



INCLUSIVE SOCIAL PROTECTION

SITUATION OF CHILDREN IN THE PHILIPPINES REPORT



**SITUATION
OF
CHILDREN**
IN THE PHILIPPINES

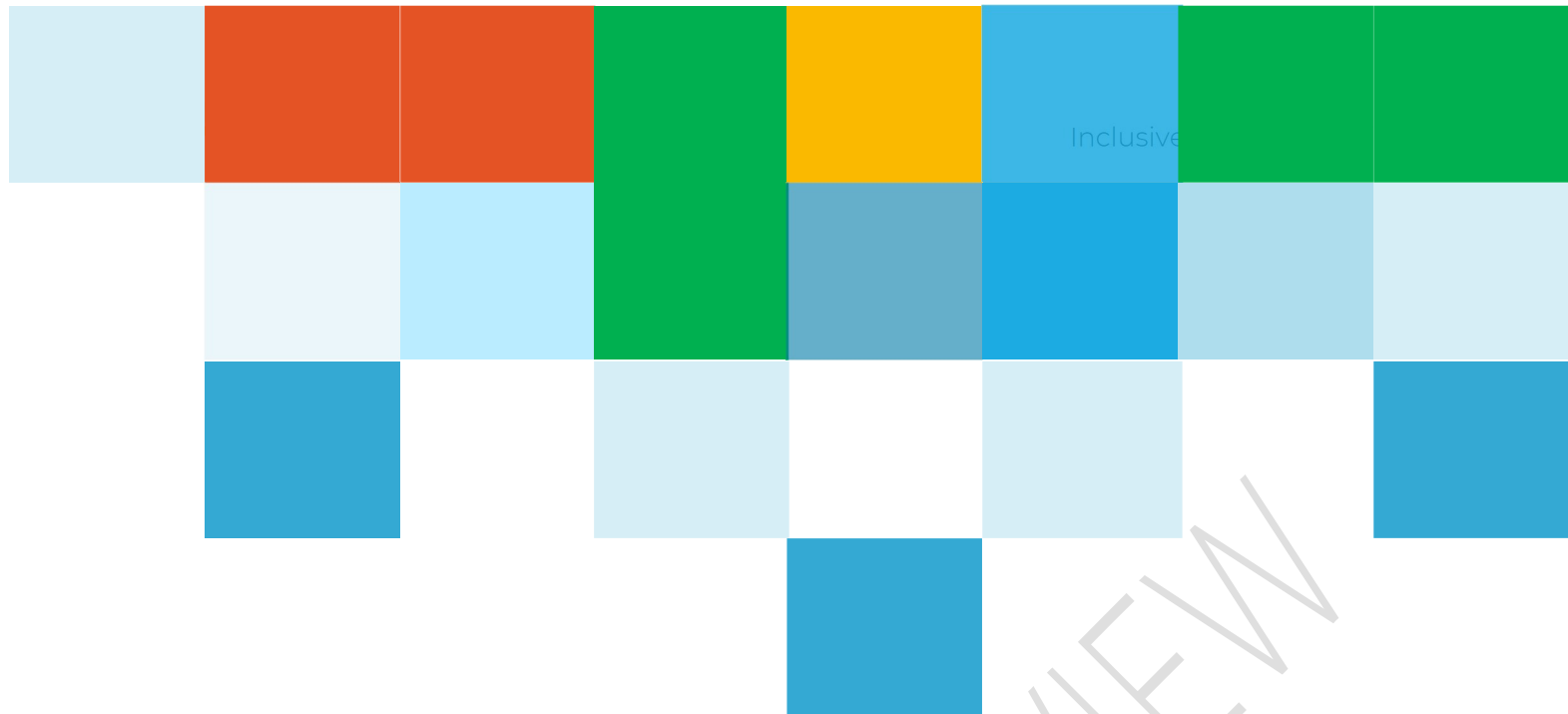


Publication Date

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



The main goal of social protection is to ensure that everyone has access to health care and income security especially in times of need and extraordinary circumstances.

It should provide sustenance and support to everyone and their families during sickness, including injury, unemployment and inability to work, and for women, pregnancy. Social protection provides for needs essential to reducing and preventing poverty among individuals and families, including child poverty.

Social protection systems can help manage uncertainties and risks and mitigate the impacts of socioeconomic shocks, climate change, including natural disasters, conflicts, and other disturbances.

The Philippines has had a long history in the design and implementation of policies, plans, strategies, and programs and delivering services to reduce poverty. Some significant progress has been made over the years and especially before the pandemic. The pandemic brought severe impact on the country's efforts to combat poverty bearing particularly on poor households whose incomes have significantly reduced. The impact as may be expected is multidimensional as shown in a COVID-19 Pulse Survey conducted in 2021. The study revealed that 41 per cent of respondents shared experiencing hunger or other forms of food insecurity while 10 per cent had had to stop their children from attending formal schooling.

In times like this, an efficient social protection system will provide a critical safety net and support, especially for the most vulnerable members of society, including children. Social protection systems can help manage uncertainties and risks and mitigate the impacts of socioeconomic shocks, climate change, including natural disasters, conflicts, and other disturbances. Social protection systems generally cover four broad components: social assistance, social insurance, social safety nets, and labor market programs.

In 2023, the Philippine government approved the recommendation for the social protection floor (SPF) which is aimed at alleviating and protecting the country's vulnerable population primarily against poverty. Social protection floors "typically include, but are not limited to, cash transfers for children, maternity benefits,

disability pensions, support for those without jobs, old-age pensions as well as access to essential health care." (ILO)

The Philippines' SPF has been defined as "nationally defined sets of basic social security guarantees" that are designed and aimed mainly to alleviate and prevent poverty, vulnerability, and social exclusion among individuals and families in times of need. The SPF is said to provide guarantees through the entire life cycle — health (including maternal health), children, active age population, and older persons. Specifically, the SPF will support individuals who are unable to earn sufficient income (including those in the informal sector) through unemployment assistance and social insurance for temporary workers, among others; and older persons through extended social assistance and social pension programs.

The SPF for children, in particular, will include initiatives toward ensuring access to child nutrition (through supplemental feeding programs), education, and healthcare, including mental health support, and programs and services aimed at addressing teenage pregnancy and supporting children in need of special protection. Children will also be the key beneficiaries of the strengthening of the Pantawid Pamilyang Pilipino Program (4Ps).

The 4Ps is currently the government's flagship social protection program specifically designed for poverty reduction and is being managed by DSWD. Started in 2008, 4Ps is a conditional cash transfer program considered the national poverty reduction strategy that is

being implemented in convergence with other pro-poor programs and services. It is also a human capital development program through its strong education assistance component. The 4Ps has become a regular program of the national government in 2019 through Republic Act 11310 - "An Act Institutionalizing the Pantawid Pamilyang Pilipino Program".

The key social insurance programs in the country are the National Health Insurance Program (NHIP), Social Security System and Government Service Insurance System. For purposes of this analysis and in the context of current efforts for improved social protection for children, the focus will be on the NHIP. The NHIP, also popularly referred to as Philhealth

insurance, aims for universal health insurance coverage that ensures "affordable, acceptable, available, and accessible health care" for all Filipinos. It is funded primarily through premiums from members and general taxation and is being managed by PhilHealth, a government owned and controlled corporation attached to DOH. The national government has in recent years instituted measures to strengthen social protection for citizens that included increased coverage through subsidized membership of poor households identified in the National Household Targeting System for Poverty Reduction which directly benefits families including children in poverty.

Child Rights Situation Analysis

Data to measure and monitor social protection is still developing. A Social Protection Index for the Philippine's is currently being developed to help measure and monitor results of social protection programs in the country. The indicators used in this analysis are limited to coverage and beneficiaries of social insurance, including health insurance, and social assistance programs, including the 4Ps, and government expenditures for social services.

Social assistance

Some 4.4 million households in almost all barangays in the country benefitted from the 4Ps in 2023. The 4Ps covered a total of 4,419,785 active household beneficiaries in 41,676 of the 42,001 barangays in the country exceeding the target for the year of 4.4 million household beneficiaries. Among regions, Region V had the highest number of active beneficiaries with 400,547 households that account for 9.7 per cent of the total. Region VI with 365,938 or 8.3 per cent of households and

Region IV-A with 341,276 or 7.7 per cent households comprise the other top two regions. On the other hand, CAR has the least number of active 4Ps household beneficiaries with 56,320 households or 1.3 per cent of the total active households followed by Region II with 127,905 or 2.9 per cent. As of 2023, the 4Ps has already served 6,518,584 poor households nationwide since its inception.

The 4Ps benefits 8.7 million eligible children and 18-year-olds in 2023. Of the total 8,656,956 eligible children and 18-year-olds, 843,580 or

9.7 per cent are in Region V which has the highest share followed by Region VI with 761,195 children at 8.9 per cent, and Region IV-A with 738,280 children or 8.5 per cent. CAR, Region II, and NCR have the lowest share of children beneficiaries: CAR with 115,858 children or 1.3 per cent, Region II with 263,986 children or 3.1 per cent, and NCR with 374,286 children 4.3 per cent.

Children aged 6-14 years constitute more than half, 53.9 per cent, of eligible children and youth beneficiaries or 4.7 million while those in the 15-18-year-old age group represent 40.7 per cent or 3.5 million children and youth. The younger children, those aged 0-5 years, make up the remaining 5.4 per cent or 467 thousand children beneficiaries.

Almost 40 per cent of children being monitored under 4Ps are currently in elementary or primary level of education (Grades 1-6) comprising 3.4 million children. About a third or 34.4 per cent are in junior high school (Grades 7-10) with 3 million children, and 11.5 per cent or 996 thousand are in Grades 11-12 (senior high school). It is expected that by 2024, 10.3 per cent of the children who are currently in Grade 6 will move up to junior high school, 12.9 per cent who are in Grade 10 will move up to senior high school, and 5.3 per cent to complete basic education and hoped to pursue further studies.

Data indicates that there is almost an equal share of girls and boys among eligible beneficiaries in kindergarten and junior high school levels. However, majority of the beneficiaries at the elementary or primary level are boys, at 52.7 per cent, and majority of beneficiaries in senior high school are girls, at 53.2 per cent.

Assistance during the pandemic

In 2020, almost half of the number of families in the country received benefits/assistance through the Social Amelioration Program (SAP) under the “Bayanihan to Heal as One”

Act. About 47 per cent of all families reported having received benefits/assistance as part of the government’s programs to alleviate the suffering of the people through the pandemic. In eight of the 17 regions, more than half of the families received the said assistance with Regions VI and II recording the highest proportions at 57.7 per cent and 56.4 per cent, respectively. Three regions had less than 40 per cent of families granted SAP assistance. NCR registered the lowest percentage at 37.5 per cent, followed by BARRM with 39 per cent, and Caraga with 39.3 per cent of families receiving the assistance.

A small percentage of families, 1.5 per cent, received assistance from the Department of Labor and Employment (DOLE) in 2022 through the Tulong Panghanapbuhay sa Ating Disadvantaged/Displaced Workers (TUPAD) or COVID-19 Adjustment Measures Program or DOLE AKAP. About 3 per cent of families were beneficiaries of farmers financial assistance program of the Department of Agriculture.

Social insurance

On average, seven in every ten people are covered by any type of health insurance in 2022. However, only six of every ten children aged under five years are covered, leaving 4 in every ten children without protection from any health insurance.

Based on the latest NDHS for which women aged 15-49 years was asked, 72 per cent of the population were reported to have some type of health insurance. Children aged 0-4 years and those included in the age group 5-29 years had the lowest proportion of any health insurance coverage at 63.9 per cent and 64.2 per cent, respectively, compared to the older population. There is higher coverage of women than men, 73.8 per cent to 70.2 per cent, and of those living in urban areas, 73.7 per cent, than those in rural areas, at 70 per cent. Health insurance coverage increases with wealth status with the proportion of covered

population among the poorest at 59.2 per cent and among the richest at 86.2 per cent.

Similarly, seven in every ten individuals are said to be covered by Philhealth insurance and only 6 in every ten children and youth are. About 70 per cent of the population were reported to be covered by any type of Philhealth Insurance, 63.3 per cent among children aged 0-4 years, and 62.8 per cent among children aged 5-29 years. The same patterns observed on gender, residence, and wealth status for all types of health insurance manifest for Philhealth insurance coverage. Philhealth insurance has the largest and widest coverage of all health insurance options available in the country.

Health insurance coverage of the population is uneven across regions. Regions XI, Caraga and CAR are the three regions with the highest health insurance coverage. Region XI had 80.7 per cent of its population covered by any type of health insurance, 80.1 per cent, and by Philhealth insurance, 78.8 per cent. Caraga had 80.1 per cent coverage for any type of health insurance and 78.4 per cent for Philhealth insurance, while CAR had 79.4 percent coverage under any type of health insurance and 77.7 per cent under Philhealth. On the other hand, BARMM had the lowest coverage—less than half of its population at 41.5 per cent for any type of health insurance and 41.4 per cent for Philhealth, way below that of the other regions.

PhilHealth coverage is uneven across regions. The BARMM region has the lowest proportion of PhilHealth coverage, a substantially low 41.4 per cent of the population, and some 23.6 percentage-points lower than Region VII, which has the second lowest coverage at 65

per cent. On the other end, Region XI at 78.8 per cent and Region XIII with 78.4 per cent have the highest percentage of the population covered by Philhealth insurance.

Of the population covered by Philhealth insurance in 2022, two in every five persons are non-paying members and are their dependents. About 23 per cent of the population covered by Philhealth insurance in 2022 are non-paying members, which include those belonging to poor households identified under the 4Ps and other indigent sectors. Their dependents comprise 20.1 per cent of the covered population. At least 30 per cent were paying members with their dependents taking up 26.3 per cent of the total covered population.

While the proportion of government expenditure on health and social protection is increasing, the share of spending for education is decreasing. Government expenditure on education has been traditionally higher than that for the other two broad social services sectors, health and social protection. Education expenditure comprised an annual average of 3.7 per cent of GDP and 17.4 per cent of government budget during the period 2017-2023. For social protection, government spending was around 2.5 per cent of GDP and 11.8 per cent of government budget during the same period. Health received the lowest share of government expenditure, 1.1 per cent of GDP and 5 per cent of the government budget. However, the share of spending for education has been gradually decreasing since 2017 while that for health has been steadily going up. The share of expenditure on social protection on the other hand has stayed much the same over the years.

Equity & Risk

EQUITY

Gender	There is no significant gender disparity in terms of the children beneficiaries of the 4Ps who are enrolled in kindergarten and junior high school. However, boys form the majority of beneficiaries at the elementary or primary level at 52.7 per cent while girls are the majority beneficiaries in senior high school, at 53.2 per cent. This reflects the same observation in the general data on enrolment in schools.
Disability	This situation analysis has not been able to determine any data which disaggregates by disability under this subdimension.
Subnational	The BARMM region has the lowest proportion of PhilHealth coverage, with a substantially low 41.4 per cent coverage. As such, it is clear that BARMM stands behind the rest of the Philippines in terms of the number of families with safety nets.
Others	Those of the lowest wealth quintile are far less likely to be covered by social protection schemes in the Philippines; 58.1 per cent of those in this quintile are covered, compared to 83.6 per cent in the highest wealth quintile. This is concerning, as poorer families are generally most in need of social protection coverage.

RISKS

Natural hazards	Climate change is a significant risk for social protection work. Shifting climate patterns require social protection actors to alter approaches which have been built around now outdated trends; for example, diseases are increasingly occurring at different times of the year than had occurred in the past. Social protection actors must aim to build resilience plans within their work, which relies on effective coordination and multi-sectoral cooperation between key actors like the National Disaster Risk Reduction & Management Council, Climate Change Commission, local government units, and the private and/or civil society sector.
Conflict	Geopolitical risks and conflict risks in Southeast Asia have the potential to affect government prioritization funding; this may be diverted from domestic agendas to defense. For example, tensions between the People's Republic of China and Taiwan could affect the Philippines if they grow into active conflict, which may result in the Filipino government investing more resources in defense, reducing the budget share of health, education and social protection. In addition, internal

conflicts including the conflict in BARMM and insurgencies in other parts of the country cause disruption to the access to, and provision of social welfare services.

Health
Crisis/Pandemic

No health-related risks were identified as yet under this subdimension.

Other risks

- **Changes to personnel and leadership within protection actors affect the delivery of social protection 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 and for training and capacitating new personnel on protection approaches. Leadership changes also affect the policy landscape regularly, with Congress, mayoral and LGU elections every three years, barangay elections every five years, and presidential elections every six years.
- **Gaps appear in the data on child rights.** In particular, there is a lack of disaggregation by disability, and some total gaps against key indicators. The use of unreliable data to inform programming and policies represents a major threat to the institution of child rights: it can lead to resources being misdirected, the impact of programme being misinterpreted and a lack of understanding surrounding the key determinants in the institution of child rights. It can also have a negative effect in terms of the planning of future programs and policies for children.

Legislation & Policy Analysis

In May 2019, Republic Act No. 11310 was passed, institutionalizing the 4Ps Programme as the “government’s primary poverty reduction initiative.”

Its salient features include “increased cash benefits to qualified recipients, an inflation adjustment provision and the designation of additional modes of cash transfer, and mandatory inclusion of homeless street families, indigenous peoples in geographically isolated and disadvantaged areas in the programme’s targeting mechanism. The government has mandated the Philippine Institute for Development Studies to conduct an impact assessment of 4Ps every three years, evaluating “its effectiveness, the veracity of the beneficiaries list, and programme implementation”.

To achieve universal social protection, the Philippines Development Plan 2017-2022 identified adopting and institutionalizing a Social Protection Floor as a key strategy. Social Protection Floors are “national defined sets of basic social security guarantees which secure protection aimed at alleviating poverty, vulnerability and social exclusion”. It remains a priority of the National Economic and Development Authority’s work, which is also developing plans to provide financial literacy training to

children and youth, to be included within school curricula. On social protection for those with disabilities, there is ongoing work to roll out the Z Benefit package more widely.

Bottleneck Analysis

Demand

- **Increased barriers for children from minority groups.** Indigenous children, children of diverse SOGIE, children living in GIDA, those with disabilities, children and youth out of school, and those affected by child labor (among other child rights challenges) face significant additional barriers to rights realization. This limits their ability to have an equitable start in life. This bottleneck is made more serious by the fact that, as has been highlighted in this report, there is often insufficient data on these marginalized groups which would otherwise help pinpoint the specific and intersecting barriers they face.
- **Limited access to technology.** Because of the COVID-19 pandemic, cash transfers are increasingly dispersed via mobile platforms such as GCash. Many families from low-income backgrounds either do not own a smartphone, have limited access to the internet, or have a low level of digital literacy. Together, these factors prove to be major bottlenecks.

Supply

- **Insufficient harmonization between national and local social protection committees.** In the Philippines' context, administration and service delivery for social protection is heavily disaggregated to municipal and barangay level. To date, there is reportedly insufficient coordination and harmonization between national protection plans and actors, and local protection committees, which hampers effective social protection service delivery. NEDA is reportedly undertaking work to support increased harmonization, including through budgets and budgetary planning.
- **Lack of technical capacity among rural populations to carry out social development programs.** These programs 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 programs without being given the necessary skills and knowledge needed to effectively carry out their responsibilities, which leads to inefficiency. Key technologies like the use of Land Bank and social pension systems are often not well understood, and in more rural or poorer communities some families do not have access to digital bank accounts.
- **Limited functionality of, and budget for, social protection mechanisms.** Inclusive social protection mechanisms at the LGU level are reportedly not yet fully or effectively implemented at the community level. Additionally,

some mechanisms used for determination of social protection needs - including the Proxy Means Test - reportedly require revisiting and updating. The fiscal capacity of local governments is also limited.

- **Many families of those with disabilities are excluded from the Conditional Cash Transfer mechanism.** This is a bottleneck for families who may have additional need for support. To respond to this, there is presently a Bill pending on Disability Support Allowance, in its second reading.
- **The reach of the Z Benefit PhilHealth package for children with disabilities has not been effectively expanded to date.** PhilHealth has the Z Benefit package which aims to provide services including speech therapy, assistive devices and other therapies for those with disabilities. However, to date this package is not widely available, only being offered in three cities in the Philippines.

Enabling environment

- **Incomplete population databases.** For social protection schemes to be effective, effective targeting and monitoring of the most hard-to-reach and in-need populations is necessary. However, these rely on there being a robust database/registry of both beneficiaries and non-beneficiaries. The issue of a lack of birth registration among some populations in the Philippines leads to an increased proportion of the population left out of social protection schemes. It was also noted that the current database, PhilSys, is not regularly updated, leading to major delays and inadequate targeting in the delivery of these schemes.
- **Limited capacity, inconsistent LCE willingness and leadership turnover at subnational level.** LGUs are the main duty bearers for the implementation of national laws and policies on social protection. 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 was that decision-making on focus areas within LGUs relied heavily on the LCEs. As such, LCEs' willingness, motivation, and ability to prioritize social development issues is a major determinant of the realization of an LGU's prioritization of necessary service provision.

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 and nutrition at LGU level fluctuates regularly. For partner organizations, this turnover also requires the rebuilding of relationships to carry forward collaborative endeavors.

- **Lack of disaggregated data.** Under data collected through PhilHealth, there is limited disaggregation to date. For example, most minority groups are counted as part of families which makes it hard to determine where families may include those with disabilities, for example and thus require additional support. This has been a bottleneck to the effective delivery of SP services to date.

Additionally, there has been insufficient capacity at the national level to provide adequate technical assistance to the local level to build LGUs' capacity on data analysis and use. To address this challenge in part, the Philippine Statistical Development Plan is under development; and the support of CSOs and academe are also being sought to help increase LGUs' technical capacities around data collection and management.

- **Insufficient budget for the Community-Based Monitoring System (CBMS) at the LGU level.** The CBMS is a key mechanism throughout which social protection programs are targeted and monitored in the Philippines. However, it is noted that to date there has been insufficient budget for LGUs to effectively implement the CBMS at the local level.

DRAFT FOR REVIEW

References

1. UNDP Philippines. (2021). Covid Pulse PH: A Better Normal for the Poor.
2. Querri, A., Ohkado, A., Kawatsu, L., Remonte, M.A., Medina, A., Garfin, A.M.C. (2018). The challenges of the Philippines' social health insurance programme in the era of Universal Health Coverage. *Public Health Action*. 8(4):175-180.
3. Official Gazette of the Republic of the Philippines. (2018). Republic Act No. 11310.
4. Philippines Institute for Development Studies. (2019). DSWD retains mandate as lead office in 4Ps law implementation.
5. ILO. (2021). Terms of reference: Finalizing the elements of the Social Protection Floor (SPF) of the Philippines.
6. Situation Analysis of Child Rights. Validation Workshop. In-person. Manila. June 2023.
7. Philippines Information Authority. (2023). Filipinos now covered under PhilHealth's Z Benefit package.
8. Philippine Statistics Authority (PSA) and ICF. (2022). 2022 Philippine National Demographic and Health Survey (NDHS): Key Indicators Report.
9. Philippine Statistics Authority. (2021). 2021 Philippine National Health Accounts.
10. Government of the Philippines. (2021). Philippine Development Plan 2023-2028.
11. World Bank. (n.d.). Government expenditure on education, total (% of GDP).

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.
