THE PHILIPPINES:
A CASE STUDY IN LOCAL PLANNING
FOR CHILDREN

Wilfredo G. Nuqui*

DLG 11

December 1994

This paper forms part of the background documentation for a UNICEF-ICDC study on "The Decentralization of the National Programmes of Action", under the direction of Carlos Castillo.
* UNICEF Area Office, Manila.
The views expressed in this paper are those of the author and do not necessarily represent the views of the UNICEF International Child Development Centre.
The author wishes to thank Keshab B. Mathema, UNICEF representative to the Philippines and the Pacific, for his unselfish support and encouragement in the preparation of the present paper, and Elena S. Caraballo, executive director, Council for the Welfare of Children, and Regina Molera, UNICEF Area programme officer, for sharing relevant materials and valuable suggestions.

Edited by Robert Zimmermann

ISSN 1014-7837
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EXECUTIVE SUMMARY

The decentralization of the Philippine Plan of Action for Children in the 1990s (PPAC) is taking place within the context of a more conducive policy regime favouring local autonomy and the deconcentration of basic services. It contrasts with past development planning practices and attitudes which have placed a premium on capital investment projects because these generate more visible and immediate impacts.

With the increased attention on basic services that has been fostered by Government antipoverty programmes, the official policy of "people empowerment" and the more mature experiences in local planning addressed at disadvantaged groups, the environment has become more promising, and there is a greater chance that the decentralization of the PPAC will result in sustainable services for children.

These positive factors notwithstanding, there is a need to hone emerging decentralization policies and recruit additional partners in the endeavour. For instance, internal revenue allotments under the Local Government Code of 1991 will have to be realigned to match the costs of the services devolved to local governments, particularly municipalities and provinces, even as the latter intensify efforts to raise local resources.

The "social mobilization" of critical partners, notably the leagues of local governments, the judiciary, the private sector of the economy and local grassroots organizations, will have to be enhanced to assure that local plans are effectively implemented and supported by a broad constituency. The implementation of comprehensive health care agreements and other modalities of collaboration in support of decentralized services is a step in this direction.

Capacity-building among local governments will have to be pursued on a continuing basis, since local elections every three years lead to a rapid turnover among local chief executives.

Over the longer term, the challenge is the integration of planning for children into more wideranging local development plans in order to achieve coordination in local planning and budgeting efforts and more focus in the implementation of various local programmes and projects aimed at human development.
The objective of this paper is to analyse the preparation process and the content of the local plans of action for children being developed in support of the Philippine Plan of Action for Children in the 1990s (PPAC), a plan to accomplish the national goals identified in keeping with the World Declaration on the Survival, Protection and Development of Children adopted at the World Summit for Children at the United Nations in September 1990. The PPAC is being carried out within the context of existing state policies, including the devolution to local governments of some public services. It takes advantage of facilitating factors in the decentralization process and attempts to offset inhibiting ones in order to make local planning—and plans for human services in general and for children in particular—a more effective instrument for achieving local and national goals.

This paper examines the process of the formulation of city and provincial plans of action for children, the general scope, coverage and content of these plans and the guiding state policies and the more specific decentralization policies which have influenced the thrust and substance of the local plans. It does not cover municipal and lower level planning and the implementation of local plans for children, since the documentation available on these subjects is very limited.

The paper is divided into five sections. Section I provides an introduction. Section II offers a description of the country context and environment, both of which sway and shape development plans and policies at all levels of government administration. Section III outlines the PPAC preparation process and includes an analysis of the advantages and shortcomings of this process. Section IV briefly reviews the local planning experience, describes the formulation of local plans of action or alternative plans for children and analyses issues affecting the relevance, proficiency and feasibility of these plans. Finally, Section V contains general conclusions and recommendations.

I. INTRODUCTION: AUTONOMY AND DECENTRALIZATION

As provided by the Local Government Code of 1991, decentralization is based on the concept of local autonomy or self-government.

Local autonomy involves the transfer of authority, responsibilities and resources by the national Government to its constituent units so that these become more self-reliant and can be more active partners in the realization of national goals.

Decentralization is the transfer of powers and authority from a central institution to
the lower or local levels of a government system. It takes three forms, namely, "devolution", "deconcentration" and "de-bureaucratization".

- Devolution is the transfer of power and authority from a national government to local governments, which are viewed as the territorial and political subdivisions of the state. The nature of the power transfer is political, and the approach is territorial or geographic.

- Deconcentration is the transfer of power, authority or responsibility, or the discretionary authority to plan, make decisions and manage either from a central point, or at the local level, but within a central government. The nature of the transfer is administrative, and the approach is sectoral. This was the main type of decentralization evident in the Philippines prior to the enactment of the Local Government Code of 1991.

- De-bureaucratization is the transfer of some public functions and responsibilities which the Government may perform either to private entities, or to nongovernmental organizations. De-bureaucratization is often synonymous with "privatization", a current policy of the Government that has been encouraged by the Local Government Code.

Decentralization as a policy has major advantages and benefits. First, it embodies the essence of democracy, since it broadens political participation at the lowest administrative levels and fosters greater accountability among officials and those units directly responsible for basic services. It spurs resource mobilization, since citizens are more willing to pay taxes to the extent that decentralization has resulted in more efficient public service delivery. It promotes greater flexibility and speed in the response to local needs, since decisions and actions are taken by those who are in close contact with the people affected. And it encourages "people empowerment" to the degree that people become truly involved in planning solutions to their own needs.

The drawbacks to decentralization are both conceptual and technical. Centralization allows tighter coordination and economies of scale in operations, especially in the case of generalized services, such as immunization and the provision of textbooks and teaching aids in basic education. Some services can be orchestrated more effectively over a wide geographic area which transcends political and territorial boundaries. This is the case, for example, of large water supply systems and public health care programmes aimed at controlling communicable diseases. The Department of Health promotes the analysis of public health issues based on "environmental" zones rather than just administrative regions. Decentralization in a context in which there is a lack of capacity or sufficient expertise among local institutions may encourage some local government units to profit from the positive
"externalities" conferred by externally provided public health care services in outlying areas and underinvest in their own jurisdictions.

Decentralization may be undertaken on either a comprehensive, or a selective, or partial, scale in terms of geographic and functional coverage and either in a gradual, or a swift manner as far as the speed of implementation is concerned. The extent of coverage and the speed of implementation are important factors in decentralization, as they are in the transition of certain countries from socialist economies to market-oriented economic systems. A swift, comprehensive approach carries adjustment risks, but minimizes delays and tentativeness in reform. A partial, gradual approach, on the other hand, enables a transition based on the phased implementation of calculated steps, but raises the risk that policies will be reversed once serious problems are encountered in adjustment.

In any case, devolution must be carried out in a thoroughgoing fashion. For instance, because basic health care services in the Philippines have been devolved from the Department of Health to local government units in line with the Local Government Code, in their operations hospitals must now also deal with local bureaucracies, and several additional procedures and signatures have become necessary in the processing of forms for medical supplies. Whenever feasible, devolution must be accomplished side by side with de-bureaucratization at all levels in order to achieve the full benefit of local autonomy.

II. THE COUNTRY CONTEXT

Background

The Philippines is an archipelago consisting of about 7,100 islands (Figure 1). The population was 60.7 million in 1990 and is growing at 2.3 percent per year. The child population was 28.7 million, or 47.2 percent of the total. The urban growth rate was 51 percent between 1980 and 1990. The urban population now accounts for 48.8 percent of the entire population.

There are wide disparities in economic and social conditions among the country's 15 administrative regions, 76 provinces, 61 cities, 1,533 municipalities and 41,876 barangays, or villages (Figure 2). These disparities are evident at the provincial and regional levels through such indicators as poverty incidence, infant and maternal mortality rates and access to various services (Table 1). The disparities are wider at the municipal and barangay levels. The
Figure 1: THE PHILIPPINES ARCHIPELAGO
Source: Compiled by the author.

a. Simplified version. b. National Economic and Development Authority. c. Regional development councils are special bodies created by the president to coordinate development programmes and policies at the regional level. Each council typically covers four to six provinces and consists of the governors of the provinces, the mayors of the most important cities in the region and representatives of the regional field offices of the national Government.

d. "Highly urbanized" cities have an income of at least 50 million pesos per year and a population of 200,000 or more. e. Local health and school boards provide technical advise, propose technical and administrative standards, recommend local appropriations and perform other related functions. f. Local development councils prepare comprehensive, multisectoral development plans for the approval of the sanggunians (local legislative bodies) and assist in the coordination of development efforts. g. Ordinances passed by the sanggunian of a barangay are subject to review by city and municipal sanggunians to determine conformity with the law.
Table 1: SELECTED POVERTY AND SOCIAL SERVICE INDICATORS
(1990-3)

<table>
<thead>
<tr>
<th></th>
<th>Range</th>
<th>National Average</th>
<th>1995 Mid-decade, Year 2000 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty incidence (1991, %)</td>
<td>29.3-54.5</td>
<td>40.2</td>
<td>30 (by 1998)</td>
</tr>
<tr>
<td>Infant mortality rate (1990)</td>
<td>45-73</td>
<td>57</td>
<td>37.6 (by 2000)</td>
</tr>
<tr>
<td>Maternal mortality rate (1990, %)</td>
<td>58-212</td>
<td>102</td>
<td>≤60 (by 2000)</td>
</tr>
<tr>
<td>Iodized capsule distribution (1993)</td>
<td>45-74</td>
<td>--</td>
<td>100</td>
</tr>
<tr>
<td>Vitamin-A distribution, 0-83 months (1992, %)</td>
<td>13.4-152.0</td>
<td>31.2</td>
<td>100</td>
</tr>
<tr>
<td>Use of oral rehydration therapy (1993, %)</td>
<td>39-67</td>
<td>63.4</td>
<td>80</td>
</tr>
<tr>
<td><strong>Provinces</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fully immunized children (1993, %)</td>
<td>39-111</td>
<td>90.2</td>
<td>≥90</td>
</tr>
<tr>
<td>Coverage of tetanus toxoid 2 (1993, %)</td>
<td>30-119</td>
<td>68.1</td>
<td>80</td>
</tr>
<tr>
<td>Access to safe water (1990, %)</td>
<td>19-100</td>
<td>80.1</td>
<td>84</td>
</tr>
<tr>
<td>Access to sanitary toilets (1990, %)</td>
<td>11-97</td>
<td>69.5</td>
<td>81</td>
</tr>
<tr>
<td>Primary school enrolment rate (1989-90, %)</td>
<td>52-99</td>
<td>82.5</td>
<td>92</td>
</tr>
</tbody>
</table>

Source: Compiled by the author.

Large deviations in impact, outcome and service indicators are due to differences in, among other factors, population density, fiscal and natural resources, geography, and the prior, or longstanding, social and economic conditions among areas. The quality of local leadership, programme priorities and the organization of communities are also measures and determinants of local development.

**Government Policy**

The 1987 Constitution contains a number of provisions which define the role of the state in governance. In some ways it represents a response to the abuses of the former regime. It guarantees full respect for human rights. Sovereignty resides in the people, who are the source of all Government authority. Executive power is exercised by the president, who is limited to one six-year term, without the possibility of reelection. Legislative power is vested in Congress, which is made up of a 24-member Senate and a House of Representatives composed of a maximum of 200 elected members. Judicial power is discharged by the Supreme Court and lower courts established by law.
Congress is required to give the highest priority to measures which protect and enhance the rights of citizens to human dignity and reduce social, economic and political inequalities. The Medium-Term Philippine Development Plan for 1993-8 includes antipoverty strategies and targets.

The state must assign precedence in its budgets to education, adopt integrated health care and other basic services and make these available to all at affordable prices. Though the national Government budget for social and human services has been protected from cuts, it has not grown in real terms during periods of economic crisis, adjustment and stabilization, particularly in the late 1980s and early 90s. About 11 percent of the national budget and 8.4 percent of official development assistance were allocated to priority social services such as primary health care and basic education in 1989-91.

The state recognizes the family as the foundation of the nation. It is committed to defending the right of children to assistance, including nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other situations prejudicial to development. The Commission on Human Rights is responsible for promoting human rights and reporting violations against those rights.

The state respects the function of independent nongovernmental organizations to pursue and protect the legitimate, collective interest. In the past these organizations have played an important role in protesting against abuses of power and fostering community development. Most NGOs were treated with suspicion during the years of martial law, though the majority were mainly concerned with helping local communities meet their needs through self-help efforts. Around 17,000 NGOs are active in the country today. Such organizations represent about 25 percent of the membership of local and regional development councils.

**The Structure of the State**

The president has the power to create regional development councils and other, similar bodies composed of local officials, regional heads of departments and other government offices, and representatives of NGOs within the regions. These councils are planning and policy coordination entities, though they have no mandate to implement plans or policies. They are intended to promote administrative decentralization, thereby strengthening local autonomy, and to accelerate regional growth and development.
The president exercises general supervision over all the levels of government. From the barangays to the provinces, local governments must assure that the actions of their component administrations are within the scope of prescribed powers and functions. The relationship is a supervisory one.

Local officials are elected to office for three years. They may not serve more than three consecutive terms. This is designed to minimize abuses and curb nepotism.

Other Policies

Under the Medium-Term Development Plan for 1993-8, the country is to undergo essential economic and structural reforms in order to be able to sustain growth-oriented and broadly based development. The target for economic growth is 7.5 percent per year for 1995-8, and the incidence of poverty is to be reduced to 30 percent by 1998. The reforms are to be pursued within a context of greater economic liberalization, which is to encompass privatization, fewer barriers to domestic investment, the removal of trade restrictions, such as import controls, and the dismantling of monopolies. A more open and democratic political environment has been instituted based on the existence of checks and balances, transparency and public accountability, and the availability of a recall system for public officials. The reorganization and improvement of the bureaucracy, as well as of police departments, are ongoing. Peace talks are continuing with Muslim secessionists, rightist rebels and Communist insurgents who are relying on arms to oppose the Government.

A more robust and equitable process of growth is expected to reinforce more direct antipoverty initiatives and efforts at "people empowerment". The Commission to Fight Poverty is orchestrating the establishment of a strategy framework focused on an antipoverty programmes, the satisfaction of basic needs and the development of programmes of action in 19 highly depressed provinces. Nine basic needs and 25 indicators have been identified as the foundation for future planning, monitoring and evaluation nationwide.

Public Finance and Local Government

Local governments accounted for approximately 6 percent of combined national Government and local government revenues and slightly less than 1 percent of GNP in 1980-90. The total revenue effort averaged around 15 percent of GNP during this period. Revenues from local
sources represented about 60 percent of total local revenues in 1986-8. The balance came from revenue allotments from the national Government and grants and aid from other sources.

Among local governments, Metropolitan Manila generated the most revenue—83 percent of total revenue—from local sources; it was followed by other cities, at 44 percent, municipalities, at 34 percent, and provinces, at 25 percent (Table 2). On a per capita basis, the revenue raised from local sources by Metropolitan Manila was 3.5 times higher than the national average and 2.5 times greater than the amounts raised from such resources by other cities. The level of revenue collection among municipalities and provinces was substantially lower than the national average. The differences in the "coefficient of variation" in tax collection among local governments are very significant. The coefficient is highest among municipalities and lowest among provinces. Thus, provinces appear to be more "homogeneous" in terms of local tax collection. The wider disparities among cities are a product of differences in levels of development and urbanization. Some cities are highly urbanized, having at least 200,000 inhabitants and a minimum income of 50 million pesos per

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**Table 2: **LOCAL RESOURCES IN THE REVENUE OF LOCAL GOVERNMENTS  
(In Percentages And In Pesos, 1986-8)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>High</th>
<th>Low</th>
<th>Coefficient of Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Share of Local Resources in Total Local Revenue (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All local governments</td>
<td>56</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Metropolitan Manila</td>
<td>83</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>44</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Provinces</td>
<td>25</td>
<td>65</td>
<td>3</td>
<td>56</td>
</tr>
<tr>
<td>Cities&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td>44</td>
<td>92</td>
<td>9</td>
<td>43</td>
</tr>
<tr>
<td>Municipalities&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td>34</td>
<td>92</td>
<td>1</td>
<td>55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local Revenue Resources per Capita (pesos)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>All local governments</td>
</tr>
<tr>
<td>Metropolitan Manila</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Provinces</td>
</tr>
<tr>
<td>Cities&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Municipalities&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> Includes central Government revenue-sharing grants (allotments).  
<sup>b</sup> Excludes cities and municipalities in Metropolitan Manila.
year, while others are less populated. This has a bearing on tax-collection efficiency rates. (An urban area can become a legally recognized city if it has at least 100,000 inhabitants and an annual income above 10 million pesos.)

As a result of their better revenue performance, the expenditures of cities were relatively higher. Between 1986 and 1988 the expenditures of cities per capita were 1.7 times higher than the average among all local governments. The corresponding expenditures for municipalities and provinces were below the average (Table 3). While the revenues of cities are substantially greater, cities must also provide services to relatively larger numbers of people. The differences in per capita expenditures among local governments are less than those in revenues, since all local governments must offer some minimum basic services. The "coefficient of variation" for per capita expenditures is higher among municipalities and lower among cities and provinces.

Significant differences exist in the expenditure patterns of local governments (Table 4). Local governments in Metropolitan Manila spent one-third of their budgets on social services, while other classes of local governments allocated only 10-12 percent of their budgets on these services. As the per capita local revenue of cities increases, local governments tend to spend relatively less on general administration and finance and more on social services and welfare. Expenditures for social services therefore appear to be elastic relative to per capita revenue. This has very positive implications in planning for social and human development based on domestic resource mobilization. Moreover, disparities in expenditures follow economic and revenue disparities.

Table 3: The Average Per Capita Expenditures of Local Governments
(In Pesos, 1986-8)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>High</th>
<th>Low</th>
<th>Coefficient of Variation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All local governments</td>
<td>178</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Metropolitan Manila</td>
<td>344</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>153</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Provinces</td>
<td>62</td>
<td>171</td>
<td>29</td>
<td>43</td>
</tr>
<tr>
<td>Cities*</td>
<td>303</td>
<td>947</td>
<td>84</td>
<td>44</td>
</tr>
<tr>
<td>Municipalities*</td>
<td>79</td>
<td>1,001</td>
<td>8</td>
<td>69</td>
</tr>
<tr>
<td>Provincial aggregates</td>
<td>166</td>
<td>487</td>
<td>65</td>
<td>42</td>
</tr>
</tbody>
</table>

* Excludes Metropolitan Manila.
Table 4: Distribution of Local Government General Fund Expenditures by Function
(Averages, in Percentages, 1986-8)

<table>
<thead>
<tr>
<th></th>
<th>Provinces</th>
<th>Municipalities*</th>
<th>Cities*</th>
<th>Metropolitan Manila</th>
</tr>
</thead>
<tbody>
<tr>
<td>General administration</td>
<td>20</td>
<td>36</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Government finance</td>
<td>12</td>
<td>18</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Welfare services</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Social sector improvements</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Economic development</td>
<td>34</td>
<td>9</td>
<td>28</td>
<td>12</td>
</tr>
<tr>
<td>Economic enterprises</td>
<td>4</td>
<td>9</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Intergovernmental aid</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>7</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

* Excludes Metropolitan Mania.

The level of local government expenditures in the Philippines prior to 1991 was low in absolute terms and relative to the corresponding expenditures in many other countries. This was because of the limited discretion of local governments in the Philippines to collect new taxes, their low collection efficiency, the restrictions on their borrowing and their typically small tax base. The national Government exercised review and approval authority on local tax ordinances and local government budgets prior to 1991. The revenue mobilization and substitution effects of per capita internal revenue allotments from the national Government have implications for local resources. External allotments stimulate municipalities to raise more local revenue, but have neutral effects on cities and provinces. Moreover, local governments in areas with larger populations and higher assessed property values tend to be able to raise more local revenue.

The Local Government Code of 1991

The Local Government Code of 1991 stipulates that selected services, facilities and functions must be devolved to local governments. The relevant services, facilities and functions in the social sector include the following:

- The maintenance of barangay health care centres.
- Field service delivery for primary health care, maternal and child care and disease control, access to secondary and tertiary health care services, and the purchase of medicines
and medical equipment at city and municipal levels.

- The maintenance of barangay day care centres.
- The delivery of social welfare services, such as child, adolescent and family welfare services, rehabilitation services, relief and disaster management, and family planning and nutrition services.
- The construction and maintenance of public works and infrastructures, such as water supply systems which are maintained by local funds.
- The construction and maintenance of local school buildings.
- Responsibility for medical quarantines and the inspection of food production.

Among the general duties of the national Government are the following.
- National policy formulation and the establishment of standards and guidelines.
- The provision of financial support.
- The expansion of local services.
- The supply of technical assistance and other forms of assistance.
- The guarantee of the participation of local governments in the planning and implementation of national projects.
- Consultation with local governments on all relevant and pertinent matters.

The devolution undertaken has been partial. Some services, such as basic education, have been excluded, and in practice local governments do not exercise sole jurisdiction over those services which have been devolved, since the national Government has the capacity and the resources to expand these services.

For the financing of the devolved services, the Local Government Code provides for the distribution to local governments of "internal revenue allotments". These IRAs are equivalent to 40 percent of the national internal revenue taxes collected during the third fiscal year preceding the fiscal year in which the distribution takes place. The IRA formula is clearly biased against local governments because of the three-year lag in computing the revenue base.

Twenty percent of the IRAs go to barangays, 34 percent to municipalities, 23 percent to cities and 23 percent to provinces. The share going to each individual barangay, municipality, city, or province is reckoned according to an equation in which population is assigned 50 percent of the value, land area, 25 percent, and "equal sharing", 25 percent. "Population" is a measure of the need for basic services; "land area" is a measure of the necessary physical coverage of infrastructure, and "equal sharing" is a measure of the need
of each local government to maintain certain fixed overhead expenditures, regardless of the level or amount of administration.

The total cost of devolved services in 1992 was 3.3 billion pesos (over $125 million), 83 percent of which went for health care, particularly hospital-based services. The cost represented 1.8 percent of national budget expenditures.

The Local Government Code has boosted the taxing power of local governments by furnishing them with the authority to revise the assessed values of real property (a rich source of revenue), the rates on licences, and business and other taxes. It has also provided local governments with a share of the proceeds deriving from the income-generating use of public lands and other public wealth.

The fiscal provisions of the Local Government Code contain certain fundamental flaws. First, the IRA allocation formula is "counter-equalizing", in that the IRA allocation per local government unit is not directly linked to the per capita income within the jurisdiction of that unit.

Second, the increase in discretionary resources offered to local governments through the IRA is not really very substantial.

Third, the change in the share of the IRA going to individual local government units is usually not sufficient to cover the nonpersonnel costs of the devolved functions. Thus, cities and barangays were net gainers by 100 percent and 2.2 percent, respectively, in 1992. However, the shares of the provinces and municipalities decreased by 14.8 percent and 16.1 percent, respectively. Partly in response, some highly urbanized municipalities are now clamoring to alter their status and become cities. This flaw was corrected somewhat in the 1994 budget (the National Appropriations Act) after almost two years of struggle by the leagues of the municipalities and provinces that were adversely affected. The solution involves reallocating 50 percent of the total appropriations for devolved services at 1992 prices from the 1994 IRAs in order to cover some of the actual costs of devolved services, with the balance distributed according to the original formula. By law, part of the IRA-share of each local government unit is earmarked for devolved health services. For 1995, it is expected that Congress will authorize the funding of all devolved services before any suballocation is implemented for the benefit of local government units.

Local governments can finance and effectively manage and implement devolved services and other essential services prescribed by the Code in several ways. The first is to raise revenue, particularly through real estate and other property taxes. The collection rate
from this source was only about 50 percent between 1985 and 1988. The second is to explore credit financing, especially through the sale of bonds and other long-term securities, since foreign creditors and the providers of other forms of loans may require national Government guarantees, which are not very forthcoming. The third is to reach construction, management and transfer agreements or other, similar arrangements with private sector entities. The fourth is to tap local and foreign grants, which local governments are authorized to do under the Local Government Code without any national Government clearance. The fifth is to request that the national Government make loans provided through official development assistance available to local governments at reasonable terms. The sixth is to pool local government resources by, for example, combining the resources of the municipality, city and province in order to finance a district hospital, or to pay a private provider to manage a common service facility. Public services could also be "privatized" through publicly funded insurance or voucher schemes which rely on private sector providers. Some local governments are actively exploring these options.

Other variants and modes of financing, management and implementation, as well as other types of partnership among local governments or between local governments and the national Government, can be examined. The Local Government Code has opened up many new ways for local governments to fulfil their responsibilities and meet their needs.

III. THE FORMULATION OF THE PLAN OF ACTION FOR CHILDREN

Development Planning in the Philippines

Development planning was first undertaken in the Philippines in the 1930s. However, it only took on a more long-term character in the late 1970s, when a prospective plan consisting of five- and ten-year components was prepared for the period 1978-2000. This plan was technically supported by long-term population projections and limited economic and demographic modeling exercises which helped in the establishment of targets and in the maintenance of internal consistency with policy instruments.

The external debt-driven economic crisis which began in 1984 refocused attention on the short- and medium-term issues underlying the intensification in poverty and other local problems. Economic reform was implemented between 1985 and 1990 through a combination
of harsh structural adjustment and economic stabilization measures and debt restructuring. The growth in external debt was arrested somewhat, but the debt burden has been shifted to the national Government budget.

Unmanageable national deficits may trigger reductions in the IRAs provided through the Local Government Code.

The Government takeover of guaranteed private sector debt in the mid-1980s and the loan financing of the budget deficit have raised public debt service payments to 35-40 percent of the national budget over the past five years. Economic growth averaged 5.4 percent annually in 1986-90, but fell to just 1.0 percent per year in 1991-3, which was below the population growth rate of 2.3 percent. Average real per capita income in 1992 was still below the peak level of 1982, while poverty incidence was about 40 percent.

This was the macroeconomic situation with which planning initiatives for children had to contend at the start of the 1990s.

The Philippines ratified the Convention on the Rights of the Child on 26 July 1990. The instrument of ratification was received by the secretary general of the United Nations on 21 August 1990, and the Convention entered into force in the Philippines on 2 September 1990. The Convention is one of 28 international conventions and protocols related to human rights to which the Philippines is a signatory.

On 29-30 September 1990, 71 heads of state and government and 88 other senior officials gathered at the United Nations for the World Summit for Children and to endorse the World Declaration on the Survival, Protection and Development of Children in support of the Convention on the Rights of the Child, which had been approved by the UN General Assembly on 20 November 1989. A Plan of Action was adopted along with the Declaration to serve as a framework for more specific national programmes.

In March 1990, prior to the ratification of the Convention by the Government of the Philippines, the Plan of Action for Education for All had been launched in the country.

President Corazon C. Aquino signed the World Declaration on 10 December 1990. That same day the Framework for the National Plan for Children in the 1990s was launched, and Proclamation 672 was issued providing for the realization of the National Plan of Action for Children for 1990-2 as part of the Medium-Term Development Plan for 1988-92. The National Plan for Children was thus a sort of "bridgework" plan, since the then current development plan had already been underway for several years, and the Government was in the midst of preparations for the successor Medium-Term Development Plan for 1993-8.
As a signatory of the World Declaration and the Convention on the Rights of the Child, the Government was committed, among others things, to prepare a national programme of action for children for the year 2000 and beyond. The Government was to report on its progress in implementing the programme to the United Nations before September 1992 and again five years thereafter.

On 10 October 1991 the Local Government Code became law. It assigns additional powers, authority, responsibilities and resources to local governments in the provision of basic social and economic services, including services for children.

The Philippine Plan of Action for Children in the 1990s (PPAC) was approved by Presidential Proclamation 855 on 31 January 1992. It is a continuation of the National Plan for Children for 1990-2.

In support of the Convention on the Rights of the Child and the PPAC, the Rooming-in and Breastfeeding Act and the Special Protection of Children against Child Abuse, Exploitation and Discrimination Act were signed into law in June 1992. Three other relevant laws have been enacted since the Convention was ratified. These have to do with the protection of rights and the disabled. These and other laws have strengthened the legal foundation of the PPAC and reinforced the social welfare and rights-oriented approach.

In December 1992, after almost one year of technical preparation, the president and the Cabinet approved the Medium-Term Philippine Development Plan for 1993-8 and endorsed it for Congressional approval as required by the 1987 Constitution. The MTPDP involves strategies designed to boost the trade and economic performance of the country, foster the competitiveness of the country in world markets and achieve human development goals. Investments in people, whether in children, mothers or the labour force, provide the springboard for human development. Major PPAC goals and strategies have been integrated into the MTPDP. Congress is still examining the MTPDP.

The Government issued an initial report on the implementation of the Convention on the Rights of the Child in September 1993. The report was a cooperative effort of the Government, the private sector and NGOs, which also prepared a supplementary report.

Content Analysis of the PPAC

The PPAC is a prospective “framework” plan for 1992-2000. It has been heavily influenced by the Convention on the Rights of the Child. It reiterates the fact that the Constitution and
national legislation recognize the family as the most basic social institution through which to address the needs and the rights of children. It offers a target for the situation of children in the Philippines in the year 2000, and it integrates several other plans dealing with or affecting children, including the Education for All Plan of Action (1991-2000), the Water Supply, Sewerage and Sanitation Master Plan (1988-2000), Health for All by 2000, and the Philippine Food and Nutrition Plan.

The PPAC considers five broad areas of concern: family care and alternative parenting arrangements; basic health care, nutrition, social security and environmental protection; primary education and leisure, recreation and cultural activities; the protection of children in especially difficult circumstances, and fundamental civil rights. It outlines 34 goals which fall within these areas and proposes research, legislation and other specific activities to achieve these goals by the year 2000.

The PPAC underscores the lead role of the state in the pursuit of social and political reform, stresses the important contribution of community empowerment, particularly among women, and confronts several environmental issues. The international commitments of the Government to uphold child rights are emphasized. Official development assistance and other forms of external assistance are identified as supplementary sources of support for PPAC implementation. A monitoring and evaluation system which would build on the existing administrative reporting systems of implementing agencies is contemplated.

Further work is required before the PPAC can be fully implemented. Annual targets need to be set as beacons for execution and monitoring. Several PPAC goals have to do with participation and the protection of the rights of children. These require more precise operational definitions based on guidelines for implementation and regulatory and technical specifications, as well as the establishment of indicators to enhance targeting and monitoring.

A costing exercise must be carried out to develop estimates of the resource needs for the PPAC that can be used to steer budgeting at the various levels of government administration and financing through the private sector and official development assistance.

The cost of undertaking priority programmes in support of selected goals for children for 1995 has already been estimated. The national Government spends approximately 20 percent of its budget and 11.4 percent of official development assistance on social services. It discourages the use of official development assistance loans for social and human development programmes in view of the huge external debt. The implementation of the PPAC will therefore rely on official development assistance grants for some financing.
IV. THE DECENTRALIZATION OF THE PPAC

Experiences in Local Development Planning

The Philippines has a long tradition of local development planning despite the fact that it has a democratic form of government and possesses a market economy. In the late 1970s and the 80s, development planning was applied comprehensively at the local and regional levels under the direction of the National Economic and Development Authority, the country’s development planning body.

Three features of development planning were prominent. First, it was centrally managed and highly technocratic. Second, the approach was sectoral, and there was a propensity for capital investment programmes involving external funding. Third, a major ongoing focus was community-based planning among the barangays.

Regional plans and, to a much lesser extent, city and provincial plans were highly technical and were usually formulated by economic and physical planners. The stress was on the physical and macroeconomic framework, the technical content and the internal consistency of planning instruments and targets. City and provincial plans and investment programmes were used to direct funding by national Government agencies, official creditors and donors. Technical planning guidelines were set by the national Government for articulation in local plans. The process was data intensive and often began with the drafting of socioeconomic profiles. Local planning exercises were carried out by Government employees. They were approved by regional development councils or the chief executives of cities and provinces. Sanggunians (local legislative bodies) and other potentially significant “allies” were hardly ever involved. Consultations with the private sector and other nongovernment “actors”, rather than directly with the beneficiaries, were the principal procedure for developing broad support for these local plans.

The approach in local planning was highly sectoral, and the emphasis was on the identification of annual capital investment goals. The sectoral approach was adopted because the policies, functions and geographic coverage of the sectoral departments of the national Government tended to be uncoordinated. Local plans often consisted mainly of lists of projects which were not classified according to priorities and had little to do with local resources; these lists were frequently intended to be used as proposals for funding with the national Government or sources of official development assistance. With the advent of
integrated area development planning, the bias in favour of capital investment projects like roads, irrigation systems, public markets and school buildings was reinforced. The social costs and effects of these projects were underemphasized. The preference for capital projects rather than human services was symptomatic of a desire for an immediate, visual impact. The regular submission of programmes and projects for official development assistance and national Government assistance was frustrating, since many projects never received funding. In the case of externally funded projects, management was mainly in the hands of project administrators who had been appointed by the national Government. The role of local chief executives was frequently limited to membership on project steering committees.

Community-based planning became increasingly popular in the 1970s due to the inadequacy of the attempts of the central Government to deal with local problems and needs, notwithstanding efforts at administrative decentralization. Some NGOs and donors provided an additional impetus in this direction. Several local governments began preparing truly participatory, community-based programmes to address local needs. However, such initiatives were very limited, particularly in view of the very intensive, time-consuming and "procedural" character of community mobilization.

Two foreign-assisted projects stand out as relevant examples of development planning which benefited mothers and children at the provincial level. These are the Local Resource Management Project, which was supported by the US Agency for International Development, and the Area-Based Child Survival and Development Programme, which was supported within the context of the Third UNICEF Country Programme of Cooperation for Children. Both projects were carried out directly by local governments, limited to a specific geographic area, bypassed the national Government and involved the delivery of basic services.

The Local Resource Management Project was undertaken in 1982 to enable 50 municipalities and 15 provinces in five regions to achieve effective and sustainable self-help programmes among poor groups. The project involved provincial strategy formulation, local project development, local financial administration and the participation of beneficiaries. The target groups were primarily landless agricultural workers, subsistence fishermen and upland farmers. They were identified through poverty studies which relied on rapid rural appraisal techniques, surveys, resource mapping, focused group discussions and key informants and which were supervised by local governments and validated through community meetings.

After the poverty situation in an area had been analysed, a coherent strategy was formulated that led to the selection of appropriate local government and community
programmes and projects for possible funding. Two funds were created: an infrastructure subproject fund, which was under the management of the local governor and was designed to support small public works projects, and a community project fund, which was established to provide credit to beneficiary groups and was under the supervision of a community-based organization. Community mobilization was a major component of the Local Resource Management Project and required about 18 months during the initial phase of the project.

Though a Local Government Code had been enacted in 1983, it was limited to administrative decentralization. This contrasts with the substantive devolution undertaken within the Local Resource Management Project, by which regional development councils and provincial sangguianians adopted projects, and local governments directly managed the public sector component.

The Area-Based Child Survival and Development Programme involved 13 cities and seven of the least developed provinces, namely, Basilan, Ifugao, Lanao del Sur, Maguindanao, Negros Occidental, Sulu and Tawi-Tawi. The programme was implemented in 1988-93. It aimed to provide basic services to the most vulnerable children and families, encourage self-reliance and community participation in decisionmaking and management and undertake advocacy and social mobilization. The programme involved maternal and child health, food production and nutrition, early childhood care and development, water and sanitation and capacity-building.

Focused targeting was initiated through the masterlisting of the intended beneficiaries using a combination of highly participatory key-informant panels, surveys of high-risk families, and interviews. A strategy of service integration was pursued through the concentration of services on common target groups and the coordination of local institutional efforts. This resulted in high service coverage. The programme experience in community participation was not as extensive or intensive as the service delivery component. Community organizing in urban areas was enhanced by the presence and participation of NGOs. Social mobilization centred on local officials and NGOs. "People empowerment" was mostly project oriented, rather than community based; hence, it was less sustainable.

Decentralization within the programme was sought through direct decisionmaking by local chief executives, the active participation of local development councils in project coordination and the participation of NGOs. After four years of implementation, all programme provinces were exercising decentralization. One-half of the municipalities participated in decentralized project planning and implementation through local development
councils. Higher resource allocations for services within some local government budgets, such as occurred in Ilog municipality in Negros Occidental, contributed to financial sustainability.

The Local Resource Management Project and the Area-Based Child Survival and Development Programme offer useful lessons on the design and implementation of plans, programmes and projects involving the collaboration of local governments and communities. The degree of political commitment, the amount of resources and the level of technical capacity of local governments count a great deal in such joint efforts. Communities must be properly organized in order to create a demand for services and develop systems for the delivery and monitoring of basic services. These conditions must be met if the most advantage is to be derived from any local effort at development. However, they are not sufficient by themselves.

More specifically, several observations with implications for any future attempt at local planning are noteworthy. First, local planning for priority human services requires committed leadership and a development vision built on investments in people rather than just in physical infrastructure or in the popularity in the countryside of programmes which bring in Government funding.

Second, because resources are limited, target beneficiaries and their specific needs must be properly identified and assigned priority. Accurate and appropriate data must be available as a basis for local area planning, since most official statistics are not sufficiently detailed at the local level. A local functionary can always claim the nonexistence or the low urgency of a problem or need if it has not already been quantitatively measured and documented. The use of consultations and other methods to validate findings is thus critical.

Third, while desirable, service integration is difficult to achieve. To do so, public agencies and other service providers must agree on the targets and coordinate their interventions accordingly. Service delivery and timing in the release of funds vary among agencies. This works against the efficient orchestration of field operations.

Fourth, in areas where local communities are not yet organized, NGOs can help bridge gaps until a minimum degree of self-reliance among communities is established.

Fifth, community-based monitoring and evaluation need to be pursued in order to generate feedback and help focus efforts. Mobilization for this activity must assume a higher profile in order to encourage action from the highest decisionmaking level. A lack of follow-up on the results furnished by monitoring activities may lead to frustration among those who carry out the activities at the local level.
Local Plans of Action for Children

The decentralization of the PPAC by way of the preparation of local plans of action for children is being accomplished through a two-track, phased approach (Table 5). The first "track" has been the work of the secretariat of the Council for the Welfare of Children (CWC), a high-level Government policy coordination committee which includes eight Cabinet secretaries, two other Government officials and three NGO representatives. The second track has been the preparation of the masterplan of operations of the Fourth Country Programme of Cooperation for Children, 1994-8 (CPC IV), which has been developed by the Government and UNICEF. The masterplan contains sectoral and local component plans, which are anchored on the PPAC and cover 22 of the 34 PPAC goals. The local plans of action for children formulated through CPC IV are decentralized initiatives, though they are only limited translations of the PPAC. The preparation of these plans has been coordinated by the secretariat of the National Economic and Development Authority (NEDA). The secretariat reports to the NEDA Board, which is the highest Government development planning agency and consists of Cabinet members and the president, who is the chairman.

Following the approval of the PPAC through Presidential Proclamation 855 in January 1992, the CWC launched an orientation process among city and provincial officials. Local governments were directed by the Department of the Interior and Local Government to submit local plans of action for children. The CWC fielded teams to assist city and provincial planning and development units in drafting these plans. This continued on an intensive basis during the early part of 1992. The CWC orientations highlighted the Convention on the Rights of the Child as part of the legal framework for the PPAC and focused on ways local governments could contribute to the implementation of the Convention.

The CWC issues proposals for city and provincial plans of action for children. The proposals are composed of the following.

- A situation analysis of children and women that includes a socioeconomic, political and geographic profile of the local area, a sectoral situation assessment and an analysis of existing programmes and services benefiting children and women.
- Priorities and objectives.
- Implementation strategies.
- An operations and financial plan for 1993-4 that is to be updated each year.

Because of its lack of manpower and limited budget for overseeing local preparations
Table 5: MTPDP, PPAC AND CPC IV: PLANNING AND PROGRAMMING PROCESSES

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<tr>
<td>1991</td>
<td>Start of the preparation of the framework for the MTPDP</td>
<td>Formulation of the PPAC</td>
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<tr>
<td>1992</td>
<td>1st quarter</td>
<td>Adoption of the PPAC</td>
<td>Preparation of the national situation analysis of children &amp; women, 1992</td>
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<td></td>
<td>2nd quarter</td>
<td>Adoption of the planning framework by the president &amp; Cabinet &amp; the start of the preparation of the plan</td>
<td>Regional consultation on the preparation of local plans of action for children (March-May) &amp; the formulation of local plans of action for children in six municipalities in Metropolitan Manila, 30 cities &amp; 16 provinces</td>
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<td></td>
<td>3rd quarter</td>
<td>Presidential &amp; Department of the Interior and Local Government directives for national Government agencies &amp; local government units to initiate PPAC operations</td>
<td>The formulation &amp; approval of a strategy paper</td>
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<td></td>
<td>4th quarter</td>
<td>Adoption of the MTPDP &amp; regional plans by the Cabinet They are sent for approval to Congress</td>
<td>The formulation of ten national/sectoral programmes &amp; support projects &amp; plans of operation</td>
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<tr>
<td>1993</td>
<td>1st quarter</td>
<td>Reorientation for national Government agencies &amp; local government units (January-December)</td>
<td>Preparation of local situation analyses of children &amp; women in 12 municipalities in Metropolitan Manila, 15 cities, 45 provinces &amp; 15 regions</td>
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<tr>
<td></td>
<td>3rd quarter</td>
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<td>Approval of the country programme recommendation by UNICEF</td>
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<td></td>
<td>4th quarter</td>
<td></td>
<td>Preparation of local plans of operation in 12 municipalities in Metropolitan Manila, 15 cities, 45 provinces &amp; 15 regions</td>
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<td>1994</td>
<td>1-2 quarters</td>
<td>Implementation of programmes &amp; projects not requiring enabling legislation</td>
<td>Implementation among national agencies &amp; local governments</td>
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<td>Implementation among partner institutions</td>
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Source: Compiled by the author.
and mobilizing local and regional networks, the CWC has concentrated its efforts on those cities and provinces which are not covered by CPC IV. (CPC IV assists 12 municipalities in Metropolitan Manila, 15 cities and 44 provinces. The local governments not involved in CPC IV tend to be in a relatively better position, at least in terms of child survival, development and survival indicators.) As of May 1994 the CWC had received local plans of action for children from 16 provinces, four of which—Batangas, Cavite, Laguna and Rizal—are also covered by CPC IV with their own plans of operation for special programmes, such as child labour. Some 30 cities have also submitted local plans of action for children. Four of these cities—Cagayan de Oro, Calbayog,Ormoc and Tacloban—likewise have their own city plans of operation under CPC IV.

CPC IV has involved a somewhat more complicated process. It was first undertaken in 1992, but the implementation of the CPC IV local plans of operation and work and financial plans commenced only in early 1994. In contrast, the PPAC was implemented very quickly. The CWC was exerting pressure to shorten the preparation process for local PPAC plans, since these were intended to be used as guides for local budget decisions and legislation. The status of the PPAC local plans of action and the CPC IV local plans of operation as of May 1994 is outlined in Table 6.

The PPAC local plans of action for children and the CPC IV local plans of operation show differences in terms of scope, the process of formulation and content. The CWC-coordinated local plans of action cover a single budget year and are to be updated annually to guide local budget preparations. They are expected to be comprehensive to encompass the five broad areas of concern of the PPAC. On the other hand, the time coverage of the CPC IV local plans of operation is 1994-8. Each plan supports a limited set of PPAC goals depending on the city or province and its relative needs. For example, high-impact services

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<th>Cities</th>
<th>Provinces</th>
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<td>CWC local plans of action</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>CPC IV local plans of operation</td>
<td>15</td>
<td>40</td>
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<tr>
<td>PPAC plans due to be formulated</td>
<td>20</td>
<td>24</td>
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<tr>
<td>Total number of plans due</td>
<td>61</td>
<td>76</td>
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Source: Compiled by the author.
covered in 20 provinces are limited to those health care, nutrition and education services which appear to be most required based on local and national situation analyses. "Convergent" areas in Bicol (Region V) and Eastern Visayas (Region VIII) include all cities and provinces within the two regions; these areas are provided with all CPC-IV-assisted services. Areas with special needs include 13 provinces which are to be offered assistance in dealing with natural disasters and children in especially difficult circumstances. All cities and provinces in the country are assisted through CPC IV programmes in social mobilization, PPAC goal monitoring and immunization in order to contribute to and monitor the progress toward the achievement of PPAC goals by all local governments.

In terms of the process of formulation, the two approaches possess major similarities. Both have been based on situation analyses and have involved local government officials and selected NGOs in the preparations. The CPC IV plans of operation have benefited from the endorsement of local chief executives and sanggunians. Under the Local Government Code, the sanggunian is required to approve all grants received by the local government. Subagreements to implement CPC IV in cities or provinces have been approved by local chief executives, the national Government (represented by NEDA) and UNICEF.

In terms of content, both plans involve implementation strategies and programme and budgetary requirements. Because of the closer supervision by NEDA and UNICEF and the longer preparation and mobilization timeframe, the CPC IV plans of operation tend to be more elaborate and detailed at the programme and project levels. They include analyses of problems, specific objectives, target coverage, monitoring indicators, implementation schedules, administrative and organizational structures, linkage with non-CPC-IV projects, and cooperation with other donors as required by standard UNICEF programming practices.

CWC-coordinated city and provincial plans of action vary significantly in content and quality. For instance, the plan of Palayan City in Central Luzon (Region III) identifies specific PPAC programmes, target beneficiaries, the responsible implementing agencies and the funding requirements and sources. The plan of Zamboanga City in Western Mindanao (Region IX) specifies and quantifies various PPAC goals, objectives and targets, identifies the implementing agencies and outlines financial requirements. The plan of Naga City in Bicol (Region V) has been approved personally by the mayor and includes a list of programmes and services, target beneficiaries and proposed sources of funds. In contrast, the province of Laguna in Southern Tagalog (Region IV) has not submitted an integrated local plan for children. Instead, it has simply forwarded the various development and financial plans,
budgetary appropriations and programmes for children and social services of complying component municipalities to the CWC. The Department of the Interior and Local Government requires local governments to submit their plans of action for children to the CWC.

These observations point to the importance of further groundwork with provincial governments, since they play such a central role in orchestrating the basic services provided by component municipalities and cities.

Perhaps the planning and preparation processes of the Medium-Term Development Plan for 1993-8, the PPAC and the CPC IV should have been more synchronized and integrated in order to achieve tighter procedural coordination and programme consistency. Common planning and programming cycles could have "systematized" the process. The Medium-Term Development Plan and the PPAC have preceded CPC IV. The PPAC must be phased in through annual or five-year subplans. The preparation of local plans of action for children requires more technical underpinning and the social mobilization of additional partners and allies. Moreover, the implementation and monitoring of the Convention on the Rights of the Child should be more well integrated into the PPAC and CPC IV local plans, where the opportunities for advocacy and social mobilization in support of enabling legislation and rules of implementation can be maximized.

**Issues and Challenges**

The preparation of separate local plans of action for children and the integration of child-related programmes into local development plans are significant steps toward the decentralization of the PPAC. The process is a formidable, almost endless, task. In the interest of sustainability and administrative expediency, child-oriented goals, strategies and programmes must be integrated into comprehensive local development plans rather than implemented separately. Local governments should not be burdened with the obligation of preparing and undertaking a separate child-focused planning process. They are already overwhelmed with numerous capacity-building activities and planning directives and guidelines dealing with capital, economic, investment and infrastructure programmes and a multiplicity of other sector plans. An integrated planning approach permits a more realistic and comprehensive view of what local governments can do for children in conjunction with other local priorities and within the scope allowed by limited resources.

The identification of the proper basic planning unit is both a political and a technical
issue. Each local government unit is expected to draw up a comprehensive local development plan which incorporates child-related projects. However, the supervision of such an approach would by itself represent a major challenge because of the fact that there are about 1,700 municipalities, cities and provinces involved, aside from the need for them to consult with and absorb inputs from some 42,000 constituent barangays.

The experience of the Local Resource Management Project and the Area-Based Child Survival and Development Programme shows that the province may be the most practical and strategic planning unit, as it straddles the middle ground in the government structure between the 1,533 municipalities and the 15 administrative regions. The province covers a geographic area which would allow economies of scale. Moreover, the provinces tend to require greater assistance in terms of resources than do the cities, which are relatively more well off in local revenue per capita and the allocation of internal revenue allotments under the Local Government Code. Besides, provincial development councils have direct links with NGOs, and provinces are charged with the coordination of municipal plans and programmes.

The period permitted for the preparation of CWC-coordinated local plans of action was very limited. After the approval of the PPAC in January 1992, those involved in implementing the PPAC had to contend for attention with the pre-May 1992 election activities and the problems surrounding devolution that preoccupied local governments. This was reflected in the haste with which some of the local plans were drafted; several local governments were clearly motivated mainly by a desire to comply with deadlines, rather than with the production of comprehensive and integrated plans.

The preparation of local PPAC plans began before the more thorough and systematic process of formulation of CPC IV plans of operation, which are based on situation analyses among the participating local governments. Closer coordination among these various efforts would have led to a more organized preparation process and more complementary outputs.

When PPAC decentralization and the formulation of CPC IV local plans of operation were just getting under way, the implementation of the Local Government Code was nearly complete. In keeping with the Code, leagues of municipalities (municipal mayors), cities (city mayors) and provinces (governors) have been established. The creation of federations of local elected officials and sanggunians is also authorized by the Code. All leagues derive funds from member contributions, and many conduct fundraising activities to finance projects. The leagues promote common policy positions, capacity-building and other forms of collaboration among members. The US Agency for International Development is supporting the leagues
through programmes in which experiences are exchanged among members on common issues of governance, such as local taxation and health programme management.

The opportunity was missed of mobilizing these leagues to cooperate in the decentralization and formulation processes. The mobilization of the leagues might have led to a better understanding of the PPAC and the Convention on the Rights of the Child as local planning frameworks and to formal commitments to achieve PPAC goals and draw up local plans of action.

The Government and UNICEF are now attempting to make up for this oversight by collaborating with those leagues which have committed themselves to accomplish the mid-decade goals for children in support of the PPAC and to report regularly on their progress in achieving this objective. As a result, some local governments in areas where iodine deficiency is common are considering the passage of ordinances on salt iodization.

Likewise, city and provincial health and school boards, local finance committees and NGOs and NGO coalitions were not effectively mobilized to support and participate in the decentralization and formulation processes, though some individual NGOs, especially those undertaking CPC-IV-assisted activities, did join in at some stages.

The preparation of local plans of action for children as part of PPAC decentralization was adversely affected by the snags and bottlenecks attendant on the implementation of the Local Government Code. The Code involved the transfer of some 69,000 "devolved" personnel, mainly health care workers, and $11 million in assets from national agencies to local governments, which were assuming responsibility for social services, particularly in health care.

These problems were complicated by new but inequitable methods for allocating IRAAs. Barangays and cities received IRA funds in excess of the costs of their devolved functions. This was not the case for municipalities and provinces, which now manage many public hospitals and health care facilities. The budget in 1994—two years after the implementation of the Local Government Code—has been the first in which the distortions in IRA distribution have been substantially resolved.

These transition problems notwithstanding, support for the Code is strong, and local governments are already engaged in resisting efforts by some to reverse the process and are attempting to demonstrate that decentralization can work under their local leadership.

Most local governments have been involved in many forms of planning in the past. However, this involvement was undertaken more in response to central directives. There was
very little discretionary revenue and other resources at their command. The pursuit of the PPAC goals at the local level requires a more significant social orientation, closer links with sanggunians and other partners for policy support, and community participation and monitoring. More fundamental is the need to develop and nurture fresh awareness among local chief executives that investments in "human capital", particularly children, not only make economic sense and could generate as many votes as highly transparent public capital investment projects such as roads and sports facilities, but also may be more justified from the human perspective.

The Local Development Academy of the Department of the Interior and Local Government has launched an integrated capacity-building programme for local governments in response to their perceived competency needs in the areas of governance, people participation and service delivery. The programme involves a hands-on, multidisciplinary approach and aims to provide training and technical assistance in project management, development planning, local legislation, financial management and community mobilization. Local government training facilities are employed for the programme. Local officials and staff are trained by and exchange experiences with mobile multidisciplinary teams. The programme is output oriented. The outputs include socioeconomic profiles, local development and revenue plans, legislative agendas and new methods for encouraging community participation in local projects. The programme is tapping local institutions for training teams as it addresses a large pool of elected officials, bureaucrats and technocrats who are subject to a high rate of turnover due to local elections every three years and personnel transfers to the private sector because of declining government salaries.

A joint Government-UNICEF project for training in the use of an integrated approach to local development management for the PPAC has been included in the programme in order to advocate valuable concepts and lessons on the planning and execution of initiatives for child survival, development and protection. This approach emphasizes, among other things, "focused" targeting, service "convergence" and social mobilization. The Local Government Centre of the University of the Philippines has likewise endorsed these concepts and lessons in its orientation and training programmes for local chief executives.

Another challenge in the decentralization of plans of action for children is the management of devolved services that requires close partnership with the national Government and other local government units. This is crucial in the case of public health care programmes, particularly those involving the control and prevention of communicable
diseases, where a common approach which goes beyond political and territorial interests would have the greatest impact. Toward this end, the Department of Health is promoting comprehensive health care agreements with local governments. Through these agreements the Department is seeking to boost the resources of collaborating local governments which fully implement devolved services and provide priority basic health care services, such as immunization and the control of diarrhoeal diseases and acute respiratory infection, maternal and child health care, hospital management and information, education and communication. The Department provides technical and other forms of assistance in programme management and monitoring. The necessary resources are supplied through nationally appropriated funds and official development assistance.

As of July 1994, two urban municipalities, seven cities and eight provinces had reached such agreements with the Department of Health. These completed agreements involve a 74:26 cost-sharing arrangement between local governments and the Department, respectively. The agreement for Negros Occidental involves a cost-sharing arrangement of 68 percent, 24 percent and 8 percent for the province, the component municipalities and the Department, respectively. The larger share covered by the local governments is a positive sign of their commitment and of the sustainability of the agreements.

Ideally, the comprehensive health care agreements should be trilateral agreements among the Department of Health, the city or province, and the component municipalities, since these last are usually the locations in which the services are delivered.

The comprehensive health care agreements reinforce similar agreements among local governments, the national Government and UNICEF for the implementation of locally assisted projects through CPC IV.

Under the Local Government Code, the monitoring and evaluation of local projects are the responsibility of local governments. However, this represents a problem in the case of the field health service information system of the Department of Health, which used to integrate reports coming from field workers, such as midwives. The system remains basically in place, but the information flow has been disrupted, since field reports no longer have to be submitted to national Government agencies by local governments. The comprehensive health care agreements seek to address this problem through regular contacts between local and national officials that include field visits by the latter. Moreover, to fill gaps in data and validate field information, the Department of Health is now relying more on low-cost data collection methods, such as coverage surveys for immunization campaigns.
V. CONCLUSIONS AND RECOMMENDATIONS

The decentralization of the PPAC through local planning exercises for children conforms faithfully with the new responsibilities of local governments under the Local Government Code of 1991 to plan and deliver “devolved” basic services. The formulation of some city and provincial plans of action for children—though the plans are of varying quality—has been a very encouraging and challenging experience in the advocacy for the interests of children, whether the plans have been undertaken in the context of the CWC or CPC IV. Only 20 of 61 cities and 24 of 76 provinces must still complete the formulation of plans.

The next steps are obvious. Clear political commitments to implement and monitor these plans must be secured; the planning process must be honed and become integrated into local planning and budgeting systems, and the same exercise, albeit on a modified scale, must be initiated at the municipal level.

All plans must be endorsed by local chief executives and approved by the respective sanggunians. The completed city and provincial plans of action should be employed by local finance committees in crafting annual budget requests. Local chief executives should officially endorse these annual budget proposals before the local sanggunians. Local governments should fully integrate the local plans of action for children, particularly the relevant goals and strategies, into their comprehensive development plans in order to institutionalize a more wholistic planning process and foster conscious consideration of the unique needs of children. The CWC, as the focal point for child programmes, and the regional development councils, in collaboration with various allies, especially the leagues of municipalities, cities and provinces, local NGO groups and other coalitions, should help orchestrate this massive effort at social mobilization.

Additional initiatives need to be developed and nurtured in order to render decentralized planning for children more effective. Local capacity-building programmes, which now involve academic, research and training institutions as partners, represent a significant step in this direction.

The CWC secretariat requires institutional strengthening, particularly in spreading awareness of the rights of children under existing laws and the Convention on the Rights of the Child. This should be more intensively and extensively explored for several reasons. Survival and development needs, while still serious, are already being addressed. They will become less urgent as the growth of the economy becomes more sustainable and local
governments develop the capacity to fulfil their responsibilities in these areas. The need for the provision and monitoring of services aimed at protecting children will become more evident in view of rapid urbanization and industrialization and the difficulties faced by society, the national Government and the judicial system in redressing grievances.

As planning is devolved to municipalities, the role of barangays, community-based organizations and families increases in importance. Provincial plans are only as effective as the component municipal and barangay plans. At the municipal level, NGOs and the leagues of barangays (captains) and municipalities (mayors) can be fully harnessed to promote self-help and community-based efforts. The creation of a demand for basic services in, for instance, primary education, anchored on sound attitudinal and behavioural changes, is an example of a major challenge.

Despite the implementation of the Local Government Code, the national Government remains prominent and dominant in its influence and its impact on the lives of children and the actions of local governments in this strategic field of human development. Appropriate models of cooperation between local governments and the national Government and among local government units in terms of infrastructure, delivery mechanisms and monitoring must be developed to fit the evolving challenges of decentralization in support of human development and poverty alleviation. Comprehensive health care agreements represent such a model. Similar agreements could be pursued to cover education, social welfare and legal services. Innovative ideas on ways for local governments to manage their devolved responsibilities must be encouraged and supported. Some local governments are now exploring local health insurance, the privatization of hospitals and more efficient cost-recovery schemes.
BIBLIOGRAPHY


