Philippines

Health Thematic Report

January-December 2016

Prepared by
UNICEF Philippines
March 2017

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A. Contents

B. Abbreviations and Acronyms

CPC	Country Programme for Children
CWDs	children with disabilities
DFAT	Department of Foreign Affairs and Trade
DOH	Department of Heath
DRR	Disaster Risk Reduction
DRRM-Health	Disaster Risk Reduction and Management in Health
EMR	electronic medical record
FP	Family Planning
GPH	Government of the Philippines
HIV	Human Immunodeficiency Virus
JPMNH	Joint Programme on Maternal and Neonatal Health
LGU	local government unit
MDGs	Millennium Development Goals
MHO	Municipal Health Officer
MIC	middle income country
MInTS	Mag-Ina Telereferral System
MMR	maternal mortality rate
MNCHN	Maternal, Newborn and Child Health and Nutrition
NDHS	National Demographic Health Survey
NGOs	non-government organization
Philhealth	Philippine Health Insurance Corporation
PSA	Philippine Statistics Authority
rCHITS	Real time Community Health Information Tracking System
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SDN	Service Delivery Networks
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UP-NTHC	University of the Philippines National Telehealth Center
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

C. Executive Summary

The initial goal of the Country Programme for Children (CPC) 2012–2016 was to contribute to the progressive realization of children's rights in line with the priorities of the Government of the Philippines (GPH) set in Philippine Development Plan 2011–2016 to achieve the Millennium Development Goals (MDGs). The health component supports reaching MDGs 4 and 5: reducing under-5 mortality by two-thirds and improving maternal health, respectively. UNICEF and the Government agreed to extend CPC 7 by two years (until the end of 2018), in accordance with the cycle of the UN Development Assistance Framework 2012-2018. With the change in administration in 2016, the goals remain aligned with the country's aspirations, as articulated in '*Ambisyon* 2040' and in Sustainable Development Goal (SDG) 3 of ensuring healthy lives and promoting well-being for all at all ages. The new administration's Philippine Health Agenda is very similar to the previous administration's in its goals of achieving better health outcomes, financial risk protection and improving the public health system's responsiveness to the poorest Filipinos.

The main focus of the UNICEF Health Programme was to increase the coverage of births attended by skilled birth attendants, with postnatal and newborn care in partner municipalities, and contribute to strengthening national and local health systems, including immunization programme management and inclusive health policies. The health sector challenges seen in the Philippines, as a middle-income country, include achieving maximum efficiency from increasing national budgets for health in a decentralized system where local chief executives are accountable for local health planning and resources. In 2016, UNICEF's unique presence on the ground was transformed into engagement in high-level policy dialogue, advocacy and policy implementation at scale to advance the universal health coverage (UHC) agenda and achieve the SDGs. UNICEF's specific challenge as an organization in the Philippines is ensuring that the evidence garnered from its technical assistance in strengthened service delivery networks will be used as inputs for upstream policy and health system improvements.

In 2016, the UNICEF Philippines Health Programme made some notable achievements and progress. Following are the key results:

1. National-Level Results

Upstream work led to the crafting and passage of landmark national policies to enhance financial protection for previously unaddressed conditions of children with disabilities and children with complications of prematurity.

a. PhilHealth, the national health insurer, officially endorsed a comprehensive health insurance package covering services for 5 million children with disabilities nationwide who have long-term physical, mental, intellectual or sensory impairments.

b. UNICEF, the Department of Health (DOH) and PhilHealth officially endorsed and launched a comprehensive health insurance package for premature and small newborns. UNICEF led the design of this benefit package that covers a broad range of interventions, from management of preterm labour to addressing severe complications of prematurity and low birth weight.

c. Support for policy development towards quality and equitable care continued through the ongoing review of the PhilHealth maternal and newborn care benefit packages.

d. Fourteen health emergency management-related national policies were reviewed and consolidated into an omnibus policy on health emergency management with UNICEF support. In a complementary manner, UNICEF led the development of the National Guidelines on Disaster Risk Reduction and Management in Health (DRRM-Health) Planning.

e. UNICEF's 'muddy boots' experience in helping municipalities implement service delivery networks (SDNs) for maternal and newborn care in rural and urban settings generated local policies and standardized referral forms and guidelines ready for South-South sharing and for inclusion in national policy through UNICEF's active participation in the DOH national technical working group on SDN policy development.

f. Government requests for UNICEF to keep overseeing health and nutrition supplies remained high. UNICEF pre-positioned emergency stocks for health, nutrition and water, sanitation and hygiene (WASH), and continued giving the DOH technical support for the expanded programme on immunization, vaccine and medicine procurement services, valued at USD20 million.

g. Capacity building in communication for development for municipalities and communication support were provided for the expanded programme on immunization and initiatives on national maternal, newborn and child health.

2. Local-Level Results

Skilled birth attendance coverage grew 5.4 per cent in UNICEF focus local government units (LGUs) and did not reach the targeted 15 per cent growth in coverage. Twelve of 18 target LGUs raised their health budget. Challenges were seen in LGUs that had political leadership issues or those where demand-side interventions were not carried out at the same time. The challenges exposed the difficulties and complexity of reinforcing health systems and capturing the contribution of system-strengthening work.

a. The two-year Joint Programme on Maternal and Neonatal Health (JPMNH) Phase 2 ended in 2016. The Joint Programme involved the government, UNICEF, UN Population Fund and World Health Organization. It was supported by Australia's Department of Foreign Affairs and Trade. The goal of the programme was to improve access to and quality of maternal and newborn care, focusing on the time of delivery, in selected vulnerable LGUs. JPMNH gathered LGU experiences in localizing the SDN through process documentation for transmittal to the DOH and PhilHealth policymakers, and other municipalities and cities. All eight focus LGUs have organized SDNs with varying degrees of maturity.

b. The Web-based Vaccination Supplies and Stock Management, one of two target innovations to improve the immunization supply chain, was introduced.

c. Downstream work included establishing two of five LGU models for implementing the Reaching Every *Purok* (zone) strategy to strengthen routine immunization.

This report highlights the results achieved in 2016 using all funding sources to support the thematic area of Health. It also reflects on the challenges and lessons learnt. UNICEF is grateful to all the donors who contributed to the accomplishments outlined in this report and looks forward to further collaboration in 2017 and beyond for the greater benefit of Filipino children.

D. Strategic Context of 2016

Despite the Philippines' continued impressive economic growth in 2016, millions of children still lack access to quality health, nutrition and education services, and remain unprotected from exploitation and abuse. The economic growth masks stark and persistent inequity. The number of poor households is still growing and is estimated to have reached 5.1 million in 2015. Child poverty remains unacceptably high at 35.5 per cent,[1] affecting 14.3 million children. Key populations remain excluded, for example, children with disabilities, indigenous children and children in conflict-affected and/or disaster-prone areas.

At the end of 2015, the DOH reported that skilled birth attendance was 85 per cent and facility-based deliveries at 81 per cent, compared with 79.5 per cent and 43.2 per cent, respectively, in 2010.[2] However, though the declines in the outcomes of maternal and under-5-year-old deaths seemingly mirrored a similar leap in improvement,[3] these still fell short of the set MDG targets at the end of 2015.

[1] Philippine Statistics Authority (PSA), 2009.
[2] Department of Health, October 11, 2016.
[3] PSA, National Demographic and Health Survey (NDHS), PSA, Manila, 2013.

The 2015 target for maternal deaths was 52 per 100,000 live births. But the DOH Safe Motherhood Programme reported that, at the end of 2015, the maternal mortality ratio was 114 deaths per 100,000 live births as sourced from provincial and LGU data.[4]

As for child health, between 1990 and 2015, the under-5 year-old, infant and newborn mortality targets were 27, 19 and 10 deaths per 1,000 live births, respectively. Results from the latest National Demographic and Health Survey (NDHS) in 2013 reported the same indicators as 31, 23 and 13 deaths per 1,000 live births for under 5 years, infant and newborn mortality rates, respectively. The decline of under-5 mortality slowed down largely because of the persistently high levels of neonatal deaths. Complications of preterm birth and low birth weight are two of the top killers of newborn babies. In the Philippines, almost half of all under-5 child deaths are newborns. Of the newborns who die, 60 per cent succumb to complications brought about by prematurity and low birth weight. An estimated three-quarters of these preterm babies could have survived if they had access to cost-effective interventions.

One in three children are stunted.[5] Immunization rates for basic immunization were low or static. After newborn deaths, pneumonia and diarrhoea remained next in rank as among the top killers of children under-5. [6]

The arrival of a new administration had a significant impact on the UNICEF programme in 2016. The new administration embarked on a massive campaign against illegal drugs and criminality immediately upon his assumption to power. The new administration outlined major legislative priorities, including constitutional amendments to push for federalism, progressive tax reforms, revival of the death penalty and lowering of the minimum age of criminal responsibility. A 10-point agenda includes peace and order, strengthening social protection programmes, reproductive healthcare and land management.

The new administration's Philippine Health Agenda is very similar to the previous administration's in its goals of achieving better health outcomes, financial risk protection and improving the public health system's responsiveness to the poorest Filipinos. UHC and SDNs are still the major strategies to achieve equitable healthcare across life stages and target the triple burden of disease. The goals are aligned with the country's aspirations articulated in the SDGs and *Ambisyon* 2040. Health goals are largely expressed in SDG 3 – to ensure healthy lives and promote well-being for all at all ages – and in the other SDGs targeting inclusion and accountability.

Health sector challenges remain, such as gaps in health human resource coverage, demand generation, regulatory and oversight function, achieving maximum efficiency in the health budget increments from the 'sin tax' (a tax on tobacco and alcohol)[7] at the national level and strategic health prioritization and budgeting at the local level. To this end, UNICEF's technical assistance sought to strengthen the setting of national standard and regulatory functions by contributing its downstream experiences to crafting responsive policies. UNICEF Philippines' specific challenge is ensuring that the evidence garnered from its technical assistance in the country in strengthened SDNs is used for upstream policy and health system improvements. In 2016, UNICEF's unique presence on the ground was transformed into engagement in upstream policy dialogue, advocacy and policy implementation at scale to advance the UHC agenda and achieve the SDGs.

[4] Recidoro, Z., DOH Maternal Newborn and Child Health and Nutrition Program Implementation Review, Makati, October 13, 2016.
[5] Food and Nutrition Research Institute, National Nutrition Survey, Taguig, 2013.
[6] PSA, National Demographic and Health Survey (NDHS), PSA, Manila, 2013.
[7] The Sin Tax Reform Act of 2012 simplified the excise tax system on alcohol and tobacco products, and fixed long-standing structural weaknesses. It addresses public health issues relating to alcohol and tobacco consumption. The Sin Tax Law helps finance the UHC programme of the government.

E. Background – GPH-UNICEF 7th Country Programme

The initial goal of the Country Programme for Children (CPC) 2012–2016 was to contribute to the progressive realization of children's rights in line with the priorities of the Government of the Philippines (GPH) set in Philippine Development Plan 2011–2016 to achieve the Millennium Development Goals (MDGs). The health component supports reaching MDGs 4 and 5: reducing under-5 mortality by two-thirds and improving maternal health, respectively. UNICEF and the Government agreed to extend CPC 7 by two years (until the end of 2018), in accordance with the cycle of the UN Development Assistance Framework 2012-2018.

F. Results in the Output Area

1. Output Statement

By the end of the Country Programme, coverage of births attended by skilled birth attendants with postnatal and newborn care is increased in partner municipalities, and contributions are made to strengthen national and local health systems (including immunization programme management and inclusive health policies).

2. National-Level Results

UNICEF's unique presence on the ground was transformed into engagement in upstream policy dialogue, advocacy and policy implementation at scale. Several UNICEF-led initiatives supported the preparation for health-related demographic shifts vis-à-vis the SDGs and efforts to advance the UHC agenda.

Upstream work led to the crafting and passage of national policies to enhance financial protection for children with disabilities and children with complications of prematurity, the latter being the top killer of Filipino children below 5 years old. In 2016, the government endorsed two landmark, UNICEF-supported, UHC-related policies for conditions previously unaddressed

a. PhilHealth officially endorsed a comprehensive health insurance package covering services for 5 million children with disabilities nationwide who have long-term physical, mental, intellectual or sensory impairments. Simultaneously, UNICEF is working to establish integrated SDNs consisting of four subnational hubs and developed communication plans to address stigma against children with disabilities. The package components include primary prevention of disabilities in children; improved capacity of frontline health workers; better integrated SDNs centred around regional rehabilitation hubs providing comprehensive services, including assistive devices, for children with disabilities; enhanced financial access to rehabilitative services and assistive devices; and improved practices and attitudes towards children with disabilities among communities and service providers.

b. UNICEF, the DOH and PhilHealth officially endorsed and launched a comprehensive health insurance package for premature and small newborns. UNICEF led the design of this benefit package, which can reach 300,000 premature and small newborns every year. The package enables families to access the necessary care for babies suffering from preterm and low-birth-weight complications. The package covers a broad range of interventions, from management of preterm labour to addressing severe complications of prematurity and low birth weight. Examples of interventions are antenatal corticosteroids for pregnant women at risk of giving birth to a premature baby; incentives for maternal transfer to the nearest referral facility; kangaroo mother care; and neonatal intensive care and breastfeeding support. By the end of 2016, beneficiaries could avail themselves of this package in contracted government and private tertiary health facilities across the Philippines.

c. Support for policy development towards quality and equitable care continued through the ongoing review of the PhilHealth maternal and newborn care benefit packages.

d. Fourteen health emergency management-related national policies were reviewed and consolidated into an omnibus policy on health emergency management with UNICEF support. These policies include resilient health emergency preparedness, response and rehabilitation plans focusing on maternal and child health, nutrition, HIV and WASH in post-disaster settings. In a complementary manner, UNICEF led the development of the National Guidelines on DRRM in Health Planning, building on the work on health systems resilience and health emergency preparedness and response planning in the aftermath of Typhoon Haiyan. The outputs of UNICEF's technical support are undergoing the DOH approval process.

e. UNICEF's 'muddy boots' experience in helping municipalities implement SDNs for maternal and newborn care in rural and urban settings generated local policies and standardized referral forms and guidelines ready for South-South sharing and for inclusion in national policy through UNICEF's active participation in the DOH national technical working group on SDN policy development.

f. Government requests for UNICEF to keep overseeing health and nutrition supplies remained high. UNICEF pre-positioned WASH, nutrition and health emergency stocks, and continued giving the DOH technical support for the expanded programme on immunization, vaccine and medicine procurement services, valued at USD20 million. UNICEF also helped the DOH in procuring essential severe acute malnutrition management commodities, including ready-to-use therapeutic food and therapeutic milk worth USD3.3 million.

g. In 2016, communication for development received more attention as an important cross-cutting strategy. The emphasis was on capacity building for municipalities and partners, and communication support for an expanded programme on immunization and initiatives on national maternal, newborn and child health.

Results Assessment Framework

Outcome Indicator	Baseline	Target	As of Date	Rating On Track/ Data Unavailable/ No Progress	Status	Primary Source
Neonatal mortality baseline (2008)	16 per 1,000 live births	15 per 1,000 live births	30 Nov 2016	On track and exceeded target	13 per 1,000 live births	NDHS 2013, PSA
Proportion of births attended by skilled health personnel	62%	90%		On track	73%	NDHS 2013, PSA
Percentage of children less than 6 months exclusively breastfed	34%	50%		On track	48.8%	National Nutrition Survey 2015, Department of Science and Technology Food and Nutrition Research Institute

3. Local-Level Results

Skilled birth attendance coverage grew 5.4 per cent in UNICEF focus local government units (LGUs) and did not reach the targeted 15 per cent growth in coverage. Twelve of 18 target LGUs raised their health budget. Challenges were seen in LGUs that had political leadership issues or those where demand-side interventions were not carried out at the same time. The challenges exposed the difficulties and complexity of reinforcing health systems and capturing the contribution of system-strengthening work.

a. The two-year JPMNH Phase 2 ended in 2016. The Joint Programme involved the government, UNICEF, UN Population Fund and World Health Organization. It was supported by Australia's Department of Foreign Affairs and Trade. The goal of the programme was to support selected vulnerable LGUs in improving access to and quality of maternal and newborn care, focusing on the time of delivery.

b. JPMNH harvested LGU experiences in localizing the SDN through process documentation for transmittal to the DOH and PhilHealth policymakers and to other municipalities and cities. Lessons learnt in strengthening local SDNs include leadership and governance training, installation of electronic health information systems and data use for governance, *barangay* (village) mobilization, and setting up an accountability system through guidelines and tools for maternal and child health. As a result, all eight focus LGUs have organized SDNs with varying degrees of maturity.

c. The Web-based Vaccination Supplies and Stock Management, one of two target innovations to improve the immunization supply chain, was introduced.

d. Downstream work included establishing two of five LGU models for implementing the Reaching Every *Purok* strategy to strengthen routine immunization.

Results Assessment Framework

Outcome Indicator	Baseline	Target	As of Date	Rating On Track/ Data Unavailable/ No Progress	Status	Primary Source
Standard indicator: Functional cold chain and logistics system (Original statement: Innovations in improving immunization supply chain introduced)	0	Two system innovations introduced	30 Nov 2016	On track	One innovation introduced –the Web-based Vaccination Supplies and Stock Management	Project report
Enhanced evidence-based health policies that support quality and equitable disability and maternal, newborn and child health and nutrition services	0	Three health policies		On track	Two PhilHealth-approved benefit packages covering prematurity and children with disability; PhilHealth maternal and newborn care benefit packages under review	PhilHealth issuances
% increase in coverage of births attended by skilled birth attendants	0	15%		Constrained	5.4% absolute increase in skilled birth attendant rates in all JPMNH sites from 83.5% in 2014 to 88.9% in 2015	Field Health Services Information System and JPMNH annual report

4. Constraints and Risks

Based on the health theory of change, constraints and risks in achieving results could be attributed to bottlenecks in supply, demand and enabling environment in both upstream and downstream levels.

a. Upstream

- Supply – With the increase in the national health budget, the capacity of national-level partners in the regulatory, standard-setting, oversight, monitoring and supportive services (such as the logistics system in support of local government provision of quality essential maternal, newborn and child care services), is evolving. Cross-sectoral coordination with other national government agencies including the Department of Budget and Management and Department of Interior and Local Government need to be supported, particularly for concerns that address the social determinants of health. Health human resource management, i.e., recruitment, distribution and retention, remains a challenge for the sector.

- Demand – Support for national campaigns addressing preventable causes of maternal and child mortality has been sporadic. Targeted, sustained communication strategies, especially for the new ground-breaking policies passed in 2016, are needed.

- Enabling environment – Supportive health policies and updated guidelines at the national level have been passed. The cascade of these policies as the implementing guidelines must be methodical and practical to be implementable at the local level, with the accompanying information and accountability systems in place and, if not, to be developed. To this end, the use of electronic health information systems is not yet fully mature because usage varies according to locality, and national reports capture largely only the public sector data. The country still relies on the NDHS every five years to monitor health sector performance. With the change in administration, some delays in achievements were experienced because of the attention to the political exercise of elections and changes in high- and middle-level health management. With the new leadership in place, the newly passed policies and previous policies in support of priority interventions must not risk being identified with any political entity to be sustainable.

b. Downstream

- Supply – As in the upstream level, health human resource management is a challenge at the local level because of the lack of prioritization by the local chief executives, administrative constraints such as ceilings to budgets for local operations, and policies on numbers of health posts which may no longer be responsive to the population size of LGUs. Quality of care may also suffer because of the lack of logistics and training in quality care.

- Demand – Community demand for quality care faces constraints when mothers and families do not receive timely and appropriate messages on health practices and services. Financial and geographic barriers to accessing care remain significant. Many Filipino families enrolled in PhilHealth are unaware of their enrolment or if they are, of their entitlements. Information on the health financing entitlements is not yet widely disseminated to community-based health workers. Communication research in the JPMNH areas also reveals that the poor do not feel empowered to demand quality of care.

- Enabling environment – Local health leadership and governance are key to the passage of supportive local ordinances and the allocation of resources to priority health needs. Data generation and use for planning and budgeting at the decentralized level is just beginning to be practiced. The capacity of the provincial and regional levels to mentor and support LGUs also need to be supported.

5. Lessons Learnt

a. Health system strengthening to achieve national goals aligned with the SDGs is a strategic approach in middle-income-country programming. In the Philippines, resources in the health sector are increasing, and the value added by system-strengthening efforts ensures the sustainability of gains beyond project life.

b. UNICEF maintains a role in equity-focused programming. The spotlight needs to stay or be shined on the hardest-to-reach children such as disabled and indigenous children, and on critical interventions that address the most common preventable causes of child and maternal death.

c. Health financing can be leveraged to improve quality of care, achieve equity and sustain gains. Increased revenues from PhilHealth can be maximized through policies that support the priority, evidence-based interventions that address the largest burden of child mortality. Health financing can also push innovations in health service delivery systems to reach the hardest-to-reach and to support local government health reform.

d. To achieve implementation at scale and prevent backsliding of quality care and functional SDNs, UNICEF partner sites must continue to make necessary investments in health, including maximizing the resources available from PhilHealth. National and regional levels and training institutions must be capacitated to sustain mechanisms for mentoring, coaching, supportive supervision and post-training evaluation. Project sites should enter into agreements between LGUs and regional offices to sustain the changes put in place by UNICEF initiatives.

e. Cross-sectoral linkages must be supported beyond the health sector to achieve not just health and nutrition outcomes but also overall child development, stimulation and protection. The framework of the First 1,000 Days campaign is an optimum opportunity for cross-sectoral linkage.

f. Political support is key. National-level support is critical to developing equitable, evidence-based policies. The political will and support of local chief executives is also necessary for successful roll-out and local adaptation. Capacity building of health managers shows much promise. Change in leadership entails the risk of losing political support and losing the gains made through these investments. Support for gains made must be institutionalized programmatically at various levels with the accompanying accountability mechanisms to ensure the continued execution of established programmes that will go beyond the term of elected officials.

g. Monitoring and evaluation play critical roles. Changes put in place with UNICEF support should be actively reassessed and fine-tuned by all stakeholders so they stay responsive to the needs of the sites. Ideally, city/municipal/provincial LGUs and regional offices should take this on, with critical support from development partners if needed. Common results frameworks and indicators are ideally incorporated into regular monitoring systems (e.g., maternal and newborn deaths, facility-based delivery and family planning services), including other crucial data as needed (e.g., adolescent pregnancies and deliveries, and tracking of LGU budget for maternal, newborn and child health and nutrition). To provide quality services, communities must have and use readily available quality data.

h. Process documentation is just as crucial in system-strengthening efforts, with the roll-out of new policies and creation of SDNs. Lessons can be learnt from both advances and missteps, and are worth sharing with other partners, local governments and even across sectors. The avenues for information sharing and South-South learning must also be developed and supported.

i. Evidence-based, demand-side interventions remain an area of potential support for government at both national and local levels.

j. Large-scale humanitarian emergencies such as natural calamities and armed conflict have the potential to overwhelm the capacity of LGUs to respond to them. Health emergency preparedness and local DRRM and planning to ensure continued provision of services need to be supported.

6. Key Partnerships

UNICEF maintained key partnerships with the DOH national-level programme offices, including the Family Health Office, Health Policy and Planning Bureau and Bureau of Local Health Systems Development, Procurement Division, contributing to continued improvement of health systems. UNICEF forged partnerships with government agencies (e.g., DOH, PhilHealth and the National Council for Disability Affairs) to draft enabling policies; with leading medical centres (Philippine General Hospital, Davao Regional Hospital and Southern Philippines Medical Center) to serve as models of care for children with disabilities; and with NGOs, disability groups and private foundations for the campaign on creating awareness of disability issues. These efforts were made possible with support from in-country private sector donors, particularly *LEGO* distributor LAJ Marketing Philippines.

A significant expanded partnership in 2016 was with the Philippine Health Insurance Corporation (PhilHealth), which covers more than 90 per cent of the population. UNICEF gave technical assistance to PhilHealth in developing and rolling out new benefit packages designed to ensure financial risk protection and better access to quality health services for all Filipino children, focusing on the poorest and most vulnerable. UNICEF also partnered with the Zuellig Family Foundation to build the capacity of mayors in health leadership and governance, with the University of the Philippines National Telehealth Center to strengthen health information systems in selected LGUs.

G. Financial Analysis

The total allocation for 2016 from Regular Resources, Other Resources (Regular and Emergency) and Integrated Budget was USD2,132,275.00.

Table 1. Planned Budget for Outcome Area

Output	Funding Type	Planned Budget (USD)
Inclusive maternal, newborn and child health system strengthening	Regular Resources	345,273.00
	Other Resources Regular	463,002.00
	Other Resources Emergency	1,324,000.00
Total		**2,132,275.00**

Table 2. Country-level Thematic Contributions to Outcome Area Received in 2016

Donor	Contribution Amount	Programmable Amount (USD)
UNICEF-United Kingdom Committee for UNICEF	51,601.00	51,601.00
Total	**51,601.00**	**51,601.00**

Table 3. 2016 Expenditures in the Outcome Area (in USD)

Organizational Targets	Other Resources-Emergency	Other Resources-Regular	Regular Resources	All Programme Accounts
Maternal and Newborn Health	20,797.00	1,247,195.00	89,340.00	1,137,332.00
Child Health	362,132.00	1,508,777.00	526,534.00	2,397,443.00
Health in Emergencies	1,913,487.00	497,685.00	44,038.00	44,038.00
Health in General	346,675.00	757,113.00	19,267.00	19,267.00
Total	**2,643,091.00**	**4,010,770.00**	**679,179.00**	**7,333,040.00**

Table 4. Thematic Expenses by Programme Area (in USD)

Organizational Targets	Other Resources-Emergency	Other Resources-Regular	Total
Maternal and Newborn Health	5,388.00	203.00	5,591.00
Child Health	227,880.00		227,880.00
Health and Emergency	1,144,806.00		1,114,806.00
Health General	334,473.00		334,473.00
Total	**1,712,547.00**	**203.00**	**1,712,750.00**

Table 5. Expenses by Specific Intervention in 2016 (in USD)

Organizational Targets	Total
Health System Strengthening	286,876.00
Health Emergency Preparedness, Response and Planning	955,159.00
Advocacy and Health Communication for Development	115,812.00
Health Policy	116,287.00
Total	**1,822,749.00**

H. Future Work Plan

UNICEF will continue giving technical assistance to bolster the SDN by focusing on a strengthened policy, legislative and budgetary agenda. The focus on targeting interventions to address the rights of the most disadvantaged will increase. The priority activities for 2017-2018 identified by UNICEF, its national and local government counterparts, and other health partners are:

1. Making healthcare financing more responsive to the needs of children – UNICEF supports PhilHealth in developing and rolling out new benefit packages designed to ensure (1) equitable access of the poorest and most vulnerable segments of the population, (2) financial risk protection for all other member segments, and (3) improved access to quality health services.

   a. **Benefit Package for Premature Newborns**
   PhilHealth approved the implementation of a benefit package that aims to reduce morbidity and mortality among premature newborn, and contribute to the overall effort of improving newborn health in the country.

   b. **Benefit Package for Children with Disabilities**
   This package will improve the participation of children with disabilities through health services ranging from preventive to curative to habilitative/rehabilitative. The package design includes mechanisms that drive improvement in access and quality.

2. Modelling SDNs for equitable access to quality health care, especially access by indigenous peoples and children with disabilities

3. UNICEF supports the DOH in developing the country strategies to decrease inequity using a child-centred approach. By modelling lessons learnt from the ground, UNICEF influences high-level policies towards achieving the SDGs and alignment with national and global policies on DRRM.

   a. Every Newborn Action Plan
   b. Child Survival Strategy
   c. Essential Maternal and Newborn Care Strategy papers and multi-year plans
   d. Health DRR Omnibus policy.

4. UNICEF supports the DOH in strengthening the National Immunization Programme – Expanded Programme on Immunization.

a. Support for a more efficient vaccine procurement process
a. Technical assistance in planning and forecasting as the government transitions to local procurement
b. Support for strengthening routine immunization through innovative demand generation strategies such as Reaching Every *Purok* and demonstration projects such as Reducing Inequities in Immunization in Urban Poor Communities, which can be a model for scale-up
c. Support for the Tetanus-Diphtheria Supplemental Immunization Campaign in Mindanao for the country's goal of maternal and neonatal elimination by 2017
d. Technical support to improve the immunization supply chain by introducing the Web-based Vaccination Supplies and Stock Management and using cold chain with state-of-the-art but climate-friendly technology for vaccines.

I. Expression of Thanks

UNICEF Philippines is sincerely grateful to the Global HEALTH Thematic Funds donors for their commitment to realizing the rights of all Filipino children to access quality health care. The generous and flexible contributions received from the donors made national and local support and new innovations possible. The continued support also helped UNICEF explore new approaches in its programming, with a more refined equity vision.

Special appreciation also goes to all the national, local and community counterparts; health partners; and many local government stakeholders, rural health units and *barangay* health stations for their continued collaboration, feedback and support to this programme.

Contact: Lotta Sylwander (lsylwander@unicef.org), UNICEF Philippines Representative

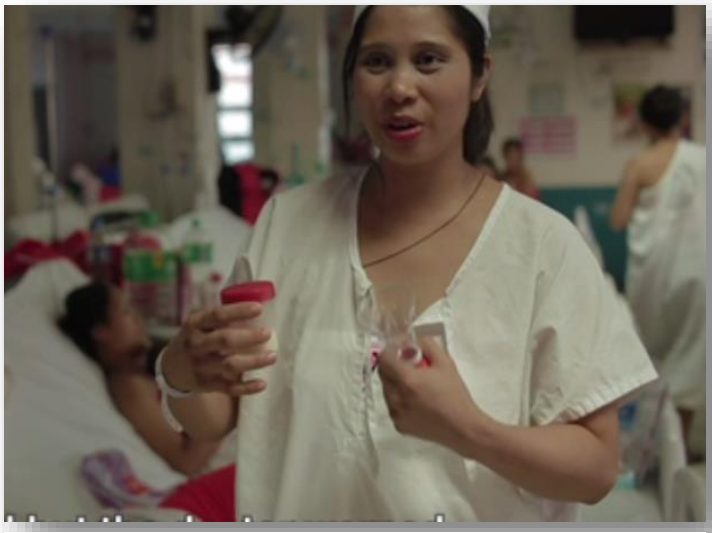
J. Annexes: Human Interest Stories and Donor Feedback Form

Human Interest Story 1: Maternal and Newborn Health and Prematurity

"Home at last with my babies": How Raquel and her baby's life were saved during childbirth

Raquel Damasco and Jodee Claveron waited for two years before they were able to get pregnant. When they found out that they were, they felt both nervous and ecstatic, and even more so when they learnt that they were having twins. However, during one check-up, they found out that Raquel was going through a high-risk pregnancy and there was a possible problem with one of the twins. The doctors told them the baby might not survive. Raquel was advised to eat properly and rest as much as possible.

Raquel and her husband Jodee practice Kangaroo Mother Care for their twins at Fabella Hospital, Manila. ©UNICEF Philippines/2016/M2.0 Communications



Raquel stores expressed breastmilk for her premature twins. ©UNICEF Philippines/2016/M2.0 Communications

Raquel had another check-up at seven months, and there, she started having contractions. Raquel and Jodee were immediately referred to a higher-level facility. However, one hospital asked them to pay PHP600,000 per baby and another hospital, PHP250,000. Eventually, they went to Fabella Hospital, where Raquel gave birth to the twins via normal delivery.

Raquel's twins undergo phototherapy in the Fabella Hospital Neonatal Intensive Care Unit. ©UNICEF Philippines/2016/M2.0 Communications

The twins were immediately transferred to the intensive care unit because of pneumonia and were given antibiotics. Luckily, the doctors said that the lungs of the babies were intact. The babies were also treated for anaemia. Fabella also encouraged the parents to practice kangaroo mother or father care as a way to thermoregulate the babies naturally. Jodee came in every day and held the infants for two to three hours a day. Raquel also expressed her milk and gave it to the babies via nasogastric tube while they were still unable to latch.

Raquel's premature twins are thriving and gaining weight while on Kangaroo Mother Care. ©UNICEF Philippines/2016/M2.0 Communications

At the moment, the babies are thriving and are expected to be discharged as soon as they gain enough weight.

Raquel is lucky to have had access to a specialized hospital where services are affordable, and quality of care is high. In fact, Fabella Hospital is one of the few mother-baby-friendly hospitals in the country specializing in premature newborns. Unfortunately, this is not always the case for premature babies. In fact, the Philippines ranks number 8 in terms of having the highest number of premature births worldwide; 62 per cent of its neonatal deaths are due to complications of prematurity

One factor contributing to this problem is the lack of access to quality facilities. A Philippine study found that newborn care interventions in 51 hospitals were below the standards of the World Health Organization (Sobel et al., 2011). Many of these facilities have no skilled birth attendants or essential medicines and supplies. Additionally, the cost of care for premature newborns is a major deterrent for accessing care.

UNICEF's contribution

In 2015, PhilHealth requested UNICEF to design and implement a social health insurance benefit package aimed at reducing premature newborn morbidity and mortality. With UNICEF's support and technical expertise, benefit packages covering cost-effective interventions ranging from prevention at the primary care setting, appropriate management of complex cases at the tertiary facilities and screening for sequelaes (conditions arising from previous diseases) were developed in 2016 for approval.

The contracting mechanisms of this insurance package also ensure that quality standards are met and appropriate referral mechanisms are in place between primary and higher-level facilities. This project will potentially reduce neonatal mortality rates by as much as 50 per cent.

Additionally, UNICEF supported the development of a training manual on emergency obstetric and newborn care. The manual will improve awareness among frontliners about important life-saving measures such as antenatal corticosteroids during premature labour, competent management and timely referral.

Human Interest Story 2: Local Health System Strengthening

Health information system strengthening: Use of rCHITS in Lebak, Kalamansig

Interview with Dr Janrie Tanangonan, Municipal Health Officer of Kalamansig, Sultan Kudarat, a JPMNH municipality

Municipal health officer Dr. Janrie Tanangonan shows how to use the rCHITs system in the main health centre to UNICEF Representative Lotta Sylwander during the JPMNH monitoring visit to Kalamansig, Sultan Kudarat. ©UNICEF Philippines/2015/MCastillo

I was the newly appointed municipal health officer (MHO) when the real time Community Health Information System (rCHITS) was implemented in Lebak. I took over the MHO who went on early retirement in July 2013. Prior to my appointment as MHO, I was a municipal councillor, and I saw the rCHITS presentation made by the UNICEF-supported UP National Telehealth Center (UP-NTHC) to the mayor.

rCHITS is our official electronic medical record by virtue of executive order by our mayor. We have been using rCHITS for three years. Before I arrived, the records were all paper-based. Two batches of trainings that included mReports training were conducted—one for doctors and another for midwives. The mReports module allowed the creation of an electronic medical record on a mobile device such as an Android phone or tablet for health workers visiting a remote *barangay* (village) and uploading on the server in our main health centre. We can now maximize the technology and use less paper work during consultation.

I was pleasantly surprised with Midwife Tarhata Pinili. She easily adopted the use of mReports, even initiated the use of it and became a top mReports user. She retired recently, in October 2016.

What are your challenges?

One challenge is the technical support to train us to fix technical problems. At the end of the programme, we hired an IT person to fix the setup and to help if we experience technical problems. We also experienced hard-disk problems, and our encoding was affected. The NTHC team immediately responded remotely and our data were recovered.

Do you think it will be helpful to communicate within the community of CHITS users?

We have constant communication with the neighbouring town of Kalamansig, another JPMNH municipality where rCHITS is installed. When our server had problems, I asked Dr. Marife Aruta, the Kalamansig MHO, who gave me instructions to adjust the antenna. We continue to report all technical problems to UP NTHC. In addition, we count on the Sultan Kudarat Provincial Health Office and the Association of Municipal Health Officers for support. We have a plan to create an 'rCHITS community of practice' in the province. We will tackle rCHITS and related suites such as the RxBox and MInTS in this community that we hope to establish.

Human Interest Story 3: Children with Disabilities

Saisai has been able to adapt to her condition with the help of appropriate assistive devices such as her specially made prosthesis. ©UNICEF Philippines/2016/VMäusbacher

Saisai is a 5-year-old girl living with an unimaginable burden. She has multiple disabilities. Her hands and feet are malformed. There is only a small opening where her mouth is supposed to be. To be able to eat and drink, Saisai must drink through a straw and take only small amounts of food. She gets most of her nutrition through a tube through her nose. Through some financial assistance given at the rehabilitation centre where she was being seen, Saisai was able to get a pair of lower-limb prosthesis. A pair costs around PHP10,000. She has quickly adapted to her prosthesis and can now walk and run.

To further improve her functionality, Saisai would need a major operation to fix her jaws and mouth. After which, she would need rehabilitation to teach her to eat and talk. Her prosthesis would need to be replaced regularly as she grows bigger.

For a family with limited income such as Saisai's, these procedures are a large financial burden. At the moment, support is limited for such procedures and rehabilitation. To help children such as Saisai, we must improve access to these services especially by the poorest.

In 2016, with UNICEF support, PhilHealth officially endorsed a comprehensive health insurance package covering services for 5 million children with disabilities nationwide who have long-term physical, mental, intellectual or sensory impairments. In 2017, UNICEF work will focus on modelling service delivery networks for equitable access to quality healthcare.

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5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

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