Cover photo: People drive in heavy traffic in Manila, Philippines

This report is published by the GCRF Centre for Sustainable, Healthy and Learning Cities and Neighbourhoods (SHLC). The contents and opinions expressed in this paper are those of the authors only.

SHLC is funded via UK Research and Innovation as part of the Global Challenges Research Fund.

SHLC is an international consortium of nine research partners, as follows: University of Glasgow, Human Sciences Research Council, Khulna University, Nankai University, National Institute of Urban Affairs, University of the Philippines Diliman, University of Rwanda and the University of Witwatersrand.
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Executive Summary

This report explores the characteristics and drivers of urbanization in the Philippines and how major policies have affected the development of the country’s major cities. It also describes how the relationship among urban development, health, education, livelihood, and migration have manifested in the Philippines. Furthermore, the report describes how institutions and the policy environment have considered the concepts of social, economic, environmental sustainability in urban governance, and how the case study cities of Manila and Batangas have come to exhibit these interventions.

The first part of the report focuses on the national policy framework for three key policy areas, namely, urban development, health, and education. The discussion on the key policy areas encompasses the fundamental state principles governing the policy area, the evolution of the system or framework for services delivery, the extent of participation by the non-government sector, the level of government resources spent for the policy area, and the challenges confronting the government on these sectors.

National policy framework for urban development. Urban planning in the Philippines is a shared responsibility of national and sub-national levels of government but local governments are considered to be the key in urban development. Urban planning follows a hybrid of top-down and bottom-up approaches. The national government lays down broader policies and national goals while local government identifies specific interventions in the context of national development goals.

Through the Local Government Code of 1991, it was declared as a state policy to afford the LGUs genuine and meaningful local autonomy to make them more effective partners in the attainment of national goals. More particularly, LGUs shall, among others, ensure and support the preservation and enrichment of culture, promote health and safety, enhance the right of the people to a balanced ecology, enhance economic prosperity and social justice, promote full employment, and preserve the comfort and convenience of their residents. The complex space of urban policy formulation and development planning is mired by the multiplicity of policies — the “rules of the game”— as well as by the multiplicity of actors— the “players of the game”. Such arrangement poses a clear threat to the effectiveness of urban service delivery in the country particularly at the level of local governments that are considered to be at the forefront of addressing urbanization challenges. Local governments are beset with issues on absorptive capacity and limited fiscal space preventing them to effectively cope with urban challenges. As such, instead of policies and plans shaping urban development, these policies and plans are mere incremental reactions to the problems that urbanization brings.

National policy framework for health services delivery. The country now espouses a decentralized approach to health care after long years of having integrated care from national down to the district level. In this arrangement, the private sector plays an active, if not, a dominant role in health services delivery. The devolution of health services under the Local Government Code of 1991 paved the way towards an independent administration of public health care.

The country’s health system continues to face the challenges of inequity and institutional fragmentation. Disparities exist between affluent and impoverished regions in terms of health accessibility and health outcomes. The social determinants of health have also made a
huge impact on the existing health outcomes and health-seeking behavior of many Filipinos. Government expenditure on health has remained low, with local government units comprising less than half of public expenditures on health.

**National policy framework for education services delivery.** This review described how education has evolved into a tri-focalized sector, where three different national government agencies perform the responsibilities over basic education, technical and vocational education and training, and higher education. Unlike the delivery of services for health, the national government has retained the mandate over education services delivery, with active involvement of the private sector.

In the educational scene of present day, quality education remains as the most pressing problem. The low quality of education provided by the government has resulted to the increasing rise of private schools that are able to solve for the problems confronting public schools resulted again to a spatial and socio-economic divide when it comes to educational services delivery and outcomes.

The second part of the report entails a cursory review of case study cities- Manila and Batangas. The profiling covered a quantitative and qualitative situation analysis of the different development sectors in both cities. Among the sectors discussed in this part are the city's history, demography, geography, administrative context, economy, infrastructure, and health and education services delivery.

The profile of Manila and Batangas has shown how the two cities are interestingly similar in many respects, but would differ largely in terms of scale. Both cities are capital cities, with Manila as the national capital, and Batangas as a provincial capital. They share distinctive geographical-economical characteristics, with both having a major port in one of its boundaries, and its land bisected by a major river.

However, Manila experiences a different magnitude of urbanization compared with Batangas. The urban challenges they confront, and the resources they can muster are entirely different from each other. They also operate in largely different political, socio-cultural, and economic contexts.

The report concludes with a reflexive portion on how the national policy framework have come to shape the socio-cultural, economic, and physical dimensions of the cities of Manila and Batangas, and how these cities, as implementers of the policies, tend to also influence the policy framework. It posits that as the policies on urban development, health, and education would influence how local government units deliver its services to its constituents; so too would local government units and its socio-political context affect how national policies take effect and evolve through time.
1 National Policy Framework

1.1 Urbanization and the national urban hierarchy

The Philippine government follows a unitary-presidential form of government with local political units under the general supervision of the President. Local governments are created through a legislative fiat and have a three-tiered structure- the province and highly urbanized cities/independent component cities at the highest tier; the municipalities and component cities at the second tier; and, the barangays (or villages) as the lowest tier. Each tier and type of local government has a designated role as provided for by law.

Table 1: Geographical-political units in the Philippines

<table>
<thead>
<tr>
<th>Geographical-Political Unit</th>
<th>Composition</th>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province</td>
<td>Composed of a cluster of municipalities or municipalities and component cities</td>
<td>Serves as a dynamic mechanism for developmental processes and effective governance of local government units within its territorial jurisdiction&lt;sup&gt;1&lt;/sup&gt;</td>
<td>81</td>
</tr>
<tr>
<td>City</td>
<td>Consists of more urbanized and developed barangays</td>
<td>Serves primarily as general-purpose government for the coordination and delivery of basic, regular and direct services and effective governance of the inhabitants within its territorial jurisdiction&lt;sup&gt;2&lt;/sup&gt;</td>
<td>145</td>
</tr>
<tr>
<td>Municipality</td>
<td>Consists of a group of barangays</td>
<td>Serves as the primary planning and implementing unit of government policies, plans, programs, projects, and activities in the community, and as a forum wherein the collective views of the people may be expressed, crystallized and considered, and where disputes may be amicably settled&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1,489</td>
</tr>
<tr>
<td>Barangay</td>
<td>Basic political unit</td>
<td></td>
<td>41,044</td>
</tr>
</tbody>
</table>

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1 Rep. Act No. 7160, Sec. 459.
Cities and urban areas are identified and classified in the Philippines following a political designation based on legal definition. There are three classes of cities in the Philippines namely:

- **Highly Urbanized Cities** - cities with a minimum population of two hundred thousand (200,000) inhabitants, as certified by the National Statistics Office, and with the latest annual income of at least Fifty Million Pesos (₱50,000,000.00) based on 1991 constant prices, as certified by the city treasurer (e.g. Metro Manila cities, Cebu, Mandaue, and Davao).

- **Independent Component Cities** - cities whose charters prohibit their voters from voting for provincial elective officials. Independent component cities are independent of the province. (Naga, Santiago [Isabela], Ormoc [Leyte], Cotabato City [Maguindanao], Dagupan [Pangasinan]).

- **Component Cities** - cities, which do not meet the above requirements, are considered component cities of the province in which they are geographically located. If a component city is located within the boundaries of two (2) or more provinces, such city shall be considered a

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component of the province of which it used to be a municipality (e.g. San Fernando, Alaminos, Tarlac, and Dipolog)

Local government can be created through an enactment of a law as long as the proposed unit complies with the criteria set forth by the law for the creation of local government units (LGUs). These criteria include income, land area, and population.

**Table 2: Legal requisites for the creation of local government units**

<table>
<thead>
<tr>
<th>Requisite</th>
<th>Province</th>
<th>HUC</th>
<th>Component City</th>
<th>Municipality</th>
<th>Barangay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>Average annual income, as certified by the Department of Finance, of not less than Twenty million pesos ($20,000,000.00) based on 1991 constant prices (§461[a])</td>
<td>Latest annual income of at least Fifty Million Pesos ($50,000,000.00) based on 1991 constant prices (§452[a])</td>
<td>A locally generated average annual income, as certified by the Department of Finance, of at least One hundred million pesos ($100,000,000.00) for the last two (2) consecutive years based on 2000 constant prices (§450a as amended by RA 9009)</td>
<td>Average annual income, as certified by the provincial treasurer, of at least Two million five hundred thousand pesos ($2,500,000.00) for the last two (2) consecutive years based on the 1991 constant prices (§442)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td><em>250,000</em> ($§461[a][ii])</td>
<td>200,000 ($§452[a])</td>
<td>150,000 ($§450[a][ii])</td>
<td>25,000 ($§442)</td>
<td>5,000 (in NCR and HUCs) 2,000 (in other cities and municipalities) ($§386)</td>
</tr>
<tr>
<td><strong>Land Area</strong></td>
<td><em>2,000km²</em> ($§461[a][i])</td>
<td>100km² ($§450[a][i])</td>
<td>100km² ($§450[a][i])</td>
<td>50 km² ($§442[a])</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Manner of creation</strong></td>
<td>By law ($§460)</td>
<td>By presidential proclamation ($§453)</td>
<td>By law ($§449)</td>
<td>By law ($§441)</td>
<td>By law or by an ordinance ($§385)</td>
</tr>
</tbody>
</table>

Similarly, urban and urbanizable areas are politically designated, meaning, its definition is provided for by either a statute or by an administrative regulation.
Table 3: Definitions of urban areas on the Philippines

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>I. All barangays comprising the city or municipality whose minimum population density is 1,000 persons per sq. km.</td>
<td>I. If a barangay has a population size of 5,000 or more, then a barangay is considered urban, or</td>
<td>I. &quot;Urban areas&quot; refers to all cities regardless of their population density and to municipalities with a population density of at least five hundred (500) persons per square kilometer;</td>
</tr>
<tr>
<td>II. Poblaciones or central districts of cities and municipalities which have a minimum population density of 500 persons per square kilometer.</td>
<td>II. If a barangay has at least one establishment with a minimum of 100 employees, a barangay is considered urban, or</td>
<td>II. &quot;Urbanizable areas&quot; refers to sites and lands which, considering present characteristics and prevailing conditions, display marked and great potential of becoming urban areas within the period of five (5) years</td>
</tr>
<tr>
<td>III. Poblaciones or central districts (not included in 1 and 2) which, irrespective of population size, have the following:</td>
<td>III. If a barangay has 5 or more establishments with a minimum of 10 employees, and 5 or more facilities within the two-kilometer radius from the barangay hall, then a barangay is considered urban.</td>
<td></td>
</tr>
<tr>
<td>a. Street pattern (i.e. network of street in either parallel or right angle orientation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. At least six establishments (commercial, manufacturing, recreational, and/or personal services); and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. At least three of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Town hall, church, or chapel with religious service at least once a month;</td>
<td></td>
<td></td>
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<tr>
<td>ii. A public plaza, park, or cemetery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. A market place or building where trading activities are carried on at least once a week;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. A public building like a school, hospital, puericulture, and health center or library.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Barangays having at least 1,000 inhabitants which meet the conditions set forth in 3 above, and in which the occupation of the inhabitants is predominantly non-farming/fishing.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The City of Manila is the oldest city in the Philippines. Metro Manila, which is comprised of sixteen cities and one municipality, and where the City of Manila is located, continues to dominate the hierarchy of urban areas in the Philippines
Figure 2: Most populous cities in the Philippines, 1990-2007


Figure 3: Twelve oldest cities in the Philippines

Source: Philippine Statistics Authority (PSA)
There is in place a policy framework for urban development and planning that is enshrined in a number of laws and policies and is operationalized through various development frameworks and strategic development plans. The Philippine Constitution, the country’s fundamental law, is replete with social justice provisions that concur with urban
development agenda- address extreme poverty, create gainful employment opportunities, eradicate hunger incidence, increase access to education, ensure gender equality, address prevalence of diseases, and avert environmental degradation, among others.

The 1987 Philippine Constitution, having been touted as a social justice constitution, declares as the policy of the state to “promote social justice in all phases of national development.”6 It lays down the basic and fundamental legal framework for urban development and planning in the Philippines. Being the fundamental and more permanent law of the land, all laws and policies that relate to urban development and planning must not contravene but instead implement the intent and spirit of the Constitution. The Philippines has had three (3) constitutions since 1935. It is only the 1987 Philippine Constitution that has put emphasis on urban land reform and housing. The relevant provisions under Article XIII (Social Justice and Human Rights), at best, are indications of a relative bias by the Constitution towards social justice and fairness. Sections 9 and 10 of Article XIII are of particular importance to urban development and planning as these sections highlight urban land reform and housing with bias in favor of the poor dwellers.

The Constitution calls upon the State to promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and improved quality of life for all.7 The Constitution further includes as policy of the State the promotion of social justice;8 the protection of the life of the mother and the life of the unborn;9 the recognition of the fundamental equality before the law of women and men;10 protection and promotion of the right to health of the people;11 protection and advancement of the right of the people to a balanced and healthful ecology12; and, the prioritization of education.13

An article in the Constitution is devoted primarily for the promotion of social justice and human rights. It calls upon the Philippine Congress to give highest priority to the enactment of measures that protect and enhance the right of all the people to human dignity, reduce social, economic, and political inequalities, and remove cultural inequities.14 The State shall promote full employment and equality of employment opportunities for all;15 protection of urban or rural poor dwellers;16 adoption of an integrated and comprehensive approach to health development;17 and, protection of women.18 With regard to education, the State is mandated to protect and promote the rights of all citizens to quality education at all levels and to take appropriate steps to make such education accessible to all.19 To this end, free

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6 CONST., Art. II, Sec. 10.
7 CONST., Art. II, Sec. 9.
8 CONST., Art. II, Sec. 10.
9 CONST., Art. II, Sec. 12.
11 CONST., Art. II, Sec. 15.
12 CONST., Art. II, Sec. 16.
13 CONST., Art. II, Sec. 17.
14 CONST., Art. XIII, Sec. 1.
15 CONST., Art. XIII, Sec. 3.
16 CONST., Art. XIII, Sec. 10.
17 CONST., Art. XIII, Sec. 11.
18 CONST., Art. XIII, Sec. 14.
19 CONST., Art. XIV, Sec. 1.
public education in the elementary and high school levels has to be established and maintained.\(^{20}\)

Equally important is the provision of the Constitution that ensures local autonomy of governments in the Philippines. The territorial and political subdivisions of the Philippines—provinces, cities, municipalities, and barangays—enjoy local autonomy.\(^{21}\) The Constitution directed the Philippine Congress to enact a local government code, which, among others, would provide for a more responsive and accountable local government structure that allocates among the different local government units their powers, responsibilities, and resources.\(^{22}\) The intent of and policy pronouncements made in the Philippine Constitution are implemented through statutes passed by Congress as well as by the rules and regulations enacted by administrative agencies in the performance of their sub-ordinate legislative powers.

Hence, on 10 October 1991, Republic Act No. 7160, an act providing for a Local Government Code of 1991 was approved. The same was first implemented on 01 January 1992. Through the Local Government Code of 1991, it was declared as a state policy to afford the LGUs genuine and meaningful local autonomy to make them more effective partners in the attainment of national goals.\(^{23}\) More particularly, LGUs shall, among others, ensure and support the preservation and enrichment of culture, promote health and safety, enhance the right of the people to a balanced ecology, enhance economic prosperity and social justice, promote full employment, and preserve the comfort and convenience of their residents.\(^{24}\) Having strategic and direct contact with the people at the grassroots level, LGUs are expected to provide more responsive and accountable services. Against this backdrop, we saw the devolution and decentralization of functions and responsibilities of national government agencies to the LGUs in 1991.

\(^{20}\) 2020 CONST., Art. XIV, Sec. 2(2).
\(^{21}\) CONST., Art. X, Sec. 1 and 2.
\(^{22}\) CONST., Art. X, Sec. 3.
\(^{24}\) Rep. Act no. 7160, Sec. 16.
Another equally important law is the Urban Development and Housing Act of 1992, also known as Republic Act No. 7279, which serves as the primary legal basis and policy framework for urban development and housing in the Philippines. The law provides for the rational use and development of urban areas in order to promote, among others, the “equitable utilization of residential lands in urban and urbanizable areas with particular attention to the needs and requirements of the underprivileged and homeless citizens and not merely on the basis of market forces”.

The law mandates the formulation of the National Urban Development and Housing Framework (NUDHF) which shall be the comprehensive plan for urban and urbanizable areas. The first NUDHF was crafted in 1993 having already had three iterations since then.

- The current NUDHF adopts the vision of having a better, greener, smarter urban systems in a more inclusive Philippines. It has the following key principles aimed to frame urban development and housing strategies:
  - Urbanization as catalyst for inclusive growth;
  - Climate change resilience as a base for spatial structuring and sectoral development;
  - Spatially and thematically integrated settlements within coherent and efficient urban systems and forms across scales;
  - Urban areas as accessible platforms for social and economic opportunity, cultural expression, and innovation;
  - People’s participation and empowerment as foundations of urban governance, facilitating sustainable resource use, planning, management and finance; and,
  - Sustainable urban environment.

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26 Rep. Act No. 7279, Sec. 2[b][1].
The Philippines’ national urban policy (NUP) comprised of the updated NUDHF, UDHA, LGC and other framework plans (e.g., housing, urban development, informal settlements, etc.) is aligned with and supports the post-2015 Sustainable Development Goals (SDGs); the New Urban Agenda (NUA) articulated in Habitat III; the Paris Agreement on Climate Change Adaptation and Mitigation (CCAM); and the Sendai Framework on Disaster Risk Reduction (DRRM). With the main aim of achieving sustainable urban development, the NUP is likewise guided by the principles, strategies, and tools developed and set forward in the Philippine Development Plan 2017-2022- the country’s medium term socio economic development plan.

The NUP responds to current and recently-emerging urbanization issues and development opportunities, particularly relating to pressing concerns on DRRM and CCAM and resilience; efficient, clean and renewable energy; and to current principles relating to urban planning – densification, mixed-uses, inclusivity, and social integration, metropolitanization, mobility, informal settlement families (ISF) issues, urban heritage preservation and revival, to name a few. There are also gaps of strategies in implementing the existing and previous NUPs, particularly in linking the framework to LGU planning and budgeting processes, rationalizing and synchronizing it with the planning cycles of both the national government agencies and LGUs. Moreover, there is a need to strengthen the institutional coordination and the mechanism for monitoring of compliance with the NUPs at all levels.

The continuing rapid urbanization of Philippine cities urgently demands for the readiness of local authorities and communities to achieve sustainable urban development through informed planning and efficient implementation of strategic policies and programs. A proactive, holistic and strategic approach to increasingly complex urban issues will equip cities to reap the benefits of agglomeration of economies, create economic opportunities and protect themselves from environmental risks. Unless properly managed and harnessed, urbanization would result in increasing informalities, unplanned settlements, worsening social exclusion, insecurity, tension and conflicts, safety issues and urban blight.

For SDGs and NUA, the Philippines’ NUP promotes the 17 SDGs especially the SDG 11 that promotes cities that are environmentally safe, socially inclusive, economically productive and resilient. In parallel, discussion to Habitat III in Quito, Ecuador during the United
Nations Conference on Housing and Sustainable Development opens the opportunity to articulate the country’s NUA for the next 20 years. The country’s NUA is summarized into better, greener, smarter cities in an inclusive Philippines. Greener cities should be environmentally sustainable, climate resilient and safe. Smarter cities are connected physically, spatially, and digitally, while an inclusive country is equitable, participatory and provide universal access to quality basic services.

Likewise, CCAM and DRRM are sensitized in the Philippines’ NUP. In the country’s Climate Change Act (Republic Act No. 9729) and Disaster Risk Reduction Management Act (Republic Act No. 10121), the LGUs are considered as the frontline agencies in the formulation, planning and implementation of climate change action plans and disaster risk reduction and management plans in their respective areas, consistent with the provisions of the Local Government Code, the National CCAM and DRRM Frameworks, and the National CCAM Action and DRRM Plans. Barangays shall be directly involved with municipal and city governments in prioritizing climate change and disaster risk issues and in identifying and implementing best practices and other solutions. Municipal and city governments shall consider climate change adaptation and mitigation and disaster risk reduction and management, as their regular functions. Provincial governments shall provide technical assistance, enforcement and information management in support of municipal and city CCAM action and DRRM plans. Inter-local government unit collaboration shall be maximized in the conduct of climate-related activities. The LGU is expressly authorized to appropriate and use the amount from its Internal Revenue Allotment (IRA) necessary to implement said local plans effectively. The provisions in the law should identify the approaches in mainstreaming CCAM and DRRM into the Philippines’ NUPs.

Based on the Philippines’ NUP experiences and lessons learnt, there are at least six (6) areas for considerations for the success of the NUP. These are participation or stakeholder consultation; capacity development; demonstration projects; database management system; institutionalization; and monitoring and evaluation all contributing to the overall sustainability and effectiveness of the policy.

One of the key areas to encourage support and proper engagement that should be integrated throughout the policy process is the participatory and consultative nature in which the stakeholders are engaged. This will change the degree to which the needs are ultimately reflected in the policy. It should also ensure that the vulnerable and marginalized groups are included. In so doing, it is important for the NUP process to be inclusive.

Developing the capacity for stakeholders and government staff is necessary to be integrated for building sustainable policy. It is possible to ensure that NUP can be successfully developed, implemented, monitored and evaluated through the assessment and development of human, financial, and institutional capacity. Assessing and providing necessary capacity development for NUP is one of the most integral components of the policy development process.

The NUP should be grounded to ensure that policy action is translated into direct action through demonstration projects. It is important to translate policy into direct action so as to make policy directives relevant and implementable. Also, it provides concrete examples that recommendations can be translated into actionable projects.

In the process of preparation, implementation, and monitoring and evaluation of NUP, database management systems (DBMS) for purposes of gathering, keeping, disseminating,
and updating of information relative to the NUP should be established. All documents generated as part of the NUP should be accessible to the public upon request except those information protected under the Data Privacy Act of 2012 (Republic Act No. 10173), and to a certain extent applicable, the Intellectual Property Code of the Philippines (Republic Act No. 8293). Information about the NUP should be disclosed to the public through the internet, if possible.

The institutionalization of the NUP from the preparation to implementation and monitoring stages should be enhanced. There should be an organizational structure and systems established for the execution of its mandate. Advice and assistance could come from the national government agencies (NGAs), non-government organizations (NGOs), academe and research institutions, and the private sectors. The mandate and functions of the institutionalized NUP should mainstream the agreements such as the SDGs, NUA, Paris Agreement, and Sendai Framework, among others. It should exercise policy coordination to ensure the attainment of goals and objectives of NUP.

Finally, monitoring existing policies and evaluation of both the previous and the existing policies are a must to improve performance and achieve results. This will provide action oriented recommendations and can lead to transformative actions. However, it is an acknowledged fact that the monitoring and evaluation of the NUP has a number of challenges. In particular, the Philippine government agencies, especially the LGUs, often lack the data, knowledge, and tools needed to effectively monitor the progress and evaluate the outcomes of NUPs. This is partly due to the fact that NUPs can take such diverse forms (explicit or inexplicit), legal status, contents, processes (the extent of stakeholder engagement, etc.) and stages of development (consensus building, designing, implementation, etc.) that no comprehensive framework for monitoring and mechanism which can be applied globally exist (UN Habitat, 2016). It is anticipated that NUPs need an extensive and evaluation program of research to accompany implementation.

More recent policies recognize the LGUs as the principal stewards of the programs on urban development. In addition to the major policies on urban development, the Philippines has a plethora of laws and policies that if effectively implemented would result in the improvement of the living condition in the country. However, the presence of these laws could also be considered as a bane especially that many LGUs cannot cope with the responsibilities that have been given to them as a result of the devolution of the delivery of basic services. Many LGUs, in particular those that are classified as low income LGUs, are overwhelmed by the magnitude of responsibilities that the LGC of 1991 has devolved to them and the ever-increasing requirements that subsequent laws have asked of them.
### Table 5: Major policies for rational land use and sustainable urban development

<table>
<thead>
<tr>
<th><strong>Policy Instrument</strong></th>
<th><strong>Relevant Features</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Code of 1991 (Rep. Act No. 7160)</td>
<td>• Devolves the delivery of basic services: agriculture, health, environment, public works, and social welfare</td>
</tr>
<tr>
<td>Urban Development and Housing Act of 1992 (Rep. Act No. 7279, as amended)</td>
<td>• Provides the framework for comprehensive and continuing urban development and housing program</td>
</tr>
<tr>
<td>Executive Order 71</td>
<td>• Devolved the Housing and Land Use Regulatory Board’s function to approve subdivision plans to LGUs</td>
</tr>
<tr>
<td>Executive Order No. 72</td>
<td>• Provides for the preparation and implementation of the Comprehensive Land Use Plans (CLUPs) of Local Government Units pursuant to the Local Government Code of 1991 and other pertinent laws</td>
</tr>
<tr>
<td>Memorandum Circular No. 54</td>
<td>• Prescribes the guidelines of Sec. 20, R.A. 7160, authorizing cities/municipalities to reclassify lands into non-agricultural uses</td>
</tr>
<tr>
<td>Executive Order No. 124</td>
<td>• Establishes priorities and procedures in evaluating areas for land conversion in regional agricultural/industrial centers, tourism development areas and sites for socialized housing</td>
</tr>
</tbody>
</table>
| Subdivision and Condominium Buyer’s Protective Decree (Presidential Decree No. 957, as amended by P.D. 1216) | • Regulates the sale of subdivision lots and condominiums, providing penalties for violations thereof  
• Defines “Open Space” in residential subdivision and amending Sec. 31 of P.D. 957, requiring subdivision owners to provide roads, alleys, sidewalks and reserve open space for parks or recreational use |
| Batas Pambansa 220 | • Promotes and encourages the development of economic and socialized housing projects, primarily by the private sector, in order to make available adequate economic and socialized housing units for average and low-income earners in urban and rural areas  
• Authorizes the then Ministry of Human Settlements to establish and promulgate different levels of standards and technical requirements for economic and socialized housing projects in urban and rural areas from those provided under Presidential Decrees No. 957, 1216, 1096 and 1185 |
| Presidential Decree No. 1344 | • Empowers the National Housing Authority to issue writ of execution in the enforcement of its decisions under P.D. 957 |
| The Condominium Act (Republic Act 4726, as amended) | • Defines condominium, establishes requirements for its creation, and governs its incidents |
| Socialized and Low-Cost Housing Loan Restructuring Act of 2008 (Republic Act No. 9507) | • Establishes a socialized and low-cost housing loan restructuring and condonation program |
| Executive Order 184 | • Creates socialized housing one-stop processing centers |
Many laws, albeit loaded with excellent goals, are not funded while others have unclear source of funding. Implementation of laws that aim to alleviate poverty condition necessarily requires source of funding—both at national and local levels. Several laws, however, rely on the general appropriations act (GAA) for funding. But the GAA is usually given only to the national government agencies that are mandated to provide policy coordination and monitoring while, in most instances, LGUs are only given subsidies or financial support for them to be able to comply with these laws. Considering that the national government’s budget is not limitless, many programs and projects that aim to implement these laws have to be relegated to the background if the sole source of funding would be the GAA. The LGUs are having a difficulty in finding ways to comply with the mandates of these unfunded laws.

To illustrate, well-meaning laws such as the Ecological Solid Waste Management Act of 2003 and the Philippine Clean Water Act of 2004 require LGUs to invest in capital-intensive infrastructures such as sewage/septage facilities and sanitary landfills. Because of the huge capital investment necessary and the absence of effective financial mechanisms through which these are to be funded, many LGUs risk of being sued for their non-compliance with these laws. Consequently, instead of facilitating the development of local governance, these laws add burden to many LGUs who are at the forefront of implementing these nationally mandated programs and projects. In some instances, these unfunded laws result in the failure of LGUs to autonomously decide on what projects are actually needed the most by their respective constituents. The passage of many laws that are unfunded virtually removes from the LGUs the authority to decide what is best for their respective constituents.

In addition, the number of laws that have been passed in the last couple of decades have put so many responsibilities to the LGUs that the latter is now confused as to which among these responsibilities are to be given the highest priority considering the financial constraints that they experience.
Similar to the multiplicity of laws and policies on urban development, the country’s administrative arrangements for urban planning and development indicate a case of too many cooks. Several national government agencies continue to play immense roles in the delivery of urban services in spite of the devolution of these services to the local governments.

**Figure 5: Institutional structure for delivering urban development**

Urban planning in the Philippines is a responsibility of both national and sub-national levels of government but local governments are considered to be the key in urban development. Urban planning follows a hybrid of top-down and bottom-up approaches. The National Government lays down broader policies and national goals while local government identifies specific interventions in the context of national development goals. National development policies are reflected in the National Framework for Physical Planning (NFPP) and the Philippine Development Plan (PDP). The NFPP is the spatial plan for the entire country identifying broad policy statements for the areas of infrastructure, settlements, production, and protection areas. The current NFPP 2001-2030 provides the analytical parameters for the planned allocation, use and management of the country’s land and other physical resources. It is intended to serve as a framework through which planning and management of these resources are guided at the national and subnational levels. The PDP, on the other hand, is the medium term socio-economic development plan of the country. It provides for specific programs and projects that are to be implemented by the national government.

At the subnational level, urban planning is manifested through the local counterparts of these national plans- the comprehensive land use plan (CLUP) and the comprehensive development plan (CDP). Both are legally mandated to be prepared by the local government units (LGUs) pursuant to the Local Government Code of 1991. In addition to these two
comprehensive plans are several other sectoral and thematic plans that are required to be prepared by the LGUs pursuant either to a statute or a national administrative regulation. As the delivery of basic services- health, environment, social welfare, public works, and agriculture- has been devolved to local and sub-national levels of government, urban planning in the Philippines has become the primary responsibility of local and sub-national levels of government. The local governments, in order to realize its role as catalyst of sustainable urban development are vested with broad range of powers in keeping with the principles of subsidiarity in the context of local autonomy.

**Figure 6: Hierarchy and linkages of plans**

![Hierarchy and linkages of plans](Source: HLURB 2013)

1.2 **Population and internal migration**

Information and data on migration in the Philippines are largely focused on movement from the country to another hence the limited data on internal migration. Internal migration takes the form of rural to urban migration, rural to rural migration, urban to urban migration, and urban to rural migration. The more evident type of internal migration in the country is that of the movement from rural areas to urban areas particularly in cities that are in their nascent stage of urbanization. The availability of efficient and effective transport system has
made possible changes in the location of industries and settlements. For instance, workers now favor the acquisition of suburban and rural residences. The increase in mobility also increased the demand for land to be used for physical infrastructure facilities and utilities.

Other factors have recently been evident that cause internal migration. Natural disasters have become an important consideration in recent years. Migration is to a certain extent caused by natural disasters like earthquake and typhoon. The case of Typhoon Yolanda (Haiyan) and its adverse impact on the availability of land resources for residential use would show how elements of nature affect migration. Similarly, unfavourable political conditions in an area would adversely affect the flow of migration. For instance, there were cases of exodus in areas that are war-torn or are areas known for insurgencies. The recent case of the City of Marawi showed how a man-made calamity has caused migration of residents to other areas.

To be able to formulate responsive policies, it is critical for the Philippine government to understand the influences of climate change and disasters on internal migration (e.g., Marawi siege, Typhoon Haiyan, etc.) particularly the causes of internal migration with focus on both man-made and natural disasters; the flows of migration (e.g., rural-urban, rural-rural, urban-rural, urban-urban flows); and the corresponding spatial consequences of internal migration to the receiving territory/locality. Moreover, internal migration affects the socio-spatial divisions of cities hence it is also important to having a clear understanding of its socio-cultural dimensions of internal migration flows from different types of mobility to different destinations. These dimensions include gender, ethnicity, and other socio-cultural factors. By having clear understanding of these factors, governments make planning and development policies facilitative of the integration of migrants into the city and in shaping its neighbourhoods.

It is projected that by 2030, about eight (8) out of ten (10) Filipinos will be living in cities and urban areas. The growth of population both as a result of natural growth and internal migration, stretches the capacity of the local government to deliver basic services and respond to emerging needs of the population.

The country does not have an integrated and codified policy on internal migration. What are present are laws and policies that affect outward migration, particularly overseas Filipino workers. The absence of a policy that restricts internal movement of residents from one territory to another is a result of the Constitutional provision that guarantees Filipinos the liberty of abode and of changing the same. There are indications however of the intent to manage internal migration as reflected through various programs and projects which mostly are aimed to address the problems and challenges caused by influx of migrants in cities and other urban areas. These problems include the rise of informal settlements, slums, and the inability of urban areas to deliver the necessary services.

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29 The liberty of abode and of changing the same within the limits prescribed by law shall not be impaired except upon lawful order of the court. Neither shall the right to travel be impaired except in the interest of national security, public safety, or public health, as may be provided by law (CONST., Art. III, Sec. 6).
Map 2: Philippine internal migration pattern

1.3 Land ownership and land issues

Access to land ownership and tenurial rights are limited to certain segments of the population. In this regard, the government takes the role of investor and developer (for instance, socialized housing for the poor) in partnership with the private sector within the spirit of collaboration between the public and the private sector in pursuing the development goals of the country. Likewise, the demands of social justice push for more welfare policies from the government in the form of more accessible financing schemes and protection to allow small players to participate in the market given the dominance of top real estate conglomerates in the country. The government, in the exercise of its police power, can provide for restrictions and regulations in the use of land for purposes of promoting general welfare. Legal constraints such as zoning and building regulations affect the demand for land. The stricter the regulations are, the less demand for land. In the same way that a government policy could also promote certain uses of land which would result in a higher demand. Incentives provided by the government for investors to locate in a site such as fiscal and non-fiscal incentives would tend to attract more demand for such lands. A clear example would be the locators in special economic zones in the country.

There is much to be done to streamline the processes and procedures that relate to land transactions. The quality of institutional arrangements has an impact on the processes and procedures of the government to make service delivery work for the public. There persists a problem in the multiplicity of laws, rules, and regulations pertaining to land. In the case of land registration, there are multiple government agencies involved in the transfer and registration of the certificates of title. Likewise, the multiplicity of laws, rules, and regulations that govern land transactions (e.g., the National Internal Revenue Code [Republic Act No. 8424, as amended], the Local Government Code of 1991 [Republic Act No. 1991], the Property Registration Decree [PD 1529], etc.) affect the efficiency by which the transfers of certificates of title are issued. A person dealing with a transfer of the certificates of title will normally deal with the complexity and numerous documentation requirements, the number of agencies to deal with just to transfer the title, and the cumbersome and bureaucratic red tape. The “rules of the game” and the “players of the game” are needed to be improved and enhanced to address inefficiencies in the government resulting in several land related challenges such as tenurial issues and land disputes.

Rural areas in the Philippines are affected by peri-urban expansion as a direct result of urbanization. Such peri-urban expansions hasten urban sprawl particularly the conversion of agricultural lands to other uses leading to more built-up areas. In some cases, urban sprawl also affects areas that are legally protected from encroachment such as forestlands and other protected areas. Settlements are also found in these areas. The government uses zoning ordinances, building codes, and other development regulations as tool to guide future land uses. These regulations limit a particular use of land.

In order to address land issues in urban expansion and development, a number of policies and laws have been put in place. These include the protection of the rights of urban poor dwellers and informal settlers by providing socialized housing in urban and urbanizable areas (UDHA of 1992) making it the policy of the government to prioritize in-situ and in-city resettlements. Likewise, in order to protect agricultural lands from rampant land use conversion into other uses, the Local Government Code of 1991 sets a ceiling for the reclassification of land. This is reinforced by the executive order issued by the President of the Philippines in 2017 for the moratorium on land conversion and reclassification.
1.4 National health policy framework

The Philippine Constitution upholds the health and well-being of all its inhabitants. It provides that the state must promote the health and instill health awareness among its inhabitants. The constitution also guarantees that the state would be progressive in its orientation. It places special attention on the needs of the under-privileged, sick, elderly, disabled, women, and children.

Under this developmental context, national government entities and local government units perform health services delivery, regulation, and financing, with the active participation of the private sector and the civil society.

1.4.1 Development of health services delivery

The Rural Health Act of 1954 established the rural health units (RHUs) and health centers in localities throughout the country. The law transformed formerly puericulture centers to dedicated health units with physicians and other health professionals. The law created two levels of RHUs in the country, a senior unit and a junior unit, which vary in terms of the number and type of manning health professionals. It prescribed the minimum service population of more than 5,000 inhabitants to merit a senior unit in a locality.

The Philippines pursued primary health care as a national policy in 1979, following the International Conference on Primary Health Care in Alma-Ata in 1978. With the early establishment of rural health units across the country, the government has put in place the necessary framework for primary health care.

Through Executive Order No. 851, s. 1983, the government enhanced primary health care by integrating public health and hospital services under a single public health office. The order also effectively merged district hospitals, RHUs and barangay health centers into dedicated health districts. All of these public health care facilities are under the supervision of the Department of Health (DOH), which was then the sole provider of public health services in the country.

Following the re-establishment of democracy in 1986, the government pursued the enactment of the Local Government Code of 1991. The law instituted a devolved set-up of basic services delivery. Many of the functions of the national government concerning agriculture, environment, public works, social welfare, and health became the responsibilities of local government units.

The full devolution of health services was implemented in 1993. By then, provinces, cities, municipalities, and barangays have become primarily responsible for primary and secondary
health care, including the administration of local hospitals. The national government remained responsible for tertiary and specialized health care, health services regulation, national health policymaking, and national health insurance administration.38

### 1.4.2 Health services delivery framework

#### National level

Pursuant to the devolution of primary, secondary, and tertiary health services under the Local Government Code of 1991, the Department of Health (DOH) has performed a supporting role in ensuring an optimal level of health for the Filipinos. In the existing framework, the DOH has three major functions in the health sector, namely:39

A “leader in health”, which entails the development of national plans, technical standards, and guidelines concerning health matters;

An “enabler and capacity builder,” which encompass the provision of technical assistance and augmentation of resources of local government units and other stakeholders for health services; and, An “administrator” of specific services, which include the direct delivery of tertiary, regional, and specialized health services and the quality regulation of health facilities, services, goods, and equipment—including those provided by the private sector.

#### Major programmes

At present, the DOH is pursuing four major organizational outcomes, which correspond to seven priority programs. The organizational structure and the annual budget of the DOH reflect these priority agency outcomes and programs.

The Health Policy and Standards Development Program ensures that the policies, programs, and standards for health sector development are well-aligned with the goals of equity, access and quality care. The Health Systems Strengthening Program guarantees local government units with technical support by way of enhancement of health facilities and deployment of health human resources. It comprises about 40% of DOH’s budget in 2018. The Public Health Program provides direct assistance to communities through grants of public health commodities and conduct of capacity-building among local government implementers. It is a form of resource augmentation undertaken by DOH at the community level.

The last two programs under the promotive and preventive health care outcome illustrate DOH’s role in times of uncertainty. The Epidemiology and Surveillance Program facilitates foresight by ensuring timely and coherent surveillance information in anticipation of outbreaks, while the Health Emergency Management Program covers the assistance that provided to local government units during disasters.

The Health Facilities Operations Program covers the mandate of the DOH to perform tertiary health care and specialized health services.40 This program includes the operations of curative and rehabilitative hospitals and health care facilities retained under the DOH. Currently, there are seventy (70) retained hospitals under the DOH; twelve (12) are Metro Manila hospitals, four (4) are specialty hospitals, and fifty-four (54) are regional hospitals

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38 E.O. No. 102, s. 1999.
and sanitaria. Among these facilities are the East Avenue Medical Centre, the Lung Centre of the Philippines, the National Kidney and Transplant Institute, the National Centre for Mental Health, the Philippine Orthopaedic Centre, and the Philippine Heart Centre.41

Table 6: DOH organizational outcomes and programs 42

<table>
<thead>
<tr>
<th>Organizational Outcomes</th>
<th>Priority Programs</th>
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</table>
| Access to promotive and preventive health care services improved | Health Policy and Standards Development Program
| | Health Systems Strengthening Program
| | Public Health Program
| | Epidemiology and Surveillance Program
| | Health Emergency Management Program |
| Access to curative and rehabilitative health care services improved | Health Facilities Operation Program |
| Access to safe and quality health commodities, devices, and facilities ensured | Health Regulatory Program |
| Access to social health protection assured | Social Health Protection Program |

The Health Regulatory Program ensures the population of quality facilities, services, commodities, and of protection from the spread of infectious disease through quarantine services. It has three sub-programs, namely, the Health Facilities and Services regulation, Consumer Health and Welfare, and Routine Quarantine Services. The Office for Health Regulation—particularly, the Health Facilities and Services Regulatory Bureau (HFSRB)—develops and enforces standards and guidelines on health facilities and services. It issues permits and clearances for construction and operation, and monitors compliance with quality standards and technical requirements. It also provides consultation and advisory services to stakeholders concerning the regulation of facilities and services. 43 The Bureau covers the facility’s serviceable equipment quality, human resource policy, patient records management, environmental impact management, and compliance with national policies, among others.44

Finally, the Social Health Protection Program is the major program of the DOH to address inequity in health care access due to financial barriers. This program guarantees subsidy on health insurance premium payments for qualified indigent and disadvantaged households, and senior citizens. The DOH implements this program in line with the No Balance Billing policy of the Philippine Health Insurance Corporation for indigent families under the National Health Insurance Program.

42 Ibid.
44 DOH. Organizational Performance Indicator Framework 2012.
Agency structure

While local government units now perform health services delivery, the DOH continues to have a wide organizational structure. Currently, it has six (6) offices for overall program administration, which are in the areas of policy and health systems development, health facilities and services regulation, implementation of programs on field, and disease prevention.

These major offices also oversee line agencies, regional offices, administrative and program units, bureaus, special health councils, government health corporations, and government hospitals and facilities. Similar with all the members of the cabinet, the Secretary of the DOH, the highest position in the department, serves as the alter-ego of the Philippine President.

The field offices at the regional level serve as the implementation arm of the DOH. There are sixteen (16) centers for health department covering the administrative regions in the Philippines, and one (1) regional department of health covering the Autonomous Region in Muslim Mindanao (ARMM).

The centers for health department (CHD) directly provide technical assistance, policy coordination, and program monitoring to the provinces, cities, and municipalities. The centers operate through its Local Health Support Division, Regulations, Licensing, and Enforcement Division, and Provincial Health Teams. The major functions of the CHD include building the health sector capability of local government units, enforcing the regulations on health facilities and services, and disseminating and monitoring national health policies and programs.

Figure 7: Functional structure of the DOH

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Conversely, the health department under the regional government of ARMM has a different configuration. The regional health department of the ARMM performs the functions of the national DOH. For one, it formulates its own regional health plan within the framework of the policies of the national government. It is responsible for implementing all health-related laws, rules, and regulations within its jurisdiction. Moreover, all health units and instrumentalities within the region—including those under the provinces, cities, and municipalities—are under the supervision and control of the regional health department.

### National health agenda

One of the fundamental responsibilities of the DOH is to develop a multi-year national health agenda, which would serve as the fundamental framework and guiding policy for health services delivery throughout the country. The health agenda stipulates the specific health thrusts and strategies to implement the Philippine Development Plan—the national government’s socio-economic development plan. The health agenda also localizes the country’s various international commitments concerning health, including those under the 2030 Agenda for Sustainable Development.

The national health agenda expresses the overall health outcomes and the specific thrusts and strategies to implement them. It reiterates the overarching goals stipulated in higher order plans and describes the thrusts and strategies in the areas of health financing, health services delivery, and health sector governance, to implement them.

The national health agenda covers the programs, projects, and specific activities undertaken by the DOH and other national health agencies, as well as those cascaded to the local government units and the private sector.

- The Philippine Health Agenda for 2016-2022: *All for Health towards Health for All*, is the health agenda developed by the DOH to implement the Philippine Development Plan 2016-2022. It pursues a national health care system that guarantees financial protection, better health outcomes, and service responsiveness, operating with the principles of inclusiveness, effectiveness, and client-friendliness. It revolves around improving health care quality, addressing health-related financial risks, harnessing management e-data and technologies, enforcing compliance with standards, and fostering a stakeholder-first environment. It takes off from the Philippine Development Plan’s health policies of a universal health care coverage, strengthened Responsible Parenthood and Reproductive Health Law implementation, and deterred abusive drug use, among others.

- The national government pursues three major sectoral thrusts thorough the Philippine Health Agenda, namely:
  - to ensure health for all life stages;
  - to establish a services delivery network that is fully-functional; and,
  - to improve accessibility of services in terms of financing.

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46 Executive Order (E.O.) no. 133 (1993), Sec. 2.
47 E.O. no. 133 (1993), Sec. 2(a).
48 DOH. All for Health towards Health for All: Philippine Health Agenda 2016.
Ensuring health for all life stages implies that the government must approach health care in a *womb-to-tomb* manner. The health care system, by this policy, encompasses the following dimensions of a population’s health: reproductive and sexual health, maternal, newborn, and child health, food & micronutrient supplementation, immunization, adolescent health, and geriatric health. This thrust also plans to improve health outcomes by prioritizing communicable diseases, non-communicable diseases, and urbanization-associated diseases—the so-called triple burden of disease.

Establishing a functional service delivery network, on the other hand, requires that the government facilitates the improvement of the competencies and technologies of the health care system. This thrust focuses on activities guaranteeing the following: highly-capable public health professionals; reliable and effective medical facilities, goods, and equipment; and globally-competitive clinical procedures.

Finally, making national health insurance universally-accessible entails that the transaction procedures of the Philippine Health Insurance Company (PhilHealth)—the state-owned company that administers the National Health Insurance Program—are easy to follow and fast to do. This thrust enumerates key reforms that designed to simplify the insurance membership process and to ease the burden of paying monthly contributions.

**Local level**

The devolution of health services under the Local Government Code of 1991 paved the way towards an independent administration of public health care. It ended the long-standing concept of “integrated health care at the district level” that has governed health services delivery in the country (World Health Organization 2011). The devolution gave specific and considerable powers and responsibilities to all tiers of local governance—the barangays, municipalities, cities, and provinces. In this arrangement, even though the Department of Health (DOH) acts as regulator, enabler, and capacity-builder for the health sector, health care services delivery is now largely on the hands of local government units. In this regard, it is possible for one highly-urbanized city to maintain a largely-subsidized and technology-based health care, while a contiguous rural municipality struggles to even construct its own district hospital.

Barangays, the smallest political units in the country, perform the first level of primary health care services. By their mandate, they maintain barangay health stations and day care centers within their jurisdiction. Barangay health stations are community-based clinics manned by midwives, community health workers, and nutrition scholars. Residents of communities have their immediate contact with health personnel at this level. Meanwhile, day-care centers are early child development and protection centers manned by accredited day care and social workers. The day-care centers are mandated to promote development programs especially made for children under six (6) years old.

Municipalities and cities serve as the direct providers of basic health services within its territory. They do the planning, financing, implementation, operation, and coordination of health services delivery and local health facilities construction. The coverage of its functions are mainly the primary and secondary levels of health care. Primary care includes the operation of rural health units, city health centers, and birthing clinics, while secondary

49 Barangay is the smallest political subdivision recognized in Philippine laws. It is the primary planning and implementing unit of policies, plans, programs, projects, and activities at the community level.
care covers the ownership and operation of municipal and district hospitals that are generally smaller and non-departmental. The national government implements and coordinates priority programs at the city and municipal levels.

**Local health structure**

Health officers—the municipal health officer, city health officer, and provincial health officer—are oversees health services delivery within a certain locality. It is the highest position in the health departments in local government units. It recommends and implements policies subject to the supervision of the local mayor or governor. The city and municipal health officers supervise the head physicians in district health offices and rural health units within the locality.

The rural health unit (RHU) has the responsibility on preventive and promotive health care and the supervision of barangay health stations within their jurisdiction.\(^{52}\) It provides primary health care and individual clinical services to a cluster of barangays. Among the sectors it covers are reproductive health, immunization, maternal and child care, nutrition, and management of communicable and non-communicable diseases.

At the minimum, rural health units have a rural health physician, a dentist, a public health nurse, sanitary inspectors, medical technologist, laboratory technician, health educators, and support staff.\(^ {53}\)

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\(^{53}\) Ibid, p. 19.
Local government units usually organize their local health departments based on sectoral health programs. For instance, in the structure of the Manila Health Department, a set of divisions are responsible for health programs such as maternal and child care, preventable diseases, nutrition, and family planning. There are also divisions that are responsible for environmental sanitation, which has been a part of the health sector as a matter of national policy.

The highest health policy making body in local government units are the local health boards. It is a five-member body that proposes the annual budgetary allocations for health facilities and local health programs and evaluates such programs’ effectiveness. It ensures that the local government unit is enforcing the policies and standards set by the DOH. The board also serves as an adviser to the local legislative council on all matters relating to health policy, finance, and administration.55

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55 Sangguniang Panlalawigan, Sangguniang Panlungsod, and Sangguniang Pambarangay are the local legislative branch in provinces, cities, and barangays, respectively. They are lodged with enacting annual and supplemental budgets of the concerned local government unit in addition to enacting ordinances on governance and taxation.
The city mayor serves as its chairperson, the city health officer as vice-chairperson, and the members being the chairperson of the committee on health of the legislative council, the representative from a private sector entity or a non-government organization involved in the health sector, and the representative from the DOH.

**Planning for local health services**

The local government units have the mandate of planning for local health services. National and regional government agencies provide the overarching health policy, priority programs, and health outcome parameters, while the local government units formulate and implement health policies, programs, projects, and activities.

The multi-year comprehensive development plan and the annual operations plan of the local government unit cover the planning for local health services. These include the locality’s sectoral goals, objectives, targets, strategies, and proposed policies and programs. The plans proceed with stakeholder consultation in many phases, such as in vision setting and situation analysis. It is a combination of top-down and bottom-up approaches, underscored by public consultation and evidence-based planning.56

Local government units also prepare detailed thematic and sectoral plans required by national government agencies.57 Currently, local government units have the mandate to prepare at least fifty-two (52) thematic plans, including a Nutrition Action Plan and a Plan for Health and Family Planning.

**Health care referral system**

One of the primary features of the country’s devolved health services delivery is the presence of a referral system. The referral system serves as a pre-determined hierarchical arrangement of service delivery units that facilitates the referral of patients from one health facility to another, if the health facility of first contact does not have the competency and resources to address the ailment.

The system facilitates efficient coordination among various levels of health service units and ensures that patients get the rightful care contingent to their situation.58 Also, the referral system can prevent duplication of responsibilities among health service units.

The referral system works in line with the *inter-local health zone* framework. This entails a complementary hierarchy of services in barangays, municipalities or cities, and provinces, based on an established network and order of health facilities.59

Community-based health services is part of the non-formal primary health care for households. It would have traditional healers, barangay nutrition scholars, community-based physical rehabilitation aides, and even family members or family health aides for home remedies.60

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57 Other sectoral and thematic plans in local government units may be required pursuant to a statute or a national administrative regulation.
59 Ibid, p. 3.
60 Ibid, p. 19.
The barangay health station is the first facility in the public health system. It conducts diagnostic services and gives prescriptions and health referrals. It has to have midwives, barangay health workers, and birth attendants.

The rural health unit is a municipal level health facility that provides essential public health services and individual clinical services. It has responsibilities on disease prevention and health promotion. Among the health care providers at this level are the rural health physician/municipal health officer, dentist, public health nurse, medical technologists, sanitary inspectors, and health educators.

Figure 9: Flow of health care referral system in the Philippines

Hospital services cover the highest level of health care, offering mainly curative care. Its services range from management of cases involving internal medicine, surgery, and emergency care, among other fields. It has at least five (5) levels, namely:

- Municipal hospitals, with a capacity of 10-15 beds and a service population of about 25,000 inhabitants;
- District hospitals, with a capacity of at least 25 beds and a service population of about 75,000 inhabitants;

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61 Ibid, p. 22.
63 Ibid.
• Provincial hospitals, with a capacity of at least 75 beds and has the whole province as the service population; and,
• Extension hospitals, which is an “outreach component” of local hospitals.
• Regional hospitals and specialized health facilities, which are retained under the Department of Health.

The enactment of the Responsible Parenthood and Reproductive Health Act of 2012 enhanced the health care referral system by establishing a network of integrated and coordinated health facilities in municipalities, cities, and provinces. These service delivery networks focus on providing reproductive health services such as maternal and newborn care, antenatal care, and modern family planning.66

Traditional health care

The Traditional and Alternative Medicine Act of 1996 stipulated the country’s policy on traditional medicine, alternative health care modalities, and herbal medicines.

Traditional medicine, in this respect, covers those health care practices that do not fall into the modern, scientific, medical framework, but with the recognition of communities. Alternative health care modalities, meanwhile, encompasses reflexology, acupressure, and chiropractics, among others. Herbal medicines would be those medicinal products that entail plant material, including juices, gums, and essential oils, among others.67 The law advocated for the integration of such into the national health care delivery system.

Towards the development of traditional health care, the law also established its main regulatory and promotive body—the Philippine Institute of Traditional and Alternative Health Care (PITAHC). The PITAHC, which is an attached agency of the DOH, formulates the standards for the manufacture, marketing and quality control of traditional medicine and the development of traditional and alternative health care advocacy and research program.68

1.4.3 Major health sector reforms

The DOH has been active in pursuing reforms in the health sector after the devolution of health services in 1991. These reforms have become the major instruments of ensuring health care quality at the national level in addition to licensing and accreditation of health services.

Among the major reforms implemented in recent years are the Health Sector Reform Agenda in 1999, the FOURmula One in 2005, the Kalusugang Pangkalahatan (Universal Health Care) in 2010, and the revisited FOURmula ONE Plus for Health in 2017. As have become commonplace, the reforms instituted in the health sector cover health service delivery, health regulation, and health financing. The underlying vision pursued under the four reforms is universal health care.

Less than a decade after the devolution of health services, the DOH pursued the Health Sector Reform Agenda (HSRA) in 1999. This came in response to initial issues encountered in the new framework and the persisting inequity in health outcomes. The HSRA pursued major reforms that involved the fiscal autonomy of public hospitals, the enhancement of

66 DOH. Guidelines in Establishing Service Delivery Network. n.d.
local health systems, the strengthening of regulatory systems, the expansion of the National Health Insurance Program, and the increase in funding for public health programs.

Among the notable features of this reform include the inclusion of private hospitals in the health care referral network and the strengthening of inter-locality linkages and cost-sharing schemes designed for a devolved framework. 69

The FOURmula One in 2005 served as the successor to the HSRA. This reform agenda underscored the importance of good governance and it harmonized international commitments, such as the Millennium Development Goals and the WHO health system goals. The reform agenda identified four major pillars towards a functional health system, namely, health service delivery, health regulation, health finance, and good governance in health.

The approach in this program was to implement key reforms with “speed, precision, and effective coordination” towards a health care system that is effective, efficient, and equitable.70

Recognizing that financial protection is the underlying issue behind the missing universal health care, the health agenda towards Kalusugang Pangkalahatan (Health for All) in 2010 identified three specific thrusts that facilitate universal health care. Notably, this health agenda focused on addressing two dimensions of health service inequity—inadequate financial protection and health service resources.71

The thrusts entailed rapid and subsidized enrollment in the national health insurance program, accelerated upgrading of public health facilities, and resource mobilization for health services in disadvantaged areas.

The current health reform agenda is an enhancement of the FOURmula One in 2005. It builds upon the same four major pillars, but includes a cross-cutting component of performance accountability. It also operates under the context of new health financing policies, including the Sin Tax Reform Law in 2012 and the National Health Insurance Act of 2013.

The FOURmula One Plus for Health in 2017 serves as the strategic framework towards “boosting universal health care.” This framework implements both the principles of the 2030 Agenda for Sustainable Development and the Philippine Development Plan of the current Administration. It aims to yield better health outcomes, develop a responsive health system, and guarantee equitable health care financing.72

1.4.4 Private sector services provision

The Philippine government encourages the active participation of the private sector in health services delivery. Its contribution includes the ownership and operation of freestanding health clinics, physician-run individual clinics, hospitals, diagnostic facilities, pharmaceutical laboratories, and health maintenance organizations. These are generally

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70 DOH Health Policy Development and Planning Bureau. FOURmula One (F1) for Health. 2006.
dependent on fee-for-service payments, although there are non-government health organizations that are not entirely for profit.

The DOH develops and enforces standards and guidelines on health facilities and services provided by the private sector. It issues permits and clearances for construction and operation, and monitors compliance with quality standards and technical requirements. It also provides consultation and advisory services to stakeholders concerning the regulation of facilities and services.\(^73\)

The Philippine Health Insurance Corporation—the state-owned enterprise that administers the National Health Insurance Program—also performs assurance of service quality as part of its accreditation of health facilities. PhilHealth imposes accreditation requirements for hospitals, and medical organizations certifies facilities and professionals based on standards of quality and competence.\(^74\)

The regulation of private sector facilities encompasses the quality of serviceable equipment, human resource policy, patient records management, environmental impact management, and compliance with national policies, among others.\(^75\)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Total</th>
<th>Public</th>
<th>Private</th>
<th>% Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barangay Health Station</td>
<td>21,416</td>
<td>21,416</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rural Health Unit</td>
<td>2,577</td>
<td>2,577</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Birthing Home</td>
<td>1,484</td>
<td>641</td>
<td>843</td>
<td>57%</td>
</tr>
<tr>
<td>Hospital</td>
<td>1,453</td>
<td>473</td>
<td>980</td>
<td>67%</td>
</tr>
<tr>
<td>Infirmary</td>
<td>638</td>
<td>325</td>
<td>313</td>
<td>49%</td>
</tr>
</tbody>
</table>

There is strong indication that the private sector dominates health services delivery in the country. For instance, in 2018, the privately-owned facilities at all levels of health care have outnumbered that of the government. Active participation of the private sector in health services delivery is helpful as it augments the service capability of the government. Ideally, this situation would benefit the public, as services would tend to be more efficient and of higher quality with market competitiveness.

However, as in the Philippines’ case, such a situation confounds the issue of health inequity. Out-of-pocket payments for health services in the Philippines is at record high compared with neighboring income comparators, such as Thailand, Vietnam, and Malaysia. Similarly, government spending on health as a share of GDP has also been inadequate as against those of the same countries. If this dominantly-private sector share persists, matched with a policy of financing health services primarily through the National Health Insurance Corporation, there is a strong chance that health care would remain inequitable and the failure of meeting universal health care is imminent.

75 DOH. Organizational Performance Indicator Framework 2012.
76 National Health Facility Registry, DOH (Accessed July 2018)
1.4.5 Health sector financing

Financing for health in the country, mainly, comes from four principal sources, namely: the annual budget allocation from the national government and local government units; the insurance payments from both public and private sectors; user fees or out-of-pocket payments from health clientele; and, financing from donors. It also maintains a dual financing system for health care, in which both a national health insurance program and out-of-pocket private sector payments exist. The government extends subsidies to qualified indigent and disadvantaged households and senior citizens, while residents who can afford to pay make out-of-pocket payments for their health services.

The devolution of health services delivery has had an impact in health sector financing. As illustrated in Figure 1.10 there are too many agencies and instrumentalities involved in resources for health. Local government units would have their own way of financing primary and secondary health care within their jurisdiction. Government hospitals, particularly those retained by the DOH, remains funded under the budget of the department. The Philippine General Hospital, which is the biggest state-owned hospital in the country, has its funds enveloped in the budget of its administrator, the University of the Philippines. Similarly, the Philippine Health Insurance Corporation, being a state-owned enterprise, has fiscal autonomy. With this fragmentation of health care financing, “the planning, coordination, and allocation of available resources” have been inefficient.

Figure 10: Health care financing in the Philippines

One of the major criticisms concerning the country’s public health expenditure is that it has been significantly low. The national government allotted an average of 3% of the total national budget for government agencies and instrumentalities for health from 1999 to 2018,

77 DOH. The Philippine Health System at a Glance. 2008.
79 Ibid.
which amounts to roughly ₱1.7 Billion.\(^81\) Further, the trend of the health sector share in the total national budget has been decreasing for the past four years—it could be at less than 2% for 2019, which is the share in the proposed National Expenditure Program for 2019.

In addition, compared with regional neighbors, such as Thailand, Vietnam, and Malaysia, the Philippines has had the lowest government health expenditure in relation to GDP. World Bank projections suggest that, from 2000 to 2015, the Philippine government expenditure on health is only less than 1.5% of the country’s GDP. To put in perspective, the average in the same period among East Asia and Pacific, excluding high income countries, is at 1.9%.\(^82\)

**Figure 11: Percentage share of health in the national budget, 1999-2019\(^83\)**

1.4.6  **Government guarantees for the health sector**

The National Health Insurance Program serves as the primary instrument of the Philippine government to achieve universal access to health care services. Being an insurance program, it facilitates subsidized payment of health care services in a sustainable manner, as members who are paying their monthly contributions would, in effect, shoulder the costs of members who are already utilizing health care services.

The Philippine Health Insurance Corporation (PhilHealth), a state-owned enterprise attached to the Department of Health, serves as the administrator of the insurance program. The National Health Insurance Program was established with the enactment of the National Health Insurance Act of 1995, and was amended with the passage of the National Health

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\(^80\) Department of Budget and Management. Various Budget of Expenditures and Sources of Financing, 1999-2018; and National Expenditure Program 2019.

\(^81\) £ 24.4 Million; as of July 31, £ 1 = ₱ 69.57, at nominal value.

\(^82\) World Bank. World Development Indicators. 2018.

\(^83\) Department of Budget and Management. Various Budget of Expenditures and Sources of Financing, 1999-2018; and National Expenditure Program 2019.
Insurance Act of 2013. Through this amendment, program membership is now mandatory for all Filipinos, as the country pursues a policy of universal health care.

The program covers the following healthcare services:

- Inpatient hospital care, which includes room and board, and services of health care professionals;
- Outpatient care, which includes diagnostics, use of equipment, and medical prescription drugs; and,
- Emergency and transfer services, among other services deemed cost effective by the PhilHealth and the DOH.

The program classifies members according to their nature of employment and their paying capacity. For instance, the members who work for private organizations, the government, households, and enterprise owners are members in the formal economy; whereas those who are migrant workers, self-earning individuals, and employed in the informal sector are members in the informal economy. The program also provides different benefit packages across sectors, including those for indigents, senior citizens, sponsored members, and lifetime members.

As Figure 1.12. Breakdown of PhilHealth Membership, 2016 shows, the health insurance program has wide coverage, with more than 90% of all Filipinos already registered as either a beneficiary or a dependent. Of this figure, more than 30% come from the indigent sector.

However, despite relatively manageable premium rates, and with employers contributing for their employees, the program only grants full subsidies to qualified indigent patients and senior citizens. This works in the form of no balance billing, which guarantees the absence of any other fees incurred against beneficiaries aside from insurance premium payments. The DOH already subsidizes these premium payments and so there will be no net cost for the qualified beneficiaries. The no balance billing policy also guarantees preferential treatment over social welfare funds.

Apart from the National Health Insurance Program, the DOH has pursued a Medical Assistance Program (MAP). The MAP entails subsidies for various medical commodities and services, with physician’s prescription. The MAP coverage includes medicines, diagnostic services, dental services, rehabilitation services, hospital bills, and all clinically-indicated medical and surgical procedures, among others.

Many local government units also provide health subsidies and guarantees for their constituents. For instance, in Batangas City, there is a subsidy guarantee in the form of health cards, which can be used by residents in hospitals owned and managed by the city government.
1.5 National education policy framework

Education in the Philippines beginning in 1994 has been structured into a tri-focalized set-up. The Department of Education (DepEd) is responsible for basic education; while the Technical Education and Skills Development Authority (TESDA) governs technical-vocational education; and finally, the Commission on Higher Education (CHED) manages the higher education system. These three educational institutions follow a highly centralized form of management, leaving the local government units a limited space for participation, usually in the form of construction of educational facilities in their jurisdiction. In the past as well as in the present, basic education, covering kindergarten, elementary and high-school levels are mostly under the management of the public sector. On the other hand, TVET and higher education institutions are largely in the hands of private educational institutions.

1.5.1 Development of health services delivery

Pre-colonial

In pre-colonial times, education of the natives focused solely on practical or vocation-oriented knowledge. The education of the children was a shared responsibility among parents, elders, and in some texts including the babaylan (shaman). Children were taught lessons on reading, writing, reckoning, religion, and incantation. In the southern part of the Islands, there were even schools which taught the Sanskrit, the language of Borneo; arithmetic including the decimal system; the art of acquiring personal invulnerability; and effective use of weapons for self-defence.85

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**Colonial period**

In the early part of the Spanish occupation, the religious orders took it upon themselves to educate the natives. Numerous decrees were sent from Spain ordering the education of the natives. For instance, a Spanish decree with the date of 20 June 1686 ordered that all the laws regarding public instruction should be enforced and failure to comply with the order would result in responsible parties called to account. The decree further stated the reasons for the enforcement of the policy of public instruction: that a knowledge of reading and writing of the Christian doctrine and of the Spanish language was essential to the welfare of Filipino and to the glory of Spain; Christian doctrine should be taught diligently for it was considered the most efficient means of destroying idolatries and superstition; and that knowledge of Castilian language would protect the natives against oppressive local officials and allow them to appeal directly to the higher authorities.

Likewise, the Educational Decree of 1863, the most influential educational decree by Spain, ordered that for every town, there must be two schools, one for boys and the other for girls, from ages six to fourteen years old. It further states that classes were to be held every day except holidays and Sundays, starting at 7:00 am until 10 am and from 2:30 pm until 5 pm. The subjects taught in these schools include: Christian doctrine, sacred history, agriculture, rules of courtesy, vocal music, and Spanish language. Girls were taught sewing instead of agriculture, geography, and Spanish history. The teachers in these schools were members of various friar and religious orders i.e. Dominicans, Jesuits etc. Public and basic education was only free for poor pupils whose parent’s income was ascertained by the gobernadorcillo (town chief) and approved by the Spanish priest. On the other hand, wealthy parents paid a modest sum.

While the public-school system by the Spaniards looks promising on paper, Dr. Jose Rizal lamented at the reality of the school system. In his novel *Noli Me Tangere*, he harshly criticizes the friars and the manner they run the schools in their respective towns. In Chapter 19 (The Travails of a Schoolmaster), from the perspective of an Indio teacher, Rizal shows how the educational system by the Spaniards relied heavily on the concept of *La Letra con Sangre Entre*, whereas it is believed that only through pain and suffering are children to learn their lessons.

During the time of Revolutionary Government, Emilio Aguinaldo together with his cabinet, established a system of free and compulsory elementary education that is enshrined in the Malolos Constitution. In Article 23, the Constitution states: “Any Filipino may establish and maintain institutions of learning, in accordance with the laws authorizing them. Public education shall be free and obligatory in all schools of the nation.”

During the American period, the Second Philippine Commission lay the foundation for the present school system. The Commission enacted Act No. 74 that was drafted by Dr. Fred. W. Atkinson, that provided for a department of public instruction to manage the public schools in the country. Moreover, among its provisions was to forbade the teaching of religion to students.

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86 Ibid., 20.
87 Ibid., 20-21.
88 Teodoro Agoncillo, History of the Filipino People (Quezon City: Garotech Pub., 1994), 93.
89 Ibid.
90 1899 Constitution of the Republic of the Philippines, Article XXIV.
The first Philippine Assembly that met in 1907 together with the Philippine Commission passed more school laws, the most important of which were the Gabaldon Act appropriating ₱1,000,000 for barrio schools, and Act No. 1870 creating the University of the Philippines.92

In 1916, with the Filipinization program of Francis Burton Harrison, all department secretaries except the Secretary of Public Instruction were given to Filipinos.

During the Japanese occupation, the Philippine Executive Commission (PEC) was established to restore order and assume government functions. The PEC established the Commission of Education, Health, and Public Welfare and reopened schools in June 1941. On 14 October 1943, the Japanese sponsored Second Philippine Republic established the Ministry of Education. Education during the Japanese occupation focus on the traditional Asian/Japanese values on love for work and dignity of labour.93

**Post war**

In 1947, through Executive Order No. 94, the Department of Instruction was changed into the Department of Education. During the period, regulation and supervision of public and private schools was the responsibility of the Bureau of Public and Private Schools.94

During the Marcos Era, the Department of Education in 1972 was renamed into the Department of Education and Culture by Proclamation 1081; later transformed into Ministry of Education and Culture by Presidential Decree 1397.95

Moreover, the Education Act of 1982 established the Ministry of Education, Culture, and Sports which later turned into the Department of Education, Culture, and Sports in 1987 through Executive Order 117. The structure of DECS remained unchanged up until 1994 when the Commission of Higher Education (CHED), and the Technical Education and Skills Development Authority (TESDA) were established to supervise tertiary degree programs and non-degree technical-vocational programs, respectively.96

On August 2001, Republic Act 9155, or the Governance of Basic Education Act was passed transforming the name of the Department of Education, Culture, and Sports (DECS) into the Department of Education (DepEd) with redefined roles of various field offices. The Act provided an overall framework for school head empowerment by strengthening their leadership roles and school-based management.97

**1.5.2 Education services delivery network**

**Basic education**

The 1987 Philippine Constitution is clear on its goals for the education of the Filipinos, the “State shall protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all.”98 It further adds that the State is mandated to “establish and maintain a system of free public education in the

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92 Ibid., 190-191.
94 Ibid.
95 Ibid.
96 Ibid.
97 Ibid.
98 1987 Philippine Constitution Article XIV, Sec 1.
elementary and high school levels,” with elementary education compulsory for all children of school age.100

The implementation of the Constitution’s statement was in the form of Republic Act No. 9155 or the Governance of Basic Education Act, creating the Department of Education. The Department of Education has the “authority, accountability and responsibility for ensuring access to, promoting equity in, and improving the quality of basic education.”101 To achieve such goal, the Department is tasked to “establish, maintain, and support a complete, adequate, and integrated system of basic education relevant to the needs of the people and society.”102

In 2013, the Aquino administration passed Republic Act 10533 or the Enhanced Basic Education Act of 2013. Prior to the passage of the law, the Philippines remains as the only country in Asia that has only 10 years of basic education. With the passage of the law, the old system was replaced with a 12-year basic education system, covering 1 year of kindergarten, six years of elementary education, and 4 years of junior high school and the additional 2 years of senior high school, where senior high students can choose among four tracks in the system: academic, technical-vocational, sports, or the arts. Kindergarten became compulsory and mandatory part of basic education in 2011 with the passage of Republic Act 10157.103 Moreover, the law also state that the native language of the students must be the medium of instruction during kindergarten and the first three years of elementary education. The Department of Education would then formulate a language transition program from Grade 4 to 6 in order so that Filipino and English would be the languages of instructions.104

The law was passed to create productive and responsible citizens equipped with the essential competencies, skills and values for both life-long learning and employment. To achieve this goal, the State is mandated to provide every student an opportunity to receive quality education that is globally competitive; broaden the goals of high school education for college preparation, vocational and technical career opportunities, and entrepreneurial employment; and finally make education learner-oriented and responsive, to the needs, cognitive and cultural capacity, the circumstances and diversity of learners, schools and communities, through the appropriate languages of teaching and learning.105

Organizational structure

Regarding the governance of basic education, the law state that it shall begin at the national level, in the form of Central Office. The Central Office is tasked with overseeing the overall administration of basic education, setting policy directions, and standards for quality education. The Field Offices, on the other hand, composed of regions, divisions, schools, and learning centers are responsible for the regional and local coordination and administration of the Department’s mandate106, it is where the policy and principle of basic education is

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99 Ibid., Sec 2(2).
100 Ibid.
102 Ibid., Sec 1(1).
103 The law, also known as the Kindergarten Act, adopts the mother tongue-based multilingual education as the primary medium of instruction.
transformed into programs, projects and services developed, adapted, and offered to fit local needs. 107

The Department of Education is led by a Secretary vested with overall authority and supervision of the Department. The Secretary has authority, accountability, and responsibility in: formulating national educational policies; promulgating national education standards among others. 108 The Secretary of Education is assisted by not more than four undersecretaries and not more than four assistant secretaries; whereas one undersecretary and one assistant undersecretary should come from the ranks of career executive officers 109

In 2015, the Department had undergone a restructuring in its office and staffing “New Organizational Structures of the Central, Regional, and Schools Division Offices of the Department of Education.” At present, the Department has four Undersecretaries and Assistant Secretaries in the following sectors: Curriculum and Instruction; Finance and Administration; Governance and Operation; Legal and Legislative Affairs.

Supporting the Office of the Secretary (OSEC) at the Central Office are different strands, services, bureaus, and divisions namely: Curriculum and Instruction 110; Finance and Administration 111; Governance and Operations 112; Legal and Legislative Affairs 113; and Strategic Management 114.

The Department is also attached to five agencies for policy and program coordination including: Early Childhood Care and Development (ECCD) Council; National Book Development Board (NBDB); National Council for Children’s Television (NCCT); National Museum; and Philippine High School for the Arts. Moreover, the Department is also attached to three coordinating councils namely: Adopt-a-School Program (ASP) Coordinating Council, Literacy Coordinating Council (LCC), and Teacher Education Council (TEC).

The Field Offices of the Department consist of 17 Regional Offices and the Autonomous Region in Muslim Mindanao (ARMM), with the following breakdown: 221 Provincial and City Schools Division; assisting the School Division Offices are 2,602 School Districts; and under the supervision of the Schools Division Offices, there are a total of 62, 605 schools. Of the total number of schools 49, 209 are elementary schools (38, 648 public and 10, 561 private) and 13, 396 secondary schools (7, 976 public and 5, 420 private).

The Regional Office is led by a regional director who has a number of responsibilities including: defining a regional educational policy framework; developing a regional basic education plan; developing regional educational standards; monitoring, evaluating and assessing regional learning outcomes; undertaking research projects and developing and managing regionwide projects; determining the organization component of the divisions and

109 Ibid.
110 The Curriculum and Instruction is responsible in ensuring the Department focuses on the delivery of a relevant, responsive, and effective basic education curriculum.
111 The Finance and Administration is responsible in ensuring the efficiency to the support the organization through finance and administrative services.
112 The Governance and Operation is responsible for ensuring the capacity of the Department to improve and strategize in managing the environment for which “teaching and learning” takes place.
113 The Legal and Legislative Affairs is responsible in dealing with legal matters and forwarding legislative agenda.
114 The Strategic Management is responsible in developing long-term directions and interface with the internal and external environment and stakeholders.
districts; approving the establishment of public and private elementary and high schools and learning centers, among others.\textsuperscript{115}

\textbf{Figure 13: Department of Education revised organizational chart}

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\end{center}

\textsuperscript{115} Rep. Act no. 9155 (2001), Sec. 7

\textit{Source: Department of Education Official Website}
The Division Level of the Department is headed by a schools division superintendent with responsibilities in: developing and implementing division education; hiring, placing, and evaluating all division supervisors and schools district supervisors development plans; ensuring compliance of quality standards for basic education programs; supervising the operations of all public and private elementary, secondary, and integrated schools, and learning centres, among others.116

The school district level, on the other hand, is headed by a school district supervisor with responsibilities in: providing professional and instructional advice and support to the school heads and teachers of schools and curricula supervision.

Finally, the school head leads at the school level with responsibilities in: setting the mission, vision, goals, and objectives of the school; implementing the school curriculum and being accountable for higher learning outcomes; developing the school education program and school improvement plan; introducing new and innovative modes of instruction to achieve higher learning outcomes; establishing school and community networks, among others.117

1.5.3 Major basic education sector reforms

Education for all

In 1990, a World Conference was held in Jomtiem, Thailand. The event resulted to the adoption of the World Declaration on Education for All, and its companion Framework for Action to Meet Basic Learning Needs.118 The Philippine Government through the Department of Education participated in the global movement, committing to provide every person - child, youth and adult - to benefit from the educational opportunities designed to meet their basic learning needs.119 In line with the World Declaration on Education for All (EFA), the Philippines crafted and implemented the 1st Education for All Plan (1990-2000).

In 2000, ten years after the Jomtiem Conference, a World Education Forum was once again held, at Dakar, Senegal with participation from the international community. The forum adopted the Dakar Framework for Action, Education for All: Meeting our Collective Commitments. The participants, including the Philippines, reaffirmed the vision of the World Declaration on Education for All and adopted the six educational goals set to be achieved by 2015 including120: a) Early Childhood Care and Education (ECCE)121; Universal

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116 Ibid.
117 Ibid.
121 Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.
Also, in 2000, the Philippines, attended the Millennium Summit at the United Nations headquarters and was among the 189 member states of UN to sign the United Nations Millennium Declaration which contained a statement of values, principles and objectives for the international agenda for the twenty-first century. It also set deadlines for many collective actions. Likewise, the UN members at the Summit committed their nations to a global partnership to reduce poverty and set a series of time-bound targets with a deadline of 2015 known as the Millennium Development Goals which include: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and develop a global partnership for development.

Considering, the Schools First Initiative, World Declaration on Education for All, Millennium Declaration, and the lessons from the first EFA Philippines, a subsequent Philippine EFA 2015 National Action Plan entitled “Functionally Literate Filipinos, An Educated Nation” was crafted and utilized as the overarching framework for the programs and policies of DepED, TESDA, CHED, and other related agencies.

The Philippine EFA 2015 Plan, considering local situation created four component objectives as opposed to the six objectives by the global EFA. These objectives aim towards achieving basic competencies to everyone to achieve functional literacy by 2015, namely:

- Universal coverage of out-of-school youth and adults in the provision of learning needs;
- Universal school participation and total elimination of drop-outs and repetition in Grades 1 to 3;
- Universal completion of full cycle of basic education schooling with satisfactory achievement levels by all at every grade or year; and
- Commitment by all Philippine communities to the attainment of basic education competencies for all – Education for All by All.

To achieve these four goals, six production tasks that will yield the desired educational outcomes, and three enabling tasks to sustain effective implementation must be followed, including:

**Production tasks**

**Better Schools:** Make every school continuously perform better;

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122 Ensure that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality
123 Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes;
124 Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;
125 Eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to and achievement in basic education of good quality;
126 Improve all aspects of the quality of education and ensure excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills
127 United Nations, “Millennium Summit (6-8 September 2000),”
128 Jesli Lapus, “The Education System Facing the Challenges of the 21st Century, Philippines,”


Early Childhood Care and Development: Make expansion of coverage yield more EFA benefits;

Alternative Learning System: Transform non-formal and informal interventions into an alternative learning system yielding more EFA benefits;

Teachers: Promote practice of high-quality teaching;

 Longer Cycle: Adopt a 12-year program for formal basic education – Two more years added, one each for elementary and high school, to the existing 10-year basic education schooling;

Accelerate articulation, enrichment, and development of the basic education curriculum

Enabling task

Funding: Provide adequate and stable public funding for country-wide attainment of EFA goals. Adoption of funding framework for basic education that combines the national and local government funding to support the most cost-effective local efforts to attain quality outcomes in every locality across the whole country;

Governance: Create a network of community-based groups for local attainment of EFA goals. A knowledge-based movement which reach, engage, and organize persons in each locality to form a nationwide network of multi-sectoral groups advocating and supporting attainment of EFA goals in their respective localities; and

Monitor progress in efforts towards attainment of EFA goals. Of importance is the development and implementation of indicators of “quality education”.

1.5.4 Basic Education Reform Agenda (BESRA)

To achieve the EFA 2015 Goals, the Department of Education formulated and implemented the Basic Education Sector Reform Agenda (BESRA) in 2005. BESRA is a package of policy reforms that seeks to “systematically improve critical regulatory, institutional, structural, financial, cultural, physical and informational conditions affecting basic education provision, access and delivery on the ground.” These reforms are expected to created necessary changes in order to accelerate, broaden, deepen and sustain the improvements in the education sector started by the Schools First Initiative. The BESRA package of policy actions is grouped into five Key Reform Thrusts (KRTs):

Table 8: Key reform thrusts and activities of BESRA

<table>
<thead>
<tr>
<th>Key Reform Thrusts (KRTs)</th>
<th>Associated Activities</th>
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<tr>
<td>KRT 1: School-Based Management (SBM) - Schools, communities, and stakeholders are made responsible for all students’ continuous learning improvement.</td>
<td>• Institutionalization of SBM that decentralizes education and empowers school stakeholders to address EFA issues at their level; and • Issuance of the SBM Framework and Standards as part of the BESRA PIP in...</td>
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130 Ibid.
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<tr>
<th>Key Reform Thrusts (KRTs)</th>
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<td><strong>2007</strong> (i.e., 96.5% of school heads were trained in SBM; 81.6% of schools established a School Governing Council; 80% of schools had a SIP).</td>
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**KRT 2: Teacher Education Development (TED)** - Teacher Education Development pushes for a competency-based system for hiring, deploying, evaluating, promoting, and continuously developing teachers.

- Adoption of the National Competency-Based Teaching Standards (NC BTS) as the basis for pre- and in-service teacher training, hiring and promotion, and training needs assessment via DO No. 32 s. 2009;
- Adoption of the Competency-Based Performance Appraaisal System for Teachers (CB-PAST);
- Strengthening of the National Educators Academy of the Philippines Operationalization of the National Educators Academy of the Philippines (NEAP) training and development (T&D) system via DO No. 30 s. 2009;
- Implementation of policies and guidelines on T&D programs and activities via DO No. 32 s. 2011, revised by DO No. 97 s. 2011;
- Continuous training of Mobile Teachers and other ALS implementers;
- Provision of opportunities for ALS Mobile Teachers, District Alternative Learning System Coordinators (DALSCs) and other ALS implementers to be promoted and be given appropriate compensation.

**KRT 3: National Learning Strategies (NLS)** - Multi-sectoral national strategies to improve enrolment, participation, and completion rates as well as reduce the dropout rate. This involves operationalization of the K to 12 Education Program, use of alternative delivery modes in formal education, and institutionalization of the ALS.

- Implementation of RA No. 10157 or the Kindergarten Act, which mandates preschool for 5-year-olds as part of basic education prior to entry to elementary level while DepEd issued (Department Order) DO No. 32 s. 2012 as its implementing rules and regulations;
- Implementation of the Universal Kindergarten Education Program in SY 2011–2012 via DO No. 37 s. 2011;
- Implementation of various preschool programs such as service contracting via DO No. 57 s. 2008 and summer preschool via DO No. 8 s. 2010 and DO No. 23 s. 2011; and
- Increase in the number of center-based ECCD and alternative ECCD such as home—or community-based day care centers

Alternative Learning System

- Implementation of RA No. 10157 or the Kindergarten Act, which mandates preschool for 5-year-olds as part of basic education prior to entry to elementary level while DepEd issued (Department
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<td>Order DO. No. 32 s. 2012 as its implementing rules and regulations;</td>
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<td>• Implementation of the Universal Kindergarten Education Program in SY 2011-2012 via DO No. 37 s. 2011;</td>
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<td>• Implementation of various preschool programs such as service contracting via DO No. 57 s. 2008 and summer preschool via DO No. 8 s. 2010 and DO No. 23 s. 2011; and</td>
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<td></td>
<td>• Increase in the number of center-based ECCD and alternative ECCD such as home—or community-based day care centers</td>
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<tr>
<td>Longer Educational Cycle</td>
<td>Revision of the Basic Education Curriculum (BEC); introduction of Universal Kindergarten for 5-year-olds; and changing of the secondary education structure by adding the senior high school level (i.e., grades 11 and 12) as a component of K to 12 Education Program; and</td>
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<td>• Pilot implementation of the senior high school level via DO No. 71 s. 2012.</td>
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<td>• Lengthening of the basic education cycle with the passage of RA 10533 or the Enhanced Basic Education Act of 2013</td>
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<td>Curriculum</td>
<td>Initial implementation of the K to 12 program that changes the formal basic education curriculum starting SY 2012-2013; and</td>
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<td>• Alignment of DepEd BALS’ ALS curriculum with the K to 12 curricula.</td>
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<td>Mother Tongue-Based Multilingual Education</td>
<td>Institutionalization of mother tongue-based multilingual education via DO No. 74 s. 2009;</td>
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<td>• Implementation of the K to 12 Education Program wherein the mother tongue is both the MOI and a subject via DO No. 16 s. 2012; and</td>
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<td>• Use of mother tongue as MOI for ALS.</td>
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<tr>
<td>President Aquino’s Education Agenda: A Reader by Grade I</td>
<td>Allocation of funds to implement the Reading Recovery, Philippine Informal Reading Inventory and Philippine Word</td>
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<td>Key Reform Thrusts (KRTs)</td>
<td>Associated Activities</td>
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<td><strong>List in English via DO No. 70 s. 2011 and DO No. 50 s. 2012.</strong></td>
<td><strong>Provision of support for the Early Grade Reading Assessment (EGRA) for grades 1 and 3 by World Bank and USAID.</strong></td>
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<td><strong>Madaris Education</strong></td>
<td><strong>Implementation of Madrasah education which served 897,003 Muslim elementary students in 2011;</strong></td>
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<td><strong>Standardization of the ALS Madrasah Curriculum for public elementary and madaris via DO No. 40 s. 2011 and development of curriculum for the pre-elementary and secondary levels in public and private schools via DO No. 56 s. 2010;</strong></td>
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<td><strong>Implementation of a Madrasah program for Muslim OSY and adults via DO No. 57 s. 2010;</strong></td>
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<td><strong>Hiring of Madrasah teachers via DO No. 30 s. 2012 and training of Asatidz for ALIVE via DO No. 61 s. 2010;</strong></td>
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<td><strong>Institutionalization of Madrasah education by transferring developed components to the BEE and DepEd regional/division offices via DO No. 22 s. 2010; and</strong></td>
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<td></td>
<td><strong>Provision of direct support for Indigenous Peoples and Muslim Education (IPME) under the AusAID grant through the Philippines’ Response to Indigenous Peoples and Muslim Education (PRIME).</strong></td>
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<tr>
<td><strong>Technical and Vocational Education</strong></td>
<td><strong>Offering via the Strengthened Technical-Vocational Educational Program (STVEP) of at least four specialization courses by 282 technical-vocational schools;</strong></td>
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<td><strong>Creation of the Technical-Vocational Unit under the BSE via DO No. 56 s. 2012;</strong></td>
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<td><strong>Provision of technical-vocational training funds via DO No. 16 s. 2011, teacher items via DO No. 25 s. 2011, and intervention funds via DO No. 59 s. 2011;</strong></td>
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<td><strong>Implementation of the K to 12 Education Program which offers technical vocational career paths; and</strong></td>
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<td><strong>Provision of ALS livelihood program that provides skills training to ALS learners.</strong></td>
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<tr>
<td><strong>President Aquino’s Education Agenda: Science and Math Proficiency</strong></td>
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<tr>
<td><strong>Key Reform Thrusts (KRTs)</strong></td>
<td><strong>Issuance of policies and guidelines on strengthening secondary-level science and math education and provision of financial subsidies to science classes via DO No. 55 s. 2010; and</strong>  &lt;br&gt;<strong>Implementation of special science elementary schools (SSESs) via DO No. 57 s. 2011.</strong></td>
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<td>Alternative Delivery Modes (ADM)</td>
<td><strong>Strengthening of ADM programs (e.g., multigrade, open high school, and home schooling) through policy guidelines via DO No. 54 s. 2012 and funding support via DO No. 53 s. 2011;</strong>  &lt;br&gt;<strong>Implementation of the Dropout Reduction Program (DORP) via DO No. 74 s. 2010; and</strong>  &lt;br&gt;<strong>Strengthening of the implementation of the Multigrade Education Program via DO No. 63 s. 2010 and DO No. 81 s. 2009.</strong></td>
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<tr>
<td>Special Education</td>
<td><strong>Provision of support funds to 345 elementary SPED centers via DO No. 24 s. 2012;</strong>  &lt;br&gt;<strong>Provision of support funds to 153 secondary schools implementing SPED programs via DO No. 98 s. 2011; and</strong>  &lt;br&gt;<strong>Use of Braille materials and sign language in ALS.</strong></td>
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<tr>
<td>Indigenous Peoples Education</td>
<td><strong>Served 795,930 elementary and 186,213 secondary IP learners in SY 2011-2012;</strong>  &lt;br&gt;<strong>Adoption of the National People’s Education Policy Framework via DO No. 62 s. 2011;</strong>  &lt;br&gt;<strong>Provision of ALS for IPs; and</strong>  &lt;br&gt;<strong>Completion of a profile of IP and Muslim communities in provinces supported by the PRIME project.</strong></td>
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<tr>
<td>No Longer In School</td>
<td><strong>Offering of special secondary-level curricular programs via DO No. 46 s. 2012.</strong></td>
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<tr>
<td>President Aquino’s Education Agenda: Quality Textbooks</td>
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The Constitution states that it is the duty of the State to provide accessible and quality education to every Filipino. However, despite the legal protections, budgetary prioritization and numerous programs and policies to achieve accessible and quality education, the promise of the State remains unfulfilled for many Filipinos, especially those living below poverty line. The educational system of the country since independence has been plagued with numerous problems that continually affects the national competitiveness of the country.

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1.5.5 Technical and Vocational Education and Training

Then President Fidel V. Ramos signed on 25 August 1994, Republic Act No. 7796 or the "Technical Education and Skills Development Act of 1994," that created the Technical Education and Skills Development Authority, known to many, simply as TESDA.\textsuperscript{133}

TESDA was created through the merging of different government agencies including the: National Manpower and Youth Council (NMYC) from Department of Labor and Employment; the Bureau of Technical and Vocational Education from Department of Education, Culture, and Sports; and the Apprenticeship Program of the Bureau of Local Employment from Bureau of Local Employment.

The merging of various offices was among the key recommendation included in the 1991 Report of the Congressional Commission on Education. The merging and the creation of TESDA was made to reduce the overlapping in skills development activities initiated by various public and private sector agencies and to also provide guidelines for the country's technical-vocational education and training (TVET) system.

**Legislation**

The State is mandated to "provide adult citizens, the disabled, and out-of-school youth with training in civics, vocational efficiency, and other skills."\textsuperscript{134} Hence, it is the duty of the State in the technical education scene, to provide relevant, accessible, high quality, and efficient technical education and skills development supporting the development of high-quality middle-level power.\textsuperscript{135}

With this mandate, the Technical Educational and Skills Development Authority (TESDA) was established by virtue of Republic Act No. 7796 or the Technical Educational Act of 1994. TESDA is responsible in managing and supervising technical education and skills development in the country.\textsuperscript{136} Specifically, TESDA's responsibilities include: integrating, coordinating and monitoring skills development programs; restructuring efforts to promote and develop middle-level manpower; approving skills standards and tests; developing an accreditation system for institutions involved in middle-level manpower development; funding programs and projects for technical education and skills development; and assisting trainers training programs.\textsuperscript{137}

**Organizational structure**

TESDA is headed by the TESDA Board. The Board is responsible in formulating, continuing, coordinating and integrating technical education and skills development policies, plans and programs.\textsuperscript{138} Specifically, the Board is responsible in: organizing and constituting various standing committees, subsidiary groups, or technical working groups for efficient integration, coordination and monitoring technical education and skills development.

\textsuperscript{134} 1987 CONST. Art XIV, Sec. 5.
\textsuperscript{135} Rep. Act no. 7796 (1994), Sec 2.
\textsuperscript{137} 1987 CONST. Art XIV, Sec. 5.

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programs; restructuring the entire sub-sector consisting of all institutions and programs involved in the promotion and development of middle-level manpower through upgrading, merger and/or phase-out following a user-led strategy; approving trade skills standards and trade tests as established and conducted by private industries; establishing and administering a system of accreditation of both public and private institutions; and establishing, developing and supporting institutions’ trainors’ training and/or programs among others.139

The board according to law shall be composed of: Secretary of Labor and Employment as Chairperson; Secretaries of Education and Trade and Industry as Co-Chairpersons; Secretaries of Agriculture, Interior and Local Government, and Director General of TESDA Secretariat as members. In addition, the President shall appoint members from the private sector: two representatives from employer/industry organization; three representatives from the labor sector; and two representatives from the national associations of private technical-vocational education and training institutions.140

The TESDA Secretariat, on the other hand, headed by a Director-General and assisted by two Deputy-Directors General and Chief of Services for Administration is responsible in reviewing and recommending action to concerned authorities on proposed technical assistance programs and grants-in-aid for technical education or skills development, or both.141 Specifically, the Secretariat is responsible in: establishing and maintaining a planning process and formulating a national technical education and skills development plan; preparing and implementing upon approval by a program for the training of trainers, supervisors, planners and managers, among others.142

The TESDA Secretariat, together with the offices of the Director-General, Deputy Director-General and Chief of Services for Administration shall be composed of the following offices: Planning Office143; Skills Standards and Certification Office (SSCO)144; National Institute for Technical Vocational and Education Training (NITVET); Office of Formal Technical Vocational Education and Training (OFFVET); Office of the Non-Formal Technical Vocational Education and Training (ONFTVET); Office of Apprenticeship (OA); Regional TESDA Offices.145

The National Institute for Technical Vocational and Education Training (NITVET) is responsible in: serving as the research and development arm in the field of technical-vocational education and training; developing curricula and program standards for various technical-vocational education and training areas; developing and implementing an integrated program for continuing development of trainers, teachers and instructors within the technical education and skills development sector, among others.146

Standards in educational services delivery

The Office of Formal Technical Vocational Education and Training (OFFVET) is responsible in: providing policies, measures and guidelines for effective and efficient administration of

139 Ibid.
141 Ibid., Sec. 9.
142 Ibid.
143 The Planning Offices is responsible in designing and establishing planning processes and methodologies which will particularly enhance the efficiency of resource allocation decisions within the technical education and skills development sector.
144 The Skills Standards and Certification Office (SSCO) is responsible in developing and establishing a national system of skills standardization, testing, and certification in the country.
146 Ibid., Sec. 14.
formal technical-vocational education and training programs; establishing and maintaining a system for accrediting, coordinating integrating, monitoring and evaluating the different formal technical-vocational education and training program vis-a-vis the approved national technical education and skills development plan; establishing and maintaining a network of institutions engaged in institutionalized technical-vocational education and training, among others.\footnote{Rep. Act no. 7796 (1994), Sec. 14.}

On the other hand, the Office of the Non-Formal Technical-Vocational Education and Training (ONFTVET) is responsible in: providing direction, policies and guidelines for effective implementation of non-formal, community-based technical-vocational education and training; accrediting, coordinating, monitoring and evaluating various non-formal technical-vocational education and training programs; establishing and maintaining a network of institutions including local government units, non-government organizations implementing non-formal, community-based technical-vocational education and training, among others.

On 1 October 2012, then President Benigno S. Aquino III signed Executive Order No. 83 Series of 2012 or the Institutionalization of the Philippine Qualifications Framework. The Philippine Qualifications Framework (PQF) describes the levels of educational qualifications\footnote{TESDA, "TESDA Policy Brief" http://www.tesda.gov.ph/uploads/File/policybrief2013/PB%20Philippine%20Qualification%20Framework.pdf, (accessed 30 August 2005), 1.} and sets the standards for qualification outcomes. Likewise, the PQF is a quality assured national system for the development, recognition, and award of qualifications based on standards of knowledge, skills and values, and methods of learners.\footnote{Executive Order No. 83 Series of 2012, Sec. 1.}

The PQF is a national policy that has the following objectives: adopt national standards and levels for outcomes of education; support the development and maintenance of pathways and equivalencies which, provide access to qualifications and assist people to move easily and readily between the different education and training sectors and between these sectors and the labor market; and align the PQF with international qualifications framework to support the national and international mobility of workers through increased recognition of the value and comparability of Philippine qualifications.\footnote{The PTQF was established by the government in 2003 in line with the Regional Model Competency Standards (RMCS).}

An integral part of PQF is the Philippine TVET Qualifications Framework (PTQF) defining four qualification levels (Level 1-4).\footnote{Package of competencies describing a particular function or job role existing in an economic sector. It covers the work activities required to undertake a particular job role.} Level 1 or National Certificate I graduates are expected to perform routine and predictable tasks involving little or no latitude for judgments, and work under supervision. Level 2 or National Certificate II graduates are expected to perform a given range of functions involving known routines and procedures, in a system of limited choices and complexity, with little accountability in terms of work outputs. Moreover, National Certificate III graduates are expected to perform wide range of skilled operations at a high level of competence involving known routines and procedures, in a complex system with a range of available options, and practice a certain responsibility for self and others; graduates also contribute to the problem solving and work processes. Finally, National Certificate IV graduates are expected to perform a wide range of applications in complex and non-routine contexts, and perform evaluation and analysis of work practices together with
the development of new criteria and procedures; graduates also provide some form of leadership and guidance for others.  

Figure 14: Philippine qualifications framework

To provide quality-assured TVET System that creates job-ready workers in line with labour requirements at the local and international level, the PTQF employs a system of quality assurance mechanisms including, Training Regulations; Unified TVET Programs Registration and Accreditation System (UTPRAS); and Philippine TVET Competency Assessment and Certification System (PTCAC).  

Training Regulations (TR's) indicate the over-all parameters by which programs are qualified and registered. TR's are continuously being developed together with industry leaders and implemented by the TESDA Board. Training regulations include competency standards, training standards, and assessment and certification arrangements. The development of TR's considers four components, namely: the curriculum, the qualification of trainers, the tools and available equipment, and training facilities.  

The Unified TVET Programs Registration and Accreditation System (UTPRAS), on the other hand, works as a regulatory mechanism where TVET programs are quality-assured by TESDA. UPTAS is a system that ensures compliance of Technical Vocational Institutions (TVIs) with the minimum requirements prescribed under the promulgated training regulation, including among others: curricular programs, faculty and staff qualifications, physical sites and facilities, tools, equipment, supplies and materials and similar requirements prior to the issuance of the government authority to offer or undertake technical vocational education program. Upon completion of all requirements, a

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152 TESDA, “Policy Brief”, 2.  
153 Ibid.  
155 Ibid.  
156 Ibid.
Certificate of Program Registration (CoPR) is issued to the institution and officially listed in the TESDA Compendium of Registered Programs.¹⁵⁷

Finally, the Philippine TVET Competency Assessment and Certification System (PTCACS) is the process of evaluating whether TVET graduates and skilled workers have the required competence to perform tasks in line with the required standards of the workplace, based on defined competency standard. This mechanism demonstrates whether compliance to standards and competency requirements had been achieved.¹⁵⁸ Certificates, whether Certificate of Competency or National Certificate, is given to those who meet the standards.¹⁵⁹

In addition, the Office of Apprenticeship is responsible in: providing direction, policies, and guidelines on the implementation of the Apprenticeship system; accrediting, coordinating, monitoring, and evaluating all apprenticeship schemes and program implemented by various institutions and enterprises, among others.¹⁶⁰

The Regional TESDA Offices under the direct control of Director-General is responsible in: providing effective supervision, coordination and integration of technical education and skills development programs, projects, and related activities in their respective jurisdiction; developing and recommending TESDA programs for regional and local-level implementation within the policies set by the Authority, among others.¹⁶¹

At the grass roots level are the Provincial TESDA Offices headed by skill development officers that is responsible in: providing technical assistance particularly to local government units for effective supervision, coordination, integration and monitoring of technical-vocational education and training programs; reviewing and recommending TESDA programs for implementation, among others.¹⁶²

¹⁵⁸ Ibid.
¹⁵⁹ Certificate of Competency is issued to individuals who have satisfactorily demonstrated competence on a particular or cluster of units of competency. National Certificate, on the other hand, is issued when a candidate has demonstrated competence in all units of competency that comprised a Qualification.
¹⁶⁰ Ibid.
¹⁶¹ Ibid.
On 18 May 1994, through the passage of Republic Act No. 7722 or the “Higher Education Act of 1994,” the Commission on Higher Education (CHED) was created. CHED, operating under the Office of the President is led by a chairperson and four commissioners, each having a four-year term in the office. The Commission En Banc acts as a body to formulate plans, policies, and strategies regarding higher education and the operation of CHED.

The creation of DepEd, TESDA, and CHED was part of the broad agenda of reforms in the country’s educational system outlined by the Congressional Commission on Education (EDCOM) in 1992. One of the reforms of the EDCOM includes the trifocalization of the education sector into three governing bodies: Commission on Higher Education (CHED) for tertiary and graduate education, the Department of Education (DepEd) for basic education, and the Technical Education and Skills Development Authority (TESDA) for technical-vocational and middle-level education.
In 1997, Republic Act No. 8292 or the "Higher Education Modernization Act of 1997" was passed to create a complete and adequate and integrated system of higher education.163

Legislation

The State is mandated to protect and promote quality and accessible education for its citizens.164 In the higher education scene, this translates to promoting relevant and quality higher education; ensuring quality and accessible education to all who seeks it; and guaranteeing academic freedom for continuing intellectual growth, advancement of learning and research, development of responsible and effective leadership, education of high-level and middle-level professionals, and enrichment of the historical and cultural heritage.165 Given this mandate, the Commission on Higher Education (CHED) was created in virtue of Republic Act No. 7722 or the Higher Education Act of 1994.166 The Commission is responsible for both public and private institutions of higher education as well as degree granting programs in all post-secondary educational institutions, public and private.167 The Commission is independent from the Department of Education and attached to the Office of the President for administrative purposes only.168

In 1997, Republic Act No. 8292, or the "Higher Education Modernization Act of 1997" was passed. The law was created to establish a complete, adequate, and integrated system of higher education. It also modified and made uniform the composition of the Governing Boards of chartered state universities and colleges.

Organizational structure

Heading the Commission is the Office of the Chairperson and Commissioners. The Office of the Chairperson and Commissioners is headed by a Chairman of the Commission and four commissioners, who must be holders of earned doctorate(s) and have been engaged in higher education for at least ten years.169 The Office is responsible in providing overall policy and operational direction to all CHED offices. Moreover, it is responsible in formulating policies, standards, plans, and programs for the development of Philippine higher education.170

The Office of the Chairperson and Commissioners is supported by two staff offices: Higher Education Development Fund Staff and International Affairs Staff. The Development Fund Staff is primarily responsible for formulating and implementing policies and guideline for fund generation, fund allocation and fund utilization to support CHED'S fiscal independence and adequacy. On the other hand, the International Affairs Staff assists the CHED Chairperson in the implementation of educational matters involving other countries and international education organizations.171

The Office of Executive Director leads the Commission Secretariat and is headed by an Executive Director with the help of a Deputy Executive Director. The Office is responsible in

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164 1987 CONST. Art XIV, Sec. 1.
166 Ibid., Sec 1.
167 Ibid., Sec 3.
168 Ibid.
169 Ibid., Sec. 4.

171 Ibid.
the overall implementation and operations of CHED Central Office, and Regional Offices. Its responsibilities include: monitoring all central and regional offices, making sure that all units are pursuing a common roadmap; implementing and monitoring the compliance of Central and Regional Offices with all CEB decisions and directives, among others.172

Under the Executive Director are seven different strands, services, bureaus, and divisions namely: Administrative, Financial and Management Service173; Legal and Legislative Service174; Office of Planning, Research, and Knowledge Management; Office of Programs and Standards Development; Office of Institutional Quality Assurance and Governance; Office of Student Development and Services; CHED Regional Offices.

The Office of Planning, Research and Knowledge (OPRK) serves as the Commission’s development planning body and chief policy formulator in higher education. Its main responsibilities include: directing and issuing guideline for the formulation of sector-wide and CHED-wide policies, plans, and development initiatives; developing criteria and systems for allocating HEDF, among others.175

The Office of Programs and Standards Development (OPSD) is primarily responsible in enhancing the program quality of the Commission; developing policy guidelines; and establishing transparency, accountability, expediency and integrity in the formulation and enforcement of PSGs.

173 The AFMS is responsible for the operational service requirements of CHED, covering human resource management, budgetary allocations, accounting and audit procedure, record-keeping functions, and general services.
174 The Legal and Legislative Service is responsible in providing legal and legislative services, focusing on investigating complaints on non-compliant programs of HEIs, effectively implementing the sanctions imposed by the Commission en Banc and providing a mechanism for effective mediation services on numerous and myriad complaints regarding academic and other issues brought before the Commission.
The Office of Institutional Quality Assurance and Governance (OIQAG) is responsible in the areas of quality assurance, governance, and coordination of higher education institutions. Specifically, it is responsible in: assisting and monitoring quality management and governance initiatives of HEIs; formulating and supporting the implementing of institutional policies and guidelines on quality assurance and governance; coordinating with, and supporting HEIs in their plans to establish consortia, twinning, partnerships, linkages between and among themselves and with foreign HEIs.

The Office of Student Development and Services (OSDS) is mandated to expand and enhance the career and life opportunities of students. It is responsible in: directing the conduct of research and studies that lead to policies, plans, programs, guidelines and procedures relative to the relevant student development and services programs; providing technical assistance to CHEDROs, HEIs and other concerned agencies in the development of guidelines for various student development and services; and establishing and maintains linkages with government and non-government agencies and organizations on matters pertaining to student development and services.\(^\text{176}\)

Finally, the Regional Offices of the Commission are responsible in the implementation of policies and programs made by the Commission. Specifically, these offices are in charge of: implementing the plans, policies, standards, guidelines, rules and regulations promulgated by the Commission; monitoring and evaluating the performance of Higher Education Institutions in terms of compliance to minimum standards for the various higher education programs; and issuing permits and recognition for the various program offerings of private higher education institutions among others.

**Standards in educational services delivery**

Among the provisions included in the Higher Education Act of 1994 (RA 7722), states that the Commission “shall set minimum standards for programs and institutions of higher learning.” The old policy-standard of CHED was enhanced through CHED Memorandum Order No. 46 Series of 2012. The revised policy-standard was made to enhance the quality assurance system of Philippine higher education institutions (HEIs) through learning competency-based standards and outcomes-based system of quality assurance of HEIs (differentiated through horizontal and vertical typologies).

For CHED, Quality Assurance (QA) does not simply mean specifying the standards or specifications against which to measure or control quality. Instead, QA ensures that the mechanisms, procedures, and processes at work guarantee that the desired quality is delivered. CHED’s proposed QA system starts with the HEI’s identity (differentiated through horizontal and vertical typology) and enters a quality cycle of planning, implementation, review and enhancement or the Deming Cycle. The system is to translate vision, mission, and goals into desired learning outcomes; establish proper learning environment; review against performance indicators and standards defined in the assessment system; and enhance programs and systems.

Due to the shifting educational discourse from transmission of expert knowledge to education as building learner competencies, CHED has adopted a competency-based learning outcome in line with existing international standards in order to achieve quality and effective integration of intellectual discipline, together with ethos and values, linked with liberal education.

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177 Rep. Act no. 7722 (1994), Sec. 8(d).
178 CHED Memo Order no. 46 Series of 2012.
179 CHED’s defines quality based on Harvey Green’s (1993) definition of quality as: the alignment and “consistency of the learning environment with the institution’s vision, mission, and goals demonstrated by exceptional learning and service outcome and the development of a culture of quality.
180 CHED Memo Order no.46. Sec. 8.
181 Ibid., Sec. 11.
182 Ibid., Sec. 12.
Subsequently, CHED also adopted the outcomes-based approach to QA monitoring and evaluation due to its potential to increase the effectiveness of QA system, and the quality, efficiency, and effectiveness of higher education. CHED adopts two different approaches to outcomes-based evaluation: a) direct assessment of educational outcomes, with evaluation of the individual programs that lead to those outcomes; b) audit of quality systems of an institution to determine whether these systems are effective to ensure that all programs are well designed and deliver appropriate outcomes.  

Ultimately, HEIs are differentiated through horizontal and vertical typologies. The old system of one-size-fits-all of the QA system has encouraged the preference for university status and forces HEIs to focus their limited resources on outcomes that may be irrelevant to their own mission and context. Hence, the new typologies for HEIs, taking into account appropriate QA standards/mechanisms would provide CHED and other related agencies with a more rational monitoring and evaluation system for quality assurance purposes.  

Horizontal typology is based on the functional differentiation of HEIs vis-a-vis their service to the nation. HEIs are functionally distinguished based on: qualifications and corresponding competencies of their graduates; nature of degree programs; qualifications of faculty members; types of available learning resources and support structure; nature of linkages and community outreach activities. The horizontal typology classify HEIs into: Professional Institutions, Colleges, or Universities.

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183 Ibid., Sec. 16.
184 Ibid., Sec. 18.
185 Chart from Commission on Higher Education.
Vertical typology differentiates HEIs based on elements of quality, namely: a) alignment and consistency of learning environment with the institution’s vision, mission, and goals; b) program excellence - demonstration of exceptional learning and service outcomes; and c) institutional quality - development of a culture of quality.

### 1.6 Private sector education services provision

To meet the educational needs of its citizens, the State cannot entirely rely on public sector to provide accessible and quality education to every Filipino. Hence, the State recognizes, even encourages, the complementary roles of both public and private institutions in meeting the educational demands of Filipino students and in shaping the educational system of the country, while exercising reasonable supervision and regulation.

#### Table 9: Enrollees in levels of education by institution (2014-2017)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public</td>
<td>Private</td>
<td>Public</td>
</tr>
<tr>
<td>Pre-School</td>
<td>1,812,960</td>
<td>397,611</td>
<td>1,737,313</td>
</tr>
<tr>
<td>Elementary</td>
<td>13,301,248</td>
<td>1,177,596</td>
<td>13,157,333</td>
</tr>
<tr>
<td>Secondary School</td>
<td>5,928,042</td>
<td>1,353,320</td>
<td>6,012,761</td>
</tr>
<tr>
<td>TVET</td>
<td>1,129,974</td>
<td>903,443</td>
<td>1,285,201</td>
</tr>
<tr>
<td>Higher Education</td>
<td>1,684,088</td>
<td>2,127,638</td>
<td>1,884,984</td>
</tr>
</tbody>
</table>

Private education has long been part of the educational scene of the country. During the Spanish period, private schools, and higher learning institutions, established and governed by religious orders dominated the educational scene. It was only after 1863 and further during the American era, when public schools and universal basic education became part of the colonial policy.

In modern times, since the mid-1970s, private secondary schools represented around 55% of all secondary level enrolments. The enrolment dropped to 40% in the 1980s due largely to the decline of the Philippine economy during the said period. From the 1990s onward,

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186 Measured through accreditation, Centers of Excellence and Development, and international certification.
187 Measured through institutional accreditation, Institutional Quality Assessment (ISA), research and creative work, among others.
188 CHED Memo Order No.46. Sec. 24.
189 CONST. Art IV., Sec. 4(1).
191 Norman LaRoque, “Private Sector Engagement: The Philippines,”
however, there has been a slow yet steady increase of enrollees, whether in the pre-school, elementary, and secondary level, among private schools.\(^{192}\)

The gradual increase of enrollees in private schools is perhaps due to the numerous problems that continues to plague public schools including: overcrowding, lack of sufficient school buildings and school materials, decline in the quality of education, lack of teachers that are experts on their own field, among others. On the other hand, private educational institutions, funded largely through tuition fees and other matriculation fees have provided solutions to the problems faced by public schools resulting to better educational services. However, private schools, due to their rising tuition fees limit their students to those belonging in the middle to upper level income households.

**Table 10: Percentage distribution of students in public and private institutions**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public</td>
<td>Private</td>
<td>Public</td>
</tr>
<tr>
<td>Pre-School</td>
<td>82.00%</td>
<td>18.00%</td>
<td>82.00%</td>
</tr>
<tr>
<td>Elementary</td>
<td>91.9%</td>
<td>8.10%</td>
<td>91.7%</td>
</tr>
<tr>
<td>Secondary School</td>
<td>81.4%</td>
<td>18.60%</td>
<td>81.8%</td>
</tr>
<tr>
<td>TVET</td>
<td>55.6%</td>
<td>44.40%</td>
<td>56.3%</td>
</tr>
<tr>
<td>Higher Education</td>
<td>44.2%</td>
<td>55.80%</td>
<td>45.9</td>
</tr>
</tbody>
</table>

*Source: 2016 and 2017 Philippine Statistical Yearbook, PSA*

The approval of K to 12 Program in 2012 and its first year of execution in 2016 presented the Department of Education with both logistical and administrative problems including but not limited to: establishing numerous school buildings, hiring, and training additional teachers, creating new curriculum. To meet the new demand of incoming senior high school students and ease the burden of the Department of Education, numerous Public Private Partnerships (PPPs), between the government with private institutions/schools have been continued, and initiated, among these include the Private Education Student Financial Assistance Program (PESFA) and Education Voucher Scheme (EVS). Both schemes are used as strategies to decongest public high schools while at the same time allow students to continue their secondary schooling in private schools, illustrating the execution of the State’s mandate regarding the complimentary roles of public and private institutions in educational services delivery.

Another Public-Private Partnership that allows stakeholders to be proactive partners in education services is the Adopt-a-School Act of 1998.\(^{193}\) The program encourages private companies and enterprises to help in the upgrading and modernization of public schools, whether primary, secondary, tertiary, emphasis however, is placed on the poorest provinces.

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The assistance provided by private entities include but is not limited to: staff and faculty development for training and further education; construction of facilities; upgrading of existing facilities, provision of books, publications, and other instructional materials; and modernization of instructional technologies.¹⁹⁴

Likewise, *Brigada Eskwela* relies on the participation of civil society to help repair and prepare classrooms prior to the start of classes. The program provides private enterprises to contribute material resources, while LGU’s and community members provided the necessary workforce.¹⁹⁵

### 1.7 Education sector financing

The establishment of various educational offices in charge of basic education, technical-vocational education, and HEI’s is the State execution of its mandate in providing education for all. These educational institutions are providing educational services to almost one-fourth of the total population with a budget for the year 2017 of only ₱2,499,486,952.00 or 24.7%. In 2018, a budget cut was even made which resulted to the budget of the educational sector being cut down to only ₱2,861,527,550.00 or 23.5%.

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Fy 2017</th>
<th>Fy 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nominal Amount</td>
<td>Amount</td>
</tr>
<tr>
<td>Total New Appropriations</td>
<td>₱2,499,486,952.00</td>
<td>₱2,861,527,550.00</td>
</tr>
<tr>
<td>DepEd</td>
<td>₱544,198,987.00</td>
<td>₱553,312,832.00</td>
</tr>
<tr>
<td>TESDA</td>
<td>₱6,684,759.00</td>
<td>₱7,560,385.00</td>
</tr>
<tr>
<td>CHED</td>
<td>₱18,704,975.00</td>
<td>₱49,426,187.00</td>
</tr>
<tr>
<td>SUCs</td>
<td>₱58,718,377.00</td>
<td>₱62,115,320.00</td>
</tr>
</tbody>
</table>

¹⁹⁴ Ibid.
¹⁹⁶ Summary of New Appropriations, 2017 and 2018 General Appropriations Act
1.8 Educational progress through the years

Education occupies a central role in the lives of many Filipinos. Aside from spending almost seventeen years studying, education is believed by many as a key to socio-economic advancement. And because education is an important issue to many Filipinos, every administration sees to it that educational services and positive educational outcomes are among their top priorities.

However, since the independence of the country in 1946, the main issues surrounding the educational sector remain to be that of its accessibility and quality. Every administration has instituted educational policies to confront these problems while at the same recording the progress made so far. Progress in accessible and quality education is measured through a variety of indicators.

For basic education, covering elementary and high school levels, accessible education is assessed through enrolment rate, completion rate, and cohort survival rate. Quality indicator, on the other hand, is in the form of average score in the National Achievement Test.197

In 1997, net enrolment rate for elementary students was recorded at 67.36%, while the secondary level was at 44.72%. In terms of achievement rate, Grade 6 students who took the National Elementary Achievement Test (NEAT) obtained an average rating of 50.78%. On the other hand, 4th year high-school students had an average score of 48.66% for the National Secondary Achievement Test (NSAT).198

<table>
<thead>
<tr>
<th>Table 12: Accessibility and quality indicators of education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Net enrolment rate (in %)</td>
</tr>
<tr>
<td>Kindergarten</td>
</tr>
<tr>
<td>Elementary</td>
</tr>
<tr>
<td>Secondary</td>
</tr>
<tr>
<td>Completion rate (in %)</td>
</tr>
<tr>
<td>Elementary</td>
</tr>
<tr>
<td>Secondary</td>
</tr>
<tr>
<td>Cohort survival rate (in %)</td>
</tr>
<tr>
<td>Elementary</td>
</tr>
<tr>
<td>Secondary</td>
</tr>
<tr>
<td>Achievement rate (in %)</td>
</tr>
<tr>
<td>Elementary</td>
</tr>
<tr>
<td>Secondary</td>
</tr>
</tbody>
</table>


---

1. Kindergarten students do not take the National Achievement Test.
2. NEAT and NSAT are abolished in 2001 and replaced by the National Achievement Test for both elementary and high-school levels.
Based on the data, from 1997 until 2014, accessibility indicators suggest that the country is experiencing improvement in democratizing education. This phenomenon can be explained by numerous factors including: creation of additional teaching positions, establishment of more school building and facilities, creation of numerous forms of scholarships and subsidies, among others. On the other hand, the quality of education measured through the National Achievement Test (NAT), in elementary level has recorded minimal growth, while on the secondary level it has taken a step backwards. This slow and regressive development can be considered as the effect of competence of teachers, ratio of student to teacher, among others.

### 1.8.1 Technical-vocational education

The technical-vocational education sector on the other hand, had varying indicators throughout the years measuring mostly its graduates, persons assessed and certified, certification rate, TVET providers, and registered TVET programs. After 2003, however, accessibility and quality indicators were only gauged through the number of graduates and certification rate.

In terms of TVET graduates, the data illustrates a decreasing trend. This may be explained by the widespread notion that technical-vocational education is a second-class education resulting to many students opting to pursue instead a college education. On the other hand, certification rate has increased over the years. The upward trend can be explained by the increasing demand for technical-vocational skills in the globalizing world and its economy. Workers assessed and certified by the government provide possible employers the assurance that the workers can do the job assigned, thus giving certified workers a better chance against non-certified workers to be employed.

#### Table 13: TVET sector progress

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TVET Graduates</td>
<td>-</td>
<td>1,907,168</td>
<td>1,344,371</td>
<td>1,785,679</td>
</tr>
<tr>
<td>Assessment and Certification</td>
<td>-</td>
<td>232,062</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Number of Persons Assessed</td>
<td>-</td>
<td>109,468</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Number of Persons Certified</td>
<td>-</td>
<td>47.2%</td>
<td>82.9%</td>
<td>91.3%</td>
</tr>
<tr>
<td>Certification Rate (in %)</td>
<td>-</td>
<td>1,352</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Number of TVET Providers Public</td>
<td>-</td>
<td>1,352</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Private</td>
<td>-</td>
<td>2,045</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TVET Programs Registered</td>
<td>-</td>
<td>10,786</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>


### 1.8.2 Higher education

In the higher educational sector, the table demonstrates the positive trend in both accessibility and quality education indicators. In terms of accessibility, college and university education is provided by both public and private institutions. Despite the cost of a college education, many Filipinos opt to study in higher education institutions. The premium given to university education believed to be a pre-requisite for a stable and respected (office) job.
remains as among the top driving forces for the increased in student enrolment and later graduates of these higher institutions.

In terms of quality, the upward trend can be considered as the effect of the increasingly globalizing world. The international trend of ranking universities based on faculty with MA or Ph.D. degrees, publication in international journals, number of international students, among others have influenced local universities to encourage their faculties to pursue further studies. Moreover, the partiality by many higher education institutions to obtain a university status, which also require faculties to have their MA and/or Ph.D. degrees, provide additional benefits and salaries for their faculties to encourage them for further studies. Subsequently, HEIs with accredited programs have a higher chance of attracting students as against those that do not have accredited programs.

Likewise, the passing rate in national licensure examinations has also seen a positive growth. This phenomenon may be explained by several factors including: widespread internet use among Filipinos, giving students better access to relevant educational information; standardized curriculum among many universities geared towards passing licensure exams, among others.

**Table 14: TVET sector progress**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>1997</th>
<th>2003</th>
<th>2010</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher education graduates increased</td>
<td>-</td>
<td>419,072</td>
<td>498,418</td>
<td>632,076</td>
</tr>
<tr>
<td>Higher education faculty with MA increased (in %)</td>
<td>-</td>
<td>29.88</td>
<td>38.87</td>
<td>40.81</td>
</tr>
<tr>
<td>Higher education faculty with PhD increased (in %)</td>
<td>-</td>
<td>9.21</td>
<td>11.09</td>
<td>12.54</td>
</tr>
<tr>
<td>HEIs with accredited programs increased (in %)</td>
<td>-</td>
<td>-</td>
<td>19.89</td>
<td>25.38</td>
</tr>
<tr>
<td>National passing percentage (across disciplines) in licensure exams increased (in %)</td>
<td>41.2</td>
<td>41.71</td>
<td>33.91</td>
<td>61.45</td>
</tr>
</tbody>
</table>

2 City of Manila Profile

2.1 History, geography, and administration and political context

2.1.1 Historical overview

Prior to the arrival of the Spaniards, Maynilad was a Muslim settlement headed by Rajah Soliman. In 1570, hearing rumours that a prosperous kingdom was located in Luzon, Miguel Lopez de Legazpi ordered his trusted officials, Martin de Goiti and Juan Salcedo to search for that prosperous kingdom.

By 1571, with confirmed rich natural resources and strategic location, Legazpi himself, together with his own Spanish forces and local allies, laid siege to Maynilad. Victorious, the Spaniards occupied what was left of the settlement and built the Intramuros fortress to protect them from any foreign and local invasion. Manila was then transformed into the capital of the newly conquered islands.

Religious conversion, from paganism to Roman Catholicism, is among the objectives of the Spaniards in the colony. Conversion of the natives begun with an Augustinian friar, Andrés de Urdaneta who accompanied Legazpi in 1571. Numerous religious orders including Franciscans, Dominicans, Jesuits, and Augustinians established churches, convents, and schools in Manila later on. In 1574, King Philip II gave the city its own coat of arms and declared it Ciudad Insigne y Siempre Leal (Distinguished and Ever Loyal City).

As the colonial capital, Manila became the entry point in Asia during the Manila-Acapulco Galleon Trade that lasted from the 16th until the early part of the 19th century.

During the Spanish occupation, Manila was attacked, sometimes occupied by other foreign powers. In 1574, Chinese living in the area under the leadership of Limahong attacked the city but were defeated by the combined Spanish and native forces. In the mid-17th century, the Dutch raided the area. In 1762, amid the Seven Year’s War, the City was captured by the British but was later returned to Spain through the Treaty of Paris. The City was finally opened to foreign trade in 1832. Commerce and growth of the city and the country was further achieved after the Suez Canal opened in 1869.

In the latter part of the 19th century, the “Kataas-taasan, Kagalang-galang Katipunan ng mga Anak ng Bayan” (KKK) the Highest, Respectable Group of the Son of Nation, a group advocating for Philippine Independence, was established in Manila and later would be the igniting force for the 1896 Philippine Revolution.

In 1898, during the Spanish-American War, the American Naval Forces defeated the Spanish Armada. With the help of President Emilio Aguinaldo and his forces, the Americans were able to defeat the Spaniards during the Battle of Manila. A year after, in 1899, the Philippine-American War commenced beginning with the Battle of Manila. The war formally ended in 1901 with the capture of Emilio Aguinaldo in Palanan, Isabela. By virtue of Act 183 of the Philippine Commission, the Americans on 30 July 1901 declared Manila as the first chartered city. Through the charter, Manila not only remained its position as the political center of the country, but also the first city to gain local autonomy. With the American
educational policy of universal education, numerous schools and universities were erected
throughout the city.

Figure 18: España Bridge across the Pásig River, Manila

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Figure 19: Parian Gate, Manila

204 Ibid.
Figure 20: Santa Cruz, Manila

Figure 21: The Luneta on a quiet Morning

205 Ibid.
206 Ibid.
Figure 22: Quiapo Church, c. 1900s

Figure 23: Quiapo Church, 2014

207 Photo source: http://www.philippine-history.org/picture-old-manila18.htm
208 Photo source: https://news.abs-cbn.com/lifestyle/01/06/14/staycation-guide-overnight-stay-quiapo
Figure 24: Manila City Hall, c. 1960s

Figure 25: Manila City Hall, 2015

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209 Photo source: http://kontedstories.blogspot.com/2014/02/manila-city-hall.html
In 1941, as the capital city, Manila was among those bombed by the Japanese. By January of 1942, Japanese forces entered Manila.

With the shift in the tide of war beginning in 1944, American forces were able to secure some areas in the country. By February 1945, American forces reached Manila and engaged the Japanese in firefight. The Battle for Manila lasted for a month, ending in March 1945, and claiming the lives of over 100,000 Filipino civilians and numerous buildings destroyed.

After the war, Manila was rapidly transformed with the help of the US aid. In 1948, Quezon City was chosen as the site of the new capital but later in 1976 returned to Manila. Throughout the 20th century, Manila further experienced economic growth.

### 2.1.2 Geography

The City of Manila (Filipino: Lungsod ng Maynila) is located at the eastern side of Manila Bay and on the mid-western edge of Luzon. Manila is composed of 897 barangays and has an aggregate land area of 4,045.8 hectares including all reclaimed areas along Manila Bay.\(^{211}\) The city is limited in the north by the highly-urbanized cities of Navotas, Caloocan, and Quezon; in the east by San Juan, Mandaluyong cities; and in the south by Makati and Pasay cities.

Regionally, the City is part of the National Capital Region (NCR). The City’s coordinates are 14.5995° N, 120.9842° E.

In terms of terrain, the City is relatively flat with some portions of the city below sea level. During high tide, the sea water goes about two kilometers inland from the Pasig River to Laguna de Bay.\(^{212}\)

Geologically, the City has three (3) types of soil: Eutropepts with Dystropepts; Tropiculds with Tropudales, Tropepts and Oxisols; and Pellusterts with Udales, Udorthents and Tropepts.\(^{213}\)

In terms of climate, based on Köppen Climate Classification System, the City of Manila is classified as having Savanna Climate (Aw). Manila has an annual mean temperature of 27.2°C ranging from 25.2°C – 31.2°C Heavy rains usually begin from July until August with a monthly rainfall of 486 mm. Dry season begins in November until April.\(^{214}\)

In terms of water forms, Manila City is traversed by open water ways including Perlita Creek (960 meters) in South Manila and Antipolo Open Canal (1,672.20 meters) and 29 esteros with approximate length of 31, 812. 33 meters. The creeks and esteros act as a drainage system, all of which converge at the Pasig River that in turn flows directly in the Manila Bay. In addition, Pasig River links Manila Bay with Laguna de Bay and has a total length of about 25 kilometers.\(^{215}\)

Manila Bay, on the other hand, has a coastline of about 190km and its bottom is gradually deepening at the rate of 0.1%. The Bay, roughly about 1,800 sq. m. in area collects water and

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\(^{212}\) Ibid.

\(^{213}\) Ibid.

\(^{214}\) Ibid.

\(^{215}\) Ibid.
wastewater from the whole NCR and receives about 17,000 square meters of watershed drained by 26 principal rivers.\textsuperscript{216}

\textbf{Map 3: Administrative map of Manila}

216 Ibid.
2.1.3 Administration and political context

The City of Manila is a local government unit recognized under the Local Government Code of 1991. It is a highly urbanized city and the capital city of the Philippines. It is part of the administrative jurisdiction of the National Capital Region (NCR – Metro Manila).

As a local government unit, the City of Manila acts as both a political subdivision of the Philippine state and as a corporate entity representing the city inhabitants. It has the mandate of promoting the general welfare among its citizens and of serving as local development agencies of the state. It plays the primary role of delivery and coordination of basic services within its territory, covering the development of the sectors of agriculture, environment, health, social welfare, and public works. Overall, the City Government of Manila is duty-bound to promote the well-being and quality of life of its inhabitants on behalf of the state.

Manila supervises eight hundred ninety-seven (897) component barangays within its jurisdiction. Barangays serve as the primary planning and implementing unit of government policies, plans, programs, projects, and activities at the community level. These component barangays have their own government units with executive and legislative bodies— the barangay chairperson exercises executive powers while the Sangguniang Barangay— the local council— exercises legislative powers. Their acts are under the purview of the city government of Manila.

Similarly, Manila City is one of the seventeen (17) local government units under the administrative jurisdiction of NCR. The Metropolitan Manila Development Authority (MMDA), NCR’s governing body for policy and planning coordination, provides a regional plan that outlines the role of every local government unit within its scope. Manila City must harmonize its plans with that of MMDA, and must cooperate with the authority on policy areas such as traffic, waste management, and urbanism.

Manila City has six (6) legislative districts. Legislative districts are subdivisions created by law that provide for, among others, a representation in the Philippine Congress. The district representative articulates the interests of its constituency in the national legislature. Also, the district representative sits in various committees formed within the city for developmental functions. For instance, the city development council—the body mandated by law to conduct development planning—includes the district representative as one of its members.

Seventeen (17) administrative districts compose the City of Manila, namely: Tondo I; Tondo II Binondo; Quiapo; San Nicolas; Santa Cruz; Sampaloc; Ermita; Intramuros; Malate; Paco; Port Area; San Andres; San Miguel; Pandacan; Santa Ana; and, Santa Mesa. These districts constitute coherent social and spatial that allow for strategic coordination on basic services delivery and responsive solutions to issues.

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217 The House of Representatives and the Senate of the Philippines are the two equal chambers composing the Congress of the Philippines.
218 Ibid.
**Government structure**

Manila City has a local chief executive and a city legislative body—the city mayor has local executive power, while the *Sangguniang Panlungsod* has local legislative power. The City Mayor, through the City Administrator, supervises thirty-five (35) offices for general local administration and direct public services delivery. It includes an urban settlements office, a planning and development office, a city health office, a social welfare and development office, a public services office, and a parks development office, among others. Manila also has six (6) city hospitals, three (3) city colleges, and a public city library. *(See Annex – Functional Structure of Manila City Government)*

A local health board and a local school board also form part of the local structure. These two bodies serve as policy, fiscal, and institutional advisers to the local council concerning health and education programs within the city.

The local health board in cities is chaired by the city mayor and the city health officer (as vice chair), and is composed of the city council’s health committee chairperson, a Department of Health (DOH) representative, and a private sector representative involved in health services delivery.

Similarly, the local school board is chaired by the city mayor and the division of city schools superintendent as co-chair. Its members include the city council’s education committee chairperson, the city treasurer, a youth council representative, the president of city federation of parent-teachers associations, the president of teachers’ organization in the city, and an elected representative of non-academic public school personnel.

**Local government revenue and expenditures**

Majority of Manila City’s income are locally-sourced. An average of 75% of its total operating income from 2012-2016 came mostly from taxes on real property, businesses, and on regulatory fees. Only an average of 24% of its income during the same period came from national government transfers from internal revenue. Manila City has also been yielding a budget surplus in the last three (3) years. In this respect, the city government can be described as financially-independent.

**Table 15: Manila City Government’s current operating income**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>₱7,049,514,773</td>
</tr>
<tr>
<td>2013</td>
<td>₱8,619,634,393</td>
</tr>
<tr>
<td>2014</td>
<td>₱10,940,304,250</td>
</tr>
<tr>
<td>2015</td>
<td>₱12,186,530,612</td>
</tr>
</tbody>
</table>

---

219 Data came from Department of Finance – Bureau of Local Government and Finance (DOF-BLGF).
For years 2012 to 2016, Manila City Government has appropriated an average of 69% of its current operating income to its current operating expenditures. Of this share, education and manpower development sector has received an average of ₱ 1.2 Billion. This amounts to an 18% share of average total operating expenditures of the city government. Meanwhile, health and nutrition has received an average of ₱ 1.14 Billion. This amounts to a 17% share over the total average operating expenditures. Housing and community development sector has received the smallest share of the three sectors. It has received an average of ₱ 665 Million, which amounts to an average of 10% share during the same period.

Table 16: Manila City Government’s expenditures

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Education &amp; Manpower Development</th>
<th>Health, Nutrition &amp; Population Control</th>
<th>Housing &amp; Community Development</th>
<th>Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>₱1,401,528,901</td>
<td>₱1,934,218,375</td>
<td>₱74,614,488</td>
<td>₱6,504,668,668</td>
</tr>
<tr>
<td>2013</td>
<td>₱940,779,255</td>
<td>₱1,932,289,885</td>
<td>₱760,920,064</td>
<td>₱6,141,215,860</td>
</tr>
<tr>
<td>2014</td>
<td>₱1,185,173,903</td>
<td>₱565,069,523</td>
<td>₱807,080,944</td>
<td>₱6,626,411,197</td>
</tr>
<tr>
<td>2015</td>
<td>₱1,320,637,112</td>
<td>₱629,480,209</td>
<td>₱827,216,952</td>
<td>₱6,992,354,574</td>
</tr>
<tr>
<td>2016</td>
<td>₱1,153,204,647</td>
<td>₱637,106,866</td>
<td>₱854,516,107</td>
<td>₱7,523,296,121</td>
</tr>
</tbody>
</table>

*As of July 31, £ 1 = ₱ 69.57  Source: Department of Finance – Bureau of Local Government Finance

Health services delivery

The City Health Office of Manila is the primary arm for basic health services delivery in the city. It has five (5) sub-offices encompassing its health operations, planning and research, training, and pharmacy. Its major divisions cover matters about maternal and child health, family planning, midwifery, preventable diseases, communicable diseases, dental health, sanitation, and nutrition. It is supervised by a City Health Officer and an Assistant City Health Officer and is manned by eight hundred eighty-three (883) health professionals and administrative staff stationed either in the city hall or in one of the six (6) district health offices.

The City Health Office supervises six (6) district health offices, covering the 897 component barangays of Manila City.
### Table 17: Health professionals in the City of Manila

<table>
<thead>
<tr>
<th>Health professionals</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>46</td>
<td>103</td>
<td>149</td>
</tr>
<tr>
<td>Dentists</td>
<td>41</td>
<td>97</td>
<td>138</td>
</tr>
<tr>
<td>Nurses</td>
<td>30</td>
<td>177</td>
<td>207</td>
</tr>
<tr>
<td>Midwives</td>
<td>0</td>
<td>112</td>
<td>112</td>
</tr>
<tr>
<td>Nutritionists</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Medical Technologists</td>
<td>6</td>
<td>38</td>
<td>44</td>
</tr>
<tr>
<td>Sanitary Inspectors</td>
<td>34</td>
<td>36</td>
<td>70</td>
</tr>
<tr>
<td>BHW</td>
<td>11</td>
<td>150</td>
<td>161</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>168</td>
<td>715</td>
<td>883</td>
</tr>
</tbody>
</table>

### Table 18: District health offices in the City of Manila

<table>
<thead>
<tr>
<th>District</th>
<th>Estimated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>417,250</td>
</tr>
<tr>
<td>II</td>
<td>216,159</td>
</tr>
<tr>
<td>III</td>
<td>222,496</td>
</tr>
<tr>
<td>IV</td>
<td>265,906</td>
</tr>
</tbody>
</table>

---

220 Data came from the Manila Health Department.
221 Data came from the Manila Health Department.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>367,902</td>
</tr>
<tr>
<td>VI</td>
<td>296,204</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,785,917</td>
</tr>
</tbody>
</table>

Source: Manila Health Department

Manila City also has hospitals, health centers, barangay health stations, and a social hygiene clinic to complement the primary health care service of the district health center. As of 2016, the City has 35 hospitals; 23 of them are privately-owned and operated, 6 are under the Department of Health (DOH), and 6 are also under the city government. There is also one (1) university hospital that is under the supervision of the University of the Philippines College of Medicine. There are 59 community health centers owned and operated by the city government across the city. There are 23 community lying-in clinics and 480 day care centers. (See Map of Health Facilities in Manila City)

Local government units have been empowered to enact policies and regulations to perform the devolved basic services and functions within their jurisdiction. These acts must be within the scope of the LGUs’ powers and must not be contradictory to national laws and policies. The Local Health Board serves as an advisory body to the local legislative council in enacting health policies for implementation or in prioritizing health programs and facilities for funding.

The health policies of the City of Manila have targeted the indigent and marginalized sectors of society. One such program is a cross-subsidy program named the Orange Card System. The system provides stubs to certain individuals qualified to avail subsidy for healthcare. The program tries to keep those with ability to pay to contribute to the health costs of those less privileged. The program is implemented by the social welfare department of the city government.

Another similar health program is Ordinance No. 8344, which is part of the Health Care Service Program of the city. This policy grants free medical care to government employees within the city, particularly those from the city government, the barangay officials, senior citizens, and personnel of the Manila Police District.
Map 4: Health facilities in Manila

Legend
- Manila City
- Barangay Boundary
- City Boundary

Health Facilities
- Barangay Health Station
- Social Hygiene Clinic
- Health Center
- Hospital

HEALTH FACILITIES MAP
Manila City, National Capital Region

Scale: 1:40,000

0 0.5 1 1.5 2 km

Projection: Universal Transverse Mercator (Zone 51)

Image © 2017 Google Earth
Map 5: Selected health indicators for National Capital Region, 2009-2010

Data came from the Department of Health’s online National Health Facilities Registry (Accessed on 10 July 2018 <https://nhfr.doh.gov.ph/rfacilities2list.php>.)

Map 6: Selected health indicators for National Capital Region, 2012-2013

Maternal mortality and infant mortality are among the most important outcomes of health sector performance. Between 1990 to 2015, the Millennium Development Goals (MDG), the precursor to the Sustainable Development Goals, pursued a maternal mortality ratio reduction of about three quarters on the national scale. This implies that, in 2015, there should just have been at least 52 maternal deaths for every 100,000 livebirths, from the baseline of 209 in 1990. Meanwhile, the MDG prescribed a reduction of infant mortality ratio reduction by two thirds on the national scale. This implies infant deaths should have been limited to 19 for every 1,000 livebirths in 2015, from the baseline of 57 in 1990.

Manila belongs to the upper half of the seventeen localities in the Metro Manila Region in terms of maternal mortality. In the years 2009 to 2013, it had an average of 72 maternal deaths for every 100,000 livebirths. Metro Manila, as a region, had an average of 82, with the City of Makati having the best performance in the region at an average of 52 maternal deaths.

Meanwhile, on infant mortality, Manila was among the bottom three localities in the region, with an average of 21 infant deaths for every 1,000 livebirths. Metro Manila, as a region, had an average of 18 during the same period, with the City of Pasig having the best performance at an average of 11 infant deaths.

**Education services delivery**

The national government provides for the education services delivery in the whole country. Unlike health, education has not been devolved to LGUs. Education services delivery follows a trifocal approach- the DepEd is in charge of basic education; TESDA is in charge of technical and vocational education and training (TVET); and, the CHED takes the helm over tertiary and graduate education. The three agencies formulate and implement the policies, guidelines, and the regulatory framework governing education in their respective areas.

On the public sector side, DepEd and TESDA, through its city and municipal schools and training centres, directly provide basic education and TVET. CHED, on the other hand, only supervises state-owned universities and colleges (SUCs) by sitting as chairperson of their respective boards of trustees; the SUCs directly provide tertiary and graduate education.

Through its regional offices, these three agencies regulate and set the standards for education services delivery provided by the private sector.

<table>
<thead>
<tr>
<th>Education Facilities Manila City, Retrieved July 2018</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Education Facilities</td>
<td>86</td>
<td>163</td>
</tr>
<tr>
<td>TVET Facilities</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>Tertiary Education Facilities</td>
<td>8</td>
<td>67</td>
</tr>
</tbody>
</table>

---

226 Ibid.
228 Data came from the online facility registries of the Department of Education, Technical Education and Skills Development Authority, and Commission on Higher Education.
 Nonetheless, local government units may plan and construct a basic education and tertiary school and a TVET training center for its inhabitants. This can be funded through the special education fund (SEF). The SEF comes from real property taxes—an additional annual tax of one percent (1%) may be collected from a real property’s assessed value. The funds collected shall be used for the construction and maintenance of, or to augment the budget of, new and existing education facilities. The local school board administers the SEF.

Manila belongs to the lower half of the seventeen localities in the Metro Manila Region in terms of participation rate in secondary education. In the school years 2012-2013 to 2016-2016, it had an average of 72.30% first year entrants reaching the final education level (fourth year). Metro Manila, as a region, had an average of 77.39%, with the City of Pasig having the best performance in the region at an average of 95.93%.²²⁹

Meanwhile, on cohort survival rate in secondary education, Manila was the worst performer among the localities in the region, with an average of 70.98% of first year entrants eventually graduating from secondary education. Metro Manila, as a region, had an average of 80.14% during the same period, with the City of Taguig and the Municipality of Pateros having the best performance at an average of 86.90%.²³⁰

Map 8: Selected education indicators for National Capital Region, 2012-2015

2.1.4 Demographic Trends

Population growth and male-female led households

Regarding the population growth of the City of Manila beginning in the 1960, one could see the gradual increase of its population. In 1960, the City recorded a population of only 1,138,611; by 1970 it grew to 1,330,788; by 1980 it rose to 1,630,485; by 1990 it grew to 1,601,234. In the first year of the 21st century, Manila City recorded a total population of 1,581,082. In 2010, it recorded a 1,652,171 population and finally in 2015 population reached 1,780,148.233

Table 20: Population of the City of Manila from 1960 to 2015

<table>
<thead>
<tr>
<th>Censal Year</th>
<th>1960 February 15</th>
<th>1970 May 6</th>
<th>1980 May 1</th>
<th>1990 May 1</th>
<th>2000 May 1</th>
<th>2010 May 1</th>
<th>2015 August 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Manila</td>
<td>1,138,611</td>
<td>1,330,788</td>
<td>1,630,485</td>
<td>1,601,234</td>
<td>1,581,082</td>
<td>1,652,171</td>
<td>1,780,148</td>
</tr>
</tbody>
</table>

Furthermore, in terms of household population by sex of household head, the City has a total number of households at 435,237 with an average household size of 4.1. Of the total number of households, 310,050 of which is headed by a male, while the remaining 125,187 are headed by a female.234

Figure 26: Percentage Distribution of Male and Female-led Household

Source: 2015 Census of Population and Housing, PSA

Literacy and school attendance

The Philippine Statistics Authority defines basic or simple literacy as the "ability of a person to read and write with understanding a simple message in language or dialect."235 In the City
of Manila, the literacy of household population 10 years old and over was recorded at 1,412,632 where 684,683 are males; and 727,949 are females.\(^{236}\)

<table>
<thead>
<tr>
<th>City of Manila</th>
<th>Household Population 10 years old and over</th>
<th>Literate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both Sexes</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>1,412,632</td>
<td>684,683</td>
</tr>
</tbody>
</table>

Source: 2015 Census of Population and Housing, PSA

In terms of inhabitants enrolled in school, Manila City has a total population of 5 years old and over male and female inhabitants at 1,593,492.\(^{237}\)

Of this number, male population contributes at 780,825; the breakdown are as follows: 162,686 inhabitants were enrolled in primary schools; 301,794 were enrolled in secondary schools; 4, 168 were enrolled in post-secondary education; 16, 041 were enrolled as college undergraduate; and only 128 were enrolled in post-baccalaureate level.\(^{238}\)

**Figure 27: Distribution of highest level attained by male population as of 2015**

On the other hand, female population of five years old and above was at 812,667; the breakdown are as follows: 156,668 were enrolled in primary schools; 307, 294 were enrolled in secondary schools; 17, 416 were enrolled in post-secondary; 139,401 were enrolled as college undergraduates; and 1,870 were enrolled in post-baccalaureate level.\(^{239}\)

\(^{236}\) Ibid.  
\(^{237}\) Ibid.  
\(^{238}\) Ibid.  
\(^{239}\) Ibid.
In terms of number of households by the type of building, Manila City recorded a total household number of 409,987. Of this number 108,277 are single houses; 57,101 are of duplex types; 238,997 are of multi-unit residential types; 2,427 are of commercial/industrial/agricultural types; 95 are of institutional living quarters.\textsuperscript{240}

In terms of tenure, the number of households is at 435,154. Of this number 164,404 own the house and lot where they are currently living; 188,052 are renting their houses including the lot; 7,319 have their own house but are renting the lot; 26,930 own their houses, with rent-free lot with the consent of the lot owner; 14,555 own their houses, with rent-free lot but without the consent of the lot owner; 26,324 have rent-free house and lot with the consent of the owner; while finally 6,553 have rent-free houses and lots without the consent of the owner.\textsuperscript{241}

The United Nations Human Settlements Programme published in 2004 the Urban Indicators Guideline. According to the document, the definition of durable structures is dependent on two main factors: location and durability.\textsuperscript{242}

### Table 22: Materials used for house construction in Manila City

<table>
<thead>
<tr>
<th>Type of Building</th>
<th>Occupied Housing Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>409,987</td>
</tr>
<tr>
<td>Single house</td>
<td>108,277</td>
</tr>
<tr>
<td>Duplex</td>
<td>57,101</td>
</tr>
<tr>
<td>Multi-unit residential</td>
<td>238,997</td>
</tr>
<tr>
<td>Commercial/industrial/agricultural</td>
<td>2,427</td>
</tr>
</tbody>
</table>

\textsuperscript{240} PSA, Housing Characteristics in the Philippines (Results of the 2015 Census of Population), 2016.

\textsuperscript{241} Ibid.

\textsuperscript{242} UN-HABITAT, Urban Indicators Guidelines, Monitoring the Habitat Agenda and the Millennium Development Goals, United Nations Human Settlements Programme, 2004. In terms of location, houses settled at the following areas are considered hazardous: geologically hazardous zones (landslide/earthquake and flood prone areas); garbage mountains; high-industrial pollution areas; around high-risk zones (railroads, airports, energy transmission lines). On the other hand, durability factors rest on the quality of construction (i.e. materials used for wall, floor, and roof) and compliance with local building codes, standard and by-laws.
In terms of occupied housing units and construction materials used for the outer walls and roofs, the City recorded 409,987 households. In terms of the materials used for the outer walls, 210,893 were made of concrete brick or stone; 6,324 were made of wood; 129,409 were made with half concrete/brick/stone and half wood; and 1,343 were made of galvanized iron/aluminum.243

In terms of roof construction materials, 345,286 were of galvanized iron/aluminum; 24,640 were made of tile/concrete/clay tile; 34,415 were made of half galvanized iron and half concrete.244

2.1.6 Migration

In terms of migration, the Philippine Statistics Authority Census of Population and Housing in 2010 indicated that there are 386,835 household in City of Manila. Within five years, of the 67,357 households in the city; 366,475 intends to stay within the same province and municipality; 224 households intend to live within the province but different municipality; 774 households intends to migrate to a different province; 1,445 households intend to migrate to foreign country; and 10,896 households were not report or documented.245

Figure 29: Population pyramid for city of Manila

Source: 2015 Census of Population and Housing, PSA

Source: 2015 Census of Population and Housing, PSA

243 PSA, Housing, 2016.
244 Ibid.
The City of Manila has a fairly young population. About 192,000 of inhabitants are within the 20-24 year old cohort, with males and females having almost equal proportion. Notably, the youngest age group, 0-4 years old, also represent a significant portion of the city population. It accounts for more than 186,000 inhabitants. These two age groups already account for at least a quarter of the population of Manila. Provisions for continuous learning will be important for the 20-24 age cohort, while health services will be crucial for 0-4 age cohort. The latter is particularly true considering that the under-five mortality rate in 2017 has been the highest one recorded in six years.

<table>
<thead>
<tr>
<th></th>
<th>Under-Five Mortality Rate</th>
<th>Manila, 2007-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Five Mortality Rate</td>
<td>37.06</td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>46.95</td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>33.29</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>33.05</td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>40.44</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>31.66</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td>28.32</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>31.24</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>25.60</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>20.82</td>
<td>2017</td>
</tr>
</tbody>
</table>

Source: Manila Health Department

2.2 Economic development and constraints

2.2.1 Infrastructure and utilities

Roads and bridges

The City of Manila has an extensive network of well-paved roads and bridges crossing its rivers and waterways. The entire road network in the city is approximately 770 kilometers, with a road density of 20 kilometers per square kilometer. As of 2005, less than three percent of road remains unpaved. National roads make up about 240.5 kilometers (30.31%). These roads link Manila City to the cities of Navotas, Caloocan, Quezon City, San Juan, Mandaluyong, Makati, and Pasay. The city roads/streets on the other hand make up about 553.07 kilometers (66.69%).

City bridges on the other hand have a total length of 556.70 linear meters. Of this number, 335.66 meters are made of concrete; 162.64 meters are made of wood/timber; and 50.41 meters are made of steel/coco.

Transportation

Land transportation services in the city are mainly in the forms of jeepney, tricycle, pedicab, bus, taxi, Light Railway Transit (LRT 1 & 2), and Philippine National Railways (PNR). In accordance of Ordinance No. 7755, the City has installed, and designated 41 jeepney terminals, 42 tricycle terminals, and 19 pedicab terminals. The jeepneys remain to be the most preferred mode of transport while buses are not as popular.

On the other hand, LRT Line 1 fares favorably compared with other rail transit systems, in terms of patronage (3rd largest in the world on a per route-kilometer basis) and farebox ratio

247 Ibid.
248 Ibid.
(among the highest despite one of the lowest fares) but suffers tremendously on fleet availability and number of staffs. For the year 2005, Line 1 serviced an average of 386, 963 commuters daily with only 64 coaches. Of the 18 stations of Line 1, 12 are located within the City, measuring around 9.9 kilometers that run along from Taft Avenue until Gil Puyat Station.  

Aside from LRT 1 & 2, the PNR also transports huge number of people from Manila to the southern part of the country until Calamba in Laguna. PNR has nine (9) stations located within the vicinity of the city. For the year 2014, 105, 658 passengers from stations located in Manila starting from Vito-Cruz all the way to Tutuban, rode the PNR.  

Since the city is traversed by Pasig River, attempts were made to revive the Pasig River ferry service. The most successful so far was the recent ferry service opened to the public in 2014. On May 2014, the operation of ferry service along the Pasig River resumed after its suspension in 2011. The current ferry service is a partnership of three agencies: PRRC, MMDA, and DOTC. Under the Interim Pasig River Ferry Project (IPRFP), MMDA provided six boats with 25-seaters capacity to service seven stations with five stations located in Manila, namely: PUP, Escolta, Plaza Mexico, San Joaquin, and Sta. Ana. From the period of May-December 2014, with 181 operating days, the ferry service had an average of 307 passengers daily.  

Moreover, the South Harbor located at the southside of the Bay along the Intramuros Area has five piers about 4,241 meters in length that is utilized to accommodate international cargo vessels. The North Harbor, on the other hand, is situated at the northern part of the Bay along the shores of Tondo. It has eight (8) piers and three (3) wharves comprising 43 berths that has a length of 6, 135.01 meters.  

**Power supply**

Manila Electric Railroad and Light Company (MERALCO) is the sole electricity distributor of NCR including Manila City.

**Water supply**

Due to the privatization of the Metro Manila Waterworks & Sewerage System (MWSS), the City is now being served by two concessionaires in the distribution of its waters supply: Maynilad Water Services, Inc. (MWSI) and Manila Water Company (MWC). MWSI services the areas of Tondo, Sta. Cruz, Quiapo, Sampaloc, Sta. Mesa, Pandacan, Binondo, San Miguel, Ermita, Malate, Intramuros, and part of Singalong. On the other hand, MWC services the areas of Sta. Ana and part of Singalong.

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249 Ibid.  
250 PNR.  
252 CPDO, City Planning, 2005.  
253 Ibid.
2.2.2 Employment and minimum wage

In 2015, the City of Manila has recorded total workers age 15 years and older at 745,951. The top three occupations of the inhabitants of the City are: (1) Service and Sale Workers at 190,449; (2) Elementary occupations at 134,354; (3) Clerical Support Workers at 107,491. 254

As of income, according to the Department of Labour and Employment (2018), for Manila City the minimum wage of individuals involved in the non-agricultural work, (including private hospitals with bed capacity of 100 or less) is ₱512.00; while those involved in the agricultural sector including both plantation and non-plantation is ₱475.00; finally for those in the retail and service establishments with 15 workers or less is ₱475.00; and finally those involved in manufacturing establishments with less than 10 regular workers is also ₱475.00. 255

2.2.3 Public markets and business establishments

Manila City has sixteen (16) city-owned and operated public markets and nine (9) makeshift markets. The markets are classified into three: Class A, which has an average monthly income of 60,000 or more for a three-month period; Class B, with an average monthly income of 30,000-60,000; Class C or Makeshift Markets, with a monthly average income of less than 30,000.

Three of Class A markets are in District III (Central, Divisoria, and Quinta). Paco Market, on the other hand is in District V. These markets are in major wholesale and retail commercial districts and transport centers with middle-income buyers as their main clientele. 256

Class B markets are spread out across all Districts making it accessible to a wide range of residents.

Finally, Class C markets cater to the low-income households who live within the different districts either as residents or mostly as workers. 257

On the other hand, in terms of registered business establishments, according to the Bureau of Permits, the City of Manila has 60,375 registered business establishments as of July 2018. Of this number, 53,869 of these establishments or 89.23% were newly created businesses, while 6,506 or 10.77% applied for renewal. 258

In terms of banking and finance, the City as of July 2018, recorded a total of 1,705 financial institutions including banks, insurance, pawnshop, and money transfer services among others. 259

2.2.4 Tourism

As one of the oldest city in the Philippines, Manila City has the densest concentration of historical and heritage sites in the country, including various churches, government buildings, fortifications of Intramuros, educational institutions, among others. Aside from

254 Ibid.  
256 CPDO, City Planning, 2005.  
257 Ibid.  
258 Personal Copy.  
259 CPDO, City Planning, 2005.
historic places, Manila City also boasts the fact that most museums (12 of out of 16) and performing arts theaters (7 out of 10) are located in the City of Man. Together with historic sites and heritage, the agglomeration of shopping, leisure, pilgrimage, and education of Manila City has the potential for multiple-focus tourism.  

260 Ibid.
3 City Profile Batangas

3.1 History, geography, and administration and political context

3.1.1 Historical overview

IN 1571, after defeating the rulers of Maynilad and Tondo, Miguel Lopez De Legazpi established a Spanish settlement in the area and gave the title city to Manila. A year after the formal establishment of Manila, in 1572, Spanish missionaries reached the banks of Calumpang River.

In 1581, after some years since they reached Calumpang River, Spanish forces having secured the area around the river erected a pueblo and referred to it as “Batangan.” The term was derived from the logs called “batang” by the natives, the term was later modified into “Batangas” in 1601. Within the same year of the town’s founding, Don Agustin Casilao was appointed as the first Gobernadorcillo of the town.\footnote{City Planning and Development Office, Socio-Economic, Physical and Political Profile CY 2016, (Batangas City, Office of the Mayor, 2017), 1.} With the mission of converting the natives into Catholics, the Spaniards also established in 1601, a Roman Catholic Church.\footnote{Ibid., 1.}

A hundred years and more later, in 1754, the town of Batangas had been transformed into a commercial and administrative centre of the whole Batangas province.\footnote{Ibid., 1.}

In the 19th century, Batangas province had been an important source of colonial revenue due to its widespread production of sugar and coffee. The prosperity of many families allowed them to send their sons in Europe to study. These illustrados that were educated in Europe would be an integral part of the Philippine Independence Movement against the Spaniards at the end of the 19th century.\footnote{May, Glenn Anthony, Battle for Batangas: A Philippine Province at War, (New Haven, Yale University Press, 1991), 9.}

After the eruption of hostilities between the Spanish government and the Katipunan, Governor General Ramon Blanco on 30 August 1896 declared Martial Law on eight provinces, among these provinces is Batangas. From the Philippine Revolution of 1896 until the Philippine-American War, numerous Batangueños fought in one way or another for Philippine Independence, among these personalities that came from Batangas include Apolinario Mabini, Miguel Malvar, Felipe Agoncillo, Leon Apacible etc.

Due to the advance military technology of the Americans and the help of some Filipino natives, President Emilio Aguinaldo was captured in March 1901. By 04 July 1901, after the Americans secured majority of the Batangas province and the town of Batangas, a local government was established with Jose Villanueva appointed as Municipal Captain (term later replaced with Municipal Mayor). By 1902, the town’s civil government was established and a municipal hall was later erected and inaugurated.\footnote{CPDO, Socio-Economic 2016, 1.}
Figure 30: Batangas City Hall, c. early 1900s

Figure 31: Batangas City Hall, 2018

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266 Photo source: https://medium.com/life-as-we-know-it/batangas-city-4b1f0007c08
267 Photo source: SHLC Philippines Research Team, 2018
Figure 32: Downtown streets of Batangas City, c. 1950s

Figure 33: Downtown streets of Batangas, 2018

268 Photo source: https://medium.com/life-as-we-know-it/batangas-city-4b1b007e08
269 Photo source: SHLC Philippines Research Team, 2018
With the American education policy of universal education for the natives, in 1902, the Batangas High School was erected to provide secondary schooling for the inhabitants of the town. In 1910, a Trade School was established and stands to this day as the Batangas State University.\textsuperscript{270}

On 12 December 1941, Japanese planes bombed Manila, Davao, Baguio, and parts of Batangas Province, the town of Batangas was among those hit by the raid. During the Japanese occupation, guerrilla fighters from Batangas conducted intelligence gathering and numerous raids against the Japanese.\textsuperscript{271}

On 11 March 1945, the 158\textsuperscript{th} Regimental Combat Team of the US 6\textsuperscript{th} Army Division reached the town of Batangas and liberated it from Japanese hands.\textsuperscript{272}

The town of Batangas continued to flourish in post-war years due largely to its port that became a transhipment point and gateway for commerce for Southern Luzon and Visayas region. By virtue of Republic Act 5495, the town of Batangas was declared a city on 21 June 1969, a City Government was later on organized.\textsuperscript{273}

### 3.1.2 Geography

Batangas City (Filipino: Lungsod ng Batangas) is a beach front city located at the south-western segment of Batangas Province. The city is composed of 105 Barangays and has an aggregate land area of \[28,541.44 \text{ hectares SEPP, 2}\] \[\text{UP - 282.92 square kilometres}\].\textsuperscript{274}

Batangas City is limited by the municipality of San Pascual in the northwest; San Jose on the North; Ibaan, Taysan and Lobo on the East; and by the Batangas Bay on the South.

Regionally, the City is part of Region-IV-A, also known as the CALABARZON (Cavite, Laguna, Batangas, Quezon) Region. The City’s coordinates are 13.7565° N, 121.0583° E.

Coming from Manila, Batangas City is around 112 kilometers with an estimated travel time of approximately 2 hours by way of the Southern Tagalog Arterial Road (STAR Tollway) and South Luzon Expressway (SLEX).\textsuperscript{275}

In terms of its terrain, Batangas City has hilly, mountainous, and rolling terrain ranging from 0-30 percent in slope. Its highest point, Mount Banoy in Barangay Talumpok Silangan is 968 meters above sea level. Coastal barangay's including Sta. Rita Aplaya from the north down to Tabangao Ambulong on the south are nearly level, with only 0% to 3% in slope. In the east of barangays Mabacong, Simlong and Pinamucan Ibaba, the slope rises from 8% to 30%. The Matuco Point in Batangas Bay located at the southwestern tip of the city has a slope of 30%. The Verde Island in the middle of the Batangas Bay has a slope ranging from 3 to 30%.\textsuperscript{276}

\textsuperscript{270} Ibid., 1.
\textsuperscript{271} Ibid.
\textsuperscript{272} Ibid.
\textsuperscript{273} Ibid.
\textsuperscript{274} City Planning and Development Office, Updating/Revision of the Batangas City Ten Year Comprehensive Development Plan, Land Use Plan, and Zoning Ordinance for CY 2008 – 2018, (Batangas City, Office of the Mayor, 2009), 17.
\textsuperscript{275} CPDO, Socio-Economic 2016, 2.
\textsuperscript{276} CPDO, Socio-Economic 2016, 2.
Table 24: Terrain and land area in Batangas City

<table>
<thead>
<tr>
<th>Slope Category</th>
<th>Land Area (hectares)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main River</td>
<td>122.29</td>
<td>0.43%</td>
</tr>
<tr>
<td>0% - 3%</td>
<td>2,253.39</td>
<td>7.90%</td>
</tr>
<tr>
<td>3% - 8%</td>
<td>4,505.76</td>
<td>15.79%</td>
</tr>
<tr>
<td>8% - 15%</td>
<td>10,127.99</td>
<td>35.49%</td>
</tr>
<tr>
<td>15% - 25%</td>
<td>1,772.42</td>
<td>6.21%</td>
</tr>
<tr>
<td>25% - 50%</td>
<td>3,609.32</td>
<td>12.65%</td>
</tr>
<tr>
<td>Above 50%</td>
<td>6,150.27</td>
<td>21.55%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28,541.44</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Source: Office of the City Planning and Development Coordinator

In terms of climate, based on Köppen Climate Classification System, Batangas City is classified as having Savanna Climate (Aw) (Source.). Batangas City has a recorded average monthly rainfall of less than 50 mm per month. The coolest period of the City is during the months of December until January with temperature ranging from 22°C to 26°C. The hottest period of the city is recorded during the summer months of April until May with recorded temperature of reaching 36°C.277

Geologically, the City is made of up of seven (7) types of soil including: Taal Sandy Loam, Hydrosoil, Calumpang Clay Loam, Ibaan Clay Loam, Ibaan Loam, and Sibul Clay. 278

In terms of natural water resources, Batangas City is traversed by several creeks and streams, all of which converge at the Calumpang River that in turn flows directly into the Batangas Bay. The Calumpang River fondly termed as "Nile of Batangas" has a catchment area of around 472.00 square kilometers. The river forms at the south eastern limit of the Poblacion and flows into the Batangas Bay with an aggregate length of eight kilometres and with an average width of 54-165 meters and an average depth of 0.27-5.37 meters.279

Aside from the Calumpang River, there are several springs in Batangas City that have sufficient volume discharge that can cater to the needs of residents living near these water forms. These springs can be found in barangays including Talumpok Kanluran & Silangan, Cumba, Sto. Domingo, Talahib Pandayan, Talahib Payapa, Ilijan, Malibayo, Bilogo, Haligue Kanluran, Haligue Silangan, Maruclap and Conde Itaas.280

277 Ibid., 3.
278 Ibid., 3-4.
279 Ibid., 6.
280 Ibid., 6.
3.1.3 Administration and political context

Batangas City is a local government unit recognized under the Local Government Code of 1991. It is a component city and the capital of Batangas province. It is part of the administrative jurisdiction of the CALABARZON Region (Region IV-A).

As a local government unit, Batangas City acts as both a political subdivision of the Philippine state and as a corporate entity representing the city inhabitants. It has the mandate of promoting the general welfare among its citizens and of serving as local development agencies of the state. It plays the primary role of delivery and coordination of basic services within its territory; covering the development of the sectors of agriculture, environment, health, social welfare, and public works. Overall, the City Government of Batangas is duty-bound to promote the well-being and quality of life of its inhabitants on behalf of the state.

Batangas City supervises one hundred five (105) component barangays within its jurisdiction. Barangays serve as the primary planning and implementing unit of government policies, plans, programs, projects, and activities at the community level. These component barangays have their own government units with executive and legislative bodies; the barangay chairperson exercises executive powers while the Sangguniang Barangay—the local council—exercises legislative powers. Their acts are under the purview of the city government of Batangas.

Similarly, Batangas City is one of the thirty-four (34) cities and municipalities under the supervision of Batangas Province. The provincial government has authority to review the acts of lower level local government units to ascertain adherence to their scope of powers.

Batangas City comprises one of the six (6) legislative districts within Batangas Province. Legislative districts are subdivisions created by law that provide, among others, for a representation in the Philippine Congress. The district representative articulates the interests of its constituency in the national legislature. Also, the district representative sits in various committees formed within the city for developmental functions. For instance, the city development council—the body mandated by law to conduct development planning—includes the district representative as one of its members.

Government structure

Batangas City has a local chief executive and a city legislative body—the city mayor has local executive power, while the Sangguniang Panlungsod has local legislative power. The Office of the City Mayor directly supervises fourteen (14) offices for specialized concerns and oversees fifteen (15) major offices for general local administration. The 15 general offices include a planning and development office, a city health office, a social welfare and development office, a city environment and natural resources office, and an agriculture office, among others.

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281 Republic Act No. 10673.
282 The House of Representatives and the Senate of the Philippines are the two equal chambers composing the Congress of the Philippines.
The 14 specialized offices comprise an investment promotions office, an agricultural office, a disaster risk reduction and management office, a public city library office, and a dedicated body for senior citizen affairs. ²⁸³

A local health board and a local school board also form part of the local structure. These two bodies serve as policy, fiscal, and institutional advisers to the local council concerning health and education programs within the city.

The local health board in cities is chaired by the city mayor and the city health officer (as vice chair), and is composed of the city council’s health committee chairperson, a Department of Health (DOH) representative, and a private sector representative involved in health services delivery.

Similarly, the local school board is chaired by the city mayor and the division of city schools superintendent as co-chair. Its members include the city council’s education committee chairperson, the city treasurer, a youth council representative, the president of city federation of parent-teachers associations, the president of teachers’ organization in the city, and an elected representative of non-academic public school personnel.

**Local government revenue and expenditures**

Majority of Batangas City’s income are locally-sourced; an average of 63% of its total operating income from 2012-2016 came from taxes on real property and on businesses. Only an average of 36% of its income during the same period came from national government transfers from internal revenue. Batangas City has also been yielding a budget surplus in the last three (3) years. In this respect, the city government can be described as financially-independent.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>₱2,365,364,017</td>
</tr>
<tr>
<td>2013</td>
<td>₱1,715,865,642</td>
</tr>
<tr>
<td>2014</td>
<td>₱1,806,523,238</td>
</tr>
<tr>
<td>2015</td>
<td>₱2,313,434,026</td>
</tr>
<tr>
<td>2016</td>
<td>₱2,292,242,078</td>
</tr>
</tbody>
</table>

*As of July 31, £ 1 = ₱ 69.57*

For years 2012 to 2016, Batangas City Government has appropriated an average of 59% of its current operating income to its current operating expenditures. Of this share, education and manpower development sector has received an average of ₱ 136 Million. This amounts to an 11% share of average total operating expenditures of the city government. Meanwhile, health

²⁸³ Website of the City Government of Batangas.
²⁸⁴ From Statement of Receipts and Expenditures for 2012-2016, Bureau of Local Government Finance, Department of Finance.
and nutrition has received an average of ₱222 Million. This amounts to an 18% share over the total average operating expenditures. Housing and community development sector has received the smallest share of the three sectors. It has received an average of ₱62 Million, which amounts to an average of 5% share during the same period.

Table 26: Batangas City Government’s operating expenditures

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Education &amp; Manpower</th>
<th>Health, Nutrition &amp; Population Control</th>
<th>Housing &amp; Community Development</th>
<th>Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>₱190,508,676</td>
<td>₱162,506,557</td>
<td>₱47,015,148</td>
<td>₱1,280,235,080</td>
</tr>
<tr>
<td>2013</td>
<td>₱194,414,322</td>
<td>₱228,838,341</td>
<td>₱68,301,752</td>
<td>₱1,336,190,090</td>
</tr>
<tr>
<td>2014</td>
<td>₱87,736,909</td>
<td>₱256,503,856</td>
<td>₱54,479,684</td>
<td>₱1,107,143,049</td>
</tr>
<tr>
<td>2015</td>
<td>₱86,885,832</td>
<td>₱189,555,966</td>
<td>₱52,940,540</td>
<td>₱1,030,844,125</td>
</tr>
<tr>
<td>2016</td>
<td>₱116,135,859</td>
<td>₱273,319,344</td>
<td>₱88,006,181</td>
<td>₱1,318,653,124</td>
</tr>
</tbody>
</table>

*As of July 31, £1 = ₱69.57

Local health services delivery

The City Health Office of Batangas is the primary arm for basic health services delivery in the city. It has ten (10) divisions encompassing nutrition, medical health, dental health, nursing services, population, pharmaceuticals, and environmental sanitation. It is supervised by two (2) City Health Officers and is manned by one hundred fifty-five (155) health professionals and administrative staff stationed either in the city hall or in one of the six (6) rural health units.

RHUs were first established under the Rural Health Act of 1954 with the aim of strengthening rural health and dental services in local government units. The law mandates the presence of an RHU in a local government unit with at least 5,000 population. RHUs now serve as the implementing arm of the City Health Office for primary healthcare at the barangay level. At the minimum, an RHU would have a physician-in-charge, a nurse, a midwife, a dentist, a nutritionist, and a group of barangay health workers.

Table 27: Health professionals in Batangas City

<table>
<thead>
<tr>
<th>Health Professionals Batangas City (As of 2015)</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Division</td>
<td>20</td>
</tr>
<tr>
<td>Medical Services Division</td>
<td>8</td>
</tr>
<tr>
<td>Pharmacy Division</td>
<td>4</td>
</tr>
</tbody>
</table>

285 From Statement of Receipts and Expenditures for 2012-2016, Bureau of Local Government Finance, Department of Finance.
286 Data from the City Health Department of Batangas.
<table>
<thead>
<tr>
<th>Division</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Services Division</td>
<td>9</td>
</tr>
<tr>
<td>Nursing Services Division</td>
<td>59</td>
</tr>
<tr>
<td>Environmental Services Division</td>
<td>14</td>
</tr>
<tr>
<td>Dental Services Division</td>
<td>13</td>
</tr>
<tr>
<td>Nutrition Services Division</td>
<td>4</td>
</tr>
<tr>
<td>Population Program Division</td>
<td>11</td>
</tr>
<tr>
<td>Healthcare Services Division</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>155</strong></td>
</tr>
</tbody>
</table>

The City Health Office supervises six (6) rural health units (RHUs), covering the 105 component barangays of Batangas City.

Table 28: Rural health units in Batangas City

<table>
<thead>
<tr>
<th>RHUs</th>
<th>Barangays</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHU I - Santa Rita Karsada</td>
<td>31</td>
</tr>
<tr>
<td>RHU II - San Isidro</td>
<td>16</td>
</tr>
<tr>
<td>RHU III - Alangilan</td>
<td>14</td>
</tr>
<tr>
<td>RHU IV - Ambulong</td>
<td>13</td>
</tr>
<tr>
<td>RHU V - Ilijan</td>
<td>14</td>
</tr>
<tr>
<td>RHU VI - Pallocan East</td>
<td>17</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>105</strong></td>
</tr>
</tbody>
</table>

Batangas City also has hospitals, laboratories, and clinics to complement the RHUs’ primary health care service. As of 2016, the City has 6 hospitals- five (5) of them are privately-owned while one is under the Department of Health (DOH). It has 12 medical diagnostic laboratories; one of them is operated by the City Government while eleven (11) are privately-owned. It also has seven (7) maternity clinics and birthing homes; all of them are privately-owned and operated.

Local government units have been empowered to enact policies and regulations to perform the devolved basic services and functions within their jurisdiction. These acts must be within the scope of the LGUs’ powers and must not be contradictory to national laws and policies.

287 Data from the City Health Department of Batangas.
The Local Health Board serves as an advisory body to the local legislative council in enacting health policies for implementation or in prioritizing health programs and facilities for funding.

In recent years, many of the health ordinances enacted by Batangas City’s local council are in implementation of a national law and an issuance by a national government agency. In 2016, the City enacted Ordinance No. 4, series of 2016 to implement the Early Years Act of 2013 of the national government. This policy upgraded the day care services within the city to early childhood care development centers and installed a childhood care and development system based on the standards of the law. In the same year, the City also enacted Ordinance No. 9, series of 2016 to adopt the issuance of the Department of the Interior and Local Government (DILG) on the composition of local anti-drug abuse councils. This policy made the city vice mayor a member of the council, while the city mayor and the chief of police sitting as chairperson and vice chairperson, respectively. Ordinance No. 8, series of 2016 was also enacted to enforce the Expanded Breastfeeding Promotions Act. This policy mandates that all government offices and private establishments operating within Batangas City shall put up a lactation facility or corner within their premises.

The city also enacted a policy on epidemiological surveillance. Ordinance No. 2, series of 2015 created an epidemiological surveillance unit under the City Health Office and directed all of its inhabitants to report all signs of notifiable diseases within the City. The policy enforces Republic Act No. 3573 on reporting of communicable diseases and the Formula One for Health Framework for Health Reforms of the Department of Health (DOH).
Map 11: Selected health indicators for Batangas Province, 2009-2010

Data came from the Department of Health’s online National Health Facilities Registry (Accessed on 10 July 2018 <https://nhfr.doh.gov.ph/rfacilities2list.php>.)

Maternal mortality and infant mortality are among the most important outcomes of health sector performance. Between 1990 to 2015, the Millennium Development Goals (MDG), the precursor to the Sustainable Development Goals, pursued a maternal mortality ratio reduction of about three quarters on the national scale. This implies that, in 2015, there should just have been at least 52 maternal deaths for every 100,000 livebirths, from the baseline of 209 in 1990. Meanwhile, the MDG prescribed a reduction of infant mortality ratio reduction by two thirds on the national scale. This implies infant deaths should have been limited to 19 for every 1,000 livebirths in 2015, from the baseline of 57 in 1990.

Batangas belongs to the upper half of the cities in the CALABARZON Region in terms of maternal mortality. In the years 2009 to 2013, it had an average of 23 maternal deaths for every 100,000 livebirths. The seventeen cities considered in CALABARZON, collectively, had an average of 45, with the City of Tayabas and Biñan having the best performance in the region at an average of 0 and 15 maternal deaths, respectively.

Meanwhile, on infant mortality, Batangas was among the bottom three localities in the seventeen CALABARZON cities considered, with an average of 13 infant deaths for every 1,000 livebirths. The cities considered had an average of 11 during the same period, with the Cities of Tayabas, Dasmarinas, and Imus having the best performance at an average of 5 infant deaths.

Local education services delivery

The national government provides for the education services delivery in the whole country. Unlike health, education has not been devolved to local government units (LGUs). Education services delivery follows a trifocal approach– the Department of Education (DepEd) is in charge of basic education, the Technical Education and Skills Development Authority (TESDA) is in charge of technical and vocational education and training (TVET), and the Commission on Higher Education (CHED) takes the helm over tertiary and graduate education. The three agencies formulate and implement the policies, guidelines, and the regulatory framework governing education in their respective areas.

On the public sector side, DepEd and TESDA, through its city and municipal schools and training centres, directly provide basic education and TVET. CHED, on the other hand, only supervises state-owned universities and colleges (SUCs) by sitting as chairperson of their respective boards of trustees; the SUCs directly provide tertiary and graduate education.

Through its regional offices, these three agencies regulate and set the standards for education services delivery provided by the private sector.
Table 29: Education Facilities in Batangas City

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Education Facilities</td>
<td>101</td>
<td>68</td>
</tr>
<tr>
<td>TVET Facilities</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Tertiary Education Facilities</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>107</td>
<td>106</td>
</tr>
</tbody>
</table>

Source: DepEd, TESDA, and CHED

Nonetheless, local government units may plan and construct a basic education and tertiary school and a TVET training center for its inhabitants. This can be funded through the special education fund (SEF). The SEF comes from real property taxes—an additional annual tax of one percent (1%) may be collected from a real property’s assessed value. The funds collected shall be used for the construction and maintenance of, or to augment the budget of, new and existing education facilities. The local school board administers the SEF.

---

Map 14: Selected health indicators for Batangas Province, 2011-2013

Map 15: Selected health indicators for Batangas Province, 2013-2015

In the school years 2012-2013 to 2016-2016, Batangas City had an average participation rate of 82.30% first year entrants reaching the final education level (fourth year). The major cities in CALABARZON and the remaining localities in the provinces of Quezon, Rizal, Laguna, Batangas, and Cavite had combined average of 81.99, with the City of Calamba having the best performance in the region at an average of 87.93%. 299

Meanwhile, on cohort survival rate in secondary education, Batangas had an average of 75.06% of first year entrants eventually graduating from secondary education. The major cities in CALABARZON and the remaining localities in the provinces of Quezon, Rizal, Laguna, Batangas, and Cavite had combined average of 81.99, with the City of Calamba having the best performance in the region at an average of 71.11%. 300

3.1.4 Planning and land use expansion

Land use

The land use of the city from the period of 1946-1981 transformed from major agricultural use to a rapidly developing major urban center. Subsequently, from the period of 1981-2016, the land use of Batangas City is that of a major urban commercial and industrial center.

Batangas City has a total land area of 28,541.44 hectares. Of the total land area, the leading two are classified as built-up areas and agricultural land use.

Built-up areas, resettlement areas, and commercial land use

The built-up areas of the City account for 3,587.97 hectares or 12.57%. A large part of the built-up areas or 2,886.89 hectares or 10.11% are utilized for residential purposes, the rest of the built-up areas are utilized for commercial, mixed-use, institutional, agro-industrial, heavy industrial, parks/open space, cemetery, and utilities. 301

Residential areas are located on the northern and highly urbanized side of Batangas City. In 2016, records show that there are ninety-eight (98) residential subdivisions within the city, thirty-nine (39) of which were approved by the Sangguniang Panlungsod in accordance with R.A. 7160 and the remaining sixty-two (62) subdivisions were already existing prior to the passage of R.A. 716. 302 Subdivision lots are sold with prices ranging from ₱2,500.00 to ₱5,000.00 per square meter. 303

301 CPDO, Updating/Revision, 17.
302 CPDO, Socio-Economic, 111.
303 Ibid., 211.
Table 30: Comparison of land use share, 1997 and 2008

<table>
<thead>
<tr>
<th>Land Use</th>
<th>1997 Land Use Map</th>
<th>2008 Land Use Map</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Area (has.)</td>
<td>Percentage</td>
</tr>
<tr>
<td>Built-up Areas</td>
<td>3,062</td>
<td>11.06</td>
</tr>
<tr>
<td>Residential</td>
<td>1,729.00</td>
<td>6.24</td>
</tr>
<tr>
<td>Resettlement</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Commercial</td>
<td>41</td>
<td>0.15</td>
</tr>
<tr>
<td>Mixed-Use</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Institutional</td>
<td>182</td>
<td>0.66</td>
</tr>
<tr>
<td>Agro-Industrial</td>
<td>34</td>
<td>0.12</td>
</tr>
<tr>
<td>Heavy Industrial</td>
<td>589</td>
<td>2.13</td>
</tr>
<tr>
<td>Parks and Open spaces</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Cemetery</td>
<td>2</td>
<td>0.01</td>
</tr>
<tr>
<td>Utilities</td>
<td>64</td>
<td>0.23</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>420</td>
<td>1.52</td>
</tr>
<tr>
<td>Idle Urban</td>
<td>54</td>
<td>0.2</td>
</tr>
<tr>
<td>Tourism/Beach</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Agricultural</td>
<td>24,452</td>
<td>88.32</td>
</tr>
<tr>
<td>Open Grassland</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Forest</td>
<td>100</td>
<td>0.36</td>
</tr>
<tr>
<td>Dumpsite</td>
<td>2</td>
<td>0.01</td>
</tr>
<tr>
<td>Swamps and Marshes</td>
<td>17.00</td>
<td>0.06</td>
</tr>
<tr>
<td>Calumpang River</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>27,687</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Office of the City Planning and Development Coordinator

Aside from subdivision, informal settlements are also located in northern part of the city. These informal settlers are usually located in government owned lots. Portions of barangay Sta. Clara and the railroads tracks of the defunct part of Philippine National Railways (PNR)

304 Table Adapted from CPDO, Updating/Revision, 17.
starting from Barangay 24 until the Barangays of Balagtas, Calicanto, and Bolbok are presently occupied by informal settlers.\textsuperscript{305}

Moreover, Batangas City has six (6) relocation sites. Two of which are owned by the government namely: San Jose Sico Relocation Site (owned by city government) and the Balete Relocation Site (owned by Philippine Ports Authority). The remaining four (4) relocation sites were made possible through private initiatives, these sites are: Sta. Rita Relocation Site at barangay Sta. Rita Karsada; Tabangao Ambulong Relocation Site; Bagong Umaga at barangay Tinga Labac; and Tulo Relocation Site. \textsuperscript{306} Resettlement areas covers 27.83 hectares or 0.10\%.\textsuperscript{307}

The commercial land area of Batangas City only covers 114.41 hectares or 0.40\% of the total land use.\textsuperscript{308} The City is largely identified as an industrial growth center not only of the Batangas Province but of the whole CALABARZON region, which in turn contributes further to the construction of business establishments not only within the immediate CBD but also in areas including Pallocan-Gulod, Kumintang-Alangilan-Balagtas areas and the Bolbok-Balagtas Port Diversion Road.\textsuperscript{309}

At present, there are several commercial buildings ranging from four to six storey high that are within the city. Other major business establishments in the city include: SM City Batangas, the Bay Citi Mall, the Caedo Commercial Complex, Citi Mart Plaza, Wilcon Builder’s Depot, SM Hypermarket, Citi Hardware, Budget Lane, Fiesta Home Center etc.

\textbf{Agricultural land use and industrial areas}

In accordance with the city's revised land use plan, lands that are classified as agricultural and agroforestry land account for 81.58\% of the city’s total land area, approximately 23,284.62 hectares.\textsuperscript{310} Despite the large tracts of land, the Office of the City Veterinary and Agricultural Services (OCVAS) claims that only 5,754.00 hectares of agricultural land are planted with various forms of crops.\textsuperscript{311}

On the other hand, industrial areas that make up 383.45 hectares or 1.34\%\textsuperscript{312}, tend to concentrate on the western side of the city and near the port areas, including the of barangays Sta. Rita Aplaya, Pinamucan Ibaba, Ilijan and on the port area near Barangay Tabangao Ambulong.

\textbf{3.1.5 Demographic trends}

\textbf{Population and population density}

According the recent findings by the Philippine Statistics Authority (PSA) Region IV-A (CALABARZON) as of 1 August 2015 had a total population of 14, 414,774. Of the five provinces in the region, Cavite had the biggest population in 2015 with 3.68 million; Laguna

\textsuperscript{305} CPDO, Socio-Economic, 111.
\textsuperscript{306} Ibid., 111.
\textsuperscript{307} CPDO, Updating/Revision, 17.
\textsuperscript{308} Ibid., 17.
\textsuperscript{309} CPDO, Socio-Economic, 192.
\textsuperscript{310} CPDO, Updating/Revision, 17.
\textsuperscript{311} CPDO, Socio-Economic, 183.
\textsuperscript{312} CPDO, Updating/Revision, 17.
with 3.04 million; Rizal with 2.88 million; Batangas with 2.69 million; and Quezon with 2.126 million.\textsuperscript{313}

**Figure 34: Percent distribution of population in CALABARZON Provinces**

![Percent distribution of population in CALABARZON Provinces](image)

*Source: 2015 Census of Population and Housing, PSA*

In terms of the ten most populous cities in the region Batangas City came in last with only 329,874,\textsuperscript{314} with a growth rate of \[2.13\%\ SEPP 6\] [2.46\% CLUP] for the period of 2010-2015. Lipa City, a neighbouring city placed in ninth with a total population of 332,386.\textsuperscript{315}

In terms of population density, Batangas City has a total land area of approximately 282.96 square kilometres, resulting in a population density (total land area/total population) of 1,165 persons per square kilometre.\textsuperscript{316}

**Population growth and male-female led households**

Regarding the population growth of Batangas City beginning in the 1960, one could see the gradual increase of its population. In 1960, the City recorded a population of only 82,627; by 1970 it grew to 108,868; by 1980 it rose to 143,570; by 1990 it grew to 184,970. In the first year of the 21st century, Batangas City recorded a total population of 247,588. In 2010, it recorded a 305,607 population and finally in 2015 population reached 329,874.\textsuperscript{317}

**Table 31: Population of Batangas City from 1960 to 2015**

<table>
<thead>
<tr>
<th>City</th>
<th>Censal Year</th>
<th>1960 February 15</th>
<th>1970 May 6</th>
<th>1980 May 1</th>
<th>1990 May 1</th>
<th>2000 May 1</th>
<th>2010 May 1</th>
<th>2015 August 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batangas City</td>
<td></td>
<td>82,627</td>
<td>108,868</td>
<td>143,570</td>
<td>184,970</td>
<td>247,588</td>
<td>305,607</td>
<td>329,874</td>
</tr>
</tbody>
</table>

*Source: 2015 Census of Population and Housing*

\textsuperscript{313} Philippine Statistics Authority, Population of Region IV-A – CALABARZON (Based on the 2015 Census of Population), 2016.

\textsuperscript{314} Ibid.

\textsuperscript{315} Ibid.

\textsuperscript{316} CPDO, Socio-Economic, 6.

\textsuperscript{317} PSA, Philippine Population Surpassed the 100 Million Mark (Results from the 2015 Census of Population), 2016.
Furthermore, in terms of household population and sex of household head, the City has a total number of households at 77,990 with an average household size of 4.2. Of the total number of household, 61,983 of which is headed by a male, while the remaining 16,007 are headed by a female.

**Figure 35: Percentage distribution of male and female-led household**

Source: 2015 Census of Population and Housing, PSA

**Literacy and school attendance**

The Philippine Statistics Authority defines basic or simple literacy as the "ability of a person to read and write with understanding a simple message in language or dialect." In Batangas City, the literacy of household population 10 years old and over was recorded at 264,141; where 130,720 are males; and 131,856 are females.

In terms of inhabitants enrolled in school, Batangas City has a total population of 5 years old and over male and female inhabitants at 297,422.

Of this number, male population contributes at 149,446; the breakdown are as follows: 42,497 inhabitants were enrolled in primary schools; 60,612 were enrolled in secondary schools; 4,168 were enrolled in post-secondary education; 16,041 were enrolled as college undergraduate; and only 128 were enrolled in post-baccalaureate level.

**Figure 36: Distribution of highest level attained by male population, 2015**

Source: 2015 Census of Population and Housing, PSA

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318 Ibid.
319 Ibid.
320 Ibid.
321 Ibid.
322 Ibid.
On the other hand, female population of five years old and above was at 147,976; the breakdown are as follows: 39,250 were enrolled in primary schools; 52,286 were enrolled in secondary schools; 5,405 were enrolled in post-secondary; 18,063 were enrolled as college undergraduates; and 282 were enrolled in post-baccalaureate level.

**Figure 37: Distribution of Highest Level Attained by Female Population, 2015**

Male-female age cohort

The City of Batangas has a young to middle age population. About 33,600 of the inhabitants are within the 15-19 years old cohort, with males and females having almost equal proportion. Age group 20-24 years old follows with 32,700 inhabitants. These two age groups already account for at least a quarter of the population of Batangas.

**Figure 38: Male-female age cohort in Batangas City**

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323 PSA, Philippine Population Surpassed the 100 Million Mark (Results from the 2015 Census of Population), 2016.
Housing types and durable structures

In terms of number of households by the type of building, Batangas City recorded a total household number of 75,485. Of this number, 64,906 are single houses; 5,319 are of duplex types; 5,163 are of multi-unit residential types; 78 are of commercial/industrial/agricultural types; 2 are of institutional living quarters.

In terms of tenure, the number of households is at 77,990. Of this number 47,504 own the house and lot where they are currently living; 10,633 are renting their houses including the lot; 587 have their own house but are renting the lot; 12,457 own their houses, with rent-free lot with the consent of the lot owner; 2,697 own their houses, with rent-free lot but without the consent of the lot owner; 3,933 have rent-free house and lot with the consent of the owner; while finally 179 have rent-free houses and lots without the consent of the owner.

The United Nations Human Settlements Programme published in 2004 the Urban Indicators Guideline. According to the document, the definition of durable structures is dependent on two main factors: location and durability.

In Batangas City, in terms of occupied housing units and construction materials used for the outer walls and roofs, the City recorded 75,485 households. In terms of the outer walls, 56,957 were made of concrete brick or stone; 5,503 were made of wood; 8,951 were made with half concrete/brick/stone and half wood; and 195 were made of galvanized iron/aluminum.

Table 32: Materials used for house construction in Batangas city

<table>
<thead>
<tr>
<th>Construction Materials of the Outer Walls</th>
<th>Total Occupied Housing Units</th>
<th>Construction Materials of the Roof</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75,485</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Galvanized iron or aluminum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>67,807</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tile or Concrete or Clay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,711</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Half Galvanized iron and half</td>
</tr>
<tr>
<td></td>
<td></td>
<td>concrete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,394</td>
</tr>
<tr>
<td>Concrete/brick/stone</td>
<td>56,957</td>
<td>54,651</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,556</td>
</tr>
<tr>
<td></td>
<td></td>
<td>601</td>
</tr>
<tr>
<td>Wood</td>
<td>5,503</td>
<td>4,313</td>
</tr>
<tr>
<td></td>
<td></td>
<td>92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>528</td>
</tr>
<tr>
<td>Half concrete/brick/stone and half wood</td>
<td>8,951</td>
<td>6,641</td>
</tr>
<tr>
<td></td>
<td></td>
<td>61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,129</td>
</tr>
<tr>
<td>Galvanized iron/aluminum</td>
<td>195</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

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324 PSA, Housing Characteristics in the Philippines (Results of the 2015 Census of Population), 2016.
325 Ibid.
326 Ibid.
327 UN-HABITAT, Urban Indicators Guidelines, Monitoring the Habitat Agenda and the Millennium Development Goals, United Nations Human Settlements Programme, 2004. In terms of location, houses settled at the following areas are considered hazardous: geologically hazardous zones (landslide/earthquake and flood prone areas); garbage mountains; high-industrial pollution areas; around high-risk zones (railroads, airports, energy transmission lines). On the other hand, durability factors rest on the quality of construction (i.e. materials used for wall, floor, and roof) and compliance with local building codes, standard and by-laws.
328 Ibid.
In terms of roof construction materials, 67,807 were of galvanized iron or aluminum; 1,711 were made of tile or concrete or clay tile; 3,394 were made of half galvanized iron and half concrete.\(^{329}\)

### 3.4.5. Migration

The Philippine Statistics Authority Census of Population and Housing in 2010 indicated that there are 67,357 households in Batangas City. Of this figure, 66,904 intends to stay within the same province and municipality, while 154 households intends to migrate to a different province given a timeframe of five (5) years. Less than 1% of the total households in 2010 intends to migrate to a foreign country, which accounts for at least 101 households.\(^{330}\)

<table>
<thead>
<tr>
<th>Total Number of Households</th>
<th>Residence Five Years from Now</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Same Province and Municipality</td>
</tr>
<tr>
<td>Batangas City</td>
<td>67,357</td>
</tr>
</tbody>
</table>

Table 33: Planned residential places of Batangas city population within 5 years

Source: 2015 Census of Population and Housing, PSA

### 3.2 Economic development and constraints

#### 3.2.1 Infrastructure and utilities

**Roads, bridges, and flyover**

As of 2016, the aggregate length of all roads in Batangas city is approximately 496.131 kilometers: composed of 77,521 k.ms. of national roads; 23.01 k.ms. of city roads; and 395.60 k.ms of barangay roads. Of the total road network in the city, 97.123 k.ms. are asphalt paved roads; 335.274 k.ms. are concrete paved roads; 34.702 k.ms are gravel roads; and 29.032 k.ms. are unpaved roads. Moreover, as of 2016, the City has forty-seven (47) existing bridges and one (1) flyover.\(^{331}\)

**Transportation**

Land transportation services in Batangas city are mainly through public utility buses, jeepneys, tricycles and privately-owned cars, vans, or jeepneys. For intra-provincial trips bus companies including Batangas Star Express, RRCG Transit, Supreme Trans. Liner, Ceres

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329 Ibid.
331 CPDO, Socio-Economic, 228.
Transport, ALPS, Barney, JAM Transit, DLTB Co., etc. cater to the transport services among inhabitants.\textsuperscript{332}

Moreover, with the implementation of the City’s New Traffic Ordinance, color and number coding scheme is enforced to jeepney routes.

On the other hand, due to the devolution of power to grant franchises for tricycle operations from the Land Transportation Regulatory Board (LTFRB) to the Batangas City Government, tricycle operators can now apply for their franchise at the Transportation Development and Regulatory Office under the Office of the City Mayor. Similar with the jeepneys, tricycles plying in the Poblacion area must follow the color coding system. As of 2016, LTO issued 4,624 franchises but only 1,283 franchise units were granted with mayor’s permit.\textsuperscript{333}

Regarding Air Transportation, Batangas City does not have an airport. However, the city utilizes the Batangas National High School ground, the Quezon Memorial Stadium, PPA facilities, and Camp General Miguel Malvar to act as landing and take-off areas for helicopters coming in and out of the city.\textsuperscript{334}

As to water transportation, the Port Area was developed and expanded to provide access to domestic (CALABARZON) and international cargo trade, and to work as a supplementary port to cargoes that can no longer be accommodated by the Port of Manila.\textsuperscript{335}

**Power supply**

Of the 105 barangays in Batangas City, ninety-nine (99) barangays are supplied with electricity by the Manila Electric Company (MERALCO). However, some portions of barangays like San Jose Sico, Talumpok Silangan and Talahib Pandayan are being served by the Batangas Electric Cooperative II (BATELEC II). Of the six barangays located in Verde Island, the residents rely on diesel powered generators and solar energy devices for their electric requirements.\textsuperscript{336}

**Water supply**

The Batangas City Water District is the major water supplier in the city. It supplies water by pumping from ground water deep wells and distributing it to its consumers through various forms of water systems.\textsuperscript{337} The average water supply for the year 2016 is 1,463,396.23 cubic meters, while the average demand for it is around 914,324.08 cubic meters.

For Rural Barangays, thru the financial assistance of USAID, seven (7) rural barangays (Tingga Itaas, Concepcion, Tulo, Banaba East, Balete, Sampaga and Sampaga West-Pallocan East) have been provided with waterworks system under the Barangay Water Program (BWP) starting in the early 1980s and continuing to the present.\textsuperscript{338}

At present, some residents of several barangays near Mt. Banoy including Cumba, Haligue Silangan/Kanluran, Maruclap, Pinamucan Silangan, Talahib Payapa/Pandayan, Talumpok

\begin{flushright}
\textsuperscript{332} Ibid., 228. \\
\textsuperscript{333} Ibid., 229. \\
\textsuperscript{334} Ibid., 229. \\
\textsuperscript{335} Ibid., 230. \\
\textsuperscript{336} Ibid., 232. \\
\textsuperscript{337} Ibid., 231. \\
\textsuperscript{338} Ibid., 232.
\end{flushright}
Kanluran/Silangan and San Jose Sico largely depend on water supply from its springs with their own catchment and storage facilities.\textsuperscript{339}

### 3.2.2 Employment and minimum wage

In 2015, Batangas City has recorded total workers age 15 years and older at 135,619. The top three occupations of the inhabitants of the City are: (1) Service and Sale Workers; (2) Craft and Related Trades Workers; (3) Elementary occupations.\textsuperscript{340}

For income, according to the Department of Labor and Employment (2017), for Batangas City the minimum wage of individuals involved in non-agricultural work is ₱356.50; ₱331.50 for those involved in the agricultural sector; ₱311.50 for those in involved the non-plantation type; ₱283.00 for workers involved in the retail and service establishments that do not employ more than 10 workers, workers only earn.\textsuperscript{341}

### 3.2.3 Public markets and business establishments

The City has three existing public markets. The foremost market is known as the "Unang Palengke" located in the Poblacion. It was destroyed by a fire in 1982 but was later rehabilitated and redeveloped in 2006.\textsuperscript{342}

The second market known as the Don Julian Pastor Memorial Market (DJPMM) was established in 1977 and located in Barangay Cuta approximately 800 meters away from the "Unang Palengke". This market also serves as the drop off point for locally produced fruits and vegetables.\textsuperscript{343}

Finally, the last market was finished in 1993 thru the financial assistance by the USAID and the Economic Support Fund Secretariat (USFS). It is located adjacent to DJPMM and has 487 stalls.

On the other hand, in terms of registered business establishments, Batangas City has 8,153 registered business establishments for the year 2016. 6,623 of these establishments or 81.27% applied for renewal while the remaining 1,527 or 18.73% were newly created businesses.\textsuperscript{344}

### 3.2.4 Cooperatives and financial institutions

Batangas City recorded a total of 52 cooperatives in 2016. 9 cooperatives are of credit type; 18 are non-agricultural multi-purpose; 20 are agricultural multi-purpose; 2 service cooperatives; 1 secondary cooperative; and 1 is classified as pre-cooperative.\textsuperscript{345}

In terms of banking and finance, the City as of 2016, recorded a total of 63 financial institutions.\textsuperscript{346}

\begin{itemize}
\item \textsuperscript{339} Ibid., 232.
\item \textsuperscript{340} PSA, Philippine Population Surpassed the 100 Million Mark (Results from the 2015 Census of Population), 2016.
\item \textsuperscript{341} PSA, Minimum Wage Rates by Sector and Region, Philippines: As of October 5, 2017, 31.
\item \textsuperscript{342} CPDO, Socio-Economic, 192.
\item \textsuperscript{343} Ibid.
\item \textsuperscript{344} CPDO, Socio-Economic, 193.
\item \textsuperscript{345} Ibid., 192.
\item \textsuperscript{346} Ibid., 211-220.
\end{itemize}
3.2.5 Agriculture, fisheries, and farm animals

OCVAS estimated that rice production in Batangas City as of 2016 is at 152.63 cavans or 15.00 metric tons. The total rice produced by the City is not sufficient to supply the needs of its population which is 749,057 cavans (346,756 population*2.14 cavans). To meet its residents demand for rice, the city imports its rice from provinces in Central Luzon and Mindoro region. Despite the limited supply of rice, other forms of crops like vegetables, root crops, corn, and fruits including mangoes, atis, tamarin, and bananas are produced in large quantities. Furthermore, the OCVAS also launched a program to boost yellow corn production.347

As to the fishing industry, the city government recorded 728 registered fishermen and 722 motorized banca that yields 346,560 tons of sea resources.348

In terms of animal production, inhabitants of the city raise both poultry (chicken, goose) and farm animals (pigs, cattle, goat, and carabaos) [See figure #]. The City also has numerous animal establishments to cater to the animal industry including: 795 piggery farms; 44 poultry farms; 17 Veterinary clinics/supplies; 2 feed mills; and 2 weighing scales.349

3.2.6 Industry and Shipping

As of 2016, Batangas City recorded twenty-three (23) major industrial establishments located in the city, these industries are categorized into large, medium, and small. The City has twenty-one (21) large scale industries with a capitalization of ₱60 million and above; two (2) medium scale industries with capitalization of less than ₱60 million to ₱15 million; and two (2) small scale industries with capitalization of less than ₱15 million.350

3.2.7 Constraints in development

The Batangas City Government updated their development plan with the title "Updating/Revision of the Batangas City Ten Year Comprehensive Development Plan, Land Use Plan, and Zoning Ordinance for CY 2008-2018." The work cited both inherent and derived constraints that affect the development of Batangas City. Inherent Constraints refer to the "geophysical and natural environment.” On the other hand, derived constraints refer to the issues that arise due to the result of society in adapting and modifying the environment to advance their well-being.351

Among the inherent constraints cited include: (1) Batangas City is divided into two land masses by the Calumpang River. The northern side is comprised of 49 barangays, while the southern side is comprised of 56 barangays including Verde Island. The north and south portion of the city are only linked by two concrete bridges, the Calumpang Bridge, and the Bridge of Promise.

Moreover, because the northern portion is linked, through Alangilan-Balagtas-Concepcion national road and Southern Tagalog Access Road (STAR Tollway), with Manila and other urban centres in Batangas Province, it has urbanized at a faster rate. The international seaport further contributes to its rapid urbanization. (2) Most of the relatively flat and arable

347 Ibid., 183-184.
348 Ibid., 186.
349 Ibid., 187.
350 Ibid., 193.
351 CPDO, Updating/Revision, Chapter 3, 4.
lands are in the northern potion while the rolling to very steep terrain is found on the southern portion. (3) Several heavy industries are in the western boundary of the city. These industries use thousands of gallons of groundwater a day to cool their engines. If such scenario remains unchecked, it may result to the groundwater being less potable. (4) The southern portion of the city is prone to storm surges that limits its tourism potential.

On the other hand, derived constraints include:

- The shortage of buildable land in the Poblacion results to many inhabitants having difficulty acquiring land in the Poblacion for residential purposes. Due to such circumstance, many opted to build their houses away from the Poblacion and to the southern portion where land is cheaper.

- Settlement areas are not properly located. Due to the lack of available buildable land, some inhabitants, some of whom are informal settlers have constructed houses on area that are not designed for residential use, among these areas include foreshore lands, riverbanks, road rights-of-way, river easements etc.

- Traffic congestion and air pollution. Batangas City due to its narrow roads-right-of-way and the lack or non-availability of adequate parking spaces along commercial and institutional establishments, especially in the Poblacion area where commercial establishments, government offices, and schools converge result to traffic congestion. Moreover, the smoke coming from vehicles are source of pollution.

- Unavailable land for large-scale agricultural production. The City’s designated land for agricultural development is only around 6,492.99 hectares. These arable lands are mostly located in the southern portion and has slopes ranging from 8-25%. The land is suitable only to produce mango, coconut, bamboo, corn sugar, upland rice, coffee, and other fruit bearing trees.

- Conversion of agricultural lands. Due to the increasing cost of lands in the Poblacion and many barangays in the northern portion, together with the demand for middle to higher income residential subdivisions, agricultural lands are being converted into residential and commercial area. Resulting to the City not able to focus on rice production and other valuable crops.

- High concentration of pollution along Calumpang River and Batangas Bay. Due to the high concentration of pollutants in these two water forms, it ruined any plans to convert the land into tourist destinations.

3.3 Observations and challenges

The national policy of the Philippines in all areas undoubtedly plays a big role in shaping the development of local government units and Filipino communities. The policy environment and the concerned institutions would influence how cities perform based on standard set by the national government. Aside from national policies, international commitments and global declarations would add to the complex space of policy formulation and

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352 Ibid., Chap 3, 4-11.
353 Ibid.
354 Ibid.
355 Ibid.
356 Ibid.
357 Ibid.
358 Ibid.
implementation. The pressure from international organizations induces some national
policies to be revised in order to fit the requirements and demands of such organizations.
Ultimately, aside from national policies and international pledges, local government units,
the main implementors of national policies at the grass roots level also play an integral role
in how policies are accepted or revised to fit local needs and ultimately how it is
implemented.

3.3.1 Urban development and planning

The policy framework for urban development and planning is in place. For more than two
decades since the enactment of the Local Government Code, which has provided more
autonomy to local governments, urban policy and development planning in the Philippines
have since then followed a hybrid of top-down and bottom-up approaches. It proposes an
ideal situation where national government’s broader policies are translated into location-
specific units of investments by local governments. The hierarchy and linkages of national
and sub-national government plans are clearly laid out such that local development plans are
linked with national development plans. The administrative and political space for urban
development and planning in the Philippines however is not as clearly arranged as the ideal
hierarchy of national and local plans. The complex space of urban policy formulation and
development planning is mired by the multiplicity of policies- the “rules of the game”- as well
as by the multiplicity of actors- the “players of the game”. Such arrangement poses a clear
threat to the effectiveness of urban service delivery in the country particularly at the level of
local governments that are considered to be at the forefront of addressing urbanization
challenges.

Beyond however from local governments merely reiterating or mirroring national level
policies, much is to be desired in terms of how these policies- whether national or local- are
operationalized to constructively affect urbanization and the morphology of cities in the
country. These national policy statements on urbanization and urban development seldom
translate into actionable items at the local government level. Many well-meaning policies
that aim to affect urbanization and urban development, such as the National Urban
Development and Housing Framework, which has already undergone four iterations since its
first formulation in 1993, remain to be just that- policy statements.

Various reasons have been put forward for this situation. These include the enduring
question on the absorptive capacity of local governments. Many a local government in the
country that is beset with urbanization challenges and are presented with national level
policy instruments is faced with the inability to adopt and adapt to these policies and in turn
utilize these to move towards an inclusive urban development. The absorptive capacity of
local governments vary however. There are disparities between the capacities of local
governments in varying levels of urbanization to transform national policies into actionable
and innovative local interventions to address urbanization challenges.

Those that have invested already in improving their ability to assimilate and operationalize
national level policies and have had experience in dealing with urbanization would more
likely have a different approach in translating national level policies as compared to those
that are in their nascent stage of addressing urbanization challenges. For the former, coming
up with actionable instruments to address urbanization challenge that conform to national
parameters and guidelines would be easier. While for the latter, the disconnect between
national policies and their translation at the local government level is much more apparent.
If one investigates whether local government programs and projects are implemented
pursuant to national level policies on urbanization and urban development, it is not uncommon to observe local programs and projects that fail to complement these policies.

The lack of absorptive capacity is aggravated by the limited fiscal space of local governments. Evidently, due to the dependence by many local governments from national government allotments through sharing from national internal revenues and other forms of cost-sharing schemes, the ability of the local governments to address urban challenges and innovate to suit local conditions is limited. The limited fiscal space of local governments is exacerbated by the presence of unfunded national laws and local ordinances. This results in programs and projects that are mere extensions of national government’s rather than interventions that complement national programs and projects.

As a result, local governments cannot cope with the pace of urbanization and the growth of population in urban areas that intensifies the problems that come with urbanization. To address urban population growth caused by migration, no specific policy has been formulated and implemented by the Philippine Government. There is paucity of policies that address the socio-spatial divisions of cities as a consequence of internal migration. The interventions that are in place are mostly aimed to address problems that are associated with the influx of migrants but are not directly addressing the factors that lead to internal migration.

The inability of the local governments to effectively manage urbanization to a certain extent induces private sector led urban development. Although the government continues to provide regulatory frameworks for spatial planning, these frameworks are usually overtaken by private-led development such that instead of development being shaped by urban planning and policies, plans and policies are made to conform to existing urban development. This poses a challenge to ensuring inclusiveness and equity in access to urban areas and spaces in the Philippines. Very seldom would a private-led development benefit the underprivileged and marginalized sectors in an urban territory. For one, it is difficult to encourage private sector to invest in socialized housing for the poor even if this would be in the form of public-private-partnerships. For another, there have been cases of private-led developments that resulted in displacements of communities and people.

Notwithstanding however the dominance of private sector in shaping urban forms and spaces, there has been an increasing recognition and practice of participatory planning processes to empower marginalized and underprivileged sectors in a local government territory. The long-standing and distinctive characteristic of urban planning in the Philippines is the emphasis that is given to participatory planning process that not only consults stakeholders but allows the community to communicate and decide with local and national officials in the determination of the development path of cities and urban areas. It is hoped that such process would in the future lead to urban policies and plans that will result in more inclusive cities and urban areas. Since there is shared ownership of plans with unity of direction and purpose, sustainability debates continue to affect urban planning practice in the country with the aim of ensuring that plans and policies shape cities and neighborhoods that leave no one behind.

### 3.3.2 Health sector

The Philippine health system remains hampered by the challenges of inequity and institutional fragmentation. Disparities exist between affluent and impoverished regions in terms of health accessibility and health outcomes. Government expenditure on health has
remained low, with local government units comprising less than half of public expenditures on health.

Fragmentation in health services delivery has been bothersome, with different government entities and private facilities independently providing different levels of health care (World Health Organization 2011). While there has been a steady increase in vital health indicators, the country continues to lag among its neighboring income comparators in major health outcomes, and even fails at meeting some of its recent national health targets (World Bank 2011; NEDA 2017).

The World Health Organization (WHO) has noted at least three major factors contributing to the gaps leading to the dismal performance of the Philippine health sector, namely: a dominant and independent private sector; a disconnected national-local health systems management; and the absence of an integrated curative and preventive network (World Health Organization 2011). It centers on inequity driven by social and economic barriers and on a health sector governance mired in operational fragmentation that is traceable to the devolution of health services.

In the coming years, the Philippine government seeks to attain a health system that guarantees financial risk protection, better health outcomes, and responsiveness—the health-related thrusts of sustainable development goals (SDGs). However, local government units (LGUs) continue to struggle in performing its devolved health care responsibility. Localities are prone to inequitable distribution of the much-needed health resources.

While the DOH augments the resources of localities and performs technical assistance in their behalf, many LGUs still find it hard to deliver proactive health services by themselves. In addition, health interventions at the local level tend to be reactive and fragmented. It is subject to short-term, dole-out oriented projects of local politicians, and does not enjoy the stability and breadth of financial resources at the national government’s disposal. Nonetheless, the national government continuously implement priority programs to improve inequities and fragmented governance in the health sector.

3.3.3 On inequity

Health services delivery in the Philippines can be inequitable in terms of service coverage, health resources distribution, and clientele access.

For instance, in many health programs, particularly on child immunization, maternal care and infectious disease control, there is “widespread disparities in coverage rates” among local government units, particularly in geographically-isolated and disadvantaged areas (GIDAS) (World Health Organization 2011). Certain island provinces and conflict areas have consistently registered alarmingly low coverage rates of national health programs (World Health Organization 2011). Furthermore, these disparities manifest among localities with poorer population groups. Demographic studies have revealed that limited service coverage and lower services utilization are widespread in extremely remote areas, among the “poorest quintiles” of the population, particularly in households with uneducated mothers (World Bank 2011; World Health Organization 2011).

On the other hand, “serious maldistribution” of health professionals and health facilities persists in many areas of the country (World Bank 2011). The inequitable distribution of health sector inputs, such as human resources, facilities, and information systems, has been a driver of segregation of health outcomes throughout the country (World Bank 2011).

**Figure 39: Average number of health professionals, 2015**

The Philippines, in relation to neighbouring income comparators, have relatively more health professionals per capita. In fact, in the mid-2000s, the Philippines had many health professionals leaving the country to work abroad. There were exports of services and manpower in the health sector. But as the demand overseas dwindled, there had been an oversupply of health professionals, particularly of nurses and midwives, and this had left them unemployed (World Health Organization 2011).

Public sector health professionals had to take shifts to ensure that rural health units would have attending physicians and nurses round-the-clock. In fact, in 1993, the DOH had to initiate the *Doctors to the Barrios* Program to address the inadequate number of health professionals in depressed and unserved areas. Meanwhile, out of the seventy (70) tertiary, regional, and specialty hospitals retained under the DOH, twenty (20) hospitals are located within the Metro Manila Region. That is, at an average of four (4) hospitals per region, Metro Manila has five times more facilities for high-level care. Metro Manila has also topped the national averages in the number of doctors, nurses, and dentists by a large margin. This is problematic, as the region has already struggled with internal carrying capacity and dense settlements. In-city traffic woes have paralyzed it on almost a day-to-day basis. Having a service area that extends beyond the region has been very challenging both for the service provider, the local government units, and the clientele from remote areas.

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The devolution of health services delivery has highlighted the disparities between affluent and impoverished localities. High-income provinces and cities had the local resources to construct and operate its own hospitals. They also increased health access among indigent and lower middle-income residents with subsidizing health programs financed from the localities’ regular income. Meanwhile, low-income municipalities had to rely on provinces, neighboring cities, and the private sector for higher level health services.

Such factors would explain the low utilization patterns of higher-level public health facilities. “Financial barriers, negative perceptions of quality, and the lack of awareness of services” have affected the people’s health-seeking behavior, particularly among lower income groups (World Health Organization 2011).

For instance, public hospitals in Metro Manila had an average occupancy rate of about 60%, while the efficient utilization level is at 80% (World Bank 2011). Among lower income groups, utilization of health services is high in rural health units and barangay health centers, but limited in public hospitals, which is mainly due to co-payments and balance billing. Furthermore, the utilization of the country’s national health insurance program has been scarce, particularly due to “lack of awareness” and “complex administrative requirements” for membership (World Health Organization 2011).

The national government has, nonetheless, recognized these challenges of inequity. In 2018, the Department of Health has enhanced its implementation of the Health Facilities Enhancement Program (HFEP) and the Human Resources for Health Deployment (HRH Deployment). These two flagship programs have assisted local government units by augmenting their health human resources and improving their local health facilities.

For instance, the HFEP entails the allocation of capital outlay and the procurement of health infrastructure and equipment in rural health units, barangay health stations, and local government hospitals. It aims to enhance the facilities maintained by local government units, thereby decongesting tertiary and regional hospitals of cases manageable at lower levels of health care. Meanwhile, the HRH Deployment entails activities such as the Doctors to the Barrios Program, and the deployment projects of dentists, nurses, rural health midwives, public health associates, and universal health care implementers, among others. The program aims to strengthen the capability of the local health workforce by augmenting local health professionals in rural health facilities. It also grants scholarships for selected health professions to maintain the pool of health human resources.

The national government has also implemented the Social Health Protection Program, which seeks to ensure financial risk protection among the indigent citizens. The program provides full national government subsidy for the payment of premium among qualified poor families and senior citizens. It aims to reduce or, if applicable, eliminate out-of-pocket spending for health among indigent clients.

These are among the interventions espoused by the national government to ensure a health care system that is equitable in terms of service coverage, health resources distribution, and clientele access.

361 DOH. Budget Folio: Fiscal Year 2018.
362 Ibid.
3.3.4 On governance

Health services delivery in the Philippines is a combination of a devolved and centralized system, in which the private sector shares the responsibility over health services delivery. The barangays, municipal and city governments, provincial governments, and the national government, all have their own responsibilities in the delivery of health services. The government encouraged the private sector to establish and operate its own health facilities, subject to the regulations of the DOH. In effect, with the devolution in 1991, health services have been “broken up” among different levels of government (World Health Organization 2011). Various government levels and entities had the mandate over the functions of policy making, service delivery, regulation, and financing on both a national and a local scale.

The health care referral system best illustrates the fragmentation in health services delivery. The system aims to ensure that patients receive appropriate level of care, and health agencies perform only its designated level of health care. However, the “inadequacy of functional referral mechanisms” has led to citizens bypassing primary health care, and going straight to tertiary and specialized hospitals (World Health Organization 2011). Specialized hospitals retained by the DOH also “continuously treat primary or ordinary cases” (World Health Organization 2011). Moreover, the referral system has been government-centric, as it failed to include private health care providers in its network until recently (World Health Organization 2011).

Another issue in the country’s health sector governance is having consistently low public expenditures on health. Since 2000, the Philippines has had lower public health spending vis-à-vis GDP compared with Thailand, Vietnam, and Malaysia. It had an average of 1.22% from 2000 to 2015.\footnote{363 Based on World Bank’s World Development Indicators.} As a result, out-of-pocket payments have dominated health sector spending. It yielded an average of more than 52% from 2000 to 2015—figures that are “well above global comparator averages” (World Bank 2011).

In response to these organizational malfunctions, the DOH has pursued a set of reforms that encompass the areas of health service delivery, health regulation, and health financing. The major institutional reforms include the Health Sector Reform Agenda in 1999, the FOURmula One in 2005, the Kalusugang Pangkalahatan (Universal Health Care) in 2010, and the revisited FOURmula ONE Plus in 2017.
Figure 40: Domestic Government health expenditure (% of GDP), 2000 to 2015

Domestic Government Health Expenditure in Selected Asian Countries (% of GDP)

Figure 41: Share of out-of-pocket payment on health expenditure in Asia


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3.3.5 On health outcomes

On the aggregate scale, the Philippines has experienced steadily increasing health outcomes over the past decades. It performed well in the last five years based on its previous performance, particularly on reducing child mortality and on managing malaria. However, it failed to reach many of its health-related targets from the Millennium Development Goals (MDGs). It was close to reaching those targets, but it did not perform well enough to reach them and be at par with many of its Asian neighbors.

The best illustration of this is the country’s consistently improving infant mortality rate. After having an average of 54 deaths in every 1,000 live births from 1960 to 1990, the country has had a reduction of more than 100% from 2000 to 2017. It is now averaging 25 deaths in every 1,000 live births, and the figures continue to decline.

Figure 42: Figure 3.13. Infant mortality rate in the Philippines, 1960 to 2017

In spite having “high probability” of reducing its infant mortality by two-thirds from the baseline year—that is, 19 by 2015—it stands at 22.2 as of 2017, which is about 16% less than the target. This shows that the country continues to struggle in rapidly improving the health outcomes of its inhabitants.

Among the health outcomes that the country struggles to address are malnutrition and maternal mortality.

From 2003 to 2015, an average of more than one fourth of children 0-5 years are either underweight or has growth stunting. Underweight prevalence among this age cohort is at

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19.9% in 2013 and has increased to 21.6% in 2015. Growth stunting, on the other hand, grew by 10%, from a rate of 30.3% in 2013 to 33.5% in 2015.369

Similarly, the target for maternal mortality rate is largely unmet. In 2015, the government aimed a rate of 52 for every 100,000 livebirths pursuant to the millennium development goals, but has yielded around 149 for every 100,000 livebirths.370 The delays in seeking care, in reaching health service facilities, and in receiving health care are blamed for this underperformance.371 It should be noted that the rate has worsened even with slight increase in the proportion of births administered by a health professional.372

**Figure 43: Prevalence of undernutrition 0-5 Years Old, 2003-2015**373

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369 Ibid.
371 Ibid.
372 Ibid.
Figure 44: Maternal mortality ratio in selected Asian countries, 1995-2015


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3.4 Education sector

National education policy plays undoubtedly a big role in shaping the health and educational services delivery and learning outcomes. However, reality rarely comes close with theory. Various enabling and disabling factors mediate what is proposed from what is implemented. In the end, health and educational institutions operating at the grass roots level, in partnership with local government units, dictate how health and education is delivered to the people. Quality or otherwise depends on how powerful the convictions regarding health and education these institutions uphold.

3.4.1 Basic education

In the level of basic education, covering elementary and secondary education, the problems can be categorized into three parts: quality, inequity, and participation and access.

It has been said that quality education is closely linked to competence of teachers, ratio of student to teacher, and quantity and quality of school facilities. To improve the learning outcomes of students, schools must provide competent teachers to teach limited students at classrooms and school facilities that are conducive for learning. However, problems arise when the educators themselves, are not knowledgeable enough of what they are teaching. The World Bank in partnership with the Department of Education found out that the average elementary and high school teacher could only answer correctly, fewer than half of the questions on the subject. The teacher competencies may be improved through professional development training, which unfortunately the country also lack; the training given to teachers do not meet minimum levels of quality and is far from what the teachers need and want.

In terms of teacher-student ratio, elementary education has recorded a national average of 1:33 for the school year (SY) 2015-2016. Some regions, however, recorded higher teacher-student ratio including ARMM (1:41), CALABARZON (1:37), Davao Region (1:37), and NCR (1:36). Similarly, for SY 2014-2015, the country recorded a national average of 1:48 at secondary level; some regions continue to record a higher teacher-student ratio, including CALABARZON (1:51), Bicol Region (1:41), Davao Region (1:46), ARMM (1:55) and NCR (1:60).

Moreover, various findings in many parts of the world have shown that improving school infrastructure leads to better learning outcomes, school enrollment rates, and attendance rates.

Recent studies have suggested that School-Based Management (SBM) improves educational quality by making key stakeholders in the school and local community part of the decision-making process happening at the school level that will result in the desired collective educational outcomes. Under SBM, schools are enabled and empowered to manage their own affairs. The Department of Education, under BESRA has included SBM in its KRT's.

376 Ibid.
However, the recent adoption of SBM saw numerous problems in areas of autonomy, participation, and accountability and transparency.\textsuperscript{380}

Aside from the quality of education, inequalities in educational services delivery are present across regions, between rural and urban areas, and among schools.

In terms of regional disparity, government spending differs across regions that affects the quality of school learning environments.\textsuperscript{381} For instance, the diminutive allocation given to Region VII resulted to poor teacher-student ratio and student-classroom ratio as compared to the national average.\textsuperscript{382}

Between rural and urban areas, rural schools tend to perform better against their urban counterparts. For instance, in 2014, the average NAT scores of rural schools is 75 percent compared to only 66 percent in urban schools. The difference in school performances can be explained by the differences in quality and availability of facilities. In 2014, the average school population in HUC’s is 1,700 students, as compared to only 1,000 students in city schools and 570 in municipality schools.\textsuperscript{383} Moreover, teacher-student ratio also affects the quality of education outcomes. Rural schools, have an average of teacher-student ratio of 1:29, while urban schools have an average of 1:39. Finally, teacher absenteeism is higher among urban schools; however, in terms of subject content assessment, urban high school teachers had higher scores than their rural counterparts.

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Finally, while socio-economic disparities exist across regions, they do not have clear patterns. The national government provides funds, distributed equitably, to all public schools. Schools also generate their own income, but the revenue that the schools collect largely depends on the socio-economic standing of their students, resulting to schools serving poor communities to have a more limited budget than those schools serving well-to-do communities. The differences in funding ultimately results to schools that service poor students to have poorer ratings for the execution of School-Based Management that directly affects education services and outcomes. Moreover, high schools serving well-to-do students have better-performing teachers than those high schools that service poor communities. However, the phenomena in high school cannot be said the same for elementary, poor students tend to be taught by teachers that performed better than average on Filipino test.\textsuperscript{384}

In terms of participation rate, much is still to be done in the kindergarten, elementary, and secondary education to achieve universal enrolment rate. In 2015, despite the passage of Kindergarten Law, roughly only 80% of children were enrolled in classes. In elementary level, DepEd recorded only 91.84%, while the secondary level had a mere 82.24% enrolment rate.\textsuperscript{385} Connected to participation rate is completion rate and cohort survival rate. In one hand, completion rate in basic and secondary education is only at 83.43% and 73.97%, respectively. On the other hand, cohort survival rate recorded 87.07% in basic education, and 80.75% at the secondary level.

Moreover, in terms of access, many Filipinos including: out-of-school youths, Muslim children, non-readers continue to be marginalized in educational services in terms of number of teachers and school facilities. In Special Education (SpEd) for SY 2015-2016, data

\begin{itemize}
\item \textsuperscript{380} World Bank, Assessing Basic Education, xxii-xxiii
\item \textsuperscript{381} World Bank, Assessing Basic Education, xxix.
\item \textsuperscript{382} Ibid.
\item \textsuperscript{383} Ibid.
\item \textsuperscript{384} World Bank, Assessing Basic Education, xxx.
\item \textsuperscript{385} NEDA, Philippine Development Plan 2017-2022, (Pasig City: NEDA), 142.
\end{itemize}
shows that there were only 2,571 publicly-funded SpEd teachers, 37 pure SpEd centers, and 278 regular schools with SpEd centers servicing around 150,000 students with special needs.\textsuperscript{386} This figure translates that for every SpEd center, there are 540 students, and for every 58 students there is only 1 teacher. Likewise, Alternative Learning Systems also suffers in terms of lack of facilities and available teachers. In 2012, there were only 9,000 learning facilitators that were able to teach 1,020,049 or roughly only 23\% of all out-of-school youths aged 16-26.\textsuperscript{387}

The problems surrounding the basic educational sector manifest itself in the performance of students in the standardized National Achievement Test (NAT). In primary education for SY 2014-2015, the average score of students is 71\%, the average at secondary education is 77\%, both levels missing the target average score of 77\% and 65\%, respectively at the end of 2016.\textsuperscript{388}

Ultimately, the problems surrounding basic education affects the national competitiveness of the country. Globally, the Philippines continue to lag in the educational sector, according to the Global Competitiveness Report 2017-2018, out of 137 participating nations, Philippines ranked 82 in health and primary education; placed in at 66 in quality of primary education; and ranked 66 in primary education enrolment rate.\textsuperscript{389}

\subsection{3.4.2 TVET}

According to the Philippine Skill Report of 2010, the technical-vocational sector in the country, whether delivered by public or private institutions, is facing numerous challenges that can be grouped into three parts namely: negative perception and limited knowledge on TVET, and weak labor market relevance.

In 2009, TESDA launched a widescale social marketing and advocacy program named SMAP to address the issues surrounding low public awareness of TVET programs as well as the negative perception of many Filipinos regarding TVET.\textsuperscript{390} For so long a time, even until today, manual labor is shunned by many due to deeply embedded negative cultural perception against manual work, low salary of manual workers, and preference for college degrees that will lead to the preferred office work. Hence, TVET education, believed to eventually lead to manual labor was perceived to be reserved for students who cannot afford college education or less intelligent students. The National Technical Education and Skills Development Plan (NTESDP) cites that the lack of widespread awareness is not only limited among targets by TVET, but more so with their families, relatives, and friends who have a strong influence in their career choices and among the end users, the industries.\textsuperscript{391}

According to the Philippine Skills Report, TVET in the country suffers in numerous areas including the quality of facilities, curriculum balance, research capacity, cost, and industry

\begin{thebibliography}{9}
\bibitem{386} Ibid.
\bibitem{387} Ibid.
\bibitem{388} NEDA, Philippine Development Plan 2011-2016 Midterm Update, (Pasig City: NEDA), 130.
\bibitem{390} TESDA, Increasing Public Awareness of TVET in the Philippines, (UNESCO-UNEVOC International Centre for Technical and Vocational Education and Training, 2010)
\bibitem{391} World Bank, Philippine Skills Report: Skills for the Labor Market in the Philippines, (World Bank, 2010), 87-89
\end{thebibliography}
The failure of graduates to find suitable jobs that are in line with their knowledge and skills have contributed to the unemployment and underemployment rate of the country.

1.1.1 Higher education

For the higher education sector, quality remains as the most pressing issue. This is evident in the quality of graduates who took the 2015 Professional Regulation Commission (PRC) licensure examinations. For that year, only 58.59% passed the examinations, a weak performance compared to the 2014 passers that recorded a 61.45% passing rate. The lack of faculty with advanced degrees in higher education and low numbers of HEIs with accredited programs further contribute to the problem. In 2015, among HEI faculty, only 40.34% have Master's Degree, and only 12.62% have their PhD. Moreover, among all HEIs, only 26.63% have accredited programs.

The low quality of HEIs is further highlighted when contrasted with the performance by other neighboring countries. In 2016, according to the Global Innovation Index, the country ranked 74th out of 128 countries in producing innovators. Likewise, the country has only produced 81 researchers per million population, compared with 205 by Indonesia, and 115 by Vietnam. Finally, in terms of knowledge producers, Philippines has only contributed 28 out of 777 journals or 3.6% under Thomson Reuters, Scopus, or both.

In terms of university rankings, only the University of the Philippines (UP) ranked at 156th, among 359 universities listed, made it to the Times Higher Education (THE) Asia University Rankings. The University of the Philippines also placed at the position of 601-800 out of 1102 institutions in THE world ranking. On the other hand, the QS World University Ranking, included four Philippine Universities in its list, namely: University of the Philippines (384), Ateneo de Manila University (651-700), De La Salle University (801-1000), University of Santo Tomas (801-100).

Moreover, there is also the problem of education mismatch between higher education and various industries, a result of: underdeveloped 21st century competencies among graduates; teacher-centered and input-based education paradigm; and uncritical application of evolving quality standards of universities (i.e. publication in peer-reviewed journals).

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392 Ibid.
4 Summary: the cities of Manila and Batangas

A cursory review of the City of Manila and City of Batangas, has shown numerous similarities in terms of history, geography, economy, and some features of urbanization.

Both cities have deep historical roots and are capital cities in their respective regions. Moreover, like the ancient civilization of Egypt sustained by the Nile River, Manila and Batangas are nourished by two rivers, Pasig and Calumpang. These rivers have also been used, without much care, as a sewerage system for both cities. Moreover, the cities are also beside large bodies of water that allowed the two to maintain international ports: in one hand, Manila is connected to Laguna de Bay and Manila Bay; on the other hand, Batangas is directly beside Batangas Bay. Due to its historic, and strategic geographic location, both cities have flourished economically since the colonial period and continues to do so until present, making both cities attractive for migrants coming across the country.

Despite similarities in numerous areas, Manila and Batangas experienced different levels of urban problems and confronted these problems differently.

Standing as the capital city of the country, Manila handles urban problems at a much larger scale. The city currently houses numerous national government offices, heritage sites, public medical facilities, educational institutions, among others while serving around 897 barangays with a population of almost two million people. The numerous and complex urban problems faced by Manila is further confounded by changing local leaders, making it hard even impossible to have a continuity of local programs and policies that are geared towards addressing the city’s urban issues.

Similar with Manila, Batangas also faces more or less the same urban challenges but at a much smaller scale due to a fewer population. Moreover, the political continuity, the local leaders throughout two decades belongs to a single family, which has allowed for programs and policies to reach their maturity and solve the problems that they are designed to fix.

The urban problems confronting the cities of Manila and Batangas have effects on the delivery of health and education services.

For health, the Philippines is among the foremost countries in Southeast Asia (SEA) to be modernized medically due to the scientific and medical ideas brought by colonialism. The advent of the Americans further facilitated improvements in the field of medical sciences, but more importantly the institutionalization and promotion of public health services delivery. Sadly, today, the most pressing issue concerning the health sector is its state of inequity.

The institutionalization of a fragmented form of health services delivery throughout the country has resulted, needless to say to an inefficient and, most of the time, incomplete delivery of government health services. The resulting inefficiency in the part of the government has therefore created a conducive space for private corporations to establish and maintain private hospitals and clinics in cities, towns and even barrios. These private hospitals and clinics that charge a significant amount of money in exchange for health services cater largely to the rich and middleclass members of society, leaving the poor and impoverished to seek medical help from public hospitals that are poorly funded, ill-
equipped, and inefficient resulting in a spatial and socio-economic imbalance in health services delivery.

In the education scene, on the other hand, the Philippines has undergone numerous educational changes from the colonial period until the present time. For every period, the national policy of government for education is to educate every Filipino to be functionally literate and contribute to the national development of the country. In the educational scene of present day, quality education remains as the most pressing problem. The low quality of education provided by the government has resulted in the increasing rise of private schools that are able to solve for the problems confronting public schools resulted again in a spatial and socio-economic divide when it comes to educational services delivery and outcomes.

The urban problems confounding health and education services are either solved or worsened by how local government units relate and respond to these problems.

In one hand, the City of Manila, the historic capital city is the epitome of failed execution of urban policy planning. Urban problems that are not addressed completely or effectively by the Manila city government resulted in the stark difference in the quality of health and education services, with quality reserved for the rich and affluent while the poor are forced to accept mediocre level of health and education services.

The City of Batangas, on the other hand, due partly to smaller scale of urbanization compared to Manila, but more so in the capacity and continuity of its local government unit to manage the urban problems confronting the city, has resulted in better health and education services delivery and learning outcomes.
References


This report is published by the GCRF Centre for Sustainable, Healthy and Learning Cities and Neighbourhoods (SHLC). The contents and opinions expressed in this paper are those of the authors only.

About us
SHLC is funded via UK Research and Innovation as part of the Global Challenges Research Fund.

SHLC aims to strengthen capacity to address urban, health and education challenges in fast growing cities across Africa and Asia. SHLC is an international consortium of nine research partners, as follows: University of Glasgow, Human Sciences Research Council, Khulna University, Nankai University, National Institute of Urban Affairs, University of the Philippines Diliman, University of Rwanda and the University of Witwatersrand.

Get in touch
GCRF Centre for Sustainable, Healthy and Learning Cities and Neighbourhoods (SHLC)
University of Glasgow, Rm 710, Adam Smith Building, Glasgow G12 8RS

shlc-info@glasgow.ac.uk
@shlc_cities
www.centreforsustainablecities.ac.uk

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