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Behind the Slow Start: An Assessment of the Early Childhood Care and Development in the Philippines

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EDCOM2
The Second Congressional Commission on Education

Presentation outline

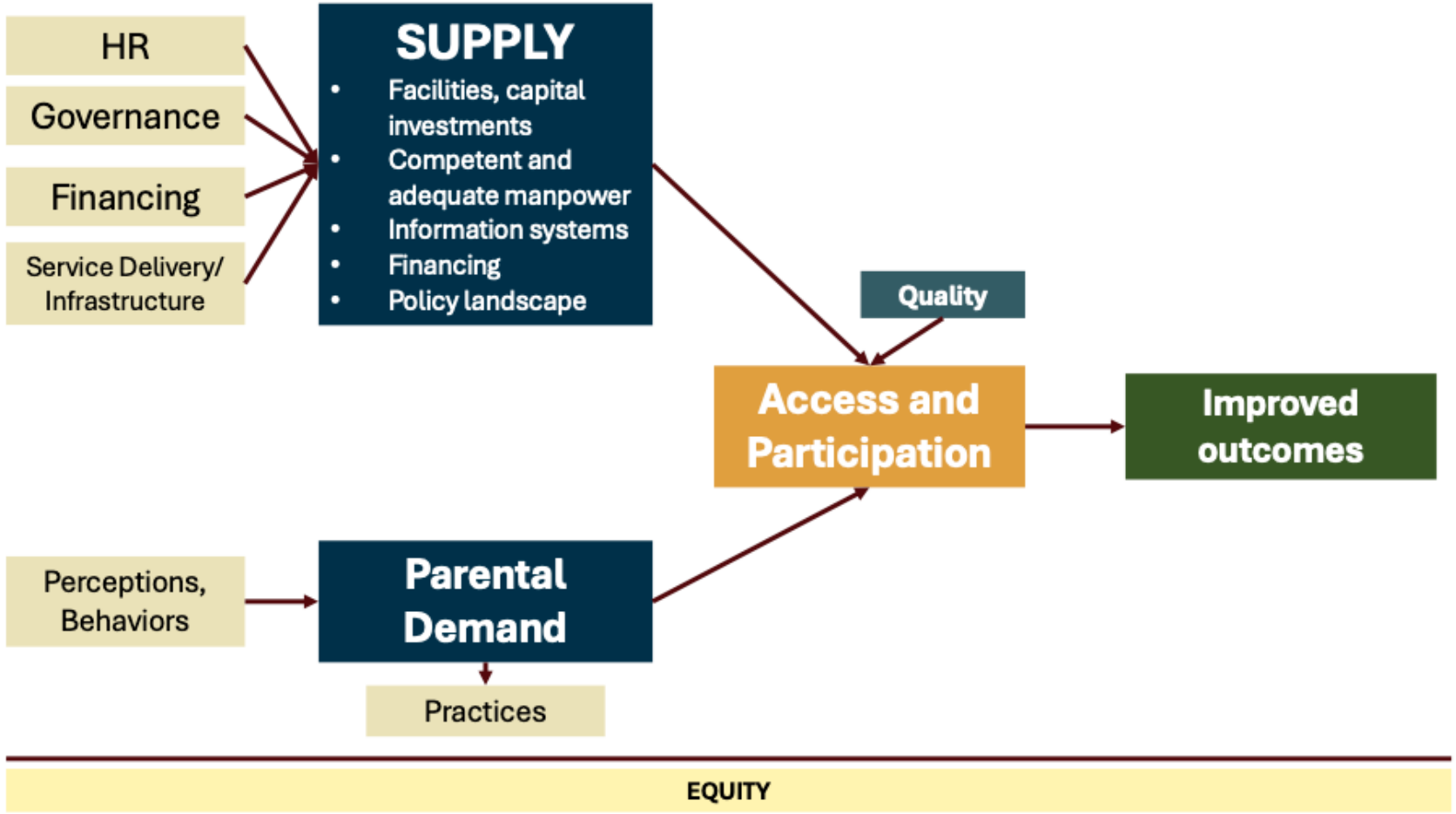
I. **Outcomes: health and early education outcomes**

II. **Outputs: access to health and nutrition and early outcomes services**

III. **Inputs: Poor and inequitable inputs**
- Financing
- Human Resources
- Governance
- Service Delivery and Infrastructure

IV. **Ways forward**

Our assessment is guided by the following analytical framework:

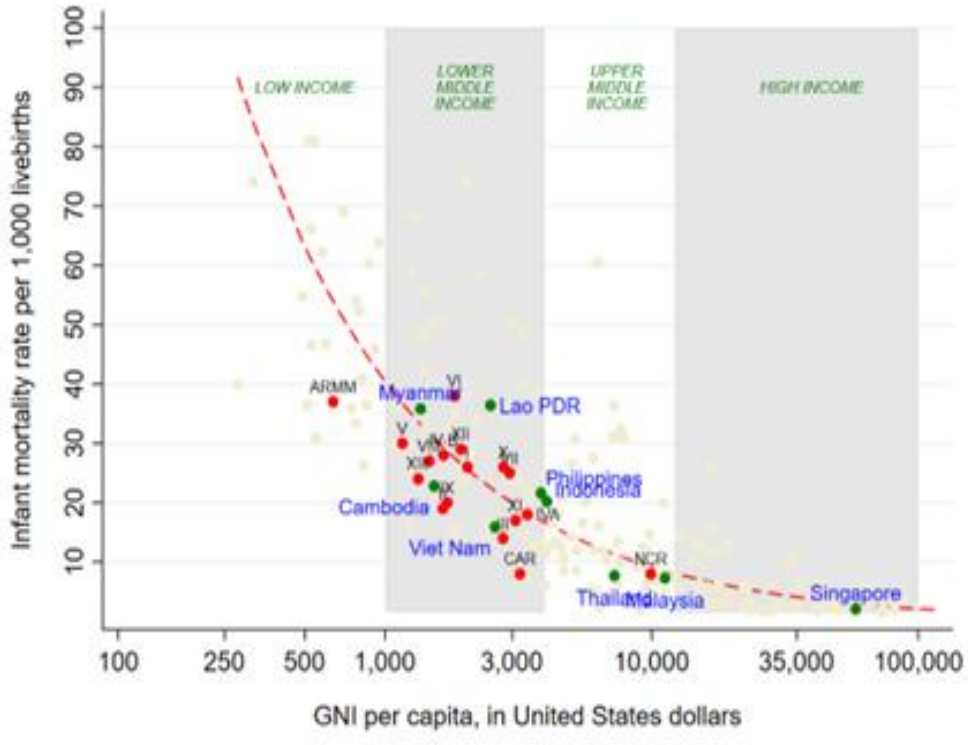


Scale of the problem: poor health, and nutrition and early education outcomes.

Child health, nutrition, and early education

Child health: For every 1,000 babies born in the Philippines, 21 die before the age of one, while 27 die before the age of five.

Infant mortality rate per 1,000 livebirths and GNI per capita (in USD), Philippines and ASEAN



Source :Authors' analysis and visualization of the World Development Indicators (World Bank 2024) and 2022 National Demographic and Health Survey (PSA 2022)

<1%

average rate of decline (2012-2022)
Other *ASEAN* countries: 3-5%

With poorest households have **five times worse** outcomes than their wealthiest counterparts.

Child nutrition: Even if they survive, one in every three is chronically malnourished or stunted.

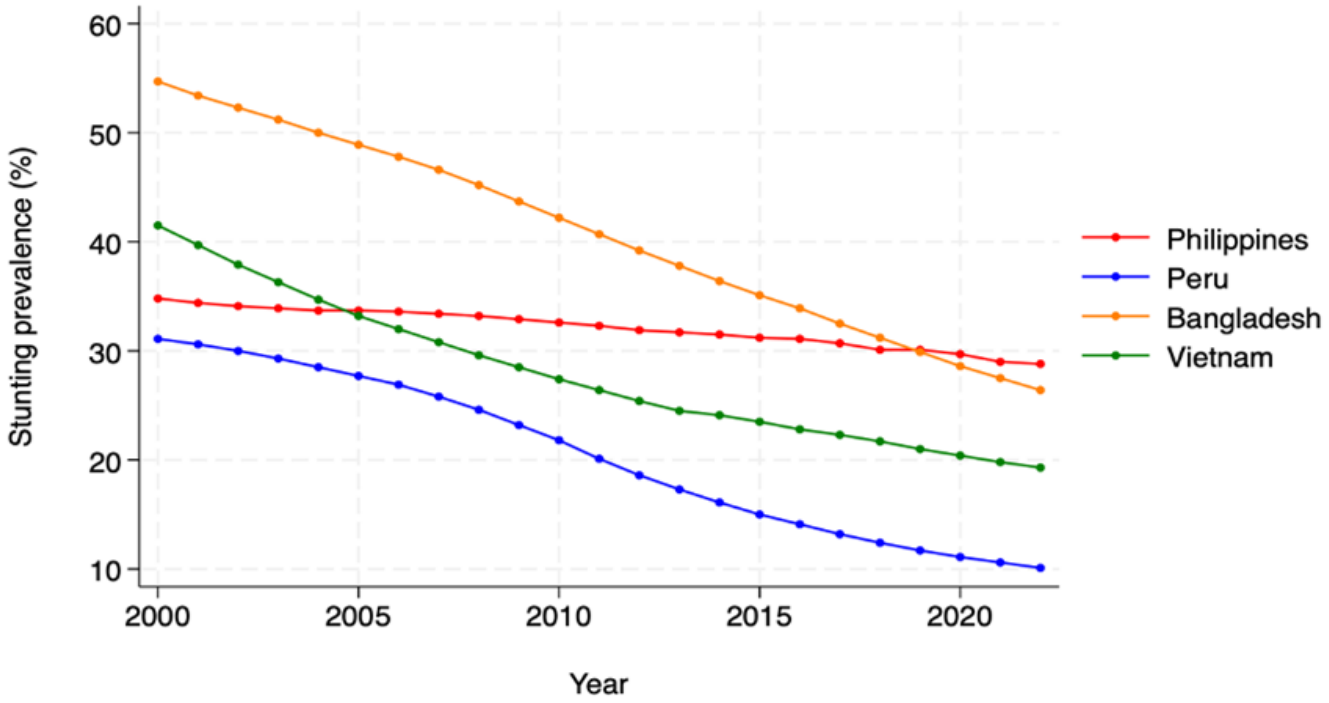
~4,000,000

Filipino children

1% vs. 5-6%

annual rate of reduction (2000-2018), Philippines vs. other regional peers

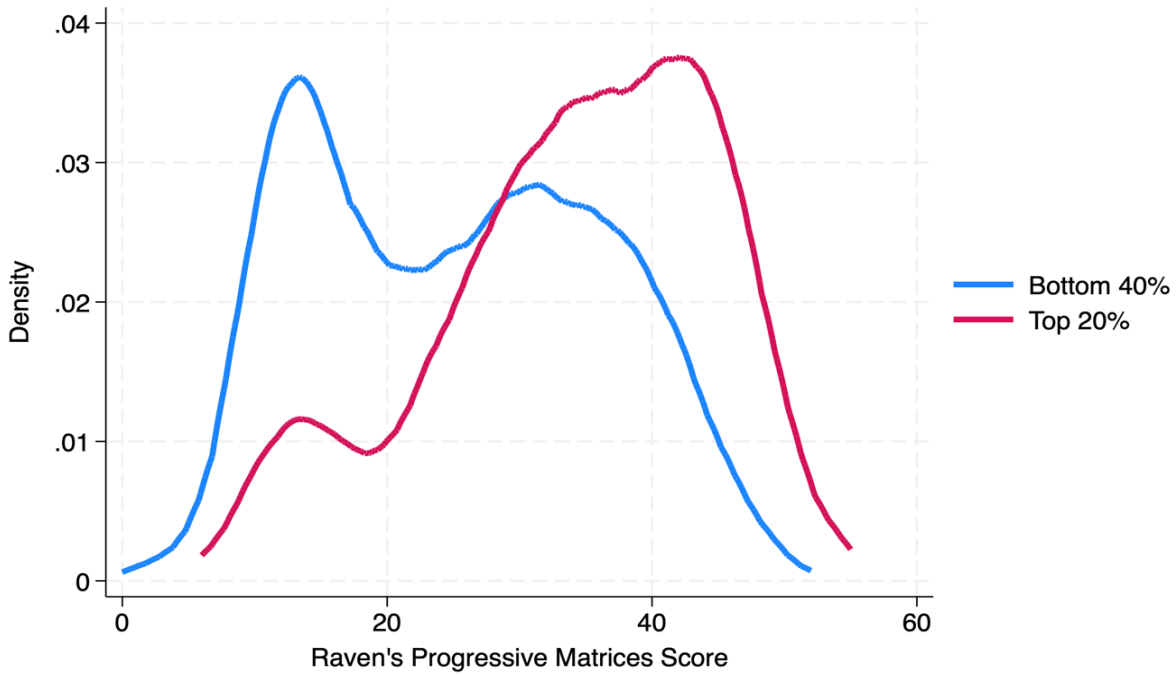
Stunting prevalence, Philippines with comparator countries, (2000-2020)



Source: Authors' analysis and visualization of the World Development Indicators (World Bank 2024)

Early education: **Nine out of 10 children aged ten cannot read proficiently.**

Distribution of Raven Progressive Matrices Score of Filipino children aged 10, across the socioeconomic status of children.



Source: Authors' analysis and visualization of UNFPA's Longitudinal Cohort Study on the Filipino Child (UN 2021).

Quality of learning

PISA 2022 results indicate that compared to 2018, the proportion of students scoring below a baseline level of proficiency **did not change significantly.**

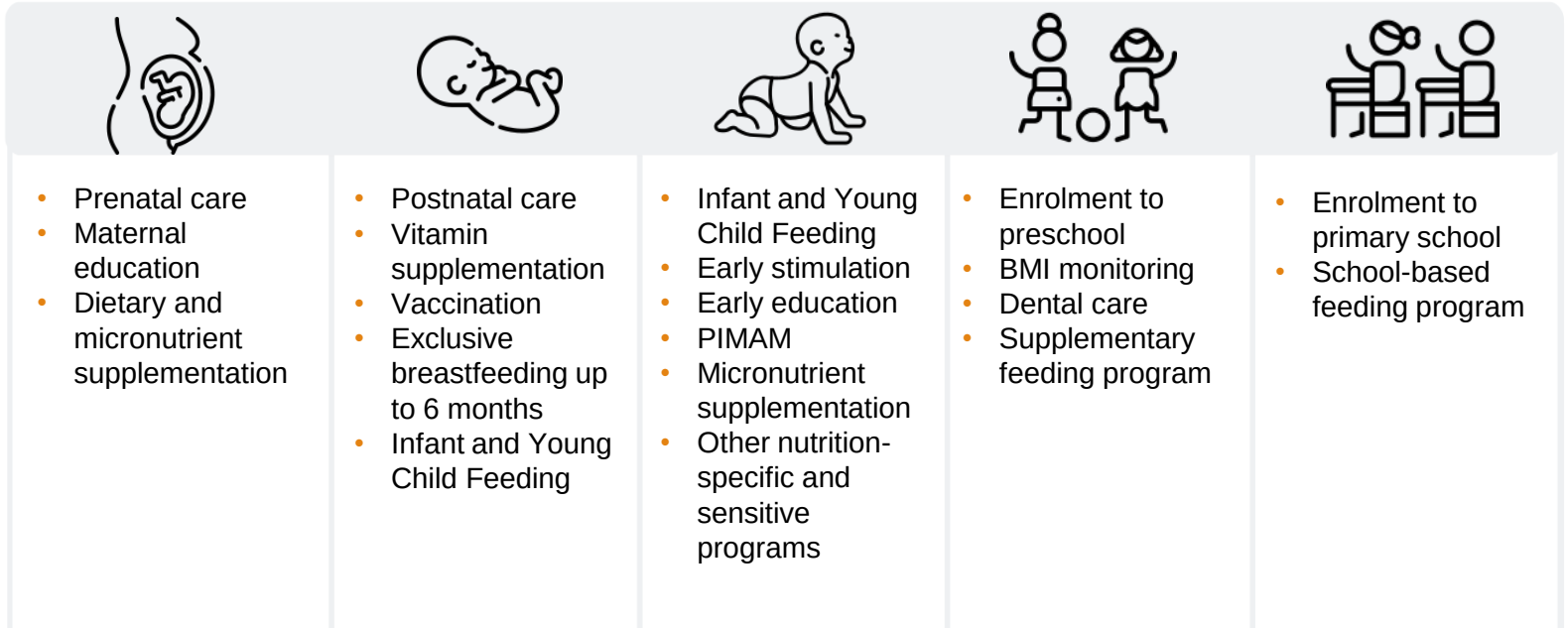
Inequality in IQ tests

Children with higher socio-economic backgrounds tend to achieve higher scores on IQ tests compared to the poorer counterparts.

Why do we have poor health, nutrition, and early education outcomes? Poor access to basic services.

Child health, nutrition, and early education

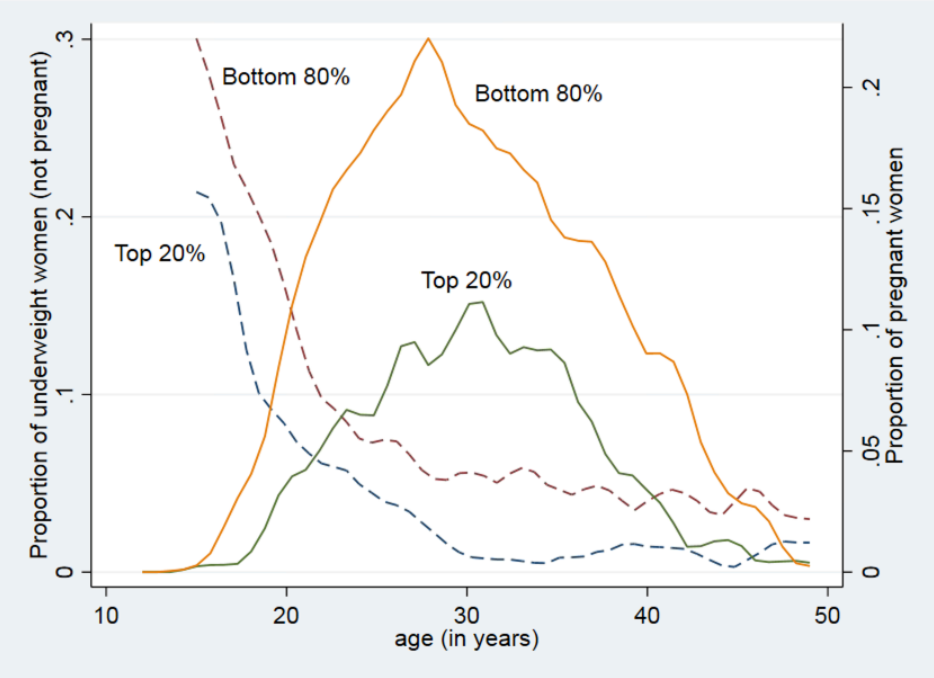
During the critical period, interventions are not provided in a *comprehensive*, *continuous*, and *convergent (3Cs)* manner.



HEALTH

Approximately 14% of Filipino women of reproductive age are underweight, and this increases to 20%, among poor young adolescents.

The proportion of underweight women and proportion of pregnant women by age.



Source: Authors' analysis and visualization of the 2019 Expanded National Nutrition Survey (DOST-FNRI 2019).

Coverage of essential health services during pre-pregnancy and pregnancy among Filipino mothers by socio-economic status and age, 2022

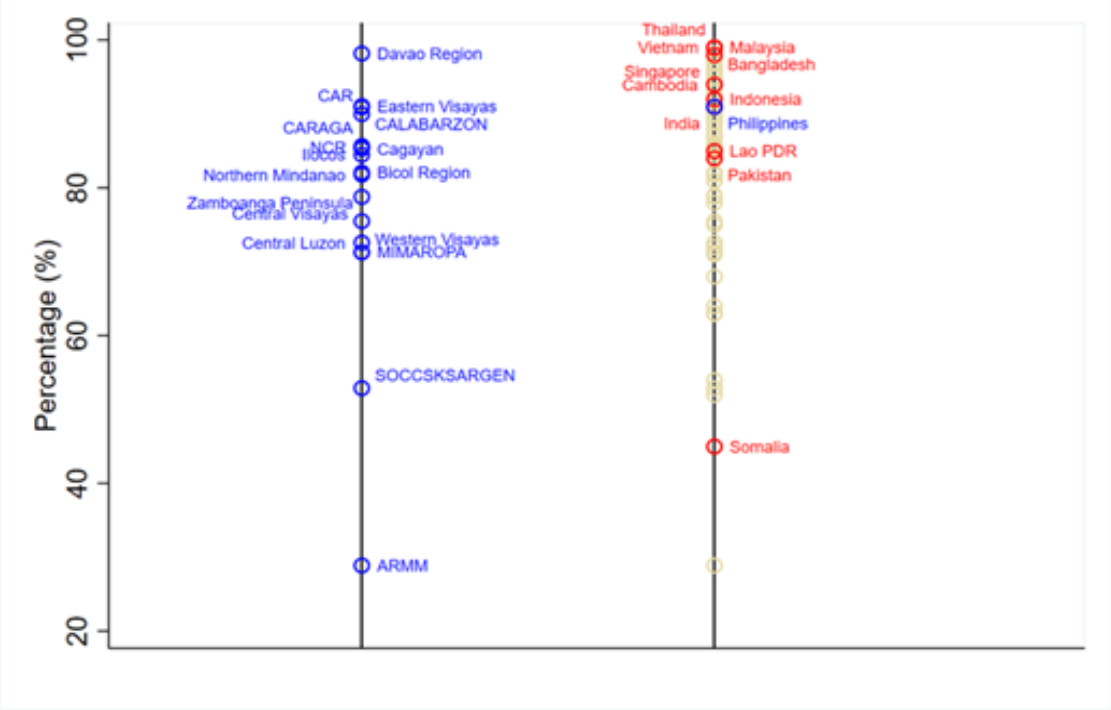
	Pre-pregnancy		Pregnancy	
	Access to modern contraceptives	Prenatal care during the first trimester	Micronutrient supplementation	Checkup after discharge/delivery
Bottom 40%				
Young adolescent	60.02%	54.04%	81.74%	52.62%
All mothers	54.42%	62.70%	83.01%	49.65%
Top 20%				
Young adolescent	76.40%	29.74%	80.04%	49.88%
All mothers	52.64%	86.69%	94.03%	65.60%
All sample				
Young adolescent	60.76%	56.20%	80.30%	56.45%
All mothers	53.16%	71.62%	87.71%	55.81%

Source: Authors' calculation and tabulation of data from the 2022 National Demographic and Health Survey (PSA 2022)

HEALTH

Access to essential health services remains far from universal coverage.

DPT3 vaccination coverage, Philippines regions and comparator countries, 2022



Source: Authors' analysis and visualization of the 2022 National Demographic and Health Survey (PSA 2022) and World Development Indicators (World Bank 2024).

only

75%

Filipino children are fully-immunized

out of the

95%

recommended coverage

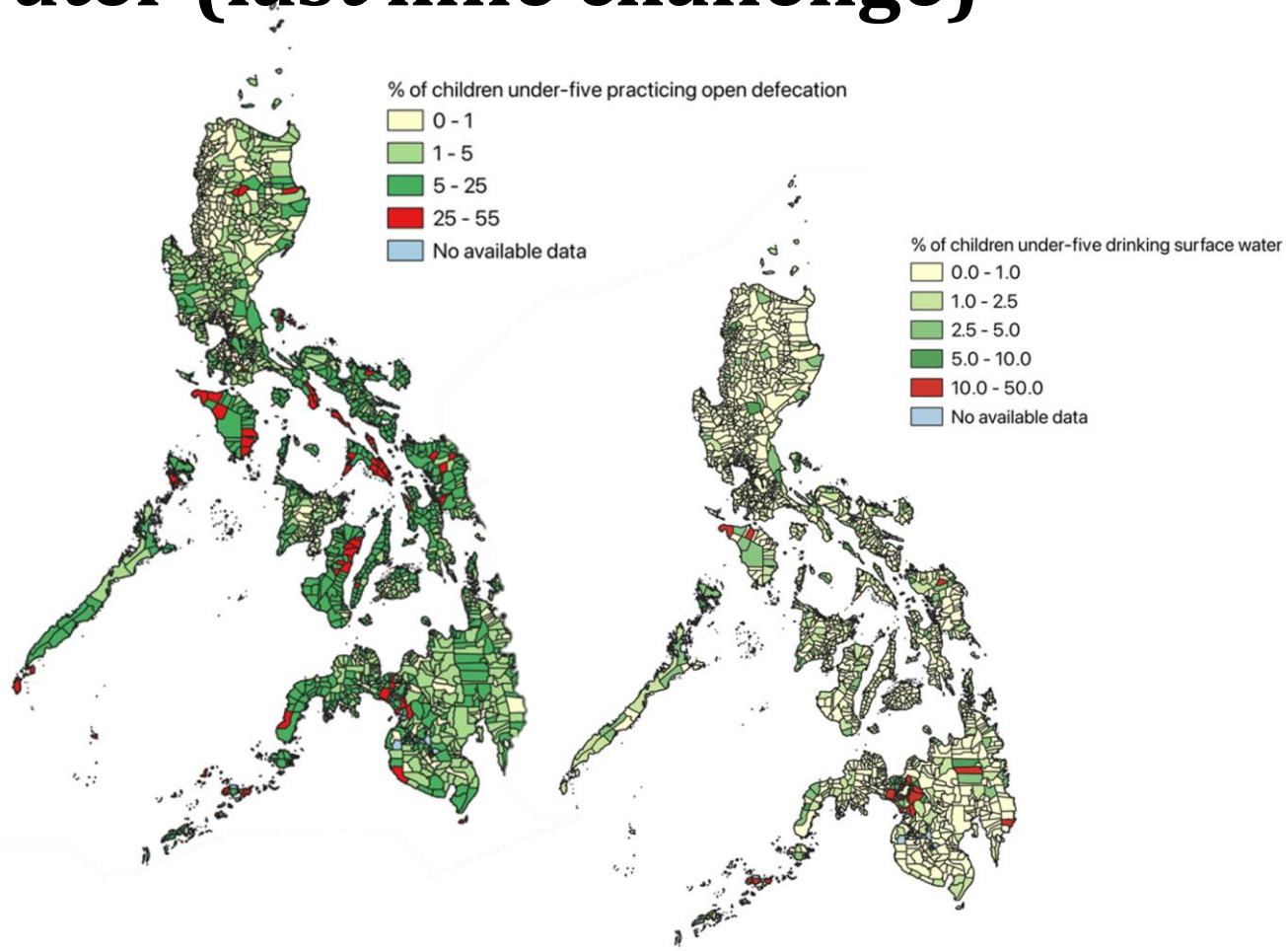
HEALTH

In some municipalities, around 4 in 10 children under-five practice open defecation; and 10-50% still drink surface water (last mile challenge)

Large disparity across municipalities

*In **Quezon, Masbate, Samar, Negros, Lanao, Basilan, Sulu, Mindoro, and Palawan**, approximately 4 in 10 children under five are practicing open defecation. These areas are usually far-flung and not consistently reached by usual health and nutrition services.*

*Overall percentage of the population accessing surface or unsafe water remains low at around 1%, however, this rises to 10-50% in select municipalities in **BARMM and MIMAROPA***

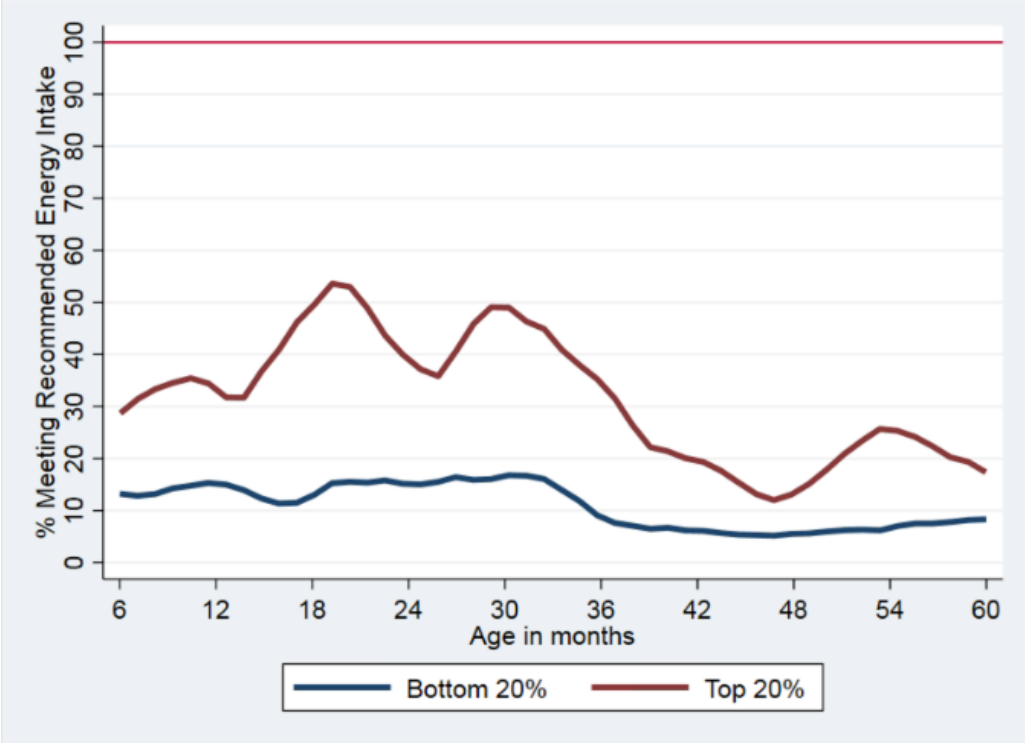


Source: Authors' analysis and visualization using 2020 Census of Population and Housing (PSA 2020)

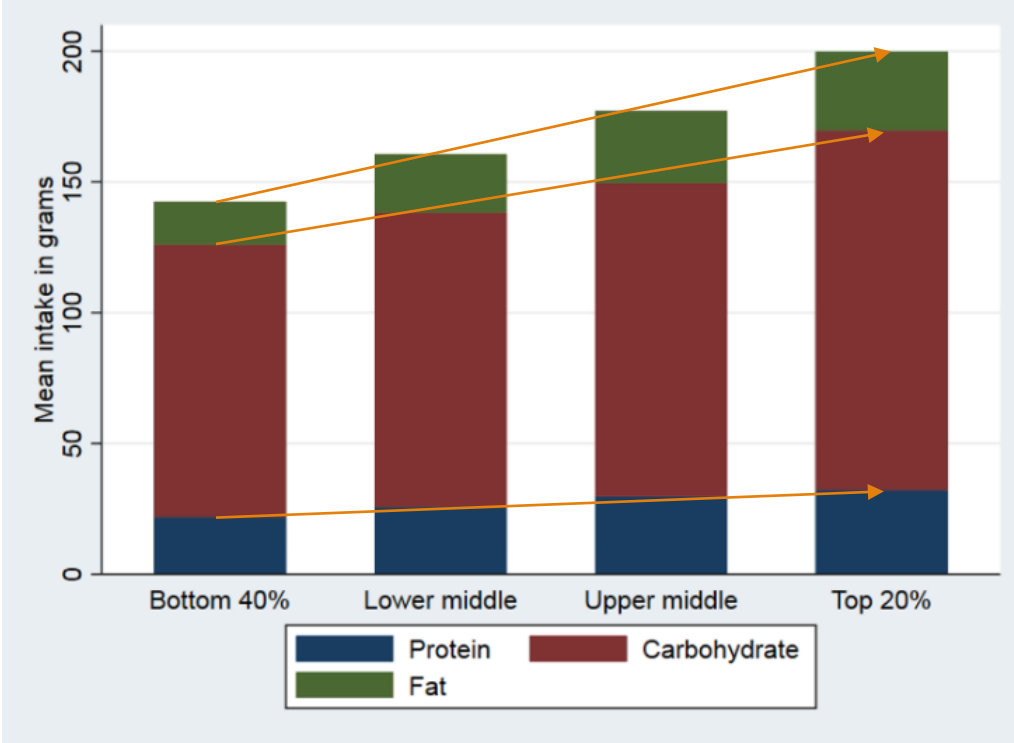
NUTRITION

Only a quarter of Filipino children aged 6-12 months meet the recommended energy intake (REI).

Share of children meeting energy intake of children under-five from the top 20% and bottom 20% wealth quintiles, by age in months, 2018-2019.



Mean intake (in grams) of carbohydrate, protein, and fat of children under five, by wealth quintile



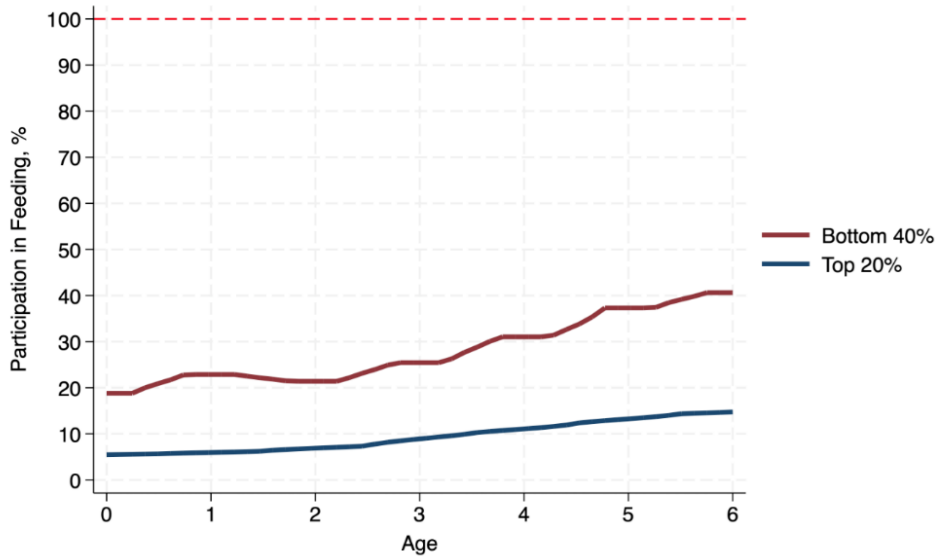
Children under five with higher socio-economic backgrounds tend to have a higher energy and macronutrient intake compared to the poorer counterparts

Source: Authors' analysis and visualization of pooled 2018-2019 Expanded National Nutrition Survey (DOST-FNRI 2019)

NUTRITION

Despite government efforts on feeding programs, access remains limited, with only 23% of children benefiting.

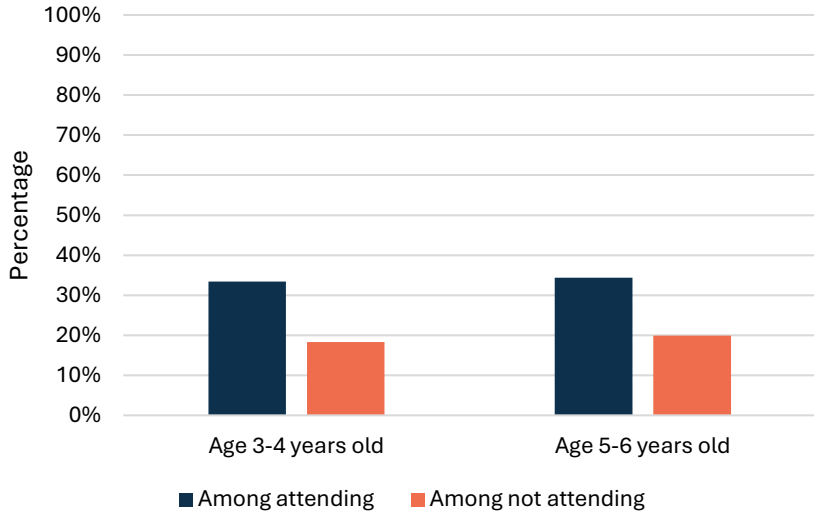
Percentage of children (0-6) attending government feeding programs from the top 20% and bottom 40% wealth quintiles, by age in years



only
28% of poor children in need of support receive assistance

only
17% of children aged 0-2 received government feeding programs

Percentage of children (aged 3-6) attending government feeding programs, among those currently attending and not attending school



only around
35% of children aged 3-6 attending daycare and kindergarten receive government feeding programs

Source: Authors' analysis and visualization of 2022 Annual Poverty Indicators Survey (PSA 2022)

NUTRITION

We have yet to see the impact of government feeding programs on outcomes.

Table 2. Results of the Propensity Score Matching

Variable	Sample	Treated	Controls	Difference	S.E.	T-stat
Meeting energy intake	Unmatched	0.082	0.104	-0.022	0.013	-1.73
	ATT	0.082	0.094	-0.012	0.014	-0.86
Protein intake (in grams)	Unmatched	26.93	26.76	0.020	0.641	0.03
	ATT	26.91	27.06	0.167	0.675	0.25

Source: Authors' calculation and tabulation of 2018-2019 Expanded National Nutrition Survey (DOST-FNRI 2019).

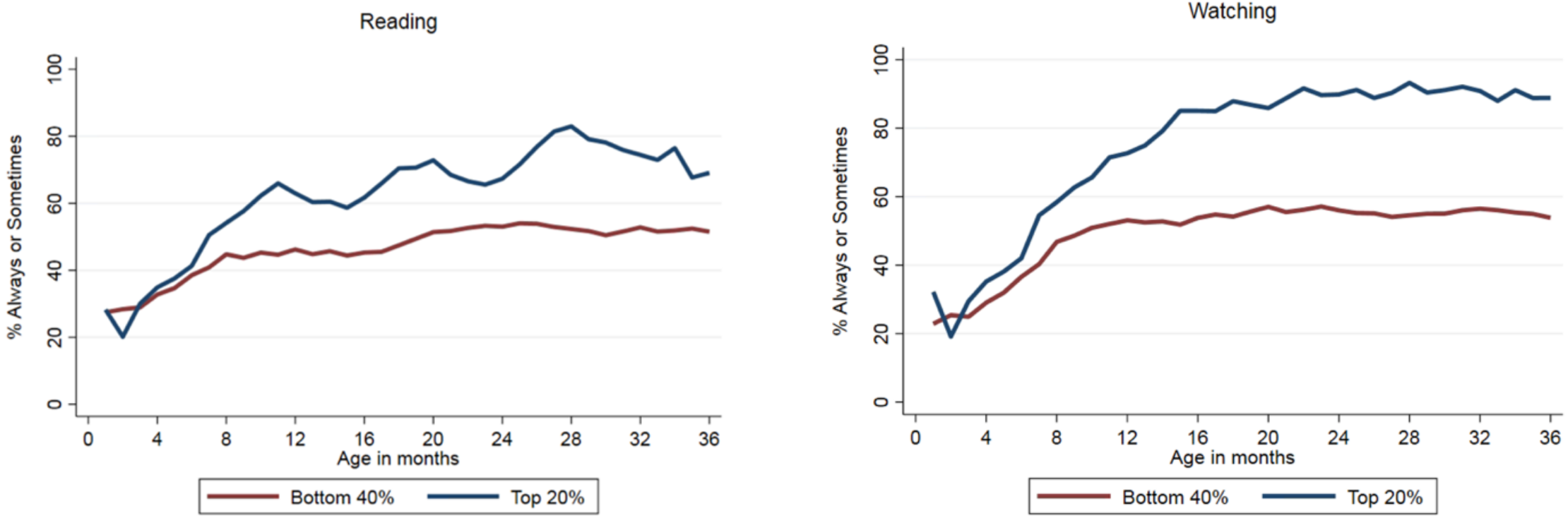
Note: The propensity scores for participation in a Supplementary Feeding Program (SFP) were predicted from a multiple logistic regression model. The model includes child age, sex, wealth quintile, region (residence), WASH sanitary practices, deworming participation, vitamin supplementation participation, mother's educational attainment, and mother's nutritional status (BMI). Propensity scores matching analysis used the Kernel matching technique, which takes the local averages of the comparison group observations near each treated observation to construct the counterfactual for that observation (Cameron and Trivedi 2005).

There are no significant differences in the proportion of children aged 3-4 meeting total energy and protein intake even after adjusting for possible selection bias through Propensity Score Matching (PSM) analysis.

EARLY EDUCATION

Only around 50% of children in poor households engage in early stimulation activities with their caregivers during the critical period of development.

Percentage of children by age in months and wealth quintile (top 20% and bottom 40%) who frequently read and watch educational media with their caregivers, 2019

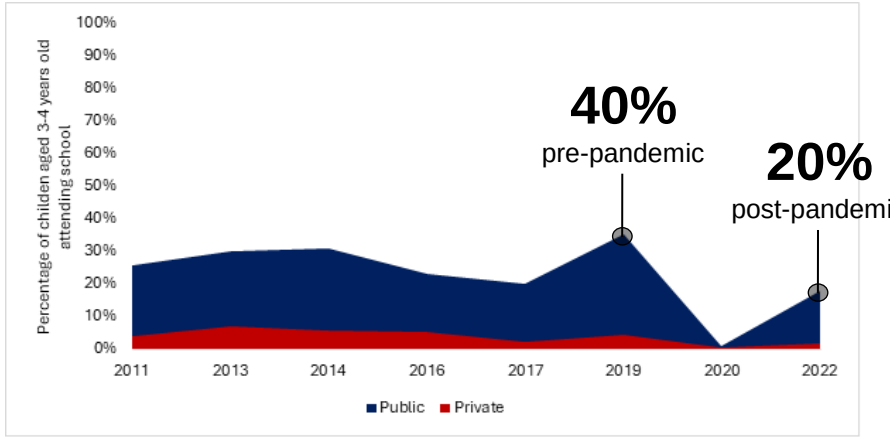


Source: Authors' analysis and visualization using 2019 Expanded National Nutrition Survey data (DOST-FNRI 2019).

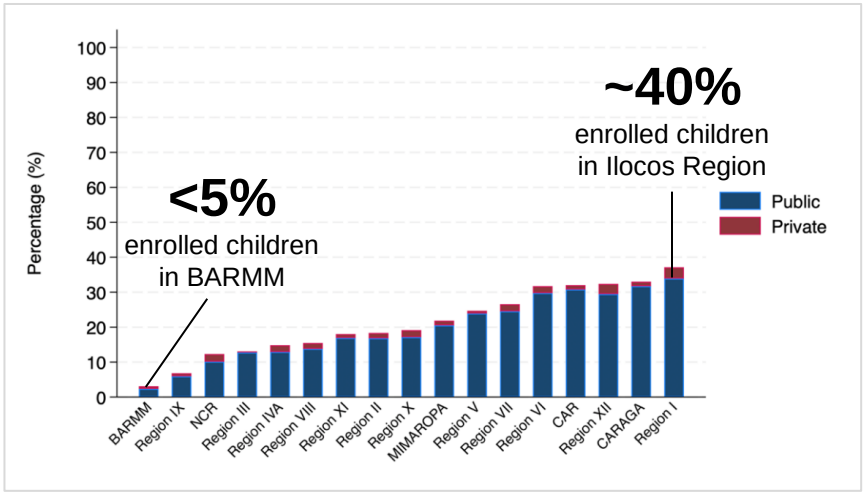
Only 20% of Filipino children aged 3-4 are participating in pre-kindergarten programs in 2022, still below pre-pandemic levels.

EARLY EDUCATION

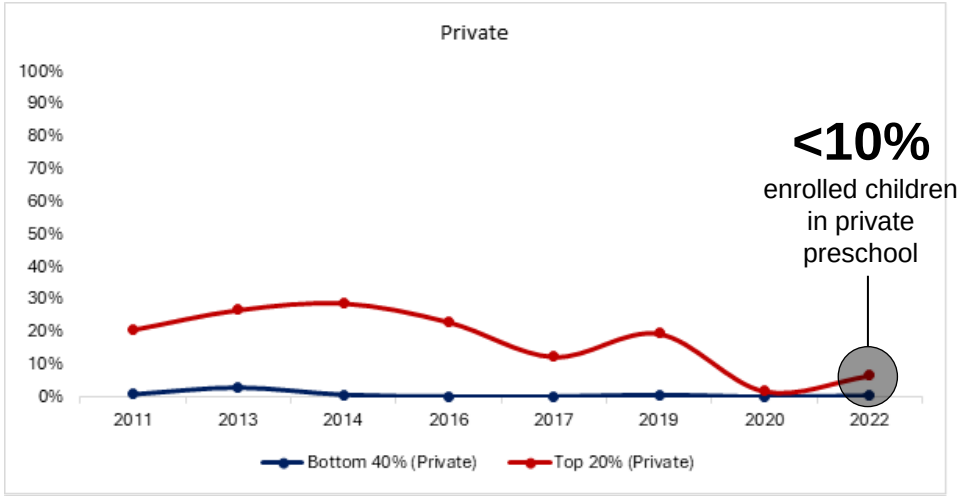
Percentage of children aged 3-4 attending school (public/private), 2011-2022

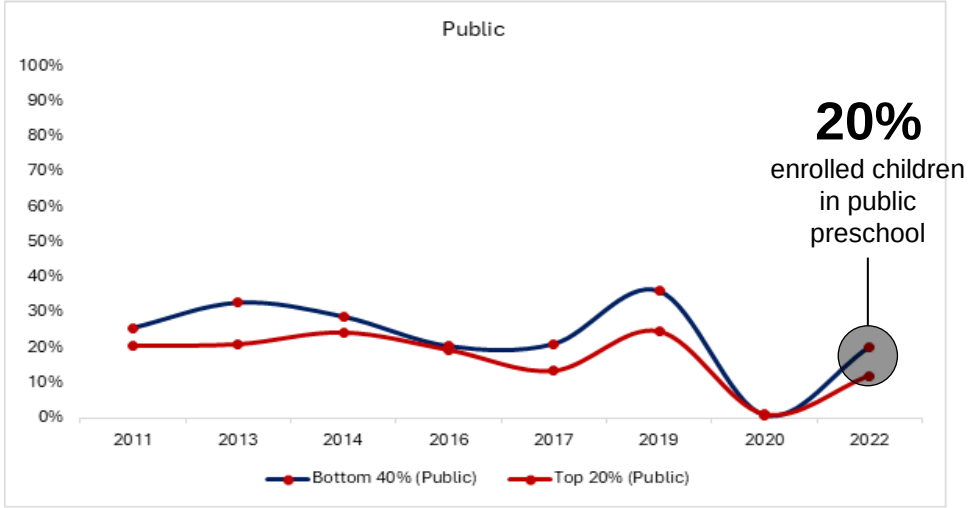


Percentage of children aged 3-4 years old attending school by PH regions, 2022



Percentage of children aged 3-4 years old attending school (public and private) in the bottom 40% and top 20% income quintile, 2022





Source: Authors' analysis and visualization of 2011-2022 Annual Poverty Indicators Survey rounds (PSA 2022)

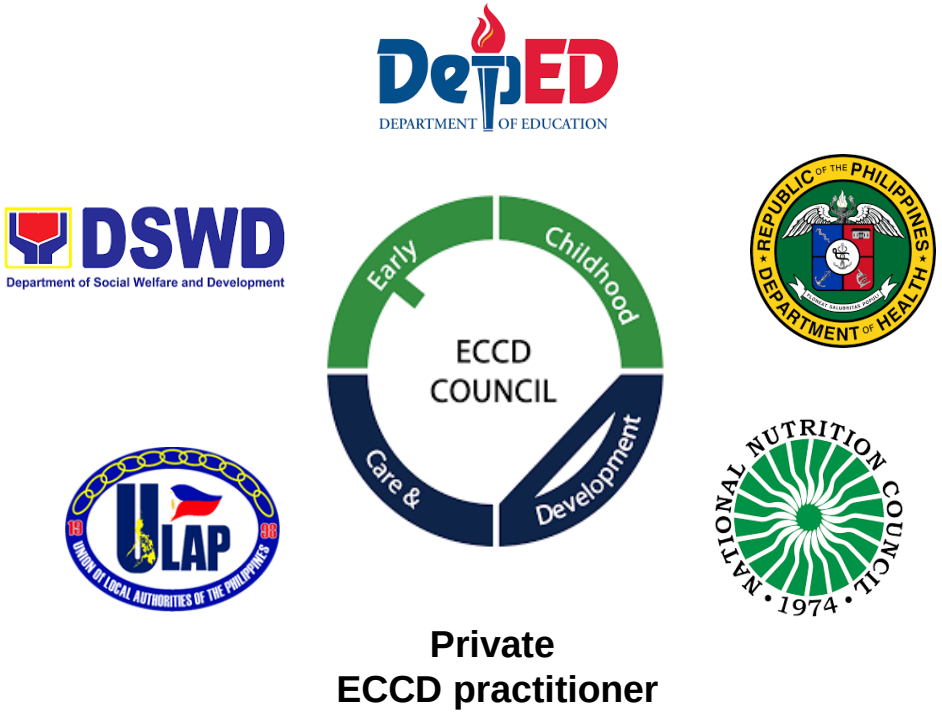
Why do we have poor access to basic services? Challenges in inputs.

Issues surrounding the delivery of health, nutrition, and ECCD services

- Low public spending
- Current investments poured into less effective interventions (i.e., feeding programs)
- Fragmented governance
- Lacking human resources
- Inequity in capital investments

GOVERNANCE

Multisectoral collaboration faces challenges in the alignment of nutrition and early education programs, hindering effective implementation.



Private ECCD practitioner

Challenges in Multi-Sectoral Collaboration

•Difficulties in implementing accountability among key line agencies; the co-equal nature of government departments complicates program alignments.

•Quality of strategic direction in sectoral meetings (based on analysis of minutes of meeting).

Limited Capacity of Multi-Sectoral Institutions Despite High Expectations

•Limited capacity of secretariats to do strategic work because of limited HR (e.g., ECCD Council).

•Duplication of efforts: strategic vs. delivery vs. financing (e.g., NNC).

Challenges in Vertical governance

•Insufficient training and guidance for local implementation of ECCD standards.

•Local governments often lack the resources to implement standards effectively.

•Centrally set standards often fail to adapt to local contexts, resulting in unattained objectives.

GOVERNANCE

Variability in ECCD implementation across different LGUs is evident.

Institutionalized ECCD Program

- Decision-making is not influenced by politics (*tripartite agreements*)
- Formalized and organized groups/ councils fostering collaboration
- Multiple funding streams in financing ECCD services at different tiers of the government

Basco, Batanes (5th class)

Fragmented Service Delivery

- Different governance structure
- Little to no funding is poured into ECCD
- Highly dependent on volunteers
- Ambiguity in functions
- Investments are highly dependent on the priorities of local chief executives
- Inadequate infrastructure (e.g., non-conducive classrooms, lack of play areas, learning materials, and basic amenities)

Marawi City, Lanao del Sur (4th class)

HUMAN RESOURCES FOR ECCD

The ratio of daycare/child development workers to enrolled children appears to exceed the standard set by the ECCD Council.

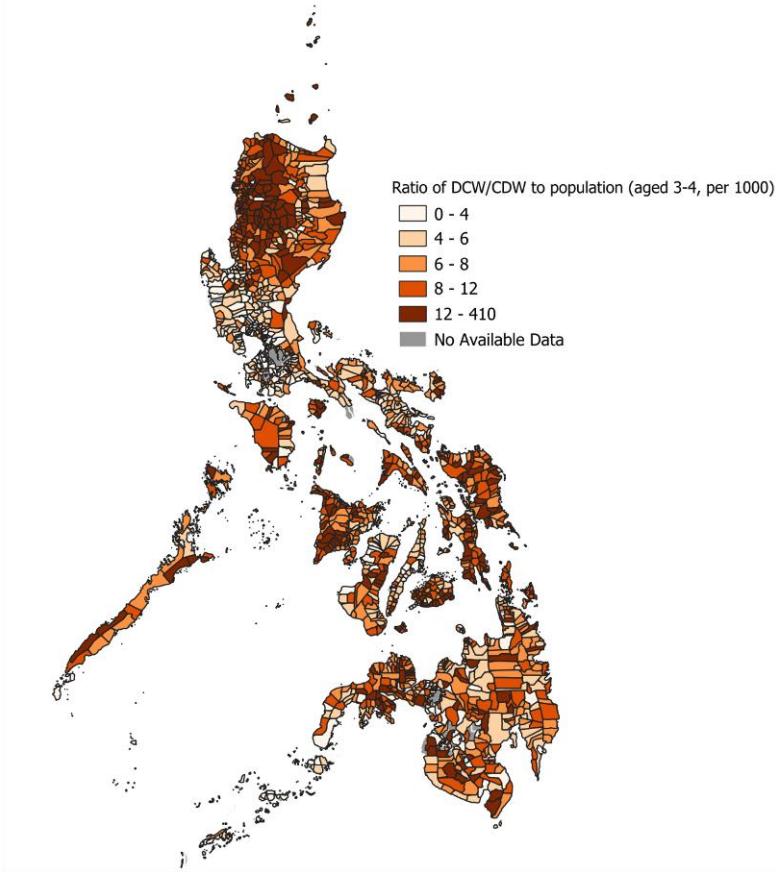
Ratio of mean Daycare/Child Development Workers to enrolled children by LGU income class, 2023

Income Class	DCW/CDW to enrolled children ratio
Philippines	**18**
1st-2nd Class	16
3rd-6th Class	17
CC, HUC, ICCs	30

Source: Authors' compilation and calculation of 2023 ECCD-IS data (DSWD 2023a) and World Population Prospects data (UN 2022).
Note: The completeness and veracity of data depend on the encoding capacity of each LGU.

The country needs an **additional 90,000 daycare/child development workers** to meet 100% of the demand.

Distribution of mean Daycare/Child Development Workers to 1,000 children aged 3-4 across municipalities, 2023



Source: Authors' compilation and visualization of ECCD-IS data as of September 2023 (DSWD 2023).
Note: The completeness and veracity of data depend on the encoding capacity of each LGU.

SERVICE DELIVERY:
CAPITAL INVESTMENTS

About 89% of municipalities and cities meet the DCC/CDC to barangay ratio requirement per RA 6972.

Ratio of mean DCC/CDC to number of barangays, enrolled children, and 1,000 children population (aged 3-4) by LGU income class, 2023

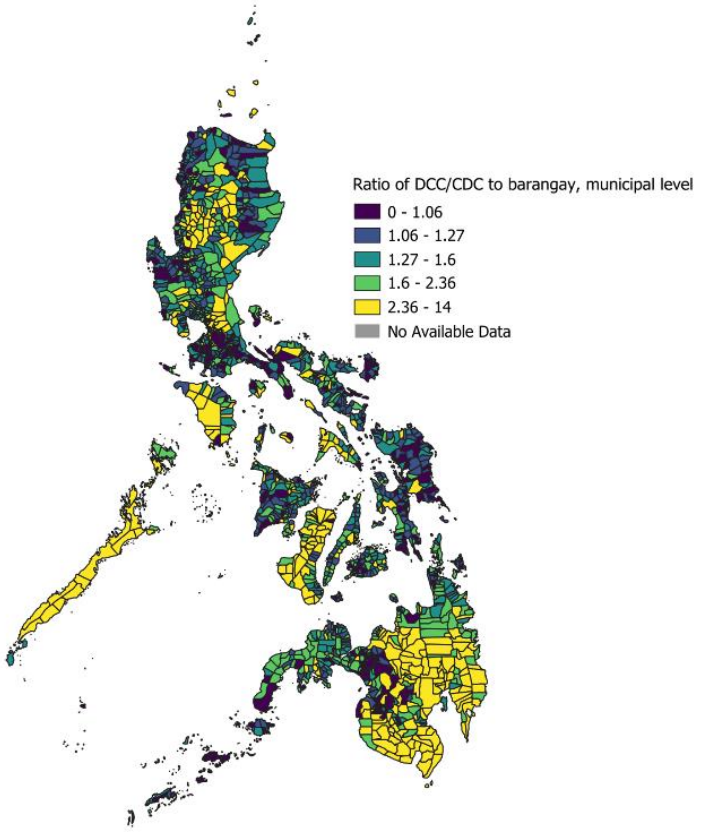
Income Class	DCC/CDC to enrolled children ratio	DCC/CDC to # of barangays ratio	DCC/CDC to children population (per 1,000) ratio
Philippines	**22**	**1.86**	**24**
1st-2nd Class	19	2.19	19
3rd-6th Class	21	1.56	29
CC, HUC, ICCs	37	2.62	12

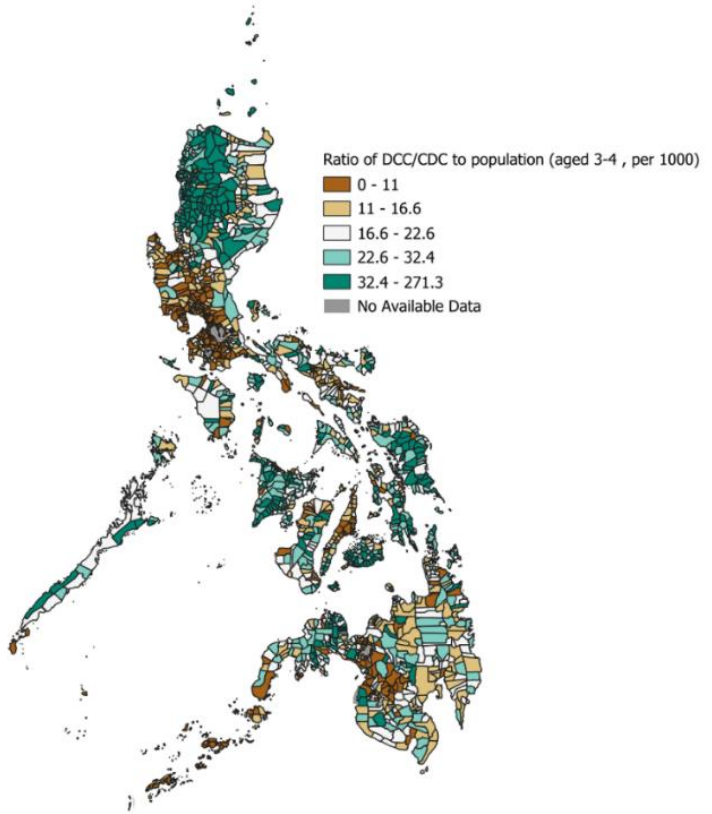
Socioeconomic gradient in facilities to barangay ratios

poorer municipalities exhibit lower ratios than wealthier counterparts.

- 22 children (aged 3-4) per DCC/CDC
- 12-29 DCC/CDC per 1000 children (aged 3-4) in munis/cities

Distribution and density of DCC/CDC to barangay and population across municipalities, 2023





Source: Authors' compilation and visualization of ECCD-IS data as of September 2023 (DSWD 2023).
Note: The completeness and veracity of data are dependent on the encoding capacity of each LGU. Data used in this report are as of September 2023.

SERVICE DELIVERY:
CAPITAL INVESTMENTS

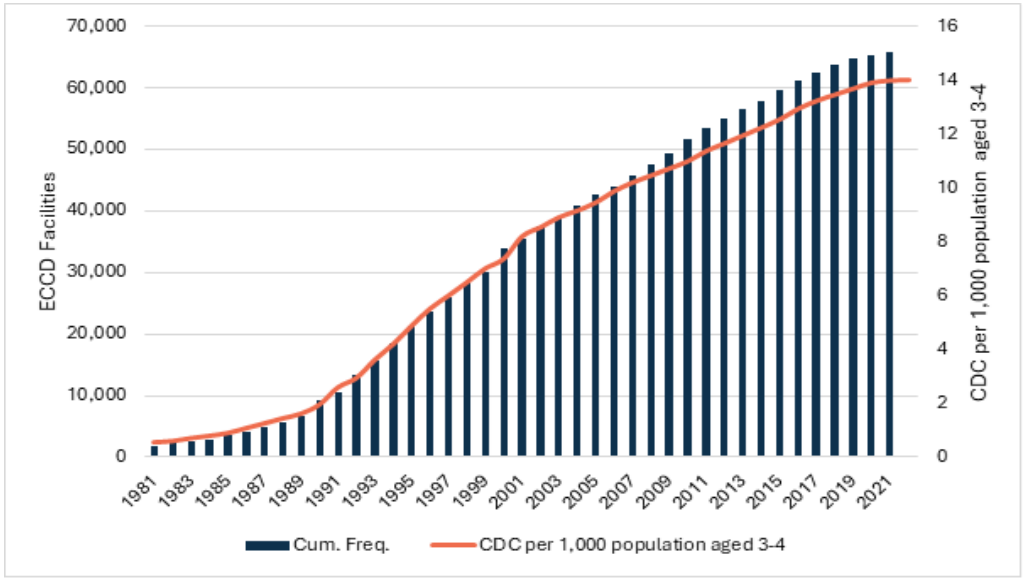
Most ECCD facilities are publicly owned; the share of the private sector is small.

Inventory of ECCD Facilities by type

ECCD Facilities	Total	Public	Private*
Center-based	**63,046**	**62,791**	**327**
Child Development Center/DCC	63,018	62,691	327
Child Minding Center	28	28	-
Community-based	**6,743**	**6,661**	**82**
Neighborhood-based Play Groups	5,966	5,893	73
Day Care Mothers	28	28	-
Family Day Care	36	36	-
Parents to Other Parents	31	30	1
Barangay Base	682	674	8
TOTAL	**69,789**	**69,380**	**409**

Source: Authors' calculation and tabulation of the ECCD-IS data (DSWD 2023).
Note: The completeness and veracity of data are dependent on the encoding capacity of each LGU. Data used in this report is ECCD-IS export as of September 2023.
**Data on private facilities is based on the encoded dataset in the ECCD-IS. According to the latest Census of Philippine Business and Industry, this number may be an underestimate of the actual count of private ECCD facilities, which is estimated to be around ~3,000 (PSA 2018a).*

Number of ECCD facilities over time and growth relative to population per 1,000 children aged 3-4



Source: Authors' analysis and visualization of the ECCD-IS (DSWD 2023a) and World Population Prospects data (UN 2022).

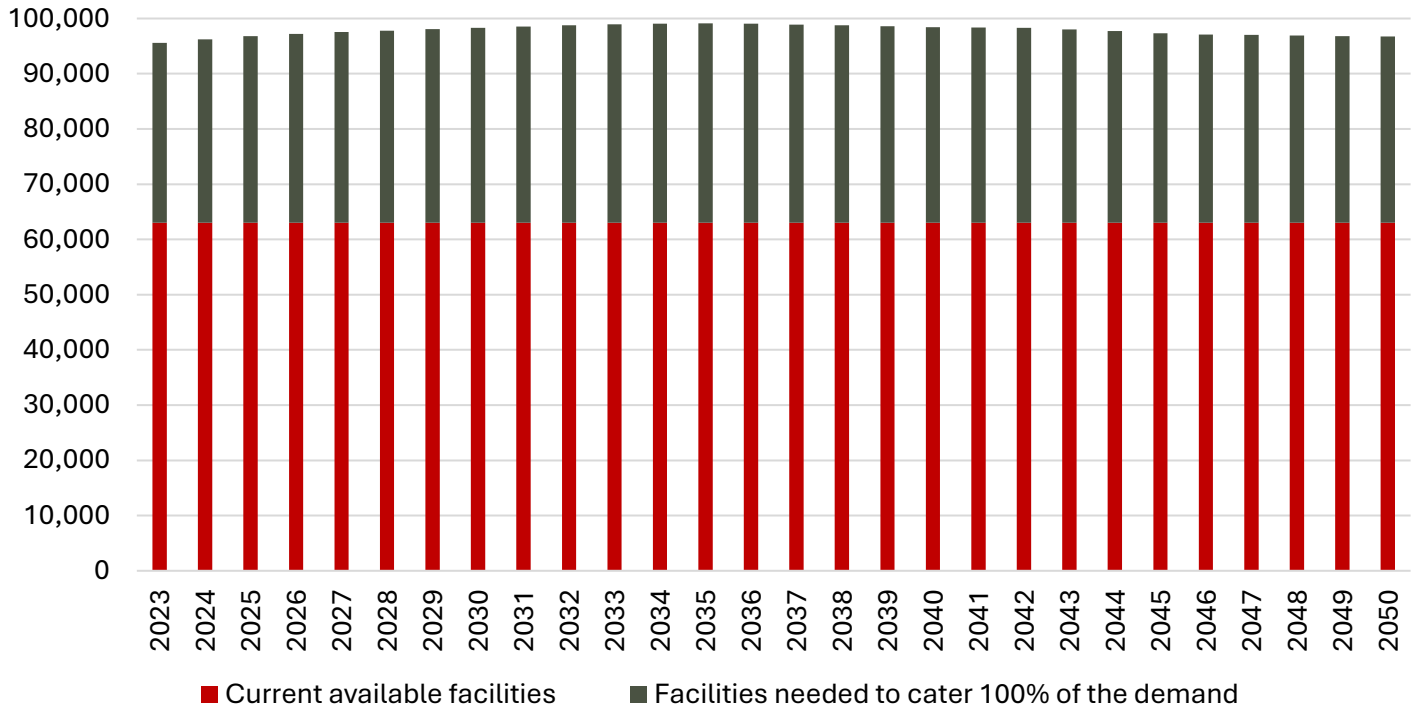
More than 99% of the total center-based facilities are public.

The number of facilities is increasing over time. This growth is **driven mostly by the public sector.**

SERVICE DELIVERY:
CAPITAL INVESTMENTS

The current supply of capital investments is insufficient to cater to the goal of universal access of Filipino children aged 3-4 years to ECCD services.

Projected number for Daycare/Child Development Centers needed for universal access to ECCD services.



Source: Authors' analysis and visualization of the ECCD-IS data (DSWD 2023) and World Population Prospects data (UN 2022).

The country needs an additional **33,000 daycare/child development centers (PHP 95B)** to meet 100% of the demand.

Recommendation #1: Increase early childhood education participation rates

Innovative Financing Mechanisms:

- Roll out and pilot PPP models like voucher and block grant systems to improve early education participation and assess their impact on access and supply-side growth before larger-scale implementation (short-to-medium term).

Behavioral Change Communication (BCC) Campaigns:

- Invest in science-based BCC campaigns targeting diverse sociodemographic groups across various media platforms. This involves community engagement, continuous monitoring, and collaboration with institutions to develop comprehensive plans for effective audience engagement (short-term).

Recommendation #2: Increase public spending on ECCD and improve efficiency by investing resources in services that dramatically affect health, nutrition, and early education outcomes

Leverage National Resources:

- Use national resources to influence and improve local governments' ECCD spending, directing funds toward cost-effective and impactful services (medium to long-term).

- Explore strategic allocation; match grants and allocate resources strategically to high-income local governments and those with limited capacities to effectively implement early education, nutrition, and health services (medium to long-term).

Implement UHC Act:

- Fully implement the UHC Act to comprehensively finance essential maternal and child health and nutrition through primary healthcare (medium to long-term).

- Ring-Fenced Financing; ensure PhilHealth primary care reimbursements to local governments are exclusively used for PHC services by amending the UHC Act (medium to long-term).

Recommendation #2: Increase public spending on ECCD and improve efficiency by investing resources in services that dramatically affect health, nutrition, and early education outcomes

Reevaluate School Feeding Program:

- Conduct a comprehensive evaluation of the school feeding program to address its implementation challenges, such as adequacy of benefits and bureaucratic delays, which affect its impact on nutritional status (short-term).

- Targeted resource allocation; recommend targeted allocation of resources to areas with the greatest need to enhance the program's efficacy, rather than spreading resources indiscriminately (short-term).

Recommendation #3 : Address governance challenges.

Transfer the chairship of multi-sector institutions (e.g., NNC and ECCD council) to an agency that can orchestrate all sectors (e.g., DILG, Office of the President)

Strengthen Multi-Sectoral Secretariats:

- Enhance the stewardship and strategic direction functions of multisectoral agencies like the NNC and ECCD Council rather than focusing on program/project implementation, which is the responsibility of local governments and national agencies.

- Improve staffing; provide organizational incentives to hire and retain highly competent staff to bolster the capacity of these secretariats

Thank you!

For further questions and clarifications, please contact:

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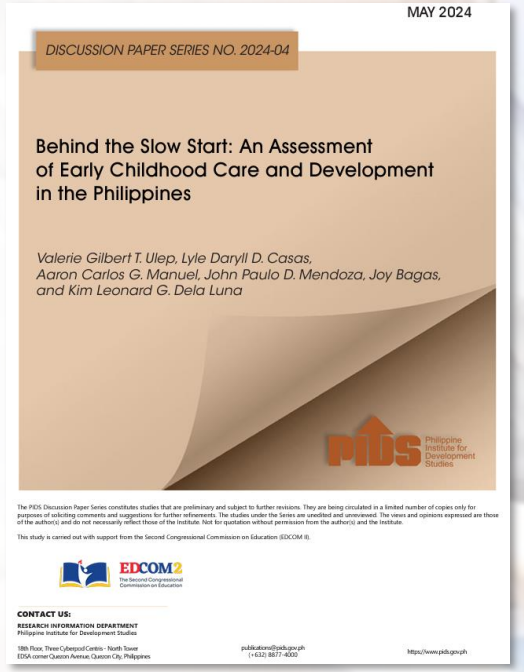

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