

Chapter 4. URBAN BASIC SERVICES

Health, Education, Safety and Security, Disaster Mitigation and Rescue, and Information and Communications Technology

I. Introduction

A. Health

1. The 2004 Philippine National Health Accounts of the National Statistical Coordinating Board (NSCB) points out that total health expenditure increased by 6.2% from 38.9 billion pesos in 2003 to 41.3 billion pesos in 2004. In addition, the per capita spending on health increased from 1,817 pesos in 2003 to 1,979 pesos in 2004. However, whether these figures are translated into the health status of Filipinos is another story.

B. Education

2. With the ballooning young population of the Philippines and the country's limited resources, the greatest challenge in this sector is to provide equitable access to quality education. Monetary and human resources in the education sector are dwindling. According to Dr. Milwida Guevara, president and CEO of Synergeia Foundation¹, government spending averages only \$28 per pupil every year. Most of this amount goes to teacher's salaries. For years, government spending on the education sector has remained at 4% of the country's gross national product.

C. Safety, Security, and Disaster Mitigation

3. Margaret Arnold of the Hazard Management Unit of the World Bank makes the following correlation between poverty and disaster: that prevalence of death is four times higher in low-income countries, and that disasters cause loss of development gains and wealth in developing countries. While there is a direct relationship between poverty and the ability to cope with security concerns and disasters, the richest cities of the country (e.g. Makati City, Quezon City, Manila City) spend only less than 1% of their annual budget for disaster-related matters (Dr. Nestor Pilar, Local Government Development Foundation or LOGODEF, 2005).

D. Information and Communications Technology

4. One significant global trend that has a remarkable impact in the local setting is the growth of the information and communications technology (ICT) industry. Because the Philippines has an English-speaking population, the country is in tight competition with India for dominance in the ICT industry.

II. Current Status and Trends

A. Health

1. Infant, Child, and Maternal Mortality Rates

¹ An organization that aims to transform basic education in collaboration with local governments, parents and the private sector, see website: <http://www.synergeia.org.ph>

5. While infant, child, and maternal mortality rates are still high, the figures have dropped over time (see Table 4.1).

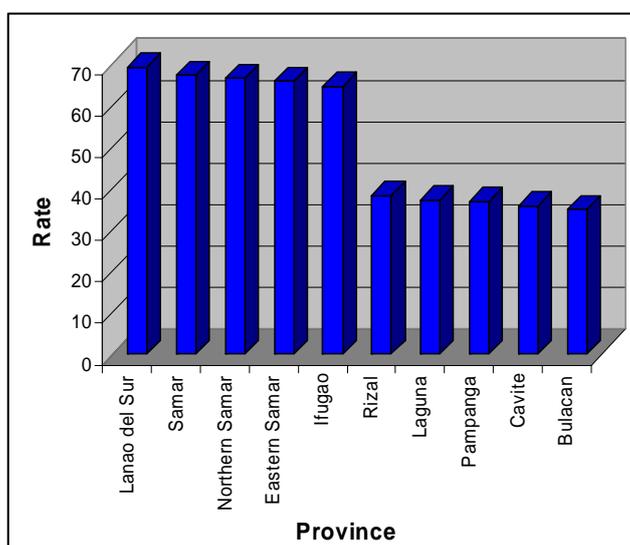
Table 4.1 Infant, Child, and Maternal Mortality Rates, Selected Years

Health Indicator	1990	1995	2003
Infant mortality rate (per 1,000 live births)	56.7	48.9	30
Child mortality rate (i.e., children under five years old, per 1,000 live births)	79.4	66.8	42
Maternal mortality rate (per 100,000 live births)	209	180	170

Source: National Statistical Coordinating Board (NSCB), Department of Health (DOH), and National Statistics Office

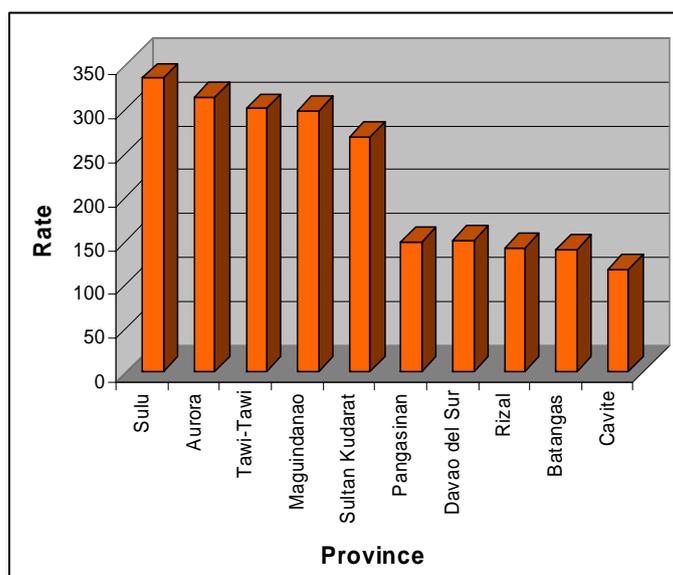
6. Unfortunately, the improving figures on health expenditures and general health status were inconsistent for all the provinces in the country (see Figures 4.1a and 4.1b).

Figure 4.1a Infant Mortality Rates Per 1,000 Live Births, Selected Provinces, 1995



Source: NSCB, 1995

Figure 4.1b Maternal Mortality Rates Per 1,000 Live Births, Selected Provinces, 1995



Source: NSCB, 1995

2. Leading Causes of Morbidity and Mortality

7. The 10 leading causes of morbidity in the Philippines are: pneumonias, diarrheas, bronchitis or bronchiolitis, influenza, hypertension, tuberculosis and respiratory diseases, heart diseases, malaria, chicken pox, and measles.

Table 4.2 Ten Leading Causes of Morbidity in the Philippines by Gender, Number, and Rate per 100,000 of Gender-Specific Population, 2002

Cause	Male	Female	Both Genders	
	Rate*	Rate*	Number	Rate*
1. Pneumonias	931.1	881.7	734,581	924.0
2. Diarrheas	881.1	842.7	726,310	913.6
3. Bronchitis or bronchiolitis	748.1	798.8	629,968	792.4
4. Influenza	565.9	622.7	484,388	609.3
5. Hypertension	339.8	427.3	304,690	383.2
6. Tuberculosis and respiratory diseases	161.0	113.6	114,221	143.7
7. Heart diseases	58.2	67.0	52,237	65.7
8. Malaria	53.5	42.6	39,994	50.3
9. Chicken pox	33.8	35.6	28,600	36.0
10. Measles	30.5	29.0	24,639	31.0

Source: 2002 Field Health Service Information System (FHSIS) Annual Report, lifted from the DOH website, updated on 18 January 2006

8. On the other hand, the 10 leading causes of mortality in the Philippines are: heart diseases, vascular system diseases, malignant neoplasm, pneumonia, accidents, all forms of tuberculosis, chronic obstructive pulmonary diseases and allied conditions, certain conditions originating in the perinatal period, diabetes mellitus, and nephritis, nephritic syndrome, and nephrosis.

Table 4.3 Ten Leading Causes of Mortality in the Philippines by Gender, Number, Rate per 100,000 Population, and Percentage Share from Total Deaths (from All Causes), 2002

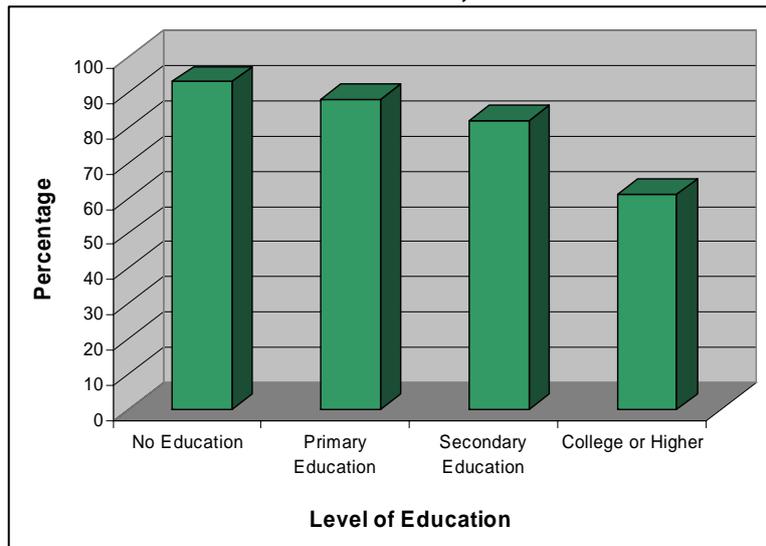
Cause	Male	Female	Total		
			Number	Rate	Percent*
1. Heart diseases	39,502	30,636	70,138	88.2	17.7
2. Vascular system diseases	27,536	21,983	49,519	62.3	12.5
3. Malignant neoplasm	20,440	18,381	38,821	48.8	9.8
4. Pneumonia	16,729	17,489	34,218	43.0	8.6
5. Accidents	27,448	6,169	33,617	42.3	8.5
6. All forms of tuberculosis	19,293	9,214	28,507	35.9	7.2
7. Chronic obstructive pulmonary diseases and allied conditions	13,007	6,313	19,320	24.3	4.9
8. Certain conditions originating in the perinatal period	8,520	5,689	14,209	17.9	3.6
9. Diabetes mellitus	6,524	7,398	13,922	17.5	3.5
10. Nephritis, nephritic syndrome, and nephrosis	5,358	3,834	9,192	11.6	2.3

Source: 2002 Philippine Health Statistics, lifted from the DOH website, updated on 18 January 2006

3. Access to Health Facilities

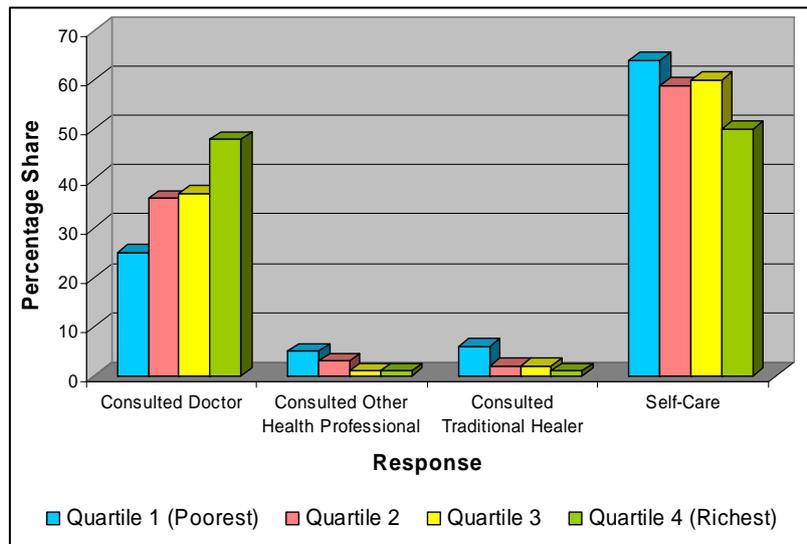
9. Health-seeking behaviors vary. Aside from physical distance from health centers and hospitals, income group and level of education are factors that affect the pattern of accessing health services (see Figures 4.2 and 4.3).

Figure 4.2 Percentage of Women Who Report Any Problem in Accessing Health Care for Themselves, 2003



Source: 2003 National Health and Demographic Survey

Figure 4.3 Health-Seeking Patterns by Income Group, 1993



Source: DOH-Philippine Institute for Development Studies Household Survey, 1993, and Philippines-Canada Local Government Support Program, 2003

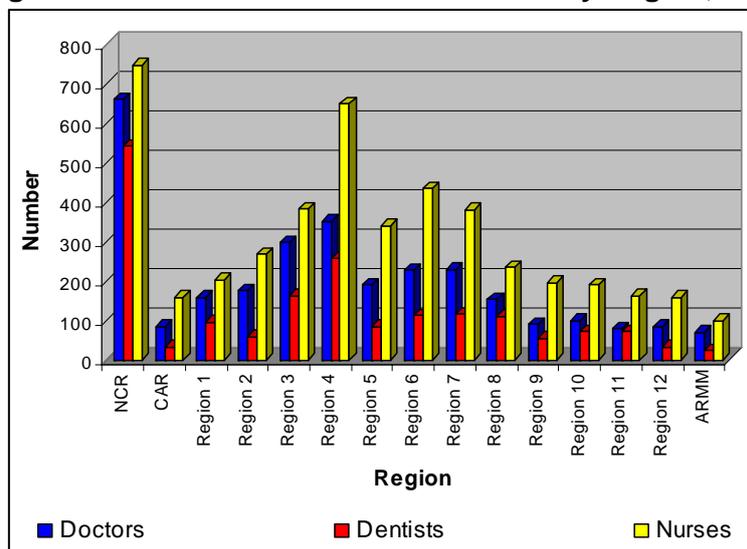
4. Health Human Resource

10. Below are the statistics on human health professionals in local government units (LGUs), as reported in the 2002 Field Health Service Information System Annual Report:

- There is one doctor for every 26,158 people.
- There is one dentist for every 42,354 people.
- There is one nurse for every 16,766 people.
- There is one midwife for every 4,834 people.
- There is one barangay health worker for every 415 people.

11. Not only are we losing thousands of nurses every year to overseas employment, an equally disturbing fact is that doctors are also following suit in the overseas employment bandwagon among health professionals by training to become nurses abroad. Furthermore, a disparate distribution of health workers in the country is illustrated in Figure 4.4, which shows that health professionals are concentrated in Metro Manila and in other metropolitan centers.

Figure 4.4 Distribution of Health Workers by Region, 2002



Source: 2002 FHSIS Annual Report

5. Health Facilities

12. With the advent of the Local Government Code, it was expected that health services and facilities would be devolved at the local level. However, based on the report prepared by the Philippines-Canada Local Government Support Program (LGSP) in 2003, 48 hospitals were still under the Department of Health (DOH) as retained hospitals. In addition, some provincial and district hospitals are being reclassified into regional or national centers.

13. The retention of hospitals by DOH and the reclassification of hospitals into regional or national centers impede the devolution of health services and facilities. Furthermore, the unwillingness and inability of LGUs to spend for the maintenance, operating, and other expenses of their hospitals result in lack of supplies, drugs, repair, etc.

6. Health Care Financing

14. According to the 2003 National Health and Demographic Survey, almost one-third of the respondents report that at least one person in their household is a member of the Philippine Health Insurance Corporation (PhilHealth). Forty-three percent of PhilHealth members is privately employed and 27% is employed in the government. The rest, which includes some of the poorest in society, voluntarily pay for membership. High costs of medical care prohibit ordinary Filipinos from benefiting from available health services.

7. Health Sector Reform Agenda

15. In 1999, the DOH prepared a Health Sector Reform Agenda (HSRA) to address the problems of the health sector. The objective of the HSRA was to guide the health sector, in general, and LGUs, in particular, in improving the delivery of health services. The HSRA

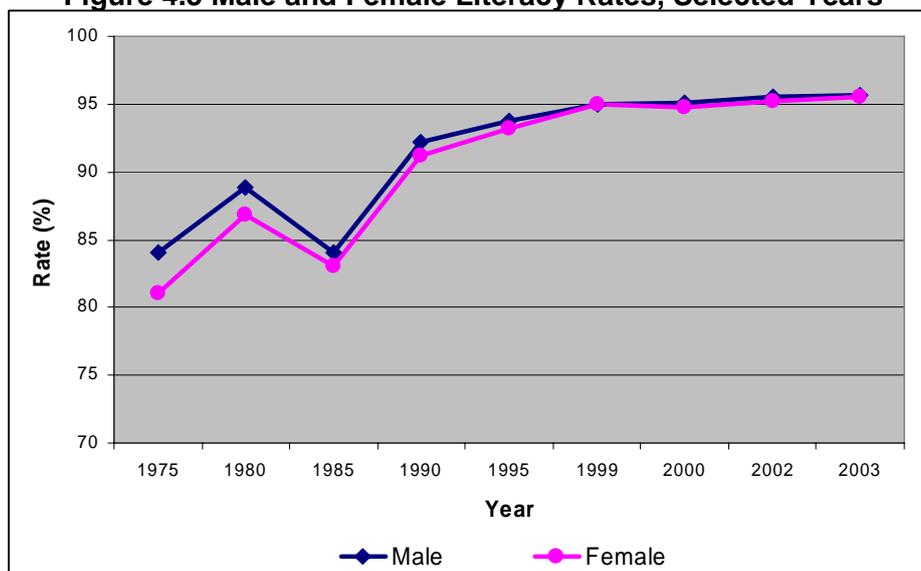
focused on five main areas: local health systems development, public health reforms, hospital reforms, health regulation reforms, and health care financing.

B. Education

1. Literacy Rate

16. Literacy rates have increased over time, and the gap between male and female literacy rates has narrowed as well (see Figure 4.5). While literacy rates have improved, input indicators (e.g., enrolment rates, number of schools and number of teachers) and performance indicators (e.g., participation rate, gross enrolment rate, completion rate, drop-out rate, and achievement rate in major subjects) provide a substantial assessment of the education sector in the country.

Figure 4.5 Male and Female Literacy Rates, Selected Years

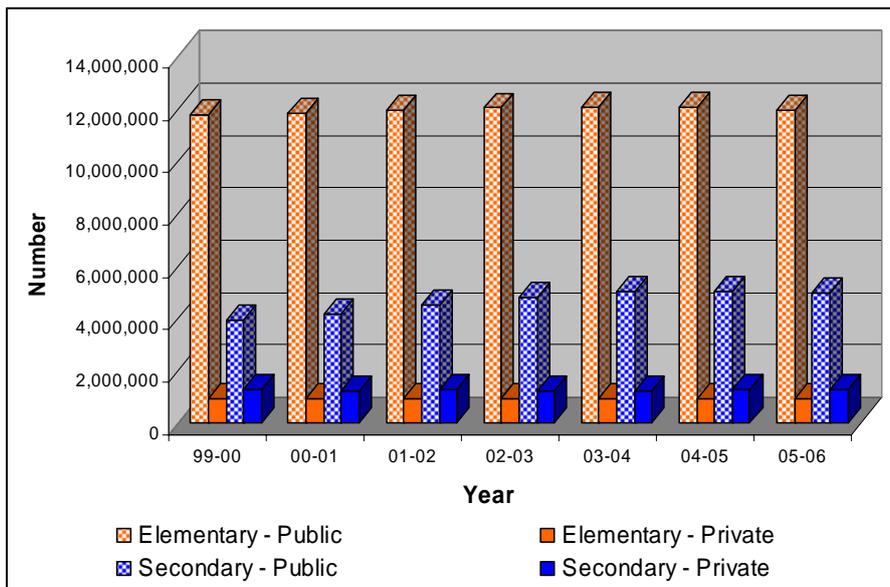


Source: Asian Development Bank figures lifted from the National Economic Development Authority Economic Indicators Online website, updated on 10 January 2006

2. Primary School Enrolment Ratio and Secondary School Enrolment

17. Enrolment in public elementary schools is the highest in number compared to private elementary, public secondary, and private secondary enrolments. On the other hand, enrolment in private elementary schools is the lowest (see Figure 4.6). On the average, 92.82% of elementary school enrollees are in public schools and only 7.18% are in private schools, while 78.53% of secondary school enrollees are in public schools and 21.47% are in private schools.

Figure 4.6 Number of Elementary and Secondary Enrollees, 1999-2006

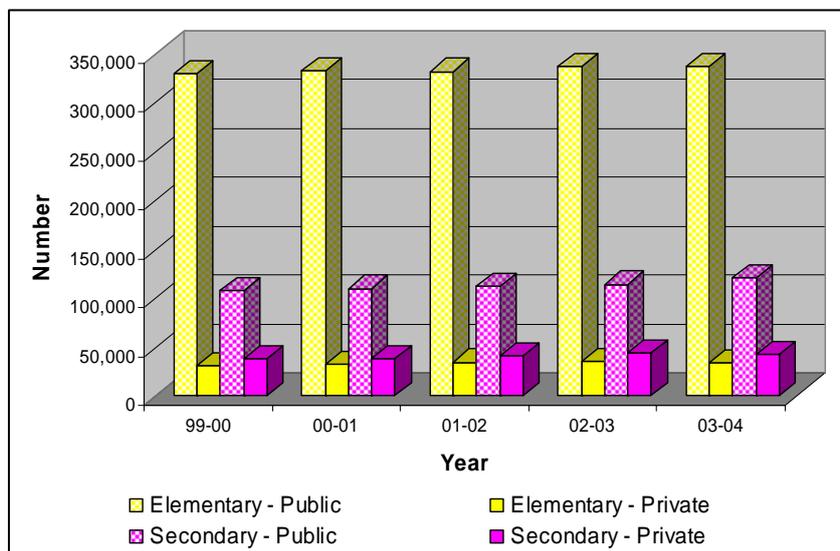


Source: Department of Education (DepEd) Fact Sheet, 31 August 2006

3. Education Human Resource

18. The number of teachers in elementary and secondary levels, when simply plugged in a chart (see Figure 4.7), shows that the distribution of elementary and secondary teachers in both public and private schools is proportionate to the distribution of enrollees as shown in Figure 4.6. Unfortunately, the number does not measure the number of teachers against students; thus, it will not reflect if there are enough teachers for the student population.

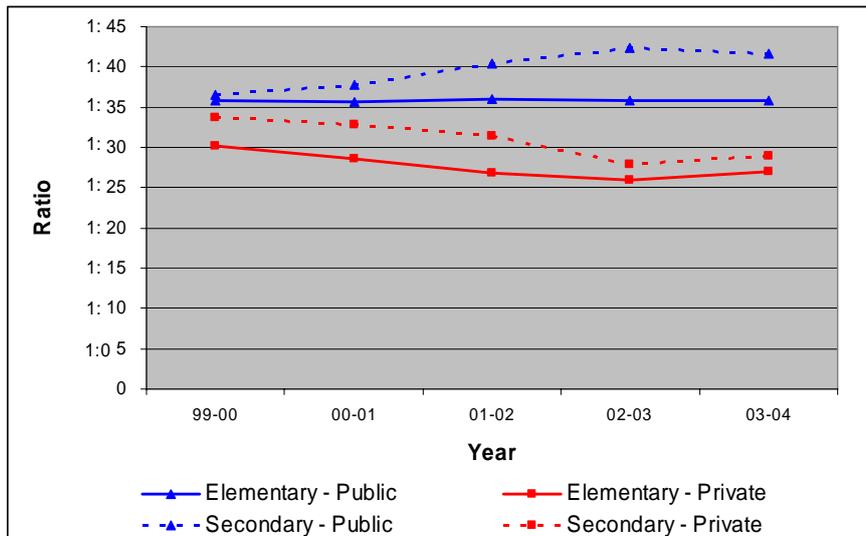
Figure 4.7 Number of Elementary and Secondary Teachers, 1999-2004



Source: DepEd Fact Sheet, 31 August 2006

19. In this case, a teacher-population ratio is an ideal assessment tool (see Figure 4.8). On the average, the teacher-student ratio in public elementary schools is 1:36, while the ratio in private elementary schools is 1:28. On the other hand, the average teacher-student ratio in public secondary schools is 1:40 and 1:31 in private secondary schools. However, there have been reports that some schools have a teacher-student ratio of 1:60, which is below the ideal ratio of 1:40.

Figure 4.8 Teacher-Student Ratio at the Elementary and Secondary Levels, 1999-2004

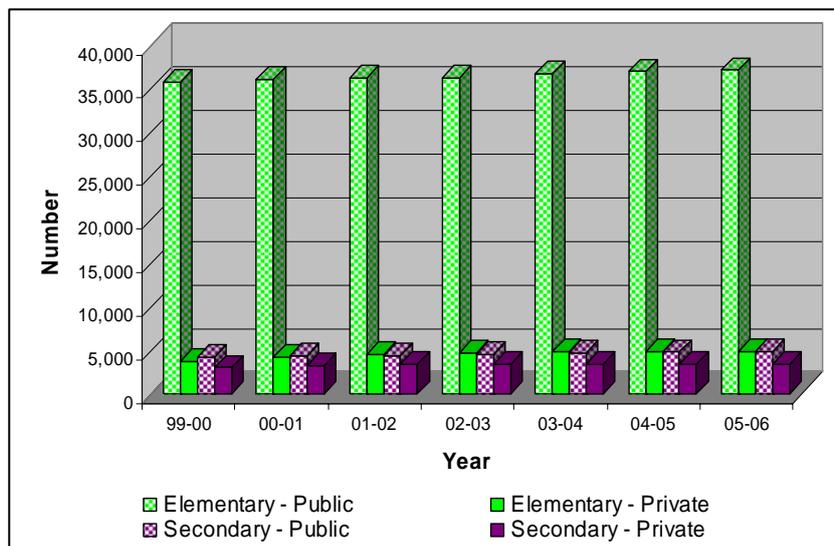


Source: DepEd Fact Sheet, 31 August 2006

4. Education Facilities

20. Figure 4.9 shows that, on the average, 89.06% of elementary schools are public and 10.94% are private. In addition, 58.08% of secondary schools are public, while 41.92% are private.

Figure 4.9 Number of Elementary and Secondary Schools, 1999-2006



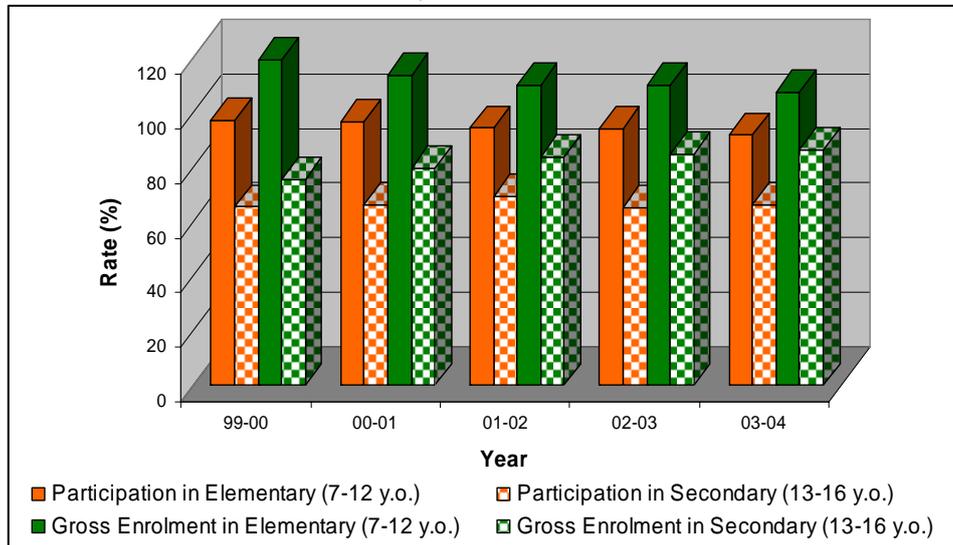
Source: DepEd Fact Sheet, 31 August 2006

21. Furthermore, it was reported by Acting Department of Education (DepEd) Secretary Fe Hidalgo in a Cabinet Meeting before the start of school year 2006 that there is a backlog of 6,000 classrooms based on the ideal classroom-student ratio of 45 students to a classroom. The government's solution to this concern is the implementation of two shifts (in the morning and in the afternoon) in both elementary and secondary schools. Due to this two-shift policy, the new standard for classroom-student ratio is 100 students per classroom. However, in some schools, four-shift classes are held.

5. Participation Rate and Gross Enrolment Rates

22. Participation and gross enrolment rates at both the elementary and secondary levels appear to have a steady rate during the five-year period (see Figure 4.10).

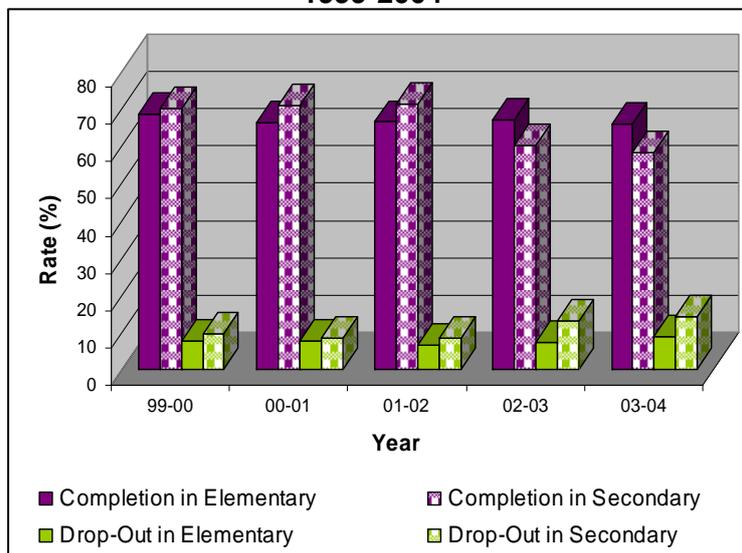
Figure 4.10 Participation and Gross Enrolment Rates at the Elementary and Secondary Levels, 1999-2004



Source: DepEd Fact Sheet, 31 August 2006

6. Completion and Drop-Out Rates

Figure 4.11 Completion and Drop-Out Rates at the Elementary and Secondary Levels, 1999-2004



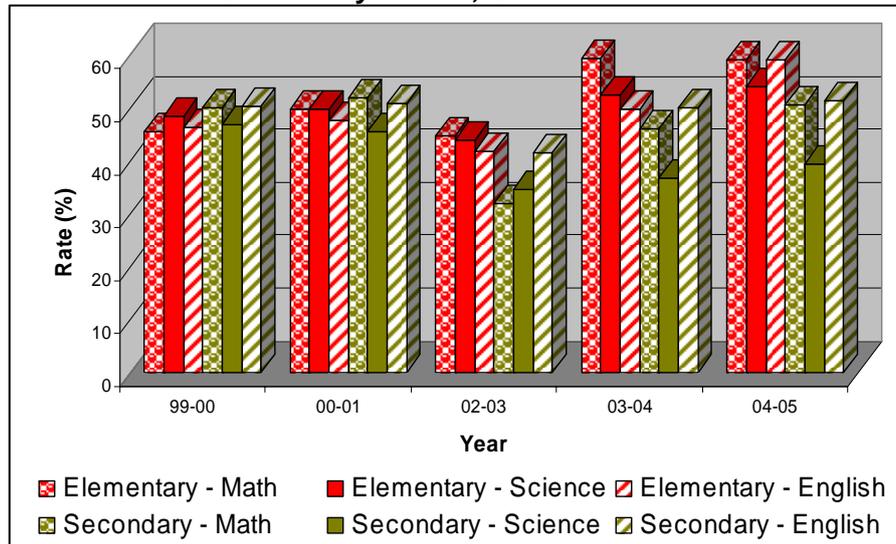
Source: DepEd Fact Sheet, 31 August 2006

23. While the participation and gross enrolment rates are constant from school year 1999-2000 to 2003-2004, the completion and drop-out rates during the same period bear negative results. There is a significant drop in the completion rate at the secondary level during school years 2002-2003 and 2003-2004, and a noteworthy increase in drop-out rate during the same school years (see Figure 4.11).

7. Achievement Rates

24. Figure 4.12 shows that despite the decreasing completion rates and increasing drop-out rates during the school years 2002-2003 and 2003-2004, the achievement rates in math, science, and English at the elementary level improved during the same years. However, achievement rates at the secondary level deteriorated, especially in science.

Figure 4.12 Achievement Rates in Math, Science, and English at the Elementary and Secondary Levels, Selected Years



Source: DepEd Fact Sheet, 31 August 2006

C. Safety, Security, and Disaster Mitigation

25. According to Dr. Nestor Pilar (LOGODEF, 2005), threats to local security can be summarized as follows:

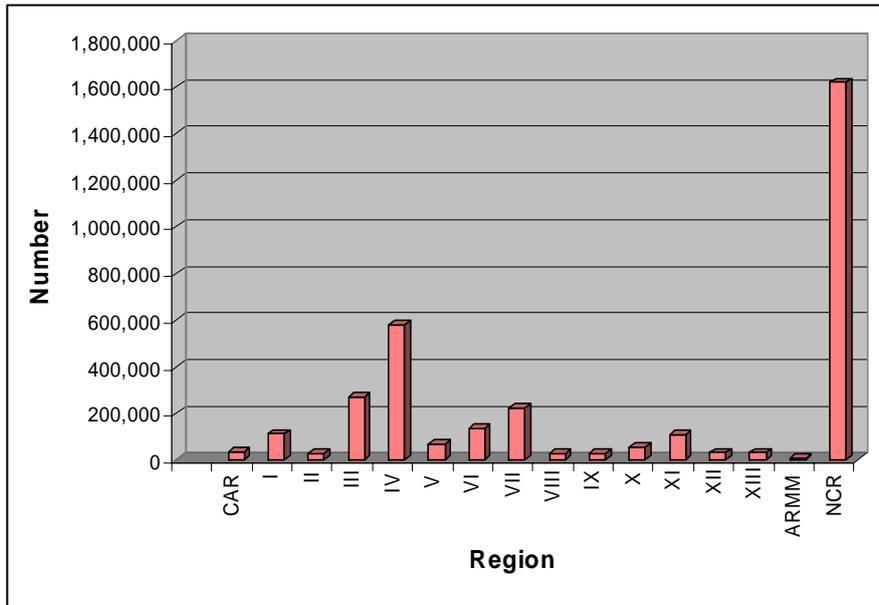
- threats identified with insurgency or rebellion from either left- or right-leaning elements and secessionist groups
- threats from natural disasters, e.g., typhoons, floods, landslides, earthquakes, volcanic eruptions, tsunamis, and outbreak of diseases
- threats from man-made disasters, e.g., fires, riots, public disorders, hijacking, kidnapping, and hostage-taking
- threats from transportation and technology, e.g., vehicular, maritime, and aeronautic accidents, gas leaks, nuclear meltdown, and chemical and oil spill
- threats from terrorist groups using devious devices, e.g., weapons of mass destruction, bombs, chemicals, etc.

D. Information and Communications Technology

1. Telecommunications

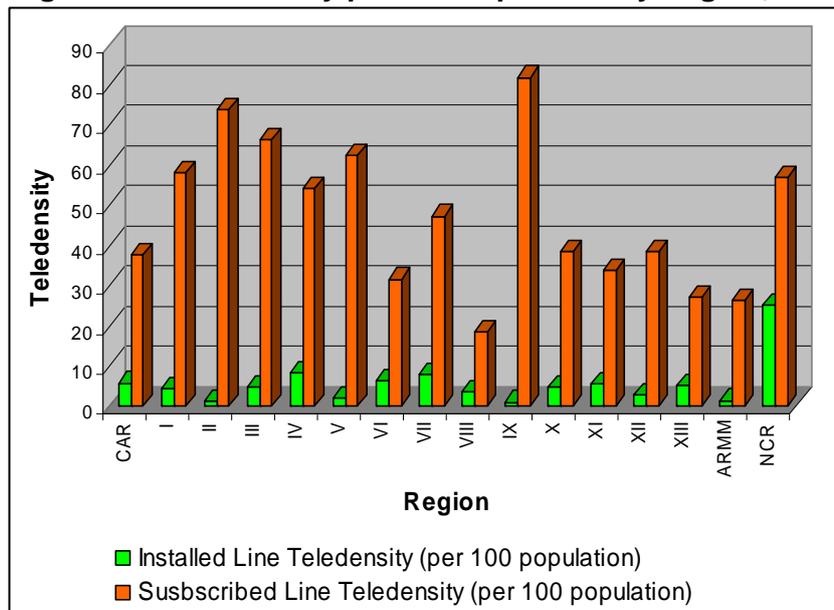
26. The disparity in the number of subscribed lines among the regions is evident (see Figure 4.13). However, in terms of teledensity, disparity is not as apparent as in Figure 4.13. In fact, Figure 4.14 shows an opposite situation. The National Capital Region, which has the highest number of subscribed lines, is only sixth in rank in terms of teledensity.

Figure 4.13 Number of Subscribed Telephone Lines by Region, 2005



Source: National Telecommunications Commission (NTC), 2006

Figure 4.14 Teledensity per 100 Population by Region, 2005

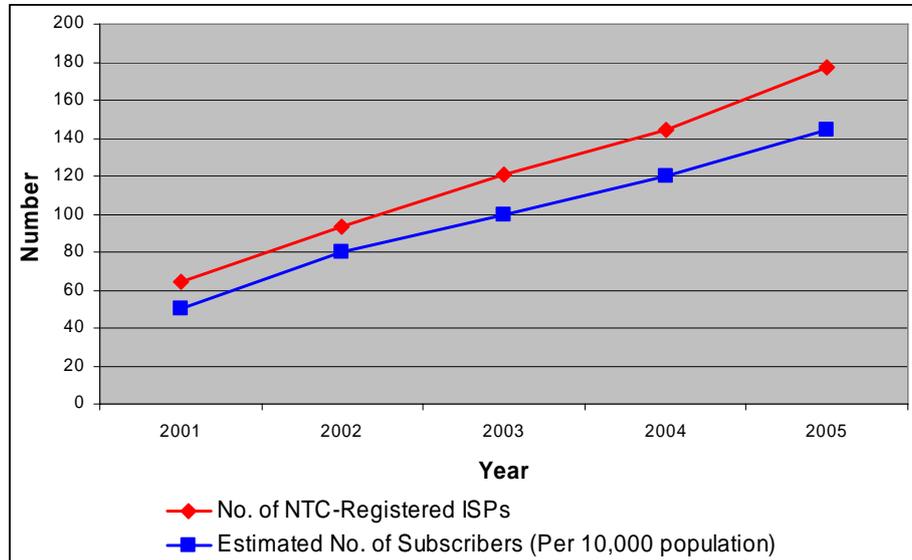


Source: NTC, 2006

2. Internet Service Providers (ISPs)

27. The number of ISPs is increasing steadily, as is the number of subscribers.

Figure 4.15 Number of NTC-Registered Internet Service Providers and Estimated Number of Subscribers per 10,000 Population

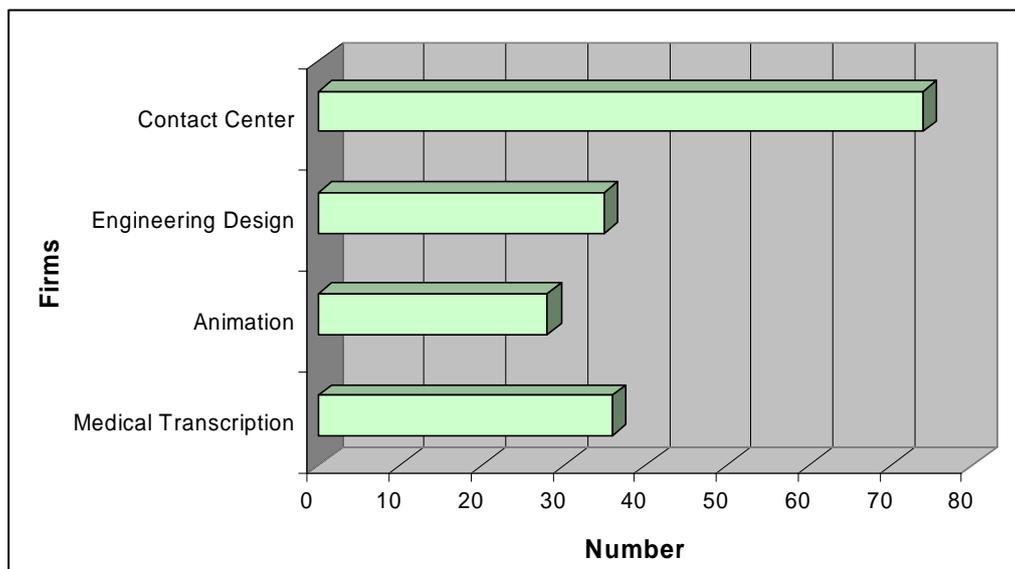


Source: NTC, 2006

3. Contact Centers and Other Related Firms

28. Makati City is the leading city with regard to number of contact centers and other related firms. Its share in the number of firms averages 31%. These firms are concentrated in Metro Manila. Only about 11% of these firms are located outside Metro Manila, mostly in Cebu City.

Figure 4.16 Number of Contact Centers and Other Related Firms, 2004



Source: CONCEP, 2005

III. Critical Issues, Challenges, and Opportunities

A. Health

29. The health sector presents three main challenges: the disparity in accessing health services and facilities and affordability of health care, the decreasing quality and quantity of health human resource, and the devolution of health services and facilities.

30. Clearly, those who are poor, have a low level of educational attainment, and live in far-flung rural areas are likely to defer visits to health facilities. Thus, access to health services and facilities are disparate.

31. On the other hand, the quality and quantity of human resource is due to the lack of common agenda and coordination related to health research. Another and more visible reason is the exodus of health professionals—nurses and doctors who have retrained as nurses—to the overseas.

32. Furthermore, the devolution of health services and facilities posed five major issues to LGUs (Philippines-Canada LGSP, 2003):

- enter into partnership to promote effective local health systems among local stakeholders
- prioritize public health programs
- improve efficiency and effectiveness of hospital services and facilities
- ensure safety, quality, and accessibility of health products and services
- extend health protection to the poor

B. Education

1. Institutional Structure of the Education System

33. With the slow devolution of education functions, decision-making is still centralized and participation of parents and the community is limited. Also, corruption, borne out of weak accountability structure in the centralized system, poses a serious problem in the procurement of supplies, textbooks, etc. Furthermore, there is a great need for teacher training. A survey by DepEd showed that only one out of four elementary teachers is proficient in the subjects they handle. With the exodus of Filipino teachers abroad, more preparations are needed to improve the quality of the education human resource.

2. Access to Basic Education

34. The inequity in accessing basic quality education, i.e. the gap of graduation as well as achievements rates between private and public schools, is evident due to the government's limited budget for the education sector. Classroom-student and teacher-student ratios confirm the inadequate funding support for the sector. In addition, textbook-student ratio is low at one textbook for every four students (Dr. M. Guevara, 31 Dec 2005).

C. Safety, Security and Disaster Mitigation

35. Financing for safety and disaster mitigation is scarce. Since income has a direct relationship with one's coping mechanism, it only demonstrates the high level of vulnerability of Filipinos to security, safety, and disaster issues.

36. However, the assumption that poverty is the main factor behind poor disaster management does not imply that the well-to-do are not susceptible to poor disaster management since institutional support and decisiveness to take action (i.e. prioritization and leadership abilities) are also aspects which affect responsiveness to disaster. Coordination among the many coordinating councils and the overlapping of their functions are some of the institutional challenges in the sector (Dr. N. Pilar, LOGODEF, 2005). Also, coordination among concerned agencies, offices, and organizations within LGUs must be strengthened.

D. Information and Communications Technology

1. Institutional Structure in Telecommunications

37. The roles of the National Telecommunications Commission and the Department of Transportation and Communication as regulator, policymaker, and operator need to be revisited.

2. Service Availability

38. While telephone operators can roll out the required number of lines, they are still deficient in terms of the required coverage areas. The disparity of subscribed lines among the regions is a clear reflection of this problem.

IV. Recommendations

A. Health

1. Making Quality Health Services and Facilities Accessible and Affordable to the Poor and Improving Public Spending for the Health Sector

39. Some of the ways to achieve accessible and affordable health care includes:

- providing more equitable health care financing through social health insurance
- increasing the budget for health to 5% of the country's gross national product to achieve the World Health Organization standard
- rationalizing public subsidies
- generating additional resources by charging fees for health services

40. LGUs which can provide good quality and complete health services and facilities may opt to maintain or even lessen the extent of subsidy to the health sector to pave way for more efforts to improve local productivity. However, most of the LGUs are still striving to meet the health needs of their constituents, and therefore would require more financial, administrative, as well as political support in the health sector.

2. Boosting Human Resource Development and Health Research Support

41. LGUs can improve the situation regarding the health human resource by:

- providing incentives to health workers (i.e. continuing education and other non-monetary benefits)
- rewarding outstanding health workers by public recognition
- developing a performance-based system of compensation for health workers

- creating an environment which will encourage health professionals such as doctors, dentists, nurses, midwives, etc. to practice in urban and urbanizing areas but not necessarily in Metro Manila and other metropolitan centers
 - developing a database for health statistics down to the barangay level
 - coordinating with other health agencies regarding health researches
 - developing health education programs
3. Decentralizing Community Participation, Management of Facilities, and Other Matters Regarding the Devolution of Health Services and Facilities

42. The devolution of health services and facilities requires local stakeholders' involvement. Also, under a decentralized regime, LGUs are mandated to perform general control and supervision, service delivery functions, and regulatory functions.

43. Specifically, the LGUs can do the following to ensure a decentralized system of health care by:

- empowering the local health board
- strengthening cooperation among local stakeholders and other concerned organizations
- promoting inter-local health systems
- increasing fund allocation for the health sector
- using appropriate taxing powers to generate income from delivery of health services

B. Education

1. Improving Governance in the Education System

44. Education governance maybe improved through the following initiatives:

- further developing the Basic Education Sector Reform Agenda
- reinventing and strengthening of Local School Boards
- improving the databank on education performance indicators

2. Financing Gaps in Education

45. Gaps in financing the education sector can be addressed by a combination of both national and local initiatives:

- developing a national budget framework for financing basic education expenditures where real capita spending on education is monitored
- improving the capacity building of LGUs with regard to improved administration of the Special Education Fund

C. Safety, Security, and Disaster Mitigation

46. In general, the three aspects of an ideal local security and disaster management can be summarized as follows:

1. Make necessary preparations for disaster mitigation.
 - a. investing in disaster mitigation equipment/technology
 - b. undergoing special trainings on disaster mitigation

- c. conducting information and education campaigns at the community level
 - d. conducting researches and field visits for risk analysis
 - e. maintaining and improving infrastructure to prevent or mitigate disaster
2. Execute timely and appropriate response or rescue operations.
 - a. employing appropriate number of personnel for rescue operations
 - b. using appropriate rescue equipment or technology
 3. Recover quickly and, if possible, completely from disasters.
 - a. providing appropriate health/life preservation services
 - b. undertaking rehabilitation and reconstruction of disaster-stricken areas
47. LGUs can achieve these goals through the following efforts:
1. Legislative
 - a. ratifying a disaster management plan, and
 - b. creating a disaster management office
 2. Administrative
 - a. conducting training for concerned local government officials or employees on safety and security disaster management
 3. Technical
 - a. preparing a disaster management plan
 - b. conducting disaster risk analysis on vulnerable areas of the city
 - c. conducting information and education campaigns at the barangay level, i.e. community-based disaster management training and strengthening of barangay disaster coordinating councils
 - d. acquiring or upgrading disaster equipment or technology
 - e. maintaining close coordination with other sectors of the city government affected by natural disasters, i.e. police or protective services (specifically, personnel ensuring general public safety), environmental management or infrastructure development departments (specifically, provision of open spaces and green building designs necessary for disaster mitigation, and clearing waterways and improvement of drainage systems), administrative department (specifically, training on disaster mitigation), and legislative department (specifically, endorsement of disaster management plan and establishment of a disaster mitigation office)

D. Information and Communications Technology

48. The following are some recommendations mentioned in the publication *Meeting Infrastructure Challenges* (World Bank, 2005):

- providing universal access to basic ICT services
- undertaking institutional reform
- promoting competition
- developing a national telecommunications development plan
- drawing up legal framework for telecommunications governance

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