

Situation of Children with Disabilities in the Context of COVID19:

Results of a Rapid Online Survey in the Philippines

COUNCIL FOR THE WELFARE OF CHILDREN – SUB-COMMITTEE ON
CHILDREN WITH DISABILITIES





NOTE

This final report is an update of the survey results released in August 6, 2020 during the Post NDPR week celebration. Quality assurance was carried out in the original dataset so it can be shared with relevant stakeholders for further analysis. The primary intended audience are local stakeholders to guide policy and programs in disability-inclusion during the pandemic. The narrative is written in a simple and explicit way such that it is made more inclusive while a full accessible version is not yet available. Further, this is a straightforward presentation of the results with no additional assumptions made on the data other than what can directly be inferred.

© UNICEF in partnership with the Council for the Welfare of Children – Subcommittee on Children with Disabilities

Acknowledgements: NORFIL led the drafting and finalization of the questionnaire and survey design with inputs from subcommittee members. Physicians for Peace helped in the thematic content analysis and layout.

COVER PHOTO

Jestoni Puno, a 5 y/o child with a foot drop because of motorcycle accident. He underwent casting by an orthotic technician in the midst of the COVID-19 pandemic.
Photo credit: NORFIL/Bahatala, Inc., 2020

CONTENTS

List of Acronyms	4
Executive Summary	5
Key Findings	5
Key Recommendations to uphold the Rights of Children with Disabilities ..	6
Introduction	8
Methodology	9
Survey Results	12
Demographics of Respondents	12
Effects of Quarantine Measures	17
Access of Children with Disabilities and their Families to Government Measures and Programs in Response to the COVID19 pandemic	19
Provision, Dissemination, and Accesibility of Information on COVID19 Transmission, Prevention and Response	21
Expressed Emotions of Children with Disabilities during the COVID19 Quarantine Measures	24
Suggested areas for improvement	25
Recommendations	26
Recommendations according the different categories of Child Rights	26
Overall Recommendations	29
Limitations of the Survey and this Report	30
References	31
Annex: Online Survey Questionnaire	32

LIST OF ACRONYMS

ADHD	Attention Deficit Hyperactivity Disorder
BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
ASD	Autism Spectrum Disorder
CAR	Cordillera Administrative Region
COVID19	Corona Virus Disease 2019
CWC	Council for the Welfare of Children
CSO	Civil Society Organization
DILG	Department of Interior and Local Government
DOH	Department of Health
DOJ	Department of Justice
DSWD	Department of Social Welfare and Development
ECQ	Enhanced Community Quarantine
IATF	Interagency Task Force
LGU	Local Government Unit
MHPSS	Mental Health and Psychosocial Support
NCDA	National Council on Disability Affairs
NCR	National Capital Region
NDPR	National Disability Prevention and Rehabilitation
NGA	National Government Agency
NGO	Non-government Organization
NPI	Non-pharmaceutical Interventions
OPD	Organizations of Persons with Disabilities
OSEC	Online Sexual Exploitation of Children
RA	Republic Act
SAP	Social Amelioration Program
SC-CWD	Subcommittee on Children with Disabilities
UN	United Nations
UNICEF	United Nations Children's Fund
VAC	Violence Against Children

EXECUTIVE SUMMARY

As the COVID19 pandemic hit the Philippines in 2020, there was predictable disruption in the provision of both mainstream and disability-specific services for children with disabilities. On April 2020, the Sub-committee on Children with Disabilities (SC-CWD) of the Council for the Welfare of Children (CWC) conducted an online survey to assess the situation of these children and their families at the height of the quarantine restrictions.

Key findings

The survey gathered a total of 39,534 respondents from all regions of the Philippines, with 6,561 respondents representing children with disabilities, mainly through their parents. Of these, 566 responses were from children. Quantitative and qualitative data analyses² were carried out after a data quality assurance process. Unless otherwise specified, the following key findings refer to the subset of respondents who represented children with disabilities (n=6,561)³.

- Major concerns cited by respondents include their inability to access essential services, specifically, education services and learning resources (52%), child development

services (51%), habilitation and rehabilitation services (49%), and general health services (43%).

- A total of 14% of the respondents reported a decline in mental health, with 12% noting their inability to access mental health and psychosocial support (MHPSS) services.
- Financial constraints (46%) and lack of transportation (43%) were the top causes cited for their inability to access essential commodities and services.
- There was a reported increase in the frequency of domestic violence and child abuse (1.4%), affecting more males (59%) than females (41%). Sexual abuse was reported in 13% of these children (n=93).
- There is a notable difference in the implementation and reach of government support “in-kind” and “in-cash”, with data pointing to suboptimal targeting for the latter. A total of 80% of the respondents reported to have received relief packages, while only 19% reported to have received any form of financial assistance. Duplication of financial support from both the local and national governments was also reported in around 5% of respondents.
- Among all the respondents (n=39,534), 27% reported that information on COVID19 precautions were not being provided in accessible formats mainly because of the

² The term “analysis” is being used here to refer to the processing of the raw data. Because of the rapid nature of the survey, making additional assumptions on the results was not originally intended in the drafting of this report.

³ All throughout the document, “n” refers to the denominator for the percentages computed.

limited capacity of health workers in communicating with persons with disabilities. In addition, 69% of the respondents would like to know more about specific protective measures for people with disability.

- Common suggestions on how to improve the situation of children with disabilities include (1) providing essential goods and financial assistance, (2) supporting home-based interventions and capacity building for parents, including providing support to online education, and (3) ensuring access to essential services, including transportation.

Key Recommendations to uphold the Rights of Children with Disabilities

Right to Survival

- Improve household targeting of children with disabilities especially in the provision of financial aid and livelihood support to families to ensure that they do not fall into the cracks especially during emergencies.
- Strongly consider including telehealth in the provision of both mainstream and disability-specific services and include this delivery platform in the PhilHealth Z-benefit packages for children with disabilities. Families should also be provided means to access life-saving maintenance medications in times of emergencies.
- Develop disability-targeted

communication materials on COVID19 precautions and adapt existing materials for accessibility. There is also need to sensitize and capacitate health service providers on disability inclusion.

- Empower caregivers in directly delivering home-based rehabilitation interventions to better respond to the needs of the children.

Right to Development

- Support and empower parents and caregivers in implementing specific considerations when managing care and education of their children at home.
- Provide support to education service providers, including early childhood education, to ensure that distance learning platforms are safe and accessible.
- Make available assistive devices to allow participation and accommodate learning needs and provide education materials in multiple and accessible formats.
- In the “new normal”, while taking necessary precautions, continue to:
 - Enhance early identification and referral systems to link these children to all the necessary resources and services for their learning and development, and
 - Implement the inclusive

education program

Right to Protection

- Heighten advocacy on violence against children (VAC) online and offline for children with disabilities, including domestic abuse, and make reporting mechanisms accessible to both adults and children with disabilities.
- Adapt case management protocols and processes to the “new normal” and train service providers in handling cases of children with disabilities to respond to VAC, gender-based violence (GBV), and domestic violence.
- Make parenting programs available to parents of children with disabilities that would teach them positive parenting techniques and self-care.
- Work with schools and the education sector to mitigate online risks as blended learning will become a norm in the next few months.
- Improve access to MHPSS services through help lines and virtual services and make referral systems disability-inclusive.

Right to Participation

- Capacitate children with disabilities and their families on how they can exercise their right to participation.
- Map out different sectors (children, youth, parents, civil society organizations, private sector) that

advocate for disability-inclusion and identify the support they provide to establish a network that will nurture engagement and participation both online and offline.

Across all thematic areas, duty bearers are enjoined to always adopt the twin-track approach in addressing the needs of children with disabilities through mainstream and disability-targeted interventions. In addition, sectors need to come up with a directory of resources and services for these children across sectors which will be very helpful for the families both in regular times and during emergencies.

INTRODUCTION

Emergencies, including disease outbreaks, disproportionately affect those who have social disadvantage at the outset (United Nations Children’s Fund, 2020). With the closure of schools, medical facilities, rehabilitation centers, and other services because of the COVID19 pandemic, there was abrupt disruption in the provision of both mainstream and disability-specific services for children and people with disabilities. This was in addition to other adverse factors such as a higher risk of getting COVID19 and developing more severe disease, vulnerability for secondary adverse impact, and barriers faced in accessing information.

The Sub-committee on Children with Disabilities (SC-CWD) of the Council for the Welfare of Children (CWC) conducted an online survey to understand the situation of children with disabilities and their families during the COVID19 pandemic. The CWC SC-CWD⁴ is a national coordination forum with mandate and initiatives on children with disabilities. Its mission is to promote and advocate for an inclusive, barrier-free, and rights-based society for children with disabilities by mobilizing families, communities, government agencies, civil society and faith-based organizations, business sectors, academe, and development partners. The Subcommittee is comprised of relevant national government agencies (NGAs) and civil society organizations (CSOs), including organizations of parents of children with disabilities. The subcommittee is comprised of the following members to date:

- CHAIR:
 - a. Department of Social Welfare and Development (DSWD)
 - b. NORFIL Foundation

- MEMBERS:
 - National Government Agencies (NGAs)
 1. Council for the Welfare of Children (CWC)
 2. Commission on Human Rights (CHR)
 3. National Council on Disability Affairs (NCDA)
 4. Department of Education (DepEd)
 5. Department of Health (DOH)
 6. Department of Justice (DOJ)
 7. Department of the Interior and Local Government (DILG)
 8. National Youth Commission (NYC)
 9. National Commission on Indigenous Peoples (NCIP)
 10. Early Childhood Care and Development Council (ECCDC)

⁴ This will also be referred to as the “Subcommittee” all throughout this document

- Development partners, CSOs, and LGUs
 1. United Nations Children’s Fund (UNICEF) Philippines
 2. Physicians for Peace Philippines
 3. Save the Children Philippines
 4. Philippine Association for Citizens with Developmental and Learning Disabilities, Inc.
 5. Philippine Partnership on Children with Disabilities
 6. Philippine Society of Wheelchair Professionals
 7. Association Soeur Emmanuelle Philippines (ASMAE) Philippines
 8. Philippine Network on Inclusive Education
 9. City of Mandaluyong

The survey took place between April 24 to May 8, 2020 at the height of the quarantine restrictions in the National Capital Region (NCR), and the beginning of restrictions in areas outside Metro Manila. The main area of inquiry was the perceived impact of non-pharmaceutical interventions (NPI), mainly quarantine restrictions, on children with disabilities and their families as direct and indirect results of the pandemic. This also looked into their access to basic commodities and social services, access to COVID19 government interventions, and access to information. In addition, potential opportunities arising from the situation were also explored. While certain findings in the survey were expected, generating evidence directly from the affected population and relevant groups was deemed important to guide duty bearers in mounting a more disability-inclusive and cohesive set of actions both in the immediate response phase into the more protracted “new normal”. This will also ensure a stronger support system in place for these children and their families in the event of other emergencies.

METHODOLOGY

The survey employed a non-probability/convenience sampling methodology. The target respondents were children with disabilities, their parents, other primary caregivers, and family members. It also targeted members of disability networks especially parent organizations of children with disabilities, organizations of persons with disabilities, government agencies, CSOs, and individuals working and advocating for disability rights and inclusion.

To guide all respondents, a child was defined as:

- Every human being below the age of 18 years (United Nations, 1989)

- Persons below 18 years of age or those over but are unable to fully take care of themselves from abuse, cruelty, neglect, exploitation, or discrimination because of a physical or mental disability or condition (Republic of the Philippines, 1992)

The term “quarantine measures” referred to measures enforced by the national or local governments by way of movement restriction or separation from the rest of the population of healthy persons who may have been exposed to the virus, with the objective of monitoring their symptoms and ensuring early detection of case (Department of Health, Philippines, 2020). Insofar as the survey was administered nationwide, it should be noted that local governments were at varying degrees of implementation of quarantine measures at the time of the survey. The latter was tailored to local disease situation and the corresponding recommendations provided by the COVID19 Inter-agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) of the Philippine Government.

The Subcommittee disseminated the survey through the social media accounts and the wide disability network of its members. At the beginning of the survey, respondents were presented its rationale, intended use of the results, the choice of anonymity, and the confidentiality of their personal data. More importantly, informed consent was secured from respondents to use the information for policy and planning purposes by relevant government agencies and CSOs responding to the pandemic. This was done before respondents proceeded to answer the survey questions (please refer to question 1 of the survey questionnaire in Annex). Those who refused were piped to the end section of the survey without having to answer the main survey questionnaire.

The survey was administered online using the Google Forms employing, for the most part, close-ended, multiple choice, checkbox questions with pre-defined options to choose from. The questions were divided into five sections, namely:

- Section A gathered the category of respondents. Depending on the response, a respondent was piped to other sections.
- Section B was only open to a respondent who self-identified as a child with disability. This section gathered the respondent’s administrative information.
- Section C was only open to a respondent who is either a parent, a family member, a legal guardian, or a caregiver of a child with disability. This section gathered administrative information of the child that the respondent represented.
- Section D was only open to a respondent who is a member of a government agency, CSO, or NGO; or an individual working and advocating for disability rights and inclusion.

- Section E was open to all respondents and gathered information about the situation of children with disabilities and their families while quarantine measures were in effect.

Data from the survey responses were analyzed both quantitatively and qualitatively. Through the Google analytics platform, data visualization of aggregated results for each survey question was auto generated to facilitate initial presentation of the survey data. Data quality assurance was subsequently carried out in the original dataset to ensure integrity of the results and for the dataset to be shared with national government agencies should they need to conduct further analyses. The data quality assurance was done using IBM SPSS Statistics and included the removal of duplicated records, recoding of questions, reassigning of codes, performance of logic checks, and validation of responses, among others. For the open-ended questions, responses were categorized following careful thematic content analysis of each individual response. While additional disaggregated analyses can be done with the validated survey data, any cross-tabulation or comparison among different variables would require further data processing. The urgency of publishing the validated results for information and utilization of stakeholders particularly of duty-bearers, however, was more paramount than providing any further disaggregated analyses. This report, therefore, has not introduced any additional data analyses outside of what was initially generated through Google analytics. In addition, making additional assumptions on the survey results other than what can directly be inferred was not covered in this report.

SURVEY RESULTS

Demographics of Respondents

Respondent categories

A total of 41,559 individuals accessed the survey website and 40,066 proceeded to answer the survey questions. After data quality assurance was carried out, only 39,534 respondents were retained. Figure 1 shows us in a modified pie chart that among the final set of respondents (n=39,534), 6,561 (16.6%) represented children with disabilities. They were either (1) children with disabilities themselves (566; 1.4%), (2) legal guardians or caregivers (676; 1.7%), and (3) parents or other family members (5,319; 13.5%). Advocates of disability rights and inclusion comprised the rest of the respondents (32,973, 83.4%). The latter included members of government agencies, CSOs, OPDs, and individual advocates. Throughout this document and unless otherwise specified, percentages refer to the subset of respondents who represented children with disabilities (n=6,561).

Demographics of Children with Disabilities

At the outset, the survey did not ask for demographic information of the respondents themselves but that of the child or children with disability they were representing. Figure 2 presents in a 3D pie chart the breakdown of the 6,561 respondents who represented children with disabilities. They fall into any one of the following categories: child with disability (8.6%), legal guardian or caregiver (10.3%), and parent or family member (81.1%).

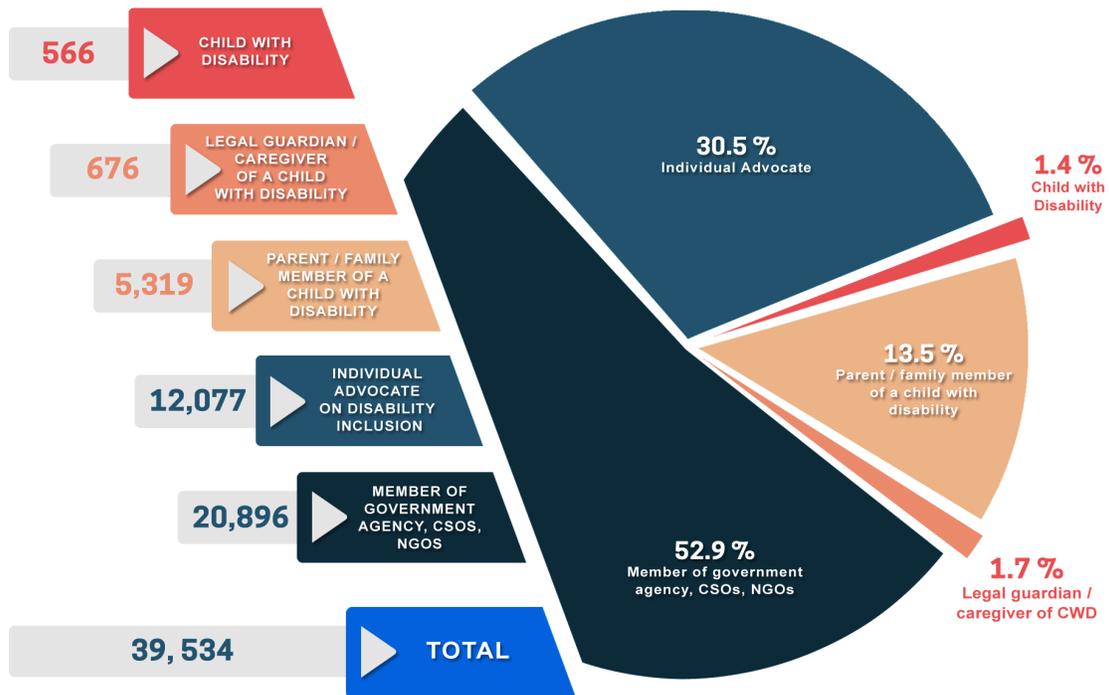


Figure 1. Profile of survey respondents (n=39, 534)

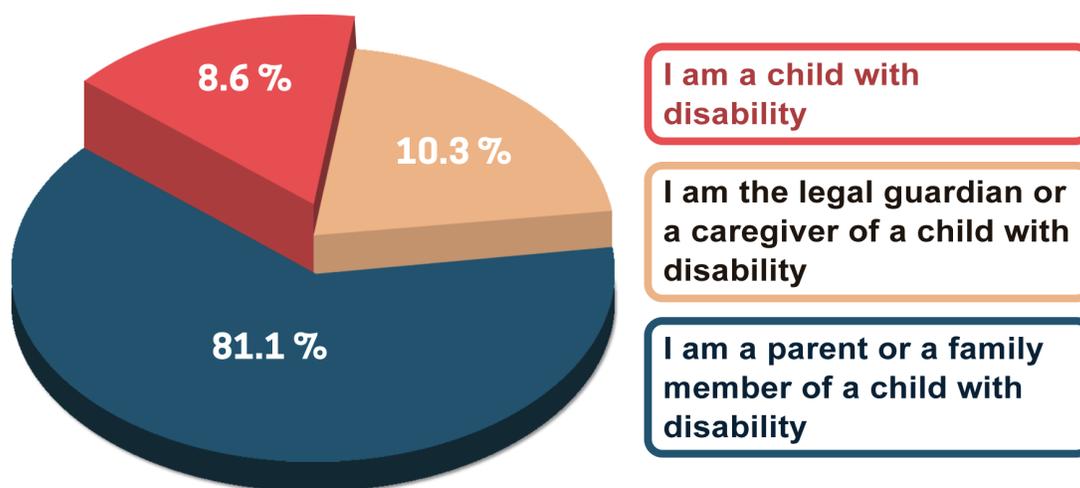


Figure 2. Breakdown of respondents representing children with disabilities

Figure 3 presents in side-by-side pie charts the sex and age breakdown of the 6,561 children with disabilities. Majority of these children are males (65%) falling in the age group of 7-12 years old. Meanwhile, Figure 4 indicates in a bar graph that the top 3 disabilities among these children are learning, speech, and mental disabilities.

Note that the question on disabilities allowed for more than one response from a set of predefined answers recognizing that a single child can experience multiple disabilities.

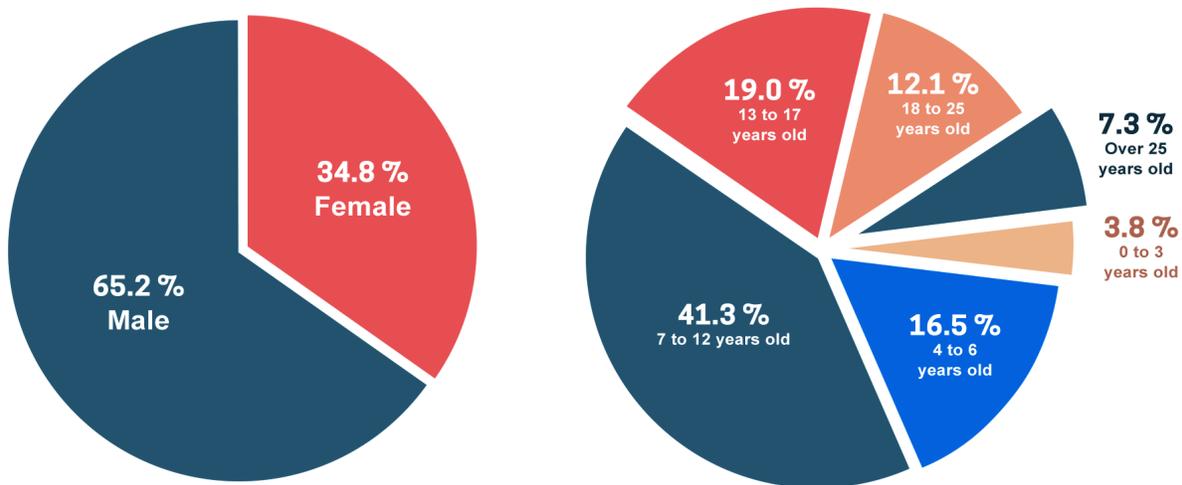


Figure 3. Sex and age breakdown of children with disabilities

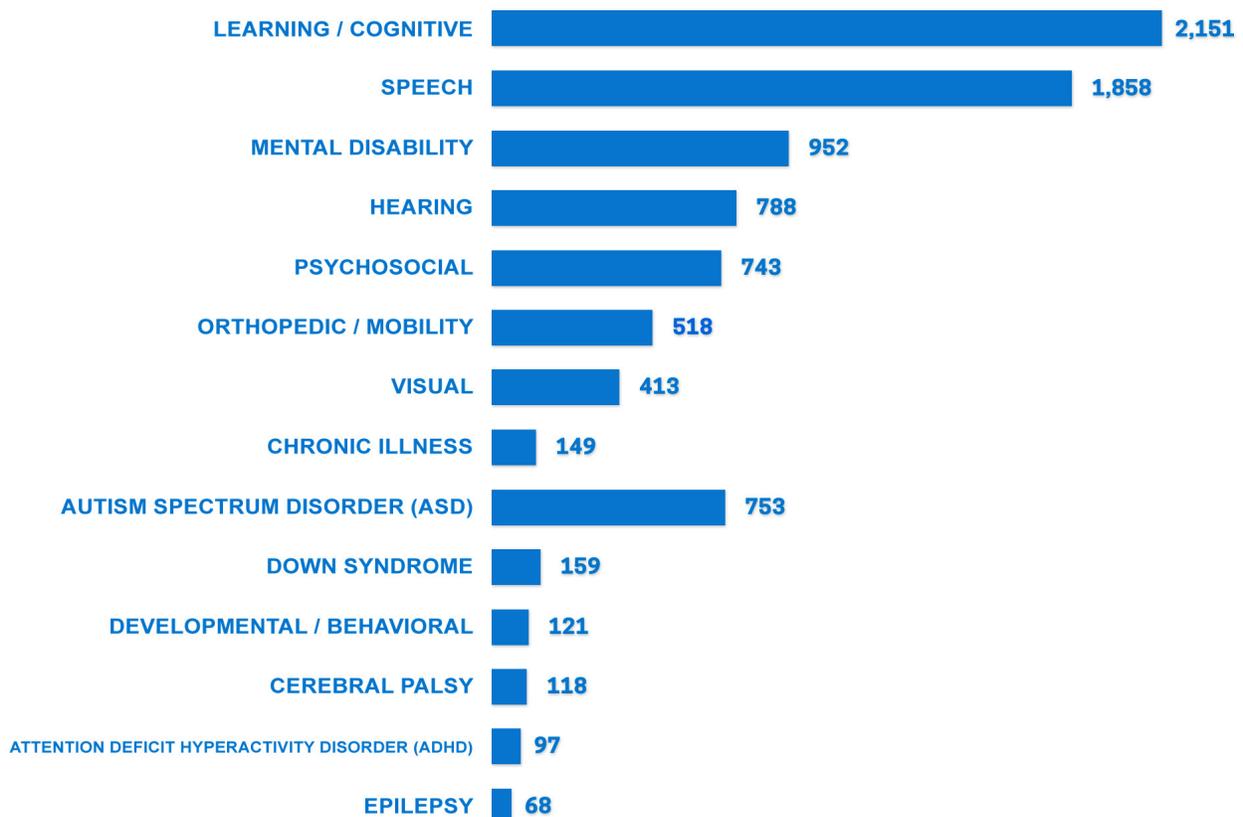


Figure 4. Distribution of children with disabilities according to types of disabilities⁵

⁵ Categories are not mutually exclusive, and respondents were allowed multiple answers

All subnational regions of the Philippines were represented in the survey, with NCR (28.1%) and Region 4A (27.1%) having the greatest number of respondents. This is shown in a horizontal bar chart in Figure 5. Indigenous groups were represented by 2.5% of the children with disabilities and Figure 6 presents in a pie chart the breakdown of children with disabilities belonging to these groups. They belong to tribes such as Mandaya (9.0%), Kankanaey (7.8%), Ibaloi (7.2%), and Manobo (5.4%).

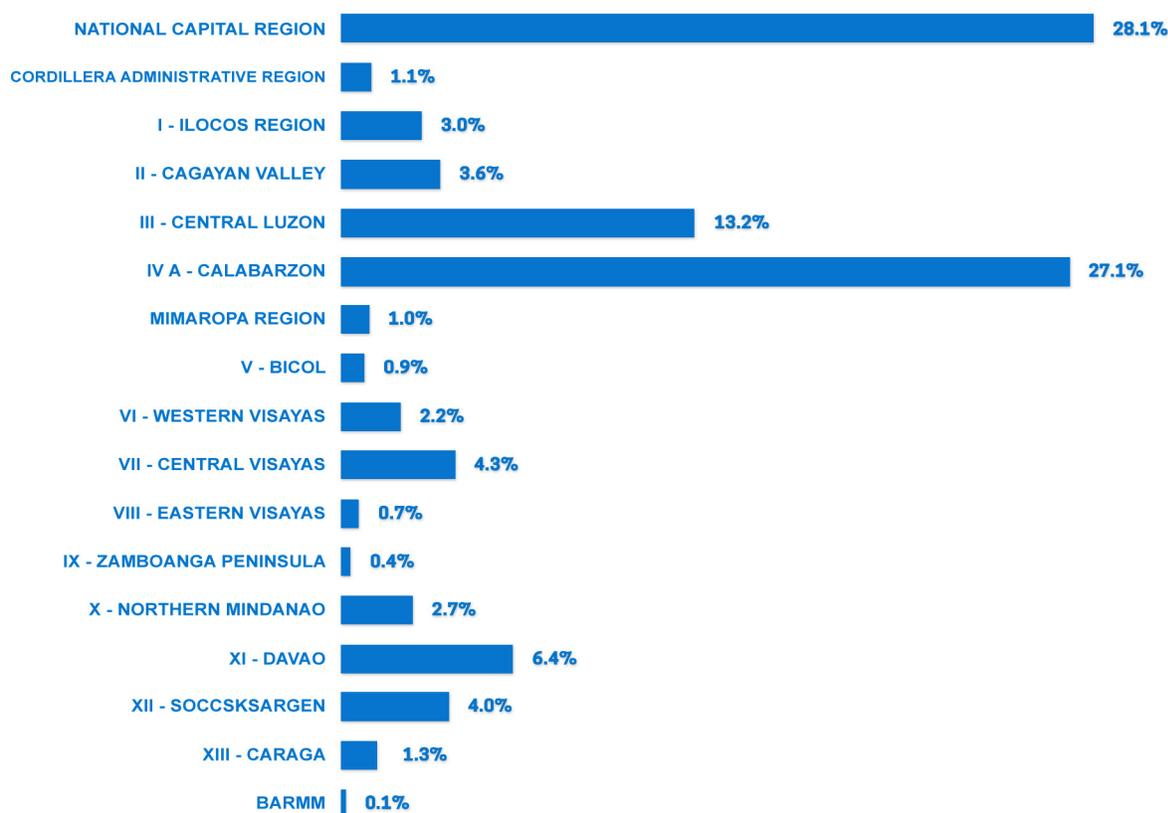


Figure 5. Regional distribution of children with disabilities

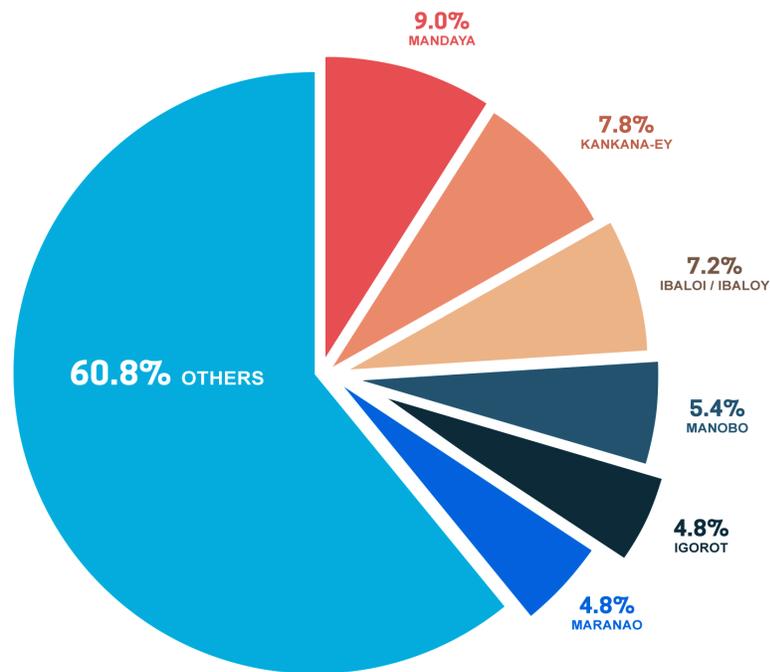


Figure 6. Distribution of children with disabilities belonging to indigenous groups (n=166)

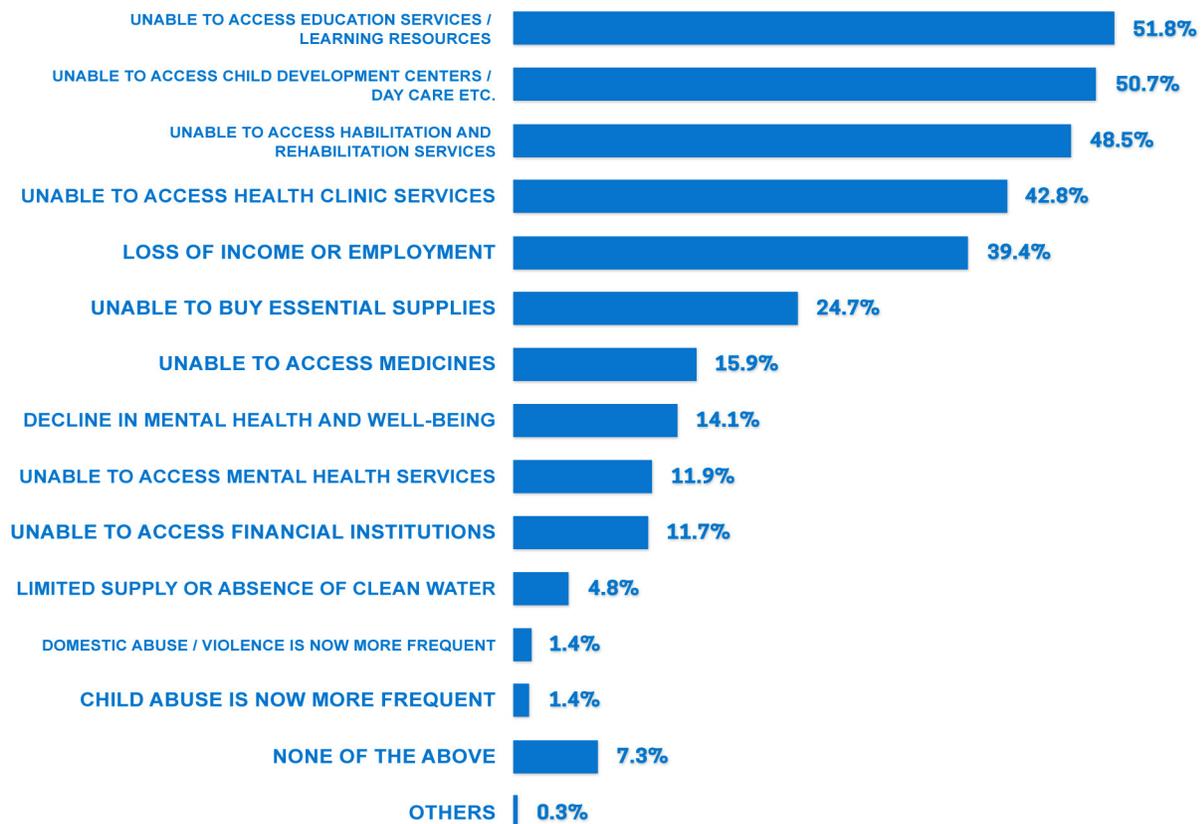


Figure 7. Effects of the COVID19 quarantine measures on children with disabilities

Effects of Quarantine Measures

Overall, the results of the survey are consistent with the expected effects of the COVID19 quarantine restrictions on the lives of children with disabilities and their families. Figure 7 shows in a horizontal bar chart that inability to access education (51.8%), child development services (50.7%), habilitation and rehabilitation services (48.5%), and general health services (42.8%) were identified by respondents as major concerns. Loss of family income was also a major issue reported by 39.4% of the respondents resulting to their inability to buy essential commodities (24.7%), including not being able to access needed medications (15.9%). A decline in mental health and wellbeing of children under their care was reported by 14.1% of the respondents in the face of inability to access mental health and psychosocial services reported by 11.9% of the respondents. This decline in mental health and wellbeing was described by some respondents as “higher levels of aggression”, “more tantrums” for younger children, and “sadness” for older children.

Reasons that were included for not being able to access essential supplies and services included the following: absence or limited money to buy essential supplies (46%), absence of public transportation (43%), limited availability of shops and pharmacies (20%), and mobility restrictions (20%). Mobility restrictions included being unable to physically leave the home or absence of another person to lend support in accessing these services and supplies. Meanwhile, 21% of the respondents indicated that access to these supplies and services was not an issue. These results are shown in a horizontal bar chart in Figure 8.

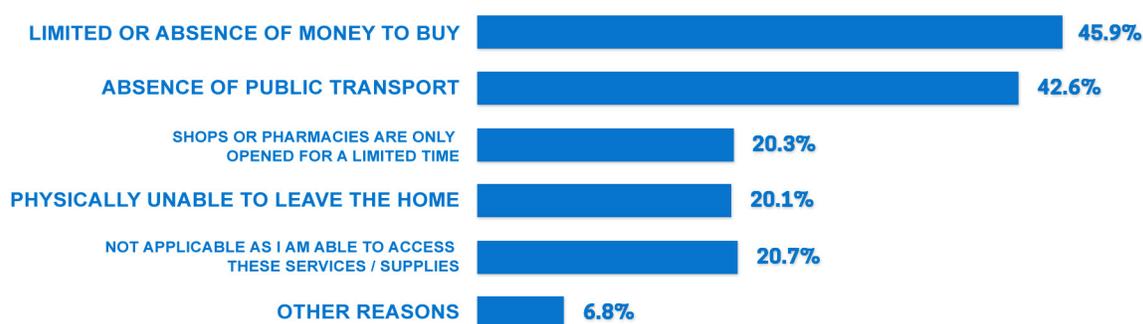


Figure 8. Reasons for not being able to access essential supplies and services

Occurrence of Child Abuse and Domestic Abuse During COVID19 Quarantine Measures

Some 1.4% of survey respondents reported an increase in both child abuse and domestic violence. Figure 9 shows in a side-by-side pie chart that majority of the children reportedly experiencing abuse were in the 7-12-year-old age group

(46.2%) with more males than females (59.1% vs 40.9%). The types of abuse being experienced by these children were mainly physical (49.5%), verbal or emotional (43.0%), sexual (12.9%), and online (12.9%). This is shown in a vertical bar chart in Figure 10. Once again, this question allowed for multiple responses.

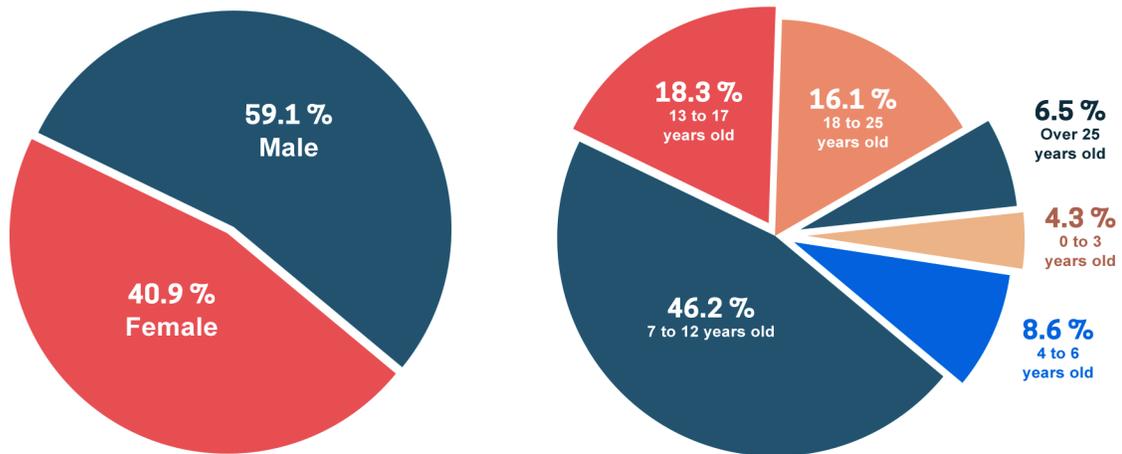


Figure 9. Age and sex distribution of children with disabilities reportedly experiencing abuse (n=93)

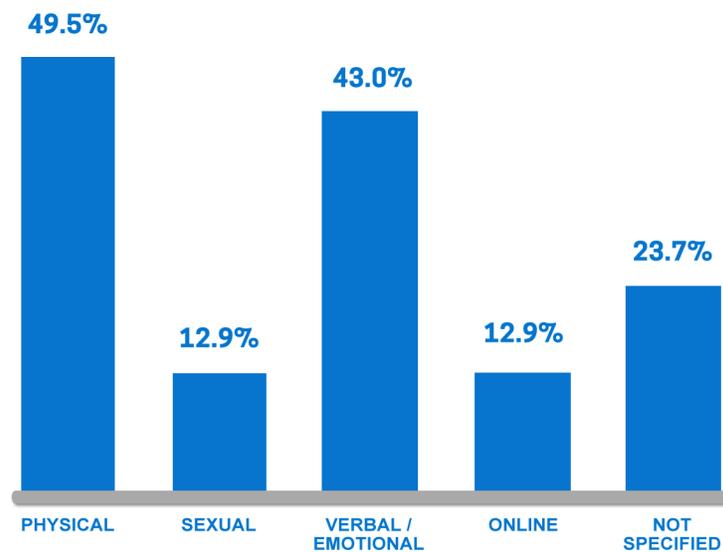


Figure 10. Distribution of reported child abuse according to type of abuse (n=93)

Figure 11 are side-by-side pie charts that provide the age and sex breakdown of children with disabilities who were reportedly experiencing sexual abuse (12.9%) at the time of the survey with equal number of males and females (6 each) but with majority belonging to the 7-12 years age group. Advice on where to reach out for help was included in the survey questionnaire.

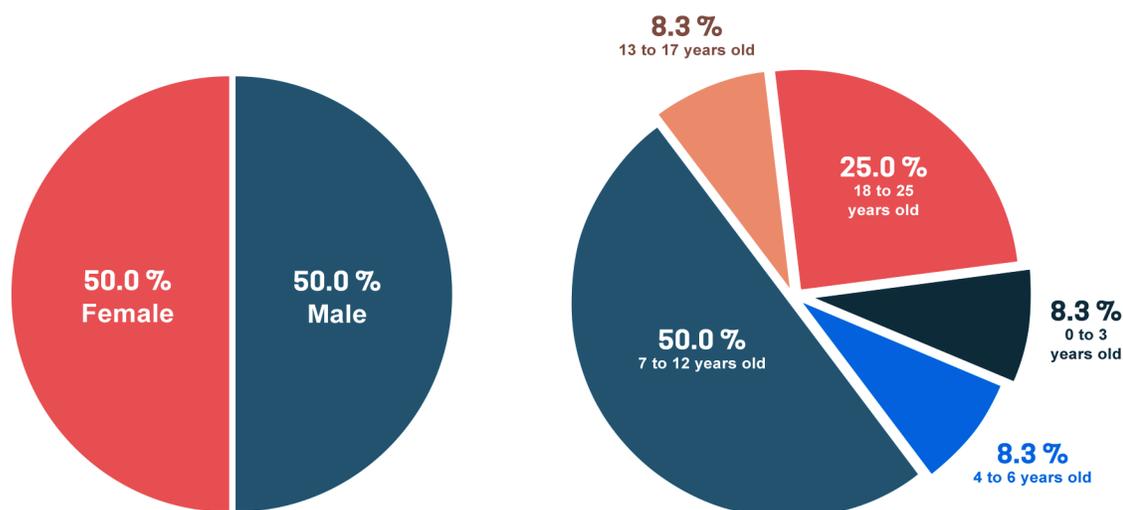


Figure 11. Age and sex distribution of reported sexual abuse among children with disabilities (n=12)

Access of Children with Disabilities and their Families to Government Measures and Programs in Response to the COVID19 pandemic

Figure 12 is a horizontal bar chart that has on the vertical axis a list of possible government measures in response to COVID19. For each intervention, two important pieces of information can be gathered, namely, (1) the percentage of respondents indicating that the intervention was implemented in their areas, and (2) the percentage of respondents indicating that they were able to access the service. The percentage of implementation and access are superimposed on each other such that the gap in the access is surfaced for each COVID19 intervention⁶.

The respondents reported that the following government measures were implemented in their areas: (1) provision of food allowance and relief packages (87.3%), (2) provision of quarantine pass (85.6%), (3) disinfection of areas (64.0%), (4) information dissemination on COVID19 prevention, transmission, and management (40.3%), and (5) financial assistance from both national (39.2%) and local governments (32.7%), among others (please refer again to Figure 12). A notable difference can be observed in both the implementation and access of government assistance “in-kind” and “in-cash”, with data that point to suboptimal targeting for the latter. While 80.4% of the respondents reported having received relief packages, only 15.4% received cash support from the national government through the DSWD SAP and 13.6% from LGUs⁷.

⁶ Categories are not mutually exclusive, and respondents were allowed multiple answers

⁷ These figures also represent 92%, 38%, 42% “reach” of these government interventions where they were reportedly implemented

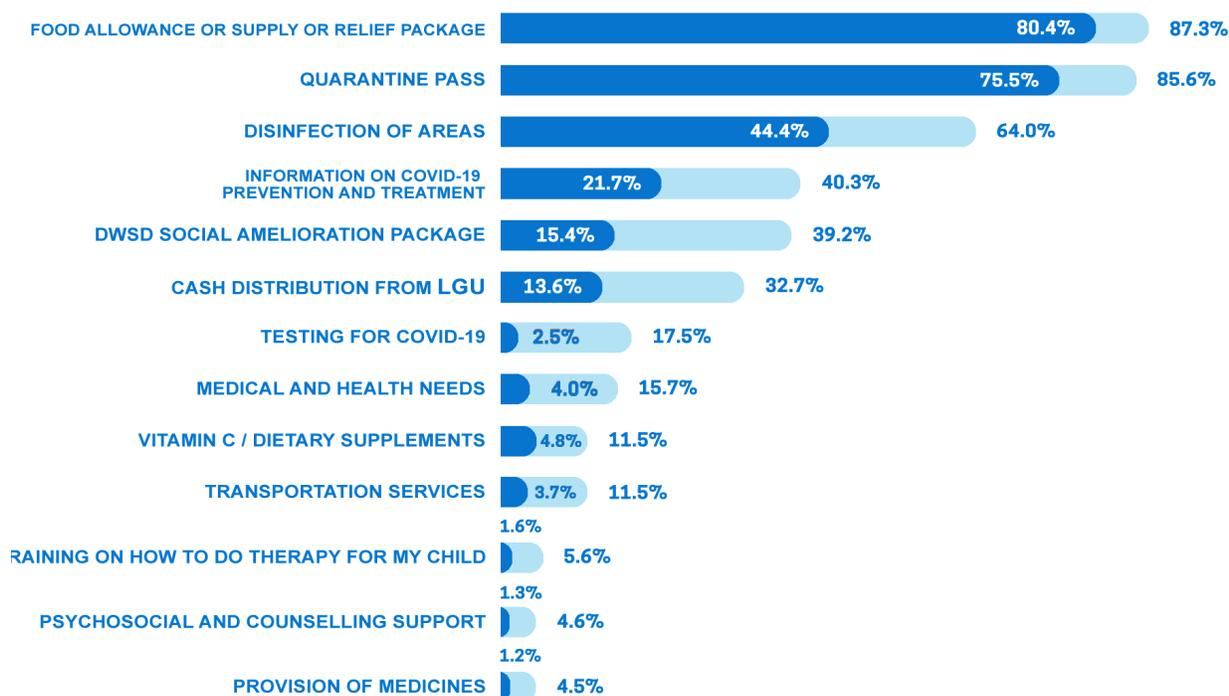


Figure 12. COVID19 measures IMPLEMENTED in the respondents' areas vs ACCESSED (n=6,561)

Figure 13 is a modified bar of pie chart that shows in more detail the implementation status and access to cash assistance from both the national (DSWD SAP) and local governments. Collectively, only 19.2% (1,261) of the respondents reported having received any form of financial assistance, with 8.0% receiving from national government, 6.4% from the LGUs, and 4.8% from both local and national governments. The latter duplication of financial aid in the face of the 62% (2,067) households missed where the intervention was implemented (31.5% of total), points to suboptimal targeting of these households in the provision of government financial assistance, with huge unmet need. Recall in Figure 8 that 39.4% of these respondents reported having lost family income or employment while 45.9% reported financial constraint as the main barrier for accessing essential commodities and services.

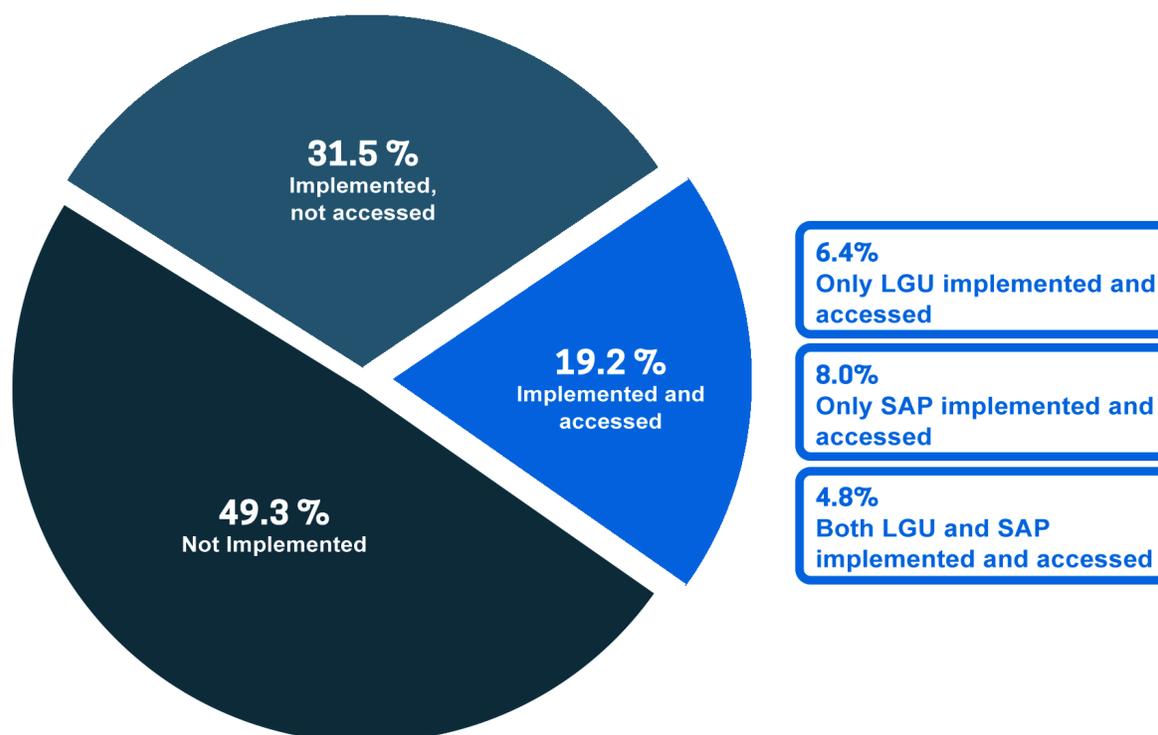


Figure 13. Implementation status and access to cash assistance from both the national (DSWD SAP) and local governments

Provision, Dissemination, and Accessibility of Information on COVID19 Transmission, Prevention and Response⁸

Figure 14 has three doughnut pie charts showing that among the wider group of respondents, a surprising majority claimed that information on COVID19 transmission, prevention, and response was being provided in multiple and accessible formats (69.1%, 1st pie chart in Figure 14). However, there was still a remaining third who reported either unavailability of information in accessible formats or unavailability of information altogether (12,196 or 31%, 2nd and 3rd pie charts in Figure 14). Reasons implicated for the inaccessibility of COVID19 information being provided in their communities are listed in Figure 15. What surfaced as the top reason, reported by 46.9% of respondents, is the limited capacity of health workers in communicating and working with persons with disabilities.

⁸ This section analyzed responses from all survey respondents (n= 39,534)

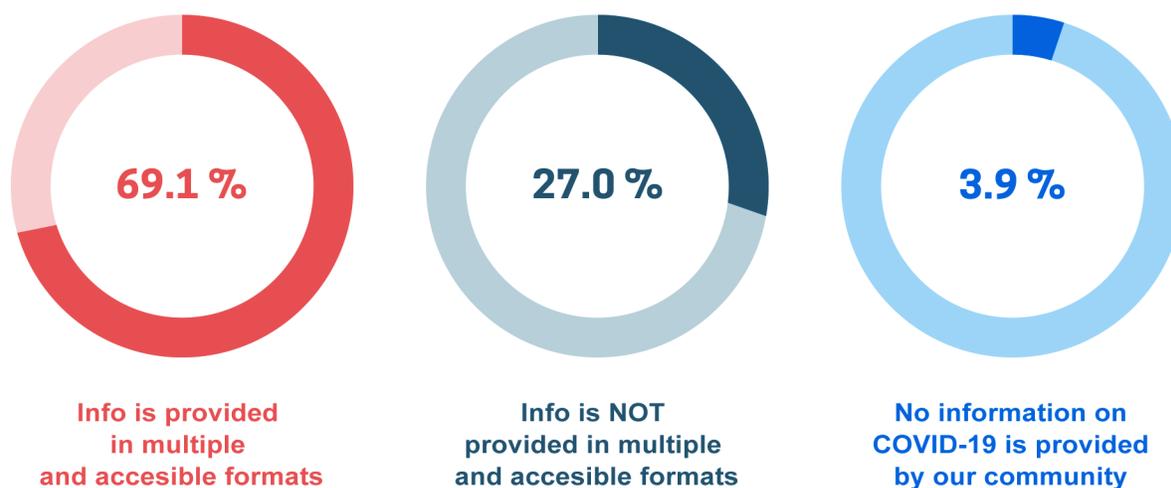


Figure 14. Information on COVID19 transmission, prevention, and response

REASON	PERCENTAGE	NUMBER
Limited capacity of health workers to communicate and work with persons with disabilities.	46.9%	4,991
Absence and/or limited access to social media and other technology-based platforms.	37.2%	3,962
All press conferences and information dissemination activities are not captioned for persons who are deaf, deafened and hard of hearing.	29.5%	3,146
Information given has no qualified sign language interpretation.	28.8%	3,070
All written communication, including government newsletters and bulletins, are “NOT” in a screen reader-friendly format for persons who are blind.	21.2%	2,259
All information activities have NO audio description for persons who have vision disabilities.	19.4%	2,062
Information is not written in our national and/or local language.	7.6%	809
All written communication are using jargon or complex medical terms.	5.6%	601

Figure 15. Reasons for the inaccessibility of COVID19 information disseminated in the respondents’ area

The survey also revealed that the main sources of COVID19 information include local and national TV (88.7%), social media (85.1%), websites of the DOH and other government agencies (67.2%), LGU officials and workers (56.2%), family and friends (49.4%), and teachers and school personnel (46.5%), among others. This is shown in Figure 16 as a horizontal bar chart.

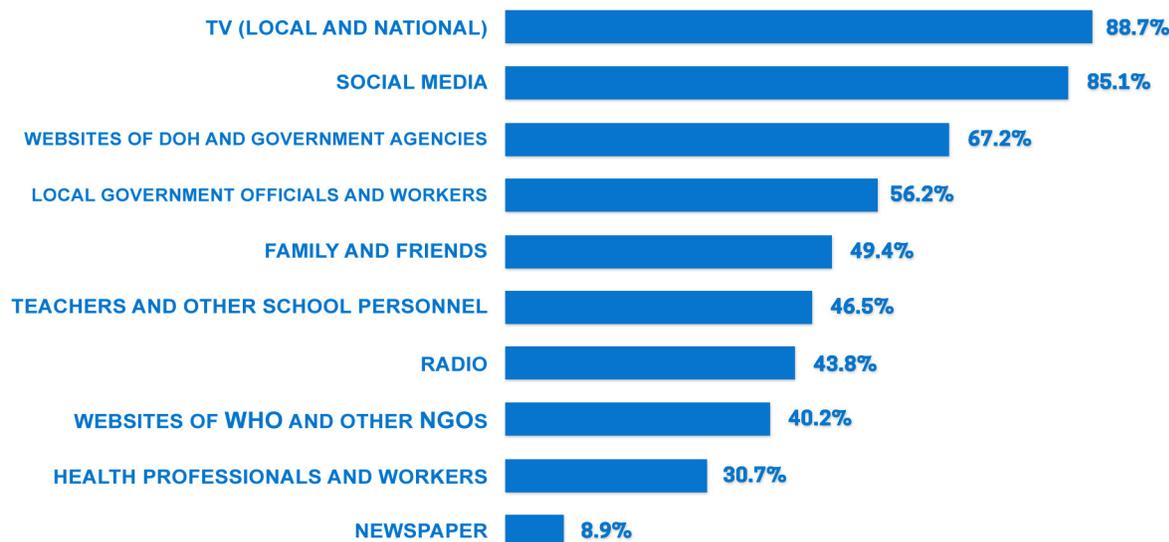


Figure 16. Respondents' sources of information about COVID19 transmission, prevention, and response

A large number of respondents reported that they would like to know more information about protective measures against COVID19 that are specific to people with disabilities (27,277 or 69%, shown Figure 17). This data suggests that, while information on COVID19 is being provided and disseminated in the respondents' communities, there was an apparent lack of disability targeted COVID19 information.

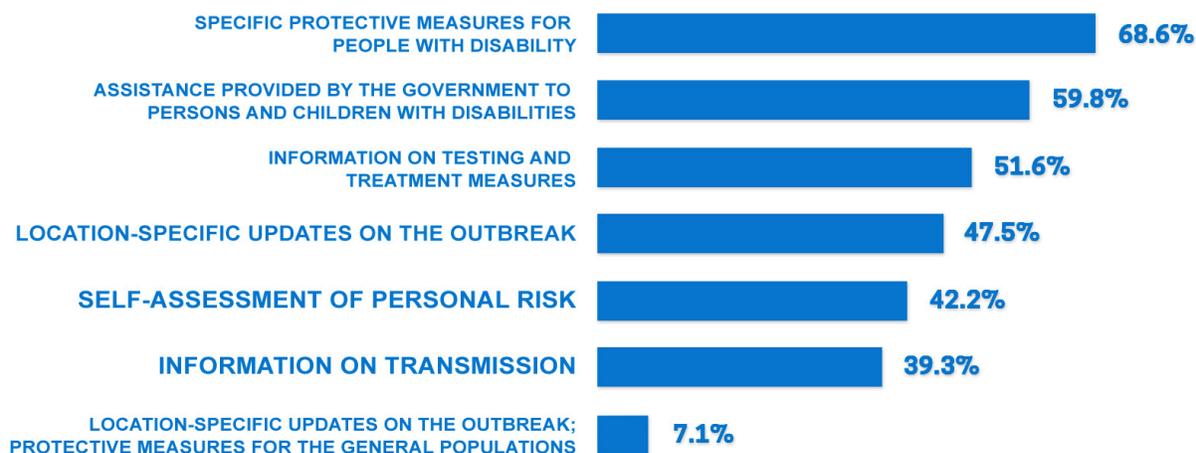


Figure 17. Respondents' need for additional information

Expressed Emotions of Children with Disabilities during the COVID19 Quarantine Measures⁹

Figure 18 provides a breakdown of the emotions expressed by the 566 respondents who self-identified as children with disabilities. Of the 566 child respondents, majority reported being afraid (41.9%) and sad (33.6%), with some 10.8% having positive feelings in general. This information is somehow congruent with the earlier findings of decline in mental health in the face of inability to access MHPSS services.

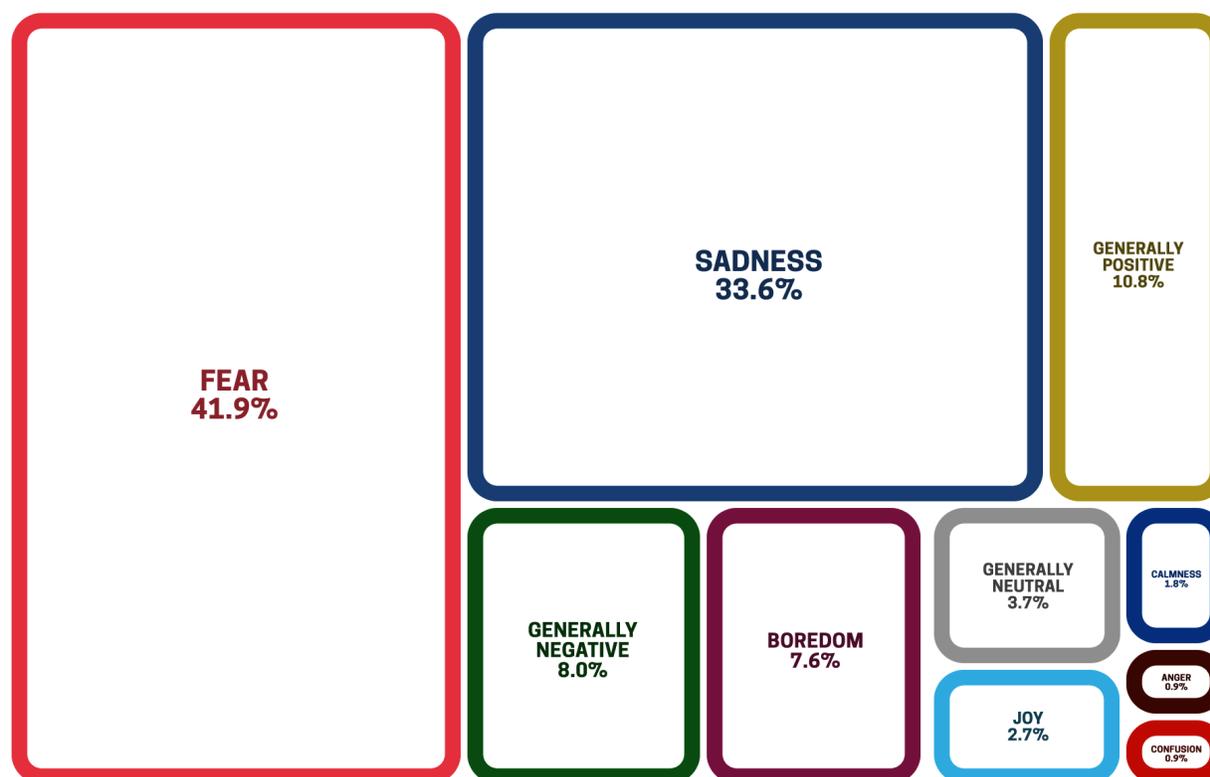


Figure 18. Expressed emotions of children with disabilities during the COVID19 quarantine measures (n=566)

Some of the verbatim responses were:

1. *“It’s so hard because we are stuck in our house. Di pwedeng lumabas kasi bawal. Mahirap din kasi walang pera para maipambili ng pagkain, gamot o mga pangangailangan.”¹⁰*
2. *“I have an UTI right now. And it’s so hard because of the lockdown in our area, my mother can’t buy meds for me because of lack in money.”*
3. *“Nag-aalala, dahil bilang estudyante hindi ko alam kung sa pag dating ng buwan ng Setyembre ay ligtas naba kaming makakapasok sa paaralan. At kung kailan ba matatapos ang NCOV. Ngunit sa panahon ngayon para sakin ay hindi iyon mahalaga, pwede namang mag-aral sa bahay. At lahat ay apektado rin, kaya ang*

⁹ These were responses from the children with disabilities who directly answered the survey (n=566)

¹⁰ “[We] cannot go out because it is disallowed. It’s also difficult because of lack of money to buy food, medicine, and other essential commodities”

magagawa lang namin ngayon ay magdasal at sumunod sa batas.”¹¹

4. *“I feel insecure once they lift the ECQ to GCQ here in NCR because there are more positive cases in Mandaluyong. I feel blessed because our government is trying to flatten the curve about corona virus. I and my family are very thankful because we are safe and doing our best for staying at home. I’m afraid of this coming school year because of opening of classes. I hope they will develop a vaccine soon.”*

Suggested areas for improvement

Finally, an open-ended inquiry on how the situation of children with disabilities under their care can be improved gathered common themes, such as (1) providing essential goods and financial assistance, (2) supporting home-based interventions and capacity building for parents, including support to online education, (3) ensuring access to essential services, including transportation, (4) providing COVID19-related safety and security measures, and (5) supporting caregivers’ well-being (Figure 19).

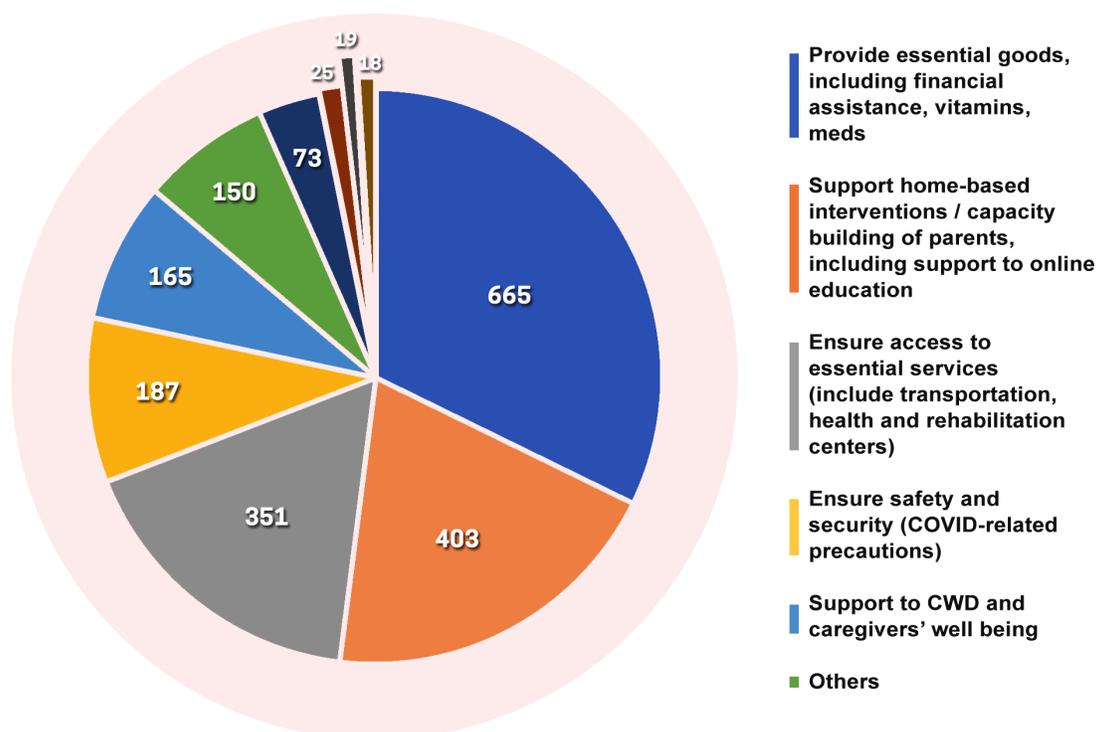


Figure 19. Suggestions on how to improve respondents' situation

¹¹ “[I am] Worried because as a student I don’t know if by September it will be safe to return to school. And until when this NCOV will end. Although at this time, it’s not that important because schooling can be done at home anyway. And everyone is affected so what we can only do right now is to pray and follow the law.”

RECOMMENDATIONS

Recommendations according the different categories of Child Rights

Right to Survival

Prior to the pandemic, significant gaps already existed in the delivery of mainstream and disability-specific health and other essential services to children with disabilities. This is partly because of the absence a baseline data on child disability prevalence and the lack of a systematic child disability determination mechanism at the local government level resulting to suboptimal targeting of their households for government support especially during emergencies. Based on the results of the present survey, the following recommendations are put forward to ensure that the rights to survival of children with disabilities are upheld:

- Improve targeting of households of children with disabilities especially in the provision of needed financial support so they are still able to access life-saving commodities and services in times of emergencies. As a more immediate response measure, local government structures should connect with OPDs and other community structures to identify families of these children. As longer-term measures, the government should at least have a national baseline data on child disability prevalence to better guide disability-inclusive planning and budgeting, including for emergency preparedness and response. For local governments, a more robust disability determination mechanism should be in place, with timely issuance of persons with disabilities (PWD) cards, and maintenance of disability registry that deliberately includes children. There is also a need to revisit the requirements for the issuance of PWD cards among children, especially those with non-apparent disabilities, such that these requirements do not inadvertently work against them and their families in times of heightened need for government support.
- Provide means for these children to have uninterrupted access to life-saving maintenance medications (such as anti-seizure medications) from pharmacies and hospitals and strongly consider including telehealth in the present PhilHealth Z-Benefit packages for children with disabilities. Therapy services should also be included as among the important services that will warrant exemption from movement restrictions.
- Support children with disabilities and caregivers in two ways: (1) support their well-being mainly through mental health and psychosocial support, and (2) undertake capacity-building activities that will allow them to do habilitation or rehabilitation services at home.
- Develop and disseminate targeted messages for children with disabilities, parents, and other primary caregivers, families, and community members, to better protect

these children in the time of COVID19.

- Adapt existing COVID19 communication materials and content to multiple and accessible formats, written, oral and visual, to reach the remaining 27% with demand for these materials. Alternative communication channels should also be employed for children and families not within reach of government services, such as through trusted persons or key influencers, including community health workers or religious leaders. Service providers in the health sector also need to be sensitized and capacitated on disability inclusion.

Right to Development

A UNICEF study on the situation of children with disabilities prior to the COVID19 pandemic revealed that an estimated 52.6% of children with disabilities are from poor households were not attending school (UNICEF Philippines, 2018). The interruption in child development and learning services as a result of the pandemic worsens this situation. Based on the results of the survey, the following are recommended:

- Provide support to actors in education, including early childhood education, to ensure that distance learning platforms are safe and accessible to children with disabilities. In particular, teachers, including child development teachers and child development workers, should be trained on supporting children with disabilities remotely.
- Provide support to parents and caregivers of children with disabilities, including those with development and/or intellectual disabilities, in implementing specific consideration when managing care and education of their children at home. Provide support as well for their own mental health and psychosocial well-being.
- Make assistive devices available to allow participation and accommodate learning needs.
- Provide learning content in multiple and accessible formats, such as:
 - Printed or tactile materials, such as self-learning modules in Braille or audio formats;
 - Sign language interactions (SLI) for online or video educational materials; and
 - Remote platforms (online, printed, radio, television) for education and distant learning

Right to Protection

Even before the pandemic, an estimated 80% of Filipino children experience violence in any form – physical, emotional, and sexual – in all settings, such as at home, in schools, in communities, and during dating (Council for the Welfare of Children

and UNICEF Philippines , 2016). While the baseline study used random sampling, thus, respondents who are children with disabilities were not representative of the population, it has always been assumed that children with disabilities are more vulnerable and at risk of any form of violence. During the COVID19 pandemic quarantine measures, reports of violence against children (VAC) to the police and to the Women and Children’s Protection Units have decreased radically (Child Protection Network (CPN), 2020). However, this does not mean that the quarantine results to lesser incidence of VAC and domestic violence. In fact, the Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID19 Global Pandemic on Children (UNICEF, 2020) underscores the increased risk of violence, exploitation, abuse, and neglect due to high stresses brought about by the socio-economic impact of COVID19 and the lack of access to child protection services caused by measures that limit mobility. The quarantine measures also caused classes to be suspended indefinitely, thus, teachers are not able to detect signs of child abuse and exploitation.

Based on the results of this survey, the following are the recommendations:

- Heighten advocacy on VAC online and offline, including making helplines for VAC domestic abuse available.
- Make reporting mechanisms accessible to both adults and children with disabilities. Adapt existing helplines and community-based mechanisms to be able to respond to the needs of children with disabilities.
- Adapt case management protocols and processes to the “new normal” and train social service workforce members relevant to child protection in handling cases of children with disabilities to respond to VAC, gender-based violence (GBV), and domestic violence.
- Make parenting programs available to parents of children with disabilities that would teach them positive parenting techniques and self-care, particularly for parents or caretakers who are in charge of a child that would otherwise be in a residential care facility that has closed due to COVID19.
- Work with schools and the education sector to mitigate online risks as blended learning will become a norm in the next few months.
- Improve access to mental health and psychosocial support (MHPSS) services through helplines and virtual services and make referral systems disability-inclusive.

Parents and caregivers should always provide open communication and take time to adjust messages to specific needs of children with disabilities, as supportive relationships are critical especially at this time. children with disabilities may be distressed because of the COVID19 outbreak. Having activities with children provides a sense of regularity and a space for parents and children to communicate

their feelings. Playful, fun, and stimulating interaction between young children with disabilities and their parents or caregivers will positively and permanently strengthen the child's ability to cope with the unusual situation of the pandemic.

Right to Participation

While not included as a major area of inquiry in this survey, the COVID19 pandemic is also an opportunity to advocate for children with disabilities' right to participation. Engagement of these children or their primary caregivers (for very young children) in co-creating solutions for a more disability-inclusive response will translate to more responsive interventions, including in the preparedness planning for similar emergencies in the future. This is to operationalize one of the core guiding principles of the UNCRPD in ensuring full and effective participation and inclusion in society (United Nations, 2020).

Recommendations to improve the right to participation of children with disabilities and their families during the COVID19 response are:

- Map out different sectors (children, youth, parents, civil society organizations, private sector) that advocate for disability-inclusion. Identify the support they provided and establish a network to nurture engagement and participation both, online and offline.
- Advocate for inclusion and representation of youth with disabilities in the activities of the National Youth Commission, Sangguniang Kabataan, and other organized groups.
- Provide training on children participation with focus on children with disabilities and their families.
- Develop a handbook on the participation of children with disabilities to guide duty bearers and stakeholders in facilitating activities for these children.
- Train duty-bearers and other stakeholders on the right to participation of children with disabilities including the conduct of capacity building for these children.
- Capacitate children with disabilities and their families on how they can exercise their right to participation.

Overall Recommendations

In responding to the needs of children with disabilities in times of emergencies, especially in the present COVID19 pandemic, it is important to not lose sight of the twin-track approach. This means addressing the needs of these children by both mainstream and disability-targeted interventions across all relevant sectors. In addition, tailoring the response to the needs of specific groups across vulnerability parameters, such as disability type, age, gender, ethnicity, and socioeconomic status,

is important. Finally, considering the overlapping deprivations that these children are experiencing, duty bearers always need to be cognizant of the different dimensions that impact the lives of these children, hence, employing a multi-sectoral approach cannot be overemphasized. Upholding the rights of these children in the face of added deprivations and competing government priorities is paramount to ensure that we do not leave them behind. These rights are articulated in the UN Convention on the Rights of the Child and UN Convention on the Rights of Persons with Disabilities (UNCRPD).

LIMITATIONS OF THE SURVEY AND THIS REPORT

The survey was carried out swiftly in an attempt to generate preliminary information that will guide planning of response to the COVID19 pandemic. The design could thus be improved in terms of rigor. One particularly important demographic variable that was missed was the socioeconomic profile of the respondents, including membership in the 4Ps or the conditional cash transfer program by the DSWD, which is also consequential in the analysis and interpretation of results. Another area that could be improved was the structure of the survey questionnaire such that it will allow straightforward disaggregated analyses of results based on respondent type. Finally, as initially pointed out, this report was written as a straightforward presentation of the survey results and did not make additional assumptions other than what can directly be inferred from the data. As the clean dataset will be shared with NGAs and other partners, more in-depth sectoral reports may be written as the need arises.

REFERENCES

Congress of the Philippines. (1992). An Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination, and for Other Purposes.

Child Protection Network (CPN). (2020). statistics from 23 Women and Child Protection Units(WCPUs). Philippines: unpublished .

Council for the Welfare of Children and UNICEF Philippines . (2016, October). UNICEF Philippines. Retrieved November 19, 2020, from <https://www.unicef.org/philippines/reports/national-baseline-study-violence-against-children-philippines>

Department of Health, Philippines. (2020). Memorandum Circular 2020-0020. Manila.

Interagency Network for Education in Emergencies (INEE). (2020, April). LEARNING MUST GO ON: Recommendations for keeping children safe and learning, during and after the COVID-19 crisis. Brief.

International Disability Alliance . (2020, March 19). International Disability Alliance. Retrieved November 19, 2020, from https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

UNICEF Philippines. (2018). Children with Disabilities: Finding the Way to an Inclusive Service Framework (Policy Brief based on the 2018 report “Study on the Situation of Children with Disabilities in the Philippines”. Mandaluyong City: UNICEF.

United Nations. (1989). Convention on the Rights of the Child . New York: United Nations.

United Nations. (2020). Department of Economic and Social Affairs, Disability. Retrieved November 19, 2020, from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

United Nations Children’s Fund. (2020). COVID-19 response: Considerations for Children and Adults with Disabilities.

ANNEX: ONLINE SURVEY QUESTIONNAIRE

Survey on the Situation of Children with Disabilities in the Context of COVID-19

IMPORTANT INFORMATION TO READ BEFORE COMPLETING THIS SURVEY!

The Sub-committee on Children with Disability of the Council for the Welfare of Children expresses concern over the welfare of children with disability and the possibility of severe disruption to services and other treatments with the closures of schools, medical facilities, habilitation and rehabilitation services brought by COVID-19.

While children overall seem to be less likely to show symptoms of COVID-19, those with disabilities may fall into the category of “high risk” due to secondary health conditions.

Now more than ever, persons and children with disabilities and their families must have access to lifesaving information for them to make decisions on how to protect themselves and how to access vital necessities and services.

To contribute to monitoring and mitigating the impact of COVID-19 in disability context, we are launching a rapid survey to assess the needs, situations, and ability of children with disability and their families to access services, information, and support networks while quarantine measures are in effect.

The findings of this survey will help support local solutions and recommend contingency plans and actions to our networks in the national and local government agencies, civil society organizations, and NGOs.

To guide all respondents, a child is:

- a. Any human being below the age of 18 years (Art. 1 UN Convention on the Rights of the Child)
- b. Persons below 18 years of age or those over but are unable to fully take care of themselves from abuse, cruelty, neglect, exploitation or discrimination because of a physical or mental disability or condition. (RA 7610 Sec. 3)

All answers provided will remain anonymous and your responses cannot be used to identify you.

Many thanks for your help and collaboration. Please keep yourself always safe.

* Required

1. Do you give us permission to use the information you will provide to advise and support relevant health departments, government agencies, and community organizations in regards to COVID-19? Again, your responses cannot be used to identify you. *

Mark only one oval.

- Yes *Skip to question 2*
- No

A. About you.

2. A1. Name (If you do not wish to be identified, just please type a code name of your choice) *

3. A2. About you *

Mark only one oval.

- I am a child with disability. *Skip to question 4*
- I am a parent or a family member of a child with disability *Skip to question 14*
- I am the legal guardian/caregiver of a child with disability *Skip to question 14*
- I am a member of a network, government agency, non-government organization (NGO), civil society organization (CSO), support group that advocate disability rights
Skip to question 30
- I am an advocate for the inclusion of disability issues and rights at my personal capacity *Skip to question 23*

B. This section gathers administrative information about the child with disability.

4. B1.) How old are you? *

Mark only one oval.

- 0-3 years old
- 4-6 years old
- 7-12 years old
- 13-17 years old
- 18-25 years old
- Over 25 years old

5. B2.) What is your sex? *

Mark only one oval.

- Male
- Female

6. B3.) Are you a member of an indigenous group (tribe)? *

Mark only one oval.

- Yes
- No

7. B4.) If yes, please write the group or tribe. If no, just type, 'not applicable' or N.A. *

8. B5.) What region do you live in? *

Mark only one oval.

- Region I – Ilocos Region
- Region II – Cagayan Valley
- Region III – Central Luzon
- Region IVA – CALABARZON
- Region IVB - MIMAROPA Region
- Region V – Bicol Region
- Region VI – Western Visayas
- Region VII – Central Visayas
- Region VIII – Eastern Visayas
- Region IX – Zamboanga Peninsula
- Region X – Northern Mindanao
- Region XI – Davao Region
- Region XII – SOCCSKSARGEN
- Region XIII – Caraga
- NCR – National Capital Region
- CAR – Cordillera Administrative Region
- ARMM – Autonomous Region in Muslim Mindanao

9. B6.) Please type province you live in. *

10. B7.) Please type the City or Municipality you live in? *

11. B8.) Please type the Barangay you live in? *

12. B9.) Type of your impairment /disability. *

Check all that apply.

- Orthopedic
 Visual
 Hearing
 Speech
 Psychosocial
 Learning
 Chronic Illness
 Mental Disability

Other: _____

13. B10.) How do you feel right now amidst COVID-19 situation?

Skip to question 30

C. This section gathers administrative information about the child with disability.

14. C1.) How old is the child with disability you represent? *

Mark only one oval.

- 0-3 years old
 4-6 years old
 7-12 years old
 13-17 years old
 18-25 years old
 Over 25 years old

15. C2.) What is the sex of the child with disability you represent? *

Mark only one oval.

Male

Female

16. C3.) Is the child with disability your represent a member of an indigenous group (tribe)? *

Mark only one oval.

Yes

No

17. C4.) If yes, please write the group or tribe. If no, just type, 'not applicable' or N.A. *

18. C5.) What region does the child with disability you represent live in? *

Mark only one oval.

- Region I – Ilocos Region
- Region II – Cagayan Valley
- Region III – Central Luzon
- Region IVA – CALABARZON
- Region IVB - MIMAROPA Region
- Region V – Bicol Region
- Region VI – Western Visayas
- Region VII – Central Visayas
- Region VIII – Eastern Visayas
- Region IX – Zamboanga Peninsula
- Region X – Northern Mindanao
- Region XI – Davao Region
- Region XII – SOCCSKSARGEN
- Region XIII – Caraga
- NCR – National Capital Region
- CAR – Cordillera Administrative Region
- ARMM – Autonomous Region in Muslim Mindanao

19. C6.) Please type the province the child you represent live in. *

20. C7.) Please type the City or Municipality the child you represent live in. *

21. C8.) Please type the Barangay the child you represent live in. *

22. C9.) What is the impairment of the child you represent? *

Check all that apply.

- Orthopedic
- Visual
- Hearing
- Speech
- Psychosocial
- Learning
- Chronic Illness
- Mental Disability

Other: _____

Skip to question 30

D. This section gathers information for a respondent who is a member of a network, government agency, NGO, CSO, support group, or an individual that advocate disability rights and or work with children with disabilities.

23. D1.) Please type the name of your agency / organization / group. *

24. D2.) How old are you? *

Mark only one oval.

- 10 - 18 years old
- 19 - 30 years old
- 31 - 40 years old
- 41 - 50 years old
- 51 - 60 years old
- 61 - 70 years old
- Over 70 years old

25. D3.) What is your sex? *

Mark only one oval.

Male

Female

26. D4.) What region do you live in? *

Mark only one oval.

Region I – Ilocos Region

Region II – Cagayan Valley

Region III – Central Luzon

Region IV A – CALABARZON

Region IV B - MIMAROPA

Region V – Bicol Region

Region VI – Western Visayas

Region VII – Central Visayas

Region VIII – Eastern Visayas

Region IX – Zamboanga Peninsula

Region X – Northern Mindanao

Region XI – Davao Region

Region XII – SOCCSKSARGEN

Region XIII – Caraga

NCR – National Capital Region

CAR – Cordillera Administrative Region

ARMM – Autonomous Region in Muslim Mindanao

27. D5.) Please type the province you live in. *

28. D6.) Please type the city/ municipality you live in. *

29. D7.) Please type the Barangay you live in. *

Skip to question 30

E. This section gathers information on how COVID-19 affects children with disabilities.

The questions/statements of this section can be answered either by a child with disability, or a parent/family member/legal guardian/caregiver of a child with disability, or a member of a network, government agencies, NGO, CSO, support group, or even an individual that advocate disability rights and or work with children with disabilities.

30. E1.) What are the current measures being implemented in your community that affects the situation of children with disabilities? *

Check all that apply.

Social Distancing / Physical Distancing

Mandatory Quarantine

Curfew

Unsure about the situation in my area

Other: _____

31. E2.) How have you (or the child/ren with disability you represent) been affected by the quarantine measures brought by COVID-19? (Please tick all that apply) *

Check all that apply.

- Unable to access Child Development Center/ Day Care Centers, Supervised Neighborhood Playgroup, National Child Development Center, Early Learning Center
- Unable to access education services / learning resources
- Unable to access health clinic services (including public health services , immunization, nutritional screening, medical consultations)
- Unable to access habilitation and rehabilitation services (physical therapy, speech therapy, occupational therapy)
- Unable to access medicines
- Loss of income or employment
- Unable to buy essential supplies (food, basic commodities, hygiene products)
- Limited supply or absence of clean water
- Unable to access bank, money remittance services/financial Institutions
- Decline in mental health and well-being (example: fear, anxiety, stress)
- Unable to access mental health/psychosocial services and counselling support
- Domestic abuse/ violence is now more frequent
- Child abuse is now more frequent
- None of the above

Other: _____

32. E3.) Referring to question E2, if you answer "UNABLE" to access essential supplies, habitation and rehabilitation services, medicines, and other services", what are the reasons that keep you from having or accessing these services / supplies? *

Check all that apply.

- Limited or absence of money to buy
- Shops or pharmacies are only opened for a limited time
- Absence of public transport
- Physically unable to leave the home and there is no caregiver to provide the support
- Not applicable as I am able to access these services / supplies

Other: _____

33. E4.) Referring to question E2, if you answer "Domestic and child abuse are now more frequent", please mark the type of abuse/s you (or the child you represent) are experiencing . (Please tick all that apply) *

Check all that apply.

	Physical	Sexual	Verbal / Emotional	Online/Cyberspace	Not applicable
Domestic Abuse/Violence	<input type="checkbox"/>				
Child Abuse	<input type="checkbox"/>				

34. E5.) Which among the following measures to prevent and respond to COVID-19 are being "IMPLEMENTED" in your area? *

Check all that apply.

- Disinfection of areas
- Testing for COVID-19
- Food allowance or supply or relief package
- Cash distribution from City/Municipality/ Barangay
- Quarantine pass
- Medical and health services
- Information on COVID-19 prevention and treatment
- Psychosocial and counselling support
- Training on how to do therapy for my child (physical, occupational, speech therapy)
- Transportation Services
- Vitamin C / Dietary Supplements
- Provision of medicines
- DSWD Social Amelioration Package
- None of the Above

Other: _____

35. E6.) Referring to question E5, of the measures being implemented in your area, which of those have you received/accessed? *

Check all that apply.

- Disinfection of areas
- Testing for COVID-19
- Food allowance or supply or relief package
- Cash distribution from City/Municipality/ Barangay
- Quarantine pass
- Medical and health needs
- Information on COVID-19 prevention and treatment
- Psychosocial and counselling support
- Training on how to do therapy for my child (physical, occupational, speech therapy)
- Transportation Services
- Vitamin C / Dietary Supplements
- Provision of medicines
- DSWD Social Amelioration Package
- I have received 'ALL' these services

Other: _____

36. E7.) Is the information on COVID-19 transmission and prevention being provided/disseminated in your community? *

Mark only one oval.

- Yes, and the information is provided in multiple and accessible formats
- Yes, but the information is NOT provided in multiple and accessible formats
- No information on COVID-19 is provided by our community
- Other: _____

37. E8.) Referring to question E7, if you answer "Yes, but the information is 'NOT' provided in multiple and accessible formats", what could be the reason/s for the inaccessibility? *

Check all that apply.

- Information given has no qualified sign language interpretation
- All press conferences and information dissemination activities are not captioned for persons who are deaf, deafened and hard of hearing.
- All information activities have NO audio description for persons who have vision disabilities
- All written communication, including government newsletters and bulletins, are "NOT" in a screen reader-friendly format for persons who are blind.
- All written communication are using jargon or complex or medical terms.
- Information is not written in our national and/or local language.
- Absence and/or limited access to social media and other technology-based platforms
- Limited capacity of health workers to communicate and work with persons with disabilities.
- None of the above.

Other: _____

38. E9.) What are the main sources of information you use to keep yourself updated about COVID-19 (Tick all that apply) *

Check all that apply.

- Website of the Department of Health and other national government agencies
- Website of the World Health Organization and other non-government organizations
- TV (Local and national)
- Radio
- Newspaper
- Social media (Facebook, Twitter and LinkedIn)
- Family and Friends
- Health professionals and workers
- Teachers and other school personnel
- Local Government Officials and Workers (Provincial, City, Municipality, and Barangay Officials)

Other: _____

39. E10.) What would you like to know more about COVID-19? *

Check all that apply.

- Specific protective measures for people with disability
- Location-specific updates on the outbreak
- Self-assessment of personal risk
- Protective measures for the general populations
- Information on transmission
- Assistance provided by the government to persons and children with disabilities
- Information on testing and treatment measures

Other: _____

40. E11.) Do you know of an organization, peer support group, or other venues that you reach out to for information and support at this time? If yes, please specify.

41. E12.) What issues or concerns surfaced in the implementation of the quarantine measures in your community? *

Check all that apply.

- Violations on social distancing
- No available transportation
- Inaccessible information
- Inadequate food and/or medicine ration
- No access to test kits
- Non-compliance to set curfew time
- Non-issuance of quarantine pass
- Increased risk of domestic violence
- No designated area for medical consultation and isolation of patients
- Disruption in education and other basic social services
- Prejudices, stigma, and discrimination toward persons with disability
- LGU does not prioritize Persons and Children with Disabilities in relief distribution
- Effect of enhanced community quarantine on our ability to work / earn
- Effect of enhanced community quarantine to our children's access to education.

Other: _____

42. E13.) Are there any other important issues around disability and the present COVID-29 situation not covered in this survey that you would like to raise?

43. E14.) What suggestions do you have that may help improve your situation or the child under your care?

44. E17.) Although this survey is anonymous, if you wish to be provided with information/updates on COVID-19 and the results of this survey, you may do so by leaving your contact details below: *

Mark only one oval.

- I give permission for you to use my contact details
- I do not wish to give my contact details

45. E18.) Contact details (Email and/or contact number)

46. E15.) If you are exposed to domestic violence, or is actually experiencing violence, or have concerns for your safety, or that of your child, please contact Bantay Bata Hotline 163. Just dial #163 for Globe and 163 for Smart and landline users. We will do our best to connect you with the local authorities who can provide the necessary intervention/assistance. *

Mark only one oval.

- Ok