

Annex 1: Details of Updates and Action Taken

Proposed Key Actions	Updates/Action Taken
<p>KRA 1: Enhanced financing and effective governance to implement gender-responsive and rights-based reforms in basic education, health and social protection</p>	
<p>1.1. Increasing the share of budget and real expenditure for basic education, health and social protection and frontload investments over 3-5 years to eliminate shortages and critical inputs</p>	<p>Basic Education Under the proposed FY 2008 budget, DepEd budget (including allocation for SBP) increased by P8.64 billion from 2007 level</p> <p>Continued collaboration with development partners as follows:</p> <ul style="list-style-type: none"> • WB's US\$200million loan for the National Program Support for Basic Education (NPSBE) for 2006-2011 • AusAID's A\$41 million grant for the proposed Support to Philippine Basic Education Reform (SPHERE) for 2007-2011 and A\$10 million as an incentive to implementing key elements of the reform agenda for 2008/2009 • UNICEF-AusAID (P6.9 million) and Netherland (\$1.215 million) for construction and repair • AECI's €.968 million (Phase 1) and € 2.6 million (Phase II) for construction & training <p>DepEd is closing the classroom gap & teacher-pupil ratio</p> <p>Frontloading financing for critical resources has been started for the FY 2008-2010. However, this is purely GAA-sourced and the possible use of Special Education Fund (SEF) as a security, floatation of Patriot Bond and increase of IRA has yet to be explored.</p> <p>Strengthening established frameworks of public-private partnerships for attaining Education for All (EFA) goals done on a large scale basis through various combinations (e.g. Adopt-A-School Program, ODA, PTCA, Brigada Eskwela, Service contracting at preschools, secondary and ALS).</p> <p>Health Building on the Health Sector Reform Agenda (HSRA), DOH adopted the FOURmula One for Health (F1) as the implementing framework for reform in the health sector.</p> <p>The Department formally adopted the sector-wide approach as the means to manage F1 implementation.</p> <p>DOH continued progress in the implementation and preparation of Province-wide Investment Plans for Health (PIPH) in 16 and 21 roll-out sites, respectively.</p> <p>Formulation of the DOH Medium-Term Expenditure Plan (MTEP) and the presence of a strong lobby group of NGO partners working on</p>

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<p>1.2. Improving budget execution and resource allocation through development and implementation of multi-year performance-based financing (Medium-Term Expenditure Framework or MTEF) for social sectors</p>	<p>appropriations to health continued to increased investment for health from the national government.</p> <p>Updated the Health Sector Expenditure Framework (HSEF) Review of recent studies:</p> <ul style="list-style-type: none"> • Multi-year spending plan for the DOH (by Rosario Manasan and Janet Cuenca), and • Financing F1 investments and DOH budget reforms <p>Crosscutting NEDA, in partnership with the UN, developed and launched the Philippines Mid-Term Progress Report on the MDGs for evidence-based advocacy and increased budget for social sectors</p> <p>UN supported research and policy studies on MDG financing were brought to the arena of public debate, policy reform and change. These significantly contributed to political endorsement of the Debt-for-Equity proposal to fund the MDG projects, including at the ASEAN Summit in January 2007, forming the basis for a region-wide effort to address the MDG financing gap.</p> <p>The Social Watch Philippines, with support from the UN, led the formulation and advocacy for an ‘alternative budget’ for MDG-related expenditures, the first time in 105 years of budgeting, contributed to increased expenditures for health, education, agriculture and environment, and reduction of debt interest payments by P17 billion.</p> <p>Prioritization of MDGs in the preparation of national and local budget proposals formed an important part of the policy guidelines and procedures issued by the DBM</p> <p>Basic Education Progress made in multi-year budgeting and demand-side financing. Policy on 2007-2010 budget strategy disseminated via DepEd Order 24, s. 2007.</p> <p>Support to undertake policy studies on:</p> <ul style="list-style-type: none"> • Updating the expenditure framework/spending plan • Public-private partnership (PPP) with focus on service contracting and private management of public schools <p>To address COA recommendations on past year’s audit and improve execution of DepEd budget to catalyze more effective use of all available resources for better education outcomes:</p> <ul style="list-style-type: none"> • Greater effort to tighten performance management and accountability. Quality assurance at input, process and output is being promoted by DepEd • Conducted a budget execution workshop within DepEd

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<p>1.3. Improving financial protection from price increases for beneficiaries of subsidized services (i.e. health insurance)</p> <p>1.4. Developing strengthened partnership frameworks and capacities to increase LGU and local community participation in financing and/or providing basic education, health and social protection</p>	<p>Revision of the Organizational Performance Indicator Framework (OPIF) to reflect emerging priorities in DepEd which are not captured in the Basic Education Sector Reform Agenda (BESRA)</p> <p>Health A system is being developed to track budget utilization and its contribution to attainment of health outcomes; Also see 1.1.</p> <p>Social Protection DSWD is preparing the Social Welfare MTEP as part of the World Bank-funded National Sector Support for Social Welfare and Development Reform Project (NSS-SWDRP)</p> <p>Health Comprehensive review of benefits being undertaken by PHIC, while continuously strengthening and making more efficient claims processing. Broader work is also being undertaken to improve financing and increase efficiency in the health sector through IT systems and health data standards.</p> <p>Basic Education Institutionalization of cost-sharing by LGUs of specific inputs and activities in basic education at localities considering the variations in LGU financial capacity being done through the school-based management (SBM) and School First Initiative (SFI).</p> <p>Conducted the Orientation cum training of regions and divisions on BESRA implementation, particularly SBM</p> <p>Refined SBM standards and validated SBM assessment tools</p> <p>Conducted nationwide assessment of SBM practice of public schools</p> <p>To pursue EFA recommendations for 'financially capable' LGUs to cover the MOOE and Capital Outlay of schools within their jurisdiction while the national government will finance hiring of teachers for all public schools (to ensure quality) and MOOE and CO of schools in poor municipalities</p> <p>Completed series of orientation of BESRA implementation and adjustment of regional and division action plans (which include SBM and Competency-Based Teachers Standard or CBTS roll-out) to enable schools to progress at their respective paces towards greater school-community governance of basic education delivery</p> <p>To introduce an equitable formula-based MOOE allocation for elementary and secondary schools effective SY 2009-2010</p>

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<p>1.5. Developing a common harmonized targeting, monitoring and evaluation tool for basic education, health and social protection</p>	<p>Health On the implementation of Province-wide Investment Plan for Health (PIPH) in 16 sites:</p> <ul style="list-style-type: none"> • Start up funds (GOP funds) provided for preparatory activities • Completed facility mapping and LGU Public Finance and Management Plans prepared in all sites • 16 Service Level Agreements signed • Project Operations Manual finalized <p>Preparation of PIPH for the 21 roll-out sites with assistance from USAID (Health Gov and SHIELD Projects). Joint Assessment Committee (JAC) Review of the 21 PIPH will be conducted after submission of PIPH</p> <p>Social Protection NSS-SWDRP's Reform Areas 2 and 3 focus on strengthening partners/intermediaries to deliver social welfare services through capacity building, technical assistance and resource augmentation.</p> <p>Under Reform Area 4, undertake a review of:</p> <ul style="list-style-type: none"> • Current training programs in relation to the Human Resource Development Program of DSWD, and • Possible institutional linkages and arrangements to operationalize the DSWD CORPLAN 2006-2015. <p>Basic Education Introduction of Sector M&E Framework, the National Learning Assessment System and lately, work has started to revisit Accreditation System</p> <p>With DepEd's thrust to improve governance and management, the ICT Unit in DepEd is currently reviewing the existing information system including the Human Resource Information System (HRIS) developed by the BEAM Project for possible upscaling. The Department is seriously considering the implementation of the long-time plan to establish the Financial Management Information System (FMIS), Management Resource Information System (MRIS) and HRIS to complement the Basic Education Information System (BEIS). Piloting and refinement of the HRIS in two regions (likely in NCR and Region III).</p> <p>Issuance of the final version of the NCBTS and the drafting of the regional CBTS with associated action plans for implementation, including initial self-performance appraisal by teachers, and the signing of an inter-agency resolution adopting the NCBTS as a unified framework for teacher development.</p>
<p>1.6. Improving data collection and data management at the local levels</p>	<p>Health Data obtained on the status of implementation in the 16 provinces using the Community-Based Management Information System (CBMIS) and</p>

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	<p>other tools applicable for the LGUs. Technical assistance being identified to undertake the actual survey.</p> <p>WG on MDGs in collaboration with WG on Decentralization DILG and DSWD convened the joint PDF WG on Decentralization and WG on MDGs last 20 July to discuss the accounting treatment of social sector expenditures at the LGU level. Also on the agenda is the briefing on the social indicators included in the Local Government Performance Monitoring System (LGPMS). Suggestions emerging from the meeting are inter alia:</p> <ul style="list-style-type: none"> • Revisit the input, output, outcome indicators of the LGPMS to harmonize performance system at the national level; ensure critical indicators (including the MDGs) are embedded in the system; and • DILG to sit down with each of the national agencies (DepEd, DOH and DSWD) to capture sector indicators in the LGPMS. <p>Health Development of Monitoring and Evaluation for Equity and Effectiveness (ME3) systems, including refinement of indicators (LGU/Donor Scorecard). A baseline survey in line with ME3 to be undertaken in the 16 sites.</p>
<p>KRA 2: Population management to achieve population growth rate of 1.9 percent by 2010 (in compliance with MDG#5)</p>	
<p>2.1. Capacitating the LGUs to implement the Contraceptive Self-Reliance Strategy (CSR) and reproductive health commodity security especially for the poor</p>	<p>Health The League of Municipalities of the Philippines, with support from UNFPA, provided subsidized family planning commodities to the 500 poorest municipalities as part of the safety nets provision for the poor within the Contraceptive Self-Reliance (CSR) Strategy.</p> <p>To capacitate the LGUs to implement the CSR Strategy and reproductive health commodity security, DOH has developed the guidelines on the expanded Administrative Order on CSR and finalized the guidelines on the utilization of allocation for Artificial Family Planning in the 2007 General Appropriations Act.</p> <p>The national government has implemented the Accelerated Hunger Mitigation Program (AHMP) to address the hunger and poverty problems. One of the major components of this program is the population management through the implementation of Responsible Parenthood Act at the regional and local levels by DOH and POPCOM.</p> <p>DOH also adopted the Women Health and Safe Motherhood Framework of health facility delivery by health professionals, which serves to decrease maternal mortality by more than half. Investments in health facilities that can provide delivery care and</p>

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<p>2.2. Educating the youth on reproductive health</p>	<p>other services will also increase access to modern family planning methods, such as vasectomy, IUDs and injectables, among others.</p> <p>Basic Education In partnership with AusAID, the UNFPA is working on the integration of RH concerns in basic education sector in elementary, secondary and alternative learning system (ALS), including providing support in developing relevant advocacy and teaching materials. DepEd has already prepared the revised curriculum for elementary and secondary schools but there is current resistance in the printing and use of these materials. UNFPA is doing advocacy in partnership with non-government organizations to influence policy making to strengthen inclusion of adolescent reproductive health topics in the school curricula.</p>
<p>KRA 3: Development and effective implementation of social protection and risk mitigation strategies</p>	
<p>3.1. Acting now against the growing HIV and AIDS epidemic and Avian Influenza (AI) by establishing appropriate information campaign, preparedness programs/plans and surveillance</p> <p>3.2. Improving targeting and reducing leakages in poverty programs</p> <p>3.3. Developing a comprehensive national and social protection strategy</p> <p>3.3.1 To create a Social Protection Strategy addressing the needs of the poor and vulnerable</p>	<p>Health Ongoing initiative to raise public awareness through large-scale campaigns using all avenues (schools, communities, workplaces, etc.)</p> <p>Intensifying prevention and control of HIV and AIDS and AI ongoing by strengthening surveillance systems and laboratories</p> <p>See below, critical element of 3.3</p> <p>Social Protection NEDA-Social Development Committee (SDC) Resolution No. 1, s. 2007 on the definition of social protection was adopted in February 2007, which served as guidance for members of the Sub-group in implementing their own social protection programs and strategies.</p> <p>The DSWD, through its National Sector Support for Social Welfare and Development Reform Project (NSS-SWDRP) undertakes the leadership role in social protection, focusing primarily on providing social services and safety nets. Through the NSS-SWDRP, DSWD identified Four Reform Areas, which were formulated based on series of consultations with LGU representatives, government agencies and non-government organizations, to wit:</p> <p>1. Leadership in social protection through developing and implementing a social protection framework, as well as targeting system for the poor; 2. Faster and better service delivery through using appropriate social protection models (i.e. Household-Based, Community-Based, Center-Based, and Disaster Management/Risk Mitigation models 3. Smarter financing to secure more predictable</p>

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<p data-bbox="288 551 767 674">3.3.2 To address the need for an accurate, legitimate, comprehensive and consolidated targeting system for the poor</p> <p data-bbox="288 763 740 887">3.3.3 To facilitate the piloting of a Conditional Cash Transfer program to address the joint objective of poverty reduction and social protection</p>	<p data-bbox="807 190 1398 248">funding for core DSWD functions, and rationalize resource augmentation</p> <p data-bbox="807 253 1422 376">4. Improve systems for service delivery by improving Management Information System (MIS), Monitoring and Evaluation (M&E), and organizing resource and expert pools.</p> <p data-bbox="807 405 1401 528">Under the NSS-SWDRP Project, 10 packages were clustered into two components: (i) Policy and Program Reform Agenda, and (ii) Institutional Development and Capacity Building.</p> <p data-bbox="807 557 1401 730">The targeting system used for selecting household beneficiaries of the Ahon Pamilyang Pinoy (APP) Conditional Cash Transfer Program (CCT) may be regarded as a model targeting system for the poor. A strategy for scaling up the APP/CCT model has already been created.</p> <p data-bbox="807 763 1430 909">The APP/CCT Program has already been piloted in two cities (Caloocan and Pasay City) and two provinces (Agusan del Sur and Misamis Occidental). It will be scaled up from 6,000 pilot households in 2007 to as many as 300,000 households in 2008.</p> <p data-bbox="807 943 1430 1223">Memorandum of Agreement (MOA) signing for the APP/CCT was already done between DSWD and LGUs. An Inter-Agency Committee composed of DepEd and DOH was organized to ensure convergence. An Operations Manual was developed. Health and education conditionalities were finalized. Household surveys were completed. Land Bank Cash Cards were issued to 20,000 beneficiaries, as part of the roll-out in January 2008</p> <p data-bbox="807 1245 1430 1727">WFP's Food for Education programme in ARMM and adjacent areas uses food support as an incentive to promote school attendance and reduce dropouts in conflict-affected areas. Over the past year, the programme, which is implemented in partnership with DSWD and local authorities, has increased enrolment by 40% and cut dropouts in assisted schools by providing monthly food support to more than 180,000 children in 800 schools. WFP is assisting over 38,000 children under two years of age and 45,000 pregnant and lactating women through a Mother and Child Nutrition (MCN) programme. By providing nutritious food through health clinics, WFP has seen a 35% increase in attendance at assisted clinics and has noted a reduction in malnutrition.</p> <p data-bbox="807 1760 1430 1906">Another key gain under this KRA is the Accelerated Hunger Mitigation Program (AHMP) of the national government, spearheaded by the Anti-Hunger Task Force, which addresses both the demand and supply aspects of hunger and poverty.</p> <p data-bbox="807 1939 1430 2056">For the 3rd quarter of 2007, the National Disaster Coordinating Council (NDCC) reported 90 disaster occurrences in the country affecting 1.86 million persons and causing damages amounting to PhP151</p>

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<p>3.4. Enhancing the system and infrastructure for disaster preparedness, risk reduction and response in the Philippines</p>	<p>million in agriculture, PhP51.2 million in infrastructure, and PhP21.2 million in housing.</p> <p>The Philippines, through the NDCC, continues the UN Cluster Approach Strategy, which was adopted following the issuance of a circular, “Institutionalization of the Cluster Approach in the Philippine Disaster Management System, Designation of Cluster Leads” on 10 May 2007. DSWD leads the cluster on protection, shelter, food and livelihood.</p> <p>DSWD, as chair of the NDCC and RDCC Committee on Disaster Response, continues providing technical assistance to LGUs on Relief and Rehabilitation, as well as providing resource augmentation</p> <p>Vulnerable sectors and victims of disasters are provided with support for the Disaster Mitigation and Preparedness Phase; Relief Phase; and Rehabilitation/Restoration Phase. Appropriate social support programs such as hazard mapping; livelihood; and providing training to LGUs on critical incidence stress debriefing (CISD) as well as disaster preparedness are in place.</p> <p>Health National Plan in place and being implemented. Provincial plans in concerned disaster-prone provinces being finalized</p>
<p>3.5. Ensuring access to low-cost quality medicines</p>	<p>Health</p> <ul style="list-style-type: none"> • Improved the drug approval system was improved, enhancing hat enhanced early entry of drugs in the market • Guidelines on the improved Philippine National Drug Formulary System established • Guidelines on Essential Drug Price Monitoring System established • Participated in providing inputs for the crafting of legislative measures that would enhance drug access • Established Community Village Drug Outlets (Botika ng Barangays estimated to be 10,000+) • Issued guidelines that limit the prescription of drugs to generic name only in public sector facilities • Issued guidelines that restrict the transactions of medical representatives to government hospitals • Strengthening of Bureau of Food and Drugs (BFAD) by making it organizationally robust and financially autonomous that would lead to corporatization • Setting up of the National Pharmaceutical Policy Service • Launched PhP100 scheme which improves both access to low-priced medicines in treatment packages and rationalize use of medicines, e.g. PhP100 package of antibiotics or one-month hypertensive will improve quality of care, compliance and health.

