

# AFTER LOCKDOWN

FAMILIES AND CHILDREN TWO YEARS INTO THE PANDEMIC

### RAPID SITUATION ASSESSMENT REPORT

World Vision Development Foundation November 2022



## ACKNOWLEDGMENTS

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Finally, we dedicate this publication to the communities, families and children who have always been our inspiration as we work in the humanitarian and development sectors in the Philippines. It is our vision and prayer for every child to experience the fullness of life, and for everyone around them to have the will to make it so.

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This report is a collaborative output among partner communities, partner local government units and non-profit organizations, and staff of World Vision Philippines across 24 provinces, 48 municipalities with at least 290 villages included.

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# EXECUTIVE SUMMARY

This report is an output of the 2022 Rapid Situation Assessment (RSA) conducted by WVDF across its 28 existing program areas in 24 provinces, which includes 48 municipalities and at least 290 villages (or barangays). The study aims to capture a general overview of how the lives of the most vulnerable children, their families and communities have been affected after more than two (2) years into the COVID-19 pandemic.

In addition, the study also looks into how these families and their children are currently coping. It attempts to understand their needs and identify emerging priority issues that may inform the development of additional and appropriate WV recovery programmes, and influence the government and other partners. Major findings are highlighted per identified major sector categories, which are as follows:

### LIVELIHOOD

There is still a large proportion of households whose livelihoods were greatly affected by the COVID-19 pandemic. Around 57% of respondents still report that the pandemic has negatively affected their household income. In fact, those who have experienced this (loss or decreased and resorted to alternative source, n = 733) are reported to have a weekly average income of Php 2,311.50 before the pandemic, whereas their current weekly income after the pandemic averages Php 1,528.70.

- Many of the interviewed households are entering a 'debt trap cycle' as they try to manage the impact of the pandemic on their livelihoods.
- The effect of reduced household income may differ in terms of its impacts on children, depending on their sex. In particular, boys usually enter the labor force and engage in high-risk jobs at a very young age compared to girls.

### HEALTH AND NUTRITION

 Vaccination rate among respondents is generally acceptable, yet perception of the safety of COVID-19 vaccines remains a challenge. An estimated 82% of the surveyed respondents have already received a COVID-19 vaccine. The World Health Organization targets at least a range of 60 to 70% of total population vaccinated to achieve herd immunity.

- The self-assessed level of mental health well-being is generally satisfactory, but majority have experienced frequent and worsening feelings of sadness over the past years.
- Level of spiritual well-being is generally higher among caregivers compared to children, though both are considered to be at high levels of daily spiritual experience.
- Hospitals and mobile health team clinics are becoming more accessible compared to previous years.
- There is a significant decrease in the proportion of respondents that have availability to almost all food groups except milk products. More specifically, the starch food group accounts for the highest absolute % difference (loss) of 31.9, followed by animal source foods (13.4), pulses and legumes (9.4), green and leafy vegetables (13), other vegetables and fruits (0.2) and energy-dense foods (7.5), respectively.
- Following the decrease in the availability of almost all food groups, many households may have significantly changed their food consumption. Another impact of the COVID-19 pandemic is that it has limited purchasing capacity for a good, varied diet— which means eating a wide variety of foods from and within the different food groups.

### EDUCATION

- Despite many schools still being closed, a great majority (96%) of the students are currently continuing their schooling through various forms of distance learning.
- There is a high willingness among children and their caregivers to allow in-person classes once schools reopens.

### CHILD PROTECTION

- The top three (3) major issues concerning children and adolescents today are early pregnancy (34.3%), dropping out of school (26.9%), and getting married early (22%).
- Although there are no overwhelming statistics in reported domestic child abuse among household respondents, children are reported to engage and participate in economic activities. More alarmingly,

they are even exposed to dangerous or hazardous conditions (4 to 6%), as parents are forced to send them to work as a response to reduced family income.

• WVDF has provided much assistance and immediate relief efforts across its existing program area beneficiaries (reaching 206,814 individuals directly and more than 5.2 million indirectly). These were highly beneficial during the crucial times of the pandemic.

# Key insights and recommendations

This report emphasizes the importance of putting in place various support systems to ensure that target groups, vulnerable sectors, and the general populace is supported in their recovery from the ill effects of the pandemic. These support systems include social safeguards and assistance in overall social well-being (i.e. stable livelihood, access to quality food, education, mental and spiritual care), which will aid them in rebuilding and positively adapting to the "new normal" or the life adjustment after long periods of quarantine measures due to the pandemic.

With the government leadership, public–private partnerships can be maximized, each sector offering its strengths toward a unified mission. Overall, this report highlights the major recurring recommendations consolidated from the findings, as well as insights from the surveyed households, children, and community representatives.

### LIVELIHOOD

- Offer economic and social solutions that can shield vulnerable children and their families from financial catastrophe, restore livelihoods and provide the stability that children need to flourish.
- Ability to pay rent and loans remain to be the top two biggest problems of households in meeting their monthly budget.

### HEALTH AND NUTRITION

- Strengthen capacities of health care facilities, with an emphasis on mental health services and programs.
- Consider spiritual well-being as a critical component of holistic care.

- Prioritize nutrition programs addressing malnutrition, particularly among children 0-5 years old. The pandemic has made accessing food difficult for vulnerable families, while the government has been focused on controlling the spread of the virus for two years.
- Support agroecological and other sustainable food production methods for more robust food production systems.

### **EDUCATION**

 Aid families, their communities, learners, teachers and education support staff in immediate safe return to schools. This would mean adequate professional training and preparation should be provided in developing and implementing safety, health measures and all other school-related pandemic policies.

### CHILD PROTECTION

- Support community-based and school child protection mechanisms to ensure continuity of prevention and response services.
- Call for increase in public investment and funding allocation for child protection services and programs.
- Support any existing national and local policies on child labor and forced labor to be adaptedt within the context of the COVID-19 pandemic, and its impacts on vulnerable communities and the population.

## INTRODUCTION CHAPTER 1

### 1.1. Philippines: Two years into the COVID-19 pandemic

Almost two years have passed since the coronavirus pandemic transformed millions of Filipinos' lives. The majority of the nation has fully resumed operations, and, in the last quarter of the Duterte administration, had started to assume a "new normal," an attempt to kick-start the recovery process. The immunization campaign was in full gear; students have begun going back to face-to-face classes; and restaurants, theaters, and shops have reopened for business. Millions of Filipinos seem prepared to move beyond the pandemic.

Now in its third year, the pandemic is still far from over. As of March 06 this year, 57,023 Filipinos have died of COVID-19 and more than 3.67 million more have gotten sick with it.<sup>1</sup> In the month of July alone, the country had detected 97 additional cases of the Omicron BA.5 subvariant. Overall, there have been 233 cases of BA.5 in the country since its detection.<sup>2</sup> Omicron subvariants spread more easily than the SARS-CoV-2 virus and the Delta variant, particularly sub variants BA.4 and BA.5, are thought to be even more transmissible.<sup>3</sup> The entry of these transmissible subvariants, plus immune escape, low compliance with minimum public health standards (MPHS), and the continuously low uptake

of booster shots have contributed to a sudden significant increase in COVID-19 cases in the National Capital Region (NCR).<sup>4</sup> Despite this, the country and all its regions remain under the low-risk case classification.

The country also welcomed the month of July with a new set of national and local leaders. On Friday, July 8, newly elected President Ferdinand Marcos Jr. urged the rollout of more COVID-19 boosters as he does not want to enforce lockdown restrictions anymore. He also emphasized that this initiative will counter the spread of Omicron and its sub variants, and help hasten the continuous opening of Filipino society, economy, and businesses.<sup>5</sup>

President Marcos' renewed hope and aspirations for the coming months were reflected in a major survey conducted by the Social Weather Stations (SWS), which found that more than half of Filipinos (51%) believe that the COVID-19 crisis will end this year. Hopes of the COVID-19 pandemic ending within 2022 is highest in Mindanao at 62%, followed by Luzon at 51%, Metro Manila at 49% and Visayas at 41%.<sup>6</sup>

<sup>&</sup>lt;sup>1</sup> DOH COVID19 Case Bulletin #722 (as of March 06, 2022). https://ncovtracker.doh.gov.ph/

<sup>&</sup>lt;sup>2</sup> "PH detects 97 more cases of Omicron BA.5 subvariant". (2022, July 07). Republic of the Philippines: Philippine News Agency. <u>https://www.pna.gov.ph/articles/1178439</u> <sup>3</sup> Omicron Variant: What You Need to Know. (2022, March 29). Centers for Disease Control and Prevention. <u>https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant</u>

<sup>&</sup>lt;sup>4</sup> Jaymalin, M. (2022, June 23). "DOH sees significant increase in COVID-19 cases". The Philippine Star. <u>https://www.philstar.com/headlines/2022/06/23/2190329/doh-sees-significant-increase-covid-19-cases</u>

<sup>&</sup>lt;sup>5</sup> Bolledo, J. (2022, July 10). "Marcos urges rollout of COVID-19 boosters, says he doesn't want to enforce lockdowns anymore". Rappler. <u>https://www.rappler.com/nation/covid-19-pandemic-latest-situation-philippines-july-2022</u>

<sup>&</sup>lt;sup>6</sup> Fourth Quarter 2021 Social Weather Survey: 51% of Filipinos expect the COVID19 crisis to end within 2022, 45% expect it to end after 2022. (2022, February 11). <u>www.</u> <u>sws.org.ph</u>

## 1.1.1. LATEST SITUATION IN THE PHILIPPINES

In February 2022, the Philippines' borders reopened for fully vaccinated foreign tourists after closing for nearly two years. The reopening was initially scheduled for December 2021, but was postponed after the highly transmissible Omicron variant spread globally. Having suffered tremendously from the pandemic-induced slowdown, the Tourism Department lobbied for the careful reopening of the economy.<sup>7</sup>

The government had also deescalated quarantine restrictions the following month in almost 39 major areas in the country, including NCR, and placed them under Alert Level 1.<sup>8</sup> Under this classification, establishments and public transportation are allowed to be fully operational. Movement of people among different age groups is likewise unrestricted, albeit it is subject to certain regulations that may differ between local government entities.

With these recent developments, Philippine health officials have emphasized the importance of continuing to wear masks, even if they have become optional in other nations around the world. The Department of Health (DOH) recommended the wearing of face masks until the end of the year. The DOH also reiterated that face masks protect people not only from COVID-19, but also from other existing and emerging diseases, such as monkeypox.<sup>9</sup> Existing guidelines from the Inter-Agency Task Force for the Management and Emerging Infectious Diseases (IATF-EID) states that the public are still mandated to wear a wellfitted face mask at all times, "whether outdoors or in indoor private establishments."<sup>10</sup>

Most importantly, after more than a year of vaccinating its population against COVID-19, the Philippines has now fully vaccinated over 71 million Filipinos. Among these, 79% are of the target population, while 78% are of the target senior citizens.<sup>11</sup> However, vaccine czar Carlito Galvez Jr. has said

that vaccinations in the country have reached an "inflection point," wherein it is now become more difficult to find and vaccinate individuals who have yet to receive a shot. This has prompted the government, with support from both private and non-government organizations, to make vaccines more accessible to people by bringing it closer to them through work places, homes, transportation hubs and pharmacies.<sup>12</sup>

### 1.1.2. GOVERNMENT AND COMMUNITY-LED RESPONSES

The Philippines' response to COVID-19 has been described as one of the longest and strictest lockdowns in the world. Entire provinces and cities were put on lockdown, mobility was restricted, and the wearing of masks and social distancing were strictly enforced. The strictest lockdown imposed from March to April 2020 had the most severe repercussions on the economy<sup>13</sup>, but soon after restrictions eased on economic activities all over the country.

The "Bayanihan to Heal as One" Act (RA 11469, commonly known as Bayanihan 1) and the "Bayanihan to Recover as One" (RA 11494, Bayanihan 2)14 Act have been the government's principal responses to COVID-19. These legislations encompassed a wide range of financial and monetary measures designed to strengthen the nation's healthcare infrastructure and lessen the pandemic's damaging socioeconomic effects. In addition, there was also a reorientation of the government's existing programs to respond to COVID-19. The local government units (LGUs) and national government agencies released complementary implementation guidelines. Additionally, LGUs also undertook initiatives within their mandates to support national programs. According to IBON Foundation, a non-profit research organization based in the Philippines, the government was able to provide a commendable Php 286.3 billion worth of emergency aid in 2020. However, this amount dropped to barely Php 65.4 billion in 2021 and only

<sup>11</sup> DOH COVID19 Case Bulletin (as of July 10, 2022). <u>https://doh.gov.ph/nationalcovid19casebulletin07112022</u>

<sup>&</sup>lt;sup>7</sup> Gutierrez, J. (2022, February 10). "Eager Visitors, the Philippines reopens to international tourists". The New York Times. <u>https://www.nytimes.com/2022/02/10/world/asia/philippines-reopens-tourists</u>

<sup>&</sup>lt;sup>8</sup>Tomacruz, S. (2022, February 27). "Metro Manila, 38 other areas to enter Alert level 1 in March". Rappler. <u>https://www.rappler.com/nation/covid-19-alert-levels-march-1-15-2022/</u>

<sup>&</sup>lt;sup>9</sup> Fernandez, D. (2022, June 15). "DOH recommends: Wear face mask until end of 2022". Inquirer.net. <u>https://newsinfo.inquirer.net/1611081/doh-recommends-wear-face-mask-until-end-of-2022</u>

<sup>&</sup>lt;sup>10</sup> Gita-Carlos, R.A. (2022, June 14). "Continue wearing face masks, Palace tells public anew". Republic of the Philippines: Philippine News Agency. <u>https://www.pna.gov.ph/articles/1176664</u>

<sup>&</sup>lt;sup>12</sup> Tomacruz, S. and Magsambol, B. (2022, March 15). "Two years later, what's changed with COVID-19 in the Philippines?". Rappler. <u>https://www.rappler.com/newsbreak/iq/what-has-changed-covid-19-philippines-march-2022/</u>

<sup>&</sup>lt;sup>13</sup> National Economic Development Authority. (2020). Impact of COVID19 on the economy and the people, and the need to manage risk. <u>https://www.sec.gov.ph/</u> wp-content/uploads/2020/12/2020CG-Forum\_Keynote\_NEDA-Sec.-Chua\_Impact-of-COVID19-on-the-Economy.pdf

<sup>&</sup>lt;sup>14</sup> Republic Act 11494: An Act Providing for COVID19 Response and Recovery Interventions and Providing Mechanisms to Accelerate the Recovery and Bolster the Resiliency of the Philippine Economy, Providing Funds Therefor, and for Other Purposes. <u>https://www.officialgazette.gov.ph/downloads/2020/09sep/20200911-RA-11494-RRD.pdf</u>

slightly increased to Php 68.1 billion in 2022.<sup>15</sup> This has often been viewed as being insufficient to make up for the economic hardship brought on by the lengthy lockdowns.

At the community level, community pantries have been sprouting all over the Philippines fort those in need. It was designed to allow people to take what they needed and donate what they could. Starting from just one community pantry in Metro Manila, there were 359 community pantries scattered across the country by the end of April 2021.<sup>16</sup> These initiatives served as additional assistance to help more individuals survive the socioeconomic catastrophes brought about by the pandemic. The community pantries were meant for Filipino families who have grown accustomed to not knowing when their next meal will be.

Both private and other non-government organizations (NGOs) such as World Vision Development Foundation, Philippine Red Cross and UNICEF Philippines have also helped local communities by providing essential items, such as personal protective equipment (PPEs), food relief and even cash assistance. Overall, the unprecedented impacts of the COVID-19 crisis on the country called for a whole-of-society response, leveraging the diverse skills, experiences, and approaches of various in-country actors, such as non-government organizations (NGOs), civil society organizations (CSO), people's organizations (POs) and faithbased organizations (FBOs).

### 1.1.3. KEY PUBLIC HEALTH MILESTONES AND ACCOMPLISHMENTS

As the Philippine government continues to recalibrate its COVID-19 response to better manage risks, fast-track solutions and lessen the impact of the pandemic on the daily lives of Filipinos, significant achievements and initiatives have been made to improve health care management and economic recovery<sup>17 18 19</sup> during the COVID-19 crisis.



<sup>15</sup> IBON Foundation. (2021, August 30). Still only token ayuda in 2022 budget — IBON. <u>https://www.ibon.org/still-only-token-ayuda-in-2022-budget-ibon/</u> <sup>16</sup> Wong, A.C. (2021, May 06). "Philippines community pantries give help – and send a message". Lowy Institute. <u>https://www.lowyinstitute.org/the-interpreter/philip-pines-community-pantries-give-help-send-message</u>

<sup>17</sup> "Palace highlights Duterte administration's achievements". (2021, December 29). Republic of the Philippines: Presidential Communications Office. <u>https://pcoo.gov.ph/</u><u>news\_releases/palace-highlights-duterte-administrations-achievements/</u>

<sup>18</sup> Verdejo, G. (2022, February 28). "Duterte administration highlights

<sup>19</sup> Kabagani, L.J. (2022, June 08). "No Covid-19 surge due to non-stop vaccination: Galvez". Republic of the Philippines: Philippine News Agency. <u>https://www.pna.gov.ph/articles/1176165</u>

infrastructure, economic performance". The Manila Times. <u>https://www.manilatimes.net/2022/02/28/supplements/duterte-administration-highlights-infrastructure-eco-nomic-performance/1834480</u>

Sector	Programs or Initiatives Passed	Outcomes
	Implementation of COVID-1 bio surveillance program and establishment of COVID-19 polymerase chain reaction (PCR) laboratories	Testing capacity increased from an average of 30,000- 40,000 tests daily in 2020 to an average of 75,000-80,000 tests daily in 2021
	Expanded One Hospital Command Center and increased workforce by 217 personnel. The command center was expected to facilitate a comprehensive and coordinated response to the COVID-19 pandemic by ensuring effective and efficient health facility referral in Metro Manila.	Accepted 72,040 calls out of which 71,901 cases (99.8%) were resolved and closed
Public Health	<ul> <li>A total of 635.81 million worth of COVID-19 sickness services, involving severe or critical and mild or moderate cases were provided</li> <li>National vaccination program against COVID-19 was fast- tracked and vaccination activities continued nationwide</li> </ul>	<ul> <li>Almost 71 million Filipinos have been fully vaccinated with primary COVID-19 doses</li> <li>About 14,355,799 eligible individuals have received a third dose or first booster shot</li> </ul>
	Increased the number of public health workers and provided more benefits. Special risk allowances (SRA) totaling Php 7.665 billion from December 2020 until June 2021 had been disbursed for health workers' additional benefits and payments	<ul> <li>From 2016 to 2020, there has been an increase of 60,142 health workers</li> <li>478,969 public and private health care workers received SRA</li> </ul>
	The Doktor Para sa Bayan Act, or RA 11509, was signed into law (with inclusion of the Medical Scholarship and Return Service – MRSS). The program was established to provide financial assistance, tuition fees and all medical school-related payments for qualified and deserving students in state universities and colleges in regions where there are no medical courses.	
	The Department of Foreign Affairs (DFA) and the Department of Labor and Employment (DoLE) under- took various repatriation efforts as part of the Kalinga at Malasakit campaign	A total of 872,861 overseas Filipino workers (OFWs) have been repatriated by DoLE as of Jan. 4, 2022
Labor Force	<ul> <li>RA 11641 was signed, which created the Department of Migrant Workers on Dec. 30, 2021</li> <li>Aims to improve the coordination among government agencies concerned with Filipino migrant workers and overseas Filipino workers' (OFW) affairs</li> </ul>	About 2.2 million Filipinos abroad will benefit from this department
	The enactment of the Tax Amnesty Act, or RA 11213	<ul> <li>Allowed taxpayers to settle long outstanding tax dues</li> <li>Provided a P500 or 6% estate tax amnesty rate on the unsettled estates of decedents who died on or before Dec. 3, 2017, or whichever is lower</li> </ul>
Economy	The Create Act was signed into law on March 26, 2021 and became effective on April 11, 2021	<ul> <li>Cuts the regular corporate income tax (CIT) rate by up to 10 %, from 30 % to 20 % for domestic corporations with a taxable income of P5 million and below, and with total assets of not more than P100 million; and 25 % for big corporations with assets of above P100 million.</li> <li>Micro, small and medium enterprises (MSMEs) will be the biggest beneficiaries of Create with the CIT rate reduction.</li> </ul>
Infrastructure	Infrastructure spending for the Build Build Build program in 2021 reached 5.1% of the country's GDP	Resulted in 6.5 million jobs generated from 2016 to 2020 and close to 1.5 million jobs from March 2020 to August 2021

## Table 1.1 List of key accomplishments of the Philippine government's COVID-19-related response and recovery programs and initiatives

### 1.2. WVDF Rapid Assessment Report of 2020



As part of World Vision Development Foundation's (WVDF) efforts to support the government-led response against COVID-19 in 2020, WVDF had conducted a rapid assessment study across its existing program areas. The research aimed to gather the perspectives of communities on how COVID-19 had affected their lives, and to forward recommendations for different sectors on how to curb the spread of infection, as well as mitigate the effects of the pandemic on communities, households and children.

The study<sup>20</sup> took a holistic view of the pandemic's impact by assessing different aspects, including livelihood, market access, food security and nutrition, education, health and hygiene, child protection, and access to critical information. The data collected largely comes from the parallel surveys participated in by 423 adult- and 422 child-respondents from 20 provinces and 48 municipalities and cities. In the same study areas, 140 sector representatives from local government units, community groups, faith-based groups, women's groups, and children's groups were also interviewed as key informants. Desk reviews were also conducted to provide the latest updates on the country's progress against COVID-19 and supplement the information gathered from the field.

## 1.2.1. SUMMARY OF KEY FINDINGS AND RESULTS

Some of the key findings on the different sectors from the 2020 rapid assessment are provided below:

*Livelihoods.* In the study areas, COVID-19 had already affected 9 out of 10 of the surveyed households, with majority having been fully and severely affected. Purchasing power was also reduced (around 60-70%), with only a fraction of the households reported to have "fully met" their essential expenses such as cooking, rental, health care and loan obligations. With reduced income, families resorted to different ways of coping, with many reporting to have reduced their quantity and quality of meals, borrowed from neighbors or used their savings.

*Market Functionality.* The market was partially functional and not all essential items were always available to meet consumer demands. Surveyed households did not have full access to hygiene items (28%) and essential medicines (38%), which affected the households' capacity to practice sanitation and personal hygiene. Major issues related to market access included the imposed restrictions on movement, increased transportation costs, limited inputs available and price increase.

<sup>20</sup> Impact of COVID19 to Children and Their Families: A Rapid Assessment in the Philippines. (2020, June). World Vision Development Foundation. <u>https://www.worldvision.org.ph/wp-content/uploads/2020/11/WVDF-COVID-19-Rapid-Assessment.pdf</u>

**Food Security and Nutrition.** Reduced income resulted in a significant (34%) decrease in households' average weekly food expenses at PhP1,184.82 compared to PhP1,797.06 before the COVID-19 pandemic. Only 61% of surveyed households had adequate food stocks to meet their daily requirement for one to two weeks, while alarmingly a few households had no food stock. Access to maternal and child health facilities among pregnant women and lactating mothers also showed a large drop from the pre-COVID-19 period (from 96% to 82%) in May 2020, with respondents citing reasons such as movement restrictions, limited transportation, and fear of getting infected.

Access to Water. Majority of surveyed households had access to safe and potable water with the presence of water services and protected wells, while vulnerable households (16%) could not fully meet their needs for water.

*Health.* Notably, 22% of the surveyed households reported other health risks experienced by their respective families. These include physical illness, severe stress, and other illnesses not specified by respondents. Households reported a significant decline in access to essential health services in hospitals (89% down to 63%), community health centers (93% down to 86%), mobile health clinics (44% down to 32%), and traditional medicine centers (34% down to 31%).

**Child Protection.** In the study areas, only 78% of surveyed households were fully capable of handling changes in children's behavior, with male and female adults showing no significant difference in this aspect. Notably, only 81% of children surveyed knew of existing service providers that they can turn to for help when they feel abused or at risk. Female respondents (83%) were slightly more aware of these services compared to male respondents (78%).

*Education.* Almost half of the surveyed children (44%) felt isolated, while the rest had negative feelings while on lockdown. Children tried to cope by spending time on entertainment (watching television, playing online games, sleeping during the day) and less time on reading books (0.75 hours), religious activities (0.37 hours), and remote education (0.10 hours).

More male respondents (85%) were motivated to attend school than female respondents (75%). Of the learning modalities, 37% of surveyed households still preferred traditional face-to-face delivery, 27% favored distance learning, 22% were amenable to either option, and 10% were still undecided.



The feasibility of distance learning needs to be studied further, as only 62% of the surveyed children had internet access, with female respondents (68%) having better access than male respondents (54%). Majority (89%) of children surveyed had issues with using online platforms. Similarly, 94% of parents raised the following challenges with distance learning: no/slow internet connection (47%), no gadget (33%), ineffective for children (20%), and children could not concentrate on lessons (11%).

**Source of Information.** Almost all (99%) respondents reported access to adequate and regular updates on COVID-19, with males and females having the same access levels. Adults preferred social media, text messages, family members and friends, and broadcast media sources, including television and radio. Children, on the other hand, favored television, social media, radio, and family members.

Assistance Received. Majority of households received food rations (96%) and cash (86%), but were given limited assistance in education (4%) and child protection (5%). Interventions were focused on community, and the indigent and Pantawid Pamilya members. Other sectors of the community were not receiving assistance at all, including medium to large business owners, small entrepreneurs, fisher folks, and indigenous people.

### **1.2.2. RECOMMENDATIONS OF THE STUDY**

The following recommendations are consolidated from the findings, as well as insights, from the surveyed households, children and sector representatives included in the 2020 rapid assessment.

## Table 1.2 List of key recommendations based on WVDF's 2020 Rapid Assessment on the Impacts of COVID-19 on Filipino Families and Children

Sector	Key Recommendations
	1. Strengthen capacities of health facilities
Health Care Management	2. Strengthen LGU capacity to handle health crisis
	3. Improve health risk surveillance
	4. Improve testing capacity
	1. Localize enforcement of quarantine measures
Public Safety	2. Enforce protocols in establishments and public places
	3. Provide clear and sound regulations for transport services
	1. Offer safety nets for vulnerable groups
	2. Stipulate input subsidies and loans for Agri-based sector
l in althe a da	3. Retool and/or conduct job matching
Livelinoods	4. Provide business development for MSMEs
	5. Extend loans to MSMEs
	6. Scale up a savings mechanism for resilience
Food Security and	1. Provide food to vulnerable groups
Nutrition, and Market	2. Augment essential items not available in the market
Functionality	3. Regular monitoring of food supplies and basic items
Water Sources	1. Ensure access of poor households to safe water sources
	1. Rollout inclusive learning delivery modules
	2. Integration of life skills for improved resilience
Education	3. Provision of capacity building for parents in beginning, reading through <i>Brigada Pagbasa</i> Program to support their children's learning at home
	4. Equip community partners to strengthen the establishment of community - based literacy development interventions to support the implementation of DepEd Learning Continuity Plan
Child Protection	<ol> <li>Strengthen, intensify, advocate and partner with all stakeholders—including faith leaders, government and non-government organizations (NGOs)— on strengthening child protection mechanisms:         <ul> <li>a. Provide psychosocial support to children and adolescents to cope with fear and isolation</li> <li>b. Educate and consult children and young people on different child protection risks and solutions on issues, including trafficking and job offers, domestic labor, online sexual exploitation;</li> <li>c. Provide psychosocial support and counseling to parents and caregivers;</li> <li>d. Educate parents on positive parenting and child protection risks; and</li> <li>e. Ensure reporting and referral mechanisms are in place, and promote accessible reporting hotlines, help desks and case management system</li> </ul> </li> </ol>
	2. Educate communities and children on rights and protection
Risk	1. Continue with risk communication
Communication	2. Rollout wide-scale communication strategy focused on recovery efforts

### 1.2.3. RELEVANCE ON WVDF'S PROGRAMMING INTERVENTION AND HUMANITARIAN RESPONSE

The rapid assessment study also provided an overview of the impact of COVID-19 in WVDF operational areas,<sup>21</sup> as well as anticipated risks and operational opportunities. It also helped assess the affected population's capacity to meet its early recovery needs.

The results allowed us to identify the needs or gaps that required external interventions or resources. Most importantly, the study was well accepted and it provided critical information that helped shaped WVDF's programming for the second half of FY'20, and the whole of FY'21. The table below shows the different relief and recovery interventions implemented by WVDF in response to the needs of vulnerable communities greatly affected by the COVID-19 pandemic. In response to the COVID-19 pandemic declaration by WHO on 11 March 2020, World Vision International (WVI) launched the COVID-19 Emergency Response (COVER) in more than 70 countries. in collaboration with governments, partners, supporters, and communities. For the Philippines, the initial phase of the response was implemented from March to December 2020 across 19 cities and 43 municipalities spanning 24 provinces in the country, reaching 206,814 individuals directly and more than 5.2 million indirectly.

WVDF COVID-19 Pandemic Interventions				
Relief	Recovery			
<ul> <li>Distribution of hygiene, sanitation and disinfection kits to households (HHs)</li> <li>Distribution of water purifiers and water storage kits to HHs</li> <li>Provision of PPE sets, tents and disinfection kits to medical facilities and frontline workers</li> <li>Distribution of fresh vegetables, food packs, ready to use supplementary food, micronutrient powder and sacks of rice</li> <li>Unconditional cash assistance to affected families</li> <li>Distribution of educational materials for children, i.e. activity packs, story/coloring books, play cards and pocket transistor radios</li> <li>Development and distribution in communities of information, education and communication (IEC) materials on infection prevention and control (IPC), and on proper hygiene and sanitation</li> <li>Distribution of IEC materials on child rights &amp; protection and psychosocial support</li> </ul>	<ul> <li>Livelihood programs, including seeds distribution and training on small business, startups, and entrepreneurial skills</li> <li>Vaccination education and information drives, including capacity building for churches and local level health workers on vaccine acceptance and uptake</li> <li>Community orientation on COVID-19 safety and protection measures in partnership with LGUs</li> <li>Monitoring and support for COVID positive registered children and their families/close contacts, in the form of food and nonfood items (COVID care kits)</li> <li>Support to DepEd's Learning Continuity Plan (i.e. materials/ equipment for module printing, access to online/offline digital platforms, provision of tablets) and Brigada Eskwela and Oplan Balik Eskwela campaigns</li> <li>Implementation of the Brigada Pagbasa Program, an afterschool reading remediation intervention that aims to bring together all education partners to help enhance learners' reading skills</li> <li>Implementation of the Abutin Na10 Campaign, which aims to raise funds to support DepEd's implementation of the Learning Continuity Plan (LCP), particularly in the printing of Self Learning Materials and procurement of gadgets to support LCPs distance learning and home schooling modalities.</li> <li>Establishment of school WASH facilities in preparation for face-to-face classes</li> <li>Training on maternal, newborn and child health (MNCH) service delivery expansion in times of pandemic</li> <li>Capacity building for psychological first aid and self-care</li> <li>Free webinars on coping with the pandemic (i.e. distance learning, parenting, mental health, etc.)</li> </ul>			

Table 1.3 List of WVDF COVID-19 Pandemic Interventions to Existing Program Areas (2020-2022)

<sup>21</sup> Note: The study covered 24 area programmes in the National Capital Region (NCR) and provinces of Albay, Sorsogon, Batangas, Camarines Norte, Camarines Sur, Pangasinan, Aklan, Antique, Bohol, Cebu, Leyte, Negros Occidental, Samar, Bukidnon, Lanao del Norte, Misamis Oriental, Misamis Occidental, North Cotabato, South Cotabato, Sultan Kudarat, and Zamboanga del Norte

# 1.3. Understanding the rapidly changing pandemic and its long-term impacts onto vulnerable communities

New estimates from the World Health Organization (WHO) have shown that the total number of deaths associated with COVID-19 worldwide from 2020-2021 may be closer to 14.9 million.<sup>22</sup> These estimates include a breakdown of excess mortality by age and sex, where the global death toll was higher for men than for women (57% male, 43% female) and higher among older adults. WHO emphasized that these devastating figures only highlights the pandemic's effects, as well as the necessity for all countries to invest in more resilient health systems that can continue to provide crucial healthcare during emergencies, including more robust health information systems.<sup>23</sup>

Although COVID-19-related mortality in children and adolescents is often low, the pandemic's unintended consequences are becoming more known. A global analysis conducted by UNICEF and Save the Children revealed that the pandemic may push 142 million children in low-income and middle-income countries into households with low socioeconomic status. It may also leave education gaps where there is insufficient access to online learning resources, and result in long-term harm to physical and mental health.<sup>24</sup> Alarmingly, some of these issues are more pressing in the Philippines than in most other countries.

As COVID-19 continues to evolve as new variants and sub -variants emerge, the pandemic is far from over. COVID-19 still presents itself as an unstable virus that changes rapidly and limits our ability to predict what will become of it next. Therefore, it is imperative to prioritize protecting the most vulnerable through the enforcement of reasonable non-pharmaceutical interventions (NPIs).<sup>25</sup>

On the other hand, it is also important to highlight that the pandemic has severely affected peoples' quality of life. In disadvantaged communities in the Philippines for example, loss of income and job possibilities were the main issues. The economic impact of COVID-19 is particularly worrisome as those who are greatly affected are those who are already poor and living in the most vulnerable communities in the country.<sup>26</sup> However, as countries are slowly transitioning into a "new normal" by easing mobility and quarantine restrictions, they are also now beginning to unravel the hidden social costs brought on by the lockdown measures imposed earlier in the pandemic, particularly to children and adolescents.

The pandemic has impacted both the general health and child development through exposure to the virus and its consequent infections, as well as through social confinement. Recent studies now reveal that lockdowns, while essential for containing the virus' spread, have separated many young families and have deprived kids of time for play and social connection. Temporary school closures have contributed to gradually mounting child labor and some parents may no longer be able to afford schooling. Most importantly, many young people are now feeling scared, frustrated and worried about their future because of the disruption in their routines, education, and recreation, as well as their family's finances and health.

<sup>&</sup>lt;sup>22</sup> "14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021" (2022, May 05). World Health Organization. <u>https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021</u>

<sup>&</sup>lt;sup>23</sup> "Nearly 15 million deaths directly or indirectly linked to COVID-19" (2022, May 05). United Nations. https://news.un.org/en/story/2022/05/1117582

<sup>&</sup>lt;sup>24</sup> "Impact of COVID-19 on children living in poverty". Technical Note. (2021, December). <u>https://data.unicef.org/resources/impact-of-covid-19-on-children-living-in-pover-ty/</u>

<sup>&</sup>lt;sup>25</sup> Nonpharmaceutical Interventions (NPIs). Centers for Disease Control and Prevention. <u>https://www.cdc.gov/nonpharmaceutical-interventions/index.html</u> <sup>26</sup> Fallesen, D. (2021, November 10). "How COVID19 impacted vulnerable communities in the Philippines". World Bank Blogs. <u>https://blogs.worldbank.org/eastasiapacific/how-covid-19-impacted-vulnerable-communities-philippines</u>

### 1.4. Significance of the follow-up assessment study



Due to the COVID-19 pandemic's impact on global health, actions have been taken to stop the spread of the new coronavirus. This includes the closure of non-essential workplaces, the suspension of face-to-face instruction in schools and universities, and various restrictions on social interaction. It has changed how people work, learn and interact, as social distancing guidelines have led to a more virtual existence, both personally and professionally.

As many countries slowly reopen and begin to relax mobility restrictions, a growing number of studies and issues have emerged from the hidden and true costs of the lockdown measures. Many of these reports have shown that social isolation greatly affected children and adolescents, particularly in terms of their growth and development. This is important considering the Philippines had one of the world's longest lockdowns. However, some research has shown that such measures were effective in curtailing the harm brought on by the pandemic.<sup>27 28</sup> This report gives additional information on the need to focus and prioritize newly emerging issues that have been caused by different public health measures, ranging from physical distancing recommendations to stay-at-home orders. Emphasis is also given to the possible short- and long-term effects among young people that may have prevented their healthy development.

But most importantly, the findings of this study support the growing concern for the urgency of giving immediate monitoring and assistance to those who are greatly affected—including the most vulnerable children and adolescents—for an expected long period of time. This is especially true for those who have also suffered major learning loss, child abuse, mental illness, and other social inequalities due to socioeconomic inequities made worse by the pandemic.

<sup>&</sup>lt;sup>27</sup> Talabis, S. et. al. (2021). Local government responses for COVID-19 management in the Philippines. BMC Public Health, 21:1711. <u>https://doi.org/10.1186/s12889-021-11746-0</u>

<sup>&</sup>lt;sup>28</sup> Pajaron, M.C., and Vasquez, G. N. (2021). How effective is community quarantine in the Philippines? A quasi-experimental analysis, GLO Discussion Paper, No. 782, Global Labor Organization (GLO), Essen. <u>https://www.econstor.eu/bitstream/10419/230315/1/GLO-DP-0782.pdf</u>

## METHODOLOGY CHAPTER 2



### 2.1. Rapid Situation Assessment (RSA)

Different interventions were implemented both by the government, private and civil society actors to abate the short- and long-term impacts of the pandemic. Despite these attempts to mitigate or reduce its impact, its effects proved to be multi-faceted, reaching the social, psychological, physical and economic aspects of people's lives. Now moving into the third year of this crisis, it is necessary to continuously monitor the rapidly evolving nature of the COVID-19 virus. But most importantly, it is also vital to assess its impact on vulnerable communities and populations, particularly children and adolescents.

This growing concern also provides an opportunity for key non-government and humanitarian organizations in the country, such as WVDF, to contribute to this global initiative of understanding needs amid the pandemic and to alleviate the stress and risk factors – brought by social restrictions, shutdowns, and school closures – that threaten child growth and development.<sup>29</sup>

Thus, WVDF conducted another rapid situation assessment (RSA) within its existing program areas to get a general understanding of the existing situation in these communities, more than two years since the pandemic hit the country in March 2020. RSA is an alternative version to the most popular rapid assessment technique, which involves a team-based, intense qualitative inquiry that uses iterative data analysis, additional data collection usually in the form of surveys, and a triangulation approach to swiftly establish a basic understanding of a situation from an insider's perspective.<sup>30</sup>

In general, RSA is a methodology that uses a combination of several qualitative and quantitative data collection techniques that aim to provide an understanding of the nature, extent and trends of certain health and social problems (such as the COVID-19 pandemic), and to identify the systems and resources – both existing and lacking – that can be used to address those issues and suggest possible solutions (or recommendations).<sup>31</sup>

### 2.1.1. OBJECTIVES OF THE ASSESSMENT

In 2020, WVDF conducted a rapid assessment study across its existing program areas. The assessment was implemented to provide insights on the overall impact of COVID-19 on vulnerable communities, households, and children. The study was well received and provided critical information that helped shaped WVDF's programming for the second half of FY '20 and the whole of FY '21.

<sup>&</sup>lt;sup>29</sup> Clark H., Coll-Seck AM., Banerjee A., Peterson S., Dalglish SL., Ameratunga S, et al. (2020). A future for the world's children? A WHO–UNICEF – Lancet Commission. Lancet. 395:605---58. https://doi:10.1016/S0140-6736(19)32540-1

<sup>&</sup>lt;sup>30</sup> Beebe, J. (2005). Encyclopedia of Social Measurement. <u>https://doi.org/10.1016/B0-12-369398-5/00562-4</u>

<sup>&</sup>lt;sup>31</sup> Drug Abuse Rapid Situation Assessments and Responses. (1999). United Nations International Drug Control Programme (UNDCP). Vienna, Austria. <u>https://www.unodc.org/pdf/report\_1999-03-31\_1.pdf</u>

Recognizing the positive turn out of the first study, WVDF saw an increasing need for a second round of the assessment. WVDF conducted an RSA across the same existing program areas during the first quarter of this year (i.e. January– March 2022). This research aimed to capture a general overview of how the lives of the most vulnerable children, their families and communities were affected after more than two (2) years into the pandemic. In addition, the study also looked into how these families and their children are currently coping. It sought to understand their needs and identify priority emerging issues that may inform the development of additional and appropriate WV recovery programmes, and may influence government and other partners.

The study objectives are as follows:

- Gain a better understanding on how the COVID-19 pandemic affected the lives of the most vulnerable children, their families and communities.
- Identify how children, their families and communities have been coping for the past two (2) years.
- Assess the recovery capacity of children, their families and communities, and understand their recovery needs.
- Identify the gaps that require external intervention, resources and/or policy change in improving the lives of vulnerable children, their families and communities.

### 2.1.2. SAMPLE SIZE AND SAMPLING METHODOLOGY

Following the sampling size computation implemented in the first round of the rapid assessment, this study used the Slovin's formula<sup>32</sup> in computing the required sample size. The formula is shown below:

 $n = N/(1 + Ne^2)$ where n = Number of samples, N = Total population, and e = Error tolerance

However, it should be noted that there are limitations in using this formula when getting an estimate for the required sample size. The non-parametric formula used only gives a ballpark figure to work with and also lacks mathematical rigor.<sup>33</sup> Nevertheless, the formula can be used when the assumptions are met, such as when a population

proportion is suspected to be close to 0.5.<sup>34</sup> Using the projected figures for 2020 of the Philippine Statistics Authority<sup>35</sup>, the study used a baseline population for children and youth (age 5-17), as defined by the cut-off age of WVDF sponsorship program), which is 20,810,300. Meanwhile, the baseline population for caregivers with age limit of 18 years old and above is 76,636,700. Using a 97% confidence interval with a 0.03 margin of error, we have computed around *1,110 respondents* for both children and caregiver respondents.

### 2.1.3. DATA COLLECTION TOOLS USED

Two parallel surveys were implemented for this study. The first survey targeted selected households from the 28 covered area programmes, with caregivers (age 18 years old and above) as main respondents. Caregivers serve as the representatives of the identified households, as they are knowledgeable about the living conditions and well-being of the children under their care. The second survey involved child respondents, age 12-17 years old.

The standard tools for the surveys were formatted and uploaded to WVDF's server using the Open Data Kit application. This allowed the interviewers to view the tools and encode the responses directly into the mobile phone application. To ensure quality of data, WVDF set the questions with automatic filters that interviewers could not bypass without inputting responses from the adult and child respondents. After the interviews, survey returns were sent to the server for submission.

Unlike the previous study, this research implemented only a few key informant interviews (KIIs), selected from each of the island groups (i.e. Luzon, Visayas, and Mindanao). Respondents were selected primarily based on their knowledge of their sector, and awareness of community issues and initiatives. These respondents include representatives from the community and/or government (6 respondents), interviewed households or caregivers (6 respondents), and interviewed children or youth (6 r espondents). The KIIs gathered were in the form of short video interviews of affected children, their families and communities, and aim to better capture first-hand accounts of the respondents' context and living conditions.

<sup>&</sup>lt;sup>32</sup> Yamane, Taro. (1967). Statistics: An Introductory Analysis, 2nd Edition, New York: Harper and Row.

<sup>&</sup>lt;sup>33</sup> Ryan, T. (2013). Sample Size Determination and Power. John Wiley and Sons. <u>https://doi:10.1002/9781118439241</u>

<sup>&</sup>lt;sup>34</sup> Tejada, J. and Punzalan R. (2012). On the Misuse of Slovin's Formula. The Philippine Statistician, 1 (61), 129-136. <u>https://www.psai.ph/docs/publications/tps/</u> tps\_2012\_61\_1\_9.pdf

<sup>&</sup>lt;sup>35</sup> Projected Population, by Age Group, Sex, and by Single-Calendar Year Interval, Philippines: 2010-2020 (Medium Assumption). <u>https://psa.gov.ph/sites/default/files/at-tachments/hsd/pressrelease/Table4\_9.pdf</u>

## 2.2. Methods of Analysis

The study conducted both univariate and bivariate analyses. It also utilized two datasets - the Caregiver Survey (CGS) and Child Survey (CS), with each having two different time points or survey year (i.e. 2020 and 2022). For the first two objectives of the study, percentage change values are generated to compare the estimated differences of certain variables between the two time points of CGS and CS. Additionally, a difference of proportion test is applied to determine whether there any significant differences between the 2020 vs. 2022 datasets. Since the two differ in terms of sample size, a z-test<sup>36</sup> was used for the two population proportions. This test is used to determine whether the two populations or groups differ significantly in some single (categorical) characteristics. By using this method, the reported percentage of the recent impacts felt and the coping mechanisms used (measured by specific variables identified per sector) by the children, their families and communities in 2022 can be assessed against comparable impacts reported by an independent respondent population with the same characteristics in 2020.

For those variables that cannot be compared with the previous survey, profiling wasdone through percentage

frequency distribution. This is a particularly useful method for expressing the relative frequency of survey responses and other information in the dataset. More specifically, this was done to mainly address the final two objectives of the study, as no comparable variables can be majorly identified when validated against the previous dataset. Selected key informant interviews of six (6) representatives from the children, family and community or government respondents for each of the major island groups were also conducted to support the major trends and findings identified in the survey results.

The study has also maximized information and secondary data from various documents available, including government websites, databases, news items, and recent scientific research reports in order to give context to the current situation on a global and national level. Census data sourced from credible sites were also used to provide insights on demographics. This assessment report also utilized government, United Nations (UN) and other international non-government organizations' (INGOs) reports to provide information on aid and interventions undertaken in general, and in the study areas.

### 2.3. Challenges and Limitations

The study, while being able to address its objectives, is confronted with several methodological limitations. The findings of this rapid assessment study are still limited due to the following reasons:

### 2.3.1. LIMITED SCOPE AND COVERAGE

Sampled respondents are predominantly selected from existing WVDF program areas in the country. The number of these areas are not well distributed across the three island groups in the Philippines, since WVDF's priority is to specifically target and operate in the most vulnerable and disadvantage communities.

The survey respondents were also largely from the same communities and often the same households as the first study. However, due to the sampling approach taken, there was a greater representation of children over the age of 12 compared to younger children.

### 2.3.2. NON-PROBABILITY SAMPLING

Due to resource constraints, a strict random sampling survey was not fully implemented. The total number of respondents (for both the caregiver and child surveys) was also equally allocated across 28 existing program areas. Although the minimum number of respondents for all areas were achieved, the maximum number of respondents vary according to different levels of access and internal movement constraints within countries due to time, resource, and capacity factors. Respondents were mostly from families and children known to WVDF.

The study also did not apply complex survey design for practicality reasons. Thus, the findings presented here are not weighted to the population of each of its respective municipalities, provinces, regions, and even island groups. For most of the discussion, the report will refer to the statistics produced for the whole surveyed population. It is

<sup>&</sup>lt;sup>36</sup> Z Score Calculator for Two Population Proportions. Social Science Statistics. <u>https://www.socscistatistics.com/tests/ztest/</u>

possible, on the other hand, to produce estimates through disaggregation using these subset groups, but it should be interpreted with caution as this may present an overestimation or underestimation due to small observations for some areas.

### 2.3.3. GENERALIZABILITY ISSUES

The findings of the study are limited to the perceived experiences of the respondents, both for the households (generally adults) and children. The findings presented are considered significant, but cannot be generalized (i.e., are non-parametric) for the experiences of the geographical populations as a whole.

Data on confirmed COVID-19 cases and other related information changed daily; hence, some progress to date may affect the relevant findings in the report. WVDF noted that findings were based on the time-specific information covering January–March 2022, and may change in the future.

### 2.3.4. ADDRESSING INCOMPARABLE ITEMS, NON-RESPONSE AND MISSING INFORMATION

The survey tools used were not an exact repetition of the first study, which also included selected key informant interviews through short video narratives. Only a few items in the questionnaire were retained per sector, which means comparison for some of the dimensions cannot be made. In addition, measuring change seemed conceptually inappropriate as other questions were modified and added. The plan of analysis shown below illustrates the available data for each of the survey year and tool (CGS and CS) per sector and specific subject matter.

Missing values or information includes those who refused or did not give any responses to each of the questions. Overall distribution for each of the selected subject matter, however, will indicate how many missing values are identified. In producing average aggregates or any statistical analysis, a complete case analysis is implemented. This means that only those cases in a dataset, which have no missing values on any of the variables, will be included in the analysis. Table 2.1 List of Available Variables per WVDF COVID-19 RapidAssessment Survey Datasets (2020 vs. 2022)

WVDF Rapid Assessment on Impacts of COVID-19 Datasets (2020 vs. 2022)					
Sector	Subject Matter	Year	Questionnaire		
	Main Source of Income	2020ª, 2022	CGS		
	Effect of Reduced Income on Well-Being of Family Members	2020, 2022	CGS		
Livelihood	Effect of Reduced Income on Well-Being of Children (Boys)	2022	CGS		
	Effect of Reduced Income on Well-Being of Children (Girls)	2022	CGS		
Market	Access to Market	2020, 2022	CGS		
	Food Expenditure	2020, 2022	CGS		
Food	Food Habits	2020, 2022	CGS		
	Access to Nutritious Food	2020, 2022	CGS		
	Barriers to COVID-19 Vaccines	2022	CGS		
Health	Access to Health Care Services and Facilities	2020, 2022	CGS		
	Level of Mental Health Well-Being	2022	CGS		
	Level of Spiritual Well-Being	2022	CGS, CS		
	Level of Psychological Well- Being	2022	CGS, CS		
	Incidence of Child Work and Child Labor	2022	CGS, CS		
Child Protection	Incidence of Child Abuse	2020, 2022	CGS, CS		
	Reporting of Child Protection Incident	2022	CGS, CS		
	Intention to Return to School (Boys)	2022	CGS		
Education	Intention to Return to School (Girls)	2022	CGS		
	Situation and Condition of Schooling Among Children	2022	CGS, CS		
	Access to Remote Learning	2022	CGS, CS		
Assistance	Assistance Received from WVDF	2022	CGS, CS		

<sup>a</sup> Main source of income only refers to that prior to COVID-19

# FINDINGS & DISCUSSION

### **3.1. Demographic Profile of the Respondents**

Table 3.1 Selected key socio-demographic variables of both caregivers and children per survey year

	Caregiver		Children		
Variables	<b>2020</b> (n = 423)	<b>2022</b> (n = 1,090)	<b>2020</b> (n = 422)	<b>2022</b> (n = 1,130)	
Demographic					
Age (single year)	44.7	a	14.4	14.0	
Sex					
Male	20.0	17.0	42.0	45.0	
Female	80.0	83.0	58.0	55.0	
Presence of registe	red childrei	٦c			
Yes	79.9	72.0	59.9	61.0	
No	20.1	28.0	40.1	39.0	
Children with disat	oility				
Yes	10.4	5.8	а	1.0	
No	89.6	94.2	а	99.0	
Household Head					
Yes	41.0	65.0	b	b	
No	59.0	35.0	b	b	
Living arrangemer	t				
With both parents	а	a	b	81.0	
Either parents	а	а	b	12.0	
Other relatives	а	а	b	6.0	
Others	а	а	b	1.0	
Marital status					
Single	а	а	а	96.0	
Ever married	а	а	а	4.0	
Community quaranti	ne status				
Normal	0.0	63.0	b	b	
Curfew	10.0	32.0	b	b	
Lockdown	90.0	3.0	b	b	
Others	0.0	2.0	b	b	

<sup>a</sup> Some categories were not captured for a particular tool or survey year

<sup>b</sup> Some categories were considered not applicable for a particular tool or survey year

<sup>c</sup> Child beneficiary of World Vision Development Foundation

Table 3.1 presents the profile of both the caregiver (household) and children respondents for both surveys, conducted in 2020 and 2022. Noted that the samples for both groups increased almost twice compared to its previous total observations. The increase in the size was done to accommodate a higher confidence interval of 97% and a small margin of error at 0.03, in the hopes that it would increase certain estimates with greater precision. Despite this, there are still similarities in the respondents' major demographic characteristics for both groups and survey years.

A greater proportion of female respondents were interviewed for both groups across both survey years. When comparing the sex composition for both survey years within groups, there is almost little difference between the percentages. Meanwhile, across survey years (i.e. 2020 and 2022) and groups showed majority of the respondents had registered children living within the household (79.9%, 72.0%) or are registered children themselves (59.9%, 61.0%). Only few respondents reported to have disabilities for the caregiver (or household) respondents in both survey years (10.4% and 5.8%), while almost less than 1% of the surveyed children indicated they have existing disabilities.

An overwhelming majority indicated that they are household heads (65%), compared to the previous study (41%). Among the children respondents, most have stated that they are currently living with both of their parents (81%), while very few are with either of their parents (12%), other relatives (6%) or other arrangements such as with foster parents or peers (1%). Also, almost all have reported that they are single (96%) with only few alarming respondents who said they are already married (4%) at an early age of or below 17.

Finally, the majority reported that their community is back to normal, or business-as-usual, with few to none restrictions (63%) compared to the previous survey when almost all surveyed communities were on lockdown (90%).

## **3.2. Sector Analysis**

### 3.2.1. LIVELIHOOD

Table 3.2 Percentage of households that reported howCOVID-19 affected their income or livelihood

Change in household income or livelihood	%	n
Loss or decreased	57.4	626
Gain or increased	2.6	28
Resorted to alternative source	9.8	107
No change	30.2	329
TOTAL	100.0	1090



The 2022 survey shows that a great majority (57%) of respondents still report that the pandemic has negatively affected the income of their household. In fact, those who have experienced this (loss or decreased

and resorted to alternative source, n = 733) reported to have a weekly income averaging to Php 2,311.50 before the pandemic, compared to their current weekly income of Php 1,528.70. This translates to around a 34% decrease in their weekly income.

### 3.2.1.1. Main source of income

Figure 3.1 Main source of income by job category – before vs. present COVID-19 situation, 2022 WVDF Rapid Situation Assessment Report (n = 1090)



Figure 3.1 illustrates the percentage distribution of responses of caregivers (or household respondents) when asked about their main source of income, referring to their situation before the pandemic versus now. The table below (Table 3.3) gives a more detailed breakdown of the percentage differences (relative and absolute) between the changes in the source of income. The absolute differences show that there has been a decrease of proportion among respondents who stated salaried work with regular income (2.3) as their main source of income. This is followed by daily/casual labor (1.3), petty trade or selling on the street (0.5), fishing (0.2) and remittance from abroad (0.1), respectively.

On the other hand, there has been an *increase of proportion* among respondents who stated they don't have any income (-1.5) or stated support received from family/ friends (-1.3), are dependent on agricultural and/or livestock-related work (-0.9), government aid or social security net (-0.2), own business/trade (-0.2), and migrant work (-0.1) as their main source of livelihood. Unfortunately, all of these responses were found to be significantly different from each other, which means that the situational difference (before COVID-19 and the present) reflected a change in income between the two periods.

## Table 3.3 Main source of income before vs. present COVID-19 situation, by percentage difference, 2022 WVDF Rapid Situation Assessment Report

Source of	%		Percentage Difference		
income	Before	Present	Relative	Absolute	Sig.ª
Salaried Work with Regular Income	25.5	23.2	-9.02	2.3	0.000***
Daily/Casual Labor	25.8	24.5	-5.04	1.3	0.000***
Petty Trade or Selling on the Street	6.2	5.7	-8.06	0.5	0.000***
Fishing	7.0	6.8	-2.86	0.2	0.000***
Remittance from Abroad	0.9	0.8	-11.11	0.1	0.000***
Migrant Worker	0.6	0.7	16.67	-0.1	0.000***
Own Business/ Trade	7.6	7.8	2.63	-0.2	0.000***
Government Aid or Social Security Net	0.6	0.8	33.33	-0.2	0.000***
Agriculture/ Livestock	19.2	20.1	4.69	-0.9	0.000***
Support from Family/Friends	2.9	4.2	44.83	-1.3	0.000***
Don't Have Any Income	3.8	5.3	39.47	-1.5	0.000***
TOTAL	100.00	100.00			

<sup>a</sup> Using McNemar's test, values are significantly different at \*\*\*<0.001 p-value Effect of reduced income onto well-being

## 3.2.1.2. Effect of reduced income on well-being of children (boys vs. girls)

Figure 3.2 Effects of reduced household income on child well-being by sex, 2022 WVDF Rapid Situation Assessment Report (n = 1090)



The recent survey asked respondents how the changes in their household income — primarily reduced due to the pandemic — have affected the overall well-being of any children or adolescents members. Figure 3.2 reveals that both sexes exhibit a similar pattern in terms of ranking the effects of reduced income household on any child or adolescent's well-being. However, we can see a noticeable difference for the boys, in which it reports a 1.4% higher percentage for *sending children to work*, and a 0.04% difference for *engaging in high-risk job* and *sending to family/ relatives* compared to girls. For this survey, high-risk jobs include hazardous work performed by children in dangerous and unhealthy conditions, which can lead to a child being killed, injured or made ill as a result of poor safety and health standards or employment conditions.

A considerable number of respondents answered *Others*. These include responses for items such as children assisting their parents with their work, children looking for additional and alternative sources of income for the family (i.e. selling plants, online selling), and even children helping the family budget their daily needs. Table 3.4 Percentage of households who reported effects of reduced income on any of their child or adolescent member's well-being, by sex and percentage difference

Effects of reduced	%		Comparison		
income on child or adolescent's well-being	Girls	Boys	Difference	Sig.ª	
Send children to work	3.9	5.3	1.40	0.000***	
Others	2.1	1.6	0.50	0.000***	
Engage in high risk jobs	0.7	1.1	0.40	0.000***	
Send children to family/ relatives	1.3	0.9	0.40	0.000***	
Send children to institutions	0.6	0.8	0.20	0.000***	
Engage in illegal activities	0.1	0	0.10	0.000***	
Early marriage for children	1.3	1.3	0.00	0.000***	
Begging	0.4	0.4	0.00	0.000***	

<sup>a</sup> Using McNemar's test, values are significantly different at \*\*\*<0.001 p-value

As shown in the table above (Table 3.4), these differences between boys and girls are statistically significant. In other words, how a child or adolescent member's well-being is affected by the reduced household income differs in terms of sex. Boys are more likely to or at risk of participating in any economic generating activity, compared to girls.

## **3.2.1.3. Coping Mechanisms to Manage Impact of Pandemic on Livelihoods**

## Figure 3.3 Coping mechanisms of households in managing impact of pandemic on livelihoods, by survey year (2020 vs. 2022)



![](_page_25_Picture_0.jpeg)

Figure 3.3 shows the comparison in both survey years (2020 and 2022) of coping mechanisms employed by the households in managing the impact of the pandemic on their livelihoods. Among the coping mechanisms reported, reducing the quality and quantity of meals, pawning jewelry, and selling household items have shown *a decrease of proportion* among respondents. In other words, they have stated that these responses have become lesser options for them in managing the impact of the crisis on their livelihoods. It is worth noting, however, that only the difference for reducing the quality and quantity of meals is statistically significant between the survey years.

Table 3.5 further breaks down the coping mechanisms reported and compared. It shows that, on the other hand, there has been an *increase of proportion* among respondents that stated they availed loan from formal institutions (-3.15), used savings (-1.6), asked help from neighbours and/or relatives (-0.9), and sell productive or livelihood assets (-0.5). However, when the responses were subjected to a z-test of proportion, only the difference for availing loan from formal institutions is statistically significant between the survey years. Table 3.5 Percentage of households using coping mechanisms to manage impact of COVID-19 pandemic to income or livelihood, by survey year and percentage difference

Coping	%		Perce diffe	z	
mechanisms	2020 (n = 423)	2022 (n =1090)	Relative	Absolute	Score <sup>a</sup>
Reduce quality and quantity of meal	21.3	10	-53.05	11.3	5.82***
Pawn jewelry	2.7	2.3	-14.81	0.4	0.35
Sell household items	2.3	2	-13.04	0.3	0.42
Sell productive or livelihood assets	6.0	6.6	10.00	-0.6	-0.5
Ask help from neighbor/ relative/friend	20.7	21.6	4.35	-0.9	-0.32
Use savings	20.7	22.3	7.73	-1.6	-0.62
Loan from formal institutions	1.9	5.7	200.00	-3.8	-3.15**

<sup>a</sup> Using z-test for two population proportions, values are significantly different at \*\*\*<0.001 and \*\*<0.05 p-value

### 3.2.2. HEALTH

### 3.2.2.1. Barriers to COVID-19 vaccines

Figure 3.4 Perception of the safety of COVID-19 vaccines among unvaccinated adults, 2022 WVDF Rapid Situation Assessment Report (n = 200)

![](_page_26_Figure_4.jpeg)

An estimated 82% of surveyed respondents had already received a COVID-19 vaccine, while around 18% had not been vaccinated yet. Among those unvaccinated (Figure 3.4), a majority (54%) in general are still less likely to get vaccinated in the coming days. When asked if they are more likely to get vaccinated if recommended by a doctor or a nurse, only 36% are more likely to comply. Meanwhile, very few of the unvaccinated respondents believe they would be less likely to get COVID-19 if they are vaccinated (16%).

The main barrier for COVID-19 vaccination is the negative perception of the safety of the vaccine (57%), with only few respondents believing that they would be less prone to the virus once vaccinated (16%). Another perceived barrier is access to vaccination, with only few respondents (28%) stating they don't have any difficulty getting to any vaccination site or location in their area.

### 3.2.2.2. Level of mental health well-being/ psychological well-being

Figure 3.5 Self-assessed level of mental health well-being among adults, 2022 WVDF Rapid Situation Assessment Report (n = 1090)

![](_page_27_Figure_3.jpeg)

Figure 3.5 revealed that 9 out of 10 caregiver (or household) respondents (93.4%) in the recent 2022 survey indicated that they have an overall good to excellent level of self-assessed mental health well-being. However, as shown by Figure 3.6, 4 out of 10 caregiver (or household) respondents have also expressed varied feelings of loneliness worse than before. This was more evident during the lockdown period. This is also consistent with the 3 to 4 out of 10 who have experienced feelings of sadness, as shown in Figure 3.7.

#### Figure 3.6 Feelings of sadness among adults during the past year, 2022 WVDF Rapid Situation Assessment Report (n = 1090)

![](_page_27_Figure_6.jpeg)

Figure 3.7 Feelings of sadness among children during the past year, 2022 WVDF Rapid Situation Assessment Report (n = 1130)

![](_page_27_Figure_8.jpeg)

### IN FOCUS COVID's mental health toll

### Mental health and well-being

Epidemics or pandemics, such as COVID-19, may also endanger a child's development because of the risk of becoming ill, being confined for protection, being socially isolated, and the increased stress levels of parents and other caregivers.<sup>37 38</sup> This situation falls under the category of an adverse childhood experience (ACE)<sup>39</sup> and has the potential to cause toxic stress, which may have detrimental effects on future adults' cognitive abilities, mental and physical health, and working capacity, as well as on the well-being of both the individual and the community.

Both children and adolescents become more vulnerable to the biopsychosocial stressors caused by the pandemic through mandatory lockdowns as quarantine measures. This, in turn, negatively affects and disrupts their daily routine because of social isolation. They are also unaware and unable to comprehend the short- and long-term consequences of this outbreak.<sup>40 41</sup> In general, the COVID-19 outbreak also heightened pre-existing difficulties and problems in people's lives, reaching the broad spectrum of the biopsychosocial framework. De Figueiredo and his colleagues<sup>42</sup> in fact, developed a conceptual framework (Fig. 1.1) to provide a more thorough understanding of the neurobiological changes triggered by the stress caused by the many pandemic-related factors.

Consequently, according to the preliminary data from a UNICEF and Gallup poll of adults and children in 21 nations, a median of 1 in 5 young people aged 15-24 surveyed said they often feel depressed or have little interest in doing things. And as COVID-19 heads into its third year, the impact on children and young people's mental health and wellbeing continues to weigh heavily.<sup>43</sup>

Figure 1.3 Possible impacts off COVID-19 pandemic stressors on children and adolescents's lives (De Figueiredo, et. al, 2020)

![](_page_28_Figure_7.jpeg)

The Philippines' Department of Health (DOH), citing data from the WHO Special Initiative for Mental Health, said at least 3.6 million Filipinos suffered from one kind of mental, neurological, and substance abuse disorder in the early part of 2020.<sup>44</sup> The DOH also reported last year that the number of calls received by the hotlines of the National Center for Mental Health (NCMH) regarding mental health concerns—including suicide—had spiked during the pandemic. In a study<sup>45</sup> conducted during the early phase of the pandemic in the country, one-fourth of the respondents reported moderate-to-severe anxiety, one-seventh reported moderate-to-severe stress levels and one- sixth reported moderate-to-severe depression and psychological impact of the pandemic. The socio-demographic characteristics of those who reported are as follows: female, youth age, single status, students, recent imposed quarantine; prolonged home-stay; and reports of poor health status, unnecessary worry, concerns for family members, and discrimination.

This finding is also supported by other studies that suggest the lockdown conditions due to the pandemic significantly

<sup>&</sup>lt;sup>37</sup> Fegert, J.M., Vitiello, B., Plener, P.L., Clemens, V. (2020). Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. Child Adolesc. Psychiatry Ment. Health 14, 20. <u>https://doi.org/10.1186/s13034-020-00329-3</u>

<sup>&</sup>lt;sup>38</sup> Saurabh, K., Ranjan, S. (2020). Compliance and psychological impact of quarantine in children and adolescents due to Covid-19 pandemic. Indian J. Pediatr. 87 (7), 532–536. <u>https://doi.org/10.1007/s12098-020-03347-3</u>

<sup>&</sup>lt;sup>39</sup> ACEs and Toxic Stress: Frequently Asked Questions. Center on the Developing Child. Harvard University. <u>https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/</u>

<sup>&</sup>lt;sup>40</sup> Spinelli, M., Lionetti, F., Pastore, M., Fasolo, M. (2020). Parents' stress and Children's psychological problems in families facing the COVID-19 outbreak in Italy. [original research]. Frontiers in Psychology 11 (1713). <u>https://doi.org/10.3389/fpsyg.2020.01713</u>

<sup>&</sup>lt;sup>41</sup> Crescentini, C., Feruglio, S., Matiz, A., Paschetto, A., Vidal, E., Cogo, P., Fabbro, F. (2020). Stuck outside and inside: an exploratory study on the effects of the COVID-19 outbreak on Italian parents and Children's internalizing symptoms. Front. Psychol. 11, 586074. <u>https://doi.org/10.3389/fpsyg.2020.586074</u>

<sup>&</sup>lt;sup>42</sup> De Figueiredo, C.M., et. al. (2020). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. Progress in Neuropsychopharmacology & Biological Psychiatry, 106 (2021) 110171. <u>https://doi.org/10.1016/j.pnpbp.2020.110171</u>

<sup>&</sup>lt;sup>43</sup> "Impact of COVID19 on poor mental health in children and young people'tip of the iceberg'. (2021, October 04). UNICEF. <u>https://www.unicef.org/press-releases/impact-</u> covid-19-poor-mental-health-children-and-young-people-tip-iceberg

<sup>&</sup>lt;sup>44</sup> Baclig, C.E. (2022, January 22). Mental health in a time of pandemic: The invisible suffering. Inquirer.net. <u>https://newsinfo.inquirer.net/1544354/mental-health-in-a-time-of-pandemic-the-invisible-suffering</u>

<sup>&</sup>lt;sup>45</sup> Tee, M. et. al. (2020). Psychological impact of COVID19 pandemic in the Philippines. Journal of Affective Disorders, 277, 379-391. https://doi.org/10.1016/j.jad.2020.08.043

![](_page_29_Picture_0.jpeg)

affected the mental health of people, especially the youth in the Philippines, compared to other neighboring Asian countries.<sup>46 47</sup>

In response to this, a two-year joint programme called Project BRAVE<sup>48</sup> (Building COVID-safe Responses And Voices for Equity) was launched in 2021 by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and United Nations Population Fund (UNFPA). The project takes real action to support vulnerable women, children, and adolescents with mental health and psychosocial assistance and protection from gender-based violence (GBV) during the response to and recovery from the COVID-19 pandemic.

The DOH together with the United States Agency for International Development (USAID), on the other hand, has released a mobile app called "*Lusog-Isip*,"<sup>49</sup> which aims to provide access to self-help and self-care resources to address mental health and substance abuse needs. It invites users to assess their well-being and coping strategies. Most importantly, the app provides a list of available mental health and psychosocial support services—both online and nearby offline options.

<sup>&</sup>lt;sup>46</sup> Tee, M. et. al. (2021). Impact of the COVID19 Pandemic on Physical and Mental Health in Lower and Upper Middle-Income Asian Countries: A Comparison Between the Philippines and China. Front. Psychiatry, 11:568929. <u>https://doi:10.3389/fpsyt.2020.568929</u>

<sup>&</sup>lt;sup>47</sup> Shaikh, A. et. al. (2021). COVID19 and mental health: a multi-country study – the effects of lockdownon the mental health of young adults. Middle East Current Psychiatry, 28:51. https://doi.org/10.1186/s43045-021-00116-6

<sup>&</sup>lt;sup>48</sup> "UN agencies launch joint programme to support vulnerable women and young people amid COVID-19" (2021, November 5). World Health Organization. <u>https://www.who.int/philippines/news/detail/05-11-2021-un-agencies-launch-joint-programme-to-support-vulnerable-women-and-young-people-amid-covid-19
<sup>49</sup> "LISAID AND DOH Jaunch Philippines' First mobile app for mental health" (2021, October 15), U.S. Embassy Manila, https://doh.usembassy.gov/usaid-and-doh-Jaunch-phil-</u>

<sup>&</sup>lt;sup>49</sup> "USAID AND DOH launch Philippines' First mobile app for mental health" (2021, October 15). U.S. Embassy Manila. <u>https://ph.usembassy.gov/usaid-and-doh-launch-phil-</u> ippines-first-mobile-app-for-mental-health/

### 3.2.2.3. Level of spiritual well-being

The study also tried to measure the level of spiritual well-being of both the caregiver (household) and children respondents. For this rapid situation assessment report, a daily spiritual experience scale (DSES)<sup>50</sup> was integrated in both questionnaires. This is a sixteen-item scale, which includes constructs such as awe, gratitude, mercy, sense of connection with the transcendent, compassionate love, and desire for closeness to God. Overall, DSES is an instrument designed to provide a self-reported measures of spiritual experiences as an important aspect of how religiousness/ spirituality is expressed in daily life for many people.

## Table 3.6 Overall total and average DSES scores of caregiver and children respondents, by selected demographic variables

	Care	giver	Children					
Variable	Overall Score <sup>a</sup>	Mean	Overall Score	Mean				
General DSES Score	78	4.89	75	4.66				
Demographic variables								
Sex								
Male	76	4.73	75	4.71				
Female	79	4.93	73	4.59				
Presence of Registered Children								
Yes	79	4.93	76	4.72				
No	77	4.83	74	4.62				
Highest Level of Educational Attainment								
Never attended	78	4.9	-	-				
Pre-school	79	4.92	-	-				
Elementary	79	4.95	-	-				
Secondary	77	4.8	-	-				
Vocational	82	5.15	-	-				
College	80	5.02	-	-				
<sup>a</sup> Score interpretation: 16 to 36 - relatively poor 37 to 56 - moderate								

57 to 76 - high 77 to 96 - relatively high

Table 3.6 indicates the overall total and average DSES scores for both caregiver and children respondents. General DSES scores for caregivers are relatively higher than that of the children, and are also considered to be *relatively high* in terms of level of spiritual well-being. Still, scores reported for the children are considered to be *high*. When grouped in terms of sex, females scored higher than males for the caregiver respondents. Meanwhile, males scored higher than females among the children respondents. It also seems that households with WVDF-registered children, and those who are sponsored children themselves, have higher DSES scores compared to those who are not, though the difference is relatively small. Finally, as the level of educational attainment moves up among the caregiver respondents, their DSES scores also increase. Nevertheless, across all educational levels, these DSES scores are still within the same *relatively high* level of daily spiritual experience.

## **3.2.2.4.** Access to Health Care Services and Facilities

![](_page_30_Figure_9.jpeg)

![](_page_30_Figure_10.jpeg)

For the past two years, access to different health care facilities in the country has been a challenge. The 2020 WVDF rapid assessment survey, in fact, revealed that there was a significant decline in access across different health care facilities, ranging from hospitals to traditional medicine centers. The recent statistics (Figure 3.8) from the 2022 survey, however, shows that more respondents are now reporting that they can access hospitals (5.9) and outreach or mobile health team clinics (1.4) compared to the previous year. This is evident in the *increase of proportion of respondents* for both categories when compared between survey years (i.e. 2020 vs. 2022).

Table 3.6 further shows a detailed breakdown for each of the category changes in terms of percentage differences. It

<sup>50</sup> Underwood, L. G., & Teresi, J. A. (2002). The daily spiritual experience scale: development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health- related data. Annals of behavioral medicine : a publication of the Society of Behavioral Medicine, 24(1), 22–33. <u>https://doi.10.1207/</u> <u>\$15324796ABM2401\_04</u>

Access to health facilities	%			Deventer Difference							
	2020		2022		Percentage Difference					7.6	
	Before Prese	Dracant	ant Defere	Present	2020		2022		2020 vs. 2022		Z Score <sup>®</sup>
		Present	Delote		Relative	Absolute	Relative	Absolute	Relative	Absolute	
Hospital	89.0	63.0	43.2	23.1	-29.21	26.00	-46.50	20.1	59.16	5.9	14.71***
Community health centers	93.0	86.0	52.0	35.0	-7.53	7.00	-32.80	17.1	335.83	-10.1	17.84***
Maternal center	83.0	70.0	36.1	21.7	-15.66	13.00	-39.85	14.4	154.41	-1.4	17.26***
Outreach or mobile health center	44.0	32.0	31.7	21.2	-27.27	12.00	-33.24	10.6	21.87	1.4	4.37***
Traditional medicine center	34.0	31.0	31.7	23.8	-8.82	3.00	-24.93	7.9	182.51	-4.9	2.87***

Table 3.7 Percentage of households who have access to health care facilities, by before vs. present, and survey years (2020 vs. 2022) comparison

<sup>a</sup> Using z-test for two population proportions, values are significantly different at \*\*\*<0.01 p-value

can be noted that although there has been positive movement in accessing hospitals and outreach or mobile health centers when compared between survey years (i.e. 2020 vs. 2022), there is still the challenge of accessing community health centers or clinics (-10.1), maternal centers (-1.4), and traditional medicine centers (-4.9). Using a z-test proportion, the results indicate that the differences among the percentage changes between survey years are significantly different from each other. This generally means that the events that happened between 2020 to 2022 have significantly affected the accessibility status of different health care facilities in the country. Identifying those major events, however, cannot be determined using this statistical test.

## 3.2.3. FOOD ACCESS, SECURITY AND NUTRITION

### 3.2.3.1. Affordability of daily living expenses

Figure 3.9 Percentage of households who cannot afford to meet daily living expenses, per category, 2022 WVDF Rapid Situation Assessment Report (n = 1130)

![](_page_31_Figure_8.jpeg)

Figure 3.9 shows that a great majority of respondents reported not being able to afford or meet their daily living expenses, ranging from rent payments to buying essential items such as food. According to the recent survey, the ability to pay rent (75%) tops the list of major concern when it comes to such expenses. This is followed by loan payments (84.4%), health care/medicine (65.5%), personal hygiene (58.5%), food (51.6%) and , essential items for cooking (51%).

### 3.2.3.2. Availability of food stock, per food group

Figure 3.10 Availability of food stock per food group types, by survey year (2020 vs. 2022)

![](_page_31_Figure_12.jpeg)

Figure 3.10 shows a comparison of the availability of food stock per food group accessible to caregivers (household respondents) between the survey years of 2020 and 2022. It can be noted that there is *a decrease of proportion* among the respondents in the availability of certain food groups, except milk products, between 2020 and 2022. Table 3.7 shows that the differences across food groups are statistically significant, with the starch food group accounting for the highest absolute % difference (loss) of 31.9, followed by animal source foods (13.4), pulses and legumes (9.4), green and leafy vegetables (13), other vegetables and fruits (0.2) and energy dense foods (7.5).

It is important to note, however, that availability is different from accessibility. Availability may refer to the presence of the food items in the area. On the other hand, accessibility is about whether the food available can be/are being purchased for consumption. It may be available but they may not be able to afford it. For this particular study, availability refers to the former, which presents limitations when interpreted.

## Table 3.8 Availability of food stock per food group, by surveyyear (2020 vs. 2022)

Type of Food Stock	c	%	Perce Diffe	7 6	
	2020 (n=423)	2022 (n=1090)	Relative	Absolute	Z Score"
Starch	92	60.1	-34.67	31.9	9.4334***
Animal source foods	72.8	59.4	-18.41	13.4	7.3274***
Pulses and legumes	44.4	35	-21.17	9.4	5.6428***
Green and leafy vegetables	87.2	74.2	-14.91	13	7.8001***
Other vegetables and fruits	65.7	65.5	-0.30	0.2	5.9064***
Energy dense foods	74.7	67.2	-10.04	7.5	6.9341***
Milk products	43.3	46.3	6.93	-3	4.3202***

<sup>a</sup> Using z-test for two population proportions, values are significantly different at \*\*\*<0.001 p-value

### 3.2.3.3. Coping Mechanisms to Manage Impact of Pandemic on Food Accessibility

In terms of coping mechanisms employed by households in managing the impact of the pandemic on their food accessibility, Figure 3.11 shows that over the years (2020-

2022), there has been *a decrease in the proportion* of household respondents who report having reduced the portion size of their meals as an adjustment. However, it is worth noting that for other coping mechanisms indicated, there has been a *noticeable increase* reported particularly among the following: reduction in the quantities consumed by adults/mothers for young children (-20.03), reduction in the number of meals eaten per day (-13.90), reliance on help from relatives or friends (-10.08), borrowed food (-9.14), and reliance on less preferred, less expensive food (-2.07).

When looking at the these differences in further detail, Table 3.8 below indicates that only two differences are considered statistically significant: *a decrease of proportion* in respondents who have reduced the portion size of their meals and *an increase of proportion* in respondents who have relied on less preferred, less expensive food. In other words, these two coping mechanisms reported by the household respondents have been significantly adapted in between survey years of 2020-2022.

The data might also indicate that achieving proper nourishment need not be expensive. We can see that there is a decrease in negative coping mechanisms like compromising the nourishment by reducing portion size and instead seeing the value of less preferred, less expensive food.

## Figure 3.11 Coping mechanisms of households in managing impact of pandemic on food accessibility, by survey year (2020 vs. 2022)

![](_page_32_Figure_12.jpeg)

#### Table 3.9 Percentage of households using coping mechanisms to manage impact of COVID-19 pandemic to income or livelihood, by survey year and percentage difference

Coping Mechanisms	(	%	Perce Diffe	Z	
	2020 (n=423)	2022 (n=1090)	Relative	Absolute	Scoreª
Reduce portion size of meals	37.0	32.9	-11.0	4.06	4.75***
Rely on less preferred, less expensive food	56.0	58.1	3.7	-2.07	5.23***
Borrowed food	16.0	25.1	57.1	-9.14	1.6
Rely on help from friends or relatives	19.0	29.1	53.1	-10.08	1.82
Reduce the number of meals eaten per day	15.0	28.9	92.7	-13.90	0.92
Reduction in the quantities consumed by adults/ mothers for young children	13.0	33.0	154.1	-20.03	0.046

 $^a$  Using z-test for two population proportions, values are significantly different at \*\*\*<0.001 p-value

### IN FOCUS A global food crisis

![](_page_34_Picture_2.jpeg)

#### **Global hunger numbers rose**

A recent report published by the Food and Agriculture Organizations (FAO)<sup>51</sup> revealed that the number of people affected by hunger increased in 2020 under the shadow of the COVID-19 pandemic. The prevalence of undernourishment increased to about 9.9% in 2020 from 8.4% a year earlier, when it had essentially been stable from 2014 to 2019. The report also noted that the most undernourished are found in Asia (418 million) and more than one-third in Africa (282 million).

The increase in global hunger in 2021 reflects exacerbated inequalities across and within countries, due to an unequal pattern of economic recovery among countries and unrecovered income losses among those affected by the COVID-19 pandemic. Fueled by conflict, climate shocks and the ongoing pandemic, the crisis is escalating as the war in Ukraine further drives up the costs of food, fuel and fertilizers.<sup>52</sup> Millions of people are struggling to put food on the table and are being driven closer to starvation in a storm of staggering proportions.

In the Philippines, FAO found that from 2019 to 2021, 5.3 million Filipinos were severely food insecure, 48 million more experienced moderate or severe food insecurity and 5.7 million were undernourished. While the numbers decreased from 12.4 million undernourished Filipinos between 2014 to 2016, the Philippines remains among the 63 countries that have the largest number of undernourished people.<sup>53</sup>

#### Food inflation in the Philippines

The Philippines is the most food-insecure country in emerging Asia due to its reliance on imported food to feed its expanding population.<sup>54</sup> The Department of Agriculture (DA) admitted that Consumers will feel more of the food crisis towards the last few months of 2022, as the monthslong standoff between Ukraine and Russia continue to disrupt the shipment of food items across the globe.<sup>55</sup> The Philippine Statistics Authority<sup>56</sup> reported that inflation in the Philippines heated up to 6.9% in September — the highest in four years — from 6.3% in August, raising the year-to-date or January to September average to 5.1%. In particular, PSA indicated that the fast-increasing prices of food stuffs like eggplant, *tilapia* and refined sugar, as well as electricity, housing and wood fuel (firewood) contributed to the increase of overall inflation. The DA urged the public to help increase food production in the country by trying urban farming methods.<sup>57</sup> It also emphasized that the community should help farmers and fishers to ensure food sustainability in the coming months.

<sup>&</sup>lt;sup>51</sup> FAO, IFAD, UNICEF, WFP and WHO. 2020. In Brief to The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO. <u>https://doi.org/10.4060/cb5409en</u>

<sup>&</sup>lt;sup>52</sup> "Emergency: Global food crisis". 2022. The World Food Programme. <u>https://www.wfp.org/emergencies/global-food-crisis</u>

<sup>&</sup>lt;sup>53</sup> Baclig, C.E. 2022. "World Food Day 2022: Rising costs keep millions in PH away from healthy diets". Inquirer.net. Retrieved October 10, 2022 from <a href="https://newsinfo.inquirer.net/1680910/world-food-day-2022-rising-costs-keep-millions-in-ph-away-from-healthy-diets">https://newsinfo.inquirer.net/1680910/world-food-day-2022</a> from <a href="https://newsinfo.inquirer.net">https://newsinfo.inquirer.net</a> Retrieved October 10, 2022 from <a href="https://newsinfo.inquirer.net"/>https://newsinfo.inquirer.net</a> Retrieved October 10, 2022 from <a hre

<sup>&</sup>lt;sup>54</sup> Nguyen, T. 2022, July 13. Why the Philippines is so Vulnerable to Food Inflation? Carnegie Endowment for International Peace. <u>https://carnegieendowment.org/2022/07/13/why-philippines-is-so-vulnerable-to-food-inflation-pub-87467</u>

<sup>&</sup>lt;sup>55</sup> Lagare, J. (2022, June 10). "Filipinos to feel brunt of food crisis toward end-2022". Inquirer.net. <u>https://business.inquirer.net/350033/filipinos-to-feel-brunt-of-food-crisis-toward-end-2022</u>

<sup>&</sup>lt;sup>56</sup> Summary Inflation Report Consumer Price Index (2018=100): August 2022. Philippine Statistics Authority.

<sup>57</sup> Sevillano, S. "Urban gardening encouraged as global food crisis looms". (2022, March 18). Philippine News Agency: Republic of the Philippines.

### **3.2.4. EDUCATION**

## **3.2.4.1. Situation and condition of schooling among children**

#### Figure 3.12 School attendance status of children, 2022 WVDF Rapid Situation Assessment Report (n = 1130)

![](_page_35_Figure_4.jpeg)

Around 87% of household respondents reported that schools are still closed in their communities. Despite these statistics, 9 out of 10 children respondents stated that they are currently attending or continuing their schooling either through modular (64%), online (25%), or in-person (7.3%) learning.

Children were also asked what different technology or devices they have been using for their schooling during this time. Figure 3.13 below shows that many of them have been using modular texts or modules (46.1%), while some are using online materials (23.9%), smartphones and tablets (19%), online live classes (either video or audio) (17.5%), tv (7.7%) and radio (5.4%).

## Figure 3.13 Access to different forms of school materials, technology and devices, 2022 WVDF Rapid Situation Assessment Report (n = 1130)

![](_page_35_Figure_8.jpeg)

![](_page_35_Picture_9.jpeg)

Caregivers, on the other hand, were also asked if their children are willing to return to school in-person once it reopens. Figure 3.14 shows that many of their children (82%) expressed their intentions to return to school, regardless of gender. Still, the survey also shows that few of them (18%) have said that their children do not intend to go back to school anytime soon.

#### Figure 3.14 Intention to Return to School, per gender 2022 WVDF Rapid Situation Assessment Report (n = 1130)

![](_page_36_Figure_3.jpeg)

Both caregivers and parents alike welcome this encouraging willingness and enthusiasm of their children to go back to school, since many of them have indicated experiencing difficulties in supporting their children with their education during the pandemic. In fact, the survey has reported some of these issues as shown by Figure 3.15.

The top five reasons cited by the respondents are having no relevant materials (12%), too stressed to focus (11%), having no idea what to do with the provided learning materials (10.6%), do not have time (8.8%), and do not know how to use digital learning tools or technology safely (6.5%).

Figure 3.15 Issues experienced by caregivers and/or parents while supporting their children with their education during the pandemic, 2022 WVDF Rapid Situation Assessment Report (n = 1090)

![](_page_36_Figure_7.jpeg)

### 3.2.4.2. Access to remote learning

The survey also revealed an increase in the proportion of children who reported having access to the internet for online learning compared to the previous year, particularly during the early months of the pandemic. Figure 3.16 shows that there is an increase of around 8% in the proportion of those who have access to the Internet. Likewise, around 8% has been reported as a reduction of those being unable to access the Internet. It is also reported that 8 out of 10 children respondents perceive having relatively good quality remote learning education. More specifically, Figure 3.17 illustrates that a great majority have said that it is good (62.7), with some stating it is excellent (25.4%). Very few, on the other hand, stated that it is not good (6%) and even worse or not very good (5.9%).

## Figure 3.17 Perceived quality of remote learning education, 2022 WVDF Rapid Situation Assessment (n = 1130)

![](_page_37_Figure_5.jpeg)

## Figure 3.16 Access to an internet connection for online learning (2020 vs. 2022)

![](_page_37_Figure_7.jpeg)

### IN FOCUS Education in the time of a pandemic

![](_page_38_Picture_2.jpeg)

### The State of Education in the Country

Since schools have closed, learning has shifted to the home and are conducted online, and the traditional model of teaching in-person in a classroom has been replaced with one that is reliant on technology. The use of technology during the lockdown not only became a way to keep kids interested in their studies, but it also kept them connected to the outside world where they could socialize and have fun.<sup>58</sup> The importance of this issue has increased in light of recent restrictions on face-to-face social interactions, especially when various after-school programs and activities that allowed for these relationships had been cancelled for an indefinite period. For many, this has led to increased social isolation and learning losses, which had an adverse effect on some children's sense of identity and self-worth.<sup>59</sup>

Amid the initial COVID-19 surge of March 2020, the Philippines stopped in-person classes for its entire cohort of public education students, which then numbered some 24.9 million. Almost two years have passed, yet the country has fallen behind other nations in resuming face-to-face instruction. Only 5,000 students in just over 100 public schools have been permitted to return to class in a twomonth trial program after the 20 months of pandemic prevention measures. This represents a tiny portion of the 27 million public school students who enrolled in 2021.<sup>60</sup> In response to the call for the immediate and safe reopening of schools, the Department of Education led by newly elected Vice President Sara Duterte announced for the opening of the school year 2022-2023 on August 22. She said that while schools are transitioning to full-in person classes, they can implement combined face-to-face classes and distance learning from August until October 31.<sup>61</sup>

Yet, the long-term negative impact on previous cohort of school children due to the COVID-19 pandemic cannot be dismissed. A recent report published by World Bank showed that the learning poverty, or the share of 10-year-old children who cannot read and understand a simple story, was expected to rise further because of the crisis. In addition, the children's economic potential and productivity as adults are likely to be impacted by school closures and long-term learning loss, which will undermine the country's competitiveness.<sup>62</sup> Based on the analysis of Azevedo and his colleagues,<sup>63</sup> it is estimated that due to learning losses, average annual earning per student will decrease by \$893-1,137 (in 2017 Php) or a loss of present value of individual lifetime earnings by \$16,287-20,752 (in 2017 Php).

<sup>&</sup>lt;sup>58</sup> Pokhrel, S., & Chhetri, R. (2021). A literature review on impact of COVID-19 pandemic on teaching and learning. Higher Education for the Future, 8(1), 133–141. <u>https://doi.org/10.1177/2347631120983481</u>

<sup>&</sup>lt;sup>59</sup> Donnelly, K. (2020). Lack of face-to-face contact had major impact on teaching and learning during lockdown – New study. Independent.it. <u>https://www.independent.</u> ie/irish- news/education/lack-of-face-to-face-contact-had-major- impact-on-teaching-and-learning-during-lockdown-new- study-39349164.html

<sup>&</sup>lt;sup>60</sup> De Guzman, Chad. (2021, December 01). "The Philippines Still Hasn't Fully Reopened Its Schools Because of COVID19. What Is This Doing to Children". Time. <u>https://time.com/6124045/school-closures-covid-education-philippines/</u>

<sup>&</sup>lt;sup>61</sup> Galvez, D. (2022, July 24). "School opens August 22, Sara Duterte says". Inquirer.net. <u>https://newsinfo.inquirer.net/1628174/august-22-school-opening-says-sara-duterte</u> <sup>62</sup> Cho, Y., Kataoka, S., and Piza, S. (2021, May). Philippines COVID19 Monitoring Survey Policy Notes. The World Bank and Australian Aid. <u>https://openknowledge.worldbank.org/bitstream/handle/10986/35649/Philippines-COVID-19-Monitoring-Survey-Policy-Notes.pdf</u>

<sup>&</sup>lt;sup>63</sup> Azevedo, J. P., et al. (2021). Simulating the Potential Impacts of COVID-19 School Closures on Schooling and Learning Outcomes: A Set of Global Estimates. World Bank Research Observer, 36(1). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8108634/pdf/lkab003.pdf

### **Early Childhood Education**

In addition, even though the pandemic has had a huge impact on education at all levels, Early Childhood Education (ECE) has not received as much attention in discussions and responses about education as other schooling levels. The most recent UNICEF analysis of data from 100 countries shows this to be the case, where 60% of countries with data provided remote policies for pre-primary education and 70% of pre-primary students attending pre-primary programming prior to school closures lacked access to remote learning opportunities.<sup>64</sup> Based on the regional surveys (including both Asia-Pacific and Sub-Saharan Africa) conducted by UNESCO, the impact of COVID-19 on early childhood education can be summarized into eight (8) major key findings<sup>65</sup> (Insights from the Results of Rapid Regional Personnel Surveys - UNESCO, pg. 15):

- 1. Prior to the COVID-19 outbreak in both regions, few ECE personnel had received training in crisis management and distance teaching and learning.
- 2. Both regions reported a cessation of ECE personnel remuneration and changes in employment status following the COVID-19 outbreak.
- 3. The level of technical and financial assistance received by ECE centers and staff in response to the COVID-19 crisis varied by region.
- 4. The most frequently reported means of communication and education was through mobile messaging platforms in both regions.
- 5. The greatest challenge to remote teaching and learning in both regions was reported to be a lack of affordable Internet access and equipment, followed by a lack of training and support in remote teaching and learning.
- 6. The most effective strategies identified were maintaining regular contact through messaging, social media, and other platforms, as well as following up on learning and play activities provided for children in the domestic environment.
- 7. The provision of COVID-19 preventive measures in ECE centers was the most frequently cited requirement for reopening schools, followed by parental support for children's personal hygiene practices.
- 8. The COVID-19 crisis has demonstrated that early childhood education centers, as well as health and

and nutrition services, are critical providers of early learning opportunities, particularly for disadvantaged children.

Jalongo (2021)<sup>66</sup> argued that the pandemic has made it more apparent that there is a need to develop additional high-quality educational opportunities that begin very early in children's lives. This is significant for three main reasons: i.) the formative experiences of young children have an impact throughout life, ii.) they represent an incomparable chance for growth, development and learning, and iii.) taking constructive action in the early years can help avoid more serious problems in later years.

<sup>&</sup>lt;sup>64</sup> UNICEF, 2020, Covid-19: Are children able to continue learning during school closures? A global analysis of the potential reach of remote learning policies using data from 100 countries. <u>https://data.unicef.org/resources/remote-learning-reachability-factsheet/</u>

<sup>&</sup>lt;sup>65</sup> The Impact of COVID-19 on Early Childhood Education in the Asia-Pacific and Sub-Saharan Africa: Insights from the Results of Rapid Regional Personnel Surveys. (2021). United Nations Education, Scientific and Cultural Organization (UNESCO). <u>https://unesdoc.unesco.org/ark/48223/pf0000378125/PDF/378125eng.pdf.multi</u>

<sup>&</sup>lt;sup>66</sup> Jalongo, M.R. (2021). The Effects of COVID-19 on Early Childhood Education and Care: Research and Resources for Children, Families, Teachers, and Teacher Educators. Early Childhood Education Journal, 49:763–774. <u>https://doi.org/10.1007/s10643-021-01208-y</u>

### **3.2.5. CHILD PROTECTION**

## 3.2.5.1. Major concerns facing children as result of the COVID-19 crisis

Caregivers were also asked what major issues are affecting the most vulnerable children during this difficult time caused by the pandemic. Figure 3.18 revealed that the top three (3) issues cited by the respondents are children and adolescents getting pregnant early (34.3%), dropping out of school (26.9%), and getting married early (22%). Other major issues include engaging in child labor (21.5%) and being exposed to harmful sites on the internet (18.3%).

## Figure 3.18 Perceived major concerns facing children and adolescents caused by the pandemic, 2022 WVDF Rapid Situation Assessment (n=1090)

![](_page_40_Figure_5.jpeg)

### 3.2.5.2. Incidence of child abuse

Almost all of the caregiver respondents (98%) have said that there is no prevalence or increase in the use of physical punishment when their children misbehave. This is consistent with the answers of the children respondents when asked about the reactions of their parents when they misbehaved. Figure 3.19 further details each of the categories asked about with the children. As illustrated by the graph, very few respondents reported that they had experienced negative reactions or responses from their parents. Although a handful of them experienced any physical punishments (15%), being ridiculed (6%), and being told hurtful things (6%), the majority expressed otherwise.

#### Figure 3.19 Reactions of parents when their children misbehave as reported by children respondents, 2022 WVDF Rapid Situation Assessment

![](_page_40_Figure_9.jpeg)

<sup>0% 25% 50% 75% 100%</sup> 

### 3.2.5.3. Incidence of child work and child labor

Both caregiver and children respondents were also asked if the children had participed in any economic activities, particularly during the pandemic. More specifically, respondents were asked whether children (age 6 to 11) in the household have been involved in any work or activities in the last seven (7) days.

A comparison of responses (Figure 3.20) from both surveys show that two response categories indicated high incidence (almost twice) reporting for children compared to their respective caregivers. These activities are helping with the household's farm, garden or animals (32% vs. 53%), and engaging in other activities in return for income, in cash or in kind (6% vs. 15%). It is important to note however that for this particular study, any work happening in the family farms or family enterprises that is harmless and does not in any way deprives the child of their childhood, potential or dignity is still considered child work.

On the other hand, the data also revealed that there are also reported incidences of child labor, in which there is a little difference between the caregivers and children respondents in reporting their (children) involvement or exposure to any harmful fumes, extreme temperatures or other unsafe or dangerous conditions (6% vs. 4%), where caregivers having greater proportion than children.

#### Figure 3.20 Economic activities participated by children (Caregiver vs. Child), 2022 WVDF Rapid Situation Assessment

![](_page_41_Figure_2.jpeg)

### IN FOCUS A hidden crisis of the COVID-19 pandemic

### **The Child Labor Situation**

Children's lives have also been disproportionately severely disrupted by the most recent pandemic. A systematic literature review conducted by Kechagia and Metaxas (2021)<sup>67</sup> has revealed that COVID-19 is expected to increase child abuse and domestic violence, as well as child labor and exploitation. Such impact is more prevalent in developing countries since they have several structural and social inequities.

A few of the pandemic's child labor channels include school closings, high dropout rates, a lack of employment opportunities, a fall in living standards, and trading activities in the post-COVID-19 period.<sup>68 69</sup> An estimated 42-66 million children could fall into extreme poverty in 2020 as result of the crisis, adding to the projected 386 million children who are already living in extreme poverty in 2019.<sup>70</sup>

Furthermore, gender inequality in child labor also remains a problem in developing economies including many Asian countries, and it could be exacerbated by the COVID-19 pandemic.<sup>71 72</sup> This gender disparity may worsen, with girls especially vulnerable to exploitation in agriculture and domestic work.<sup>73</sup>

In the Philippines, child labor is most prevalent in the agriculture, retail and trade sectors, where many women's enterprises operate. The Philippine Statistics Authority's 2020 Labor Force Survey documented that among the 31.17 million children aged 5-17 years old, there were about 872,000 working children, of which almost 597,000 million were in child laborers. More specifically, 63.6% were determined to be in the agriculture sector,<sup>74</sup> primarily in the production of sugarcane, as well as in coconuts, corn, rice, rubber, tobacco, bananas and hogs.

<sup>67</sup> Kechagia, P. and Metaxas, T. (2021). Are Working Children in Developing Countries Hidden Victims of Pandemics? Social Sciences, 10:321. <u>https://doi.org/10.3390/socs-ci10090321</u>

<sup>73</sup> "COVID-19 may push millions more children into child labor – ILO and UNICEF". (2020, June 11). UNICEF. https://www.unicef.org/press-releases/covid-19-may-push-millions-more-children-child-labour-ilo-and-unicef

<sup>74</sup> Working Children and Child Labour Situation. (2021, December 21). Philippine Statistics Authority.

<sup>&</sup>lt;sup>68</sup> ILO/UNICEF. (2020). COVID-19 and Child Labour: A Time of Crisis, a Time to Act. Briefing Paper. <u>https://www.unicef.org/media/70261/file/COVID-19-and-Child-la-bour-2020.pdf</u>

<sup>&</sup>lt;sup>69</sup> United Nations/DESA. (2020). Responses to the COVID-19 Catastrophe Could Turn the Tide on Inequality. <u>https://olc.worldbank.org/system/files/PB-65.pdf</u> <sup>70</sup> Policy Brief: The Impact of COVID19 on children. (2020, April 15). United Nations. <u>https://unsdg.un.org/sites/default/files/2020-04/160420\_Covid\_Children\_Policy\_Brief</u>.

pdf <sup>71</sup> Stone, Rupert. (2020). COVID-19 in South Asia: Mirror and catalyst. Asian Affaires 51: 542–68. <u>https://doi.org/10.1080/03068374.2020.1814078</u>

<sup>&</sup>lt;sup>72</sup> Pinchoff, J. et al. (2021). Gendered economic, social and health effects of the COVID-19 pandemic and mitigation policies in Kenya: Evidence from a prospective cohort survey in Nairobi informal settlements. BMJ Open. <u>https://doi:10.1136/bmjopen-2020-042749</u>

*Figure 1.1 Percentage Share of Working Children per region, October 2020 - Labor Force Survey* 

![](_page_42_Figure_2.jpeg)

Figure 1 shows that across the regions, Northern Mindanao has a 12% share of the working children followed by Bicol (11%) and Calabarzon (9%). On the other hand, the Cordillera Autonomous Region (1.2%), NCR (1.6%), Davao Region (2.1%), and Cagayan Valley (2.6%) each had less than 3 working children for every 100 working children in the country. The Department of Labor and Employment (DOLE) projected that at least 20,000 children in Northern Mindanao alone are still being compelled to perform dangerous work due to poverty despite the government's campaign to abolish child labor.<sup>75</sup>

This has been more challenging as the pandemic has pushed the anti-child labor efforts of the national and local government, nongovernmental organizations (NGOs), and communities back to zero. It cannot be overlooked that the pandemic had undone some of the progress that the Philippines had made in its protracted fight against child labor.76 With these challenges, DOLE and the Department of Social Welfare and Development (DSWD) have been intensifying their efforts to save child laborers and have been forging collaborative partnerships with other local community-based organizations (CBOs) and NGOs to strengthen child welfare protection, particularly addressing the worst forms of child labor.<sup>77 78 79</sup>

### **Rise of reported OSEC cases**

The pandemic has created conditions under which the maltreatment, abuse and the neglect of children are enabled. In particular, governments and partners around the world are reporting a surge in violence against women and children, including online, exacerbating the vulnerability of children. Reported cases of online sexual exploitation of children (or OSEC) have spiked during the COVID-19 lockdowns. OSEC<sup>80</sup> is defined as "all acts of sexually exploitative nature carried out against a child that have, at some state, a connection to the online environment." According to global law enforcement data<sup>81.82</sup>, the Asia/Pacific region was the third largest source of "online enticement" in which the Philippines was the largest known source of OSEC cases.

A study conducted by IJM<sup>82</sup> reported that during the lockdowns in the country, there were 20 Philippine law enforcement-led operations that rescued and safeguarded 76 victims and at-risk individuals, and arrested 16 suspected OSEC traffickers.

### Increasing unmet need for sexual and reproductive health (SRH) services and gender-based violence (GBV)

The global pandemic has greatly affected millions of women, with many experiencing difficulty accessing sexual and reproductive health (SRH) services, particularly in low-income (LICs) and middle-income countries (MCIs) whose health systems are already vulnerable. In the Philippines, this impact can be seen in the delivery of family planning services. A UNFPA commissioned report<sup>83</sup> showed that the community quarantine induced by the pandemic is expected to have adverse impacts on various aspects of the sexual and reproductive health of Filipino women, in terms of reduced contraceptive use and increased level of unmet

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<sup>74</sup> Working Children and Child Labour Situation. (2021, December 21). Philippine Statistics Authority.
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<sup>&</sup>lt;sup>75</sup> Lagsa, B. (2022, June 10). "Northern Mindanao has most number of child laborers in PH". Rappler. <u>https://www.rappler.com/nation/northern-mindanao-most-num-ber-child-laborers-philippines/</u>

<sup>&</sup>lt;sup>76</sup> Lucenio, M. (2021, September 05). "The gold trap: COVID-19 is pushing more Filipino children into hazardous work". Rappler. <u>https://www.rappler.com/newsbreak/in-</u> depth/gold-trap-covid-19-pushing-more-filipino-children-hazardous-work/

<sup>&</sup>lt;sup>77</sup> "Children as collateral from pandemic: DOLE intensifies program to save child laborers". (2020, August 29). Republic of the Philippines: Department of Labor and Employment. https://www.dole.gov.ph/news/children-as-collateral-from-pandemic-dole-intensifies-program-to-save-child-laborers/

<sup>&</sup>lt;sup>78</sup> Luci-Atienza, C. (2021, November 05). "DSWD: PH campaign against child labor continues". Manila Bulletin. <u>https://mb.com.ph/2021/11/05/dswd-ph-campaign-against-child-labor-continues/</u>

<sup>&</sup>lt;sup>79</sup> Cudis, C. (2021, June 14). "DSWD, World Vision join hands to end child labor". Republic of the Philippines: Philippine News Agency. <u>https://www.pna.gov.ph/articles/1143679</u>

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![](_page_43_Picture_0.jpeg)

needs for FP, unintended pregnancies, maternal mortality, induced abortion, and intimate partner violence.

The report<sup>84</sup> projected that if the community quarantine continued until the end of 2020, this would have translated to an expected monthly average increase of:

- 218,000 women with unmet needs for family planning
- 79,000 unintended pregnancies
- 60 maternal deaths
- 17,000 cases of induced abortions, and
- 12,000 women to experience intimate partner violence

### **3.2.6. ASSISTANCE**

In terms of assistance provided by WVDF, the recent survey showed that 43% of caregiver (household) respondents have received various forms of assistance from WVDF. A complete breakdown of these types of assistance can be seen below (Figure 3.21). The data indicates that almost half of the assistance provided to these communities are those that are related to education (47%), health care (46.8%) and non-pharmaceutical interventions or NPIs against COVID-19 (45.8% and 42%, respectively).

Figure 3.21 further shows that many of the household beneficiaries have benefitted from such assistance for more than a year (33%), while others received it for a considerable amount of time, mostly more than a month (12%).

## Figure 3.21 Types of assistance provided by WVDF over the past two years, 2022 WVDF Rapid Situation Assessment

![](_page_44_Figure_5.jpeg)

## Figure 3.22 Duration of assistance provided by WVDF over the past two years, 2022 WVDF Rapid Situation Assessment

![](_page_44_Figure_7.jpeg)

# CONCLUSIONS & RECOMMENDATIONS

CHAPTER 4

More than two years after the coronavirus epidemic forced the unexpected closure of the nation, most areas in the Philippines have now fully resumed operations. Yet, emerging issues have been documented stating that the pandemic affected many people in multifaceted ways, compromising their physical, psychological and economic well-being, on top of causing other social and economic problems. The consequences, in fact, have been disproportionately disruptive to the most vulnerable groups, including children and adolescents. The recent pandemic increased the risks for these groups, which may greatly affect their basic human welfare and rights.

The key messages drawn from this follow-up rapid situation assessment report are grouped into two different sectoral categories – facing the Filipino families, children and their communities, borne out of the COVID-19 crisis. The objective is to highlight the possible short- and long-term effects of COVID-19 among the most vulnerable population, including children and adolescents, as well as to give immediate monitoring and assistance to those who are greatly affected, and minimize the impacts it may cause in the long-run.

### LIVELIHOOD

There is still a large proportion of households whose livelihoods have been greatly affected by the COVID-19 pandemic. Around 57% of respondents still report that the pandemic has negatively affected the income of their household. More respondents report to have either no source of income or have less or insufficient financial support from family, friends, relatives and even the government (for social security). In fact, for those who have experienced this (loss or decreased income and resorted to alternative source, n = 733) reported to have an average weekly income of Php 2,311.50 before the pandemic compared to their current average weekly income of Php 1,528.70. Fewer respondents now rely on salaried work with regular income and even daily or casual labor.

- Many of the interviewed households are entering into a 'debt trap cycle' as they manage the impact of the pandemic on their livelihoods. The use of savings, borrowing from within their social networks, selling productive household assets, and availing loans from formal institutions are the top four coping mechanisms reported by the households. The surge in availing loans however, may eventually cause the households to not be able to pay the succeeding interest rates or loans, or simultaneously meet the committed funds to their lenders.
- The effect of reduced household income may differ in terms of its impacts on the children, depending on their sex. In particular, boys usually enter the labor force and engage in high-risk jobs at a very young age compared to girls.

### HEALTH AND NUTRITION

 Vaccination rate among respondents is generally acceptable, yet perception of safety on COVID-19 vaccines remains a challenge. An estimated 82% of the surveyed respondents have already received a COVID-19 vaccine. The World Health Organization targets at least a range of 60 to 70% of total population vaccinated to achieve herd immunity. However, the top three major barriers to vaccinating the unvaccinated are negative perceptions on the safety of vaccines, high possibility of reinfection despite being vaccinated, and difficulty in accessing vaccination sites.

- The self-assessed level of mental health well-being is generally satisfactory, but majority have experienced frequent and worsening feelings of sadness over the past years. Almost half (45-49%) of them have also expressed varied feelings of loneliness worse than before. This is more particularly evident during the lockdown period. This is also consistent to the feelings of sadness frequently felt by the children respondents (34-43%) at the same time, (Figure 3.7).
- Level of spiritual well-being is generally higher among caregivers compared to children, though both are considered to be at high levels of daily spiritual experience. The Daily Spiritual Experience Scale (DSES) scores for females are higher than males for the caregiver, while males scored higher than females among the children respondents. Most importantly, households with WVDF registered children and those who are sponsored children themselves have higher DSES scores compared to those who are not, though the difference is relatively small.
  - Hospitals and mobile health team clinics are becoming more accessible compared to previous years. Unlike the early days of the pandemic, more respondents now report that they can access hospitals and mobile health team clinics. However, many are still

having difficulty accessing community health clinics, maternal health centers and even traditional medicine centers. This may, in turn, pose a barrier for improving vaccine uptakes as location may still be a challenge especially for those in remote areas.

- Affordability to pay rent and loan payments remain to be the top two problems for households in covering their monthly expenses. According to the recent survey, loan payments (84.4%) and the ability to pay rent (75%) tops the list of major concern when it comes to such expenses. This is followed by health care/medicine (65.5%), personal hygiene (58.5%), food (51.6%) and essential items for cooking (51%).
- There is a significant decrease in the proportion of respondents that have access to almost all food groups, except milk products. The decrease across food groups are statistically significant, with the starch food group accounting for the highest absolute percentage difference (loss) of 31.9, followed by animal source foods (13.4), pulses and legumes (9.4), green and leafy vegetables (13), other vegetables and fruits (0.2) and energy dense foods (7.5).
- Many households have significantly changed their food consumption due to the impact of COVID-19 on limiting their purchasing capacity to access more nutritious food. Reducing portion size of meals, and relying on less preferred, less expensive food remains to be the main coping mechanisms reported by respondents in managing impact of the pandemic in their accessibility to food.

![](_page_46_Picture_9.jpeg)

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### EDUCATION

- Despite many schools still being closed, a great majority of the students are currently continuing their schooling through various forms of distance learning. Nine out of 10 children respondents stated that they are currently attending or continuing their schooling either through modular (64%), online (25%), or in-person (7.3%) learning. And in spite of poor Internet connectivity, there is an *increase of proportion* in students who now have access to the Internet. In addition, a great majority of them perceive to have relatively good quality remote learning education.
- There is a high willingness among children and their caregivers to allow in-person classes once schools reopen. Children returning to their school to engage in full-time, in-person learning also means less difficulties for their parents and/or caregivers in providing meaningful educational support at home.

### CHILD PROTECTION

The top three major issues concerning children and adolescents today are getting pregnant early (34.3%), dropping out of school (26.9%), and getting married early (22%). Other major issues cited by the respondents include engaging in child labor (21.5%) and being exposed to harmful sites on the internet (18.3%).

- Although there are no overwhelming statistics in reported domestic child abuse among household respondents, children are more at risk of engaging and participating in any economic activities. More children respondents, compared to their respective caregivers, report helping with the household's farms, garden or animals (32% vs. 53%), and engaging in other activities in return for income, in cash or in kind (6% vs. 15%). On the other hand, more caregivers report their children being involved in or exposed to any harmful fumes, extreme temperatures or other unsafe or dangerous conditions (6% vs. 4%), and producing or selling articles, handicrafts, clothes, food or agricultural products (18% vs. 14%).
- WVDF has provided many assistance and immediate relief efforts across its existing program area beneficiaries, which were highly beneficial during the crucial times of the pandemic. The rapid situation assessment study indicated that almost half of the assistance provided to these communities are those that are related to education (47%), health care (46.8%) and non-pharmaceutical interventions or NPIs against COVID-19 (45.8% and 42%).

### **KEY RECOMMENDATIONS**

![](_page_48_Picture_2.jpeg)

### LIVELIHOOD

Offer economic and social solutions that can shield vulnerable children and their families from financial catastrophe, restore livelihoods and provide the stability that children need to flourish.

Comprehensive social protection systems that include immediate cash transfers and livelihood support in times of crises are an integral component of rebuilding as they protect the health and wellbeing, including financial resilience and food security, of the most at-risk populations. In addition, financial assistance for small to medium businesses who have been greatly affected can help mitigate any permanent harm that may have been done to the country's productive capacity and human capital, by preventing job losses and bankruptcy.

### HEALTH AND NUTRITION

- Strengthen capacities of health care facilities, with a particular emphasis on mental health services and programs. Prior to the COVID-19 crisis, mental health support was weakly integrated in social welfare, labor, and youth policies. It is now more important than ever to implement stronger and more comprehensive policies that support mental health. For the most vulnerable communities and population, including children and the youth, raising awareness for mental health issues is important, as well as encouraging its mainstreaming, reducing stigma and discrimination, encouraging open communication and looking for support.
- Consider spiritual well-being as a critical component of holistic care. Empirical evidence<sup>85 86 87</sup> shows that spirituality has a direct link to a person's well-being. The possible benefits of spiritual beliefs to mental health and well-being have physiological consequences that impact physical health, affect the risk of disease, and influence treatment. During times of extreme stress, distress, and anxiety, spiritual care that is manifested through compassion and empathy puts a person at ease and offers much-needed comfort. Therefore, a belief in the holy or divine and the ensuing spiritual experience, lead to favorable psychological states such as tranquility, recovery, contentment, hope, and joy.
- Refocus and strengthen health programmes addressing malnutrition. The COVID-19 pandemic has put children at risk, given its effect on the livelihood and accessibility to food of families. It is essential to create immediate interventions and food security policies that can effectively address acute hunger and malnutrition, without contributing to the long-term deleterious effects of inadequate nutrition, on the health of indigent and vulnerable communities.
- Support agroecological and other sustainable food production methods for more robust food production systems. People's ability to access food diminished in the crisis, which had a negative impact on their ability to afford a healthy diet. The shift in consumption towards more processed foods and fewer fruits and vegetables during the crisis also contributed

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to poor nutrition. These sorts of dietary shifts could have adverse impacts, as people who are experiencing malnutrition — in any form — are more vulnerable to contracting the virus and developing complications.<sup>88</sup> Agroecology is a strong response to the COVID-19 food security and nutrition crisis because it is a sustainable strategy for boosting food production at home, and is accessible to all types of farmers, both rich and poor.<sup>89</sup> Such responses may include creating nutrition-sensitive rural home gardens and urban agriculture, proven to be more resilient against shocks and disruptions, and ensure access to more varied and nutritious food both for the urban and rural poor.<sup>90</sup>

### **EDUCATION**

Aid families, communities, learners, teachers and education support staff on the immediate safe return to schools. This would mean providing adequate professional training and preparation in developing and implementing safety and health measures, and all other school-related pandemic policies. The COVID-19 crisis has only highlighted the negative consequences of temporary school closures. Studies have shown that the longer the school interruption, the larger the learning loss. Therefore, the sooner schools may resume operations, the lower the chance of there being long-term harm to the educational paths and general well-being of millions of children and adolescents. Most importantly, schools<sup>91 92</sup> also provide important social benefits such as social connection and emotional support for those who are most in need. This is particularly true in all countries, including those with low and high incomes.

### CHILD PROTECTION

 Support community-based and school child protection mechanisms to ensure continuity of prevention and response services. Continuous education forto girls and boys on protective life skills include the promotion of healthy sexual behaviors. Give practical support to parents and caregivers by equipping them with positive parenting strategies and providing economic assistance to alleviate some risk factors for child abuse.

- Strengthen the call for the increase in public investment and funding allocation for child protection services and programs. Lobby with local government units in ensuring the assignment of available budget (due to Mandanas-Garcia ruling) in support of these child development-related initiatives, as further justified by existing legislations such as the Anti-OSAEC Law, Anti-Child Marriage Law, Inclusive Education for Learners with Disability Law.
- Support the adaptation of any existing national and local policies on child labor and forced labor within the context of COVID-19, and its impacts on vulnerable communities and population. The COVID-19 crisis has forced households to resort to child labor in order to cope with job loss and health shocks associated with COVID-19, in particular if they are not in the education system. Children especially girls might also be burdened by increased domestic chores and caring responsibilities, aside from the risk of child labor.93 In general, children have wider "collateral damage from pandemic" as families are also forcing them to work under tedious conditions and in dangerous environments. Any government and civil society interventions (i.e. social accountability mechanism and citizen voice action) on addressing child labor should be intensified during this crucial period, as these vulnerable populations are more likely to get tricked and trapped in forced labor.

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