

Examining ECCD Structures and Service Delivery Mechanisms in Local Government During COVID-19

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Abstract. The article examines early childhood care and development (ECCD) interventions during the COVID-19 pandemic, focused on enabling structures and service delivery mechanisms. It was observed that a multisectoral and interagency approach, where ECCD players at various levels are clearly defined, is operational. While there are efforts in the focal local government unit (LGU) to provide services to children during the pandemic, the LGU focused more on the continuity of services in a remote manner rather than being responsive to new needs that might have arisen in light of the pandemic. Their ECCD pandemic response was ultimately made possible by an institutionalized ECCD sector within their LGU's structure. Findings suggest that strengthening and capacitating existing institutions, which continue supporting the needs of children and their families, allow local governments to become more responsive to this sector. Thus, LGUs can explore the extent of the collaboration among different sectors, and whether or not they have the absorptive capacity to mainstream ECCD into existing institutions and local development plans.

Keywords: early childhood care and development; ECCD governance; local government; COVID-19

The state of early childhood care and development (ECCD) services worldwide, even before the COVID-19 pandemic, has already been facing numerous problems, such as the lack of funding, leaving many children unable to access high-quality services. Vargas-Barón (2016) stated that governments continue to face challenges in developing and implementing ECCD policies. Some of these problems involve the lack of political will, rapid turnover in government administration, decentralization without technical guidance for ECCD, extreme sectorality, inadequate attention to ECCD systems, and policy implementation itself.

I have observed these aforementioned issues in the Philippines. The Early Childhood Care and Development Council (ECCD Council) is the primary agency supporting the Philippine government's ECCD programs, which deals principally with policy making and program development on the national level (Republic Act 10410). However, due to the decentralized nature of this social service in the country, it is the local government units (LGUs) that are mainly responsible for providing actual ECCD services. ECCD administration studies, nevertheless, often focus on the quality of services by looking at the appropriateness of the intervention, content, and the capacity and level of commitment among service providers, which leaves a gap in the study of administrative structures and mechanisms themselves.

Britto et al. (2013) noted that, while scientific, macroeconomic, and rights-based research that supports the importance of quality ECCD programs and services is prolific, children in developing countries continue to live in states of poverty, disease, violence, and other risks. Although such is the case, the implementation of equitable, accessible, and quality ECCD programs and services that could alleviate these conditions is dependent on structures and how these systems are governed. Mapping the administration of ECCD governance can thus help identify critical elements of a system that delivers effective, sustainable, and scalable services.

Studying ECCD administration in the context of a crisis, such as the COVID-19 pandemic, while novel, can provide specific information on some rapid courses of action adapted by the government and civil society through policy responses to suit the new roles and demands brought about by extraordinary times. This approach can also aid in situating ECCD policy responses to disruptions like COVID-19 in local governments and in understanding the support that local governments and other involved agencies need in their efforts to deliver ECCD services. By studying the dynamics of coordination between various levels of government and implementing agencies, we can gain insight into how policy actors are learning to live with and manage disruption and uncertainty (Hartley et al., 2019).

My study ultimately highlights ECCD as a public administration concern, given that children and their families as stakeholders of this public service are directly impacted by the pandemic. They continue to be at risk of being left behind if governments do not take action to respond to their needs. Furthermore, my study seeks to provide information on where and how ECCD is integrated into the local planning process, which could assist local governments in better mainstreaming an ECCD action plan into local development and investment programs (LDIPs) and barangay development plans (BDPs).

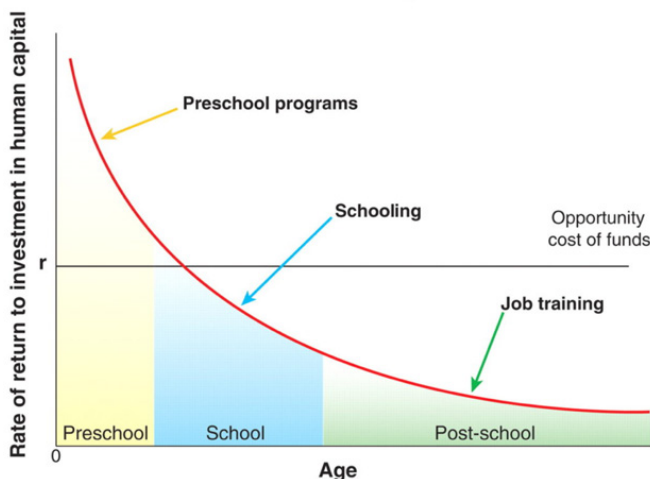
Literature Review

Investing in ECCD

Early childhood, which covers children aged zero to six years old, as defined by the Republic Act (RA) 8980 or the Early Childhood Care and Development Act of 2000, is a critical period in every child's life characterized by rapid growth and development. Children at this age must be provided opportunities to maximize their potential through various programs and services, including those that would guarantee their survival and protection, provide early childhood education (ECE), and an environment for children to play. Evidence that suggests the relationship of ECCD with long-term gains, such as educational attainment and employment, has also emerged in the last decade (Behrman et al., 2006).

In the study of human capital development, the Heckman Curve is a popular framework used to explain how the rate of returns for public investment in the human capital of disadvantaged individuals differs by age (Heckman, 1999). The Heckman Curve, proposed by Nobel Laureate and University of Chicago Professor James Heckman, argues that higher rates of economic returns come from the earliest investment in children. Figure 1 illustrates the Heckman Curve.

Figure 1
The Heckman Curve
 Rates of return to human capital investment



Source. Heckman (2006, p. 1901)

The Heckman Curve supports investment in educational and developmental resources for disadvantaged families to provide equal access to the successful early development of physical, cognitive, and social skills of children zero to five years old. This investment, paired with sustained early development and effective education through to adulthood, leads to gaining a more capable, productive, and valuable workforce (Heckman, 2006). I then believe that early childhood care and development services such as ECE, and health and nutrition interventions, among others, are necessary investments as children’s welfare-related policies and programs later influence economic development. Furthermore, investments in the development of human resources beginning from early childhood have also become increasingly popular because of their potential in realizing the vision of the Sustainable Development Goals (Al-Hassan, 2018; Richter et al., 2017).

However, opportunities to invest in the early years have become even more limited with the suspension of ECCD services due to the COVID-19 pandemic. The suspension of ECCD services poses the risk of various socioeconomic issues and vulnerabilities to children and their families. In addition, ECCD services, such as childcare, are invisible drivers of the economy, as it allows more parents to participate in the workforce. The early years of childhood are a critical period to build human capital. Thus, strategic investments in ECCD need to be prioritized within the COVID-19 response “to protect this generation of young children and drive economic recovery and productivity in the longer term” (World Bank, 2020, “The early years are a critical period to build human capital”).

ECCD Governance and Administration

Britto et al. (2013) argued that, despite the abundance of scientific, macroeconomic, and rights-based research that promotes the importance of quality ECCD programs and services, children in developing countries continue to live in high-risk environments (e.g., poverty, disease, violence, etc.). However, the implementation of equitable, accessible, and quality ECCD programs and services that could alleviate these conditions are dependent on ECCD systems that are structured, managed, and governed. Systems of ECCD can be generally categorized into (a) split systems that separate childcare and education, and (b) integrated systems that favor a multisectoral and inter-agency approach where ECCD players at various levels are defined as “families, communities, non-government/private sector, local government units, and national government agencies” (Manuel & Gregorio, 2011, p. 67).

The literature has argued in favor of an integrated system and proposed its full adoption (Niron, 2013; Vargas-Barón & Diehl, 2018; Neuman, 2005). Some methodologies leaning towards the shift to an integrated approach suggest to begin with training national policy planners in participatory ECCD planning and expand towards the participation of stakeholders, such as leaders, civil society organizations (CSOs), parents, and child development specialists. This multisectoral approach creates an avenue for the participation of various agencies, expertise, and resources (Vitiello & Kools, 2010). Neuman (2005) further explained that a multisectoral approach creates avenues for increased accountability, as education and other social services are transferred to local authorities and other governing bodies. With this approach, the role of central government is reduced, and subnational authorities now have the flexibility to address local concerns.

In the Philippines, RA 10410, or the Early Years Act (EYA) of 2013, states that the ECCD Council serves as the primary agency supporting the government's ECCD programs, including health and sanitation, nutrition, child protection, and education for children zero to four years old. In particular, the ECCD Council shall be responsible for developing programs and policies, providing technical assistance and support to ECCD service providers, and monitoring ECCD service benefits and outcomes. Children aged five to eight years, on the other hand, fall under the responsibility of the Department of Education (DepEd). The ECCD Council works together with DepEd, the Department of Social Welfare and Development (DSWD), the Department of Health (DOH), the National Nutrition Council (NNC), and the Union of Local Authorities of the Philippines (ULAP).

Apart from RA 10410, which is the most recent document that describes the general framework of ECCD administration in the Philippines, the country is also guided by several legal and policy frameworks regarding ECCD governance and service provision. Among these documents are two major laws that governed ECCD in the country: the Presidential Decree (PD) 603 or the Child and Youth Welfare Code of 1974, and the Local Government Code (LGC) of 1991. PD 603 codified the rights and duties of children, duties, and responsibilities of the parents, the community, and various stakeholders in promoting the welfare of Filipino children and youth below 21 years old. PD 603 also created the Council for the Welfare of Children (CWC) as the national coordinating body for related concerns (Manuel & Gregorio, 2011).

The LGC, on the other hand, provided a system of decentralized and devolved delivery of basic services such as health, education, and social welfare by the local government. This devolution of service delivery gives LGUs a significant amount of autonomy in decision making and resource allocation. De Guzman (2007) detailed how this movement resulted in new education programs that are closely associated with ECCD services. These include: (a) the daycare center program, (b) the parent effectiveness service (PES), (c) the Department of Education, Culture and Sports (DECS, now DepEd) Pre-School Program, (c) the community-based preschool, and (d) pre-school service contracting. The daycare center program was previously under the DSWD, which has been relegated to LGUs. Together with this program, the PES was implemented to better equip parents with information on child development. In 1993, then DECS launched a preschool program for five-year-old children in disadvantaged areas before they entered Grade 1. DepEd, LGUs, and non-profit organizations also extended ECE services to more pupils in various school divisions through community-based pre-schools. Finally, the preschool service contracting serves as an alternative delivery system, where DepEd subsidizes the cost of the child's registration fee for six months and the salary of qualified teachers.

While these programs illustrate significant innovations in ECCD implementation, the decentralization of ECCD in the Philippines poses a significant challenge. The responsibility for implementing ECCD programs, including planning, budgeting, and service delivery, falls on LGUs, which vary in their capacity and resources to implement these programs effectively. This can lead to unequal access to ECCD services among regions due to budget constraints across different types of LGUs. Differences in policy and implementation across different regions can also create inconsistencies and gaps in ECCD services, especially for families who move from one region to another. Moreover, some LGUs may feel that the national government is taking away their autonomy by setting national policies and guidelines for ECCD implementation. Conversely, the national government may feel that some LGUs are not implementing ECCD programs effectively or efficiently, leading to a lack of progress in ECCD implementation. Addressing these challenges requires collaboration between the national government and LGUs to ensure that ECCD services are implemented effectively and equitably across different regions. A solution to this was the establishment of a National ECCD System through RA 8980.

Enacted in 2000, RA 8980, or the ECCD Act, includes a policy statement to promote the rights of children to survival, development, and social protection. It mandates the establishment of a National ECCD System, a multisectoral coordinating mechanism to ensure sustained collaboration at national and local levels. This system is "best understood as comprehensive, integrative, and sustainable policies, programs, and structures designed to ensure the well-being, optimum growth, and development of children," (Manuel & Gregorio, 2011, "Salient features of the ECCD Act") involving multisectoral and interagency collaboration at all levels among various stakeholders. In addition, the ECCD Act also details the establishment of the ECCD system program framework, which refers to the full range of social services, including both center-based and home-based programs, as well as the ECCD System components such as the: (a) ECCD curriculum, (b) parent education and involvement, advocacy and mobilization of communities, (c) human resource development program,

(d) ECCD management guided by the principles of decentralization as stipulated in the LGC of 1991, and (e) quality standards and accreditation.

Upon the establishment of the ECCD Council in 2009 and the delineation between the mandates of the CWC and the ECCD Council, the latter's thrust was better defined and focused mainly on strengthening center-based programs and increasing access to quality ECCD service through home-based programs. The ECCD Council then took the lead in establishing 17 regional ECCD coordinating committees. Not all local ECCD coordinating committees were optimized as a mechanism for the integration of services, as some members remaining were sectorally focused along their mandates (Manuel & Gregorio, 2011). Vargas-Barón (2016) argued that, despite these constraints, the establishment of the ECCD Act and the creation of the ECCD Council advances the country's ECCD strategy without introducing new services. . Instead, the ECCD Act allowed the adoption of an integrated, multisectoral approach through the delivery of both center-based and home-based interventions through a child development worker (Behrman et al., 2006).

With the passage of the EYA of 2013, the role of the ECCD Council became more specific. The ECCD Council was declared responsible for "establishing national standards, developing policies and programs, ensuring compliance thereof providing technical assistance and support to the ECCD service providers in consultation with coordinating committees at the provincial, city, municipal and barangay levels" (RA 10410, Section 7). Furthermore, EYA defined the roles of DepEd, the DSWD, the DOH, the NNC, and ULAP, which are expected to prepare work and financial plans to facilitate the coordination of their technical assistance and support for the National ECCD Program. LGUs, on the other hand, are mandated to include allocations from their special education fund (SEF) and gender and development (GAD) fund. These funds are in addition to other local funds to be utilized for the implementation of their local ECCD programs and its facilities, as well as the continuing professional development of ECCD service providers.

The EYA also details the ECCD System Framework and its components. Particularly, the National ECCD Program shall: (a) be implemented following the ECCD curriculum, (b) promote parent education and involvement, (c) establish mechanisms for the systematic professionalization of ECCD service providers through a human resources development (HRD) program, and (d) continually manage ECCD services through technical assistance, monitoring, and evaluation. This law serves as a new framework and avenue for progress, as it provides an enabling environment that supported ECCD with its directive to establish a national ECCD system and to provide support for ECCD in local bodies. The challenges, however, remain in the weak enforcement of the law itself. It is my observation and assessment that integration and convergence are not yet internalized at all levels, and financing for the programs, projects, and activities remains inadequate.

Among the goals of decentralizing ECCD include increasing transparency and accommodating the needs of local contexts and beneficiaries. Thus, studying its impact on ECCD in terms of equity is vital. A common finding among studies showed that policies tend to deconcentrate responsibilities across the sector, though vertical mechanisms for coordination are still maintained (Ponguta et al., 2019; Britto, Engle, & Super, 2013; Vargas-Barón, 2016). This is also reflected in the Philippine ECCD experience, with the ECCD Council remaining as the central agency with

implementation responsibilities being delegated to LGUs. The cited authors counted this as an enabling environment and recommended the further strengthening of the institutional capacity for policy formulation to better align policies with local contexts and further promote efficiency and accountability. In line with this recommendation is the motion to capacitate local authorities in mainstreaming ECCD into local development plans, and in planning and implementing a comprehensive ECCD action plan that is relevant to their local contexts. Challenges, such as equity of service delivery and provision of resources in these settings, are, nonetheless, still encountered.

ECCD Administration in the Context of COVID-19

Looking at the situation of ECCD even outside the context of crisis and disaster, much has yet to be done to address the challenges it faced. COVID-19 caused a major disruption in society but, with this pandemic, comes the opportunity for policymakers to rethink ECE and care (Greszler & Burke, 2020). This reframing of ECCD administration based on the impact of the closure of services due to the pandemic can aid in aligning services better to suit the needs and preferences of families.

Since many countries in Asia and the Pacific have yet to introduce at least one year of free and compulsory pre-primary education, most of the ECCD services are privately funded and operated. Thus, a decrease in household income due to COVID-19 is likely to have a direct impact on children's access to these services (United Nations Educational, Scientific and Cultural Organization, 2020). Many childcare centers were also severely affected by long-term closures. Greszler and Burke (2020) found that some childcare centers and preschools in the United States have definitively closed as they failed to keep up with the financial losses. Those that eventually reopened, on the other hand, might not be able to do so in the long run, as COVID-19 restrictions have increased costs (e.g., sanitation, lower teacher-student ratios, etc.) with declines in enrollment.

Due to these forthcoming permanent closures, the reduction of available services is anticipated. In the education sector alone, 188 countries imposed school closures, affecting 1.6 billion children and youth (United Nations Children's Fund [UNICEF], 2021). While many of these schools opted to move their classrooms online, many schools lacked the resources to invest in digital learning. Children from poorer households often had limited internet connectivity, leaving nearly 463 million children unable to access remote learning.

According to UNICEF (n.d.), school closures and the shift to remote learning due to the pandemic have affected more than 27 million students in the Philippines or more than a quarter of the country's population. This disruption has disproportionately affected children from low-income families and those living in remote areas with limited access to technology and internet connectivity. Although the Philippine government initially provided distance learning materials through radio and television programs, these initiatives have not been effective in reaching all children, leading to learning gaps and difficulties. As of October 2020, DepEd reported that three million students have not enrolled in school due to pandemic-related factors (Mateo, 2020).

A disaggregated DepEd (2022) data estimates 1,430,000 out-of-school children and youth (OSCY) for the basic education age group, of which 1,007,000 are males and

425,000 are females. Seven out of ten (71.5%) of the youth population were enrolled or attending school in 2019 (PSA, 2019). This number decreased in 2020, with only about two in every three (68.3%) youths aged three to 24 years old attending school.

The highest OSCY rates (36.3%) were recorded in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) (PSA, 2020). Areas with high poverty rates and limited healthcare resources have been more vulnerable to the pandemic's impact. In Mindanao, for example, where a considerable percentage of children live in poverty-stricken households, there is limited access to technology and educational resources. The BARMM has also experienced delays in the delivery of health services, including immunization for children. The loss of jobs and income due to the pandemic has led to increased poverty and food insecurity, which has further exacerbated the difficulties faced by children (BARMM Ministry of Health, n.d.).

I have discussed in previous sections the value of investing in ECCD and care work. Particularly, I have highlighted how the early years are a critical period for building human capital. With the effects of the pandemic, the recovery period for economies is likely protracted, leaving many families and young children disproportionately at risk because of their prior vulnerabilities and prioritization of resources towards other pandemic responses. However, the World Bank (2020) favored ECCD prioritization, stating that "strategic investments in [early childhood development] need to be prioritized within the COVID-19 response" (p. 1) because of its capacity to drive economic recovery and productivity in the long term. This prioritization includes policy solutions and return-to-work scenarios that support parents and caregivers as the first responders for children's survival, care, and learning.

Methodology

This article maps out the dynamics of coordination between various levels of government, such as the city and barangay, as well as other implementing agencies, in the delivery of ECCD services during the COVID-19 pandemic. It organizes and illustrates the ECCD policy architecture, service provision, and administrative structures of the focal barangays in the context of the pandemic. This allowed me to better locate ECCD in the context of the various levels of government and consequently, develop a better understanding of its administration.

I implemented an in-depth qualitative approach and an exploratory descriptive design using desk/document reviews and semi-structured interviews to collect data on the policy responses and experiences of implementation related to ECCD during the COVID-19 pandemic. I used a case study design focusing on a single city explored through four focal barangays, while using the accounts of informants from both the system and service-level actors of local government. Cases were selected from a single first-class highly urbanized city in Metro Manila. The city was selected, not only because of the feasibility of a sample size of four out of nine barangays, but also because of its consistently satisfactory performance in the child-friendly local governance awards from the CWC and the Office of the President. The case studies in the city can serve as a benchmark to describe how their ECCD System is organized to facilitate successful planning and implementation of ECCD services before and during the pandemic.

Based on the 2015 population census, Metro Manila alone has approximately 1.2 million children below five years old (PSA, 2015). In Metro Manila, there are a total of 1,730 daycare centers and child development centers that cater to children in the early childhood stage (ECCD Council [ECCDC], 2010). Based on the information posted on the local government’s website (as of 2021), the selected city has 91 daycare/child development centers available as sites for data gathering.

The selection of the four focal barangays in the study was based on two criteria, namely: the socioeconomic profile, and the composition of the barangay council by sex. The socioeconomic profile of the barangay was characterized in this study by the internal revenue allotment (IRA) per capita (i.e., the IRA of each barangay divided by the barangay’s population), supplemented by a descriptive profile of each barangay, such as the number of depressed areas for informal settlers, and gated subdivisions, among others.

On the other hand, the composition of the barangay council by sex was based on notable female representation and dominantly male representation. In profiling the composition of the barangay council by sex, the researcher found that all barangays are headed by male barangay captains. All barangay councils have a dominantly male composition, except for Barangay A, where there are an equal number of males and females seated in the barangay council. Other more notable compositions by sex include Barangay B, which had only one female representative, and Barangay D, which has three female representatives. Table 1 details the profiles of the selected barangays.

Table 1
Barangay Profiles

Barangay	IRA CY 2021	Population	IRA per Capita (IRA/Pop'n)	Significant Socioeconomic Descriptions of Barangay	# of Female Brgy Council Members	# of Male Brgy Council Members	Categorization by Researcher
Barangay A	53,091,133.00	63,793	832.24	<ul style="list-style-type: none"> • Considered the trade route of southern Metro Manila and the economic center of the city • Has an existing and functional Barangay Council for the Protection of Children (BCPC) 	5	5	Notable female representation, fair socioeconomic conditions
Barangay B	18,747,157.00	21,429	874.85	<ul style="list-style-type: none"> • Location of most middle to high-end shopping malls in the city 	1	9	Dominantly male representation, fair socioeconomic conditions

Barangay C	94,917,756.00	115,387	822.60	<ul style="list-style-type: none"> • Has a large number of informal settlers 	2	8	Dominantly male representation, poor socioeconomic conditions
Barangay D	73,543,974.00	89,022	826.13	<ul style="list-style-type: none"> • Has a large number of informal settlers • Considered an institutional zone • 12 depressed areas for informal settlers • 37 housing subdivisions, 15 family housing compounds • Two technical schools, four public schools, six private schools, 12 barangay daycare centers 	3	7	Notable female representation, poor socioeconomic conditions

Source. DBM (2021), PSA (2015), as cited in the website of the city government

The four cases were also chosen to show possible variations in the chosen system-level policy responses of each barangay and service-level implementation. Table 2 is a visual representation of the selected barangays for the study.

Table 2
Selected Barangays

Criteria for Selection	Total (km)	Paved (km)
Notable female representation	Barangay A	Barangay C
Dominantly male representation	Barangay B	Barangay D

The study used two levels of respondents: system-level actors and service-level actors. System-level actors are key informants who are part of the system that supports the provision of the service, such as local government officials like barangay captains, barangay councilors (*kagawad*), *sangguniang kabataan* (SK, youth council) chairpersons, or those who oversee social development/services like the head of the social services department (SSD) and the division chief of the ECCD Department. Service-level actors are those who directly provide services to children and families, particularly daycare workers and child development teachers.

This study had 11 system-level actors and two service-level actors from each barangay, for a total of 19 respondents. Semi-structured interviews were conducted with each respondent via phone or Zoom video conferencing from June to August 2021. The respondents were interviewed regarding their accounts of ECCD services during the first year of the pandemic in 2020. The aim of the study was not to generalize the data as representative of each city, but the data is generalizable contingent on the four focal barangays being studied. As an exploratory qualitative study, it aimed to provide detailed descriptions of the mechanisms of coordination based on the accounts of the selected respondents. The number of respondents was limited to avoid data saturation, but having respondents at both the system- and service-level for each barangay intended to provide more exhaustive insights on specific policy responses and actions taken.

Other secondary data sources included resolutions from the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID); related memorandum circulars and orders of the DOH, Department of the Interior and Local Government (DILG), DepEd, and DSWD; as well as advisory issuances from the ECCD Council and CWC.

I also addressed ethical considerations for this study. Verbal consent was obtained from my participants, who were informed of the study's background, purpose, and objectives. I also assured them of the confidentiality of personal information and explained that all forms of information obtained would only be used for research. I reiterated the key informant's freedom to withdraw consent and participation at any point during the study. Interviews were audio recorded, and all audio recordings were transcribed and sent back to the respondents to cross-check and verify the data obtained from them. To preserve anonymity, each participant was assigned a code based on their barangay, regardless of their position. City-level respondents were also assigned codes.

Findings

The COVID-19 pandemic pushed governments and industries to change how they would typically proceed with their operations and other matters. The usual systems that accommodate service delivery no longer worked due to the need to implement nationwide lockdowns. The ECCD sector was no exception to this. My study aimed to look at how ECCD policy actors are learning to live with and manage a disruption such as COVID-19 in their continued support for this vulnerable sector and age group. Particularly, I mapped out the programs, projects, and activities in the ECCD sector within the various levels of government to better locate ECCD in the policy environment of the focal city through the chosen cases.

Mechanisms of Coordination

One of my objectives was to describe the Philippines' ECCD system and the interactions of stakeholders in the delivery of ECCD services. In studying the city through the four barangays, the mechanisms of coordination of ECCD were found to be generally centralized within the Early Childhood Education Division (ECED), a division under the social services department (SSD) of the city. The city is among a few cities in Metro Manila that have a separate division dedicated to ECCD in their organizational structure. The ECED was established in 1999, even before the

Early Years Act (EYA) of 2013. It serves as the leading institution in determining the programs to be implemented and the methods for service delivery. While the ECED is still under the SSD of the city, they have their own office and function independently from the SSD. The ECED, unlike other divisions, also has its own annual investment program (AIP) that is separate from the SSD's. This structure existed even before the pandemic. Given this, the system-level respondents cited how this allowed for more flexibility in implementing ECCD programs during the COVID-19 pandemic. Under the directive of the ECED, all barangays adopted blended learning through modular and/or online modalities, continued with supplemental feeding, and implemented other projects, such as subsidizing internet connection in daycares, offering scholarships, and providing devices for teachers.

Despite the differences in the socioeconomic conditions of the barangays studied, the types of services provided to the ECCD sector did not vary. Differences were more evident in the extent and variety of the alternative methods of service delivery offered and the capacity of those services to be expanded to others. For instance, barangays with poor socioeconomic conditions had limited capacity to procure devices for their existing ECCD workforce to conduct remote online learning and relied mostly on a modular method of implementation of the ECCD curriculum. In contrast, barangays with fair socioeconomic conditions had enough resources to be able to extend their services to other constituents. This was evident in one barangay that had daycare centers that catered not only to residents but also to children of employees working as security guards, drivers, or household helpers in the barangay.

The ECED has a particular focus on programs, projects, and activities under four core elements: health, nutrition, early education, and social services for children aged zero to four years. While the definition of ECCD based on the EYA involves various sectors, such as child protection, the ECED's mandate is well-defined by its core foci and does not include child protection. Instead, child protection remains under the SSD of the city, through the local and barangay councils for the protection of children (LCPCs and BCPCs). The ECED, nonetheless, works closely with the SSD in such a way that the SSD provides trainings for teachers in detecting indicative signs of children-at-risk. A referral system is also in place should cases arise within daycare centers. Reports flow from daycare to ECED, then the ECED relays these to the SSD for child protection services. The SSD then coordinates with the DSWD, if necessary. This mechanism was retained throughout the pandemic, with ECED being focused on its four core elements and how their corresponding initiatives could be implemented in alternative manners as described above.

The ECED also works with the SSD to bridge them to other departments in the city, such as the gender and development department or the disaster risk reduction and management (DRRM) department. These departments provide some assistance to the daycare centers, such as fumigation (pre-pandemic) and misting (during the pandemic). The other offices that the ECED partners with through the SSD include the city environment office, which assists them in trimming trees/leaves in the centers that might become safety hazards for children, the Bureau of Fire Protection (BFP), which does community visits, which conduct the children, as well as the city health office (CHO), which conduct height and weight monitoring, vaccination, and deworming. While the community visits of the BFP were not implemented during the pandemic, the collaborative efforts of the ECED with the other departments remained

functional. Children's height and weight were still monitored, childhood vaccinations and deworming continued, and the DRRM department and city environment office still helped ensure the safety of the daycare centers and their physical space.

Niron (2013) classified this type of ECCD system as an integrated approach that favors multisectoral and interagency endeavors. This approach is further exemplified in the structure of the city's ECCD system, wherein each barangay has an ECED focal person (i.e., a teacher/daycare worker) who coordinates with the ECED. The ECED also serves as a bridge between the barangay daycare centers where most, if not all, ECCD activities are anchored with the ECCD Council at the national level. The ECED assists and instructs barangay daycare centers in implementing ECCD programs that adhere to the standards and guidelines set by the ECCD Council. All programs implemented at the barangay level come from the directive of the ECED, including the school calendar, which is based on the ECCD Council memorandum on the start and end of classes. The ECED, however, determines the particulars in the calendar, such as city-wide events and celebrations.

This structure allows increased accountability and authority at the local level and reduces the role of the central government, providing an avenue for better responses to local concerns (Neuman, 2005). The ECCD Council serves as the primary agency that deals with policymaking and program development at the national level, while the barangay serves as the implementing arm. The ECED, meanwhile, serves as a body for policy direction. The respondents emphasized that, even before the pandemic, the ECED provided specific directives to guide the implementation of ECCD programs. The ECED serves as the leading institution in determining the programs to be implemented and the methods for service delivery. Other respondents have also stressed the important role of the ECED, citing the division as the focal office that provides direction in following the National Early Learning Curriculum that is anchored on the National Early Learning Framework, RA 10410, and other tools developed by the ECCD Council. Having a structure, such as the ECED, anchors the work done at the level of the barangay onto the policies developed at the national level. During the pandemic, the ECED continued to provide directives to the barangays on how to adjust the implementation methods to comply with health and safety protocols, such as social distancing measures and the use of online or distance learning options. Fundamentally, the ECED serves as a body for policy direction.

Apart from the ECED and the other bodies mentioned, each barangay also has an education committee, where most barangay-level ECCD concerns fall under. Also located at the barangay level is a BCPC composed of the kagawad on education, daycare teachers, barangay nutrition scholars (BNSs), barangay health workers (BHWs), and other system- and service-level stakeholders. Their roles are to implement the programs of the city at the barangay level, and to provide data and insights that are useful in policy making and to serve as liaisons between the LCPCs and families of clients. The city government shows a generally functional and institutionalized ECCD system that exhibits attempts to become more multisectoral, with its key ECCD players being clearly defined (Manuel & Gregorio, 2011). However, the system is still not completely integrated, such that split systems still exist, as seen in the separation of ECCD from other social sectors.

Local and Barangay Councils for the Protection of Children

While not formally within the organizational structure of the ECED, the LCPC exists as a body that deals directly with ECCD and children's needs. The LCPC, which is organized at the provincial, city, municipal, and barangay levels, serves as the umbrella planning and implementing unit for all children's concerns (DILG, 2005). The ECED division chief serves as a representative in the LCPC. A crucial body at the city level, the LCPC brings together all departments and agencies that have a role in promoting and protecting the welfare of children. All departments related to children must have representation in the LCPC, and policies related to children must be discussed and agreed upon by all members. This representation of relevant sectors ensures that they are all accounted for in activities, budget allotment, and policies related to children's welfare. Almost 5% of the IRA, instead of the minimum 1%, is allocated to the LCPC to ensure the effective implementation of child-related policies in the city. The council's primary focus is on adopting a local protection code that aligns with national policies on child protection.

The barangay council for the protection of children (BCPC), on the other hand, is composed of various representatives from different sectors that attend to the needs of children. According to the DILG Memorandum Circular No. 2002-121, the BCPC is to be chaired by the barangay captain. Members of the council include barangay *kagawad*, who is chairperson of the committee on women and family, the barangay nutrition scholar, barangay daycare workers, barangay health nurse/midwife, barangay health worker, DepEd principal/teacher-in-charge, chief *tanod* (public safety and order officer), SK chairperson, children's representative, parents-teachers association (PTA) president or representative, nongovernment/peoples' organization representative, etc. In the city, the BCPC of the four focal barangays were generally composed of the same representatives, where the *kagawad* for education sat as the representative of the barangay council, and the barangay secretary served as a proxy for the barangay captain. While there are some barangays where the SK is highly involved in planning and implementing projects for the ECCD sector, there are others who are not involved at all. SK chairpersons cited the DILG guidelines stating that the coverage of the SK is youth aged 15 to 30 years. The level of support and coordination from other local officials and stakeholders, such as the barangay captain and other members of the *sangguniang barangay*, was more prominent for this age group than for younger children. ECCD concerns are left to the BCPC or the barangay's committee on education instead.

Daycare teachers of the city also serve as representatives in the BCPC, while the barangay secretary is often delegated some tasks relating to ECCD as a member of the BCPC. The barangay secretary serves as the liaison between the daycare teachers and the barangay captain in processing requests. Meanwhile, daycare teachers meet with their barangay captains/councils/councilors regularly during BCPC meetings to raise concerns that can be addressed at the barangay level. Examples of such concerns include assistance in paying rent when the space occupied by the daycare center is not government-owned; repairs in fixtures (e.g., ceilings, faucets, etc.); requests for additional electric fans; and the like. On occasions wherein matters cannot be addressed by the barangay council, the daycare teachers course their requests through the ECED, who then forwards these to the city government or the mayor.

For certain requests that were not discussed during monthly meetings/consultations with the BCPC, the teachers may address their requests to any member of the council, such as the barangay captain or the education kagawad. All barangays have this referral system wherein the requests can be brought to the kagawad and addressed at his/her level or elevated to the barangay captain, depending on the cost of the request.

Overall, institutional decision making was consistent across both periods before and during the pandemic. The composition of the LCPC and the BCPC, which involves various stakeholders even before the pandemic, allowed all sectors involved in the welfare of children to find points for collaboration during the COVID-19 pandemic. This allowed the delivery of ECCD services to continue despite the disruptions caused by the pandemic. Some stakeholders served as liaisons for others in their respective offices. Others, such as the daycare teachers, implemented programs and contributed data and insights to the city to be used for policy making.

Health and Nutrition System

A distinct mechanism of coordination that I also observed was how the health and nutrition sector of ECCD was structured. Interventions and programs in this sector are varied and benefit a wide range of partners at both the city and barangay levels. Some private NGOs and institutions also link with the ECED, with the endorsement of the city health office (CHO), to conduct medical missions, such as dental checkups. While this initiative started before the pandemic, such linkages between private institutions and the ECED remained throughout the COVID-19 pandemic. Dental checkups were accompanied by the distribution of oral hygiene kits, alongside other health and hygiene kits distributed by the CHO to all families.

Another example of interagency cooperation includes the Department of Labor and Employment (DOLE)'s program with the public employment service office (PESO) together with the ECED. Supported by ECED's membership under the city nutrition council (CNC), the program provides unemployed parents volunteer work opportunities in daycare centers (e.g., gardening, cooking for feeding programs, etc.), with compensation from DOLE. During the pandemic, this particular initiative was stopped, but the ECED continued to monitor unemployment among parents and forwarded this data to the PESO.

Additionally, the CNC is spearheaded by the CHO. It serves as the health arm of the ECED which connects their programs to daycare children. Some programs, such as the distribution of vitamin A, dental checkups, and supplemental feeding, are also done together with the BHWs and BNS to ensure the proper recording of the nutritional status of the children. Throughout the pandemic, this arrangement remained functional. Although the dental checkups stopped, other initiatives continued. Moreover, the supplemental feeding for children enrolled in daycare centers is done by the DSWD-National Capital Region (DSWD-NCR), through the ECED and CNC. These programs are brought down to each barangay daycare center. Before the pandemic, parents cooked the goods provided. But during the pandemic, these goods were distributed as raw ingredients to families and picked up from the daycare centers. Teachers also asked for proof of consumption, such as photos of the food being prepared and eaten, which were then forwarded by the ECED to the

DSWD. In addition to the mechanisms already in place, child development teachers also serve as representatives in the barangay nutrition committee.

The coordination procedure and arrangement described above were apparent and are highlighted in the findings. This is due to the wide range of partners working with the ECED to ensure the health and wellness of children. This demonstrates a holistic approach to health, which includes addressing social determinants, like unemployment and hunger. The ECED collaborates with the DSWD, CNC, CHO, DOLE, and private institutions to achieve this.

Other Stakeholders

Daycare workers also emphasized the role of parents as stakeholders and partners in the provision of ECCD services. During the pandemic, the parents helped the teachers in the maintenance and upkeep of the classrooms. Private organizations partnered with the ECED to initiate various activities for young children, such as sports programs, including kickball and Zumba for overweight children. The ECED engaged daycare teachers, BHWs, and BNS in this program, which was continued during the pandemic and conducted online.

The ECED served as the bridge to connect organizations to the children enrolled in barangay daycares during partnerships and projects that directly involved children. For instance, the ECED collaborated with the public information office of the city government to evaluate the videos and materials created by the teachers during the pandemic. These videos served as supplementary educational materials to the modules used in the ECCD curriculum implementation. Some videos were also used as tools to teach children about health and safety protocols, such as handwashing. While some videos were made independently by each teacher, others were made in partnership with private foundations. This collaboration demonstrated how the barangay daycare teachers, ECED, private foundations, and city offices worked together as a functional ECCD network or system.

While the ECCD Council is responsible for granting permits and recognition for private preschools and learning centers, many of these institutions still coordinate with the ECED and participate in activities led by the ECED. This coordination includes attending meetings with the ECED, both before and during the pandemic, to align efforts on matters such as evaluations and consultations.

The ECED also connected with the GAD Office and the office of one of the representatives in Congress to develop gardens in daycare centers and homes of daycare learners' families. This initiative encouraged vertical gardening, particularly for families with underweight or malnourished children. It also provided families with alternative sources of food and income during the pandemic. The GAD budget and the representative's office provided funding, while the CHO supplied data on participating households. The daycare teachers themselves were responsible for connecting with the participants.

Overall, the ECED served as the anchor for the delivery of ECCD services in cooperation with different partners, including city offices and private institutions, even during the pandemic. While the ECED functions independently from the SSD in this aspect, the two departments worked together in various instances, such as connecting parents who were persons with disabilities (PWDs) and/or single parents who needed assistance in securing IDs and other privileges.

These special arrangements to welcome stakeholders from different sectors show the unique characteristic of the ECCD system. The system acknowledges that children interact with the environment around them, and that ECCD programs are also an integration of the systems that support them. Lynn (2010) describes this kind of governance as networks, wherein multiple resources coming from a hybrid of public and private resources are used as instruments in policy implementation.

Table 3 summarizes the findings of the study, particularly what the government has done for the ECCD sector in the focal city during COVID-19 and how various levels of the government worked together to provide these services. This table uses data culled from all the cases. The findings listed are consistent throughout all four cases.

The results of the study did not show any notable differences in programs and priority between barangay councils that were male-dominated/led from those that were female-dominated/led. Differences in the socioeconomic conditions of the barangays, however, much like the resource conditions, showed some differences. For example, most barangays highlighted the importance of parental involvement in implementing the ECCD programs and in augmenting the needs of the young learners. They provide support through volunteering—cooking food for supplemental feeding, taking part in the maintenance and upkeep of the classrooms, etc. Barangay B, however, seems to be an outlier. Respondents from the barangay explain that parents do not necessarily involve themselves in daycare activities and, instead, provide material and/or monetary donations to the centers.

Table 3
Co-Sharing of ECCD Services

ECCD Service	Planning	Coordination	Implementation	Additional Support
Supplemental feeding	National/ regional (DSWD-NCR)	ECED	Barangay daycare	Barangay council
Volunteer work and opportunities for parents	National/ regional (DOLE-PESO)	CNC	ECED	N/A
Health and nutrition monitoring	City health Office, City nutrition Council	ECED	BHWs, BNS	Barangay council
Dental check-ups	City health Office, City nutrition Council	ECED	NGO	N/A
Distribution of vitamins	City health Office, City nutrition Council	ECED	BHWs, BNS	N/A

Early childhood education	National (ECCD Council)	ECED	Daycare teachers	Barangay council
Social services (Financial/ social support, special activities)	Barangay council	ECED	Barangay council via daycare centers	SK, NGOs
Child protection	DSWD	SSD	BCPC	Daycare, ECED

Conclusion and Recommendations

This article presents a descriptive analysis of the administrative and organizational framework of the ECCD system in a focal city. It sheds light on how policy actors were able to manage the disruption caused by the pandemic and to continue addressing the needs of young children. While ECCD studies typically focused on the quality of services, this study provided new insights into the governance and administration concerns of service delivery itself, the structure of the focal LGU to establish accountability. The study also investigated how these mechanisms were activated to ensure that ECCD programs were insulated from the negative effects of the pandemic.

ECCD policy responses were made during the pandemic, but in a manner that directed existing services to adapt and modify their delivery within the mechanisms that were already in place before COVID-19. For example, the city centralized distribution and reach within daycare centers through the ECED to ensure continuity of services. I found that the city's institutionalized ECCD system, as seen in the ECED structure and coordination, allowed for a quick modification to remote delivery for the continuity of services. Thus, it was able to address pre-existing needs that persisted in the pandemic through alternative methods that followed health and safety protocols.

The research illustrates how an enabling policy environment in the focal city's ECCD allowed continuous support of the needs of children and their families during critical times, such as the pandemic. However, it also raises the question of how this can be further utilized to ensure that ECCD is better mainstreamed into local development plans. By doing so, systems that prioritize and sustain funding and support for the sector are able to ensure that services continue should emergencies and crises like COVID-19 arise in the future.

This article focused on the ECCD system and how it was able to adapt and continue providing services during the pandemic. I did not explicitly state whether the city and barangay human resources prioritized children over other sectors. Rather, I highlighted the strong political capacity of the city to allocate resources and augment funds for ECCD.

However, it is worth mentioning that the ECCD system did not operate in isolation and was part of a larger response to the pandemic. For example, I found that ECCD workers were also mobilized in other pandemic-related activities, such as the distribution of *ayuda* (aid) and the rollout of the COVID-19 vaccination program.

This suggests that the ECCD system is well-organized and functional, making it easy for them to be mobilized for other pandemic response efforts. The city government's capacity to address ECCD concerns could be seen as a holistic approach to addressing pandemic issues, since investing in ECCD can have a positive impact on families and health.

Practical and Policy Recommendations

Through my research, I found that the city's enabling mechanism for ECCD allowed the barangays to continue the delivery of services to children during the pandemic. Instituting a functional ECCD focal point system (FPS), like that of the focal city government, can be considered as an arrangement for other local governments. The FPS serves as a link from the barangay level to the city's ECED/ECCD division or their municipal or city social welfare and development office. This FPS can be composed of teachers, BNS, BHW, and other service providers who will communicate directly with children and collect disaggregated data regarding those belonging to this age group.

The FPS could also be integrated within the BCPCs that already exist. But it could also have a particular focus on ECCD components, such as ECE, as well as health and nutrition, which might not necessarily fall under the sphere of social protection. This recommendation allows ECCD to become more visible and represented when it comes to planning and implementing policies, programs, and projects at the local government level.

The existence of ECED as a separate division designated specifically for ECCD needs could be explored by local governments once the ECCD FPS is functional. A separate division that caters to all programs and services of young children is an innovative institution that facilitates policy direction from the national to the local level. Nonetheless, a functional ECCD FPS can serve as a prerequisite or a preliminary structure that ensures that existing arrangements are utilized and maximized to ensure proper mainstreaming of ECCD.

Vargas-Barón (2016) cited extreme sectorality and lack or absence of technical guidance for ECCD as barriers to implementing ECCD programs and policies despite an enabling environment. Establishing first an FPS creates an avenue for the participation of various existing agencies and offices. It can also better serve as a blueprint for a more integrated approach (Vitiello & Kools, 2010; Neuman, 2005).

In addition, an assessment of ECCD responsiveness during emergencies, particularly during COVID-19, can be done to evaluate the capacity of local governments to mainstream ECCD into their local development plans, such as the annual investment program (AIP), the local development investment program (LDIP), and/or the local disaster risk reduction and management plan (LDRRMP).

Based on the results of my research, some indicators that can be used in this assessment include the following: (a) presence of broad statements of intentions or aspirations reflecting support for ECCD-related activities during the COVID-19 pandemic, (b) availability of disaggregated data on young children for services and program planning, (c) functionality of an ECCD FPS or LCPC, (d) presence of an ECCD committee in the local sanggunian, and (e) continuity of ECCD services, among others.

The first indicator is based on the perceived support of respondents through their mayor and/or barangay captain's priority for education. The support that local chief executives have for ECCD reflects their desire to invest in education in the early years, and to involve all sectors dealing with ECCD, such as teachers. Responses from the respondents highlighted how their mayor and/or barangay captains see ECCD as a starting point. This finding is consistent with Heckman's (2006) findings showing that sustained early development with effective education can lead to gaining a more capable, productive, and valuable workforce in the future. Similarly, Richter et. al (2016) contended that support for ECCD reflects political prioritization for efforts to address poverty and inequality. While the local chief executives of the focal barangays did not necessarily corroborate the findings in the literature when expressing their support, these initiatives show an understanding of ECCD as a priority in local development plans to scale up support for young children. A descriptive assessment of this support through broad statements may indicate initial readiness to integrate ECCD into existing local development plans.

In addition to the number of male and female children belonging to specific age groups, the indicator on disaggregated data is suggested to account for the unique needs of each barangay. By collecting sufficiently disaggregated data, variations, such as differences in socioeconomic conditions, can be accounted for. Further disaggregation of these numbers can aid in more inclusive planning for ECCD services that address the specific needs of each barangay. For example, differences in socioeconomic conditions among children in different barangays can be accounted for in the collection of disaggregated data that go beyond just gender and age. A one-size-fits-all approach to ECCD planning and service delivery may not address the unique needs and challenges of each barangay. Therefore, a more contextualized understanding of the demographic profile of young children in each barangay can inform the planning and delivery of ECCD services that are more responsive to their specific needs.

I recommend the third and fourth indicators after examining the composition of barangay councils. While there were no notable differences observed between councils with mostly male or female representation, the functionality of the committees and FPSs within their councils was key. Some respondents, such as a kagawad or daycare teacher who is part of the FPS, BCPC, or who belongs to/heads the education committee, explained how their position in these committees facilitated better coordination and continuous service delivery during the pandemic. Gender composition did not affect the effectiveness of these committees, but their functionality and effectiveness were crucial in ensuring the continuity of ECCD services during the pandemic. This suggests that having a functional and effective committee represented in the local sanggunian is essential for better coordination and continued service delivery during emergencies, such as the COVID-19 pandemic.

Finally, while we cannot fault LGUs for suspending ECCD activities and services during the pandemic, the continuity of these services through modifications for alternative delivery can be accounted for. A simple qualitative evaluation of the city or municipality based on some of these indicators can serve as a starting point in capacity building toward ECCD responsiveness and mainstreaming in the LGU. Eventually, practitioners, local chief executives, and other stakeholders can consider, within the capacities of their LGUs, planning and implementing a comprehensive

ECCD action plan that is relevant to their local contexts. They can also integrate learnings from past experiences, such as ECE in emergencies like the COVID-19 pandemic.

Conceptual and Methodological Recommendations

To better understand the implications of the results, further studies may be conducted to address the effectiveness of the pandemic policy responses to the beneficiaries or clients of the city government. Looking at how useful, necessary, and successful the programs implemented are during the time of the COVID-19 pandemic may provide an evaluation of the programs themselves and an awareness of how to make these programs more effective.

In addition, future studies may expand the case selection through a bigger sample size, such as a city with more barangays, or perhaps even attempt a whole-city approach. The design of my study also utilized barangays with varying socioeconomic conditions. Variations of this selection may include a comparison of urban and rural local governments, or other geographical criteria, to allow for these differences to show possible causal links that could be associated with certain ECCD outcomes.

Furthermore, data gathering techniques may also be expanded by using observation and focus group discussions to see how different system and service-level informants perceive their roles, processes, and activities within the ECCD system differently from one another. Other variables for future research include the knowledge, skills, and attitudes of local chief executives who enable the ECCD sectors to be prioritized and to thrive in their cities or municipalities. Policy interventions and responses for children whose parents were infected by COVID-19 may also be explored.

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