes, leading to inefficient targeting of resources and a culture of failing to utilise the data that do exist.

Where administrative data are gathered by departments, they do not always provide a comprehensive, reliable picture, either due to known gaps in data collection methods, for instances in the health sector, where mortality is not always recorded, or where births frequently take place outside of health centres, or in education, where challenges over 'ghost students', irregular application of learner reference numbering and non-registration of most Madrasa schools and private institutions casts doubt over enrolment, retention and achievement figures. In the health sector, national and local information systems are poorly integrated and weakly governed, leading to data gaps, redundancies and duplications. Data on health care provision and quality in the private sector are generally lacking, a significant data gap given the relative size of the Philippines' private health care market. Data on children in the child protection and justice systems are also inadequate, with significant gaps, likely leading to poor case management and limited information on which to design effectively targeted policies.

Across all sectors, there is insufficient disaggregated data in particular on the situation of vulnerable children, including children with disabilities, IPs and children living in informal urban settlements in particular. In relation to children with disability, not only is there limited data but the data that is available often conflates disability and illness making it difficult to identify the true situation of children with disabilities.

#### ➤ *Implications for policy and practice (data collection and use)*

- There is a need to carry out a holistic assessment of data collection systems in ARMM in order to identify how to better ensure horizontal and vertical integration of systems and identify gaps in data relating to children – this assessment should include consideration of the extent to which current systems capture data relating to particularly marginalised or vulnerable groups of children`
- It is important to ensure that a plan for addressing challenges in data collection and management is developed, and that an adequate budget is available to implement the plan.
- It is important to improve accountability and oversight mechanisms for data collection and reporting, particularly at the local level – incentives or sanctions could be attached to data submission requirements and advocacy materials should be developed to explain the value and importance of data to planning and performance at all levels of government.
- It is important to ensure that issues relating to particularly vulnerable groups of children are captured in survey and administrative data.
- There is a need to mandate an agency to have responsibility for managing and oversight of data collection relating to children.
- There is a need to improve freedom of information and open data access.

#### 10.1.5. Socio-cultural behaviours and practices

Social and cultural behaviours and practices can support or impede the realisation of children’s rights. The report identified a number of ways in which social-cultural behaviours and practices have created a barrier to the realization of children’s rights in ARMM, either directly or indirectly. In terms of violence, societal acceptance of corporal punishment supports physical violence against children in the home and societal attitudes and behaviours that place women in a subordinate position to men can fuel violence against women and children. Stigmatisation in relation to sexual violence, caused by social and cultural practices and attitudes, can lead to under-reporting and limited access to justice for victims, while social practices confining women to child rearing and domestic roles, can also limit equal access to the formal job market and impede their ability to escape poverty and economic dependence. Social norms relating to gender roles and expectations have a negative impact on educational outcomes for boys, while social understanding of child development leads to later access for children to ECCD services.

In addition, socio-religious norms that stigmatise sexual activity amongst young unmarried people have a restrictive impact on access to family planning services, by suppressing demand amongst adolescents and leading service providers to deny access. Further, social norms around sanitation led to challenges in effecting social behavioural change around the use of toilets and sanitary facilities, leading to hygiene and health concerns. Awareness of the impact that religious norms can play in supporting children’s rights appears high in ARMM, and explains a number of fatwas that have been issued in recent years in order to promote children’s rights, including, for example, in relation to breastfeeding and access to contraception.

#### ➤ ***Implications for policy and practice (socio-cultural norms and practices)***

- It is important that policies and programmes be developed or strengthened to focus on addressing socio-cultural norms and practices that impede the full realisation of children’s rights, while taking into account the need for contextualization to the local context.

- The role and impact of social and religious norms and practices on children's rights and outcomes needs to be better understood: it is important that research be carried out examining these norms and practices and drawing out lessons on how to address norms and practices that impair the realisation of children's rights.

## **10.2. Insufficient supply of services to meet basic needs**

The supply of quality services for children and families, including education, health, WASH, child protection and social welfare and protection services, is essential in ensuring that the ARMM Government meets its obligations to fulfil the range of children's rights. In ARMM, however, insufficient spending on social services, including health, nutrition, social welfare, child protection, education and WASH has led to gaps in the of supply of essential services for children, especially in rural and remote areas and for those affected by conflict. Inadequate supply of human and other resources has led to a failure to ensure basic services for children are delivered. The supply of services is hampered in most sectors by the fragmentation problems stemming from the devolved governance structure and insufficient vertical integration in service delivery.

### **10.2.1. Human resources, supplies and infrastructure**

A shortage of human and other resources, including, for instance, insufficient social workers or limited services such as no accredited rehabilitation centre for children impedes the delivery of social protection and child protection services to families and communities. Insufficient properly qualified staff has also caused a barrier to the realisation of children's rights in the health and education sectors in particular. Political appointments and nepotism, along with a reluctance of personnel to work in remote and / or conflict-affected areas, has limited the supply of quality staff that is essential to the delivery of services, including health, education and social welfare / protection services.

The report found that gaps in regional government spending on services, such as health, social welfare, child protection, education and WASH have led to an insufficient supply of quality essential inputs for services for children, especially in rural and remote areas, leading regional line agencies / departments to refer children out of ARMM to receive basic services, in some case (child protection). Inadequate supply of human and other resources has also resulted in challenges in ensuring that basic services for children are delivered. Concerns in relation to supplies and infrastructure are particularly acute, including, for instance, in the education system where there is an insufficient number of classrooms, high student to teacher ratios and high dropout rates. In the health sector, ARMM was reported to experience a more acute level of health worker shortage than urbanised regions such as NCR and Central Luzon in Philippines.

### **10.2.2. Inequalities and disparities**

The availability of quality social services varies considerably across the region and services do not always meet the needs of particular groups of children: children with disabilities; Indigenous children; street-connected children; and working children, causing them to miss out on receiving services, entrenching their marginalisation and deprivation, though disaggregated data in relation to such vulnerable and marginalized groups are often insufficient.

While the Philippines in general has enjoyed a period of strong economic growth, it is clear that this growth has not been inclusive, and that it has not lifted the most vulnerable and deprived out of poverty. Entrenched poverty in ARMM has delayed its ability to fulfil children's rights and meet relevant development targets. Children living in poverty are less likely to have access to quality education, health care and good nutrition, and are more likely to be in hazardous work due to limited income and limited social protection services to provide a safety net against economic shocks.

Health-related barriers due to remoteness were found to be higher in ARMM than in any other region of the Philippines, particularly in relation to island communities from which those needing medical attention face considerable travel-related barriers. Those living in remote and rural areas are also disadvantaged in relation to WASH, being least likely to have access to improved water sources, and, in particular, being least likely to have access to improved sanitation and to use options other than open defecation. Women and girls, too, suffer inequities in relation to poor WASH services, due to their need for additional services during menstruation. There are also many barriers to children with disabilities accessing education including cost of transport, insufficient accessible facilities and social stigma. This results in the majority of children with disabilities not attending formal education in ARMM.

➤ ***Implications for policy and practice (supply side barriers)***

- There is a need to carry out an ARMM-wide review of human resource gaps / shortages in the delivery of services to children, possibly creating a strong incentives system to attract and retain skilled workers to less 'desirable' areas.
- There is a need, in particular, to carry out a review of the standards on social workers to population ratios in ARMM and develop a plan to ensure full coverage of social workers across the region. Consideration should also be given to the development of specialist social workers for the delivery of child protection, child justice and social welfare services.
- There is a need to consider how integrated packages of services could be developed / enhanced for specific groups of children: children with disabilities; adolescents; and Indigenous children.
- There is a need to develop specialist positions in all sectors for the delivery of services to children; there is also a need to improve training and skills among service providers for working with children, and to sensitise professionals on gender and working with marginalised groups of children.

### **10.3. Demand-side barriers**

While a supply of social services is essential to fulfilling children's rights, it is also important to ensure demand exists for these services and to facilitate this demand where possible. Parents, families, and communities need to be aware of the importance of children accessing and using services – education, health, nutrition, WASH, child protection and social welfare services – and need to know how to do so. Barriers to accessing services, including cost, physical barriers and social and cultural beliefs or practices, should be addressed in order to facilitate and encourage this access. The report found a range of barriers across ARMM that restrict demand for essential social services for children and families.



### 10.3.1. Financial barriers

Financial barriers were found to have restricted access to some services. Healthcare costs appear to play a significant role in suppressing demand for basic health care services, including through 'informal payments' or 'donations' made for subsidised public facilities and extensive out of pocket payments. Food insecurity faced by a large number of families in ARMM is a significant barrier to adequate nutrition, with such food insecurity exacerbated by financial burdens and access constraints and with household wealth a main predictor of malnutrition in children. Resource barriers have also impeded access to improved WASH and access to the education system.

### 10.3.2. Awareness and knowledge

Insufficient knowledge or awareness among caregivers and community members has created a barrier to the full realisation of children's rights and improved outcomes for children. For instance, limited knowledge of vaccinations and other health-related practices, limited understanding of how to report abuse, limited understanding of good nutrition and infant feeding practices, and limited understanding of health issues and sexual health have all contributed to limiting demand for essential services in ARMM.

### 10.3.3. Practices and beliefs

Social and religious norms play an important role in determining the level to which children in ARMM have access to their rights across all sectors. For example, as was noted earlier, socio-religious norms that stigmatise sexual activity amongst young (unmarried) people were found to have a significant restrictive impact on access to family planning services, by suppressing demand amongst adolescents and leading service providers to deny access. Stigma associated with violence, in particular sexual violence, has resulted in under-reporting and limited demand for justice and social services. At the same time, low figures in relation to children in contact with the law may reflect a tendency towards informal justice practices, which may not be child friendly and may focus on community harmony and cohesion, rather than the child's best interests or rights. Social norms relating to gender roles have also limited access to education for boys. Social beliefs and practices around WASH and sanitation in particular have led to reluctance by families to prioritise and engage in improved sanitation practices, for example.

### 10.3.4. Physical access barriers

The geographical make-up of ARMM as a region with remote areas and a large number of islands makes delivery of public services to children and families challenging. The report noted concerns over insufficient transport infrastructure to get children to health facilities, schools, police and social welfare services in some areas and limited facilities and services in other areas. Physical access barriers particularly affect Indigenous children; many of whom live in geographically isolated areas. Children and families in geographically isolated areas experience barriers to enrolment in social protection programmes and in meeting conditions of such programmes, often because they simply cannot reach the locations required of them

#### ➤ **Implications for policy and practice (demand-side barriers)**

- There is a need to ensure that relevant government policies and programmes focus adequate attention on demand-side barriers to the realization of children's rights.
- There is a need to develop and implement an integrated communications plan to raise awareness and sensitize communities to violence against children and encourage reporting.
- Platforms for community engagement for adolescents should be strengthened.

- Rights education and comprehensive sexuality education in schools should be developed / strengthened and integrated into the curriculum in ARMM.
- The private sector should be engaged to promote key messaging on children's rights and to support the development of beliefs and practices that support children's rights.
- There is a need to engage religious leaders in behaviour change strategies (e.g. through working with religious leaders to encourage the issuance of fatwas – Islamic edicts – to support children's rights).
- There is a need to ensure that policies and programmes relating to children have a gender perspective and inclusion lens.
- An assessment of community based and informal justice processes should be conducted, to ensure that CIJL whose cases are dealt with informally have their rights and best interests safeguarded.

#### **10.4. Barriers to the provision of *quality* programmes and services**

It is important that key social services for children and families are of good quality; quality should be constantly benchmarked and reviewed in a transparent manner. Across the board, limitations on data collection systems and, in particular, an apparent insufficiency of effective M&E systems has limited the data available to review quality of services in ARMM. However, the report suggests that quality is a key bottleneck to the realisation of children's rights and improved outcomes for children in all areas, including, in particular, in education, but also in health, nutrition, WASH, child protection and social protection. Effective monitoring is essential to realization of children's rights and the absence of a functioning monitoring and evaluation system can act as a key barrier in all sectors.

##### ➤ ***Implications for policy and practice (quality)***

- There is a need to ensure that monitoring, evaluation and reporting systems are embedded into policy development and service delivery and to assess results regularly.
- Improved oversight of service delivery by the ARG is needed along with incentives to meet quality standards.
- There is a need to improve accreditation process and guidelines and compliance with quality standards for key services.
- There is a need for the strengthening of child and youth participation to ensure that laws, policies and programmes are of good quality and responsive to their needs.