AKO SA GITNA NG COVID

Monitoring Children's Rights during the COVID-19 Pandemic

Save the Children

CRC Coalition
CIVIL SOCIETY COALITION ON THE
CONVENTION ON THE RIGHTS OF THE CHILD

Sweden
Sverige

Australian Aid

PARTICIPATING ORGANIZATIONS

- Department of Education Regional Offices (Regions V, VI, VIII and IX)
- Balay Rehabilitation Center Inc.
- Balay Mindanao Foundation, Inc.
- Bahay Tuluyan Foundation
- ChildFund Philippines, Inc.
- Child Hope Philippines Foundation, Inc.
- Children International, Inc.
- Gitib, Inc.
- Katilingban Para sa Kalambuan
- Katilingbanong Pagtagad Alang sa Kauswagan Inc. (KAPASKI)
- Panaghiusa Alang Sa Kaugalingnan Ug Kalingkawasan, Inc. (PASAKK)

- Phil Island Kids International Foundation, Inc.
- Salinlahi Alliance for Children's Concerns
- Simon of Cyrene Community Rehabilitation and Development Foundation, Inc.
- Samahan ng Mamamayan – Zone One Tondo, Inc.
- Tambayan Center for Children's Rights, Inc.
- Terre des Hommes Germany
- Unang Hakbang Foundation, Inc.
- VIDES Philippines Volunteers Foundation, Inc.
- Western Samar Development Foundation, Inc. (WESADEF)
- World Vision Development Foundation, Inc.

RESEARCH TEAM

Lead Researcher: Clyde Ben A. Gacayan
Research Assistants: Febrey Esclares
Eileen Tabasin

PHOTO CREDITS

Cover photo: Save the Children Philippines

In set photos: Clyde Ben A. Gacayan

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

ACPHA	Alliance for Child Protection in Humanitarian Action
ASRH	Adolescent Sexual and Reproductive Health
CICL	Children in Conflict with the Law
CSO	Civil Society Organization
COVID-19	Coronavirus Disease
CWC	Council for the Welfare of Children
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DSWD	Department of Social Welfare and Development
DOH	Department of Health
ECQ	Enhanced Community Quarantine
FGD	Focus Group Discussion
GCQ	General Community Quarantine
IATF	Inter-agency Task Force on the Management of Emerging Infectious Diseases
IDP	Internally Displaced Persons
IDPCRS	Internally Displaced Persons Camp and Resettlement Sites
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LGU	Local Government Unit
MGCQ	Modified General Community Quarantine
NCR	National Capital Region
NGO	Nongovernment Organizations
OSAEC	Online Sexual Abuse and Exploitation of Children
PPE	Personal Protective Equipment
SGBV	Sex and Gender-Based Violence
SMS	Short Message Service
TV	Television
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Program

EXECUTIVE SUMMARY

This report presents the experiences of children during the early months of the Coronavirus Disease (COVID-19) pandemic in the Philippines. This initiative is a collaborative effort of Save the Children, the Civil Society Coalition on the Convention on the Rights of the Child (CRC Coalition), Terre des Homme Germany, World Vision Development Foundation, Inc., and other civil society organizations and networks working on children's concerns.

This report aims to surface children's views on their experiences, priority needs, concerns, and opinions in relation to the COVID-19 pandemic and to identify key recommendations for government action based on the needs, gaps, and concerns the children raised. Its results will be the basis for strategic advocacy actions that Save the Children, its partners including the CRC Coalition, other civil society groups, and children can embark on together to address child rights concerns in the face of the COVID-19 pandemic.

The study used an interview schedule containing standard questions administered primarily through individual interviews using mobile phones and online chat platforms. A total of 438 children—186 girls, 237 boys, and 15 children who self-identified as LGBTQI+ (lesbian, gay, bisexual, transgender, queer, and intersex among others)—participated. The views of children were analyzed using the categories provided by the UN Policy Brief which include poverty and hunger, learning, health, security, safety and protection, and civil rights and freedom. The study also explored children's views on the government's COVID-19 response and infection prevention measures.

Based on the key findings, the study made the following conclusions:

- The COVID-19 pandemic negatively affected the different aspects of children's lives. It adversely affected their access to education and quality learning, their spaces for play, leisure, and social interaction, their mental health and sense of well-being, their safety and protection from risks of abuse, and the exercise of their civil rights. These key concerns do not appear to be sufficiently addressed as existing government measures give priority to controlling the virus.

- Children are missed out in the government's COVID-19 response. Assistance and services made available to and received by children do not respond to their actual needs, concerns and current situation, and the potential risks they face. This indicates a lack of genuine consultation and a thorough assessment of children's needs, potential risks, and possible adverse impacts.

- The pandemic and the quarantines imposed by the government significantly weakened children's active participation and engagement in schools, communities, and governance at a time when their voice and participation are most crucial, resulting in their further marginalization in government planning and policy making.

The study proposes the following recommendations for policy actions addressed to specific government agencies and bodies:

Save the Children

- For the Department of Social Welfare and Development (DSWD), Department of Health (DOH), and Department of Education (DepEd) to integrate mental health and psychosocial support to children and parents as key interventions in their respective COVID-19 responses and programs.

- For the Inter-agency Task Force on the Management of Emerging Infectious Diseases (ATF-EID) to integrate children's key concerns in the national response strategy on COVID 19 and include the Council for the Welfare of Children (CWC) as a key agency in the crafting, monitoring, and assessment of the COVID-19 national strategy to ensure that children's needs and concerns are mainstreamed in all phases of the strategy.

- For the CWC and local government units (LGUs) to regularly monitor children's situation during the pandemic and update response plans to address children's emerging needs and violations of their rights in the new context.

- For the DSWD, DepEd, and LGUs to establish innovative and flexible mechanisms to regularly consult children, to share timely child-friendly information, and gather children's needs and feedback on government services/assistance.

- For the DepEd to consult children, especially those from poor families, about their concerns and suggestions on the learning modalities offered, and to take their views seriously. It is also urged to assess the learning modalities after six months with the participation of children and their parents, looking into access to the learning platforms, quality of learning, and challenges with the modalities. Results should inform any improvements/modifications in the modalities, platforms, and modules being used.

- For the DSWD and LGUs to ensure that reporting, referral, and response mechanisms for child protection issues are functional and accessible to children, considering their home confinement.

- For the DSWD, the Department of the Interior and Local Government (DILG), and the LGUs to capacitate barangay officials to prevent and respond to child protection issues, including online abuse and exploitation of children and violence inside the home during the pandemic.

- For DSWD, CWC, and DILG to raise awareness of LGUs on existing child protection guidelines.

- For LGUs to support children's groups and engage them in safe and innovative ways in the COVID-19 response.

- For LGUs to find ways to provide children financial assistance to support access to gadgets, the internet, and other education needs. They are also urged to provide free access to the internet to enable children to attend their online classes, link up with their friends and peers, and mobilize and organize themselves so they can better participate in community activities to raise awareness on COVID-19 and various child rights issues during the pandemic, and in other activities that will help address their concerns.

Save the Children

Chapter 1
INTRODUCTION

Filipino children are not exempt from the effects of the Coronavirus (COVID-19) pandemic. This report presents their situation and experiences during the pandemic, including their needs and concerns. Save the Children embarked on this initiative in collaboration with the Civil Society Coalition on the Convention on the Rights of the Child (CRC Coalition), Terre Des Hommes Germany, World Vision Development Foundation, and other civil society organizations (CSOs) and networks, and the Department of Education (DepEd) Regional Offices in Regions V, VI, VIII and IX. This study gathered evidence, narratives, and stories to provide a child rights perspective on the COVID-19 pandemic. These were captured in this report, which aims to amplify children's voices and concerns and place their best interest at the center of national and localized responses to COVID-19.

Background

The imposition of lockdowns and mobility restrictions across sectors within a given period to manage COVID-19 transmission were popular policy choices among governments. The lockdown in the Philippines, referred to as "Enhanced Community Quarantine," is among "the fiercest and longest-lasting."[1] It was imposed beginning 16 March 2020 in Luzon Island and later on implemented in the entire country. Since then, modifications and eventual easing of lockdowns were implemented. The resurgence of community transmissions in some cities and regions was addressed through reclassification to stricter measures. This policy approach negatively affected access to food, basic services, and income/livelihood sources, mostly among the informal sector. Its impact also extends to educational, mental health, and psychosocial health services across different groups, especially children.

The United Nations, through a policy brief on the impact of the COVID-19 crisis on children,[2] asserts that while children have a lower risk of contracting COVID-19, "they risk being among its biggest victims," with children being affected by "socio-economic impacts and in some cases, by mitigation measures that may inadvertently do more harm than good."

The UN Policy Brief further identified the severe impacts of extended lockdown specifically on children: (a) disruption of schooling and risks of dropping out, which has lifelong learning impacts; (b) threats to children's survival and health with expected increase in malnutrition and rise in mental health issues; (c) heightened risk of children witnessing or suffering violence and abuse inside their homes; (d) exposure to inappropriate online content and online abuse and

---

[1] The Economist. "Four months and counting: The Philippines' fierce lockdown drags on, despite uncertain benefits." *Economist Online.* 11 July 2020. https://www.economist.com/asia/2020/07/11/the-philippines-fierce-lockdown-drags-on-despite-uncertain-benefits
[2] United Nations. Policy Brief: The Impact of COVID-19 on Children. 15 April 2020. https://www.un.org/sites/un2.un.org/files/policy_brief_on_COVID_impact_on_children_16_april_2020.pdf

exploitation; and (e) risk of getting arrested, detained or being subjected to physical and humiliating punishment as a result of strict quarantine protocols.

With children less directly affected by COVID-19, their needs will likely be sidelined by the pressing concerns of the health emergency. The absence of spaces and opportunities for children to express their views and be heard within the government COVID-19 response makes it even more challenging for children to raise their priority concerns and have these addressed by the government.[3]

Study Objectives

Girls and boys, especially those who are marginalized and most severely affected, are not able to express their views on the COVID-19 crisis and influence decisions that address the pandemic. An analysis of the situation of children in the Philippines that surfaces their needs and concerns arising from and as experienced due to the COVID-19 crisis is apt and needed. The effects of the pandemic are long-lasting. They may reverse development achieved in the last decades in the areas of education, nutrition, and health that concern children that can later on compromise their growth and development.

The specific objectives of this study are as follows:

1. To analyze the situation of children in the COVID-19 crisis based on data gathered directly from children

2. To surface children's views on their experiences, priority needs, concerns, and opinions in relation to the COVID-19 pandemic

3. To identify key recommendations for government action

4. To propose strategic advocacy actions that Save the Children can embark on in collaboration with the CRC Coalition and other civil society groups

Conceptual Framework

Three elements in Save the Children's Response Strategy for COVID-19 were integrated into this study's conceptual framework, as follows (see Figure 1).

- Survive, Learn, and Be Protected as breakthroughs for children that Save the Children programs aim to achieve at the outcome and impact levels.[4]
- Four Pillars on Child Survival, Education, Social Safety Nets, and Safety[5]
- Nine basic requirements of meaningful child participation in the context of COVID-19[6]

---

[3] Save the Children Philippines. Concept Note: Child Rights Monitoring in the Time of COVID-19. Internal document. April 2020.
[4] Save the Children Philippines. COVID-19 Program Framework and Guidance Version 2.0." 2020. https://resourcecentre.savethechildren.net/node/17089/pdf/save_the_childrens_COVID-19_program_framework_and_guidance_-_version_2.0.pdf
[5] Save the Children. Global Response Plan to COVID-19. Protecting a Generation of Children." 2020. https://resourcecentre.savethechildren.net/node/17543/pdf/stc_protect_a_generation_aw_final.pdf
[6] Save the Children. "Applying the basic requirements for meaningful and ethical child participation during COVID-19." Version 1. 2020. https://resourcecentre.savethechildren.net/node/17555/pdf/

Save the Children

Figure 1. Conceptual Framework

These three elements serve to connect global and local program objectives shared by Save the Children, CRC Coalition, and participating CSOs. The framework also provides importance to child participation standards and consideration, which are carefully crafted, mindful of changing circumstances brought about by the pandemic. This includes alternative modes of participation, which use mindful and reflective principles on inclusivity, communication, relevance, and accountability in the process undertaken to generate data.

The study framework reflects the six themes identified by the UN Policy Brief on The Impact of COVID-19 on Children, namely, (a) poverty and hunger, (b) learning, (c) health, (d) security, safety, and protection, and (e) civil rights and freedoms.

Limitations of the Study

The interviews were done in late May until the middle of June, at a time when schools remained closed and DepEd had yet to come out with a clear plan for the schoolyear 2020-2021. This specific time element framed the children's responses about learning/education.

While the study covered 13 out of the 17 regions in the country, the specific areas covered by the study were limited to the program areas of Save the Children and the participating organizations. Because of quarantine restrictions, the children who participated in the study were limited to those from the organizations' partner children's groups, schools, and communities. Children aged 10 to 17 of diverse gender were the target participants. They were purposively selected based on their availability, the child's and parent's consent to participate, and their accessibility through mobile phone calls. Results of the study cannot be disaggregated and analyzed regionally because sampling was not done systematically. A standard interview guide was used specifically for phone interviews and the interviewers were oriented on its use.

However, some interviewers had to use other methods (such as online chat or face-to-face interviews) because of the challenges with phone signals and the availability of the child respondents, depending on the context of the quarantine in the areas.

Methodology

A total of 438 children of diverse genders were interviewed with ages ranging from 10 to 17 years old. They belong to poor communities within the areas of operation of participating organizations. The project targeted a minimum of four (4) and a maximum of twelve (12) children per city or municipality. Save the Children partnered with organizations working with children from marginalized groups to include children with disabilities, children in centers/shelters/youth homes, and children in conflict with the law.

A total of 20 organizations conducted interviews with children. These include Save the Children's civil society partners, CRC Coalition's member organizations, and Terre des Home Germany's partner organizations. Save the Children also partnered with DepEd and schools in Regions V, VI, VIII, and IX to mobilize teachers in selected provinces to conduct interviews with learners.

Conceptualization and partnership meetings started on 1-15 May 2020 and tool development in the third and fourth weeks of May. Orientations for the interview toolkit were facilitated for all partner organizations last 15-20 May and 15-20 June 2020. Data were collected from June 1 to June 30.

Save the Children, in consultation with the participating CSOs, developed an interview schedule containing standard questions. The tool covered the five broad themes of poverty and hunger; health; education; security, safety, and protection; and civil rights and freedoms.

Remote data collection methods were used for the study, with mobile phone interviews as the primary method. It was adopted in areas where there was no internet connection such as in rural areas or relocation sites outside the cities. Video calls and online chats using Facebook Messenger were also used to follow up some of the responses. Load credits for mobile data were sent to child participants or their parents to ensure access to mobile phone service. Interviews done through calls took an average of 40 minutes to 1 hour; some face-to-face and chat interviews took two hours. The responses were recorded using a form developed in the KoboCollect mobile application, which transfers data into worksheets for ease of storage and processing. Face-to-face interviews were conducted with a few respondents in areas where this is feasible, such as in the Visayas.

Preparatory briefings and orientation sessions were done to orient participating organizations on the toolkit, including child-safeguarding protocols and how to seek Informed consent from both child respondents and their parents. These sessions were done through Zoom meetings organized with the CRC Coalition. A separate orientation with Save the Children staff and partners was also conducted.

To respond to the challenges faced during data collection, several adaptations were implemented:

- Lengthy interview schedules were addressed by conducting Zoom orientation with respondents and by providing them with hard copies of the tool ahead of the actual interview for familiarization
- Delays in securing parents' consent were mitigated by coordinating with respondents ahead of the interviews, scheduling interviews and follow-up interviews, and provision of load credits

Primary data was subjected to basic statistical analysis and whenever possible, cross-tabulation and multivariable analysis were conducted. Secondary data, including qualitative remarks generated (which were openly coded for statistical purposes), were also used for analysis. Results were analyzed to understand if the experiences of children were generally positive or negative and are thematically presented following the categories provided by the UN Policy brief.

Chapter 2

REVIEW OF RELATED LITERATURE

Children are among the most vulnerable populations during emergencies[7] and COVID-19, a global health emergency, is no exception. As the global death toll from COVID-19 steadily increases, reports and evidence suggest the effects on children go far beyond health impacts. A closer look at the other ways the pandemic affect the children "reveals potentially far-reaching and long-term negative impacts."[8]

The core principles in child protection in emergencies include the "prevention and response to abuse, neglect, exploitation, and violence against children in times of emergency caused by natural or human-induced disasters, conflicts, or other crises."[9] While these concerns are not new, they may have been worsened by the pandemic.

This chapter outlines key human rights risks faced by children as a result of the COVID-19 pandemic, alongside evidence showing that the voices of children are often not heard and do not influence humanitarian decision-making.[10] Studies reviewed are thematically organized across key risk concerns, with conceptual and practical evidence to demonstrate how effects can be mitigated and how children can be more protected by the government and humanitarian responses.

Poverty and Hunger

The physical distancing and lockdown measures needed to save lives and suppress the transmission of the virus led to a significant reduction of economic activity across all major economies and the resultant global recession.[11] The United Nations estimates 42 million to 66 million children potentially falling into extreme poverty as a result of the global pandemic on top of the 386 million children already documented to be in extreme poverty.

These existing economic conditions serve as the background to the health-specific impacts of the pandemic experienced by children. It is more likely that reduced income will force poor families to cut back on essential health and food expenditures[12] and that infant mortality would increase, reversing two to three years' progress.[13]

---

7   International Federation of Red Cross and Red Crescent. "Briefing: Child Protection in Emergencies." 2016.
8   Human Rights Watch. COVID-19 and Children's Rights. 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19%20and%20Children's%20Rights.pdf
9   Child Protection Working Group. Minimum Standards for Child Protection in Humanitarian Action. 2012.
10 Jabry, A. (Ed). After the Cameras Have Gone: Children in Disasters. Second Edition. London: Plan International, 2005.
11 United Nations. Policy Brief: The Impact of COVID-19 on children. 2020. https://www.un.org/sites/un2.un.org/files/policy_brief_on_COVID_impact_on_children_16_april_2020.pdf
12 Ibid. Page 9.
13 Ibid. Page 9.

Evidence of health constraints and alarming food and nutrition insecurities have been documented. Save the Children reports that the impact of COVID-19 on already stretched health systems and precarious livelihoods could result in more people dying due to hunger, undernutrition, or of a mortal disease that will not be treated.[14]

Projections on food insecurity, which women experience differently (i.e., in reported forms of intimate partner violence, reliance on negative coping mechanisms, and trading sex for basic needs like food, sexual exploitation, and abuse),[15] place more vulnerable groups at risk. For instance, in Palestine, it was recorded that economic deterioration did not only affect the ability of families to respond to children's needs, it also caused domestic violence in marginalized areas.[16] Another group disproportionately affected are persons with disabilities, "which typically face extra costs and expenditures related to disability (accessible housing and equipment, assistive devices, specific goods, and services, etc.), pulling them more rapidly into poverty."[17]

Long-term negative impacts of school closures also affected children's access to school feeding programs and worsened malnutrition such as those documented in Mozambique, and East and Southern Africa based on data from the World Food Program.[18] Potential losses that may accrue in learning due to school closures especially in the development of their human capital need to be considered. This is particularly important since almost one-third of the world's young people are digitally excluded and the distance-learning platform has been largely introduced in more than two-thirds of countries.[19]

Learning

Digital solutions provided huge opportunities for sustaining the education and welfare of children during the pandemic. UNICEF asserts that these same tools and platforms may also increase children's exposure to online risks.[20] The United Nations Policy Brief estimates that there are more than 1.5 billion children and youth affected by the worldwide closure of schools which has no historical precedent. While most countries have introduced online distance learning platforms, there is no guarantee that it has no unintended consequences for children. For instance, younger children have been introduced to social networking tools that may not be designed for them and for which they may have

---

14 Save the Children. COVID-19 impacts on African children. How to protect a generation at risk. Pan-African policy paper. Save the Children, East and Southern Africa Regional Office and Save the Children West and Central Africa Regional office. 2020.

15 Ibid. Page 17.

16 Defense for Child International. The impact of COVID-19 on Children's Rights. 2020. https://defenceforchildren.org/wp-content/uploads/2020/04/DCI-Survey-on-COVID-19-11.pdf

17 United Nations Human Rights. COVID-19 and the rights of persons with disabilities: Guidance. 2020. https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

18 Save the Children. COVID-19 impacts on African children. How to protect a generation at risk. Pan-African policy paper. Save the Children, East and Southern Africa Regional Office and Save the Children West and Central Africa Regional office. 2020.

19 United Nations. Policy Brief: The impact of COVID-19 on children. 2020. https://www.un.org/sites/un2.un.org/files/policy_brief_on_COVID_impact_on_children_16_april_2020.pdf

20 UNICEF. COVID-19 and its implications for protecting children online. 2020. https://www.end-violence.org/sites/default/files/paragraphs/download/COVID-19%20and%20its%20implications%20for%20protecting%20children%20online_Final%20%28003%29.pdf

Save the Children

limited preparation.[21] This also includes children with disabilities who may have access to the internet, but still face serious barriers because of the absence of assistive devices or accessibility support which is necessary to help them follow online programs.[22]

The Defence for Children International reports that online education has brought additional pressure on children and their parents who are obliged to follow, in addition to stress and unmet needs among vulnerable populations. This is said to create outbursts of violence inside homes while external threats through online abuse and bullying are also increasing.[23]

The United Nations additionally reports that girls have less access to digital technology than boys, which may reduce their access to and participation in online learning. For those whose schooling is directly impacted because they have no access to the internet and because of limited financial capacities, school closure means taking away children's safe spaces from violence and exploitation and access to government-subsidized nutritious food.[24] It also means that many children may not be returning to school anymore after the pandemic.

Health

The direct health impact of the pandemic on children has been through infection with the virus. Data cited by the UN show that the hospitalization rates for symptomatic children are between 10 and 20 times lower than middle-aged and older persons. However, this does not mean that children, in many different living conditions and set-up, do not experience secondary health and socioeconomic effects of the virus.

This is particularly true for children in low-income countries. For instance, in under-resourced African health systems, the disruption to routine health services brought by the pandemic is likely to increase the incidence of diseases and deaths from preventable and treatable illnesses especially for children such as Malaria.[25] The immense pressure to respond to the pandemic has put stress on already fragile healthcare systems in economically disadvantaged countries with reports of some health facilities temporarily closing or have suspended provision of essential health services in Kenya, Ethiopia, and Uganda. This is coupled with limited access to facility-based care because of restrictions on mobility due to lockdowns and curfews.[26]

Restricted and/or interrupted access to critical healthcare services has affected pregnant women and girls, who face more expenses and challenges in accessing reproductive health services. Additionally, most frontline workers in the health sectors are women likely exposed to the virus and enormous stress balancing paid and unpaid work roles.[27]

---

[21] Ibid, Page 1.
[22] United Nations Human Rights, COVID-19 and the rights of persons with disabilities: Guidance, 2020, https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf
[23] Defence for Children International, The impact of COVID-19 on Children's Rights, 2020, https://defenceforchildren.org/wp-content/uploads/2020/04/DCI-Survey-on-COVID-19-11.pdf
[24] Save the Children, COVID-19 impacts on African children. How to protect a generation at risk. Pan-African policy paper. Save the Children, East and Southern Africa Regional Office and Save the Children West and Central Africa Regional office, 2020.
[25] Ibid.
[26] Ibid, Page 8.
[27] Ibid, Page 9.

The Alliance for Child Protection in Humanitarian Action also notes that most disease control measures do not consider gender-specific needs and vulnerabilities of women and girls. This leads not only to protection risks but also to negative coping mechanisms.[28]

The pandemic's impact on the health of persons and children with disabilities cannot be discounted. Barriers to accessing health services and information are intensified for persons with disabilities. They continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence. Particular groups of persons with disabilities, such as persons deprived of liberty and those who are homeless or without adequate housing, face even greater risks.[29] Despite being a population that is particularly at-risk to COVID-19, persons with disabilities face even greater inequalities in accessing healthcare during the pandemic due to inaccessible health information and environments, as well as selective medical guidelines and protocols that may magnify the discrimination persons with disabilities face in healthcare provisions.[30] Additionally, COVID-19 is having a disproportionate impact on psychiatric institutions; social care institutions (orphanages, day-care centers, rehabilitation centers); and institutions for older persons, resulting in high rates of infection and death.

Another health impact of the pandemic is rising malnutrition, which is closely connected to school closures. The UN[31] reports that rising malnutrition is expected as 368.5 million children across 143 countries that normally rely on school meals for a reliable source of daily nutrition must now look for other sources. The risks to child mental health and well-being are also considerable. Refugee and internally displaced children as well as those living in detention and situations of active conflict are especially vulnerable.

Security, safety, and protection

Evidence has shown that the pandemic has magnified the existing vulnerabilities of children and severely affected the most vulnerable children who do not have access to social protection. It has disproportionate effects on children from poor and vulnerable households that can last their entire lifetime.[32]

The most vulnerable children are less protected, including unaccompanied and separated refugee children, migrant and displaced children, street children, children affected by armed conflicts, children in judicial detention, children with disabilities, and girls and children placed in institutions.[33] The combined effects of school closures and economic distress may force

---

[28] The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019; For more information on quarantines, consult pages 14–15 of the Guidance Note: Protection of Children during Infectious Disease Outbreaks.

[29] United Nations Office of the High Commissioner on Human Rights. COVID-19 and the rights of persons with disabilities: Guidance. 2020, https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

[30] Ibid. 2020 Page. 1.

[31] United Nations. Policy Brief: The Impact of COVID-19 on children. 2020. https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf

[32] Save the Children. COVID-19 impacts on African children. How to protect a generation at risk. Pan-African policy paper. Save the Children, East and Southern Africa Regional Office and Save the Children West and Central Africa Regional office, 2020. https://resourcecentre.savethechildren.net/library/covid-19-impacts-african-children-how-protect-generation-risk

[33] Ibid. 2020.

children to drop out of school, become child laborers or child soldiers, and enter into child marriage in high-risk countries. Children without parental care are especially vulnerable to exploitation and other negative coping measures.[34]

On the other hand, children who are living with their parents, relatives, or guardians at home are not safe from the secondary impacts of the pandemic. Living in confined spaces can bring out violence by caregivers, domestic violence against women, and domestic abuse which may be triggered by different stressful situations arising from the financial challenges parents face to meet their children's needs.[35] This affects girls and women, especially those with disabilities who face higher risks of sexual and gender-based violence (SGBV), intimate partner and domestic violence, including sex for assistance, and child marriage.[36]

UNICEF additionally reports that increased online activity that supports children's learning, socialization, and play, also puts them at heightened risk. This includes online sexual exploitation, cyberbullying, and an increase in online risk-taking behavior which exposes them to risks of extortion, harassment, and humiliation. Access to potentially harmful content as facilitated by increased online activity and inappropriate collection, use, and share of children's personal data is due to limited child safeguarding practices online.[37]

Civil rights and freedoms

Restrictions on movement as well as increased police power of the state due to the pandemic have severely hampered children's civil rights. Defence for Children International reports that the involvement of children in decision-making processes on matters that concern them has been insufficient because of travel restrictions and prohibition of gatherings, which greatly limited the work of human rights defenders. Curfews and other health measures make it difficult for non-government workers to communicate with children in vulnerable situations as well as to engage state authorities to advocate for more participation of civil society.[38] The right of children to participate and have their voices heard in government decision-making in the context of the pandemic is undermined and put at risk.

Save the Children believes that as part of children's civil rights, states should provide citizens with timely, accurate, and accessible information on the spread of the pandemic, and protection and access to treatment options. It also points out that state policies must adhere to international human rights law which permits and must only be taken to the extent strictly

---

34 United Nations. (2020). Policy Brief: The Impact of COVID-19 on children. https://www.un.org/sites/un2.un.org/files/policy_brief_on_COVID_impact_on_children_16_april_2020.pdf

35 Defence for Children International. The impact of COVID-19 on Children's Rights. 2020. https://defenceforchildren.org/wp-content/uploads/2020/04/DCI-Survey-on-COVID-19-11.pdf

36 Save the Children. COVID-19 impacts on African children. How to protect a generation at risk. Pan-African policy paper. Save the Children, East and Southern Africa Regional Office and Save the Children West and Central Africa Regional office. 2020.

37 UNICEF. COVID-19 and its implications for protecting children online. 2020. https://www.end-violence.org/sites/default/files/paragraphs/download/COVID-19%20and%20its%20implications%20for%20protecting%20children%20online_Final%20%28003%29.pdf

38 Defence for Children International. The impact of COVID-19 on Children's Rights. 2020. https://defenceforchildren.org/wp-content/uploads/2020/04/DCI-Survey-on-COVID-19-11.pdf

required by the exigencies of the situation; must be consistent with human rights obligations; and must ensure that no derogation is permitted from certain rights, including the right to life.[39]

To illustrate, Defense for Children International observed disruptions in the child justice system with the discontinuation of the courts, consequently leading to the absence of consideration of cases and no follow-up on investigations.[40] This concern also includes children in conflict with the law (CICL) whose legal aid services have been severely hampered because of quarantine and lockdown measures. Prolonged detention under protective custody is the main concern in Greece, as well as a lack of incident reports of violence and abuse. These violate children's rights with total impunity.

For CICL who are about to be reintegrated into their communities, the experience of Sierra Leone shows that because of the pandemic, it has become difficult to support family tracing, reunification, and reintegration. This is largely because of limited movements and the need for physical distancing.[41]

Concerns in the Philippines

In the Philippines, these observations found both in the developing literature and country case studies are also valid. Recorded cases of COVID-19 in the age range 0-17 years old is at 6% while COVID-19 deaths are at 2.3% in the age range 0-18 years old.[42] Aside from this, the socioeconomic and psychosocial effects on children have been documented.

An online consultation with children in Pasay City and an urban resettlement site in Naic, Cavite Province, shows that children had feelings of worry, fear, sadness, and hunger. Many worry about where to get food, how to survive, and the uncertainty of not knowing when the enhanced community quarantine (ECQ) will end.[43] Because of lockdown measures, boys and girls reported having added responsibilities at home, including household chores, cooking, washing clothes, and taking care of their younger siblings. The additional burden of remote learning is yet to be recorded at the time the data was generated because school closure was still in effect. Boys said that they were also doing household chores such as fetching water, getting relief goods, and looking for possible ways to earn. In terms of relief goods and social amelioration, the majority of children said that these were not enough for their families' needs.[44]

For children with disabilities, a report by the Council for the Welfare of Children (CWC) notes that "inability to access early childhood and basic education services, health clinics, and rehabilitation services are among the primary impacts of the quarantine measures."[45] It also

[39]   Save the Children. COVID-19 impacts on African children. How to protect a generation at risk. Pan-African policy paper. Save the Children, East and Southern Africa Regional Office and Save the Children West and Central Africa Regional office. 2020.
[40]   Ibid. Page 6.
[41]   Ibid. 2020. Page 8.
[42]   Department of Health. "Philippines COVID-19 – Data and Case Tracker," COVID-19 PH. Accessed June 30, 2020. https://COVID19ph.com/
[43]   Save the Children Philippines. COVID-19 Children's Situation Report. Pasay City, Metro Manila. Project BURST (Building Urban Children's Resilience to the Shocks and Threats of Resettlement). 2020.
[44]   Ibid. 2020.
[45]   Council for the Welfare of Children. Survey on the situation of children with disabilities during the COVID-19 pandemic. Cited in Civil

![Save the Children]

reports that children with disabilities experience some form of child abuse, primarily verbal/emotional (24%), and physical (13%). Around 26% report that information on COVID-19 transmission and prevention disseminated in their communities are not accessible and not in multiple formats. They cited the limited capacity of health workers to communicate with people with disabilities, the absence or limited access to social media and other technology-based platforms, and the information provided are not accompanied by qualified sign language interpretation and captioning, among others.

In a consultation with CILC and children at risk staying in youth homes, most CICL interviewed revealed that their families find it hard to visit the center due to travel restrictions and the limited days of visit to Sundays. As a result, almost all the CICL interviewed said that they have no idea how their families are doing since the start of the quarantine.[46] More than half reported that while court hearings are suspended, they were able to receive guidance on the status of their cases from the resident social workers and assigned house parents.[47] Less than half of the participants also said that they are not aware of government responses to the current situation and that for some, the efforts are not enough. They shared they are aware that many people stopped working or have lost their jobs. It was also noted that psychosocial interventions are needed at the facility since there is no resident psychologist. While volunteers have been extending help, this has been severely limited because of travel restrictions.

Lastly, due to enhanced community quarantine, children's extended use of the internet coupled with a loss of income has raised the risk for online sexual abuse and exploitation of children (OSAEC) in poor families.[48] This observation is corroborated by a report from the Department of Justice (DOJ) that the reported incidence of OSAEC tripled during the last three months of community quarantine with 279,166 cyber tips from March to May 2020 compared to 76,561 cyber tips over the same period in 2019.

Society Coalition on the Convention on the Rights of the Child. "Still in the Sidelines: Children's Rights in the Philippines: Monitoring Report on the Implementation of the United Nations Convention on the Rights of the Child (UNCRC) 2009 – 2019, Updates from January to June 2020. 2020.

[46] Save the Children Philippines. Children's Consultation on COVID-19. Bahay Pag-Asa and Bahay Sandigan, Malabon City. 08 April 2020.

[47] Ibid. 2020.

[48] "Keeping our children safe online during the COVID-18 crisis," Business World, accessed July 29, 2020, https://www.bworldonline.com/keeping-our-children-safe-online-during-the-COVID-19-crisis/

[48] "Online child exploitation reports in PH surge amid COVID-19: DOJ," Philippine News Agency, accessed July 29, 2020, https://www.pna.gov.ph/articles/1103852

Chapter 3
FINDINGS AND ANALYSIS

Profile of Child Respondents

A total of 438 children (54.1% are female, 42.5% male, and 3.4%, or exactly 15 respondents, self-identified as LGBTQI+) were interviewed (see Figure 2). The average age is 14 years old. The youngest person interviewed is aged 10. The respondents are evenly distributed across three age groups: 16-17 years old (36.8% of respondents), 13-15 years old (34.7%), and 10-12 (28.6%; see Figure 3).

Figure 2. Distribution of child respondents by gender

- Female
- Male
- LGBTQI+

3.4%
42.5%
54.1%
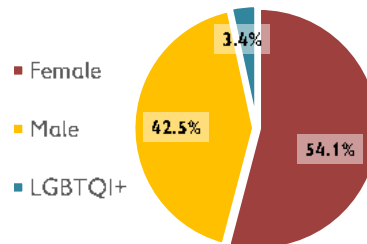
Figure 3. Distribution of child respondents by age

- 16-17
- 13-15
- 10-12

28.6%
36.8%
34.7%

The highest number of respondents come from Region V (18.7%), followed by NCR (13.9%), and Regions III, and X (13.5% each).

Of the children interviewed, 11.2% (49 children; 31 female, 17 male, and 1 self-identified as LGBTIQ+) belong to an ethnic group. They mostly come from Region XII (11 children), Region X (10 children), and Region III (8 children).
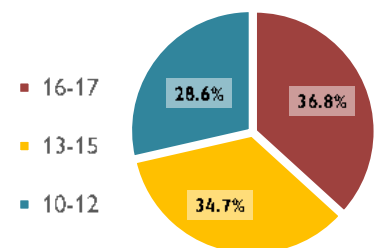
Figure 4. Distribution of child respondents by region

- Region 5
- NCR
- Region 3
- Regon 10
- Region 4a
- Regon 6
- Region 8
- Region 12
- Region 7
- Region 11
- Region 9
- Others

2.1%
1.6%
2.4%
3.4%
3.9%
6.4%
8.9%
11.6%
13.5%
13.9%

Figure 5. Distribution of child respondents by type of residence

- Living with family/relatives
- Boarding house/dorm
- Child caring/Rehabilitation center
- IDP camp/temporary shelter
- No response

0.7% 0.2% 2.5% 4.1% 92.5%
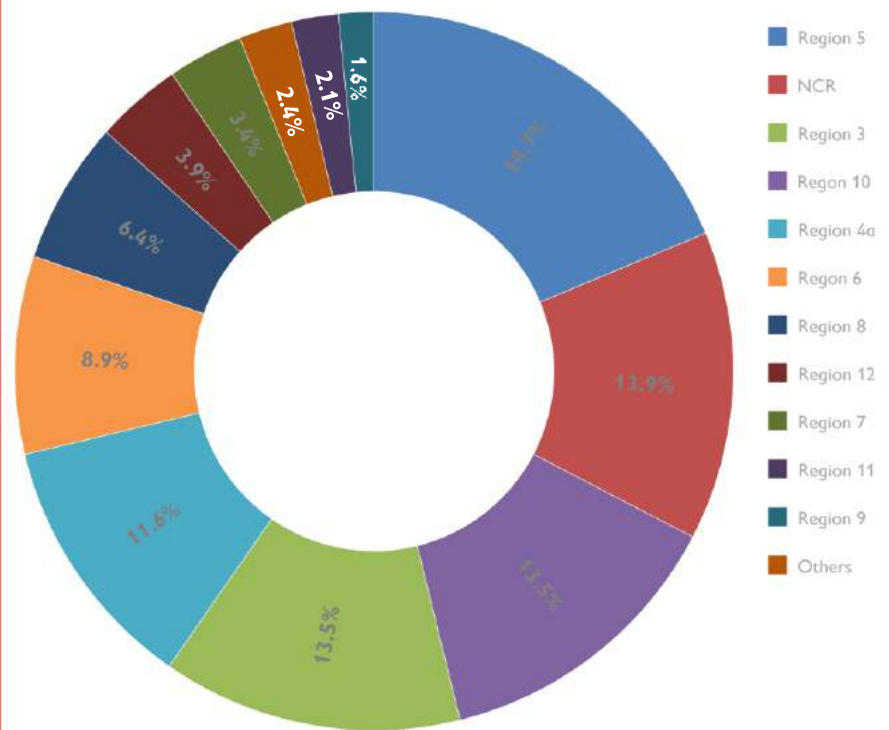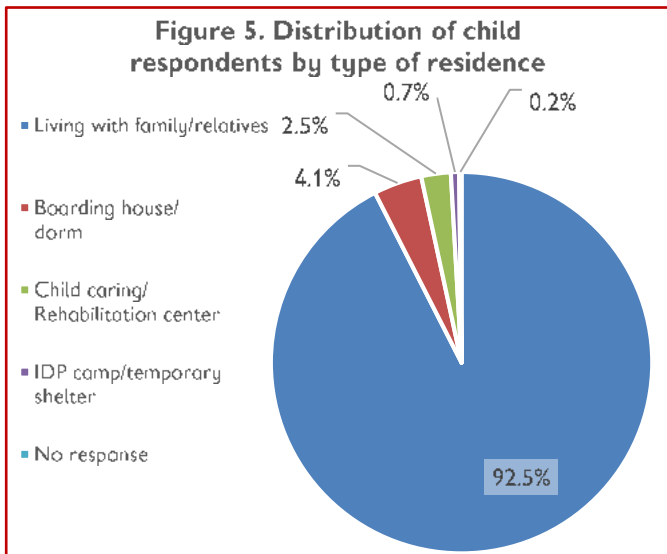
Almost all children interviewed (92.5%) live with their families or relatives at the time of the study while 4.1% (18 children) live in a boarding house or dormitory. 2.5% (11 children, 7 girls, and 4 boys) live in child-caring or rehabilitation centers at the time of the interview (see Figure 5). One boy was living in a temporary shelter because of a disaster while one girl is staying in an internally displaced persons (IDP) camp in a conflict area.

General knowledge and feelings on and activities during the pandemic

Almost all (412, or 94.1%) of the children reported that they know what the pandemic is about. Only 4.8% (20) said that they do not have any idea about the pandemic (see Figure 6). Most of the children (68.7%) view COVID-19 as a dangerous and contagious disease that can be deadly. A few see it as a dangerous disease that can be passed through close contact (8%), a few also know it is a virus from China (7.5%) and a disease spreading around the world (7.5%).

Figure 6. Children's knowledge about COVID 19

- Knows about the pandemic
- Does not know about the pandemic
- No response

4.8% 1.1% 94.1%

Figure 7. Children's feelings about COVID-19

Afraid	57.8%
Sad	53.0%
Worried	42.9%
Others	15.1%
Upset	6.2%
Angry	5.7%
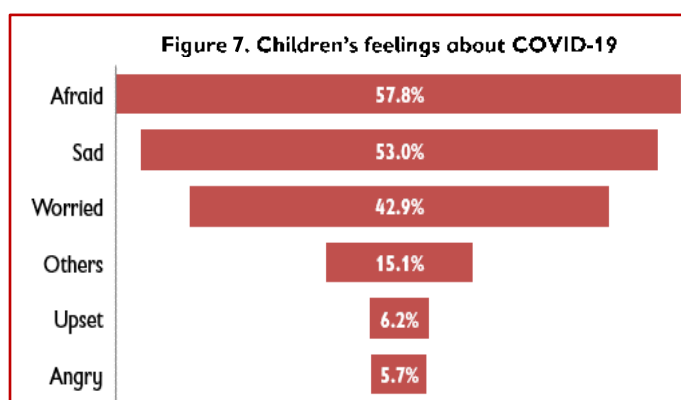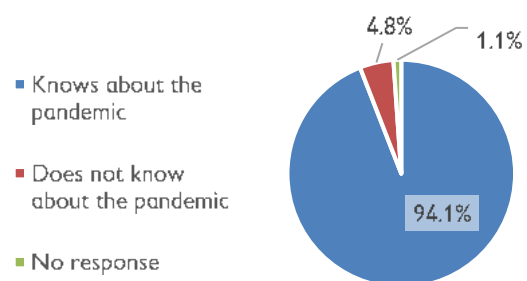
Among those who said they have some knowledge about COVID-19, more than half said that they are fearful (57.8%) and sad (53%; see Figure 7). Almost half (42.9%) said that they are worried. There were no observed differences across genders.

Save the Children

14

When asked about why they feel that way, more than half (58%) pointed to health concerns (getting infected by the virus). This is followed by concerns regarding the rising COVID cases and mortality (23%) and being unable to attend school (12%). Other reasons cited can be found in Table 1.

Table 1. Reasons for children's feelings about COVID-19

	No.	%
Health concerns (getting infected by the virus)	254	58
Rising COVID cases and mortality	100	23
Unable to attend school	53	12
Loss of income/Unstable means of livelihood	39	9
Unable to go out, attend social gatherings and limit social interaction	36	8
Feeling sorry for other people	17	4
Citizens aren't following protocols	15	3
Lack of healthcare facilities and vaccines	14	3
Lack of support/aide from the government	10	2

N = 412

Figure 8. Children's feelings about the community quarantine

Do not know	0.7%
Angry	2.3%
Confused	5.0%
Upset	7.3%
Others	15.8%
Happy	19.6%
Afraid	21.5%
Worried	28.5%
Sad	55.0%
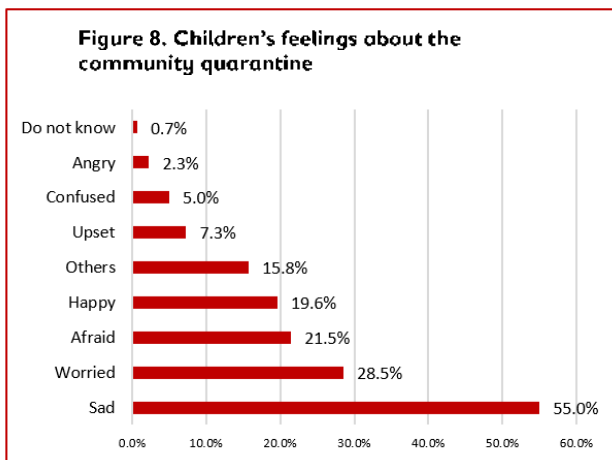
More than half (55%) of the 438 children reported that they felt sad about the community quarantine being implemented in their respective areas , 28.5% felt worried, while 21.5% felt afraid (see Figure 8). They had these feelings primarily because of health concerns (42%) and limited social interaction (40%; see Figure 9). Some were concerned about income and livelihood (12%).

Figure 9. Children's reasons for their feelings about the community quarantine

Health/Safety concerns	42%
Limited social interaction	40%
Livelihood concerns	12%
Restriction in activities	6%
School concerns	6%

When asked about how they spend their time during the quarantine, 53% of the children reported that they do household chores, 34% said they attend to their hobbies, 19% reported they watch YouTube videos/movies and 17% said they read books (see Table 2). The majority of those who reported doing household chores are girls (58%). More girls than boys spend time studying (61%).
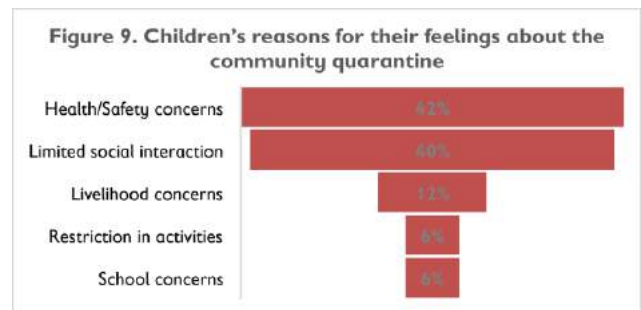
Table 2. How children spent their time during the community quarantine

	No.	%
Doing household chores	232	53.0
Hobbies	147	33.6
Watching TV/movies	81	18.5
Reading books	73	16.7
Studying	51	11.6
Online surfing /Social media	49	11.2
Using phone	34	7.8
Others	32	7.4

N = 438

Save the Children

Poverty and Hunger

When asked about the situation of their family, more than half of the children (56.9%) perceive their family to be okay, with more girls than boys reporting this (56% girls vs. 40% boys; see Table 3). Some report that their family is experiencing problems with their parents' livelihood (15.3%) while some said that their family is healthy and safe (13.5%). A few mentioned having difficulties with food supply (7.8%), everyday set-up (6.6%), and financial difficulties (6.2%).

Table 3. Children's views on their family situation during the pandemic

	No.	%
They are OK	249	56.9
Problem with family's employment	67	15.3
Healthy and Safe	59	13.5
Problem with Food Supply	34	7.8
Having difficulty in everyday set up	29	6.6
Financial Difficulties	27	6.2
Others	22	7.1
Bonding with Family	18	4.1
Receiving Relief goods	9	2.1

N=438

The child respondents also identified the priority needs of their family during the quarantine, with the majority (86%) citing food as their priority, more than half (54%) citing money, and a fourth (25%) citing medicine/vitamins (see Figure 10). The health and safety of the family is at the bottom of the children's list of needs.

Figure 10. Priority needs of families identified by children

Need	%
Food	86%
Money	54%
Medicine/Vitamins	25%
Hygiene Supplies	19%
Water	11%
Internet	8%
Livelihood/Income	8%
Gadget	5%
Electricity	5%
Health & safety of family	4%
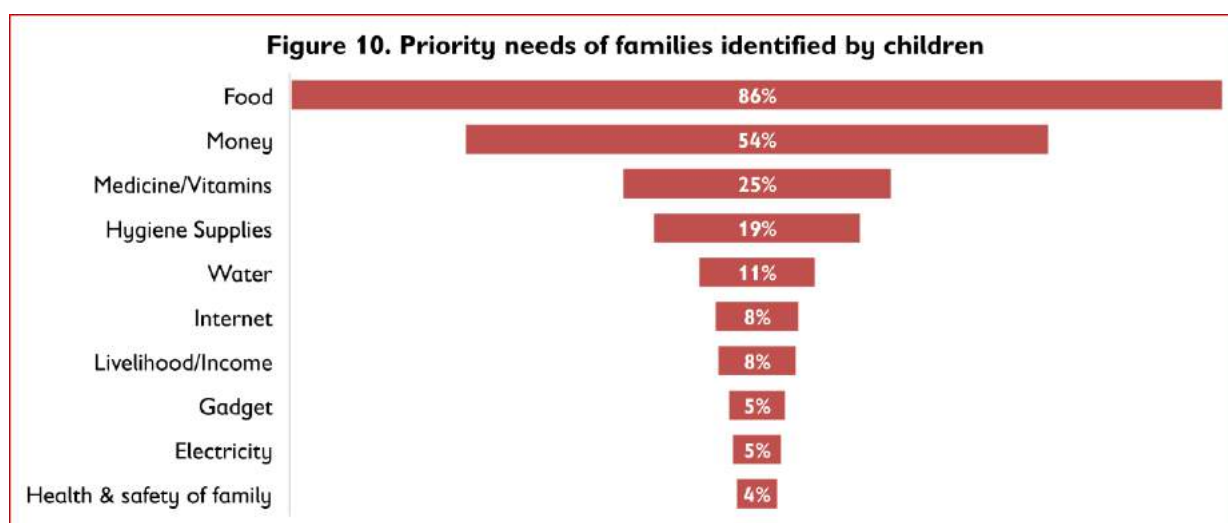
Learning/Education

Almost all the children (94.8%) were attending school before COVID-19 while 5% said they were out of school. For children who are part of ethnic groups (11.3% of the total population), there are more females (51.1%) than males (21.3%) attending school. At the time of the interviews, the DepEd has not yet shared with the public definite information on the opening of classes and the learning methods that will be used given the minimum health protocols being implemented to control the spread of COVID-19. One-third of the children expressed fear of the prospects of going back to school (34.5%) while almost the same number feel happy (31.1%) and worried (29.2%; see Figure 11). Some are sad (24.7%; (see Figure 12). More males (77) than females (49) feel worried. Children in the 16-17 age group (60%) feel more confused

Save the Children

about going back to school than the younger other age groups. Among children not living with their families or relatives, 6 children in safe/rehabilitation centers and 4 in dormitories or boarding houses expressed fear of going back to school; 7 children in the same group are worried about going back to school; and 5 children in safe/rehabilitation centers and 2 in dormitories or boarding houses feel generally sad about going back to school.

Figure 11. Children's feelings about opening of the school year

Feeling	Percentage
Nervous	1.1%
Angry	1.1%
Feeling OK	2.3%
Excited	2.3%
Upset	2.7%
Confused	6.9%
Sad	24.4%
Worried	29.2%
Happy	29.7%
Afraid	33.8%
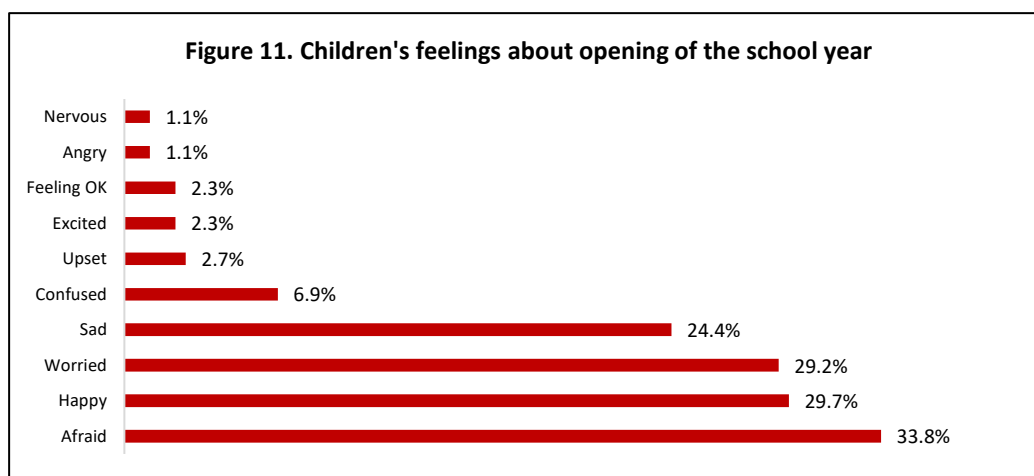
Looking at the children's specific concerns and feelings about the opening of the school year, around half (49.5%) are concerned about the safety of going back to face-to-face classes during the pandemic (see Table 4). They are alarmed by the high number of cases and without mass testing and available vaccines, they fear that the virus will be easily transmitted inside the classroom, some of which they say are congested. More than one-fourth (27%) are happy to be going back to school as they will be able to continue learning and move up to the next level. Around 12% are concerned with adjusting to the new learning modalities. Some are worried that they will not be able to learn the lessons or participate effectively with the new learning modalities, especially without the physical presence of the teacher. Some explained that face-to-face classes are already challenging, what more with modular or online classes. Some are sad that they cannot be with their friends and classmates. They want to be able to go to school to see their classmates and teachers (11.4%). Some are concerned that they and other children have no access to the internet and/or gadgets for online classes (10.7%).

Table 4. Children's concerns and feelings about the opening of the school year

	No.	%
Safety in going back to school	217	49.5%
Happy to continue learning	117	26.7%
Adjusting to and effectiveness of new learning modalities especially online	54	12.3%
Interaction with classmates and teachers	50	11.4%
Difficulty with access to the Internet and gadgets for online classes	47	10.7%
Feeing confused due to uncertainty	16	3.7%
Others	36	8.2%

N = 438

Save the Children

Figure 12. Children's views about class resumption in August 2020

- Disagree
- Agree
- Don't know
- No response
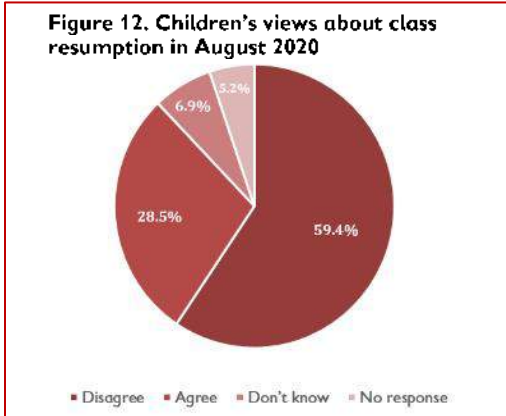
When asked about their views on class resumption by August 2020, more than half (59.4%) did not agree with it while 28.5% agreed (see Figure 12). Those who agree come mostly from the 10-12 age group.

The majority of the children prefer to have learning modules sent directly to their homes (65.8%; see Figure 13). Almost half (44.5%) prefer to have lessons made accessible over the internet, 25% prefer to have their lessons made available on television, while almost the same proportion (24%) prefer to have their parents serve as their teacher. A few (14.8%) prefer to have their lessons broadcasted over the radio. Around 15% of the children believe that physically going to school is still the most effective way of learning. Around 12% of those who belong to ethnic groups prefer that lesson guides/modules be sent directly to their homes. Children who live in dormitories or boarding houses also prefer that lessons are made available over the internet (9), accessible through television (5), and directly sent to their homes (12).

Figure 13. Children's preferred learning modalities

Modality	Percentage
Modules sent to homes	65.8%
Lessons in the internet	44.5%
Lessons on TV	25.3%
Parents as teachers	24.0%
Lessons over radio	14.8%
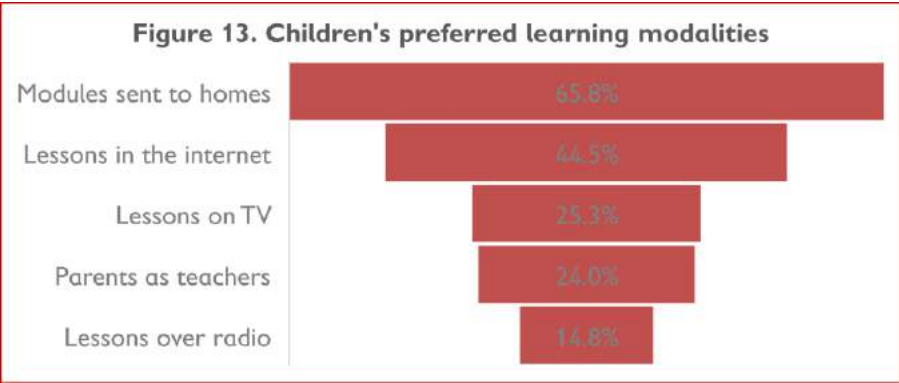
When asked about things that could help children continue their studies despite the pandemic, most of them mentioned prioritizing things to adjust to the new normal (34%) followed by priorities for online classes (21.9%; see Figure 14). Other responses include prioritizing needs for face-to-face classes (13%), school supplies and hygiene kits (9.8%), among others.

Figure 14. Support identified by children to help them continue their studies

Support	Percentage
Help adapt to the new normal	34.0%
Support to online classes	21.9%
Face-to-face classes	13.0%
School supplies and hygiene…	9.8%
Health and safety	3.9%
Updates on COVID-19	3.9%
Free PPEs	3.4%
Guidelines and protocols	3.0%
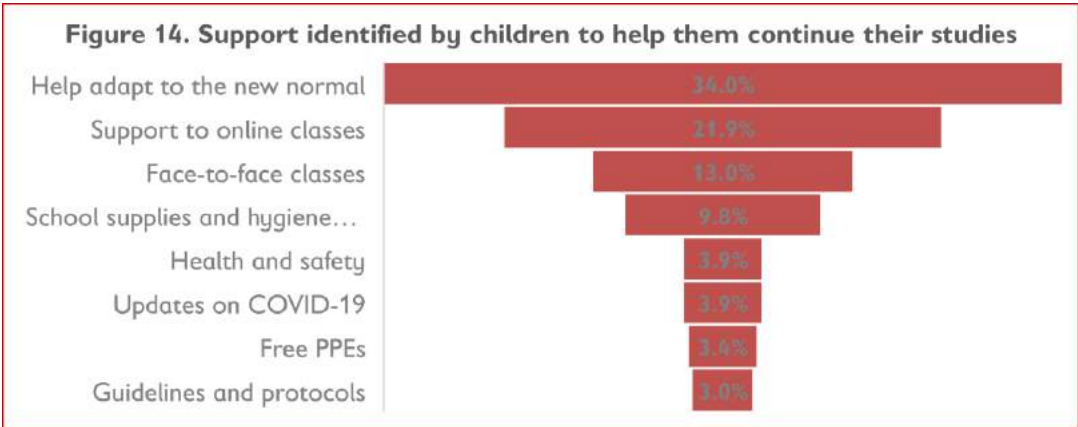
After a couple of weeks of attending classes under the "new" normal, children during the validation reported that they are experiencing multiple difficulties and issues. For online learning, children reported that they needed to complete their modules using

Save the Children

18

computers/laptops and do online activities. Gadget availability, as well as internet connectivity, have become serious concerns for some, especially those who need to share these devices with family members. This becomes extremely disenfranchising for children who belong to households that have limited financial capacity to support additional needs arising from online learning.

The unavailability of an immediate family member to provide guidance or clarification for the lessons is also a source of concern. In bigger families, older children are also having a difficult time helping their siblings complete their modules. One child participant even remarked that because of the demands of module completion, coupled with the traditional concerns of bigger families and with limited income, she just wants to complete the modules for compliance rather than to learn.

Children cited the following challenges that may impede their education once classes resume: rising cases of COVID-19 (40.9%), Internet connectivity issues (17.1%), lack of school supplies or gadgets (14.4%), health safety concerns (11.9%), financial concerns or assistance (10.7%), and the fear of being infected (10.3%; see Table 5). Other concerns include transportation (9.4%), personal or family concerns (3.7%), and lack of focus or distractions (3.2%; see Table 4). Looking at the differences among respondent groups, almost half (20 of 49) of children belonging to ethnic groups think that rising COVID-19 cases is a primary impediment to their education. More girls (57%) than boys (42.6%) think that rising COVID-19 cases can impede their education and the same trend is observed in health and safety concerns (67% girls, 32% boys) and financial concerns (62% girls, 38% boys).

Table 5. Children's identified challenges that may hinder their schooling

	Female	Male	Other genders	No.	%	Respondents from ethnic groups
Rising COVID19 cases	101	75	3	179	40.9%	20
Internet Connectivity	44	30	1	75	17.1%	4
Lack of school supplies/ gadgets	27	33	2	63	14.4%	8
Health and safety concerns	33	16	3	52	11.9%	6
Financial concerns	28	17	2	47	10.7%	12
Fear of being infected				45	10.3%	2
Transportation concerns				41	9.7%	2
Personal or family concerns				16	3.7%	0
Lack of focus or distraction				14	3.2%	2

N=438

Save the Children

Health

Almost half of the children (49.5%) said they have knowledge or information about health services that they and their families can access during the pandemic (see Figure 15). More than one-third (35.4%) said that they do not have knowledge or information. Among those who know about health services offered in their respective villages (barangay), they most frequently cited medical checkups and treatment of illnesses (73.3%), immunization (59.4%), and feeding or nutrition programs (38.7%). A few mentioned reproductive health

Figure 15. Children's knowledge of available health services in their community

- Has knowledge — 49.5%
- Has no knowledge — 35.4%
- Don't know — 15.1%

services for children, including teenage pregnancy prevention (24.2%), and counseling for children who experience depression, stress, and anxiety (13.4%; see Table 6). An equal number of girls and boys know of the health services mentioned, except for counseling services, which is known to more boys (48%) than girls (41%), and reproductive health services, which is more known to girls (57%) than boys (40%).
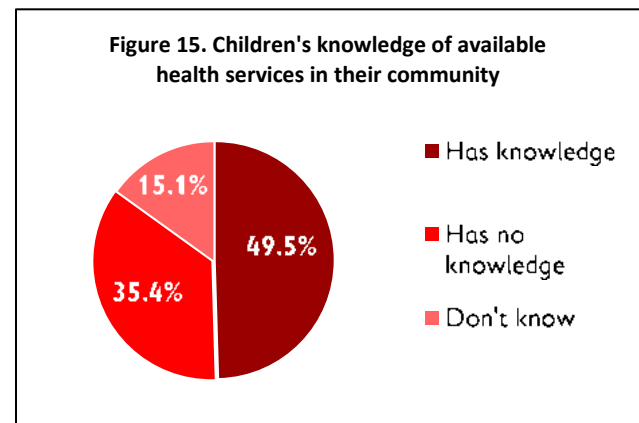
Table 6. Specific health services in the barangay that children know

	No.	%
Medical check-up or treatment	159	73,3%
Immunization	129	59.4%
Feeding or nutrition programs	84	38.7%
Adolescent reproductive health services for adolescents, including early pregnancy prevention	53	24.4%
Counseling	29	13.4%

N=217

When asked if they know someone or have heard of someone who got pregnant at the time of the pandemic, 33.6% of the children report that they know or have heard of an incidence of teenage pregnancy (see Figure 16). Most of those who know someone got pregnant came from the 16-17 age group (51.3%), while more than half (67%) of those who said they are not aware of any teenage pregnancy are those in the 10-12 age group (67%).

Figure 16. Children's knowledge of someone they know who got pregnant during the pandemic

- Knows — 33.6%
- Does not know — 66.4%
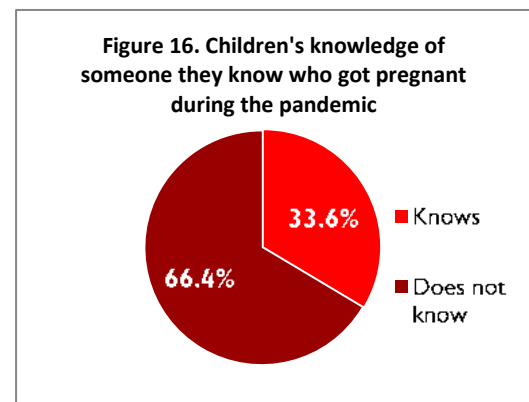
The children were also asked about safety measures that they follow to ensure that they are safe from COVID-19 and to maintain their overall health. They reported that they practice personal hygiene (53%), follow social distancing/quarantine protocols (52.7%), eat healthy food or take vitamins (44.3%), wear personal protective equipment (PPEs; 19.6%), and do physical exercise (see Table 7).

Save the Children

Table 7. How children keep themselves safe from COVID-19

	No.	%
Hygiene	232	53.0%
Social distancing and	231	52.7%
Healthy food intake and	194	44.3%
Wears PPE	86	19.6%
Physical exercise	47	10.7%

N=438

Security, safety, and protection

The children were asked if they have heard of any type of abuse involving children during the pandemic. More than half of them (56.2%) said that they have not heard of incidences of abuse or violence involving children (see Figure 17). However, 19.2% said they have heard of instances of children being hurt/humiliated or verbally abused by a parent. Bullying and sexual abuse have also been reported by 18.9% and 16.2% of the children, respectively. 13.2% reported cases of physical hurt/humiliation and cursing directed at a child by a neighbor. Other reported cases include being hurt/humiliated/cursed by a barangay/police officer (6.6%); forced labor or child labor (6.2%), others (2.1%), and verbal and physical abuse by an unknown assailant (1.1%). It is also observed that more girls (58%) than boys (33%) have heard of cases of abuse and violence directed at children during the pandemic. More girls (79%) than boys (60%) have also heard of incidences of sexual abuse of children during the pandemic.

Figure 17. Types of abuse during quarantine identified by children

Verbal and physical abuse (unknown assailant)	1.1%
Others	2.1%
Child labor	6.2%
Physical abuse, humiliation or verbal abuse by barangay/police	6.6%
Neglect or abandonment	7.1%
Online sexual abuse	11.0%
Physical abuse, humiliation or verbal abuse by neighbor	13.2%
Sexual abuse	16.2%
Bullying	18.5%
Hiiting/Humiliation/Verba abuse by parents or relative	19.2%
Not aware of any incidence of abuse or violence	56.2%

The children view their local government as the main agency to which cases of child abuse and violence against children can be reported. The majority of the children (71.2%) said that these cases can be reported to barangay officials (barangay chair or *kagawad* [council member]); see Figure 18. Almost half said that these can be reported to the local social worker (48.2%) and the police (45%). A considerable number cited Bantay Bata (23.3%) and NGOs (20.6%).

Save the Children

Figure 18. Children's view of where child abuse incidences can be reported during the pandemic

Category	Percentage
Barangay official	71.2%
Local social worker	48.2%
Police	45.0%
Bantay Bata 163	23.3%
NGO	20.6%
DSWD National	19.6%
LGU official	16.0%
Teacher/Principal	15.3 %
Barangau health worker	8.7%
Family/Relatives	5.9%
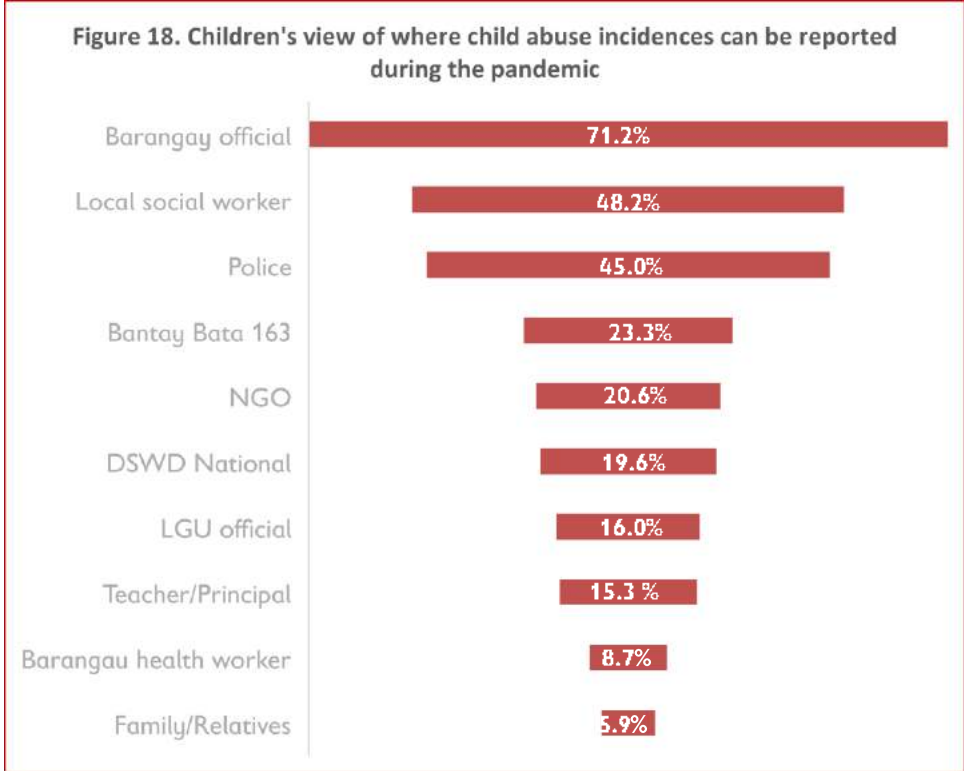
Civil Rights and Freedoms

When asked if they were consulted on their needs and situation during the pandemic, a majority of the children (65.1%) reported that they were not consulted, while only 34.9% said they were consulted (see Figure 19). The majority of children from indigenous groups (76%) say that they were not consulted at all. Among those consulted, the majority were consulted by NGOs (73.2%). Only a few were consulted by the barangay (15.7%), 9.2% school/teachers (9.2%), and family/ relatives (7.19%).

Figure 19. Children's views on being consulted during the pandemic

34.9%
65.1%

■ Consulted
■ Not consulted
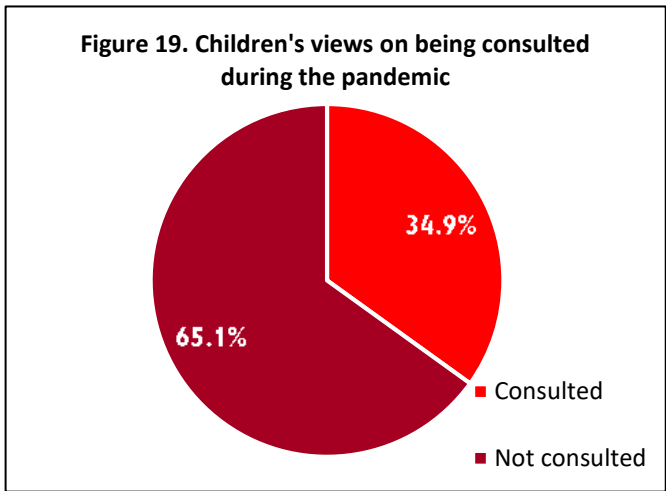
Children also identified persons or institutions to whom they can share their feedback, complaints, or suggestions related to assistance and other government responses to COVID-19. The majority (69.3%) identified the barangay chair, 43.1% would go to their barangay kagawad, 32.7% to their mayor, 31.4% to NGOs, and 19.6% to the police (see Figure 20).

Save the Children

Figure 20. Where children would go to give feedback, complaints or suggestions

President	11.8%
COVI-19 Inter-agency Task Force	12.4%
Councilor	13.1%
Governor	14.4%
Dept. of the Interior and Local Government	15.7%
Police	19.6%
NGO	31.4%
Mayor	32.7%
Barangay kagawad	43.1%
Barangay chair	69.3%
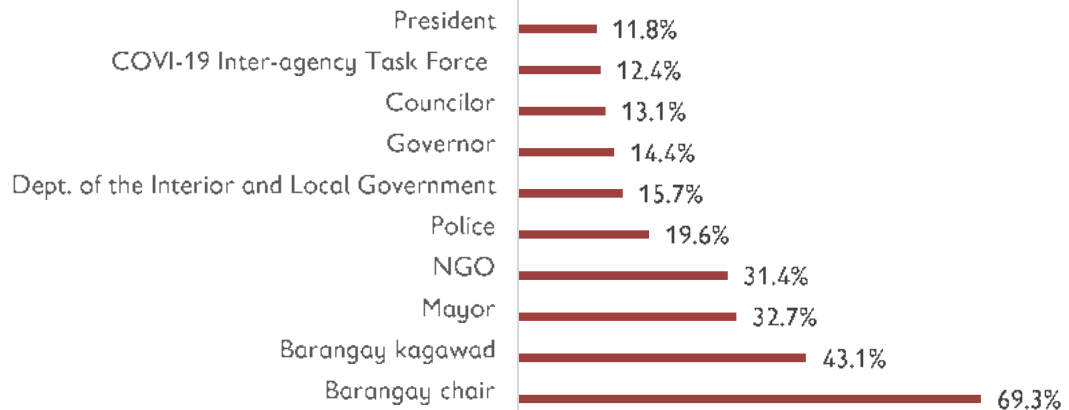
Figure 21. Children's group or organization membership

	Yes	No
Female	137	100
Male	100	86
10-12	59	66
13-15	92	60
16-17	96	65

Gender / Age Group
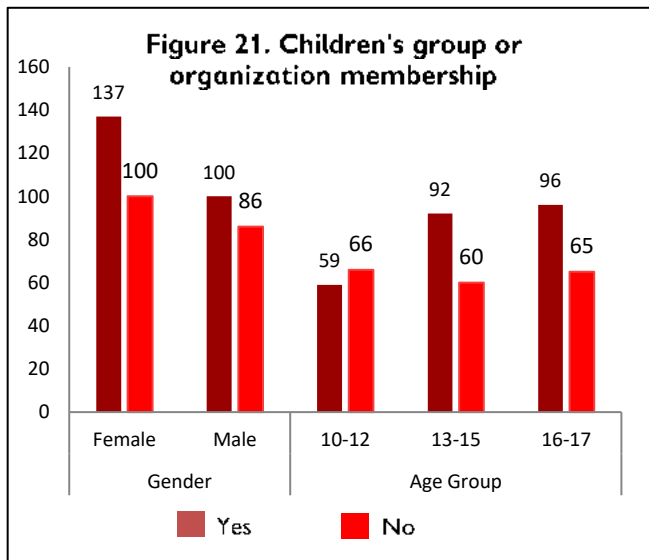
When asked about their initiatives, which include their membership in community groups and/or school organizations, more than half of the children (56.4%) said they are members of an organization or group. There are more girls (137) than boys (100) that are active in groups and they mostly come from the 13-17 age group (188 children; see Figure 21).

More than one-fourth of the children belonging to an organization are members of the Supreme Pupil or Student Government (student councils in public schools) in their school. The rest belong to community-based groups. Among the respondents belonging to an organization, 73.3% report that their groups are doing COVID-19-related activities (see Figure 22). These include information dissemination and awareness-raising about COVID-19 (26.5%), interviewing/checking on the situation of other children (24.3%), distribution of relief goods/hygiene kits (21%), and various social media activities (5.5%).

Save the Children

Figure 22. Activities of children's organizations during the pandemic

Activity	Percentage
Sharing of experiences	1.7%
Child protection awareness	1.7%
Information on school concerns	2.2%
Appreciation to frontliners	2.2%
Medical consultation	4.4%
Social media activities	5.5%
Relief good/hygiene kits distribution	21.0%
Monitoring situation	24.3%
COVID-19 Awareness raising	26.5%
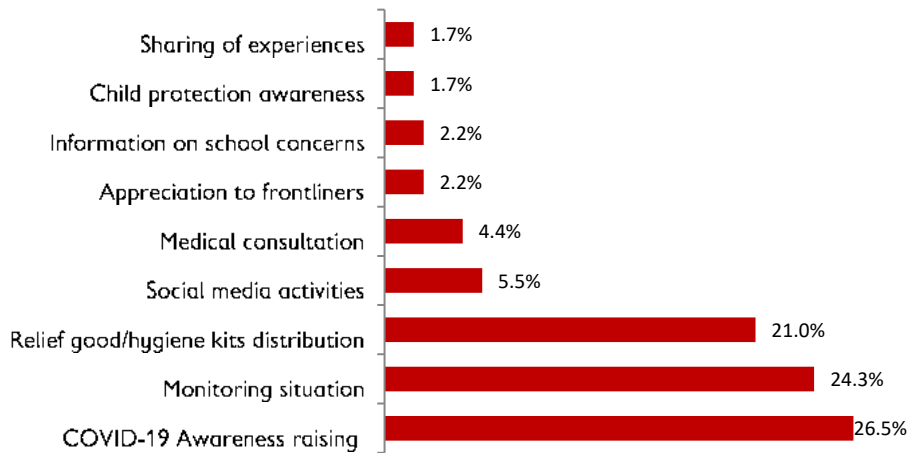
When asked about how they communicate within their organization during the pandemic, almost all (90.1%) use social media group chats (see Figure 23). Around 28% have not communicated with their peers at all, while others communicate through text (22.1%), phone calls (16.6%), and face-to-face interactions (12.7%).
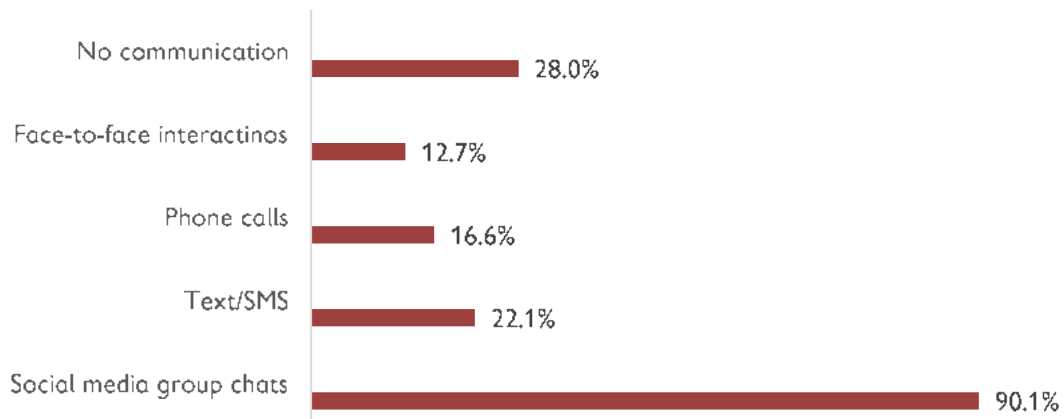
Figure 23. How children communicate with their peers

Method	Percentage
No communication	28.0%
Face-to-face interactinos	12.7%
Phone calls	16.6%
Text/SMS	22.1%
Social media group chats	90.1%

When asked about what the children's groups can do to further help prevent the spread of COVID-19 and its impacts, most of the children did not respond (45%). Others mentioned information sharing (24%), provision of relief/protective items (8.9%), implementation of child-centered responses (8.5%), and psychosocial support (1.8%).

Additional suggestions or comments of children were also collected and the majority of them (72.6%) did not provide other comments/suggestions. A few said that children should be consulted (8%), school concerns should also be addressed (2.7%), and that the survey conducted by Save the Children is a good initiative (2.3%).

Access to Information

Almost all of the 438 child respondents (93.8%) are knowledgeable about the community quarantine (see Figure 24). Most of them understand it as staying at home (68.1%) and as a means to avoid acquiring and spreading the disease (25.3%).

More than half (62.1%) of the children reported that their respective area is under General Community Quarantine (GCQ); 17.4% is under modified or enhanced community quarantine (MECQ or ECQ), and 9.4% is under Modified General Community Quarantine (MGCQ; see Figure 25).

Figure 24. Children's knowledge about community quarantine

- Know
- Don't know
- No response

Figure 25. Type of quarantine implemented in the children's community

- GCQ
- ECQ o modified ECQ
- MGCQ
- Others
- Don't know
- No quarantine
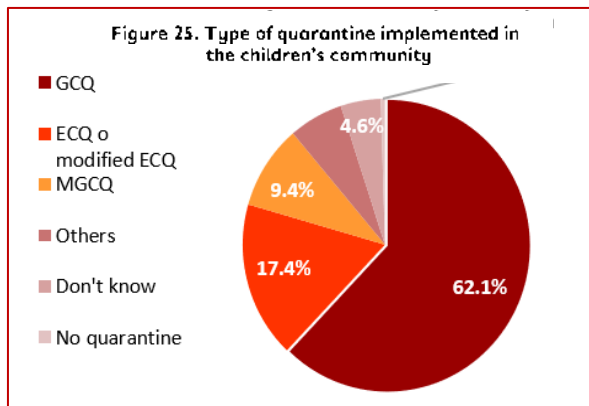
Half of the children report that they received information that they think is not true. This includes the number of cases, false hope for a vaccine, violations and poor implementation of the ECQ protocols, the virus being airborne and deadly effects of COVID-19. They wish to know more about the cure for the virus (21.7%), accurate information (14.8%), end to the pandemic (11.2%), and the cause of the virus (7.3%). Around 23%, however, said that there is no aspect of the pandemic that they would like to know about.
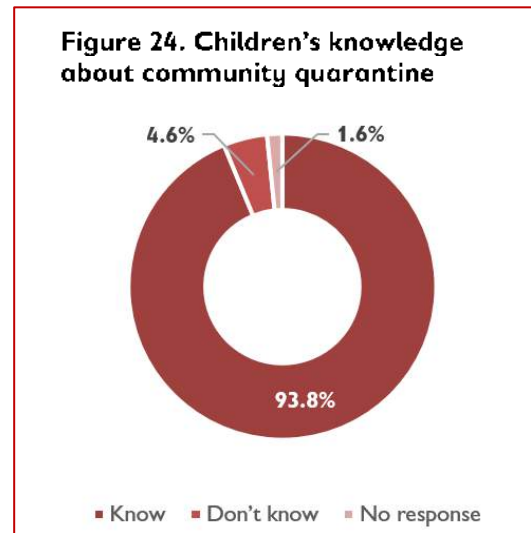
Children receive various information about COVID-19. Among these, the following are the most frequently mentioned information that the respondents perceive to be true: COVID-19 is deadly (29.2%); COVID-19 can be transmitted (25.3%); information about GCQ/ECQ, social distancing, and quarantine protocols (24.2%); increasing cases of COVID-19 (11.9%); and struggles during lockdown (6.4%). Around 11% of children interviewed also reported that they have not heard or received any information about COVID-19 or the community quarantine (see Table 8 below).

Table 8. Information that children receive and think are true about the pandemic

	No.	%
COVID-19 is deadly	128	29.2
COVID can be transmitted	111	25.3
ECQ, GCQ, quanrantine protocols, social distancing	106	24.2
Increasing cases of COVID-19	52	11.9
Struggles duirng lockdown	28	6.4
No information about COVID-19 or community quarantine	49	11.2

N = 438

Save the Children

Table 9. Children's sources of information during the pandemic

	No.	%
TV (national/local)	351	80.1%
Internet/Social Media	285	65.1%
Parents/Relatives	196	44.8%
Radio	167	38.1%
Barangay	104	23.7%
Friends	54	12.3%
Neighbors	53	12.1%
SMS	47	10.7%
LGU	46	10.5%
Don't know	4	0.9%

N=438

The majority (80.1%) of children get information from television (see Table 9). Many also get information from the internet/social media (65.1%), parents or relatives (44.8%), radio (38.1%), and their barangay (23.7%). Children aged 13-15 years old rely more on television compared with other age groups, while the older age group (16-17) rely on the internet/social media and television (see Figure 26). Children prefer to receive news, announcements, and information primarily through television (84.7%), radio (51.1%), and social media (50.7%). Some want to receive information through public announcements given through a roving megaphone in the barangay (23.3%) and from websites (21.2%; see Table 10). More girls (54%) than boys (41%) prefer to receive information from the radio; boys prefer receiving information from social media.
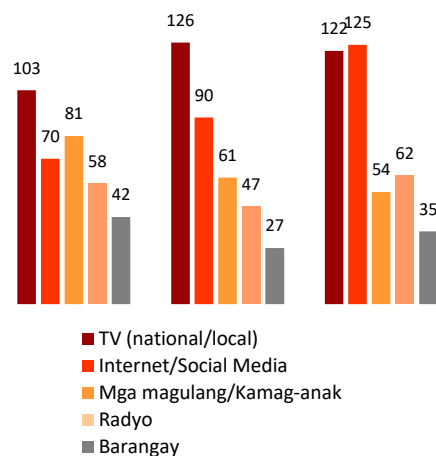
Table 10. Children's preferred ways to receive COVID-19-related information

	No.	%
TV (national/local)	371	84.7%
Radyo	224	51.1%
Social media posts	222	50.7%
Roving megaphone in the barangay	102	23.3%
Websites	93	21.2%
SMS/text	73	16.7%
Leaflets	27	6.2%
Posters/Tarpaulin	26	5.9%
Others	15	3.4%
Don't know	9	2.1%

N=438

Figure 26. Children's sources of information by age group

Views on Government Response to COVID-19

All but two of the respondents know of assistance and services provided by the government during the pandemic, with relief goods from the barangay (74%), the Social Amelioration Program (SAP; 70%),[49] and relief goods from the city or municipal local government unit (LGU; see Table 11).

---

[49] The Social Amelioration Program (SAP) is a program implemented by the national government during the early months of the pandemic that provides cash subsidies to poor families all over the country to help mitigate the impact of the lockdown on jobs and livelihoods.

Save the Children

Table 11. Children's knowledge of government assistance or services

	No.	%
Relief goods from barangay	324	74
Social Amelioration Program	307	70.1
Relief goods from the city/municipal LGU	284	64.8
Pantawid Pamilyang Pilipino Program (4Ps)	248	56.6
Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers (TUPAD)/ COVID-19 Adjustment Program (CAMP)	97	22.2
Cash from the LGU/barangay	60	13.7
Others	77	17.6
Not aware of any assistance or services from the government	2	0.5

N=438

Figure 27. Assistance received by children's families
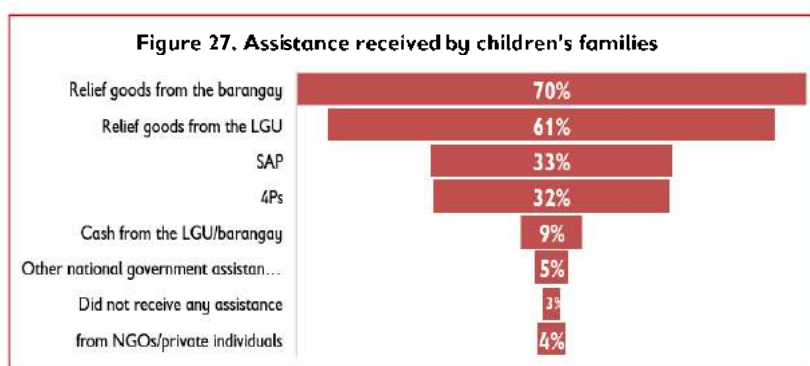
The majority of the children received relief goods primarily from the barangay (70%) and from the municipal or city-level LGU (61%; see Figure 27). Around one-third received assistance from the national government's SAP (33%) and almost as many from the 4Ps (32%).

However, 50% of the children said that the assistance they received was not sufficient. Two children who said they have not received any assistance from the government are both living in a temporary shelter or rehabilitation center. When asked about why they think the assistance they received was not enough, 28.4% said it is not sufficient to meet their needs, 26.7% said the quantity or quality of relief is not enough while 11.2% said that assistance was not enough for their big family or household (see Figure 28).

Figure 28. Children's views on the adequacy of assistance received
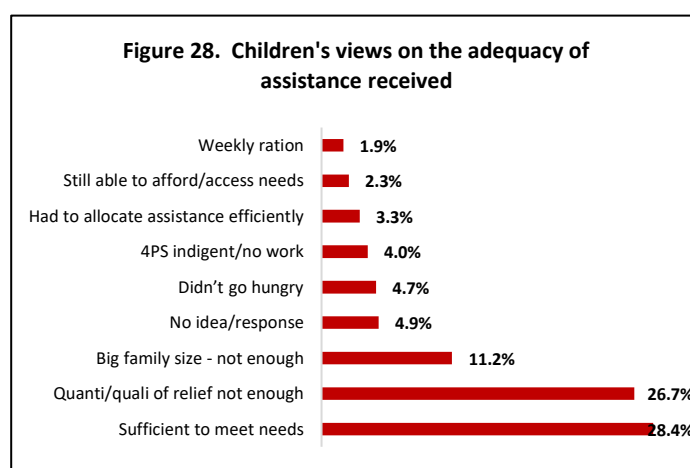
Generally, children approve of the key measures being implemented by the government to prevent the transmission of COVID-19, namely, social distancing (96.1%), curfew (92.7%), and checkpoints (92.5%). On the other hand, most of the children do not agree with the following measures: suspension of public transportation (36.8%), closure of malls/establishments (32.9%), and punishing people who violated quarantine measures. It is also in this category where children are most ambivalent at 13.2%. Table 12 shows the reasons provided by children as to why they agree or not to the measures being implemented by the government.

Table 12. Children's views on the implementation of the government's COVID 19 Response

N=438	Agree		Disagree		No opinion/Don't Know	
	No.	%	No.	%	No.	%
Persons 20 and below and 60 and above are forbidden to go outside	374	85.4%	33	7.5%	31	7.1%
Quarantine Pass	368	84.0%	38	8.7%	32	7.3%
Checkpoints	405	92.5%	9	2.1%	24	5.5%
Curfew	406	92.7%	11	2.5%	21	4.8%
Social distancing	421	96.1%	7	1.6%	10	2.3%
Arresting those who violate quarantine	351	80.1%	53	12.1%	24	5.5%
Punishing those who violate quarantine	249	56.9%	131	29.9%	58	13.2%
School closure	298	68.0%	103	23.5%	37	8.5%
Suspensions of public transport	223	50.9%	161	36.8%	54	12.3%
Closure of malls/markets	258	58.9%	144	32.9%	36	8.2%

Chapter 4
SUMMARY AND CONCLUSION

Summary of Findings

Children's feelings about the pandemic. Almost all the children interviewed are aware of COVID-19 and the pandemic. They know that COVID-19 is a dangerous and highly contagious viral disease. The pandemic has elicited generally negative feelings from the children interviewed, with the majority of children feeling fearful and worried primarily of getting themselves or their families infected by COVID-19, and of the rising number of people becoming infected and dying due to the virus. Most of them also feel sad because government regulations require them to stay at home, thus limiting their social interaction, especially with their peers.

While children stay at home, they are not idle. They do house chores and some can pursue their hobbies. With the start of the school year and the shift to new learning modalities, children find themselves burdened with schoolwork alongside their household chores, which include helping their younger siblings with learning modules.

Hunger and poverty. Food and livelihood were the two most important concerns raised by children interviewed (86% and 54%, respectively). Children reported that the imposition of the community quarantines/lockdowns has resulted in their parents having less income or losing their jobs. According to the children, the top three priority needs of their families during the quarantine are food, money, and medicines/vitamins.

Learning/Education. Children had mixed feelings about the resumption of classes. While many feel happy about going back to school, continuing learning, and seeing their teachers and classmates again, the more evident feelings are those of fear and worry about going back to school because of the risks of holding face-to-face classes and because they have anticipated the challenges of adapting to the new learning modalities. The children foresee the challenges of participating in online classes given their and other children's lack of access to the internet and appropriate devices. They worry about the quality of their learning through these new methods. The children's anxieties also come from not knowing what will happen since information about school opening has been limited, and DepEd's decision on the opening of the schoolyear and the learning modality remain unclear at the time of the interviews. Given the risks and challenges of the new learning modalities, and without any solution to the pandemic on the horizon, the majority of the children prefer not to reopen the school year in August 2020 (as was reported by media at the time of the interviews). Some of them have raised concerns about how well prepared DepEd, parents, and children are for the new modalities. If classes were to resume, the majority of the children prefer to have the learning modules delivered to their homes as they see this to be a safer and more feasible option. However, during the validation with children, some of the children revealed that completing the modules is also not easy especially without the guidance of teachers and their parents. They tend to complete the modules for compliance alone, without considering whether they have actually learned. Almost

half of the children also prefer online lessons because they see this as safer despite the challenges this modality poses.

Health. Half of the children interviewed are aware of health services that they and their families can access during the pandemic. The services the children cited are not COVID-19 related but are the primary health care services that are usually delivered through the barangay health centers. These include medical check-up and treatment of illnesses, vaccination, and nutrition and feeding programs. Only a few children mentioned adolescent health and mental health services (e.g., counseling), revealing that these services are not as quite known among the children. Around a third of the children interviewed reported that they have heard of or know of a peer who has gotten pregnant. With the absence of peer support and face-to-face interaction in educational facilities, children and adolescents do not have the venue to discuss their concerns about sexual and reproductive health, as well as their mental health issues. The survey also revealed that children are aware of ways to protect themselves from COVID-19, which include handwashing/hygiene, eating healthy food, and wearing face masks/shields. These COVID-19 prevention practices, unfortunately, may incur additional costs to the families.

Child protection. The survey reveals that child abuse does happen during the pandemic, with some children reporting knowledge of physical abuse, humiliation and verbal abuse by parents, relatives, or neighbors, bullying, and sexual abuse. Literature and evidence from other countries suggest that domestic abuse has increased during the pandemic due primarily to psychosocial and economic stress that parents and primary care providers experience. Children do know where they can report child abuse, citing primarily their barangay council, the local social worker, and the police. It is interesting to note that parents/family members are at the bottom of the list. The concern is how children will be able to access the reporting mechanisms in their barangay and LGUs if they cannot go out of their homes and do not see their parents/family members as the first line for reporting incidences of abuse.

Civil rights and freedoms. Despite the impact of COVID-19 on many aspects of children's lives, children are not being consulted about their situation and needs during the pandemic. NGOs are still largely the ones that seek their views and monitor their situation. The pandemic also restricted children's civic spaces, with very little opportunity for children to participate in community affairs. However, despite the pandemic, with more than half of the children interviewed belonging to community-based children's organizations or the school-based Supreme Student/Pupil Governments, many of the children have been able to initiate activities related to COVID-19 in their community. They have found ways to communicate with each other through social media, text messages, and phone calls, with a few being able to interact face-to-face. However, some children especially those without access to the internet or gadgets, are not able to communicate with their peers. This means that many children who used to be actively engaged in their communities and schools, including in governance, have been deprived of venues, spaces, and opportunities where they can influence decision-making especially in relation to their situation and needs at this time of the pandemic.

Views about access to information during the pandemic. The children are generally informed about COVID-19. They primarily get information from television, the internet/social media, parents/relatives, radio, and their barangay. Children prefer to receive information from television, radio, and social media. However, a considerable proportion of the children (11%) have not received information about COVID-19 or the community quarantine. A significant

proportion (50%) said that they have received false information about COVID-19. With children relying on social media as one of their key sources of information, the risk of exposure not only to misinformation but also to harmful content (such as pornography and violence) is heightened.

Children's views about government services. The majority of the children received assistance from the government during the pandemic, primarily in the form of relief goods from their barangay. However, the assistance was not enough for their household's needs, especially for large families. The children were also not satisfied with the quality of the assistance. Relief distributed by the local government usually consists of food—rice, noodles, and canned goods. It should be noted that children also identified money and vitamins/medicines as priority needs of their families, and which government assistance does not usually cover. The children also want to eat nutritious food, take vitamins, practice hygiene, and wear face masks/shields as their way of protecting themselves from COVID-19. However, it appears that they are not supported to do this because government assistance does not usually include these items in the basic relief package that are distributed to families.

The majority of the children also generally agree with the COVID-19 related measures being implemented by the government (e.g., social distancing, imposition of curfews, and checkpoints). They understand that these are intended to protect them and the community from the virus. However, some of the children do not welcome certain measures that may hinder people's mobility and access to their jobs, food, and other services (e.g., suspension of public transportation, closure of malls/establishments), and improper implementation of protocols (e.g., punishing people who have violated quarantine measures). While most of the children also agree with the community quarantine, some of them feel bored and sad about being confined in the home.

Children's recommendations. The children suggest that the government focus on providing relief/financial assistance and on children's education especially under the new normal to improve their situation during the pandemic. They also said that they need support to adjust to the new normal, including participating effectively in online classes and being provided with school supplies and hygiene kits.

Conclusions and Implications

The COVID-19 pandemic has negatively affected all aspects of children's lives. The quarantine restrictions, the suspension of classes and anticipated changes in the learning modalities, and children's confinement to their home adversely affected children's access to education and quality learning. They have also negatively affected their spaces for play, leisure, and social interaction; their mental health and sense of well-being; their safety and protection from risks of abuse; and their exercise of their civil rights (freedom of expression, association and movement, right to be heard). These key concerns do not appear to be sufficiently addressed as existing government measures give priority to controlling the virus.

- On the opening of classes, children do not feel assured of a safe return to school. They worry about their ability to access and learn from the new learning modalities, especially the online classes. While considered the safest options, modular and online learning modalities also pose other risks. They also demand significant adjustments on the part of the schools, parents, and the children themselves.

- Both online and modular modalities pose many challenges to children in terms of access to and quality of education. The role of parents in supporting children to access online sessions and guiding children with their learning modules is amplified. This adds to the existing financial constraints of the family and will require more time from parents (especially mothers) who are already strained with balancing housework, childcare, concerns about food and income, and the risks of the pandemic.

- Risks of early pregnancy and mental health issues are highlighted but children have limited knowledge about services to address these. These are also not among the services that are readily offered by LGUs at this time of the pandemic despite national laws and policies that support adolescent reproductive health and mental health programs. This surfaces the need to consider adolescent sexual and reproductive health (ASRH) and mental health as priority concerns during the pandemic and assess if existing programs addressing these concerns continue to be effective and are adapted to the new context.

- Children are hardly consulted by the government about their needs during the pandemic. This implies that responses to the COVID-19 pandemic, including assistance and services, have not considered the specific situation and needs of children. Evidently, most of the concerns and issues being faced by children are not being addressed by the existing government responses, as evidenced by children's feedback on the inadequacy of government assistance. Having safe spaces for children to raise their concerns and give feedback is an important step to improve the COVID-19 response and make this more responsive to children's needs/concerns.

- Abuse and violence against children continue to happen and are exacerbated by the pandemic. Data from different sources cited in this study point to the increased risks of child abuse, including gender-based violence, happening inside the home and online. A greater cause of concern is the accessibility of means for children to report instances of abuse. Children primarily rely on barangay officials to report protection concerns, but it is not clear how these can be reported if children cannot go out. With local government frontlines focused on the COVID-19 response, it is likely that the proactive monitoring of children's situations and delivery of programs to prevent and respond to child abuse cases are set aside. The children also surfaced some practices in implementing quarantine measures that they think are inappropriate, specifically the practice of arresting and punishing those who violate quarantine protocols (e.g., physical distancing, not wearing of masks, going outside without quarantine passes). These practices can be considered disproportionate and may lead to rights violations among children.

- Children are affected emotionally by the pandemic—they experience fear, worry, and sadness—which may result in mental health issues for some children. Children's main concerns lie in being infected by the virus, not being able to adjust to the new learning modalities, and having limited social interaction. Access to reliable and accurate information also appears to be key to children's sense of well-being, with children being affected by not knowing what government plans are and what the future holds especially in relation to education. Teachers, guidance counselors, and peers who children have identified in previous consultations as their support system when faced

with mental health issues are also not accessible to children during the quarantine. Parents may also not be able to provide emotional support as they may be facing emotional distress due to financial challenges.

Children are missed out in the government's COVID-19 response. Assistance and services made available to and received by children do not respond to their actual needs, concerns and current situation, and the potential risks they face. This points to a lack of genuine consultation that would have allowed a thorough assessment of children's needs and the potential risks that they face including the possible adverse impact on children of the community quarantine, school closure, and other government measures being implemented to combat COVID-19.

The pandemic and the quarantines imposed by the government have significantly weakened children's active participation and engagement in schools, communities, and in governance at a time when their voice and participation are most crucial. With the usual mechanisms for participation no longer possible especially at the local level, children will not be able to provide inputs to government policy, plans and programs, in effect marginalizing them in the decision-making process especially about the COVID-19 response. With the pandemic, engagement with children is made possible through online platforms, which means that participants will be limited to those with access to the internet and have the appropriate gadget to engage online. This means that specific groups of children—urban poor children, children in geographically isolated and disadvantaged areas, children with disabilities— will likely miss out on these opportunities. This may result in these children being invisible in government services and programs especially those related to COVID-19.

Recommendations for policy actions

- For the Department of Social Welfare and Development (DSWD), Department of Health (DOH), and DepEd to integrate mental health and psychosocial support to children and parents as key interventions in their respective COVID-19 responses and programs.

- For the Inter-agency Task Force on the Management of Emerging Infectious Diseases (ATF-EID) to integrate children's key concerns in the national response strategy on COVID 19, and include the CWC as a key agency in the crafting, monitoring, and assessment of the COVID-19 national strategy to ensure that children's needs and concerns are mainstreamed in all phases of the strategy.

- For the CWC and LGUs to regularly monitor children's situation during the pandemic and update response plans to address children's emerging needs and right violations in the new context.

- For the DSWD, DepEd, and LGUs to establish innovative and flexible mechanisms to regularly consult children, to share timely child-friendly information, and gather children's needs and feedback on government services/assistance.

- For the DepEd to consult children, especially those from poor families, about their concerns and suggestions on the learning modalities offered and take their views seriously. It is also urged to assess the learning modalities after six months with the participation of children and their parents, looking into access to the learning platforms, quality of

Save the Children

learning, and challenges with the modalities. Results should inform any improvements/modifications in the modalities, platforms, and modules being used.

- For the DSWD and LGUs to ensure that reporting, referral, and response mechanisms for child protection issues are functional and accessible to children considering their home confinement.

- For the DSWD, the DILG, and the LGUs to capacitate barangay officials to prevent and respond to child protection issues, including online abuse and exploitation of children and violence inside the home, during the pandemic.

- For DSWD, CWC, and DILG to raise awareness of LGUs on existing child protection guidelines.

- For LGUs to support children's groups and engage them in safe and innovative ways in the COVID-19 response.

- For LGUs to find ways to provide children financial assistance to support access to gadgets and the internet and other education needs. LGUs are also urged to provide free access to the internet to enable children to attend their online classes, link up with their friends and peers, and mobilize and organize themselves so they can better participate in community activities to raise awareness on COVID-19 and various child rights issues during the pandemic, and in other activities that will help address their concerns.

INTERVIEW PROTOCOL

> *Note to the interviewer:* Before the interview, obtain the full name of the child participant and of his/her parent or guardian who is present during the call.

SEEKING INFORMED CONSENT

SEEKING INFORMED CONSENT FROM THE PARENT/GUARDIAN

> *Note to the interviewer:* Days before the interview, send the following SMS to the child's parent. It is suggested that sufficient load credit is sent to the parent's and child's mobile number so they can text the interviewer their questions and their consent to the interview. Break the information into shorter text messages. You may also share the information through a call.

Message to parent:

- Magandang umaga/hapon po. Ako po si _____ ng (organization).
- May ginagawa po kaming konsultasyon sa mga bata kaugnay sa COVID-19 at ECQ.
- Kaugnay nito, gusto sana naming ma-interview ang inyong anak na si _____.
- Ang ibabahagi ng inyong anak ay isasama namin sa sasabiin iba pang mga batang iinterbyuhin namin, at ito po ay ipararating namin sa gobyerno para malaman nila ang pagtingin ng mga bata at tugunan nila ang mga pangangailangan ng mga bata ngayong may COVID-19.
- Meron po kayong tanong o paglilinaw? *(Call the parent if needed to respond to any questions or clarification.)*
- Kung wala na po kayong tanong, pumapayag po ba kayong interbyuhin ko ang inyong anak?
  Kung pumapayag po kayo, paki-text lang po sa akin ngayon:
  PAYAG AKO – BUONG PANGALAN NYO, PETSA NGAYON **(Take a screenshot of the text reply and save)**
- Salamat po sa inyong pagpayag sa interview. Kung may tanong, komento o mungkahi kayo, pwede nyo pong i-text o tawagan si ___, staff ng (organization) sa cellphone number _____.

SEEKING INFORMED CONSENT FROM THE CHILD PARTICIPANT

Note to the interviewer: Before interviewing the child, send the following SMS to the child's number. Break the information into shorter text messages. You may also share the information through a call.

Message to the child:

Introduction

- Magandang umaga/hapon po. Ako si _____ ng (organization). Kasama ko rin ngayon si _____. *(The other staff will also introduce her/himself.)*
- May ginagawa kaming konsultasyon sa mga bata kagaya mo kaugnay sa COVID-19 at ECQ.
- Kaugnay nito, gusto sana naming ma-interview ka tungkol dito.
- Ang ikukuwento mo sa amin ay isasama namin sa sasabiin ng iba pang mga batang iinterbyuhin namin, tapos ito ay ipararating namin sa gobyerno para malaman nila ang saloobin ninyong mga bata at tugunan nila ang mga pangangailangan ninyo ngayong may COVID-19.

Process of interview

- Gagawin namin ang interview sa pamamagitan ng pag*tawag sa telepono (o chat)*. Irerecord namin ang mga sagot mo sa interview gamit ang aming laptop at pwede rin namin itong isulat sa papel para madali naming mabalikan ang mga sagot mo.
- Ang interview ay pwedeng tumagal nang _____ oras.
- *(Note: The interviewers may opt to do an audio recording of the interview as back-up for documentation. If the interview will be recorded, the interviewer will need to inform the child participant and get her/his consent for this.)*

  Para masiguro namin na naitatala namin lahat ng sinabi mo sa interview, plano naming i-record ang ating usapan. Ok lang ba sa iyo ito? *(If the child is not conformtable with having the interview recorded, do not proceeed with the recording.)*

Save the Children

Privacy and confidentiality

- Sisiguruhin namin na maproteksyunan ang privacy mo. Ang ibig sabihin, hindi namin ipaaalam sa ibang tao maliban sa mga kapwa ko researchers ang eksaktong mga sinabi mo at hindi rin namin babanggitin ang pangalan at tirahan sa pagbahagi naming ng resulta ng mga konsultasyon.

Consent

- Pwede kang tumanggi sa pagsagot sa ilang tanong kung hindi ka kumportableng sagutin ang mga ito. Pwede rin nating tapusin ang interview anumang oras kung ayaw mo nang magpatuloy.
- Meron ka bang tanong o paglilinaw? **(Call the child if needed to respond to any questions or clarification.)**

- Kung wala ka nang tanong, pumapayag ka bang ma-interview?
  Kung pumapayag ka, paki-text lang sa akin ngayon:
      PAYAG AKO – BUONG PANGALAN MO, PETSA NGAYON
      (Take a screenshot of the text reply and save)

Accountablity

- Kung may hindi ka nagustuhan o may naranasang hindi magandang pagtrato sa interview na ito, pwede kang mag-report sa numero, website o email na ite-text ko sa yo.

> **FOR SAVE THE CHILDREN STAFF:** Text the following information:
> Kung may tanong, komento o mungkahi:
> - Tumawag o magtext sa aming hotline: 0917 806 3048 o 8682-SAVE o 8682-7283.
> - Magpadala ng mensahe sa aming email address: adapt.ph@savethechildren.org
> - Bumisita sa aming webpage: adapt.scphilippines.net/contact

INTERVIEW SCHEDULE

Variables	Question/Script	Instructions on the question/ Kobo encoding guide
Part 1: Personal Information		
A. Sex	1. Ano ang inyong kasarian? (1) Babae (2) Lalaki	(1) Babae (2) Lalaki (3) LGBTIQ+ (SOGIE will not be asked directly of all participants; this applies only to children who have identified themselves as LGBTIQ+ prior to the interview, based on prior profiling by the project team/organization)
B. Age	2. Ilang taon ka na?	• Encode actual age. • Identify corresponding age range based on actual age (1) 10 to 12 years old (2) 13 to 15 years old (3) 16 to 17 years old (10) DI alam
C. Residence	3. Saan ka nakatira? Munisipyo o Syudad: _____ Prubinsya: _____	• Encode actual municipality or city and province • Identify region (dropdown in Kobo)
D. Disability	Ang mga susunod na itatanong ko sa yo ay tungkol sa mga gawaing pwedeng nahihirapan kang gawin dahil sa karamdaman o isyu sa kalusugan mo.	(The Washington Group Short Set of Questions is used.)

Save the Children

4.1. kaw ba ay nahihirapang makakita kahit ikaw ay may suot na salamin? (1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	(1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	
4.2. Ikaw ba ay nahihirapang makarinig kahit gumagamit ng hearing aid? (1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	(1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	
4.3. Ikaw ba ay nahihirapang maglakad o umakyat ng hagdan? (1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	(1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	
4.4. Ikaw ba ay nahihirapang makaalala ng mga bagay o mag-concentrate/tumutok o magpokus sa isang bagay? (1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	(1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	
4.5. Ikaw ba ay nahihirapang asikasuhin ang sarili mong pangangailangan tulad ng paliligo o pagbihis? (1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan	(1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	

	(4) Hindi kayang gawin	
	4.6. Gamit ang iyong pang-araw-araw na lenggwahe, ikaw ba ay nahihirapang makipag-usap, halimbawa ay nahihirapang maintindihan ang sinasabi ng iba o nahihirapang ipaintindi ang sinasabi mo sa iba? (1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin	(1) Hindi. Hindi nahihirapan (2) Oo. Nahihirapan nang konti (3) Oo. Sobrang nahihirapan (4) Hindi kayang gawin
E. Ethnicity (tribal group)	5. Ikaw ba ay bahagi ng isang tribo o indigenous group? (a) Oo (b) Hindi	(1) Oo (2) Hindi
F. Children living in centers /camps	6. Saan ka naninirahan sa ngayon? (1) Sa bahay kasama ang pamilya o kamag-anak (2) Sa ibang bahay (hindi kamag-anak), boarding house o dormitoryo (3) Sa loob ng IDP camp (4) Nasa transitory site/temporary shelter (daihl sa disaster o conflict) (5) Nasa evacuation center (dahil sa disaster o conflict) (6) Nasa youth home o Bahay Pag-asa (7) Nasa bahay ampunan o shelter/rehabilitation center (9) Iba pa. Tukuyin: _____	(1) Sa bahay kasama ang pamilya o kamag-anak (2) Sa ibang bahay (hindi kamag-anak), boarding house o dormitoryo (3) Sa loob ng IDP camp (4) Nasa transitory site/temporary shelter (daihl sa disaster o conflict) (5) Nasa evacuation center (dahil sa disaster o conflict) (6) Nasa youth home o Bahay Pag-asa (7) Nasa bahay ampunan o shelter/rehabilitation center (9) Iba pa. Tukuyin: _____

Part 2: Effects/Impacts of the COVID-19 crisis and the community quarantine

Save the Children

G. Knowledge about COVID-19	7. Ano ang alam mo tungkol sa COVID-19?	(1) Hindi alam (2) Walang sagot (3) Ibang sagot: Encode actual answers. _____
H. Feelings about COVID-19	8.1. Ano ang nararamdaman o saloobin mo ngayon na may kumakalat na COVID-19?	Multiple responses allowed. Encode response by selecting corresponding categories below. (1) Natutuwa (2) Nalulungkot (3) Naiinis (4) Nagagalit (5) Natatakot (6) Nag-aalala (7) Nalilito (9) Iba pa: _____ (10) Di alam
	8.2. Bakit ganito ang nararamdaman mo?	Encode actual responses.
I. Knowledge about Community Quarantine	9.1. Ano ang alam mo tungkol sa Community Quarantine?	(1) Hindi alam (2) Walang sagot (3) Ibang sagot: Encode actual answers. _____
	9.2. Ano ang alam mong ipinaiiral sa inyong lugar? (1) ECQ o modified ECQ (2) GCQ (3) walang quarantine na ipinatutupad (4) Hindi ko alam	Closed question. (1) ECQ o modified ECQ (2) GCQ (3) walang quarantine na ipinatutupad (4) Hindi ko alam

	(5) Iba pa: _____	(9) Ibang sagot: Encode actual answer: _____

J. Feelings about the Community Quarantine	10.1. Ano ang nararamdaman o saloobin mo ngayon sa ipinatutupad na quarantine sa inyong lugar?
	
	(Alternative question if child is not knowledgeable about the community quarantine; aswered "Hindi ko alam" for Q9.1)
	
	Ano ang pakiramdam mo ngayon na ikaw at ang pamilya at mga kapitbahay mo ay hindi pinapayagang lumabas at kailangang manatili sa loob ng bahay?
		Open-ended question. Multiple responses allowed.
		
		Encode response by selecting from possible responses below.
		
		    (1) Natutuwa
		    (2) Nalulungkot
		    (3) Naiinis
		    (4) Nagagalit
		    (5) Natatakot
		    (6) Nag-aalala
		    (7) Nalilito
		    (9) Iba pang sagot: _____
		    (10) Di alam

	10.2. Bakit ganito ang nararamdaman mo?	Open-ended question. Encode actual responses.
K. Family situation	11. Kumusta ang sitwasyon ng pamilya mo ngayong panahon ng COVID-19?	Open-ended question. Encode actual responses.
L. How children spend their time	12. Anu-ano ang mga bagay na ginagagawa mo o pinagkakaabalahan mo ngayon?	Open-ended question. Encode actual responses.
M. Priority needs during the Quarantine	13. Ano ang 3 bagay na pinaka-kailangan mo at ng iyong pamilya ngayong may quarantine (ngayong kayo ay nanatili sa bahay)?	Open-ended question. Encode actual responses.
N. How children can keep themselves	14. Ano-ano ang mga hakbang na ginagawa mo para ikaw ay maging ligtas sa Covid-19 at mapanatiling malusog?	Open-ended question. Encode actual responses.

safe from COViD-19		
Part 3: Education/Going back to School		
O. Children's views about going back to school?	15.1. Ikaw ba ay pumapasok sa eswela bago nag-quarantine? (1) Oo (2) Hindi	(1) Oo (2) Hindi

	15.2. Ano-ano ang iyong mga nararamdaman o saloobin sa pagbubukas ng school year?	Skip Q15.1. to Q15.6. if answer to Q15 is "HINDI"
		
		Open-ended question. Encode response by selecting from possible responses below.
		
		   (1) Natutuwa
		   (2) Nalulungkot
		   (3) Naiinis
		   (4) Nagagalit
		   (5) Natatakot
		   (6) Nag-aalala
		   (7) Nalilito
		       (9) Iba pang saloobin: (Encode actual response) _____

	15.3. Bakit ganito ang nararamdaman mo?	Open-ended question. Encode actual responses.
	15.4. Sang-ayon ka ba na payagan nang pumunta ng eskwelahan ang mga mag-aaral sa pagbubukas ng school year sa Agosto?	(1) Sang-ayon (2) Hindi sang-ayon (3) Hindi alam/Walang opinyon
	15.5. Bakit ka sang-ayon/hindi sang-ayon?	Open ended. Encode actual response.
	15.6. Bukod sa mismong pagpunta sa eswelahan, alin-alin sa mga sumusunod ang sa tingin mo ay ang pinakamabisang paraan para matuto ka. (1) Ang mga lessons ay makikita sa internet	Closed question. Multiple responses allowed.

	(2) Ang mga lessons ay mapapakinggan sa radyo (3) Ang mga lessons ay mapapanood sa TV (4) Ang mga kopya ng mga lessons ay ipapadala sa inyong bahay (5) Ang magulang ang magtuturo (6) Walang ibang mabisang paraan kundi pumunta sa school	(1) Ang mga lessons ay makikita sa internet (2) Ang mga lessons ay mapapakinggan sa radyo (3) Ang mga lessons ay mapapanood sa TV (4) Ang mga kopya ng mga lessons ay ipapadala sa inyong bahay (5) Ang magulang mo ang magtuturo sa yo (6) Walang ibang mabisang paraan kundi pumunta sa school
	15.7. Ano-ano ang mga makakatulong sa'yo sa pagbalik mo sa pag-aaral?	Open-ended question. Encode actual responses.
	15.8. Ano-ano ang mga maaring maging hadlang sa pagbalik mo sa pag-aaral?	Open-ended question. Encode actual responses.
Part 5: Health		
P. Access to Health Services	16.1. Ngayong panahon ng Covid-19, may alam ka bang mga serbisyong pangkalusugan na pwede mo o ng pamilya mong ma-akses?	(1) Meron (2) Wala (3) Di alam
	16.2. Anu-anong mga serbisyong pangkalusugan (maliban sa para sa COVID 19) ang alam mong meron sa inyong barangay? (1) Pagpapa-check up o pagpapagamot pag may sakit (2) Feeding o programa sa nutrisyon (3) Pagpapabakuna (4) Reproductive health para sa mga kabataan, kasama ang pag-iwas sa pagbubuntis o	Closed question. Multiple responses allowed. (1) Pagpapa-check up o pagpapagamot pag may sakit (2) Feeding o programa sa nutrisyon (3) Pagpapabakuna (4) Reproductive health para sa mga kabataan, kasama ang pag-iwas sa pagbubuntis o serbisyo para sa

Save the Children

	serbisyo para sa batang babae o teenager na nabuntis (5) Counseling o tulong para sa mga kabataang nakararamdam ng depresyon o matinding lungkot, stress o pag-aalala (6) Di alam (7) Iba pa _____	batang babae o teenager na nabuntis (5) Counseling o tulong para sa mga kabataang nakararamdam ng depresyon o matinding lungkot, stress o pag-aalala (6) Di alam (7) Iba pa _____ Encode actual response.
	16.3. May alam o nababalitaan ka bang pagbubuntis sa mga kaibigan, kamag-anak o kakilala ninyong bata o teenager? (1) Meron (2) Wala	(1) Meron (2) Wala
Part 6: Child Protection		
Q. Child Protection Issues	17.1. Anong mga uri ng pananakit o pang-aabuso ang nababalitaan mong nangyayari sa mga bata ngayong panahon ng COVID?	Open-ended question. Multiple responses allowed. Encode response by selecting from possible responses below. (1) Walang alam na nangyayaring pang-aabuso o pananakit (2) Pananakit/Pagapahiya/Pagmumura ng magulang o kamag-anak (3) Pisikal na pananakit, pagpapahiya o pagmumura ng kapitabahay (4) Pisikal na pananakit, pagpapahiya o pagmumura ng barangay/police (5) Sekswal na pang-aabuso (6) Bullying (7) Pagpapabaya o pag-abandona (8) Pagpapatrabaho sa bata o child labor (9) Online sexual abuse

Save the Children

		(10) Iba pa (Specify) _____
	17.2. Saan o kanino sa pagkakaalam mo pwedeng mag-report ng pananakit o pang-aabuso sa bata?	Open-ended question. Multiple responses allowed. Encode response by selecting from possible responses below. (1) Opisyal ng barangay officials (kapitan o kagawad) (2) Opisyal ng LGU (mayor, konsehal) (3) Local social worker (Local DSWD) (4) DSWD National (DSWD sa Manila) (5) Pulis (6) BHW (7) Teacher/Principal (8) NGO (9) Bantay Bata (10) Iba pa: (Specify) _____ (11) Di alam
Part 7: Access to Information		
R. Information about COVID-19 and Community Quarantine	18.1. Anu-ano ang mga naririnig mong sinasabi ng iyong mga kapamilya, kasambahay at kapitbahay tungkol sa COVID-19 at community quarantine na sa tingin mo ay **totoo**?	Open-ended question. (1) Walang naririnig o nakukuhang impormasyon tungkol sa COVID-19 o sa community quarantine (2) Encode actual responses: _____
	18.2. Anu-ano ang mga naririnig mong sinasabi ng iyong mga kapamilya, kasambahay at kapitbahay tungkol sa COVID-19 at community quarantine na sa tingin mo ay **hindi totoo**?	Open-ended question. (1) Walang naririnig o nakukuhang impormasyon tungkol sa COVID-19 o sa community quarantine

Save the Children

		(2) Encode actual responses: _____
	18.3. Anong gusto mo pang malaman tungkol sa Covid-19 at sa community quarantine?	Open-ended question. Encode actual responses
S. Sources of information	19.1. Saan ka nakakukuha ng impormasyon tungkol sa COVID-19 at sa community quarantine?	Open-ended question. Multiple responses allowed. Encode response by selecting corresponding categories below. (1) Walang nakukuhang impormasyon (2) Mga magulang/Kamag-anak (3) Kaibigan (4) Kapitbahay (5) Barangay (6) TV (national/local) (7) Radyo (8) Internet/Social Media (9) Text (10) Iba pa: _____ (11) Di alam (12) LGU
	19.2. Magbigay ng 3 pamamaraan kung papaano mo gustong makatanggap ng impormasyon tungkol sa COVID-19 at sa community quarantine.	Open ended question. Up to 3 responses allowed. Encode response by selecting from possible responses below. (1) Balita, announcements o impormasyon sa TV (national/local)

Save the Children

		(2) Balita, announcements o impormasyon sa radyo (3) Impormasyon sa websites (4) Mga posts sa social media (5) Mga impormasyon na ipinadada sa pamamagitan ng text (6) Iba pa: _____ (7) Di alam (8) Megaphone na umiikot sa barangay (9) Mga polyeto/leaflets (10) Posters/Tarpaulin
	19.3. Kung gustong mong makatanggap ng impormasyon sa pamamagitan ng social media, sa anong partikular na social media platform mo gusto itong makuha?	Open ended question. Multiple responses allowed. Encode response by selecting from possible responses below. (1) Facebook (2) Messenger (3) Tiktok (4) Twitter (5) Whatsup (6) Viber (7) YouTube (8) Snapchat (9) Instagram (10) Iba pa: _____ (11) Di alam (12) Hindi gumagamit ng social media

Part 8: Government COVID-19 Responses and Services		
T. Knowledge of government assistance or services	20. Anu-ano ang mga alam mong tulong, serbisyo o program ng gobyerno para sa mga pamilya/ komunidad ngayong panahon ng COVID-19?	Open ended question. Multiple response allowed. Encode answer by selecting from possible responses below. (1) 4Ps (2) Social Amelioration Program (3) DOLE Tupad (Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers Program)/ CAMP (COVID-19 Adjustment Program) (4) Cash mula sa LGU/barangay (5) Relief goods mula sa LGU (6) Relief goods mula sa barangay (9) Iba pa _____ (10) May alam na tulong ang gobyerno pero di alam kung anu-ano ang mga ito (1) Walang alam na tulong o serbisyo/programa mula sa gobyerno
U. Government assistance/ services received	21.1. Anu-anong ayuda o serbisyo ng gobyerno ang natanggap na ng iyong pamilya?	Encode answer by selecting from possible responses below. Multiple response allowed (1) Walang natatanggap na ayuda o serbisyo (2) 4Ps (3) Social Amelioration Program (4) DOLE Tupad (Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers Program)/ CAMP (COVID-19 Adjustment Program)

		(5) Cash mula sa LGU/barangay (6) Relief goods mula sa LGU (7) Relief goods mula sa barangay (9) Iba pa _____ (10) Di alam
	21.2. Sapat ba ang natatanggap ninyong tulong sa gobyerno? (1) Oo (2) Hindi (3) Walang natatanggap na ayuda	SKIP if answer to Q22 is "Walang natatanggap na ayuda" (1) Oo (2) Hindi
	21.3. Bakit mo nasabing sapat o hindi sapat?	SKIP if answer to Q22 is "Walang natatanggap na ayuda" Open ended question.
. Implementation of COVID -19 Response	22. May mga aksyong ginagawa ngayon ng gobyerno para maiwasan ang pagkalat ng COVID-19. Babangitin ko isa-isa kung anu-ano ito. Sa bawat babanggitin ko, sabihin mo kung ikaw ay sang-ayon sa pagpapatupad nito o hindi, at bakit?	Encode response by selecting corresponding possible responses below.

Aksyon ng gobyerno	(1) Sang-ayon	(2) Hindi sang-ayon	(3) Walang opinyon/ Di alam	Kung sang-ayon o di sang-ayon, Bakit?
22.1. Pagbabawal sa paglabas ng bahay lalo na sa edad 20 pababa at 60 pataas				

	22.2. Pagkakaroon ng Quarantine Pass				
	22.3. Pagkakaroon ng checkpoints				
	22.4. Pagkakaroon ng curfew				
	22.5. Social distancing (2 metrong layo sa isa't isa)				
	22.6. Panghuhuli sa mga lumalabag sa quarantine				
	22.7. Pagpaparusa sa mga lumalabag sa quarantine				
	22.8. Pagsasara ng school				
	22.9. Pagpapatigil sa pampublikong transportasyon				
	22.10. Pagsasara ng malls/pamilihan				
	23. Anu-ano ang mga mungkahi mong dapat gawin ng gobyerno para mapabuti ang kalagayan at matugunan ang pangangailangan mo at ng iyong pamilya?	Open ended question			

Part 9: Children's Participation

W. Being consulted	24.1. Ikaw ba ay natanong o nahingan ng opinyon tungkol sa mga pangangailangan o kalagayan mo ngayong panahon ng COViD-19? (1) Oo (2) Hindi	(1) Oo (2) Hindi

 Save the Children

51

	24.2. Sino ang kumonsulta sa iyo?	SKIP if answer to Q25 is "HINDI"
		
		Open ended question. Multiple response allowed.
		
		Encode answer by selecting from possible responses below.
		
		   (1) Barangay
		   (2) LGU
		   (3) PLGU
		   (4) NGO
		   (5) Simbahan
		   (9) Iba pa: Specify: _____
		   (10) DI alam

	24.3. Sa pagkakalam mo, saan pwedeng magbigay ng feedback, reklamo o mungkahi tungkol sa natatangap na ayuda at iba pang aksyon ng gobyerno para matugunan ang COVID-19?	Open ended question.
		
		Encode answer by selecting from possible responses below. (Multiple response)
		
		   (1) Barangay Captain
		   (2) Barangay Kagawad
		   (3) Mayor
		   (4) Konsehal
		   (5) Gobernador
		   (6) Presidente
		   (7) IATF
		   (8) DILG
		   (9) Pulis
		   (10) NGO
		   (11) Simbahan
		   (9) Iba pa: Specify: _____
		   (10) Di alam

X. Children's initiatives	25.1. Miyembro ka ba ng isang organisasyon o grupo sa community o sa school mo? (1) Oo (2) Hindi	(1) Oo (2) Hindi
	25.2. Kung oo, ano ang pangalan ng organisasyon mo?	SKIP if answer to Q26 is "HINDI" Open ended question. Encode actual response.
	25.3. Ano ang ginagawa ng iyong organisasyon ngayong panahon ng COVID-19?	(1) Walang ginagawa (2) Open ended. May mga ginagawa tulad ng_____. Encode actual responses.
	25.4. Paano kayo nag-uusap sa loob ng inyong organisasyon ngayong panahon ng COVID-19?	Encode answer by selecting from possible responses below. (Multiple response) (1) Hindi nakakapag-usap (2) Text (3) Tawag sa cellphone (4) Group chat (5) Nagkikita-kita (12) Iba pa (13) Di alam
	25.5. Ano sa tingin mo ang pwedeng gawin ng inyong organisasyon para makatulong sa pagsugpo ng COVID-19 at pagtugon sa epekto nito sa mga bata?	Open ended.
General	26. May gusto ka pa bang sabihin sa amin?	Open ended.

Save the Children

CLOSING THE INTERVIEW

Maraming Salamat, ___. Salamat sa mga ibinahagi mong impormasyon at pananaw. May gusto ka pa bang itanong?

Gaya ng nabanggit ko kanina, Kung may hindi ka nagustuhan o may naranasang hindi magandang pagtrato sa interview na ito, pwede kang mag-report sa numero, website o email na ite-text ko sa yo.

> **FOR SAVE THE CHILDREN STAFF:** Text the following information:
> Kung may tanong, komento o mungkahi:
> - Tumawag o magtext sa aming hotline: 0917 806 3048 o 8682-SAVE o 8682-7283.
> - Magpadala ng mensahe sa aming email address:

Provide key messages on:
- What COVID-19 is
- How to maintain proper hygiene and how to protect one's self against infection
- How to be safe and responsible online
- Who to report to in the community or in the LGU if the child has a complaint or feedback, or needs help. (Refer to referral pathway in the area.)

Save the Children