

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

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Executive Summary

The phenomenon of street children and their families living or working on the streets, being a significant indicator of the overall poverty situation in the Philippines has been the focus of several studies in recent decades. Many of these studies have attempted to determine the magnitude of this social problem as well as come up with a definition of the phenomenon. Street families confronting different form of deprivations and social exclusion and despite sustained and concerted efforts of government agencies and non-government organizations (NGOs) to reduce it, its persistence has kept the Philippines bound to its current state of human development. To date, there is no available information or data on the estimated number of children and families at risk on the streets, making it difficult to implement programs and services and a national policy projected the most desirable outcomesharmonized and effective efforts and biggest reduction of prevalence of street dwelling.

The issue was earlier subjected to policy analysis which emphasized the big gap in terms of availability of national updated data on children and families at risk on the streets. It is within this context that the current study on the homeless is being undertaken.

This project was a research initiative of the Policy Development and Planning Bureau (PDPB) of the Department of Social Welfare and Development (DSWD). Re-examining data and actions for children and families at risk on the streets will aid in crafting and developing policy alternatives to address phenomenon of homelessness. The following are the objectives of the study: (1) Determine the estimated number of street family children at risk in selected sites in Metro Manila, Cebu, and Davao; (2) Obtain information on the living arrangement, conditions, and family situation of street family children in the target cities; (3) Identify the factors that push or keep street family children on the streets; (4) Determine the risk factors that they are exposed to and/or experience; (5) List down relevant policies and programs with implementation issues; and (6) Recommend inputs toward strengthening policies, action, and competencies of concerned service providers involved in providing social protection to street family children, specifically for the: a) development of new programs for street family at risk; b) determination of more efficient approaches for the DSWD and other partner agencies to aid LGUs in handling and addressing street dwelling problems and issues; and c) development and strengthening of partnerships with other stakeholders.

The mixed-method approach, comprising of both quantitative and qualitative approaches, was employed for this research. Four (4) methods were conducted to collect data; 1) review of available secondary data, 2) administration of structured interview schedule to homeless individuals, 3) conduct of key informant interviews with selected service providers/institutions/agencies, and 4) a consultative workshop cum focus group discussion (FGD) with specific service providers, government and nongovernment agencies/organizations.

The homeless as defined this study refers to persons with no fixed abode, i.e, they sleep on the streets or places not designed for habitation, such as streets, bridges, cemeteries, boats, carts, and the like. The study covered the 16 cities and 1 municipality in the National Capital Region (NCR), Cebu City, and Davao City. Respondents in this study were purposively chosen using criterion sampling design. Household is the unit of reference. Respondents may be the household head or family members and the interview can be done as a group with those who were available and willing to join the interview.

Summary findings of the research:

- **1. Estimated Number of Homeless.** Based on the point-in-time counting the estimated range of homeless 4,215 to 6,155 individuals in NCR, 175 to 300 in Cebu City and 45 to 75 individuals in Davao City.
- 2. Family Situation and Standard of Living of Respondents. There were 492 homeless households interviewed in the three research sites. Majority of the respondents are women aged 45-54 years. The average household size of the homeless households is 2.8. Majority of the respondent have years of education while a few have not undergone any schooling. Household respondents have attended either primary or secondary school while some have completed their secondary school. Only few respondents have never been to school. Majority of the respondents have some source of income. Common source of income are commonly in form of livelihood, mostly, vending, scavenging, and as barkers or parking attendants. Household heads without livelihoods cited unavailability of jobs, misfit on the job and due to old age and disability related concern. Some respondents still depend on donations to survive. Cooked food is usually bought or prepared by the respondents, however, several respondents are still receiving benefits from donated food and left-over foods or "pagpag" (scavenged food). Relative to water and sanitation needs, the respondents most common source of drinking water is bottled water or a refilling station. They also depend on bottled water, refilling stations or donations of water from establishments for drinking while for washing they source out from establishments or neighboring houses and from deep wells (poso). Respondents also bought water for washing. Majority of the respondents make use of toilets (paid toilets, public toilets, toilets of establishments), while there were cases that they dispose their wastes anywhere – in canals, creeks, rivers, sea, or wrapped then thrown.
- 3. Reasons that Push and Keep Respondents on the Streets. In all the research sites, majority of the respondents have lived in the streets for 1-5 years already, thus they are described as transitionally and episodic homeless. Lack of financial resources forced and still keeps most of the respondents to live along the streets considering the high cost of living in urban area. Mostly they cannot afford room/house rentals. Their livelihood along the thoroughfares and the high hopes of people from the provinces finding jobs in the cities also provoked their choice (or non-choice) of living arrangement. Destruction of their houses and family constraints also contributed to their decision to dwell in open spaces. Most non-senior and senior living alone individuals interviewed cited they now prefer living along the streets than with their families or in rented houses due to their livelihood in the streets, family misunderstandings, and unaffordable room or house rentals; however, they would welcome provision of free housing.
- 4. Risk Factors in the Streets. Constant exposure to streets, homeless families have experienced various natual disasters, road accidents and health threats. Contributing factor to health risks is their engagement in vices (e.g. smoking and drinking alcoholic beverages) and their physical limitations. Although they are reported to have been treated, but they have low health seeking behavior. Lingering conditions, like tuberculosis and mental health concerns, are still prominently observed.

There were also cases that street families involved in illegal drugs and in gambling activities that put them at risk with the law enforcers of the government. The respondents have fears on enforcers (police and MMDA task force), service providers (DSWD), and other government units (Barangay personnel) mandated to remove them from the streets. They also have fears on drug addicts, drunk people, and strangers that may harm them while they are on the streets.

Low incidence of multiple sexual partnership activities were reported among respondents, however, mostly they are actively engaged in reproduction – i.e., they have growing families. There are some few incidence of forced sexual activities among their partner. Also, based on the interviews, there is a low incidence of knowledge and use of family planning methods among the respondents.

- 5. Support and Services. The most common support and services received and enjoyed by the respondents are in kind goods (e.g. rice, groceries, food, and water). Most of these goods came from citizens, government agencies, and organizations and churches. Medical assistance and cash assistance from government agencies (DSWD) are also identified. If provided with financial capital to start small businesses, and free housing will be available, most of the respondents will leave the streets. MCCT-Homeless is most well-known and is said to be effective. The Pantawid Pamilyang Pilipino Program, Livelihood programs, and DSWD Social Pension are also popular among the respondents in the three research sites. Also, the respondents recognize the need for strict and regular monitoring of the programs implemented and the fair and equitable basis in choosing beneficiaries. If possible, the respondents would prefer all of them be covered by programs aimed for homeless households including individual households and not just for households with children.
- **6. Contributing Factors to Being Homeless.** Below are the identified characteristics of homeless that are relevant to policy making.

Internal Migration. Internal migration is still high, naturally resulting to congestion or ending with people as homeless. The perception that urban areas offer more opportunities is still held by many people from the provinces. Policy makers at the national or regional level must think of a comprehensive program that will motivate rural migrants' to participate as productive members in their communities.

Homelessness and Ageing. It is noteworthy to examine the profile of the homeless as obtained in this study. To address the problem of homelessness, one must be informed of the characteristics of today's homeless that have not been underscored in past researches. Homeless individuals surveyed across the sites pertain to the age group of 45-54 years of age This middle-aged homeless are either living alone or with ther families in the streets. Homelessness appears to be increasing situation as one grows old.

Dysfunctional families may drive an individual, especially children to escape the painful reality and end up migrating to other places and sometimes end-up living on the streets. The government and NGOs must take action to strengthen Filipino family values.

Education. Most of the homeless surveyed across the cities reported to have low educational attainment. Their low or lack of education limits their chances for getting a decent job. The state must strengthen provision of an alternative learning system and seek out other strategies that will support students social-emotional development. There is a need to ensure the availability and accessibility of information on sexual and reproductive health (SRH) from appropriate health care providers.

7. Emerging Issues

Homeless Individuals. Characterization of homeless people is diverse and wide-ranging in terms of age, gender, educational attainment, ethnicity, family circumstances and situations, and health conditions. Notwithstanding these diverse features, the existence of the homeless frequently prompts governments, law and policy-makers, and service providers to take action. The existing available programs of the Philippines that address the concern of homeless are mostly limited only for homeless families with young children. Limited program will cater a large numbers of homeless solo individual. Most of these homeless individuals are adults, approaching old age – usually retired, widowed, and abandoned by their families. They survive in the streets by finding a "group" of individuals like them, and accept one another. Most of them are still individuals who have chosen to live in the streets, without family or kin.

Homelessness as a Public Health Issue and Concern. Homelessness is closely connected to decline in physical and mental health. Homeless people are exposed to harsh environmental and physical conditions all the time due to their being in open spaces. Literatures revealed that the homeless have a high rates of chronic mental and physical health conditions, disorders, and face barriers to health care. This is consistent with the high incidence of health problems observed in this study. As observed in the streets, persons with mental conditions are prominent. Respondents shared that they were able to overcome their health conditions commonly by medication – assumed to be self-medication since there is low prevalence of availing services from health centers or hospitals.

The low knowledge and use of family planning methods is still of concern in view of the increasing rate of HIV infection in the country. Concern for the spread of other sexually transmitted infections and in advocacy for responsible parenthood, improvement on the knowledge and use of family planning methods among homeless people is imperative. This study affirms the need to address homelessness as a multi-dimensional public health issue and subsequently formulate relevant policies.

Economics of Homelessness. While the problem of homelessness is multi-dimensional, the core of the problem is the limited economic opportunity for them due to lack of educational attainment. Their current income capacity is not sufficient to afford the housing rentals. This pushes a family or incapacitated individual to the streets and seek means that can provide for his/her daily subsistence.

8. Key Recommendations

Improve Access to Basic Social Services.

Intensify Civil Registration among Undocumented Cases of Street Children. Street Children are at high risk of being considered stateless. The Philippines must intensify the civil registration of undocumented children for them to access basic social services

Improve Literacy Rate and Access to Education. Street families and children experiencing multiple deprivations, for instance they are experiencing deprivation to access to education. The state must strengthen provision of alternative learning system and seek out other strategies that will support students social-emotional development. The government and NGOs must intensify provision of scholarship programs among street children and ensure their access to other learning opportunities, such as provision of grants and vouchers for eligible children.

Improve Access to Health Services. The Philippine Constitution guarantees the right of children to health and pyscho-social services. However, not all children (and their mothers) are able to access their rights to health services, especially quality health psycho-social care, due to social, economic and geographical barriers. Given the current equity issues in health services, the DOH has a significant role to play in health sectors to vigorously work for ensuring that all children, especially those from at risks situations, are able to access their rights to quality health services.

Improvement of Social Protection Programs

DSWD should assume an increased leadership role in the urgent need to formulate policies that will provide guidelines for LGUs to develop necessary social protection to marginalized sectors in their communities, such as the homeless. The DSWD as the lead agency in social protection may put in place the convergence mechanisms with other NGAs, LGUs and NGOs to properly address the needs of the street families and their children.

Ensure Effective Mechanisms in identifying Potential Beneficiaries in Modified Conditional Cash Transfer for Homeless Street Families. The Philippines has RA 11310 or an Act Institutionalizing the Pantawid Pamilyang Pilipino Program, under section 6 of the Act, eligible beneficiaries are homeless families, IPs, those informal settlers and GIDA. Given the institutionalization of Pantawid Pamilyang Pilipino Program, the DSWD must ensure effective mechanisms in identification of potential beneficiaries to be included in Modified Conditional Cash Transfer (MCCT) for Homeless Street Families.

Institutionalization of Comprehensive Program for Street Children, Street Families and Indigenous People. The DSWD has a Comprehensive Program for Street Children, Street Families and Indigineous People, however, the said program is still in the pilot stage. The said program is designed to empower the partner-stakeholders especially communities and barangays with direct involvement in addressing the concern of street dwellers not only in their respective areas of jurisdiction but also to their neighbouring barangays and communities. To expand the scope of this program, the DSWD must ensure, through an issuance of a Joint-Memorandum Circular with DILG, the institutionalization of the said program.

Effective National Shelter Program. The National Shelter Program must address current policy issues and gaps arising from laws that are critical to the effectiveness of NSP for the poor, such as, 1) selection of beneficiaries of housing subsidy, 2) curtailment of professional squatter and squatting syndicates, 3) eviction and demolition, 4) private sector participation, 5) program implementation, and 6) public expenditure on housing.

Improvement of Child Protection System in the Philippines

Eliminate Child Labor/Reduce Working Hour of Children. The DOLE has a Philippine Program Against Child Labor, as the official national programme on the elimination of child labor. This program is an effective mechanism towards the prevention, protection and removal from hazardous and exploitative work of child labor victims and, as may be appropriate, heal and reintegrate them.

While the problem of homelessness is multi-dimensional, the core of the problem is the limited economic opportunity of the household head. Their current income capacity is not sufficient to afford the daily survival. The government must pay attention on the effective livelihood program to improve well-being of household. In addition, the State must ensure effective social protection measures for street children working in the streets to eliminates form of child labor or at least reduces the number of hours of work among children¹.

For Street Educators in the community, to utilize the DSWD FDS Module on Child Labour. The module will serve as a tool to acquire appropriate knowledge, skills and attitude in addressing child labour.

Elimination of all Forms of Violence and Abuse. Street children are experiencing various form of violence in the community. To protect them from any form of abuse, there is a need to intensify the implementation of Child Protection Policy in the school and community to ensure their protection to any form of abuse, violence, exploitation, discrimination, bullying and other form of abuse.

Improvement of Targeting System

Handling data and information of homeless. The State should invest in national data collection and information sharing about homeless, in partnership with civil society, the private sector and academe. DILG might want to consider collaborating with DSWD, LGUs, particularly local SWDOs, NGOs, and faith-based organizations, in an effort to determine the number of CISS in pilot areas and later, wider coverage. Although costly, actual headcount is far better than estimates, especially if the data will be the basis in crafting policies, programs, and strategies.

Seal of Child-Friendly Local Governance

For the time being, it is also recommended adding "Absence of street children and families or Percentage reduction of Street Dwellers" to the assessment criteria in awarding Seal of Child-Friendly Local Governance-HUC, a recognition system to LGUs that deliver positive results for children's well-being.

Future Research Areas

Replicate this study in other highly urbanized cities, adopting different methods of estimation. Schepers and Nicaise (2017) introduced sampling strategies of estimating the homeless population, the method is the capture-recapture technique.

¹ In the study conducted by DSWD entitled "Does Pantawid Foster Dependence or Encourage Work? The cash transfer significantly reduces the number of hours of work among children; program found out that school participation rate of children aged 6-14 increase of 3 to 4.6 percentage points.

I. Introduction

According to Secretary Judy Taguiwalo, the number of street children and families on the streets keeps increasing despite the many programs that we continue to implement. It is patently clear that these programs are not enough. The problem is systemic and chronic; it is a symptom of pervasive poverty in our society and such, our solutions to help children must be part and parcel of our comprehensive solutions to fight poverty and improve the economic status of poor families.

Poverty is a problem confronting many countries of the world today especially the Philippines. It is a multi-dimensional problem that despite sustained and concerted efforts of government agencies and non-government organizations (NGOs) to reduce it, its persistence has kept the Philippines bound to its current state of human development. Currently, the Philippines defined "poor families and individuals" whose income fall below the poverty threshold and/or experiencing deprivations on some of the basic needs such as food, health, education, housing and other essential amenities of life. Various groups, communities and basic sectors such as farmers, fisherman, children, self-employed and unpaid family workers, women, youth, migrant and formal sector workers, senior citizens and individuals residing in urban areas are experiencing different form of deprivations.

Homeless individuals and families are among the vulnerable groups experiencing various form deprivations and social exclusion in its most extreme form to access basic needs for a decent living. In the Philippines, street dwelling of children and families has been an ongoing problem. In Metro Manila alone, there are more than 12,000 families out in the streets (PIDS, 2010). This is expected to increase as global population grows and as rapid urbanization continues (UNICEF, 2015). To date, there is no accurate estimate on the number of children and families at risk on the streets, making it difficult to implement, and a national policy projected the most desirable outcomes- harmonized and effective efforts and biggest reduction of prevalence of street dwelling.

This project was a research initiative of the Policy Development and Planning Bureau (PDPB) of the Department of Social Welfare and Development (DSWD). It is an offshoot of the policy analysis paper and policy brief addressing the phenomenon of children and families at risk presented during the CY 2017 Policy Study Session. Re-examining data and actions for children and families at risk on the streets will aid in crafting and developing policy alternatives to address the phenomenon of homelessness.

A. Review of Related Studies

Poverty and Homelessness in the Philippines

The Philippine Statistics Authority (PSA) announced that full year 2018 poverty incidence among population, or the proportion of poor Filipinos whose per capita income is not sufficient to meet their basic food and non-food needs, was estimated at 16.6 percent. This translates to 17.6 million Filipinos who lived below the poverty threshold estimated at PhP10,727, on average, for a family of five per month in 2018. On the other hand, subsistence incidence among Filipinos, or the proportion of Filipinos whose income is not enough to meet even the basic food needs, was registered at 5.2 percent in 2018. The monthly food threshold for a family of five was estimated, on average, at PhP 7,528 (PSA, 2019).

Currently, the official poverty statistics of the Philippines are estimated based on income collected in the Family Income and Expenditure Survey (FIES). It is recognized, however, that aside from income poverty, individuals or families may be experiencing deprivations on some of the basic needs, such as, food, health, education, housing and other essential amenities of life. Accoding to the PSA, an individual who may be categorized as non-income poor, could actually be experiencing deprivation in terms of his/her health, or even peace/security. Deprivation may be also experienced in terms of the inability to access electricity, safe potable water, sanitation and toilet facilities, education, health, information, and shelter, among others. Deprivation is strongly associated with lack of income and often it is the children population that is severely deprived. To estimates other form of deprivation, the Multidimensional Poverty Index (MPI) intends to capture deprivations in various dimensions. The Philippines initial methodology of MPI measures deprivisions in education, health and nutrition, housing, water and sanitation and employment. Homeless individuals and families may be experiencing multiple deprivations to access basic needs and services that impact families and children's health and well-being.

Previous studies revealed the fact that the poor are not a homogenous group. Studies (e.g. Reyes et al. 2011) show that the poor consist of the chronically or persistently poor and the transient poor or those who become poor because of certain natural and economic shocks. Dacuycuy and Baje (2017) identify that around 9 out of 10 poor households are persistently poor between 2003 and 2009. During the same years, around 8 out of 10 poor households and 9 out of 10 poor households are persistently poor in urban and rural areas, respectively. The same study investigate the determinants of chronic and transient poverty in the Philippines. It found that key variables, such as education, asset ownership, employment, family size, dependency burden, and armed conflict, affect both chronic total and chronic food poverty. It can be assumed that homeless families belong to chronic poor considering the abovementioned determinants.

Evidences from earlier studies point to the fact that combating poverty, specifically poverty among children, remains a challenging task. Poverty affects directly on children's physical, emotional, social and intellectual development, among others. Child poverty incidence was consistently higher since 2006. In 2015, 3 in every 10 children belong to poor families, poverty incidence among children sector was estimated around 31.4% belonging to families with income below the official poverty threshold or

poor families. This figure has been visible in the number of children who wander the streets in urban areas, or who, at an early age, are forced to drop out of school to engage in some form of economic activity to supplement the family needs for survival. In the everyday struggle of street families for survival on the streets because of poverty, it is the children that are most affected. However, Lamberte emphasized on her study that children are now staying and living on the streets, not only a place to secure money and/or means to meet their daily needs, but also as their homes and a space where they can enjoy the company of peers and friends in the face of street hazards and risks (Lamberte, 1994).

Estimation of Street Children and Families

Local Literature

To date, the Philippine has no official estimates of the magnitude of street children and families living in the streets. However, some articles presented that there are about 4.5 million homeless people in the Philippines (Chandran, 2018). The PIDS estimated that more than 12,000 families out in the streets of Metro Manila alone (PIDS, 2016). Based on the Rapid Appraisal of Homeless Street Families conducted by DSWD in 2015, 2,078 Homeless Street Families were identified and interviewed across the cities of Manila, Quezon, Cebu, Tacloban, Zamboanga, and Davao. The rapid appraisal found out that 13.6% of the total families intereviewed used to live in the province. As for the universe data, no information exists.

Lamberter (2002) estimates the population of street children in the Philippines to be three (3) percent (246,011) of the population 0-17 years old. Using the criteria set by Lamberte study, the PIDS estimated in 2010 that there were about 45,000 to 50,000 street children around the country. Hope, a non-governmental organization working on children's welfare, puts the figure at up to 250,000 nationwide.

To date, over a decade after Lamberte's 2002 study and despite aforementioned programs and initiatives of government and NGOs, the phenomena of street children and Homeless Street Familiess seem to persist, but there is still no existing information or data as to their estimated number. The need to determine the number of street children and HSFs has become imperative to enable the DSWD in particular and NGOs and partner organizations, in general, to formulate new or modify existing programs and strategies that will genuinely address their needs and impact on their long-term well-being.

Foreign Literature

The United States Department of Housing and Urban Development (HUD) has different techniques for measuring homelessness. These techniques have evolved from collecting expert opinions to producing counts derived from: (1) National Point-in-Time Counts; (2) Local Point-in-Time Counts; and (3) Estimation Using Longitudinal Data. The first technique is the National Point-in-Time Counts, HUD was utilizing this since the early 1980s, most counts have been short-term snapshots of people experiencing homelessness, usually one-night or one-week counts. These poin-in-time counts tally the number of persons in shelters, and sometimes also include people using soup kitchens or other homeless services,

or in street settings. The second technique is the Local Point-in-Time Counts, since the early 1990's, HUD has required communities to assess homeless needs as part of the McKinney-Vento Act Continuum of Care (CoCs) competitive funding process. Each CoC is required to undertake a comprehensive public-private planning process that assesses local services; inventories emergency, transitional, and permanent supportive housing for homeless persons; and determines homeless needs through periodic point-in-time counts of homeless persons in shelter and on the street. The last technique is the Estimation of Homelessness using Longitidunal Data, the development and implementation of Homeless Management Information System (HMIS) has enabled homeless service providers to collect longitudinal data on homeless persons. Longitudinal data consist of information about each homeless person who accesses the homeless service system at any point-in-time, e.g., a week, a month, a year, or multiple years.

Schepers and Nicaise (2017) introduced sampling strategies of estimating the homeless population, the method is the capture-recapture technique. The capture-recapture technique is based on at least two independent observations (or sources) of the target population. In order to estimate the size N of the target population, the number of persons in the populations observed the first time (n), the number of persons observed the second time (m) and the number of persons observed on both occasions (M) need to be known. N is then estimated by calculating (n*m)/M. The persons have to be identified in an identical way in both samples (by whatever identifier) in order to measure the intersection M.

The same technique was also utilized in the estimation of the number of street children in a city in Brazil. The method uses incomplete lists of the population to estimate its size and has never been reported within the context of street children. With this method, the size of the lists constructed from separate sources and the frequency of appearance of the children in more than one list are important as these are used to estimate the total population size. The separate surveys did not intend to identify all street children, as the method uses the overlap of individuals and lists sizes to estimate the population size. Children with similar names and at least two other matching variables in another list were considered as overlaps. After identifying the overlaps, they used the log linear model for capture-recapture to estimate population size and described the characteristics of the children participating in the street surveys.

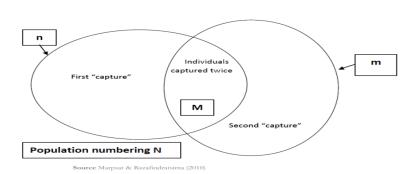


Figure 1. Framework of capture-recapture technique

Key Informant Estimation. This method is one that has largely fallen out of favor, but was one of the few available options during the rise of the new homelessness in the 1980s. This method does not involve any direct observation, interviews, or enumeration of actual homeless people. Instead, researchers interview key informants or subject matter experts, typically service provider staff members, to determine an estimate. Both the Community Creative Non-Violence (CCNV) and 1984 HUD estimates used this methodology. According to Rossi (1989), there were also several state agencies that used similar methods to try to generate homelessness estimates during the 1980s. What the debates over the accuracy of the CCNV and HUD counts demonstrate, however, is that this method requires reliance on a number of highly suspect assumptions. The primary assumption is that service providers have such extensive knowledge of their client base that they can extrapolate state and/or national estimates from their own experience. This assumption is clearly problematic, as service need is known to vary widely based upon geographic differences, changes in weather and seasons, and the urban or rural nature of a community being among most obvious factors that impact demand for services. Further, many agencies specialize in different client profiles, which could also defy generalizability to a larger estimate. For example, interviewing the staff of a domestic violence shelter that accepts women and their children under the age of 10 will have vastly different professional experiences than Salvation Army staff that runs a shelter only for single men.

For this research, the point-in-time counting was utilized to estimate street children and families. Although it is a challenging method and with some methological issues, the data generated from this was still recognized in assessing the baseline estimated population of the homeless (Ahar, 2007).

Living Arrangement, Conditions of Street Children and Families

The phenomenon of street children and their families living or working on the streets have been the focus of several studies and papers. They have been analyzed in terms of their magnitude, the push factors, their rights, their aspirations, their age, highest educational attainment, economic activities, and their ability to access basic services, among others.

New types of homeless people or street families have emerged simultaneously in cities around the world (Aoki, 2008). Aoki's interviews from September 2006 to March 2007 with Philippine government officers, NGO activists, and social scientists revealed that the number of street homeless in Metro Manila is increasing. Padilla (2000, in Aoki, 2008) refers to them as the "permanent and visible homeless in contrast with squatter families" because "they can be seen with the push carts along the seawall, on the sidewalks, under bridges and flyovers, in the middle of traffic islands, on the empty streets at night, on the lawns of cathedrals, and in parks".

Based on the 2015 Rapid Appraisal of Homeless Street Families conducted by the DSWD of the 2,078 Homeless Street Families identified, in terms of length of stay on the streets, the study found that 43.8% are chronic (more than eight years), 28% are episodic (between three to seven years), and 28.6% are transients (less than two years). In the cities of Manila and Cebu, around 46% to 58.5% are chronically

homeless. In terms of living conditions of homeless people, majority or 77% are living with immediate family and 4% living with extended family setting. Only 5% of the elderly live alone.

Factors that push or keep street family children on the streets

In NCR, most repeatedly rescued homeless clients of Jose Fabella Center went back to the streets within an hour to one day after being released from the center (Colico et.al, 2010). The main factor that pushed back clients into the streets was that the streets provided them with income and source of living. Repeatedly rescued clients work in the streets as street vendors, barkers and scavengers and as years go by, it is in the streets where they form friendships, find a place in a community and build a social network that becomes their main source of support. In the absence or with the loss of family ties, it is in this process, described by Grisby, Bauman, Gregorish and Roberts-Grey (1990) that they are acculturated to a way of life. This ultimately shapes their social reality and life world (Alcazar (2001).

As earlier mentioned, the children are the most affected by homelessness and deprivation. Childhope Asia Philippines defines street children as "children who either live or work on the streets, spending a significant amount of time engaged in different occupations, with or without the care and protection of responsible adults." Their ages range from five to 18 years old, they "ply the sidewalks in a desperate attempt to eke out whatever meager amount they can earn for their survival." She noted that different countries describe street children in different ways. However, she cites three major categories that have frequently been used to refer to them: (1) Children who maintain regular contacts with their families, but spend majority of their time working on the streets; (2) Children who actually live and work on the streets and are abandoned and neglected or have run away from their families; and (3) Children of families living on the streets.

The country paper on the Situation of Street Chidren in the Philippines (2003), mentioned that causes of the street children phenomenon can be categorized as follows: (1) Immediate causes which have to do with the children and the family; (2) Underlying causes which have to do with the community; and (3) Root causes which have to do with the society. The following are the factors contributory to the following categories:

Immediate causes: a) poor and large families; b) unemployed/underemployed parents/children; c) irresponsible parents; d) family conflict; e) vices of parents; f) child himself; g) degradation of morals, violent upbringing by parents; h) traditional family values which dictate that girls should merely stay at home; i) lack of knowledge and parenting skills; and j) emerging social values conflict with traditional values.

Underlying causes: a) ineffective access to basic services; b) non-availability to adequate employment opportunities; c) inequitable distribution of resources and opportunity in the community (e.g., land ownership); d) nature and conditions of work/employment: formal and informal sectors; e) congestion in slum areas; f) inadequate housing/poor housing facilities; g) poor law enforcement/exploitation by law enforcers; h) only one style of delivery of education exists; i) deterioration of values; and j) central body provides no/few activities for children.

Root causes: a) economic, political and ideological superstructure; b) structural roots of poverty and underdevelopment; and c) the unequal world order and the debt burden.

Definitions of Street Children and Families

A Childhope Asia Philippines study on the policies and programs in the Philippines addressing the right of street children to education (Ruiz, n.d.) presented the following categories of street children:

Children **of** the street – they see the streets as their home and regard other street children as their family; they visit their biological families on an irregular basis;

Children **on** the street – they work on the streets but still have regular connections with their families; most of them attend school and return home at the end of each working day;

Children of street families -they are children of families who have considered the street as their "home"; many of them live in wooden carts moving from place to place around the city and parking in less crowded locations at night to retire; and

Abandoned and neglected children – they are children who have completely severed all ties with their biological families and are entirely independent in all terms of meeting their various need; they are said to be the true children of the streets

Meanwhile, Anderson (2012) cited the earliest definitions and categories for street children formulated by the United Nations Children's Fund (UNICEF):

Children **of** the street (street-living children) – they sleep in public spaces, without their families;

Children **on** the street (street-working children) – they work on the streets during the day and return to their family at night to sleep; and

Street family children – they live with their families on the street.

Government Responses for Street Children and Families

To address the needs and provide opportunities for street children, street families, and Bajaus to live productively and in a safe environment, the DSWD has developed a package of programs (Reyes et al, 2014), which includes: the provision of a permanent shelter for homeless street families and Bajaus through the Relocation Project of Street Families and the Bajaus; access to income-generating opportunities through the Self-Employment Assistance Kaunlaran (SEA-K) and cash-for-work program. The agency also partners with LGUs and NGOs for the provision of alternative education (through the Educational Assistance for Street Children), health services, Camping for Street Children, *Balik Probinsya*, and other support services for street children and other members of their family.

The *Pantawid Pamilyang Pilipino* Program (4Ps), which is subsumed in the Philippine social protection agenda (Mendoza et al., 2014) and managed by the DSWD was able to cover 7 million children belonging to approximately 3 million poor families with homes for the period February 2008 to May 2012.

Recognizing that the problem of lack of access to educational opportunities and healthcare is more acute among street families and those with special circumstances, such as victims of natural and manmade disasters that rendered them homeless and with no means of livelihood and Indigenous People in geographically isolated and disadvantaged areas (GIDA), the DSWD launched the Modified Conditional Cash Transfer (MCCT) which offers three types of assistance: 1) MCCT-Families in Need of Special Protection (MCCT-FNSP); 2) MCCT- Homeless Street Families (MCCT-HSF); and 3) MCCT-Extended Age Coverage (MCCT-EAC) (Reyes et al., 2014; Sescon, 2015). The target beneficiaries of the MCCT-HSF are families living in the streets, under bridges or flyovers, cemeteries, pavements, sidewalks, open spaces, and pushcarts for at least 3 months; their blood relatives (either nuclear or extended) with children aged 0 to 14, parents with children and other dependent relatives, siblings living together, and grandparents and grandchildren (Reyes et al., 2014). Viewed as an extension of the 4Ps, the MCCT-HSF has been intended to provide immediate relief, support and services to homeless families and has been designed to serve as a mechanism through which its beneficiaries can transition into the 4Ps (Mendoza et al., 2014). As of December 2017, 5,108 HSFs were served under the MCCT-HSF Program, which reached out to homeless street families who were inadvertently excluded from the regular conditional cash program of the 4Ps. The 4Ps aims to enable homeless street families to overcome the barriers to receiving the government social protection support and investment in children's human capital development.

Updated DSWD reports state that as of September 30, 2018, the Pantawid Pamilyang Pilipino Program (4Ps) registered 4,875,760 households in 144 cities and 1,483 municipalities in 80 provinces since the program started in 2008. Out of the total number of registered households, 4,279,029 (97.25% of the targeted 4,400,000 households) are active households. Of these, 4,050,124 (94.65%) are covered by the regular Conditional Cash Transfer (CCT) program while 228,905 (5.35%) are covered by -MCCT. Of the MCCT beneficiaries, 5,016 are homeless street families (DSWD, 2018).

The data from the MCCT-HSF pilot implementation indicate that homeless families found in Metro Manila originate from poor regions that are close to the National Capital Region (Mendoza et al, 2014). The authors posit that a review of the social protection programs for the homeless of other countries suggests that the success of these kinds of programs is contingent on the development of accurate integrated targeting, monitoring and delivery systems.

B. Research Objectives

The study aims to:

- Determine the estimated number of street family children at risk in selected sites in Metro Manila, Cebu, and Davao;
- 2. Obtain information on the living arrangement, conditions, and family situation of street family children in the target cities;
- 3. Identify the factors that push or keep street family children on the streets;
- 4. Determine the risk factors that they are exposed to and/or experience;
- 5. List down relevant policies and programs with implementation issues; and
- 6. Recommend inputs toward strengthening policies, action, and competencies of concerned service providers involved in providing social protection to street family children, specifically for the:
- a. Development of new programs for street family at risk;
- b. Determination of more efficient approaches for the DSWD and other partner agencies to aid LGUs in handling and addressing street dwelling problems and issues; and
- c. Development and strengthening of partnerships with other stakeholders

B. Definition of Terms

Most of the operational definitions and concepts on street children, families used for this study were adopted from the review of related literatures earlier presented. The following are definitions of terms used for this study:

Clusters: These are the aggregates and/or pockets of households seen surrounding a hotspot. For example, in a church where there are many observed homeless households, the church is considered a hotspot. But since there are many homeless households, it can be divided into several clusters (i.e., fountain area of the church, parking area of the church, and so on). This means clusters can be different areas of an identified hotspot.

Highly Urbanized Cities (HUCs): These are LGUs that are autonomous from their provinces, and which have a minimum population of 200,000, as certified by the PSA and an annual income of at least P50 million based on 1991 constant prices as certified by the City Treasurer. Below is the list of the HUCs survey sites:

National Capital Region (NCR): Caloocan City, Las Piñas City, Makati City, Malabon City, Mandaluyong City, Manila City, Marikina City, Muntinlupa City, Navotas City, Parañaque City, Pasay City, Pasig City, Quezon City, San Juan City, Taguig City, Valenzuela City and Navotas.

Visayas Region: Cebu City Mindanao Region: Davao City

Homeless: They include children and/or adults who spend their day and sleeping hours on the streets and have been making a living on the street. Moreover, they specifically include those whose "shelters" and sleeping spaces are detachable or not permanent, such as carts, cemeteries, and the like. The homeless will also be referred to as street family children in this study. Furthermore, the homeless in this study may belong to either one of the following categories:

- a) *Transitionally homeless* -are families who have the least time spent (less than 2 two years) being homeless; they still have the desire to extricate themselves from their current condition (Sescon, 2015)
- b) *Episodic homeless* These are families who have been homeless longer (between three to seven years) and a push could tip them in one direction or the other (Sescon, 2015)
- c) *Chronically homeless* These are families who have been in the streets for a long time (more than eight years), who have no realistic hopes for the future, and could have accepted homelessness as a "chosen" lifestyle (Sescon, 2015)

Hotspots: These are areas where the homeless households are frequently seen by the local residents and were actually seen by the research team during the ocular inspection activity. These can be streets, abandoned buildings, commercial establishments, parks, churches, bridges, markets, and others.

Street Family Children: These are children who live with their families on the street. For purposes of this proposed study, the terms "homeless" and "street family children" will be used interchangeably to define the subjects of the research. It is within this context that the current study on the homeless is being undertaken.

C.Scope and Limitations

This report focuses on homeless children and adults making a living and spending their sleeping hours on the streets of NCR and the cities of Davao and Cebu. To date, there is no single estimate of the homeless in Philippine cities concurred by different agencies and organizations, both government and non-government. Data from LGUs themselves differ from information provided by groups from their same locations.

The inherent nature of the homeless, i.e., they are mobile or flighty, is the biggest factor that will make obtaining an estimate in general and specific to the city difficult. Due to their experience on the streets, their usual suspicious feelings toward strangers and flighty status/restlessness are major factors that may influence the willingness of the target respondents for interviews.

This was compounded by the limited time and funds for a longer data collection period. Given the limited period for fieldwork, the point-in-time counting (usually done on a single night) conducted

during the ocular inspection and mapping by the enumerators was just a mere quick count because it was not done as extensively as it should prescribed by the U.S. Dept. of Housing and Urban Development (HUD).

Interviews are conducted in the natural setting, i.e., where the families dwell and are encountered; hence, privacy and independence of respondents in their replies will pose difficulties. Furthermore, external conditions and ongoing activities were beyond control of the enumerators (e.g., clean-up drive, parade). Adjustments were necessary since such circumstances drive the homeless/street individuals away. In addition, most interviews were done at night at not very conducive locations in some areas. It was important as well for the enumerators to ensure their security during the fieldwork.

During the FGD cum consultative workshop with Local Social Welfare and Development Offices (LSWDOs) representatives of some LGUs, some raised discomfort on the figures presented. While field personnel of CSWD and LGU offices may contest the given estimates, this research deems that, given the limited time and resources, the estimates, determined through actual counting of perceived homeless during the ocular inspection and an objective "inter-rating" of the clusters comprising the hotspots, are indeed valid.

II. Methodology

This chapter presents the methodology utilized in this study. It contains the following: research design, respondents and sampling design, instruments used, data gathering procedures, data processing and analysis, and methodological limitations.

Research Design

This is a descriptive study that employed both quantitative and qualitative research designs. Both designs were utilized in accordance with the objectives of the research to describe the homeless in the selected cities, identify the factors that keep them on the streets and the risk elements they experience. Four (4) methods were conducted to collect data – (1) review of available secondary data, (2) administration of structured interview schedule to street family children, (3) Key Informant Interviews (KII) with service providers, and (4) Focus Group Discussion (FGD) with service providers and government agencies.

Sample and Sampling Design

The sites of the study are the 16 cities and 1 municipality in the National Capital Region (NCR), and the cities of Cebu and Davao. Street family children/homeless found in these sites were purposively chosen through criterion sampling technique. They must (1) currently spend their day and night (including sleeping hours) on the streets and (2) have been making their living on the street for a period of at least two weeks. Respondents may be family members that include the mother and / or father, eldest child 15 years old and above, relative (e.g. auntie / uncle /grandparent). The interview of the household is done as a group with those who were available and willing to join the interview.

Potential respondents were further selected based on the physical description and nature of their sleeping spaces. Street family children who have constructed their own dwelling structures permanently i.e., not easily taken down or detached, however provisional it looks, are not included in the study as they are considered informal settlers, not homeless. On the other hand, individuals sleeping and cooking/eating in existing structures (other housing units, as termed by PSA, 2015 Census of Population) like cemeteries and abandoned buildings (including boats, vehicles) are selected for interview as they are considered homeless.

Furthermore, household is the unit of reference. This means individuals living together, sharing food and cooking utensils, and sharing sleeping spaces are considered one respondent only. They can be related by blood or not. This also means a person living alone is considered one household (PSA, 2015).

Since there was no established data on numbers of street family children in the research sites, sample size was derived from the result of the Quick Count conducted by the research team during ocular inspection.

Quick count of street family children

The number of street family children was recorded at 5,029 persons based on the quick count conduced in 2019. Highest number of street family children was recorded in Manila City with 2,899 persons, followed by Quezon City with 436 persons, Caloocan City with 431 persons and Navotas City with 350 persons. No street family children was recorded in Valenzuela City as claimed by LGU and as seen by researchers.

Table 1. Quick count of street family children during ocular inspection and mapping, 2019

Area	Frequency	Remarks
Caloocan City	431	As seen together with the CSWD
Malabon City	193	As seen
Navotas City	350	As seen
Valenzuela City*	-	As claimed by LGU and as seen
Makati City	41	As seen
San Juan City	44	As seen
Mandaluyong City	53	As seen
Pasig City	72	As seen
Marikina City	8	As seen
Muntinlupa City	85	As seen
Pateros	6	As seen
Las Piñas City*	6	As seen
Taguig City	41	As seen
Parañaque City	80	As seen
Manila City	**2,899	As seen and based on brgy. Data
Quezon City	436	As seen together with DSWD personnel
Pasay City	50	As seen
Davao City	49	As seen
Cebu City	185	As seen
Total	5,029	

Note:

Utilizing the data collected during the ocular inspection, the research team interviewed 492 respondents, around 10% of the 5,029-quick count. Considering the lack of population estimates of street family children in the target area, the study used non-probability purposive sampling. Based on

^{*}Valenzuela City and Las Piñas City declared their cities to be non-proliferated by homeless households

^{**2,000} of these are street family children living inside the North Cemetery as estimated by the barangay

the ocular inspection, the research team were able to identify hotspots in the area. The respondents were selected using the following criteria: 1) Street family with at least one (1) member of the household aged 17 and below; 2) Homeless families with children who spend their day and sleeping hours on the streets and have been making a living on the street. Moreover, they specifically include those whose "shelters" and sleeping spaces are detachable or not permanent, such as carts, cemeteries, and the like. There were no respondents from the cities of Valenzuela and Las Piñas since there were no encountered target respondents during the data collection activities.

Area Respondents 1st District 209 **Manila City** 209 2nd District 56 **Mandaluyong City** 7 2 **Pasig City Marikina City** 6 Manila **Quezon City** 35 San Juan City 6 3rd District 47 **Caloocan City** 20 PHILIPPINES **Malabon City** 14 Cebu City **Navotas City** 13 4th District 48 **Makati City** 4 Sulu Sea **Muntinlupa City** 2 **Pateros** 1 **Davao City Davao City** 23 **Cebu City** 109 **Total: 492**

Table 2. Distribution of respondents, 2019

Instruments

There were three (3) instruments used in this study: survey interview schedule, key informant interview guide, and focus group discussion (FGD) guide question. All instruments were translated to Tagalog and Bisaya, the latter used when necessary. Back translation was also performed to ensure accuracy and contextual validity of the instruments.

An orientation and training on the use of particular tools was conducted with DSWD PDPB personnel and the enumerators of the Consultant's group. This was deemed necessary for familiarization and strategizing how to generate appropriate responses to difficult and sensitive questions. Furthermore, a

series of meetings between the Consultant's team and the PDPB Research and Evaluation Division were conducted to improve the interview schedule.

Pre-testing of the survey tool was conducted in Lucena City, a rural Highly Urbanized City (HUC) street family children in these areas to assess validity and adequacy of the instrument in a natural setting. After the pre-testing, the team – composed of DSWD-PDPB personnel and the Consultant's group, evaluated the experience of administering the tool and recommended revisions to the survey instrument.

Data Collection

The data collection was conducted in phases. Same phases were followed in NCR, Davao City, and Cebu City. The following are the data collection procedures:

Courtesy Call

At the onset of the study, letters introducing the project were sent to the Offices of the Mayor attention to the City Social Welfare Development Officer (CSWDO) in the selected cities. Courtesy calls were subsequently conducted to LGUs introducing the research team and the purpose of the study. Information and data regarding street family children in LGUs were requested. In some cases, like Caloocan City, the CSWDO voluntarily offered assistance during ocular inspection and mapping of the research team. Each LGUs extended their assistance in various ways. During the visitation in Davao City, the research team was appropriately directed to concerned agencies, like the quick response team for children's concerns, who are familiar with street family children situations in their area. In Cebu City, the DSWD Field Office assisted the team in conducting data gathering by providing a list of known proliferated areas with corresponding numbers of probable respondents. Some barangays also accompanied the research team during ocular inspection and mapping.

Ocular Inspection and Mapping

An ocular inspection and mapping activity were conducted afterwards to arrive. The research team conducted a walk through within the jurisdictions of the research sites counting seen and perceived homeless households. Validation with the barangays and local residents were made whenever possible. Adjacent cities were inspected at the same time given to the ambulatory characteristics of the target respondents. This is a strategic activity conducted at nighttime – assuming the homeless sleep in public open sleeping spaces – to validate information provided as well as a basis for deployment for actual interview. Simple counts done in this activity provided basis to arrive at estimates of homeless households.

This simplified activity, referred to as point-in-time estimation, is a data gathering method performed in estimating homeless people by American communities and public offices prescribed by the U.S. Dept. of Housing and Urban Development.

Point-in-time counting is a one-night simultaneous snapshot of homeless people as reported by local citizens in their communities across the country and conducted biannually. Although it is a challenging

method and less reliable, the data generated from this was still recognized in assessing the baseline estimated population of the homeless (HUD, 2007). Hence, the ocular inspection and mapping employed in this study were conducted primarily to identify and confirm target areas and for deployment purposes.

Actual Data Collection

The Research Team is composed of the Consultant, a Research Assistant, a Field Coordinator and Supervisor, three (3) Team Leaders, and local Enumerators - fifteen (15) in NCR, three (3) in Davao City, and six (6) in Cebu City.

The Field Coordinator/Supervisor, Team Leaders, and Enumerators in all research sites are experienced field enumerators of various DSWD (specifically Listahanan or National Household Targeting System for Poverty Reduction – NHTS-PR), PSA, and private research studies. They are already trained in identifying homeless households from informal settlers and are familiar with the terrains of the research sites – for example, pockets of poverty or unfriendly neighborhoods within the cities. Due to their previous exposure to the field, they are already acquainted with various DSWD personnel – national and local, including some barangay officials. This is helpful for easier coordination of the data gathering activities.

During the actual data collection, the researchers were divided into three (3) teams and deployed by pairs. Most interviews were conducted during nighttime but in some areas, interviews conducted during daytime. For example, in Caloocan where target respondents were visible during daytime. The enumerators approach target respondents along streets and other locations where they usually spend the night as indicated in the deployment plan generated from the ocular inspection and mapping. The enumerators introduced themselves to the respondents and explained the purpose of the study. Consent for their voluntary participation was sought from the respondents as well. An interview lasted for 30 minutes on the average.

The actual interview spanned for seven (7) days/nights. Considering the flighty nature and sometimes hostile demeanor of respondents, the following adjustments were considered in actual data gathering: (1) Interviews of minors were conducted in the Barangay Hall in Sta. Cruz since they were under custody due to their rowdy behaviors; (2) The grand parade of Miss Universe Catriona Gray prompted the clearing of Roxas Boulevard and Kalaw areas; (3) Clean-up drive in Manila Bay incited the Badjaos to leave their Malate commune, prohibition of entry and stay in Luneta Park; (4) Fire incident in Delpan restricted the enumerators from covering the area; and (5) Random clean-up drives in identified proliferated areas affected the schedule and numbers of actual interviews.

There were also some target respondents who refused to participate in the interviews. On the other hand, enumerators also had to turn down several possible respondents. For example, in Quiapo area wherein Barangay officials had to limit the interviews since the enumerators were already swamped by overly eager respondents and being threatened by rejected possible respondents (they were already considered informal settlers). As much as possible, enumerators with same cultural identity were

deployed to areas where it flourishes. For example, a Moslem enumerator was tasked to conduct interviews to Muslim communities. In the case of the Badjao community, the enumerator assigned has previously worked with the community and, hence, was welcomed and familiar to the Badjaos.

During the actual data collection in Davao City, the same phases of activities were followed. Also, local enumerators were hired since they are familiar with the culture and community. A deployment plan was also created based from the result of the ocular inspection and mapping activity. However, since the data collection schedule coincided with the birthday celebration of President Duterte, the research team was not able to interview some of their target respondents. They were not able to find and interview the Badjaos in their community since the event was held in the neighboring Malacañang of the South and they might have joined the festivities nearby. Fortunately, the team was able to interview almost 50% of the quick count estimates identified during ocular inspection and mapping. Data collection spanned for six days/nights.

The team leaders collected and checked the completeness of the questionnaires every end of the day.

Data Processing and Analysis

The responses to the interview questionnaires were encoded and analyzed using Microsoft Excel and Statistical Package for the Social Sciences (SPSS). Tables and graphs were generated from the data collected. Outputs were largely descriptive in nature and thematic analysis is performed.

In determining the estimate per city, we employed this formula, y= (number of clusters per city) x= (number of homeless households per cluster). The estimates were obtained as follows:

- 1. Guided by the data generated from the ocular inspection, hotspots in the cities were identified as well as the numbers of homeless seen per hotspot were noted.
- 2. Hotspots were further broken down into clusters. Clusters per city were extrapolated based on the hotspots and number of homeless households seen.
- 3. Household per cluster was estimated based on the frequency of households seen in all the hotspots.

By way of simple counting of the visible homeless in a specified area in an identified hotspot, extrapolation was done using a range of homeless households seen (e.g., 7-15) and number of clusters. In this formula, *hotspots* are defined as areas where the homeless households are frequently seen by the local residents and were actually seen by the research team during the ocular inspection activity. These can be streets, abandoned buildings, commercial establishments, parks, churches, bridges, markets, and others. *Clusters* are aggregates and/or pockets of households seen surrounding a hotspot. For example, in a church where there are many observed homeless households, the church is considered a hotspot. But since there are many homeless households, it can be divided into several clusters (i.e., fountain area of the church, parking area of the church, and so on). This means clusters can be different areas of an identified hotspot. *Household per cluster* was estimated based on the frequency of households seen in all the hotspots of each city.

III. Results

Estimating the Homeless

Determining an estimate for a sector like the homeless is not an easy task. The difficulty results from the very nature of being homeless (i.e., flighty or mobile). The difficulty is compounded by the absence of a standard concept/definition, indicators, methods, and strategies utilized by various agencies, organizations and groups that have diverse uses and needs for an estimate of the homeless. To cite, agencies engaged in social welfare or services such as DSWD and housing agencies, LGUs, communities, statistical authorities, NGOs, among others have different purposes for homeless estimates. Hence, it is essential to cease trying to create one single definition of homelessness. Any definition of homelessness has to be looked at in terms of its function and its aim, which implies possible contradiction among different definitions (FEANTSA, Spring 2002). A solution to this problem is the reference to a broad and general definition that must be specified according to its main function and context. A more general definition should be flexible enough to serve the varied functions or uses of an estimate as well as the communication between the respective social actors. Such a general definition does not by itself imply a certain explanation of homelessness but serves as an operational definition. For the purpose of this study that aims to input to policies and programs for the homeless, a homeless was one with no fixed abode, that is, they sleep on the streets or places not designed for habitation, such as streets, bridges, cemeteries, carts, boats, and the like. Below are the estimated ranges of homeless households in NCR, Davao City, and Cebu City.

Table 3. Distribution of Estimated Homeless Households Per City/LGU, 2019

City/LGU	Hotspots	No. of Clusters	Homeless HH Range per Cluster	Estimated Range of Homeless HH per City
NATIONAL CAPITAL REGION				
Caloocan City	12	30	15-25	450-750
Las Piñas City	5	5	3-5	15-25
Makati City	7	10	5-10	50-100
Malabon City	28	30	5-10	150-300
Mandaluyong City	6	10	5-10	50-100
City of Manila	34	50	40-50	2,000-2,500
Marikina City	5	5	3-5	15-25
Muntinlupa City	8	10	7-12	70-120
Navotas City	19	25	10-15	250-375
Parañaque City	14	20	7-12	140-240
Pasay City	18	20	10-15	200-300
Pasig City	9	10	7-12	70-120
Municipality of Pateros	5	5	3-5	15-25
Quezon City	19	30	20-30	600-900
San Juan City	5	10	5-10	50-100
Taguig City	6	15	5-10	75-150
Valenzuela City	5	5	3-5	15-25
VISAYAS REGION				
Cebu City	20	25	7-12	175-300
MINDANAO REGION				
Davao City	10	15	3-5	45-75

Looking at Table 3, the City of Manila ranked first as the city with most estimated homeless households in this study. The Cities of Quezon and Caloocan also have numerous street family children in their jurisdictions. Overall, based on this study, the cities of Valenzuela, Marikina, Las Piñas, and the municipality of Pateros are with least numbers of homeless households. For Valenzuela City, this is attributed to the local government's wholistic efforts in mitigating the proliferation of street family children within their vicinities as pronounced by their CSWD during an interview and focus group discussion.

Profile of respondents

A total of 492 respondents were successfully interviewed in the study. In the interviewed household, 360 respondents were from NCR, 109 respondents were from Cebu City and 23 respondents were from Davao City. In general, there are more female respondents (60.77%) than male respondents (39.23%) across all areas of the study.

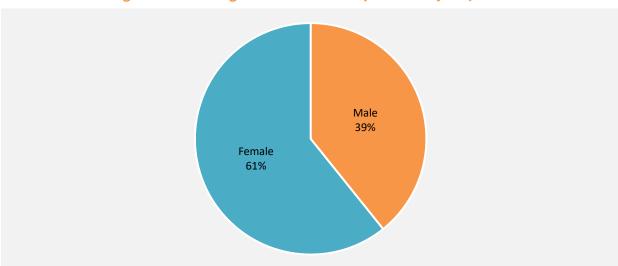


Figure 2. Percentage distribution of respondents by sex, 2019

In all research areas, large number (142) of the respondents are aged 45-54 (NCR at 26.67%, Davao City at 39.13%, and Cebu City at 33.94%). Household respondents in NCR are of young adults to middle aged adults, while in Davao City, they are middle-aged adults to old adults. Respondents from Cebu City are younger, i.e., they are teenagers to middle aged adults.

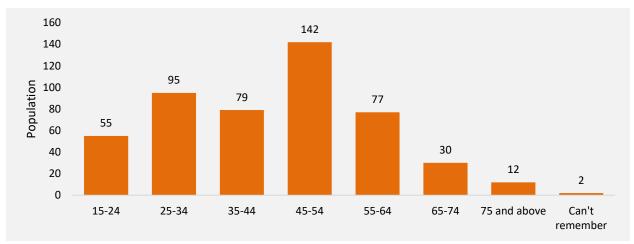


Figure 3. Distribution of respondents by age group, 2019

Majority (58.33%) of the respondents are the household heads and around 39% are spouse of the household heads. Rest of the respondents are member of the households wiling to participate in the study in the absence/unavailability of the household head. The average household size of the homeless was 2.8. Higher number (174 or 35.57%) of homeless living alone, while 93 or 18.90% are living with his/her partner/couple. There are few number of respondents with 7-10 family size.

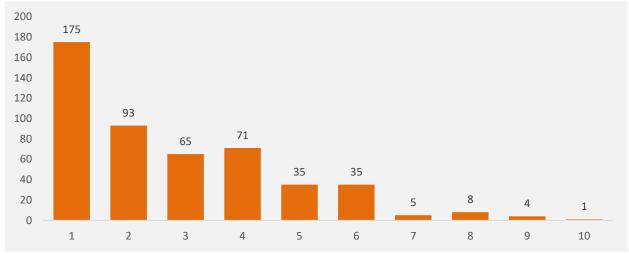


Figure 4. Distribution of respondents by household size, 2019

A little over half of the respondents were born within the research sites they were interviewed while the other half were born in various regions and migrated to the research sites. In the case of NCR, the respondents' places of birth were distinguished as NCR in general from places outside the region.

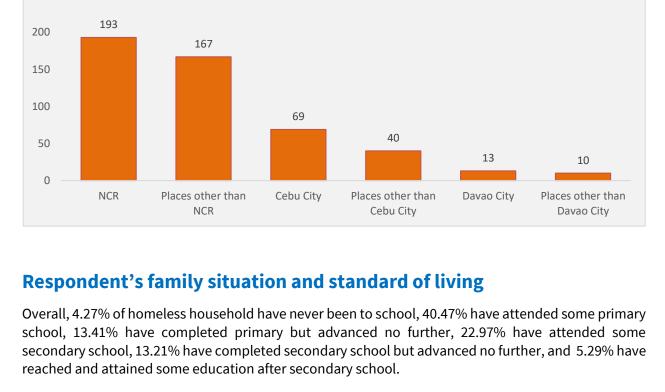


Figure 5. Distribution of respondents by place of birth, 2019

250

Of those who reported they have reached and attained tertiary education, most of them are living alone. Inspite of their educational attainment, common reasons why they remain homeless are due to family conflict, their houses were demolished, and have difficulty paying their rents.

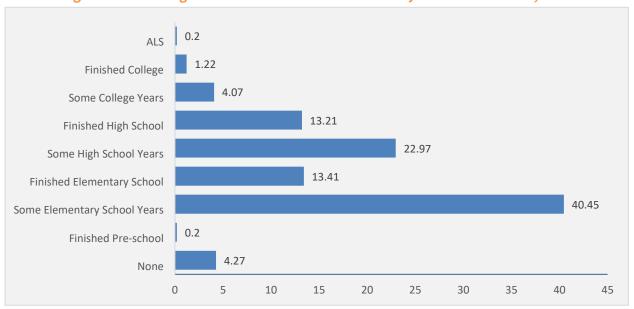


Figure 6. Percentage distribution of household head by level of education, 2019

Majority or 82.32% of household heads have main sources of income, while 17.68% have no other source of income. Source of income are commonly in form of livelihood, mostly, selling (29.9%), scavenging (24.43%), as "barkers" or parking attendants (11.4%), as laborers (9.1%), as construction worker (7.4%) and as tricycle/pedicab driver (7.2%). There are few respondents who are engaged as street sweepers (2.0%) and barangany tanod/helper (1.2%). Among 17.68% of household heads with no other source of income, majority are from Davao City (56.52%), followed by Cebu City (20.18%) and NCR (14.44%). The common reasons of lack of source of income are as follows: unavailability of jobs, household heads does not fit on the job requirements, old age, dependency on financial assistance and due to physical limitation.

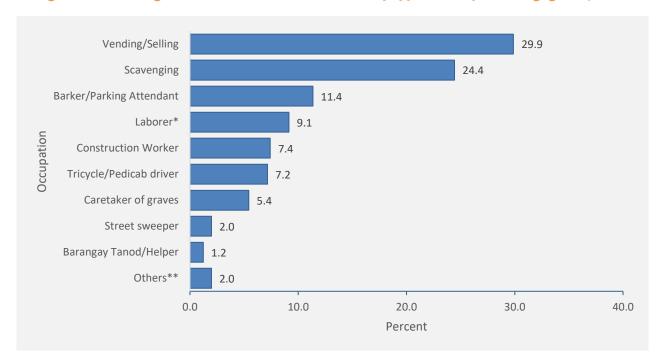


Figure 7. Percentage distribution of household head by type of occupation engaged in, 2019

The most common source of drinking water among respondent households is bottled water or water from refilling station (59.96%). Around 21.95% of respondents said that their household drinking water may also be given or begged off from various sources. Several also depend on establishments (18.7%) as their source of potable water. Poso or deep well (8.13%) are still important source of drinking water as well as from public faucets (4.27%). In Davao City, the major source of drinking water of respondents come from donations (60.87%) and establishments (47.83%). Large number of respondents also buy their drinking waters (43.48%). In Cebu City, majority of the respondents buy their drinking water. Many also source their drinking water from donations (33.03%) and establishments (19.27%). Generally, respondents buy their drinking water and depend from donations. Deep well sourced drinking water is also consumed by the respondents.

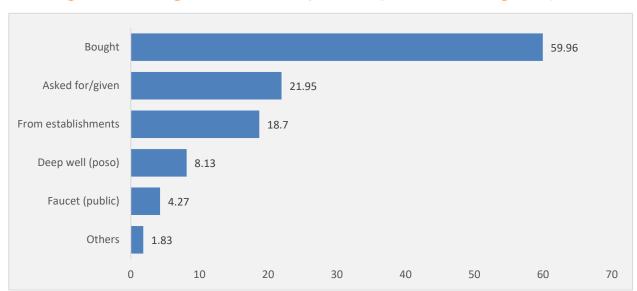


Figure 8. Percentage distribution of respondents by source of drinking water, 2019

More than half of homeless respondents (56.1%) buy cooked food, while 28.46% depends on the food given by citizens, establishments, and organizations. Around 27.64% of respondents prefer cooking food by themselves. Few respondents still consume disposed leftover food or "pagpag" though (2.85%). Respondents in NCR, 56.39% of them, buy cooked food. On the other hand, respondents in Davao both enjoy food they bought or given by citizens (43.48%). Their local government also provide them with food but they also tend to ask for it (30.43%). Majority of the respondents in Cebu City also buy cooked food (57.8%) and 48.62% are food given by citizens, establishments, or organizations.

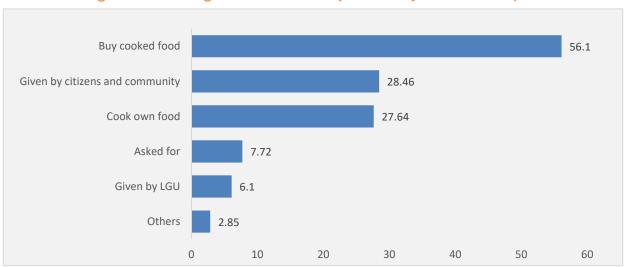


Figure 9. Percentage distribution of respondents by source of food, 2019

Generally, establishments or houses are the sources of the respondents for water used for washing, and also deep wells and pay toilets. Respondents from NCR depend on water for washing from establishments and houses (32.78%) as well as in "poso" or deep wells (24.44%) and establishments (23.06%). They also spend to have water – bought water (15.56%) and water from pay toilets (13.89%). On the other hand, Davao City respondents source their water for washing from public toilets (39.13%)

and establishments (30.43%). They also spend for water – either bought or obtained from pay toilets (13.04%). Respondents in Cebu City mostly source their water for washing from pay toilets (46.79%) and public toilets (36.7%). They also usually buy water for washing (24.77%) from establishments and neighboring houses.

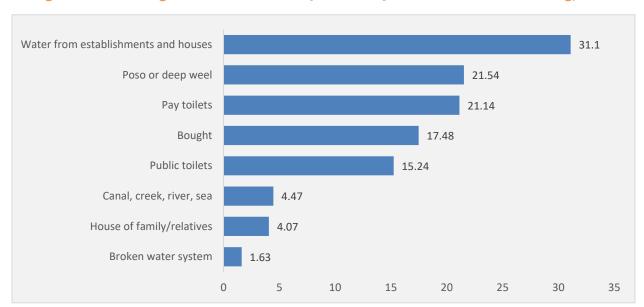


Figure 10. Percentage of distribution of respondents by source of water for washing, 2019

Generally, although majority of the respondents make use of toilets, many still dispose their wastes anywhere – in canals, creeks, rivers, sea, or wrapped then thrown. In NCR, respondents pay to use toilets (28.61%) while they also make use of toilets of establishments (27.50%). Public toilets are also a popular option (20%). However, they still tend to dispose their wastes anywhere or wrap and throw them (23.89%). In Davao City, public toilets (73.91%) are commonly used by the respondents. Establishments (34.78%) also share their facility with the homeless. A portion still disposes their wastes anywhere (4.35%). Also, majority of the homeless in Cebu City dispose their wastes anywhere (51.38%) though many also use paid toilets (41.28%). Free public toilets are also utilized (32.11%).

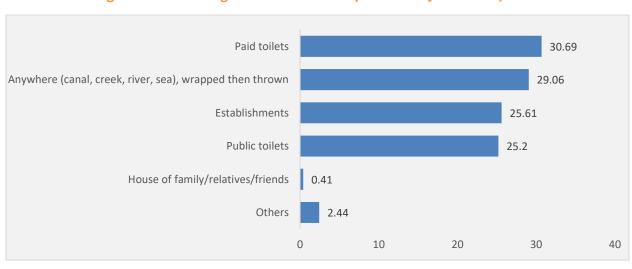


Figure 11. Percentage distribution of respondents by toilet use, 2019

Day Time Activities of Street Family Children

Street family children are visible during day time in market, streets, malls, restaurant, park, churches, cemeteries and bridges, mainly doing various economic activities. Most common activities conducted by the respondents during day time is to earn money for daily living, such as, scavenging, selling and to provide services (e.g. parking attendant and as barker).

Most of the respondents in NCR spend their day at the streets doing various economic activities. Most prominent of these are selling (23.61%), scavenging (20.83%), calling out passengers (16.39), and as parking attendants (11.94%). Another favorite hang-out place of the respondents are churches wherein they attend feeding activities (11.94). Parks are also proliferated by vendors (11.94%) during the day.

Respondents from Davao City also spend their day at the streets scavenging (21.74%) and inviting passengers (21.74%). Some of them prefers going to the parks doing nothing (21.74%). Also, in Cebu City, majority spends their daytime along the streets scavenging (50.46%), selling (29.36%), and calling out passengers (13.76%).

Table 4. Percentage distribution of street family by day time activities they engage, 2019

Day Time Activities	Number	Percentage
Calling out passengers (as barker)	270	24.11
Selling	254	22.68
Scavenging	188	16.79
Earning a living	134	11.96
Sleeping	50	4.46
Using bathroom	24	2.14
Begging	11	0.98
Buying	3	0.27
Others	113	10.09
None	73	6.52

Note: Multiple responses; percentage of cases used

Night Time Activities of Street Family Children

At night, aside from sleeping they continuously engage on some form of economic activities. Common economic activities are selling, scavenging and begging.

Almost all respondents from Davao City (95.65%) sleep along the streets. Only 4.35% sleep at the park. In NCR at night, 70% of the respondents sleep along the streets of the metro. Several respondents continue scavenging (26.94%) and selling (31.94%), on the other hand. Churches (26.11%) are also a favorite location by the respondents to rest for the night. In Cebu City, majority of the respondents sleep along the streets (74.31%) at night. They also sleep in the markets, churches, parks, bridges, and cemeteries. Some still continue selling (35.78%) and scavenging (17.43%) during the night.

Table 5. Percentage distribution of street family by night time activities they engage, 2019

Day Time Activities	Number	Percentage
Sleeping	732	59.18
Selling	214	17.30
Scavenging	174	14.07
Calling out passengers (as barker)	34	2.75
Earning a living	80	6.47
Begging	3	0.24

Note: Multiple responses; percentage of cases used

Existence of Family Relatives Not Living on the Streets

Almost 73% of respondents reported they have family or relatives not living in the streets and majority (56.86%) of them visit their family or relatives. When they asked how often they visit their family or relatives, almost 84% responded sometimes or once a month.

Table 6. Percentage distribution of respondents by frequency of visit with family/relatives not living on the streets, 2019

Frequency of visits	Number	Percentage
Everyday	9	4.43
Every other day	5	2.46
Once a week	17	8.37
Once a month	28	13.79
Sometimes	144	70.94
Total	203	100

Of the 43% respondents who do not visit their kin, they said they do not usually agree with these kin or that they just do not want to visit. Their inability to afford fare is also a hindrance in going home.

Table 7. Percentage distribution of respondents reasons for not visiting their family/relatives not living on the streets, 2019

Frequency of visits	Number	Percentage
Disagreement with each other	62	40.26
Has arguments	21	13.64
Feel belittled	14	9.09
They are many as well	16	10.39
Feel ashamed	48	31.17
Not accepted in the family	19	12.34
They just don't want to go home	68	44.16
Can't afford fare/ It is too far	54	35.06
Others (i.e., no communication with them, fear of terrorist)	12	7.79
Total	314	100

Reasons that push and keep respondents on the streets

Length of Homelessness

Figure 12 illustrates the length of time for being homeless by the respondents. Most of the respondents are homeless for 1-5 years (175 or 36%), followed by homeless for 6-10 years (91 or 18%) and homeless for 21 years or more (86 or 17%). The least number of respondents are homeless for 2 weeks/ few month (39 or 8%).

Many of the street family children in NCR have been in the streets for 1-5 years (36.39%), followed by the chronic street dwellers (20%) that stayed in the streets for 21 years and more. Some street family children also lived in the thoroughfares for 6-10 years (17.78%). In Davao City, most of the respondents also lived in the streets for 1-5 years (39.13) and 6-10 years (30.43%), and some are also chronic street dwellers having spent 11-15 years (13.04%) and 21 years or more (13.04%) living on the streets. In Cebu City, street dwellers for 1-5 years are also common (32.11%) followed by 6-10 years (18.35%). Notably, there are also street dwellers for 2 weeks to few months (17.43%). Generally, many of the respondents are street dwellers for 1-5 years. As described by Sescon in his study in 2015, they can be considered as transitionally homeless (living on the streets for less than two years) to episodic homeless (living on the streets for 3-7 years).

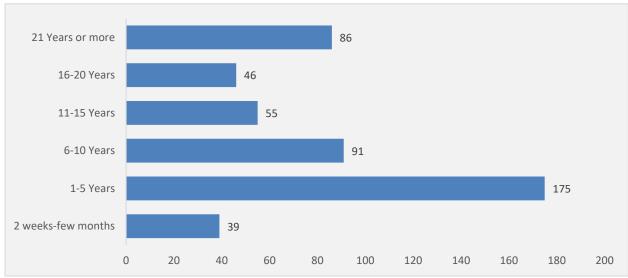


Figure 12. Distribution of respondents by length of time they lived on the streets, 2019

Push and pull factors of homelessness

Among the major reasons why respondents lived and stay along the streets, is due to their inability to afford room/house rent and opportunities of livelihood in the streets.

Most respondents, in NCR (69.17%), Davao City (52.17%), and in Cebu City (71.56%), cited their inability to afford rent houses or rooms as the main reason why they started living in the streets. In NCR and Cebu City, many respondents earn their living in the streets (35.28% and 32.11%, respectively). While many opted in Davao City to live on the streets because their houses were destroyed (26.09%), 17.39% of the respondents also earn their living along the thoroughfares.

Furthermore, 12.50% of respondents in NCR grew up in the streets and 10% are either stow-aways/casted out of their houses or they came from provinces and have no other place to stay in the metro. In Cebu City, 21.1% of the respondents came from provinces and have nowhere to stay. Meanwhile, 15.6% said their houses were destroyed, causing them to live along the streets.

Table 8. Percentage distribution of respodents by reasons they lived in the streets, 2019

Reasons	Number	Percentage
Unaffordable housing rent	339	68.9
Livelihood	166	33.74
Migrant homeless	60	12.2
Grew up in the streets	57	11.59
Destroyed house (burnt, flooded, demolished, etc)	46	9.35
Left house/stowed away or casted out of the house	43	8.74
Always quarreling members of the family in the house	30	6.1
Prefers living on the streets	22	4.47
Sold previous house	21	4.27
Orphaned	20	4.07
Others (i.e., looking for a job, can't afford fare going back home)	16	3.25

^{*}Multiple responses; percentage of cases used

Respondents keep on living along the streets because most of them, 77.22% in NCR, 78.26% in Davao City, and 81.65% in Cebu City, still cannot afford to pay house rent or buy a house. For NCR respondents, their livelihood (48.33%) in the streets also keep them from leaving. They also do not have their own house or family (37.22%) to go home to. There is also no free housing (18.89%) they can avail of so they could leave the streets. In Davao City, respondents cited they prefer living on the streets (39.13%) since they have no own house or family to go home to (39.13%). Their livelihood on the streets (34.78%) also keep them from leaving. Livelihood (48.62%) is also a major reason of Cebu City respondents why they still live along the streets as well as lack of finances to pay house rent/buy house (81.65%). Generally, still lack of enough finances to afford rent or buy a house is the main reason why the respondents still live on the streets. The presence of their livelihood along the streets also draws them to stay.

Table 9. Percentage of respondent by reasons why they still lived in the streets, 2019

Reasons	Number	Percentage
No money to pay house rent/buy house	385	78.25
This is where his/her livelihood is	235	47.76
No own house or family to go home to	166	33.74
There is no free housing	105	21.34
Always quarreling members of the family in the house	30	6.1
Prefers living on the streets	28	5.69
Family relatives don't want to adopt respondent	27	5.49
Acquaintances, friends, and family relatives live on the streets	15	3.05
Others (i.e., unaffordable fare going home, no communications)	25	5.08

Note: Multiple response

Risk factors on the streets

Health Problems

Almost all respondents (90.04%) experienced getting sick while living on the streets. Their homeless lifestyle makes them more vulnerable to health risks and problems. The top five (5) common ailments experienced by respondents are having cough (84.42%), fever (81.94%), colds (68.17%), diarrhea (35.21%) and stomach ache (32.73%). It was also observed that some homeless individuals experiencing some form of communicable diseases (e.g. tuberculosis, pneumonia) and non-communicable diseases (e.g. hypertension, heart diseases).

Table 10. Percentage distribution of respondents by type of illness they experienced while living on the streets, 2019

Type of Illness	Number	Percentage
Cough	374	84.42
Fever	363	81.94
Colds	302	68.17
Diarrhea	156	35.21
Stomachache	145	32.73
Hypertension	48	10.84
Dizziness	47	10.61
Asthma	34	7.67
Pneumonia	30	6.77
ТВ	25	5.64
Skin disease	32	7.22
UTI	23	5.19
Heart disease	16	3.61
Others (i.e., body ache, flu)	20	4.51

Note: Multiple responses

Majority of the street family children in NCR experienced being sick while living on the streets (91.11%), while only few reported to have never experienced being ill (8.89%). On the other hand, all respondents in Davao City acceded to have experienced being ill while living along the thoroughfares of the city. In Cebu City, 84.4% experienced being sick while 15.6% cited they have not experienced being ill while living on the streets.

In all research sites, cough (23.01% in NCR; 29.17% in Davao City; 82.61% in Cebu City), fever (22.92% in NCR, 25% in Davao City, and 75% in Cebu City), and common colds (18.19% in NCR; 16.67% in Davao City; and 77.17% in Cebu City) are the most common ailments suffered by the respondents. Generally, diarrhea (35.21%) and stomachache (32.73%) are also common ailments the respondents suffered while living on the streets.

Cardiovascular diseases like heart diseases (unspecified) and hypertension are also reported to have been experienced by some respondents. Another important information on the health of the respondents is the incidence of tuberculosis among them (NCR - 1.91%; Davao City - 2.78%). The respondents who have tuberculosis are currently on medication.

Respiratory and gastroenteritis illnesses commonly experienced by respondents can be attributed from the open environmental spaces they live in wherein they have no other barrier from direct effects of pollution and harsh weather conditions. Poor sanitation and hygiene also aggravate their health conditions. When they get sick, their limited financial resources also become depleted in their pursuit to get better – either by spending for medication or their illness delimiting their earning capacities

Health Care Seeking Behavior

Among respondents who had a history of illness, health seeking behavior shows majority (74.13%) received treatment from medicine shop, 56.81% received treatment from the health center or hospital, 6.47% had a traditional massage and 2.54% seek advised from faith-healer. Only 12.47% not able seek advice and just let their illness pass by.

Ninety-six percent (96.34%) of the 328 respondents of NCR who reported being sick while living on the streets stated that they got better while 3.66% of them said they did not. The main reason why they did not fare well is due to lack of financial support (90.48%) in seeking treatment. In the case of Davao City, almost all (95.65%) of the respondents who experienced being sick got well. Lack of financial support is also the reason why the 4.35% respondent in Davao City did not get well. On another note, some of the respondents who expressed they did not get well are still on medication. In Cebu City, 97.83% of the 92 respondents who experienced being sick stated they got well while 2.17% did not. 96.67% of the respondents who got well bought medicines for their ailments and 41.11% were brought to the health centers and/or hospitals. The respondents who did not get well did not have enough financial resources to seek medical help and they just let their ailments pass.

Table 11. Percentage distribution of respondents by action taken on reported illnesses they experienced, 2019

Action Taken	Number I	Percentage
GOT BETTER	428	96.61**
Brought to the health center or hospital	246	56.81
Bought medicine	321	74.13
Just let it pass	54	12.47
Had a traditional massage	28	6.47
Brought to an Albularyo	11	2.54
Others (i.e., used herbs and oil)	17	3.93
DID NOT GET BETTER**	15	3.39**
No money to pay hospital/doctor or pay for medicine	12	80
Doesn't know what to do	1	6.67
Just let it	2	13.33

Note: Multiple response

Functional Disability for Mobility

Respondents conveyed they have family members who are persons with disabilities. In NCR, there are at least thirteen (13) who have difficulty walking, some have difficulty communicating and some have mental or intellectual disability, and there are also several who have visual and hearing difficulty.

In Davao, there are also reported persons who have difficulty seeing, communicating or speaking, and walking. In Cebu City, most of the reported disabilities of respondents and/or their family members are difficulty in walking and mental disabilities.

Table 12. Distribution of respondents who has person with disability household members, 2019

Type of Disability	Number	Percentage
Difficulty in seeing	9	14.06
Difficulty in hearing	7	10.94
Difficulty in speaking/communicating	7	10.94
Difficulty in walking	23	35.94
Mental disability or intellectual disability	13	20.31
Psychosocial disability	1	1.56
Others	4	6.25
Total	64	100.00

Vices

Majority of the respondents admitted having engaged in various vices before. Common vices are smoking (65.13%), drinking alchoholic beverages (48.72%) and gambling (12.31%). There are also 10% of respondents who were used illegal drugs before.

Table 13. Percentage distribution of respondents by previous and current engagement with vices, 2019

Vices	Number	Percentage
Engaged in Vices Before	390	79.27**
Smoking	254	65.13
Gambling	48	12.31
Use of illegal drugs	39	10
Drinking alcoholic beverages	190	48.72
Sniffing solvent	10	2.56
Currently Engaged in Vices	313	63.62**
Smoking	192	61.34
Gambling	20	6.39
Drinking alcoholic beverages	125	39.94

Note: Multiple response

Eighty-two percent (82.78%) of respondents in NCR admitted having engaged in various vices before. Most common were smoking cigarettes (59.06%) and drinking alcoholic beverages (41.28%). Some used illegal drugs (8.72%) and sniffed solvents (2.68%). In Davao City, 39.13% of the respondents engaged in vices before. All the 9 respondents were smokers and 66.67% of them drank alcoholic beverages while 33.33% of them were gamblers. In Cebu City, 76.15% of the respondents experienced engagement in vices. Most common vices cited are smoking (83.13%) and drinking alcoholic beverages (73.49%).

Currently, 65.56% of NCR respondents have vices. Most common are still smoking cigarettes (54.66%) and drinking of alcoholic beverages (30.51%). There is no more reported use of illegal drugs. Furthermore, 26.09% of Davao City respondents are currently engaged in vices – all 6 respondents smoke while 66% of them still drinks alcoholic beverages. Also, 65.14% of the respondents in Cebu City are engaged in vices. These are into smoking (80.28%) and drinking alcoholic beverages (69.01%).

Generally, there is a decrease in engagement in vices in all research sites from previous numbers to the current ones.

Sexual Behavior of Homeless

Some respondents from NCR and Cebu City stated they have engaged in multiple sexual partnerships in the past three months. Many of them have changed relationships while others just wanted to have fun. One respondent acquiesced she's a sex worker while two cited revenge as their motivation in engaging in this activity. No case was reported in the Davao City interviews though there were two respondents who declined to answer the question. Some respondents in NCR and Cebu City also opted not to answer the question.

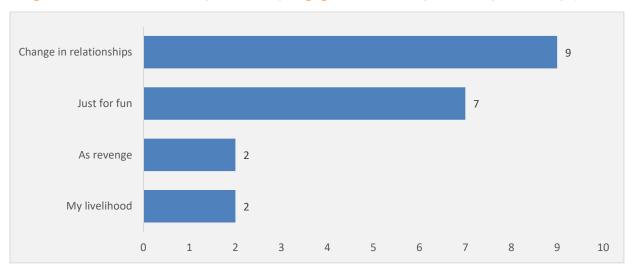


Figure 13. Distribution of respondents by engagement in multiple sexual partnerships, 2019

Although a very sensitive topic, few respondents from NCR and Cebu City reported that they experienced themselves or witnessed family members being forced to have sex. These are with female sex workers, a street sweeper, acquaintances, and husbands. There were no reported circumstances in the Davao City interviews.

Respondents in NCR and Cebu City who experienced being arrested by the police cited vagrancy as the most common reason of their apprehension, followed by being curfewed, and discovery of illegal drugs in their possessions. Few

cases of mistaken identity and unknown reasons by arrested were also reported by the respondents. In Davao City, two were involved in a fight while another one is a rebel returnee. Some respondents in NCR and Cebu City did not respond to the question.

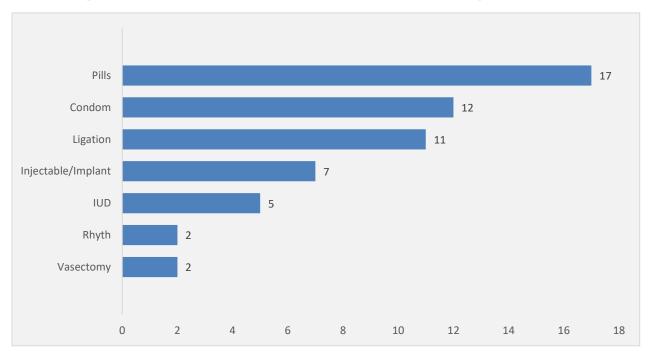
Table 14. Distribution of respondents by experiences on forced sexual activities, 2019

Forced Sexual Activity	NCR	Cebu City	Total
Female Sex Workers	5	2	7
Husband	1	2	3
Street sweeper	1	-	1
Acquaintances	1	1	2
Other family member	0	1	1
Total	8	6	14

Family Planning Methods

Only 56 or 11% of the respondents practicing family planning methods. Large number of respondents (96%) used modern method while 4% used traditional method. Common modern family planning practices include use of contraceptives such as, pills (17 respondents), condoms (12 respondents) and ligation (11 respondents). Only two (2) respondents used rhythm method or calendar method.

Figure 14. Distribution of respondents by use of family planning methods, 2019



Lack of knowledge of where to obtain correct family planning information and methods can be a critical barrier to take family planning services. Of the 56 respondents practicing family planning methods, Rural Health Units or health centers are the most common source of information (61%) and Government Hospitals (23%) Some friends were also helpful in sharing the information (16%). In Cebu City, ligation and implants are common with the few respondents who stated they use family planning methods. Hospitals and Rural Health Units are their common source of information.

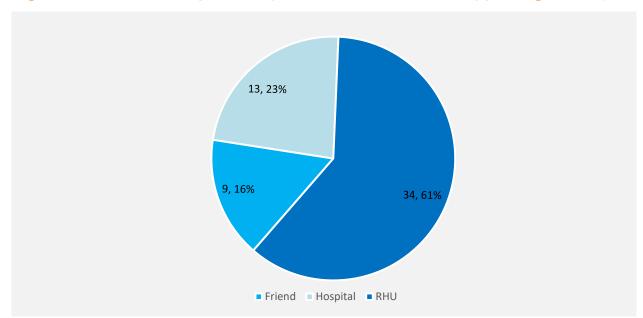


Figure 15. Distribution of respondents by source of information on family planning methods, 2019

Fears in the Streets

Police, drug addicts, and DSWD personnel are the three most feared by the street family children. Respondents in NCR fear the police (21.94%) will apprehend them. Drug addicts (16.67%) are also dreaded as they might cause harm to the respondents. DSWD personnel (8.06%) are also feared on their clean-up drives. On the other hand, respondents in Davao City fear mostly strangers (13.04%) that might harm them. Drug addicts and drunk people (8.70%) are also feared that they might cause harm. They also dread their apprehension by the police (4.35%). In Cebu City, most respondents fear drug addicts (19.27%), DSWD personnel (17.43%), and bad people (15.6%).

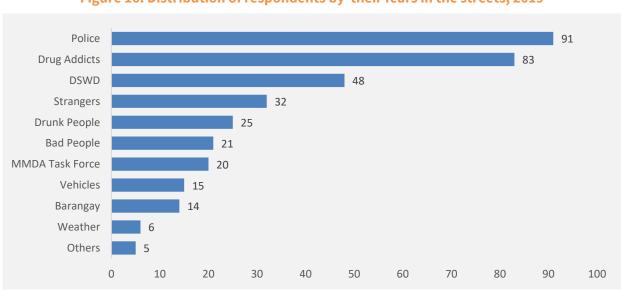


Figure 16. Distribution of respondents by their fears in the streets, 2019

Since the streets are thoroughfares for vehicles, they also fear that accidents may happen and harm them or their children. Effects of climate change also bring fear to the homeless as they are vulnerable from severe thunderstorms and floodings that frequently occur.

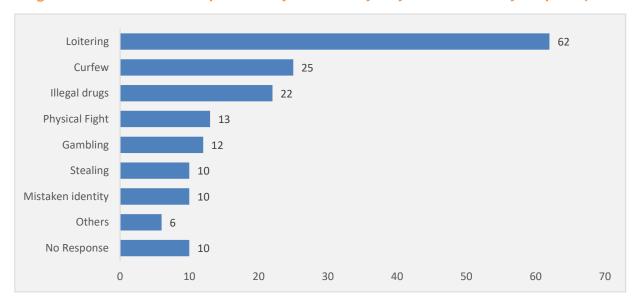


Figure 17. Dsitribution of respondents by reasons why they were arrested by the police, 2019

Support and Services

Experiences in the Shelter

Several respondents in NCR and Cebu City experienced living in shelters. Lapsed supposed length of stay in shelters, i.e., 6 months, and unwarranted treatment to respondents are the common reasons why they left. They also felt they were like prisoners during their stay in these shelters. Food was also reported to be unappetizing or insufficient. Some respondents had to escape the shelters. On the other hand, no respondents from Davao City experienced living in a shelter.

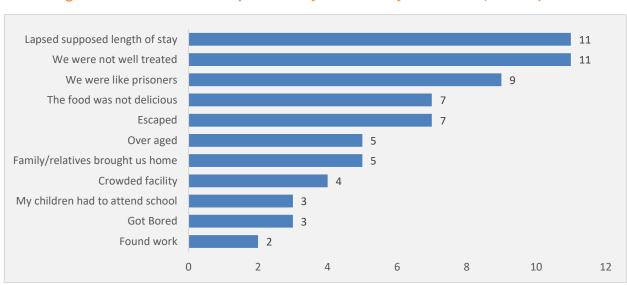


Figure 18. Distribution of respondents by reasons they left shelters/centers, 2019

As shared during the key informant interview, there is a need to improve on shelters and centers for homeless households. Construction of additional shelters and centers for homeless with mental disabilities are also encouraged since they are usually mixed with shelters housing children, girls and women, and families rescued from the streets. A center specially designed for persons with mental health conditions is necessary for their conducive treatment and eventual healing.

Support and Services Received by Respondents

Major source of support and services received by the respondents are from citizens, government, churches, politicians and NGOs.

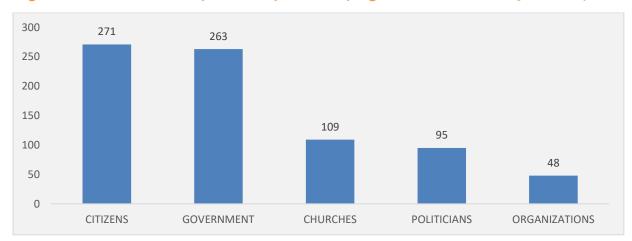


Figure 19. Dsitribution of respondents by source of programs and services they received, 2019

Support and services received were mostly in the form of in-kind, such as rice, groceries, food and water. There are some instances that identified major service provider were conducted medical assistance in the community. Few respondents are also recipient of DSWD MCCT (3.05%), Social Pension for Indigent Senior Citizens (10.37%) and housing program (0.81%).

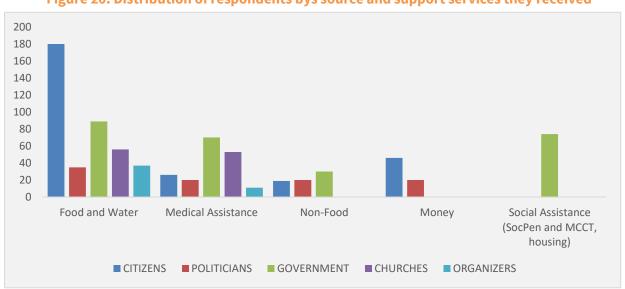


Figure 20. Distribution of respondents bys source and support services they received

Views in Leaving the Streets

Majority of the respondents want to leave the streets. In NCR (71.94%), Davao City (86.96%), and in Cebu City (81.65%) respondents will leave the streets if provided with capital to start businesses (sari-sari store, fruit cart, and others). Provision of free housing (NCR – 80.28%; Davao City – 78.26%; Cebu City – 77.06%) will also encourage them to leave the streets. On the other hand, 2.78% of respondents in NCR do not want to leave since their livelihood is in the streets. In Davao City and Cebu City, 8.70% and 8.26%, respectively, of respondents prefer living on the streets.

Table 15. Percentage distribution of respondents by their views on leaving the streets, 2019

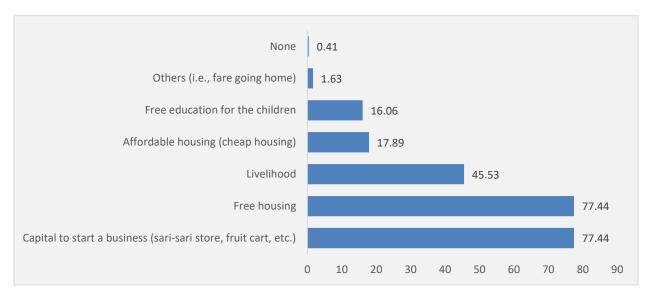
Respondents' View on Leaving the Streets	Number	Percentage	
Want to leave the streets			
Free housing	391	79.47	
Capital to start a business (sari-sari store, fruit cart, etc.)	368	74.8	
Fare going home to the province	53	10.77	
Low-cost Rental	14	2.85	
Jobs/Livelihood	67	13.62	
Others (i.e., fare going home, assistance in retrieving government documents)	23	4.67	
Does not want to leave the streets			
This is where his/her livelihood is	15	3.05	
Prefers living on the streets	16	3.25	
Others	4	0.81	

^{*}Multiple responses; Percentage of cases used

NCR respondents hope the government will provide them free housing (79.17%) and capital to start their own small businesses (75%). Livelihood (46.39%) is also suggested to be provided by the government. In Davao City, free housing (86.96%) as well as capital for business (69.57%) are also expected from the government. Affordable housing (26.09%) is also hoped for.

Eighty-seven percent (87.16%) of respondents in Cebu City suggested government should provide them capital to start small businesses, 69.72% ask for free housing, and 49.54% ask for livelihood. Altogether, government provision of capitals to start small businesses, free housing, and livelihood to the homeless are what the respondents think are best for them.

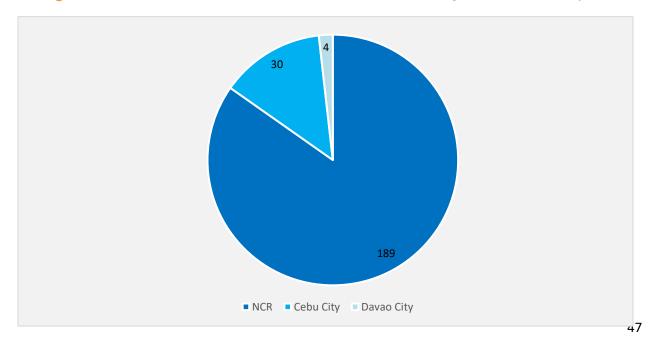
Figure 21. Percentage distribution of respondents by their suggestions on government assistance should provide to them, 2019



*Multiple responses; Percentage of cases used

Some respondents (16.06%) recognize the need of street children to attend school. Although public schools are usually free, these respondents still request for free education for children on the streets. Currently, there are 223 children (189 in NCR, 30 in Cebu City, and 4 in Davao City) household members of respondents enrolled in schools (see Figure 20). Continuous support and encouragement for these children to finish school appears to be a promising effort in mitigating homelessness among the poor.

Figure 22. Distribution of children household members currently enrolled in school, 2019



Effectivity and Improvements of Identified Government Programs

Of the government programs known, MCCT-Homeless is most well-known and is said to be effective. Pantawid Pamilyang Pilipino Program (4Ps), Sustainable Livelihood Program (SLP) and DSWD Social Pension are also popular among the respondents in the three (3) research sites. However, the respondents recognize the need for strict and regular monitoring of the programs implemented and the fair and equitable basis in choosing beneficiaries. If possible, the respondents would prefer all of them be covered by programs aimed for homeless households – including individual households and not just for households with children.

There were eight (8) informants in the key interviews, three of whom also participated in the focus group discussion cum workshop. They are City Social Welfare Development representatives (focal persons of their street family children and homeless programs and personnel in-charge with shelters), and DSWD Field Office representatives (focal persons and street facilitators of the Comprehensive Program for the Homeless and Sama Bajau or COMPRE, and a supervisor of a transient shelter in NCR).

Based on the key informant interviews, aside from devolved programs on street children and their families in the LGU level, the Comprehensive Program for the Homeless and Sama Bajaus (COMPRE) is the current specific program of DSWD targeting the homeless as beneficiaries. This is implemented by field offices of the DSWD and some LGUs actively incorporated it in their priorities of fundings. Although this program has been running for some few years now, it is still considered on its pilot stage. The COMPRE program caters to children on the streets as well as their families and it fosters holistic approaches (like community-based approach) in assisting the families ascend from homelessness and poverty. Activity centers are created for children and adults (parents) alike wherein learnings and skills are introduced. It also encourages inter-agency partnership among various government agencies as well as civic groups concerned with families and children on the streets. The COMPRE program covers a wider scope of beneficiaries since they also consider the children on the streets, children in the streets, and children of the streets (which has a wider coverage of target population compared to the target respondents of this study). However, the respondents of this study are not aware of this program.

In fulfilling their functions, the service providers are continuously faced with various challenges. For one, their clients are always countless and there is an observed trend of their numbers influenced by several factors (e.g., Christmas season). At times, these clients resist assistance while some can be a threat (e.g., some clients with mental disability). Support from LGUs sometimes is also limited or none at all depending on the prioritization of current administrations, thus, disrupting programs for the homeless and their families. As services for street family children should be a shared responsibility of agencies, non-cooperation of other agencies within the network weakens an all-encompassing provision of services and interventions for an eventual mitigation of homelessness. Short-term partnership with linkages can also disrupt effective service provision to the clients. There is also a problem with the referral process due to lack of enough and appropriate facilities that will cater the clients' needs. Sometimes, poor assessment skills of frontline service providers are also observed (e.g., during rescue activities) which upsets the hierarchy of the referral pathway.

To effectively deliver services, there is a need to provide sufficient funding to be used specially for service and facility improvements; manpower augmentation since there is a great need for more social workers, psychologists/psychiatrists, houseparent, etc.; and technical supports.

With the challenges and bottlenecks experienced by the service providers, they shared that persistence and perseverance play great roles in fulfilling their mandates. Since provision of services is not a one-size-fits-all scenario, service providers must be innovative in dealing with their clients and not just stick to the programs available for the homeless.

IV. Summary of key results

Profile of Respondents

There were 492 homeless households interviewed in the three research sites. Seventy-three percent (73%) were in NCR, 22% were in Cebu City and five (5) percent in Davao City. Majority of the respondents are women, household heads and spouses of the household heads. Many of the respondents are aged 45-54. Notably, age ranges of respondents from NCR are young adults to middle aged adults while in Davao City, majority are middle-aged adults to old adults. Respondents from Cebu City are younger, i.e., they are teenagers to middle aged adults. The average household size of the homeless households is 2.8. A little over half of the respondents were born within the research sites they were interviewed while the other half were born in various regions and migrated to the research sites.

Family Situation and Standard of Living of Respondents

Interviewed household heads commonly have some elementary years of educational level while a few reported to have not undergone any schooling. A small percentage of respondents were able to reach college and graduate. Those who reached college are usually men and are living alone. They have families not living on the streets but their livelihood keeps them on the streets. Those who reported to have graduated from college are commonly women living with their families on the streets for less than two years and are usually housepersons. They usually are from provinces and they have relatives not living on the streets.

Majority of the respondents have occupations; others even have multiple work. Predominant to these menial jobs are vending, scavenging, and as barkers or parking attendants. Household heads without livelihoods cited unavailability of jobs or their unacceptability to jobs as obstacles to having one. Old age and disability are also common reasons of not working. Some respondents still depend on donations to survive.

Cooked food is usually bought or prepared. Many respondents benefit from donated food as well. However, left-over foods and "pagpag" (scavenged food) are still consumed by some. Drinking water are usually bought but many also depend on donations and deep well water. Water for washing are sourced out from establishments or neighboring houses and also from deep wells (poso). Respondents also spend for water for washing. Generally, although majority of the respondents make use of toilets (paid toilets, public toilets, toilets of establishments), many still dispose their wastes anywhere – in canals, creeks, rivers, sea, or wrapped then thrown.

Majority of the respondents spend their day along the streets performing various economic activities – selling, scavenging, calling out passengers, and earning a living. Churches, because of feeding programs, and parks are also favorite hang-out places of the homeless. Majority exploits the streets as their sleeping spaces during the night while many also opt to rest in churches. Some respondents also prefer the open spaces of parks. At night, many respondents continue vending and scavenging.

Many reported they have family relatives not living on the streets. However, some only visit their kin sometimes. Disagreements with these family relatives and inability of respondents to afford fare going home are the major reasons they do not go to their relatives. Some just don't want to go home.

Reasons that Push and Keep Respondents on the Streets

In all the research sites, majority of the respondents are living on the streets for 1-5 years already, considered as transitionally and episodic homeless. In NCR, it is notable that many homeless have been on the streets for 21 years and more. This is qualified by the several numbers of senior citizens noted. On the other hand, in Cebu City, many are just new homeless for they are just there for 2 weeks to few months. This can be attributed to recent fires and demolition activities in the city.

Lack of financial resources forced and still keeps most respondents to live along the streets since they can't afford room/house rentals. Their livelihood along the thoroughfares and the high hopes of people from the provinces finding jobs in the cities also provoked their choice (or non-choice) of living arrangement. Destruction of their houses and family constraints also contributed to their decision to dwell in open spaces. Most living alone individuals and senior citizens interviewed cited they now prefer living along the streets than in their families' or rented houses. Though they would welcome provision of free housings.

Risk Factors in the Streets

Constant exposure to elements of nature and the unfavorable environment they are living in, majority of the respondents reported to have experienced various health threats like respiratory and digestive ailments. Although they are reported to have been treated, usually by self-medication (since there is low utilization of hospitals or clinics by the respondents), some lingering conditions, like tuberculosis and mental health concerns, are still prominently observed by concerned service providers like the Jose Fabella Center, a DSWD-NCR institution that caters to homeless households "rescued" from the streets of NCR. During medical examinations of their "rescued" clients, many are diagnosed to have tuberculosis and mental health conditions. Respondents who reported to have tuberculosis are under prescribed medication during the interviews.

A number of respondents go to medical facilities for their health issues. However, it is still considerably low compared to their use of medication (bought and donated). Their practice of self medication can also contribute to a greater health concern since ailments they experienced were not properly diagnosed. Limited financial resources also hinder them from accessing medical facilities.

Aside from mental health conditions, respondents also reported they have other forms of disability like difficulty walking, communicating, seeing, and hearing. Aside from environmental and natural factors, this could be attributed to the aging population of the homeless.

Another contributing factor to the respondents' health risks is their engagement in vices – mostly smoking and drinking alcoholic beverages. Their use of illegal drugs and involvement in gambling activities put them at risk with the law enforcers of the government as well. There are reported cases of them or family members who were arrested for unknown reason and/or of mistaken identity.

Although there is a low report of multiple sexual partnership activities, the respondents are still actively engaged in reproduction – i.e., they have growing families and some do engage in multiple sexual partnerships, while a few were forced to have sexual activities. Also, based on the interviews, there is a low incidence of knowledge and use of family planning methods among the respondents.

The respondents have fears on enforcers (police and MMDA task force), service providers (DSWD), and other government units (Barangay personnel) mandated to remove them from the streets. They also have fears on drug addicts, drunk people, and strangers that may harm them while they are on the

streets. Since the streets are thoroughfares for vehicles, they also fear that accidents may happen and harm them or their children. Effects of climate change also bring fear to the homeless as they are physically gullible from severe thunderstorms and floodings frequently occur.

Support and Services

Several respondents in NCR and Cebu City experienced living in shelters. Lapsed supposed length of stay in shelters, i.e., 6 months, and unwarranted treatment to respondents are the common reasons why they left.

The most common support and services received and enjoyed by the respondents are rice, groceries, food, and water. Most of these came from citizens, government agencies, and organizations and churches. Medical assistance and cash assistance from government agencies (DSWD) are also identified.

If provided with financial capital to start small businesses, most of the respondents will leave the streets. Also, if free housing will be provided. On the other hand, some respondents will still not leave the streets because their livelihoods are along the thoroughfares. The respondents also hope the government will provide them free housing and financial capital to start small businesses.

Of the government programs known, MCCT-Homeless is most well-known and is said to be effective. 4Ps, Livelihood programs, and DSWD Social Pension are also popular among the respondents in the three research sites. However, the respondents recognize the need for strict and regular monitoring of the programs implemented and the fair and equitable basis in choosing beneficiaries. If possible, the respondents would prefer all of them be covered by programs aimed for homeless households – including individual households and not just for households with children.

Based on the key informant interviews, aside from devolved programs on street children and their families in the LGU level, the Comprehensive Program for the Homeless and Sama Bajaus (COMPRE) is the current specific program of DSWD targeting the homeless as beneficiaries. This is implemented by field offices of the DSWD and some LGUs actively incorporated it in their priorities of fundings. Although this program has been running for some few years now, it is still considered on its pilot stage. The COMPRE program caters to children on the streets as well as their families and it inspires holistic approaches (like community-based approached) in assisting the families ascend from homelessness and poverty. Activity centers are created for children and adults (parents) alike wherein learnings and skills are introduced. It also encourages interagency partnership among various government agencies as well as civic groups concerned with families and children on the streets. The COMPRE program covers a wider scope of beneficiaries since they also consider the children on the streets, children in the streets, and children of the streets (which has a wider coverage of target population compared to the target respondents of this study). However, the respondents of this study are not aware of this program.

V. Analysis, Discussion and Recommendations

This section explains further our use of extrapolation as a way of estimating the homeless in the cities covered. Furthermore, it highlights findings deemed significant so far across the cities. Furthermore, these findings are highlighted as these are the ones seen that may have relevance in re-examining programs and services of both national and local governments to the homeless.

Estimating

Extrapolation is not only useful in statistics but also useful in science, business and anytime there is a need to predict values in the future beyond the range measured. In an attempt, for example, to have information on the extent of the gang problem, it was necessary among others to determine the estimated number of jurisdictions reporting gangs in small cities and rural counties. The percentage of agencies reporting gangs was multiplied by the total number of small cities and rural counties included in the group from which the sample was derived. The same method was used for large cities and suburban countries in order to incorporate non-respondents (https://www.ojjdp.gov). Extrapolation was deemed a strategic method to project, expand or extend given data or conjectural knowledge about the unknown area. While extrapolation is not the most accurate process of estimating in the sense that it does not give an exact count, it provides an informed estimate of the social phenomenon under study (https://www.mathcaptain.com/statistics/extrapolation.html).

Contributing Factors to Being Homeless

Homelessness is a multi-faceted phenomenon. While it is a symptom of poverty, homelessness is an outcome of personal and family related factors. It is important, therefore, to identify specific profile characteristics that will be relevant to policy making.

Internal Migration

Specific to NCR, data shows a relatively high number (167) of the surveyed respondents coming from places outside of NCR. This gives evidence to the fact that internal migration to Metro Manila is still high, naturally resulting to congestion or ending with people as homeless. The perception that NCR offers more opportunities is still held by many people from the provinces.

This phenomenon has led policymakers at the national or regional level to undertake incentives, primarily finance/work related, that will motivate rural migrants' return to their places of origin and participate as productive members in their communities.

Homelessness and Ageing

It is noteworthy to examine the profile of the homeless as obtained in this study. To address the problem of homelessness, one must be informed of the characteristics of today's homeless that have not been underscored in past researches. One key characteristic of the surveyed homeless across the sites pertains to the age group most of them are in – 45 to 54 years of age. This indicates that most of

the homeless are middle-aged adults, a mix of solo individuals and with family on the street. If one were to look further at the age profile of survey respondents, homelessness is an increasing situation as one grows old.

Thus, a challenge for policymakers is to address problems and dysfunctions in families that often create a crisis situation in the family, e.g., loss of job for a parent/s, death of a household head, illness. These situations often drive an individual or families/ family members to escape the painful reality by living on the streets. One's family remains to be an individual's most important support prop especially in the face of current problems and issues that tests a family's continued sense of belonging and acceptance.

Education

Most of the homeless surveyed across the cities reported to have only completed some elementary education. Street life was an early exposure for many of the homeless who were unable to preoccupy themselves with other activities or concerns while they were young. Needless to say, education is vital in keeping children and youth off the streets. Their lack of education limits their chances for getting a job off the streets. The street becomes an easy option for an individual with minimal education.

It is noteworthy to ensure the availability and accessibility of information on sexual and reproductive health (SRH) from appropriate health care providers.

The above situation, thus, necessitates policymakers to keep education a priority by making education, formal or informal, accessible to children and youth. Enabling children and youth more years of education or training will prepare them for their future.

Emerging Issues: Homeless Individuals vs Homeless Families

Homelessness has long been a prevailing phenomenon existing in numerous societies. Characterization of homeless people is diverse and wide-ranging in terms of age, gender, educational attainment, ethnicity, family circumstances and situations, and health conditions.

Notwithstanding these diverse features, the existence of the homeless frequently prompts governments, law and policy-makers, and service providers to take action. For example, here in the Philippines, the Department of Social Welfare and Development (DSWD) implemented programs in great efforts to mitigate and hopefully reduce the persistent growth of homeless Filipinos. Most of these are focused on homeless families with young children, like the Modified Conditional Cash Transfer for Homeless Street Families (MCCT-HSF) which requires beneficiaries to have children aged 0-14. For local government units, like Davao City, a quick response taskforce (Quick Response Team for Children's Concerns) was created specifically for children that includes those living in streets. Many civic organizations concerned with the homeless usually focus their efforts to street children and their families – Childhope Asia, Bahay Tuluyan, Friendship Home Fr. Luis Amigo, and many others.

Noteworthy, however, in this study is the large numbers of homeless solo individuals interviewed across the study sites. The study shows a big portion of the homeless is composed of homeless solo

individuals (Figure 4). Oftentimes, while homeless people in groups or clusters are more visible and has alarmed government and service providers to take action, they could actually be homeless individuals and not homeless families. Current programs and initiatives seek for or are aimed at families. As cited by some homeless individual respondents in this study, "Dapat maisama din bilang beneficiary ang mga katulad ko na nag-iisa lang at walang kasamang anak." Most of these homeless individuals are adults, approaching old age – usually retired, widowed, and abandoned by their families. They survive in the streets by finding a "group" of individuals like them, and accept one another. Most of them are still individuals who have chosen to live in the streets, without family or kin.

Thus, this points to the need to re-examine approaches, support and services that can more effectively address homelessness that understand the individual/solo world view and choice to live and stay in the streets.

Disability Prevalence in the Streets

Respondents conveyed they have family members who are experiencing physical limitations. PWDs are often marginalized and they are considered twice as likely to live below the poverty line. People experiencing homelessness and has form of disability may experience serious health conditions and limitations on daily survival in the streets. PWDs are more likely to be homeless, there are a few more interrelated causes: employment issues, difficulty accessing benefits and a lack of supportive housing. At present the Philippines has Community Based Rehabilitation Program for PWDs, but apparently not responsive or may have not reached homeless PWDs.

Homelessness as a Public Health Issue and Concern

Homelessness is closely connected to decline in physical and mental health. Homeless people are exposed to harsh environmental and physical conditions all the time due to their being in open spaces. Based on other homeless studies, like the American Public Health Association policy statement dated November 7, 2017, homeless have high rates of chronic mental and physical health conditions, disorders, and face barriers to health care. This is consistent with the high incidence of health problems experienced by our respondents. Also, as observed in the streets, persons with mental conditions are also prominent. Based on the results of this study, respondents shared they were able to overcome their health conditions commonly by medication – assumed to be self-medication since there is low prevalence of seeking services of health centers or hospitals.

Although there is low reported incidence of engagement in multiple sexual activities, the low knowledge and use of family planning methods by the respondents is still of concern in view of the fast and furious prevalence of HIV infection in the country. Concern for the spread of other sexually transmitted infections and in advocacy for responsible parenthood, improvement on the knowledge and use of family planning methods among homeless people is imperative.

Also, present of food hunger among homeless people increased their dependency on donations to survive. Several respondents are still receiving benefits from donated food and left-over foods or

"pagpag" (scavenged food) which is more likely to be harmful to their health. The government must intensify the implementation of Food Donation Act of 2009 to ensure wholesome food donations must be provided for charitable purposes.

In general, with health as a major and priority concern among the homeless, this study affirms the need to address homelessness as a multi-dimensional public health issue and subsequently formulate relevant policies.

Economics of Homelessness

While the problem of homelessness is multi-dimensional, the core of the problem is the lack of affordable housing. This pushes a family or incapacitated individual to the streets and seek means that can provide for his/her daily subsistence. Thus, homelessness is commonly associated with begging for alms for daily survival. However, this study found that majority of the respondents actually work for their daily needs. Most of them are able to buy their own food and drinking water and they pay for toilet use. They also work day and night and juggle various odd jobs. Respondents also reported they do not usually receive support and services from citizens, organizations, churches, and the government. While the lack of income is the common and a major reason

VI. Recommendations

Improve Access to Basic Social Services

- a. Intensify Civil Registration among Undocumented Cases of Street Children. Street Children are high risk of being considered stateless (most prominent among ethnic group; according to UNICEF, there are around 10,000 Sama Bajaus living in Zamboanga City alone, but because of their way of life, around 85% of them do not have birth certificates). The Philippines, must intensify the civil registration of to address documentation issue among CISS. Every child/human has the right to a name and identify, Birth registration forms the basis of identity. It has much larger implications on children to access to education, health care and social services.
- **b.** Improve Literacy Rate and Access to Education. Street families and children experiencing multiple deprivations and violations of their rights. It concludes that homeless depends on the streets for survival. For instance, they are experiencing deprivation to access to education. Their low or lack of education limits their chances for getting access to different economic opportunities. The state must strengthen provision of alternative learning system and seek out other strategies that will support students social-emotional development.

Although the study has limited information on the ethnicity of homeless families, but as we observed in the streets, especially in NCR, the incidence of proliferation among street children are from ethnic group. The DSWD must intensify the utilization of Culture-Based Early Childhood Care and Development Modules for 0 to 4 years old and ensure full range of health, nutrition, early education and social services development programs that provide for the basic holistic needs of young children from age zero (0) to four (4) years²; and to promote their optimum growth and development.

The government and NGOs must intensify provision of scholarship programs among street children and ensure their access to other learning opportunities, such as provision of grants and vouchers for eligible children.

c. Improve Access to Health Services. The Philippine Constitution guarantees the right of children to health and pyscho-social services. However, not all children (and their mothers) are able to access their rights to health services, especially quality health psycho-social care, due to social, economic and geographical barriers. Given the current equity issues in health services, the DOH has a significant role to play in health sectors to vigorously work for ensuring that all children, especially those from at risks situations, are able to access their rights to quality health services.

In reference to limited knowledge of street families on reproductive health, the DOH has National Family Planning Program, envision helping Filipino achieve their desire family size and fulfill the reproductive health and rights through universal access to quality family planning information and services. To ensure universal access to Family Planning, the City Municipal Health together with LSWDO may further strengthen the Family Planning Outreach Mission that maximizes opportunities for Street Families to access family planning services at the community level.

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² In accordance to Section 4 of the Early Years Act or RA 10410 which defined the ECCD System

d. Ensuring Food Security for All. It is very obvious that homeless families suffer food insecurity, such as iappropriate feeding practices and poor water and sanitation. Problems on hunger must immediately address, the NGAs and LGUs must have more concerted programs towards strengthening the access of poor households, especially the homeless families on supply and demand for food.

Improvement of Social Protection Programs

DSWD should assume an increased leadership role in the urgent need to formulate policies that will provide guidelines for LGUs to develop necessary social protection to marginalized sectors in their communities, such as the homeless. The DSWD as the lead agency in social protection may put in place the convergence mechanisms with other NGAs, LGUs and NGOs to properly address the needs of the street families and their children.

The Philippines has RA 11310 or an Act Institutionalizing the Pantawid Pamilyang Pilipino Program. The 4Ps is a program that invest and harness our human capital improvement of service delivery to the poor, particularly education, health and nutrition, which is an intervention that break the intergenerational cycle of poverty. Section 6 of the Act, eligible beneficiaries are homeless families, IPs, those informal settlers and GIDA.

Currently, the DSWD has a Modified Conditional Cash Transfer (MCCT) for Homeless Street Families. The MCCT is design to react out to the Homeless Street Families who are definitely poor and more vulnerable and disadvantaged but were left out in the implementation of regular CCT because of their being excluded in the enumeration of the NHTS for having without family homes. It aims to enable the HSF to overcome the barriers from enjoying the government's social protection support and investments in their children's human capital development. The MCCT is also a bridging program to enable HSF to access and be mainstreamed in the regular CCT.

The DSWD has a Comprehensive Program for Street Children, Street Families and Indigineous People, however, the said program is still in the pilot stage. The said program is designed to empower the partner-stakeholders especially communities and barangays with direct involvement in addressing the concern of street dwellers not only in their respective areas of jurisdiction but also to their neighbouring barangays and communities. The project also aimed at establishing Task Forces and organizations of concerned individuals and groups to act together to face the challenge of street dwellings in their respective cluster areas.

The Comprehensive Program for Street Children, Street Families and Indigineous People is requiring augmentation of work force from LGUs in responding the incidence street dwellings in their areas of jurisdiction, however no existing policy has been develop to require the full support of the LGUs in the implementation of this program. To expand the scope of this program, the DSWD must ensure the institutionalization through issuance of Joint-Memorandum Circular with DILG on the full implementation of Comprehensive Program for Street Children, Street Families and Indigineous People program.

Effective National Shelter Program. The phenomenon of homelessness remains an unabated social problem in Philippine society, most especially in the fast urbanizing parts of the country. Given this research focused on the true homeless as operationally defined, we pose the question "What is needed in order to move forward?" According to PIDS No. 2009-04, the outreach and sustainability of

the National Shelter Program (NSP) for the poor in the Philippines suffer shortfalls: 1. Resettlement costs are increasing; 2. Most LGUs are opposed to using their locality as relocation sites; 3. There is difficulty in identifying beneficiaries of government housing programs; 4. The turnover of lands proclaimed as socialized housing sites can be quite legalistics; 5. Housing finance programs has limited outreach.

Moreover, there are policy issues and gaps arising from laws that are critical to the effectiveness of NSP for the poor, such as, 1) selection of beneficiaries of housing subsidy, 2) curtailment of professional squatter and squatting syndicates, 3) eviction and demolition, 4) private sector participation, 5) program implementation, and 6) public expenditure on housing.

Improvement of Child Protection System in the Philippines

a. Eliminate Child Labor/Reduce Working Hour of Children. The DOLE has Philippine Program Against Child Labor, as the official national programme on the elimination of child labour. This is a convergence of the efforts of the National Child Labor Committee chaired by DOLE working together with the government, the private sector, workers and employers organizations, NGOs and international development institutions towards the prevention, protection and removal from hazardous and exploitative work of child labour victims and, as may be appropriate, healing and reintegration them.

While the problem of homelessness is multi-dimensional, the core of the problem is the limited economic opportunity of the household head due to lack of educational attainment and capacity. Their current income capacity is not sufficient to afford the daily survival. This pushes a family or incapacitated individual to the streets and seek means that can provide for his/her daily subsistence. The government must pay attention on the effective livelihood program to improve well-being of household. In addition, the State must ensure effective social protection measures for CISS, that significantly eliminates form of child labor or at least reduces the number of hours of work among children³.

For Street Educators in the community, to utilize the DSWD FDS Module on Child Labour. The module will serve as a tool to acquire appropriate knowledge, skills and attitude in addressing child labour.

b. **Elimination of all Forms of Violence and Abuse.** VAC is an alarming issue as mentioned in the study. The state shall promote the rights of children to survival, development and special protection with full recognition of the nature of childhood and as well as the need to provide developmentally appropriate experiences to address their needs and to support parents in their roles as primary caregivers.

Intensify the implementation of Child Protection Policy in the school and community to ensure protection of children from abuse, violence, exploitation, discrimination, bullying and other form of abuse. Every children on their access to social services (e.g. education and health) should feel safe, accepted, wanted and respected.

³ In the study conducted by DSWD entitled "Does Pantawid Foster Dependence or Encourage Work? The cash transfer significantly reduces the number of hours of work among children; program found out that school participation rate of children aged 6-14 increase of 3 to 4.6 percentage points.

Improvement of Targeting System

a. Handling data and information of homeless. The State should invest in national data collection and information sharing about CISS, in partnership with civil society, the private sector and academe. DILG might want to consider collaborating with DSWD, LGUs, particularly local SWDOs, NGOs, and faith-based organizations, in an effort to determine the number of CISS in pilot areas and later, wider coverage. Although costly, I think actual headcount is far better than estimates, especially if the data will be the basis in crafting policies, programs, and strategies.

As per DILG Memorandum Circular No. 2006-143 or Inventory on Street Children and Interventions Undertaken by City Governments and other Stakeholders, all City Mayors, through their CSWDO were instructed to have inventory of street children to address the absence of data of the street children. This initiative of DILG can be expanded through development of a registry system of street families in collaboration with Philippine Statistics Authority (PSA), DSWD and National Housing Authority (NHA). The registry system may serve as basis in improving the targeting system of homeless household and other informal sector for different social protection program. The registry system can be initially started using the MCCT database.

b. Seal of Child-Friendly Local Governance. For the time being, it is also recommended adding "Absence of street children and families or Percentage reduction of Street Dwellers" to the assessment criteria in awarding Seal of Child-Friendly Local Governance-HUC, a recognition system to LGUs that deliver positive results for children's well-being.

Future Research Areas. Replicate this study in other highly urbanized cities, adopting different methods of estimation. Schepers and Nicaise (2017) introduced sampling strategies of estimating the homeless population, the method is the capture-recapture technique. The capture-recapture technique is based on at least two independent observations (or sources) of the target population. In order to estimate the size N of the target population, the number of persons in the populations observed the first time (n), the number of persons observed the second time (m) and the number of persons observed on both occasions (M) need to be known. N is then estimated by calculating (n*m)/M. The persons have to be identified in an identical way in both samples (by whatever identifier) in order to measure the intersection M.

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