A. Context: Education, Health, and WaSH in the Bangsamoro

The Bangsamoro registers some of the country’s worst social indicators, particularly in the areas of education, health, and Water, Sanitation and Hygiene (WaSH).

Limited access to social services is one of the sources of injustices that have fueled conflict in the region.\textsuperscript{50} Years of protracted conflict, underdevelopment, and mismanagement of public funds have led to destruction of facilities, loss of equipment, and discouragement of donors, social service providers and workers.

The result is low educational attainment, poor health outcomes, and widespread child malnutrition. Though the high poverty incidence in the Bangsamoro can be attributed partly to the lack of good governance and livelihood opportunities, the highly inadequate provision of social services is also a major factor in the decline in the overall welfare of the population, which disproportionately affects poor households vis-à-vis other households. These significant barriers to development, compounded by repeated cycles of violence and unfavorable “neighborhood effects,”\textsuperscript{81} largely explain why the Human Development Index (HDI) in the region is significantly below the national average and has even fallen in recent years (see Figure 19).

A.1. Education

The most telling and relevant fact regarding the state of education in the Bangsamoro is that one in every five adults has no schooling at all and only a small proportion has completed high school (see Figure 21). That this is no artifact of the region’s age-structure but a real deficiency is confirmed by the large numbers of functionally illiterate adults in the region.

The Bangsamoro’s net enrolment rates (SY 2012 and 2013) of 72.5% in primary school and 26.1% in secondary school, respectively, are far below the national averages (95.2% and 64.6%, respectively),\textsuperscript{82} despite recent improvements. Cohort survival is also significantly lower than the national average. In SY 2011-12, of students who had enrolled in Grade 1, only 23.1% had made it to Grade 6, compared with the national average of 70.9% (see Map 9). In the secondary level, only

**KEY**

- **Education Facilities**
- **Barangays with Access to Primary Education**

**Barangay Population (Aged 6-12 years old) as of 2010**

- 0 - 500
- 501 - 1,000
- 1,001 and above

Map showing Barangay distribution with education facilities indicated by color coding.

Source: PSA-CPH (2010)

---

**Figure 20: Education Attainment, All Ages (2010)**

- Philippines: 15.7% (No grade/preschool), 44.0% (High School)
- Mindanao: 13.1% (No grade/preschool), 41.7% (High School)
- Bangsamoro: 7.3% (No grade/preschool), 29.1% (High School)

**Figure 21: Education Attainment, 18 Years Old and Above (2013)**

- Philippines: 10.5% (No grade/preschool), 33.7% (High School)
- Mindanao: 12.5% (No grade/preschool), 30.2% (High School)
- Bangsamoro: 7.7% (No grade/preschool), 23.4% (High School)

Note: Mindanao refers to Mindanao excluding ARMM.

Source: PSA-LFS (2013)
45.1% of students who had enrolled for first-year high school stayed on up to fourth year; the national average is 74.2%. Considered altogether, only one in every 10 students who begin elementary education will finish high school. Given the low enrollment and high dropout rates, less than 6% of children in the ARMM will graduate high from school.

This situation is the product of a complex of factors, including the displacement of people owing to conflict, ill health, lack of economic opportunities that justify literacy and formal education, poor delivery of education services, and cultural factors, particularly the low priority given to achievements of women and girls. The low educational attainment and associated high levels of illiteracy compound the development challenges in the Bangsamoro and further limit livelihood opportunities.

A.2. Health

Health outcomes in the ARMM are significantly worse than in the rest of the Philippines. Maternal mortality is 67.35 per 100,000 live births in the ARMM, compared with the national average of 64.76 per 100,000 live births. Infant mortality is at 32 per 1,000 live births in the ARMM, compared with 23.9 nationally. The leading causes of morbidity and mortality are noncommunicable diseases, as elsewhere in the country, while tuberculosis and respiratory infections are prevalent infectious diseases. Lack of potable water and inadequate sanitation and hygiene result in high levels of diarrheal diseases. Malnutrition as manifested in wasting and stunting is also a significant problem in the Bangsamoro, with very low micronutrient supplementation levels. Deworming activities have reached only a limited number of beneficiaries.

Access to essential maternal health services urgently requires improvement. The ARMM is the only region in the country where the proportion of women that received antenatal care, at 52.8%, is lower than the national average of 95.4%. Facility-based delivery is exceptionally low at 12.3%, and only 20.4% of all live births are attended by a skilled health professional, such as a doctor, nurse, or midwife. Absence of maternal health services is a major cause of maternal mortality, with the vacuum being filled by reliance on traditional birthing by hilot (practitioners of traditional native methods). The ARMM also has one of the lowest rates of full immunization coverage at 29.4% (see Figures 22 and 23).

Figure 22: Percent of Children (12–23 Months Old) with No Vaccinations (1998–2013)

Figure 23: Percent of Children (12–23 Months Old) Who Received All Basic Vaccinations (1998–2013)

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Figure 22: Percent of Children (12–23 Months Old) with No Vaccinations (1998–2013)

Figure 23: Percent of Children (12–23 Months Old) Who Received All Basic Vaccinations (1998–2013)

Note: For 2008 and 2013 figures, data on basic vaccines include BCG, measles and three doses each of DPT and polio, and hepatitis B, while for 1998 and 2003 figures, basic vaccines exclude hepatitis B.

With less than half (46.7%) of households having access to healthcare facilities (see Map 10), provision of preventive and palliative care is similarly limited. This is partly because of insufficient skilled and licensed/registered medical personnel and health workers (see Figure 24) working on full-time basis, especially in the provision of primary healthcare at rural health units.

Poorly equipped and poorly staffed health facilities and deficient transportation, communication, and referral systems further contribute to this problem. In addition, violent conflict often disrupts the existing healthcare network, as it destroys infrastructure and interrupts access and telecommunications networks. High-level care, access to medication, and hospital services are also insufficient, with 2,326 hospital beds in the ARMM unable to meet the existing DOH standards. Significantly, there are no tertiary hospitals in the region. The only tertiary facility in the BCT is the Cotabato Regional Medical Center (CRMC), which is outside of ARMM.
The prohibitive cost of medical care and hospitalization prevents households from seeking formal healthcare, which results in a very low utilization rate in the region. Only 43.7% of ARMM households have access to health insurance coverage, compared with 63.9% in Mindanao and 62.8% nationwide in 2013. Similar pattern is true for health insurance coverage among women (see Figures 25 and 26). Both supply-side and cultural factors are also important barriers to expanding health insurance coverage. PhilHealth still does not accredit many hospitals in the region, and a non-Shari’ah compliant insurance system is considered haram.

A.3. Nutrition

Despite some improvement between 2011 and 2013, the ARMM ranked 7th, 2nd, and 5th highest among regions in the Philippines in prevalence of underweight, stunting, and wasting, respectively, among children below five years old (see Table 19). Given the adverse consequences of a high malnutrition rate among children on the quality of human capital in the future, the Bangsamoro Government will need to devote special attention and considerable resources to this concern during the short and the medium term.

Table 19: Prevalence of Undernutrition Among Children (0–5 Years Old) in ARMM (2008–2013)

<table>
<thead>
<tr>
<th>Year</th>
<th>Area</th>
<th>% Underweight</th>
<th>% Stunting</th>
<th>% Wasting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>Philippines</td>
<td>20.7</td>
<td>32.4</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>ARMM</td>
<td>24.4</td>
<td>39.7</td>
<td>10.3</td>
</tr>
<tr>
<td>2011</td>
<td>Philippines</td>
<td>20.2</td>
<td>33.6</td>
<td>7.3</td>
</tr>
<tr>
<td></td>
<td>ARMM</td>
<td>26.2</td>
<td>43.5</td>
<td>10.0</td>
</tr>
<tr>
<td>2013</td>
<td>Philippines</td>
<td>19.9</td>
<td>30.3</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>ARMM</td>
<td>21.9</td>
<td>39.0</td>
<td>8.5</td>
</tr>
</tbody>
</table>

A.4. Water, Sanitation, and Hygiene (WaSH)

Despite abundant water resources, ARMM communities have limited access to safe drinking water and sanitation facilities (see Map 11). Access to safe water supply and sanitary toilet by households is low (see Figures 27 and 28), which is a major factor in regular outbreaks of water-borne diseases. There are conflicting data on access to safe water supply (DOH-FHSIS 2011: 57.1% vs. FIES 2012: 36.6%) and sanitary toilets (DOH-FHSIS 2011: 26.9% vs. FIES 2012: 22.5%), which needs to be addressed to give a better grasp of the true situation in the BCT. However, the current dominant practice in the area is the use of readily available water sources, such as dug wells and spring water, which are likely to be easily contaminated.

Among the key challenges in the WaSH sector is the project-type approach of providing these facilities in the region, which has led to WaSH provision that is fragmented at best. WaSH provision is not only a health issue but also concerns economic, social, environmental, governance and cultural issues. Moreover, cycles of displacement over the years due to outbreaks of conflict and natural disasters have also affected population and settlement patterns, which confound attempts to determine the coverage of supply and the population’s access to WaSH services in the Bangsamoro territories.

A.5. Housing

Shelter is a basic right of every person. The 827,032 households in the region are unevenly distributed within the ARMM (see Table 20). Settlements tend to cluster along the main road network of the mainland and along the coastline/seashore of island provinces. As a result, most facilities and services are inaccessible to many people living in the hinterland or islands. A big part of the rural population is overlooked in the provision of these facilities and services.

The Housing and Urban Development Coordinating Council (HUDCC) recorded the total housing needs (backlog plus new households) in the region at 80,896 units in 2014.

More than 20,000 families in the Bangsamoro are informal settlers or live in areas without consent of owners. According to a 2011 survey of the National Housing Authority (NHA), most of them were in Sulu. The second and third highest numbers of informal settler families (ISF) were in Tawi-Tawi and Basilan. Most of the houses were built during the past 15 years. These are made of wood, bamboo and sawali-matted bamboo strips, and makeshift materials.

Table 20: Housing Needs Estimate by Housing Indicator in ARMM (2010–2017)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accumulated Need</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent-free w/o consent of</td>
<td>21,230</td>
<td>21,910</td>
<td>22,326</td>
<td>22,750</td>
<td>23,182</td>
<td>23,622</td>
<td>24,071</td>
<td>24,528</td>
</tr>
<tr>
<td>owners + informal settler</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless</td>
<td>186</td>
<td>188</td>
<td>192</td>
<td>196</td>
<td>200</td>
<td>204</td>
<td>208</td>
<td>212</td>
</tr>
<tr>
<td>Dilapidated/ Condemned</td>
<td>2,835</td>
<td>2,871</td>
<td>2,926</td>
<td>2,983</td>
<td>3,041</td>
<td>3,100</td>
<td>3,160</td>
<td>3,221</td>
</tr>
<tr>
<td>Doubled up Households</td>
<td>37,545</td>
<td>38,024</td>
<td>38,760</td>
<td>39,510</td>
<td>40,274</td>
<td>41,053</td>
<td>41,847</td>
<td>42,656</td>
</tr>
<tr>
<td>2. Future / Recurrent Needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Households</td>
<td>9,181</td>
<td>9,356</td>
<td>9,534</td>
<td>9,715</td>
<td>9,899</td>
<td>10,087</td>
<td>10,279</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>71,174</td>
<td>73,560</td>
<td>74,973</td>
<td>76,412</td>
<td>77,878</td>
<td>79,373</td>
<td>80,896</td>
<td></td>
</tr>
</tbody>
</table>

Source: PSA-CPH (2010)

Source: HUDCC (2014)
About 10% of the ISFs will need resettlement because they live in danger areas in Lamitan City in Basilan, Bangungul in Sulu, and Panglima Sugala in Tawi-Tawi.

Land ownership is a major and complex problem, being a result of a series of events spanning decades that have influenced the internal development in the Bangsamoro. It is also often the cause of *rido*.

### A.6. Gender and Development

As the Bangsamoro Government faces the challenge of rebuilding a society, it is noted that women in all sectors can play an important role in a post-conflict setting. At present, women are still marginalized in the political, economic, and social structures.

The highest Gender Disparity Index (GDI) in the Philippines was registered in the provinces of Maguindanao, Sulu, Tawi-Tawi, and Basilan. Compared with men, women in these areas are disadvantaged in terms of standard of living, educational attainment, and life expectancy.

A number of Muslim women have left for work in foreign countries to help support their families. Like other migrant workers, they are subjected to or face the risk of exploitation and physical abuse, and the situation is often exacerbated by their having low education and lacking awareness of their rights.

In the Bangsamoro area, most cases of gender-based violence (GBV) against women and girls go unreported because of a culture of silence. GBV constitutes a breach of the fundamental right to life, liberty, security, dignity, nondiscrimination, and physical and mental integrity. It reinforces gender inequality and limits the participation of women in meaningful development.

### B. Strategic Goals

Providing access to basic services to the Bangsamoro people entails both a targeted strategy in the short term and a spatially- and socially-blind strategy over the medium term. This highlights the distinctive policy reforms in a post-conflict environment.

During the transition period, interventions shall be geared toward the social services by increasing access to quality basic services and reducing the risk of conflict recurrence by making the peace dividends felt by affected communities.

Programs and projects in the medium term shall be anchored in enhancing the human capital formation in the Bangsamoro, through the deepening of the implementation of universal access to basic education and health, and creating a skilled and able workforce, to support the long-term prospects of high and stable growth.

Greater attention will be given to delivering social services to women, the youth, and vulnerable groups who occupy the tail-end of the social development ladder. Special institutional arrangements, including creative/alternative mechanisms for service delivery, will have to be forged by the Bangsamoro Government during the short and the medium term to ensure that their social development needs are adequately met.

### B.1. Education

The short-term strategies in the area of education include the following:

**B.1.1. Intensifying Delivery of Learning, Competency, and Skills Development Programs for the Illiterate Inactive Youth Population (15–24 Years Old) in the Bangsamoro**

Providing jobs to unskilled young adults, MILF members, and their communities would significantly influence the pace of the Bangsamoro economy’s recovery during the short term, and reduce the potential for renewed conflict. At the same time, unskilled labor will need to be provided with skills to be absorbed into the productive sphere. In 2013, some 26.1% of the ARMM’s 132,119 inactive youth population (15–24 years old) were unschooled or had not completed elementary level education.89
During the transition period, priority will be given to formal or skills/competency-based training through the *Balik Eskwela* program and other programs for out-of-school youth, including the Department of Education’s Alternative Learning System (ALS), the *Abot-Alam* program, technical-vocational training provided by TESDA and accredited service providers. Job training and apprenticeship schemes in private companies could also support this objective.

The content of existing technical-vocational and skills development modules will need to be reviewed to address the unique economic and political landscape of the post-conflict Bangsamoro and the growing concern about the apparent mismatch between demand in the private sector and the supply of skills. The problem is not peculiar to the Bangsamoro; TESDA figures for the whole country show that in 2008 and 2009, only 28.5% of TESDA scholars were absorbed into the labor force after graduation.

### B.1.2. Intensifying Delivery of Literacy Programs in the Bangsamoro

There are 319,815 illiterate adults in the ARMM—by itself a significant barrier to achieving the Millennium Development Goals and the objective of Education for All. Improving adult literacy, especially among mothers, generates economic and social returns that can limit the transmission of poverty from generation to generation.

Improving adult literacy and child literacy and helping people better appreciate the value of education are associated with a wide range of beneficial results, from better nutrition to improved social trust and confidence.

A number of existing initiatives by the Central Government, donors, and CSOs can be supported to push the agenda of promoting adult literacy in the Bangsamoro. Through the ALS supported by ARMM-Beam (Basic Education Assistance in Mindanao), both teachers and parents can gain functional literacy and learn livelihood skills. This is supplemented by early childhood development programs under which Community Learning Centers are being built near elementary schools in remote areas of the ARMM.

Similar initiatives that will provide platforms for skills development to transform small business ideas into reality among the entrepreneurial adults should be supported in the Bangsamoro. Innovations that combine adult literacy, entrepreneurial skills development, and business mentorship will target the entrepreneurial and the vulnerable adults, particularly women. Completion of the training program would give trainees eligibility to apply for a small loan to start a business.

A tie-up on the adult literacy program and the DSWD’s Sustainable Livelihood Program, which provides two-track training for micro-enterprise development and employment, is useful. “On-air radio” adult literacy programs have also proved useful. The Magbassa Kita Foundation, Inc. provides a three-month literacy and numeracy course for illiterate adults that incorporates peaceful resolution of conflict in its lessons, under its “Literacy for Peace and Development” (LIPAD) Project. The Learning Livelihood for Food Security of the ARMM Social Fund that provides community-based livelihood and skills training for illiterate adult women can be replicated for scaling up in the Bangsamoro.

Adult literacy programs in the Bangsamoro, especially in the ARMM provinces, have thus far been uncoordinated and donor-dependent. A comprehensive assessment of existing adult literacy programs, including a review of instructional materials in the region, will therefore be necessary for the program to become part of the future operational program of the Bangsamoro Government.

### B.1.3. Improving Access to Basic Education for Internally Displaced Children in Temporary Schools, Evacuation Centers, and Camps

Improving access to basic education together with supplemental provisions of medical, psychosocial, and feeding programs, particularly for children in temporary
schools such as in camps, would be key to any initial attempts at integrating IDPs into the mainstream national education system.

According to the WFP-WB survey on IDPs in 2011, a significant portion of IDP households with children six to 12 years old missed attending elementary school at least once a week (mainland: 36%; islands: 51%), mainly because of poor health (see Table 21).

In households that have experienced prolonged or multiple cycles of displacements and which decide to return home, special accreditation of learning for returnees would be indispensable. Without it, school children may be forced to reenter the education system at lower level because their prior learning would be inadequate. Teachers and school administrators in camps who have developed skills in multi-grade teaching may also be given opportunities to engage in curriculum development.

B.1.4. Enhancing Access to Basic Education—English, Arabic, and also IP Education—by Improving School Facilities, Instructional Materials, and Other Resource Factors

These targeted interventions should be pursued simultaneously with continuing efforts at improving access to basic education, both English and Arabic, and also IP education, in all sectors. The adoption of the K-12 program in the national education system will likely put an additional strain on the already stretched basic education in the Bangsamoro if the inadequacy of school inputs is not properly addressed. There are not enough educational facilities with functional toilets, electricity, and drinking water. There is a prevalence of under-qualified or unqualified teachers, and there is a proliferation of “ghost teachers” and “ghost schools.”

Full-scale development of culture-sensitive instructional materials, including textbooks, would not only address the need to accommodate the cultural diversity of the Bangsamoro in the national educational system but also signal the start of a fundamental reform.

Years of protracted conflict in the Bangsamoro have disrupted schooling, with plausible consequences on the supply side: rapid increase of incomplete schools, and emergence of schools that offer multi-grade classes, at the primary level. Absence of complete primary schools makes it impossible for children to finish primary schooling in some Bangsamoro areas.

However, incomplete primary schools, rather than being restricted, should be strengthened and made complete.

<table>
<thead>
<tr>
<th>Table 21: Access to Education for Internally Displaced Persons (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of IDP households with children 6–12 years old</td>
</tr>
<tr>
<td>% of IDP households with children attending elementary schools</td>
</tr>
<tr>
<td>% of IDP households with children 6–12 years old missing school for at least once in the last 6 months (from survey period)</td>
</tr>
<tr>
<td>Top 3 reasons for missing school</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Source: WFP and WB (2011)
This is in view of the school supply gap and the diminished stock of human capital resulting from conflict and out-migration. Special accreditation would also be important to facilitate ease of mobility of students across the education ladder and curtail non-completion among learners.

There is also an urgent need to deploy “community-based/resident teachers” who will be recruited from the local population based on some flexible arrangements on competency to deliver the task assigned. Their deployment shall be matched with salary-based incentives to compensate for the risks and hazards that “community-based/resident teachers” will face once deployed in far-flung or conflict-affected areas.

The perennial problem of deficiencies in school resources and the proliferation of IDP communities have prompted some schools to adopt multi-grade classes. In most places, however, many multi-grade schools are poorly equipped to implement multi-grade education, as they still unsuitably employ mono-grade curricula and the teachers lack the needed preparation for effective delivery of the pedagogy. Despite the low number of multi-grade schools in the ARMM relative to the national average (see Table 22), the importance of learning from the previous experience of the Multi-Grade Program in Philippine Education, especially in the context of conflict-affected areas where uneven distribution of pupils in a classroom is the norm, will be useful.

Interventions to address the needs of multi-grade schools include adoption of a multi-grade curriculum that treats subjects or courses as part of an integrated continuum of discourse, school and classroom management processes that instill the value of peer collaboration and “self-study,” availability of in-service teacher training/preparation, multi-grade teacher recognition, distribution of supplementary modular instructional or learning materials to facilitate flexible classroom organization and learning processes, assessment based on individual learner’s pace, as well as involvement of families and community, all for the purpose of fostering active learning among learners.

A multi-grade class system, as an alternative delivery mechanism, provides learners a chance to resume schooling after dropping out for various reasons, at any time possible, especially in a tenuous post-conflict landscape. Multi-grade education has been practiced since the distant past in traditional Islamic schools in the Bangsamoro, where it is seen as a more effective pedagogy to promote the potentials of the learner and as a force that fosters community cooperation. In some madaris, elements of multi-grade schooling still remain at its core of training so that the Department of Education’s current efforts at upgrading madaris education into the public education system should accommodate this multi-grade system.

The Bangsamoro Parliament shall enact a Bangsamoro Educational System that will be responsive to the needs, aspirations of the Bangsamoro.

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### Table 22: Distribution of Elementary Schools by Type (SY 2013 and 2014)

<table>
<thead>
<tr>
<th></th>
<th>Total No. of Schools</th>
<th>Incomplete Schools</th>
<th>Multi-Grade Schools</th>
<th>Multi-Shift Schools*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMM</td>
<td>2,210</td>
<td>32.9%</td>
<td>22.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Mindanao (excluding ARMM)</td>
<td>9,169</td>
<td>6.2%</td>
<td>36.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Philippines</td>
<td>38,689</td>
<td>8.4%</td>
<td>31.7%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Note: * Refers to both regular and SPED elementary schools

Source: DepEd-ARMM-EBEIS (SY 2013 and 2014)
B.1.5. Supporting Efforts at Improving Basic School Data Generation and Monitoring Capability of the Bangsamoro Transition Government

It will be necessary to have a full accounting of the number and locations of schools and an assessment of the quality of facilities and instructional materials and programs, including the curricula of *ibtidaiya* (elementary school) and *thanawiya* (secondary school) in MILF communities (BCT) and catchment areas before these are accredited to the national educational system. This will be pursued simultaneously with the ongoing efforts to map out the state of educational facilities and status of teachers, principals, and students under the incumbent regional government, in order to weed out fictitious schools and underperforming schools and “ghost teachers” and “ghost students.”

Over the medium term, the Bangsamoro Government shall deepen the implementation of universal access to basic education and create a mass of educated reformists.


Building a healthy, educated, and skilled resource base in the Bangsamoro is a key factor in accelerating long-term economic growth, as having improved human capital tends to engender knowledge spillover and innovation. Toward that goal, it will be essential to create a critical mass of educated people in the medium term. Providing scholarships for higher education, domestic and international, and training in executive programs and specialized technical skills would be a major step in institution-building.

The Bangsamoro also needs to revitalize its tertiary education system to enhance its human capital stock and to generate a human resource base that can adapt and compete in whatever fields or industry they are immersed in the Bangsamoro. There are six universities with three satellite campuses—Mindanao State University, Notre Dame University, and the University of Southern Mindanao—and 93 colleges and academies. However, only 5.3% of its population in 2010 had college degrees. Deliberate efforts will be needed across a wide range of subjects, including teacher-training, public administration, business administration, entrepreneurship and accounting, health and social-welfare services, community development, agricultural extension and possibly research and development to staff the regional government, economy and civil society. Considering the urgent need to recruit such personnel, especially among the local population, it will be useful to experiment with more flexible arrangements that emphasize competency for the tasks to be assigned.

As part of the revitalization of tertiary education system, issues on allocative efficiency, quality, access, and relevance are present and must be dealt with, as the region gears toward calls for modernizing its higher education institutions attuned to the demands and needs of the regional and global economies.

B.1.7. Upgrading Social Services to Encourage Skilled Workers to Return

Skilled and healthy workers have a high propensity to escape a conflict situation, and so there has been a diaspora of such workers from the Bangsamoro. A solution is to encourage them to return because they will be needed in the region’s socioeconomic development, including the delivery of quality basic education and health services. The challenge is to provide them with employment, livelihood, and business opportunities, together with quality education and health services for them and their families.

In the medium term, the Bangsamoro Government will invest in upgrading the education and health facilities as well as the deployment of skilled health workers and teachers. Private-sector sponsorships of some components of educational facilities or services, through the “Adopt-a-School Program,” can be a congenial arrangement to encourage the participation of the private sector in meeting the social objective of education for all. Similar efforts shall be undertaken in the health sector, such as “Adopt-a-Hospital Program” or “Adopt-a-Health-Center Program,” especially in remote areas in the Bangsamoro.
B.1.8. Strengthening the Madrasah Educational System, and also IP Education

The madrasah system, and also the IP educational system, will be strengthened to encourage more Bangsamoro to enroll and to ensure that they gain the knowledge and skills that will enable them to be productively employed.

A review of curricula is necessary to reflect both the educational policies of the Central Government and the Bangsamoro Government. There shall be accreditation of madaris and schools offering IP education, as well as training of teachers and professionalization of asatidz (teachers) not only in traditional fields of learning but also in English and technical and science courses, in order to create an environment conducive to acquiring technical and scientific proficiency.

The Bangsamoro Government shall adopt a system of education consistent with the culture, traditions, and customs of the Bangsamoro. As such, it shall examine the present curricula in order to suit the educational needs of the Bangsamoro.

B.1.9. Scaling Up Technical and Vocational Skills Development

Courses oriented toward developing vocational and other skills will be offered based on the requirements of employers inside and outside the Bangsamoro area. Partnerships with the private sector will be formed in designing/updating vocational and technical curricula and creating internship or apprenticeship arrangements in response to the specific human capital needs of companies in a new politico-economic environment. Special adult education programs will be undertaken, focusing on areas of the Bangsamoro with a high incidence of adult illiteracy, such as areas in the island provinces. Similarly, programs geared at maintaining and increasing school enrollment levels and special training programs for out-of-school youth will be launched.

B.1.10 Institutional Strengthening in the Delivery of Educational Services

Institutional strengthening to create an enabling environment for effective and efficient delivery of education services is a paramount concern of the Bangsamoro in the medium to the long term. The BDP can build on the lessons learned from the previous experience of the ARG with the following essential measures to be undertaken by the Bangsamoro Ministry of Education: (a) strengthening social accountability through citizen engagement in school management in collaboration with government and NGOs to emphasize the evolving parental choice and civil society participation in terms of school choice; (b) adopting results/performance-based budgeting and accountability management to foster fiscal discipline combined with transparency of targets, budget, and performance; and (c) ensuring integration of education budget to align education priorities with policy or plans. The third item will be extremely useful in encouraging a fiscal culture of predictability of the budgeting framework.

B.2. Health

The strategic thrust of the health sector during the transition period is to expand the implementation of universal quality healthcare, starting in areas most disrupted by conflict and in areas where the most vulnerable are clustered. Focusing on these areas would have a significant impact on regional health indicators.

B.2.1. Improving Access to Quality Healthcare Services in Camps, Key Secondary Cities, and Isolated Communities

Coordinated and implemented by a Project Task Force, the strategy can be achieved through:

a. Health caravan for the Bangsamoro. This will be a medical and dental outreach program consisting of, but not limited to: consultations; minor surgical procedures; mobile diagnostic clinics (e.g., in buses and boats); health education and promotion of proper nutrition; healthy lifestyle and noncommunicable diseases prevention; oral health/hygiene promotion; information on PhilHealth benefits; cancer prevention; water, sanitation, and hygiene; campaign against smoking and chronic respiratory diseases; campaign against infectious diseases; and promoting program for family planning and responsible parenthood.
b. **Provision of equipment, devices, medicines, and vaccines to rural health units (RHUs).** This will supplement current allocations in Bangsamoro areas with the greatest need. Some 87,606 children (0-2 years old) in the ARMM have not received any basic vaccination to meet the 2013 national percentage-average.

c. **PhilHealth beneficiary awareness campaign.** Information on PhilHealth enrollment and benefits, including existing health facilities, will be provided to communities. In the ARMM alone, 106,419 households have no form of health insurance coverage whatsoever. Their needs must be addressed if the region is to attain the 2013 national percentage-average.\(^96\)

d. **Distribution of sponsored PhilHealth insurance cards.** The poorest of the poor shall be reached through PhilHealth’s Indigent Program. MILF members and their communities most in need will also be sought out in line with the universal healthcare policy.

e. **Launching of the Bangsamoro Telehealth Project.** This will connect the field health workers to their rural health physicians and, if necessary, to physicians in cities elsewhere in the Philippines via telecommunications.

f. **Media and information campaign on all health programs.** A Bangsamoro-wide information campaign popularizing the various health programs that can be availed of in all RHUs and Barangay Health Stations (BHSs) will be launched in partnership with the media. This demand generation activity will be led by a Project Health Team and will ensure that the Bangsamoro constituents avail themselves of health services, especially during the health caravan.

g. **Public-Private Partnerships.** Private sector participation in Bangsamoro public sector health programs could be explored especially in areas related to strengthening public health services, maternal and child healthcare and nutrition, educating the public, and provision of infrastructure and facilities.

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**B.2.2. Supporting Efforts at Improving Basic Health Data Generation and Monitoring Capability**

Continued efforts in mapping out the location, the quantity and quality of health infrastructure, and status of medical personnel will be pursued to ascertain the true state of affairs in the delivery of quality health services in the Bangsamoro. A comprehensive needs-assessment of health facilities and personnel is also necessary.

**B.2.3. Conducting Analytical and/or Feasibility Study on the Bangsamoro Social Health Insurance System**

An analytical and feasibility study will be conducted on a Bangsamoro Health Takaful, a Shari’ah-compliant social health insurance system.

**B.2.4. Scaling Up the Existing CCT and CDD and Other Social Protection Programs in the Bangsamoro**

Existing programs that focus on improving health and education outcomes in the Bangsamoro, including the CCT and the CDD programs under the ARMM Social Fund Program (ASFP) and the Mindanao Trust Fund-Reconstruction and Development Program (MTF-RDP), will be accelerated and their coverage expanded.

There is need also to continue programs for persons with disabilities and programs for the elderly, and healing programs for traumatized women and children from armed conflict and domestic abuse. Implementation issues related to under-reporting among victims of domestic abuse and disability should be seriously assessed to address bottlenecks, as are non-accreditation of support health facilities for PhilHealth, and wide use of PhilHealth cards as collateral for small loans by CCT beneficiaries. Establishment of a residential care facility for the elderly, similar to the current program of DSWD, may not be culturally feasible, as it might overcrowd the existing informal social arrangement such as tabang or kapamamagawida where local culture values filial home care of the elderly and shuns families who commit the aged to externally-sponsored residential care facilities.
In the medium term, the Bangsamoro Government will need to deepen the implementation of universal access to healthcare, taking into account the cultural diversity and sensitivity in the provision of quality healthcare.

B.2.5. Strengthening the Human Resource Capacity

Competencies of health service providers in the Bangsamoro, especially in maternal, newborn, and child health and nutrition (MNCHN), will be upgraded to enable them to provide quality health services. The scholarships and return service contracts described above will be continued. In addition, there will be management training for health modules, including modules on good governance, transparency, accountability, leadership, and management, as well as moral values transformation.

B.2.6. Upgrading Health Facilities and Expanding PhilHealth Accreditation of Hospitals

To build on findings of the comprehensive needs-assessment of health facilities that will be carried out during the transition years, the Health Facility Enhancement Program (HFEP) of the Central Government will be tapped to upgrade existing health facilities. Equipment, devices, supplies, drugs and medicine will also need to be provided and replenished regularly.

B.2.7. Intensifying the Referral System of Healthcare Services in Remote Areas both in the Mainland and in Island Provinces

This will build on the gains of the Bangsamoro “telehealth” initiative in order to address the shortage of physicians in hard-to-reach areas, particularly in the rural health units. HFEP resources will be tapped for the provision of effective telecommunications equipment. The project could be implemented in collaboration with the National Telehealth Center of the University of the Philippines, Manila.

B.2.8. Expansion of Social Health Insurance System

Implementation of the government-sponsored “Sajahatra Philhealth” will need to be intensified. Efforts will be needed to provide PhilHealth cards to all eligible beneficiaries, and information provided on services (including at point-of-care services), and PhilHealth focal points stationed in hospitals. Establishment of a Shari’ah-compliant social health insurance program provider, as an attached agency of the Bangsamoro Ministry of Health, will be explored based on the findings of the analytical study conducted during the transition years.

B.3. Water, Sanitation and Hygiene (WaSH)

B.3.1. Adopting a Governance-Oriented Approach to WaSH

Water resources in the Bangsamoro areas are limited and at risk, and have to be managed for the good of everyone. Water supply, sanitation provision, and hygiene promotion will need to be a priority component of poverty reduction initiatives and to be treated as a service.97

a. Decentralization and subsidiarity. Consistent with the spirit of autonomy that underpins the creation of the Bangsamoro, the delivery and management of WaSH will have to be based on decentralization and subsidiarity, and be supportive of good governance. WaSH service delivery and management will need to involve providers and other stakeholders at the lowest appropriate levels.

b. Participation. It is essential to promote systematic participation and enhanced accountability, responsiveness and transparency of Bangsamoro governance bodies in the provision of WaSH. A governance-oriented approach to WaSH entails systematic participation of many stakeholders in different roles, such as communities, various levels of local governments, regional bodies, national agencies, CSOs, the private sector, and international partners. The involvement of these actors and stakeholders will have to be managed, and the Bangsamoro Government’s capacity to do so will have to be strengthened.

c. Standards. Provision of WaSH services in the Bangsamoro region should be consistent with Philippine National Standards for Water Supply...
and Sanitation Facilities. Any water service intervention should be at Level 2, at the minimum, to avoid the perennial problem of the community’s inability to sustain the operations and maintenance of a Level 1 water system.

In addition, interventions should be compliant with the Philippine National Standards for Drinking Water, the standards on appropriate water and sanitation technology, those related to domestic plumbing, household water treatment and storage, and other criteria and benchmarks provided by law. Not achievable overnight, these are standards to which WaSH stakeholders in the Bangsamoro should aspire.

d. Database. An inventory of WaSH service facilities, implemented as early as possible during the Bangsamoro transition, is crucial to ascertain the existing condition of supply and sanitation, and determine actual demand.

B.3.2. Adopting Graduated and Integrated Approaches to WaSH Development Within Integrated Water Resource Management and Climate Change Adaptation

a. Alignment with broader frameworks. Comprehensive delivery and management of WaSH in the Bangsamoro will need to be approached in a graduated manner and in a way consistent with the frameworks of Integrated Water Resources Management (IWRM) and climate change adaptation.

WaSH service delivery cannot be treated in isolation from the other natural resources in the locality such as watersheds, water bodies, and coastal ecosystems. WaSH initiatives should be designed with the ecosystems in mind and should not be pursued at their expense. WaSH development also needs to factor in the economy by taking note of the water requirements of economic activities such as agriculture, energy and industry, and the pressures of pollution-causing economic activities. Extreme weather conditions and other uncertainties created by climate change will require that WaSH initiatives have to be climate-proofed.

b. WaSH Development Roadmap. An overall roadmap for WaSH in each locality will be the basis for initiatives that build on one another progressively to achieve the WaSH vision and targets. The roadmap has to be based on data, technically sound, and developed in a participatory manner. Essential to these roadmaps are data on water demand and supply. Subsequent WaSH projects will have to use the local roadmap as reference and will be supportive of the set directions and targets. The Bangsamoro Government will need to develop a regional framework or roadmap to provide strategic guidance, targets, and support to the local units with respect to WaSH planning.

c. Imputing value to WaSH services. A progressive approach to WaSH also means helping communities regard it as a valued service. By learning to value WaSH, households will be discouraged from engaging in wasteful consumption and pollution-causing activities. Enough resources can be generated locally for the operations and maintenance of WaSH systems. Over time, communities can be assisted through a variety of strategies that include different forms of payment (such as payment in kind, in labor or skills provision, with connection charges phased in gradually; flexible payment terms), minimal charges that are fair and affordable, among others. A private-public partnership shall be explored to encourage entrepreneurs to provide suitable and acceptable technologies, such as water services using mobile filtering technologies, among others.

Service providers should be prepared to reduce the indirect costs of water, even by initially subsidizing low-income households and other vulnerable groups to make sure that no one is denied access. A minimal tariff may be adopted, at least to sustain the operations and maintenance of the system, while service providers can take advantage of scale to cover the capital expenditure. Setting the appropriate tariff for WaSH will need to consider affordability and determine the viability gap to be subsidized, so as not to hinder household ability to procure other essential goods and services.

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Regulatory bodies would need to ensure that such practices as profiteering and price-fixing are avoided. The commitment to keep WaSH affordable also entails selection of appropriate technologies and other resources, from construction/implementation, operation and maintenance to future growth. The selection will also need to consider climate change resilience.

d. Capacity-building. The orientation of the “Protect, Respect, and Remedy” Framework (Ruggie Framework) shall be promoted. In addition, the capacity of the regulatory and implementing bodies at different levels will have to be enhanced in terms of their ability to: (1) carry out technical functions or tasks, (2) commit and engage, (3) relate and attract resources and support, (4) continuously improve (adapt and self-renew), and (5) balance diversity and coherence.

B.3.3. Promoting Behavior Change

Community groups and CSOs with a WaSH mandate will be encouraged to initiate or respond positively to engagements with regional and local governments and service providers. To be developed are the abilities to: conduct resource inventory; identify priorities, service levels, and options; determine technology, human, financial and other resource requirements; monitor and evaluate the implementation of WaSH responses and communicate the results of the monitoring and evaluation.

Local leaders (religious, traditional, and community), the media, and educational institutions and other culture-bearing bodies can make significant contributions to prevent or modify unhelpful behavior and introduce better ones. The Ulamah in particular can help Muslims in the Bangsamoro better appreciate the connections between purity/cleanliness and worship and thus improve WaSH practices. These local leaders will need to be supported in their information, education, and communication efforts. Incentive designs and schemes are powerful and effective tools to influence behavioral change at the household level. The Bangsamoro Government may encourage households to invest in improved water supply and sanitary toilets in exchange for household durable goods such as solar power packages.

B.3.4. WaSH in Emergency Response

In more recent times the ability of responders from government, civil society, and international partners to provide WaSH support in emergency situations has improved in relative terms with the creation of coordinating mechanisms, better information-sharing, more targeted responses, and the use of the SPHERE standards.

Appropriate WaSH facilities are important to ensure that women and children are not subjected to sexual and other forms of violence in emergency settings. A state of readiness to provide WaSH emergency response will have to be maintained and measures taken to address persistent issues encountered in more recent dislocations such as variability in the emergency WaSH kits provided by different responders.

B.4. Housing (Sustainable Bangsamoro Settlements Program and Special Housing Needs Assistance Package)

A Sustainable Bangsamoro Settlements Program with a Special Housing Needs Assistance Package (SHNAP) will be launched to include the following in the short term:

B.4.1. Priority Housing for IDPs

Particular focus will need to be devoted to noncombatants who were displaced by the armed conflict. In areas where growth and development are hampered by internal displacement, IDPs can be “bridges” of peace in the Bangsamoro, given their extensive family ties and connection with groups in conflict with the government. Conversely, when IDPs feel neglected, are without stable living conditions and isolated from mainstream society, they can be multipliers of social discontent. Community housing programs could be undertaken where suitable and appropriate.
B.4.2. Integrated Return and Development Programs for the Economically Displaced Bangsamoro (IRDP-EDB)

The effects of the lack of economic programs and good governance are manifold in terms of insecurity and the loss of moral ascendancy. They transfuse from one family to a larger family—the clan—or from one family to other families in the community. Further, violence is also vulnerable due to scarcity of economic opportunities where the people vie against one another in every way to get hold of the limited resources in the area.

One of the effects is the influx of Bangsamoro people in the various part of the metropolitan of Luzon and Visayas to find a living is caused by the dismal economic condition and the absence of livelihood opportunities in the different localities of the Bangsamoro. It has been exacerbated the people living condition when most of these people engaged in hazardous business just to generate income if not to survive. Some of them are caught by committing crimes which brought them mostly at several jails in Metro Manila.

This unwelcome condition that proliferate in the Bangsamoro area contributes to unproductive growth in the region. It has also created more dissatisfaction in life which made them coursed to an aberrated path from focusing on the proper utilization of potential resources they have in their place especially on agriculture and fishery and disappearance of workforce in the likely zones of economic progress. The number of these Bangsamoro migrants will continue to multiply for as long as the economic fortune of the region is not drastically altered. Tragic stories of the Bangsamoro living in urban ghettos under dismal conditions will continue to increase if the conducive economic environment for them to stay in their communities of origin is not provided.

Similarly, a policy of trying to entice Bangsamoro to return to their community of origin can only be effective if the appropriate economic conditions are put in place. For this reason, the Bangsamoro Government, through the proper implementation of the BDP, will ensure the installation of the appropriate environment for the Bangsamoro in the medium and the long term. This will aid the Bangsamoro to realize their full potential and fulfill their collective creativity as they contribute to the development of their own homeland. Also, it will also ensure that the dividends of peace are fairly distributed among the various residents of the Bangsamoro region, given their active participation in the development process.

As the situation of the Bangsamoro evolves affirmatively, the BDP recognizes the imperative need to address surmountable issues and concerns affecting the economically displaced Bangsamoro people. They have moved from their place and dwelled susceptibly outside the Bangsamoro area. The Bangsamoro Government shall implement integrated and sustainable socioeconomic programs and projects for them.

B.4.3. Housing Finance

Alternative funds will be created that will spur housing production. A financing window will be made available to low-income families, aside from regular housing programs of the national government, such as the Community Mortgage Programs, the NHFMC or Pag-IBIG Fund, and the like. The participation of NGOs shall also be expanded in socialized housing, building of strong public-private partnership, and increasing the capacity of low-income earners. Studies and consultations will be made to provide incentives and explore ways to get tax and fiscal incentives for developers. Alternative tenurial arrangements such as lease or usufruct will also be adopted to reduce the cost of land.

In the medium term, the program will support the following:

B.4.4. Tenure Security

A considerable number of families do not live on their own lands. This situation can cause land disputes that can render more people land-insecure. Local Housing Boards shall be created in every LGU and serve as the governing bodies in planning and implementing housing programs especially for Bangsamoro IDPs.
B.4.5. Site Development

Attention will be given to identification of sites for settlement development. This undertaking will need to take into consideration the distance between the areas where families live and the areas of livelihood. The Comprehensive Land Use Plans of LGUs need to be completed to identify buildable lands for settlement development. In building sustainable communities through rational utilization of land, regulations on developing residential subdivision projects for formal and informal settlers are linked to the enforcement of comprehensive land use plans that consider a combination of functions and amenities based on environmental standards. Ultimately, these sites will need to be chosen and designed to sustainable by providing minimum service standards in light of the global climate change phenomenon.

The effects of climate change shall also be taken into consideration. Changes in climate may result in: (a) water shortages in settlements; (b) declining air and water quality; (c) reduced hydropower generation potentials; and (d) disruption of settlements, commerce, and transport due to flooding, among others. If settlement areas are haphazardly selected and/or developed, there potentials arise for population migrations and loss of property and lives.

B.5. Gender

As the Bangsamoro Government becomes more established, another shift that will need to be considered is the development of its humanitarian action capabilities to enable it to lead and manage emergency responses. Where in the past, civil society, international partners and the national government were more involved, the recent experiences of LGUs in other regions show that local officials have taken the leadership role for the better in handling emergency situations.

Specific focus is also needed on improving prevention and response to GBV and discrimination based on gender or disability.

In the short term, the Bangsamoro Government will:

a. Organize awareness campaigns and information drives in the media, LGUs, schools, etc., on laws on violence against women and children and on the available services and protection mechanisms;
b. Conduct gender training using modules that deal with sectoral issues and themes, e.g., GBV, trafficking, illegal recruitment;
c. Establish and strengthen the GBV referral pathway to address GBV cases by engaging the traditional mechanisms for dispute resolution as well as through the activation and functionalization of local government protection mechanisms; and
d. Improve access of women and girls to local protection mechanisms.

In the medium term, strategies will include:

a. Developing comprehensive human rights education curriculum in all levels of education;
b. Reviewing existing traditions and cultural practices that violate women’s rights and promote the meaningful representation of women;
c. Ensuring the implementation of GAD budgeting;
d. Providing opportunities and establishing structures for the active participation of women in conflict prevention and resolution; and
e. Developing comprehensive support programs and services to address the needs of women in conflict-affected and post-conflict areas, such as sustained protection, increased access to justice and healing, rehabilitation, and development.
C. Summary of Priority Programs

Table 23 presents the list of priority social programs.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Priority Programs</th>
<th>Components</th>
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<tbody>
<tr>
<td>Increase household access to WaSH</td>
<td>Water, Sanitation and Hygiene (WaSH)</td>
<td>• Scaled-up access to water and sanitation facilities through adoption of graduated and integrated approaches to WaSH development</td>
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<td>Increase access to quality health services and reduce risk of conflict reversal</td>
<td>Health</td>
<td>• Provision of PhilHealth cards</td>
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<td></td>
<td></td>
<td>• Mass immunization and feeding programs</td>
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<td></td>
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<td>• Health caravans</td>
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<td>• Upgrading of health facilities</td>
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<td></td>
<td></td>
<td>• Creative delivery mechanisms: support trainings for BIAF medics and traditional healers</td>
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<tr>
<td>Improve access to quality education and reduce risk of conflict reversal, toward creating a skilled and able workforce in the Bangsamoro</td>
<td>Education</td>
<td>• Technical and vocational skills training including entrepreneurship</td>
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<td></td>
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<td>• Functional literacy programs for out-of-school and inactive youth and illiterate adults</td>
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<td>• Private sector apprenticeship for OSY</td>
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<td></td>
<td></td>
<td>• Curriculum development and review of <em>madaris</em> system (<em>ibtidaiyah</em>, <em>thanawiyah</em> and <em>kulliyah</em>)</td>
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<td></td>
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<td>• Supply-side inputs for primary and secondary education</td>
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<td>• Modified “GI Bill-Veterans Benefit Packages” for families of MILF combatants</td>
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<td>• Mobilization of alternative teachers</td>
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<td>Increase % of population with secure housing tenure</td>
<td>Sustainable Bangsamoro Settlements</td>
<td>• Special Housing Needs Assistance Package for IDPs</td>
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<td>• PPP for socialized housing</td>
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<td></td>
<td></td>
<td>• Policy reform on land rights, housing tenure, security and economically displaced Bangsamoro</td>
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<tr>
<td>Provide safety nets and increase access to services for vulnerable groups</td>
<td>Protective Services</td>
<td>• Packages for vulnerable groups: senior citizens, PWDs, women, widows, youth, orphans, etc.</td>
</tr>
</tbody>
</table>
NOTES

82 ARMM Regional Development Plan.
83 Department of Health-Field Health Services Information System (2012).
84 Philippine Statistics Authority-National Demographic and Health Survey (2013).
85 Ibid.
87 A more thorough assessment of housing needs in the Bangsamoro is crucial to account for the informal sector including those displaced by conflict.
88 Collier (2007).
90 Philippine Statistics Authority-Census on Population and Housing (2010). Further, 715,173 adults who did not finish elementary school, including those without education. Magbassa Kita Foundation estimates a total 600,000 adult illiterates in the ARMM.
93 Commission on Higher Education raw data as of September 2014.
94 Collier (2007).
95 The World Bank and the Australian Department of Foreign Affairs and Trade (2013).
96 Extrapolated from the 2008 National Health and Demographic Survey data and 2010 Census of Population and Household data. Percentage of total household population with health insurance coverage (Philippines: 42.0%, ARMM: 17.5%); and percentage of total population of women aged 15 to 49 years with health insurance coverage (Philippines: 42.8%, ARMM: 15.7%).
97 In sanitation, the notion of service involves not just government providing free facilities to each household but government, through policies, programs, projects or other measures, creates an environment in which households can easily access facilities that can also be provided by the private sector.
98 Water demand is influenced by the following factors: (a) service levels to be implemented; (b) size of the community; (c) standard of living of the populace; (d) quantity and quality of water available in the area; (e) water tariffs that need to be shouldered by the consumers; (f) climatological conditions; and (g) habits and manners of water usage by the people. See the World Bank (2012).
99 A related standard is that expenses for water and sanitation should not exceed 5% of the disposable income of a poor household.
100 Baser and Morgan (2008).