

ABND in the Philippines:

Sector-wise meeting of child rights stakeholders

5 June 2015

Validation of the ABND matrix

The ABND matrix was discussed at sector-wise meetings, to obtain inputs on policy gaps, implementation issues and recommendations specific to that sector. The first of such meetings was led by the National Economic Development Authority (NEDA) and the United Nations Children's Fund (UNICEF) for child rights stakeholders. The output of the group discussions has been presented in the subsequent pages.

Group 1

Main points of interest

The definition of SPF 2, i.e. "income security for children", should be changed to "access to nutrition, education and care for children".

Scheme	Gaps and Issues	Recommendations and Agreements	Discussion Points
PhilHealth	<p>POLICY:</p> <ul style="list-style-type: none">Professional fees for accessing Psychological services (psycho-social services) for children and families from PhilHealth; assessment of psychological disorders, family therapy for	<ul style="list-style-type: none">Develop benefit package for mental health, psycho-social services)	

	violent behaviour, drug rehabilitation, etc.)		
	<ul style="list-style-type: none"> Babies of teen adolescents are not covered by PhilHealth because they cannot be considered dependents of the PhilHealth member (noting that Point-of-care enrolment is still in pilot-stage and not yet a regular program) 	<ul style="list-style-type: none"> Make Point-of-care enrolment universal for adolescent mothers 	
	<ul style="list-style-type: none"> Review PhilHealth coverage for Kasambahay 	<ul style="list-style-type: none"> Review coverage of PhilHealth vis-à-vis the Batas Kasambahay, noting child domestic work 	
	<ul style="list-style-type: none"> Street children who are not in institutions but accessing centre-based or street-based services from NGOs are not covered by PhilHealth 	<ul style="list-style-type: none"> Develop a sponsored programme for street children 	
	<ul style="list-style-type: none"> Package for children with disabilities is not defined in terms of type of disability and age group. 	<ul style="list-style-type: none"> Review existing benefit package for children with disabilities 	
	<ul style="list-style-type: none"> RPRH law requiring written parental consent for RH services (including ante-natal care) limits access of adolescents 	<ul style="list-style-type: none"> Review requirements for parental consent because it is now a barrier to access for health services for children, especially services related to reproductive health of adolescents 	

	<p>IMPLEMENTATION:</p> <ul style="list-style-type: none"> Implementation of the dental health programme of the Department of Education (DepEd) and how it will be managed by PhilHealth. 		
<p>Pantawid Pamilyang Pilipino Program (4Ps)</p>	POLICY		<p>The group sought clarification regarding the policy gap “Under 4Ps, there is no provision of fortified or nutritious food for children 6-24 months old from poor families to prevent further stunting (shortness) and reduce the threat of developing acute (thinness) malnutrition”. It was observed that this aims to make nutrition a 4Ps conditionality. The group <u>does not</u> agree with making nutrition a conditionality. Furthermore, the group discussed that there is an existing DOH programme on Infant and Young Child Feeding (IYCF) which includes micro-nutrient supplementation, food fortification, etc.</p>
			<p>Nutrition is already one of the</p>

			modules of the existing 4Ps modules. However, the delivery of the FDS modules may not be effective in changing the behaviour of 4Ps beneficiaries.
	<ul style="list-style-type: none"> Hygiene promotion is not covered in FDS modules of 4Ps 	Revise FDS modules to include hygiene promotion	The implementation of FDS is not ideal to facilitate behavioural changes among 4Ps beneficiaries, because sessions are held once a month and there is no monitoring of behavioural changes linked to FDS.
	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Coordination and convergence of the supply side is problematic 	<ul style="list-style-type: none"> Strengthen coordination between the NGAs and the LGUs to make improve access to basic social services so that 4Ps beneficiaries can comply with the conditionality 	
Supplementary Feeding Program (SFP)	<p>POLICY</p> <ul style="list-style-type: none"> SFP policy is not aligned with the latest scientific evidence on health and nutrition. If SFP is intended to address malnutrition of children, this should be re-focused to support high-impact nutrition- 	<ul style="list-style-type: none"> Government should review policy objectives of SFP and re-assess whether the SFP policy is to improve education outcomes and NOT to address malnutrition in children. Ensure that ECCD programme 	According to the latest scientific research, school-based feeding can improve education outcomes, but is <u>not effective in the prevention of malnutrition</u> because the critical window of opportunity to prevent and

	specific interventions (i.e. breast-feeding, etc.)	is integrated and emphasizes the first 1,000 days of the life of a child.	address chronic malnutrition is from pregnancy up to the first two years of childhood. School-based feeding is too late to address chronic malnutrition. Where there is investment in SBFP, more emphasis should be given to preventive services for infants and young children (0-23 month old).
	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Lack of convergence with other programmes of government that can help to improve the health status of children 	<ul style="list-style-type: none"> DSWD, DepEd and DOH should improve their coordination 	There are schemes to enhance health and nutrition of children, e.g. Garantisadong Pambata or essential healthcare package, which should be linked to SFP.
Programmes for Children, Elderly and PWDs	<p>POLICY</p> <ul style="list-style-type: none"> The programme does not cover children and families affected by disasters 	<ul style="list-style-type: none"> Extend benefits of the programme to children and families affected by disasters 	
	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> There are not enough specialized facilities for some children and they tend to be mixed with adults (i.e. children with violent behaviour, etc.) 	<ul style="list-style-type: none"> DSWD to review the need for specialized facilities and coordinate with DOH and other government agencies to set-up specialized facilities for children needing specialized 	

		care and treatment.	
	<ul style="list-style-type: none"> Existing facilities need to improve the quality of care provided to children and other clients 	<ul style="list-style-type: none"> DSWD to improve quality of care in existing facilities. LGUs to be encouraged to improve the quality of care provided by their LSWDO. DSWD to provide technical assistance to LGUs. 	DSWD and other NGAs should invest in improving the capacity of LGUs, including the LCPCs.
Special Program For Employment Of Students (SPES)	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Implementation of SPES in some barangays is influenced by politics i.e. selection of beneficiaries. 	<ul style="list-style-type: none"> Stricter monitoring of DOLE of selection process used by the LGUs 	
	<ul style="list-style-type: none"> Mismatch between SPES and available jobs in the local market. 	<ul style="list-style-type: none"> Ensure that employment and apprenticeships are matched with available jobs. 	
Cross-cutting issues (inter-agency and local coordination)	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> Devolved services that the comprise SPF are not always priorities of the Local Chief Executives and do not get necessary support (funds and human resources). 	<ul style="list-style-type: none"> Strengthen and support the Seal of Child-friendly Local Governance and Child-friendly Local Governance Audit 	

Group 2

Main points of interest

- A question was raised regarding the term “income security for children”. It was replied that income security refers to the provision of programmes and assistance to ensure that children can be competitive in future.
- The following programmes were recommended:
 - PD603: BCPC, LCPC (strengthen systems in protection of child rights)
 - Social protection for internally displaced children, e.g. in the Zamboanga siege
 - Livelihood programme for parents of IDP children
 - Special policy for IP children and children in disaster-stricken areas
 - Social safety nets
- An alternative delivery mode to promote children going back to school involves Flexible Delivery Modes.

Participants

1. Dolor Cardeno (ERDA)
2. Tito (UNICEF)
3. Cecil (UNICEF)
4. Ia Macapanpan (ILO)
5. Ellen (Community Family Foundation)
6. Aian (NYC)
7. Lily Flordelis (Bahay Tuluyan - street children)
8. Nica Valdez (Consuelo foundation - child abuse)
9. Ruel (NCSD)
10. Mike Quilala (Psychosocial Support)
11. Yuri Leomo (NEDA) as the group facilitator
12. Laine Ceralde (NEDA) as secretariat

Scheme	Gaps and Issues	Recommendations and Agreements	Discussion Points
PhilHealth	<p>POLICY:</p> <ul style="list-style-type: none"> • Birth registration hinders education and employment of children. • Who will pay membership dues 	<ul style="list-style-type: none"> • Specific policy for birth registration assistance for 0-18 years old (in need of child protection/survivors of child abuse/alien) (on who will certify for them) • LGU can support dues for their constituents • <i>(refer to programmes for children, elderly and PWDs)</i> 	<p>LILY:</p> <ol style="list-style-type: none"> 1. Lack of access on insurance of street children on PhilHealth <p>Discrimination on street children (lack of access on insurance from PhilHealth) despite accommodation of PhilHealth within our shelters</p> <ol style="list-style-type: none"> 2. difficulty with “per case” system of PhilHealth <p>PhilHealth: we need database to accommodate them;</p> <p>no out of pocket if in ward of public hospital;</p> <p>Public hospital may certify the child given birth under them</p> <p>LILY: DSWD may certify for 4Ps new birth</p>
	<p>IMPLEMENTATION:</p> <ul style="list-style-type: none"> • Information dissemination on SOPs 		

	of certification issuance		
4Ps	POLICY		
	<ul style="list-style-type: none"> Limitation in reaching out to street children 	<ul style="list-style-type: none"> Review the targeting mechanism, to include street children 	DOLOR: Agree on institutionalization
	<ul style="list-style-type: none"> Three children per family is too limited 	<ul style="list-style-type: none"> No limit on the number of children per family, covered by 4Ps 	TITO: If institutionalized, may be too rigid
	<ul style="list-style-type: none"> Insufficiency of the grant (P300; P500) 	<ul style="list-style-type: none"> The grant should be indexed to inflation. 	<p>DOLOR: If institutionalized, may promote dependency</p> <p>LILY: May marginalize street children, not included in the 4Ps</p> <p>LILY: protection from abuse / violence especially those on the streets (prevention)</p>
	IMPLEMENTATION		
	<ul style="list-style-type: none"> Number of social workers to beneficiaries ratio, must be improved Misuse of grants which costs the beneficiaries to be disqualified from the program 		<p>DOLOR:</p> <ol style="list-style-type: none"> may add child trafficking in the conditionality; the issue may not be the amount of grant but the utilization; misuse of grants
SFP	IMPLEMENTATION		
	<ul style="list-style-type: none"> Lack of day care centres provided by the government 	<ul style="list-style-type: none"> Include alternative home-based accredited activity centres that act as day care centres 	RUEL: lack of day care centres provided by the government

Programmes for Children, Elderly and PWDs	<p>POLICY</p> <ul style="list-style-type: none"> • Limitation on targeted support for CNSP • Budget for day care centre workers • Transition programme for children with disabilities, NCSP, special • No allocated budget for CNSP • Limitation on integration of social protection initiatives for child protection of NGAs and LGUs 	<ul style="list-style-type: none"> • Cash transfer for children in need of special protection (CNSP) • Magna carta for daycare workers allot LGU funds for daycare workers • Bridging programmes; psycho social services; integrate DepEd's Abot-Alam Program • Provide allowance for CNSP, IP children, IDP children, PWD children - needs certification from DSWD, NGO partners • Capacity building of duty bearers for child protection programme • strengthening child protection for children • empowering NGO partners in providing child protection • create mechanisms / protocols 	<p>TITO: Lack of support on victims of violence; can provide MCCT for victims of violence.</p> <p>Confusion on either mainstreaming or provision of special programmes / institutions with regard to their education.</p> <p>Better coordination between NCCA, DSWD, DepEd, NCDDA to improve efficiency in implementing programmes.</p>
	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> • Limitation on social workers, teachers; and budget in support to social protection 	<ul style="list-style-type: none"> • Provide social workers • Must check supply side • Improve process of budget disbursement (c/o DBM) 	
	<ul style="list-style-type: none"> • Limitation on the capacity of schools to accommodate children 		

	with disabilities		
	<ul style="list-style-type: none"> • Limitation on services / facilities available to children 	<ul style="list-style-type: none"> • Empower LGUs to improve healthcare services for children 	CECIL – devolved to LGUs, needs to strengthen
SPES	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> • Preference to selection of employees 	<ul style="list-style-type: none"> • Better monitoring • Have a centralized guidelines in hiring in SPES between national and local level 	<p>DOLOR: Create hiring committee to prevent bias</p> <p>YURI: (GASPE) efforts to centralize selection of scholarship grants, to prevent politicking</p> <p>AIAN: GIP centralize guidelines between national and local level</p>
Cross-cutting issues	<p>POLICY</p> <ul style="list-style-type: none"> • Relevance of data 	<ul style="list-style-type: none"> • Update the databases, i.e. NHTS-PR and CBMS, frequently • Harmonize local databases 	
	<p>IMPLEMENTATION</p>	<ul style="list-style-type: none"> • Training and capacity building on risk reduction for children to cope better during and after disasters 	

Group 3

Scheme	Gaps and Issues	Recommendations and Agreements	Discussion Points
PhilHealth	<p>POLICY:</p> <ul style="list-style-type: none"> • Need for documentation before treatment prevents many children from receiving treatment • Depth and breadth of coverage (types of medical issues covered and extent of coverage) is insufficient. 	<ul style="list-style-type: none"> • Automatic enrolment • Remove documentary barriers • Point of care – mode of being enrolled • Who pays for what (National government makes up for local government deficits) • Increasing the depth and breadth of coverage, prioritization • No balance system • Strengthening the system of assessment (abuse doesn't go unnoticed) 	<ul style="list-style-type: none"> • Some vital health services are not part of the packages. Most of the services addressed are purely medical. There are situations (dental, psychosocial, alternative health, drug rehabilitation) that need to be addressed before basic health services can be made useful • The implementation of the floor is progressive. • Children whose parents are sick are not included. Include children who are experiencing early childhood adversity (e.g. children whose parents are sick) • Link children whose mothers are OFWs • Prevention of child abuse and violence: include in the

			mandate of PhilHealth
	<p>IMPLEMENTATION:</p> <ul style="list-style-type: none"> • Banner tags prevent all children from receiving benefits (e.g. informal foster parents, street children, CICLs) • Documentation requirements, access issues 	<ul style="list-style-type: none"> • DoH is introducing Baranguay Health Clinics in schools and dental health centres in each municipality. Documentation will be facilitated in these clinics (1 clinic per province) 	
4Ps	<p>POLICY</p> <ul style="list-style-type: none"> • Limit on number of children per family not justified 	<ul style="list-style-type: none"> • Remove limit on number of children per family 	<ul style="list-style-type: none"> • This was discussed in the RAP workshop held during 2-3 June 2015. All children are eligible for the 4Ps benefit.
	<ul style="list-style-type: none"> • No mention of access to education 	<ul style="list-style-type: none"> • Should provide open enrolment. • Bridge classroom in every school. • Better acceleration programmes. • Open door policy (RIGHT to education – child friendly schools – children can always claim education, regardless of the time of the year) 	<ul style="list-style-type: none"> • Consider policy implications of an open door policy • This will only be a modification of the Basic Education Program
	<ul style="list-style-type: none"> • Access to health facilities is limited 	<ul style="list-style-type: none"> • DoH is introducing Baranguay Health Clinics in schools and dental health centres in each municipality. Documentation will be facilitated in 	

		these clinics (1 clinic per province)	
	IMPLEMENTATION		
	<ul style="list-style-type: none"> • Not enough spending at local level on child-specific activities 	<ul style="list-style-type: none"> • Mandate spending at all levels of government on child-specific activities 	
	<ul style="list-style-type: none"> • Too few social workers to children 	<ul style="list-style-type: none"> • A specific ratio of children to social workers should be mandated at all levels of government 	
	<ul style="list-style-type: none"> • Restriction of the benefit to regular, nuclear families, excludes many children who belong to non-traditional families that truly need the benefits. 	<ul style="list-style-type: none"> • Remove restriction on the documentation (name of father, mother, belonging to a particular family) to avail 4Ps for children 	
SFP	POLICY		
	<ul style="list-style-type: none"> • The motive of SFP is to assist in education (make the child more attentive), not combat malnutrition 	<ul style="list-style-type: none"> • Existing policies to combat malnutrition (community based food banks), DSWD programme to provide fortified meals should be strengthened and supported • Coverage should be extended to all school going children, not only the malnourished and severely malnourished ones 	

	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> • Coverage excludes children not in school • Coverage needs to be extended to all age groups 	<ul style="list-style-type: none"> • Initiate SFP for children at home (PWDs, childhood adversity, etc.). Also include those being home-schooled • Include day care centres in coverage. 	
Programmes for Children, Elderly and PWDs	<p>POLICY</p> <ul style="list-style-type: none"> • Special needs / methods to address of children of IPs not included 	<ul style="list-style-type: none"> • Discussion and collaboration with IP groups to discuss their needs 	
	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> • Lack of social workers to implement policies on ground • Low/ No specific budget allocated to child-specific activities 	<ul style="list-style-type: none"> • Mandate budgetary spending at LGU level for child-specific activities • Introduce a required ratio of children in need to social workers • Educate LGUs on good governance • Link spending on child-specific activities to LGU point system 	
SPES	<p>POLICY</p> <ul style="list-style-type: none"> • Few youth development programmes 	<ul style="list-style-type: none"> • This programme is restricted to students. Expand it to include training and employment for youth not in school. 	

Cross-cutting issues	<p>POLICY</p> <ul style="list-style-type: none"> • Child labour/child trafficking/drug use not specifically addressed • Housing not included in the list of needs/policy targets 		
	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> • General implementation issues • Low spending on child-specific issues 	<ul style="list-style-type: none"> • Educate officials on good governance, and on identification and address of child needs • Mandate a certain budgetary expenditure for child-specific activities at all levels 	