

Type of action	Main challenges	What our organization regards as the most important challenges related to children's health (internal and external)	Examples of best practices towards defending and promoting boys' and girls' right to health, especially for children in particularly difficult circumstances	What we consider the most important obstacles to fulfilling children's right to health (external)
Direct actions taken to address breaches and violations of children's and adolescents' right to health	<p>Access to quality primary healthcare services like:</p> <ul style="list-style-type: none"> <li>✓ Installation of primary health care centers</li> <li>✓ Provision of services like EPI, medical consultation, information education, etc.</li> <li>✓ A range of services provided by health professionals</li> </ul>	<p>Our institution regards the following important challenges on children's access to quality primary healthcare services: (1) Limited access of families residing in geographically isolated and disadvantaged areas (GIDA) to primary health care services; (2) Insufficient medical supplies, equipments, and facilities in most areas; (3) Most families lack money to pay for transportation cost and other medical interventions, and (4) Socio-economic activities of families which hinder decision to seek medical aid.</p>	<p>Institution's interventions designed to serve children especially those in geographically isolated areas where they have poor access to primary healthcare services.</p>	<p>One important obstacle is that children residing in geographically isolated and disadvantaged areas have lesser chance to achieve quality healthcare services. Children's right to health is being neglected since they don't have direct access to healthcare facilities and services.</p>
	<p>Development of prevention-based healthcare systems</p>	<p>In general, health care delivery system dwells more on curative rather than preventive approach. This is evident to most families who do not invest on services which promote health or prevent illness. Rarely can you see families who undergo regular annual physical and dental check-ups, takes vitamins, etc.</p>	<p>Though not fully intensified, healthy lifestyle is being promoted through conduct of parents' session. Regular and nutrition classes is conducted in some barangays, like <i>Pabasa sa Nutrisyon</i>, a participative gathering of mothers informally discussing health and nutrition, which encourages each other to apply good health and nutrition practices in their homes.</p>	<p>Preferences of parents on promotive and preventive health in some way affect the fulfillment of their children's right to health.</p>
	<p>Child survival (concerning 0-17 years old children)</p>	<p>Challenges can be seen in providing direct interventions for school-age children and adolescents especially those who reside in geographically isolated and disadvantaged areas. They have less chance of survival due to poor</p>	<p>Children with medical needs were given interventions. Some were treated while others referred to other NGOs for possible medical assistance. Some of these children belongs to far-flung areas who have poor access to healthcare</p>	<p>Indigency and poor accessibility remained to be a continuing obstacle in fulfilling children's right to health.</p>

		access to quality healthcare services.	services. These Medical interventions somehow brought positive behaviour and confidence to these children therefore fulfilling their right to health and development.	
	Immunizations	Low literacy of some parents and their negative social behavior towards importance of immunization are the challenges seen on implementation of routine immunization.		High drop-out rates on EPI remain to be an obstacle because it is important that all children must receive complete immunization at a certain age. Drop out cases refers to children who were given with 1 <sup>st</sup> doses but missed to complete other subsequent doses.
	Survival of children under 5 years old	Poor economic status of families hinder them to avail necessary health services for children. Absence of health care supplies and facilities particularly on some geographically isolated areas delays medical intervention which might lead to less survival of sick children.	In the implementation of Nutrition Programs, children under 5 years old is of utmost priority. Regardless of their geographical location, the Institution provides direct support to the implementation of activities that will help reduce prevalence of malnutrition.	Difficulty in the delivery of services intended to address malnutrition problems in geographically isolated and disadvantaged areas can be an obstacle on children's right to health.
	Morbidity among children under 5 years old	Limited health care facilities (especially CEmONC and BEmONC), lack of training/capacity-building/updates for healthcare providers, and poor economic status of families contribute to high prevalence of morbidity among children.	Healthcare facilities installed in some areas provides access to quality healthcare services especially for children under 5 years old where health is always at risk.	Some areas can't provide quality healthcare services and facilities especially those barangay health stations where there's no full-time Midwife. Children in this case were being deprived of their right to health since they can't really have the right services they need.
	Maternal and neonatal health	Below are the determined challenges related to maternal and neonatal health: 1) Limited health care facilities; 2) Shortages of medical supplies; 3) Social behavior of beneficiaries towards availment of health care services (reluctance from the mother or family due to	Indigent families were given free Philhealth membership which enables them to avail free/low-cost medical services. Health care providers who are committed and actively involved in promoting safe motherhood and healthy newborns are contributors	There are three distinct phases of delay that contribute to maternal death and an obstacle in fulfilling the right to health. First, is the <b>delay in deciding to seek medical care</b> , which usually stems from failure to recognize the danger signs by both midwife and

		cultural constraints, men's limited participation to reproductive health); 4) Families residing in GIDA resulting to poor access to services (far distance from family's home to a facility, poor condition of roads, lack of emergency vehicle whether by land or by water); 5) Insufficient money of families to pay for medical expenses and cost of transportation; and 6)Limited knowledge of parents on proper birth spacing, high risk pregnancy, complications of pregnancy, etc.	in defending reproductive health.	mother. Second, <b>delay in identifying and reaching the appropriate facility.</b> This relates to the issue of access to care and lastly, and lastly, the <b>delay in receiving appropriate and adequate care at the facility</b> which is generally caused by problems in the referral facility.
	Breastfeeding	Poor knowledge and negative social behavior of parents are the most important challenges observed why breastfeeding is not being promoted and practiced.	Creation of breast feeding support groups intensified the breastfeeding practices of mothers in some areas	Working mothers find it hard to exclusively breastfed their children within six months.
	Nutrition	Limited knowledge of families on proper nutrition may result to poor feeding practices and poor health status of families especially children.	Children who have poor access to good nutrition were given opportunity to meet their nutritional needs through supplemental feeding.	
<b>Reinforcement of public mechanisms and structures</b>	Access to quality primary healthcare services	Low investment on health workers' training, wages, working environment, and management remains to be a barrier to improve health outcomes.	Free membership to Philhealth of indigent families	Some health care providers (Midwives, BHWs etc.) have limited training which made them less effective in the delivery of services especially to children. If they get proper training, they will be effective and efficient health workers.
	Development of prevention-based healthcare systems	LGUs do not see health projects as top most priority. Hence, limited public mechanism is evident on most areas. There is shortage or absence of budget allocation for prevention-based health care delivery.	Development and distribution of health information materials	
	Child survival (concerning to 0-17 children)	Since LGUs do not see health projects as top most priority, there		

	is minimal health care services for school-age children and adolescents. Less ordinances were passed and enacted concerning teenagers as compared to children 5 years old and below.		
Immunizations	<p>Limited manpower affected the results of accomplishment in fully-immunized children (FIC).</p> <p>Wrong practices and negative behavior of midwives towards mothers has also been a challenge on the implementation of EPI.</p>	Continuous advocacy of Department of Health (DOH) to fight preventable diseases is evident through EPI implementation. Just last year, they launched a campaign called <i>"Iligtas sa Tigdas ang Pinas"</i> , wherein they conducted a month-long, nationwide, door-to-door measles immunization to stop the rising incidence of measles cases.	
Survival of children under 5 years old			
Morbidity among children under 5 years old	<p>Decreased community presence of midwives in some barangays.</p> <p>Limited budget allocation for maternal and neonatal care services such as iron supplementation.</p>		
Maternal and neonatal health	Challenges seen in the reinforcement of public mechanisms and structures concerning maternal and neonatal health.	Creation of roving team who responds to the need of families residing in far-flung areas (example of which are the services brought closer to the home of the mothers who will deliver).	
Breastfeeding	There are loop holes in the implementation of EO 51- Milk Code and as observed, there is no proper monitoring of breastfeeding practices especially in isolated and disadvantaged areas.		
Nutrition	Evidently, the LGUs have poor promulgation of PD 1569 wherein every barangay should have BNS.	Some Local Nutrition Committees, chaired by LCEs, are now functional and truly support	Some LGUs do not actively involved in Nutrition Programs. They do not have enough budget

		This is due to non-functionality of local nutrition committees. As a result, LGUs do not see nutrition projects as top most priority. They have limited budget allocated for the delivery of essential nutrition services.	the Nutrition Program. These committees are now aware that malnutrition problem needs to be prioritized.	allocated for nutrition related activities. Children's health and nutrition are being taken for granted resulting to deprivation of their right to good health and nutrition.
<b>Strengthening communities' and civil society's capacity to guarantee children's and adolescents' right to health</b>	Access to quality primary healthcare services	Limited trained and effective health care providers	Training provided to some Midwives and BHWs facilitates the effective performance of healthcare providers in areas where children are in need of proper care and services.	Some health care providers have limited training which made them less effective in the delivery of services especially to children. If they get proper training, they will be effective and efficient health workers.
	Development of prevention-based healthcare systems			
	Child survival			
	Immunizations			
	Survival of children under 5 years old	Lack of follow-up after the Integrated Management on Childhood Illness (IMCI) training Application of acquired knowledge and skills during the training.	Some Integrated Management of Childhood Illness (IMCI) trained personnel applied their acquired skills on managing cases of children with pneumonia, diarrhea and anemia.	
	Morbidity among children under 5 years old	Inadequate provision of opportunities for manpower development.		
	Maternal and neonatal health	Lack of training/capacity-building/updates for healthcare providers.		Lack of skilled attendants
	Breastfeeding			
	Nutrition	Some areas do not have appointed Barangay Nutrition Scholar who is trained and willing to take the post due to low compensation.	Local Nutrition Committees were capacitated with Nutrition Program Management . Some LNCs were not only organized but becomes functional as well.	Some areas do not have appointed BNS. BHWs assume the post without proper training so they need to attend trainings.

**Definition of terms:**

- ✓ **Health care system** - the complete network of agencies, facilities, and all providers of health care in a specified geographic area.
- ✓ **Child survival** is a field of [public health](#) concerned with reducing [child mortality](#). Child survival interventions are designed to address the most common causes of child deaths that occur, which includes [diarrhea](#), [pneumonia](#), [malaria](#), and neonatal conditions.
- ✓ **Children in difficult circumstances** suffer from deprivation, exploitation and neglect for no fault of their own and for reasons beyond their control.
- ✓ **Geographically Isolated and Disadvantaged Areas (GIDA)** - refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by:
  1. Physical Factors - isolated due to distance, weather conditions and transportation difficulties (island, upland, lowland, landlocked, hard to reach and unserved/underserved communities)
  2. Socio-economic Factors (high poverty incidence, presence of vulnerable sector, communities in or recovering from situation of crisis or armed conflict)
- ✓ **Components of Primary Health Care:**
  1. Public education and participation regarding prevention and control of health problems
  2. Promotion of food supply and proper nutrition for everyone
  3. An adequate supply of safe water and basic sanitation for everyone
  4. Comprehensive maternal and child health care, including family planning
  5. Global immunization against major infectious diseases
  6. Prevention and control of locally endemic diseases
  7. Appropriate and accessible treatment of common diseases and injuries