

U.P. ASSESSMENTS on the STATE OF THE NATION
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Area-Based Child Survival and Development Program: An Experiment in Devolution

Victoria A. Bautista, PhD
Professor of Public Administration

University of the Philippines
Center for Integrative and Development Studies

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FOREWORD

In April 1993, the University of the Philippines-Center for Integrative and Development Studies (UP-CIDS) published Dr. Proserpina Tapales's popularized *State of the Nation Report* on the 1991 Local Government Code. The "Foreword" of that Report highlighted the double-edged nature of the Code. On one hand, it promises to cut through layers of bureaucratic structure, institutionalize popular participation, and boost local and regional development. On the other hand, it threatens to undermine critical national programs in agriculture and environmental protection which do not sit well with entrenched particularistic interests at the municipal or provincial levels.

Three years into the implementation of the Code, the gains and costs of legislated local autonomy for grassroots empowerment and for the service delivery of devolved agencies have yet to be assessed systematically. Even while this has to be done, however, the problems encountered by specific agencies have already spurred various groups to lobby for renationalization. Some sectors in the health profession, for instance, have decried the local governments' inability to absorb tertiary health care, not to mention the resistance of local executives to the idea of covering the salaries of health workers which are sometimes higher than their own. They have further argued that the victims of the impasse are people at the grassroots who have a right to the delivery of health services.

That a Bill suspending the implementation of the 1991 Local Government Code in most areas of the country starting 1995 has passed Congress reflects the strength of the lobby against devolution. This occasional paper, which highlights significant achievements and constraints in the delivery of health services to mothers and children in the seven most depressed provinces of the country, comes at an opportune time when operational issues regarding devolution are being hotly debated. Although the paper identifies some of the conditions for the success of an area-based maternal and child health care delivery system such as the commitment and political will of local executives – conditions which from the point of view of

renationalization advocates are not met – its conclusion is in favor of continuing support for the devolution of the Department of Health's functions. As such, this paper is an invaluable input into the process of deciding whether to refine or suspend the implementation of the 1991 Local Government Code.

Written by Dr. Victoria A. Bautista, Professor and Director of the Center for Policy and Administrative Development, UP College of Public Administration (UP-CPA), this paper is based on a research conducted by the author in 1993 under the auspices of the United Nations Children's Fund (UNICEF). This research drew from prior studies including the UP-CPA'S 1992 research on the Institutionalization of the Area-Based Child Survival and Development Program.

The UP-CIDS wishes to acknowledge the editorial assistance of Jocelyn de Jesus and the technical assistance of Ms. Juvy Lizette M. Gervacio. Bella Lucas saw the report through the different stages of publication with the assistance of Ellen Cometa. As in all our publications, the assessment and recommendations are those of the author whose academic freedom is upheld by the University.

Maria Cynthia Rose Banzon Bautista, PhD
Executive Director

AREA-BASED CHILD SURVIVAL AND DEVELOPMENT PROGRAM: AN EXPERIMENT IN DEVOLUTION

SUMMARY

The Area-Based Child Survival and Development Program (ABCSDP) is a component of the Third Country Program for Children (CPC III), a joint undertaking of the United Nations Children's Fund (UNICEF) and the Philippine government from 1988 to 1993. The ABCSDP was conceptualized to address shortcomings in the delivery of basic health and related services to mothers and children. It was envisioned to maximize services for the reduction of infant and child mortality rates and the malnutrition rate; and for the improvement of the cohort survival rate in elementary education and the rate of female functional literacy. Towards the middle of the Program, two other goals were added. These were the improvement of access to water and sanitation facilities and the status of children in difficult circumstances such as armed conflict and disaster.

The ABCSDP has applied a composite of strategies in seven of the most depressed provinces of the country – Ifugao, Negros Occidental, Lanao del Sur, Maguindanao, Sulu, Basilan and Tawi-Tawi. By deviating from the traditional top-down and sectoral mode of service delivery which characterized the administration of social development programs in the Philippines prior to the 1991 Local Government Code, the adoption of four approaches has contributed to the uniqueness of the program.

One approach is decentralization through the devolution of the program's management responsibilities to the local chief executives of the seven provinces. Prior to decentralization, the responsibility had been lodged in the field implementors of sectoral line departments.

Another approach is focused targeting. Objective criteria were used to screen the most depressed, deprived and underserved provinces, municipalities and *barangays*. A Masterlist of high-risk families was even started in the provinces of Ifugao, Negros Occidental and Maguindanao.

A third approach is convergence, as the Program encourages the involvement of representatives from national and local government units, nongovernment organizations and people's organizations in the management of a package of services.

The fourth is the social mobilization of officials, implementors, and community residents to develop an awareness, commitment and capacity to implement the recommended approaches to fulfill the goals of the Program.

The Program encourages a mix of services which are actually being delivered by various social service institutions, including government agencies engaged in economic development such as the Department of Agriculture. These are maternal and child care, food production and nutrition, water and sanitation, early childhood development, and income-generating projects.

The significance of the application of the Program's package of strategies is suggested by the net improvement in the delivery of services like immunization of children, immunization of mothers and maternal health care in the areas covered by the Program. Data obtained from official national statistics and a survey conducted by the University of the Philippines-College of Public Administration (UP-CPA) revealed a marked improvement in the delivery of services in Program sites compared to counterpart areas outside the Program's coverage. Immunization of children in the Program areas, for instance, was nearly double the net improvement obtained for the entire Philippines during the 1987-1992 period. Accomplishment in maternal immunization was even more impressive since the net improvement in coverage in the Program areas was more than double the performance of the entire country in the same period.

Other indicators of service delivery also registered significant differences between surveyed high-priority *barangays* and low-priority *barangays* in the seven depressed provinces. The UP-CPA Study disclosed that the high priority areas had an edge in nutritional supplementation, delivery of day-care services and growth monitoring over the others.

The Program's high priority areas have also consistently depicted a high percentage of mothers attending mother's classes, obtaining training for community activities and receiving information and education campaign

(IEC) materials. However, more can still be done to empower the women, since program implementation review reports have indicated a decline in the number of participants in mother's classes.

The Program has undertaken other allied initiatives to suit local requirements and needs. For instance, it set up goiter and malaria eradication programs in areas where these problems are endemic. It also pushed the application of a mobile-teaching technology in peripheral areas in Ifugao where the teachers travel to mountainous sites. Multigrade technology was also adopted in Maguindanao to serve rebel-infested areas suffering from a dearth of teachers. This strategy entailed conducting classes involving different grade levels simultaneously.

The Program has also been flexible enough to change approaches when warranted by Program reviews. For example, the bio-intensive gardening recommended under the Women in Development Program was revamped because some of the activity's components were not applicable in some areas. This has led to the pilot-testing of other schemes such as the implementation of income-generating projects within the framework of the Grameen Bank Model.

The Program's objective of reducing infant mortality and malnutrition rates in the identified provinces is borne out by national statistical data. Infant mortality improved by more than a third of the net improvement for the entire Philippines during the 1987-1992 period. Net improvement in malnutrition was even higher, with program areas registering more than double the net improvement for the entire country. Program areas also showed more than double the net improvement in access to water and toilet facilities for the entire Philippines in the same period.

But in spite of the remarkable strides in the services offered to mothers in immunization and health care, the maternal mortality rate did not improve. This may be partly attributed to the slow implementation of female functional literacy classes. Furthermore, even if the classes started to take off in the Program's midterm, the number of participants dwindled by 1992.

The gains in providing protection to children in especially difficult circumstances is difficult to assess because of the lack of comparative baseline data against which the Program's impact can be evaluated.

The importance of the Program strategies in improving the availment of services for key program areas is attested to by the high performance of some *barangays* surveyed in the UP-CPA Study. *Barangays* that excelled in the availment of services for their mothers and children also manifested compliance with the model strategies in the Program. These *barangays* were also outstanding in their accomplishments in reducing child mortality and the general mortality rate.

However, factors other than the application of these strategies, influence the availment of the services for children and mothers. These are: commitment of the political leaders and implementors, sociodemographic characteristics of the beneficiaries, the sociocultural-political context of the program, and local resources and capacities.

The importance of applying the Program model strategy of decentralization is dramatized by the opportunity given to the local chief executive to use his or her political clout in generating the support of various sectors for maternal and child health concerns. This has paved the way for convergence since a committed local chief executive can marshal the efforts of various institutions.

Convergence of efforts avoided resource waste enabling program implementors to define the target beneficiaries, the goals which the locality can achieve, the distribution or sharing of resources and the pacing of activities.

Convergence also allowed multisectoral implementors to penetrate remote and difficult areas since they moved as a team. In certain instances, some implementors doubled up for others who were otherwise unavailable.

Convergence contributed significantly to the monitoring and evaluation as the team effort to conduct regular program reviews enabled field implementors to write up regular reports. These helped them work out better strategies and plans.

The Program's contribution to focused targeting is one of the country's first since a conscious effort to reach the depressed, deprived and underserved families had been initiated in a convergent manner. Other initiatives similar to this were mostly undertaken unilaterally and therefore led to the duplication of efforts in the screening of target areas and beneficiaries.

Finally, the investment given to a social mobilization strategy has been worth it because the more successful *barangays* cited in the UP-CPA Study revealed more exposure to training programs and other social mobilization activities.

Empowering approaches and strategies have been initiated in some areas and their gains evident in improvements in the utilization of services and the health status of children and their mothers (*i.e.*, Ilog in Negros Occidental). However, these approaches are still "project-oriented" rather than "community-based" because the local residents are mobilized primarily for participation in program activities. Few initiatives are carried out to mobilize residents toward self-reliance.

Empowerment approaches have not yet been universally installed because of the urgency of improving the service delivery system for maternal and child health. Subsequent efforts need to focus on empowering exercises particularly in gathering information to monitor health and welfare statuses of mothers and children – something sorely lacking at the *barangay* level.

Finally, the prospect of sustaining the area-based approach seems promising with the implementation of the Local Government Code. Steps to help local chief executives carry out this approach are being undertaken through the Institutionalization of the Integrated Approach to Local Development Management (IALDM) project. The Program's experiences and other approaches as reviewed in this project became the basis for preparing a Strategy Paper to be implemented in the Fourth Country Program for Children (CPC IV).

PART I INTRODUCTION

Background

The Area-Based Child Survival and Development Program (ABCSDP) is a major component of the Third Country Program for Children (CPC III) for the years 1988-1993. The CPC is a joint undertaking of the United Nations Children's Fund (UNICEF) and the Philippine government.

The ABCSDP was launched in order to solve disparities in the delivery of services in the different parts of the country through the application of a composite of strategies aimed at forging an area-based approach. These strategies include decentralization, convergence, focused targeting and social mobilization.

The ABCSDP intervention model hoped to accelerate service delivery in areas most deprived of the services catering to children and their mothers. This model, juxtaposed with the dominant traditional and sectoral service delivery mode could offer some lessons to direct the government's current thrust toward devolution.

Based on the CPC III Strategy Paper, the area-based program was designed to "(1) supplement and complement the national social development objectives and targets, particularly those pertinent to the survival and development of children and mothers, and (2) highlight specific problems in the selected areas which were not explicitly addressed by the Philippine Government's National Plan."

When the ABCSDP started, its five program goals were as follows:

1. reduce infant mortality rate;
2. reduce maternal mortality rate;
3. reduce malnutrition rate;
4. increase cohort survival rate in elementary education; and
5. increase female literacy.

Two other objectives were incorporated following the findings of the Midterm Implementation Review that there has been an increase in the incidence of diarrheal diseases because of the poor access to sanitary toilet and water facilities and the growing number of children affected by situations of armed conflict. The following objectives were thus added:

1. increase access to potable water and sanitary toilet facilities; and
2. protect children in especially difficult circumstances.

A review of the accomplishments of ABCSDP model strategies and how these have led to the maximization of the delivery of the package of services is now in order. This review also attempts to answer if the ABCSDP goals have been fulfilled.

This section dwells on a discussion of the ABCSDP model strategies and program components as planned to provide the context for the subsequent parts of this paper.

Part II discusses the performance of ABCSDP, with focus on service delivery accomplishments, capability-building/social mobilization components, other ABCSDP strategies and empowerment.

Part III assesses the overall impact of ABCSDP.

Part IV dwells on lessons learned in applying the ABCSDP approach.

Finally, Part V focuses on the prospects of institutionalizing the ABCSDP model strategies.

ABCSDP Strategies

1. Decentralization

The ABCSDP was a timely experiment with devolution, antedating as it does the Local Government Code of 1991. Beginning 1988, ABCSDP has taken bold steps toward devolving substantial powers and responsibilities in seven pilot provinces by entrusting the local chief executives a key role in planning, implementing and overseeing the monitoring and evaluation of a program package under the ABCSDP. A critical function of local chief

executives in the pilot areas is financial responsibility for the support extended by the UNICEF to their respective localities.

This important feature of ABCSDP is one of four major strategies that spelled a difference in pursuing basic social development concerns in the pilot areas. Before the passage of the 1991 Local Government Code, other provinces outside the Program's coverage benefited mostly from social development programs under a centralized, top-down and sectoral service delivery system. In this system, most national line departments took the responsibility of overseeing the implementation of their respective programs through field implementors assigned to various levels of the local government units.

In the ABCSDP areas, however, local chief executives and their respective planning and development officers assumed the important role of area manager by overseeing the implementation of the program package for child survival, development and protection (CSDP). Prior to ABCSDP, most local chief executives were performing very limited tasks for local social development, preoccupied as they were with garbage collection, maintenance of public markets and environmental sanitation.

The implementation of three other strategies marks the ABCSDP model. Besides experimenting with decentralization, it also envisioned the adoption of such strategies as convergence, focused targeting and social mobilization. All these strategies would permeate the different phases of the program cycle such as planning, implementation and monitoring and evaluation (PIME) as a composite of program services are delivered toward the improvement of the child and maternal conditions.

2. Convergence

ABCSDP's second strategy is convergence, which means the collective effort of various implementors to oversee development concerns for children. This enjoins not only national line agencies but also local government units, nongovernmental organizations and people's organizations to participate in the various phases of the management cycle with the end in view of attaining some stated goals for their target beneficiaries. The approach then had been

to rely on a unilateral service delivery system in carrying out sectoral programs and projects.

While the government undertook experiments in convergence through such prominent approaches as the Integrated Area Development (IAD) and Primary Health Care (PHC), both were executed through an administrative infrastructure that dissipated the strategy. IAD projects, while harping on an intersectoral approach to development (*i.e.*, infrastructure, agriculture, agrarian reform and social development), relied on a lead line department for coordination and on sectoral implementors who executed their respective concerns for project implementation.

Like IAD, PHC also highlighted the need for multisectoral implementors to participate in coordinating local initiatives along promotive and preventive health care. However, the major responsibility of steering PHC activities fell on the Department of Health which was forced into becoming the chief agency in the absence of other multisectoral agency implementors at the local level.

Both approaches to development thus failed to mobilize various institutions to work together, possibly because of the absence of an area manager that the ABCSDP envisioned to create out of the local chief executive who enjoys political clout. Field supervisors of lead line departments did not have as much power and jurisdiction over other offices to marshal enough support for common concerns. The extent to which "integration" has been effectively achieved thus remains a dominant issue in the implementation of these two approaches (Castillo, 1983; Bautista, 1989).

Moreover, the execution of projects that relied on central direction and control went against a more meaningful and locally-specific initiative. Both IAD and PHC fell into the trap of packaging standardized program services that were nationally determined. Of the IAD, Gelia Castillo lamented that "integration" was "only a euphemism for centralized control" because of the tendency of participating agencies to lean on "higher authority to exact respect and cooperation" (Castillo, 1983:440).

ABCSDP struggles to avoid these weaknesses by enabling local development processes to emanate from the efforts of local implementors

rather than from national implementors. Furthermore, the emphasis it puts on marshalling the participation of nongovernmental organizations and people's organizations preempts the institution of the Local Government Code. It is thus important to look into the lessons that may be learned from the experiences of ABCSDP in devolution and convergence in preparation for the nationwide implementation of the Local Government Code.

3. Focused targeting

The ABCSDP model also emphasizes the strategy of focused targeting. This entails the delivery of a package of services to specific areas and families/individuals who fit some objective criteria. The purpose is to ensure that those targeted by the Program are the ones served without political interference or personal preferences.

Since servicing the most "depressed, deprived and underserved" (DDU) children and their mothers is high in the agenda of ABCSDP, the Program started off with the careful screening of seven pilot provinces on such indicators as: malnutrition rate, infant mortality rate, literacy rate, income level and percentage of households with basic facilities like potable water and sanitary toilets. Thus, UNICEF and the Philippine government conducted a Situation Analysis of Women and Children as the first phase in identifying the seven DDU provinces. In the end, the Program identified such provinces as Ifugao in Luzon; Negros Occidental in Visayas; and five provinces from the Mindanao area, namely, Lanao del Sur, Maguindanao, Sulu, Basilan and Tawi-Tawi. While the Program was being carried out in these areas, four provinces in Mindanao (Lanao del Sur, Maguindanao, Sulu and Tawi-Tawi) were to be subsumed under the political leadership and control of the Autonomous Region of Muslim Mindanao (ARMM) under Republic Act 6734 of 1991. This law, in effect, created an additional political-administrative layer between the national government and the four provinces. In a referendum, the people of these provinces voted to create this political layer as a coordinative structure for lower subnational boundaries (*i.e.*, cities, municipalities and *barangays*).

Subsequent selections of subnational areas and individuals/families to be targeted in the ABCSDP are to be undertaken applying objective criteria.

It may be argued that other national programs took an interest in applying focused targeting without necessarily labeling the process as such. This has been the experience of the Department of Social Welfare and Development (DSWD), by far the most aggressive of all social service agencies in seeking the "disadvantaged" sector of the population (Bautista, 1991). Starting in 1989, DSWD formulated a set of criteria to target three *barangays* per municipality and the families in each of the chosen *barangays*. It is worth noting that DSWD has incorporated into its criteria indicators pertinent to children (*i.e.*, malnutrition rate, prevalence of such problems as street children, drug addiction).

Other foreign-funded projects such as the United States Agency for International Development's (USAID) Local Resource Management projects which targeted poor agricultural workers, and the Panay Unified Services for Health (PUSH) carried out in the four depressed provinces of Aklan, Antique, Capiz and Iloilo have also catered to disadvantaged sectors of the population.

But the ABCSDP is different in that it targets specific individuals/families, other than identifying the so-called DDU areas (*i.e.*, municipalities and *barangays*). Besides, a more significant aspect of focused targeting is the premium given to convergence of efforts in formulating criteria for identifying the target beneficiaries. The listing drawn up in focused targeting also becomes the focal point in the delivery of services by various service implementors.

4. Social mobilization

Another feature of the ABCSDP model is the importance given to social mobilization. This model aims to generate commitment to the adoption of approaches and management strategies recommended by implementors from government and nongovernment organization (GO and NGO, respectively) to improve the conditions of mothers and their children.

Besides targeting local executives and their implementors in delivering services, the ABCSDP emphasizes a "people-centered approach" through "the mobilization and organization of the community at the grassroots level via closer GO-NGO collaboration (NEDA *et al.*, 1990: VB-24). ABCSDP

argues that people's participation assures self-sustaining development. It believes that all programs concerning child development "must empower people to analyze and solve their own problems" (UNICEF, 1990: 33). Citizen participation is considered as a "*sine qua non* for the long-term success of all development programs."

Social mobilization, as part and parcel of the ABCSDP's awareness-building strategies, has incorporated a capability-building program as a support activity to ensure the adoption of the ABCSDP model.

5. Implication of the application of the ABCSDP strategies

These strategies are envisioned to maximize the delivery of the components in ABCSDP. The assumption underlying in the adoption of these strategies is that the interrelated needs of the most depressed families must be dealt with in a synergistic fashion instead of responding to them in the traditional sectoral manner. This avoids wasting resources since there is a concerted effort to deliver these resources on the same groups of people.

The ABCSDP strategies, when applied, ensure that services are delivered more equitably since those who do not have the resources to respond to their needs are given preferential attention in the delivery of services.

Furthermore, because local implementors and community participants are involved in service delivery, local initiatives and indigenous resources are encouraged and facilitated. This is in contrast to the top-down model where the local areas are merely passive targets of national line agencies. The essence of the ABCSDP as an "area-based" program is to capitalize on the peculiar potentials and capabilities in the locality in the hope that activities for child development concerns can be modestly attained and sustained.

ABCSDP Program Components

The ABCSDP was conceived prior to the onset of the Country Program for Children III initially covering the years 1988 to 1992. This phase was extended to 1993 to allow some time for the new crop of local officials elected in 1992 to assume their positions and appreciate the Program's importance.

The first two phases of CPC covered the 1979 to 1987 period. CPC I (1979-1982) focused on providing a comprehensive situation analysis of children and women to formulate policies and programs. The second phase (1983-1987) led to policy advocacy of such practices as breastfeeding and child immunization. Capacity-building of service-delivery persons and the mothers to safeguard children's health was intensively pursued in this phase. CPC III (1988-1993) was then launched to improve the delivery of basic services through the application of innovative approaches and strategies. Based on the lessons learned from CPC III, the fourth country programming cycle (1994-1998) aims to institutionalize the methodologies and approaches found highly effective in the CPC III's social experiments.

The ABCSDP's components are not entirely different from those espoused by the line departments before the passage of the 1991 Local Government Code. These included services which were carried out by the Department of Health (DOH), the Department of Social Welfare and Development (DSWD), the Department of Education, Culture and Sports (DECS), the Department of Interior and Local Government (DILG) and the Department of Agriculture (DA). The differentiating factors are the mobilization of field service implementors of the different departments to work in a convergent manner under the direct supervision and control of local chief executives, and the strong emphasis given to adopting or adapting indigenous capabilities and resources which may be identified in local development planning processes.

The National Economic and Development Authority (NEDA) was tasked to undertake a coordinative role in planning and monitoring programs and projects supported by the ABCSDP. As such, the agency spearheaded the program implementation reviews (PIRs) which were conducted regularly on an annual and a midterm basis.

When the program commenced, five components were enunciated by the ABCSDP, namely, Maternal and Child Health, Food Production and Nutrition, Education and Early Childhood Development, Water and Sanitation (WATSAN), Social Mobilization (SOCMOB) and Capability-Building. Over time, the activities of each program changed in

response to general or specific problems and concerns. These are discussed in the succeeding sections.

1. Maternal and Child Health

Maternal and Child Health supports activities to ensure the promotion and prevention of diseases affecting mother and child. The ABCSDP, in particular, caters to the most vulnerable age group through the acceleration of immunization, a major concern of the health department. In fact, a National Immunization Day was held for two days in the months of April and May 1993.

Another aspect of this program is the promotion of Under-Six Clinics where children are weighed to identify the number of malnourished. This important support activity aims to determine who will be given dietary supplementation. After the Midterm Implementation Review (MIR) of ABCSDP in 1990, the Under-Six Clinics became Under-Five. Under-Five is a global concern and eventually became the focus of the DOH.

As a carry-over from its efforts in CPC II, breastfeeding is strongly encouraged to provide the infant adequate and safe nutrition.

Maternal care is supported not only during and after delivery of the child but also before it is born, prenatal care being vital to the health of the infant. But more important, catering to the needs of the mother is a basic right often taken for granted in development efforts. Maternal care activities to be encouraged include the immunization of the mother with tetanus toxoid – since *tetanus neonatorum* is one of the top three causes of infant deaths in 1988 for such provinces as Ifugao, Lanao del Sur, Maguindanao and Sulu (NEDA *et al.*, 1990: I-4).

Additional activities were planned and carried out in accord with the emerging problems defined in the program implementation reviews (PIRs). These include:

1. the provision of iron and vitamin A supplementation in 1988-1989 in Negros Occidental, Sulu, Basilan and Tawi-Tawi and subsequently, in other parts of the country;

2. the control of diarrheal diseases through the provision of oresol starting in 1990; and
3. the control of acute respiratory infection (CARI) which was started in 1991.

Locally-specific activities were also formulated having been triggered by the identification of endemic problems – for example, goiter in the mountainous province of Ifugao because of the inaccessibility to natural sources of iodine. Another endemic problem was malaria and its eradication was programmed in the first two years of ABCSDP implementation principally in Tawi-Tawi and to a lesser extent, in the three other provinces.

2. Food Production and Nutrition

As a component of ABCSDP, Food Production and Nutrition aims to prevent and control malnutrition among children by assuring the continuous supply of food through the production of indigenous crops for home consumption. A critical activity which is encouraged by the DOH and DA and incorporated in the ABCSDP package is bio-intensive gardening (BIG). BIG is an ecologically sound technology of backyard gardening using the double-digging method, multicropping, herbal pesticides and inorganic fertilizers (NEDA *et al.*, 1990: VA-25).

This program component also includes the promotion of growth monitoring of the child through the adoption of growth charts which began in 1990.

The organization and mobilization of Rural Improvement Clubs (RICs) and other relevant organizations for intensified nutrition education as encouraged by DA was also underscored.

To hasten food production and nutrition, income-generating projects (IGPs) were encouraged among target beneficiaries under the sponsorship of DOH; the DSWD through the Self-Employment Assistance-*Kalusugan* (SEA-K), a loan program for poor families to support health activities; and the Women in Development (WID) Program through activities geared towards women's participation in IGPs that are incorporated into the Program plans of the four provinces.

3. Education and Early Childhood Development

This program package targets the identification and implementation of innovative program activities to cater to DDU children and learning approaches to build the capacity of mothers who are not functionally literate.

To effectively reach out to children, the adoption of small-school and multigrade technologies are encouraged. These are approaches suitable to the sociocultural milieu of the target beneficiaries and in line with the DECS objective of indigenous experimentation in education (NEDA, 1990:209)

Early childhood development which was institutionalized in 1991 by the National Committee on Education for All (EFA) as a component program in the Philippine Plan of Action for Education for the year 2000, is also the Program's concern. The main strategy is to provide "appendages for substitute mothering" by setting up day-care centers for 3 to 6-year-olds and child-minding centers for 0 to 3-year-olds, (DSWD, n.d.:2).

Projects for adults include female functional literacy classes as well as those that cater to both parents encouraged by the Teacher-Child-Parent Approach (TCP) and Parent Effectiveness Sessions (PES).

The TCP approach involves the concerted efforts of teachers, parents and children in undertaking activities to ensure the health of schoolchildren. This includes monitoring the weights of schoolchildren, providing toilet and water facilities in schools and cultivating bio-intensive gardens to supply the necessary food for schoolchildren (NEDA *et al.*, 1990:VA-33).

The PES approach, on the other hand, aims to tap parent volunteers to support both center-based and home-based implementation of early childhood development.

4. WATSAN

Another component of ABCSDP is Water Supply and Sanitation (WATSAN) aimed at providing safe water through the construction of shallow and deep wells and other relevant contraptions for use in local areas. WATSAN is important because water is a basic resource that promotes sanitation and prevents diseases while the construction of sanitary toilet

facilities ensures that human wastes are disposed of properly to prevent the outbreak of diseases.

5. SOCMOB

Social Mobilization (SOCMOB) is both a strategy and a program package in support of the ABCSDP's substantive program components and strategies. This is designed to formulate approaches that will create awareness among the target beneficiaries of the importance of ABCSDP through information, education and campaign (IEC) materials suitable to the locality (NEDA *et al.*, 1990:1-6).

6. Capability-Building

Finally, Capability-Building is an important component undertaken to support implementors from line departments, local government units, nongovernment organizations (NGOs) and people's organizations (POs) by developing the appropriate skills for managing area-based maternal and child health programs.

In addition, this component also aims to upgrade the capacity of implementors in the technical execution of the respective activities assigned to them. Therefore, upgrading local technical capacity is to permeate every program component. It is specifically addressed to:

1. traditional birth attendants (*hilot*) as a support manpower in maternal care program;
2. field implementors, to upgrade their capacity for immunization;
3. teachers, to undertake innovative approaches to education and early childhood development;
4. implementors engaged in the WATSAN component, to learn how to construct innovative contraptions;
5. NGOs and POs, to design and implement projects in the context of area development approach; and
6. female beneficiaries, to enable them to take care of the health of their children and other members of the family as well as to participate in income-generating activities.

7. Other program components

After the Midterm Review in 1990, specific areas of concern pertaining to children in especially difficult circumstances (CEDC) such as those threatened by exploitation, abuse, and neglect, were identified. Child Labor was incorporated as an additional component in Negros Occidental, Maguindanao and Basilan in their respective provincial plan of operations. Programs targeting Children in Situations of Armed Conflict (CSAC) were also launched in the four provinces of Negros, Maguindanao, Sulu and Ifugao.

To improve the ABCSDP's capability to monitor and evaluate the situation of children and women, UNICEF provided support for setting up a Community-Based Child Monitoring System (CBCMS) in the provinces of Ifugao, Negros Occidental, Maguindanao and Tawi-Tawi in 1991 (Castro, 1991; NSCB, n.d.).

PART II

ACCOMPLISHMENTS AND PERFORMANCE

Introduction

This section highlights the ABCSDP's accomplishments along key indicators detailing how the selected provinces fared in comparison to nonprogram areas; evaluates the Program's unique composite strategies in terms of effectiveness and output; discusses other relevant strategies peculiar to ABCSDP; and assesses the extent to which the Program has attained its goal of empowerment. It is based on a review of the following documents and unpublished data:

1. Program Implementation Review (PIR) and Midterm Implementation Review (MTR) Reports prepared by the National Economic and Development Authority (NEDA) together with local coordinating bodies constituted to oversee the implementation of ABCSDP;
2. Situation Analysis (SA) Reports on Women and Children prepared for varying levels (national and local), including the latest reports for the regions under which ABCSDP areas are a part;
3. Terminal Implementation Reports (TIR) of each province;
4. Evaluation studies and relevant researches on the implementation of the ABCSDP conducted by academic research institutions;
5. Secondary data prepared by various agencies (*i.e.*, the Department of Health, Department of Education, Culture and Sports, National Statistics Coordination Board *etc.*); and
6. Personal commentaries prepared by Project Officers of UNICEF regarding the implementation of ABCSDP.

It is important to note the lack of consistency in the information released by PIR participants, national line departments and other offices involved in the implementation of ABCSDP. Given this situation, the assessment in this section relied heavily on the latest document. This decision is based on the

assumption that corrections on earlier reports have been incorporated into the text of the latest report.

Furthermore, the official documents released by the national office were given first priority as these were assumed to have been processed and validated by provincial and regional data.

The discussion in this section is limited by the fact that most reports on outputs derived from the PIRs lump together both targeted ABCSDP and non-ABCSDP areas in the seven provinces. As a consequence, the net accomplishments of targeted *vis-à-vis* low-priority areas in the ABCSDP provinces could not be completely ascertained. Where data are available, comparisons are made with national averages or with nonpriority areas in the ABCSDP provinces provided by studies conducted by academic-research institutions (*i.e.*, the University of the Philippines-College of Public Administration Feasibility Assessment on the Institutionalization of the ABCSDP).

Accomplishments in Service Delivery

The top priority given by ABCSDP to certain activities in a program can be gleaned from the outputs targeted for each activity across the ABCSDP provinces. A review of the MTR (1990) and the PIRs (1991, 1992) on the substantive priorities in ABCSDP indicates the emphasis given to the following activities as these have consistently been covered in at least five or more of the provinces throughout the period of ABCSDP implementation for such years as 1988-1989, 1990-1991 and 1992.

1. Expanded Program on Immunization (EPI) for children; provision of Tetanus Toxoid Immunization to pregnant mothers; and provision of other health care for the mother before, during and after child delivery as key programs in Maternal and Child Health;
2. Growth monitoring of the child and bio-intensive gardening (BIG) as key projects in Food Production and Nutrition;
3. Establishment of day-care centers or similar facilities and the encouragement of children to enroll in these centers; and for the adults, the improvement of their capacity to attend to the health

needs of their children through participation in nonformal education classes (NFE) and Parent Effectiveness Sessions (PES) – all embodied in the Education and Early Childhood Development Program.

4. Establishment of appropriate water and toilet facilities to ensure the promotion of health and the prevention of diseases.

These are the Key Result Areas for the four major program components of ABCSDP.

The following activities initiated by five or more of the provinces were undertaken in the second half of the ABCSDP implementation phase:

1. the control of acute respiratory infection which was begun in 1992;
2. the control of diarrheal diseases begun in 1990; and
3. the conduct of female functional literacy classes in 1990.

It may be noted that while the objective of targeting children in especially difficult circumstances had been included in the 1990 agenda, the specific activities catering to this group were not monitored in the PIRs.

Some activities which had not been implemented for general application include the following:

1. iodine supplementation for Ifugao in 1988-1989 but later extending to Negros Occidental and Lanao del Sur in 1992;
2. implementation of child-minding centers and mobile teaching in Ifugao as innovative approaches;
3. implementation of the Teacher-Child-Parent Approach in selected provinces and other specialized activities like compensatory education and upgrading reading skills in Maguindanao;
4. control of malaria in Ifugao, Sulu, Basilan and Tawi-Tawi;
5. undertaking Women in Development (WID) activities in Negros Occidental, Tawi-Tawi, Maguindanao and Ifugao; and

6. implementation of income generating projects which was first integrated in WID but after the first two years, evolved as a separate activity involving the family.

The net effects of the ABCSDP model in enhancing service delivery in comparison with nonprogram areas were assessed only for the Key Result Areas.

Key Result Areas

1. Child Immunization

Immunization of children against diseases is a key indicator of success in the Child Health Program. Table 1 shows the immunization profile of the ABCSDP provinces before the program was implemented to be lower than the entire Philippines, with only 45 percent of its children being fully immunized as against 61 percent for the latter. In 1992, ABCSDP areas averaged 87 percent in fully immunized children, a figure lower than the 91 percent of children immunized for the country as a whole in 1992.

TABLE 1
Percentage of Fully Immunized Child

Areas	1987	1992	Percentage Points Difference (1992-1987)	Rate of Performance
Ifugao	73.24	86.00	12.76	17.42
Negros Occidental	60.00	90.00	30.00	50.00
Lanao del Sur	35.00	89.00	54.00	152.11
Maguindanao	53.00	94.00	41.00	77.36
Sulu	22.00	86.00	64.00	290.90
Basilan	46.00	94.00	48.00	104.35
Tawi-Tawi	32.00	83.00	51.00	159.37
ABCSDP Average	45.00	87.00	42.00	93.33
Philippine Average	61.00	91.00	30.00	49.18

Source: Department of Health (DOH) Regional Health Offices.

However, the rate of performance of the ABCSDP provinces registered a dramatic 93.33 percent. This is remarkable, considering that these provinces are the most depressed areas in the Philippines and the rate of performance for the country as a whole was only 49.18 percent for the 1987-1992 period.

The gains of the ABCSDP areas may be partly attributed to the support extended to cold chain facilities (Año, 1993). In some of the provinces, covered by the Program, agencies adapted equipment to the local requirements. For example, the backpack-vaccine carrier was developed in Ifugao to allow volunteer health workers easier trips through steep terraced mountains or rugged foot trails. This model is now included in the cold-chain technical series as a global resource inventory for the Expanded Program for Immunization.

2. Maternal Immunization with Tetanus Toxoid

Immunization with Tetanus Toxoid is one of the highly recommended practices for pregnant women. *Facts for Life* (UNICEF, WHO, UNESCO, n.d.:38) estimates that if pregnant mothers are not immunized with this vaccine, one out of every hundred babies will die of tetanus. In 1988, four (*i.e.*, Ifugao, Lanao del Sur, Maguindano, and Sulu) of the seven ABCSDP provinces reported tetanus neonatorum as one of the top three causes of neonatal deaths. By 1990 this was no longer a major cause of death in three of the four provinces. Only Sulu had this problem by the third year of implementation of ABCSDP (NEDA *et al.*, 1990).

Data on Tetanus Toxoid Immunization of pregnant women reveal a general increase in the percentage of women immunized between 1987 to 1992. In 1987, the average percentage of women immunized with this vaccine in the ABCSDP provinces was 16.92 percent. This figure rose to 68.74 percent in 1992. While Table 2 shows that the percentage of women immunized for the entire Philippines was better than the ABCSDP before and after the implementation of the Program, the gap in percentage points between the ABCSDP and the Philippines as a whole, which was about 12 percent in 1987 was reduced to only 3.7 percent in 1992.

The rate of improvement of tetanus toxoid immunization for women in the ABCSDP areas is thus impressive compared with the performance for the entire Philippines. This achievement is even more remarkable when compared with child immunization. A 306.26 percent increase over the 1987 standing is depicted in Table 2. On the other hand, for the entire Philippines, the rate of improvement for the same period registered only a 124.84 percent, or less than half the rate of performance in the ABCSDP areas.

TABLE 2**Percentage of Pregnant Women Immunized with Tetanus Toxoid**

Areas	1987	1992	Percentage Points Difference (1992-1987)	Rate of Performance
Ifugao	52.80	65.00	12.20	23.12
Negros Occidental	13.33	73.00	59.67	447.64
Lanao del Sur *	11.49	74.00	62.51	544.04
Maguindanao	22.54	95.00	72.46	321.47
Sulu *	3.96	48.00	44.04	1,112.12
Basilan	11.86	47.20	35.34	297.98
Tawi-Tawi	2.42	79.00	76.58	3,164.46
ABCSDP Average	16.92	68.74	51.82	306.26
Philippine Average	28.91	65.00	36.09	124.84

* Computation excludes city.

Sources: Department of Health (DOH) Maternal and Child Health Service for 1987 data.

DOH Regional Health Offices for 1992 data.

3. Maternal Care

All of the ABCSDP provinces have indicated some targets in managing the health care of the mother during the critical phases of pregnancy. The

gains of the Program have been manifested consistently over time for all phases of natal care. However, postpartum care has witnessed the least improvement in service delivery since only an eight percent accomplishment is depicted in 1992. This is an area that can stand improvement. (See Table 3.)

More than 100 percent coverage of the target had been achieved for prenatal care and for deliveries in 1992. In contrast, the 1992 Herrin and Racelis's sample survey of the bottom 30 percent of the income-class drawn from the National Statistics Office Census population of 1990 shows that only about 83.39 percent of the samples received prenatal care while 48.97 percent obtained postnatal care. (Herrin and Racelis, 1993).

TABLE 3
Accomplishments in Maternal Care
(in Percentage)

Areas	1988	1992
ABCSDP Provinces		
Prenatal Care	89.53	109.43
Delivery	86.92	100.13
Postnatal Care	--	8.81
Philippine Average		
Prenatal Care		83.39
Postnatal Care		48.97

Sources: ABCSDP Average was culled from Cumulative Accomplishments of the Country Program for Children III (1988-1992).

Philippine average was culled from Herrin and Racelis (1993) drawing samples from the bottom- 30 percent income distribution of National Statistics Office (NSO) 1990 population.

4. Growth Monitoring

Growth monitoring is a strategy for preventing growth faltering and malnutrition among preschoolers which hamper a child's progress in gaining weight. As such, it provides concrete directions for nutrition intervention. Accomplishments in growth monitoring for the ABCSDP provinces is very encouraging, and depicts an upward trend in coverage from 1988 to 1992. The number of targeted recipients for Under-Six Clinics was 210,297 for the years 1988-1989, 76.62 percent of whom were serviced. By 1992, the number of children targeted increased to 592,001, 84.45 percent of whom were covered, an accomplishment, considering that these clinics became Under-Five after a policy shift by the DOH (see NEDA *et al.*, 1990; PIR, 1992). From 1988 to 1992, there was thus a 210 percent increase in the actual number of children covered (see Table 4).

In some areas, initiatives were taken to provide dietary supplementation to the malnourished children. In Lanao del Sur, Basilan and Tawi-Tawi, the 1992 PIR Report reflected a total of 7,392 malnourished children covered, or 50.42 percent of the target beneficiaries.

Beginning in 1990 growth charts started to be disseminated. The 1991 PIR Report indicated 407,478 children to be given the growth charts and registered an 88 percent accomplishment rate in the first semester of 1991. By 1992 the actual number of recipients of the chart went beyond the target of 57,462 with a 134.86 percent coverage. However, the actual number of recipients in 1992 is very much lower than the initial number covered (358,816 in 1990-1991).

TABLE 4
Growth Monitoring

Number of Children Weighed		1988-1989 Under-Six	1992 Under-Five
Targeted	(T)	210,297	592,001
Actual Covered	(A)	161,123	499,917
% Accomplished		76.62	84.45

Sources: *Midterm Review for 1988-1989.*
PIR 1992 for 1992 data.

The growth charts' usefulness has been acknowledged by 74 implementors and midwives who were sampled in the survey coordinated by the NEDA staff in 1992 (PIR, 1992). The implementors from five ABCSDP provinces said they referred to the chart for such services as immunization (93.2%), weight monitoring (67.64%), diarrhea treatment (77.03%), and nutrition (71.62%).

In the same study, 87 percent of the 200 mothers sampled from the five provinces drawn from four municipalities in the ABCSDP areas, said they used these charts.

To support the children's nutritional requirements, bio-intensive gardening (BIG) is a highly recommended activity particularly among families with malnourished children. While the number of BIGs maintained and the number of cooperators were encouraging when the program started, the enthusiasm for this activity seems to have waned over time (see Table 5).

Starting with 7,009 BIG plots cultivated in 1988-1989, the figure dropped to 66 percent by 1992. There was an even more drastic reduction of cooperators in 1992, with only 22 percent over the 7,513 in the earlier period. There had thus been only 2.3 plots to just one cultivator by 1992. This is alarming, considering that the support extended BIG in terms of seed pockets rose to 5,045 in 1992 over the number distributed in 1990-1991 (1,266). However, the garden tools distributed was cut by about 40 percent in 1992 from the earlier number of 3,092 in 1990-1991. Still, it may be argued that the tools can be used for a longer period of time and need not be replaced after a year.

TABLE 5

Bio-Intensive Gardening

Activities	1988-1989	1990-1991	1992
1. No. of BIGs maintained	7,009	5,907	4,674
2. No. of cooperators	7,513	4,025	1,675
3. Ratio of plot to cooperators	1:1.07	1.5:1	2.3:1
4. No. of garden tools distributed	N.I.*	3,092	1,186
5. No. of seed pockets distributed	N.I.*	1,266	5,045

* N.I. means not indicated.

Sources: MTR, 1990; PIR Reports of 1991 and 1992.

In the same NEDA-initiated survey in Negros (PIR, 1992:32), among the respondents who admitted not having maintained their BIG projects said this was due to: (1) natural causes such as drought and flood; (2) lack of market for their products; (3) utilization of the capital for other purposes; and (4) retrieval of the plot by the owners. However, those who retained the plots mentioned the benefits, namely, additional food supply, increased income, and improved nutritional status of their children.

Another reason for the drop in BIG plots could be the shift from BIG to backyard vegetable gardening because of some problems in the cultural adaptability of the technology (Año, 1993). For example, in Lanao del Sur, double-digging was not necessary because of the fertility of the soil. In the case of Ifugao, grasses and rice straws were used as organic fertilizers.

5. Education and Early Childhood Development

The Early Childhood Development activities of the ABCSDP concentrated on supporting both center-based implementation through day-care centers or in the case of Ifugao, child-minding centers. Home-based implementation was encouraged through Parent Effectiveness Sessions by training parents to serve as volunteers. With the exception of the child-minding centers, these activities were consistently pursued in all provinces from 1987 to 1992:

It may be mentioned here that the child-minding center as an innovative infrastructure is a custodial service set up in Ifugao under a neighborhood or school-based setting where young children are looked after while older siblings are attending classes. This is in response to a cultural environment where 70 percent of Ifugaons have children aged 0-4 who are left in the care of the older siblings who simultaneously attend classes (NEDA *et al.*, 1990:VA-36).

On the whole, accomplishments in the area of early childhood education look promising, considering the continuous upward trend in the number of participating beneficiaries over time. However, this is not true for the adults as activities catering to them only became remarkable after 1989 and deteriorated in performance in terms of coverage of beneficiaries by 1992. Furthermore, the extent to which implementors/facilities will be able to cope with the increase in the ratio of participants to the service delivery worker or facilities may be questioned (see Table 6).

TABLE 6
Early Childhood Development and Adult Education

Activities/Ouputs		1988-1989	1990-1991	1992
Early Childhood Development				
1. No. of Day-Care	T	N.I.	464	372
Centers (DCCs)/	A	407	383	342
Child-Minding Centers	%	N.I.	82.54	92
(CMCs) established				
2. No. of active	T	-	418	377
DCCs/CMCs	A	279	401	354
	%	N.I.	95.93	93.9
3. Ratio of center to worker		1.45:1	1:1.05	1:1.03
4. No. of children enrolled	T	13,629	32,304	28,627
	A	13,681	33,095	33,860
	%	100.38	102.45	118.28
5. Ratio of worker to children		1:49	1:82.5	1:95.6
6. No. of Parent	T	-	68	2,484
Effectiveness	A	-	68	2,613
Sessions (PES) conducted	%	-	100	105.19
7. No. of parents	T	1,608	2,917	4,820
participating	A	1,528	2,862	4,844
in PES	%	95.02	98.11	100.5
Adult Education				
1. Nonformal education				
No. of classes	T	251	459	166
	A	463	448	135
	%	184.46	97.60	81
No. of enrollees	T	-	6,650	3,194
	A	-	5,630	3,709
	%	-	84.92	116.12
2. Female Functional Literacy Classes				
No. of enrollees	T	-	7,668	5,791
	A	-	6,465	5,191
	%	-	84.31	89.64
No. of classes	T	-	255	192
	A	-	223	240
	%	-	87.45	125

T = targeted; A = actual; NI = not indicated.

Sources : MTR, 1990 for 1989-1990 data ; PIR, 1991 for 1990-1991 data ;
and PIR, 1992 for 1992 data.

Meanwhile, data on the activities in early childhood development indicate that the number of children who enrolled in day-care and child-minding centers in 1992 had a combined total of 33,860, or two-and-a-half times more than the figure in 1988-1989. However, the number of day-care workers did not increase correspondingly as the ratio of worker to enrollees was 1:95.6 in 1992 *vis-à-vis* 1:49 in 1988-1989, and 1:82.5 in 1990-1991.

In the case of Parent Effectiveness Sessions, the number of participants also drastically increased from 1,528 in 1988-1989 to more than triple by 1992. Only Sulu and Tawi-Tawi did not report these activities as ongoing in 1992.

Nonformal education classes for adults showed a total of 463 in 1988-1989. This dropped to 448 in 1990-1991 and further to 135 in 1992. The number of enrollees also declined remarkably from 5,630 in 1990-1991 to 3,709, or 65 percent.

Female functional literacy (FFL) classes had a slower gestation period as classes for the illiterates began in 1990 with 223 being conducted for 1990-1991. By 1992 this increased to about 240. However, the number of enrollees declined to 5,191 (about 80 percent of the target) from 6,465 in 1990-1991.

FFL classes took time to take off because the materials were locally developed using the technology introduced by a foreign expert and formulated through an interagency effort (Año, 1993).

6. Water and Sanitation

The Water and Sanitation (WATSAN) Program did not spin off as fast as the other programs did in the first two years of ABCSDP. The Midterm Implementation Review cites the following reasons: First, water and sanitation were still viewed as a technical matter for engineers and government agencies. Second, the program's emphasis on community involvement in the construction and management of the facilities took time to sink in. Third, the planning cycle, which was conducted on an annual basis, was disrupted by delays in the procurement of materials (NEDA *et al.*, 1990:VA39-VA41).

Physical accomplishments in water and toilet facilities soared in the years 1990-1992 as shown in Table 7. The outputs of the water program include the construction or development of deep wells numbering 44 out of 76 targeted in 1990-1991 (or a 57.09 percent accomplishment), and peaked at 484 out of 492 targeted in 1992 (or 98 percent).

Springs were also developed: 58 until 1992, a little shy of the targeted 63.

In 1990-1991, a special activity of disinfecting 8,291 water supply facilities was conducted in Maguindanao.

TABLE 7

Accomplishments in Water and Sanitation

Activities		1990-1991	1992
1. No. of deepwells developed/constructed	T	128	350
	A	44	484
	%	57.09	98
2. No. of springs developed	T	41	22
	A	49	9
	%	119.51	21
3. No. of water supply facilities disinfected	T	8,291	-
	A	8,291	-
4. No. of individual toilets constructed	T	2	-
	A	2	-
	%	100	-
5. No. of schools/ community latrines	T	31	33
	A	10	8
	%	32.25	24

T = targeted; A = actual.

Sources: MTR, 1990; PIR, 1991; and PIR, 1992.

The construction of latrines had even proceeded at a slower pace because these were contingent on the availability of water supply. Some 18 school and community latrines were constructed, way below the total of 64 targeted in 1990-1992. Two individual toilets were also constructed in Sulu.

There were variations in WATSAN's implementing structure across provinces (Año, 1993). Although the WATSAN task forces included the Department of Public Works and Highways, it was only in Ifugao where this office gave strong support. Moreover, the implementation of WATSAN had a slow gestation possibly because the interrelationship between hygiene education, control of diarrheal disease and food production was overlooked. Consequently, this had been given more attention to enhance the program's visibility and credibility (Año, 1993).

Other Key Result Areas

Other late-developing Key Result Areas were also programmed in all the ABCSDP provinces past the Midterm Review in 1990. These were in response to common diseases such as malaria, diarrhea and acute respiratory infection (ARI). The two other activities which were aggressively implemented in 1990 – female functional literacy and the dissemination of growth charts – were discussed earlier.

1. Diarrheal Control

Based on the Midterm Review, diarrhea, one of the top three causes of infant deaths in 1989, afflicted such provinces as Ifugao, Negros Occidental, Lanao del Sur, Sulu and Basilan. For the years 1990-1992 the report on activities to control these diseases was incorporated in the PIR (NEDA *et al.*, 1990:1-4). Response to diarrhea principally entails diagnosis and provision of oresol. Oresol is a special drink which can be made by using a packet of oral rehydration salts (UNICEF, WHO and UNESCO, n.d.:45). The actual number of children diagnosed with diarrhea in 1990-1991 alone totalled 89,403. **A high performance rate of 89.4 percent was demonstrated by the ABCSDP provinces when the afflicted children were administered oresol. However, the accomplishment rate from 1991 to 1992 was very poor since the percentage of children diagnosed with diarrhea and given oresol dropped to 68.75 percent (PIR, 1991; and PIR, 1992).**

2. Control of Acute Respiratory Infection

Control of Acute Respiratory Infection (CARI) was launched in 1991. This may be considered another Key Result Area as all ABCSDP provinces carried out this activity. No physical substantive accomplishments were

recorded in the reports on the Program Implementation Review except for the increase in the number of trainors trained from 84 persons in the 1989-1990 period to 840 in 1992. Correspondingly, 591 health personnel were trained in 1990-1991 and 469 in 1992 (PIR, 1991; PIR, 1992).

The ABCSDP responded rather late to the need to control upper respiratory infection since pneumonia, bronchopneumonia and bronchitis had consistently ranked as one of the top three causes of infant deaths from 1986 to 1989 in all of the seven provinces. However, even DOH undertook it as a national program only in 1989. It is important to note that the ABCSDP areas had an edge over the other provinces in training for CARI (Año, 1993).

Special Activities

In addition to activities undertaken in all of the provinces, others were pursued in some ABCSDP areas to deal with area-specific problems. The activities monitored in the PIR are discussed below.

1. Iodine and Other Micronutrients Supplementation

Iodine supplementation is one of the activities initiated in the province of Ifugao, a mountain province, owing to its inaccessibility to natural sources of iodine. When ABCSDP was carried out in 1988 in this province, iodine deficiency was already reported as the number two cause of morbidity (NEDA *et al.*, 1990:I-2). While only 8,375 persons were detected to have this deficiency (Cumulative Physical Accomplishments, 1988-1992), the program responded by providing lipiodal injection to 6,148 persons and disseminating iodized salts to 8,732 persons in 1988-1989 (MTR, 1990). The coverage of micronutrients supplementation was thus close to double (or 178 percent) of the total number of persons known to have this problem.

In the following years, other provinces were included in this type of micronutrient supplementation. Since Lanao del Sur also reported goiter as one of its endemic diseases, besides schistosomiasis in 1987-1989, iodine supplementation was targeted in 1990-1992. Other provinces like Negros Occidental and Maguindanao also benefited from this project (see Table 8).

The performance rate in iodine supplementation in 1990-1991 for the areas targeted was high (137.6 percent of the target beneficiaries) but was not as aggressive as the coverage for Ifugao. Although Table 8 shows that the

accomplishment rate for Ifugao, Lanao del Sur, Negros Occidental and Basilan taken together was lower in 1992, the fact that it was more than a 100 percent indicates an above average performance.

Mothers had been the principal targets of micronutrient supplementation in 1990-1992, with a total of 46,430 of them provided with iodine. However, the performance here was not as outstanding as the general iodine supplementation activity since only 38.3 percent of the 121,185 mothers targeted for the period were covered (see PIR, 1992 and 1993). Still, it may be argued that the more important service extended to those with the disease had been fully accomplished, while preventive care took a back-seat role.

TABLE 8
Iodine Supplementation

Activities	1988-1989	1990-1991	1992
Provinces Covered	Ifugao	Ifugao Lanao del Sur Negros Occidental Maguindanao	Ifugao Lanao del Sur Negros Occidental Basilan
No. of IDD Cases diagnosed	8,375*	7,754	36,720
No. of Cases Treated	14,880	10,673	37,362
% of Accomplishment	177.7	137.6	101.8

* Data were derived from Cumulative Physical Accomplishments, 1988-1992.

Sources: MTR, 1990; PIR, 1991; and PIR, 1992.

Micronutrient supplementation for iron and Vitamin A was also carried out intensively in four provinces (*i.e.*, Sulu, Basilan, Tawi-Tawi and Negros Occidental) and to a lesser extent, in the other provinces. About 50,701 persons were provided this service in 1988-1989 (see MTR, 1990). The coverage dropped to 14,651 in 1990-1992 (Physical Accomplishment Report

1988-1992), or 29 percent of the number of persons in the baseline year (1988-1989).

2. Mobile Teaching and Multigrade Technology

One important feature of ABCSDP is its intention to adopt/adapt indigenous methodologies in the regular social development sectoral programs of the locality. This is made possible by the acceptance of a convergent approach to decision making which enables implementors to identify effective strategies in their areas. Furthermore, national line agencies have boosted indigenization efforts by allowing their regional offices to develop or adapt area-specific strategies.

An example of such strategies is mobile teaching, an alternative program aimed at providing school-age children who could otherwise not obtain formal schooling access to basic educational services. Conceived in Ifugao as an innovative methodology (see the Terminal Implementation Report of Ifugao), the program had hoped to help decrease the dropout rate particularly in far-flung areas (TIR Ifugao, 1993:15). The criteria for the selection of the centers for this type of school was either the absence of schools or those with the lowest cohort survival rate. Selection was undertaken with the help of the mayor and the school district supervisor. Mobile teachers who moved to teaching centers to attend to school-age children were recruited to render educational services on the basis of the criteria set at the interagency conference (TIR Ifugao). They were generally graduates of teachers education courses who were natives of the place and willing to stay in the program for two years. The mobile teacher model was eventually recognized in 1992 by the Department of Education, Culture and Sports (DECS) for the Cordillera region (Año, 1993).

A report of the performance of this program was documented by NEDA *et al.* (1990: VA-32). The report shows that the pupils of the mobile teaching project who were included in the district achievement test conducted among Grades I to III in 1989 got almost the same class mean scores as those from the regular classes.

To provide support for this program, 24 mobile teachers were trained in 1988-1989 (MTR, 1990). This number increased to 45 in 1990-1991 (PIR,

1991) but dropped to 36 in 1992 (PIR, 1992). The number of Centers for Mobile Teaching also decreased from 84 in 1990-1991 (PIR, 1991) to only 64 in 1992 (PIR, 1992).

To what extent did the pupils patronize these centers for their schooling? Of the total number of 2,321 served over the period, only a fraction (75 or 3.2 percent) dropped from the roll. About 6.5 percent transferred residence. Close to 33 percent chose to attend formal school and the remaining number (57.3 percent) stuck it out with the program (see TIR Ifugao, 1993).

Apart from mobile teaching, a multigrade education service where a teacher handles various grade levels in the same classroom was instituted. About 204 teachers were trained for multigrade education in 1988-1989 (NEDA *et al.*, 1990) in Negros Occidental, Maguindanao, Sulu and Basilan. This program hoped to address the problem of a few teachers handling classes in remote schools or in areas affected by actual or potential armed conflict.

Special activities were also conducted for slow learners in Maguindanao. A total of 976 students participated in 1988-1989 (NEDA *et al.*, 1990). Upgrading reading skills (URS) through a teaching approach using phonetic sounds was another special activity in Maguindanao and Lanao del Sur. Both compensatory education for slow learners and the URS were initiated by a nongovernment organization (NGO) in coordination with DECS. However, DECS has yet to fully integrate these technologies (Año, 1993).

3. Teacher-Child-Parent Approach

The Teacher-Child-Parent Approach (TCP) is an alternative strategy to respond to the multilateral needs of the child through the joint efforts of parents and teachers. TCP incorporates the monitoring of schoolchildren's weights, the provision of toilet and water facilities in schools and the cultivation of bio-intensive gardens (BIGs) to supply the necessary nutritive food for school-children (NEDA *et al.*, 1990:VA-33).

The school BIG serves multiple purposes. It produces vegetables for the cooking lessons in home economics classes, provides nutritional supplements for pupils and children in the school-based child-minding centers, provides

on-the-job training for pupils in the establishment of BIGs, and serves as a source of funds for some school activities (Cordero, 1992: 49).

The TCP approach was initiated in Negros Occidental in 1987 and involved 16,380 mothers in two years.

Mother and child participants in Negros Occidental and Sulu numbered 18,268 in 1988-1989 (NEDA *et al.*, 1990). This expanded to 78,990 in 1990-1991 participation. While the number of participants dropped to 53,061 in 1992, this was still 290 percent more than the 1988-1989 figure (PIR, 1992). On the other hand, teachers and school administrators trained in the first period (1988-1989) numbered 1,082. In 1990-1991, this increased to 1,927 and included such areas as Negros Occidental, Basilan and Tawi-Tawi (PIR, 1991). In 1992, however, only 470 were trained for this purpose in Negros Occidental, Maguindanao and Basilan (PIR, 1992).

Schools implementing BIG-TCP added up to 909 in 1990-1991 (PIR, 1991). This number dropped drastically to 33 (or about four percent of its earlier total) a year later.

4. Malaria Control

The control of malaria became a priority concern in some provinces like Ifugao, Maguindanao, Sulu, Basilan and Tawi-Tawi as reported in the Midterm Review for the years 1988-1989. A total of 159,131 beneficiaries was covered during this period with the biggest percentage originating from Sulu (95 percent). Support came in the form of treatment of the identified cases and the application of sanitation measures like housespraying. Mosquito nets with permethrine were also distributed in affected areas.

Subsequent Program Implementation Reviews (PIRs) no longer reflected accomplishments for this activity. However, an analysis of the Cumulative Physical Accomplishments for 1988-1992 shows 46,088 persons diagnosed with this disease for the years 1990-1992, with only 6,446 (or 14 percent) given radical treatment. A bigger number (83 percent) was given preventive treatment.

While only a small proportion received radical treatment, most of the cases may have benefited from some form of curative treatment as indicated

by the reduction in the number of malaria cases by a third from 1990 to 1992. However, whether malaria has been fully addressed is still problematic. The lack of report on malaria after this period could either mean that the program had been successful or remiss in monitoring.

5. Women in Development

Women in Development (WID) in the first two years of ABCSDP activities were carried out in the four provinces of Ifugao, Negros Occidental, Maguindanao and Tawi-Tawi.

WID activities had a view to enabling women to be active promoters of child survival and development concerns, not merely recipients of services directly affecting them and their children. The Department of Social Welfare and Development's (DSWD) Bureau of Women's Welfare (BWW) played a major role in the organization of women and in the provision of income-generating project (IGP) assistance to the ABCSDP (Vigo, 1993). BWW recruited, trained and deployed women welfare aides to organize and train women in the ABCSDP areas.

Initial activities here are the conduct of training for leadership, livelihood and maternal and child care; and Basic Business Skills Management. A total of 8,902 women was reported involved in this activity throughout Ifugao, Maguindanao, Negros Occidental and Tawi-Tawi. Judging from the initial gains from this activity, Ifugao and Maguindanao appear to have been the ones most effectively serviced during the first two years. Close to 80 percent (6,976) from Ifugao were beneficiaries of training activities, followed by Maguindanao with 13 percent. Thus, the most number of women's organizations were established in these provinces – 100 in Maguindanao and 99 in Ifugao. Negros Occidental and Tawi-Tawi registered only 50 and 21, respectively.

The women's organizations in Maguindanao were even federated under an umbrella organization. This facilitated easy access to government resources for IGP funds (Año, 1993).

For the same period, the biggest number of IGPs were initiated by three out of four (555 out of 744) women in Ifugao. The second province with the

most number of IGPs started by women was Maguindanao, with 142. The last in rank is Negros Occidental with 47.

In Ifugao, the DSWD was the lead agency in organizing women. However, various womens' training programs represented the joint efforts of DSWD, DECS, DA and DOH (Cordero, 1992: 53). Among the positive outcomes of these activities was the transformation of leadership training participants into active community leaders who became involved in skills development of illiterate women and water and sanitation projects.

Subsequent PIRs no longer provided updated reports on IGPs under WID because of the issues related to the effectiveness of IGP strategies. Instead, the WID program explored alternative credit schemes and carried out a decision to pilot-test a Grameen Bank Replication project in five ABCSDP provinces (Vigo, 1993).

It should be noted that the question of sustainability of women's organizations over time, the development of new ones, and the conduct of training programs to empower women could not be elaborated on in this paper.

6. Income-Generating Projects

Income-generating projects (IGPs) were initiated and encouraged to enable families in the ABCSDP sites to obtain self-sufficiency.

In the two years covered by the study, IGPs were subsumed under the WID program. However, upon discovering some of the loopholes in women's IGPs, they were no longer monitored under WID but were later reflected separately as activities under Family Food Production and Nutrition. The projects were assessed in terms of the number of "families" benefited since the activities had come to involve other family members.

From 1990-1991, many families were reported involved in income-generating projects – 2,109 from five provinces excluding Lanao del Sur and Basilan. However, the number dwindled in 1992, with only about 40 percent (785 in all) involved in IGPs. In 1992, only Ifugao, Lanao del Sur and Sulu were reported as having active IGPs.

In 1990-1991, close to 30 percent (615) of families with IGPs were provided seed capital to start. In 1992 only nine families from Lanao del Sur had this opportunity.

It can thus be asked to what extent IGPs can be sustained if the resources to support these undertakings are no longer available—unless of course community-based financing schemes are initiated precisely to support these activities.

Summary

1. The Impact of ABCSDP in Maximizing Services

To what extent has the ABCSDP approach maximized the services embodied in its program package? Previous assessments of programs implemented across provinces along three Key Result Areas of immunization of children, immunization of mothers and the provision of care in all phases of pregnancy – clearly indicate the high rate of performance of the ABCSDP provinces. However, the net effect of the program is more remarkable for maternal tetanus toxoid immunization and natal care than the immunization of children.

These patterns are substantiated by the survey conducted by a U.P. College of Public Administration (UP-CPA) team constituted to undertake a Feasibility Assessment of the Institutionalization of ABCSDP (Bautista *et al.*, 1992). Adopting a research design which distinguished priority and nonpriority areas in ABCSDP provinces, the survey covered six *barangays* equally distributed in high- and low-priority areas in each of the seven ABCSDP provinces. A total of 1,992 randomly selected decision makers on health matters in the family were interviewed. The survey, which also aimed to validate whether the management's reported deliveries are actually served, confirmed the findings in the three Key Result Areas. In addition, other activities pertaining to the child and the mother were also shown to have improved in the high-priority areas.

Table 9 shows the actual count of the services availed of by 0-6 year old children in the sampled households in 42 *barangays*. The percentage of children utilizing the services reveals the edge of the high-priority *barangays* over its counterparts in terms of growth monitoring, day-care and nutritional supplementation (Bautista *et al.*, 1992: 126-127). For example, day-care services in high-priority areas show close to three times the number of children served in the low-priority *barangays*. In the case of nutritional supplementation, children from high-priority areas nearly doubled the number of those who availed themselves of the service from the low-priority areas. Growth monitoring also shows a slight edge in the high-priority areas by about 16 percent more.

It is only in the area of immunization where the low-priority *barangays* manifested a slight edge (63.1 percent) over the high-priority areas (61.69 percent). This may be traced to the fact that even non-ABCSDP areas in the seven provinces were covered by the government's Expanded Program for Immunization. However, having nearly the same level of performance is already noteworthy considering that the high-priority areas are the most depressed in the ABCSDP provinces.

TABLE 9
Percentage of Children Who Utilized/Benefited
from a Recommended Practice

Services	High-Priority <i>Barangays</i> (HPB)	Low-Priority <i>Barangays</i> (LPB)	Rate of Improvement (HPB/LPB)
Immunization	61.69	63.1	97
Growth Monitoring	56.05	48.1	116
Nutritional Supplementation	33.5	19.4	172
Day-Care	14.9	5.3	283
Total Number of 0-6 Children	2,182	1,895	

However, there are activities where ABCSDP can step up its efforts to meet the needs of those in the targeted areas. The provision of day-care services and nutritional supplementation, while still ahead of the non-ABCSDP areas, can still be improved to reach more beneficiaries.

In the case of maternal health care, a consistent upward pattern in the percentage of services provided in the high-priority ABCSDP areas is demonstrated in Table 10. This pattern further indicates the maximization of services in the ABCSDP areas, in addition to those observed for children.

The high-priority ABCSDP *barangays* manifested a bigger rate of improvement over low-priority *barangays*. They had an edge in delivering various personal health services to the mother (*i.e.*, proper nutrition, curative care) other than prenatal care which showed 88 percent more coverage than the low-priority *barangays*; training in community activities, 72 percent more; mother's classes, 57 percent more; other prenatal services (*i.e.*, proper care of the child, proper nutrition), 49 percent more; information and education campaign (IEC) materials, 40 percent more; tetanus toxoid immunization, 34 percent more; and vitamin supplementation for pregnant mothers, 22 percent more. Other services were also received, such as training for livelihood which had close to three times the number in the low-priority areas.

It is noticeable that in the rate of improvement for prenatal care, while still ahead of low-priority *barangays*, the difference is not as much compared with other services (*i.e.*, mother's classes, training for community activities). This is because prenatal care was given full support even in non-ABCSDP areas, such as in the area of immunization (Pascual, 1993).

TABLE 10

Percentage of Mothers Availing of Services

Services Utilized	High-Priority <i>Barangays</i>	Low-Priority <i>Barangays</i>	Rate of Improvement (HPB/LPB)
Prenatal Services	53.23	45.31	117
1. Vitamin supplementation	45.9	37.5	122
2. Tetanus toxoid	44.78	33.38	134
3. Physical examination	32.2	31.3	102
4. Other prenatal services	4.6	3.09	149
Other Personal Health Services	12.52	6.5	188
Mother's Classes	23.24	14.82	157
Training for Community Activities	15.56	9.06	172
Reading Materials Received	17.84	12.79	140
Other Services	7.02	2.56	274
Total Number of Mothers	1,054	938	

Although high-priority *barangays* had a relatively low rate of improvement in prenatal care *vis-à-vis* low-priority *barangays*, the highest percentage of those who availed of services in the former areas did so for activities on this program (*i.e.*, vitamin supplementation, tetanus toxoid immunization and physical examination). However, a lot more can be done to increase the coverage of community activities since only 15.56 percent of the mothers are involved in this activity.

2. Other Contributions

While other contributions of ABCSDP cannot be compared with non-ABCSDP areas because of the lack of data, the qualitative improvements in the ABCSDP areas as a result of these activities deserve attention. For one thing, the capability of the relevant ABCSDP core group to respond to emerging problems and needs outside of the original program package signifies the dynamism of program management to cope with urgencies. For example, this has been witnessed in the response to endemic problems such as goiter in Ifugao and malaria also in Ifugao, Sulu, Basilan and Tawi-Tawi.

For another, there is also the thrust toward applying locally-specific programs which give due consideration to the sociocultural milieu of the target beneficiaries. This is the case of mobile teaching in Ifugao and the adoption of multigrade technology in some parts of Mindanao ABCSDP areas to augment the dearth in teachers in areas with peace and order problems. Another such example is the TCP approach implemented in Maguindanao. All the aforementioned technologies have been institutionalized by the DECS as alternative methodologies in these localities.

There are also other innovations which can be cited in the ABCSDP strategies besides those akin to the program's substantive aspects, which will be discussed in subsequent sections.

3. Problems and Issues

There are some program areas that saw vacillating commitments both from program management and the beneficiaries. One instance is adult education carried out through nonformal education and female functional literacy. The total number of participants in these activities are on the decline. This is in marked contrast to early childhood development activities which

consistently increased over time. However, it can also be said that the latter may be headed for dire straits as the number of day-care/child-minding center workers had not been able to progressively adjust to the increase in the number of participants. This situation may thus strain the workers' ability to deliver quality services because of the ever-increasing number of beneficiaries to attend to.

Sustaining BIG and IGP also seems to be a problem. The number of cooperators/participants drastically declined over time. The prospect of continuing this activity once the program finishes thus appears to be dim, since beneficiary involvement seems to be related to the amount of resources provided to support the projects. Furthermore, it can be asked to what extent the beneficiaries have appreciated the inherent value of these activities. Or has the program imparted these activities to support ABCSDP projects rather than to "empower" the families to decide what activities they can meaningfully undertake and determine what resources they themselves can generate?

While ABCSDP has demonstrated flexibility in accommodating new concerns and interests (*i.e.*, family approach in undertaking IGP rather than anchoring this through WID), it has failed to provide adequate warning on how the new program indicators relate with the previous ones.

It can also be asked how former activities being abandoned had been replaced by new ones.

Also, some program objectives had failed to provide enough measures to monitor performance. This is the case with achievements made with children in especially difficult circumstances, although other locally-specific problems (*i.e.*, malaria) were monitored. Assessing the accomplishments in this area of concern thus cannot be effectively undertaken.

Social Mobilization/Capability-Building

ABCSDP is unique because of the application of its composite strategies – social mobilization, decentralization, convergence and focused targeting. Social mobilization is discussed first since other activities follow in the wake

of motivating key decision makers to express their commitment to ABCSDP in terms of actionable plans.

Social mobilization is considered in the ABCSDP "both as a process and a strategy which aims to promote active participation and harmonious coordination at all levels to facilitate and accelerate improvement of children, women and at-risk groups" (PIR, 1991:43). This therefore targets support from different sectors, namely, the decision makers in the various subnational levels; implementors from the government, nongovernment organizations undertaking technical programs and advocacy programs (*i.e.*, the media); and the communities.

1. Mobilizing Local Officials

The **key persons** mobilized as the first step in securing support for the program are the local officials (*i.e.*, governors and mayors). They are expected to assume the area-manager role in the locality or to back up whoever will assume this role. The officials are paid courtesy calls and given orientation meetings. The signing of a Memorandum of Agreement formally endorses the activity. Other measures to mobilize local officials include so-called cross visits where local officials go to other areas to witness model ABCSDP localities. Sometimes local officials are also involved in training programs to improve their skills in the application of ABCSDP strategies.

Other forms of acknowledging the local authority for leadership are expressed by inviting the local official to serve as resource person or guest of honor for some project activities; updating the local official of the recent developments in the implementation of the project; and designating the local official as the chairperson of particular committees (see AIJ, 1990:66).

2. Mobilizing Implementors

The **second group** targeted for social mobilization are the implementors of service delivery and the local planning and development office staff. Often, this is first conducted through seminar workshops or orientation sessions on the program (Bautista *et al.*, 1992: 66). Social mobilization efforts to upgrade the capacity of the implementors are carried out both to enhance their skills in their field of expertise and to effectively carry out the strategies subscribed to by the ABCSDP model.

Capacity-building activities involve on-the-job training. Theory input on a methodology or an approach is followed by actual implementation by the participants; for example, the actual conduct of situation analysis after providing a lecture on the topic.

Capability-building efforts enabled Program management to mobilize other resources to carry out innovations in the ABCSDP areas. For instance, the influence of those responsible for the Program on the Department of Health (DOH) central office resulted in the priority allocation of staff positions to ABCSDP areas and the development of an iodine deficiency disease program based on the Ifugao experience for the Cordillera Administrative Region (Año, 1993). The program also served as a catalyst for generating other fund sources as in the case of the Local Government Support Project of the Canadian International Development Agency (Año, 1993).

Instead of relying merely on local trainers, experts from other localities were invited occasionally to share their expertise on a topic. As a case in point, the University of the Philippines at Los Baños conducted exercises on the BIDANI (*Barangay* Integrated Development Approach for Nutritional Improvement for the Poor) approach. Under this methodology, management of the program is improved through the application of causal modeling as a basis for determining a plan of action using the input-output-outcome tables in the provinces of Sulu, Basilan and Tawi-Tawi (TIR Sulu and Tawi-Tawi, 1993). Another instance is the conduct of a tribal leadership training on ABCSDP in Sulu and Maguindanao by the Office for Southern Cultural Communities (NEDA *et al.*, 1990:VA-48).

Technical training in each area of expertise was undertaken, incorporating recent innovations in a given field. In health, Maguindanao trained health personnel of the provincial hospital on lactation management, which became the focal point for the Baby-Friendly Hospital Initiative (BFHI). In sanitation, the University of San Carlos-Water Resources Council, a Cebu-based institution engaged in the development of low-cost water supply, was invited to train local implementors in Sulu to set up VIP latrines using indigenous materials (TIR Sulu, 1993). Three sets of locally-fabricated drilling rigs were also introduced through training sessions conducted in

Lanao del Sur and Maguindanao (TIR, 1993). In the Female Functional Literacy (FFL) activity, training programs were conducted to impart the essence of materials development through interagency collaboration (Vigo, 1993). This process had taken a long time to complete so that FFL classes did not take off immediately.

The implementors targeted for social mobilization efforts included those originating principally from various government offices of devolved and undeveloped departments with field implementors at the local level. But more important, ABCSDP also tapped the participation of various sectors such as (see AIJ, 1990:77-78):

1. Nongovernment organizations (NGOs) noted for their social commitment in undertaking development activities to deliver services or other aspects of child survival and development programs to the locality;
2. Business, civic and professional groups (*i.e.*, Rotary, Lions, Jaycees, *etc.*) to support the Program in delivering some components (*i.e.*, immunization);
3. Military personnel, particularly in Negros Occidental and Maguindanao, to provide protection to medical teams undertaking outreach work in rebel-infested areas;
4. Rebel groups (*i.e.*, New People's Army or the Moro National Liberation Front) to provide safe passage and guarantee for the protection of health workers in the far-flung ABCSDP areas;
5. Religious leaders (*i.e.*, the ex-bishop of Bacolod diocese, *Ustadzes* and *Ulamas* of Muslim Mindanao) to assist in disseminating relevant messages in religious gatherings and in *Madrasah* classes; and
6. Academic-research institutions to assist in the conduct of research to monitor and evaluate the performance of the ABCSDP strategies and programs.

3. Mobilizing the Community

The **third support group** for ABCSDP is composed of community residents who are envisioned not only as mere recipients of the services but also as active participants in initiating development activities. Community organizing is thus a key activity in mobilizing community participants and ultimately empowering them to manage their own activities for child survival and development. This will be discussed in the section on empowerment.

With respect to awareness-raising measures to convince families to adopt the recommended package of services and approaches in ABCSDP, the strategies for mobilization included house-to-house campaigns and the conduct of assemblies to familiarize the community with ABCSDP services.

The development of IEC materials was undertaken in some areas and took various forms. These included radio, print materials (*i.e.*, comics, posters, newsletters) and beta tapes. In the early 1990s, trimedia participation had been very much evident (PIR, 1991:43). This was seen in the involvement of the Philippine Information Agency and NGOs (such as Professional Media Consultants or PROMEX in Maguindanao and Lanao del Sur) in the development and production of IEC materials which contributed to the acceleration of program awareness.

PIR (1991:43) reports further cite some examples of local trimedia initiatives, such as the maiden issue of the newsletter *Panubu-Sug* which was launched in partnership with the Jaycees and the local government unit. Other notable achievements include the establishment of a radio program in Maguindanao called *Al Hidayah*, initiated by the *Al-Hidayah* Upliftment Foundation Inc., in which a regular slot was provided for ABCSDP messages. In Sulu, a radio program called *Palihalan Kabataan* was also set up to reach out to the community. In Lanao del Sur, the active institution that airs programs on maternal and child health is the Philippine Information Agency. In Maguindanao, the Early Childhood Care and Development-School on the Air (ECCD-SOTA) was carried out in 1992 to provide proper child care information through radio and taped programs to parents of children aged 0-6 years who are outside the reach of parent effectiveness service sessions of DSWD (TIR Maguindanao, 1993).

IEC print materials attempted to take into consideration the testimonies of respectable authorities. In Mindanao, for example, the use of Islamic verses and passages from the *Koran* contributed to enhancing the acceptance and appreciation of the disseminated IEC materials (AIJ, 1990:81).

AIJ (1990: 81) further says that some IEC materials produced by PROMEX recognize that learning is not a process of imposing an idea or technology but one that draws related ideas about an issue. Hence, the community members are motivated to examine the materials, relate to them according to the environment and identify problems and solutions to these problems. This process is called "active learning process."

4. Problems and Issues

Some administrative problems regarding social mobilization were encountered in the early years of ABCSDP (AIJ, 1990:88). Since the local planning and development office was tasked to oversee and carry out this activity, its effort was hampered by the limited number of capable staff, work overload, lack of resources (*i.e.*, vehicles, office equipment, communication facilities) and political interventions. Furthermore, the impact of social mobilization and the Program package used in the process has yet to be assessed systematically.

5. Assessment

A crude assessment of the impact of social mobilization (SOCMOB) on the community is suggested by the UP-CPA study where IEC materials were among the sources of information of close to half of the mothers in the ABCSDP high-priority areas (see Table 11). How these materials influenced the beneficiaries, however, is a different matter.

The UP-CPA Study Team's assessment of the profile of the participants in the ABCSDP reveals that the capacity-building activities had not yet reached the lowest subnational levels in 1991. The 101 *barangay* officials surveyed in the ABCSDP provinces only had a mean level of **29 training hours**. On the other hand, the key officials had **78**. It is thus not surprising that a smaller percentage of *barangay* officials said that they considered their training adequate (only 27 percent) *vis-à-vis* the key officials who said the same thing but were more in number (72 percent) (Bautista *et. al.*, 1992: 89).

This pattern is further confirmed by a rapid appraisal of training management in Ifugao (TIR, 1993) which revealed a tendency of program management to leave out remote municipalities and *barangays*. It was also argued in the Ifugao appraisal that most training syllabi were nationally prepared and thus unsuitable to local needs. Future directions of training programs may therefore start to filter down the opportunities to the lowest subnational levels.

TABLE 11

**Mean Percentage of Mothers who Availed Themselves
of Each Type of SOCMOB Activities in the
Top Three and the Lowest Three Ranking *Barangays*
in Service Availment in the High-Priority Areas**

SOCMOB Activities	Top Three <i>Barangays</i>	Lowest Three <i>Barangays</i>
Mother's Classes	50	9.5
Training for Community Activities	41	6.3
Received IEC Materials	45	5.3
Mean Number Availing of Services for Children	4.25	2.27

In the UP-CPA Study, the group that benefited most from capability-building activities were the implementors both from line agencies and NGOs, with the former indicating a total number of **157 training hours** and the latter, **193 hours**. Both sectors had 50 percent or more of the surveyed implementors saying that their training exposure was adequate, with the government agency implementors manifesting a bigger percentage of approval (70 percent in all).

In the same UP-CPA Study (1992: 169), the implication of training on the performance of the frontline workers is suggested by the fact that the top three ranking *barangays* out of the 22 priority *barangays* had an average of **100 hours** of training exposure. On the other hand, the three *barangays* with

the lowest performance levels had frontline workers who claimed only **five hours** of exposure to training programs on ABCSDP.

Furthermore, the impact of these training programs on the mothers is substantiated by the data in Table 11 indicating the high number availing of services for children among mothers in the top three *barangays*. They had intensive exposure to mother's classes, training for community activities and IEC materials on maternal and child health. The three lowest-ranking *barangays* consistently fell below the standing of the top *barangays* on these activities with a difference of at least 35 percent. The latter also availed themselves of services for each child by a minimum of two services. The top-ranking *barangays* availed themselves of services on an average of four times or more for each child.

These assessments on social mobilization activities thus point to the gains in improving the capability of both the implementors and the community beneficiaries.

6. Prospects of Social Mobilization

The 1992 PIR reports that all provinces had drafted a social mobilization plan for ABCSDP in 1992 (PIR, 1992:47). However, the implementation of these plans was reportedly hampered by the synchronized national and local elections in 1992 and the passage of the 1991 Local Government Code which preoccupied the participating agencies at the expense of social mobilization (PIR, 1992). There were some provinces though, like Ifugao and Negros Occidental, which initiated orientation sessions with newly elected officials on ABCSDP soon after elections.

Other ABCSDP Strategies

In addition to social mobilization and capability-building as major Program strategies, the influences of other strategies expounded by the ABCSDP to improve utilization of services are detailed below.

The role extended to local executives in overseeing ABCSDP in the locality constituted one of the concrete measures of operationalizing devolution in the seven ABCSDP provinces. Executing the role entailed the mobilization of active or dormant local development councils to steer the

representatives of sectoral agencies, nongovernment organizations (NGOs) and the local planning staff to implement the ABCSDP components and strategies. In areas where such councils were not organized, an interagency committee (IAC) was convened from among implementors of government and NGOs who took particular interest in cooperating with the Program.

Overall Program management entailed: (1) providing local executives supervision and control over line agencies delivering services in their area; (2) decentralized planning process which features the active participation of municipal and *barangay* officials in the preparation of local plans; (3) decentralized decision making and resource allocation, with the governor and mayor engaged in program planning and implementation as well as in the use of program logistics; (4) releasing of funds to the provinces and eventually to the municipal level; and (5) involving NGOs as partners of local government units (Bautista *et al.*, 1992:63).

In the first three years of ABCSDP, Ifugao and Negros Occidental were the first to have constituted their local development councils both at the provincial and other subnational levels (municipal and/or *barangay*). The other provinces either took longer in filtering down the opportunities to the provinces or relied on the province's "core group" as the coordinating unit headed by the local planning and development coordinator (*i.e.*, in Sulu) in lieu of the local executive or the line agency executive (*i.e.*, Lanao del Sur). The provinces thus also varied in the extent to which decentralization was carried out.

As of December 1992, all ABCSDP provinces had operationalized decentralization in this subnational level. At the municipal level, only close to a half (43 out of 97 municipalities) had been decentralized in terms of planning and implementation, with duly constituted local development councils (PIR, 1992). Ifugao and Maguindanao had fully decentralized up to the municipal level while in Negros Occidental, 11 out of 30 achieved this stage.

For instance, all 10 municipalities of Ifugao each had its own Work and Financial Plan and received funding directly from the provincial government through fund transfers. In Negros Occidental, the Work and Financial Plan had been concretized through the allocation of two million pesos for

ABCSDP. In addition, financial support from the 20 percent development fund of the provincial government was appropriated for ABCSDP implementation in 1992. In 1993, the province allocated 32 percent of the total provincial budget for basic social services. In the same province, Ilog municipality appropriated 100,000 pesos to the program beginning in 1991 up to 1995 (PIR, 1992:48).

Despite the gains in devolution at the provincial and municipal levels, the extent of decentralization at the *barangay* level is still an open-ended issue. It is disappointing that indicators to monitor the progress of decentralization had not been formulated. With the recent mandate of the Local Government Code for devolution, more *barangays* may be propelled to formally constitute their own development councils for planning purposes and should be monitored to ascertain compliance.

Some of the problems hampering full decentralization include the lack of capability of some local government units to handle and manage programs and resources effectively, the lack of resources to sustain critical ABCSDP projects and the lack of political support of some local executives for child survival and development concerns (PIR, 1992:46). However, in spite of these weaknesses, the opportunity of local executives to experiment with decentralization is a noteworthy experience that would give them an edge in managing social development concerns.

1. Convergence

While decentralization provides the administrative infrastructure for local executives to oversee the management of ABCSDP, convergence is an additional strategy that directs local executives toward ensuring the participation of various sectoral representatives from government (*i.e.*, DOH, DSWD, DA, DECS), NGOs and people's organizations in the execution of the programs of ABCSDP.

Making people work together is the essence of the area-based approach. The ABCSDP attempted to realize this in the different phases of the program cycle. In planning, representatives from the different sectors were made to arrive at a consensus regarding the targets that should be pursued to ensure that program goals are achieved in the locality. This is a bold step since

multisectoral representatives agreed to assess their operations against the same measurable targets.

Furthermore, the different representatives formulated their respective targets for services that should be delivered as a basis for preparing the Work and Financial Plan, which details the activities and financial estimates of each activity. Allocating resources at the planning stage made it imperative for the representatives to deliberate on the merits of each sector's requirements and agree on the financial allocation for each sector. It was also in this stage where the criteria for the target beneficiaries were agreed upon, as well as the pacing of and sequence of activities. For example, social mobilization for innovative activities was tackled first before proceeding with service delivery.

Convergence of efforts facilitated the process of implementation. For one thing, getting to remote areas was made much easier by moving together as a team. In Maguindanao, for example, mopping-up operations were conducted in rebel-infested areas by tapping a health team composed of doctors and voluntary health workers assisted by the military (for protection). In Tawi-Tawi, religious leaders announced to the public the schedule of immunization by the health team constituted from different *barangays*. In Lanao del Sur, an organized and systematic approach in growth monitoring for nutrition intervention was made operational. Preschoolers were weighed by *barangay* health workers, day-care workers and members of the rural improvement clubs (MTR, 1990).

Working in convergence entrusted some entities with responsibilities which others may not be able to do as effectively. In Maguindanao, for example, a church-based organization extended immunization to highland groups since it has had more experience in these communities (Terminal Report to CIDA, Maguindanao, 1993:9). In Sulu, the *Sarang Bangun* Foundation conceptualized *hallaquatal* sessions. Ten religious preachers were oriented to organize *hallaqua* group as an avenue for the dissemination of important concepts on social and family life such as health and sanitation, maternal care, responsible parenthood, children and marriage, in relation to religious teachings (Eusebio *et al.*, 1993: 33).

Furthermore, the opportunity provided for NGOs to participate in this activity gave them the chance to try out their models and approaches. This is

the case of the International Institute for Rural Reconstruction which had been invited to experiment with its model of convergence in the municipality of Ilog.

Finally, ABCSDP scored another first in monitoring and evaluation by providing a venue for the multisectoral representatives to participate in formal and informal monitoring and evaluation activities. Informal activities took the form of spot visits and casual meetings. A major formal activity was the conduct of regular implementation reviews where the participating institutions were given a chance to present their accomplishments and to collectively analyze the problems they encountered. The implementation reviews led participants to formulate actionable recommendations in response to these problems.

2. Focused targeting

Focused targeting was carried out in the selection of the municipalities and *barangays* with the help of the ABCSDP interagency committee or the local development council. In the first year of implementation, three municipalities were prioritized on the basis of a set of criteria – except for Negros Occidental which had 10 because of the thrust to accelerate support to the province in the wake of the slump in the sugar industry which left many children suffering from severe malnutrition. Five *barangays* per targeted municipality were also chosen except for Ifugao which only had an average of three. By 1992 (PIR 1992), all of the municipalities had been saturated except for Lanao del Sur which only covered 11 percent. However, only 26 percent, or 791 of 3,001 *barangays*, had been serviced by this time.

The identification of priority municipalities and *barangays* began with an attempt to rationalize the identification of targeted areas based on a set of criteria. The standard applied by the seven provinces in targeting the municipalities and *barangays* was the localities' income. Another common set of indicators pertained to health such as malnutrition rate, infant mortality rate and number of children aged 0-6 (UP-CPA, 1992).

However, other factors were applied in different provinces as agreed upon by the ABCSDP core group members in charge of supervising the Program. Some factors were: targeting remote or hard-to-reach areas in

Ifugao; existence of acceptable peace and order conditions to assure that service may be extended without too much risk on the lives of implementors in Maguindanao and Negros Occidental; willingness of political leaders to participate, as the case of Maguindanao; and heavy concentration of population, as found in Maguindanao.

Decisions for determining the priority areas relied on secondary data gathered along the criteria and consensus among core members.

Lack of information on some objective indicators posed a challenge to the management group of the locality. Different approaches were tried to cope with this difficulty. In the case of Negros Occidental, a Key Informant Panel (KIP) was constituted with representatives from various sectors such as farmers, fisherfolk, women, youth, professionals, religious groups, *purok* leaders and NGOs.

The final step in focused targeting was the identification of **high-risk** families that will be given priority attention through the process of masterlisting.

Aggressive initiatives in identifying families were taken in Negros Occidental and Ifugao. Negros Occidental was the most participatory in its identification of the KIP. Conceived in the Ilog municipality through the mobilization effort of the International Institute of Rural Reconstruction, the KIP for the province was composed of 10 to 15 *barangay* members who assisted in categorizing the families according to access to land, dwelling, education, number of children and degree of malnutrition. Based on a house-to-house survey, the KIP agreed to give priority to the most deprived in these areas.

In the case of Ifugao, the Provincial Health Officer conducted a survey of all the *barangays* of the 10 pilot municipalities to be able to identify the high-risk families. With a budget of around 367,000 pesos, *Barangay* Nutrition Scholars and field health personnel of the DOH were deployed to draw up a list of **high-risk** and **at-risk families**. High-risk families had a moderately or severely malnourished 0-6 year-old child. At least one of the following risk factors should be present: mother or father with chronic illness; illiterate mother; working mother; and unemployed or underemployed

parents. On the other hand, families were considered at-risk when characterized by at least three of the risk factors mentioned (Cordero, 1992).

An update on the masterlisting activities of households (PIR, 1992) indicated that Tawi-Tawi and Basilan started to formulate these in their areas. No clear indication for Lanao del Sur has been suggested while Maguindanao, Negros Occidental and Ifugao have carried out masterlisting.

According to one UNICEF Program Officer (Año, 1993), there is no documentation on the extent of utilization of the masterlist by all implementing agencies in the ABCSDP areas. There have been reported cases of disagreements among agencies in arriving at a common list. In others, the status of the province as one of the most depressed in the country posed the difficulty of prioritizing areas within it. Furthermore, a Program Officer observed that after being deprived of government services for quite sometime, there was a great demand from every area to be covered by the services. Compounding these problems was the fact that the masterlists in most provinces were completed after two years of implementation, making it difficult to change the choices of beneficiaries.

In the UP-CPA Study, for example, a few *barangays* that were prioritized were more economically advanced than the low-priority areas such as in Sulu (Oppus 1993). Patikul was a high-priority area over Marungas in spite of the fact that the latter was more peripheral and had a lower socioeconomic standing than the former.

Nevertheless, in spite of the failure of some ABCSDP areas to comply with the Program's vision as far as focused targeting is concerned, the overall success of ABCSDP in applying this approach is borne out by the fact that the sampled households in the high-priority areas in the UP-CPA Study had lower family income (1,877.56 pesos per month) *vis-à-vis* the low-priority areas (2,145.30 pesos) (Bautista *et al.*, 1992:113).

Empowerment

One of the thrusts of ABCSDP is to achieve **people empowerment**. However, the strategies to realize this goal often fell into the trap of merely mobilizing community residents as appendages of the program for service delivery rather than enabling the community to initiate its own activities for child survival and development. Thus far, the social mobilization efforts for empowerment, while allowing community members to participate through their leaders, have been **project-oriented** rather than **community-based**. A project-oriented strategy harnesses community volunteerism as a means to carry out activities conceived by the program. On the other hand, a community-based approach begins with organizing the community so it can actively get involved in the different phases of the management of the program cycle such as planning, implementation and monitoring and evaluation.

It should be noted, however, that while the ABCSDP's effort to generate community volunteerism has been project-oriented, it is among the few initiatives in the public health sector to mobilize community participation. The other initiatives are primary health care (PHC) and the DOH's limited experiments in Community Health Service (Bautista, 1991). Learning from the experiences in organizing community groups for project purposes is imperative if the Program is to evolve a more community-based approach.

Many examples show the efforts to mobilize the community in order to interface in the different program components of ABCSDP. Community residents have not merely been trained to increase their awareness of program services such as the ones mentioned earlier under Social Mobilization. Other capability-building activities targeting community residents have zeroed in on enabling them to develop skills in managing some operational activities such as imparting a service or maintaining a facility (*i.e.*, toilet facility).

Some examples of training activities that harness community residents to carry out program components include:

1. Training of 175 volunteer *Barangay* Health Workers to carry out PHC and *Barangay* Nutrition Scholars to participate in the early

detection and management of diarrheal disease (Physical Accomplishments 1988-1992);

2. Training of the community to construct, manage and operate their water and sanitation facilities through the *Barangay* Water and Sanitation Association (BWSA);

The BWSA is a prerequisite to the installation of any water facility in a locality. Members are required to pay registration fees and monthly dues for the facility's repair and maintenance. Labor is the counterpart of the community in the facility's construction (Eusebio *et al.*, 1993).

The number of BWSAs reportedly increased from 43 in 1990-1991 (PIR, 1991) to 84 in 1992 (PIR, 1992).

3. Preorientation, orientation and skills enhancement training of custodians in community-minding centers in Ifugao (Physical Accomplishments 1988-1992);
4. Leadership training of 4,951 women (Physical Accomplishments 1988-1992);

Some of these women were later tapped to participate in conducting literacy classes (PIR, 1991:57).

In Maguindanao, women's organizations promoted backyard gardening and child-care advocacy in the Islamic context.

5. Training of volunteer community organizers (VCOs) in Maguindanao by the Department of Interior and Local Government (DILG). A separate account on this activity is presented below.

An assessment of community organizing (CO) approaches was undertaken in Maguindanao among NGO/ABCSDP implementors. This led to the formation of an interagency NGO task force and the assignment of the DILG as the agency to handle all CO requirements of the program (PIR, 1991:44).

There were also some pilot projects which were innovative in popularizing the participatory strategy and whose experiences spawned

wide-scale changes in the management system of ABCSDP. These experiences are discussed in subsequent sections.

1. Community-Based Child Monitoring System

The Community-Based Child Monitoring System (CBCMS) was initiated in 1991 by the National Statistical Coordination Board (NSCB) because of the poor statistics on basic health indicators: the absence of up-to-date data on the welfare of children and women; and inadequate data on the delivery, accessibility and utilization of child-focused services and families. To supplement the existing data collection system of government, the CBCMS was pilot-tested to monitor the changing conditions of women and children at regular intervals. The system hopes to improve services in the community, enabling this to determine other factors that can be incorporated (NSCB, 1993).

This was started in 16 *barangays* in the provinces of Ifugao, Maguindanao, Negros Occidental and Tawi-Tawi. The essence of CBCMS is to tap and mobilize volunteer mothers who will gather information on the status of children and mothers in the locality and other information which will be decided upon by the community after conducting a survey of the *barangay*. The monitoring forms are to be culled from the problems identified by the survey. Thereafter, quarterly monitoring will be conducted, with village monitors assisting in the processing and analysis. The report is then transmitted to the *Barangay* Development Council (BDC) which will assist in development planning.

Of the 16 CBCMS *barangays*, 14 are already operational. Some provinces adopted innovative techniques to disseminate the results of monitoring. Maguindanao, for example, has set up community boards displaying the results for the *barangay*.

The contribution of CBCMS to empowerment, while initially project-oriented, is manifested in the evolution of indicators that are locality-specific and the corresponding response of the community to some identifiable needs. In Negros Occidental, for instance, the community immediately responded to the area's water and sanitation problem. Furthermore, this approach also spurred alliances or linkages within the community, such as between the *barangay* and the BDC. In Tawi-Tawi and

Maguindanao, the *imams* and the *sultans* helped convince people to adopt the approach.

Multilateral linkages were also forged. Some barangays established alliances with groups in other provinces such as the Nutrition Surveillance in Ifugao and the data-feedbacking group in Maguindanao. In Negros Occidental, links were also established with the University of St. La Salle in documenting the experiences of CBCMS.

Some lessons learned in the CBCMS experiment show the following factors at work in the mobilization efforts: level of experience in community-based work, capability of the NGOs in spearheading CBCMS, and capability of the locality to adopt indigenous approaches. On the whole, the initial assessment in this undertaking is that it is possible to capitalize on and sustain volunteer work through prior investment in community organizing.

2. Experimenting with Convergence in Ilog, Negros Occidental

Ilog in Negros Occidental is a classic example of a municipality where all of the strategies envisioned in ABCSDP worked out. The Program local management in this municipality has played a critical role in the conduct of training for the participants in ABCSDP and the provision of technical assistance while the program was being carried out. This success has largely been attributed to the leadership role performed by the International Institute for Rural Reconstruction (IIRR) and the conscious effort to draw community residents to participate in the different phases of the program cycle. On the whole, Ilog's local leaders were very receptive, paving the way for the smooth interface of IIRR (Pandan Jr. and Santiago, 1992).

One of the structures that was established immediately after the IIRR came to the area was the Social Development Committee which included representatives from the DA, DSWD, DILG and DECS; and, the *barangay* captains of constituent *barangays*.

The implementation of ABCSDP follows a logical progression of identifying beneficiaries, introducing basic survival projects (*i.e.*, BIG), followed by other services and training. These are capped by the introduction of income-generating projects (Pandan Jr. and Santiago, 1992:41). The

community's involvement in the selection of the beneficiaries is a stage when residents interface by constituting the Key Informant Panel (or KIP, mentioned earlier in focused targeting). The *Barangay* Health Workers and the *Barangay* Nutrition Scholars also assist in identifying the beneficiaries.

Many experiences demonstrate how convergence works in the municipality. One worth mentioning is the transparency in its system of financial allocation and disbursement through the constitution of a finance subcommittee which takes care of funds, and a credit subcommittee through which all requests for livelihood-project funding are coursed. A unified set of policies thus becomes the basis for acting on the allocations for projects and requests for loans.

Monitoring and evaluation are carried out in a convergent manner through the process of Group Evaluation Meetings (GEMs) which highlight a dialogue between the beneficiaries and agencies. Regular monitoring is undertaken through the monthly meetings conducted by the subcommittee on monitoring and evaluation.

Interestingly, the top-ranking *barangay* identified in the UP-CPA Study on ABCSDP originates from Ilog municipality. Manalad scored the highest on mean level of participation for children averaging 4.45 and mean number of services availed of by mothers averaging 4.09. The poorest-ranking *barangay*, on the other hand, only manifested a mean of 2.08 for children and for mothers, a measly .31 (see Table 12).

Selected impact indicators that reflect the success of Manalad in Table 12 show 1.5 percent of 0-6 children who died in 1991 compared with 5.83 percent in the poorest-ranking ABCSDP *barangay*. The total percentage of the households where deaths were reported was 0.76 percent in Manalad, in contrast to 2.01 percent in the poorest-ranking *barangay*. The number of 1988-born children who passed away in Manalad was only 2.25 percent in 1991 *vis-à-vis* 6.17 percent in the other *barangay*.

Convergence has also brought about other gains in this *barangay*. An inactive *Barangay* Nutrition Scholar was successfully mobilized. Four *Barangay* Health Workers as volunteer workers for PHC were fielded, including two day-care workers. Four community organizing teams (COTs)

composed of the *barangay* captain and representatives from the community were also set up to prepare the *barangay* for participation in community activities.

TABLE 12

Utilization of Services and Selected Impact Indicators

Indicators	Manalad	Poorest Ranking <i>Barangay</i>
1. Utilization of Services		
Mean utilization for children	4.45	2.08
Mean utilization for mothers	4.09	.31
2. Impact Indicators in % of Total		
0-6 who died	1.50	2.25
Total persons who died	.76	2.01
Children born in 1988 who died	2.25	6.17

3. Badjao Community Development in Jolo

The Badjao Community Development in Jolo antedated ABCSDP. It started in 1975 before ABCSDP was introduced in Sulu. The initial efforts in the area were geared primarily to upgrade the livelihood of this ethnic community in Busbus. This thrust was dictated by the group's economic backwardness. Initiated by the Community Extension Service (CES) of the Notre Dame of Jolo, the program persisted even when ABCSDP was carried out in the community. Since CES resources were dwindling, ABCSDP's entry was considered timely. With ABCSDP, the Badjaos' other needs were attended to, principally the improvement of adult literacy and children's health condition.

The preparation of the community by the CES for organized action had made it easy for ABCSDP implementors to penetrate the area. Through CES efforts, the Badjao community in Busbus was organized into blocks with their own elective leaders. These leaders disseminated information about community activities, and decided the community's immediate problems.

A comparison of the community of Busbus with the low-priority ABCSDP *barangay* in the municipality of Marungas reveals the remarkable difference in the utilization of services for mothers and children. In spite of the fact that the mean level of education among the Badjaos was very low (0.14 percent in number of years of schooling) compared with that of the municipality of Marungas (which was close to grade 2), the Badjaos showed a high performance rate in terms of availing of ABCSDP services. (See the report of Pamela Oppus in 1993 whose data was drawn from the UP-CPA survey.) The mean level of child services availed of among the Badjaos was 3.1 percent as against only 2.3 percent in Marungas. For maternal services, the mean level was at least 1.0 for the Badjaos and 0.46 percent for Marungas.

These differences in scores could be responsible for the lower incidence of diseases, with 15.6 percent of 0-6 children being reported ill in the first half of the year of 1991 among the Badjaos as against 26 percent among the children in Marungas. General illness is also reported to be lower among the Badjaos with eight percent being afflicted by diseases as against 15 percent or close to twice this number in Marungas.

4. Volunteer Community Organizing in Maguindanao

The concept of a Volunteer Community Organizer (VCO) was initiated in Maguindanao through the leadership of the Department of Interior and Local Government (DILG). Conceived in 1988 as an approach to mainstream the community in the management of ABCSDP, the project aims to identify and train VCOs to develop skills in organizing the community to facilitate the preparation of "a convergence plan in the delivery of services for ABCSDP" and to provide a forum for "ventilation of both local and national issues that affect community welfare" (Bautista, A. *et al.*, 1993:13). This project now covers 17 municipalities of the province and has since mobilized 115 VCOs (Bautista, A. *et al.*, 1993:12).

The project was undertaken by first conducting trainings in community organizing management, human relations and leadership, organizational communications and livelihood/health skills development. The project facilitated the establishment of a community newsboard, *barangay* libraries and *barangay* data bank to support monitoring and evaluation of community-initiated projects.

In a survey of 87 VCOs in Maguindanao, a self-assessment revealed their major contributions to the community. Ranked from highest to lowest in frequency of mention, the following were cited as the contribution of VCOs: assisted in organizing community efforts; enhanced dissemination of information; contributed much in imparting services; greatly assisted community development projects; enhanced people's awareness of community problems and needs; forged people empowerment through facilitating/coordinating and leading in community trainings; and brought people closer to the local government (Bautista, A. *et al.*, 1993: 19).

The local government executives confirmed these claims. Eighty-four of those interviewed agreed that the VCOs' major contributions were: effective in community organizing (37.14 percent); important in the development of *barangays* (17.14 percent); and, very effective/fast in information dissemination (17.15 percent) (Bautista, A. *et al.*, 1993 :20).

Focused-group interviews of the rural community folks also validated the VCOs' viewpoints.

Problems that beset 63.22 percent of the surveyed VCOs include difficulties in generating the people's cooperation, the people's inability to understand instruction and their poor attendance in community meetings (Bautista, A. *et al.*, 1993:21).

In spite of this project's lack of regular remuneration – since the spirit of volunteerism is the basic assumption of the VCO project – 78 percent of the 87 interviewed did not plan to quit (Bautista, A. *et al.*, 1993).

The issue of whether VCOs should be remunerated or not is worth asking at this point. A major recommendation of the VCOs is a regular allowance or honorarium for lecture/training conducted in the community. Adopting this recommendation violates the spirit of "volunteerism" – unless

the decision is a community-based initiative and responsibility and not of the ABCSDP program management.

5. Indigenous Efforts in Mobilization

One of the top three *barangays* with an exemplary performance in availing of services and selected impact indicators in the UP-CPA Study is Lakit-Lakit in Bongao, Tawi-Tawi. This locality has shown the possibility of mobilizing the residents to participate even in the absence of intervening external institutions, such as in Ilog's case.

Government frontline workers, traditional leaders and volunteer health workers have taken a serious effort in disseminating information on health. A mobile team has been set up with the assistance of *barangay* health workers in order to visit the *barangays* in the catchment area at least once a month. Many community groups have been organized in the locality, such as rural improvement clubs and farmer's organizations. Volunteer parateachers have emerged to support mother's classes, and community canvassers volunteered to conduct surveys on health. They were motivated to participate by the local implementors.

An important avenue to hasten social mobilization is the announcement of health schedules through the *imam* who uses a public address system. Culturally speaking, this area is remembered for having conducted *hariraya* when residents go out of their houses to clean their surroundings. Furthermore, this *barangay* had been adjudged as a model in cleanliness and sanitation. The people in this area belong to the Samal group who are noted for cleanliness.

Summary

Community mobilization may thus evolve from several initiatives. Some may stem from the local implementors' concern to do their tasks well and complemented by a sociocultural history that is supportive of mobilization effort for health. Others require external intervention to facilitate community involvement.

It is therefore important to understand the context of mobilization targets to highlight local capacities and strengths. Their inherent capacities are the starting point for planning mobilization strategies.

One major dilemma is how to forge empowerment strategies in a community without a service delivery mechanism in place (Año, 1993). The ABCSDP experience has shown a concentration of activities in putting the service delivery system at the vertical and horizontal levels. Hence there was very little time to organize the community to undertake their own development initiatives and institutionalize the community-based process. Most of the efforts in developing capacities started at the higher subnational levels before they finally filtered down to the lowest levels.

PART III OVERALL IMPACT

Introduction

What is the impact of the ABCSDP on the population's health condition? The following sections discuss the **rate of performance** of ABCSDP areas as against the the Philippines as a whole in such factors as infant mortality rate, maternal mortality rate, percentage of underweight preschoolers to total preschoolers, net participation rate in public elementary schools, cohort survival rate in public elementary schools, percentage of households with sanitary water supply and percentage of households with sanitary toilets. Rate of performance is ascertained by the average improvement over a given period (1987-1991) as against a baseline year (1987 or 1988), depending on the available data. The rate is herein expressed in percentage points.

Two controversial indicators are infant mortality rate and maternal mortality rate. All of the program implementation review reports for that matter begin with a caveat that the data on these indicators are "*unreliable*." This stems from the fact that National Statistics Office (NSO) and Department of Health (DOH) data differ. The former bases its data on statistical projections from a census year. The latter obtains them from users of health facilities. However, a comparison of the statistical trends from these two offices reveals a consistent pattern, except that NSO has a higher estimate compared with the DOH. See Table 13.

Table 13

Infant Mortality Rate (DOH and NSO)

Year	DOH	NSO	Difference
1988	30.4	52.8	22.4
1989	25.5	51.5	26.0
1990	22.9	50.3	27.4
1991	18.7	49.0	30.3

For both sets of data, infant mortality rate improves over time, except that the difference widens by year 1991, from 22.4 percent in 1988 to 30.3 percent in 1991.

For purposes of this assessment, the reference material are the Program Implementation Review (PIR) Reports which mostly refer to the reports of implementors from relevant departments and central office official statistical summaries. In instances where ABCSDP data are provided by the department's central office, these are the ones presented over PIR data.

Infant Mortality Rate

Excluding Basilan, which has reportedly been overrated in its performance, and Sulu, which had no data in 1987, the standing of ABCSDP areas for infant mortality rate (IMR) before the introduction of the Program suffered in comparison with the figure for the Philippines. Data for this health indicator show 37.2 per 1,000 live births for the former and 32.6 for the latter year before the institution of ABCSDP.

An improvement in IMR has become noticeable by 1992, with an IMR of 13.33. IMR for the Philippines in general even declined as there were nearly 24 deaths per 1,000 population in the same year

The ABCSDP's overall impact is further appreciated by looking at its average performance for the period 1987-1992. Its rate of performance is even higher than the rate for the Philippines, with the former registering an average decline of 28.09 percent in mortality *vis-à-vis* 21.28 percent for the latter. This rate of performance is commendable considering that ABCSDP areas are marginalized areas (see Table 14).

Maternal Mortality Rate

In the case of maternal health, the rate of improvement over time is not as impressive as that of IMR. ABCSDP areas had a maternal mortality rate (MMR) of 1.74 in 1987 while the entire Philippines already registered 0.84. By 1992, the ABCSDP areas declined in performance, with 1.88 as against 1.02 for the entire Philippines. It should be noted that the figures for the entire Philippines thus declined in performance in 1991.

TABLE 14
Infant Mortality Rate Per 1,000 Live Births
1987-1992

Areas	1987	1988	1989	1990	1991	1992	Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987-1988
Ifugao	28.52	25.92	22.24	15.56	19.14	13.34	20.79	-7.73	-27.12
Negros Occidental	31.98	33.68	37.86	29.02	13.50	13.86	26.65	-5.33	-16.67
Lanao del Sur	-----	24.80	22.61	6.63	11.02	6.70	14.35	-10.45*	-42.13*
Maguindanao	35.30	27.64	21.35	12.31	8.50	8.26	18.89	-16.41	-46.48
Sulu	48.28	50.13	72.91	30.20	55.60	16.66	45.63	-2.65	-5.49
Basilan	-----	-----	-----	-----	-----	-----	-----	-----	-----
Tawi-Tawi	41.92	36.23	54.99	18.26	9.74	21.15	30.38	-11.54	-27.52
ABCSDP Average	37.20	33.07	38.66	18.66	19.58	13.33	26.75	-10.45	-28.09
Philippines (DOH)	32.60	30.40	25.50	22.90	18.70	23.87	25.66	-6.94	-21.28

* The base year used in the computation is 1988.

Sources: Situation Analysis ARMM, 1988-1992 Data on Maguindanao, Lanao del Sur, Sulu and Tawi-Tawi.
 Department of Health(DOH) Annual Health Reports for Philippine Data.
 Program Implementation Review (PIR), 1991 and 1992 for other data.

If the rate of improvement of the ABCSDP areas is examined over time, the average decline in performance on MMR is close to 11 percent. On the average, there were thus close to two deaths per 1,000 live births.

ABCSDP areas suffered in comparison with the entire Philippines, with an average reduction of mortality rate by 1.19 percent or 0.83 deaths per 1,000 live births in 1992.

The overall performance of the ABCSDP areas may be attributed to the poor standing of Sulu, the MMR for which even peaked to 6.52 in 1989 (see Table 15).

This poor showing may be attributed to the lower total coverage of maternal immunization compared with child immunization. Moreover, the involvement of mothers in capacity-building activities (*i.e.*, female functional literacy, nonformal education) even waned, instead of improved, over time.

Malnutrition

Table 16 shows the high performance rate of ABCSDP areas compared to the entire Philippines in controlling malnutrition. The percentage of underweight preschoolers to total preschoolers who were weighed decreased in number from 23.01 percent in 1987 to 19.4 percent in 1990.

In contrast, the Philippine average, while it started to be much lower than the ABCSDP areas (with 17.9 percent as underweight), declined slightly to 17.78 percent in 1990. This showing may be a carry over from the poor average performance of 18.73 percent during the period. This means a 4.64 percent decline in performance over its baseline year. In other words, there were more malnourished children who suffered from 1987 to 1990 in the entire Philippines.

On the other hand, the rate of performance of the ABCSDP areas is impressive, with close to an average of a nine percent reduction in malnutrition from 1987 to 1990.

TABLE 15
Maternal Mortality Rate Per 1,000 Live Births
1987-1991

Areas	1987	1988	1989	1990	1991	Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987-1988
Ifugao	1.24	1.46	0.72	1.94	0.84	1.24	0.00	0.00
Negros Occidental	0.70	0.75	0.71	1.01	0.35	0.70	0.00	0.36
Lanao del Sur	-----	2.36	3.34	1.40	5.10	3.05	0.69*	29.24*
Maguindanao	3.53	2.60	1.44	1.80	0.94	2.06	-1.47	-41.59
Sulu	2.69	3.56	6.52	1.70	4.42	3.78	1.09	40.45
Basilan	-----	-----	-----	-----	-----	-----	-----	-----
Tawi-Tawi	2.27	1.60	5.06	1.13	1.52	2.32	0.05	2.03
ABCSDP Average	1.74	1.76	2.97	1.28	1.88	1.93	0.19	10.78
Philippines	0.84	0.79	0.74	0.76	1.02	0.83	-0.01	-1.19

* The base year used in the computation is 1988.

Sources: Situation Analysis ARMM, 1988-1992 Data on Maguindanao, Lanao del Sur, Sulu and Tawi-Tawi.
 Program Implementation Review (PIR), 1991 and 1992 for other data.

TABLE 16
Percentage of Underweight Preschoolers to Total Preschoolers Weighed
1987-1991

Areas	1987	1988	1989	1990	Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987-1988
Ifugao	30.10	26.66	25.55	20.26	25.64	-4.46	-14.81
Negros Occidental	31.77	21.71	22.97	15.10	22.89	-8.88	-27.96
Lanao del Sur	32.89	20.61	26.03	27.07	26.65	-6.24	-18.97
Maguindanao	25.40	22.99	23.11	17.39	22.22	-3.18	-12.51
Sulu	16.94	21.79	21.93	24.12	21.20	4.25	25.12
Basilan	16.53	14.90	15.69	16.71	15.96	-0.57	-3.46
Tawi-Tawi	7.44	18.21	13.15	13.30	13.03	5.59	75.07
ABCSDP Average	23.01	20.69	21.20	19.14	21.01	-2.00	-8.69
Philippines	17.90	20.24	19.00	17.78	18.73	0.83	4.64

Source: Department of Health (DOH), Central Office Internal Planning Service.
Regional Annual Health Report.

Cohort Survival Rate

The performance of the ABCSDP areas in improving cohort survival in elementary education in public schools is not as impressive as in the other indicators. While it improved from 44.08 percent in academic year 1987-1988 to 46.68 percent in 1990-1991, the rate of improvement over the period is only 1.26 percent. This is slightly lower than the rate of performance of the Philippines in general of 3.44 percent. The latter's cohort survival rate in academic year 1987-1988 was 61.48 percent. This increased to 65.99 percent by 1990-1991 (see Table 17). One reason offered is the unstable peace and order in these provinces (Vigo, 1993).

The data on the participation rate in public elementary schools reveals a very slight improvement in the rate of performance of ABCSDP areas, with 4.6 percent over the base year of 1987-1988. This is higher for the entire Philippines but the latter's rate of performance follows close behind with 4.39 percent (see Table 18).

ABCSDP areas initially had a participation rate of 80.56 percent as against 89.91 percent for the entire Philippines. By 1991, this dropped to 88.26 percent for the former while the latter already showed 95.26 percent.

It is not surprising that the attainment of the goals in education is not as impressive as the reduction of infant mortality. This is because the ABCSDP has no direct programs for elementary education. Furthermore, the financial support extended to education is not as much as that given to health. Education and early childhood development (ECD) altogether received only a little over 17 percent of the total allocation for ABCSDP as against 28.64 percent from 1988 to 1992 (see Table 19).

While female functional literacy (FFL) is one of the ABCSDP's goals, the reduction of illiteracy is one of the indicators that have not been accounted for in the different PIRs. Unlike primary education which is compulsory, programs for illiterate mothers depend upon the interest of the women to participate.

A crude assessment of the improvement in the literacy level of the mother may be gleaned from the percentage of literate women in 1980 and in 1989 as drawn from National Statistics Office and reported in the Midterm Implementation Review of 1990 (see Table 20).

TABLE 17
Cohort Survival Rate at Grade VI in Public Elementary Schools

Areas	1987-1988	1988-1989	1989-1990	1990-1991	Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987-1988
Ifugao	56.55	51.35	56.38	54.86	54.79	-1.77	-3.12
Negros Occidental	49.54	53.19	52.02	58.21	53.24	3.70	7.47
Lanao del Sur	27.88	29.86	34.00	38.34	32.52	4.64	16.64
Maguindanao	42.35	36.69	39.38	36.61	38.76	-3.59	-8.48
Sulu	35.94	33.67	30.75	35.97	34.08	-1.86	-5.17
Basilan	47.16	42.80	40.95	45.51	44.11	-3.06	-6.48
Tawi-Tawi	49.17	54.09	59.51	57.26	55.01	5.84	11.87
ABCSDP Average	44.08	43.09	44.70	46.68	44.64	0.56	1.26
Philippines	61.48	61.94	64.97	65.99	63.60	2.12	3.44

Source: Department of Education, Culture and Sports (DECS) Research and Planning Division.

TABLE 18
Net Participation Rate in Public Elementary Schools
1987-1991

Areas	School Year				Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987-1988
	1987-1988	1988-1989	1989-1990	1990-1991			
Ifugao	88.00	91.00	92.00	91.00	90.50	2.50	2.84
Negros Occidental	90.56	88.43	86.38	87.83	88.30	-2.26	-2.50
Lanao del Sur	-----	-----	-----	-----	-----	-----	-----
Maguindanao	55.80	68.23	75.57	78.60	69.55	13.75	24.64
Sulu	94.51	97.59	98.81	99.97	97.72	3.21	3.40
Basilan	93.57	95.50	97.15	108.44	98.67	5.10	5.45
Tawi-Tawi	60.94	59.88	58.88	63.70	60.85	-0.09	-0.15
ABCSDP Average	80.56	83.44	84.80	88.26	84.27	3.70	4.60
Philippines	89.91	95.01	95.25	95.26	93.86	3.95	4.39

Source: Department of Education, Culture and Sports (DECS) Research and Planning Division.

TABLE 19
Funding Support by Component
1988-1992
(amount in million pesos)

Sector	1988-1989		1990		1991 (First Semester)		1992		TOTAL	
	Amount	%	Amount	%	Amount	%	Amount	%	AMOUNT	%
Health	28.31	29.87	14.28	26.65	9.28	26.39	17.4	29.85	69.27	28.64
Water and sanitation	18.72	19.75	7.55	14.09	3.64	10.35	8.6	14.75	38.51	15.92
Education	8.63	9.10	9.26	17.28	7.48	21.27	7.9	13.55	33.27	13.76
Early Childhood Development	2.60	2.74	----	----	----	----	6.1	10.46	8.70	3.60
Nutrition	14.62	15.42	9.41	17.56	4.80	13.65	6.4	10.98	35.23	14.57
Program Support	19.92	21.01	13.08	24.41	9.96	28.33	5.9	10.12	48.86	20.20
Others	1.99	2.10	----	----	----	----	6.0	10.29	7.99	3.30
TOTAL	94.79	100.00	53.58	100.00	35.16	100.00	58.3	100.00	241.83	100.00

Sources: Midterm Implementation Review (MTR) 1990 for 1988-1989.
Program Implementation Review (PIR) 1991 for 1990-1991.
PIR 1992 for 1992.

TABLE 20
Percentage of Literate Mothers

Provinces	1986	1989	Rate of Improvement
Ifugao	51.2	78.5	
Negros Occidental	75.2	89.4	
Lanao del Sur	44.4	67.6	
Maguindanao	35.3	61.9	
Sulu	23.1	49.7	
Basilan	39.5	58.0	
Tawi-Tawi	62.6	61.0	
Average	47.3	66.6	41.0%
Philippine Average	82.6	89.7	8.6%

Source: National Statistics Office, 1989.

The rate of improvement for the ABCSDP areas is remarkable with 41 percent as against the overall Philippine standing of 8.6 percent. Does the implementation of the ABCSDP have anything to do with this dramatic rate of improvement? The period from 1980 to 1989 may be a long one to account for, whereas ABCSDP only took two years to accelerate FFL. More research to validate this finding is necessary.

Water and Sanitation Facilities

The reduction in child mortality rate in ABCSDP areas may be partly attributed to safe water and toilet facilities.

In the case of safe water, the rate of improvement in the availability of this resource increased by about 21 percent in 1990 over its base year (1987). The average percentage of households with safe water supply over the period is 56.35 percent over the base year of 46.66 percent (see Table 21).

On the other hand, the entire Philippines only experienced a rate of improvement of 7.62 percent over its performance in 1987. The percentage of households with safe water is 76.63 percent in 1987-1990 as against 71.2 percent in 1987.

As far as sanitary facilities are concerned, the performance rate is also higher for the ABCSDP areas as the percentage of households with this resource was 17 percent more than in 1987. On the other hand, the rate of improvement of the entire Philippines follows far behind, with only a measly 0.87 percent (see Table 22).

The initial standing of ABCSDP areas was very poor, with only 34.92 percent of the population with access to this resource. The entire Philippines had nearly double this number. By 1990, however, the percentage of households with access to sanitary facilities in the ABCSDP areas increased to 42.34 percent while the figure for the entire country was 69.6 percent.

Summary

On the whole, the rate of improvement of ABCSDP compared to the year when the program started is encouraging, particularly for such factors as infant mortality rate, improvement of preschoolers' nutritional status, and sanitary water and toilet facilities.

More efforts will have to be done to cater to the needs of the mother (*i.e.*, immunization and education). While the rate of improvement is much higher for the ABCSDP areas *vis-à-vis* the non-ABCSDP areas, the percentage of coverage of tetanus toxoid alone is not at par with immunization of children. The level of coverage may thus be insufficient to reduce mortality rates in these areas.

TABLE 21
Percentage of Households with Safe Water Supply
1987-1990

Areas	1987	1988	1989	1990	Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987/1988
Ifugao	35.02	76.15	78.47	53.17	60.70	25.68	73.34
Negros Occidental	78.35	81.64	81.02	82.46	80.87	2.52	3.21
Lanao del Sur	----	46.60	46.90	53.00	48.83	2.23*	4.79*
Maguindanao	42.37	47.71	55.61	53.40	49.77	7.40	17.47
Sulu	23.54	28.03	37.52	70.60	39.92	16.38	69.59
Basilan	54.00	55.00	60.00	62.00	57.75	3.75	6.94
Tawi-Tawi	----	86.55	43.60	51.70	60.62	-25.93*	-29.96*
ABCSDP Average	46.66	60.24	57.59	60.90	56.35	9.69	20.77
Philippines	71.20	75.40	78.90	81.00	76.63	5.42	7.62

* The base year used in the computation is 1988.

Sources: Program Implementation Review (PIR) 1991 and 1992 for ABCSDP Areas.

Department of Health (DOH)-Environmental Health Service for Philippine Data.

TABLE 22
Percentage of Households with Sanitary Toilets
1987-1990

Areas	1987	1988	1989	1990	Average	Percentage Points Difference (Average-1987)	Performance Rate Over 1987-1988
Ifugao	27.57	33.36	33.87	25.58	30.10	2.52	9.16
Negros Occidental	57.27	60.74	63.92	62.52	61.11	3.84	6.71
Lanao del Sur	35.80	34.10	36.90	28.90	33.93	-1.88	-5.24
Maguindanao	37.40*	35.32	41.87	33.10	36.92	-0.48	-1.28
Sulu	8.95*	9.46	9.70	12.21	10.08	1.13	12.63
Basilan	42.50	47.00	52.10	55.00	49.15	6.65	15.65
Tawi-Tawi	----	48.07	73.52	79.06	66.88	18.81**	39.14**
ABCSDP Average	34.92	38.29	44.55	42.34	40.03	5.11	14.64
Philippines	69.30	70.40	70.30	69.60	69.90	0.60	0.87

* Situation Analysis, 1990.

** The base year used in the computation is 1988.

Sources: Department of Health (DOH) – Environmental Health Service for Philippine data.
Program Implementation Review (PIR), 1991 for ABCSDP areas..

However, among the ABCSDP provinces, varying degrees of performance had been noted in the UP-CPA Study, depending on the local leaders' political will, the availability of resources, peace and order, sociocultural characteristics of the locality, potential for community participation of the community and the sociodemographic characteristics of the residents.

Top-ranking *barangays* on level of performance in the UP-CPA Study had highly committed local chief executives, and stable peace and order conditions allowing the entry of local implementors and external or internal support (e.g. the leadership of IIRR in convergence with *barangay* Manalad in Ilog or *imams* in a top-ranking *barangay* in Sulu).

Some sociocultural characteristics also facilitated program interventions (*i.e.*, some ethnic groups are known to be more peace-loving and are reputed to have "more sanitary" practices). Moreover, some areas with rich experiences in community organizing (CO) work (*i.e.*, the case of some Community-Based Child Monitoring System *barangays*) paved the way for community activities.

The characteristics of the target beneficiaries also influenced the extent the services were availed of. Factors positively correlating with the utilization of services for children by key health decision makers in the household are the educational attainment of both parents and their socioeconomic standing (Bautista *et al.*, 1992: 125). It is thus more difficult to obtain results in such areas as the Badjao community of Sulu where majority of the parents had not yet gone to school (Oppus, 1993).

In general, however, the UP-CPA Study suggests that the program has significantly helped reduce child mortality. This is demonstrated by the fact that child mortality was lower among families whose mothers were familiar with ABCSDP and who availed themselves of more than three services for their children. Mortality for a six-month period was seven per 1,000 children in 1991. In contrast, those unfamiliar with ABCSDP and had low level of utilization (three or less) registered a mortality rate of 25 per thousand.

PART IV LESSONS LEARNED

With the ABCSDP's completion, what lessons have been learned from this program?

1. The synergistic effect of convergence enabled people to maximize services which cannot be achieved otherwise. For instance, people who work together have a better chance of penetrating distant and rebel-infested areas.

Furthermore, convergence ensures that resources are poured on groups of people who most need the service because there is an agreement on the matter. This departs from the costly and wasteful targeting which is done unilaterally.

Convergence is also helpful in enabling a group of persons to process their ideas and together agree on how resources can be allocated and shared and how targets can be set.

However, convergence needs investment in time and resources to make people develop attitudes and skills in working together.

2. Decentralization is a strategy that requires time to take effect. Local development councils had taken much time to be constituted at the municipal level, and even more so, in the *barangay*. This may be the case because decentralization efforts in ABCSDP antedated the 1991 Local Government Code and therefore did not have enough political clout. It is important to note, however, that in areas where local development councils were operational (*i.e.*, Negros Occidental and Ifugao), services quickly filtered down to the lowest subnational level as illustrated by the experience of Ilog, Negros Occidental.

Decentralization works best when local leaders assume the area-manager role instead of entrusting their technical staff to undertake this function. The model *barangay* of Manalad in Ilog had a municipal mayor who assumed an aggressive posture in integrating

multisectoral efforts in the locality. In contrast, the poorest-ranking *barangay* in Mindanao where the mayor's technical assistant supervised ABCSDP implementation, did not help push the Program in the right direction.

Decentralization is costly as it entails mobilization and capability-building of administrators and implementors. However, the UP-CPA Study indicated that those who benefited from more training exposures had a better performance in maximizing services for their respective areas.

3. An area-based perspective facilitates the adoption of approaches because planning dispenses with the packaged or standardized model of development as enunciated in sectoral programs and projects. The convergence of various individuals from the locality allows indigenous ideas to be shared and adopted.
4. Focused targeting ensures that with the application of objective criteria, the most deprived are served by the program. This strategy can work out as long as there are data on basic indicators agreed upon by the community. However, in the experience of the ABCSDP, difficulties were encountered in gathering *barangay* data because of the lack of information on basic health statistics in the locality.

The absence of data at the *barangay* level curtails the generation of accurate information on the community that could aid focused targeting, planning and monitoring/evaluation.

5. Strategies for people empowerment had been very spotty and were pursued only to respond to the concerns of the Program. The efforts for empowerment were thus mainly project-oriented rather than community-based.

However, in spite of the ABCSDP's project-oriented thrust, it can very well progress into a community-based approach. A side effect of mobilizing community activities for project concerns in the ABCSDP is to inspire local undertakings beyond project priorities. This can happen if community volunteers are "conscientized"

enough to allow local demands and concerns to surface as was the case of the Community-Based Child Monitoring System (CBCMS) in Maguindanao where some residents in a pilot *barangay* indicated preference to respond first to the water and sanitation problem.

A project-oriented approach may thus be an intermediate phase or a stepping-stone to a community-based approach.

6. Investing in social mobilization is a worthy exercise to prepare the officials, implementors and community residents for the application of the approaches and the services/technologies in ABCSDP. Performance was better in areas where this had been given substantial attention.
7. The impact evaluation at the end of the Program was constrained by the absence of baseline data on the status of children and their mothers and other needed administrative inputs when the ABCSDP began. Furthermore, the lack of monitoring of the compliance of program management to the suggested strategies made it difficult to trace the maximization of services resulting from the application of the package of strategies, thus hampering the systematic modification of the approaches in the course of the Program.
8. The maximization of services and the attainment of the ABCSDP goals did not only hinge on the application of the composite of strategies. The dynamic interplay of many factors influenced ABCSDP's success. These factors were the: commitment of the local leadership, characteristics of the beneficiaries, the degree of preparation for a community-based approach, the sociocultural-political-economic context of the program and the locality's existing resources/capabilities.

PART V PROSPECTS

General Observations

The 1991 Local Government Code ushers in a new administrative infrastructure as it paves the way for the implementation of the area-based approach. The Code mandates local government units to take responsibility for serving the basic needs of their respective localities and to work in an intersectoral way. The Code also enhances the opportunity of nongovernment and people's organizations to participate in the planning process as their representation is boosted to at least a fourth of the total membership of the local development councils. This group is expected to converge and evolve a multisectoral plan.

Decentralization and convergence have thus been legally mandated. It then becomes important to steer various sectors at the different levels of government toward developing the capability for and commitment to devolution and convergence. The ABCSDP experience can contribute insights in terms of the operational requirements and condition for institutionalizing these processes.

The experience of ABCSDP in focused targeting can guide local leaders on how to go about selecting marginalized areas or individuals. Considering that the Ramos administration's agenda for Philippine Development 2000 puts the poor and the marginalized in the center of development efforts, the adoption of strategies that will ensure preferential attention on this sector is required. To start with, however, it is imperative to establish a sound, reliable and accurate information system which draws from the participation of the community rather than depending merely on government or nongovernment organization (NGO) facilities. Usually, a facility-based information system only captures users of its services, thus leaving out nonusers in the reporting system.

It is of utmost urgency to establish a community-based information system which taps local volunteers to gather and collect information in the community. This system will enable community members to learn about their

standing and inspire them to tackle their own problems. A community-based information system can thus very well lead to empowerment.

Furthermore, it is important for the local development team headed by the local executive to define the community's priority needs and requirements which respond to the protection of children, mothers and other members of the family. A strategy that may be propagated is the Minimum Basic Needs Approach which will ensure that the families' priority concerns are answered above all. There must be a convergence of efforts to define these needs in order to veer away from sectoral implementors who focus only on one or two activities.

Some of the goals of the ABCSDP had been difficult to assess (*i.e.*, literacy) because the clients manifest changes in behavior beyond the expectations of the service delivery persons. Academic research institutions may thus be occasionally tapped to underscore the improvements in such behaviors which regular management information systems may be unable to interpret. More meticulous study designs will have to be carried out to discern the program's impact following the application of a package of strategies and services.

There is also a need to facilitate the review and evaluation processes by defining more measurable indicators to be monitored regularly. General *vis-à-vis* locally-specific indicators can be distinguished from each other and the most important of each set be reported in the implementation reviews.

Measurable indicators of performance need not focus only on program components. Model strategies should also be monitored and assessed. This requires the formulation of easy-to-measure indicators. In addition, process documentation of the dynamics of a program implementation must be conducted to provide directions on how to modify strategies that are difficult to measure.

Moreover, local executives need to be assured that financing for social development efforts can be sourced inventively and not only from internal revenue allotments. However, the creative identification of funding sources entails a committed local leadership with political will.

Ultimately, however, the most meaningful way for an area-based approach to take roots is to undertake strategies that will move toward people

empowerment. Learning from the development literature in the last two decades, a more sustained development agenda is only possible when the people are direct participants in activities affecting them.

Institutionalization of IALDM

Given the challenges and opportunities posed by an area-based approach to local development management, the National Economic and Development Authority (NEDA), Department of Interior and Local Government (DILG), Council for the Welfare of Children (CWC) and United Nations Children's Fund (UNICEF) evolved a project during the last two years of ABCSDP implementation. The project entitled Institutionalization of the Integrated Approach to Local Development Management (IALDM), was conceived to identify relevant approaches and strategies that may help local leaders assume their role in maternal and child health, development and protection.

The task of reviewing these experiences and preparing the document to implement IALDM fell on the Center for Policy and Administrative Development (CPAD) of the University of the Philippines-College of Public Administration (UP-CPA).

In March 1993, a Strategy Paper on the approaches which could be adopted by the local leaders was presented before this project's Technical Working Group. Other workshops were also conducted to validate the approaches recommended in IALDM. These were attended by the Regional Directors of DILG, local elective officials who attended the first batch of the Local Administration Development Program in 1993, and other national level implementors from different departments (such as Department of Social Welfare and Development, National Statistical Coordination Board, National Nutrition Council, Philippine Information Agency, Presidential Commission for the Urban Poor and Presidential Commission to Fight Poverty).

Sponsored by this Project's Technical Working Group. A donor's conference was also held and attended by representatives from multilateral institutions such as the Asian Development Bank, Australian International Development Agency, United Nations Development Fund, and the United Nations World Food Program, among others.

Some of the approaches recommended in the Strategy Paper were also echoed in various consultative workshops conducted for all regions by the Presidential Commission to Fight Poverty (PCFP). PCFP took an interest in adopting the strategies recommended by the UP-CPA/CPAD Study Team for the implementation of its Poverty Alleviation Program. These workshops were participated in by local officials, implementors of devolved and undeveloped departments, other local government units' personnel, and representatives from nongovernment and people's organization.

These different workshops paved the way for the formulation of the *Handbook for Local Government Units on the IALDM for Philippine Plan of Action for Children (PPAC)*. The handbook contains suggested strategies such as the Minimum Basic Needs Approach, Multilateral/Multisectoral Strategy, Focused Targeting, Community-Based Approach, Social Mobilization, Capability-Building, measures for Financial Management and installing a Community-Based Information System. It also provides management options to carry out IALDM strategies in the different phases of the program cycle of situation analysis, planning, implementation and monitoring and evaluation.

The IALDM, which drew from the ABCSDP Program, has since served as the core course in the Integrated Capability-Building Program of the Local Government Academy of the Department of Interior and Local Government. The handbook now serves as an input in the process of building the capability of local government units to implement the *Philippine Plan of Action for Children (PPAC)*, a presidential proclamation operationalizing the Philippine commitment to the World Summit for Children. These strategies are also integrated in the teaching of a social development class in the doctoral program of UP-CPA. Forthcoming is the workshop on curricular revisions to be conducted among member schools of the Association of Schools for Public Administration in the Philippines. This workshop aims to discuss possible integration of IALDM in their respective programs in public administration.

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