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DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office 1

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UPDATED**

SOCIAL PROTECTION and DEVELOPMENT REPORT REGION 1

Ilocos Norte

Ilocos Sur

La Union

Pangasinan

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CY 2015 Social Protection and Development Report

DSWD Field Office 01, City of San Fernando
La Union, Philippines

REGIONAL PROFILE

Location and Physical Area

The Ilocos Region is located in the northwestern portion of Luzon. Its boundaries on the west and on the north by the Luzon Sea; on the east by the provinces of Cagayan and Nueva Vizcaya (Region 2), Kalinga, Apayao, Abra, Mt. Province and Benguet (all in the Cordillera Administrative, Nueva Ecija (Region 3); and on the south by the provinces of Zambales, Tarlac and Nueva Ecija (all in Region 3).

The region is composed of 4 Provinces (Ilocos Norte, Ilocos Sur, La Union and Pangasinan), 9 cities (Laoag and Batac in Ilocos Norte; Vigan and Candon in Ilocos Sur; San Fernando in La Union and Dagupan, San Carlos and Urdaneta in Pangasinan), 116 municipalities, and 3,265 barangays. The regional capital is San Fernando City.

Region 1 has a land area of 12,840.19 square kilometers. The province of Pangasinan covers the largest area with 41.81 percent while La Union accounts for 11.61 percent. The region's land area comprises about 4.28 percent of the total land area of the Philippines.

Owing to its vast natural resources and its strategic location along international sea lanes, Region I has become attractive to both local and foreign tourists and investors. The white and gray sandy beaches and the century-old colonial architecture are among the breath-taking tourist spots in the Ilocos Region. The cool seas, mountains and rolling plains make a perfect scenic blend. The region could easily be accessed by land through private and public utility vehicles and by air through Laoag International Airport and the feeder and secondary airports in the region.

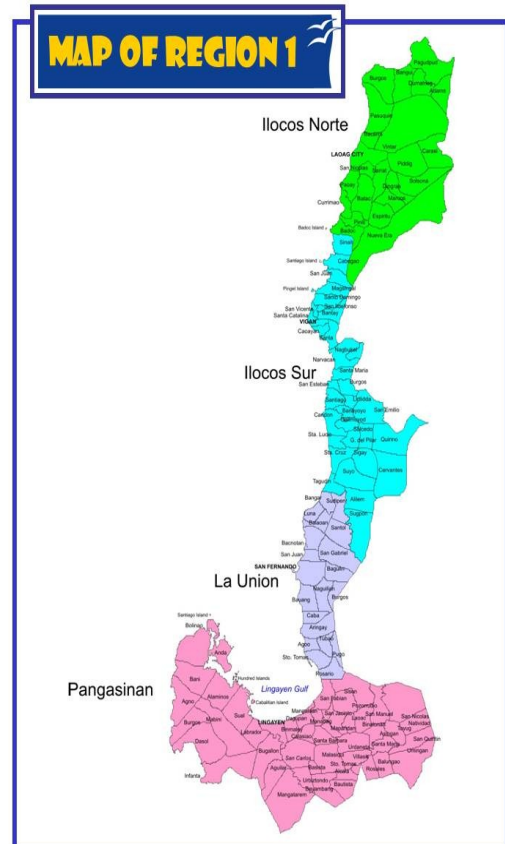
The region is slowly shifting its focus of development from the primary agriculture sector to industry and services sectors. New industries have been established indicating that the region is responding to the challenges of industrial development. Industrialization has become a battle cry of the highly skilled and computer literate workforce in the region.

Demographic Profile

Home to 4,748,372 people (2010 CPH), the region registered a 1.2 percent growth rate from 2007 to 2010 and a population density of 363.9 persons per sq. km in 2010. As of 2010, it had a sex ratio of 102 men per 100 women. La Union, the second most populated province in the region, was the densest in 2010 with 449.4 persons per sq. km. while Ilocos Norte with a population density of 136.1 persons per sq. km was the least dense among the region's provinces. The Ilocanos are relatively young, with the bulk of its population belonging to the 1-39 age group (as of 2010).

Poverty Profile

Based on the latest Family Income and Expenditure Survey (FIES), about 154,712 families in the region were classified as poor, representing roughly 14.0 percent of the total number of families. Of this total, 3.9 percent or some 43,458 families were classified as subsistence poor or those whose incomes fall below the food threshold. Majority of these poorest of the poor resided in the province of Pangasinan, with roughly 23,692 families or 54.52 percent of the region's total. On the other hand, the remaining 71.91 percent of the region's poor were classified as survival poor or those who were able to afford their food requirements but not their non-food requirements. Majority of these poor families live in upland areas with very limited access to the 5 forms of capital, namely, financial, human, natural, physical and social capital.



Risk and Vulnerabilities

In CY 2015, 33 municipalities and cities have been recorded in the Regional SPDR. The risks and vulnerabilities indicated hereunder were from the reports and data of the following 33 LGUs:

AguilarPA	AgooLU	Pugo LU
AlaminosCityPA	Aringay LU	Rosario LU
LabradorPA	Bacnotan LU	Santol LU
PozzorubioPA	Bagulin LU	SanGabriel LU
ManaoagPA	Bangar LU	San Fernando City LU
MangaldanPA	Balaoan LU	San Juan LU
RosalesPA	Bauang LU	Sto. Tomas LU
SanNicolasPA	Burgos LU	Sudipen LU
SanFabianPA	Caba LU	Tubao LU
SanQuintinPA	Luna LU	Gregorio delPilarIS
VillasisPA	NaguilianLU	Quirino IS

Other data at the regional level are from the official releases of NSCB and NSO and other regional line agencies such as DepED, DOH, NEDA, and DSWD. Some of the data were based from the documentations of the Executive and Legislative Agenda of the LGUs, as well as the CDP and CLUP and other documents of the LGUs.

This report is the consolidation of all the data and SPDR provided by the above-mentioned LGUs. The updates to this 2015 report were coming from Gregorio Del Pilar in Ilocos Sur and Manaoag, Mangaldan, San Quintin, Rosales, and Villasis in Pangasinan. Due to the limited number of LGU submissions, the data gathered for this report hardly represent the status of social protection in Region 1. Advocacy measures will have to be undertaken with stakeholders in the LGUs for them to consolidate their own SPDR. Aggregation of city and municipality reports at the provincial level is crucial towards the creation of a complete and comprehensive SPDR that depicts a better picture of social protection at the regional level.

RISKS

Individual Life Cycle

Identifying the risks in an individual's life cycle is essential in the formulation of programs, projects and activities that would promote better health for all. Risk assessment is done by understanding the figures and trends in different indicators pertaining to health and life cycle risks.

The infant mortality rate (IMR) in Region 1 in 2013 is 5.89 or 6 infant deaths per 1,000 live births. IMR in Pangasinan was recorded at 6.90 or 7, the highest among the number of infant deaths in the four provinces. Ilocos Sur had the lowest IMR at 3.16 or 4 infant deaths per 1,000 live births. The IMR in Ilocos Norte and La Union were 4.99 or 5 and 5.14 or 6, respectively.

Table 1. Infant Mortality Rate, Region 1, CY 2013

Region/Province	Infant Mortality Rate (per 1,000 live births)
Region 1	5.89
Ilocos Norte	4.99
Ilocos Sur	3.16
La Union	5.14
Pangasinan	6.90

Source: Curated by NEDA-RDCI; data from CHD-1, NNC, PHIC

Of the five municipalities that have updated SPDR in 2014, the highest infant mortality rate (IMR) is recorded in Mangaldan, Pangasinan at 12.8 or 13 infant deaths for every 1,000 live births. Next in rank is Aguilar, Pangasinan with 6.4 or 7 infant deaths for every 1,000 live births. The sudden increase in the IMR of Aguilar can be noted as the recorded IMR in 2012 and 2013 are 1.8 and 1.2, respectively.

Table 2. Maternal Mortality Rate, Region 1, CY 2013

Region/Province	Maternal Mortality Rate (per 100,000 live births)
Region 1	37.98
Ilocos Norte	9.42
Ilocos Sur	39.42
La Union	22.68
Pangasinan	47.16

Source: Curated by NEDA-RDCI; data from CHD-1, NNC, PHIC

At the regional level, maternal mortality rate was recorded in 2013 at 37.98 or 38 maternal deaths for every 100,000 live births. The highest among the four provinces was Pangasinan with MMR of 47.16 or 47 while the lowest is in Ilocos Norte with 9.42 or 10 maternal deaths per 100,000 live births. From the latest updates, i.e., 2014 data, submitted by municipalities, Mangaldan has the highest maternal mortality rate at 53.47 deaths for every 100,000 live births.

In the 2014 Regional SPDR, Region 1 had a maternal mortality rate (MMR) of 42.4 or 42 maternal deaths for every 100,000 live births. Pangasinan and La Union had an MMR of 68.50 and 0.58, respectively. Alaminos City had 448.1 and this was the highest MMR of the 56 municipalities/cities. Bacarra, Ilocos Norte followed with 308.64 MMR and then San Fabian with 232 MMR.

Table 3. Crude Death Rate, Region 1, CY 2012

Region/Province	Crude Death Rate (per 1,000 live births)
Region 1	5.13
Ilocos Norte	5.27
Ilocos Sur	5.29
La Union	5.39
Pangasinan	4.99

Source: Curated by NEDA-RDCI; data from CHD-1, NNC, PHIC

Crude Death Rate (CDR) in the region was recorded in 2012 at 5.13. La Union had the highest number of deaths at 5.39 or 6 for every 1,000 population while Pangasinan has the lowest at 4.99 or 5. The highest CDR among the LGUs

that updated their 2014 data was recorded in Aguilar, Pangasinan at 10.5 or 11, followed by Rosales, Pangasinan at 10 deaths per 1,000 population.

Table 4. Under 5 Mortality Rate, Region 1, CY 2013

Region/Province	Under 5 Mortality Rate (per 1,000 live births)
Region 1	8.45
Ilocos Norte	6.31
Ilocos Sur	4.74
La Union	6.58
Pangasinan	9.11

Source: Curated by NEDA-RDC; data from CHD-1, NNC, PHIC

Under five mortality rate (UFMR) in Region 1 was registered at 8.45 deaths per 1,000 live births in CY 2013. The UFMR in Pangasinan (9.11 or 10) was the highest among those of the four provinces. In 2014, only Villasis, Pangasinan with 2.27 UFMR and Manaoag, Pangasinan with 1.87 UFMR have reported updates on this health indicator. Neonatal mortality rate in Mangaldan, Pangasinan in 2014 was 5.80 deaths per 1,000 live births.

The old age dependency ratio in the region is 9.67 or 10 senior citizens with 65 years of age and older in every 100 people in 15 to 64-year-old population. The municipalities with the highest old age dependency ratio in 2014 were Manaoag, Pangasinan (13.3) and Villasis, Pangasinan (10.69).

Economic Risks

Unemployment rate in Region 1 is 7.4 percent or 7 for every 100 persons in the labor force are unemployed. Pangasinan has 6.60 percent and La Union has 8.0 percent unemployment rate. Among the 33 municipalities and cities, Villasis, Pangasinan reported the highest rate of unemployment at 48.92 percent. The LSWDO included unemployed workers who are 15 years old and above who are reported as without work, currently available for work, and currently seeking work. In CY 2012, San Nicolas, Pangasinan has the highest unemployment rate with 61.0 percent followed by Banna, Ilocos Norte having 54.39. Next to Banna is Dumalneg with 30.67 unemployment rate.

The annual per capita poverty threshold of the region is Php18,373.00 with 14.0 poverty incidence or about 154,712 families are below this line. Pangasinan has a per capita threshold of Php17,949.00 with 14.9 poverty incidence or about 96,109 poor families, and La Union has Php18,006.00 with 15.3 poverty incidence or about 26,506 poor families. The municipality/city with the highest poverty incidence is Bagulin, La Union with 35.1 PI. Next to Bagulin is Santol, La Union with 32.7 and Bangar, La Union with 27.9 poverty incidence.

Subsistence incidence among families in Region 1 is 3.9 percent or about 43,458 families could not afford to provide their minimum basic food needs. La Union has 9.8 subsistence incidence and Pangasinan has 8.3 with about 8,933 and 23,692 poor families, respectively. Four municipalities also identified their subsistence incidence. Pagudpud, Ilocos Norte has 44.58, Villasis, Pangasinan has 18.18, Pinili, Ilocos Norte has 14.25, and Marcos, Ilocos Norte has 7.10.

Environmental Risks

Among the LGUs that have updates in 2014, there was no data submitted on the proportion of disaster victims and or identified disaster prone areas. However, using the 2013 SPDR, there were 14 LGUs that have identified disaster prone areas. Most of the environmental risks identified are typhoons, landslides, and flooding. These municipalities/cities are Gregorio del Pilar and Tagudin in the province of Ilocos Sur; Agoos, Bauang and Burgos in La Union; Alcala, Manaoag, Sison, Umingan and Villasis in Pangasinan.

Regarding the CY 2014 data on the proportion of households with access to potable water supply, Mangaldan, Pangasinan reported the lowest proportion of households with access to potable water supply (90 percent). In previous years when 43 municipalities/cities have provided data, the municipality with the lowest proportion of households with access to potable water is Sarrat, Ilocos Norte with 43.32 percent followed by Balaoan, La Union with 62.62 percent, and Currimaos, Ilocos Norte with 65.76 percent.

In CY 2014, the lowest reported proportion of households that have access to sanitary toilets is 89.49 percent, which was recorded in Aguilar, Pangasinan. In 2013 the municipalities with the lowest proportion of households with access to sanitary toilets are Quirino, Ilocos Sur with 78.74 percent, Burgos, Ilocos Norte with 79.26 percent and Villasis, Pangasinan with 83.35 percent.

Social/Governance Risks

Based on the data submitted in 2014, Manaoag, Pangasinan has the highest rate of crime against person at 356.50. Manaoag also has a rate of crime against property of 149.5. In previous years, the municipalities with the highest crime rate against person are Currimaog, Ilocos Norte (517.76), Manaoag, Pangasinan (263.22), and San Fabian, Pangasinan (211.0). With respect to crime against property, the same municipalities have the highest rates of 231.00, 188.24, and 129.0, respectively.

The following report on social and governance risks are the same as those reported in CY 2012- 2013. The data submissions for CY014 failed to substantially capture education indicators in the different municipalities.

Municipalities/cities with the lowest net enrolment rate in 2012-2013 in elementary level are Bauang, La Union (74.73), Candon City (80.1) and Laoag City (81.1). In secondary level, the LGUs with the lowest net enrolment rates are Candon City (53.45), Bauang, La Union (63.73) and Bacarra, Ilocos Norte (72.41).

Completion rates in elementary and secondary range from 68.61 and 61.57 as the lowest and, 100 and 97.18 as the highest. The province with the lowest data in the elementary level is La Union, and the city with the lowest data is Candon City.

Simple Literacy rate is lowest in Candon City (2.16) which was based on their 2006 data. Next to Candon is Labrador, Pangasinan with 63.79 and Pozzorubio, Pangasinan with 77.69.

Regarding Functional Literacy Rate, the municipality with the lowest data is Manaoag, Pangasinan (70.65) followed by Pozzorubio, Pangasinan with 72.23 and Umingan, Pangasinan (73.0).

VULNERABILITIES

Assessing the vulnerabilities experienced by different sectors proves to be difficult in case of incomplete data. This year, only six LGUs have submitted updates, making data aggregation at the regional level improbable. As many LGUs do not closely monitor most of the vulnerability indicators, discrepancies in data reporting have been noted: some have reported absolute figures for specific indicators that require proportion data. These were nevertheless captured in the data tables.

The following report on the vulnerabilities is based on data submitted in previous years (2012-2013).

Children

Twenty-one (21) municipalities/cities reported proportion of the children in need of special protection (CNSP) in their localities. Among those LGUs that reported, Carasi, Ilocos Norte has the highest proportion of 13.56. Next to Carasi is Pinili, Ilocos Norte (1.45) and Tagudin, Ilocos Sur (1.07). No breakdown to specific categories of CNSP on the data coming from the province of Ilocos Norte. Candon City and Sison, Pangasinan indicated 131 and 47 children with disabilities (CWD), respectively. The Province of Pangasinan also reported 17 children with HIV.

A total of 1,416 barangays with Day Care Centers (DCC) is reported. This may be duplicated because data sources include the provinces of La Union and Pangasinan. A total of 397 barangays without DCCs is also reported in all of the 58 P/C/MLGUs that submitted data on DCCs. Relative to proportion of children served in DCCs, the lowest proportion is 4.82 in Sarrat, Ilocos Norte. Next to Sarrat are Labrador, Pangasinan with 19.94 and Pozzorubio, Pangasinan with 20.6 per cent.

Data on malnutrition in 27 municipalities/cities is also reported. However, some indicated specific categories of malnutrition others indicate overall rates in pre-school and in-school children. The highest rate indicated in the report come from Bauang, La Union which is 19.04 in-school children.

Youth

Nineteen LGUs have provided data on vulnerable youth. Of the 19, 5 have reported absolute numbers instead of proportion/percentage. The highest proportion of vulnerable youth is in Mangaldan, Pangasinan with 64.14 percent, fol-

lowed by Balaoan, La Union (29.0) and Currimao, Ilocos Norte (26.26). (Data problem was encountered in the report Ilocos Norte where Adams, Ilocos Norte indicated 108.62 percent).

Women

Twenty-Six (26) LGUs have submitted data on vulnerable women using absolute number or proportion. The highest proportion of women in especially difficult circumstances (WEDC) is 6.20 in Dingras, Ilocos Norte followed by Quirino, Ilocos Sur with 3.49 percent and Balaoan, La Union with 1.20 percent.

There are also 14 LGUs that have data on women farmer-peasants. One reported absolute number (Villasis). Of the 13 LGUs, the highest proportion of women farmer-peasants is in Gregorio del Pilar, Ilocos Sur (38.96), next is in Pagudpud, Ilocos Norte (20.23) and Burgos, La Union (17.70).

Persons with Disabilities

Of the 52 LGUs that submitted data, 24 LGUs have indicated absolute number of persons with disabilities (PWDs). Twenty-Eight (28) LGUs indicated proportion of PWDs and the highest is 4.0 in Dumalneg, Ilocos Norte. Next to Dumalneg is Carasi, Ilocos Norte (3.52), and Pinili, Ilocos Norte (2.41).

Senior Citizens

The LGUs with the highest proportion of vulnerable senior citizens are Solsona, Ilocos Norte (16.32), Umingan, Pangasinan (16.08), and Pinili, Ilocos Norte (11.95). Twenty-Four (24) LGUs also indicated absolute number of senior citizens in their areas.

Internally Displaced Persons

Only 4 of the 58 LGUs have submitted data on internally displaced persons (IDP). Balaoan, La Union indicated a proportion of 0.24 IDPs while Natividad, Pangasinan indicated a proportion of 0.19 IDPs. Villasis, Pangasinan indicated an absolute number of 118 IDPs.

Victims of Disasters

There are 11 LGUs that indicated data on the proportion of disaster victims. Some data were individual counts while others are family counts, and some in proportion, while others are in absolute numbers. Of the LGUs, the highest proportion of disaster victims is 100 which is in Gregorio del Pilar, Ilocos Sur. Next in rank is Pagudpud, Ilocos Norte (20.18) and Umingan, Pangasinan (6.54). Among those that submitted absolute number of individuals, the Province of Pangasinan indicated 833,352 disaster victims. On the number of family disaster victims, Bangar, la Union indicated the highest number of families affected which is 3,050 families.

Indigenous People

Thirteen LGUs submitted data on the proportion of Indigenous People (IP) in their locality. The highest proportion of 100 is in Gregorio del Pilar, Ilocos Sur. Next in rank is Adams, Ilocos Norte (80) and Carasi, Ilocos Norte (60.49). Six LGUs also submitted absolute data on IPs. The highest number of IPs among those who submitted is San Gabriel, La Union with 16,628 IPs.

Artisanal Fisherfolks

There are Nine (9) LGUs that indicated a proportion of artisanal fisherfolks in their locality. The highest proportion is 8.23 in Currimao, Ilocos Norte. Next to CurrimaosDingras, Ilocos Norte (2.70) and Candon City (2.11).

Workers in the Informal Sector

Seven LGUs indicated data on the proportion of workers in the informal sector, one of which indicated an absolute number (Alcala, Pangasinan = 1,082). The highest proportion of workers in the informal sector is 85.85 in Carasi, Ilocos Norte. Next is in Gregorio del Pilar (57.05) and in Currimao (11.99).

Workers in the Formal Sector

Five LGUs reported data on migrant workers. Gregorio del Pilar indicated a proportion of 10.67 while Alcala indicated absolute number of 60 migrant workers. On the other hand, six LGUs indicated data on the proportion of workers in the formal sector. The highest proportion is 29.99 in Dingras, Ilocos Norte. Next to Dingras is Currimao, Ilocos Norte with 19.72 and Adams with 10.31.

Urban Poor

Twelve LGUs also indicate proportion of urban poor in their report. The highest proportion is in Candon City (69.91), followed by Nueva Era (40.38) and Alaminos City (23.14).

RISK AND VULNERABILITY IMPACT ON VULNERABLE GROUPS (NO UPDATE INCLUDED)

The prevalence of risks and vulnerabilities affects the vulnerable groups depending on the nature of loss, the duration the impact is felt, the magnitude of affected individuals/group, and the sectors mostly affected. Of the 34 LGUs, 11 indicated some impact on the vulnerable groups.

In Pangasinan, risks on individual life cycle cause death in the families affected. Mostly affected groups are 475 infants (IMR), 33 pregnant women (MMR), 12,975 individuals (CDR), and 167 1-4 years old children (U5MR). No impact on economic risks has been indicated. On environmental risks, flooding affects poor families living in the river banks and low lying areas. Its effect is loss of life and properties. It also damages agriculture, infrastructure, fisheries, and the like. Flooding lasts for two to four days depending on the intensity, magnitude and volume of rainfall. On vulnerabilities, prevalence of children in need of special protection (CNSP) may result to low morale and loss of self confidence among the affected children. This will indirectly result to poverty, illiteracy, mendicancy, and passivity. Low morale and loss of self-confidence is also seen as an effect among out of school youth (OSY). Women in especially difficult circumstances (WEDC) may suffer poverty if no assistance is given to them. The same is believed to be the flight of persons with disabilities (PWD) and victims of disasters. In addition, malnutrition may result into sickness, poor health and even loss of life among 1, 677 children. Illiteracy may also be the cause of loss of income among OSYs.

In Ago, La Union, incidence of CNSP may result to broken relationships, injuries, and adverse psychological effects among the children and their families. Malnutrition is also seen as cause to slow physical and mental development and will make the children susceptible. In Balaoan, La Union, individual life cycle risks may result to death in the family, grief, sickness, and indebtedness. Further, prevalence of individual life cycle risks and incidence of CNSP and WEDC, as well as the number of PWDs and victims of disasters in Bauang, La Union may have the effects of loss of life, psychological effects, negative effect on livelihood, and damage to income and properties. Furthermore, in Burgos, La Union, individual life cycle risks may result to loss of life; economic risks to loss of income; and environmental risks to damaged properties and poor health.

In Gregorio del Pilar, Ilocos Sur, individual life cycle risks may result to loss of life and income in case of old age dependency. These effects may last a lifetime depending on how long the senior citizens will live. Economic risks may result to loss of income and increase in the number of poor families. This is believed to last 3-6 months. Poverty may also cause malnutrition and will last 2 to three years. Environmental risks particularly typhoons will result to loss of income and damage to property which will last three to six months. Mostly affected groups are farmers, drivers, and students due to suspension of classes. The low access to sanitary toilets may cause unsanitary environment which will mostly affect 28 households in three barangays. Governance risks such as crime may cause physical harm which will last from one to four weeks and loss of income that will last a lifetime in the lives of victims and their families in two barangays. Incidence of CNSP may result to loss of innocence, accordingly, to children and their families while malnutrition may lead to low per-

formance in school which would last up to two years. Prevalence of vulnerable youth may increase involvement in risky behaviors and criminal activities in 3-6 months duration. The presence of women-farmer peasants may also cause lack of parental guidance among children because of the kind of work their parents have. The effect may last 3-6 months. The presence of PWDs will also result to loss of income among them while the number of senior citizens may also result to loss of income and increase in old age dependency rate. Workers in informal sectors will have no permanent income and their children will be left alone without parental guidance because of the nature of their work. This may last up to 6 months and farmers are mostly affected by this vulnerability. Migration may also result to children with no parental guidance. Typhoons can also cause loss of income, damage to property and students forget what they learned in school due to long suspension of classes.

In Tagudin, Ilocos Sur, the individual life cycle risks that impact on vulnerable groups include IMR, U5MR, MMR and Barangays without Health Center. These risks cause loss of life and deprivation of infants, children, and the community of health services beyond their reach which would last 12 months and every year of their lives. Campus security is also identified as risk that may damage school properties, and welfare of school children are at risk to outside dangers. CNSP is also seen affecting children who may be deprived of developmental opportunities. For children and youth in conflict with the law (C/YICL), the effect may be hampered developmental opportunities. For children with disabilities (CWD), deprivation of their developmental and participation rights may happen. Malnutrition among school children can also cause poor academic performance among 664 school aged children and 0-17 months old children. It can also increase the chance of being exposed to illness due to low resistance. Women in especially difficult circumstances may be deprived of employment. Prevalence of PWDs may result to deprivation of their mandated privileges due to their failure to apply for PWD identification cards. The same is believed to affect 3,181 senior citizens.

In Manaoag, Pangasinan, individual life cycle risks may cause loss of life and low income among families living below the poverty threshold. Some families may have no adequate income to buy food and medicines. Economic risks may result to low income, low educational attainment, and high rate of unemployed members of the family. This may also result to huge family size and poor health condition. Environmental risks particularly flooding and typhoons may cause damage to properties, loss of income and casualties. Social and governance risks may also cause loss to life and damage to properties. In addition, the absence of DCC in six barangays may cause resident children to have no access to early childhood care and development program. Violence against women and their children can cause broken families, low income, emotional disturbance, physical abuse and school drop-outs. CICLs may also result to low family income, low educational attainment, damage to properties when engaged in theft or stealing, and physical injuries when engaged in rumble, gangster and the like. More, there are 1,926 OSYs in Manaoag who may be engaged in risky behaviors. Also, there are 248 PWDs who may have poor health status in families with low income, and may suffer death because of their condition. The high proportion of SCs may result to poor health status and loss of life. Moreover, 317 families in 12 barangays may have destroyed source of income due to environmental risks. These families may be having poor living status. Typhoons have caused damaged to properties, loss of life and frequent cancellation of work and classes.

In Natividad, Pangasinan, individual life cycle risks result to death, poor health status, and low source of income. These effects can be felt in 4-12 months duration and the mostly affected groups are more than 120 families. No impact of economic risks and environmental risks has been indicated. Social and governance risks particularly the less than 100% enrolment rate may result to loss of employment of 3,582 individuals and lack of skills of 1,640 individuals. On completion rate, effects are non-compliance and no parental guidance. On the other hand, incidence of crime may put students at risk in their work, of health problems and their security. Regarding the vulnerable sectors, prevalence of CNSP may result to low educational attainment and mostly affected are families of sexually and physically abused children. These children may suffer loss of dignity, trauma, and may have low self-esteem and confidence. For physically abused children, they may be at risk of having low nutritional status. There are 48 PWDs identified as vulnerable to poor health status, low family income and loss of life. In the case of vulnerable senior citizens, 355 SCs may have suffered the risk of being delisted even though they are qualified beneficiaries of the social pension for the indigent senior citizens program. The LGU also identified 44 internally displaced families who are informal settlers. The effect of this risk is damage to properties and low income.

In Umingan, Pangasinan, individual life cycle risks mentioned are malnutrition, illnesses and dependency ratio. The effects to children and other affected persons are loss of life, feelings of depression leading to inability to work, inadequate income to buy required medicines, and inadequacy of basic commodities of these affected families. On economic risks, effects to vulnerable sectors are low income, damage of property, squatting, low educational attainment, large family size, high rate of unemployed persons, and poor health status. On environmental risks, the LGU said in the report that effects of these types of risks are loss of lives, damage of properties, loss of income, and livelihood. Along access to water supply, the effects to the vulnerable sectors are poor health status, which will make people become indigent, and loss of life. On social and governance risks, 51 crimes were recorded and the effects of this type of risk are loss of life, loss of income and damage to property. In addition, education risks may result to low educational attainment, low income and loss of life or physical abuse due to involvement in risky activities such as gangs, fraternities, etc.

On vulnerabilities, CNSP also result to physical illness/injury, loss of life and low performance in school (educational attainment). Without a DCC in the barangay, no ECCD program will be benefited by the children. Vulnerable youth in Natividad are also at risk of becoming in conflict with the Law. The effects would be loss of life, damaged to property when they are engaged in risky activities such as stealing. Prevalence of WEDC may result to emotional disturbance, loss of life and damaged to property. The municipality of Umingan also recorded 435 PWDs which may in turn, suffer loss of life, low income and become unproductive. About 10,865 senior citizens are at risk of having poor health and death. The LGU also identified victims of emergencies and disaster as major risk. Mostly, risks like flooding and fire incidence that result to damage of property, and destroyed source of income.

In Villasis, Pangasinan, individual life cycle risks result to loss of life and low income of the families below the poverty threshold, and inadequate income to buy basic commodities and medicines. On economic risks, living below the poverty and subsistence thresholds may result to large family size that may also result to rise on the number of unemployed persons, and poor health status of family members. On environmental risks,

Villasis indicated 10 flood prone barangays and 21 typhoon prone barangays. These areas may be at risk of losing lives, damage to property and loss of source of income. Some 2,115 families have no access to potable water supply in Villasis. These are indigent families and may suffer poor health status and loss of life. On social/governance risks, incidence of crime against persons and their property would result to loss of life, damage to property and loss of income. Villasis made mention also of dropouts from high school and elementary schools. These risks may eventually result to low educational attainment and loss of income. In line with the vulnerabilities, prevalence of CNSP also would result to loss of life and low educational attainment. Same effects have been mentioned on OSY and WEDC. The LGU mentioned about 237 PWDs which are at risk of having poor health status, low family income, and loss of life. A total of 4,981 SCs, 118 IDPs, and 400 disaster affected families were reported. The same effects mentioned by the other LGUs have been observed.

These effects on the vulnerable and at risk individuals, families and communities may continue to be experienced in the concerned LGUs without appropriate response from all stakeholders.

SOCIAL PROTECTION PROGRAMS/PROJECTS/ACTIVITIES

With the risks and vulnerabilities identified by these LGUs, programs, projects and activities (PPAs) were planned and implemented to mitigate the risks and lessen vulnerabilities.

Risk Mitigation

In the Province of Pangasinan, individual life cycle risks such as IMR, U5MR and CDR are addressed through various PPAs such as the implementation of Child Health Program that includes Expanded Program on Immunization, New-born Screening, breastfeeding, integrated management of childhood illnesses, infant and young child feeding program, TB in Children Program, Healthy Lifestyle Activity Promotion of good health and nutrition, family health program, Infectious Diseases Program, and Non-communicable Diseases Program.

For the IMR and FDR, the Province of Pangasinan also implements the following:

1. Tracking of pregnant woman by CHT –Community Health Team
2. Pregnant care of pregnant women throughout the 3 trimesters of pregnancy
3. Use of birth plan during pre natal check-up
4. Use of pantograph during assessment of labor and delivery
5. Tetanus Toxoid Immunization to protect mother and child against tetanus
6. Facility Based Delivery attended by skilled birth attendants
7. Immediate post partum care within 48 hours after delivery
8. Iron supplementation (with folic acid)

Pangasinan also implements PPAs for the vulnerable children such as the Nutrition Education Program, Alternative Learning System, Drop-out Reduction Program, Crisis Intervention Center, referral services, rescue operation, counseling, provision of financial assistance, collaboration and networking with other concerned agencies for further intervention and services. It also conducts Advocacy on Reproductive Health & fertility for adolescents.

To mitigate malnutrition, the province implements Nutrition Program such as the following:

1. Promotion of Desirable Infants & Young Child Feeding (IYCF) practices
2. Micronutrient Supplementation Program (Vitamin A, Iron, Iodine & Zinc)
3. Home & Community Food Production

4. Deworming Program
5. Nutritional Education
6. Livelihood Programs
7. Growth Monitoring activity

To augment the needs of barangays without DCCs, capability building/refresher course for ECCD providers, capacity build up for the functionality of LCPCs, year-end financial assistance to DCWs program management support for DCWs, children and their families are provided by the province.

For OSYs, yearly Provincial and Regional Youth Encampment, Program Management Support for Out of School Youth is implemented. For WEDC, Program Management Support, provision of financial assistance, information awareness on GAD, VAWC and Solo Parents, Capacity Building for Women are also conducted.

The province also provides financial assistance, counseling services and disaster relief assistance to victims of disasters.

In Agoo, La Union, the PPAs to mitigate individual life cycle risks is integrated in the Comprehensive Maternal and Child Health Program. In addition, it implements Practical Skills Development, Self-Employment Assistance, Cooperative Development Program, Coastal Resource Management Program, and Agricultural Production Program to mitigate economic risks. Also, Agoo implements Emergency Welfare Assistance, Disaster Management/Capability Building, food/cash for work, ESA, and Environmental Health Program to mitigate environmental risks. Further, the LGU implements Educational Development Program and Scholarship Program to mitigate risks on education.

In addressing vulnerabilities on children, Agoo implements Child Welfare Program particularly Day Care Service, provides assistance to needy families of youth, women, children and PWDs, and implements Parent Effectiveness Service. To help the youth, Agoo implements the Youth Welfare and Development Program and the Women Welfare Program for the vulnerable women. This includes Self-Enhancement and Skills Development, Productivity Skills/Livelihood Development, and Community Participation Skills Development. PWDs are also provided with assistance for physical restoration, Self Enhancement Services, Skills Training, and self-employment assistance. Special Social Services are also provided for vulnerable senior citizens.

In Balaoan, La Union, individual life cycle risks are mitigated by means of implementing the Maternal and Child Health Care Program. Economic risks are mitigated through procurement of agricultural supplies and materials, procurement of vaccines for livestock, implementation of the Fishery and Aquatic Development Program, conduct of trade fair and exhibits, maintenance of Slaughter House and Public Market, promotion of tourism industry, and maintenance of plant nurseries.

On addressing environmental risks, Balaoan provides capability building training/seminar on Disaster Preparedness and Management, and conducts MDCC Meeting, Information Campaign on DPM. The Municipal Disaster Operation Center is also established and maintained. Evacuation Centers are also identified. In addition, Balaoan also provides Communication Equipment, and Supplies and Equipment for rescue operation to disaster personnel. It also implements dredging and clearing of Canals and Waterways, Relief Operation, and provides emergency assistance to victims. In addition, the LGU is undertaking registration of NGO/PO participating in relief operations and maintenance of updated records of relief assistance provided to disaster victims, as well as implement rehabilitation and reconstruction of various damaged infrastructures of the municipality, rehabilitation of seed beds and replanting of damaged crops, and conducts post disaster review to evaluate relief operation and revision/improvement of operational and contingency plan and preparation of rehabilitation plans for victims. Further, Agoo is also implementing environmental sanitation activities, chlorination of water source/supply (NAWASA) and provision of sanitary toilets and comfort rooms.

On addressing social and governance risks, Balaoan implements Crime Prevention Program, Scholarship (in partnership with DOLE) Program, and Trainings, Seminars and Symposia. Construction of libraries in schools is also undertaken.

In mitigating the effects of social vulnerabilities, Balaoan provides emergency assistance/AICS, ECCD Program, and Supplementary Feeding Program for children. It organized the Pag-asa Youth Association of the Philippines (PYAP) to provide assistance and support to vulnerable youth. The Women Welfare Program and AICS is further implemented and extended to vulnerable women. Assistance to PWDs is also extended to PWDs. Social Pension for indigent senior citizens are extended to SCs with the DSWD. Mutual Aid from the LGU is provided to families of SCs. To assist IDPs, housing and relief assistance are extended to them.

In Bauang, La Union mitigating individual life cycle risks includes implementation of Maternal, Neonatal, Childhealth and Nutrition programs, family planning, expanded program on immunization, and GarantisadongPambata program. Economic risks are addressed through implementation of the Self Employment Assistance program, Integrated Farming and other Income Generating Activities. To respond to environmental risks, the LGU is implementing Solid Waste Management, Greening Program, Integrated Coastal Management, Water Supply Sanitation (Inspection; water sampling and disinfection of water sources), Excreta Disposal Facilities (Inspection of toilet facilities) and Ecological Sanitation Project. Social and governance risks are responded through the conduct of Anti-Criminality Campaign (Intensified Checkpoint Operations), Intensified Mobile Patrolling, Traffic/Beat/Foot Patrolling, OplanBakal Operation, Campaign on Street Crimes and Implementation of "IMPLAN TUGIS DROGA).

Concerning vulnerabilities on children, Family Casework, Counseling and Parent Effectiveness Service are extended to families of CNSP. Day Care Service, Nutrition Assessment (Operation Timbang and Monitoring), Nutrition Information (PabasasaNutrisyon, Establishment of Nutrition Center), and Food Assistance (Supplemental Feeding With Hygiene Kits, BusogLusogTalino School Feeding Program) are extended and implemented. Vulnerable youth are involved in the Organization of OSYs in the Barangays, provided with Counseling and Casework. Solo parents are also engaged in Family Casework and Counseling and provided Social Services for Solo Parent. PWDs are provided with Special Social Services (Provision of IDs; Purchase Booklets for basic goods and medicines), and assistance for Physical Restoration. The SCs are provided Enhanced Services for the Elderly and other Special Social Services (Provision of SC IDs; Purchase Booklet for basic goods and medicines). Concerning IDPs, Emergency Shelter Assistance, Disaster Relief, and Food for Work are extended to them by the LGU.

In Candon City, Ilocos Sur, the City ensures school participation of children through sponsorship and scholarship especially to poor but deserving students. It also shoulders incidental expenses like transportation fares, miscellaneous fees and school supplies of their clients. The LGU also ensures 100% participation of children to school, increase/attracts investors in the area, and promotes local tourism and Support to Small and Medium Enterprises SMEs). Vulnerable women are empowered through enhancement of their skills and capabilities and advocacy activities regarding women's rights.

In mitigating effects of environmental risks, the City conducts disaster preparedness training, institute pre-emptive evacuation and protection of natural resources. Social risks are mitigated by imposing self-discipline and obedience to traffic rules and regulations.

The municipality of Gregorio del Pilar in Ilocos Sur mitigates individual life cycle risks by constructing/rehabilitating their Rural Health Unit (RHU). On mitigating effects of environmental risks, Tree Planting activities are conducted. Construction of Irrigation System is also implemented. On social risks, the LGU implements the Education for All Program. Issuance of SC ID Cards for vulnerable SCs is being undertaken. Concreting of farm to market roads also respond to economic risks.

In Manaoag, Pangasinan, the Rural Health Unit is an intervention in itself. PPAs that address individual life cycle risks include continuous conduct of the "Operation Timbang" and deworming, provision of medicines and micronutrients, immunization of infants/children and pregnant mothers, and free checkup at the MHO. Administration of Rota-Virus vaccines for infants is also conducted.

For old age dependency, the municipality of Manaoag implements TB-DOTS, Provision of Senior Citizens Identification Cards, purchase booklets for medicines, groceries and agricultural commodities. It also conducts quarterly socialization activities for SCs and a bi-weekly dance lesson. Administration of Influenza and Pneumococcal immunization for indigent senior citizens is also conducted. In addition, training and deployment of community Health Team in every barangay is undertaken.

To lessen vulnerabilities among PWDs, the LGU is providing PWD discount cards, purchase booklets for medicines and groceries, free medical consultation at the MHO, and access to free checkup and treatment at the Stimulation and Therapeutic Activity Center (STAC) for CWDs.

On the prevalence of women farmer peasants and indigent farmers, Manaoag is providing subsidized feeds and certified seeds, technical assistance, farm machineries under the Agri-Pinoy Program, technological demonstration to farmers on new and modern agricultural practices, provision of corn and vegetable seeds to selected farmers, conduct of trainings/seminars for farmers to enhance production, mass vaccination of anti-rabies, regular vaccination of cattle, self-employment assistance to augment their capital, and other poverty reduction programs targeting the NHTSPR poor. To address economic risks, small industries like alcohol processing, bamboo-based industries, gifts and toys hard wares, livestock and poultry, and commercial crops are implemented.

To address environmental risks, Manaoag provides relief assistance to victims of typhoons, and emergency shelter assistance to families with damaged houses. The availability of calamity fund is ensured. The LGU also implements rehabilitation of Barangay Inamotan Dike along “Tulong” River. The Municipal Disaster Risk Reduction and Management Council (MDRRMC) officers and members are empowered to act during occurrence of disaster. Evacuation centers are also activated during occurrence of disaster.

Along social and governance risks, the LGU has undertaken preservation of historical establishments. With this maintenance of cleanliness, peace and order is also ensured. Conduct of festivals like “Galicayo Festival”, and the “Feast of our Lady of Manaoag” is an initiative of the LGU to increase the income of the municipality. Round the clock patrolling within the town’s vicinity and in the 26 barangays of Manaoag is also being conducted. Daily conduct of Police Information and Continuing Education and series conduct of Preventive Information Education to various sectors of the municipality, strict implementation of Security and Safety measures, and implementation of “Pulisnyopo Sa Barangay” (PSB) in 26 barangays of Manaoag are other PPAs that are being implemented.

On the prevalence of malnutrition and absence of DCC in barangays, the LGU has conducted Listing of names of children 3-4 years old, ensured support of LGU and Barangay Council in the sustainability and improvement of existing 17 DCCs and 3 newly opened DCCs, and implemented Interventions for Children and Youth through the Municipal Social Welfare and Development Office (MSWDO). The LGU also implements PNP-WCPD Investigations and actions and other interventions at the Barangay Council for the Protection of Children (BCPC) level to respond to the needs of the CNSP. Counseling and other MSWD interventions for women are also provided to WEDC clients. In addition, the LGU provides other benefits and privileges to SCs in relation to FSCAM policy, rules and regulations.

In Mangaldan, Pangasinan, individual life cycle risks are addressed through such programs as maternal care and post-natal care services provided by the local health facilities. There are also “under-five clinics” to cater to the needs of children, alongside programs such as Expanded Program on Immunization. The Municipal Health Office also implements programs to control diarrheal diseases, acute respiratory infections, nutrition programs and family planning in response to cases of maternal mortality in the locality.

To respond to economic risks in Mangaldan, seed subsidy program in the municipality is implemented. Other programs in the agricultural sector are being undertaken to cater to the needs of the farmers. These include artificial insemination of farm animals, distribution of farm equipment, disposal of fingerlings, and entrepreneurship training program. Program for workers in the informal sector include livelihood programs and skills training with start-up kit distribution. Capability trainings for the formal sector workers are also implemented.

Environmental risks are responded to through River Development Project and Rehabilitation of Damaged Public Infrastructure. The LGU also included its Disaster Response-Relief Operations among its social protection programs in response to environmental risks together with efforts to strengthen its MDRRMC. Lastly, the LGU is implementing eco-tourism development as a strategy to ward off environmental risk.

Programs to respond to social/governance risks in the municipality include crime prevention and protection desks for women and children. Other regular programs of the PNP include IEC and advocacy on crime prevention, drug abuse prevention, and anti-terrorism measures. Added to these are the education programs: Alternative Learning System, scholarships for high school students and financial assistance for schools, as well as repairs of public schools implemented in Mangaldan.

There are a number of programs and projects for children sector which include assistance to individuals in crisis situation and stimulation and therapeutic activity center. Regular Programs of the DSWD are in place, which include the PantawidPamilyang Pilipino Program, Supplementary Feeding Programs and Day Care Services.

The municipality of Natividad in Pangasinan, in responding to social and governance risks, hired a staff with a casual appointment to undertake the creation of income generation projects for OSYs to respond to prevalence of vulnerable children and youth. It also facilitated enrolment in the Alternative Learning System. The PantawidPamilyang Pilipino Program (PPPP) also helped in addressing issues relative to elementary and secondary education. Home visitation by teachers and implementation of ADM Program A&E, and implementation of Drop-Out Reduction Program (DORP) are other programs responding to risks related to education. On the other hand, just like in Manaoag, the LGU of Natividad maximized conduct of patrolling by Police Officers in the municipality along with information dissemination regarding laws and security measures. Filing of case against violators is also encouraged to ensure peace and order. A curfew hour for minors is also implemented. IEC on Republic Act 7610 and 9262 is made to inform the public of its provisions, and increase awareness among the vulnerable groups and the community as a whole.

In line with environmental risks, a Search and Rescue Team is formed and deployed to rescue internally displaced persons. These teams are also provided with rescue equipment and vehicles. Emergency shelter assistance is also extended to families with damaged houses.

On the prevalence of vulnerable children, the LGU through its local SWD Office makes referrals of CNSP to the DSWD Home for Girls (HFG). Conduct of morning and afternoon sessions in DCCs where a lot of children are joining to ensure that they are provided with early childhood care and development interventions outside their abode.

To respond to needs of the PWDs, Natividad provides assistive devices such as crutches and wheelchairs to PWDs. PWDs - Implementation of Magna carta for PWDs along their right to Employment, Telecommunications/ICT, and Political/Civil rights. The LGU also implements poverty reduction programs for senior citizens.

Along Individual Life Cycle risks, Natividad is rendering necessary medical services and referral to appropriate health care facility as need arises, as well as rendering of post mortem care.

Natividad is also implementing the Environmental Health and Sanitation Program in addressing environmental risks. It provides water sampling PHC media bottles and implements deep well construction for families without access to potable water. Provision and construction of sanitary toilets is also conducted.

In Tagudin, Ilocos Sur, risk mitigation PPAs are implemented for the vulnerable sectors. Maternal and Child Care Program, family planning, breastfeeding, Integrated Management of Childhood Illnesses Program are implemented to address life cycle risks. Feeding Program, Micronutrient Supplementation, Nutrition Education, Food fortification, Home, School, and Community Food Production are programs addressing malnutrition among children.

Barangay pulong-pulong or information dissemination on juvenile delinquency policies is conducted to strengthen implementation of the RA 9344. Information drive concerning violence against women is also conducted to protect vulnerable women. The LGU is also pushing the strict implementation of the Magna Carta for PWDs. They have implemented the Establishment of Barangay-based SPED center to mainstream CWDs. Strict implementation of the Senior Citizens Act is also made to respond to the needs of vulnerable SCs.

The municipality of Villasis, Pangasinan has identified PPAs to respond to risks and vulnerabilities. In responding to Life Cycle risks, continuous implementation of "Operation Timbang", deworming, provision of micronutrients medicines, supplementary feeding program, lecture on breastfeeding, proper preparation of food, accessible health facilities through the "Gamutansa Barangay" project, complete immunization of pregnant mothers and infants/children, discounted laboratory tests, provision of discount cards to SCs, purchase booklets for groceries and medicines, regular monthly socialization, access of Physical Fitness facilities at the Senior Citizens Center, free checkup and free medicines for SCs, and implementation of fast/priority lanes and discounted laboratory tests. Adoption of health programs downloaded by DOH and increase of funds for Health facilities is also done.

Economic risks are mitigated through conduct of regular lecture on family planning (natural and artificial methods) and symposium on laws concerning large family size. This will help the poor families cope up with the economic demands. Subsidized fertilizers, feeds, and seeds to peasant farmers, technical assistance to farmers by the municipal agricultural technician, establishment of solar dryers, warehouse, provision of farm equipment, continuous research on modern agri-practices, improvement/maintenance of farm to market roads, regular vaccine for cattle and dogs, promotion and improvement of the quality of Tupig, Talong, and all sangkap/ingredients of pinakbet into export-oriented product, enhancement of skills and potentials of all labor force population especially OSYs through establishment of skills training and livelihood center in Barangay Barraca, promotion of small and medium scale industries (like tupig stalls) including those in the cottage industry for more collections and income of the municipality, preservation of historical establishments, maintenance of cleanliness, peace and order, conduct of cultural festivals "Talong Festival", "Pinakbetsa Kawa" to attract more tourists, self-employment assistance for small scale vendors, and adoption of the NHTSPR and LSS for poverty reduction programs and health insurance (Philhealth) are PPAs to mitigate economic risks.

Villasis responds to environmental risks by extending relief assistance inside and outside evacuation centers, implementation of emergency shelter assistance, Pabahay of GAWAD KALINGA, appropriate utilization of calamity fund, rehabilitation of the Agno Dike, rehabilitation of Early Warning Devices, and regular water sampling/testing and provision of water pumps to indigent households/families.

Social and governance risks are mitigated through regular workshop on responsible parenthood with parents of pre-schoolers, strict implementation of OPLAN 01-2008 "COWBOY", close coordination with NGOs and local officials for positive information regarding illegal possession of firearms, around the clock mobile patrol, police visibility, PNP

checkpoints within the area of responsibility, implementation of No Plate No Travel policy, conduct of Security Survey and inspection in all banks, pawnshops, and other establishments, conduct of ALS, and establishment of Skills Training Center.

CNSP are catered in Social Welfare Agencies (local level) providing immediate protection and care of CNSP, inventory of 2-4.11 years old children in Barangays with DCCs, accommodation of children in DCCs who are living in other barangays, improvement /sustainability of DCCs, data gathering done by teachers to know the cause of drop-out, home visitation to the families of drop-out children, referral for ALS, and endorsement for acceleration. In addition, Counseling (school level), Home visitation, Referral for ALS, endorsement for acceleration, diversion program for CICLs, intervention program for CICL below 15 years old and those without discernment, and referral to rehabilitation centers as per order of the prosecutor/judge are implemented for the benefit of vulnerable youth. Further, WEDC are referred to DSWD Home for Girls and Haven for Women, solo parents are provided with Solo Parent ID, extended financial assistance/livelihood assistance, free legal assistance (counseling), and conducted Symposium on Women's Rights and existing laws on domestic violence. Financial assistance/self-employment for women farmer peasants were also extended to women farmer peasants. They are also extended with subsidized/low cost fertilizer. PWDs are provided PWD discount cards and purchase booklets, extended physical restoration services to CWDs, and free medical consultation. Advocacy for the implementation of Magna Carta for PWDs through establishment of PWD express lanes in the grocery stores/cashier/counters is also conducted by the LGU. Senior citizens are provided Discount SC cards and purchase booklets for medicines and groceries. Regular socialization, subsidized laboratory tests, organization of SC association, Express Lane for SCs in all business establishments is established to assist vulnerable SCs.

In addressing needs of IDPs and victims of disasters, implementation of the GAWAD Kalinga housing project for IDPs, "Sambahayan" housing project for IDPs of the Diocese of Urdaneta Social Action, relief goods provision, ESA, referral to other agencies for income generating projects, relief assistance, and financial assistance are made by the LGU.

In Umingan, Pangasinan Life Cycle risks are mitigated through the continuous implementation of Operation Timbang, deworming, provision of micro-nutrients, provision of Vitamin A supplementation, Supplementary Feeding "Operation Babassit", lecture on breastfeeding, proper preparation of food, accessible health facilities/personnel through "KlinikaTi Away" and "Doctor to the Barrio", complete immunization to pregnant mothers and infant/children, expansion of health centers and deployment of midwives at the 58 barangays, prenatal and postnatal care, free medical checkup and provision of medicines, discounted laboratory tests especially for indigent families, DOTS, upgrading of existing health centers, establishment of satellite centers and acquisition and eventual deployment of a mobile health clinic, provision of discount cards, purchase booklets for medicines and groceries, regular monthly meeting for socialization, free checkup and free medicines for senior citizens in RHU Umingan, implementation of fast/priority lane and discounted laboratory tests, regular lecture on family planning (natural and artificial method), symposium for large family size, and regular workshop on responsible parenthood for parents of preschoolers.

In mitigating economic risks, the Umingan Land Information System (U-ILS), a centralized system that will streamline Real Property Tax Assessment and Tax collection of business and real properties; as well as the Umingan Geographic Information System (U-GIS), a database of all land resources of the municipality is implemented. PPAs such as the implementation of modified structural organization (MSO) for the Local Government of Umingan that will provide effective and stronger workforce, Creation of All-Sectors Consultative Council (ASCC) that will include representatives from NGOs, professional organizations, business sectors, youth, women, farmers' associations, jeepney and tricycle drivers unions, and other interest groups are also conducted. In addition, creation of Special Commission on Women, a move that will encourage women's participation in development planning and plan formulation on gender concerns is done to encourage participation of women. Concreting of roads and bridges, and rehabilitation of existing ones; opening, construction and rehabilitation of FMRs; improvement/rehabilitation of drainage system; construction/rehabilitation of Small Water Impounding Projects (SWIP), Small Farm Reservoirs, and Irrigation System; construction of post-harvest facilities like multipurpose courts, solar driers and pavements; establishments of a Central Trading Area for major agricultural produce of the municipality; training of farmers; purchase of vegetable seeds, fertilizers, deworming reagents, anti-rabies, hog cholera, liquid nitrogen and fingerlings; FITS project; Identification and record-keeping of all available manpower resources in every barangay; and sponsoring regular fairs, solicitations and employment expositions are implemented to mitigate effects of poverty. Further, linkage and coordination with concerned agencies on employment documentations, and with government and non-government foundation and institutions on financial assistance, support to microfinance institutions offering loans with low interest to farmers, small scale entrepreneurs and rural poor, and implementation of a government policy requiring all investors putting up business within the town to employ local residents equivalent to 20% of the total manpower requirements are undertaken.

Environmental risk mitigation PPAs include relief inside and outside the evacuation centers, ESA, utilization of existing calamity fund, monitoring of environmental and natural resources, Project KKK: Kaayusan at Kalinisansa Komunidad, installation of Materials Recovery Facility (Solid Waste Management), Maayosna Lugar, Maayosna Barangay

Project, implementation of efficient garbage and waste collection system with the operation of sanitary landfill and water facility, dredging of canals and rivers, cleanups of waterways and protection of riverbanks, massive tree-planting especially on idle lands, Comprehensive Reforestation Program that will allow the Local Government to take authority and control over our natural watersheds, “Save the Banila River Movement”, a joint and collective project of the local government and all sectors of society of the town of Umingan, all year round cleanliness and beautification projects, and regular water sampling tests and provision of water pumps to identified indigent households/families.

Umingan also implements PPAs that reduce social and governance risks such as establishment of satellite police precincts in strategic areas, enforcement and implementation of local laws to achieve traffic discipline, “Kapyra Ken Talna”, an effective law enforcement and mobility, establishment of Barangay Defense system/CVOs, adequate lightings to minimize the commission of crimes, KatarungangPambarangayto resolvement minor barangay disputes, Peace and Order Council to lessen the occurrence of crimes, and Anti-Drug Addiction Campaign.

The municipality also addresses the needs of vulnerable sectors. CNSP are catered by social welfare agencies (local level) providing immediate protection and health care. The ECCD Program is also adopted. Data on children’s population in the location of DCCs are collected. Construction of additional school buildings and repair of existing ones, computerization of public schools, upgrading of Municipal Library and Reading Center, establishment of new DCCs and strengthening of existing centers, upgrading of existing health centers, establishment of satellite centers and acquisition and eventual deployment of a Mobile Health Clinic, and the implementation of “Operation Babassit”, a monthly feeding activity for Day Care Children are PPAs being implemented by the municipality. Data gathering by teachers on the cause of dropout and home visitation to the family of dropout pupils/students are done. Referral for ALS and endorsement for acceleration are made for vulnerable school children. Upgrading and modifying of existing scholarship programs for all deserving students in all levels, and implementation of regular sports activities for children are other programs implemented.

PPAs for vulnerable youth include “Pa-ayayamItiAgkabanwag” Project, diversion program for CICL, Intervention program for below 15 years old and without discernment, implementation of regular sports activities, and referral to rehabilitation centers as per order of the court.

Referral of abused women to DSWD Home for Girls or Haven for Women to restore their social functioning, issuance of Solo Parent IDs, Financial Assistance/Livelihood Assistance, free legal assistance (counseling), provision of KA-LIPI IDs, organization of Umingan Council of Women, financial assistance for women farmer peasants (Self-employment, for livelihood) and subsidized/Low cost fertilizers are extended to the vulnerable women of Umingan.

Umingan also implements PPAs for PWDs. The LGU provides PWD discount cards, purchase booklets for medicines and groceries, implements physical restoration activities for CWDs, extends free medical consultation, and established Express Lanes for PWD in all establishments. In addition, continuous assistance for PWDs for eye screening, eye operation in Project Luke, Baguio City with free transportation, provision of livelihood seminars/trainings and provision of SEA capital assistance, conduct of monthly regular meetings and quarterly fellowship meetings in the different barangays, sustained SPED classes and P.T. sessions in the STAC supported by funds from LGU and ABC, and the continuous assessment of PWDs and CWDs for the provision of wheelchairs and canes through the Latter Day Saints Charity, and inclusion of assessed CWDs in formal education.

Senior citizens are provided with discount SC Cards, purchase booklet for medicines and groceries. Regular socialization and organization and some enhancement services for elderly are undertaken as well as the establishment of Express Lanes for SCs in all establishments are undertaken. Transportation assistance for the SCA Presidents from the different Barangays is provided during conduct of meetings and other activities, provision of annual budget for the sustenance of the association, Death Aid to deceased veterans and indigent members from the different barangays, continuous support to the DSWD Social Pension assistance for indigent SCs are made.

Umingan also extends relief assistance, ESA, and financial assistance to victims of disaster. Support to Cash for Work program of DSWD for typhoon victims is also extended. Stress debriefing for victims of disaster are conducted as need arises.

Risk Coping/Management

Risk coping and management activities of the LGUs are also indicated in the reports submitted. In Pangasinan, school feeding program, mobile teaching, strengthening of the guidance program of every school, food assistance program for children, disease surveillance and outbreak response, and Micronutrient Supplementation Program (iron, vitamins, iodine) are implemented.

In Candon City, provision of livelihood programs, financial aid especially during crisis situation, women's assistance desk, rehabilitation mechanisms, Counseling, provision of relief goods, search and rescue operations, first aid, medical assistance, and improvement of road safety by institution of safety standards are risk coping and management PPAs.

In Gregorio del Pilar, risk coping and management PPAs are Prenatal Care, Family Planning, Immunization, Deworming, Vitamin A Supplementation, Supplementary Feeding Program, Daily Consultation, Purchase of Medicines, and issuance of Philhealth ID Cards are addressing life cycle risks. Economic risks are managed through the implementation of Livelihood Trainings, Livelihood assistance, and subsidized hybrid and certified seeds. Solid waste management is implemented to address environmental risks. Mobile patrolling, hiring of barangay tanods, and conduct of quarterly PTCA meetings are social and governance risk management PPAs.

Counseling, reactivation of the Local Council for the Protection of Children (L/BCPCs), BPATS, and PES are extended to families of CNSP, Day Care children, and vulnerable school children. Sports development and Counseling for youth is also implemented as risk coping intervention. Livelihood training and assistance for women, issuance of purchase booklets for PWDs and SCs, livelihood assistance and Death Aid for SCs, livelihood training and assistance for workers in informal sectors, subsidized hybrid and certified seeds for workers in informal sectors, food for work, training on disaster risk management, hiring of kamanero or forest guards, and implementation of Kalis system in clearing roads after typhoons are other risk coping and management PPAs that are implemented in Gregorio del Pilar.

The municipality of Natividad identifies PPAs to cope with and manage risks and vulnerabilities. In coping with life cycle risks, core group management, socialization and referral for grief counseling are extended. Other PPAs are temporary provision of job, self-employment, provision of basic knowledge and skills (NER), sustenance of basic needs for vulnerable elementary school children, and completion of basic secondary education. In addition, PWD socialization, core group organization, provision of relief goods for IDPs, financial and medical assistance, identification and establishment evacuation centers, and counseling services are provided on occurrence of disasters. People are also encouraged to do what they think is better for the community, to cooperate with the law enforcers to solve a case or prevent a crime and to be law abiding citizens and role models. They are also encouraged to file a case to abusers. Counseling and referral to DSWD HFG are provided to WEDC clients.

In Tagudin, management of life cycle risks include Vitamin Supplementation, Vaccination, Early detection of Pneumonia cases, vaccination, vitamin supplementation and deworming, IEC on family planning, Advocacy on breastfeeding, and Maternal and child care program. PPAs implemented to cope with social risks include implementation of Barangay and PNP Anti-Criminality Force (BIN), and IEC on RA 9344 in educational institutions. To manage vulnerable PWDs and SCs, orientation on Laws to PWDs and their families, orientation on the SC law to intended SC beneficiaries and training on proper handling of CWDs for parents, DCWs, and ECCD service providers are implemented.

Risk Reduction

Risk reduction programs of Pangasinan to reduce effects of Life Cycle Risks are the conduct of Maternal Death Review to assess causes of maternal death and identify interventions, activities to address causes and risk of pregnancy, labor and delivery; Tracking of maternal and newborn death reports; Capability building on the skills of health service providers providing Basic and Comprehensive Emergency Management of Maternal and Newborn Care; Intensified counseling/IEC campaign, active masterlisting of targets by CHTs; Counseling/IEC campaign by CHT and health service providers; Strengthening of Public Health Programs; Counseling/IEC Campaign on No Smoking; and advocacy on consumption of more fruits and vegetables.

It also implements social risk reduction program like Gulayansa Paaralan, and identifying children at risk of dropping out. PPAs for environmental risk reduction include the disinfection of water supplies, disinfection of household water containers, and provision of Hyposol for safe water.

Children are also provided Counseling and IEC campaigns on HIV or AIDS prevention are also implemented by the province. Strict enforcement on RA 8172 (Asin Law) RA 8976 (Promotion on Food Fortification Program), Promotion of Desirable Nutrition and Lifestyle Behavior, and Massive IEC campaigns on Breastfeeding (0-6 mos.) are indicated to reduce vulnerabilities among children.

The City of Candon indicates in the report the activation of LCPCs, strengthening of Sangguniang Kabataan, implementation of programs that harness youth participation in the area, and conduct sport development activities as their risk reduction program for children and youth. On economic risk reduction, strengthening of the Local Poverty Reduction Action Teams, and creation of partnership with NGOs and Private Sectors were indicated. Environmental risks are reduced through desiltation of canals, and improvement of waterways. Social risks are reduced by the strict enforcement of laws protecting women, prosecution of violators, apprehending traffic violators and presence of traffic enforcers.

In Gregorio del Pilar, ways to ensure risk reduction are Info drive/IEC about PPAs to different barangays. This is true for life cycle and economic risks. To reduce environmental risks, rehabilitation of irrigation systems is implemented. Hanging of PNP info text lines, IEC, and scholarship grants are social risk reduction activities.

Information drive about RA 7610, RA 9262 and other related laws on children is conducted to reduce social risks among children. The issuance of ID cards to PWDs and salary standardization are indicated as risk reduction program for PWDs and workers in the formal sector, respectively.

For the municipality of Tagudin, masterlisting of pregnant women, access of indigents to Philhealth, construction of Barangay Health Stations (BHS), training of health personnel and BHWs, referral of BHWs, IEC, and masterlisting of under 5 children are risk reduction activities that address life cycle risks. For social and governance risks, constant patrolling of tanods in every barangay, and immediate action of tanods in every barangay before police arrival at crime scene is implemented. Regarding malnutrition in school, monthly and quarterly monitoring is conducted along with individual counseling. Training for BNS is also provided.

Other risk reduction programs are strengthening partnerships with agencies and entities relative to the implementation of programs and services for children and youth; establishment of the OPDA and reorganization of PWD associations; tie-up with BBYC for more intensified services for Y/CWDs; establishment of the OSCA and regular reorganization of senior citizens association at the barangay level; and monthly meeting of the SC federation and annual general assembly of members.

In Natividad, risk reduction activities include prenatal and neonatal checkup, newborn screening, and regular medical checkup to reduce life cycle risks. Provision of conditional cash to secondary students by the LGU in order to reduce incidence of drop-outs is also a risk-reducing project. Reducing environmental risks include information dissemination, Disaster Drill, Hazard mapping, and provision of emergency kits. Information dissemination on children concerns, proper education for Day Care Children, implementation of curfew hours for minors, reporting of cases to proper authority, practice of healthy lifestyle, implementation of the Social Pension, and issuance of SC IDs and Purchase booklets are other risk reduction PPAs.

Recommended Social Protection Programs/Projects

There are also recommended PPAs that are indicated in the reports from the LGUs. The province of Pangasinan recommended to intensify Health Promotion Activities through Mother classes, Buntis Congress and Strengthened referral system public to public, or public to private facilities. In addition, the province recommends compliance to the requirements of Mother and Baby Friendly Hospital Initiatives (private & government hospitals, birthing clinics, etc.) by the LGUs and Private operators.

The City of Candon recommends strict enforcement of child's rights; to intensify support to the Alternative Learning System; to conduct regular convention/conference of youth in the city; to request support from CDF and other institutions; to strengthen women's organization; for the utilization of Calamity Fund for disaster preparedness and rescue operations; and the adoption and strict enforcement of traffic rules and regulations.

The Municipality of Tagudin recommends constant family bonding that would develop openness among family members to minimize juvenile delinquency; to implement SFP and reduce IMR; to strengthen referral services; to implement the expanded program on Immunization; allocation of sufficient funds for vitamin A supplementation and deworming; extend financial provision for malnutrition; hire trained manpower to provide security in campuses; to implement a livelihood assistance program to augment resources of affected families (malnutrition); and the establishment of Vegetable Garden for families of affected children.

On children's concerns, Tagudin recommends massive involvement of partner agencies and orientation of entities responsible for the promotion of children's welfare; and orientation of parents on responsible parenting and management. Regarding PWDs and SCs, active participation of the members and officers of PWD and SC organizations is recommended. Coordination and strengthening of partnership with other agencies along with the provision of separate building for STAC are Tagudin's recommendations.

The Municipality of Natividad recommends provision of medical assistance, conduct of Info-dissemination activities like mother's class, Family Development Sessions (FDS) and Bench classes; and provision of livelihood training and social pension for indigents. Further it recommends implementation of self-employment training for the labor force, enrolment in ALS for OSYs, home visitation and follow-up for other vulnerable groups. It also recommends issuance of PWD IDs to all PWDs and provision of medical assistance and assistive devices. For IDPs, the Cash for Work program is recommended, along with financial and medical assistance. For children's concerns, Natividad recommends the implementation of Supplementary Feeding in DCCs, Tooth brushing and hand washing session for DC children,

and the conduct of Children's Congress. On social risks, it is recommended that sufficient fund for police patrol and other police matters be allocated; implementation of 10:00pm to 4AM curfew hours for all ages not only for minors; and for people to be vigilant to prevent crime.

GAPS IN THE IMPLEMENTATION OF SOCIAL PROTECTION PROGRAMS/PROJECTS/ACTIVITIES

In the implementation of various PPAs, identification of gaps is essential to improve the implementation. Good strategies can be crafted if gaps are clearly identified. These gaps can be along policies, programs, implementing structures, capabilities, resources and information.

The Province of Pangasinan indicated that one of the gaps is the limited funds to implement planned programs on MNCHN strategy. It also mentioned that there is weak implementation of enacted laws like Milk Code E.O. 51, RA 8172, and RA 8976. There is also low EPI performance and family planning acceptance. Pangasinan also indicated that there is limited safe blood supply in health facilities. Despite efforts to address risks and vulnerabilities, maternal death still occurs. There is also limited disease surveillance, and increasing cases of non-communicable diseases. Only few full time Rural Sanitary Inspectors conducting inspection activities causing poor environmental health facilities. In addition, the LGU also mentioned the low performance on exclusive breastfeeding. There is also limited fund for the provision of water supply projects, logistics, and sanitary toilets/facilities. Limited training for sanitary inspectors is also seen affecting the environmental conditions in Pangasinan. There is no funding or funds are inadequate to implement and complete trainings of service providers. Further, the LGU sense the needs for enhancement trainings on HIV and AIDS to be able to serve effectively the children with HIV.

Furthermore, there is limited fund for training on Reaching Every Barangay for Rural Health Midwives and Integrated Mgt. of Childhood Illnesses (IMCI). It also indicated some gaps on the resources such as the following:

- Limited Logistics/upgrading of RHU birthing facilities/hospitals
- Limited manpower for birthing RHUs
- Limited logistics/Medicines at health facilities
- Some vaccines are out of stock
- Lack of IEC materials on EPI Breastfeeding
- Equipment available requires fees
- Logistics are inadequate like ECCD card, food supplements for below 3 years old
- Limited logistics/no full time Rural Sanitary Inspectors in some MLGUs
- Needs MLGU augmentation for purchase of iron supplements/feeding materials/ food items
- Need for Municipal Nutritionist/Item/full time Nutrition Action Officer.
- Limited funds for purchase of detecto weighing scale, height board, ECCD Cards to implement OPT plus/WHO child Growth Standards.
- Funds needed for close monitoring & supervision

Some gaps along information are no computerized health system in reporting from MLGU to PHO; the need for Info technology from the Rural Health Unit (RHU) to Hospital and to PHO; and no nutrition info computerized system of reporting from MLGU to PLGU.

The PGLU also indicated the weak capabilities of service providers when it comes to environmental risks.

The Municipality of Bauang identified gaps in the implementation of their PPAs addressing the identified risks and vulnerabilities. These gaps include a number of Health Personnel fall below the standard resulting to difficulty in attaining the desired results from various health programs; increased deaths due to preventable diseases; there are around 2, 951 households living below the poverty threshold; low productivity of agricultural lands; low crop production and low income of farmers; decreasing percentage of croplands due to conversion of agricultural areas to residential commercial and other non-agricultural purposes; waste segregation is not practiced; difficulty in the maintenance of controlled dumpsite; presence of informal settlers in coastal areas, danger zones and along the old PNR which can result to degradation of coastal areas and effect to ecological

balance; dilapidated school facilities; most facilities such as library, laboratory, clinic are either absent, poor or critical; prevalence of malnutrition among in-school children; declining fish catch; insufficient supply of fish and other marine products; and the need for alternative livelihood for fisherfolks.

The Municipality of Burgos indicated gaps such as low facility-based birth deliveries (69 deliveries at home); low acceptors of family planning; prevalence of malnourished children 0-5 years old; poor delivery of Health Care services to rural barangays; high percentage of HH without sanitary toilets; inadequate source of drinking water; high percentage of flooded and eroded rice fields and residential areas; forest denudation; river siltation; high usage of inorganic fertilizers; high unemployment rate; low elementary completion rate; low high school participation and completion rate; and dilapidated classrooms.

Candon City identified gaps in addressing economic risks. These include unclear guidelines in the provision of livelihood programs; few coverage of target beneficiaries for said programs, coupled with limited coordination among partners and not enough fund to cater to affected groups. In addition, there is no MOA in the implementation of skills enhancement trainings.

On PPAs responding to vulnerabilities among children, the gaps identified are limited coverage and funds for scholarship grants. Concerning women, there is insufficient funds for the provision of assistance to WEDC. Enforcement of laws on women is weak due to limited technical knowledge and no support from witness. Limited skill in the establishment of women's organization is also mentioned. Concerning poor families, gaps include no clear guidelines on investment promotion, no coordination and limited funds, and the need for additional skills. This resulted to low coverage of the program. Poor families also lack interest in SMEs because information about SMEs is not properly disseminated and there is no coordination. Livelihood programs for the poor families have limited coverage because of limited funds. Partnerships with other poverty reduction program implementers have no clear guidelines, and reluctance of both parties causes no coordination.

Gaps in implementing PPAs for displaced individuals and families were also identified. Accordingly, they need special skills in the search and rescue operations. There is also limited fund for the provision of relief goods. It was also observed that desiltation of canals and improvement of waterways gained no sense of ownership by the inhabitants. In addition, in the advocacy to impose self-discipline and obey traffic rules and regulations, there is no participation from some community people.

In addition, Candon City also identified no or little employment opportunities for families with low income; lack of financial resources to cover the schooling of children; incidence of juvenile delinquency due to poor parenting skills and insufficient program to strengthen the family and the community; poor drainage system; diminishing forests' cover; the city is located in the "ring of fire"; faulty wiring in some houses; some facilities are not compliant to safety standards; lack of skills and low academic competence of unemployed individuals; unhealthy lifestyle, unsanitary surroundings, and insufficient medical assistance; indifference among residents that caused disputes; presence of irresponsible drivers, stray animals and insufficient road signage that caused accidents; gender inequality causing the incidence of violence against women.

Gaps on PPAs addressing life cycle risks in the municipality of Gregorio del Pilar include late help-seeking behavior of target beneficiaries, the need for Municipal Health Officer and Nurse, the need for continuous training of health personnel, inadequate medical resources, medical facilities, and funds, and the need for upgrading of computers for easier access.

On PPAs addressing economic risks, not all livelihood programs have reached their target, personnel need continuous training, lack of funds, and limited data because CBMS is not yet completed. On PPAs addressing environmental risks, the LGU indicated the need of continuous training for personnel on disaster management, the lack of funds and disaster paraphernalia, ambulance and equipment like chainsaw and bulldozer, and sometimes data are not submitted on time. There is also no follow-up activity after conduct of tree planting activities. On social and governance risks, same need for continuous training for personnel is indicated

along with the lack of funds for training and the need for 4WD mobile patrol, additional teachers, school buildings, workbooks, instructional materials and computers. In addition, the "Sintatako" System is being abused, no school guard, and children lack guidance are identified gaps.

Confidentiality of information at times is also considered a gap along information, particularly on crime incidence and CNSP. Some parents are hesitant to give counterpart for the implementation of the supplementary feeding program for their children, and location of hospitals for medico-legal is too far. There is also a need for training for Day Care Workers, but there is also lack of funds and workbooks. The need for DCC repair and construction of standard DCCs is also indicated. In addition, Targets on programs for youth and women farmer peasants are not meet, there is lack of funds, the need for more recreational activities for youth, and there is not accurate data on women farmer peasants and youth. Concerning SCs, some do not want to join the SC association, the need for a staff to handle SC programs which is currently being handled by the MSWDO, and there is lack of funds.

Further, no staff in the municipality assigned to implement the program and no enough resources for the said program. Lastly, the need for training of personnel to implement livelihood programs, the need for improvement of farm to market roads, lack of funds and facilities for livelihood, limited and sometimes not accurate data about workers in the informal sector.

Gaps were also identified in Manaoag. Some mothers have no time to go to the health centers for checkup. There is also lack of medicines at the MHO; people have bad vices; lack of school, skills training and job opportunities for PWDs; delayed ESA from the national level; lack of rescue facilities and warning devices; lack of gas supply/allocation for patrolling; no funds for the construction of DCCs in barangays without DCCs; lack of rehabilitation center for CICLs; no express lane in some grocery stores for PWDs and magna carta is not yet fully implemented; national fund support for disaster victims comes late; inadequate disaster workforce; and refusal of people to evacuate until the last hour.

A number of gaps have been identified in Mangaldan despite the numerous programs and projects implemented. These include the inadequate health personnel, some of whom still need to undergo trainings on different health programs and emergency cases. The LGU also reported low Philhealth enrollment, lack of policy support to implement health programs, and minimal support from NGOs and private sectors. Gaps were also identified in terms of the lack of necessary analysis of health data. Lastly, the low awareness on youth and adolescent reproductive health and low acceptance rate of natural family planning methods remain to be among the health concerns that need to be addressed.

Gaps in economic risk response abound. The following have been identified among the existing gaps in the local economy: lack of access road, low palay yield due to uncertified seeds, poor quality of animals, prevalence of animal disease and rabies, lack of alternative and additional income for farmers as well as farm equipment and insufficient fish stocks. Added to these are the non-functional small and medium business entrepreneur development council, lack of tourism-related activities, low employment rate, and decreasing number of viable cooperatives.

Some of the major gaps in program/ project/ policy implementation in response to environmental risks are: Low percentage of implementation of RA 9003 and the continuous operation of the municipal controlled dumpsite as well as lack of equipment for solid waste management. In terms of disaster risk responses, major gaps have been identified to include the lack of permanent MDRRM Office, lack of vehicle in official emergency operations and lack of facilities and equipment for disaster preparedness. Aggravating these gaps are the identified risks of flood in the municipality, high proportion of houses made of makeshift materials. There is also a need to upgrade/ rehabilitate drainage systems along National Road as well as a need to complete slope protection in specific areas in the Poblacion.

In terms of social/governance-specific programs, projects, and policies, there remain gaps that include the high incidence of non-index crimes, need to upgrade and/or revise traffic ordinance and need to modernize and capacitate/upgrade the MTRG. On education programs, the identified gaps are the absence of elementary schools in Bateng, Guilig, and Palua. There is also a need to construct and repair school buildings to meet current demands.

In Natividad, budget for PPAs addressing social and governance risks is not sufficient; limited funds for programs for PWD and IDP; absence of relocation site; no center for CNSP; lack of funds for DCCs, need for wider land area and school/learning materials; limited funds for feeding program; access to discounts by PWDs is not yet in full implementation in some establishments in the municipality; lack of rehabilitation centers for delinquent children; different interpretation on the new laws; some displaced families refused to go to the resettlement area; not enough personnel to address social and governance risks; not sufficient funds for children; absence of center for women and children and case was not filed due to settlement of disputes; not sufficient budget to address individual life cycle risks; limited resources for the social pension, few are benefiting from it, and information about the program is accessed gradually; and there are 60-76 indigent and with disability that needs to be included in the social pension

In Tagudin, there is lack of resources for programs for the children, youth, and women sector. For maternal health care program, there is poor participation of intended recipients; BHWs lack training of co-implementers; there is also insufficiency of funds. In exclusive breastfeeding program, other service providers lack training and funds are insufficient; No policy for IMCI program; insufficient funds for Health Centers and no available lot to put up health centers; insufficient funds for Feeding program; weak coordination of school, PTA, and other stakeholders in mitigating risk of school security, lack of manpower and financial capability to mitigate security risks in schools, lack of financial resources; high prevalence of undernourished school-aged children; presence of child labor; poor academic performance of children; exposure of children to danger due to absence of security; some recipients fail to participate in nutrition education and food fortification program; need to strengthen home, school and community food production; IEC on Family Planning needs to be embraced by target recipients; individual counseling for families with malnourished children needs to be strengthened and intensified; in the Juvenile Justice Administration, it was mentioned that PNP is sometimes disoriented; insufficient funds for special programs for SCs; partnership along PWD programs is limited and non-functional, resources are limited for the "Adopt a Special Child".

In Villasis, lack of regular checkup of teenage pregnancy or unwanted pregnancy is identified as one of the gaps; some mothers/women believe on superstitious belief on the side effect of contraceptives and practices on postpartum; limited funds or high cost of laboratory tests like newborn screening, blood tests especially on rainy seasons or when an outbreak of dengue occurs; lack of medicines for children with primary complex (P-DOTS); bad habits/vices of patients; need to strengthen the Executive Order 1, series of 2010 which provides the synchronization of elections of FSCAP officers; no Office of the PWD Affairs; lack of school for PWDs; lack of skills training for PWDs; lack of job opportunities for PWDs; lack of knowledge on the importance of family planning in the family; limited local calamity fund; late assistance from national and sometimes from province especially on emergency shelter assistance; lack of warning devices and rescue equipment (facilities); lack of rehabilitation centers for delinquent child; different interpretation on the new laws; some of the DCCs are located in school premises and in private property; no available lot and fund for the construction of new DCC; weak implementation of curfew of minors in the municipality; no sanction to owners of computer shops where students go during class hour; lack of local CICL centers for the youth offender or youth who is not safe in their home; increased CICL cases; Youth are more violent and aggressive in committing crime; some barangays have in-active BCPC; wife of farmers are coerced to work in the farm because of low income; late issuance of guidelines from the DTI and BFAR on PWD discounts; accessibility law is not yet fully implemented in some establishments in the municipality; honorarium for OSCA Head is not fully given due to limited funds; some displaced families refused to go to resettlement area because of the distance from their work (farmers); some families were not able to meet the requirements of GAWAD Kalinga, thus, they

remain informal settlers; lack of quick disaster response report of some barangay leaders; and refusal of people to evacuate until the last hour.

In Umingan, lack of knowledge on proper nutrition; lack of finances due to poverty; lack of regular checkup of teenage pregnancy or unwanted pregnancy; limited funds or high costs of laboratory tests; lack of medicines for children with primary complex (P-DOTS); habit and bad services; and the same other gaps mentioned by Villasis.

Actions Taken to Bridge the Gap

The Municipality of Villasis acted on the gap in funds for the skills training center. Training on welding, massage, reflexology, and food processing was conducted.

Tagudin, Ilocos Sur strengthened ties with partner agencies. The problem on lack of resources, poor participation and lack of training of other health services providers was presented and discussed with the Local health Board. Insufficient funds for Health Center construction and absence of lot to put up Health Centers was presented and discussed with the Barangay Officials for them to allocate funds for their respective BHS and identify site for construction of such center/station.

No data provided by DepED on actions taken to address gaps.

On the implementation of malnutrition programs, the problem was presented to the Municipal Nutrition Council problems and issues were tackled with the responsible agency for proper intervention. For the breastfeeding advocacy, confiscation of feeding bottles is being done by the RHU and Health Stations. Conduct of regular meeting with Municipal Nutrition Council for planning, feedback and reporting purposes are also done.

Close coordination is being conducted with the PNP to orient them on the RA 9344. The issue of insufficient funds for the SC programs was also presented to the Local Chief Executive. Alternate program for P/CWDs like "Adopt a Special Child" program is being utilized to address needs of C/YWDs.

The Municipality of Natividad conducted proper validation of 77 years old and above SCs to ensure that they are qualified for the social pension program. Immediate attention was given to those who need medical assistance, and regular medical consultation/checkup is conducted from Monday to Friday and implemented the Barangay Medical and Dental Mission through the initiative of the Local Chief Executive. Home visits and case findings at the barangay level are conducted. Expanded program on Immunization is continued along with the "Garantisadong Pambata" and other MHCHN programs. Information dissemination was conducted through Mothers' Class, FDS, Bench Class, health teachings. In case of abuse, cases are filed against abuser. CNSPs are referred to DSWD home for Girls. The conduct of minimal police patrol around the area of responsibility and in areas where untoward incident is likely to happen was done. Curfew hour was also implemented. PWD ID and Booklets were issued and distributed assistive devices like crutches and wheelchairs to PWDs. Medical missions were also conducted. In addition, the LGU also provided toothbrushes, toothpastes for good oral hygiene and also hand soap for teaching proper hand washing to DC children.

In line with people refusing to evacuate, the LGU has rescued typhoon victims, and provided shelter assistance, relief goods, medical and financial assistance. On unemployment, Natividad created temporary jobs, and promoted income generating project for self-employment.

The LGU encouraged OSYs to enroll in ALS and TESDA. Some families with low income became beneficiaries of the PPPP. Home visitation and follow-up to school children at risk of dropping out was done by teachers.

The Province of Pangasinan conducted advocacy campaign to LCEs/lobby for adoption or passage of local ordinances & resolutions for sustainability & enhancement of program implementation. Massive IEC cam-

paign was done. Community Health Team organization training, deployment, coaching and supervision was also done. Mop-up operation was done on unmet needs/ active masterlisting and tracking of target beneficiaries. The LGU also made commodity security. Conduct of “DugoKoDugtongngBuhay Mo” bloodletting activity was done. Maternal Death Review was done quarterly. Upgrading and accreditation of RHUs was also made along with the Provincial Epidemiology & Surveillance Unit. Pangasinan also established Wellness Program in the Provincial Government and promoted conduct of HL in MLGUs. It also provided and upgraded 14 Gov’t Hospital facilities.

Lobby for creation of RSI plantilla position was also made. Construction of sanitary toilets and deep well, including provision of logistics like hypsol, household container disinfection & PHC bottles for water sampling was done. In addition, the conduct of Family Planning/MNCHN trainings for children was made and lobbying for passage of provincial ordinance on HIV and AIDS was undertaken.

The City of Candon provided self-employment assistance to poor families. Training for small and medium entrepreneurship (SME) in the area was undertaken. To address gaps in education, Scholarship Program was implemented. Indigent children were provided with school supplies. Alternative Learning System was implemented along with SPES. In the case of life cycle risks, Responsible Parenthood Program was conducted.

In response to gaps on environment programs, desiltation of canals and other drainage systems, construction of drainage canals, protection of the side slope of canals, tree planting activities, enforcement of building code, and inspection of public buildings were undertaken.

Philhealth Program and medical assistance were implemented to address gaps in responding to life cycle risks. Gaps in responding to social risks were also responded by enforcement of traffic laws, and laws protecting women's rights.

In the absence of a Municipal Health Officer and Nurse, the municipality of Gregorio del Pilar issued policy resolution to request provision of items from DOH, PCSO, Senate, and the Governor. Concerning no accurate data to base economic activities, the LGU funded the formulation of their CBMS and requested funding support to Congress. IEC on environmental protection, preservation, conservation and development is undertaken as a follow-up activity after tree planting. Implementation of 3Rs (Reduce, Re-use, and Recycle) was also undertaken. On lack of security in schools, a resolution requesting for 4WD patrol car was submitted to Camp Crame. The LGU also increased visibility of police officers in the school vicinity and installed public assistance desk. A resolution was also passed requesting for additional teacher positions and de-clustering of Sigay-Salcedo-Gregorio del Pilar – Galimuyod District was made. Construction of additional school buildings was undertaken.

To address the gaps concerning children, a resolution has been passed requesting the Governor for additional funds for the repair of DCCs. IEC and conduct of Parent Effectiveness Service were done.

Full supervision on synchronized chokepoint/checkpoint contributed to the neutralization of robbery incidents in Mandoag, Pangasinan. The LGU also conducted dialogue or “Pulong-Pulong” program at the barangay level. Serious and continuous implementation of “PNP PATROL Plan 2030” was made. On information gaps, the LGU institutionalized uniform system of information sharing.

Municipality of Mangaldan has taken actions to close the gaps identified in social protection. A major step taken on individual life cycle risks is the inclusion of Public Health Safety and Delivery Services in the 2015 AIP. In economic risks, inclusion of projects in the Grassroots Participatory Building and Planning Process had been undertaken to address the gaps on road access, certified seeds subsidy, establishment of animal bite center to address rabies and animal diseases and construction of irrigation canal.

In environmental risks, municipal housing program is proposed in 2015. To strengthen disaster mitigation in the municipality, flood and erosion control projects were included in 2015 AIP. The LGU has also embarked on mainstreaming DRR and CCA into the municipal plans. Lastly, disaster preparedness activities are funded and included in AIP for 2015.

Same strategy was undertaken for gaps in social and governance as well as social welfare programs. Social protection programs for children, youth, women, PWDs and elderly have been included in the 2015 AIP.

RECOMMENDED OPTIONS (NO UPDATE INCLUDED)

Recommended options were identified to further address prevailing gaps. In Umingan, it was recommended that adequate lecture on proper health care e.g. mother and child health care, family planning, pre-marriage counseling, and responsible parenthood were recommended along with seminar/training for food handlers, hilot, BNS, and BHWs. Hot meals for all identified severely malnourished children and provision of SFA to 3-4 years old Day Care children is also recommended. The conduct of educational activities on proper hygiene is another option. On sanitation, zero waste or proper waste management through segregating waste before collection was recommended. Further, in the implementation of SC programs, it is recommended that guidelines in the synchronization of election of FSCAP officers be provided from the regional level (maybe referring to DSWD). Furthermore, age-appropriate skills training for additional income, strong implementation of the magna carta of PWDs through information dissemination, and coordination with line agencies concerning education of school aged HIPs and VIPs are other options recommended.

A symposium on RH Bill was also seen important to address gaps in health and family planning programs. On the other hand, Strengthen BDRRMCs and conduct of barangay assembly to inform constituents on disaster management and to identify temporary evacuation centers in their area is seen important. The LGU also recommended passing a resolution requesting for additional artisan wells and pump wells.

Provision of counseling service to CNSP, implementation of intervention programs for the restoration of social functioning, and PES meetings are recommended for the children sector. It is also an identified option to require 18 barangays to adopt the programs (provide DCCs) as mandated by RA 6972. The LGU also identified the provision of assistance to CICL during court hearings, counseling services, financial assistance, implementation of intervention programs and the conduct of PES to the parents are recommended.

Provision of counseling/stress debriefing, financial assistance, and referral to DSWD institutions if necessary are recommended for WEDC clients. On gaps relative to limited funds in the implementation of RA 9994 where the OSCA Head's honorarium is not fully given, a meeting with the mayor/SB is recommended. Meetings with concerned agencies like DILG, MDRRMC, BRRMC, NGOs on the lack of quick response action report of some barangay leaders are important options to be considered.

Most of the recommendations of Villasis are similar to that of Umingan. Other options are to strengthen the DRRMC at the barangay level, to seriously implement of Integrated Transformation Program, to continue reinvigorating the Barangay "Ronda" System as pro-active crime prevention measures through direct supervision and aggressive patrolling activities, and to increase Crime Solutions Efficiency and solution on unsolved crimes by 10% or more than the required target.

The Municipality of Tagudin recommended strengthening of the BCPC. Programs that will develop sense of responsibility among youth and children must be implemented. It also wants to heighten level of awareness of parents in rearing their children. The LGU must strengthen RHU and provide augmentation support in the implementation of health programs. In addition, augmentation of funds for the construction of Barangay Health Center and funds to be used for addressing high prevalence of malnutrition are options. Information dissemination on nutrition program, adoption of laws to address child labor and regulation of watching televi-

sion through an ordinance are other options for the children sector. On security, financial assistance to schools for security programs, and passage of ordinance regulating outsiders from entering the school premises during weekends are recommended.

Further, it is recommended to increase allocation for the nutrition programs, to conduct training workshop on livelihood, to strengthen the promotion of Feeding Program, and the mobilization of the Municipal Nutrition Council to strengthen Nutrition Inventory Programs. Furthermore, strengthening alliance with PNP for swift implementation of RA 9344 and implementation of the Senior Citizens and PWD laws must be properly observed specifically in the allocation of funds are other recommended options.

With gaps prevailing, the municipality of Natividad recommended the allocation of funds for the creation of jobs and IGPs, and free trainings/seminars for OSYs. Compliance of beneficiaries to conditions of the PantawidPamilya program was also mentioned. In addition, quarterly submission of DORP reports, and an EO for the full implementation of PWD discounts in all establishments in the municipality is needed.

Further still, DSWD should give more funds for DCS, especially for the improvement of DCCs and provision of learning materials/equipment. NDRRMC should give more funds in disaster prevention PPAs like rehabilitation of dikes, construction of river protection gabion and grouted ripraps.

The LGU must have sufficient funds for the conduct of police patrolling. An ordinance for curfew hours for all ages from 10pm to 4am and a precaution to children on any possible act of abuse and untoward incident is essential.

Passage of an ordinance in support to the MNCHN program, attendance to seminars/trainings/workshops/conventions for professional growth and updates for the health care providers to ensure better health care service delivery, and support to health and sanitation programs are other options to bridge the gaps identified.

Inclusion of the lower ages with disabilities to the social pension program especially those without financial support is another recommended option.

The municipality of Manaoag needs to strengthen and mobilize DRRMC especially at the barangay level. It also desires the reorganization of out-of-school youth association and make referral for ALS and for TESDA training. Another option is the updating of disaster facilities and equipment.

The province of Pangasinan recommends the inclusion of identified malnourished children in the Pantawid-Pamilya program. The implementation of No Balance Billing (in hospitals) of poor families identified, and establishment of logistics management system are recommended options. Establishment of Blood Network, strengthening offacility-based delivery by skilled birth attendants, and implementation of Health Enhancement Facility Program are other options. The province also recommends the increase in the manpower complement particularly Registered Sanitary Inspector (RSI) item in every MLGU. It also wanted the creation of local AIDS Council in different municipalities.

The municipality of Bauang recommended to develop the capabilities and to increase the number of medical personnel as close as possible to the required number each year. Upgrading of health facilities, fostering public and private collaboration in the delivery of health services, intensification of health, nutrition and population programs are also recommended.

Priority attention should be given to the bottom poor. Preservation of agricultural lands; ensuring availability of services and other support to agricultural development; provision of basic infrastructure support and facilities needed to enhance agricultural development; improvement of solid waste collection system and establishment of an engineered sanitary landfill; strict enforcements of laws and ordinances related to solid waste

management; identification of possible relocation sites; strengthening the Local Housing Board; forging of government and private sector partnership in sourcing out funds for the provision of housing service; construction/Upgrading of educational facilities; strengthening the Local School Board; rehabilitation of coastal habitats; strict enforcement of fishery laws; and provision of alternative livelihood are other recommended options.

The provision of adequate and relevant basic health services; enhancement of the delivery of health services; improvement of accessibility of health services in all barangays; regulation of deliveries by trained “hilots” (TBA), establishment of Barangay Birthing Centers, and intensification of campaign for facility-based deliveries are called for in Burgos, La Union.

The LGU also seeks to improve potable water facilities, minimize erosion caused by flooding through construction of flood control measures, increase use of organic fertilizers, formulate and implement an Annual Education Sports Plan, and to repair existing and dilapidated classrooms in all elementary and high school buildings of the Municipality.

Candon City seeks to intensify livelihood opportunities, provide trainings, animal dispersal, soft loans and provide capitalization. It also optioned to intensify scholarship program, to increase the number of scholars, and to provide additional funding support to ALS. Further, it desires to intensify advocacy at the barangay and partnership w/ NGOs and private sectors to address social risks.

Construction of new drainage canals, repair of drainage system, and intensification of tree planting activities are recommended to address environmental concerns. More, the LGU seeks to intensify earthquake drills, to conduct lectures/advocacies, and to enforce the National Building Code. Moreover, strict enforcement of fire code, and regular inspection of establishments are recommended.

To address health concerns, Candon City recommends to improve health services (facilities, equipment); to intensify health services in the barangays; to institute proper solid waste management; to conduct medical and dental missions in the barangays; to implement Moral Recovery Program in the barangay; to train personnel to handle the program; and to intensify community relations through cooperative undertakings.

Furthermore, the LGU seeks the apprehension of traffic violators; assistance to orderly flow of traffic; adequate road signage; to intensify assistance to victims; to intensify advocacy of women's rights; and the prosecution of violators.

DATA SOURCES

NSCB
NSO
DEPED
DOH
NEDA
DOLE
MPDO
PPDO
PSWD
CSWD
MSWD

LGU Submitted Social Protection and Development Reports
Secondary Data from the LGUs