



Philippine Institute for Development Studies
Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas

The Impact of Fiscal Restraint on Budgetary Allocations for Women's Programs

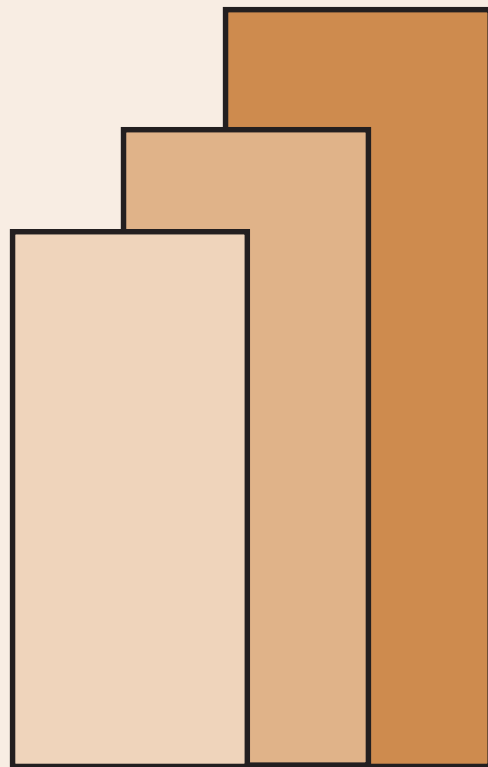
Rosario G. Manasan and Eden C. Villanueva

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THE IMPACT OF FISCAL RESTRAINT ON BUDGETARY ALLOCATIONS FOR WOMEN'S PROGRAMS

Abstract

The paper reviews the gender-differentiated effect of macro-economic policies by examining the impact of persistent revenue shortfalls on the part of the national government in 1997-2003 on the budget allocations for programs that support gender equality and women's priority public services in selected departments -- Department of Health (DOH), Department of Agriculture (DA), Department of Social Welfare and Development (DSWD), and Department of Education (DepEd). The analysis includes grouping the agencies' programs, activities and projects (PAPs) into gender-relevant categories and tracking the impact of the overall contraction of national government expenditures on the expenditure obligations for these expenditure categories. At the same time, the study undertakes a gender-disaggregated benefit incidence analysis of the mainstream or untargeted expenditures of the selected departments. Lastly, the study emphasizes that budget analysis has to be better informed by gender analysis given that, even if there is no gender bias in the formal policies and procedures that govern the delivery of services of various government agencies, gender bias might result from the informal rules, attitudes and behavior not only of service providers but also that of the target clientele.

keywords: budget analysis, benefit incidence analysis, gender analysis

THE IMPACT OF FISCAL RESTRAINT ON BUDGETARY ALLOCATIONS FOR WOMEN'S PROGRAMS

Rosario G. Manasan and Eden C. Villanueva

1. INTRODUCTION

The joint-project of the United Nations Development Fund for Women (UNIFEM) and National Commission on the Role of Filipino Women (NCRFW) entitled "*Strengthening and Redirecting GAD Budgeting towards a Results-Oriented Gender-Responsive Government Planning and Budgeting in the Philippines*" is envisioned to improve the formulation, implementation, monitoring and evaluation of the GAD Budget Policy. This Project will bring attention to the gender differentiated impact of the entire budget systems and processes, from the macro policy content that determines the budget and its sectoral composition, down to its distribution to different sector and to policies on governance that determine how resources are allocated among various levels of governance.

While the budget provides an excellent opportunity for judging the gender-responsiveness of government policy, governments typically report their budgets with very few explicit mentions of gender. Judging the gender-responsiveness of government budgets thus requires analysis to reveal their implicit gender implications. In line with this, the UNIFEM commissioned the Philippine Institute for Development Studies (PIDS) to review the gender-differentiated effect of macro-economic policies by examining the impact of persistent revenue shortfalls on the part of the national government in 1997-2003 on the budget allocations for programs that support gender equality and women's priority public services in selected departments. It is considered as one of the components of the UNIFEM-NCRFW joint project on GAD budgeting.

1.1. Objectives

This study has two objectives. First, it will trace the evolution of the regime of tight expenditure controls that started in the late 1990s and which persist to the present and its impact on the budgets of selected departments. In particular, this study will examine the budgets of selected departments at the programs, activities and projects (PAPs) level by grouping their PAPs into gender-relevant categories and tracking the impact of the overall contraction of national government expenditures on the expenditure obligations for these expenditure categories. The analysis also includes a comparison of actual spending vis-à-vis appropriations and allotments for these expenditure categories. Second, the study will also undertake a gender-differentiated benefit incidence analysis of the major programs of these agencies where data availability permits.

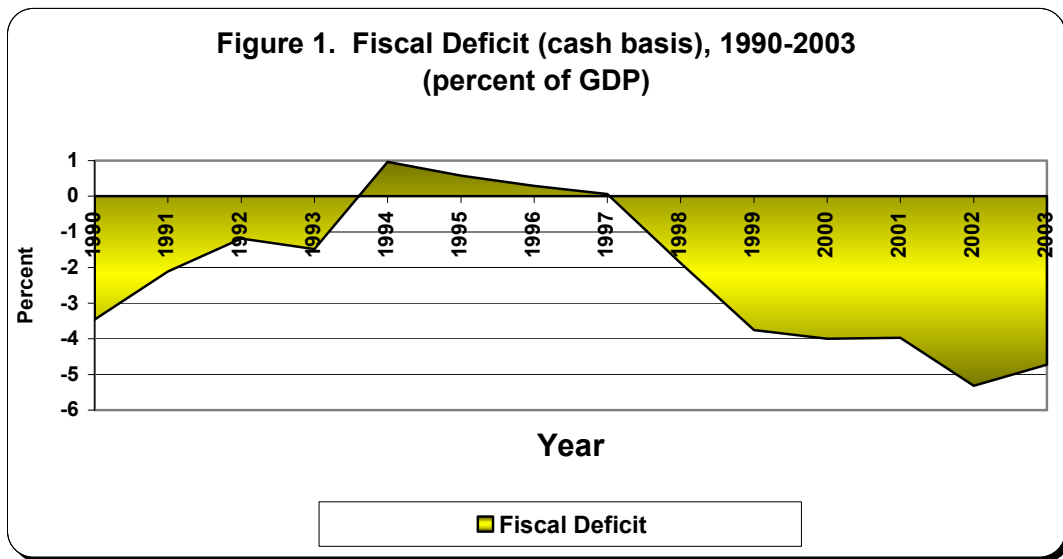
The result of this research activity will serve as input to the NCRFW as it dialogues with the fiscal oversight agencies who are involved in crafting macro-economic policies and tries to influence them to redefine these policies.

1.2. Scope of the Study

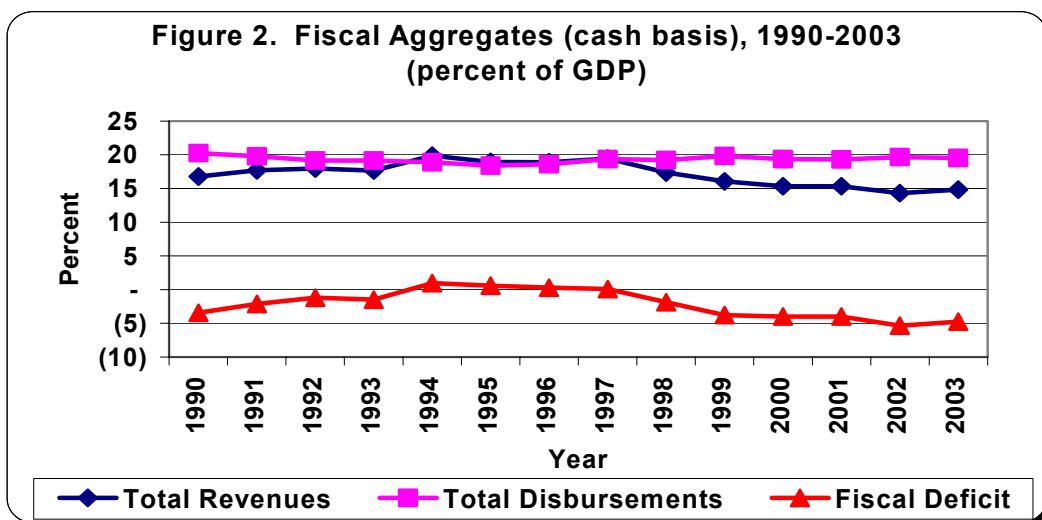
The coverage of this study is limited to four departments: Department of Health (DOH), Department of Agriculture (DA), Department of Social Welfare and Development (DSWD), and Department of Education (DepEd). The first two (the DOH and the DA) are the pilot agencies in the other components of the umbrella Project. On the other hand, the PIDS team decided to expand the coverage of this study to include the last two (the DSWD and the DepEd). The DSWD was included because it has many women/ gender-targeted programs while the DepEd was included because although education is not targeted, the sector has a strong, positive impact on the empowerment of women and the reduction of gender disparities. Also, the availability of sex-disaggregated data on public school enrollment permits the conduct of gender benefit incidence analysis which is not possible for the other departments. The data also allows the analysis to be broken down by income deciles as well as regions. The findings from this effort are expected to shed some light on the interaction between gender issues, on the one hand, and income and regional disparities, on the other.

1.3. Context: Evolution of the Fiscal Crisis

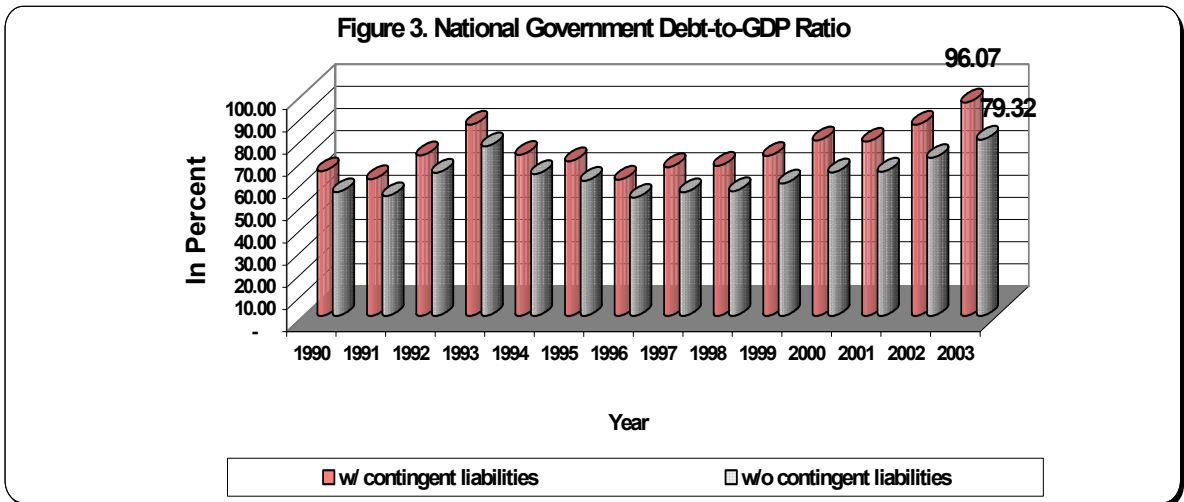
The fiscal problem is the most pressing problem in the Philippines. It had a fairly long period of fiscal consolidation during most of the 1990's when the national government fiscal position improved from a deficit of 3.5% of GDP in 1990 to small surpluses of less than 1% of GDP in 1994-1997 (**Figure 1**). However, said fiscal surpluses turned into deficits following the onset of the Asian financial crisis. Despite the turnaround in the economy, fiscal position continued to deteriorate. Fiscal deficits grew persistently from 1.9% of GDP in 1998 to 4.1% in 2000, to 5.3% of GDP in 2002 and 4.6% of GDP in 2003. In more recent years, the fiscal problem was aggravated by policy mistakes (e.g., legislative inaction on the rationalization of fiscal incentives and incomplete implementation of what was originally planned to be a comprehensive tax reform program due to the non-issuance of requisite IRRs) and the lack of corrective measures even when the need for such appears to be obvious (e.g., non-indexation of excise taxes). Moreover, it is lamentable that the quality of fiscal adjustment has been poor, relying heavily as it did on across-the-board budget cuts.



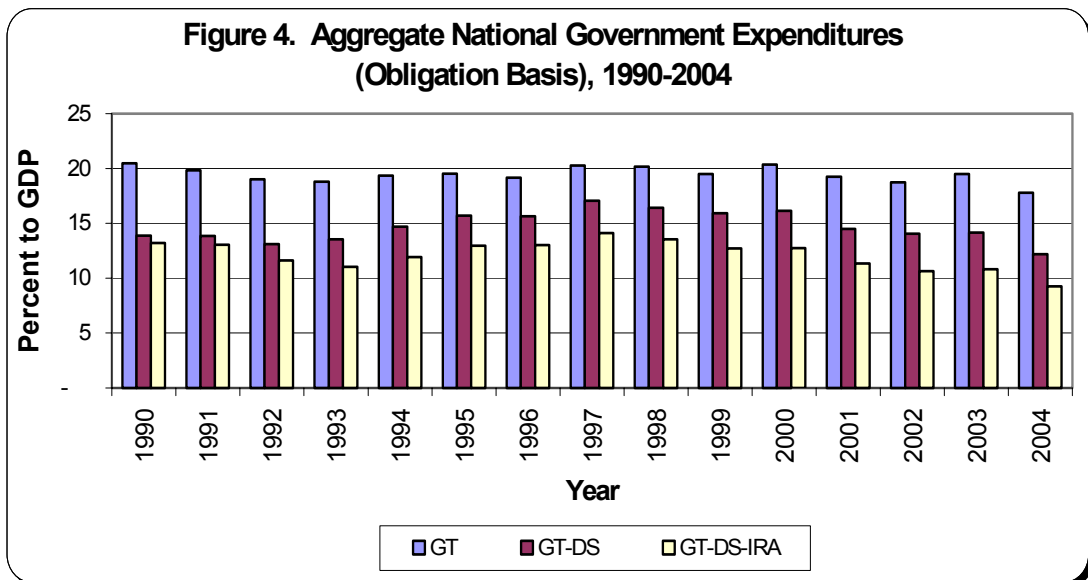
Aggregate expenditures remained fairly stable in face of declining revenues. NG expenditures measured as percent of GDP is fairly stable at around 19% in 1997-2003 despite rapid rise in interest payments. Revenues, on the other hand, declined from 19.4% of GDP in 1997 to 15.6% in 2000; deteriorated further to 14.3% of GDP in 2002 but recovered somewhat to 14.4% in 2003 (**Figure 2**).



Consequently, national government (NG) debt rose from 56% of GDP in 1997 to 65% of GDP in 2000. With the higher fiscal deficit in 2002, NG debt increased some more to 71% of GDP in 2002 and 79% in 2003. If contingent liabilities are included, NG debt rose from 79% of GDP in 2000 to 96% in 2003 (**Figure 3**).



Although the IRA did not increase as fast as in previous years, it persists to have a substantial share in the national government budget. Specifically, its budget share rose from an average of 4.3% in 1986-1992 to 14.0% in 1993-1998, to 17.4% in 2003 and to 16.6% in 2004. Hence, the amount of resources left for non-mandatory expenditures (i.e., resources over which the national government may exercise some scope for allocation) has been declining with reduction particularly steep in 1998-2003. In 2004, discretionary spending was even less than 10% of GDP (Figure 4).



As a result, the NG expenditure program in 1997-2003 was severely affected by fiscal constraint. This is evident on the average increase in budgets of government agencies in early 2000s which is even less than projected rate of inflation during this

period. Thus, the delivery of many public services continue to be at risk as many government agencies have had to work with smaller budgets in real terms.

2. APPROACH AND METHODOLOGY

The budget is the monetary reflection of the policies of a government. Thus, the budget is an important entry point in mainstreaming gender in government policies and programs.

Any gender-aware analysis of the government budget necessarily involves an analysis of the government budget in terms of its reach and impact on women and men, girls and boys. It focuses not only on the numbers contained in the budget but also on the policy and programs underlying those numbers. Implicit in this analysis is the recognition that government policies and programs will not be effective unless adequate resources are allocated to implement them (Budlender 2004).

Governments typically report their budgets by department/ agency and (i.e., by functional division) according to objects of expenditures (i.e., wages and salaries, maintenance and operating expenditures, and capital outlays) and with very few explicit mentions of gender. Because of this, it is often difficult to judge how public expenditures address the specific needs of women and men, girls and boys. In order to address this problem, it is essential that government expenditures be disaggregated into three gender-relevant categories (Commonwealth Secretariat 1999):

- gender equality targeted expenditure – expenditure which is targeted explicitly to help reduce gender gaps (e.g., program aimed at encouraging enrollment of girls in areas where there is a known gender bias in favor of boys), to redress gender inequity (e.g., programs dealing with violence against women and children), and to promote gender equality (e.g., programs that promote equal opportunities in employment)
- expenditure on women's priority public services and income transfers – expenditure devoted to public services which are identified to have the highest priority in terms of reducing the burdens on women (especially poor women), e.g., expenditure on maternal and child care, reproductive health, water supply and sanitation, child benefits
- general or mainstream or untargeted expenditures – remaining expenditures not covered by first two categories.

Thus, a major output of this exercise is the classification of the programs, projects and activities (PAPs) of selected national government agencies in accordance with the three-way categorization just described. This effort was undertaken in consultation with said agencies. In this study, gender/ women-targeted expenditures include not only government spending that are intended to promote gender equality and/ or those that are directed at the special needs of women (e.g., like maternal

health services) but also those that support caring role of women in the family and the community (e.g., children's health and family health services).

After breaking down the expenditures of the selected agencies according to the gender-relevant categories outlined above, this study then tracks the impact of the overall contraction of national government expenditures in 1997-2003 on the movement of spending of the selected agencies on the different gender-relevant expenditure categories outlined above. In addition, this study also compares actual spending with appropriations and allotments on these gender-relevant expenditure items during the period. The objective of this exercise is to ascertain whether national government expenditures on gender-sensitive programs were secured despite the severity of the country's fiscal situation during the period under study.

Next, because the bulk of national government spending may be classified as mainstream or untargeted expenditures (following the three-way categorization outlined above), it is also important to get a sense of the gender specific distribution of benefits from these expenditures. In line with this, this study undertakes a gender-disaggregated benefit incidence analysis of the mainstream or untargeted expenditures of the selected departments. These expenditures are traditionally deemed, at least in the Philippine context, to be gender-neutral. Necessarily, this kind of exercise is limited by the availability of gender-disaggregated data on the beneficiaries of these programs.

Benefit incidence analysis requires the measurement of: (1) the unit costs of providing a particular service – e.g., the cost of providing one place in public elementary schools in any given year; (2) the number of units of these services that are utilized by boys and girls, men and women.

Benefit incidence can then be calculated as the value of the unit costs multiplied by the number of units utilized by the relevant individuals. The benefit incidence depends upon: (1) the allocation of public expenditure in providing public services; (2) the behavior of households in utilizing public services. Where data availability permits, the analysis of gender-specific distribution of benefits from selected governments programs should also be broken down by income deciles as well as regions.

It should be emphasized, however, that a gender gap in the distribution of the benefits of government spending does necessarily indicate a gender bias in the budget allocation process or in the delivery of publicly provided services. Such a gap may stem from various sources: (1) intrinsic nature of the services being provided by the government; (2) behavior of households given their particular situation; and (3) bias in government policy, systems, and practices. Because of this, benefit incidence analysis is contextual and should be informed by good gender analysis.

For instance, it is a fact that more males avail of the government's tuberculosis (TB) control program. In principle, this may arise because TB is more prevalent among males or the health seeking behavior of households is such that more TB-afflicted women tend not avail of the services. If the former is found to be true, then the result of the gender-differentiated incidence analysis should be "normalized" by comparing it with the prevalence rate.

However, if the latter is true, then the analyst has to pursue the problem further and find out the underlying reasons why women tend not to avail of the government's anti-TB services. Is it cultural, (i.e., women are expected to put their needs last relative to other members of the family)? Is it because the schedule of government facilities conflict with the women's own schedule inside the household as they care for the family or children? If it is the former, then government should complement service delivery with focused or targeted IEC programs to counteract the cultural bias. If it is the latter, then a change in the way government delivers the service is indicated. In either case, one can argue that there is an implicit bias in the government program. In this regard, it should be stressed that this study is further limited by the current availability of gender analysis of the different programs of government.

3. DEPARTMENT OF HEALTH

3.1. Classification of Programs, Activities and Projects

Given the framework for classifying government programs, activities and projects into gender-relevant categories described in **Section 2**, the PAPs of the DOH may be classified into programs that provide (1) priority services that are specifically directed at gender equality and the special health needs of women, (2) priority services that target the health needs of children, (3) priority services that are focused on family health, and (4) other public and preventive health services. The first three categories combined comprise gender/ women-targeted PAPs while the last may be thought of as general, mainstream or untargeted PAPs.

The programs that target gender equality and women include:

- Maternal and Child Health Service
- Women's Health and Safe Motherhood Project
- Family Planning Service
- Integrated Family Planning and Maternal Health Program
- Financial Assistance for the Jose Fabella Memorial Hospital (a hospital that serves largely as a birthing facility)
- National Family Planning Program - Women's Health and Development Program
- Women and Children Protection Program
- Support to Women and Children Crisis Center and Protection Unit, East Avenue Medical Center.

DOH programs that target children include:

- Nutrition Service including Salt Iodization Program
- Immunization Program/ Expanded Program on Immunization (EPI)
- Baby-Friendly Hospital Initiatives
- Financial Assistance for the Philippine Children's Medical Center

Lastly, the programs of DOH benefiting the family as a whole include:

- Family Health Program

However, in 2001, the DOH adopted a new budget format. The new format provides less detail in terms of programs as it focused more on implementing units. This is seen in the listing of the DOH gender/ women-targeted programs for each year as listed in **Annex Table 1**.

Given this, the gender/ women-targeted programs starting in 2001 are divided into only two programs: Expanded Immunization Program and Family Health and Primary Health Care Programs (FH&PHCP).

The FH&PHCP is a major budget item that includes most of the programs that specifically target women. The following programs are thus consolidated under the FH&PHCP:

- Family Planning program
- Women and Safe Motherhood program
- Expanded Program on Immunization
- Integrated Maternal and Child Care
- Prevention and Management of Abortion and its Complication
- Adolescent and Youth Health Program
- Programs for Older Persons
- Oral Health Programs
- Micro-Nutrients Supplementation
- Breast-Feeding Program
- Men's Reproductive Health

3.2. Expenditure Trends

The share of the DOH in total national government expenditure obligations contracted in 1997-2002 as the DOH budget declined even faster than total national government budget net of debt service and the IRA (**Table 1**). Thus, its share in the total expenditures of the national government declined continuously from 2.1% in 1997 to 1.5% in 2002.

However, funding for gender/ women-targeted programs appears to be protected relative to untargeted programs in 1997-2002. The share of all gender/ women targeted programs in the DOH budget rose from 6.9% in 1997 to an average of 7.5%

in 1998-2002. In contrast, the budget share of all untargeted programs combined went down from 84.0% in 1997 to an average of 80.5% in 1998-2002.

While the share of EPI in the aggregate DOH budget rebounded in 2000-2002 after a sharp drop in 1998 and 1999, the average budget share of EPI in the entire 1998-2002 period was still lower than the 1997 level. On the other hand, the budget share of other gender/ women-targeted programs in 1998-2002 was consistently higher than the 1997 level (except in 2000).

Table 1. DOH Expenditures

	1997	1998	1999	2000	2001	2002	Average 1998-2002
Share of DOH Exp to Total NG	2.14	2.02	1.96	1.58	1.55	1.49	1.72
Growth Rates							
Nominal DOH Exp		3.17	5.12	-5.32	1.84	0.34	0.97
Real DOH Exp		-6.98	-2.11	-10.99	-4.03	-4.25	-5.72
Nominal NG-DS-IRA		5.23	5.02	12.80	-2.54	1.27	4.23
Real NG-DS-IRA		-5.11	-2.20	6.05	-8.16	-3.36	-2.67
Percent Distribution of DOH expd							
Targeted*	6.92	8.05	7.57	5.59	8.45	7.65	7.46
EPI	2.76	1.01	0.74	2.91	2.58	2.97	2.04
Other Targeted	4.17	7.05	6.83	2.68	5.87	4.68	5.42
Untargeted*	83.97	78.97	80.40	83.39	77.36	82.26	80.48

* GAS not included

Nonetheless, real per capita spending on all gender/ women-targeted programs combined went down from P14.91 in 1997 to P11.50 in 2002, declining by 24.7% yearly on the average during the period. This movement was largely driven by the reduction in per capita spending on EPI. On average, real per capita spending on EPI in 1998-2002 was lower than the 1997 level despite the dramatic increase in more recent years from the very low levels of 1998-1999. In contrast, the average real per capita spending on other gender/ women-targeted programs in 1998-2002 is slightly higher than the 1997 level. However, a significant reduction in real per capita spending on other gender/ women-targeted programs is evident in 2002 (**Table 2**).

Table 2. DOH Real Per Capita Spending on Targeted and Non-Targeted Expenditure, 1997-2002 (in 1985 prices)

	1997	1998	1999	2000	2001	2002	Average 1998-2002	Growth Rate 1997-2002
Real Per Capita Spending								
Targeted*	14.91	9.78	8.28	11.39	11.89	11.50	10.57	-24.73
EPI	10.92	3.63	2.56	9.43	7.86	8.49	6.39	-34.90
Other Targeted	3.99	6.15	5.72	1.96	4.03	3.01	4.17	3.07
Untargeted*	45.39	38.87	37.93	34.28	29.88	29.78	34.15	-21.06

* GAS not included

3.3. Comparison of Appropriations, Allotments and Obligations

Total DOH appropriations went down in real terms in 1997-2002. Moreover, appropriations for the targeted programs declined at an average rate of 7.4%, faster than the contraction in the untargeted programs (5.7%). In particular, the appropriation for the Expanded Program for Immunization (EPI) decreased from P 133.3 million in 1997 (in 1985 prices) to P 85.6 million in 2002 (**Table 3**).

Table 3. DOH Appropriations in Real Terms, 1997-2002

	1997	1998	1999	2000	2001	2002	Average Growth 1997-2002
TOTAL DOH	4,026,152	4,295,861	3,482,070	3,120,550	2,940,673	2,983,871	-5.82
Targeted	353,228	485,138	299,363			240,812	-7.38
<i>Other Targeted</i>	219,960	368,573	201,667	97,821	92,182	155,173	-6.74
<i>EPI</i>	133,268	116,565	97,696	*	*	85,639	-8.46
Untargeted**	3,672,924	3,810,722	3,182,707			2,743,058	-5.67

* Immunization Program is lumped with Treatment for Communicable Diseases under GAA for these years

** GAS included

A comparison of appropriations with allotment authority and actual expenditures in 1997-2000 suggests that the delivery of targeted programs was adversely affected by the fiscal difficulties during the period. For instance, at least 90% of the

appropriations of all of the targeted programs were supported by allotment authority in 1997. In contrast, there was a noticeable reduction in the allotment-to-appropriation ratios of some of these programs in 1998. These programs include: Women's Health and Safe Motherhood Project (74.1%), Women and Children and Protection Program (5.0%), Baby-Friendly Hospital Initiatives (83.6%), and Family Health Program (68.3%). Moreover, the allotment releases were very much lower than the corresponding appropriations for many more such programs (majority of which explicitly target women) in 1999. These include: Maternal and Child Health Service (3.2%), Family Planning Service (62.5%), Reproductive Health Program (8%), National Family Planning Program (0.5%), Women's Health and Development Program (70%), ECD Program (17.2%), and Family Health Program (68.33%) [Table 4].

Table 4. Appropriation, Allotment and Obligation Ratios of the DOH

	1997			1998			1999		
	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp
Women specific									
Maternal and Child Health Service	96.67	90.87	87.84	95.69	38.40	36.75	31.19	87.39	27.25
Family Planning Service	91.59	98.57	90.29	89.63	62.76	56.25	62.45	75.12	46.91
Reproductive Health Program							8.00	100.00	8.00
National Family Planning Program							0.50	100.00	0.50
Women's Health and Development Program							69.92	99.97	69.91
Women's Health and Safe Motherhood Project	89.96	14.00	12.60	74.11	27.76	20.58	118.60	55.26	65.54
Women and Children Protection Program	95.34	100.00	95.34	4.91	10.28	0.50	92.28	100.00	92.28
Support to Women and Children							100.00	0.00	0.00
Crisis Center and Protection Unit									
Integrated Family Planning and Maternal Health Program		91.27			80.73			81.52	
Children-targeted									
Nutrition Service including Salt Iodization Program	90.73	96.40	87.46	96.69	61.00	58.98	79.08	95.30	75.37
Immunization Program	90.00	88.94	80.04	100.00	31.09	31.09	100.00	26.69	26.69
Early Childhood Development Program							17.15	100.00	17.15
Expanded Program on Immunization									
Baby-Friendly Hospital Initiatives	90.00	84.44	76.00	83.55	67.86	56.70	99.55	100.00	99.55
Family-targeted									
Family Health Program	90.00	63.12	56.80	68.33	38.25	26.14	50.98	90.32	46.04
UNTARGETED	99.20	99.86	99.06	104.99	81.97	86.06	117.67	86.90	102.26

Note: Expenditures on current year

Making the situation worse, actual expenditures were significantly lower than allotment authority during the period. In 1998, a number of PAPs which had low allotment-to-appropriations ratio also had low obligation-to-allotment ratios. These include: Women's Health and Safe Motherhood Project, Women and Children Protection Program, Baby-Friendly Hospital Initiatives and Family Health Programs with obligation-to-allotment ratios of 27.8%, 0.3%, 67.9% and 38.3%, respectively. Moreover, in 1999, even some of the programs that had low allotment-to-appropriation ratios were not able to spend the entire amount allotted to them (e.g., Family Planning Service which had an allotment-to-appropriation ratio of 62% and an obligation-to-appropriation ratio of 47%). On the other hand, some programs which had high allotment-to-appropriations ratio had obligation-to-allotment ratios as low as 26.7% (Immunization Program), 55.3% (Women's Health and Safe Motherhood) and 0% for Support to Women and Children in Crisis Center and Protection Unit. The problem here appears to stem from the late release in the allotment advice. In some cases, a significant portion of the allotment authority was released only in the third quarter, thus not giving the agency enough time to use the spending authority fully.

3.4. Benefit Incidence Analysis

Based on sex-disaggregated data on the beneficiaries of various health programs of the DOH and the utilization of government health facilities in addition to the corresponding spending levels of the department on each of these programs, a sex-differentiated incidence analysis of DOH expenditure was undertaken. The results are presented in **Table 5**. It shows that on average slightly over half of the benefits of DOH programs accrue to females in 1997-2002. From this result, it is not possible to directly conclude whether gender bias is present unless the sex differentials in the utilization of various programs, particularly the untargeted programs are scrutinized more closely.

Table 5. Male/Female Share in Total DOH Budget

	% Male	% Female	Budget
			In Million Pesos
1997 TARGETED			
Women		100.00	371.6
Children	50.54 ^{a/}	49.46 ^{a/}	399.2
Family	14.18 ^{b/}	85.82 ^{b/}	13.5
UNTARGETED			
Other Public Health	41.75 ^{c/}	58.25 ^{c/}	3,439.8
National TB Program	68.99 ^{d/}	31.01 ^{d/}	170.4
Hospitals	48.26 ^{e/}	51.74 ^{e/}	6,118.6
TOTAL	48.20 ^{f/}	51.80 ^{f/}	10,513.2
1998 TARGETED			
Women		100.00	799.9
Children	50.54 ^{a/}	49.46 ^{a/}	187.7
Family	14.18 ^{b/}	85.82 ^{b/}	5.9
UNTARGETED			
Other Public Health	41.75 ^{c/}	58.25 ^{c/}	1,823.0
National TB Program	68.99 ^{d/}	31.01 ^{d/}	147.7
Hospitals	48.26 ^{e/}	51.74 ^{e/}	7,882.0
TOTAL	48.20 ^{f/}	51.80 ^{f/}	10,846.0
1999 TARGETED			
Women		100.00	768.5
Children	49.52 ^{a/}	50.48 ^{a/}	193.5
Family	13.74 ^{b/}	86.26 ^{b/}	9.4
UNTARGETED			
Other Public Health	42.37 ^{c/}	57.63 ^{c/}	2,600.9
National TB Program	68.99 ^{d/}	31.01 ^{d/}	145.2
Hospitals	49.38 ^{e/}	50.62 ^{e/}	7,684.2
TOTAL	44.67 ^{f/}	55.33 ^{f/}	11,401.6
2000 TARGETED			
Women		100.00	131.4
Children	49.52 ^{a/}	50.48 ^{a/}	354.3
Family	13.74 ^{b/}	86.26 ^{b/}	227.8
UNTARGETED			
Other Public Health	42.37 ^{c/}	57.63 ^{c/}	5,612.4
National TB Program	68.99 ^{d/}	31.01 ^{d/}	17.0
Hospitals	49.38 ^{e/}	50.62 ^{e/}	4,622.1
TOTAL	44.49 ^{f/}	55.51 ^{f/}	10,965.0

a/ based on utilization of RHUs and BHUs of children

b/ based on population of children and females

c/ based on utilization of RHUs and BHUs of population aged 6 and above

d/ based on beneficiaries of TB Program

e/ based on utilization of government hospitals

f/ based on budget share of programs

Utilization of government hospitals. The 1998, 1999 and 2002 Annual Poverty Indicator Surveys have sex-disaggregated information on the utilization of government hospitals. In particular, the 2002 APIS shows that more females than males in all income classes utilize government hospitals (which account for 51.9% of total DOH expenditures in 1997-2002). Moreover, it is notable that the gap in the proportion of female-male beneficiaries of government hospitals increases with income (**Table 6**).

Table 6. Utilization of Government Hospitals by Sex

Income Group	% Distribution	
	Male	Female
Quintile 1	48.95	51.05
Quintile 2	49.51	50.49
Quintile 3	47.66	52.34
Quintile 4	46.30	53.70
Quintile 5	43.48	56.52
All Income Groups	47.36	52.64

Source of basic data: APIS 2002 and DOH SAOB 2002

These observations do not necessarily indicate a gender bias in favor of females. For one, this finding is consistent with the fact that maternity cases account for a significant proportion of total admissions in government hospitals. Sex-disaggregated data on incidence of the illnesses that resulted in the rest of the admissions as well as an analysis of the gender differential in the health seeking behavior of individuals with respect to these illnesses are needed before any conclusion could be reached as to whether there is a gender bias in the delivery of government hospital services.

Beneficiaries of the National TB Program. The National TB Program (NTP) Registries provide sex-disaggregated data on TB symptomatics who sought treatment at government health centers. **Table 7** shows that there are more males than females amongst the sputum smear positive (SS+) cases who received treatment under the NTP. Sixty nine percent of the SS+ patients initiated treatment in 2003 are males while 31% are females. This is true across age groups and across regions. **Table 7** shows that the gender gap in favor of males widens with age between age 0 and 54. On the other hand, **Table 8** shows that the gap in favor of males is significant in the NCR, Ilocos, Calabarzon, Western Visayas, Eastern Visayas, Southern Mindanao and Central Mindanao regions (with more than 70% of those initiated treatment being males).

Table 7. New Sputum Positive Initiated Treatment, 2003

Age Group	Male	Female	Total	%Male	%Female
0-14	356	300	656	54.27	45.73
15-24	6,360	3,218	9,578	66.40	33.60
25-34	9,302	4,551	13,853	67.15	32.85
35-44	11,458	4,761	16,219	70.65	29.35
45-54	10,713	4,000	14,713	72.81	27.19
55-64	6,445	2,858	9,303	69.28	30.72
65 & above	3,648	2,018	5,666	64.38	35.62
All age groups	48,282	21,706	69,988	68.99	31.01

Source: DOH

Table 8. New Sputum Positive Initiated Treatment by Region, 2003

Regions	%Male	%Female
NCR	70.20	29.80
CAR	66.01	33.99
ILOCOS	70.92	29.08
CAGAYAN VALLEY	69.58	30.42
CENTRAL LUZON	66.38	33.62
CALABARZON	70.90	29.10
MiMaRoPa	67.88	32.12
BICOL	66.88	33.12
WESTERN VISAYAS	75.62	24.38
CENTRAL VISAYAS	66.45	33.55
EASTERN VISAYAS	70.38	29.62
ZAMBOANGA PEN.	69.06	30.94
NORTHERN MINDANAO	64.10	35.90
SOUTHERN MINDANAO	72.75	27.25
CENTRAL MINDANAO	70.03	29.97
CARAGA	61.23	38.77
ARMM	58.40	41.60
Total Philippines	68.99	31.01

Source: DOH

While more males than females clearly benefit from the NTP, this does not necessarily indicate a gender bias in service delivery policies, systems and procedures. For one to be able to make a firm statement in this regard, additional sex-disaggregated data and good gender analysis of the TB problem are needed. The discussion below provides a more nuanced assessment of the gender issues of the NTP program.

Based on the 1997 National TB Prevalence Survey, Tupasi et al. (1999) shows that the prevalence of TB is consistently higher in males than in females regardless of whether prevalence is measured in terms of radiographic changes, smear positive, or culture positive test results (**Table 9**). A comparison of **Table 7** and **Table 9** shows that the male-to-female ratio for the number of SS+ cases initiated treatment in 2003 (2.23 = 69/31) is higher than the male-to-female ratio for the TB prevalence based on radiographic changes in the 1997 NTPS but lower than the ratio for TB prevalence based on sputum smear test and sputum culture test.

Table 9. Prevalence (per 1000) of Pulmonary TB, 1997

	Observed			Adjusted		
	Active PTB	Smear+ TB	Culture+ TB	Active PTB	Smear+ TB	Culture+ TB
Male	53.0	6.5	16.4	49-53	5.4	13.9
Female	31.0	2.1	6.4	29-30	1.9	5.8
All	42.0	4.3	11.2	38-42	3.6	9.8
Male-to-female ratio	1.7	3.1	2.6	1.69-1.77	2.8	2.4

On the other hand, Guerrero et al. (2004) in their assessment of the Kusog Baga program (a program initiated by the World Vision Canada in collaboration with the DOH's NTP and LGUs aimed at reducing the mortality, morbidity and incidence of TB in target areas) provide more insights into the gender differentials in TB diagnosis and treatment. They found that more males than females TB symptomatics seek help, i.e., go to health facilities for consultation (**Table 10**).¹ However, more female than male TB symptomatics who consulted are tested. In line with the findings of the 1997 NTPS, the prevalence of SS+ TB is found to be higher in males than females but the male-to-female ratio for the TB prevalence rate in the Kusog Baga areas is lower than that in the 1997 NTPS. Alas, the proportion of the SS+ cases who are given treatment are higher amongst males than females.

¹ Data used in this analysis came from selected sites (Cavite, Capiz, Iloilo, and General Santos).

Table 10. Percent Distribution of TB Symptomatics, SS+ Cases and SS+ Initiated Treatment in Sample Areas from Kusog Baga Sites (1998-2003)

	% of TB Symptomatics who consulted	% of TB symptomatics tested	% of tested who are ss+	% of ss+ given treatment
Males	56.80	80.50	27.10	81.90
Females	43.20	87.80	11.80	72.50
Male-to-Female Ratio	1.31	0.92	2.29	1.13

Source: Guerrero et al. 2004

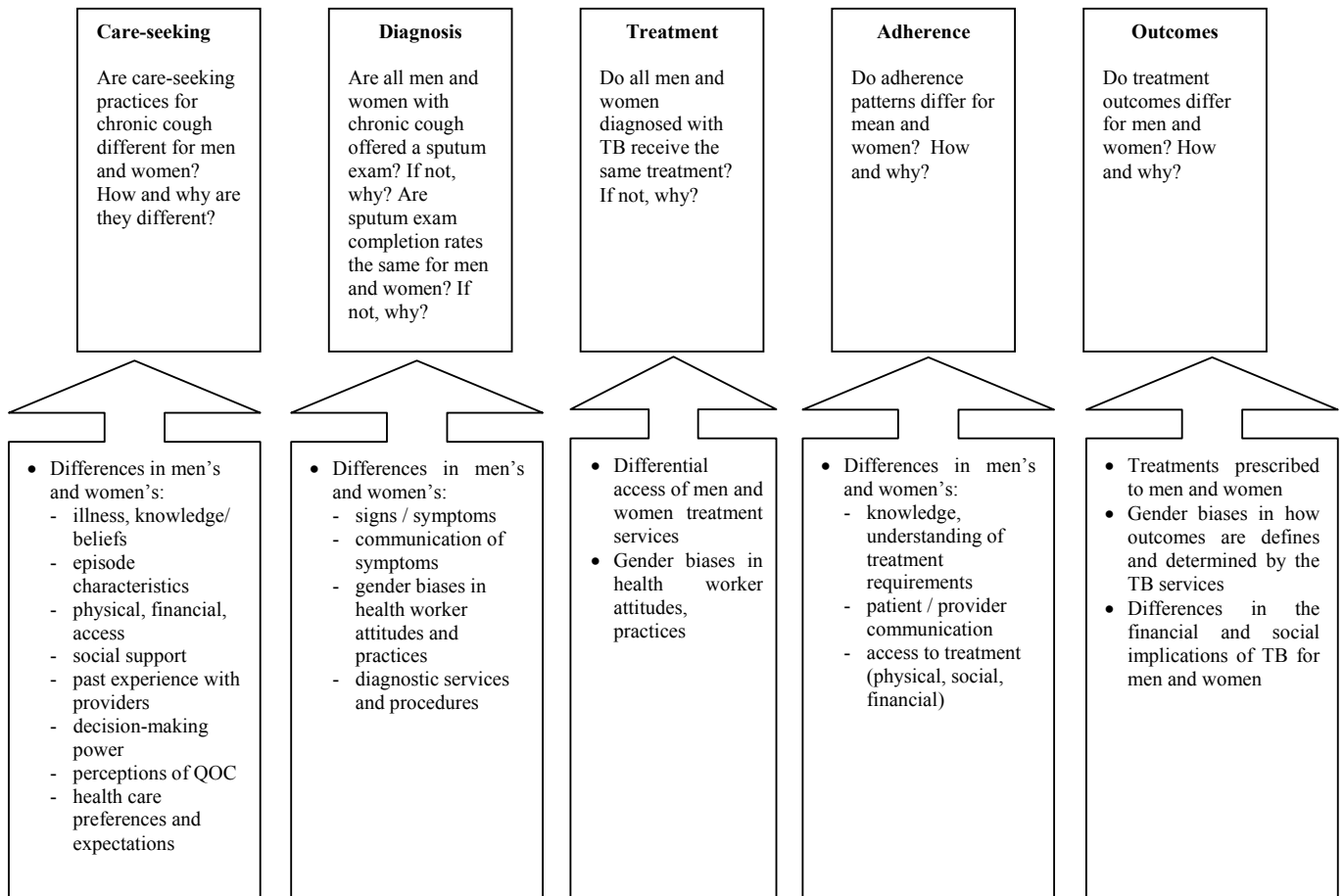
The conceptual model for gender analysis of the TB control given in Uplekar, Rangan and Ogden (2000) provides a good perspective for interpreting the findings from the Kusog Baga study (**Figure 5**). It traces how sex and gender differences in the incidence/ prevalence of infection, access to and use of available health care resources, in the knowledge, beliefs, and perceptions about the disease and in the procedures, practices of the health care facilities/ health workers.

It is notable that the male-to-female ratio of TB symptomatics who seek medical care is lower than all of the ratios derived from the various measures of TB prevalence from the 1997 NTPS. The survey conducted by Guerrero et al. (2004) suggests that this may be attributed to the fact that more women than men tend to seek care for themselves on their own.

While there appears to be some gender bias in favor of females during the diagnosis phase, there appears to be some bias in the opposite in the provision of treatment. The survey of Guerrero et al. (2004) indicate that males are given preferential treatment both by their wives and the BHWs (who are predominantly women) in terms of food, nurturing, follow-up and monitoring because of their traditional role as bread winners. Women, on the other hand, are perceived to be more compliant, responsible and conscientious, and thus do not require as much follow-up and monitoring. Thus, while there appears to be no gender bias in the formal rules on service delivery, some bias in favor of men are apparent in the informal rules followed by both health workers and households in providing TB treatment. At the same time, some analysts (e.g., Uplekar, Rangan and Ogden 2000) point out that the relatively higher male-to-female ratio for TB prevalence based on SS+ notification might be explained by the higher case of underdetection amongst females because they are not given (or do not get) additional diagnostic tests to verify the sputum test results.²

² Ideally, sputum negative patients should have further tests like a chest X-ray to pick up the false sputum negative cases.

Figure 5. Conceptual Model for Studying Sex and Gender Differentials in TB Control



Source: Gender and Tuberculosis Control: Towards a Strategy for Research and Action by Mukund Uplekar, Sheela Rangan, and Jessica Ogden. A draft strategy paper prepared for Communicable Disease Prevention, Control and Eradication, World Health Organization, Geneva, Switzerland.

Benefit incidence for other health services. It should be noted that many health services are devolved. Thus, it is important to know what occurs at the local level. In LGU X, more males than females are found to benefit from the various health services provided in the RHU and the BHSs: under-5 clinic, Garantisadong Pambata and Operation Timbang, TB control and even EPI (**Table 11**).

In this LGU, the ratio of boys to girls availing of the under-five clinic ranged from 1.17 to 1.34 in 2001-2004, compared to the 1.05 male-to-female ratio for the under five population. This indicates that there is some bias in favor of males either in the delivery of the under-five clinic or in the health seeking behavior of households. The same is true of the Garantisadong Pambata 1 in all the years in the 2001-2004 period and of the Operation Timbang in 2002 and 2003. Also, the ratio of males to females receiving TB treatment in 2004 (3.5) appears to be significantly higher than

the male-to-female ratio for the TB prevalence rate based on the 1997 NTPS, again suggesting some bias in favor of males in the delivery of the TB control program.

Table 11. Beneficiaries of Health Programs by Sex, in LGU X

Health Programs	2001		2002		2003		2004	
	M	F	M	F	M	F	M	F
EPI (FIC)	52.2	47.8	53.6	46.4	54.1	45.9	53.0	47.0
Vitamin A Supplementation	53.2	46.8	50.1	49.9	52.9	47.1	48.5	51.5
Under Five Clinic	55.6	44.4	54.8	45.2	53.9	46.1	57.2	42.8
Garantisadong Pambata I	55.5	44.5	53.6	46.4	53.5	46.5	52.6	47.4
Garantisadong Pambata II	51.1	48.9	51.5	48.5	51.8	48.2	51.2	48.8
Operation Timbang	50.4	49.6	54.8	45.2	52.3	47.7	49.5	50.5
National TB Program	66.3	33.7	54.4	45.6	70.4	29.6	77.8	22.2
Filariasis	37.7	62.3	51.6	48.4	54.8	45.2	52.1	47.9

4. DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

4.1. Classification of Programs, Activities and Projects

Given the framework for classifying government programs, activities and projects into gender-relevant categories described in **Section 2**, the PAPs of the DSWD may be classified into programs that provide (1) priority services that are specifically directed at gender equality and special needs of women, (2) priority services that target the needs of children, (3) priority services that are focused on the needs of the family, and (4) untargeted programs. The first three categories combined comprise gender/ women-targeted PAPs while the last may be thought of as general, mainstream or untargeted PAPs.

The DSWD PAPs that are considered as programs that explicitly target gender equality and women include:

- Women's Welfare Program
 - a. Community based services
 - b. Center-based services (Haven, etc.)
 - c. Productivity Skills Capability Building Program (PSCB) for Socially Disadvantage Women

The programs of DSWD for children include:

- Child and Youth Welfare Program
 - a. Community based services
 - b. Center-based services
 - c. Protective Services for Children and Youth in Especially Difficult Circumstances

- d. Construction of Tuloy Street Children Training Center Tuloy Foundation, Inc.
- e. Sulong-Dunong Para sa Kabataan
- f. Early Childhood Development (ECD) Projects

And lastly, programs for families include:

- Family and Community Welfare
- Family Welfare Fund
- Comprehensive Integrated Delivery of Social Services (CIDSS)
- Self-Employment Assistance-Kaunlaran (SEA-K)

These programs vary from year to year and the list of DSWD gender/ women-targeted programs for each year is provided in **Annex Table 2**. However, like the DOH, the DSWD adopted a new budget format in 2002 which shifted from sectoral programming (e.g. women, children) to functional programming and, thus, provides less detail in terms of programs. As a result, the gender/women-targeted programs such as Women's Welfare, Child and Youth Welfare and Family and Community Welfare were consolidated starting under the Protective Service for Individuals and Families in Especially Difficult Circumstances.

4.2. Expenditure Trends

On the average, the share of DSWD in total national government expenditures in 1998-2003 (0.26%) was lower than its 1997 level (0.29%). Though its budget share increased in 1999 and was somehow stable in the succeeding years, there was a substantial contraction in its budget share in 2003 (**Table 12**).

Consequently, funding for the department's gender/ women-targeted programs was not secured from the budget cutbacks of 1998-2003. The share of all gender/ women-targeted programs in the DSWD budget declined from 52.6% in 1997 to an average of 50.5% in 1998-2003. Also, a striking decline in its budget share was observed at 44% of the total DSWD spending in 2003.

Looking in the period when the department has not yet changed its budget format and classification by major sub-categories falling under gender/ women-targeted category is possible, the contraction in the share of programs that specifically target women was severe, dropping from 4.1% in 1997 to 2.7% on the average in 1998-2001. On the other hand, programs that are targeted at children and families were relatively protected.

Table 12. Percent Distribution and Growth Rates of DSWD Budget

(%)	1997	1998	1999	2000	2001	2002	2003	Average 1998-2003
Share of DSWD Exp to Total NG	0.29	0.23	0.31	0.31	0.25	0.29	0.19	0.26
Growth Rates								
Nominal DSWD Exp		-11.81	43.94	18.18	-17.12	21.45	-25.99	1.87
Real DSWD Exp		-20.48	34.04	11.11	-21.90	15.89	-28.66	-4.37
Nominal NG-DS-IRA		5.23	5.02	12.80	-2.54	1.27	8.52	4.94
Real NG-DS-IRA		-5.11	-2.20	6.05	-8.16	-3.36	5.10	-1.42
Percent Distribution								
Targeted*	52.55	60.71	54.49	46.56	51.05	51.05	44.00	50.45
Women	4.09	4.37	2.62	2.00	2.35			2.73**
Children	20.79	26.40	20.12	18.88	21.47			21.32**
Family	27.67	29.94	31.75	25.68	27.22			28.52**
Untargeted*	26.79	7.93	16.94	28.22	22.11	47.76	42.45	27.88

* GAS not included

**average for 1998-2001

Consistent with the reduction in its budget share, real per capita spending on targeted programs that focus specifically on women went down by 16.5% yearly on the average in 1997-2001 (**Table 13**). While the budget shares of children-targeted and family-targeted programs were somewhat protected during the same period, their per capita spending declined by 1.4% and 4.4%, respectively, on the average in real terms.

Table 13. Real Per Capita DSWD Expenditures, 1997-2001

	1997	1998	1999	2000	2001	Growth Rate 1997-2001
Targeted						
Women	1.18	0.98	0.77	0.64	0.57	-16.46
Children	9.23	9.13	9.13	10.05	8.74	-1.36
Family	3.57	3.01	4.19	3.68	2.99	-4.37
Untargeted	1.95	0.45	1.26	2.28	1.37	-8.50

4.3. Comparison of Appropriations, Allotments and Obligations

Total DSWD appropriations in 1985 prices declined in 1997-2003 at an average rate of 4.0% yearly. The reduction was particularly steep in 1999 (17.8%) and in 2003 (20.2%). Moreover, while targeted expenditures declined by 14.8% yearly on the average during the period, untargeted expenditures rose by 2.3% yearly (**Table 14**).

Table 14. DSWD Appropriations, In Real Terms (In Thousand Pesos)

	1997	1998	1999	2000	2001	2002	2003	Ave. Growth 1997-2003
Total DSWD	570,176	568,150	467,402	456,197	429,826	559,316	446,213	-4.00
Targeted	376,003	330,477	289,947	297,286	280,101	269,190	143,958	-14.79
Untargeted*	194,173	236,542	177,456	158,886	149,727	100,192	221,877	2.25

* GAS included

A comparison of the appropriations, allotments and obligations of the different DSWD programs in 1997-2002 suggests that although many of the gender/women-targeted programs were protected some of the children-targeted programs were adversely affected by the crisis as shown by their low allotment-to-appropriation ratios. In particular, allotment authority covered only 64% of the appropriations for the child and youth welfare in 1998. Protective services for children and youth in especially difficult circumstances had allotment releases which were only around 63-65% of its appropriations in the years 1998, 2000 and 2001. On the other hand, allotment-appropriation ratio of child care and placement services was only 56.7% in 2000 and, at worse, no allotment was released in 2001 (**Table 15**).

The absorptive capacity of DSWD for the programs explicitly for women is rather high particularly in 2000-2002. The obligation-to-allotment ratio in most activities under this category is close to unity. On the other hand, accompanied by low allotment releases, actual delivery of protective services for children and youth suffered in 1998 as it was only able to obligate 73% of its allotment. Also, Family Welfare Fund, though it has received high allotments in 1998 was only able to obligate 16% of this amount.

Table 15. Financing Ratios of DSWD

	1997			1998			1999			2000			2001			2002		
	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp	allot/ approp	oblig/ allot	oblig/ approp
Women specific	60.3	82.6	49.8	79.2	84.5	66.9	98.0	94.0	92.1	87.9	99.1	87.1	88.3	99.8	88.1	96.3	103.5	99.7
Women's Welfare	93.2	84.9	79.1	61.9	87.0	53.9	94.3	88.1	83.0	101.7	98.7	100.5	103.5	99.8	103.3			
Financial Assistance to Community-based Information and Educational Program and Livelihood Projects for Women	14.5	36.2	5.2															
Productivity Skills Capability Building Program for Socially Disadvantaged Women	88.6	87.8	77.8	84.6	84.0	71.0	100.0	97.0	97.0	100.2	99.4	99.5	100.0	99.8	99.8	96.3	103.5	99.7
Children-targeted	69.4	87.1	60.4	76.3	97.3	74.2	99.2	95.8	95.0	99.1	99.6	98.7	96.9	99.9	96.7	32.3	257.4	83.2
Child and Youth Welfare	94.3	98.6	93.0	64.4	97.3	62.6	105.1	92.6	97.3	104.3	99.8	104.1	105.1	99.9	105.0			
Protective Services for Children and Youth in Especially Difficult Circumstances				63.2	73.1	46.2	92.5	82.5	76.3	65.4	97.1	63.5	64.7	99.4	64.4			
Construction of Tuloy Street Children Training Center Tuloy Foundation, Inc.	17.3	35.3	6.1	0.0		82.8												
Assistance to Transitional Children	67.0	56.6	37.9															
Sulong- dunong para sa Kabataan	58.9	90.8	53.5	109.6	86.4	94.7												
Child Care and Placement Services				201.6	100.0	201.6	100.0	98.0	98.0	56.7	100.0	56.7	0.0		0.0			
Protective Custody	92.6	96.7	89.5	79.8	95.3	76.1	99.4	96.8	96.3	103.1	99.7	102.8	100.7	99.9	100.6			
ECD Project																32.3	257.4	83.2
Family-targeted	102.3	91.5	93.6	101.4	79.1	80.2	99.7	92.8	92.5	86.9	99.9	86.8	81.9	99.9	81.8	97.8	99.2	97.0
Family and Community Welfare	95.9	96.0	92.0	83.3	93.2	77.6	86.2	93.4	80.5	104.2	98.9	103.1	104.7	99.7	104.4			
Family Welfare Fund				475.0	16.2	76.7												
Protective Services for Individuals and Families in EDC																78.1	100.0	78.1
SEA-Kaunlaran II				75.0	98.7	74.0	100.0	100.0	100.0	13.7	99.8	13.7	13.7	100.0	13.7	100.0	73.5	73.5
CIDSS Project Family Beneficiaries	100.2	92.3	92.4	100.0	80.5	80.5	100.0	92.6	92.6	97.2	100.0	97.1	91.3	99.9	91.2	100.0	99.2	99.2

4.4. Benefit Incidence Analysis

The restructuring and physical movement of the Planning Office have affected record keeping of statistics in DSWD especially for the period 1998-1999. Moreover, no sex-disaggregated data on beneficiaries of DSWD programs targeted at families such as CIDSS, SEA-K and Families in EDC are available because recording is done in terms of number of families who benefited on these programs. On the other hand, data with respect to the programs for victims of child abuse, for youth offenders, for senior citizens and for persons with disabilities are being generated by the agency. **Table 16** shows that, in general, there are a significantly larger number of girl victims of child abuse, sexual exploitation, child trafficking and illegal recruitment (relative to boys) who were served by DSWD in 2000-2003. In contrast, while there are also more abandoned, neglected and physically abused/ maltreated girls than boys who were served by DSWD in 2000-2003, the gender gap was not as large as in the former set of programs.

Table 16. Child Abuse Cases Served by DSWD, by Sex, by Type of Abuse (in percent), 1998-2003

Type of Abuse	2000		2001		2002		2003	
	Male	Female	Male	Female	Male	Female	Male	Female
Total	24.3	75.7	28.4	71.6	27.6	72.4	27.6	72.4
1. Abandoned	49.9	50.1	56.5	43.5	48.1	51.9	52.2	47.8
2. Neglected	47.0	53.0	51.3	48.7	48.7	51.3	48.6	51.4
3. Sexually-Abused	0.7	99.3	1.3	98.7	1.6	98.4	1.2	98.8
a. Rape	0.5	99.5	0.9	99.1	1.3	98.7	1.3	98.7
b. Incest	0.2	99.8	0.2	99.8	0.4	99.6	0.7	99.3
c. Acts of Lasciviousness	2.9	97.1	5.7	94.3	5.6	94.4	2.3	97.7
d. Not Classified								
4. Sexually-Exploited	3.4	96.6	2.8	97.2	10.2	89.8	11.9	88.1
a. Victims of Pedophilia	17.5	82.5	28.6	71.4	84.4	15.6	58.8	41.2
b. Victims of Prostitution	0.0	100.0	0.4	99.6	0.0	100.0	0.4	99.6
c. Victims of Pornography	11.1	88.9	0.0	100.0	28.6	71.4	46.2	53.8
5. Physically Abused/Maltreated	47.3	52.7	47.2	52.8	45.6	54.4	45.0	55.0
6. Victims of Child Labor	36.8	63.0	43.0	57.0	42.2	57.8	37.3	62.7
7. Victims of Illegal Recruitment			4.8	95.2	38.1	61.9	10.0	90.0
8. Child Trafficking	40.0	60.0	44.8	55.2	38.9	61.1	24.2	75.8
9. Abduction	0.0	100.0						
10. Victims of Armed Conflict	51.9	48.1	54.8	45.2	71.1	28.9	51.9	48.1

On the other hand, **Table 17** shows that while at the national level there seemed to be equal number of males and females with disabilities served by DSWD in 2002, there's an 8-percentage point difference in favor of males in 2001. Large gender gaps are consistently seen in both years in CAR, Central Luzon, Southern Luzon, Central Visayas, Western Mindanao and Central Mindanao.

However, information like these is not enough to make conclusions on gender bias in the agency's delivery of services. First, sex-disaggregated data on beneficiaries should be made available for the other programs of the DSWD in order to arrive at a fairly good representation of the sex-disaggregated benefit incidence of the agency's programs. Second, it is always well to remember that an observed gender gap in the distribution of benefits and/or utilization of government services does not necessarily imply gender bias. Gender bias can only be inferred after sex-disaggregated data on the distribution of benefits is "normalized" using sex-disaggregated data on the target clientele. It should also be emphasized that in assessing the services provided by DSWD, in addition to the gender-responsiveness of its programs, the concern should also be on the extensive coverage of its target clientele.

**Table 17. Persons with Disabilities Served by DSWD, By Sex, By Region
CY 2001-2002**

Region	2001			2002		
	All	Male	Female	All	Male	Female
Philippines	100.00	54.04	45.96	100.00	50.33	49.67
NCR	100.00	50.98	49.02	100.00	41.57	58.43
CAR	100.00	66.67	33.33	100.00	59.57	40.43
Region I	100.00	54.38	45.62	100.00	53.87	46.13
Region II	100.00	54.25	45.75	100.00	57.70	42.30
Region III	100.00	69.23	30.77	100.00	80.00	20.00
Region IV	100.00	59.12	40.88	100.00	64.16	35.84
Region V	100.00	64.75	35.25	100.00	36.73	63.27
Region VI	100.00	49.69	50.31	100.00	46.18	53.82
Region VII	100.00	67.42	32.58	100.00	64.90	35.10
Region VIII	100.00	65.63	34.38	100.00	50.00	50.00
Region IX	100.00	59.79	40.21	100.00	58.79	41.21
Region X				100.00	62.50	37.50
Region XI	100.00	-	100.00	100.00	57.46	42.54
Region XII	100.00	56.47	43.53	100.00	56.25	43.75
CARAGA				100.00	100.00	-

5. DEPARTMENT OF EDUCATION

Closer scrutiny of the PAPs of the DepEd reveals that it does not have programs that specifically target girls or boys. From this perspective, one can classify all of DepEd's programs as mainstream or untargeted expenditures. On the other hand,

one can argue that education, in general, and basic education, in particular, promotes gender equality and classify all of DepEd's programs as gender/ women-targeted.

5.1. Expenditure Trends

The share of the DepEd in total national government budget is fairly stable at around 14% in 1997-2003. However, there is perceptible contraction in the budget share of the department in 2003 (**Table 18**). This occurred as the DepEd's budget grew at a about the same pace as total national government spending for most of the period except in 2003.

On the other hand, the share of the DepEd in total national government expenditures net of debt service and the IRA expanded from 21.2% in 1997 to 23.1% on the average in 1998-2003 as the department's budget grew at a faster rate than total national government expenditure net of debt service and the IRA.

Table 18. Share of DepEd Budget to Total National Government Budget

	1997	1998	1999	2000	2001	2002	2003	Average 1997-2003
Share of DepEd Exp to Total NG	14.80	15.39	14.85	13.61	13.78	14.02	12.83	14.06
Share of DepEd Exp to Total NG-DS-IRA	21.23	22.94	22.75	21.74	23.40	24.66	23.14	23.31
Growth Rates								
Nominal DepEd Exp		17.68	3.18	8.90	4.92	6.80	2.22	7.17
Real DepEd Exp		6.62	-4.37	2.40	-1.17	2.25	-1.30	0.68
Nominal NG-DS-IRA		5.23	5.02	12.80	-2.54	1.27	8.52	4.94
Real NG-DS-IRA		-5.11	-2.20	6.05	-8.16	-3.36	5.10	-1.42

Despite the apparent priority given to the DepEd, however, the department's budget was barely able to keep up with inflation, increasing by less than 1% on the average yearly in real terms in 1997-2003 because of the government's tight fiscal situation. In fact, DepEd's budget in real terms was fairly flat in 1998-2003. As a consequence, per student DepEd expenditure declined continuously in 1997-2003 (**Table 19**).

Table 19. DepEd Budget in Real Terms

	Total Spending	Per Student Spending
1997	25,846,902	1,733
1998	27,557,859	1,798
1999	26,353,926	1,676
2000	26,986,841	1,687
2001	26,672,141	1,619
2002	27,273,372	1,620
2003	26,917,714	1,575
Growth Rate		
1998-2003	0.68	-1.58

5.2. Comparison of Appropriations, Allotments and Obligations

The DepEd's budget is relatively secured despite the expenditure cutbacks in 1997-2003. The allotment-to-appropriation ratio for the department was consistently high during the period. However, there is a small decrease in its obligation-to-allotment ratio (**Table 20**).

Table 20. Real Appropriation and Financing Ratios of DepEd, 1997-2003

Year	Real Appropriations	Ratio	
		Allotment/ approp	oblig/ allotment
1997	20,498,619	109.95	99.54
1998	25,839,459	110.97	98.81
1999	25,098,640	113.32	97.57
2000	24,029,084	114.90	97.78
2001	22,643,986	117.08	98.38
2002	24,891,492	113.36	96.35
2003	24,035,081	114.64	97.23
Ave. GR 1997-2004	2.69		

5.3. Benefit Incidence Analysis

In line with the sex-disaggregated data on public school enrollment, **Table 21** shows that more boys than girls benefit from public secondary schools while opposite is true in public elementary schools. However, on the whole, a slightly higher proportion of the benefits of the spending of the DepEd accrue to boys than to girls since a bigger proportion of the agency's budget goes to the elementary level. Again, it should be stressed that while benefit incidence would show the distribution of the beneficiaries by sex, it does not necessarily indicate gender bias in service delivery. In the case of public schools, at least two factors have to be considered: male-to-female ratio for the school age population and gender differences in the school participation rate, both of which affect the male-to-female ratio in the number of children who are in school.

The boy-to-girl ratio in public elementary school enrollment is skewed in favor of boys in 1997-2002 (**Table 22**). That is, there are more boy pupils than girl pupils in public elementary schools during the said period. This same is true in all of the regions with the exception of ARMM.

Table 21. Incidence of DepEd Spending

		% Male	% Female	Budget In Thousand Pesos
1997	Elementary	51.31 ^{a/}	48.69 ^{a/}	50,749,523
	Secondary	48.69 ^{a/}	51.31 ^{a/}	16,647,356
	Total	50.66 ^{b/}	49.34 ^{b/}	67,396,879
1998	Elementary	51.16 ^{a/}	48.84 ^{a/}	61,203,618
	Secondary	48.79 ^{a/}	51.21 ^{a/}	20,073,311
	Total	50.57 ^{b/}	49.43 ^{b/}	81,276,929
1999	Elementary	51.12 ^{a/}	48.88 ^{a/}	64,451,347
	Secondary	48.51 ^{a/}	51.49 ^{a/}	22,988,220
	Total	50.43 ^{b/}	49.57 ^{b/}	87,439,568
2000	Elementary	51.16 ^{a/}	48.84 ^{a/}	63,197,319
	Secondary	48.67 ^{a/}	51.33 ^{a/}	22,443,717
	Total	50.51 ^{b/}	49.49 ^{b/}	85,641,036
2001	Elementary	51.39 ^{a/}	48.61 ^{a/}	71,979,363
	Secondary	48.49 ^{a/}	51.51 ^{a/}	25,266,307
	Total	50.63 ^{b/}	49.37 ^{b/}	97,245,671
2002	Elementary	51.47 ^{a/}	48.53 ^{a/}	76,138,776
	Secondary	48.48 ^{a/}	51.52 ^{a/}	27,716,973
	Total	50.68 ^{b/}	49.32 ^{b/}	103,855,750

a/ based on enrollment

b/ based on enrollment and budget shares

Table 22. Ratio of Boys to Girls in Public Elementary Schools, 1997-2002

	1997	1998	1999	2000	2001	2002
PHILIPPINES	1.05	1.05	1.05	1.05	1.06	1.06
NCR	1.06	1.06	1.05	1.05	1.06	1.06
CAR	1.07	1.07	1.07	1.08	1.08	1.09
I	1.07	1.07	1.07	1.08	1.08	1.08
II	1.05	1.04	1.05	1.05	1.05	1.07
III	1.07	1.06	1.06	1.06	1.07	1.08
IV	1.06	1.06	1.06	1.05	1.06	1.07
V	1.07	1.04	1.06	1.07	1.07	1.07
VI	1.08	1.09	1.07	1.07	1.07	1.08
VII	1.06	1.06	1.06	1.06	1.07	1.08
VIII	1.03	1.03	1.03	1.02	1.04	1.05
IX	1.12	1.03	1.03	1.03	1.05	1.06
X	1.04	1.04	1.05	1.05	1.07	1.07
XI	1.04	1.04	1.04	1.03	1.05	1.06
XII	1.02	1.02	1.02	1.06	1.03	1.05
XIII	1.04	1.04	1.03	1.03	1.06	1.07
ARMM	0.91	0.93	0.90	0.91	0.93	0.91

Source of basic data: DepEd

In contrast, there are more female students than male students in public secondary schools in 1997-2002 (**Table 23**). This same is generally true in all of the regions with the exception of Central Mindanao and Western Visayas in 1997 and 1998 and Bicol in 1997.

Table 23. Ratio of Boys to Girls in Public Secondary Schools, 1997-2002

	1997	1998	1999	2000	2001	2002
PHILIPPINES	0.95	0.95	0.94	0.95	0.94	0.94
NCR	0.95	0.96	0.97	0.97	0.96	0.96
CAR	0.93	0.93	0.94	0.94	0.92	0.91
I	0.98	0.99	1.00	0.99	0.98	0.99
II	0.92	0.95	0.95	0.95	0.93	0.93
III	0.96	0.98	0.99	0.99	0.98	0.98
IV	0.95	0.95	0.97	0.97	0.97	0.96
V	1.00	0.93	0.92	0.93	0.92	0.93
VI	1.05	1.03	0.89	0.96	0.96	0.96
VII	0.92	0.94	0.94	0.95	0.92	0.94
VIII	0.91	0.90	0.91	0.92	0.92	0.92
IX	0.90	0.91	0.90	0.92	0.90	0.91
X	0.90	0.90	0.91	0.91	0.91	0.91
XI	0.86	0.91	0.92	0.91	0.92	0.92
XII	1.03	1.03	0.94	0.92	0.92	0.92
XIII	0.88	0.90	0.91	0.91	0.90	0.91
ARMM	0.97	0.92	0.84	0.86	0.83	0.75

Source of basic data: DepEd

Table 24. Ratio of Boys to Girls in School Age Population

	1995	2000
aged 7-12	1.048	1.043
aged 13-16	1.014	1.022
Aged 7-16	1.035	1.035

Table 24 shows that the male-to-female ratio for the school age population is 1.043-1.048 in the 7-12 age group and 1.014-1.022 in the 13-16 age group. A comparison of **Table 22** with **Table 24** shows that the boy-to-girl ratio in public elementary school enrollment is fairly close to the corresponding ratio for the 6-11 age group in 1997-2000, mitigating the apparent “bias” that one may perceive if

such a comparison were not made. However, a small “bias” in favor of boys is still apparent in public elementary school enrollment in 2001 and 2002. On the other hand, a comparison of **Table 23** with **Table 24** suggests that the male-to-female ratio in public secondary school enrollment is even further away from gender parity in favor of females in 1997-2002.

Meanwhile, **Table 25** presents the male-to-female ratio for the population of students (i.e., school age population who are in school). A comparison of **Table 22** with **Table 25** suggests a “bias” in favor of boys in public elementary school enrollment since the boy-to-girl ratio in public school enrollment is slightly higher than the corresponding ratio for the population of students in 1997-2002. This same is true for all regions with the exception of Eastern Visayas (in 1998), Central Mindanao (in 1998 and 1999), CARAGA (in 1999) and ARMM (in all years).

Similarly, a comparison of **Table 23** with **Table 25** suggests that public secondary school enrollment is “biased” in favor of males. This result stands in sharp contrast to the apparent “bias” in favor of females if the boy-to-girl ratio in public school enrollments is simply compared to with the boy-to-girl ratio in the school age population. This finding holds true in all but a few regions but these regions change from year to year.

How does one explain the difference between the boy-to-girl ratio for public school enrollment and the sex ratio for the school age population who are in school? The difference may be explained by the higher tendency of families to send their daughters to private schools than to public schools while the opposite is true with respect to the sons.

Table 25. Ratio of Males to Females for the School Age Population Who are in School

	Aged 7-12			Aged 13-16		
	1998	1999	2002	1998	1999	2002
Philippines	1.026	1.025	1.030	0.902	0.913	0.935
Ilocos Region	1.025	1.030	1.046	0.898	0.892	0.996
Cagayan Valley	1.020	1.036	1.034	0.833	0.818	0.938
Central Luzon	1.023	1.045	1.015	0.943	0.974	0.960
Southern Luzon	1.013	1.038	1.029	0.941	0.928	0.947
Bicol Region	1.021	1.034	1.040	0.851	0.882	0.933
Western Visayas	1.037	1.029	1.028	0.890	0.916	0.982
Central Visayas	1.048	1.010	1.032	0.879	0.924	0.833
Eastern Visayas	1.029	0.982	1.022	0.796	0.848	0.836
Western Mindanao	0.999	1.018	1.051	0.809	0.890	0.919
Northern Mindanao	1.023	1.012	1.017	0.908	0.942	0.943
Southern Mindanao	1.022	0.996	1.020	0.894	0.893	0.908
Central Mindanao	1.027	1.027	1.022	0.880	0.908	0.892
NCR	1.041	1.030	1.043	0.975	0.962	0.995
CAR	1.019	1.019	1.043	0.936	0.952	0.932
ARMM	1.062	1.022	0.996	0.944	0.913	0.914
CARAGA	1.022	1.046	1.033	0.946	0.827	0.905

Source of Basic Data: APIS

Gender issues in basic education: gender analysis of school participation rates. In general, females exhibit an advantage over males with respect to school attendance in both the elementary and secondary level. The gender gap in participation rates is higher at the secondary level (11 percentage points) compared to that in the elementary level (1 percentage point). Also, the gender difference in participation rates is higher in poor households than in non-poor households in both the elementary and secondary level of education (**Table 26**).

Table 26. School Participation Rates, by Level, by Gender and by Poverty Status, 1999

	(In Percent)								
	Male			Female			M/F Ratio		
	Poor	Non-poor	All	Poor	Non-poor	All	Poor	Non-poor	All
Elementary	88.67	93.60	90.70	90.31	94.09	91.85	0.982	0.995	0.987
Secondary	47.44	74.19	60.30	62.26	81.09	71.51	0.762	0.915	0.843
Tertiary	9.08	28.51	20.94	14.97	35.23	28.29	0.607	0.809	0.740
TVET	0.80	1.52	1.24	0.85	1.00	0.95	0.941	1.520	1.305
Higher Education	8.28	26.98	19.70	14.12	34.23	27.34	0.586	0.788	0.721

Source of Basic data: APIS 1999

At the secondary level, females exhibit an edge over males with respect to school participation rates in all regions (**Table 27**). This is also true at the elementary level in all but a few regions. For instance, the school participation rate of boys at the elementary level is higher than that of girls in Central Visayas in 1998, Central Luzon and CARAGA in 1999 and Ilocos Region, Western Mindanao and NCR in 2002.

Profile of drop-outs and their reasons for leaving school. The proportion of school leavers in any age cohort who are male is higher than that of females. Moreover, this bias is magnified for older age cohorts.. The proportion of school leavers among males aged 13-16 is 22.0 percent which is almost twice the corresponding proportion for females (**Table 28**). In comparison, the proportion of school leavers among males aged 7-12 is only 6.4 percent (1 percentage point higher than the corresponding proportion for females). In addition, the gender difference in the drop-out rate is true amongst children from poor as well as non-poor households. However, the gender gap is larger for children from poorer families.

Table 27. Male-to-Female Ratio of School Participation Rates

	Aged 7-12			Aged 13-16		
	1998	1999	2002	1998	1999	2002
Philippines	0.984	0.983	0.987	0.883	0.893	0.915
Ilocos Region	0.983	0.987	1.003	0.879	0.872	0.974
Cagayan Valley	0.978	0.994	0.992	0.815	0.800	0.917
Central Luzon	0.981	1.002	0.973	0.922	0.953	0.939
Southern Luzon	0.971	0.995	0.987	0.921	0.908	0.927
Bicol Region	0.979	0.991	0.997	0.833	0.863	0.912
Western Visayas	0.994	0.987	0.985	0.871	0.896	0.961
Central Visayas	1.004	0.968	0.989	0.860	0.904	0.815
Eastern Visayas	0.987	0.942	0.980	0.779	0.829	0.818
Western Mindanao	0.957	0.976	1.008	0.792	0.871	0.899
Northern Mindanao	0.981	0.970	0.975	0.888	0.922	0.923
Southern Mindanao	0.980	0.955	0.978	0.875	0.874	0.889
Central Mindanao	0.985	0.985	0.980	0.861	0.888	0.873
NCR	0.998	0.988	1.000	0.954	0.941	0.974
CAR	0.977	0.977	1.000	0.916	0.932	0.912
ARMM	1.019	0.980	0.955	0.923	0.893	0.894
CARAGA	0.980	1.003	0.990	0.925	0.809	0.885

Source of Basic Data: APIS

Table 28. School Leavers as a Percentage of All Children in Given Age Cohort, 1999

	Male			Female			M/F Ratio		
	Poor	Non-poor	All	Poor	Non-poor	All	Poor	Non-poor	All
Age 7-12	8.93	2.89	6.45	6.73	1.97	4.80	1.33	1.47	1.34
Age 13-16	30.49	12.87	22.02	18.05	7.11	12.68	1.69	1.81	1.74

Source of Basic Data: APIS

On the other hand, **Table 29** presents the grade-specific dropout rate by sex and poverty status. It shows that a higher percentage of students leave school at the start of each cycle. Thus, the dropout rates are higher in the first year of high school and in the first year of college compared to the other years regardless of gender and poverty status. Nevertheless, the highest dropout rate is registered in third year high school when children reach the age when they are legally allowed to work.

Table 29. Drop-out Rate, by Sex and Poverty Status, 1999

	Male			Female			Both Sexes		
	Poor	Non-poor	All	Poor	Non-poor	All	Poor	Non-poor	All
Grade 2	0.58	0.33	0.48	1.20	0.35	0.88	0.87	0.34	0.67
Grade 3	0.84	0.31	0.63	0.61	0.22	0.45	0.73	0.27	0.55
Grade 4	0.79	0.45	0.64	0.65	0.13	0.43	0.72	0.30	0.54
Grade 5	1.05	0.78	0.93	0.53	0.03	0.32	0.80	0.43	0.63
Grade 6	1.42	0.47	0.96	0.54	0.23	0.40	0.97	0.35	0.68
1st yr hs	5.67	1.97	3.83	3.73	2.22	2.99	4.72	2.09	3.42
2nd yr hs	2.23	1.14	1.60	1.89	0.69	1.27	2.05	0.93	1.44
3rd yr hs	34.52	40.96	38.51	36.07	39.66	38.20	35.35	40.30	38.35
4th yr hs	6.14	3.09	4.21	3.85	2.97	3.32	4.89	3.03	3.75
1st yr post sec + College	35.74	15.96	21.65	30.45	18.84	22.00	33.00	17.51	21.83

Source of basic data: APIS 1999

Children from poor households exhibit higher dropout rates than children from non-poor households in all grade levels except in third year high school. Males also have a higher tendency to leave school than females in all grades except in grade 2, third year high school and first year college regardless of poverty status

Table 30 shows the reasons for not attending school for each age cohort. Lack of personal interest ranks first among the reasons given by children aged 7-12 and those aged 13-16. Thus, over 44% of children aged 7-12 who are not in school and some 37% of those in the 13-16 age bracket cite this reason. Many educators suggests that this reason is a catch-all answer given by respondents when asked

why they did not send their children to school but that this is generally associated with poor preparation due to lack of early childhood development (or lack of readiness for the high school level) or to poor nutrition.

Table 30. Reasons for not Attending School, 1999

	Male			Female			Both Sexes		
	Poor	Non-poor	All	Poor	Non-poor	All	Poor	Non-poor	All
1) Age 7-12									
Schl very far/no schl w/in brgy	6.1	1.2	5.2	6.3	1.4	5.5	6.2	1.3	5.3
No regular transportation	0.7	0.5	0.7	1.2	0.0	1.0	0.9	0.3	0.8
High cost of educ	16.4	13.7	15.9	23.2	11.7	21.3	19.2	12.9	18.1
Illness/disability	6.1	13.8	7.5	8.5	21.2	10.6	7.0	16.6	8.7
Housekeeping	1.3	1.9	1.4	3.8	4.7	4.0	2.4	3.0	2.5
Employment/Looking for work	1.3	3.1	1.6	1.1	1.2	1.1	1.2	2.3	1.4
Lack of personal interest	49.9	44.9	49.0	36.7	40.4	37.3	44.5	43.2	44.2
Cant cope w/ schl work	8.1	7.2	7.9	6.0	6.3	6.0	7.2	6.8	7.1
Finished schooling	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Others	10.2	13.8	10.8	13.3	13.3	13.3	11.5	13.6	11.8
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2) Age 13-16									
Schl very far/no schl w/in brgy	1.2	0.3	1.0	1.8	0.5	1.4	1.4	0.4	1.1
No regular transportation	0.3	0.9	0.5	0.0	0.6	0.2	0.2	0.8	0.4
High cost of educ	29.7	27.6	29.1	42.8	33.2	40.2	34.3	29.5	33.0
Illness/disability	3.4	5.1	3.9	6.7	8.9	7.3	4.6	6.4	5.1
Housekeeping	1.6	0.6	1.3	9.9	9.7	9.9	4.5	3.7	4.3
Employment/Looking for work	13.2	15.9	13.9	9.0	12.7	10.1	11.7	14.8	12.6
Lack of personal interest	43.8	43.2	43.6	25.3	25.7	25.4	37.3	37.2	37.3
Cant cope w/ schl work	3.5	3.8	3.6	1.7	2.4	1.9	2.9	3.3	3.0
Finished schooling	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0
Others	3.3	2.7	3.1	2.6	6.2	3.6	3.0	3.9	3.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source of Basic Data: APIS

While education is provided free in public schools, out-of-pocket costs in sending children to schools are significant. Thus, high cost of education ranks second amongst the reasons given for leaving schools. Eighteen percent of school leavers aged 7-12 and 33% of children aged 13-16 say they drop out from school because of this reason. A higher proportion of school leavers from poor households cite this reason relative to school leavers from non-poor households. This reason is also the most common reason given by students who leave school at the end of each cycle, in particular, those who drop out in first year high school.

Illness or disability ranks third amongst the reasons given for leaving school in the elementary level and accounts for 8.7% of school leavers in the 7-12 age group. On the other hand, employment is the third often cited reason for leaving school amongst children aged 13-16, accounting for 12.6% of school leavers in that age group. A higher percentage of boys aged 13-16 (13.9%) left school for employment compared to girls (10%). However, another 10% of girls in this age group who drop out from school say they do so because they have to attend to housekeeping chores compared to 1% of boys in the same situation.

Meanwhile, it is notable that a bigger proportion of non-poor children aged 13-16 who drop out of school (14.8%) say they did seek employment compared to the poor (11.7%). It may be that the labor income of these children enable their families to escape poverty.

Given this perspective, it is apparent that increasing school participation rates is not only the task of the Department of the Education (although its Alternative Learning System does address the needs of children who have difficulty staying in the formal school system) but also that of the other agencies of government. In particular, improving the nutrition status, providing early childhood education and improving high school readiness is critical in this regard. Also, it is evident that the overall socio-economic situation of households greatly impact on their ability/decision to send their children to school.

6. DEPARTMENT OF AGRICULTURE

In principle, PAPs that provide women training and/or inputs for agricultural production activities where women play a major role may be classified as gender/women-targeted. However, the available data in DA does not permit this kind of groupings since PAPs found on its budget report are largely commodity based. Thus, for this study all of the PAPs of the department are classified as non-targeted.

6.1. Expenditure Trends

The DA budget declined at a faster rate than national government expenditures net of debt service and IRA not only in nominal terms but also in real terms. Thus, its share in the total national government budget contracted continuously, from 3.9% in 1997 to 1.5% in 2004 (**Table 31**). Also, real per capita spending of the DA declined by 14.5% yearly on the average in 1997-2003 compared to 3.7% for real per capita national government spending net of debt service and IRA. Thus, per capita spending of the DA (in 1985 prices) dropped from P10,000 in 1997 to less than P4,000 in 2003.

Table 31. DA Expenditures, 1997-2004

	1997	1998	1999	2000	2001	2002	2003
Share of DA Exp to Total NG	3.94	2.35	2.64	2.39	2.46	2.04	1.54
Average Growth Rate (1997-2003)							
	Nominal	Real	Real Per Capita				
DA expd	-6.82	-12.46	-14.48				
Total NG - Debt Service - IRA	4.94	-1.42	-3.69				

6.2. Comparison of Appropriations, Allotments and Obligations

Total appropriations for the DA declined by 5.2% yearly on the average in real terms in 1997-2003 (**Table 32**). The reduction was particularly steep in 1998 (9.4%), in 1999 (9.8%) and in 2003 (21.0%). Moreover, allotment releases had been cut starting the fiscal crisis. For instance, the allotment-to-appropriation ratio in 1998 dropped to 64.8% and 57% in 2000 but improved to about 76% in 2002-2003. However, the obligation-to-allotment ratio registered a small improvement during the period, increasing from 79.5% in 1997 to 82.8% in 2003.

Table 32. Real Appropriation and Financing Ratios of DA, 1997-2003

Year	Real Appropriations	Ratio	
		Allotment/ approp	oblig/ allotment
1997	5,032,387	110.99	79.53
1998	4,559,228	64.81	78.90
1999	4,111,107	69.82	83.48
2000	5,301,859	56.93	81.87
2001	4,996,253	*	*
2002	4,627,453	75.52	84.64
2003	3,656,190	75.57	82.75
Ave. GR 1997-2004	-5.19		

6.3. Benefit Incidence Analysis

Beneficiaries of government's agriculture program. **Table 33** shows the breakdown of the beneficiaries of various DA programs by sex and indicates that more males than females benefit from most of the programs of the DA. Based on the discussion

in **Section 2**, this information is not sufficient to indicate that there is gender bias in the delivery of the services in the department.

Table 33. Beneficiaries of DA Programs by Commodity and by Sex, 2002

	%Male	%Female
Rice	72.51	27.49
Corn	72.00	28.00
HVCC	63.40	36.60
Livestock	93.16	6.84
Fisheries	76.26	23.74
Others	50.00	50.00
Grand Total	77.08	22.92

Source of basic data: DA

It is important to remember that although only 9% of the total number of households that rely on agriculture as their main source of income are female-headed (Family Income and Expenditure Survey 2000), the wives of farmers are farmers too.³

Furthermore, gender analysis of various types of farm activity suggests that women share many of the tasks in farming with their spouses. For instance, in rice farming, women were found to have greater involvement in 5 out of 20 farming tasks identified. In 3 of these (finding capital, pulling seedlings, gleaning rice panicles and preparing food to bring in the field), men are completely uninvolved. On the other hand, men have greater involvement in 7 out of the 20 rice-farming tasks. In 3 of these (land preparation, application of insecticide/ herbicide and transporting harvest), women are completely not involved. Thus, men and women jointly perform 8 out of 20 tasks (**Table 34**).

Given this background, one can argue that PAPs that are designed to address the specific needs of women in agriculture given a gender analysis of the production cycle (i.e., programs that provide women training and/or inputs for sub-tasks in the production cycle where women play a major role) may be classified as women-targeted PAPs. Also, programs that provide technical support and/ or inputs to agricultural products whose production does not conflict with their caring role (e.g., vegetable and fruit production, food preservation/ processing, home-based livestock raising) may be considered as women-targeted programs.

³ Twenty-six percent of all households rely on agriculture as the main source of income.

This discussion also suggests the need for information on both the spending and beneficiaries of DA programs not just by commodity but also by sub-activities in order to arrive at reasonable conclusions on the gender responsiveness of the budget of the agriculture department.

Table 34. Activity Profile in Rice Farming (based on FGDs in LGU Z)

Farm Activity	Man's Role	Woman's Role
Finding capital	*	**
Land preparation (clearing dikes, paddies & plowing)	**	0
Seed selection	*	**
Seedbed preparation	**	*
Broadcasting seeds	**	*
Pulling of seedlings	0	**
Replanting of seedlings	*/*	*/*
Irrigation	**	*
Weeding	*/*	*/*
Fertilizer application	**	*
Insecticide/ herbicide application	**	0
Harvesting	*/*	*/*
Threshing	*/*	*/*
Transporting harvest	**	0
Drying	*/*	*/*
Milling	*/*	*/*
Selling	*/*	*/*
Gleaning of rice panicles	0	**
Pounding	*/*	*/*
Preparing food (from items 1 to 20)	0	**

Legend:

** commonly performs the activity

* rarely performs the activity

/ performed by both

0 no involvement in the activity

To illustrate, partial data on sex-breakdown of program beneficiaries in one LGU indicates that while a large proportion of beneficiaries are women, the numbers are not always consistent with differing roles of men and women in agricultural production. In the case of vegetable seed distribution, more men than women are found to benefit from the program but vegetable production is identified as one of the agricultural products that are more suitable for women. On the other hand, more women than men were given technical extension services for hillside farming, an activity where more males are involved (**Table 35**).

Table 35. Breakdown of Beneficiaries by Sex in Sample LGU

	% Male	%Female	Total #
House prod./livelihood	30%	70%	150
Bio-intensive gardening	36%	64%	309
Livestock prodn/ hlth	48%	52%	185
Livestock disease prev.	40%	60%	100
Veg. seed distn	72%	28%	65
Fish sanctuary	75%	25%	40
Hillside farming	37%	63%	109

7. CONCLUSION

- Not all agencies were successful in protecting the funding for gender/ women-targeted programs in the face of the fiscal difficulties in 1997-2003. Some (e.g., DOH) were more successful than others (e.g., DSWD) in this respect. Thus, the share of targeted programs in the DOH budget expanded up during the period but contracted in the case of the DSWD.
- Nonetheless, gender/ women-targeted programs were adversely affected by the fiscal constraints during the period under study. Real per capita spending on targeted programs invariably declined in all of the departments included in this study. This is so because the overall budget of the central government became smaller even as the budget share of some gender/women-targeted programs increased.
- The availability of sex-disaggregated data on beneficiaries of government services is crucial in the analysis of benefit incidence. Such information is lacking in many of the programs provided by the selected agencies. To be able to have a better feedback and meaningful analysis on the outputs of their services, government agencies should monitor the utilization of its services and establish a database with sex-disaggregated information.
- The budget reports should have a format that allows tracking of expenditure by sub-PAPs. This is important for analyzing the gender responsiveness of the budget.
- Budget analysis has to be better informed by gender analysis (e.g., agriculture). It should be noted that even if there is no gender bias in the formal policies and procedures that govern the delivery of services of various government agencies, gender bias might result from the informal rules, attitudes and behavior not only of service providers but also that of the target clientele.

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Annex 1. List of Programs of the Department of Health Classified as Women-Targeted Expenditures, by Year

List of programs targeting women

Year	Programs/Projects
1997	<p>Regular Programs</p> <p>Maternal and Child Health Service Family Planning Service Women and Children Protection Program/quirino med ctr</p> <p>Foreign Assisted Projects</p> <p>Women's Health and Safe Motherhood Project Integrated Family Planning and Maternal Health Program</p>
1998	<p>Regular Programs</p> <p>Maternal and Child Health Service Family Planning Service Women and Children Protection Program House-Based Women and children Protection Unit</p> <p>Foreign Assisted Projects</p> <p>Women's Health and Safe Motherhood Project Integrated Family Planning and Maternal Health Program</p>
1999	<p>Regular Programs</p> <p>Maternal and Child Health Service Family Planning Service National Family Planning Program Women's Health and Development Program Women and Children Protection Program</p> <p>Foreign Assisted Projects</p> <p>Women's Health and Safe Motherhood Project Integrated Family Planning and Maternal Health Program</p>
2000	<p>Regular Programs</p> <p>Maternal and Child Health Service Family Planning Service Support to Women and Children Crisis Center and Protection Unit, East Avenue Medical Center</p> <p>Foreign Funded Projects</p> <p>Women's Health and Safe Motherhood Project</p>
2001	<p>New format of financial reports; Women programs included under Family Health and Primary Health Care</p> <p>Foreign Funded Projects</p> <p>Women's Health and Safe Motherhood Project</p>
2002	<p>New format of financial reports; Women programs included under Family Health and Primary Health Care</p> <p>Hospital Operation</p> <p>Jose Fabella Memorial Hospital</p>

List of programs targeting children

Year	Programs/Projects
1997	<p>Regular Programs</p> <p>Nutrition Service including Salt Iodization Program Immunization Program</p> <p>Hospital Operation</p> <p>Baby-Friendly Hospital Initiatives</p>
1998	<p>Regular Programs</p> <p>Nutrition Service including Salt Iodization Program Immunization Program</p> <p>Hospital Operation</p> <p>Baby-Friendly Hospital Initiatives</p>
1999	<p>Regular Programs</p> <p>Nutrition Service including Salt Iodization Program Immunization Program</p> <p>Hospital Operation</p> <p>Baby-Friendly Hospital Initiatives</p>
2000	<p>Regular Programs</p> <p>Nutrition Service including Salt Iodization Program Immunization Program</p>
2001	<p>New format of financial reports; Children programs included under Family Health and Primary Health Care</p> <p>Regular Programs</p> <p>Expanded Program on Immunization</p>
2002	<p>New format of financial reports; Children programs included under Family Health and Primary Health Care</p> <p>Regular Programs</p> <p>Expanded Program on Immunization</p> <p>Hospital Operation</p> <p>National Children's Hospital</p>

List of programs targeting family

Year	Programs/Projects
1997	Regular Programs Family Health and Nutrition and Welfare Family Health Program
1998	Regular Programs Family Health and Nutrition and Welfare Family Health Program
1999	Regular Programs Family Health and Nutrition and Welfare Family Health Program
2000	Regular Programs Family Health and Nutrition and Welfare Family Health Program
2001	Regular Programs Family Health and Nutrition and Welfare Family Health Program
2002	New format of financial reports; Family programs included under Family Health and Primary Health Care

Annex Table 2. List of Programs of the Department of Social Welfare and Development Classified as Women-Targeted Expenditures, by Year

Year	Program
1998	<p>Support to Operations</p> <p>Women's Welfare</p> <p>Foreign Assisted Projects</p> <p>Productivity Skills Capability Building Program for Socially Disadvantaged Women- Phase II (JICA Grant)</p>
1999	<p>Support to Operations</p> <p>Women's Welfare</p> <p>Foreign Assisted Projects</p> <p>Productivity Skills Capability Building Program for Socially Disadvantaged Women- Phase II (JICA Grant)</p>
2000	<p>Support to Operations</p> <p>Women's Welfare</p> <p>Foreign Assisted Projects</p> <p>Productivity Skills Capability Building Program for Socially Disadvantaged Women- Phase II (JICA Grant)</p>
2001	<p>Support to Operations</p> <p>Women's Welfare</p> <p>Foreign Assisted Projects</p> <p>Productivity Skills Capability Building Program for Socially Disadvantaged Women- Phase II (JICA Grant)</p>
2002	<p>Foreign Assisted Projects</p> <p>Productivity Skills Capability Building Program for Socially Disadvantaged Women- Phase II (JICA Grant)</p> <p>New format of financial reports; other women programs are included under Protective Service for Individuals and Families in Especially Difficult Circumstances</p>
2003	<p>New format of financial reports; women programs are included under Protective Service for Individuals and Families in Especially Difficult Circumstances</p>

List of programs targeting children, 1998-2003

1998	<p>Support to Operations</p> <p>Child and Youth Welfare</p> <p>Regular Programs</p> <p>Protective Services for Children and Youth in Especially Difficult Circumstances including assistance to Indigent Patients in other hospitals as well as assistance for burial and transportation expenses</p> <p>Locally Funded Programs</p> <p>Construction of Tuloy Street Children Training Center Tuloy Foundation, Inc.</p> <p>Sulong-Dunong Para sa Kabataan 2000</p>
1999	<p>Support to Operations</p> <p>Child and Youth Welfare</p> <p>Regular Programs</p> <p>Protective Services for Children and Youth in Especially Difficult Circumstances including assistance to Indigent Patients in other hospitals as well as assistance for burial and transportation expenses</p>
2000	<p>Support to Operations</p> <p>Child and Youth Welfare</p> <p>Regular Programs</p> <p>Protective Services for Children and Youth in Especially Difficult Circumstances including assistance to Indigent Patients in other hospitals as well as assistance for burial and transportation expenses</p>
2001	<p>Support to Operations</p> <p>Child and Youth Welfare</p> <p>Regular Programs</p> <p>Protective Services for Children and Youth in Especially Difficult Circumstances including assistance to Indigent Patients in other hospitals as well as assistance for burial and transportation expenses</p>
2002	<p>Foreign Funded Projects</p> <p>Early Childhood Development Projects ADB (L)</p> <p>New format of financial reports; other children programs are included under Protective Services for Individuals and Families in Especially Difficult Circumstances</p>
2003	<p>Foreign Funded Projects</p> <p>Early Childhood Development Projects ADB (L)</p> <p>New format of financial reports; other children programs are included under Protective Services for Individuals and Families in Especially Difficult Circumstances</p>

List of programs/project targeting family, 1998-2003

1998	<p>Support to Operations</p> <p>Family and Community Welfare</p> <p>Locally-Funded Projects</p> <p>Family Welfare Fund</p> <p>SEA-Kaunlaran II (Livelihood Development Project)/SEA-K Family Beneficiaries</p> <p>CIDSS Project</p>
1999	<p>Support to Operations</p> <p>Family and Community Welfare</p> <p>Locally-Funded Projects</p> <p>Family Welfare Fund</p> <p>SEA-Kaunlaran II (Livelihood Development Project)/SEA-K Family Beneficiaries</p> <p>CIDSS Project</p>
2000	<p>Support to Operations</p> <p>Family and Community Welfare</p> <p>Locally-Funded Projects</p> <p>SEA-Kaunlaran II (Livelihood Development Project)/SEA-K Family Beneficiaries</p> <p>CIDSS Project</p>
2001	<p>Support to Operations</p> <p>Family and Community Welfare</p> <p>Locally-Funded Projects</p> <p>SEA-Kaunlaran II (Livelihood Development Project)/SEA-K Family Beneficiaries</p> <p>CIDSS Project</p>
2002	<p>Locally-Funded Projects</p> <p>SEA-Kaunlaran II (Livelihood Development Project)/SEA-K Family Beneficiaries</p> <p>CIDSS Project</p> <p>New format of financial reports; other programs for the family are included under Protective Services for Individuals and Families in Especially Difficult Circumstances</p>
2003	<p>Support to Operations</p> <p>Protective Services for Individuals and Families in Especially Difficult Circumstances</p> <p>Locally-Funded Projects</p> <p>CIDSS Project</p> <p>New format of financial reports; other programs for the family are included under Protective Services for Individuals and Families in Especially Difficult Circumstances</p>