Geography

Capital
Metro Manila

Global Positioning
Located East of Vietnam, in the archipelago between the Philippine Sea and the South China Sea.

Geographical & Natural Outline
The Philippines is comprised of approximately 7,000 islands, many of which are highly susceptible to geophysical risks and natural disasters. Other than the Palawan region, the majority of the provinces are at risk of experiencing earthquakes and earthquake-related landslides. The Philippines is also located within the Ring of Fire, which is described as “a region of subduction zone volcanism surrounding the Pacific Ocean.” Coastal regions of the Philippines are also prone to experiencing Tsunamis, especially areas in proximity of the Sulu Trench and the Cotabato Trench. In fact, the Philippines is considered to be one of the most natural disaster prone countries in the world.¹

Major Cities/Urbanizations
The largest city in the Philippines is Quezon City, with a population of 2,936,116 people, shortly followed by Manila, with a population of 1,780,148 people. Other highly populated metropolises in the Philippines include Davao City (1,632,588 people) and Caloocan (1,583,978 people). ² As of 2017, the urban population accounts for approximately 44.6% of total population (46,543,718 people).³

People & Society

Nationality
Filipino(s)

Ethnic Groups
Tagalog 28.1%, Cebuano 13.1%, Ilocano 9%, Bisaya/Binisaya 7.6%, Hiligaynon Ilonggo 7.5%, Bikol 6%, Waray 3.4%, other 25.3% (data taken from 2000 census)

Languages
Filipino and English, with 8 major dialects: Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan.

Religions
Catholic 82.9% (Roman Catholic 80.9%, Aglipayan 2%), Muslim 5%, Evangelical 2.8%, Iglesia ni Kristo 2.3%, other Christian 4.5%, other 1.8%, unspecified 0.6%, none 0.1% (taken from 2000 census)

Population
103,262,314 million (2016)\(^5\)

The age group of men and women throughout the years.

- **0-14 YEARS**: 16,943,261 (33.71%)
  - Men: 17,652,419
  - Women: 9,629,762
- **15-24 YEARS**: 10,042,520 (19.17%)
  - Men: 10,425,520
  - Women: 1,623,800
- **25-54 YEARS**: 19,204,977 (36.86%)
  - Men: 18,339,577
  - Women: 865,400
- **55-64 YEARS**: 2,628,315 (4.38%)
  - Men: 2,628,315
  - Women: 1,863,339
- **≥65 YEARS**: 2,758,867 (5.89%)
  - Men: 1,863,339
  - Women: 895,528

**Legend**
- Men
- Women

**Population growth rate**
- No Data

**Birth rate**
- 24 births / 1,000 population (2016)

**Life expectancy at birth**
- 69.2 years (total population); 65.7 years (male) / 72.9 years (female) (2016 est.)

**Infant mortality rate**
- 21.9 deaths (per 1,000 live births); 24.8 deaths – boys / 18.8 deaths - girls (2016 est.)

**Birth registration (under 5)**
- There is no available data concerning the birth registration of children under the age of five. However, Child Protection statistics (collected from 2005-2012) show that 90% of the total population had birth registration.

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The Philippine government describes itself as "...a republic with a presidential form of government wherein power is equally divided among its three branches: executive, legislative, and judicial. One basic corollary in a presidential system of government is the principle of separation of powers wherein legislation belongs to Congress, execution to the Executive, and settlement of legal controversies to the Judiciary."

The executive branch is composed of the President, currently Rodrigo Duterte (elected 2016), and the Vice President (Leni Robredo) – both of whom are elected by popular vote to serve a six year term. The Cabinet is then chosen and appointed by the President. Meanwhile, the Legislative Branch of Government is responsible for creating, updating or revising and repealing the nation's laws. The power to make these changes to the legal system is primarily vested in the Philippine Congress, which is comprised of the Senate and the House of Representatives. Finally, the Judicial Branch is made up of the Supreme Court and the lower courts. As stipulated by the Constitution of the Philippines, the Supreme Court is responsible for Judicial Review. Given the political positioning of the Supreme Court, it maintains the power to declare treaties, international agreements, presidential decrees, executive agreements, ordinance, etc. unconstitutional.

Chief of State and Head of Government
President Rodrigo Duterte (since June 30, 2016)
Vice President Leni Robredo (since June 30th, 2016)
Cabinet
Appointed by the President with the consent of the Commission of Appointments (body of 25 congressional members including the senate president).

Is the governing party likely to change in the next election?
The last presidential election in the Philippines was held on Monday, May 19th of 2016. Due to the recentness of the election results, it is difficult to determine whether a party change is likely to take place in the next election. A change in the political party and structure will depend highly on the success of the current administration under Rodrigo Duterte's presidency.

The Philippines is comprised of 18 administrative regions, including provinces, municipalities and barangays, as well as one autonomous region in the Mindanao Islands, called the Autonomous Region in Muslim Mindanao (ARMM or Bangsamoro Autonomous Region). Unlike the other 18 administrative regions, the Autonomous Region in Muslim Mindanao (ARMM) has a government of its own. Despite the ARMM's autonomous government, peace is maintained between the ARMM and the President of the Republic of the Philippines.

The names and numbers (or abbreviations) of the administrative regions are as follows: Ilocos Region (Region I), Cagayan Valley (Region II), Central Luzon (Region III), Calabarzon (Region IV-A), Southwestern Tagalog Region (Mimaropa), Bicol Region (Region V), Western Visayas (Region VI), Central Visayas (Region VII), Eastern Visayas (Region VIII), Zamboanga Peninsula (Region IX), Davao Region (Region XI), Soccsksargen (Region XII), Caraga (Region XIII), Cordillera Administrative Region (CAR), National Capital Region (NCR), Negros Island Regions (NIR or Region XVIII).

All these (provinces, independent and component cities, municipalities, and barangays) elect their own legislatures and executives and are called collectively “local government units” (LGUs). The barangay is the smallest LGU in the Philippines and yet the most successful in implementing ordinances, resolutions and national initiatives.
The Department of Social Welfare and Development (DSWD) is the principal executive body which oversees the social welfare and development in the Philippines and headed by the Secretary of Social Welfare and Development. The DSWD’s main function is to formulate and develop policies/plans, which are then implemented by intermediaries responsible for delivering social welfare and development services. Registration, accreditation, and licensing of organizations and agencies in the social care sector are also done through the DSWD. In addition, DSWD’s role in the social care sector includes the provision of technical assistance, as well as the distribution of augmentation funds amongst local government units.

In succinct, DSWD’s mission is to provide social protection and promote the rights and welfare of the poor, vulnerable and the disadvantaged individuals, families and communities that will contribute to poverty alleviation and empowerment through social welfare development policies, programs, projects and services implemented with or through local government units (LGUs), non-government organizations (NGOs), people’s organizations (POs), other government organizations (GOs) and other members of civil society.

The secretary, who is a member of the Secretary Proper, and subsequently involved in affairs pertaining to the Office of the Secretary (OSEC) Group comprised of:

1) Office of the Secretary (OSEC);
2) Operations and Programmes Group (OPG)
3) Policy and Plans Group (PPG)
4) Institutional Development Group (IDG)
5) General Administration and Support Services Group (GASSG)

The Secretary is supported by the following divisions which include:

• Internal Audit Service
• Social Marketing Service
• Office of Strategy Management

and is responsible for directly monitoring 17 Field Offices (16 regions & NCR). All 17 Field Offices report back to the Secretary. As the Secretary’s primary function in the social care system is to assess the efficiency of programme implementation. The Operations and Programmes (OPG) which is the main arm in operationalizing the social welfare and development initiatives is further broken down into:

• Social Technology Bureau (STB)
• Protective Services Bureau (PSB)
The STB is responsible in the development of social protection technology for i) family and women; ii) children and youth; and iii) older persons/persons with disabilities/indigenous peoples/externally displaced persons in safeguarding the listed groups’ welfare.

Whereas the PSB takes an all-encompassing role to:

(a) “supervise and monitor the operations and implementation of programmes/projects and provides technical assistance related to disadvantaged children, youth, women, persons with disabilities, older persons and family and community;
(b) develop and implement a programme/project operations review and evaluation system utilizing the programme supervision model to ensure effective and efficient programmes and projects implementation;
(c) develop institutional mechanism to establish and maintain networks alliances at the national level to support the implementation of SWD programmes and projects;
(d) lead the planning, coordination and monitoring of all disaster response efforts in accordance with RA 10121, also known as National Disaster Risk Reduction and Management Act of 2010.”

With the wide-ranging services, PSB is further supported by four subdivisions / departments: Risk Reduction and Management Program Division; Alternative Parental Care Programme Division; Sustainable Livelihood Division; Community-Driven Development Programme Division; and Pantawid Pamilya Programme Division

Two main social schemes under the flag of the Operations and Programmes Group (OPG) are known as the Promotive Programmes and Protective Programmes. The first programme is described by the DSWD as: “...the strategic grouping of the flagship social protection programmes that provide investment to human capital through conditional cash transfer, community-driven development, and sustainable livelihood.” The programmes are administered by the National Programme Management Offices.

The OPG – Promotive Programmes are
- Sustainable Livelihood Programme (SLP)
- KALAHICIDSS; community driven development approach project
- Pantawid Pamilya Pilipino Programme (4Ps); conditional cash transfer

Whilst the OPG – Protective Programmes “...serve the Department’s primary clients—the poor and vulnerable groups and communities so that they are provided the necessary safety nets and safeguards against social exclusion and further impoverishment and are provided with opportunities to improve their resiliency and improve their welfare.” Includes a range of programmes and services focussed both at social welfare programmes and services as well as disaster response and management. And manage by several bureaus and offices such as: Protective Services Bureau (PSB); Disaster Response Assistance and Management Bureau (DREAMB) and Social Welfare Attache Office (SWATO). There are an additional two agencies (DSWD run) attached to the Protective Programmes, these are: the Inter-Country Adoption Board (ICAB) and the Juvenile Justice and Welfare Council (JJWC). All of the aforementioned Protective Programmes are overseen by the Undersecretary for OPG - Protective Programmes.

The role of the Policy and Plans Group (PPG) is best described as “a venue for communicating, advocating, coordinating and collaborating on matters relating to policy development and plan formulation, information communication technology (ICT) service management, national poverty targeting at household level and liaising with the legislative branch and partners for priority social safety nets, social welfare and development policies.” It is made of

- Policy Development and Planning Bureau (PDPB)
- Department Legislative Liaison Office (DLLO)
- National Household Targeting Office (NHTO)
- Information and Communication Technology Management Service (ICTMS)

In keeping with the objectives of the PPG, the Policy Development and Planning Bureau (PDPB) acts as an initiator in matters involving the development and evaluation of social welfare policies. The PDPB is also responsible for coordinating cross-sectoral communication/meetings on social protection and social safety nets. Monitoring compliance with the various national and international laws pertaining to social protection is also one of the PDPB’s primary functions. Also a key researcher and advocate for social welfare policy/regulation reform.

The last two divisions namely the Institutional Development Group (IDG) and the General Administration and Support Services Group (GASSG) of DSWD are responsible for the by and large operational management, organizational performance, strategic review as well as building up capacities in delivering quality social service provisions and maintaining high standards of professionalism in the sector.

Evidently, Philippine government plays a significant role in the social care sector and acts as the primary capacity builder, while local government units (LGUs) act as primary service providers. Overall, the structure and organization of the Philippine social care sector is impressive. A highly organized decentralized model is used, which allows for distinct boundaries surrounding the responsibilities and accountability of the various divisions. The multi-levelled social care structure, is comprised of a series of divisions put in place to research, develop, manage and enact laws/policies/programmes/initiatives designed to protect the rights of the poor and disadvantaged to social welfare, healthcare and education.

While the structure and organization of the DSWD should signify a high level of competence, as well as a general prioritization of care within the Philippines, some external studies of the social care system have indicated otherwise. For example, in the Save the Children Report Child Protection in the Philippines (2011), it is stated that only 8.6% of the national budget goes towards social services. Notably, the Philippine defence and debt services were the recipients of approximately 40.6% of the national budget. In order to create and maintain a social sector in developing countries that is capable of providing sufficient care, it is estimated that approximately 20% of the budgetary expenditure and flow should go towards social services. Since then, the budget allocation has been increasing steadily where PHP108.1 billion (USD2.1 billion) was allocated in 2015 and the DSWD budget for 2016 stands at 37.3% of the government overall budget with the allocation of PHP110.5 billion (USD2.2 billion). A more recently figure for 2017 is reported to be at PHP128.1 billion (USD2.5 billion). The substantial increase in social services annual funding as well as a bigger apportionment in the national budget even higher than the defence sector, is a clear indication of the government’s commitment in advancing the functionality and capacity of the social care system.

NOTE: The local government units (LGUs), are divided into three levels – provinces and independent cities; component cities and municipalities; and barangays.

18 Ibid.
19 See Section 2.1.1
20 Includes a range
21 Includes a range
22 Includes a range
23 See Section 2.1.1 for a complete breakdown of the various acts that work in coordination with the SWD.
24 See Section 2.1.1
25 Includes a range
26 Includes a range
27 Ibid. 8.
28 Ibid. 8.
29 Ibid. 8.
30 See Section 2.1.1
31 See Section 2.1.1
32 See Section 2.1.1
33 Ibid. 8
34 Ibid. 8
35 Ibid. 8
36 Ibid. 8
37 Ibid. 8
38 Ibid. 8
39 Ibid. 8
Detention Homes / Educational Institutions, Foster Home / Nurseries / Receiving Homes / Reception and Study Center for Children / Shelter-care Institutions / Youth Hostel

The role of institutional care for children is best articulated by the Philippines’ Child and Youth Welfare Code of 1972, which states that institutional care should be used only in situations where there is no other family-based care situation available to the child. Under Article 68 of the Child and Youth Welfare Code, foster homes are described as being the preferred method of alternative child care to institutionalization. Moreover, Article 68 states that children under the age of 9 are not to be admitted to institutional care facilities. However, the use of institutional care is not entirely disallowed by the Child and Youth Welfare Code.

Where a child appears to be mentally retarded, physically handicapped, emotionally disturbed, or mentally ill, and needs institutional care but his parents or guardians are opposed thereto, the Department of Social Welfare, or any duly licensed child placement agency or individual shall have the authority to file a petition for commitment of the said child to any reputable institution providing care, training, and rehabilitation for disabled children. 18

Therefore, child care in the form of institutional placement is treated as a last resort in the Philippines, except for in cases that require specific form(s) of medical, physical, and psychological assistance that can only be provided by an institution. Notably in the Philippines, institutional care and residential care are often spoken of interchangeably. A formal definition of institutional care can be found in Article 117 of the Child and Youth Welfare Code of 1972, which states:

> A child-caring institution is one that provides twenty-four resident group care service for the physical, mental, social and spiritual well-being of nine or more mentally gifted, dependent, abandoned, neglected, handicapped or disturbed children, or youthful offenders.

Similarly, educational institutions wherein children do not return to the care of their parents over summer vacation (for a period of at least 2 months) are deemed to be child caring institutions. Institutional care centres for children are depicted as being a more long term form of alternative care, whereas “shelter-care institutions,” “receiving homes,” nurseries, and “detention homes” are defined by the short-term nature of the care they offer. 19

It was reported that there are more than 100 government-run and registered child caring institutions i.e. Child Caring Agencies (CCAs). Of which 6 are also accredited to DWSD as the only body to accredit the CCAs. While, Zenaida S. Rosales Executive Director / Centre for the Prevention & Treatment of Child Sexual Abuse which provide community-based support and counselling for survivors of sexual abuse threw more insights on how to supervise and take charge of social work. Field researchers were informed that the licensed social worker is to manage only an average of 30 cases in the care facility and trained to conduct assessment i.e. Child Case Study Report to facilitate foster care or adoption placements.

Field findings also confirmed that comprehensive case management system and care plans are put in place upon admission of the children in the CCAs visited during site visits. In addition, DSWD also specify the terms to conduct fund-raising activities for the purpose of soliciting funds to cover the operational cost of facilities as well as photo-listing i.e. using the children’s images for public campaigns. The license is reviewed regularly based on the level of transparency, state of facilities and case management. Alongside with submission of reports to DSWD twice annually. Often, the CCAs are awarded with a grade based on their standards performance review. This accreditation process has been embedded in the Local Government Code of 1991 as DSWS and local government units (LGUs) are given the designation of service care provisions. Level 1 agencies which majority CCAs falls under will have their license valid for 3 years; Level 2 appointees have their license valid for 4 years and exemplary agencies with Level 3 have their license valid for 5 years. Notably, Philippines is the only country in the region that have set in place not only licensing regulations but also accreditation of CCAs i.e. child care residential facilities and institutions.

With regard to admission, it was reported that there is a higher percentage of boys in the institutions and main reasons cited for the admission include poverty, poor health and the stigma associated with being born out of wedlock. It was understood that there was no central admission referral agency/authority. However, the accreditation system of the CCAs would provide DSWD with an overall oversight of the number of children as well as their progress in care. Field research was unable to ascertain the average duration of stay of the children. From observations, social workers in the care facilities are imbued with the Presidential Decree No. 603 of the Child and Youth Welfare Code that states

> Every child has the right to a wholesome family life that will provide him with love, care and understanding, guidance and counselling, and moral and material security.

Detention Homes / Educational Institutions, Foster Home / Nurseries / Receiving Homes / Reception and Study Center for Children / Shelter-care Institutions / Youth Hostel

According to Republic Act No. 8552 under Section 3 (j) CCAs are to register and obtain license from DSWS Standards Bureau Unit in order to operate. Their application is firstly submitted to separate government body, specifically the Security & Exchange Commission (SEC) responsible in certifying the registration and Articles of Incorporation of the entity. SEC would then ensure the such application i.e. social welfare and development cause to DWSD to be processed. Some of the requirements to be made include the profile of the children to be cared; occupancy permit for newly constructed facility or safety certificate for existing structure; fire safety certificate and water sanitation permit etc will be reviewed. Notably, one of the requirements specifies for the hire of certified and registered full time social worker/s to supervise and take charge of social work. Field research was informed that the licensed social worker is to manage only an average of 30 cases in the care facility and trained to conduct assessment i.e. Child Case Study Report to facilitate foster care or adoption placements.

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> Every child has the right to a wholesome family life that will provide him with love, care and understanding, guidance and counselling, and moral and material security.
2.1 Government / state-run child care facilities

DSWD has established government-run facilities such as shelters for children in need of medical and psychosocial assistance, as well as long term alternative care facilities. To date there are 27 state-run child caring institutions for children. The eleven Reception and Study Center for Children (RSCC) nationwide offering placement services for children between the ages of 0 – 6 whom are abandoned, experienced abuse or surrendered over by families. With the smallest occupancy being 18 and largest at 90. According to the Rappler, an online news source, a few of the DSWD facilities include Haven for Children, the Jose Fabela Centre, and Nayon ng Kabataan. These facilities mentioned cater to specific group of children. For instance, Haven for Children (2 units) is a rehabilitative residential institution for 120 boys aged 7-13 years who are recovering from drugs. While the Fabela Centre attend to 220 vagrants and beggar children and Nayon ng Kabataan housed 145 children. Alongside eleven Home for Girls with an average of 60 girls per care facility, residential institutions providing protection, care and treatment to abused/exploited girls below 18 years old. Lastly, Marillac Hills sheltering 215 children and Lingap Centre is a transitional home for about 40 street children aged 7-17.

In addition, there are 13 DWSG-Regional Rehabilitation Centre for Youth (IRCYs) set up across the country to provide care and rehabilitation to youths and children in conflict with the law between the ages 9-17. Including National Training School for Boys and MIMAROPA Youth Centre. A report conducted by Save the Children confirms that the aforementioned institutions are government-run and that there were approximately 61 government-run care centres for children in 2008. DSWD confirmed that there are presently 64 institutional care facilities which include care centres for women and persons with disabilities. Information on how these government run facilities are funded is not made available to the public. Despite the policies outlined by the Youth and Welfare Code of 1972, residential care is reportedly used as the primary response to situations wherein a child has been subjected to abuse, neglect, or abandonment. The exact number of children in residential or institutional care remains undocumented, but the United Nations’ Children’s Rights and Emergency Relief Organization recently released statistics showing that there are approximately 1.8 million abandoned children in the Philippines – accounting for upwards of 1% of the country’s entire population. With this figure in mind, it is clear that there is a strong need for alternative care providers, and the government may experience difficulties with maintaining high standards for care or even implementing monitoring/child protection laws.

While the DSWD is generally a respected government unit, recent DSWD operated child care institution scandals have led to some highly publicized criticism of the care system in the Philippines. The Manila Reception and Act Center (MRAC) was reportedly responsible for subjecting vulnerable children to situations of abuse and neglect. Due to poor management, a lack of staff, and insufficient resources the MRAC was unable to provide proper care and nutrition for the children. Following a scandal wherein photos were released of an emaciated, naked child who was found lying on the ground, neglected by MRAC staff members, the DSWD admitted that the care centre was overburdened. In its origin, the MRAC was designed to accommodate 50 children, but reports show that there are often upwards of 250 children under the institutions care at any given moment. The living conditions of the MRAC have been described as “abysmal,” and the institution has been reported for denying children under its care basic rights such as clean water, bedding, food, and clothing. Since the scandal occurred, the DSWD has stated that the centre is scheduled to be closed down, and children under the MRAC’s care will be transferred to other government operated child care institutions or shelters.

The DSWD has prioritized funding for various areas of the care sector over the past few years. This is illustrated by the DSWD’s drastic shift from prioritizing direct services to the community in 2008, to allocating a majority of the DSWD’s budget to training and capacity building services in 2009. Approximately 46% of the DSWD’s budget went towards supporting direct services in 2008, while in 2009 the funds allotted to training and capacity building accounted for approximately 83.3% of the total budget.

According to Save the Children’s report Child Protection in the Philippines, this shift in fund prioritization is indicative of the DSWD’s push for de-institutionalization. The DSWD is also said to have made structural changes in order to alter their role in the care provision system from being service providers to primarily operating as a capacity building unit.

2.2 Private child care facilities

Privately operated alternative care facilities for children must be accredited by the DSWD. Generally, private institutions and organizations do not receive significant amounts of funding from the Philippine government. Most of the private welfare agencies operating in the Philippines receive support from international funding agencies. However, private donations account for a relatively large percentage of the funding received by private agencies, and most private facilities have incorporated donation programs into their funding schemes (i.e. child sponsorship). Private agencies also play a significant role in the provision of day care centres and other forms of short term care for children in local communities. Since the UN General Assembly adopted the Guidelines for the Alternative of Children in 2009, higher standards for care provision have been established, and all private organizations/agencies/children’s homes have been required to follow the guidelines.
2.3 Non-profit & community child care facilities

The Philippine care system is replete with non-profit organizations and NGOs offering community-based care programmes. Locally, they are termed as Social Welfare and Development Agencies (SWDAs). Generally these organizations are funded entirely by donations, or they have overseas donors and funding schemes.

2.4 Faith-based child care facilities

An estimated 82.9% of the population in the Philippines is Catholic, which results in a general inclination towards the provision of faith-based care programmes. In fact, the DSWD include bible reading and attendance in masses (otherwise referred to as spiritual enhancement) in the list of services offered by most government run residential care institutions.

Concordia Children’s Services, Inc (CCS) is one of two CCAs awarded with the highest level of accreditation (besides Hospicio de San José) in 2016. Founded in 1983, CCS has been providing both residential care i.e. Receiving Home Programme as well as community-based intervention i.e. Education Assistance to vulnerable children. The care facility caters to 18 babies whom were abandoned/neglected or orphaned and act as a temporary shelter cum transitional centre to facilitate reintegration to birth families or pre-adoption service. Staying true to Philippines’ Child and Youth Welfare Code where institutionalization should be the last resort, the CCS’s goals listed as such

- To provide quality temporary care to abandoned and neglected children until they are placed in permanent loving homes
- To do casework of abandoned and neglected children so they can return to their natural families or be placed in permanent stable and loving home

Hence, most of the babies are either reintegrated back with birth families or secured an adoption placement. The children seen in the centre were under the age of 3 years old and were attended by attentive staff with a ratio of 1 staff: 3 children in the different spaces. CCS indicated that it has a staff pool of 2 Social Workers, a nurse, a community worker, 7 caretakers, 3 administrative staff and an executive Director to oversee both programmes. It also indicated future intention to develop foster care service in the coming year to provide more family-based care placements for the children under their care.

Similarly, there are existing institutions/CCAs which offer both residential and foster care in expanding the continuum of care and providing individualized care provisions. To name a few include Gentle Hands, Inc., Home of Joy and CRIBS Foundation, Inc. Gentle Hands’s mission overtly cite as “To provide family-centred care and hope for children who have experienced trauma”.

It runs two care centres; 24hr facility Babyanne’s Home in Baliuag for babies and young children and Jason’s Home with over 100 children, of all ages, from various situations of crisis, trauma and abuse. Home of Joy was established in 1977 for the purpose of providing temporary home for the street children in downtown Manila. It has since evolved to a 24-hour group care services that provide alternative parental care to 0-2 years old whom have been abandoned, neglected, orphaned, and voluntarily committed by their families. Thus far, the Home has care for 1,850 children and since 1983 facilitated the adoption of 250 children with another 200 reintegrated to biological parents/relatives. The foster care programme was first offered in 1994 and in the plans to increase the placements of children in the family-based care option instead of the residential care programme.

Uniquely, CRIBS Foundation, Inc. is the first foster care provider in the Philippines before initiating its Receiving Home programme in 1979. The programme started by being a shelter for abandoned, surrendered and neglected infants. Focussed on holistic health and early child development, each child’s has a designed nutritional chart and supported by a team of nurses and midwives to ensure optimum health and detection as well as prevention of ill health. Psycho-motor stimulation and age appropriate activities are also incorporated as part of the daily routine. Staying true to the mission in securing permanent home for these children in the shortest time, the children are assessed through the Foundation’s Placement Programme upon admission where a care plan is determined working towards either reunification with biological parents/relatives or adoption. Typically housing about 10-15 babies/ toddlers with 6 on-site staff of caregivers on a rotary shift 24hrs. The caregivers have been trained about stimulus activity for care under ECDA module on top of regular in-house training. While working through the intervention plans, the children are placed in foster care while the permanent placement is being secured. CRIBS further expanded its services in launching the New Beginnings programme to looking into the needs and care of girl survivors of sexual abuse in 1986. A therapeutic 2-year programme addressing the impact and issues of the traumatic experiences for children age 7-17 years old with the capacity of 25 girls at a time.

2.5 Are there any cartels/strategic alliances?

Although there is a good deal of collaboration across the private and public sectors, private welfare agencies are generally internationally funded, and are not subsidized by the Philippine government. Part of the collaboration and communication that takes place between public, private and third sector agencies are concerned with the implementation of laws and policies, and maintaining/monitoring/implementing standards. Since the 1980s, the Philippine government has been generally supportive of civil society. The People’s Organizations (POs), which can be described as the Philippine’s equivalent of community-based organizations, work in conjunction with NGOs. In the case of the Philippines, NGOs serve as an intermediary between POs and the State. Additionally, NGOs often provide POs with financing, relevant connections/linkages in the social care system, and various other forms of advocacy/support depending on the structure of the PO. It should be noted that POs are generally volunteer run, grassroots operations, composed of disadvantaged and marginalized people. Under Section 12 of the Volunteer Act of 2007, it is stated that national government agencies and the various respective units will establish volunteer programmes.

The Philippine congress enacted The Volunteer Act of 2007, which declares that “the policy of the State to promote the participation of the various sectors of the Filipino society, and as necessary, international and foreign volunteer organizations in public and civic affairs and adopt and strengthen the practice of volunteerism as a strategy in order to attain national development and international understanding.” The act continues to highlight the social and moral value of the third sector, and relates volunteerism to the tradition Bayanihan.

NOTE: Bayanihan is a Filipino term that refers to the spirit of community or communal unity.

Established more than forty years ago in 1975, the Council of Welfare of Children (CWC) is one of the longest standing and most established focal inter-agency body of the Philippine government for children. The Council members are made up of various government representatives from the provincial; municipality and barangay level, child caring (CCAs) and placing agencies (CCAPs) as well as other social care providers from the faith-based to private organizations. It is mandated to coordinate

i. Formulation and advocacy for the implementation of policies, programmes and measures for children
ii. Monitoring and evaluation of policies, programmes and measures for children
iii. Advocacy for child rights and mobilization of resources for children
iv. Building strong networks, partnerships and coordination mechanisms
v. Institution building of partners and stakeholders

62 Ibid. 2
63 Ibid. 2
64 Ibid. 3
66 Ibid.
The collaborative nature of the co-operative enable both the stakeholders and civil society to work alongside in integrating rational action plan of action as well as local initiatives in the implementation of UNCR and other international conventions. Notably, the Council takes a proactive stand in reviewing national frameworks, legislation and programme implementation in addressing current social issues and trends faced by the Filipino community. In addition, a robust monitoring and evaluation mechanism is in place to ensure compliance to standards in intensifying the quality of care. Regular feedback and consultative sessions amongst the members and partnering agencies are held to further improve existing laws, policies and service provisions for children.

The Council is also the leading advocate for children's development and have been attentive in contextualizing the different Filipino social and cultural in the different provinces i.e. 17 regions to fit the children's care needs as well as harmonizing provision for children.

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3.2 What is the social policy agenda and how advanced are developments?
- what policies exist and how important are they perceived within the country?

The Philippine government has formulated and implemented policies that are devised to help the country achieve the Millennium Development Goals (MDGs), as outlined by the UN. The eight MDGs are:

1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria, and Other Diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development

Additional agendas for development have been drawn up by the UN, such as the 2030 Agenda for Sustainable Development (ASD), which promotes global change and collaboration in order to eradicate poverty and hunger, while advancing towards affordable and clean energy, access to drinking water, gender equality, and a number of other goals (17 in total) that are necessary to global development.

In keeping with the aims of the MDGs and the 2030 ASD, the Philippine government has drawn up Child 21, which is a strategic national framework that focuses on plan development for children from 2001 to 2025. In the early pages of Child 21, it is stated that the government recognizes that all Filipino children have a right to survival, protection, development and participation. With these rights in mind, the formation of Child 21 is meant to serve as “a vision and a roadmap for a better tomorrow.” Because the strategies and plans outlined in Child 21 were created as a “vision” for change rather than a direct implementation plan for law/policy changes, the development of programs/structures/opportunities/proposals by the strategic plan is difficult to track. The need for an effective operational monitoring system is acknowledged in Child 21. Policy and programme implementation assessment, as well as data collection on advancements in achieving the Child 21 goals, fall under the responsibility of the CWC. Additionally, it is written in Child 21 that the Philippine government acknowledges the issues pertaining to weak law/policy changes, as well as local government units that are not provided with sufficient information on the existing legal provisions. Due to these underlying issues, there is a need to review and assess the reasons behind ineffective enforcement in order to identify the “gaps” in the system.

The vision for Filipino children by the year 2025 (according to Child 21):
• “Born healthy and well, with an inherent right to life, endowed with human dignity;
• Happy, loved, and nurtured by a strong, stable and god-loving family;
• Living in a peaceful, progressive, gender-fair, and child-friendly society;
• Growing safe in a healthy environment and ecology;
• Free and protected by a responsive and enabling government;
• Reaching her (his) full potential with the right opportunities and accessible resources;
• Imbued with Filipino values steeped in her (his) indigenous cultural heritage;
• Assertive of her (his) rights as well as those of others;
• Actively participating in decision-making and governance, in harmony and in solidarity with others, in sustaining the Filipino nation.”

child protection

The DSWD leads a group known as the Child Protection Cluster, which oversees a number of sub-clusters that specialize in specific areas of child protection. Most prominent amongst the aforementioned child protection groups in the Philippines is the National Child Protection Working Group (NCPWG), which is chaired by the Council for the Welfare of Children (CWC) and co-chaired by UNICEF. The NCPWG specializes in matters concerning child protection during natural and human induced disasters or emergencies.

While the aforementioned child protection groups are designed to function on a national level, plans to establish the Regional Child Protection Working Group (RCPWG) have been rolled out. Due to the geographical layout of the Philippines, the country is susceptible to a number of natural disasters, which provides further importance for the development of protection systems to be in place on both a regional and national level. Reports state that the RCPWG is designed to act as the central coordinating body of all child protection efforts across the various regions. The Group will also provide “strategic direction and leadership” to the respective regions, in order to ensure that the best possible care is made available to children in disaster situations. The official proposal for the establishment of the RCPWG states that coordination and monitoring will be increased by the Group, with quarterly board meetings in place to ensure that relevant information is exchanged. As for the composition of the RCPWG, the proposal states that the group will be co-chaired by the Regional Committee.

- Sub-committee for the Welfare of Children (RC/RSCWC) Chairperson and co-chaired by an NGO (to be chosen by the RSCWC).

Notably, all DSWD led child protection groups base their approach on standards outlined by the UNICEF, as well as The Republic Act 10121, otherwise known as the “Philippine Disaster Risk Reduction and Management Act of 2010.”

Child abuse
Physical abuse towards children is a growing concern, as DSWD data suggests that the number of reported physical abuse and maltreatment cases rose from 311 (1994) to 1,021 (2001). Numerous organizations, including Save the Children, have listed corporal punishment within residential care institutions for children as a child protection issue in the Philippines. The CRC has also brought the issue of vague corporal punishment laws to the attention of the government. Until recently there were no laws in place that explicitly prohibited the use of violence against children as an act of discipline. The Positive Discipline Act of 2011 has now been approved, although questions surrounding the use of spankings are still circulating. The Positive Discipline Act did not specifically address the use of certain forms of corporal punishment, which leaves room for legal loopholes. The Positive Discipline Act of 2016 is still pending.
Sexual abuse / trafficking

In response to the scarcity of well-paying jobs in the Philippines, the government encourages the growth of the tourism industry as a means of economic gain. The tourism industry in the Philippines produced USD2.9 bil in foreign exchange receipts in 2007. However, in the case of the Philippines, the influx of tourists also resulted in a high demand for prostitution. Save the Children’s report, Child Protection in the Philippines, links the increase in sex tourism to the perpetuation of child pornography and sex trafficking in the Philippines.

Volunteer tourism, or voluntourism, and sex trafficking in the Philippines.

An estimated 2,000 to 6,000 children are involved in armed conflict. In their report, Protecting Filipino Children from Abuse, Exploitation and Violence, the Special Committee for the Protection of Children states: “Children who are poor, separated from their families, out of school, displaced from their homes, and living in war-torn areas have greater tendencies to be involved in armed conflict.”

Displacement due to armed conflict/disaster

Children in the Philippines are also subject to displacement due to armed conflict between insurgent groups and the government, as well as natural disasters and crises. The DSWD estimates that there were approximately 3.8 million children affected by natural disasters in 2004. Children affected by natural disasters have often been separated from their parents and displaced from their homes. Additionally, data supplied by Amnesty International shows that children account for 50 per cent of the people displaced due to armed conflict, with over 200,000 children displaced since 2001. Due to the extensive exposure to armed conflict that some children may experience, the numbers of children involved in armed conflict are also high.

Workforce for care

(a) “Social Work” is the profession which is primarily concerned with organized social service activity aimed to facilitate and strengthen basic social relationships and the mutual adjustment between individuals and their social environment for the good of the individual and of society.

(b) A “social worker” as used in this Act, is a practitioner who by accepted academic training and social work professional experience possesses the skill to achieve the objectives as defined and set by the social work profession, through the use of the basic methods and techniques of social work (casework, group work, and community organization) which are designed to enable individuals, groups and communities to meet their needs and to solve the problems of adjustment to a changing pattern of society and, through coordinated action, to improved economic and social conditions, and is connected with an organized social work agency which is supported partially or wholly from government or community solicitated funds.

(c) A “social work agency” is a person, corporation or organization, private or governmental, that engages mainly and generally, or represents itself to engage in social welfare work, whether casework, group work, or community work, and obtains its finances, either totally or in part, from any agency or instrumentality of the government and/or from the community by direct or indirect solicitations and/or fund drives, and/or private endowment.

To maintain high standards of the professional performance, graduating social workers are to take on the Social Worker Examinations administered by the Professional Regulation Commission (PRC). And obtain a rating of 70% on the written test. The results are announced within 120 days with ratings recommendation based on the President’s approval. Successful candidates are then to take oath before the Board of Examiners for Social Workers before the issuance of the certificates. Notably, each certificate bear the full name of the registrant and serial number duly authenticated with the official seal of the Board of Examiners for Social Workers.

The Social Workers are guided further by several guidelines and manuals in various instances in managing for example court-related cases, preparing as an expert witness, handling and treatment of children in conflict with the law etc ensuring adherence to established uniformed and coordinated policies and procedures.

Inherently, the laws have laid the foundation for quality social work qualifications and steered the level of professional performance in the sector. There are many universities and colleges which offer the Bachelor of Science in Social Work (BSSW) and the Master in Social Work (MSSW). The BSSW is usually four degree programme designed to provide students with the knowledge and skills in social work practice, social welfare policies and human welfare. Students are also expected to attend on the job training (OJT) in an organization, agency or community as an opportunity to apply their knowledge and practice their skills in actual settings. They are to undergo two sets of on the job training: involving 500hrs in an appointed agency and another 500hrs in a community-based setting.

A list of universities and schools offering Social Work qualifications in the Philippines can be found at: http://www.finduniversity.ph/social-work-schools/.

The College of Social Work and Community Development of the University of the Philippines (UPL) is recognized as the most reputable learning institution for social work practice. It began offering undergraduate social work courses as early as 1947 under the Department of Sociology and Social Welfare of the College of Liberal Arts before evolving into a full-pledged College of Social Work and Community Development (CWSWD) in 1987. The CWSWD offers both graduate and undergraduate programmes in both Social Work and Community Development, as well as graduate programmes on women and development. The graduates are often sought to fill up job appointments in the social sector while the academicians are
actively involved in the development of national standards for social work education as well as national policies. It prides itself having a 100% passing rate for the Social Work Board Examination with a number of graduating students have taken on leadership positions in both governmental and NGOs serving as chair and members of the Board of Examiners for Social Work, consultants, leaders, and staff of international social welfare and development agencies as well as social work educators and administrators.16

Another pioneering body is the Philippine School of Social Work (PSSW) under the Philippine Women's University established in 1950. Presently, besides the Bachelors programme, the university also offers specialized social work Masters programme i.e. Master of Science in Social Work with specialization in Social Administration, Master of Science in Social Work with specialization in Social Work Education and Practice and Master of Arts in Social Development with specialization in Policy Research and Practice. Alongside with Doctor of Philosophy in Social Development in catering to marginalized individuals, families, groups and communities.17

4.2 Is there an association/accreditation body for the social workers?

The Philippine Association of Social Workers Incorporated (PASWI) is the only social workers organization that has been accredited by the Professional Regulation Commission (PRC). It was founded in 1947 as the country strive to serve the humanitarian causes and social welfare and development programmes. And sole purpose in observation of the RA 4373 in regulating the practice of social work and the operation of social work agencies in the Philippines.

In order to become a member of the PASWI, individuals must have completed an academic training course i.e. Social Work, and be officially registered as a professional Social Worker by the PRC. Once one has obtained the required qualifications, it is possible to apply for a PASWI membership.

There are three types of memberships offered by PASWI, including a Regular Membership (for those who have professional Social Work qualifications/training), a Lifetime Membership (for those who possess the same qualifications required for the Regular membership but have also served or are currently serving as a National Board member, or are division chief of an organization/agency, or they have received an award that qualifies them for Lifetime Membership status), finally there is an Honorary Membership (for those who have made substantial contributions to Social Work of Social Welfare causes in the Philippines).

In order to become a PASWI member or maintain membership status, Social Workers must pay membership fees, which vary based on the form of membership (USD11/550PHP for a Regular Membership, USD100/5,000PHP for a Lifetime Membership).

The PRC is also responsible for the accreditation of Continuing Professional Development (CPD) Providers for Social Work. The list is broadcast yearly to ensure appropriating of funds to credible and certified social service providers.

Once again, the adherence is stipulated in the legislative framework, defined in the Republic Act (10912) - “An act mandating and strengthening the continuing professional development programme for all regulated professions, creating the Continuing Professional Development Council, and appropriating funds therefor, and for related purposes”.

4.3. How is the social work profession perceived in the country?

Social work in the Philippines is an established and comparatively well-developed profession. The stringent requirements and standards set out in being a certified Social Worker clearly indicates the level of professionalism and maturity of the work profession. All the social workers and practitioners met during the field mission were able to effortlessly enlist the national regulations and policies in their everyday practice demonstrating their skills and commitment in delivering appropriate interventions to their beneficiaries/clients.

Once again, the law plays a key role in ensuring qualified candidate for the deliverance of social service provisions. Citing the Republic Act 9433 of the Magna Carta of Public Social Workers Section 5 ensure the appointment of registered social workers as head of all government social work agencies i.e. Local Social Welfare and Development Offices. Furthermore, the government takes a strong serious stand on violations of the practice listed in RA 4373. Penalties either by fines or imprisonment are imposed to any person who are found guilty of practising/offering practice social work without being registered or exempted from registration; attempting/presenting another person’s certification; impersonating as a registered Social Worker; using revoked/suspended License as such.

Thou, some might argue that social workers are associated mainly or solely with disaster management and the curative approach to providing assistance.18 Nonetheless, the evolution of social work shaped since its independence from colonial rule and economic development in 1970s had seen a “shift emphasis from the traditional, often institution-based social welfare to community-oriented programmes and services which underscored people’s own capacities for problem-solving”.19 Social workers continue to administering welfare assistance and relief aid thou roles have since permeate into direct case intervention/case work, advocacy for social justice, devising monitoring mechanism for national programmes, development of policies, project management and social research. The roles undertaken are across settings which include private companies, military bases, private and public hospitals, courts, statutory and non-statutory welfare institutions, schools, and faith-based services covering the presently ever-growing multi-dimensional aspect of the work. Needless to say the Filipino social workers is one of the dynamic social workforce in the region which have undertaken on multiple levels practice and multi-faceted roles in tackling varying social issues within the indigenized context in staying relevant to the local community at large.


98  Ibid.
It should be noted that the Alternative Care of Children Act was enacted in July of 2016. The act begins with an explanatory note, which states: “This bill intends to institutionalize alternative family care for children as an option other than adoption and foster family care. Bearing in mind the subsisting gap, it is submitted that alternative family care for children can address the issues confronting adoption and foster care by creating foster homes of a new kind, which can be made to adapt depending on every child’s needs. Moreover, the creation of such home where a caring family thrives, children will be able to feel an actual sense of security and belonging. With the creation of an institution to be named as Alternative Care Agency, together with the Department of Social Welfare and Development, the plight of neglected and abandoned children will be likewise significantly addressed.”

Under Section 3 (a) of the bill, a formal definition of Alternative Care of Children is provided:

Alternative Care of Children (ACC) refers to the provision of planned temporary substitute parental care to a child by an Agency pursuant to Section 4 of this act and as may be defined by its implemented rules and regulations.

The Act further explains the Guiding Principles the alternative care service agency/providers in Section 4 amplifying core purpose in Section 4 (a) to “...facilitate contact and potential reintegration with his/her family...”. And call on the creation of an Alternative Care of Children (ACC) Committee chaired by DSWD and to be made up of members from representatives from the Department of Health, Department of Education, Department of the Interior and Local Government, Council for the Welfare of Children (CWC) and the various local government leagues under Section 14. To ensure a holistic approach in determining the best alternative care placement for the child.

As listed in the Alternative Care of Children Act (2016) and Republic Act 9523.

### Terms

<table>
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<tr>
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<th>Definition</th>
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<tbody>
<tr>
<td>Alternative Care Agency (ACA)</td>
<td>A child-caring or child-placing institution licensed and accredited by the DSWD to provide alternative care in coordination with the LGU pursuant to Chapter IV Section of RA 1760.</td>
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<tr>
<td>Alternative Care License (license)</td>
<td>The document issued by the DSWD authorizing an agency to provide alternative care.</td>
</tr>
<tr>
<td>Child</td>
<td>A person below 18 years of age, or one who is over 18 but is unable to fully take care or protect oneself from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.</td>
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<tr>
<td>Family</td>
<td>The parents or brothers and sisters, whether of the full or half-blood, of the child.</td>
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<tr>
<td>Parent</td>
<td>The biological or adoptive parent or legal guardian of a child.</td>
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<tr>
<td>Abandoned Child</td>
<td>A child who has no proper parental care or guardianship, or whose parent(s) have deserted him/her for a period of at least three (3) continuous months, which includes a founding.</td>
</tr>
<tr>
<td>Neglected Child</td>
<td>A child whose basic needs have been deliberately unattended or inadequately attended within a period of three (3) continuous months. Neglect may occur in two ways: (a) There is physical neglect when the child is malnourished, ill-clad, and without proper shelter. A child is unattended when left by himself/herself without proper provisions and/or without proper supervision. (b) There is emotional neglect when the child is maltreated, raped, seduced, exploited, overworked, or made to work under conditions not conducive to good health; or is made to beg in the streets or public places; or when children are in moral danger, or exposed to gambling, prostitution, and other vices.</td>
</tr>
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<td>Child Legally Available for Adoption</td>
<td>A child in whose favor a certification was issued by the DSWD that he/she is legally available for adoption after the fact of abandonment or neglect has been proven through the submission of pertinent documents, or one who was voluntarily committed by his/her parent(s) or legal guardian.</td>
</tr>
<tr>
<td>Child-caring Agency (CCA) or Institution</td>
<td>A private non-profit or government agency duly accredited by the DSWD that provides twenty-four (24) hour residential care services for abandoned, neglected, or voluntarily committed children.</td>
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<tr>
<td>Child-placing Agency (CPA) or Institution</td>
<td>A private non-profit institution or government agency duly accredited by the DSWD that receives and processes applicants to become foster or adoptive parents and facilitate placement of children eligible for foster care or adoption.</td>
</tr>
<tr>
<td>Social Case Study Report (SCSR)</td>
<td>Refer to a written report of the result of an assessment conducted by a licensed social worker as to the social-cultural economic condition, psychosocial background, current functioning and facts of abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.</td>
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There are no official statistics on the number of children in alternative care. In Save the Children’s report, Child Protection in the Philippines (2011), the organization states that there is a need for a mapping report on the number of children in alternative care. This was listed under section titled “What Save the Children Can Do,” but not further progress in the development of a mapping report has been documented.
Statistics of children in alternative care

- Total number of children in alternative care (total): Data unavailable
- Total number of children in residential / institutional care:
  - Recent data on the total number of children in institutional facilities are unavailable. The most recent available data is an approximate number from 2009-2010, which states that there are 10,589 children in residential care.†
- Total number of children in kinship care: Data unavailable
- Total number of children adopted:
  - As reported by DSWD, in 2016, 351 children were placed out for domestic adoption while 371 children were matched for placement via inter-country adoption. In total, 821 Certification issued by the DSWD Declaring a Child Legally Available for Adoption (CDCLAA) were issued.**
- Total number of boys in care: Data unavailable
- Total number of girls in care: Data unavailable

Legal age of leaving care
The legal age of leaving care is not specified in the DSWD documents. However, in the Domestic Adoption Act (1998), Congress defines the term “child” as anyone under the age of 18. This may indicate that 18 is the legal age of leaving child care facilities.

Total number of children in foster care:
Based on DSWD statistics (2016) 1,721 children were under foster care with enlisted of 1,705 licensed foster families.***

Total number of children in foster care and kinship care:
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Total number of girls in care:
Data unavailable

The structure of care for children and young people with disabilities is not as developed as other social care structures in the Philippines. The first office for people with disabilities was established in 1998, in the city of Mandaluyong. The development of the social care framework for PWDs was initiated by the creation of the office in Mandaluyong, which resulted in a partnership between the City of Mandaluyong Government and the Independent Living Learning Center (ILLC). This was known as Project TEACH (Therapy, Education and Assimilation of Children with Handicaps), a community based project that sought to identify persons with disabilities and provide appropriate care services.

Project TEACH was also designed to meet the needs of PWDs from low-income households. The framework of TEACH indicates that the programme was primarily designed to identify and diagnose children with special needs in order to conduct interventions, and provide children and families with a list of services they are eligible for. Services and programmes made available through the TEACH programme include: medical and dental assessment/treatment, counselling services, special education programmes, therapy services (including physical therapy), home care services, and pre-vocational and/or vocational skills training. Project TEACH has also established a Centre for Alternative Rehabilitation and Educational Services (C.A.R.E.S).**

Another specialized centre identified as the Elsie Gaches Village renders to the needs of abandoned/neglected children with special needs such as cerebral palsy, epilepsy, visual and hearing impairment, mental retardation, autism etc.

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** In 2005 the ILLC became REACH, Rehabilitation and Empowerment of Adults and Children with Handicap Foundation, Inc.

family based care

DSWD Secretary Corazon Juliana-Soliman said that the goal of the Department is to de-institutionalize children. “Much as we ensure that children are provided with care in our centres, a family setting is still the best situation for them. Hence, we call on loving and able families to share their homes to the needy children for adoption or foster care.” (Mar 3, 2015)

6.1 What is the definition of family-based care? How is it defined? Is there emphasis on/priority given to it?

The DSWD has not yet established an official definition of family based care that is specific to the country context. However, family based care services in the Philippines tend to include adoption, foster care, and preventative social welfare services. From field research, the team was able to determine that family-based care options were generally treated as a first resort in cases where vulnerable families/children were in need of assistance. In cases where the child/children are physically and mentally/emotionally safe under the care of their birth parents, family preservation services are likely to be the first course of action. The DSWD has also proven itself to be committed to providing vulnerable children and young persons with tracing and reunification services. Moreover, field research has shown that the DSWD’s emphasis on the child’s right to family based care is indeed hyper aware of the need for permanency planning. Where possible, children in need of alternative care are placed in family based care arrangements that are likely to be permanent (i.e. adoption).

6.2 Is there a need for family-based service? Justify answer, what indicators suggest this?

According to the Philippines Country Report (2010) compiled by Save the Children, residential care placement remains to be the main response to abandoned and neglected children. With a decentralized social care system in place, there are disparities in local capacity, which leave some parts of the Philippines with insufficient alternative care resources. Ultimately this results in a lack of alternative care options for children and families, depending on their location. While the foster care system in the Philippines is efficient and strongly regulated, the general inclination towards residential care over foster or kinship care options stands in contrast to the government’s official stance on foster care. In the Foster Care Act of 2012 states: “It is hereby declared the policy of the State to provide every child deprived of family protection, neglected, abused, surrendered, dependent, abandoned, under sociocultural difficulties, or with special needs with an alternative family that will provide love and care as well as opportunities for growth and development.”

The scarcity of available jobs in the Philippines is also contributing factor to the need for family based services. It is estimated that between the years of 2003 - 2006, poverty rates amongst Filipino families rose from 24.4% cent to 26.9%. More recent figures (taken from 2010 report) indicate that poverty affects at least 30.8 million families in the Philippines. The number of rural families living in poverty is more than twice the number of urban families living in poverty, and the rapid rate of urbanization poses a major threat to families with median incomes that fall below the poverty line. In order to support the survival of their families, some family members have started to migrate to other countries in search of higher paying work. Transmigration often results in the separation of children from their parents for extended periods of time, which is detrimental to the child’s growth and development. This particular dynamic indicates a need for kinship care funding, or access to fostering services if need be.

6.3 Is there poor practice or short-fall of service? Are standards very high; is the sector strong? If there is a need; then why? – Short-falls come from; Govt/Private/NGO? The laws, policies, and regulations drawn up by the Philippine government are relatively broad in scope, indicating a strong general awareness of the issues facing Filipino families. However, there is a need for more rigorous implementation efforts. Overall, the government has encountered some downfall of the decentralized system, as the implementation of laws and policies in local structures/operations has proven to be challenging. The variations in forms of registration with the DSWD are also cause for concern. SWMDs, CSOs, NGOs, and other programmes/agencies/organizations can promote their legitimacy by means of advertising that they are registered with the DSWD, but registration with the DSWD is not synonymous with DSWD accreditation, DSWD licensing, and/or DSWD certification. As of 2007, there were 2,135 social welfare development agencies that were licensed by the DSWD. Of those 2,135 agencies, only 264 were accredited.

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

The Philippine government has acknowledged the need for large-scale poverty reduction as an effort that is necessary to achieve socio-economic development. The government participated in the UN Millennium Development Goals project, and expanded the scope of the MDGs by creating the 2030 Agenda for Sustainable Development. While these goals pertain more to the state of poverty in the Philippines than the provision of family based services, the promotion of these goals is significant in terms of the role that poverty plays in familial destabilization. In other words, perhaps a stronger social welfare infrastructure would prevent some parents from being in socio-economic positions that limit their ability to care for their children. Conditional cash transfer programmes have been put into effect, such as the Pantawid Pamilyang Pilipino Programme (4Ps), yet poverty rates in the Philippines remain high with 25.2% (World Bank, 2012) of the population living in poverty.
The need for improved social welfare services and family services is also highlighted by the Philippines National Strategic Framework for Plan Development for Children (Child 21), amongst other strategy and development plans issued by the Philippine government. While these documents bring a number of relevant issues facing vulnerable families and children to light, there does not seem to be any particular framework in place for efficiently and accurately documenting the ways in which the aforementioned strategies are implemented. Overall, greater attention to the provision and implementation of social welfare services is strongly needed. In particular, more attention to data collection and data mapping would aid in the process of accurately assessing the need for social welfare. As the system currently stands, there is limited public information on the number of children in alternative care, with no available statistics on the number of children in kinship care.

Adoption and foster care are the two major models of family based care being used in the Philippines. Although the policies on foster care are less strict than those on domestic and intercountry adoption, accreditation and registration of private organizations is required by the DSWD in order to legally provide fostering services.125 All LGUs and DSWD Child Placing Agencies (CPAs) offer foster care services.126 Foster care services are provided by local structures such as LGUs, NGOs, and private organizations, while adoption services are mainly provided by central structures with assistance from local structures (such as LGUs) in areas such as locating families and application processes. Both care provision services are the main components of the deinstitutionalization of children in the Philippines.

6.5 What model(s) of family based care is used?

Family preservation / strengthening i.e. preventing admission into institutional care

The Pantawid Pamilyang Pilipino Programme (otherwise known as 4Ps) is the core of family support in the Philippines. Due to the decentralized structure of social care in the Philippines, there is multi-levelled collaboration between national, sub-national, and municipal committees / organizations / programmes / institutions. The 4Ps offer conditional health and education cash grants to households with pregnant women and children from 0-18 years old that have an estimated income that falls below the poverty line.127 The distribution of cash grants to the family occurs on a monthly basis, depending on the number of children in the household.128 Families get 500PHP (USD11) per month for meeting the health conditions; 300PHP (USD6) per month for making sure their child attends preschool or elementary; and 500PHP (USD10) for each child in high school during the 10 months of the school year. It should be noted that educational cash grants are only given to a maximum of three children per family.129 World Bank statistics from 2013 show that cash benefits can amount to 23% of the household’s income.130 The DSWD states that the 4Ps provided assistance to 4,006,854 (more than 4 mil) households in 2014, with an almost equal ratio of educational grants (49%) to health grants (51%).131 It has since become 3rd largest conditional cash transfer programme in the world, after Brazil and Mexico.132

Economic strife and insufficient access to education are cited as two of the main issues facing disadvantaged and vulnerable children. Currently, government initiatives to implement laws and policies concerning the child’s right to education are crucial to the continued development of the social care system. In an effort to strengthen and develop the educational system as a means of ensuring the healthy development of the child, the government has enacted laws that protect the child’s right to education and care. Republic Act No. 10410, otherwise known as the Early Years Act (EYA) of 2013, declares that it is state policy to promote and protect the rights of children to survival, special protection and development.133 The EYA also acknowledges that parents are the child’s first teachers, therefore there is a need to provide parents with the necessary support required to fulfil their roles as both caregivers and teachers.134 Furthermore, the EYA states that from 0 - 8 years of age, children are in their first major stage of educational development.135 Due to this factor, the government has delegated matters concerning the development of children between the ages of 0 - 4 to the Pantawid Pamilyang Pantawid (PNRP), National Headquarters (NHQ), Social Service Division, which states that despite due diligence, the child’s parents could not be found; and d) Returned registered mail to the last known address of the parent(s) or known relatives, if any.136

Family assistance i.e. family tracing / reunification / reunification etc

Further reinforcing the principle of family preservation, the Republic Act 9523 stipulates Section 3 (2) “proof that efforts were made to locate the parent(s) or any known relatives of the child.” Public announcement are to be made over a period of 3 months via various channel which include

- a) Written certification from a local or national radio or television station that the case was aired on three (3) different occasions;
- b) Publication in one (1) newspaper of general circulation;
- c) Police report or barangay certification from the locality where the child was found or a certified copy of a tracing report issued by the Philippine National Red Cross (PNRC), National Headquarters (NHQ), Social Service Division, which states that despite due diligence, the child’s parents could not be found; and
- d) Returned registered mail to the last known address of the parent(s) or known relatives, if any.

before permanent care solution, likely adoption i.e. filing a petition for certificate declaring a child legally available for adoption (CDCLA) is explored for the child. Enabling families who abandoned as well as surrendered children a grace period to resolve their issues for the eventual return of their child back to the family home. After which, the dispensation of parental rights through the Deed of Voluntary Commitment (DVC) is put forward to the birth families should they disdainfully continue fail to meet the basic needs of the child despite interventions. Thou, the parents could retract and recover the legal custody of the child within 3 months of signing the DVC.

NOTE: Kindly refer to Annex 1 for Deed of Voluntary Commitment (DVC)

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126 Ibid.


128 Ibid.

129 Ibid.

130 Ibid.


132 Ibid.

133 Ibid.

134 Ibid.

135 Ibid.

Kinship care

Due to the limited amount of published information on kinship care services, there is no available data pertaining to kinship care funding.

Foster care

The Foster Care Act of 2012 under the Republic Act No. 10165 was declared as a state policy after 18 years of advocating for the legislative framework to provide

every child who is neglected, abused, surrendered, dependent, abandoned, under sociocultural difficulties, or with special needs with an alternative family that will provide love and care as well as opportunities for growth and development.137

The planned temporary substitute parental care to a child has been regulated and the care provision is upon approval by the Foster Family Care Licence of the DSWD. Those who the services are made available through NGOs, i.e. 0 Child Placing Agencies (CPAs) and LGUs (since 1991) licensed to implement the foster care programme nationwide. DSWD serve more as the regulatory arm in overseeing the care provision and administering license to the service providers. And has the authority to also take action and revoke the permit should the agencies violate any of the regulations as stipulated in the Act.

Prospective foster carers must first attend a foster care seminar/forum i.e. orientation on the expected roles. To pursue their application, they then must undergo an assessment i.e. Home Study.

Report prepared by a social worker with either any DSWD office or licence foster care/CPAs whom will be reviewing the criteria and capacity to care. Upon a favourable assessment which usually takes over a period of weeks to a month, DSWD will then issue a Foster Placement Authority (FPA) document to prospective applicants valid for 3 years.137 There is no charges made by applicants assessed by DSWD thou a minor fee is due should it be conducted by CPAs. Although there are laws in place to regulate the facilitation of long term foster care (LTFPA), it is a fairly uncommon practice in the Philippines. The process of applying for long term foster care is similar to process of applying for domestic adoption, without the trial custody period that is required in most adoption cases.138 However, the foster parent must have all of the qualifications listed in the Domestic Adoption Act (1998), and the child must have been living with the foster parent(s) for a minimum of 7 years.136 It was reported that couples aged 30-35 are the highest applicants with some foster care include those who are young childless couple or elderly couple i.e. empty nester of age 50-65 years old. Under the Foster Care Act, those who wish to become a foster parent must: be of legal age; be at least 16 years older than the child unless the foster parent is a relative; have a genuine interest, capacity and commitment in parenting, and ability to provide a familial atmosphere for the child; have a healthy and harmonious relationship with each family member living with him/her; be of good moral character; be physically and mentally capable and emotionally mature; have sufficient resources to be able to provide for the family’s needs; be willing to further home or be trained on knowledge, attitudes and skills in caring for a child, and, not already have the maximum number of children under his foster care at the time of application or award. 139

Foster care seems to be a transitional care before the children are returned/reintegrated to family of origin or placed with an adoptive family. There is strong emphasis and a national policy for siblings to be placed under the same foster carers thus the maximum number of foster children is capped at 3 per household. It was indicated that more boys were being fostered with less than 10% of the fostered children are reintegrated back to birth families. DSWD is responsible for the matching process between the foster carers and children in need of alternative care. The average duration of foster care placement is usually between 6 months to a year. Social workers would conduct an assessment on a monthly basis during the initial 3 months and subsequent quarterly review to review the needs of the foster care in care. Foster carers receive an allowance of PHP1,000 (USD80) and additional PHP1,000 at USD100 for caring a foster child with special needs. In addition to tax incentives for the dependent and insured under PhilHealth. In addition, the foster carers receive continual skills training i.e. child care & development and extensive support which are not exhaustive and include counselling, respite care, health care benefits, livelihood/housing assistance, education allowance and other services that fulfill the basic needs of the foster families to enable them to provide care for the foster child in place. To note, that there is no income criteria imposed of being a foster care. Though, no allegations of abuse or reported incidents that jeopardize the care of the children is tolerated, if caught DSWD will call for immediate termination and revocation of the foster care license. Vincent Andrew T. Leyson, Regional Director / DSWD NCR Field Office shared that culturally the Filipino is a caring community i.e. love children as “gift from God” and in the past care for children of neighbours in the village estates. Though, he highlighted the need to create more advocacy campaign in promoting foster care in the present day. However Christina Sevilla conceded that fostering is not popular as Filipino society tended to clannish, she cited how it was normal to be asked about your parentage to establish band connection. She further added that families would favour caring for their own nieces/nephews or blood relatives which have been a common care arrangement within rural families in seeking help from more affluent family members or/based in the urban cities.

A case study during field mission, indicated that kinship care placement could also be facilitated under the foster care provision given the family situation. Field researcher met with several foster carers and foster children in Zamboanga City, one of whom was an aunt caring for 3 of nieces despite being displaced after the Abu Sayaf siege in 2013. Her nieces had indicated their will to stay with her instead of an institutional care facilities despite homed in an IDP camp and support staff as well as pool of 15 volunteers. It was noted that some of the caregivers have stayed for a period of 20 years. Executive Director, Josefinia M. Dimalaluan indicated that the duration of foster placement usually is between 1 to 1½ years before permanent care is secured for the children. On top of the regulated stipend, CRIBS also support the foster carers with additional support with healthcare service or diapers give-away. Also the foster carer receive additional training with regular home visits conducted by the social workers to monitor the care of the foster children.


138 “Receiving Home” programme (refer to Section 2.4). CRIBS rely on their team made up of 30 helping carer including social workers, psychologist, medical and support staff as well as pool of 15 volunteers. It was noted that some of the caregivers have stayed for a period of 20 years. Executive Director, Josefinia M. Dimalaluan indicated that the duration of foster placement usually is between 1 to 1½ years before permanent care is secured for the children. On top of the regulated stipend, CRIBS also support the foster carers with additional support with healthcare service or diapers give-away. Also the foster carer receive additional training with regular home visits conducted by the social workers to monitor the care of the foster children.

How come you never took a bit more effort to tell me WHO I AM?

Another fostering agency NORFIL Foundation, Inc. was set up in 1974 not only as an accredited fostering agency but also one of the two (besides KBF) license adoption agency for local adoption placements. Similarly, it began providing care for children by DSWD with major disabilities needing more attention that which could be provided in an institutionalized setting and children of siblings group needing one identified care/place. Referrals continue to come from DSWD, LGUs, hospitals and CCAs. Most of which are below the age of 5 and needing one to one care. To meet the needs of the children and advocate for social integration of the children with disabilities, NORFIL had since developed Community-Based Rehabilitation (CBR) Programme. The programme guide families as well as community i.e. local-based workers and volunteers in the rehabilitative process in caring for a child with disability. In addition, help them in identifying children whom might be of special needs and promote inclusive participation. NORFIL also prides itself with the establishment of the Training and Research Centre for Social Welfare Development in 1997. Clinical supervision and bespoken training is offered to it itself with the establishment of the Training and Research Centre for Social Welfare Development or a licensed Child Placing Agency (CPAs).

The three main types of adoption in the Philippines are:

1. Regular/agency adoption - A licensed adoption agency finds and develops adoptive families for children who are voluntarily or involuntarily committed. The adoptive families go through the process from application to finalization of the child’s adoption under the auspices of the Department of Social Welfare and Development or a licensed Child Placing Agency (CPAs)

2. Family/relative adoption - A family/relative adoption is the biological parents make a direct placement of the child to a relative or a member of their extended family with whom they relinquish their child.

3. Relative/direct/independent placement adoption - The biological parents make a direct placement of the child either to a relative, a member of their family, or a friend/non-relative with whom they relinquish their child. These adoptions are directly filed in Family Courts.

Adoption

Both domestic adoption and intercountry adoption are permitted in the Philippines. Adoption services is provided and regulated by the Department of Social Welfare and Development, with the required procedures carried out by Local Government Units (LGUs). The main laws governing adoption in the Philippines are:

- Republic Act No. 9523
- Republic Act No. 8552 / Domestic Adoption Law
- Republic Act No. 8043 / Inter-country Adoption Act of 1995

Adoption proceedings are partially administrative (e.g. adoptability) and judicial. With regard to establishing adoptability laid out by the Republic Act 9523 Section 7, the Certificate Declaring a Child Legally Available for Adoption (CDCLAA) is issued by the DSWD in lieu of a judicial order, thus making the entire process administrative in nature. It is issued within 3 months of the involuntary admission of the child into state care i.e. abandoned/neglected child or of the filing of the Deed of Voluntary Commitment as signed by the parent(s) with the DSWD. The CDCLAA is a prerequisite for both local and inter-country adoption proceedings and serve as the primary evidence that the child is legally available in order for the adoption process to commence. While adoption is mainly handled by government run agencies, there are two licensed and accredited private child and family welfare organizations i.e. CPAs - Kaisahang Buhay Foundation, Inc. (KBF) and NORFIL Foundation, Inc. which are authorized to process domestic adoption cases. KBF offers intercountry adoption liaison services, as well as foster care services for children between 0 and 2 years of age. The NORFIL also offers intercountry adoption liaison services and foster care services (for children between 0-4 years of age).

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Adoption for Filipinos

- Republic Act No. 9523
- Adoption for Filipinos

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Intercountry adoption is considered only as a last resort. As per Hague convention principles local adoptive families are sought for placement before intercountry adoption is considered. Since 1995, when the law on inter-country adoption was passed, 6,265 foreign families have adopted Filipino children.

Intercountry adoption procedures can only be carried out by the DSWD. Applications for intercountry adoption must be submitted to the Inter-country Adoption Board (ICAB) by means of the Central Authority on intercountry adoption (or a governmental adoption agency in the applicant’s country of residence) since its creation in 1995. The Board is also the policy-making authority and sets guidelines for the manner of selection and matching of prospective adoptive parents and verifies that a child is qualified for adoption. For intercountry adoption, the Intercountry Adoption Placement Committee (ICPC) exclusively conducts the matching process and recommends to ICAB approval of matching proposals. The Executive Director or social worker from the licensed and accredited child-caring/placing agencies actually caring for the children to be adopted or the social worker of the DSWD, in case of relative adoption, participates in the process by making presentations on the pre-selected families for matching. Ultimately, ICAB makes the final decisions on adoption applications and matching proposals.

However, there is exceptions being able to pre-determine the potential adoptive child to facilitate the adoption placement. Such arrangements is applicable to i) adoption of a child by a step-parent; ii) adoption of a child by a 4th degree affinity; and iv) adoption of special needs children for Special Home Finding Programme. Sibling placements are often expedited to maintain the familial ties.

It was reported that the matching process would take place within a month after careful review by ICAB social workers on the documentation/dossier provided i.e. verification of birth certificate, medical condition, social reports etc. Of which about 5-10 families are shortlisted for each child to enable the Board members to review on the suitability and capacity to meet the child’s meet. It was further noted that there are 700+ potential adoptive parents on yearly waiting list and the adoption process is usually finalized within 2-3 years. The members are made up of government officials, representatives from the NGOs, CCAs, CPAs as well as professionals from the various sector which include psychologists, educators and medical doctors. Hence a holistic approach of looking at the various aspect of a child's needs before determining the outcome of placement. The members meet on a weekly basis and review not more than 8 cases at each sitting to ensure that full attention is given to each deliberation. To date, there have been an average of 3 adoption breakdown on a yearly basis.

To ensure the smooth transition of care placement and prevent placement disruption, ICAB monitors the child’s placement for another least six month after the adoption is finalized by the Receiving Country. During the time, the government Central Authority/the accredited foreign adoption agency is held accountable for the supervision and monitoring of the placement of the child with the PAPs and expected to submit bi-monthly reports on the child's health, psycho-social adjustment and relationship with the adoptive parents to ICAB.

Staying true to the notion that no child is left behind or deny a right to a home, ICAB gives special attention to older children and children with special needs enlisted in the Special Home Finding Programme. The profile of the children include:

a) Older children whose age range is from 73 months old and above
b) Children belonging to a sibling group of 3 or more
c) Children found positive of Hepa B or HIV
d) Children with minor medical conditions (cleft lip/palate, half or total blindness, hearing impaired, mild cerebral palsy, etc.)
e) Developmental delays (language speech, motor skills, etc.).

Post-adoption services i.e. Search for Roots in tracing biological parents/family and facilitating family reunion is also offered by ICAB. A formal letter is to be submitted to ICAB which would then began retrieving family/legal and/or medical documents and schedules meeting and visitations to orphanages/institutions. ICAB practice discretion in identifying the adoptee based on level of emotional maturity and mandates the adoptee to undergo counselling/therapy in preparation for the search/reunion. Another avenue in creating the sense of connectedness is provided through the Motherland or Heritage Tour which simply involve a visit to the orphanage/child caring centre and exploration of country of origin/birthplace.

Given the fact that adoption is a continuing journey in self-discovery and search for sense of identity/self-worth for some of the adoptees Executive Director of ICAB, Attorney Bernadette B. Abejo promulgated on the proper documentation of the records and social case files. The narratives are crucial in providing a window into the growing years or rather the missing component of the adoptee’s life. She reiterated the sensitivities in phrasing some of the historical accounts/reports leading to the adoption and depicting the circumstances of the biological families. As means of respectful of the families and bearing in mind the impact on the grown child. Attorney Abejo also mentioned past engagement with the Cambodia government in providing technical assistance in the development of the intercountry adoption a few years ago.

The Philippines was amongst the first few Southeast Asian countries which ratified the Hague Convention on Intercountry Adoption in 1995. Over the years, Philippines have taken the lead in laying the conditions for Filipino children cared overseas. Biannually, ICAB organize the Philippine Global Consultation on Child Welfare Services inviting local partners, Central Authorities and Receiving Countries adoption agencies to deliberate on concerns around the adoption practice and impact on the lives of the children adopted out of Philippines across 26 countries. The recent 14th Global Consultation was held Sep 2017 with more than 300 regional and international participants with the theme – Prevention of Illegal Adoptions and Disruptions. Discussions revolved around the common issues of illicit practices such as

- Falsification of birth records/documents
- Improper inducement/interpretations to obtain the consent of biological parents/family
- Improper payment/gifts to intermediaries, officials, residential care facilities
- Abduction of children for the purpose of intercountry adoption
- Directing children to intercountry adoption placements without regard to domestic placement options

As well as the obstacles responding to the illicit practices which are attributed to

- Lack of political will
- Fear that it will jeopardize the relations i.e. no more children to be send for intercountry adoption / lower the number of children available
- Power imbalance between states
- Pressure and competition to look for children available for intercountry adoption
- Dependency on funds/aid links to intercountry adoption

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153 Ibid
Kafala

Kafala is recognized in both the UNCRC and UN Alternative Guidelines for Children as a care provision with accordance to Islamic practice. It is somewhat similar to guardianship where the child is able to maintain family ties while under temporary custodial care. In the context of the southern regions of the Philippines with Muslim majority populations, OIC-Assistant Bureau Director, Rosali D. Dagulo shared that DSWD has been exploring the implementation of the child care placement in the provinces of Zamboanga, Cotabato and Autonomous Region of Muslim Mindanao (ARMM). And currently working with the Philippines Centre for Islam & Democracy (PCID) on crafting the legislative framework for the service provision. They have also consulted scholars in Islamic studies and experts from the Philippines, Iran and Turkey at a roundtable discussion to deliberate further on the possibility of integrating kafala into Philippines alternative family care system in 2016.

Guardianship

The Philippine government has drawn up the Proposed Rule on Guardianship of Minors, which acts as the primary legal framework the guardianship process. The rule was approved by the Republic of the Philippines Supreme Court in Manila on May 1st, 2003. While the legal framework is in place, it is still unclear as to whether the use of guardianship as a form of alternative care for vulnerable children is popular in the Philippines. Reports conducted by Save the Children, Better Care Network, and other large organizations/charities working in the Philippines do not make mention of guardianship care. The lack of information on guardianship care for minors may indicate that it has not been commonly utilized as a form of alternative care for children in the Philippines.

All NGOs that identify as Social Welfare Development Agencies (SWDAs) are required to register with the DSWD. Social Welfare Development Agencies are defined as Peoples Organizations (POs), such as organizations or associations for children, youth, women, senior citizens and people with disabilities. The registration process requires that the NGO initiates contact with the DSWD in order to begin the application. After submitting an NGO has submitted their application, the DSWD conducts a day assessment visit. The NGO assessment process varies, but generally interviews with the staff and Executive Director (and sometimes beneficiaries as well) are a key part of the evaluation. Following the assessment, NGOs can expect to receive confirmation reports from the DSWD within 15 days. Once the registration certificate has been issued to the NGO, plans for monitoring and technical assistance are arranged. The registration certificate is valid for a period of three years, and NGOs operating without registration are legally permitted to continue operating for the length of one year before completing the registration process. Additional DSWD requirements include yearly accomplishment reports and financial statements from all SWDAs (NGOs).
National Laws, Policies, Regulations, Codes Etc.

Constitution of the Philippines
Created 1986, ratified 1987

Empowerment of Children with Special Needs Act
Enacted 2013

Executive Order No. 51 - Milk Code
Enacted 1986

Executive Order No. 56 - Authorizing the Ministry of Social Services & Development to take protective custody of child prostitutes and sexually exploited children and for other purposes
Enacted 1986

Executive Order No. 275 - Creating a Committee from All Forms of Neglect, Abuse, Cruelty, Exploitation, Discrimination and other conditions prejudicial to their development
Enacted 1995

Executive Order No. 56 - Authorizing the Ministry of Social Services & Development to take protective custody of child prostitutes and sexually exploited children and for other purposes
Enacted 1986

Indigenous Peoples Rights Act
Enacted 1997

Presidential Decree No. 603 - Philippines Child and Youth Welfare Code
Enacted 1974

Senate Bill 281 - Alternative Care of Children Act
Enacted 1997

Republic Act No. 6655 - Free Public Secondary Education Act
Enacted 1988

Republic Act No. 6972 - Barangay - Level Total Development and Protection of Children Act
Enacted 1997

Republic Act No. 8370 - Children's Television Act of 1997
Enacted 1997

Republic Act No. 7277 - Magna Carta for Disabled Persons
Enacted 1997

Republic Act No. 7305 - Magna Carta for Public Health Workers
Enacted 1997

Republic Act No. 7323 – Act to help poor but deserving students pursue their education by encouraging their employment during summer and/or Christmas vacations, through incentives granted to employers, allowing them to pay only 60% of their salaries or wages and the 40% through Education Vouchers to be paid by the Government, prohibiting and penalizing the filing of fraudulent/fictitious claims and for other purposes
Enacted 1990

Republic Act No. 7600 - Rooming-In and Breast-feeding Act
Enacted 1992

Republic Act No. 7610 - Special Protection of Children Against Abuse, Exploitation and Discrimination Act
Enacted 1993

Republic Act No. 7624 – Act Integrating Drug Prevention and Control in the intermediate and secondary curricula as well as in the non-formal, informal and indigenous Learning Systems and for other purposes
Enacted 1993

Republic Act No. 7658 – Act Prohibiting the Employment of children below 15 years of age in public and private undertaking amending for the Purpose Section 12, Art VII of RA7610
Enacted 1993

Republic Act No. 7797 – Act to lengthen the school calendar from 200 days to not more than 220 class days
Enacted 1994

Republic Act No. 7798 - Act Amending Section 25 of Batas Pambansa BLG. 232, otherwise known as the "Education Act of 1982"
Enacted 1994

Republic Act No. 7846 – Act requiring compulsory Immunization against Hepatitis-B for infants and children below 8 years old, amending for the purpose Presidential Decree No.996 and appropriating funds therefor
Enacted 1994

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<table>
<thead>
<tr>
<th>Law</th>
<th>Title</th>
<th>Enacted Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 7880</td>
<td>Act providing for the fair and equitable allocation of the Department of Education, Cultures and Sports' Budget for capital outlay</td>
<td>1994</td>
</tr>
<tr>
<td>RA 8043</td>
<td>Intercountry Adoption Act</td>
<td></td>
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<tr>
<td>RA 8044</td>
<td>Act creating the National Youth Commission, establishing a national comprehensive and coordinated program on youth development, appropriating funds therefore, and for other purposes</td>
<td>1994</td>
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<tr>
<td>RA 8172</td>
<td>Act promoting salt iodization nationwide and for related purposes</td>
<td></td>
</tr>
<tr>
<td>RA 8353</td>
<td>Act Expanding the definition of Crime of Rape, Reclassifying the same as a Crime Against Persons, amending for the purpose Act No. 3815, an amended otherwise as the revised Penal Code and other purposes</td>
<td>1995</td>
</tr>
<tr>
<td>RA 8369</td>
<td>Family Courts Act</td>
<td></td>
</tr>
<tr>
<td>RA 8371</td>
<td>Act to recognize, protect and promote the rights of indigenous peoples, creating a National Commission on Indigenous Peoples, establishing a nationwide HIV/AIDS Information and Educational Program, strengthening the Philippines National AIDS Council and for other purposes</td>
<td>1997</td>
</tr>
<tr>
<td>RA 8425</td>
<td>Social Reform and Poverty Alleviation Act</td>
<td></td>
</tr>
<tr>
<td>RA 8504</td>
<td>Act Promulgating policies and prescribing measures for the prevention and control of HIV/AIDS in the Philippines, Instituting a nationwide HIV/AIDS Information and Educational Program, strengthening the Philippines National AIDS Council and for other purposes</td>
<td>1997</td>
</tr>
<tr>
<td>RA 8505</td>
<td>Act providing assistance and protection for rape victims, establishing for the purpose a rape Crisis Center in every province and city, authorizing the appropriation of funds therefore, and for other purposes</td>
<td>1997</td>
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<tr>
<td>RA 8552</td>
<td>Domestic Adoption Act</td>
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</tr>
<tr>
<td>RA 8972</td>
<td>Solo Parents Welfare Act</td>
<td></td>
</tr>
<tr>
<td>RA 8980</td>
<td>Early Childhood Care and Development (ECCD)</td>
<td></td>
</tr>
<tr>
<td>RA 9344</td>
<td>Juvenile Justice and Welfare Act</td>
<td></td>
</tr>
<tr>
<td>RA 9208</td>
<td>Anti-trafficking in Persons Act</td>
<td></td>
</tr>
<tr>
<td>RA 9231</td>
<td>Act providing for the Elimination of the worst forms of Child Labor and affording stronger protection for the working child</td>
<td>1998</td>
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<td>RA 9525</td>
<td>Certification to Declare Child Legally Available for Adoption</td>
<td>2009</td>
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<td>Act requiring the Certification of the Department of Social Welfare and Development (DSWD) to Declare a “Child Legally Available for Adoption” as Prerequisite for Adoption Proceeding, amending for this purpose certain provision of RA No. 8522, otherwise known as the Domestic Adoption Act of 1995, Presidential Decree No. 603, otherwise known as the Child and Youth Welfare Code and other purposes</td>
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<tr>
<td>RA 9262</td>
<td>Anti-Violence Against Women and Their Children Act</td>
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<td>RA 9253</td>
<td>Act requiring the Certification of the Department of Social Welfare and Development (DSWD) to Declare a “Child Legally Available for Adoption” as Prerequisite for Adoption Proceeding, amending for this purpose certain provision of RA No. 8522, otherwise known as the Domestic Adoption Act of 1995, Presidential Decree No. 603, otherwise known as the Child and Youth Welfare Code and other purposes</td>
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Republic Act. No. 9745 - Anti-Torture Act
Republic Act No. 9775 - Anti-Child Pornography Act
Republic Act No. 9995 - Anti-Photo and Video Voyeurism Act
Republic Act No. 10175 - Cybercrime Prevention Act
Republic Act No. 10430 - Early Years Act, or EYA
Republic Act No. 10821 - Children’s Emergency Relief and Protection Act
Republic Act No. 10165 - Foster Care Act

International Treaties/Acts/Conventions

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: 1987
International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families: 2003
1993 Hague Adoption Convention
Hague Convention on the Civil Aspects of International Child Abduction (Hague Abduction Convention)

Enacted/Approved/Ratified
Republic Act No. 9745 - Anti-Torture Act
Enacted 2009
Republic Act No. 9775 - Anti-Child Pornography Act
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Republic Act No. 9995 - Anti-Photo and Video Voyeurism Act
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Enacted 2016
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Enacted 2012

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- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families: 2003
- 1993 Hague Adoption Convention

Ratifications:
- Signed/Ratified
  - Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: 1987
    - Ratified 1986
    - Ratified 1990
    - Signed 1993, acceded 1995
  - International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families: 2003
    - 1993 Hague Adoption Convention
    - Signed 2000, ratified 2003
    - Signed 2000, ratified 2002
    - Signed 2007, ratified 2008
    - Acceded 2016
DEED OF VOLUNTARY COMMITMENT

KNOW ALL MEN BY THESE PRESENTS:

I/We ________________________________ ________________, Filipino, ________ years old and
(Name of Mother/Grandmother/Grandfather/Sibling/Legal Guardian)

____________________________________ ______________________ ,
Filipino, ________ years old with residence/
(Name of Father/Grandmother/Grandfather/Sibling/Legal Guardian)

postal address at ______________________________________

After having been duly sworn to in accordance with law, hereby depose and say:

That I am/We are the parent(s)/guardian of the child ________________________________ ,
(Child’s Name)

__________________________ , ________, born on __________________ at _____________________________.
(Gender) (Date of Birth) (Place of Birth)

That I am/We are not capable to raise and care for my/our child and believed that his/her welfare and best interest will be best protected and promoted by giving and surrendering him/her to the care and custody of the government;

That I/We have received counselling service; and attesting that this document was read and explained to me/us in the language or dialect known to me/us, and I/We have understood the meaning of this act and of the implication of the same;

That I/We hereby freely, voluntarily, and unconditionally give and commit my/our child to the care and custody of the Department of Social Welfare and Development pursuant to PD 603 and RA 8552;

That I/We have not been forced, coerced, intimidated, or unduly influenced by anyone to make this commitment and subsequently execute and sign this document;

That I/We hereby authorized the Department of Social Welfare and Development to place the said child for adoption or guardianship as if I/We personally gave such consent that terminates the pre-existing legal parent-child relationship between child and his/her parent(s);

That I/We further believe that the placement of my/our child in an adoptive home/child caring or placing home at the earliest possible time serves his/her best interest in enhancing and improving his/her normal growth and development;

That I/We have not received any payment, compensation or any consideration, monetary or in kind, or any offer thereof for the purpose and in exchange of making this commitment and signing this document;

This voluntary and unconditional surrender and commitment of my/our child to the Department of Social Welfare and Development shall become final and irrevocable three (3) months after the execution of this document resulting in the termination of my/our parental right/s over my/our child; and

I/We declare that I/We have fully understood the above statements.
IN WITNESS WHEREOF, I/We have hereunto set my/our signatures this _______ day of __________ year __________ at _______________________________________.
(Month)

Signature of Mother/Grandparents/Sibling/Legal Guardian

Left Hand – Thumb Mark – Right Hand

Signature of Father/Grandparents/Sibling/Legal Guardian

Left Hand – Thumb Mark – Right Hand

Signed in the Presence of:

Signature over Printed Name/ Designation
Witness

Signature over Printed Name/ Designation
Witness
I hereby attest that, I have explained thoroughly and clearly to the child’s parent/guardian the content of the affidavit using the dialect they understand and that the latter/s was/were provided with intensive counselling prior to signing of this document.

____________________________________
Name and Signature of Social Worker

ACKNOWLEDGEMENT

BEFORE ME, NOTARY PUBLIC for and in the City/ Municipality of _______________ this ____________ day of _______________ 2017 personally appeared
_________________________________________ with _________________ No. ____________.
(Name of Mother/Grandparent/Sibling/Legal Guardian) (Valid Identification Card)

issued on _______ , valid until ____________ ,
(Date of Issuance) (Date of Expiration)

signed by ___________________________; and
(Name and Position of the Issuer) (Name of Father/Grandparent/Sibling/Legal Guardian)

with _________________ No. ____________, issued on ____________.
(Valid Identification Card) (Date of Issuance)

valid until ____________, signed by ____________________________;
(Date of Expiration) (Name and Position of the Issuer)

known to me by virtue of the photograph and signature appearing on the foregoing competent evidence of identity, and to me known to be the same principal who executed the foregoing Deed of Voluntary Commitment and he/she/they acknowledged to me that he/she/they has read and understood the contents of the foregoing instrument, and that the same is his/her/their own free, voluntary act and deed.

WITNESS WITH MY HAND AND SEAL on the date at the first above written.

____________________________________
NOTARY PUBLIC

Doc No. Until
Page No. PTR No.
Book No. Date Issued
Series of Issued at