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Lessons Learned In Achieving The MDGs: The Philippine Experience

By Erlinda Morales-Capones

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Executive Summary

This report documents the major efforts undertaken to support the MDGs, the initiatives that have resulted in success, the remaining challenges, and the priorities for action needed to move forward. From these, the lessons learned in the implementation of the MDGs in the Philippines will be drawn.

Philippine progress on the MDGs

The most recent assessment by the National Economic and Development Authority (NEDA) in coordination with the National Statistical Coordination Board (NSCB) showed that the country is on track to attain the 2015 targets with respect to the following areas: providing educational opportunities for girls; increasing the share of women in wage employment in the non-agricultural sector; reducing infant and under-five mortality; reversing the incidence of malaria; increasing tuberculosis detection and cure rates; increasing the proportion of population with access to safe water supply; and increasing the proportion of households with sanitary toilet facilities. Meanwhile, there is a need to redouble efforts to accelerate progress in four major areas where the Philippines is lagging behind in terms of attaining the 2015 targets: poverty, universal primary education, maternal health, and HIV-AIDS.

What worked?

True to its commitment to the UN and other Member States, the country has made significant initiatives to achieve the MDGs. Highest political support is given to the attainment of the MDGs in the country as Philippines' past and current presidents led a number of country delegations and report on the Philippines' progress toward achieving the MDGs, particularly during the meetings of the United Nations General Assembly (UNGA). The MDGs are also at the centre of policy discussions in regular cabinet-level meetings, such as those with the president, in meetings of the cabinet clusters (particularly the Human Development and Poverty Reduction Cluster (HDPRC)), and the NEDA Board's Social Development Committee (SDC). There is also explicit support from the legislative branch: the House of Representatives (HOR) created the Special Committee on the MDGs functioning as an oversight body of the HOR in attaining the MDGs.

The Multisectoral Committee on International Development Commitments (MC-IHDC) has been the venue for discussing policies, strategies, programmes, and projects for the MDGs and for coordinating activities for monitoring and reporting on progress made. Lead government agencies have been identified for areas of concern, various policies have been put in place, and programmes and projects supporting the MDGs have been implemented. The desire to attain the MDGs has triggered the participation of various stakeholders – the business sector, civil society, community/people, and international development partners.

What did not work?

Despite the efforts made, some targets still scored a low probability of attainment due to several factors. With regard to policy-making, well-crafted policies are inutile if they cannot be converted into action, especially when they conflict and overlap with one another. As to implementation, the role and accountability of the LGUs should be emphasized, as delivery of most social services is devolved to them. However, the LGUs' performance can be attributed to various reasons, such as their human and financial capacities. The establishment of a monitoring system at the local level has also been identified as a challenge, along with the need for reliable and updated statistics.

The continuous growth of the country's economy has not been broadly distributed across the different sectors of the population. Hence, growth appears to be not inclusive. The wide disparities between urban and the rural areas have been a major factor for the three areas that are lagging behind: 1) higher poverty incidence was reflected in remote areas; 2) children in the rural areas are more

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disadvantaged when it comes to their performance in school; and 3) maternal services are less accessible in far-flung areas. Moreover, vulnerabilities can be aggravated by man-made and natural shocks, which affect efforts to attain some MDG targets.

Conclusion

In view of the lessons learned in the implementation of the MDGs in the Philippines, there have been significant strides that call for the continuing pursuit of the MDGs, with a focus on the local level. The gains from successful initiatives should be continued and strengthened, while collective action should resolve challenges and thereby realize the MDGs.

Keywords:

Millennium Development Goals, successes, challenges, accelerating progress, poverty, universal primary education, maternal health, HIV/AIDS.

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1. Introduction

In the Philippines, various interventions have supported the country-level achievement of the MDGs. The review of past undertakings will be useful in identifying what initiatives worked and what needs improvement in the course of MDG implementation for the remaining years. The results of the review will also contribute to shaping the post-2015 development agenda.

This report documents the major efforts undertaken to support the MDGs, the initiatives that have been successful, the remaining challenges, and the priorities for action needed to move forward. From these, the lessons learned in the implementation of the MDGs in the Philippines will be drawn.

2. Philippine progress toward the MDGs

The most recent assessment done by the National Economic and Development Authority (NEDA) in coordination with the National Statistical Coordination Board (NSCB) showed that the country is on track toward attaining the 2015 targets with respect to the following areas: providing opportunities for girls in education, increasing the share of women in wage employment in the non-agricultural sector, reducing infant and under-five mortality, reversing the incidence of malaria, increasing tuberculosis detection and cure rates, increasing the proportion of the population with access to safe water supply, and increasing the proportion of households with sanitary toilet facilities. Meanwhile, there is a need to redouble efforts to accelerate progress in four major areas where the Philippines is lagging behind in terms of attaining the 2015 targets: poverty, universal primary education, maternal health, and HIV-AIDS.

The latest estimates on poverty incidence released by the NSCB showed that the proportion of the population living below the poverty threshold (or the poverty incidence) increased in recent years from 24.9 in 2003 to 26.5 in 2009. Given the country's population growth, this actually means that the number of poor families and persons has been increasing.

Current trends in elementary school participation, survival and completion rates show that the country may not achieve universal access to elementary education if the factors that keep children out of school are not addressed. These factors include poverty, poor health, peace and order problems, and child labour, among others. Moreover, efforts should be focused on boys to achieve gender equality in education, as the gender gap in basic education appears to favour girls.

Investments to improve maternal health must be increased and the functionality of local health systems must be reinforced, as the current rate of decline in the maternal mortality ratio suggests that the target of 52 deaths per 100,000 live births by 2015 may not be achieved. Although HIV-AIDS prevalence is less than 1 percent, there is a need to work harder to fight HIV/AIDS, as data show that HIV and AIDS cases in the country are increasing at an alarming rate.

(Please see Annex A for the Statistics at a Glance on the Philippines' Progress on the MDGs).

3. What worked?

Since the adoption of the Millennium Declaration in 2000, the Philippines has implemented various interventions to establish an environment to facilitate the attainment of the MDGs. The commitment from all levels of the Philippine Government was evident in the numerous policies and programmes implemented to support the MDGs. The concerted efforts of the different stakeholders (business, civil society, community/people, and international development partners) added to the strength of MDG implementation in the Philippines.

4. Clear institutional arrangements

Highest political support is given to the attainment of the MDGs in the country, as the Philippines' past and current presidents led a number of country delegations and reported on the country's progress in achieving the MDGs, particularly during the meetings of the United Nations General Assembly (UNGA). For instance, the first foreign trip of President Benigno S. Aquino III upon assuming office in 2010 was the 65th UNGA, where he updated the body on the status of Philippine efforts to achieve the MDGs. Even during the recent visit of Governor General of the Commonwealth of Australia Quentin Bryce to the Philippines in 2012, the president stated his administration's significant progress in achieving the MDGs and the intensified efforts to accelerate progress in eradicating poverty, providing universal primary education, and improving maternal health.

The MDGs are also at the centre of policy discussions in regular cabinet-level meetings, such as those with the president, in meetings of the cabinet clusters (particularly the Human Development and Poverty Reduction Cluster (HDPRC)), and the NEDA Board's Social Development Committee (SDC). There is also explicit support from the legislative branch: the House of Representatives (HOR) created the Special Committee on the MDGs to function as an oversight body of the HOR in attaining the MDGs. The Committee's mandate includes: (a) ensuring the passage of MDG-supportive bills; (b) studying and assessing the effectiveness of MDG-supportive laws; (c) instituting a progress review of the MDG policy agenda every 18 months; and (d) ensuring budget allocation in the annual General Appropriations Act (GAA) for MDG-supportive programmes.

For programme and project coordination, the Multisectoral Committee on International Development Commitments (MC-IHDC) is monitoring the country's progress and the efforts of various stakeholders in promoting achievement of the MDGs. The MC-IHDC is a subcommittee of the NEDA Board's SDC and was created to monitor, report, review, and evaluate Philippine compliance with commitments made during international conferences on human/social development.

SDC Resolution No. 1, series of 2003, entitled Expanding the Composition of the MC-IHDC, Amending SDC Resolution No. 1, series of 1996, tasked the NEDA as the lead agency in coordinating and monitoring the MDGs and also identified specific lead agencies for each of the MDG concerns. The assignment of responsibilities is shown in the Table below. The Committee is being chaired and co-chaired by NEDA and the National Anti-Poverty Commission (NAPC), respectively, and has representatives from 35 government agencies and 13 non-government organizations (NGOs) as members.

Table 1: Lead Agencies per MDG Area of Concern

Agency	MDG Area of Concern
National Anti-Poverty Commission (NAPC)	Poverty Alleviation
Housing and Urban Development Coordinating Council (HUDCC)	Shelter and Human Settlements
Department of Health (DOH)	Health concerns including Water and Sanitation
National Nutrition Council (NNC)	Hunger and Nutrition
Department of Education (DepEd)	Primary education
Philippine Commission on Women (PCW)	Gender Equality and Empowerment of Women
Department of Environment and Natural Resources (DENR)	Environmental Sustainability
Department of Interior and Local Government (DILG)	Localization of the MDGs
National Statistical Coordination Board/National Statistics Office (NSCB/NSO)	Indicators/Statistics
Department of Budget and Management (DBM)	Financing/Budget
Department of Trade and Industry/Department of Finance (DTI/DOF)	Global Partnership for Development

To ensure the availability of data for the monitoring of progress, NSCB Resolution No. 10, series of 2004, entitled Adoption of and Enjoining Data Support to the MDG Indicators, designated the NSCB as the repository of MDG indicators in the Philippines and as the coordinator for the generation and improvement of statistics for the MDGs. Through the same resolution, all concerned data-producing agencies and local government units (LGUs) were enjoined to generate and regularly provide timely and accurate statistics for monitoring MDG indicators. The NSCB readily provides data and estimates concerning the probability of achieving national-level targets through the MDG Watch website. The NSCB Regional Offices (NSCB-ROs) likewise maintain Regional MDG Databases that provide regional-level statistics. Some NSCB-ROs also compile statistics down to the provincial level. These data are being used in policy-making, identifying priority areas and interventions and, formulating progress reports on the MDGs.

The government, through NEDA, prepared four national reports on the MDGs that were released in 2003, 2005, 2007 and 2010. These reports were prepared in consultation with various government agencies, academic and research institutions, the United Nations Country Team (UNCT), and civil society organizations (CSOs). The reports presented the progress made for each of the MDGs, the challenges encountered, and the actions needed to keep the country on track or to accelerate progress towards the achievement of the MDGs. NEDA-Regional Offices (NROs) also led the preparation of Regional Progress Reports on the MDGs showing progress toward MDGs at the subnational level. Using the Community-Based Monitoring System (CBMS) Data, 10 provincial local governments also endeavoured to prepare Provincial Progress Reports on the MDGs.

5. A plethora of policies supporting the MDGs

A number of policies have been put in place to support the MDGs in the Philippines – from development planning, investment programming, MDG localization, ensuring financial support and monitoring the progress made on the MDGs. The very strong desire to achieve the MDGs resulted in bringing up the discussions on the social, economic, and environmental development agenda to the highest level of policy and decision-making institutions.

5.1 Development Planning

In crafting the Medium-Term Philippine Development Plan (MTPDP) 2004-2010 and the Philippine Development Plan (PDP) 2011-2016, the MDGs served as guide in the formulation of policies and strategies towards providing a life of dignity for Filipinos. The MDGs were integrated into the sectoral plans and budgets and were explicitly considered in the prioritization of programmes and projects to be implemented. Reports on the progress made vis-à-vis the targets set on the MDGs were included in the sectoral reports.

5.2 Investment Programming

Programmes and projects to support MDG achievement were included in the Medium-Term Philippine Investment Programme (MTPIP) 2004-2010 and the Public Investment Programme (PIP) 2011-2016, the investment plans accompanying the MTPDP and the PDP, respectively. Through the monitoring of the flow of Official Development Assistance (ODA) in the country, NEDA produced the list of ODA-supported programmes and projects supportive of the MDGs. The list of foreign-assisted projects (FAPs) supporting the MDGs is included in the publication of the ODA Portfolio Review Reports.

5.3 Localizing the MDGs

As the agency tasked to lead MDG localization, the DILG issued in November 2004 Memorandum Circular No. 2004-152, entitled Guide to LGUs in the Localization of the MDGs, addressed to local government officials, including provincial governors and city and

A plethora of policies supporting the MDGs

municipal mayors. The circular encouraged LGUs to intensify efforts in the implementation of programmes, activities, and projects (PAPs) and to increase budgetary allocations for basic social services in support of MDG achievement. It also provided guidance for poverty-focused planning and budgeting and for local poverty diagnosis and monitoring and encouraged replication of good practices responsive to MDGs.

In addition, various resolutions were issued by some Regional Development Councils (RDCs) to support MDG initiatives at the local level. Examples of these are: (a) RDC XII Resolution No. 53, Series of 2003, Approving the Mainstreaming of the MDGs in the Development Planning at the Regional and Local Level; (b) RDC V SDC Resolution 05-01, Series of 2004, Adopting the 2015 MDGs to Include the Monitoring, Review and Evaluation of the Set Goals and Integration of MDG Monitoring in Each Line Agency's Monitoring System; and (c) RDC V Resolution No. 05-21, Series of 2004, Approving and Endorsing the Localization and Mainstreaming of the MDGs and the International Conference on Population and Development (ICPD) in Development Processes at the Regional and Local levels.

To further assist the LGUs, tools and instruments to promote MDG localization were developed and made available. One such tool is the LGU Menu of Options to Address the MDGs, which recommends specific projects and activities that the LGUs may implement to address targets under each MDG. Along with this, MDG localization costing templates were developed to help LGUs estimate the required investment cost for the implementation of the MDG PAPs.

In order to promote and institutionalize the sharing and replication of sustainable good practices in local governance to enable LGUs to improve the delivery of basic services to their constituents, the DILG established Good Practices in Local Governance: Facility for Adaptation and Replication (GO-FAR). This facility is designed to help LGUs build their capacities by providing them the opportunity to improve local governance in development planning, fiscal administration, accountability, and service delivery through replicating good practices that are participatory, innovative, and sustainable.

The DILG also started the implementation of the Monitoring and Evaluation (M&E) Tracking System on Tracking LGU Responses to Millennium Development Goals (MDGs) aimed at monitoring LGU contributions to the attainment of the MDGs. The system was designed to monitor local-level progress in achieving MDG targets and MDG-related initiatives of LGUs. In the first round of the MDG Tracking System in 2007, 941 of 1,626 LGUs submitted the required monitoring forms. For the second round, which covered the period 2010-2011, the submission rate of the regions was from as low as 10 percent (Region IV-A) to as high as 98 percent (Region VII).

5.4 Financing the MDGs

To provide information on the financial requirements to support the achievement of the MDGs by 2015, the NEDA and the United Nations Development Programme (UNDP) commissioned a study in 2006 entitled *Financing the MDGs: The Philippines*. The study examined national and local government financing for poverty reduction, universal access to complete primary education, health-related MDGs, and improved access to water supply and sanitation. It generated estimates on the resource requirements, the available resources, and the financing gap for the implementation of related programmes and projects from 2007 to 2015. Policy recommendations to bridge the financing gap were also provided in the study. The study was updated by the Philippine Institute of Development Studies (PIDS) in 2011 and is entitled *Financing the MDGs and Inclusive Growth in the Time of Fiscal Consolidation*. It maintains that government needs to consider the imposition of new tax measures if fiscal consolidation is to be achieved without sacrificing the financing of MDGs and inclusive growth.

Since 2006, the DBM's guidelines and procedures in the preparation of national and local budgets have emphasized funding for MDG-related PAPs. The MDGs were also given high priority in the preparation of expenditure plans of concerned agencies. For health, the development of a multi-year expenditure plan for DOH, along with the goal of attaining the health-related MDGs, was among the objectives of the preparation of the Health Expenditure Framework. The Framework aligns the DOH budget with policy priorities within the medium term and ensures that all priority health programmes are funded for the coming years. For education,

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the DepEd's Medium-Term Spending Plan 2012-2017 details the cost of investments needed for addressing input deficiencies to promote universal access to quality education. Meanwhile, the DSWD's budget strategy prioritizes programmes related to conditional cash transfer and national household targeting that support the MDGs for education and health.

The increasing trend in national government expenditures for social services reflects the fruits these efforts: from Php278.3 billion in 2008 to Php504.3 billion in 2012.

Table 2: National Government Expenditures for Social Services (in billions of Php), 2008–2012

Year	2008	2009	2010	2011	2012
Expenditure	278.3	310.0	306.0	408.1	504.3

Source: Budget of Expenditures and Sources of Financing, 2008-2012, DBM

The DOF, through its Millennium Development Fund Office (MDFO), issued Resolution No. 04-12-22-2005 establishing the MDG-Fund (MDG-F) and allocated Php500 million for financing local initiatives in support of the MDGs. The DILG and DOF-MDFO agreed to jointly implement the MDG-F under a Memorandum of Agreement (MOA) signed on 6 August 2007. MDG-F provided financing to fourth- to sixth-class municipalities for the implementation of their MDG projects. It aimed to catalyse LGU initiatives to rapidly address their social development programmes that focus on poverty, hunger, disease, illiteracy, environment, slums, and gender. It likewise assisted LGUs in expanding and upgrading their social infrastructures to provide more quality MDG-supportive services to their constituents.

Furthermore, the DILG initiated the Local Governance Performance Management Programme, which will help stimulate local governments to put a premium on performance in order to avail themselves of financial support to jumpstart and sustain local economic development initiatives for poverty reduction in their localities. The programme is carried out through a financial subsidy facility called the Performance Challenge Fund (PCF). One of the objectives of the PCF is to encourage convergence of local development projects with the government's priority programmes for the achievement of the MDGs.

5.5 Monitoring the MDGs

In order to provide a mechanism for monitoring the government's physical and financial accomplishments relative to the MDGs, the DBM and NEDA issued DBM-NEDA Joint Circular 01-2011, entitled Guidelines To Institutionalize Reporting of Budget Allocations and Expenditures Including Physical Targets and Accomplishments for the Millennium Development Goals. The Circular requires all concerned government agencies to submit annual reports on the allocations and spending and the accomplishments made for the implementation of programmes and projects for the MDGs. The NEDA consolidates the reports to produce information about the government's financial investment in the MDGs.

Noting the importance of establishing benchmarks and of monitoring progress made at the local level, the Core Local Poverty Indicator Monitoring System (CLPIMS) was developed to generate local-level information for poverty diagnosis and planning. The CLPIMS recommends the use of 14 core local poverty indicators for local planning and the monitoring of local MDG progress. The CLPIMS were adopted and localized through the issuance of NAPC En Banc Resolution No. 7 and DILG Memorandum Circular 2003-92.

Another instrument prescribed by the DILG and NAPC is the Community-Based Monitoring System (CBMS). The CBMS is a tool used in collecting data at the local level for planning, budgeting, and implementing local development programmes as well as for

monitoring and evaluating performance. It involves a census of all households at the barangay level. Given that the core set of CBMS indicators includes health, nutrition, shelter, water and sanitation, basic education, income and employment, the CBMS has been readily adopted as a tool for generating MDG indicators. As of October 2012, CBMS was being used in 67 provinces, 64 cities, 796 municipalities, and 21,895 barangays.

The CBMS has also contributed to the success of a number of projects implemented to bring the MDGs closer to communities; examples are the Pasay City Project in Bringing the MDG to Every Household and the DILG-LGA-led MDG Family-Based Actions for Children and their Environs in the Slums (MDG-FACES), which is implemented in a number of cities nationwide.

6. Implementation of major programmes and projects supporting the MDGs

Major programmes and projects were implemented to support the achievement of the MDGs in the country, including: the Pantawid Pamilyang Pilipino Programme, Kapit-Bisig Laban sa Kahirapan- Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS), Universal Health Care (UHC), and the Kindergarten to 12 Years Basic Education Programme (K to 12).

6.1 *Pantawid Pamilyang Pilipino Programme*

Launched in 2008, the Pantawid Pamilyang Pilipino Programme is a poverty reduction programme using conditional cash transfer (CCT), which serves as the cornerstone of the government's strategy to fight poverty and attain the MDGs. The beneficiary households are selected through the National Household Targeting System for Poverty Reduction (NHTS-PR) conducted by the DSWD using the Family Income and Expenditure Survey (FIES) and Small Area Estimates (SAE) of the NSCB. As of January 2012, the programme had reached 2,345,618 household beneficiaries, covering 17 regions, 79 provinces, 77 cities, and 950 municipalities. The programme is expected to result in better health and educational outcomes of children and beneficiaries.

6.2 *Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS)*

This community-driven development (CDD) project aims to empower communities through participation in local governance and involvement in design and implementation of poverty reduction activities.

Launched in 2003, the Project covers the poorest quintile of municipalities in 42 provinces. For 2003-2011, KALAHI-CIDSS funded 5,876 community subprojects benefiting 1,345,767 households in 6,101 barangays (inclusive of multiple counting of some barangays that were prioritized more than once). From 2011 to June 2012, the two expansion initiatives – KC Additional Financing and KC Millennium Challenge Corporation – assisted 525,548 households.

6.3 *Universal Health Care (UHC)*

The implementation of Universal Health Care (UHC) is directed towards ensuring achievement of the health system goals of better health outcomes, fair financing, and responsive health system. The objective of UHC is to promote equity in health through the provision of full financial protection and improvement of access to priority public health programmes and quality hospital care, especially for the poor.

As of October 2011, around 5.2 million families (belonging to quintile 1) identified through the NHTS-PR were enrolled under the PhilHealth Sponsored Programme. A no-balance billing (NBB) policy for those enrolled under the Sponsored Programme was also

Implementation of major programmes and projects supporting the MDGs

instituted for 22 selected medical and surgical cases beginning September 2011. To improve access to quality health care facilities, the Health Facilities Enhancement Programme (HFEP) is being implemented.

To attain health-related MDGs, public health commodities were procured for distribution to RHUs serving Pantawid Pamilya areas; community health teams (CHTs) were mobilized and trained; about 10,000 nurses were deployed under the Registered Nurses for Health Enhancement and Local Service (RNHeals) programme; and implementation plans were being developed in 12 geographical areas where MDG problems are concentrated. Known as DOH's "MDG Dozen", these areas are Metro Manila, Negros Occidental, Quezon, Cebu, Pangasinan, Iloilo, Cavite, Maguindanao, Zamboanga del Sur, Leyte, Davao del Sur, and Pampanga.

6.4 Kindergarten to 12 Years Basic Education Programme (K to 12)

The adoption of a longer or 12-year cycle of formal basic education is among the most urgent and critical tasks listed in the Philippine National Action Plan for Education for All (EFA) 2015. Under K to 12, the government targets universal kindergarten enrolment for five-year-old children. Primary/elementary education will remain at six years, while secondary education will be lengthened from its current four years to six years. This initiative is based on the foreseen need for Filipinos to be equipped with improved competencies to match the efforts of its neighbouring countries and to respond to the domestic and international demand for greater competency. The implementation of the kindergarten component of the programme started in the 2011-2012 school year, while the new curriculum for grade 1 and first year (or grade 7) will be implemented in the 2012-2013 school year.

7. Active participation of various stakeholders

Recognizing the important role of the private sector as the main driver for national development, the government identified the implementation of public-private partnership (PPP) as a cornerstone strategy to accelerate infrastructure development in the country and sustain economic growth. To push for the strengthening of PPP in the Philippines, the PPP Centre tasked to coordinate the facilitation of PPP in the country was established in 2010. The current PPP framework expanded its coverage to include non-traditional infrastructure sectors such as health, education, and other social infrastructure and development projects.

7.1 Business Sector

To inform the business sector and generate that sector's commitment to support the MDG development agenda, the Philippine Business for Social Progress (PBSP) led the formulation of the Philippines MDG Framework for Business Action through a series of consultations with business executives and leaders of corporate foundations, corporate officers, government partners, and the donor community. The framework mainly shows how business can help attain the MDGs through corporate investments. In 2004, the PBSP also published the MDG-business report entitled *Responding to the Millennium Development Challenge: A Roadmap for the Philippine Business*, which includes the best practices on corporate social responsibility and presented options for the implementation of strategic business interventions for the MDGs. In its *Business and the MDGs Investment Report 2010*, PBSP reported that corporate investment for the implementation of MDG initiatives on poverty, health, education, and environment amounted to Php2.5 billion from 2005-2010.

The business sector invested a total of Php1.76 billion for various poverty reduction projects to create livelihood and employment opportunities for the poor and to provide access to basic services, including food and nutrition for children. Corporate investments in education-related projects that PBSP monitored amounted to Php435 million. Interventions are along direct school facilities improvement, support for systems improvement, capacity-building for parents and teachers, and the provision of scholarships and support for students. In health, corporate investments amounted to Php145M, with projects consisting mostly of medical missions sponsored by companies. Corporate programmes for the prevention and treatment of HIV/AIDS, TB, and other diseases are

Active participation of various stakeholders

undertaken as workplace programmes for employees and their dependents. With regard to the environment, most of the companies surveyed are supportive of initiatives on sustainable water resource use. However, in terms of financial support, programmes promoting biodiversity received the most investment. Total environment-related corporate investment is Php143 million.

7.2 Civil Society

Active participation of the civil society is evident in the participation of Gawad Kalinga/Habitat for Humanity and other non-government organizations (NGOs) in the implementation of a comprehensive and permanent housing programme for the victims of typhoon Sendong in Cagayan de Oro, Iligan, and Dumaguete City. As of June 2012, 1,941 units had been completed and 1,494 were under construction.

Cooperatives play an important role in assisting families own their dream houses. The National Confederation of Cooperatives (NATCCO) offers housing to its members at a price much lower than those available commercially. NATCCO is also actively assisting other cooperatives to set up housing cooperatives in various areas of the country.

On disease prevention and control (for HIV and AIDS, TB, and malaria), forging partnerships to improve coordination, service delivery, and referral were beneficial. Specifically for HIV and AIDS, the establishment of a referral system among service providers has resulted in a more systematic delivery of treatment, care and support services to persons living with HIV (PLHIV) and affected family members and significant others. This has been demonstrated in an initiative undertaken by the Alliance Against AIDS in Mindanao, which facilitated the establishment of such partnerships to improve access to treatment services in Mindanao.

In intervening against malaria, the following have helped an initiative led by the Pilipinas Shell Foundation on the simultaneous distribution of long-lasting insecticide-treated nets (LLINs) and indoor residual spraying (IRS), which has reduced the incidence of malaria in certain project areas: mobilizing communities to support related activities, engaging local government units and other groups (private sector, faith-based organizations, NGOs) for various activities, and the presence of defined processes and systems.

The Social Watch Philippines (SWP), a network of citizens' organizations for promoting people-centred sustainable development, prepared Citizens Reports on the MDGs that assess the government's efforts from the CSO's perspective and recommendations on how to promote the MDGs. The MDG Reports are useful tools for advocating support for the MDGs and are sources of useful information for policy makers, project implementers, various stakeholders, and the general public on the advances that the country has made toward achieving the MDGs.

The role of media in deepening the appreciation and understanding of the MDGs, especially in hard-to-reach areas, should also be underscored. The Philippine Media Advocates for Development and Empowerment (PhilMADE) is an alliance of media advocates seeking to make the policy environment more favourable to gender, population, and reproductive health programmes, particularly for marginalized and poor communities, to achieve the MDGs.

7.3 Community/People Participation

For the Kapit-Bisig Laban sa Kahirapan-Comprehensive and Integrated Delivery of Social Services (KALAHI-CIDSS) Programme, the active engagement of the communities has been vital in the success of programme implementation, specifically in the identification of the priority development projects in the community.

The 2012 study of the Asian Development Bank (ADB) entitled The KALAHI-CIDSS Project in the Philippines: Sharing Knowledge on Community-Driven Development reported that KALAHI-CIDSS provides an effective platform for integrating and coordinating the key elements of an effective local poverty reduction strategy. The participatory planning processes of KALAHI-CIDSS ensure that all community members, especially the poor, have the opportunity to be involved in the situation analyses that lead to village development plans, which in turn serve as an important input for municipal development plans.

Active participation of various stakeholders

The transparency of the Municipal Inter-barangay (inter-village) Forum (MIBF) strengthens the responsiveness of local planning and budgeting systems to the needs of the poor. The MIBF is an effective mechanism for subproject selection and the allocation of development resources.

7.4 International Development Partners

Advocacy activities to generate donor support were made through the Philippine Development Forum (PDF). The PDF is the primary mechanism of the government for facilitating substantive policy dialogue among stakeholders about the country's development agenda. Through the creation of a Technical Working Group (TWG) on the MDGs and social progress, policy dialogues to support for the MDGs were facilitated. Several multilateral and bilateral agencies have already aligned their country assistance framework priorities with the MDGs.

From 2005 to 2010, the social reform and community development (SRCD) sector received the largest share in terms of grant assistance from ODA. The 2011 ODA Portfolio Review reported that, in terms of total ODA (active loans and grants), 132 ODA are for the implementation of programmes and projects to support achievement of the MDGs. Of these, 86 ODA (65 percent) worth PhP132.34 billion support a specific goal, while 35 percent or 46 ODA (PhP60.67 billion) are considered as cross-cutting on various MDGs.

For the Pantawid Pamilyang Pilipino Programme, partnership with the donor organizations such as the World Bank was forged to provide financial support for its implementation. In terms of mobilizing financial resources, assistance from international development agencies was tapped. Foreign assistance funds (loans and grants) for the improvement of the basic education subsector in the Philippines from 2000 to 2010 amounted to around PhP45.9 billion.

8. What did not work?

Despite the several efforts undertaken to achieve the MDGs in the country, not all targets are likely to be achieved by 2015, indicating that much must be done to overcome the remaining challenges to MDG implementation.

8.1 Conflicting and overlapping policies

The implementation of some provisions of MDG-supportive laws was beset with technical, financial, legal, institutional and other resource constraints. There are also a number of conflicting and overlapping policies, such as the conflict between forest protection laws, on the one hand, and the Agriculture and Fisheries Modernization Act (AFMA), on the other. The National Integrated Protected Areas System (NIPAS) Act is also in conflict with the Fishery Code regarding the municipal water income of municipalities within protected areas, as well as the Local Government Code (LGC) regarding the matter of jurisdiction of LGUs within protected areas. Conflicts also exist in the implementation of various laws such as the Mining Act, the NIPAS Act, the Indigenous Peoples' Rights Act (IPRA) and the LGC, among others. These conflicts, overlaps, or divergent interpretations have led to the delay or suspension of some projects.

When it comes to providing decent housing for the poor, the affordability of socialized housing to target beneficiaries becomes an issue whenever there is a proposal to increase socialized housing price ceilings. Various laws provide that "economic and socialized housing" refers to housing units that are within the affordability level of average and low-income earners, i.e., 30 percent of gross family income. Thus, the targeted beneficiaries for socialized housing are those belonging to the first to the third deciles. However, only families in the sixth decile and up can afford the existing price ceilings for socialized housing.

8.2 *Weak implementation and monitoring at the local level*

To a large extent, the achievement of the MDGs is dependent on the effective provision of basic social services to the people. In the Philippines, the delivery of most of these services is devolved to the LGUs, highlighting the importance of MDG localization. However, the implementation and monitoring at the local level have been weak, considering the factors affecting the LGUs' performance, such as the lack of capacity, resource constraints, and low compliance with the DILG M&E system.

8.3 *Lack of capacity*

Because health services are devolved, strengthening the capacities at the local level is a must. Ensuring the availability of trained human resources for health is imperative because, without them, the upgraded health facilities will be useless. For instance, in reducing maternal deaths, it was recommended in the National Agenda to Accelerate the Achievement of MDG 5 that the DOH, as the lead agency, decide on the organization of the emergency obstetric services to be provided and carry out needs assessment of health facilities and hospitals (functionality and distribution) to serve as bases in strengthening capabilities.

Particularly with respect to environment, Chapter 10 of the PDP 2011-2016 highlighted the need to develop the competence, particularly of LGUs, to implement mandated tasks and to properly assume environmental and natural resource functions. This considers the technical expertise needed to implement provisions of environmental and natural resource laws requiring the application of new and sophisticated technologies (e.g., geographic information system (GIS), global positioning system (GPS), valuation, databases, and online connectivity of information systems).

8.4 *Resource constraints*

There is a need to improve the institutional and financial capacities of LGUs in the delivery of services to their constituents to ensure the implementation of effective interventions for the MDGs. A study by PIDS and UNICEF entitled *Improving Local Service Delivery for the MDGs in Asia: The Philippines' Case* cites that the immediate transfer of powers, functions, and responsibilities to carry out devolved services as a result of the enactment of the LGC in 1991 has created a "mismatch between LGUs' powers and their responsibilities and their institutional and financial capacities". The study also mentions that resource constraints and institutional deficits affect the quality and quantity of services delivered especially in most fifth- and sixth-class municipalities and low-income provinces. These concerns highlight the need to intensify efforts to strengthen the absorptive capacity of LGUs to improve the delivery of services to their constituents.

8.5 *Low compliance with the DILG M&E system*

Notwithstanding the related Circulars issued by concerned national government agencies highlighting the importance of establishing a mechanism to monitor progress at the local level, many LGUs still lack the appropriate monitoring systems that would enable them to track their progress and to provide timely and disaggregated data and statistics for identifying the interventions needed to meet the MDGs. Since setting up a monitoring system, such as the CBMS, entails cost, how the LGUs can be better encouraged to invest in such a system remains a challenge.

In addition, the low compliance of LGUs in the implementation of the DILG M&E system has hindered the establishment of a system that would provide information on the progress at the local level, the initiatives that the LGUs undertook, and the investments made in support of MDG achievement. The DILG identified the following reasons for LGUs' low compliance: (a) lack of funds to orient and provide technical assistance to all LGUs nationwide; (b) confusion of LGUs about the different data-gathering tools to track MDGs at the local level; (c) competing workload priorities in the LGUs; (d) different understanding of LGUs in filling out and encoding the forms; and (e) difficulty in tracking data for three years due to poor record management at the LGU level.

What did not work?

These highlight the need to ensure the availability of data at the local level and to increase LGU appreciation of the MDGs to encourage them to participate in the reporting process.

8.6 *Non-inclusive growth*

Statistics show that, despite growth in the economy over the past decade, poverty in the country has not abated, which indicates that the benefits of growth have not reached the poorest and the most vulnerable. Geographical disparities indicate that resources need to be channelled to poorer and underserved areas. Also, certain segments of the population remain poor despite the implementation of various poverty reduction programmes. Basic sector statistics released by the NSCB show that the incidence of poverty among fishermen, farmers, children, and self-employed and unpaid family workers is higher than the national level and has not improved over the last decade. Indigenous peoples also remain among the most vulnerable sectors.

Little progress has been seen in the country's employment indicators over the past years. Labour productivity and the employment-to-population ratio have not been improving. According to DOLE, the share of vulnerable employment to total employment remains high, indicating that many are still working under relatively precarious circumstances, i.e., less likely to have formal work arrangements, access to benefits or social protection and are more at risk to the impacts of economic cycles. This shows that employment creation should be prioritized in order to increase access to gainful employment, especially among the youth and other vulnerable groups.

8.7 *Urban and rural disparities*

Across regions, disparities in net enrolment, cohort survival, and completion rates are wide. Statistics show that, in general, performance with respect to education indicators is better in regions with higher average annual family income. Children in rural areas are also more disadvantaged than those in rural areas with respect to efficiency indicators (cohort survival and completion rates). Moreover, the trends in the ratio of girls to boys in primary and secondary education show that efforts should be focused on boys to achieve gender equality in education. The study by the Philippines Institute of Development Studies shows that boys dropped out of school because they had to work, lacked money for school requirements, or had lower motivation to go to school.

On progress toward maternal health, wide variations across geographical locations is observed, which may be due to inadequate access to maternal services, especially for those situated in hard-to-reach areas as well as other socio-economic factors affecting the use of health care services.

Moreover, a significant proportion of births was still delivered at home and attended not by skilled health professionals, but by so-called *hilots*, especially in areas where health facilities with services of skilled professionals are inaccessible. The National Agenda to Accelerate the Achievement of MDG 5 reflected that women prefer to deliver in their own homes for various reasons, such as the disrespectful treatment that they have experienced in public health facilities; the discontinuity of treatment provided by health providers of antenatal care, delivery assistance, and post-partum care; geographical distance; and costs, among other reasons. It was also pointed out that the full range of antenatal care is not provided to women, a deficiency that deprives women of the critical opportunities to improve their overall health and to promote better pregnancy outcomes. Other concerns include, *inter alia*, inadequacies of the referral system, non-use of health facilities due to lack of awareness, increasing unmet needs for family planning services, and increasing incidence of teen-age pregnancy.

8.8 *Data constraints*

The lack of updated or timely data for some indicators also presents a challenge to the crafting of effective policies and programmes. This is mainly due to the large intervals in the period of data-gathering and the time lag between the gathering, processing, and dissemination of data. For example, annual estimates for infant, under-five, and maternal mortality are not available, as data for

What did not work?

these are only generated every three to five years. In another example, official poverty statistics for 2009 were released and made available only in February 2011.

Moreover, it was observed that there are no defined targets for some of the indicators, such as for the employment indicators under MDG 1, several environmental indicators and the indicator on access to secure tenure under MDG 7, and those indicators under MDG 8. Monitoring progress for these indicators would have been more meaningful if the targets had been explicitly defined. More attention could have been paid to pursuing advancements for these indicators if the pace of progress could be measured. The indicators and targets should not be an afterthought, but should be established before the implementation of the MDGs.

The availability of data disaggregated by sex and geographical area is also crucial in designing appropriate interventions. Currently, sex-disaggregated data are available only for a number of MDG indicators. On geographical disaggregation, national and regional data are readily available for most indicators. National statistical agencies also generate data up to the provincial level for a few indicators, but most provincial- and municipal-level data are available only in those LGUs that invested in establishing a local data-gathering system for monitoring local-level MDG progress.

8.9 *Man-made and natural shocks*

The occurrence of man-made and natural shocks has also affected the attainment of the MDGs in the country, as the Philippines is one of the most disaster-prone countries in the world. The 2010 Philippines Progress Report on the MDGs presented how these shocks tend to move non-poor families into poverty or poor families into greater poverty. For example, the food and fuel price shocks experienced in 2008 caused the prices of rice and fuel to shoot up, which especially affected poor families. The effects of the global financial crises, which reached the Philippines in the latter part of 2008, led to layoffs and reduced wages for those working in the affected sectors. Also, the occurrence of natural calamities has adversely affected poverty reduction efforts. As experienced in Southern Luzon, the frequency of the occurrence of typhoons has resulted in the destruction of property and sources of livelihood of families in the region.

9. Conclusion

The Philippines has been doing well in the following areas: (a) providing educational opportunities for girls; (b) increasing the share of women in wage employment in the non-agricultural sector; (c) reducing infant and under-five mortality; (d) reversing the incidence of malaria; (e) increasing tuberculosis detection and cure rates; (f) increasing the proportion of the population with access to safe water supply; and (g) increasing the proportion of households with sanitary toilet facilities. However, with only three years remaining until the target year of 2015, much is still desired in poverty reduction, universal primary education, and maternal health.

True to its commitment to the UN and other Member States, the country has made significant initiatives to achieve the MDGs. The MC-IHDC has served as the venue for discussing policies, strategies, programmes, and projects for the MDGs and for coordinating activities for monitoring and reporting the progress made. Lead government agencies have been identified for areas of concern, various policies have been put in place, and programmes and projects supporting the MDGs have been implemented. The desire to attain the MDGs has triggered the participation of various stakeholders – the business sector, civil society, community/people, and international development partners.

Despite the efforts made, some targets still scored a low probability of attainment due to several factors. With regard to policy-making, well-crafted policies are inutile if they cannot be converted into action, especially when they conflict and overlap with one another. As to implementation, the role and accountability of the LGUs should be emphasized, as delivery of most social services is devolved to them. However, the LGUs' performance can be attributed to various reasons, such as their human and financial

capacities. The establishment of a monitoring system at the local level has also been identified as a challenge, along with the need for reliable and updated statistics.

The continuous growth of the country's economy has not been broadly distributed across the different sectors of the population. Hence, growth appears to be not inclusive. The wide disparities between urban and the rural areas have been a major factor for the three areas that are lagging behind: 1) higher poverty incidence was reflected in remote areas; 2) children in the rural areas are more disadvantaged when it comes to their performance in school; and 3) maternal services are less accessible in far-flung areas. Moreover, vulnerabilities can be aggravated by man-made and natural shocks, which affect efforts to attain some MDG targets.

The following lessons can be learned from the various efforts to attain the MDGs in the Philippines:

9.1 *Lessons Learned*

- Identifying an organized body such as the MC-IHDC to lead the monitoring and reporting of the country's compliance on the MDGs paved the way to the institutionalization of the MDGs in the regular functions of the government. The identification of lead agencies for areas of MDG concern has facilitated the mainstreaming of the MDGs in the functions of concerned government agencies and the recognition and ownership of responsibilities to support the MDGs. Policies put in place have helped in ensuring the prioritization of the MDGs in the national budget. However, there is a need to review and harmonize a number of conflicting and overlapping policies to ensure their proper implementation.
- Forging/strengthening partnerships is beneficial for sustaining the initiatives and gains of MDG programmes and projects. Stronger partnerships results in wider coverage and better complementation of policies, programmes, and projects. They could also lead to the better generation of funds and effective management of programme resources.
- Policies put in place to create an environment for MDG localization have enabled some LGUs to take on their role as the champions in the delivery of services to support MDG achievement. However, there is a need to improve the institutional and financial capacities of LGUs in the delivery of services to their constituents to ensure the implementation of effective interventions for the MDGs. Related capacity-building activities being conducted by the DILG and other concerned institutions need to be strengthened.
- The availability of data at the local level is important in ensuring the implementation of appropriate interventions to support MDG localization. This has been demonstrated in the experiences of LGUs that used data generated from CBMS for various purposes, from the formulation of MDG-responsive local development plans to the monitoring of local progress. However, many LGUs still need to be further encouraged to invest in establishing a data monitoring system. Capacities on data use to identify priorities and to formulate effective programmes and projects to support the MDGs should also be enhanced.
- There needs to be a database on the progress made at the local level, on the initiatives the LGUs undertook, and on the investments made to support MDG achievement. These highlight the need for efforts to strengthen the implementation of the DILG M&E System.
- Advocacy activities for LGUs need to be scaled up. There need to be new and innovative ways to inform LGUs about the MDGs and LGUs' crucial role in the achievement of the MDGs. Tools and programmes developed for localizing the MDGs have to be further disseminated to encourage LGUs to use these instruments for their benefit.
- Monitoring of initiatives to support MDG achievement – not only by the government, but also by CSOs and the business sector – would be worthwhile to assess the contributions made for the achievement of the MDGs. The reporting mechanism set up by NEDA and the DBM to monitor the physical and financial accomplishments of the

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government needs to be improved. It would also be useful to create a system for monitoring the efforts of CSOs and the business sector in general in order to provide information about their contributions to the MDGs.

- The availability of official data has allowed the establishment of a system for tracking progress at the national and subnational levels. However, the monitoring system could be further improved if appropriate and timely statistics and data disaggregated by sex and geographical area were available.
- Promotion of inclusive growth is vital to ensure that the poorest and most vulnerable will be given the necessary assistance to improve their living conditions. Resources should therefore be channelled to underserved areas to help the most vulnerable segments of the population, such as fisherfolk, farmers, children, and indigenous peoples. Given the importance of providing gainful employment opportunities to the most vulnerable, employment generation should be at the core of poverty reduction strategies.
- There is a need to work on minimizing the impact of man-made and natural shocks, as these pose challenges to poverty reduction. These concerns call for providing adequate safety nets to minimize the incidence of falling into poverty.

In view of the lessons learned in the implementation of the MDGs in the Philippines, there have been significant strides that call for the continuing pursuit of the MDGs, with a focus on the local level. The gains from successful initiatives should be continued and strengthened, while collective action should resolve challenges and thereby realize the MDGs.

Annex A. Statistics of the Philippines' progress at a glance, based on the MDG indicators (as of October 2012)

MDG	Indicator	Baseline	Target	Latest	Progress at a Glance
GOAL 1. ERADICATE EXTREME POVERTY AND HUNGER					
1.A. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1A Proportion of population below national poverty threshold **	33.1 (1991)	16.6 (2015)	26.5 (2009)	probable
	1.2 Poverty gap ratio **	8.6 (1991)	4.3 (2015)	2.7 (2009)	on track
	1.3 Share of poorest quintile in national consumption	6.2 (1991)	increasing	6.2 (2009)	on track
1.B. Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed	1.6 (1990)	increasing	0.5 (2011)	
	1.5 Employment-to-population ratio	59.0 (1990)	increasing	60.1 (2011)	
	1.6 Proportion of employed population living below the national poverty threshold	20.5 (1990)	decreasing	22.4 (2011)	
	1.7 Proportion of own-account and contributing family workers in total employment	51.3 (1990)	decreasing	41.2 (2011)	
	1.7a Proportion of own-account (self-employed) workers in total employment	35.6 (1990)	decreasing	29.6 (2011)	
	1.7b Proportion of contributing (unpaid) family workers in total employment	15.7 (1990)	decreasing	11.6 (2011)	
1.C. Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under 5 years of age using Child Growth Standards (CGS)	26.5 (1992)	13.6 (2015)	20.2 (2011)	probable
	1.9 Percent of household with per capita energy less than 100% adequacy	74.2 (1993)	37.1 (2015)	66.9 (2008)	off track
	1.9a Proportion of population with mean one-day energy intake less than 100% adequacy			73.3 (2008)	
	1.9b Proportion of population below national subsistence (food) threshold **	16.5 (1991)	8.25 (2015)	10.8 (2009)	on track

Note: * based on the comparison of actual (from baseline to latest data) and required (from baseline to target year) rates of progress.

** Estimates were based on the refined methodology on estimating official poverty statistics as approved by the NSCB Executive Board on 1 February 2011. *** Proportion of maternal deaths to total female deaths in the reproductive age groups (PMDF)

Probability of Achieving the Goal: **green** high: pace of progress is greater than 0.9;

yellow = medium: pace of progress between 0.5 and 0.9; **red** = Low: Pace of progress is less than 0.5.

Source: National Statistical Coordination Board (NSCB): NSCB MDG Watch.

Annex A. Statistics of the Philippines' progress at a glance, based on the MDG indicators (as of October 2012), contd.

MDG	Indicator	Baseline	Target	Latest	Progress at a Glance
GOAL 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION					
2.A. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1A Net enrolment ratio in primary education	84.6 (1990)	100 (2015)	91.21 (2011)	probable
	2.2 Proportion of pupils starting grade 1 who reach grade 6 (Cohort Survival Rate)	69.7 (1990)	100 (2015)	73.76 (2011)	off track
	2.2a Primary completion rate	64.2 (1990)	100 (2015)	70.96 (2011)	off track
	2.3 Literacy rate of 15-24 year olds	96.6 (1990)	100 (2015)	97.8 (2011)	off track
	2.3a Ratio of literate females to males of 15-24 year olds	1.0 (1990)	1.0 (2015)	1.0 (2008)	on track
GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN					
3.A. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	3.1a Ratio of girls to boys in primary education	1.0 (1996)	1.0 (2015)	1.1 (2011)	on track
	3.1a.1 Ratio of girls to boys in elementary participation rates	1.0 (1996)	1.0 (2015)	1.0 (2011)	on track
	3.1b Ratio of girls to boys in secondary education	1.1 (1996)	1.0 (2015)	1.0 (2011)	on track
	3.1b.1 Ratio of girls to boys in secondary participation rates	1.2 (1996)	1.0 (2015)	1.2 (2011)	off track
	3.1c Ratio of girls to boys in tertiary education	1.3 (1993)	1.0 (2015)	1.2 (2010)	off track
	3.2 Share of women in wage employment in the non-agricultural sector	40.1 (1990)	50.0 (2015)	41.9 (2009)	probable
	3.3 Proportion of seats held by women in national parliament	11.3 (1992)	50.0 (2015)	21.4 (2010)	off track
GOAL 4. REDUCE CHILD MORTALITY					
4.A. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate	80 (1990)	26.7 (2015)	30 (2011)	on track
	4.2 Infant mortality rate	57.0 (1990)	19.0 (2015)	22 (2011)	on track
	4.3 Proportion of 1 year-old children immunized against measles	77.9 (1990)	100.0 (2015)	90.6 (2009)	probable

Note: * based on the comparison of actual (from baseline to latest data) and required (from baseline to target year) rates of progress.

** Estimates were based on the refined methodology on estimating official poverty statistics as approved by the NSCB Executive Board on 1 February 2011. *** Proportion of maternal deaths to total female deaths in the reproductive age groups (PMDF)

Probability of Achieving the Goal: green high: pace of progress is greater than 0.9;

yellow = medium: pace of progress between 0.5 and 0.9; red = Low: Pace of progress is less than 0.5.

Source: National Statistical Coordination Board (NSCB): NSCB MDG Watch.

Annex A. Statistics of the Philippines' progress at a glance, based on the MDG indicators (as of October 2012), contd.

MDG	Indicator	Baseline	Target	Latest	Progress at a Glance
GOAL 5. IMPROVE MATERNAL HEALTH					
5.A. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality (based on 7-12 PMDF*** range)	121-207 (1990)	30.3-51.8 (2015)	95-163 (2011)	off track
	5.2 Proportion of births attended by skilled health personnel	58.8 (1990)	100 (2015)	74.3 (2011)	off track
5.B. Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate	40.0 (1993)	100 (2015)	48.9 (2011)	off track
	5.5a Antenatal care coverage (at least one visit)	91.2 (1993)	increasing	96.5 (2011)	
	5.5b Antenatal care coverage (at least four visits)	52.1 (1993)	increasing	78 (2011)	
	5.6 Unmet need for family planning	26.2 (1993)	increasing	19.3 (2011)	
GOAL 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES					
6.A. Halt by 2015, and begin to reverse the spread of HIV/AIDS	6.1a HIV prevalence among population 15 years old and over	0.001 (1990)	0.0 (2015)	0.036 (2011)	off track
6.C Halt by 2015, and begin to reverse the incidence of malaria and other major diseases	6.6a Prevalence associated with malaria	118.7 (1990)	0.0 (2015)	13.3 (2008)	on track
	6.6b Death rate associated with malaria	1.4 (1990)	0.0 (2015)	0.2 (2006)	on track
	6.8a Prevalence associated with tuberculosis	246.0 (1990)	0.0 (2015)	273.1 (2008)	off track
	6.8b Death rate associated with tuberculosis	39.1 (1990)	0.0 (2015)	29.7 (2006)	off track
	6.9a Proportion of tuberculosis cases detected under directly observed treatment short course (DOTS)	53.0 (2001)	70.0 (2015)	72.0 (2008)	on track
	6.9b Proportion of tuberculosis cases cured under directly observed treatment short course (DOTS)	73.0 (2001)	85.0 (2015)	79.0 (2008)	on track

Note: Goal 6, Target 6A is based on EPP/Spectrum Projection of the Philippine National AIDS Council (PNAC). * based on the comparison of actual (from baseline to latest data) and required (from baseline to target year) rates of progress. ** Estimates were based on the refined methodology on estimating official poverty statistics as approved by the NSCB Executive Board on 1 February 2011. *** Proportion of maternal deaths to total female deaths in the reproductive age groups (PMDF).

Probability of Achieving the Goal: **green** high: pace of progress is greater than 0.9;

yellow = medium: pace of progress between 0.5 and 0.9; **red** = Low: Pace of progress is less than 0.5.

Source: National Statistical Coordination Board (NSCB): NSCB MDG Watch.

Annex A. Statistics of the Philippines' progress at a glance, based on the MDG indicators (as of October 2012), contd.

MDG	Indicator	Baseline	Target	Latest	Progress at a Glance
GOAL 7. ENSURE ENVIRONMENTAL SUSTAINABILITY					
7.A. Integrate the principles of sustainable development into country policies & programmes to reverse the loss of environmental resources	7.1 Proportion of land area covered by forest	20.5 (1990)	increasing	23.8 (2003)	
	7.2 Consumption of ozone-depleting CFCs (ODP tons)	2981 (1990)	decreasing	236 (2009)	
7.B. Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.5a Ratio of area protected to maintain biological diversity	8.5 (1990)	100 (2015)	13.5 (2010)	
	7.6a Number of species threatened with extinction	183 (1992)	increasing	209 (2011)	
7.C. Halve, by 2015, the proportion of population without sustainable access to safe drinking water and improved sanitation	7.7 Proportion of families with access to safe water supply	73.0 (1990)	86.5 (2015)	84.8 (2010)	on track
	7.8 Proportion of families with sanitary toilet facility	67.6 (1990)	83.8 (2015)	92.5 (2010)	on track
7.D. By 2020, have achieved significant improvement in the lives of at least 100 million slum dwellers	7.9 Proportion of families with access to secure tenure	91.0 (1990)	increasing	90.8 (2010)	
GOAL 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT					
8.D Deal comprehensively with the debt problems of developing countries through national & international measures in order to make debt sustainable in the long term	8.12 Debt service as a percentage of exports of goods and services	27.2 (1990)	decreasing	11.2 (2010)	
8.F In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines subscribers per 100 population	1.5 (1990)	increasing	3.7 (2011)	
	8.15 Cellular phone subscribers per 100 population	0.1 (1991)	increasing	95.2 (2011)	

Note: * based on the comparison of actual (from baseline to latest data) and required (from baseline to target year) rates of progress.

** Estimates were based on the refined methodology on estimating official poverty statistics as approved by the NSCB Executive Board on 1 February 2011. *** Proportion of maternal deaths to total female deaths in the reproductive age groups (PMDf)

Probability of Achieving the Goal: green high: pace of progress is greater than 0.9;

yellow = medium: pace of progress between 0.5 and 0.9; red = Low: Pace of progress is less than 0.5.

Source: National Statistical Coordination Board (NSCB): NSCB MDG Watch.

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