

Country Spotlight: Save the Children – Philippines

Introduction

The 2013 Lancet series on Maternal and child nutrition attributes to undernutrition 45% of all deaths of children under five. The Philippines is one of the countries in the world that account for most of the global burden of malnutrition. The country has 3.6 million stunted children, ranking 9th in terms of countries with the highest burden of stunting and 10th among the countries with highest burden of wasting.

Notwithstanding government programs to address both the problems of poverty and malnutrition, trends over the past twenty years show very moderate improvement in nutrition status of children. (See Figure 1 for trends in malnutrition in the Philippines) These undernourished children have an increased risk of mortality and are vulnerable to illnesses and infections, delayed development, cognitive deficits, poorer school performance, and fewer years in school. Further, an assessment by the Philippine government of its efforts towards the achievement of MDGs recognized that it might not be able to achieve its target of halving poverty and hunger by 2015.¹

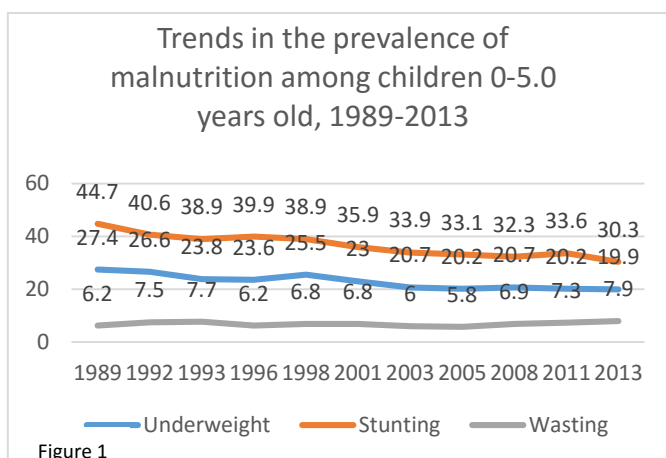
This spotlight seeks to present a brief overview of the overwhelming childhood malnutrition and stunting in the country, focusing on setting the necessary policy environment to support a comprehensive health program for the first 1000 days of a child’s development.

The First 1000 days

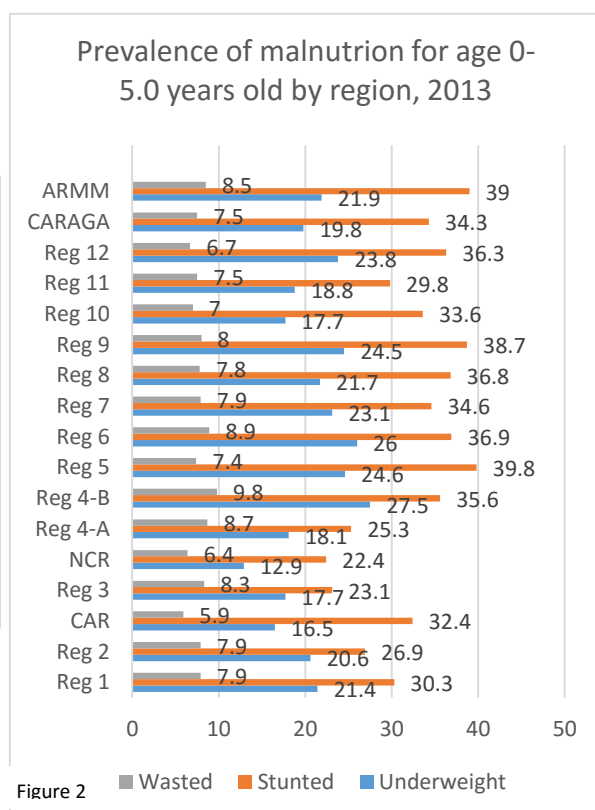
Several studies have shown that meeting the nutritional requirements of the mother and child during the first 1000 days, from conception to a child’s second birthday, would give children the healthiest start in life. The long term effects of chronic nutritional deficiency during this period can lead to stunting or being too short for one’s age. This exposes the child to the irreversible damage of impaired cognitive development which has adverse effects on their school performance and labor force participation and productivity later in life. (Martorell, et. al., 2010)

Overview of Social Exclusion (Malnutrition)

I. Quantitative Analysis



Data show that malnutrition is prevalent in the poorest regions in the country (see figure 2). This link between poverty and malnutrition is evident in the results of the 2013 National Nutrition Survey. More underweight, stunted and wasted children are found among the poorest households. This pattern holds true in both rural and urban areas.



¹ National Economics and Development Authority (NEDA) and the United Nations Development Programme (UNDP). 2014. The Philippines: Fifth Progress Report- Millennium Development Goals. Pasig City: NEDA.

MIMAROPA (27.5%), Western Visayas (26.0%), Bicol (24.6%) Zamboanga Peninsula (24.5%) and SOCCSKSARGEN (23.8) have the highest prevalence of **underweight-for-age**. These are higher than the national average where two in every 10 Filipino children aged 0 to 5 years old are underweight-for-age (FNRI 2013).

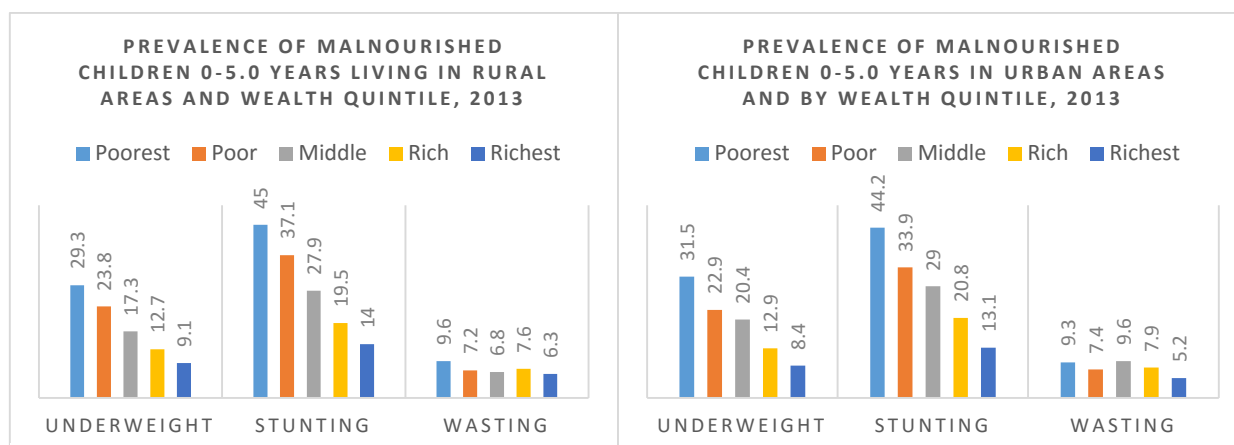


Figure 3

The same goes for **stunted children**. Regions with very high stunting are also the same regions cited earlier, like Bicol (39.8%), ARMM (39.0%), Zamboanga Peninsula (38.7%), Western Visayas (36.9%) and SOCCSKSARGEN (36.3%). On the national average, there are 3 in every 10 Filipino children aged zero to five years old who are short for their age. These are higher than the national average where 3 in every 10 Filipino children are stunted.

On the other hand, the percentage of **wasted children** from age zero to five years old increased by 0.6 percent from 2011-2013. With Ilocos Region and MIMAROPA having the highest percent both at 9.8%, followed by Western Visayas (8.9%), ARMM (8.5%) and Zamboanga Peninsula (8%) percent. On the national average, there is 1 out of 10 children aged zero to five years old who is wasted.

Given the following data, it can be said that prevalence of malnutrition varies by region. There is higher prevalence of underweight, stunted and wasted children in MIMAROPA, Bicol, ARMM, Zamboanga Peninsula, SOCCSKSARGEN, and Western Visayas. Incidentally, these regions, except Western Visayas, recorded the highest poverty incidence among families, with ARMM at 48.7%, followed by Region 8 (Eastern Visayas) at 37.4; Region XII (SOCCSKSARGEN) at 37.1; Region 9 (Zamboanga Peninsula) at 33.7; and Region X (Northern Mindanao) at 32.8.² Further, Bicol and Zamboanga Peninsula, are two of the regions with the highest Infant Mortality Rate (IMR), both at 25 deaths per 1000 live births. While, MIMAROPA, SOCCSKSARGEN and Bicol are among the regions with highest under five mortality rate at 50, 48 and 39 deaths respectively, per 1000 live birth.³

I. Qualitative Analysis

Evidence point to the two-way relationships between nutrition and economic development. Higher income improves access to food and leads to better nutrition status in the long term. More importantly, a healthy population contributes to economic productivity and stronger economic growth (WB, 2006).

Aside from the cost in human lives, malnutrition has lifelong economic consequences at the individual, household and community levels. The World Bank estimates that a 1 percent loss in adult height due to stunting leads to a 1.4 percent loss in economic productivity.⁴

² NSCB, Poverty Statistics 2012

³ National Statistics Office, 2011 Family Health Survey,

<https://psa.gov.ph/sites/default/files/attachments/hsd/pressrelease/Table%20%20Infant%20and%20Under-Five%20Mortality%20Rates%20by%20Region,%20Philippines%202011.pdf>

⁴ World Bank. 2006. Repositioning Nutrition as Central to Development.

Thus, the first 1000 days which covers the period of conception to the first two years of life is a critical window of opportunity for ensuring that the necessary health, nutrition and psychosocial interventions are provided to ensure optimal growth and human development..⁵

II. Diagnostic of social exclusion based on quantitative and qualitative evidence presented

While the data presented above show that critical levels of stunting are found in disadvantaged provinces, it was also seen that stunting is found in moderately developed as well as resource-rich areas in the country that are as well as areas that are disaster-prone, as in the case of most of the provinces in Luzon.

ARMM with the most critical level of malnourished children also ranked low in most socio-economic indicators such as enrollment rate, employment rate and economic growth. The recurring armed conflicts and unstable peace and order situation deepen and widen vulnerabilities faced by its residents.

Poverty, as the main driver of exclusion, deprives children and mothers from accessing quality health services. Likewise, the weak political will and commitment of government to invest in essential health programs and prioritize health issues is a critical factor in addressing undernutrition and malnutrition which will in turn contribute to ending intergenerational poverty.

Policy analysis

There are already proven interventions that reduce stunting and are regarded as cost-beneficial investment that improves over-all well-being of beneficiaries and enhance their earning capability in the future, consequently decreasing poverty in the long run. Some of these interventions include improving women's nutrition; exclusive breastfeeding for six months; timely, safe, appropriate and high-quality complementary feeding; and provision of appropriate micronutrient interventions.⁶

Relatively, the current nutrition program/interventions by the Department of Health (DOH), although directed towards creating a supportive environment for maternal and child nutrition, such as the Infant and Young Child Feeding Program, Breastfeeding Campaign, Micronutrient Supplementation Program, and Integrated Management of Acute Malnutrition in the Philippines (IMAM) to name a few, still require coherency and systematic implementation in all levels.

I. Challenges and limitations of policies

The DOH identifies the challenges it is facing in addressing malnutrition.⁷ These include the lack of a common understanding of undernutrition and its economic impact and evidence-based solutions as can be gleaned from the poor funding of nutrition programs from national to Local Government Unit level and the short period for maternity leave. At the local level, the situation is further compounded by limited human resources and capacities, with only one barangay nutrition scholar (BNS) per barangay who serves as a volunteer and has little or no benefits. On the other hand, Municipal Nutrition Officers do not hold permanent posts in local government units. In a discussion paper by the Philippine Institute of Development Studies, an analysis on the interjurisdictional competition among local governments may influence the planning and budgeting of health plans, revenue and expenditure assignments in a decentralized health system.⁸ Thus, while many local health systems have improved, the variation of health system performance across provinces and localities has widened due to the fragmented system of financing and delivering of services, a feature of government decentralization⁹.

II. Assessment of policies and of actions addressing financial and/or discriminatory barriers that excluded groups of children and their families face

⁵ Martorell, R and Amanda Zangone. 2012. "Intergenerational influences on child growth and undernutrition". Pediatric and perinatal epidemiology.

⁶ UNICEF Issue Brief 2015, A Post 2015 World Fit for Children, http://www.unicef.org/post2015/files/P2015_issue_brief_set.pdf

⁷ DOH, Senate Policy Forum, July 2015, Rosalie Paje, Improving Health and Nutrition of Mothers and Children – From Pregnancy to Two years Old Children

⁸ PIDS, PERSPECTIVES ON HEALTH DECENTRALIZATION AND INTERJURISDICTIONAL COMPETITION AMONG LOCAL GOVERNMENTS IN THE PHILIPPINES, <http://dirp3.pids.gov.ph/ris/dps/pidsdps1320.pdf>

⁹ SPEECH OF HEALTH SECRETARY ENRIQUE T. ONA, MD, 19 July 2012, <http://portal.doh.gov.ph/content/speech-health-secretary-enrique-tona-md-message-be-delivered-during-launch-national.html>

While there are already existing nutrition-specific and nutrition-sensitive programs, challenges still remain which hamper children's and mothers' access to quality health care they deserve. The following are assessments of policies and the lack of it (confirmed by government) in delivering services that address the needs and requirements of the first 1000 days of a child's life.

1. There is no clear-cut policy that focuses on the prevention of malnutrition and stunting in the first 1000 days. There is also no multi-sector development outcome and weakness or lack of accountability mechanism for ensuring that policies in place are thoroughly implemented.¹⁰ Because of this, operational gaps become more evident, because health and nutrition are not given priority by local governments. Consequently, funding allocation remains low and inadequate.¹¹
2. Programs are interrupted due to the lack of security of tenure of nutrition staff at the local government level, especially in low income municipalities and cities where local nutrition staff are co-terminus with the local chief executives. There are also cases where qualifications and capacities of these personnel are at times not adequate; there are even instances when they are hired due to political patronage and nepotism.
3. The short maternity leave in the Philippines makes it difficult for mothers to exclusively breastfeed their children.
4. The government's conditional cash transfer (CCT) program, more familiarly known as the Pantawid Pamilya Pilipino Program or 4Ps is now regarded as a leading-edge social policy tool because of their ability to influence both the income of the poor in the short run and to improve their human capabilities in the medium and long run according to ADB. It has also been lauded for its ability to target the poor and easily integrate different types of social services such as education, health, and nutrition; and for their cost effectiveness.¹² Further, following a number of evaluation studies examining the outcome and impact of the 4Ps, there is a general observation and claim that it has been able to deliver on its promise of increasing school attendance and improving the health and nutrition of children who are beneficiaries of the program, with the target mothers more likely to seek pre-and-post-natal care and deliver babies in health facilities.¹³ However, the coverage of the program does not cover half of the deprived children in other regions of the country due to budgetary constraints. There is also no guarantee that the next administration will continue this initiative due to differences in priorities.¹⁴

III. Policy recommendations

Based on the above points, policy changes need to be made both at the national and local levels. Recommendations include the following:

1. Policy focused on the prevention of malnutrition and stunting, prioritizing regions with the highest prevalence of malnutrition, should be one of the main focus of the campaign. This should revolve around a comprehensive policy regime developed by a multi-sectoral network of agencies¹⁵, civil society organizations and stakeholders that will: a) ensure the adequate nutrition of pregnant and lactating mothers and adolescent girls; b) mainstream improved breastfeeding practices and complementary feeding practices; c) provide improved protection against undernutrition and disease to children between 6 and 24 months; and d) ensure proper feeding of children who are sick and undernourished. Support to barangay health volunteers including training courses should likewise be put in place to help ensure the effective implementation of the interventions during the child's first 1,000 days.¹⁶

¹⁰ DOH, Senate Policy Forum, July 2015, Rosalie Paje, Improving Health and Nutrition of Mothers and Children – From Pregnancy to Two years Old Children

¹¹ Ibid, 10

¹² ADB Economics Working Paper Series No. 142 Ex-ante Impact Evaluation of Conditional Cash Transfer Program on School Attendance and Poverty: The Case of the Philippines Hyun H. Son and Jhiedon Florentino December 2008
<http://www.adb.org/sites/default/files/publication/28381/economics-wp142.pdf>

¹³ Bolt, R. (2015). 'Pantawid's Promise to Reduce Poverty'. Retrieved from <http://www.rappler.com/thought-leaders/98739-pantawid-promise-reducing-poverty>,

¹⁴ Senate Bill 2960 House Bill 154

¹⁵ Senate Bill 2891 and House Bill 5914

¹⁶ UNICEF, 1000 days Policy Brief, The Right Start to Life Lasts Forever.

2. The passage of a law that will address the tenure issue and incentives of local health staff and barangay nutrition scholars should be put in place.
3. Enactment of a law that will extend the maternity leave of women to enable them to devote more time to the care and nurturing of their infants and young children.
4. Finally, to address the basic causes of malnutrition, it is recommended that the pending bill institutionalizing the Conditional Cash Transfer Program highlight its nutrition goals, making it more nutrition sensitive. It is also recommended that the proposed bill in congress adopts the Modified Conditional Cash Transfer (MCCT) which targets socially excluded and marginalized families such as street families, itinerant indigenous families, families displaced by man-made and natural disasters, families with a person with disability, child laborers, children in conflict with the law and families with members with terminal disease and victims of human trafficking.