

Conjares, Ma. Norma Thea Madeline; Carreon, Danielle Lois; Casas, Lyle; Ulep, Valerie Gilbert

Working Paper

Sustain the gains: An assessment of nurturing care outcomes in the next 1,000 days

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Sustain the Gains: An Assessment of Nurturing Care Outcomes in the Next 1,000 Days

*Ma. Norma Thea Madeline Conjares,
Danielle Lois Carreon, Lyle Daryll Casas,
and Valerie Gilbert Ulep*

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CONTACT US:

RESEARCH INFORMATION DEPARTMENT
Philippine Institute for Development Studies

18th Floor, Three Cyberpod Centris – North Tower
EDSA corner Quezón Avenue, Quezon City, Philippines



<https://www.pids.gov.ph>



publications@pids.gov.ph



(+632) 8877-4000

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Ma. Norma Thea Madeline Conjares
Danielle Lois Carreon
Lyle Daryll Casas
Valerie Gilbert Ulep

PHILIPPINE INSTITUTE FOR DEVELOPMENT STUDIES
SECOND CONGRESSIONAL COMMISSION ON EDUCATION
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Abstract

The Next 1000 days of a child's life (spanning from the age of two to five years) offer a window of opportunity to build on early gains to sustain or improve trajectories of healthy development. The Next 1000 Days is crucial for cognitive, motor, and socio-emotional development. As such, this development period highlights nurturing care, which refers to the conditions created by public policies, programs, and services that enable caregivers and communities to ensure good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. While Early Childcare and Development (ECD) interventions are not new in the Philippines, the Next 1000 Days highlights the continuity of care, thus emphasizing that the responsibility of ECD expands beyond parent-child relationships and the siloes of the health and nutrition sectors. However, research involving disaggregated data in the period of the Next 1000 Days is sparse among low- to middle-income countries, including the Philippines. Likewise, efforts to promote development in the next 1000 days are inadequate or not translated effectively into policies. In this report, we aim to provide a baseline assessment of relevant outcomes in the next 1000 days through the lens of the nurturing care framework using population-level data covering children under the age of five (5). This assessment shall guide us in providing policy recommendations to improve and build on these efforts to maximize this golden window of opportunity in early child development.

Keywords: next 1000 days, nurturing care, early childcare and development, Philippines

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Sustain the Gains: An Assessment of Nurturing Care Outcomes in the Next 1000 Days

Ma. Norma Thea Madeline Conjares, Danielle Lois Carreon, Lyle Daryll Casas, Valerie Gilbert Ulep¹

1. Introduction

The First 1000 Days, or the developmental period of a child's life from conception to two years, is a crucial period of growth and development. This can determine a child's health and nutrition status across his or her lifespan. In 2018, the country has taken significant strides in scaling up efforts to improve nutrition interventions for the First 1000 Days of life through enacting Republic Act No. 11148 known as the "*Kalusugan ng Mag-Nanay Act*", which allocates resources to prioritize the health and nutrition of adolescent females, pregnant and lactating women, as well as infant and young children. **Despite these efforts, a high prevalence of undernutrition persists, especially among young children.** In 2023, 23.6% of children under five are stunted, while 15.1% are underweight (DOST-FNRI, 2023)

Emerging literature suggests that the Next 100 days of a child's life (spanning from the age of two to five years) offer a window of opportunity to build on early gains and sustain or improve trajectories of healthy development. (Draper et al. 2024). The Lancet series on Early Childhood Development and the Next 1000 Days emphasizes the key role of care work and Early Childhood Care and Education (ECCE) settings in improving a child's developmental outcomes. In the Philippines, care work has been described as a function of the community, expanding beyond the traditional/Western notion of parenting (Lasco and Mendoza 2025). Therefore, it is prudent to invest in ECCE settings to provide a holistic set of interventions during this development period.

Research involving disaggregated data in the Next 1000 Days is sparse among low—to middle-income countries, including the Philippines. Likewise, efforts to promote development in the next 1000 days are inadequate. In this report, we aim to assess the efforts and outcomes in the next 1000 days through the lens of the nurturing care framework. This paper aims to provide

¹ MNTMC is a Technical Specialist, DLC is a Senior Technical Specialist, LDC is a Senior Research Specialist, and VGU is Senior Research Fellow at the Philippine Institute for Development Studies, respectively. The authors would like to thank the Demographic and Health Statistics Division, Social Sector Statistics Service, Philippine Statistics Authority (c/o Mr. John Paul L. Gito) for providing the preliminary tables from the 2024 Annual Poverty Indicators Survey, Mr. Aaron Carlos G. Manuel, Technical Specialist for his excellent research assistance, and the Second Congressional Commission on Education (EDCOM2) for the opportunity to work on this report.

policy recommendations to improve and build on these efforts to maximize this golden window of opportunity in early child development.

2. The Next 1000 Days and Nurturing Care

a. What are the Next 1000 Days and Nurturing Care?

While foundational growth occurs in the first 1000 days, it is in the next 1000 days that children consolidate early gains and develop more complex, cognitive, emotional, and social capacities essential for lifelong health and learning. The Next 1000 Days is crucial for cognitive, motor, and socio-emotional development. During this period, children acquire essential skills in language and literacy, numeracy, and self-regulation. Moreover, this period of rapid brain development is heavily shaped by interactions, stimulation, and environment. Thus, what happens in these years can reinforce or hinder progress made in early life. Exposure to poverty-related and other risk factors, such as food insecurity, limited stimulation, poor quality and inaccessible health services, or violence, can significantly undermine potential progress in this critical yet underemphasized period of development. Conversely, this period offers a second window of opportunity where targeted interventions can reverse early deficits and lay the groundwork for future school readiness, economic productivity, and overall health and well-being (Draper et al. 2024).

Nurturing care is imperative in the Next 1000 Days. Due to the rate of development that occurs during this life stage and the growing complexity of needs and skills acquired, optimal child growth is supported through environments that can provide for healthy growing, learning, and living. Nurturing care refers to enabling environments established through public policies, programs, and services that empower communities and caregivers to (1) promote children's health and nutrition, protecting them from threats, and (2) provide children with the opportunity for early learning through interactions that are responsive and emotionally supportive (World Health Organization 2018). The Nurturing Care Framework (See **Box 1**) outlines five key components that promote optimal childcare and development, namely: (1) good health, (2) adequate nutrition, (3) responsive caregiving, (4) opportunities for early learning, and (5) security and safety. When addressed holistically, it ensures children survive, thrive, and reach their full potential. **Box 1** outlines the definition of each component of the Nurturing Care Framework and provides us with a list of programs, services, and interventions recommended by the WHO and UNICEF. These interventions enable equitable access to nurturing care.

Box 1. Nurturing Care Framework



Component	Definition	Interventions
1: Good Health	Refers to the health and well-being of the children and their caregivers	<ul style="list-style-type: none"> - Family planning - HIV testing, prevention of mother-to-child transmission of HIV - Essential newborn care, including kangaroo care for small babies - Immunization of mother and child - Growth monitoring and counselling - Promotion of health and well-being, including health care-seeking behavior - Prevention and treatment of childhood illness and caregiver physical and mental health problems - Care for children with developmental difficulties or disabilities - Adequate Water, Sanitation, and Hygiene (WASH) Services

2: Adequate Nutrition	Refers to maternal and child nutrition	<ul style="list-style-type: none"> - Maternal nutrition - Early initiation and exclusive breastfeeding for 6 months, continued breastfeeding after 6 months, and responsive complementary feeding - Micronutrient supplementation of mother and child, as needed - Adequate physical activity, sedentary behavior, and sleep in early childhood - Management of moderate and severe malnutrition, as well as overweight and obesity
3: Security and Safety	Refers to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental stress, environmental risks, and access to food and water	<ul style="list-style-type: none"> - Birth registration - Food security and access to clean water - Clean indoor and outdoor air - Good hygiene - Protecting children from physical punishment, abuse, and neglect - Safe spaces to play - Social care services, including cash transfer to the most vulnerable families
4: Opportunities for Early Learning	Refers to any opportunity for the baby, toddler, or child to interact with a person, place, or object in their environment	<ul style="list-style-type: none"> - Providing activities that encourage young children to move their bodies, activate their five senses, and hear and use language, and explore - Using daily routines to talk to, play, and interact with the child - Telling stories - Exploring books together and reading to the child - Talking to and with the child

		<ul style="list-style-type: none"> - Smiling, imitating, copying, and simple games - Age-appropriate play with household objects and people - Quality standards and formal childcare spaces
5: Responsive Caregiving	Refers to the ability of parent/caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner.	<ul style="list-style-type: none"> - Modelling and encouraging caregivers to make eye contact, smile, cuddle, and praise - Helping caregivers to notice their child's cues and respond appropriately - Supporting caregivers to identify and use everyday moments to communicate and play with their child - Encouraging caregivers to develop safe and mutually rewarding relationships with their child

Source: Authors' compilation of relevant literature (World Health Organization 2018)

Globally, nurturing care has been widely used as a guiding framework for early childcare. The Nurturing Care Framework (NCF) was developed by the United Nations Children's Fund (UNICEF) in partnership with the World Health Organization (WHO) and published in 2018 in response to the growing commitment of global institutions such as the World Bank Group and UNESCO to invest in early childhood development to achieve the Sustainable Development Goals by 2030. The NCF highlights five SDG targets as examples to guide national programming and investment in support of nurturing care (See Table 1). Since its publication in 2018, the number of countries implementing policies that explicitly prioritize early childhood development has risen by 48%, alongside notable progress with countries enhancing services and addressing critical gaps within the nurturing care framework (WHO, World Bank, and UNICEF 2023). However, it is worth noting that among LMICs, interventions tend to be child-focused with less attention to the enabling environment of nurturing care, the needs of caregivers, and the engagement of other caregivers beyond mothers and primary caregivers (Draper et al. 2024).

Table 1. SDG targets highlighted by the Nurturing Care Framework

SDG Goal	Target
Goal 1, target 1.2	By 2030, reduce at least by half the proportion of men, women, and children of all ages living in poverty in all its dimensions according to national definitions.
Goal 2, target 2.2	End hunger by 2030 and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious, and sufficient food all year round.
Goal 3, target 3.2	By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births.
Goal 4, target 4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so they are ready for primary education.
Goal 16, target 16.2	By 2030, end abuse, exploitation, trafficking, and all forms of violence against and torture of children.

Source: Authors' compilation of relevant literature

In the Philippines, enabling laws and policies for nurturing care have existed across multiple sectors for over five decades. The national government has long given importance to nurturing children in early childhood to improve developmental outcomes. However, these sectoral efforts have existed in siloes, with challenges in monitoring overlapping efforts, especially for nutrition services (UNICEF 2021). It was only in 2000 that the holistic needs of children were recognized, with the passage of RA 8980 or the ECCD Act of 2000 (Ulep et al. 2024).

Table 2 outlines selected laws that enable nurturing care in the country.

Table 2. Enabling laws for Nurturing Care in the Philippines

Enabling Law	Year	ECCD Features
PD 603: The Child and Youth Welfare Code	1974	<ul style="list-style-type: none"> - Establishment of the Council of the Welfare of Children (CWC) - Establishment of nurseries for children aged 6 and below

EO 51: International Code of Breastmilk Substitutes	1986	- Promotion of exclusive breastfeeding and appropriate infant and young child feeding practices
RA 6972: Barangay-Level Total Development and Protection of Children Act	1990	<ul style="list-style-type: none"> - Establishment of day care centers in every barangay - Network of mothers and teachers for early stimulation - Sanctuary for abused, neglected, or exploited children
RA 8972: Solo Parents' Welfare Act of 2000	2000	- Parent effectiveness services, including expansion of knowledge and skills of the solo parent on early childhood development
RA 8980: ECCD Act	2000	- Institutionalization of a national system for early childhood care and development for children 0-6 years
RA 9288: Newborn Screening Act of 2004	2004	- Institutionalization of the national newborn screening system
EO 286: Support for the Bright Child Program	2004	- Delivery early education and psychosocial programs for young children
RA 10028: Expanded Breastfeeding Promotion Act of 2009	2009	<ul style="list-style-type: none"> - Establishment of lactation stations in public places, workplaces - Certification of mother-baby friendly establishments
RA 10410: Early Years Act of 2013	2013	<ul style="list-style-type: none"> - Institutionalization of a National System for Early Childhood Care and Development (ECCD) - Reinforcement of center-based and home-based ECCD programs
RA 10611: Food Safety Act	2013	<ul style="list-style-type: none"> - Provision of safe water and sanitation - Safe food
RA 10821: Children's Emergency Relief and Protection Act	2016	- Immediate recovery and protection for children against all forms of violence, cruelty, neglect, abuse, and exploitation in emergencies

RA 11037: Masustansyang Pagkain Para sa Batang Pilipino	2017	<ul style="list-style-type: none"> - Supplemental feeding for undernourished children in daycare centers - Integrated nutrition education
RA 11148: First 1000 Days Law	2018	<ul style="list-style-type: none"> - Promotion of breastfeeding and appropriate infant and young child feeding practices
RA 11210: 105-Day Expanded Maternity Leave	2018	<ul style="list-style-type: none"> - Paid parental leave
RA 11223: Universal Health Coverage	2019	<ul style="list-style-type: none"> - Maternal and child health and nutrition - Immunization - Universal access to health services
RA 11908: Parent Effectiveness Services Program	2022	<ul style="list-style-type: none"> - Capacity building for parents and parent substitutes
RA 11861: Expanded Solo Parents' Welfare Act	2022	<ul style="list-style-type: none"> - Paid parental leave - Comprehensive package of social protection services
RA 12199: Early Childhood Care and Development System Act	2025	<ul style="list-style-type: none"> - Parent education - Child Development Center (CDC) in every barangay - Professionalization of Child Development Teachers and Child Development Workers

Source: Author's tabulation based on desk review

Note: This is not a comprehensive assessment of early childcare laws; rather, it aims to situate existing Philippine laws across the NCF dimensions and highlight the components, services, and interventions prescribed by the UNICEF and WHO.

Nurturing care highlights the state and welfare of both the child and the caregiver (World Health Organization 2018). A child's growth, in all aspects of health and personhood, depends on the capacity and responsiveness of the adults caring for them (World Health Organization 2004). As such, interventions that give importance to caregiver education, health, and welfare are just as crucial to ensure optimal child growth and development. Recognizing this, policymakers have passed several laws intending to improve the caregiving capacities of parents and caregivers. Notably, in 2022, the national government enacted RA 11908, known as the "Parent Effectiveness Service Program Act," which provides for Local Government Units (LGUs) at

the city and municipal level to strengthen parenting knowledge and skills, especially for children with disabilities, and those living in conflict. In 2025, RA 12199, known as the Early Childhood Care and Development System Act, was enacted. Through this Act, more human resources will be guided and capacitated to provide nurturing care.

b. Why should we give importance to the Next 1000 Days?

The next 1000 days highlights the continuity of nurturing care; thus, emphasizing that the responsibility of early childcare during this developmental period expands beyond parent/caregiver-child relationships and health and nutrition services. In contrast with strategies to improve the first 1000 days of life, which give focus to maternal and child health and appropriate infant and young children's feeding practices, children's needs in the next 1000 days require more complex caregiving behaviors as children acquire additional skills and abilities (Draper et al. 2024). This period builds upon the foundational interventions delivered through family and health sector efforts during the first 1,000 days and necessitates the integration of broader, multisectoral programming (Nores et al. 2024). Promoting children's development in the subsequent 1,000 days entails moving beyond the health, nutrition, and parenting interventions that dominate the initial period, toward a broader set of developmental domains characterized by greater complexity and diversity, requiring the involvement of education and social protection sectors (Draper et al. 2024). In addition, although the NCF is universal, children with the greatest vulnerabilities and disabilities need additional targeted supports to prevent further disadvantage. Disparities during the subsequent 1,000 days remain persistent and are likely to intensify as children enter the pre-primary stage of development. For this purpose, the Next 1000 Days may provide us with a skeleton to synergize and further optimize efforts for ECCD.

Simplicity in language may be beneficial in securing commitments and investments during this development period. ECCD is not new in our country. The government gained significant investments for ECCD interventions and services in recent years. Taking from the example of the First 1000 Days, we've seen significant gains for maternal and child health. Since the enactment of the First 1000 Days Law in 2018, there has been significant uptake in both national and local-level priorities in the development and implementation of nutrition services and interventions for pregnant and lactating mothers, as well as for infant and young children (Silvestre et al. 2023). Using the language of "the next 1000 days," we emphasize and build on the evolving literature that provides evidence for this golden window of opportunity that will sustain and improve growth and development trajectories. It is then most prudent to enhance and expand current programs to ensure more holistic, multisectoral approaches that address the evolving needs of young children.

This paper looks at the status of relevant nurturing care outcomes across the next 1000 days. Discussions on the next 1000 days, especially in LMICs, are still limited. Through this report, we aim to contribute to the ongoing discussion by examining the relevant outcomes across the nurturing care components during this development period to recalibrate inputs further, reduce inequities, and maximize potential gains in early childhood.

3. Methods

Research design and assessment framework

This study employed a **descriptive quantitative research design** to provide a baseline assessment of ECCD outcomes in the Next 1000 Days. Indicators across the Nurturing Care Framework components from McCoy et al. (2022) and Draper et al. (2024) were adopted with modifications for this study. **Table 3** provides the operational definition of terms and data sources used in the study team’s assessment. For each component, we adopted the definitions provided by WHO and UNICEF, assigning relevant measurable indicators.

Table 3. Operational definition of study indicators

Component	Indicators	Operational definition used in this study	Data Year	Source,
Health	Prevalence of children under five practicing open defecation	Child belongs to a household that does not have any sanitation facilities	NDHS, 2022	1993-
	Prevalence of children under five drinking surface water	Child belongs to a household where the main source of drinking water is surface water	NDHS, 2022	1993-
	Prevalence of children under five with improved WASH access	Child belongs to a household having BOTH improved sanitation facility AND improved drinking water source	NDHS, 2022	1993-
	Prevalence of children under five with improved drinking water access	Child belongs to a household with improved water sources	NDHS, 2022	1993-

	Prevalence of children under five with improved sanitation	Child belongs to a household with improved sanitation	NDHS, 1993-2022
	Prevalence of children under five who had diarrhea in the past two weeks	Child did not contract diarrhea in the past two weeks	NDHS, 2003-2022
Nutrition	Prevalence of stunting for children under five	Child has height-for-age Z score of ≥ -2	NNS, 1993-2023
	Prevalence of wasting in children under five	Child has weight-for-height Z score of ≥ -2	NNS, 1993-2023
Responsive care	Percentage of households with children aged 0-4 that engage in specific parenting practices daily with their child	Parents/caregivers engaged in specific parenting practices with their child daily	APIS, 2024 (Preliminary Tables)
	Percentage (%) of households with caregivers who perceived optimal parenting practice	Parent/caregiver was able to name ALL the ideal parenting practices for each age group	APIS, 2024 (Preliminary Tables)
Early learning	Prevalence of ECE Attendance and Non-Attendance	Households with children aged 0-4 who responded that their child attends an ECCD program	APIS, 2024 (Preliminary Tables)
	Percentage (%) of households with children aged 0-4 with access to ECCD facility (within 30 minutes)	Households with children aged 0-4 with an accessible ECCD facility (can be accessed within 30 minutes, by any means)	APIS, 2024 (Preliminary Tables)
	Percentage (%) of households with caregivers reported availability of ECCD facilities	Households with children aged 0-4's reported availability of a specific equipment/item in the center	APIS, 2024 (Preliminary Tables)

	Percentage (%) of households with caregivers having a positive perception of ECCD facilities	Households with children aged 0-4's reported perception of a specific ECCD characteristic	APIS, 2024 (Preliminary Tables)
	Percentage (%) of households with children aged 0-4 with available learning materials at home	Households with children aged 0-4 reporting that they have learning materials at home	APIS, 2024 (Preliminary Tables)
Safety and security	Percentage (%) of children under-five exposed to any physical punishment in the past month	Children under five exposed to ANY or SEVERE physical punishment, in the past month	NDHS, 2022

Source: Author's compilation; adapted from Draper et al. 2024 with modifications given the available secondary data.

Data sources and analysis

This study used various rounds of publicly available nationally representative secondary data. For health, nutrition, and safety and security, various rounds of the National Demographic and Health Survey (NDHS) by the Philippine Statistics Authority and the National Nutrition Survey by the Department of Science and Technology – Food and Nutrition Research Institute were used. The preliminary tables from the 2024 Annual Poverty Indicators Survey (APIS) were used to inform responsive care and early learning initiatives. In this round of APIS, the Philippine Institute for Development Studies (PIDS), in collaboration with the Second Congressional Commission for Education (EDCOM2), proposed a rider module for early childhood care and education, collecting data on ECCD participation, services, parenting style and practices, and perceptions. **Table 3** outlines the data source for each indicator in each NCF domain.

Select sociodemographic categories, such as age group, household wealth, and geographical region, and disaggregated prevalences for each indicator. Sampling weights were used to process the survey datasets. All analyses were conducted using Stata MP 19.0.

4. Results

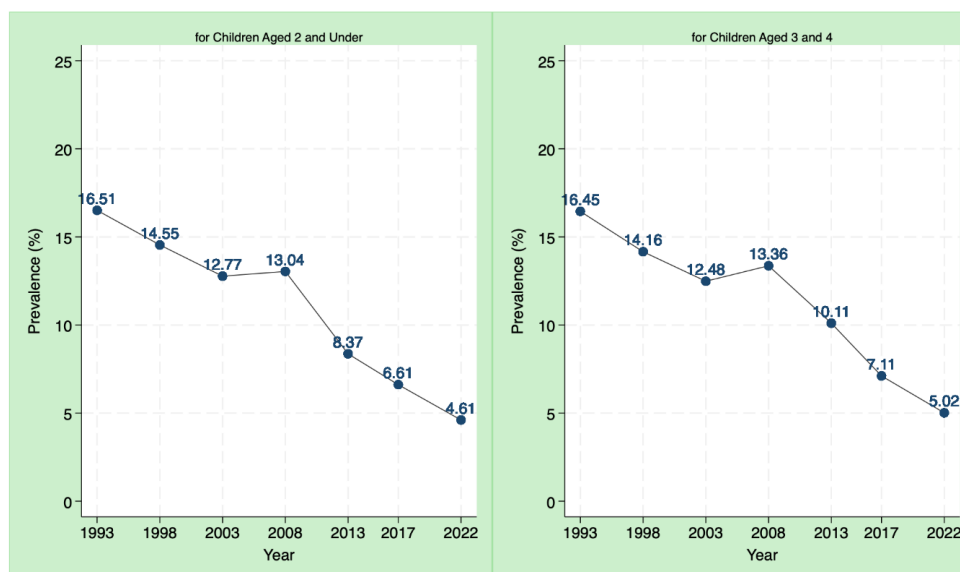
4.1. Health

Improved WASH outcomes are particularly crucial in the next 1000 days. Children under five (5) years of age are among the most vulnerable to waterborne diseases, malnutrition, and developmental delays caused by poor sanitation and hygiene. Access to clean water, safe sanitation facilities, and proper hygiene practices reduces the incidence of diarrhea, supports healthy growth, strengthens immune systems, and enhances cognitive development. Over the next 1000 days, which is regarded as a period of compensation for suboptimal health and nutritional outcomes in the first 1000 days, poor WASH practices hinder such improvements in developmental trajectories.

The Philippines has yet to meet its targets for safe water, improved sanitation, and optimal hygiene practices, particularly among low-income households. Latest available data shows that while access to water and sanitation facilities generally improved over the years, around 5% or roughly about 475,000 children under five still practice open defecation (**Figure 1**), and around 0.23% or roughly about 23,200 children still drink surface water (**Figure 2**). Based on average annual reduction rates from available data, the country is unlikely to meet the national targets to achieve Zero Open Defecation by 2030. Highlighting inequities among wealth quintiles, the practice of open defecation (**Figure 3**) and consumption of surface water (**Figure 4**) have been virtually eliminated among children under five from the top 20% income households. Likewise, children under five belonging to the bottom 20% income households continue to struggle to have improved WASH access (**Figure 6**).

Furthermore, despite nationwide improvement of WASH access (**Figure 5**), regional disparities remain pronounced. While regions such as the National Capital Region (NCR) and Ilocos have had universal WASH access in the past decade, BARMM lags far behind at 60% improved access (**Figure 7**). In addition, economic inequality remains a significant determinant of access, as the poorest households have only recently begun to catch up. In contrast, the highest-income households enjoyed near-universal access as early as 2003 (**Figure 5**). As of 2022, a 15-percentage-point disparity still exists between the two aggregate households.

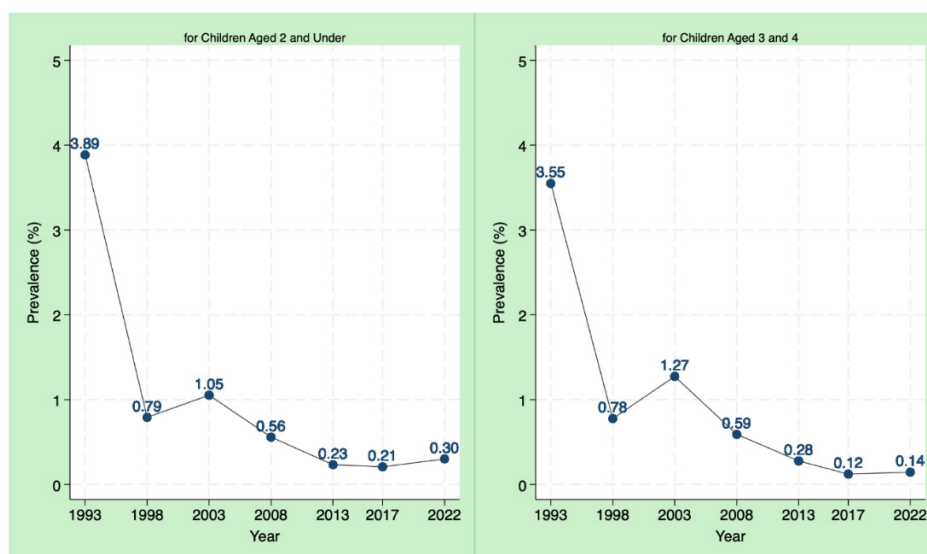
Figure 1. Prevalence (%) of children practicing open defecation, by age group, Philippines 1993-2022



Note: Open defecation is the practice of defecation in open spaces, such as in fields, forests, bushes, and bodies of water (WHO/UNICEF Joint Monitoring Programme).

Source: Authors' analysis and visualization of the 1993 to 2022 National Demographic Health Survey data (PSA 2022).

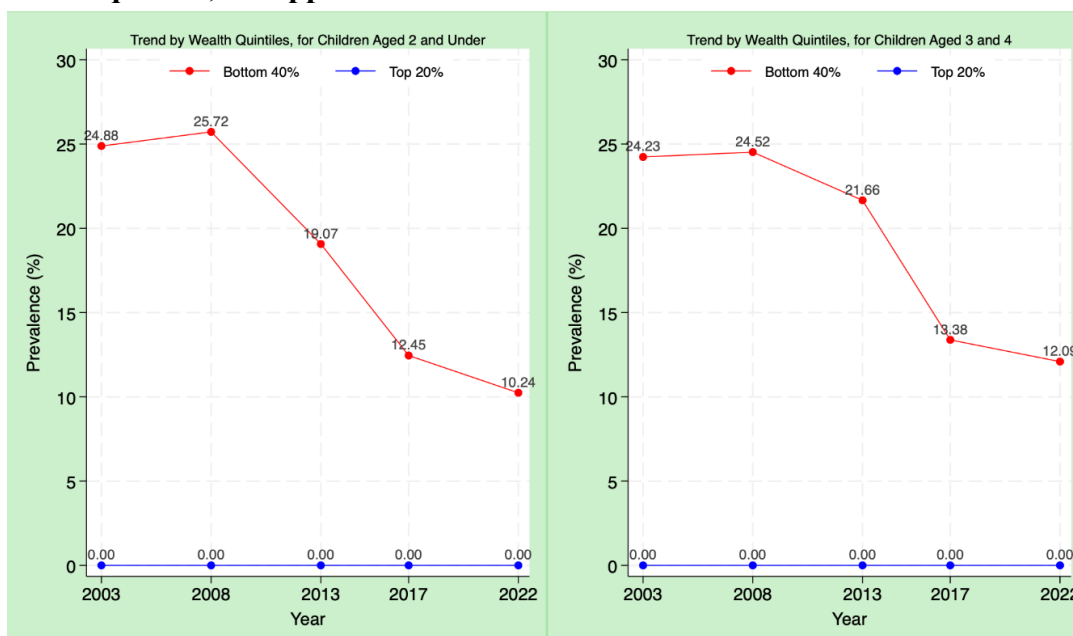
Figure 2. Prevalence (%) of children drinking surface water, by age group, Philippines 1993-2022



Note: Surface water means water collected directly from a river, dam, lake, stream, or irrigation canal (WHO/UNICEF Joint Monitoring Programme)

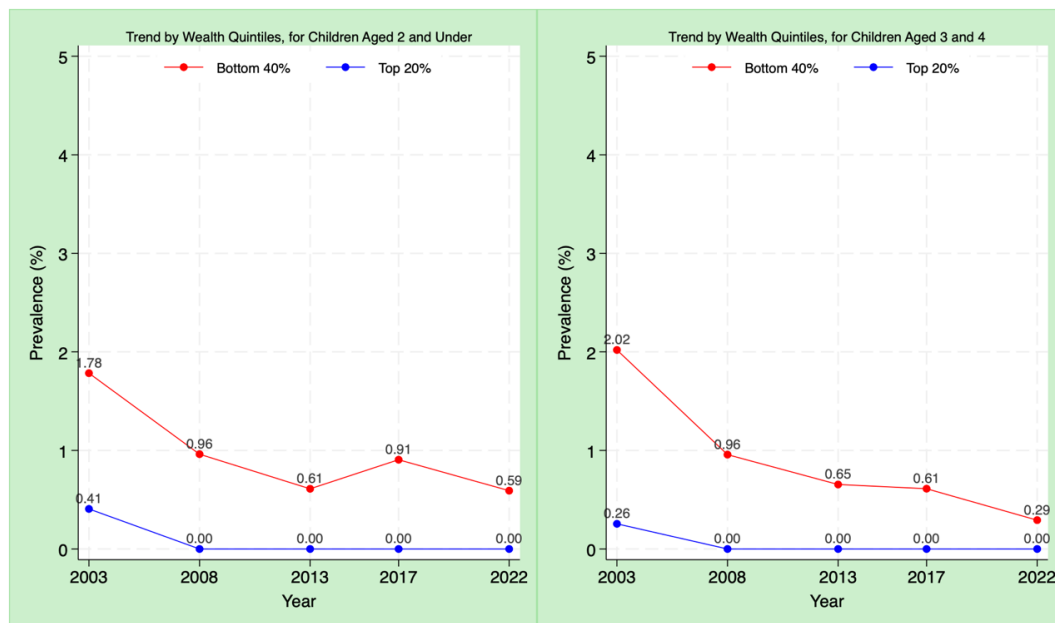
Source: Authors' analysis and visualization of the 1993 to 2022 National Demographic Health Survey data (PSA 2022)

Figure 3. Prevalence (%) of children practicing open defecation, by age group and wealth quintile, Philippines 2003-2022



Source: Authors' analysis and visualization of the 2003 to 2022 National Demographic Health Survey data (PSA 2022)

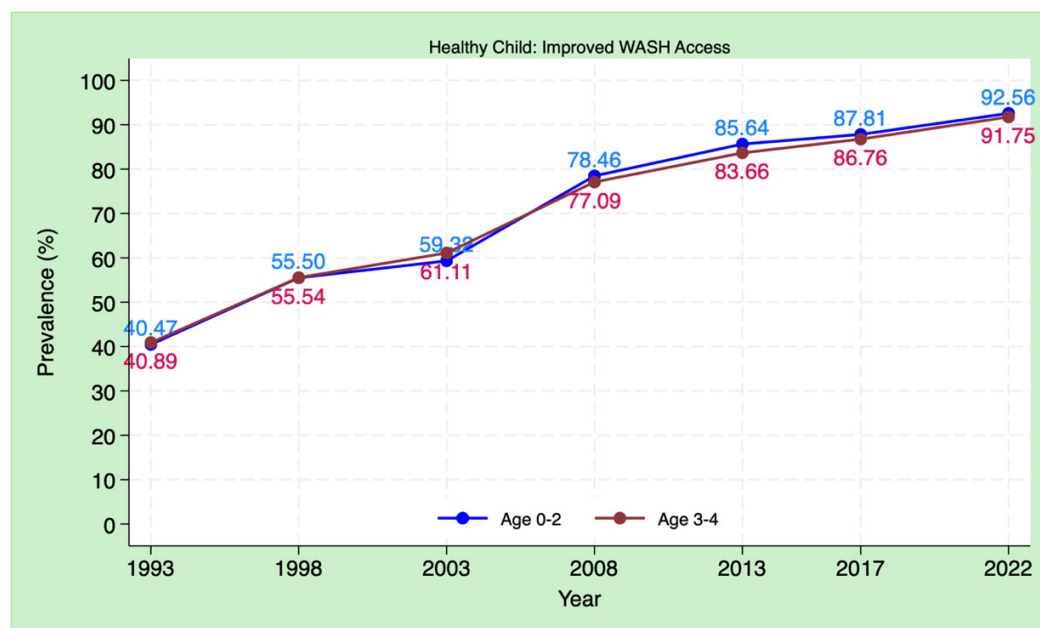
Figure 4. Prevalence (%) of children drinking surface water, by age group and wealth quintile, Philippines 1993-2022



Note: Surface water means water collected directly from a river, dam, lake, stream, or irrigation canal (WHO/UNICEF Joint Monitoring Programme)

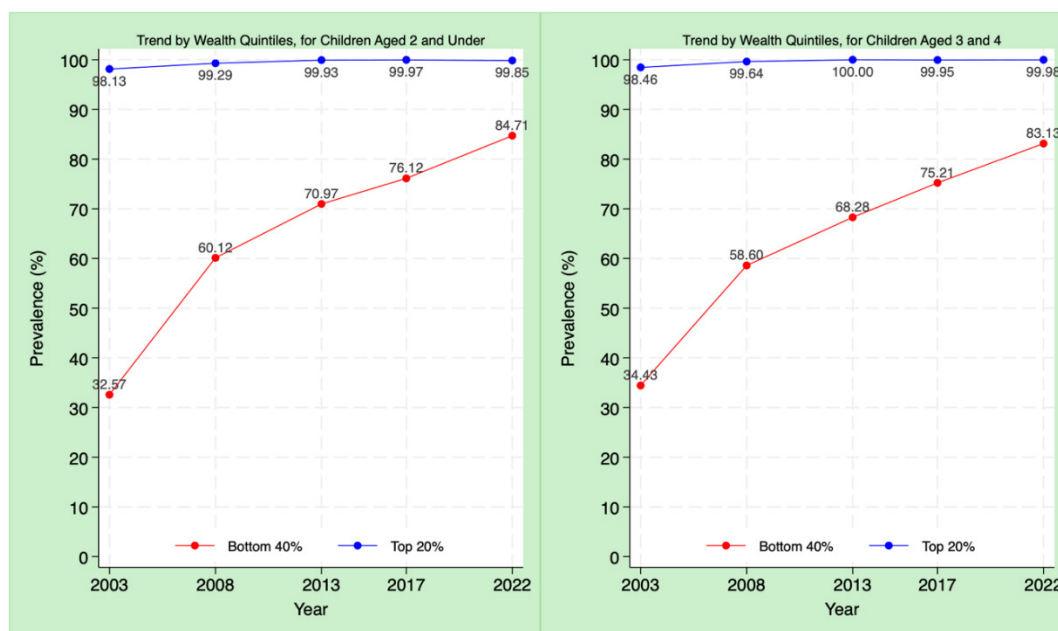
Source: Authors' analysis and visualization of the 1993 to 2022 National Demographic Health Survey data (PSA 2022).

Figure 5. Prevalence (%) of children drinking with improved sanitation facility and improved drinking water access, Philippines 1993-2022



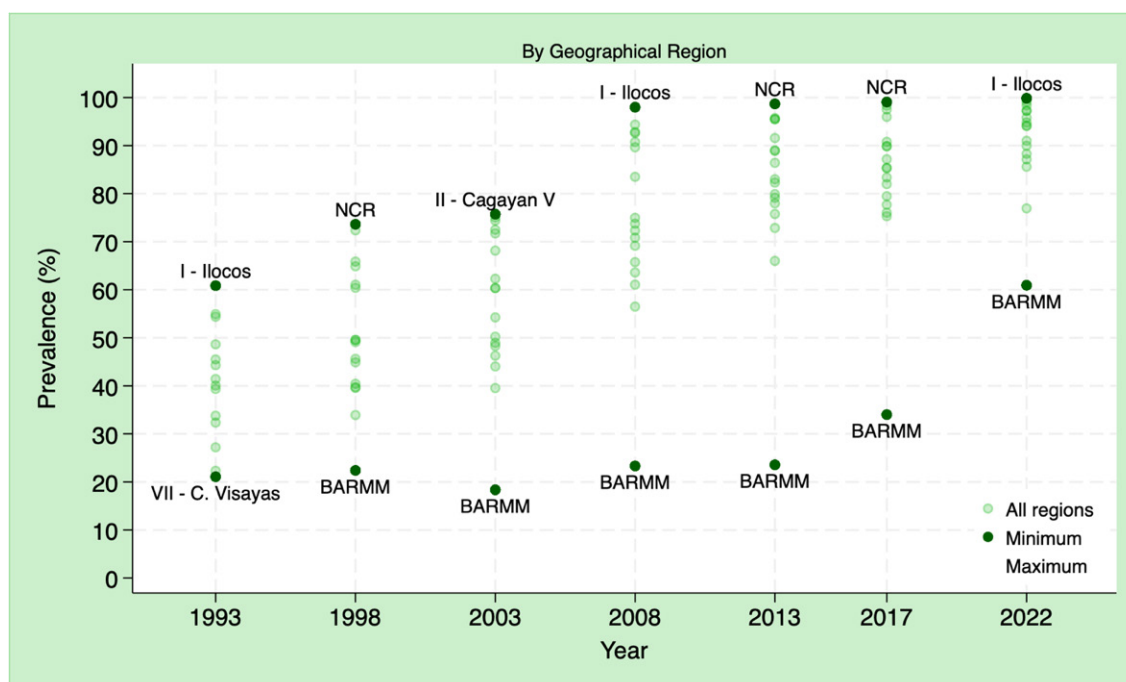
Source: Authors' analysis and visualization of the 1993 to 2022 National Demographic Health Survey data (PSA 2022).

Figure 6. Prevalence (%) of children with improved WASH access, by age group and wealth quintile, Philippines 2003-2022



Source: Authors' analysis and visualization of the 2003 to 2022 National Demographic Health Survey data (PSA 2022)

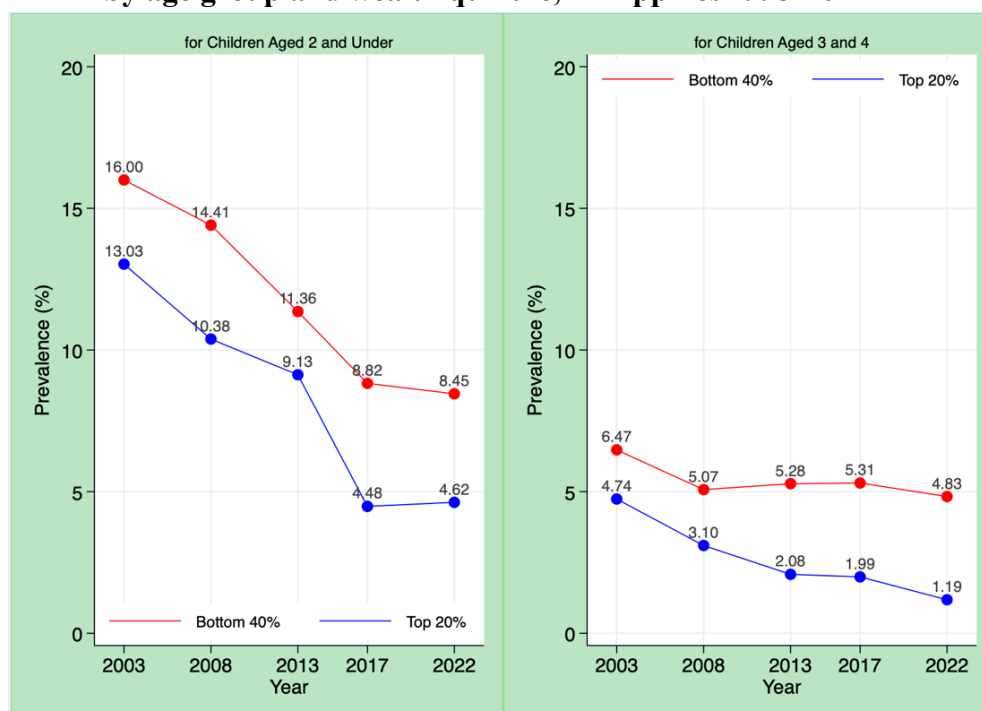
Figure 7. Prevalence (%) of children drinking with improved sanitation facility and improved drinking water access, by Philippine regions, 1993-2022



Source: Authors' analysis and visualization of the 1993 to 2022 National Demographic Health Survey data (PSA 2022).

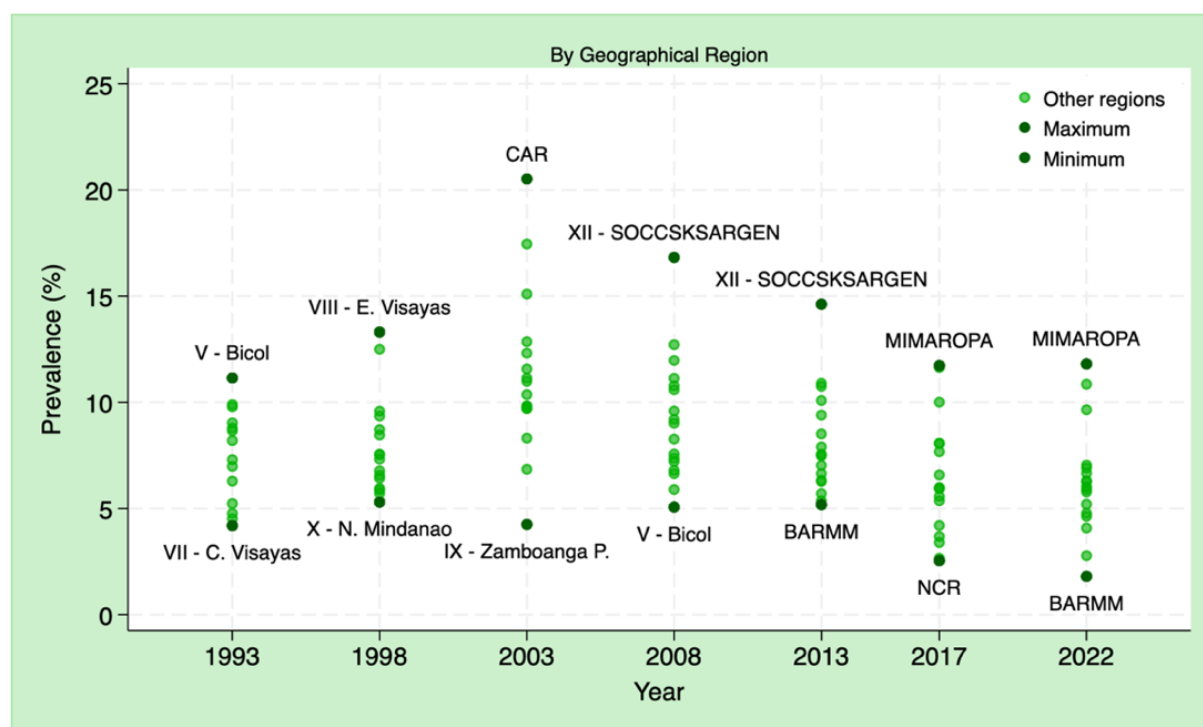
The absence of infection is imperative for improving developmental trajectories in the ‘catch-up’ years. Repeated diarrheal infections can lead to growth faltering and reduced cognitive development (Pinkerton et al. 2016). In 2022, around 6% of children under five had reported diarrhea. Diarrhea is more prevalent in infants 0 to 2 years of age (7.18%) than in older children (4.25%). Furthermore, despite the overall decline, wealth-based disparities persist (**Figure 8**). Children from households in the bottom 40% consistently exhibit higher prevalence rates than their counterparts in the top 20% across both age groups. These disparities appear to widen over time, as reductions in diarrhea prevalence occur more rapidly among wealthier households. While national averages indicate progress, the persistence of high-prevalence regions suggests that the gains are not equitably distributed. In recent years, SOCKSARGEN (2008, 2013) and MIMAROPA (2017, 2022) have been persistent regional outliers, with the highest infection rates (**Figure 9**).

Figure 8. Prevalence (%) of children under-five who had diarrhea in the past two weeks, by age group and wealth quintile, Philippines 1993-2022



Source: Authors' analysis and visualization of the 2003 to 2022 National Demographic Health Survey data (PSA 2022).

Figure 9. Prevalence (%) of children under five who had diarrhea in the past two weeks, by Philippine regions, 1993-2022



Source: Authors' analysis and visualization of the 2003 to 2022 National Demographic Health Survey data (PSA 2022)

Among those with diarrhea symptoms, only 37% sought treatment (PSA 2022). When left untreated, diarrhea can impair nutrient absorption and suppress appetite, increasing the risks of malnutrition and stunting. This contributes to a vicious cycle of poor health and nutrition outcomes in early childhood. Compounding the problem are poor feeding practices, such as deviating from exclusive breastfeeding and introducing food in environments with unsafe water and poor sanitation and hygiene, which further undermine nutrition in infants and young children. These challenges underscore the deeply interconnected nature of nurturing care. The following section explores key nutrition indicators, highlighting their role in supporting healthy growth and reducing the long-term impacts of early childhood undernutrition.

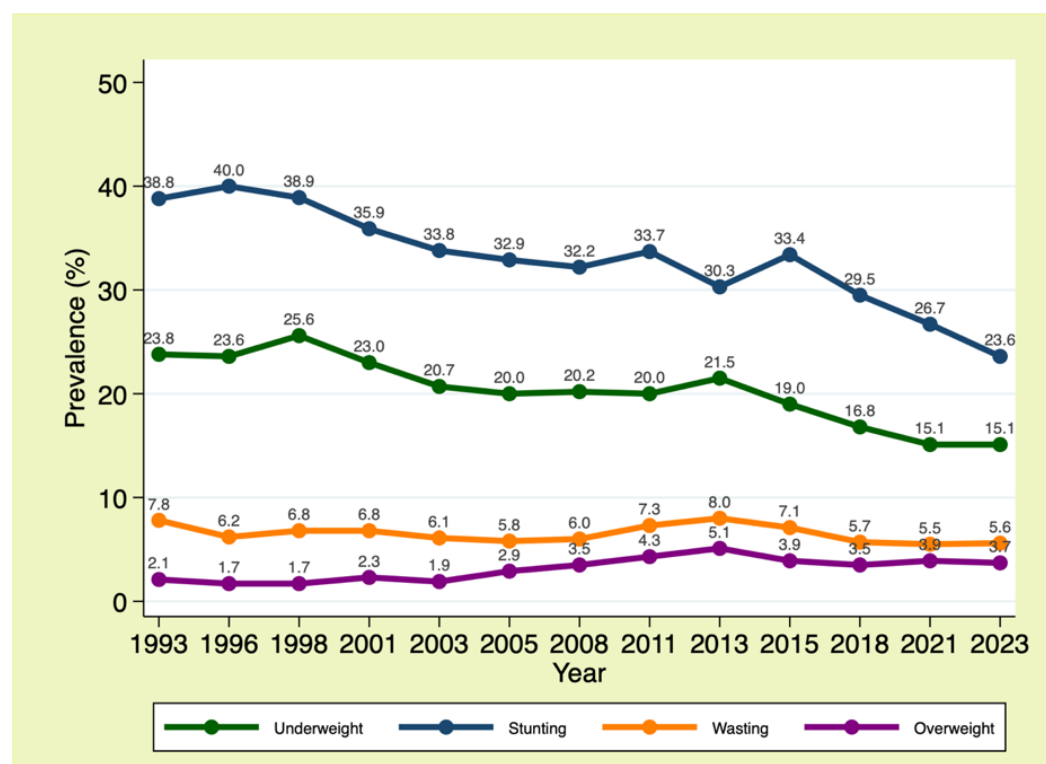
4.2. Nutrition

Early childhood nutrition status, especially in the Next 1000 Days, is a critical determinant of an individual's health status as the child ages. While health status can determine nutrition uptake at an early age, the same can be said about nutrition status in projecting developmental health outcomes. Long-term consequences of child stunting include poor child development

and learning capacity, higher susceptibility to infection, and risks of developing non-communicable diseases and metabolic disorders such as obesity, insulin resistance, diabetes, hypertension, and dyslipidemia. Furthermore, early childhood stunting among girls can potentially lead to unfavorable maternal reproductive outcomes in adulthood (Soliman et al. 2021).

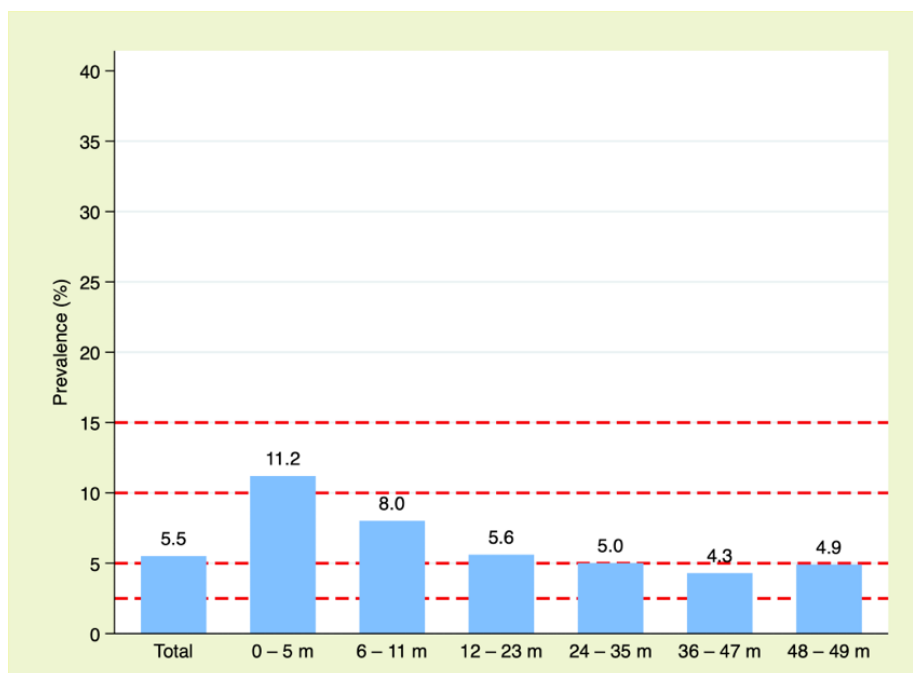
In the Philippines, around 24% of children under five are stunted, while around 6% are wasted in 2023 (**Figure 10**). Further age disaggregation reveals that while infants aged 0-5 months show higher wasting rates (**Figure 11**), young children aged 12-49 months (or above 1 to below 5 years old) show higher stunting rates (**Figure 12**). Wasting implies acute malnutrition and can increase a child's susceptibility to stunting as he/she grows older (UNICEF 2023). Stunting, on the other hand, implies chronic malnutrition and places children at risk of suffering severe, irreversible physical and cognitive damage (UNICEF 2023). As such, the sharp increase in stunting after 12 months suggests that chronic malnutrition among children in their earlier years may be attributed to poor infant and young child feeding practices, such as deviation from exclusive breastfeeding as well as inadequate complementary feeding. Alarming, the 9th NNS reports a significant decline in rates of exclusive breastfeeding, as well as in continued breastfeeding for both up to 1 and 2 years old (**Figure 13**).

Figure 10. Trends in malnutrition for children under-five, Philippines, 1993-2023



Source: Authors' visualization of data from the 2023 National Nutrition Survey (DOST-FNRI 2024)

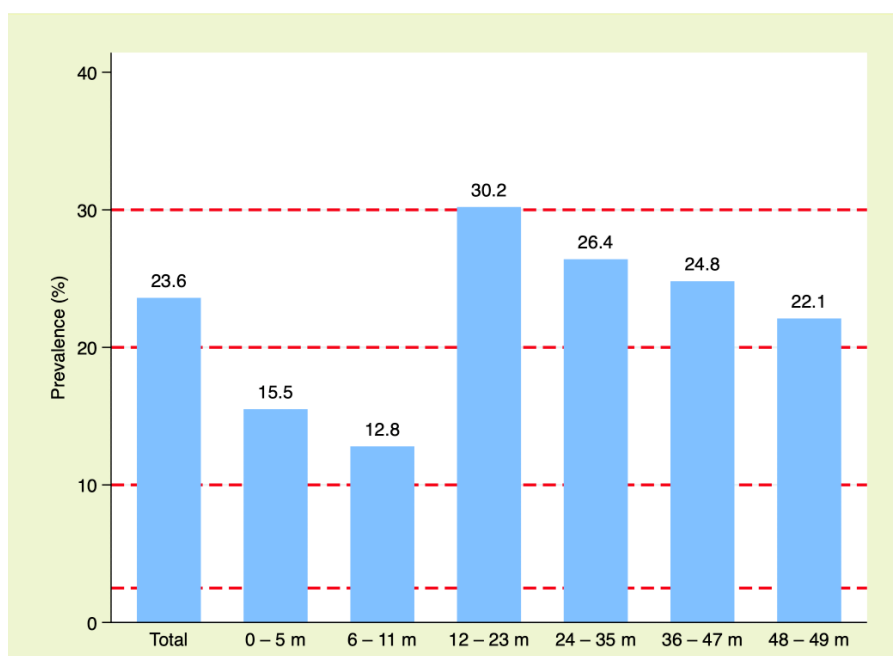
Figure 11. Trends in wasting, by age group, Philippines, 2023



Source: Authors' visualization of data from the 2023 National Nutrition Survey (DOST-FNRI 2024)

Note: The cut-off points in determining the public health significance of wasting are: (1) very low <2.5, low 2.5 - <5, medium 5 - <10, high 10 - <15, and very high ≥ 15 .

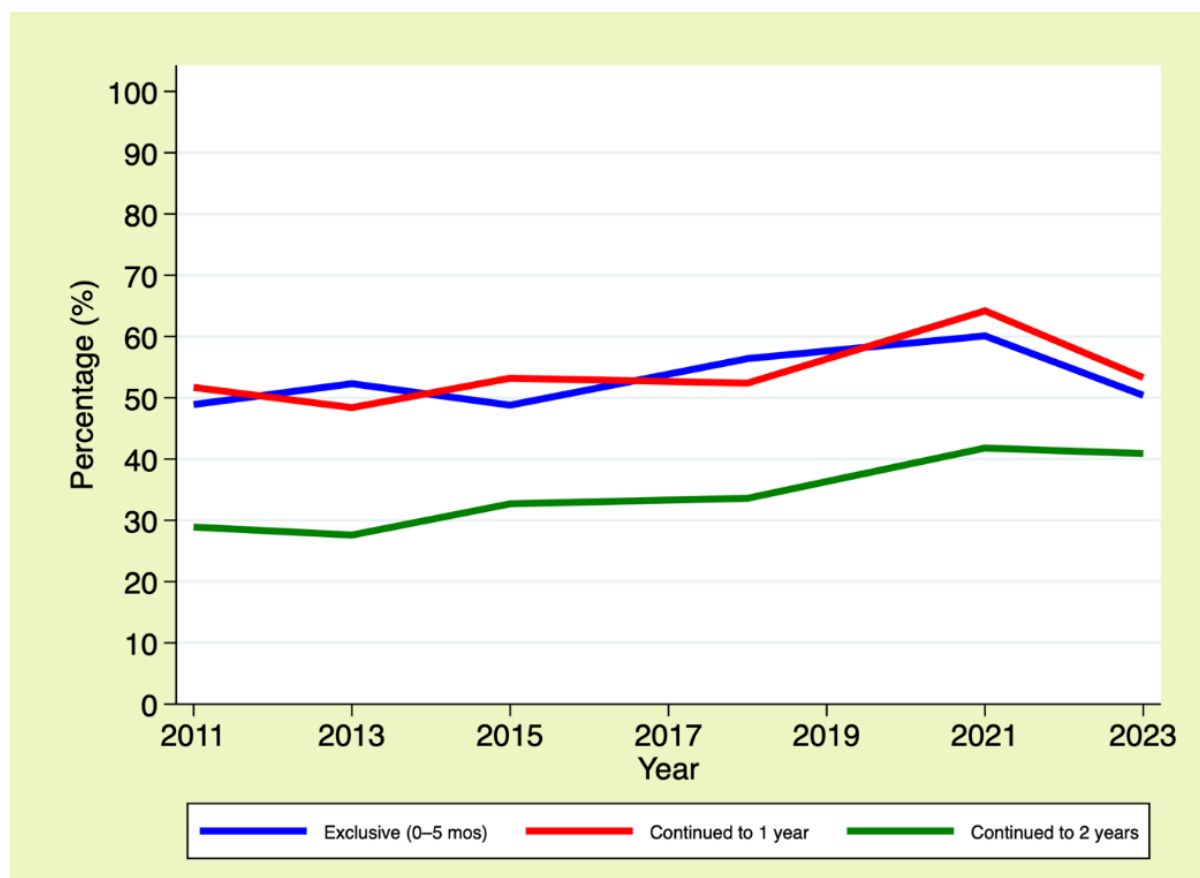
Figure 12. Trends in stunting, by age group, by age group, Philippines, 2023



Source: Authors' visualization of data from the 2023 National Nutrition Survey (DOST-FNRI 2024)

Note: The cut-off points in determining the public health significance of stunting are: (1) very low <2.5, low 2.5 - <10, medium 10 - <20, high 20 - <30, and very high ≥ 30 .

Figure 13. Trends in infant and young child feeding practices (exclusive breastfeeding and continued breastfeeding), Philippines, 2011-2023



Source: Authors' visualization of data from the 2023 National Nutrition Survey (DOST-FNRI 2024)

Targeting stunting outcomes in the next 1000 days is crucial for the child to benefit from potential catch-up growth. Catch-up growth, as loosely defined in literature, is the ability to recover from stunting (Desmond and Casale 2017). Such recovery is highly dependent on a high-calorie, high-protein diet (Endrinikapoulos et al. 2023). At present, available dietary supplementation programs target pregnant and lactating women, infants, and young children covered in the first 1000 days, children enrolled in child development centers, and school children up to sixth grade, and usually provide only one fortified meal for 120 days on average (Table 4). Beyond targeted feeding interventions, food environments need to be improved for equitable access to all to ensure continued progress in nutrition status.

Table 4. National government-led dietary supplementation programs

Program	Target Beneficiaries	Intervention
Tutok Kainan	Nutritionally-at-risk pregnant women and underweight-for-age infants and young children 6-23 months old (who are not wasted) in priority LGUs	Duration: 90 days (<i>pregnant and lactating women</i>) and 180 days (<i>infants and children 6-23 months old</i>)
Supplementary Feeding Program	Children enrolled in public//LGU-run Child Development Centers (3-5 years old) Children enrolled in Supervised Neighborhood Play (2-3 years old)	Duration: 120 days; 5 to 7 days a week Provision of at least one fortified meal*
School-Based Feeding Program (SBFP)	Undernourished public school children from Kindergarten to Grade 6	Duration: 120 days Provision of at least one fortified meal*

Source: Authors' tabulation based on desk review

*A fortified meal refers to a meal that has been intentionally enhanced with essential micronutrients to improve its nutritional quality, meeting the level of calories and protein prescribed by the National Nutrition Council (1/3 of the daily requirement as prescribed in the Philippine Dietary Reference Intake) (RA 11037).

While the Philippines is on track to achieve national nutrition targets, current food environments and dietary behaviors can pose a major hindrance. Trends in both stunting and wasting among children under five have consistently decreased over the years, which may be attributed to the increased investments, both nationally and locally, in improving nutritional outcomes in the First 1000 days through Republic Act No. 11148, also known as the First 1000 Days Law. Despite these improvements, it is important to note that many children still suffer from child food poverty, or the inaccessibility to consume a diverse diet in early childhood (UNICEF 2024). Data from the 2022 NDHS reports that about 62% of children 6-23 months do not meet the minimum acceptable diet (MAD) standards. This figure highlights disparities among wealth quintiles, with only 44% of the poorest children meeting the MAD, while only 34.7% meet the minimum dietary diversity score. All of these threaten maintaining a healthy weight (or the absence of stunting and wasting) among children.

Maternal dietary behaviors and feeding practices in early childhood are key determinants of nutrition status. In addition, an infant or young child's ability to cope with adverse conditions, such as ill health and poor nutrition, relies heavily on how well caregivers adjust their

caregiving to the child's specific needs. (World Health Organization 2004). While timely nutritional interventions, especially in the first 1000 days, can benefit children who are stunted or malnourished, these efforts alone are not enough without adequate stimulation in the early years. (World Bank 2009). The next section discusses outcomes in responsive caregiving, which is essential for the holistic development of a child.

4.3. Responsive Care

Responsive caregiving is essential to catalyze positive developmental trajectories, yet it remains an underemphasized component of nurturing care. The care that children receive has powerful effects on their life trajectory (World Health Organization 2004). Care encompasses the actions and practices of caregivers (including mothers, fathers, siblings, or ECCD providers) that ensure the provision of adequate nutrition, healthcare, stimulation, and emotional support essential for the child's survival, growth, and optimal development (World Bank 2009). Responsiveness, on the other hand, refers to the ability of the caregivers to respond promptly and appropriately to the infant's cues or signals (World Health Organization 2004). This component, then, highlights the needs and capacities of parents and caregivers, rather than the child's. Although a Parent Effectiveness Service has existed in the Philippines since 1978, multisectoral commitments and investments for parenting were only fully realized in 2022, with the enactment of RA 11908, known as the Parent Effectiveness Services Program, which provides for capacity-building interventions for parents and parent substitutes to develop their knowledge and skills in effective parenting. Essential skills for parents and caregivers include the timely introduction of developmental activities, observed through early stimulation.

Disparities across regions are apparent when parents and caregivers were asked about early stimulation activities (Table 5). Regions such as Davao (Region XI), SOCKSARGEN (Region XII), and Central Luzon (Region III) frequently score above the national average in most stimulation types. In contrast, CALABARZON (Region IVA), Eastern Visayas (Region VIII), and MIMAROPA (Region IVB) were among the cumulative lowest.

Table 5. Percentage (%) of households with children aged 0-4 that engage in specific parenting practices daily with their child, by Philippine regions, 2024

Region	<i>Showed affection</i>	<i>Played games or toys</i>	<i>Named or counted things</i>	<i>Listened to music, sang, or danced</i>	<i>Encouraged to explore or try new things</i>	<i>Read or looked at picture books</i>	<i>Played outside or went to the park</i>	<i>Colored or drew pictures</i>
PHILIPPINES	83.3	59.8	42.8	46.4	40.5	28.9	29.6	24.1
NCR	91.2	74.1	57.0	57.4	48.5	38.2	26.7	29.6
CAR	72.5	51.3	38.2	33.7	46.8	28.8	30.3	23.4
I - Ilocos	72.5	48.5	39.1	41.1	38.6	28.6	27.4	29.8
II - Cagayan V.	87.8	53.3	35.8	45.9	40.6	20.2	21.2	17.3
III - Central Luzon	78.3	53.4	27.4	34.2	26.2	16.2	20.7	16.2
IVA - CALABARZON	91.5	76.8	60.6	62.0	55.4	43.4	43.0	34.4
IVB - MIMAROPA	88.2	68.6	57.5	57.4	57.3	40.7	38.7	31.4
V - Bicol	89.5	67.7	47.9	47.1	49.7	33.2	33.1	29.5
VI – W. Visayas	82.3	56.2	37.7	39.3	38.4	26.0	30.1	22.0
VII – C. Visayas	84.4	60.8	37.5	51.9	36.3	23.1	25.9	16.8
VIII – E. Visayas	63.2	42.9	34.0	37.7	31.0	24.9	30.0	22.8
IX - Zamboanga Peninsula	78.9	48.7	31.9	33.7	27.4	25.8	27.7	24.1
X – N. Mindanao	80.4	54.0	38.6	44.4	34.0	25.4	24.7	20.1
XI - Davao	86.3	53.9	38.1	43.4	35.5	30.4	32.0	26.2
XII - SOCKSKARGEN	73.9	40.5	32.9	32.1	29.8	20.3	22.0	16.0
XIII - Caraga	86.3	60.0	44.2	49.9	28.2	21.4	25.8	16.3
BARMM	74.7	41.1	24.8	25.1	37.1	11.8	24.1	10.6

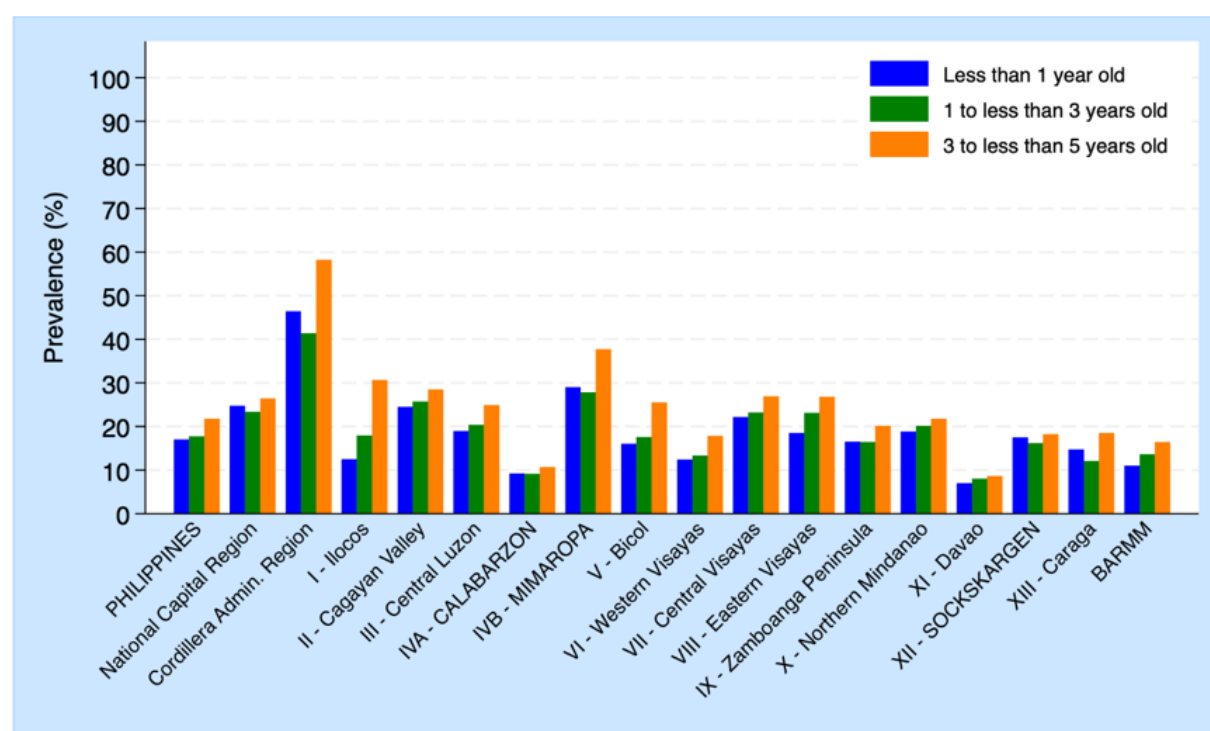
Source: Authors' tabulation of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)

Note: Prevalence shown is caregiver-reported data per household.

Only around 2 in 10 households with caregivers of children under five are aware of all the recommended positive parenting practices for each age group (Figure 14). Parenting practices such as talking to your child, showing affection, reading, and singing develop social relationships and interactions that are crucial for social, emotional, and cognitive learning practices (UNICEF 2022). Positive parenting is characterized by the proactive provision of

safety, education, and development while establishing a nurturing relationship with one's child (World Health Organization 2020) ². When asked to enumerate positive parenting practices per age group, 17% of caregivers were able to enumerate all recommended parenting practices for children less than 1 year old, 17.7% for children 1 to less than 3 years old, and 21.8% for children 3 to less than 5 years old (Figure 14). It is also noted that caregivers are more aware of optimal parenting practices for the 3—to 5-year-old age group across all regions.

Figure 14. Percentage (%) of households with children aged 0-4 and with a caregiver aware of all recommended parenting practices for children under five, by Philippine regions, 2024



Source: Authors' visualization of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)
Note: Households were asked to enumerate parenting practices that should be done for each age group.

While responsive caregiving focuses on parent/caregiver-child relationships, such relationships and interactions are just as crucial in ECCE institutions such as preschools and daycare centers. In the next section, we assess indicators that measure opportunities for early learning, which,

²Recommended positive parenting practices: a) for ages 0 to less than 1 = Talk to your baby, Cuddle and hold your baby, Play music and sing to your baby, Read to your baby; b) for ages 1 to less than 3 = Talk to your child and add new words, Teach your child simple songs, Read books to your child, Let your child dress or feed themselves; and c) for ages 3 to less than 5: Read books, Help your child solve problems when they are upset, Praise your child when they follow instructions, Encourage your child to play with other children, Give your child choices, such as what to wear or eat (UNICEF 2022).

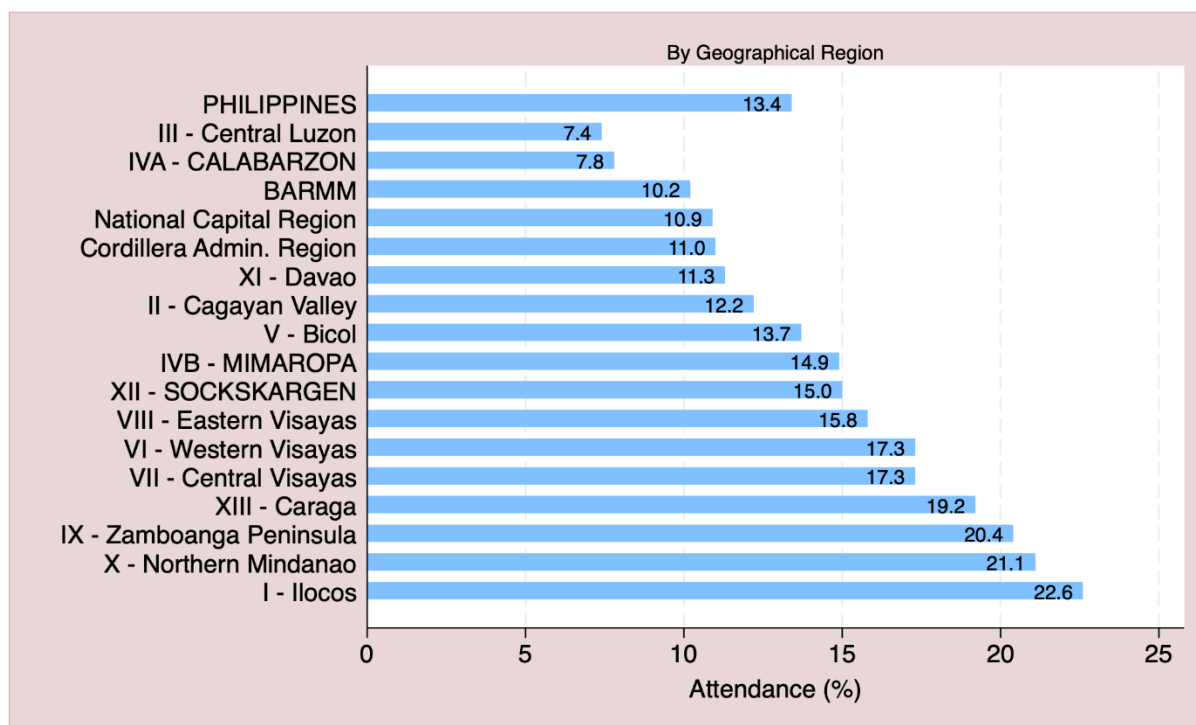
in contrast with responsive caregiving, focuses more on the enabling environments that kickstart early childhood education.

4.4. Opportunities for Early Learning

Learning in the next 1000 days provides essential foundations that project educational outcomes later in a child's life. Early learning is especially critical in the Philippines, where learning poverty has reached crisis levels, with 91% of late primary school-aged children reported to have difficulty reading (World Bank 2022). Defined as the inability to read and understand simple text by age 10, learning poverty reflects foundational learning deficits. Several impact assessments have been made to measure the impact of ECE on the country. Filipino children who have attended preschool were shown to consistently outperform non-attendees in fields such as literacy, mathematics, as well as social-emotional skills, with benefits up to 4th grade (Parker et al. 2021). ECE was also proven to affect later academic performance, as fifth-grade mean scores for reading, writing, and mathematics were significantly higher for ECE attendees compared to non-attendees.

Alarmingly, only about 1 in 10 households with children aged 0-4 years attended ECCD programs in 2024 (**Figure 15**). Despite ongoing efforts to expand access, participation in ECCD programs in the Philippines remains markedly low in 2024. Regional disparities persist, with some areas reporting significantly lower engagement than others. For instance, Region III (Central Luzon) reports the lowest ECCD participation, with only approximately 7% of households indicating involvement in such programs. In stark contrast, Region I (Ilocos Region) exhibits the highest rate of attendance, nearly three times that of Central Luzon. In addition, participation rates remain particularly low in highly urbanized regions, including the National Capital Region (NCR), Central Luzon, and CALABARZON. This trend challenges conventional assumptions that higher regional income levels directly correlate with greater access to early childhood education. As highlighted by Ulep et al. (2024), the data suggest that other socio-cultural, institutional, or logistical factors may exert a stronger influence on ECCD engagement than income alone. Despite high reported accessibility of ECCD centers, with the national average being 87.1% (**Figure 16**), completeness of available ECCD facilities (**Figure 17**), and a generally positive perception of ECCD facilities (**Table 6**). Low attendance in ECCD programs is attributed to parents'/caregivers' perception of their children being too young to be enrolled in such programs (**Table 7**).

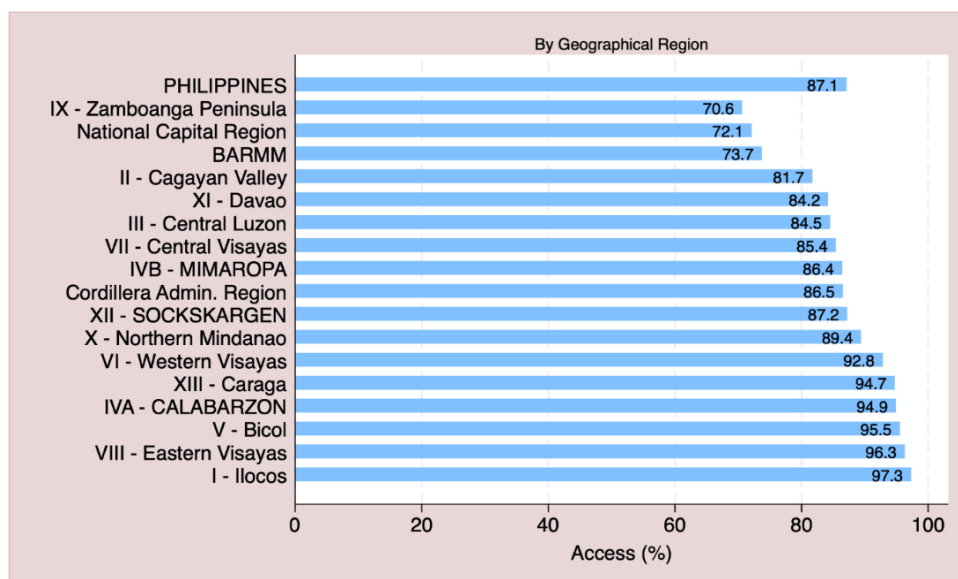
Figure 15. Percentage (%) of households with children attending ECCD program, by Philippine regions, 2024



Source: Authors' visualization of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)

Note: This refers to the **percentage of households** with children aged 0-4 years participating in any ECCD program in the past year (July 2023 to June 2024) (PSA 2025).

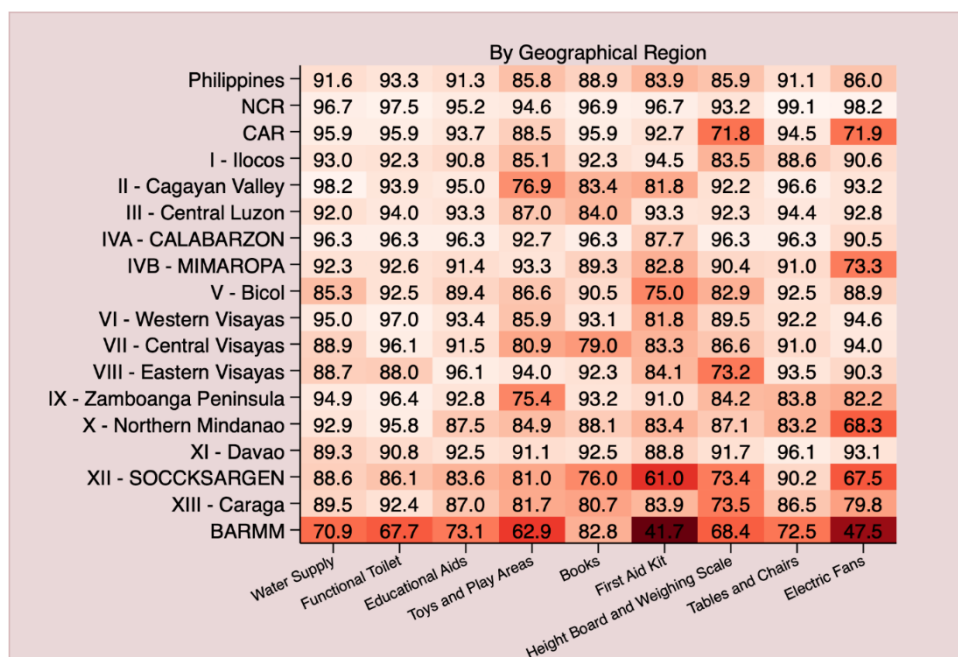
Figure 16. Percentage (%) of households with children aged 0-4 with access to ECCD facility (within 30 minutes), by Philippine regions, 2024



Source: Authors' visualization of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)

Note: This refers to the **percentage of households** with children aged 0-4 years with access to an ECCD facility (self-reported). Here, access to the ECCD facility is defined if there is an ECCD facility accessible within 30 minutes through any transportation means.

Figure 17. Percentage of households with children attending ECCD with caregivers' reported availability of ECCD facilities, by Philippine regions, 202



Source: Authors' visualization of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)

Note: Darker red means lesser availability.

Table 6. Percentage of households with children attending ECCD and caregivers having a positive perception of ECCD facilities, by Philippine regions, 2024

Regions	<i>Overall quality of the center</i>	<i>Nutritional value and variety of meals</i>	<i>Qualifications of CDWs</i>	<i>Facility condition</i>	<i>Play areas</i>	<i>Learning equipment</i>	<i>Cleanliness and safety</i>
PHILIPPINES	72.7	77.3	84.6	80.1	75.3	81.0	85.8
NCR	73.9	79.0	92.6	89.4	81.2	94.0	93.5
CAR	79.5	79.9	85.6	81.9	73.7	76.1	83.7
I - Ilocos	91.5	94.0	98.4	93.8	94.7	94.7	98.4
II - Cagayan V.	77.2	86.8	88.1	88.3	84.5	87.3	90.5
III - Central Luzon	76.2	84.6	92.1	90.2	90.1	86.8	93.9
IVA - CALABARZON	*	83.8	90.0	82.2	82.2	88.6	92.2
IVB - MIMAROPA	72.8	82.1	82.1	77.5	77.5	77.9	81.3
V - Bicol	80.0	82.5	88.3	90.3	69.5	84.8	93.6
VI – W. Visayas	70.1	75.4	77.2	79.9	71.3	76.1	83.4
VII – C. Visayas	76.0	80.7	93.4	87.1	72.7	90.3	96.9
VIII – E. Visayas	71.3	63.4	74.3	71.3	72.9	75.9	84.8
IX - Zamboanga Peninsula	92.9	89.9	94.5	94.5	91.9	92.9	91.9
X – N. Mindanao	40.4	41.4	48.9	41.9	32.5	42.3	43.3
XI - Davao	84.2	95.8	96.0	90.1	90.1	95.6	97.6
XII - SOCKSKARGEN	69.8	73.4	84.5	75.0	75.4	76.3	81.1
XIII - Caraga	64.9	61.4	75.2	57.7	66.2	63.1	74.5
BARM	68.9	71.3	81.7	68.2	73.3	60.5	71.0

Source: Authors' tabulation of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)

Table 7. Primary reasons for non-attendance in any ECCD program, Philippines 2024

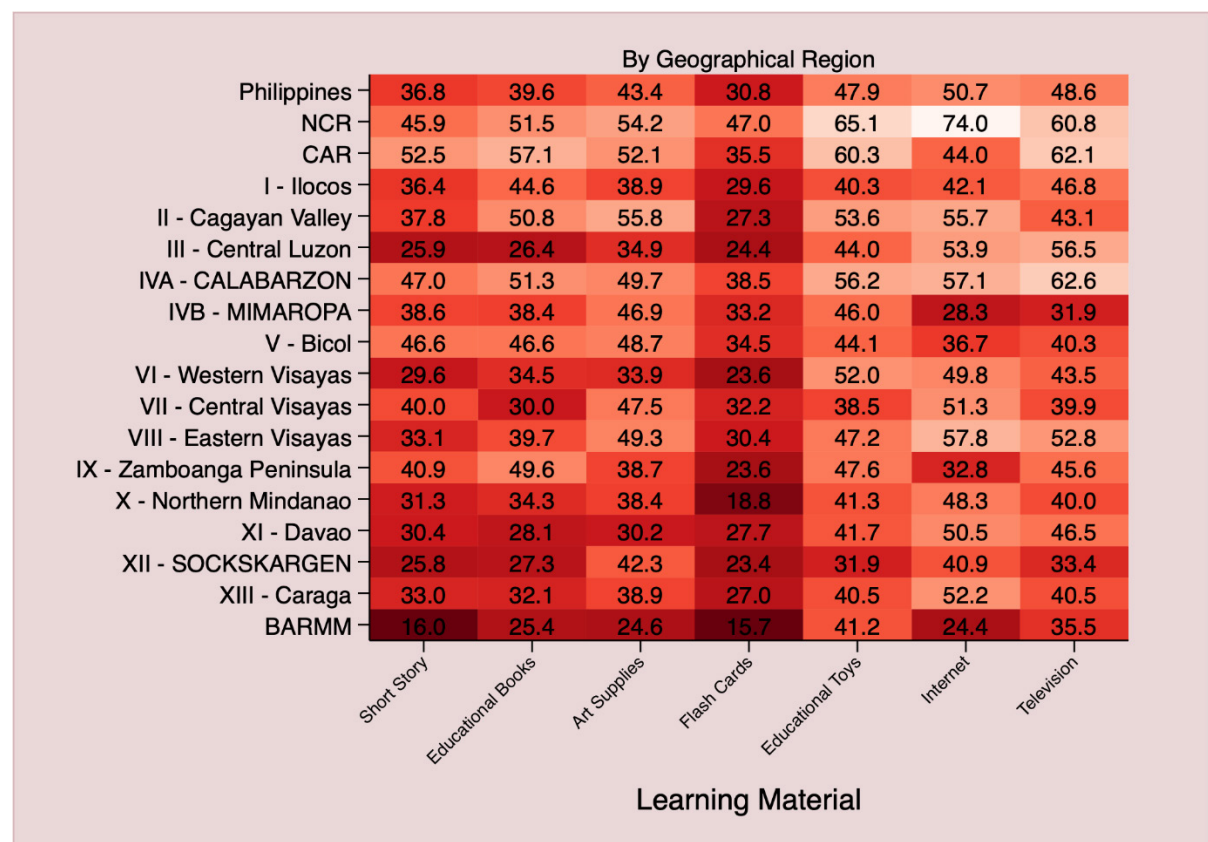
Primary Reason	Percentage (%)
Too Young	94.6
Facility is too far	0.9
Lack of Interest	1.3
No one is available to supervise	0.8
Not familiar with any other ECCD program	1.5

Source: Authors' tabulation of preliminary results of 2024 Annual Poverty Indicators Survey (PSA 2024)

At home, opportunities for early learning (such as reading, coloring, and playing) may be limited due to the scarcity of materials available. On average, only around half of the Philippine households with children aged 0-4 (48%) have educational toys (

Figure 18). Additionally, only two out of five caregivers from households with children aged 0-4 have educational books, which is important for early stimulation.

Figure 18. Percentage (%) of households with children aged 0-4 with available learning materials at home, by Philippine regions, 2024



Source: Authors' tabulation of preliminary results of the 2024 Annual Poverty Indicators Survey (PSA 2025)

Note: Darker red means lesser availability.

Safety and security are essential to maximize educational potential in an environment that provides early learning opportunities. Early childhood exposure to violence has negative impacts on learning outcomes among children (Perkins and Graham-Bermann 2012). The last section discusses outcomes in safety and security, which are measured through indicators such as the absence of physical punishment and neglect

4.5. Security and Safety

The next 1000 days offer a crucial period when the benefits of early intervention are amplified and the negative effects of risk can be reduced (UNICEF 2017). Despite being highly preventable, violence remains a persistent issue within families and communities and is increasingly being recognized as a major public health problem in LMICs (Britto et al. 2017). The lasting impact of violence on a child's psychological and socio-emotional growth and development is substantial, as children who experience neglect, abuse, or extreme family distress are at a higher risk of developing unhealthy behaviors that can negatively affect their lives. As these children mature, they often lack the necessary skills to become effective parents, perpetuating a cycle of adverse caregiving across generations (Lomanowska et al. 2017). Addressing violence in its early stages is, therefore, paramount to breaking this cycle and fostering healthier futures for children and communities.

Higher rates of physical punishment were observed among older children in the next 1000 days compared to children aged 2 and under (Table 8). In the Philippines, systematic monitoring of child discipline practices remains limited. It was only in 2022 that the National Demographic and Health Survey (NDHS) reintroduced the Child Discipline Module, measuring child discipline strategies. Around 33% of the children aged 2 and below experienced any form of physical punishment, with 2% experiencing severe punishment in the past month. Physical punishment is more prevalent in older children, with one in two children aged 3 to 4 experiencing physical punishment in the past month, and 3% of the children experienced severe forms (Table 8).

Table 8. Percentage (%) of children under five exposed to any physical punishment in the past month, by age group, Philippines, 2022

Type of punishment	Ages 1-2	Ages 3-4
Any physical punishment	33.1%	50.8%
Severe physical punishment	1.5%	3.3%

Source: Authors' tabulation of the 2022 National Demographic Health Survey data (PSA 2022).

Note: Type of punishment is defined as follows: "Any physical punishment includes one or more of the following: (1) shaking the child; (2) spanking, hitting, or slapping the child on the bottom with a bare hand; (3) hitting the child on the bottom or another part of the body with a belt, hairbrush, stick, or other similar hard object; (4) hitting or slapping the child on the hand, arm, or leg; (5) hitting or slapping the child on the face, head, or ears; or (6) beating the child up, that is, hitting the child over and over as hard as one can. Severe physical punishment includes one or both of the following: (1) hitting or slapping the child on the face, head, or ears, or (2) beating the child up, that is, hitting the child over and over as hard as one can." (PSA 2022, p. 32)

While strategies such as parenting programs or engaging more men in caregiving prove to be effective in alleviating violence, we must be cognizant of the underlying causes of violence in households and communities. We recognize the larger roles of government and society in ensuring that nurturing care is delivered to every child.

5. Conclusion and Recommendations

The 'next 1000 days' provides an opportune moment for healthy growth and development, representing a crucial and often overlooked window. Our assessment of this developmental period, through the lens of nurturing care, underscores the importance to attend to areas such as 1) a significant gap in parent and caregiver knowledge regarding positive parenting practices, 2) very low attendance in ECCD despite the availability and accessibility of facilities, and 3) high prevalence of violence at home, exhibited by physical punishment, especially for children 3 to 4 years old.

The country has made significant strides in establishing ECCD systems, most notably through the recent enactment of RA 12199, known as the Early Childhood Care and Development System Act. Policies and programs must recognize the interconnected nature of nurturing care to harness the window of opportunity in the next 1000 days and provide and sustain the progress gained through investments in the first 1000 days. As such, we emphasize that while we are cognizant of the fact that health and nutrition is foundational for optimal child development, we illustrate that the gains made from investing in health and nutrition (in the first 1000 days) cannot be maximized if components such as caregiving, early learning, and safety and security are left underemphasized. The larger, more impactful responsibilities for early childhood

education rely on transformative societal change, brought about by communities, national, and local governments.

Given these, we recommend the following policy actions to strengthen existing ECCD laws and policies, reinforce nurturing care across sectors, and reduce inequities among vulnerable groups:

Strengthen WASH governance to address longstanding disparities. Our report described socio-economic inequalities and the last-mile challenge of accessing WASH services. We argue that the large disparities in access could be largely addressed through robust governance, which involves stronger coordination across different levels of government, clarifying the national government's role as steward, and ensuring the accountability of local governments. The National Environmental Health Action Plan (NEHAP) already provides solutions to governance challenges that could address disparities.

At the local government level:

- Formulate and institutionalize a national WASH local governance framework that defines the roles, responsibilities, and performance expectations of provinces and cities. This framework should enable LGUs to effectively fulfill their mandates and obligations, delivering WASH services, particularly in communities and schools (including daycares and CDCs).
- All provinces and highly urbanized cities are required to develop integrated water safety and sanitation plans. The national government should monitor the implementation of these plans and provide technical and financial assistance to support their full execution.

At the national government level:

- Establish a dedicated WASH Local Development Office within the DILG and its regional offices to ensure sustained coordination and accountability. This office will align local WASH plans with national strategies, provide technical guidance to LGUs, and track implementation progress.
- Advocate for presidential or cabinet-level policy issuances prioritizing WASH investments in geographically isolated and disadvantaged areas (GIDAs) and among the poorest communities. These national directives should enable the targeted allocation of resources to areas with high disease burdens. In LGUs where surface water use and open defecation remain prevalent, the national government should establish incentivized, localized mechanisms, such as conditional grants for LGUs with high rates of unimproved sanitation and open defecation, to facilitate progress and ensure equitable WASH access.
- Design and disseminate standardized decision-making tools, technical guidelines, and legal templates to assist LGUs and Water Districts in exploring PPP arrangements as an alternative modality for WASH service delivery.
- Support developing and scaling low-cost technologies tailored for remote and underserved areas. These include portable water testing kits and decentralized water treatment systems, among others.

Expand primary healthcare services and adopt critical food system policies. In previous reports at PIDS (see Ulep et al., 2024), authors noted that the persistent problem of chronic malnutrition can be attributed to poor access to high-quality and diverse food, as well as constant exposure to illnesses (e.g., infections), which is often linked to inadequate access to WASH. As such, we recommend the following:

- Expand access to PhilHealth's primary health care benefits (i.e., KONSULTA), particularly for vulnerable households and children, to ensure comprehensive, coordinated, and convergent health and nutrition services are available in communities. While expanding demand-side financing is critical, it must be complemented by LGU investments on the supply side, specifically in health infrastructure and human resources for health, to reach and track mothers and children in communities effectively. Global evidence suggests that PHC is an equitable investment because it provides essential, community-based services that are cost-effective, accessible, and affordable. It reduces disparities by addressing medical needs and broader social determinants of health.
- Foster healthy food environments and promote healthy eating behaviors through: 1) a review and update of the provisions and implementation mechanisms of the Milk Code to promote and protect exclusive breastfeeding and proper infant and young child

feeding practices, 2) develop and enforce stricter regulations against the harmful marketing of unhealthy food to children, and 3) develop consumer protection tools, such as menu labeling for food establishments and front-of-pack labeling for prepackaged food products.

- Enhance food system policies and mechanisms to ensure access to healthy and diverse diets through nutrition-sensitive agriculture (NSA), a food-based approach to agricultural development that prioritizes high-nutrient, nutrient-rich foods and dietary and food fortification in addressing malnutrition and micronutrient deficiencies. To improve food availability and its impact on nutrition outcomes, the Philippine government should increase its investments in diversified, sustainable, and smallholder-friendly agriculture. Public investments should be reoriented towards nutrient-rich crops, vegetables, legumes, and local/indigenous food. Traditional farming systems, including mixed and relay intercropping, as well as crop-livestock integration, promote crop diversity and resilience (Food and Agriculture Organization of the United Nations 1997). The government should scale up programs that increase diversity in food production. Evidence suggests that promoting sustainable production practices, such as conservation agriculture, effective water management, and integrated pest management, can dramatically improve food production while conserving natural resources. Family farming, home and school gardens, and homestead food production projects can increase the availability of a wider variety of crops at the local level. While these programs have already been in place, the government must address the technical and adaptable challenges (i.e., through training, research, and innovations) that these programs face at the local level, which hinder their scalability and impact (DA Press Office 2021; Talukder et al. 2010).

The Philippine government should increase its investments in science-based behavior change campaigns (BCC) in moving towards NSA. The goal of the BCC is to increase awareness and improve practices among local government officials implementing NSA, as well as promote the production and consumption of nutrient-dense crops at the individual, household, and community levels. The BCC must be integrated with broader health and nutrition initiatives, such as IYCF and WASH. Evidence suggests that more intensive and better-targeted BCC, combined with the use of multiple approaches, including combinations of home visits, community-based or service-based sessions, and mass media, tends to have a greater impact on knowledge and practices (Kennedy et al. 2018). The government should explore how these comprehensive health and nutrition programs can be integrated into the existing primary healthcare interventions of DOH and PhilHealth.

Promote optimal parenting to increase opportunities for early learning and provide safety and security. It is essential to invest in programs and interventions that equip parents, primary caregivers, families, household members, and community members with the skills and

knowledge necessary for responsive caregiving. The newly enacted ECCD System Act offers a strategic opportunity to strengthen the Early Learning component of child development. Ulep et al. (2024) suggest that low participation in early learning programs is shaped not only by a limited supply but also by cultural norms and a general lack of awareness among families, findings that are consistent with our own updated research. However, they also identified major supply-side gaps (e.g., capital investments and human resources) that would prohibit meeting the demand for early learning services (Ulep et al. 2023).

Twin strategy of a national awareness campaign and community-level outreach. At the national level, invest in a science-based communication campaign. Develop targeted campaigns to promote early childcare and development, correcting the misconception that children under 5 are too young to be enrolled in ECCD programs. Expand and build the existing ECCD Council initiative through multiple mass media channels, such as radio, TV public service announcements, and social media campaigns, using regional languages and culturally relevant initiatives. Craft memorable slogans in local languages that convey simple and positive messaging. At the local level, the national government should support local governments in establishing community outreach programs that promote early learning for marginalized communities. The outreach program may involve home visitation services.

- Addressing supply-side challenges, including concerns on human resources (i.e., child development workers), learning material supplies, and child development centers (i.e., infrastructure). The national government should leverage its resources by developing a systematic and equitable allocation of national resources, providing grants to local governments with limited resources, and enabling them to address supply-side challenges, including personnel. Additionally, the national government should consider establishing a centralized procurement system. This would leverage economies of scale to reduce the per-unit cost of learning materials while ensuring quality and standardization across all regions.
- Develop strategic and standardized PPP implementation for CDCs in collaboration with community-based organizations and LGUs. An example could be results-based financing.

Create a comprehensive child anti-violence campaign. The ECCD System Act provides an opportunity to enhance the functionality and accountability of agencies responsible for promoting child safety and welfare. As a devolved function, the Barangay Council for the Protection of Children (BCPC) is the local body mandated to formulate policies, ordinances, plans, programs, and activities that promote child safety at the barangay level. It is responsible for ensuring mainstreaming in the local development agenda.

- The national government should launch an ECCD anti-violence community campaign that promotes the messaging that physical punishment is harmful to children under five.
- Actively involve men and fathers in caregiving, which has been shown to produce positive outcomes in early childhood, including a reduction in violence. Implementation may include the development of culturally relevant early learning modules and training barangay health workers, daycare workers, and community volunteers to coach parents in applying these practices at home.
- PHC facilities can play a key role in preventing and addressing violence by serving as entry points for early identification and response. During routine healthcare visits, healthcare workers can reinforce messages on positive parenting, the harms of physical punishment, and the importance of a safe home environment. PHC teams, in coordination with LGU social workers and community health workers, can lead community education efforts and refer cases to appropriate services. Strengthening referral pathways between PHC facilities, schools, and police ensures a coordinated response to violence.

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