



MATERNAL, NEWBORN AND CHILD HEALTH SITUATION OF CHILDREN IN THE PHILIPPINES REPORT

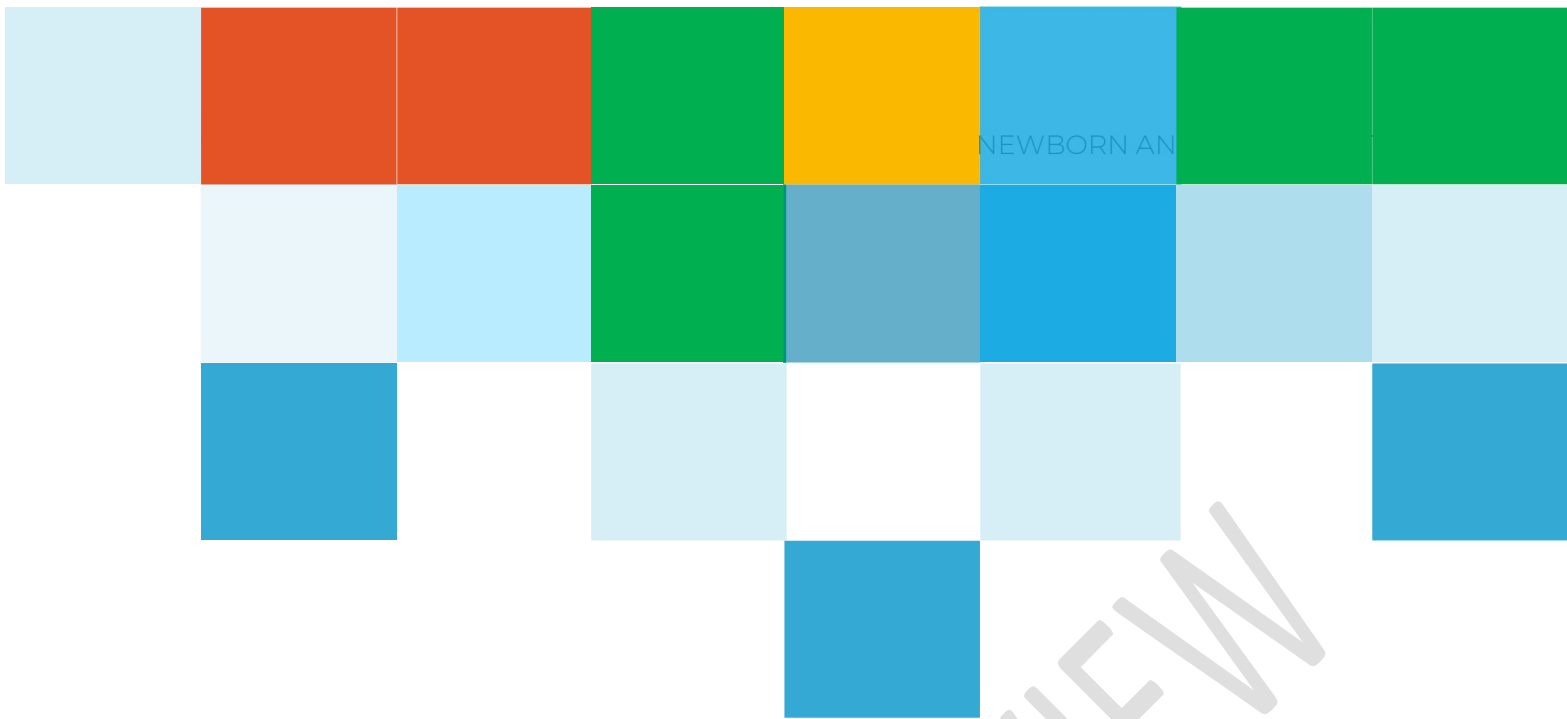


Publication Date

2023

Reports available at situationofchildren.org/latest-evidence

Situation of Children Reports provide in-depth analyses of child rights issues in the Philippines to help facilitate informed decision-making in child welfare and rights, covering areas like health, education, and protection. To view interactive dashboards and access the latest data, please visit www.situationofchildren.org



This subdimension is about the health across the life course of women before and during pregnancy; newborns, until the first 28 days of their life; and children until they reach their fifth birthday.

Globally, child mortality has been on the decline indicating that survival chances of children, newborns as well as mothers have increased over the years. Still, there are many children and women whose lives can be saved through high quality, equitable, and affordable health care and services before, during, and after birth and at health facilities and at home

Amidst declining child mortality, the Philippines faces a slow increase in infant and neonatal mortality, alongside persistent maternal health disparities, emphasizing the need for more effective healthcare strategies.

The Philippines has laws and policies in place designed to strengthen the continuum of care for mothers, newborns, and young children to ensure that programs and services enable families and communities to meet their needs to survive and thrive.

Among the key relevant laws include the Republic Act No. 11223, also known as the Universal Health Care Act, and Republic Act No. 11148 or the Kalusugan at Nutrisyon ng Mag-Nanay, also known as the First 1000 Days Act, of 2018 which aims to scale up national and local health and nutrition programs to ensure health and nutrition of mothers before, during and after birth, and of children up to two years old.

DOH also implements programs such as the National Immunization Program to ensure that infants, children, and mothers have access to routinely recommended infant/childhood vaccines and the National Safe Motherhood Program which focuses on the health and welfare of women throughout their

pregnancy, including pregnant adolescents, and meeting unmet needs for family planning.

Child mortality trends in the country have changed little in recent years with under five and child mortality seeing a slight decline and infant and neonatal mortality showing a slow increase in 2022. The country's maternal mortality rate, the latest available estimate of which was in 2017, is significantly below the global average at the time.

Significant improvement in institutional and skilled birth attendant deliveries over recent years, nationally and across most regions, may well bring maternal and child mortality rates further down. Despite the positive trend, mothers in rural areas and those with lower education level and from the poorer classes are less likely to give birth in a health facility or with assistance from a skilled provider, especially in the BARMM). Additionally, teenage mothers are not using any contraceptive methods as much as older mothers and they have more unmet family planning needs.

Child Rights Situation Analysis

The health of mothers, newborns, and children is monitored through indicators of mortality among children under five years old including neonatal, infant and child mortality; deaths of children under five years old by cause; maternal mortality; deliveries by skilled birth attendant and in a health facility; contraceptive prevalence and unmet needs for family planning; and women's decision-making in their sexual and reproductive health.

While under five and child mortality have declined, mortality rates among younger children have increased. The number of children dying between birth and their fifth birthday decreased to 26 children per 1,000 live births in 2022 from 27 per 1,000 live births in 2017. Similarly, child mortality (probability of dying between the first and fifth birthdays) fell from 7 children per cent to 5 during the same period.

On the other hand, neonatal mortality (probability of dying within the first month after birth) increased from 14 per cent in 2017 to 15 per cent in 2022 while infant mortality (probability of dying between birth and first birthday) rose from 21 per cent in 2017 to 22 per cent in 2022. In general, under five mortality, including neonatal and infant mortality, is higher among boys, among children in urban areas, among those whose mothers have no education, and among the poorest families.

Among regions, Region I registered the highest rates of neonatal, infant, and under-five mortality in 2022. Most common and primary causes of deaths among children are infections and parasitic diseases, many of which are vaccine preventable.

Deliveries in health facilities and by skilled birth attendants have been increasing. In 2022, the proportion of births in a health facility has increased significantly to 88.4 per cent, from 77.7 per cent in 2017. Similarly, the proportion of births attended by a skilled health provider

has improved to 89.6 per cent in 2022 from 88.4 per cent in 2017. However, mothers in rural areas, those with less or education, and those among the poorest families are less likely to give birth in a health facility or with assistance from a skilled health provider, which may expose them to additional risks.

BARMM has the lowest proportion of births in a health facility and those assisted by a skilled birth attendant way below those in other regions at 39.1 per cent and 42.4 per cent, respectively, in 2022.

Most currently married women aged 15-49 make their own informed decisions regarding sexual relations, contraceptive use and reproductive care. Contraceptive prevalence among women aged 15-49 years has increased to 58.3 per cent in 2022, a not so significant jump from the 54.3 per cent in 2017.

There are less unmet family planning needs among the same population of women. Teenage mothers use contraceptive methods the least and have more unmet family planning needs. BARMM has the least prevalence of contraceptive use and the most unmet family planning needs among women. There is little difference in prevalence of contraceptive use and unmet needs between urban and rural areas and across wealth quintiles. Proportion of unmet needs varies across educational attainment while that of contraceptive use is much smaller among women with no education.

Equity & Risk

EQUITY

Gender **Younger mothers in the Philippines tend to use contraceptive methods less and have more unmet family planning needs.** Less than half, at 46.1 per cent, of teenage married women use any contraceptive method compared to an average of 6 in 10 older women.

In contrast, 28.3 per cent of women under the age of twenty have unmet family planning needs almost 3 times than among women aged 35-39 years with only 9.9 per cent. This indicates that age and socioeconomic status intersect with gender to create deprivation and inequity.

Disability This situation analysis has not been able to determine any data which disaggregates by disability under this subdimension. However, it is noted that health systems within the Philippines are generally not yet fully inclusive of those with disabilities which can mean children with disabilities are more likely to have inequities under this subdimension.

Subnational **Urban-rural and regional disparity is high with regard to deliveries in health facility and by skilled birth attendant.** While the proportion of births in health facility and by skilled health provider showed a higher increase in rural areas, the gap with urban areas remains significant.

BARMM registered the lowest percentage in both indicators, at 39.1 per cent health facility-based delivery compared to the region with the highest proportion of 97.9 per cent in Region I. With 42.4 per cent of births by skilled birth provider, BARMM was also way below the top region, CAR, with 98.5 per cent.

Others **Infant deaths remain high.** This is particularly the case among infants who have not been vaccinated and are thus more vulnerable to death and infection caused by vaccine preventable diseases. Poverty and lower education levels can contribute to lower rates of vaccination among children under five.

RISKS

Natural hazards

- **Natural hazards and climate events such as typhoons test health systems, government time and resources are reportedly prioritized too heavily for responses and not enough for preparedness.** This significantly impacts access to and provision of services. To mitigate this, plans for continuous delivery of services during natural climate and weather events should be in place.

- Reallocation of development and government funding to emergency response is an ongoing risk faced in planning and programming across all child rights fields, likely to be exacerbated by climate change.

The impact of this is that programme plans and delivery are disrupted, evidenced by restrictions to access to health facilities due to emergency responses like community quarantine. To mitigate this risk, it is noted that more capacity-building should be provided on disaster-preparedness and resilience for key actors across this subdimension.

Conflict

Residing in conflict zones. Conflict and instability can result in displacement (with 45,000 displaced in BARMM by 2019, of whom estimates suggest 1,400 were pregnant women).

This limits mothers' and pregnant women's ability to access essential services, and indignity and shame can prevent them from seeking help. Violent conflict also leads to increased neonatal, infant and maternal mortality.

Health
Crisis/Pandemic

- **Changes to personnel and leadership within the DoH affect the delivery of child health services in the Philippines.** Each new senior official or representative appointed or elected may introduce new structures and priorities, which can make it challenging for INGOs and other partners to work effectively as they need to rebuild connections, networks and relationships, particularly for advocacy work. Such changes affect all health services, including contributing to delays in administrative processes.

It is noted that an official two-year continuity plan should be readily available to guide key health actors and avoid shifts on structures and priorities due to changes in personnel.

- **Local chief executives within LGUs are an essential stakeholder in the Philippines' decentralized health service delivery set up.** The extent to which an LGU's health situation improves or worsens depends a lot on its LCE's individual willingness and interest in pursuing health goals, which leaves LGUs' health outcomes and service delivery at significant risk if an appointed LCE has little such interest or experience.

Other risks

- **At the LGU level, the short, three-year election period means advocacy and programming at the LGU and LCE level generally needs to be reviewed and revised regularly, and new relationships built.** Newly elected LCE's can have new and different priorities, some of which will not be aligned with efforts to make progress on child rights realization.
- **Limited time and resources of INGOs, UN agencies and sector partners to work as effective technical advisers and partners was cited as a risk, given the number of competing priorities and challenges within the Philippines.** This is particularly a risk at LGU level, as agencies tend to prioritize their resources for

greater impact at national level, which risks LGUs being unable to effectively fulfil their mandates with regard to child rights.

- **Disaggregation by disability and key indicator gaps.** There is lack of disaggregation by disability, and gaps in some key indicators. This is a threat to the realization of rights on health and development in maternal, newborn and child health. It can lead to resources being misdirected, the impact of programmes being misinterpreted and a lack of understanding surrounding the key determinants in the realization of child rights. It can also have a negative effect in terms of the planning of future programmes and policies for children.

Legislation & Policy Analysis

The Philippine Development Plan 2023-2028 subchapter 2.1 (Boost Health) recognizes some of the key challenges for maternal, newborn and child health. It focuses the actions on: (a) social determinants of health improved; (b) healthy choices and behaviour enabled; (c) access, quality, and efficiency of health care improved; and (d) health systems strengthened.

The Sulong Kalusugan Health Sector Strategy and the National Objectives for Health 2017-2022 serves as the medium-term road map of the Philippines toward achieving universal healthcare. It specifies the objectives, strategies and targets of DOH to build the health system pillars of financing, service delivery, regulation, governance and performance accountability. For children, the specific targets set are on immunization and stunting. DOH is in the process to develop a National Objectives for Health 2023-2028 as well as a Mid-term Strategy for Child, Adolescent and Maternal Health and Nutrition.

Republic Act No. 10354, also known as The Responsible Parenthood and Reproductive Health Act, was signed into law in 2012. Section 5 of the Act, mandates that “LGUs shall endeavor to hire an adequate number of nurses, midwives or other skilled health professionals for maternal health care and skilled birth attendance.” In addition, section 8 mandates that all LGUs, local and national government hospitals and other public health units are required to carry out an annual maternal and fetal and infant death review.

Regarding access to contraceptives, Republic Act No. 10354 indicates that all persons shall be entitled to information on family planning services, whether natural or artificial. It stipulates that minors should also be allowed access to family planning services provided they have the written consent of parents or guardians.

Key proposed legislation pertaining to maternal, newborn and child health in the Philippines includes Senate Bill No. 1416 entitled ‘An Act Safeguarding the Health of Filipino Mothers at the Time of Their Childbirth’. The bill aims to ensure the health and welfare of women throughout their pregnancy and

during the delivery of a child. It was filed in October 2022 and is presently undergoing the process of being enacted into law. It will encourage all LGUs to push for women to have facility-based deliveries.

Bottleneck Analysis

Demand

- **A lack of finances to travel to health care facilities.** This is particularly a bottleneck in more deprived regions and among families affected by issues like unemployment. Social protection schemes go some way to providing safety nets for these families, but the reach of these programmes varies significantly across the Philippines. Furthermore, this is likely to be a bottleneck particularly for families with children with disabilities who may need greater accessibility requirements, or with parents with disabilities who are more likely to have employment challenges.
- **A lack of demand from mothers for health care services.** In some cases, despite being able to access health care facilities, mothers prefer to use traditional medicine as their primary source of health care.

For instance, results from the 2017 NDHS highlight that there remains a considerable proportion (17.92 per cent) of pregnant women aged 15-49 years old who delivered at home, with a higher prevalence of home births in rural areas than urban areas.

Additionally, there is considered to be low health literacy and health seeking behaviour among some constituencies in the Philippines; this could be addressed through the dissemination of more information on the benefits of social protection packages like PhilHealth's Maternity Care Package, Newborn Care Package and Family Planning Provision.

- **Continued fear of contracting COVID-19 when accessing health care facilities.** This was reported to be a bottleneck impacting demand for health care services.

Supply

- **Women and girls have limited access to health care facilities due to gendered norms relating to household responsibilities.** Prevailing gendered norms which view women and girls as the primary duty bearers of household responsibilities are a major bottleneck for the realization of women and girls' access to health care services. For instance, it was reported that women often cannot take the time out to travel to health care facilities due to childcare responsibilities.
- **Inadequate supply chains for health.** Bottlenecks throughout the health sector supply chain remain an important challenge. These include bottlenecks

in the financing, procurement, delivery and storage of medical supplies. The lack of reporting on supply usage was also reported to be a major issue, which leads to issues of tracking procured commodities for health. Evidence shows that these bottlenecks have led to delays in the delivery of health services, including child immunization and reproductive health services.

- **Limited access to health care facilities due to long travel distances and inadequate transport links, particularly in rural areas.** The number and distribution of accessible health care facilities varies greatly by province and municipality.

For instance, a 2019 UNICEF study highlighted that all study participants from San Jorge, a first-class municipality, had a travel time of less than 15 minutes to a health facility, while of those from Dipolog, a third-class municipality, a lower 46.2 per cent were this near.

This bottleneck is particularly important given that poorer families often lack the necessary finances to travel to health care facilities, as identified in the Immediate bottlenecks. This is a key bottleneck with regards to seeking treatment for acute malnutrition in early childhood.

- **A lack of technical capacity among rural populations to carry out social development programmes such as health promotion activities.** These programmes and activities rely heavily on local participation. While this is positive in improving the localization of social development initiatives, it has also been identified as a key bottleneck. Local populations are often engaged in the implementation of programmes without being given the necessary skills and knowledge needed to effectively carry out their responsibilities, which leads to inefficiency.

Enabling environment

- **Limited coordination between national and local levels of government.** The provision of health services is devolved in the Philippines, and thus requires robust coordination and coherence between different levels of government. While the introduction of policies and passing of laws happens at the national level, LGUs are the main duty bearers for implementation. Although a range of policies and laws have been introduced, there are major gaps in implementation due to issues of capacity, financing, human resources and motivation at the LGU level.

At the root of these issues is the overarching bottleneck of a lack of coordination between national and local levels of government. As reported by one key informant, “there is a major disconnect in what the national government tells LGUs what they should do, versus what they can do.” Another key informant, a national government stakeholder, noted that knowledge and capacity-transfer from the national to the subnational needs to be a top-down process with national government agencies leading these efforts. It was, however, also noted that national agencies lack the budgetary

requirements to do this widely and therefore rely on LGUs to seek technical assistance as and when needed.

- **Varying LGU capacities and appreciation at subnational level limits LGUs' capacity to implement nutrition and health laws.** LGUs are the main duty bearers for the implementation of national laws and policies on health. However, some LGUs suffer from a lack of capacity in terms of human resources, technical skills and the necessary budgets for adequate implementation.

A commonly cited bottleneck across KIIs conducted under this situation analysis was that decision-making on focus areas within LGUs relied heavily on the LCEs. As such, LCEs' willingness, motivation, and ability to prioritize health and nutrition issues is a major determinant of the realization of an LGU's prioritization of health service delivery. While it is difficult to ascertain the extent of this bottleneck, it was suggested that LCEs often make decisions on these matters based on political factors rather than population needs. Furthermore, as LGU elections are held every three years, there are regular changes in health staff and leadership.

This is reportedly a significant bottleneck, as knowledge and expertise around health at LGU level fluctuates regularly. For partner organizations, this turnover also requires the rebuilding of relationships to carry forward collaborative endeavours.

- **Inadequate progress indicators being measured, and a resultant lack of robust data being collected to inform policymaking.** This is a critical bottleneck, as without the right data, it is difficult to determine where challenges lie and how they should be addressed. Furthermore, it is essential that data be disaggregated in order to inform more targeted policymaking.
- **Lack of data to inform some areas of work under this subdimension to date.** There is a lack of data for the provision of Postpartum Family Planning, and - more generally - limited data on access to health care services. This has been a bottleneck to health care providers' work to ensure health-related needs and demands can be met by effective supply. It is also noted that data that is collected - for example, by public and private hospitals - is not yet effectively harmonized.

References

1. Senate of the Philippines. (2022). Senator Mark Villar Pushes Bill to Reduce the Maternal Mortality Rate.
2. LawPhil. (2012). Republic of the Philippines, Congress of the Philippines: Fifteenth Congress, Third Regular Session.
3. Official Gazette of the Republic of the Philippines. (2012). Republic Act No. 10354.
4. The World Bank. (2023). Gender Data Portal: Philippines.
5. World Bank Group. (2022). Mortality rate, infant (per 1,000 live births) - Philippines.
6. WHO. (2019). Document shared by UNICEF.
7. WHO. (2021). WHO Mortality Database: Philippines.
8. PSA. (2022). National Demographics and Health Survey.
9. Situation Analysis of Child Rights. Validation Workshop. In-person. Manila. June 2023.
10. World Bank. (2020). The Transition to Universal Health Coverage in BARMM: Delivering and Financing Health Services in the Bangsamoro Autonomous Region in Muslim Mindanao.
11. UNFPA. (2019). Reaching pregnant women at risk from conflict in Maguindanao, Philippines.
12. Oxfam. (2020). Addressing Unpaid Care to Close the Gender Gap in the Philippines and Zimbabwe.
13. Abrigo, M. (2021). Four stylized facts on health in the Philippines. Philippine Institute for Development Studies.
14. EPRI & UNICEF. (2019). Final Report: Rapid qualitative assessment of the impact of Pantawid Pamilyang Pilipino Program (4Ps) on nutrition outcomes in beneficiary households in selected municipalities.

The information presented in this report reflects the analyses and findings of the researchers and does not necessarily represent the views of the United Nations Children's Fund (UNICEF), the Council for the Welfare of Children (CWC), the National Economic and Development Authority (NEDA), or their collaborating organizations. Although efforts have been made to ensure the accuracy and reliability of the data, this report primarily utilizes publicly available information, which may not fully encapsulate all aspects of children's situations in the Philippines.

The collaborating organizations do not assure the completeness or accuracy of the data included in these reports and accept no responsibility for any consequences stemming from their usage. The inclusion or mention of specific entities, research findings, or approaches in the reports does not constitute endorsement or preference by the collaborating organizations. Furthermore, references to specific geographic or administrative regions, or the use of the term "country," are intended solely for analytical purposes and do not indicate any position on the legal status, governance, or territorial integrity of such regions.
