

Impact of **COVID-19** to Children and Their Families

A Rapid Assessment in the Philippines



BACKGROUND

The Department of Health confirmed the first coronavirus case in the Philippines on January 30, 2020, followed by a report of first casualty on February 2. As the number of cases continued to rise and the threat of the disease became more imminent, the government declared on March 8, 2020 a state of national health emergency throughout the Philippines, and on midnight of March 16, Metro Manila and the whole of Luzon was placed under Enhanced Community Quarantine. Other cities and provinces soon followed.

World Vision immediately started providing information, prevention and control messages to communities, in coordination with local government units. The organisation launched its COVID-19 emergency response and supported frontliners and health facilities with protective equipment, isolation tents and disinfectant kits while families received food packs, hygiene and sanitation kits and cash assistance.

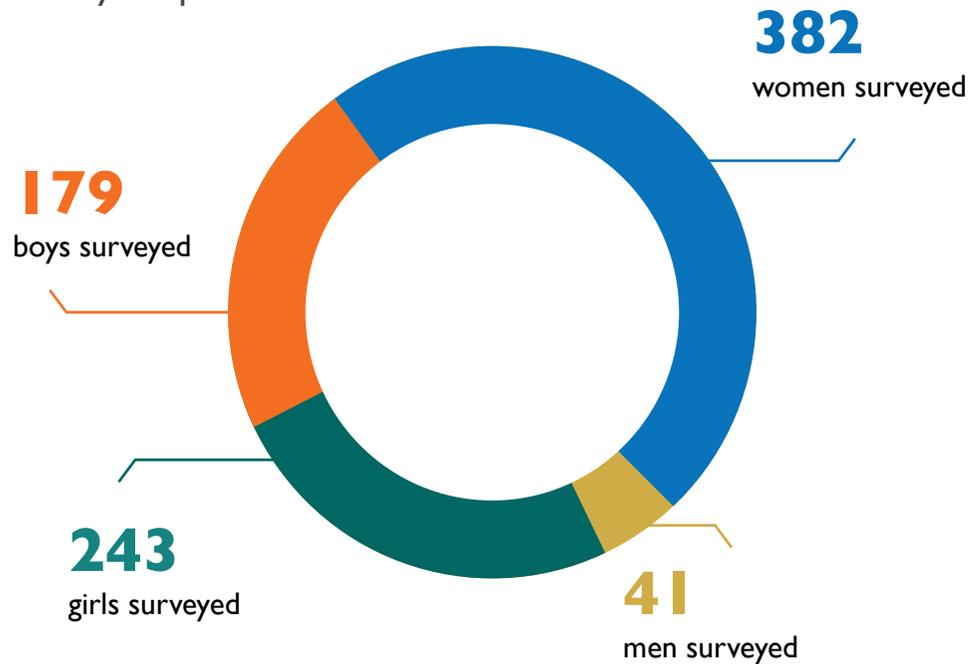
Roughly ten weeks after the declaration state of health emergency, World Vision conducted a rapid assessment aimed at providing broader picture of the impact of COVID-19 to children, their families and communities in the country and to identify needs and gaps that would require humanitarian support.

Methodology

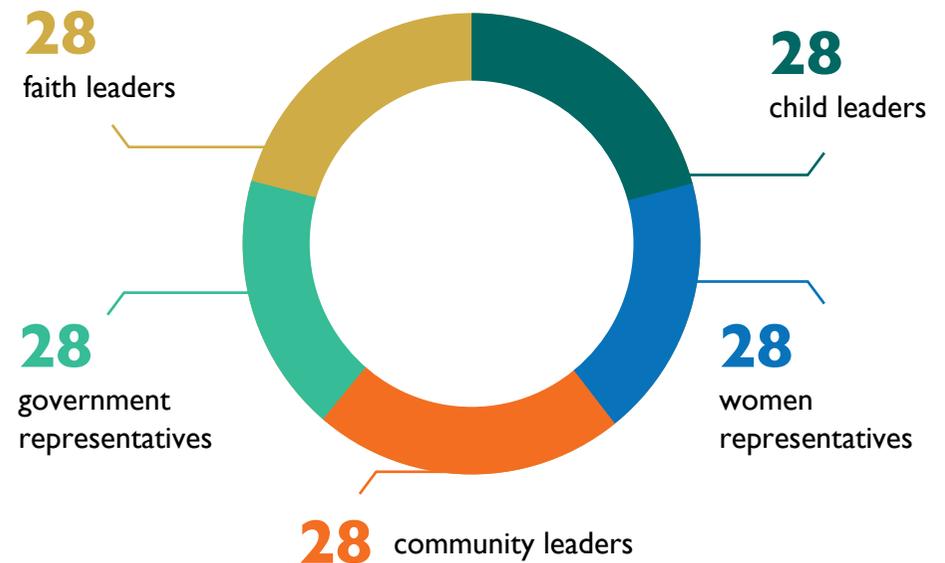
The assessment was conducted from May 16 to June 6, 2020, with a total number of **985** respondents from **42** municipalities and **6** cities in **20** provinces.



Survey Respondents



Key Informant Interview Respondents



Top Most Critical Problems



51%
food security



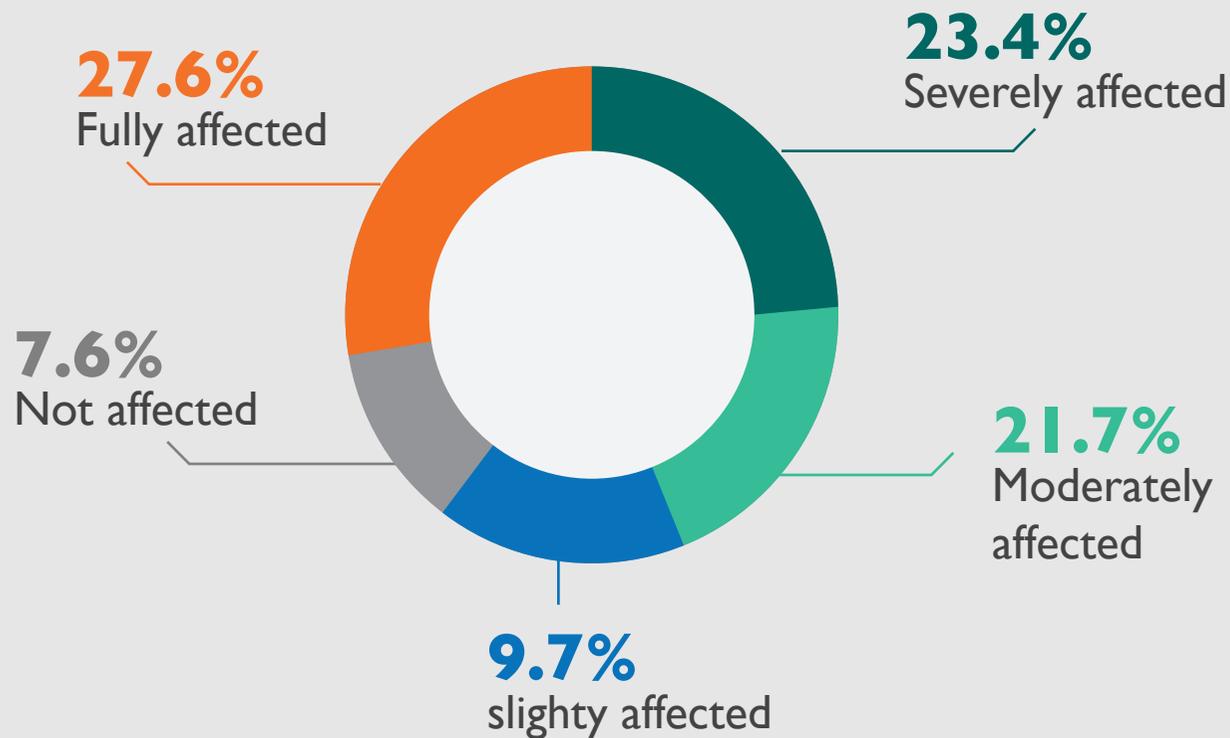
45%
education opportunities



24%
access to health care

Livelihood

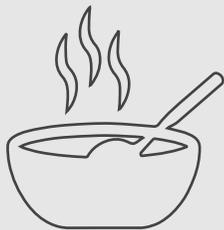
92% of the surveyed households reported that their livelihoods are disrupted, **61%** of which are either fully or severely affected by the pandemic. Daily wage workers are the hardest hit.



Notably, **71%** have reported loss of job or reduced salaries or revenues.

Coping strategies adapted by families

24% have borrowed money from others

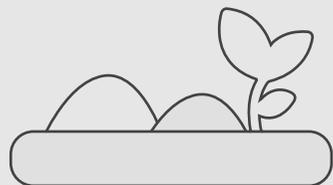


24% have reduced the quantity and the quality of their meals



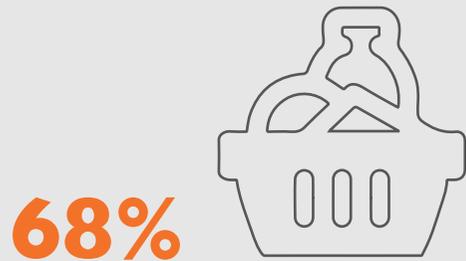
9% have borrowed money from money lenders

24% have used their savings



7% have sold productive/livelihood assets

Food security



of the households are **not** able to fully meet food expenses



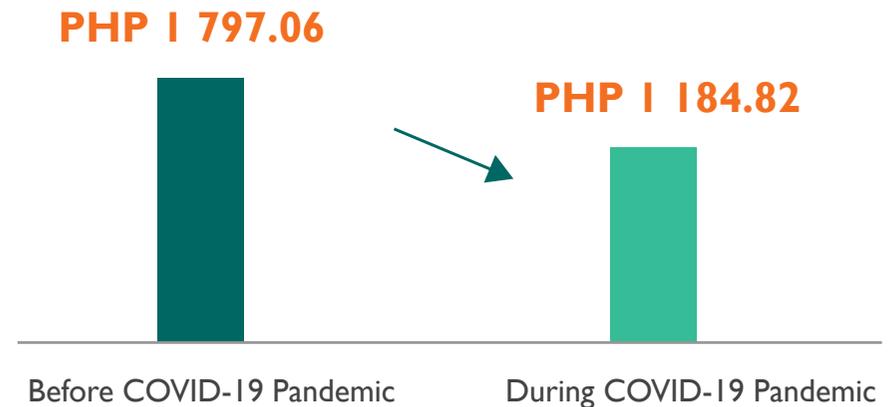
of adults eat less than three meals a day



of children eat less than three meals a day

Results also show 34% decrease in the average food expenses of families while on quarantine period. The Food and Nutrition Research Institute (FNRI) said that a family of 6 needs at least Php 2,200.80 each week to meet food needs.

Weekly average food expenses for an average household size of 6

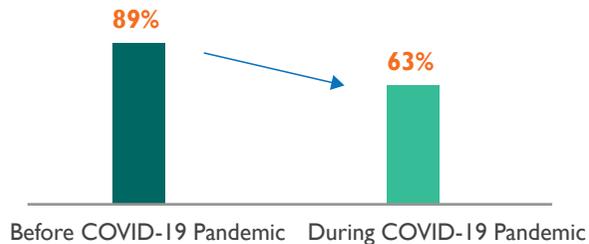


Accessibility of health facilities

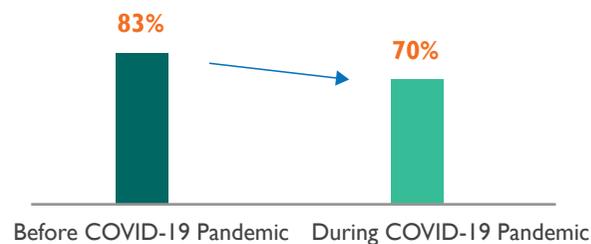


The gap in access to basic health care services has drastically grown, increasing the risk of maternal and child morbidity. Notably, only **25%** of the household survey respondents are able to meet health care and medical expenses of household members, including children.

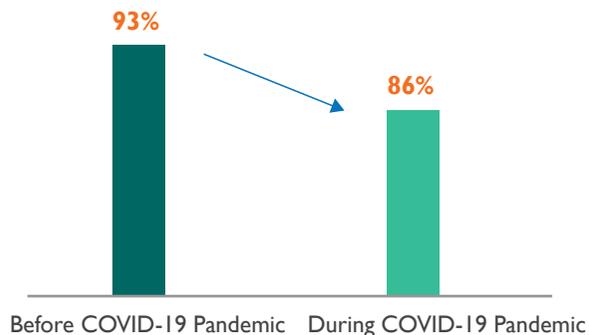
Essential health services



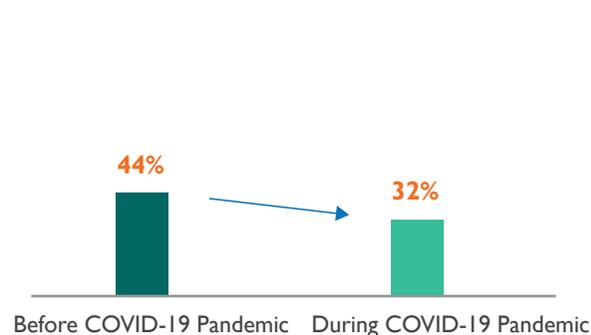
Maternal centers



Community centers



Mobile health clinics



COVID-19 is also triggering mental health issues with 6% of the surveyed households reporting severe stress.



Accessibility of water and sanitation facilities



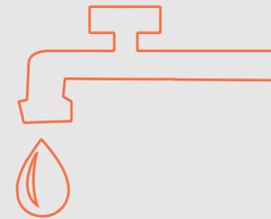
16%

do not have sufficient water for drinking and cooking



10%

do not have access to toilet



14%

lack access to handwashing facilities

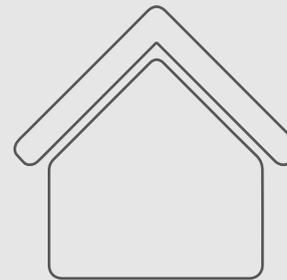
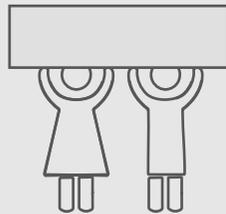


28%

have limited access to hygiene supplies

Impact on children and parents/caregivers

Loss of income is forcing parents and caregivers to consider drastic measures that will impact the well-being of children.



3%

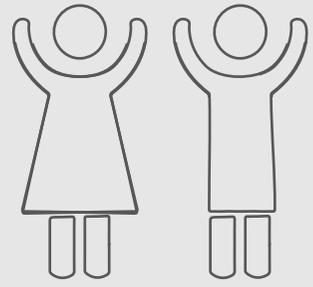
will send children to work,
including high-risk jobs

2%

will send children to
relatives or
institutions



54% of children have expressed negative emotions such as sadness, fear and worry



41% of children confirmed that caregivers have used either physical or psychological punishment

84% of the children feel worried for themselves and their families

19% of children are not aware or unsure about child protection services

42%



of parents/caregivers have used physical or psychological punishment

20%

of caregivers/parents cannot fully handle changes in children's behavior

Education

21%

of children are either unwilling or unsure to attend school (face-to-face or blended learning) when classes start in August

89%

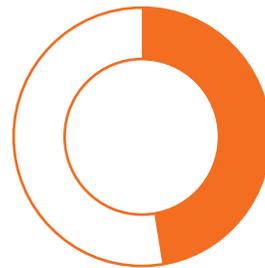
of children surveyed anticipate challenges on the use of online platform

38%

of children respondents do not have access to internet

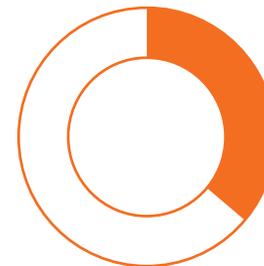
Top concerns of parents regarding distance learning

Internet connection, gadget and ineffectiveness of online platforms are the top concerns of parents regarding distance learning.



47%

no/slow internet



33%

lack of gadget



20%

ineffectiveness of online learning

Access to critical COVID-19 information



99%

have access to information

Access to critical COVID-19 information is not an issue to most households

86%



TV

56%



Social Media

34%



Radio

27%



Family members

Recommendations



Livelihood

Invest on income-generating livelihood and enterprise strengthening (business starts-up)



Food Security

Support food security interventions



Education

Assist families in ensuring children are “in school”



Safety and Protection

Strengthen, intensify, advocate and partner with all stakeholders, including faith leaders, government and NGOs on strengthening child protection mechanism:

- a. Provide psychosocial support to children and adolescents to cope with fear and isolation;
- b. Educate and consult children and young people on different child protection risks and solutions on issues, including trafficking and job offers, domestic labour, online sexual exploitation;
- c. Provide psychosocial support and counseling to parents and caregivers;
- d. Educate parents on positive parenting and child protection risks; and
- e. Ensure reporting and referral mechanisms are in place, and promote accessible reporting hotlines, help desks and case management system



Health and WASH

Support medical facilities with personal protective equipment (PPEs)

Support the improvement of water and hand washing facilities and promotion of hand hygiene practices



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