The Impact of the COVID-19 Crisis on Households in the National Capital Region of the Philippines

10 December 2020

In collaboration with

National Economic and Development Authority
Department of Social Welfare and Development
Department of Education

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Foreword

When COVID-19 emerged in early 2020, the United Nations Technical Working Group for the Socio-Economic Impact of COVID-19 in the Philippines mapped the United Nations’ immediate support to the Government response to contain and mitigate the health, social and economic effects of the pandemic. One of the core components of the UN response was to support various assessments and data management initiatives at the macro, meso and micro levels with a view to informing the on-going emergency response, early recovery and medium to long term social and economic policies and programmes of the Government.

UNDP and UNICEF share a common goal of generating data and evidence for developing a common understanding of the socio-economic impact of COVID-19 on populations and groups that can potentially be left behind by policies and programmes of the national and local government in response to the pandemic. We are aware of the risks of overlooking and neglecting the rights of people are great and grave, especially when time is of essence and resources are limited.

The study focuses on a population that is often seen as least likely to need development assistance—the urban population of the National Capital Region. Before COVID-19, the NCR was the region with the lowest poverty rates, and better health, nutrition and education outcomes compared to other parts of the country. The findings of the study shows that COVID-19 containment has had negative effects on household income, health and nutrition, education, child protection, and wellbeing of households with children. While the situation is still evolving and the data collected is not fully representative of the population, the analysis implies significant potential increase in poverty and inequality in NCR, despite the prompt response of the government by scaling-up social protection programmes.

It also generated important insights and potential recommendations to inform the recovery interventions in the short and medium term, and to strengthen government preparedness capacities and resilience building efforts against similar types of shocks in the future. We encourage the Government and development partners to prioritize the review of policies and programmes for health, education and social protection to ensure that they are responsive and remain relevant to the situation as it continues to evolve; and to ensure that urban populations that continue to be severely affected are able to recover, rebound and reimagine a better normal.

We thank the Economic Policy Research Institute (EPRI), our partner research firm for this study, who developed a robust methodology for collecting data and analysis during a time when traditional means of face-to-face data collection was challenging.
We also thank and reiterate the significant contribution of the National Economic and Development Authority, the Department of Social Welfare and Development, the Department of Education, and our UNDP and UNICEF team members who became part of the Research Reference Group (RRG) in providing guidance and advice on the research design, approach and methodologies. The RRG members have also been very active in validating the results and in providing inputs on policy and programmatic areas of application of the research.

While the Government is providing the leadership needed to respond to the social and economic impact of COVID-19, a collaborative effort is likewise needed to ensure an effective and sustained response given the gravity of this crisis. Local, national and global solidarity is crucial. Now more than ever, human capital investments, especially investments in children, youth and women should be enhanced as they drive the future of the nation’s economic growth, prosperity, stability, and sustainability. Guided by the Sustainable Development Goals, UNDP and UNICEF remain committed to work with the Government and partners to ensure that no one is left behind during these challenging times.

Dr. Selva Ramachandran
Resident Representative
UNDP in the Philippines

Oyunsaihan Dendevnorov
Country Representative
UNICEF Philippines
Acknowledgments

This report was prepared for the United Nations Development Programme (UNDP) and United Nations Children’s Fund (UNICEF) country offices by the Economic Policy Research Institute. Input and guidance is gratefully acknowledged from all of the members of the Research Reference Group including Myrna Clara B. Asuncion (NEDA), Edgardo S. Aranjuez II (NEDA), Girlie Grace J. Casimiro-Igtiben (NEDA), Jesus L.R. Mateo (DepEd), Roger Masapol (DepEd), Mariel Bayangos (DepEd), Hannah Giray-Carcido (DSWD), Catherine Grace Lagunday (DSWD), Mark Marcos (UNDP), Maria Luisa Isabel Jolongbayan (UNDP), Francis Capistrano (UNDP), Yemesrach Workie (UNDP), Anjanette Saguisag (UNICEF), Rosela Agcaoili (UNICEF). Byron Sanborn and Crystal Huang of IDinsight provided guidance on how to use Facebook for sampling. Robert Palacios (World Bank) provided helpful inputs on how to improve the Philippines’ social protection system.
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<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>4Ps</td>
<td>Pantawid Pamilyang Pilipino Program</td>
</tr>
<tr>
<td>ANC</td>
<td>antenatal care</td>
</tr>
<tr>
<td>BHW</td>
<td>barangay health worker</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
</tr>
<tr>
<td>DepEd</td>
<td>Department of Education</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DSWD</td>
<td>Department of Social Welfare and Development</td>
</tr>
<tr>
<td>ECQ</td>
<td>Enhanced Community Quarantine</td>
</tr>
<tr>
<td>ETV</td>
<td>educational television</td>
</tr>
<tr>
<td>FIES</td>
<td>Family Income and Expenditure Survey</td>
</tr>
<tr>
<td>GDP</td>
<td>gross domestic product</td>
</tr>
<tr>
<td>IATF-TWG</td>
<td>Interagency Task Force Technical Working Group</td>
</tr>
<tr>
<td>IDI</td>
<td>in-depth interview</td>
</tr>
<tr>
<td>IFA</td>
<td>iron and folic acid</td>
</tr>
<tr>
<td>LGU</td>
<td>local government unit</td>
</tr>
<tr>
<td>NCR</td>
<td>National Capital Region</td>
</tr>
<tr>
<td>NEDA</td>
<td>National Economic and Development Authority</td>
</tr>
<tr>
<td>PHP</td>
<td>Philippine peso</td>
</tr>
<tr>
<td>Ppts</td>
<td>percentage points</td>
</tr>
<tr>
<td>SAP</td>
<td>Social Amelioration Program</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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Executive summary

The Philippines, and the National Capital Region (NCR) in particular, has been severely affected by the coronavirus disease (COVID-19) crisis. This report provides early evidence of the impact of the COVID-19 crisis on households with children in the NCR. The report’s methodology, major findings, and recommendations are summarized on the next pages.
1.1. Methodology

A large, quantitative survey of over 3,600 households with children residing in the NCR was conducted between 17 and 27 September 2020. Facebook was used to recruit most survey participants due to the lack of a suitable pre-existing sampling frame. Surveys were conducted over the phone due to mobility restrictions. Sample households appear similar to the general population on most characteristics but may differ from the target population due to the non-random nature of the sample. In addition, 20 in-depth interviews (IDIs) were conducted with a sub-sample of households who participated in the quantitative survey. Data from the 2017 Demographic and Health Survey and the 2015 Family Income and Expenditure Survey were analysed to provide context to the findings.

1.2. Findings

Household welfare

• Nearly all IDI respondents suffered severe financial consequences due to the crisis, suggesting that the effect of COVID-19 on poor NCR households may be far larger than anticipated. These data are limited and not representative, but they provide tentative evidence that the effects of the crisis are far more severe than estimated by a recent widely shared study.

• Simulations using updated, more conservative, assumptions show that the impact of COVID-19 is likely far higher than earlier estimated. Earlier simulations by Albert et al forecast that poverty may increase by up to 44 per cent. New simulations using updated, more conservative assumptions show that poverty may almost double.

Social protection

• Nearly all households received food assistance from their LGU. 96 per cent of households reported receiving food from their LGU, making it the most common form of assistance by far.

• A majority of all households, but a minority of 4Ps households (all of whom should have received SAP), reported receiving SAP. 58 per cent of all households but only 24 per cent of 4Ps households reported receiving SAP. All 4Ps households should have received SAP but may be unaware of receipt as the payment was added as a top-up to the regular 4Ps transfer.

Education

• Despite concerns about remote learning, enrolment is high. Parents voiced many concerns about the shift to remote learning including lack of gadgets, money for load, and time to support children. Despite these concerns, enrolment for academic year 2020/21, at 93 per cent, is only slightly lower than enrolment for the previous year, 96 per cent.

• Outreach efforts by schools had not yet reached all parents of school-going children by the end of the survey. The survey concluded roughly a week before the resumption of classes. By this time, schools should have reached out to parents to provide information on remote learning and, if requested by parents, distributed hard copies of self-learning materials (or “modules”). Yet, by the end of the survey, roughly 30 per cent of parents of school-going children still had not been contacted by the school.

• The amount of time spent by children and adults on education-related activities varied dramatically in the month before resumption of classes. Among enrolled children, 16 per cent spent no time on educational activities either by themselves or with a
parent in the previous 7 days while 22 per cent spent 21 hours or more. If these differences persist, they will likely lead to significant learning inequality.

Health

- Pregnant women are receiving fewer antenatal care (ANC) check-ups and are less likely to take iron and folic acid tablets, but breastfeeding and institutional delivery rates have remained steady. Only 61 per cent of pregnant women were on track to receive 4 ANC contacts by their due date compared to 99 per cent prior to COVID-19 and only 83 per cent of pregnant women were taking iron and folic acid (IFA) tablets compared to 92 per cent prior to the crisis. Breastfeeding rates and the share of women delivering at a health facility appears unchanged.

- A relatively small share of children under 5 have visited a health facility since the start of the crisis. While 71 per cent of children under 1 had visited a health facility since lockdown, only 13 per cent of 4-year olds had visited a health facility.

- Approximately half of the children 12–14 in the sample were victims of physical or emotional violence. Among the sample, less than 1 per cent of children aged 12 to 14 where shaken in the last month, 43 per cent were shouted or yelled at, 15 per cent were beaten or spanked, and 47 per cent were subject to any of these measures.

- Child labor appears to be rare. Only 2 per cent of children aged 5 to 17 years worked in any job in the past 6 months.

Compliance with lockdown measures

- In IDls, all respondents reported adhering to lockdown restrictions, but several (3 out of 15) mentioned that their neighbours violate these restrictions. These responses suggest that survey data on compliance with lockdown measures may be biased by social desirability bias, i.e., respondents may report that they comply with lockdown measures because they know that is the socially acceptable thing to do.
1.3. Recommendations

• **Consider additional emergency social assistance.** IDI data, data from several other sources, and new simulations all suggest that the impact of COVID-19 nationally and in the NCR in particular is significantly larger than originally estimated.

• **Build a virtual registry to enable more rapid delivery of social assistance in the future.** A “virtual” social registry which links data from all major government databases such as Listahanan, PhilHealth, and the Social Security System and which includes the new Philsys ID would allow for more rapid targeting and delivery of social assistance in the future.

• **Build capacity for rapid collection of household data.** Regular and representative data at the household level would allow policymakers to make more informed decisions on topics such as when to resume face-to-face classes, whether to provide additional assistance, and how best to ensure continuity of essential health services.

• **Ensure clear communication on social protection programs.** 4Ps households appear to be unaware that they received SAP and, in IDIs, respondents expressed frustration at how households were selected for assistance. Information about program benefits and how to apply should be clearly communicated.

• **Consider face-to-face classes, especially for primary school.** Recent evidence suggests that young children are less likely to contract COVID-19 and less likely to transmit the virus if they do. Young children are also least able to cope with remote learning.

• **Schools should provide parents guidance on how to support their children’s learning and information on DepEd TV.** Parents, even those with low learning levels or little time, can support their children’s learning. Schools should provide parents information on how they can support their children’s learning. Schools should also promote DepEd TV.

• **Consider “zero rating” educational websites.** The cost of load is a significant barrier to online learning. “Zero rating” educational websites, i.e., working with telecommunications companies to ensure that traffic to the site does not count against load, would make it easier for households to access these sites.

• **Use barangay health workers and telehealth to deliver maternal health services.** Survey data reveal a troubling drop in ANC contacts. Barangay health workers and a maternal health phone counselling service could help ensure pregnant women continue to receive care even if they are unable or unwilling to visit a health facility.

• **Consider a partial relaxation of lockdown restrictions for young children.** If face-to-face classes do not resume, a partial relaxation of lockdown restrictions for young children would allow them to interact with friends.
Introduction

The Philippines has been severely affected by the coronavirus disease (COVID-19) crisis. As of the date of this publication in early December, COVID-19 has spread throughout the country, with over **440,000 confirmed cases** and **8,500 deaths**.¹ In addition to the direct health effects from transmission of COVID-19, there is growing evidence that the pandemic, and the actions taken to control the virus, have caused severe economic and social effects.

These effects are expected to be particularly severe in the National Capital Region (NCR) which suffered from a disproportionately large share of cases and, as a result, has also been subjected to the strictest lockdown measures. And within the NCR, the effects of COVID-19 will likely be particularly acute for poor urban households with children. **Urban poor households, especially those with children, are particularly vulnerable to the effects of the crisis.** Urban poor households typically have less space to practice social distancing, are more reliant on crowded transportation services, have lower access to water and sanitation facilities, and hold jobs in which working from home is not an option.¹ In addition, due to the early closing of school year SY 2019–2020 and the policy to suspend face-to-face classes for the start of school year 2020–2021, households with children have the added burden of providing childcare and attending to their children’s education.

This report summarizes the early evidence of COVID-19 in the Philippines on a range of outcomes at the household level including employment, income, food consumption, food security, social protection, mental health, and gender equality. The report then presents additional evidence from primary data collection of the impact of the COVID-19 crisis on households with children in the NCR. In particular, we assess the impact of the crisis on these households’ general welfare, access to education, access to essential health services, and child protection. The report also presents evidence on the government’s efforts to mitigate the impact of the crisis through the use of emergency social assistance.
COVID-19 in the Philippines and the government response

Philippines reported its first case of COVID-19 on 30 January 2020. On 7 March, the Department of Health (DOH) reported the first case of community transmission when a local man in NCR’s City of San Juan with no recent international travel history fell ill with COVID-19. As of the date of this publication in early December, COVID-19 has spread throughout the country, with over 440,000 confirmed cases and 8,500 deaths.³

³Coronavirus (COVID-19) Deaths · Statistics and Research.
2.1. Government efforts to control the spread of the virus

In an effort to contain the spread of the virus, the government has imposed strict quarantine measures and other restrictions, starting in Manila and quickly expanding to other areas. In January, the Interagency Task Force on Emerging Infectious Diseases was convened to provide overall leadership on the virus response. On 12 March, the government declared a “code red sub-level 2” and imposed a partial lockdown on Manila, banning all travel to and from Metro Manila. Four days later, the government imposed a more severe set of restrictions, labelled “Enhanced Community Quarantine (ECQ),” across the entire island of Luzon. Under ECQ, residents of Luzon were barred from leaving their homes except for urgent work or health needs and all non-essential businesses were ordered closed. As cases spread, ECQ and other slightly less restrictive lockdown policies have been implemented in many other areas. Government restrictions on schools have been particularly strict. In June, President Duterte announced that no face-to-face classes would be held until a vaccine was available. Duterte later relaxed this restriction but only for areas deemed low risk and only starting in 2021.

2.2. Government actions to provide emergency social protection

The government has taken aggressive steps to help households cope with the effects of the COVID-19 crisis. In April, the government launched an emergency subsidy program, the Social Amelioration Program (SAP), which provides a one-time (or, in some areas, two-time) payment between PHP5,000 and PHP8,000 (with the amount dependent on the local minimum wage) targeting 18 million households, making the Philippines one of the first countries without a comprehensive national ID system to deliver an emergency cash transfer in response to COVID-19. Eligibility for SAP was determined through the use of a paper-based application (the Social Amelioration Card) and a grievance mechanism was established to receive and handle complaints. The central government, through local government units (LGUs), also distributed in-kind relief consisting of food and non-food items and provided 10 to 30 days employment to approximately 800,000 displaced workers. The government also waived all program conditions for the Pantawid Pamilyang Pilipino program (4Ps), the flagship conditional cash transfer program, for six months.

2.3. Government actions to ensure continuity of education and essential health services

To help teachers and students cope with the challenge of remote learning, the Department of Education (DepEd) launched the Basic Education-Learning Continuity Plan. The plan calls for schools to use a “blended” approach to teaching based on a mix of “modular” learning and online classes. At the heart of this new approach is a set of “modules” or “self-learning materials” created and shared by DepEd which allow students to study topics on their own. For students without internet access, schools were instructed to print and distribute paper copies of the relevant modules. DepEd has also produced a series of educational TV and radio broadcasts which launched on the same day as the start of classes.

In addition to the actions taken by DepEd, other central government agencies and LGUs have taken steps to ensure continued access to education. The Department of Information and Communications Technology provides free eBooks and other educational content.

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to students as part of its Tech4ED program.\textsuperscript{12} Pasig City has provided tablets for students to access the internet.\textsuperscript{13} And Valenzuela City has provided nutritious food to families of young children as part of its NutriPack program.\textsuperscript{14} Public school classes were initially scheduled to resume on 24 August but this date was pushed back to 5 October due to delays in printing and distributing modules and training teachers on the new approach to teaching.\textsuperscript{15} Private schools were allowed to resume classes as they deemed themselves ready.

The DOH has taken steps to ensure continued access to essential health services during the pandemic. In April, DOH, with the support of World Health Organization (WHO) and United Nations Children’s Fund released a memorandum providing guidance to LGUs on how to manage COVID-19 patients while ensuring continued access to other health services.\textsuperscript{16} The memorandum advises LGUs to organize healthcare provider networks to ensure all patients are routed to the appropriate care facility and provides guidance on specific referral pathways for both COVID-19 and non-COVID-19 patients. The memorandum also recommends that LGUs provide telemedicine facilities.

\section*{2.4. Government strategy to recover and adjust to the “new normal”}

In late March, the Interagency Task Force on Emerging Infectious Diseases created a separate Technical Working Group (the IATF-TWG), chaired by NEDA, with the mandate of rebuilding confidence and adjusting to the “new normal.” In May, the IATF-TWG released the “We Recover as One,” a comprehensive plan to mitigate the impact of the COVID-19 crisis and allow the economy to transition to the “new normal.”\textsuperscript{17} The document outlines a detailed strategy to gain the public’s trust through timely dissemination of accurate information, ensure continuity of access to basic services such as education, and rebuild the economy through targeted support. The priorities as reflected in these plans have also been incorporated in an update to the Philippines Development Plan 2017–2022. With the plan, the Government of the Philippines acknowledges that new threats have emerged as a result of the COVID-19 pandemic, requiring a revised set of priorities vis-à-vis the pre-COVID-19 situation, with a focus on addressing the health crisis while restarting social and economic activity.

\textsuperscript{14}\textsuperscript{14}See, for example, https://www.valenzuela.gov.ph/article/news/13404.
Early evidence of the impact of COVID-19 in the Philippines

Despite these measures, early evidence indicates that the economic and health impacts of the COVID-19 crisis are likely severe. Macroeconomic indicators suggest that the Philippines economy is undergoing a severe contraction. In the first quarter of 2020, real gross domestic product (GDP) contacted by 0.2 per cent and in October the International Monetary Fund revised its forecasted growth rate for the Philippines economy to negative 8.3 per cent. A nationwide survey of micro, small, and medium enterprises conducted by the United Nations Development Programme (UNDP) in May found that 71 per cent of these enterprises in the sample had closed due to the lockdown.

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Household surveys conducted since the start of the lockdown provide additional, more detailed evidence of the effects of the COVID-19 crisis. Table 1 lists several major household surveys conducted in the Philippines since the start of the crisis. This list is not intended to be comprehensive but rather lists several major household surveys whose findings have been released as of the date of this publication (for a more comprehensive list of surveys, please refer to the stocktaking report by the UN Resident Coordinator office). All of the surveys, with the exception of the Labor Force Survey and the Social Weather Stations survey, use convenience samples. In addition, the UN Rapid Gender Assessment survey and the UNDP Pulse survey do not test whether the sample reached is similar to the target population by, for example, comparing basic descriptive statistics to the census or a previous survey and do not employ methods, such as weighting, to correct for potential biases in sampling. Thus, figures from these surveys should be interpreted with caution. Findings from these surveys, along with additional data from other sources, are summarized below.

Table 1. Household surveys conducted since the start of lockdown

<table>
<thead>
<tr>
<th>Researchers / survey name</th>
<th>Survey focus</th>
<th>Sample size in households</th>
<th>Sampling details</th>
<th>Month conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warren, Parkerson, and Collins</td>
<td>Cross-sectoral</td>
<td>1,389</td>
<td>Households selected from across the country using random digit dialling</td>
<td>June</td>
</tr>
<tr>
<td>UNDP</td>
<td>Cross-sectoral</td>
<td>3,144 (round 1), 955 (round 2)</td>
<td>Targeted households in NCR and Cebu Survey recruitment conducted by partner non-profits</td>
<td>First round in May, second round in September</td>
</tr>
<tr>
<td>IATF-TWG</td>
<td>Cross-sectoral</td>
<td>Almost 390,000</td>
<td>Online ads. Approximately 50% of respondents from NCR</td>
<td>April</td>
</tr>
<tr>
<td>Social Weather Stations</td>
<td></td>
<td>1200</td>
<td>Unknown</td>
<td>Quarterly</td>
</tr>
<tr>
<td>UN (several agencies)</td>
<td>Gender</td>
<td>951</td>
<td>Initial survey recruitment conducted by partner non-profits with additional snowball sampling</td>
<td>April-May</td>
</tr>
<tr>
<td>Bureau of Labor and Employment Statistics, Labor Force Survey</td>
<td>Employment</td>
<td>50,000</td>
<td>Random sample of all Filipino adults 15 years and above</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>


Official data from the Labor Force Survey show that COVID-19 led to a significant decrease in employment though employment rebounded slightly after the relaxation of ECQ. According to the Labor Force Survey, unemployment increased from 5.4 per cent in July 2019 to 17.7 per cent in April 2020 but then decreased to 10 per cent in July 2020 and 8.7 percent in December.20

Philippine Statistics Authority.
Data from UNDP for NCR and Cebu show even larger effects on income. In May, UNDP found that 83 per cent of respondents to their survey in NCR and Cebu faced a decrease in income, with 40 per cent of respondents having lost all income. By September, income amongst households in this sample had recovered somewhat with only 25 per cent of respondents having lost all income. These results suggest that either the impact of the crisis on employment was larger in NCR and Cebu or that working adults who retained their jobs faced a decline in earnings (or both).

Survey data reveal that many households have been forced to reduce food consumption to cope with the crisis. In June, Warren et al find that 26 per cent of households limited portion size more than once in the previous week and 70 per cent depleted savings to pay for food. In May, UNDP found about a quarter (24 per cent) of respondents in NCR and Cebu borrowed money or food and 12 per cent reduced food intake. Data from the Social Weather Stations show that reduced food consumption has led to reduced food security: according to Social Weather Stations Survey data, 20.9 per cent of Filipino households faced hunger in July 2020 compared to 8.8 per cent in December 2019. These trends are especially concerning given the high rate of child malnutrition in the Philippines prior to the crisis.

Efforts to disburse emergency social protection appear to have reached a large share of households. Warren et al find that in June a high (89 per cent) share of households reported receiving government assistance (most commonly food, but also cash). In May, UNDP found that over 90 per cent reported receiving some form of assistance.

Data of the effects of the crisis on mental health are limited but the data that do exist reveal worrying trends. In June, Warren et al found that 30 per cent of households reported that someone in their household had developed mental health symptoms. Experts warn that the effect of the lockdowns on mental health may be severe. The effects for the Philippines may be particularly acute, given the country’s high rate of mental health issues prior to the crisis.

Data from the UN show that COVID-19 has led to increases in gender inequality. These data show that COVID-19 crisis has led to sharp increases in the amount of time spent on unpaid care and domestic work for both men and women but that women spent much more time than men on such work both before and during the crisis.

Detailed data on the impact of the crisis on poverty rates do not yet exist. In the absence of primary data, researchers have used simulations to “nowcast” the likely effect of COVID-19 on poverty. Albert et al simulate the effect of various economic scenarios using data from the 2018 Family Income and Expenditure Survey (FIES). Under their worst-case scenario of a 20 per cent contraction in income, they predict a 44 per cent increase in the share of the population living below the total poverty line, from 16.8 per cent in 2018 to 24.2 per cent, even after taking into account government assistance efforts. Similarly, Navarro et al predict the impact of COVID-19 on poverty under two different scenarios. Under their worst-case scenario which corresponds to a 9% contraction in GDP, they predict that poverty will increase by 16 per cent from 16.7 per cent to 19.4 per cent after taking into account SAP. More details of these poverty simulations are described in the household welfare section and detailed results from these simulations are included in Annex B.

17UNDP, “Covid Pulse PH.”
19UNDP, “Covid Pulse PH.”
23UNDP, “Covid Pulse PH.”
Data and methods

To assess the situation of households with children in the NCR, a) a phone survey of households residing in the NCR with children (or a pregnant woman) was conducted between 17 and 27 September 2020, b) in-depth qualitative interviews with a subset of these households were administered between 17 September and 5 October 2020, and c) secondary data analysis on two existing datasets was performed. Each of these methods is described in more detail below.

4.1. Survey of NCR households with children

A phone survey of 3,625 households with at least one child 18 or under or a pregnant woman was conducted. Nearly all households in the sample were recruited through the use of a Facebook ad campaign targeting NCR residents. Facebook was chosen for survey recruitment as Facebook allows ads to be targeted by location and other demographics such as age, has high penetration in the Philippines (nearly 50 per cent nationwide and likely much higher in the NCR), and a previous survey by the research organization IDinsight obtained good results through the use of Facebook. In addition, surveyors also attempted to reach households using the 2015 Listahanan as a sampling frame but were only able to conduct 134 interviews with numbers from this list due to low response rates.

Annex A provides descriptive statistics for the sample and for households included in the 2015 FIES survey who have children and reside in the NCR. For most variables, the sample of households reached and the FIES households appear quite similar. The major exceptions are the questions which ask about ownership of a TV, washing machine, and refrigerator. Households from the FIES survey were much more likely to own these items than households in the sample. These differences may be caused by differences in the wealth of households in the sample and the population of NCR households but they may also be due to slight differences in the way these questions were administered in each survey. Demographic and health survey (DHS) data for the NCR shows substantially lower rates of asset ownership than the FIES (though still higher than in the sample) and households in the sample are less likely to receive 4Ps than typical NCR households.

To correct for potential differences between the sample and the target population, post-stratification weights using the 2015 FIES data were applied. Roof type and level of education of the household head were used to define strata as these variables are stable over time and are unlikely to be affected in the short term by the COVID-19 crisis. In line with best practice from the survey literature, weights were trimmed to be between .25 and 4 to reduce the variance of the estimators.

FIES 2015 was used to estimate wealth quintiles for households in the sample. To estimate wealth quintiles, a regression model for wealth quintile was fit using the FIES data and then predictions from this model were calculated using data from the survey. Unfortunately, due to the discrepancy between the survey and FIES data on ownership of TVs, washing machines, and refrigerators, these variables were not included in the model and therefore the overall explanatory power of the model is quite low. Thus, the wealth quintile indicator is a relatively noisy measure of household well-being; that is, our measure of household well-being is only weakly correlated with true household well-being.

Confidence intervals for point estimates are not provided since, due to the use of a non-probability sample, this would require developing custom models for each variable. Throughout the report, regressions are often used to test for association. For example, the number of hours spent on education activities is regressed on age, wealth quintile, and various other variables. When performing inference on these results, the sample is assumed to be drawn randomly with probability proportional to the inverse of the weight. In the health section of the report, data from the sample is frequently compared to findings from the most recent DHS survey conducted in 2017. To test whether the difference between an estimate from the survey and an estimate from the DHS is statistically significant, standard errors for the DHS estimate are first calculated using the full DHS sampling strategy. Standard errors for the sample are then calculated by first assuming the sample was drawn randomly with probability proportional to the inverse of the weight and then multiplying the standard errors by 3. A multiple of 3 for the standard errors (corresponding to a design effect of 9) is used as this represents the upper end of the design effect for a typical household survey. This may be viewed as a simple but useful approach to account for the fact that the sample may be biased and the use of a sample survey, rather than a census, for post-stratification.

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4.2. Qualitative in-depth interviews

Longer, more in-depth phone interviews lasting approximately 30 minutes were conducted with 20 respondents selected from among those respondents who participated in the first phone survey. Respondents for the in-depth interviews were purposively selected to ensure at least one household with a pregnant woman, a child under one, a one-year-old, a member living with a disability, an overseas foreign worker, a child who suffered from violence against children, and a member who experienced COVID symptoms.

In-depth interviews were conducted using a semi-structured interview guide rather than a structured questionnaire. Data from in-depth interviews was analysed using iterative coding.\textsuperscript{33}

4.3. Analysis of secondary data

In addition to the primary data mentioned above, data from the 2015 FIES and the 2017 DHS were analysed. In the health section of the report, figures from the study survey are compared to figures from the subset of DHS households in the NCR.

In the household welfare section of the report, 2015 FIES data are used to “nowcast” the effects of COVID-19-induced income contractions on poverty rates. Poverty rates are calculated for three different potential income contractions: a 20 per cent contraction, a 25 per cent contraction, and a 30 per cent contraction. For each potential income contraction, poverty rates are calculated with and without SAP. SAP amount is assumed to be PHP8,000 in the NCR and PHP6,000 elsewhere. In addition to the total poverty rate, the “food poverty” rate, or the share of the population unable to afford enough food to meet basic caloric needs, is calculated. To account for the decrease in poverty between 2015 and 2018 scaled down forecasts of the impact on poverty are also calculated. To scale the poverty forecasts from 2015 to 2018, the difference in the appropriate baseline poverty rate between 2015 and 2018 is subtracted from the forecasts. This simple approach imposes the strong assumption that the entire distribution of incomes has shifted by a fixed amount between 2015 and 2018.

The approach used to forecast poverty rates largely follows that of Albert et al (which in turn follows that of Sumner et al) with two important differences.\textsuperscript{34} First, as noted above, 2015 FIES is used as 2018 FIES is not yet publicly available. Second, since early evidence suggests imperfect targeting of SAP, rather than assume that all poor households receive SAP, the scenarios assume that 90 per cent of poor households receive SAP. Detailed results from the simulation are included in Annex B.


5.1. Household welfare

Nearly all IDI respondents suffered severe financial consequences due to the crisis suggesting that the assumptions used in Albert et al and Navarro et al may be overly optimistic.

Albert et al “nowcast” the effect of the COVID-19 crisis by assuming that households face a 5–20 percent reduction in income due to the crisis and that SAP is well targeted. The authors use these assumptions and data from the 2018 FIES to estimate the effect of the crisis on poverty.35 Similarly, Navarro et al forecast the expected increase in poverty under GDP contraction of 4.5 percent and GDP contraction of 9 per cent.36

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35Albert et al., “Poverty, the Middle Class, and Income Distribution amid COVID-19.”
Data from the survey and IDIs suggest that these assumptions may, unfortunately, be overly optimistic for poor households in the NCR. Among IDI respondents, nearly all (19 out of 20) had a family member who lost a job or had reduced hours. Several households mentioned that they had lost all income sources. Data on income from IDIs are small in number and not representative but are corroborated by several other data points. The International Monetary Fund revised its growth forecast for the Philippines sharply downward after the publication of the Albert et al working paper, from negative 3.6 per cent to negative 8.3 per cent. The UNDP Pulse survey in NCR and Cebu show that 40 per cent of households lost all income in May and 25 per cent lost all income in September. These data also reveal that income losses were concentrated among the poor. Evidence from previous pandemics provides further evidence that the impact of the crisis will likely be much bigger for households near the poverty line than for wealthier households.

There is also substantial evidence to suggest that the assumption of perfect targeting of SAP was also optimistic. Even under normal conditions where income is more stable and government agencies have more time to collect data and determine program eligibility, social protection targeting schemes like proxy-means tests typically suffer from high inclusion and exclusion errors. Only 65% of respondents to the UNDP Pulse survey received SAP. As the Pulse survey appears to include a very high proportion of households who were poor prior to COVID-19, this suggests that a substantial portion of needy poor households did not receive SAP.

Using updated assumptions, the impact of COVID-19 is likely far higher than earlier estimated. To account for the likely higher income contraction, new simulations were performed using the assumption that households face a 25 per cent or 30 per cent decline in incomes. The new simulations also assume that 90 per cent of needy households, rather than 100 per cent, received SAP. As with the assumptions used by Sumner et al and Albert et al, these new assumptions are not derived from empirical data on changes to incomes (as these data do not yet exist). Rather, the assumptions seek to reflect the fact that the effect of the COVID-19 crisis on Filipino households’ income appears to be much larger than was anticipated at the time that Albert et al carried out their study and that SAP was not perfectly targeted.

In addition to simulating these new scenarios, simulations were also performed using the previous assumptions of a 20 per cent income decline and perfect targeting of SAP. As Albert et al and this report use slightly different data and methods, these simulations were replicated to provide a robustness check that the new data and methods yield similar results. Selected forecasts are included in Figure 1 below. The full forecasts, along with forecasts from Navarro et al, are included in Annex B.

The new simulations suggest that the impact of COVID-19 on poverty in the Philippines as a whole and the NCR in particular may be far higher than earlier forecast. Albert et al forecast that under the worst-case scenario of a 20 per cent decline in incomes the national poverty headcount ratio would increase by 44 per cent from 16.8 per cent to 24.2 per cent. Under the new worst-case scenario of a 30 per cent decline in income, the national poverty headcount ratio nearly doubles from 16.8 per cent to 32.8 per cent. The replicated simulations for a 20 per cent income decline yield similar results to Albert et al suggesting that differences in data and methods are not driving these results.

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37 UNDP, "Covid Pulse PH."
40 Roughly 69 per cent of Pulse respondents fell under the poverty line in the previous year. By contrast, approximately 3.5 per cent of the general population in the target population, which consisted of 86 per cent NCR households and 14 per cent Cebu households, fell under the poverty line in 2018.
It should be noted that the forecasts by Navarro et al are much more positive than either the Albert et al forecasts or the forecasts using the new assumptions. Under Navarro et al’s worst-case scenario of a 9 per cent contraction in GDP, the national poverty headcount ratio increases only 16 per cent from 16.7 per cent to 19.4 per cent. The description of the methods used in Navarro et al are not sufficient to allow for comparison with the other forecasts.

Figure 1. Forecasts of COVID-19 impact on poverty

Source: Primary data from the SEIA.

Households engaged in a variety of coping strategies. When asked how they were coping with the financial effects of the crisis, a majority of IDI respondents mentioned that they had cut out all non-essentials. Many households mentioned borrowing, especially from sari-sari stores (by obtaining items on credit) and loan sharks. Several households reported that they reduced how much they eat or changed the types of foods that they eat (for example, by eating less meat or eating more cheap vegetables). Many households reported attempting to make and sell goods on the street, such as masks or food, or selling online. A few households mentioned attempting to sell assets, though these households also mentioned that it is difficult to find buyers. Importantly, child labour does not appear to be a major coping strategy used.

Household’s major concerns are health, money, and their children’s education. When asked about their major concerns, nearly all mentioned either their family members’ health or having sufficient money to live on. Several respondents also expressed concern about their children’s education.

Opinion is mixed on the adequacy of the government response. About half of IDI respondents felt that the government response was adequate or did not express an opinion on the response while a few respondents felt that the government had not done enough. Two respondents mentioned that the government had done a poor job communicating its strategy. One respondent said that “I know they are trying their best, but they are too confusing since they change their guidelines from time to time.”
Box 1. A respondent’s strategy for coping with the crisis

Many respondents in the IDIs told stories of extreme financial hardship. The story below comes from a respondent in a large household with 6 children 18 or under and one adult living with a disability. The household reported receiving one SAP payment, cash, and food from the LGU, and cash from a private individual (not a family member or friend). The respondent’s story is typical of many spoken to in that nearly all household members are unemployed and many household members have turned to selling items on the street or online (though the size of her household is much larger than the typical household).

“All of us here, including my siblings do not have work. We are 11 in the household. Before the pandemic, three of us are working. All of us do not have work anymore. One of our siblings has an illness. My sister is a saleslady while my brother is a vendor and cargo personnel. Now we have to budget. We have to squeeze tighter our expenses. We have to budget wisely. I just finished selling food (snacks). But you know we cannot sell expensive ones. Our neighbors do not have money too. So I really have to make it cheap. So I only earn 20 to 30 pesos. If I do not have money to prepare the food that I could sell, I enter consignment with my former classmate. I sell what she sells and I just add a little profit. We have no one to depend on that is why we are really affected. It is really difficult to find jobs now. In fact, some companies are laying off their employees. I tried to find jobs but the companies I went to did not have any job openings.

When I cook, I have to make sure that it is already good until dinner so we can save the gas. I also innovate. For example, I buy squash. Put flour and just fry it or put salted fish. When I cook instant noodle, I add cabbage and put more water so that everyone in the family can eat. Before, we can have whatever food we want to eat. But now this is no longer the case.” confusing since they change their guidelines from time to time.”
Recommendations

Consider additional emergency social assistance. IDI data, data from several other sources, and new simulations all suggest that the impact of COVID-19 nationally and in the NCR in particular is significantly larger than originally estimated. This suggests that there is an acute need for additional social assistance. Ongoing studies by the World Food Programme and World Bank to be released soon which have gathered data on food security will hopefully shed additional light on the potential need for additional social assistance. While these data reveal an acute need for additional social assistance, the decision of whether to provide additional social assistance, and the amount to provide, depends on the government’s fiscal space and other competing priorities.

Beyond such short-term, remedial responses, longer-term recovery efforts should be promoted and implemented in line with the recovery agenda of the Government of the Philippines.

Build a virtual registry to enable more rapid delivery of social assistance in the future. Given the lack of a universal ID or social registry, the speed with which SAP was rolled out was admirable. The Philippines was one of the few countries in the world without a universal ID and social registry which was able to quickly deliver an emergency cash transfer. Yet UNDP Pulse data show that many SAP beneficiaries received their cash transfers after more than a month, suggesting room for further improvement.

The imminent updates to the Listahanan and rollout of the new Philsys universal ID will solve many of these problems. With an updated Listahanan and a ubiquitous ID many of the challenges encountered in determining SAP eligibility and delivering the cash transfers will be overcome. With the updated Listahanan, the Department of Social Welfare and Development may be able to determine eligibility for emergency social assistance without requiring paper applications and the Philsys ID will make it easier to deliver these payments.

41Palacios, “Scaling up Social Assistance as Part of the COVID-19 Pandemic Response.”
42UNDP, “Covid Pulse PH.”
In addition, while Listahanan has high coverage and includes many data points, other databases such as the Philhealth and Social Security System registries and the Community-Based Monitoring System contain valuable additional information with which to determine social assistance eligibility. A “virtual” social registry which links data from all major government databases would have higher coverage, be easier to update, and include more information. The virtual social registry should include a tokenized version of individuals’ Philsys number to allow linkage across datasets while minimizing privacy concerns.

**Build capacity for rapid collection of household data.** As the Philippines navigates the COVID-19 crisis, accurate and timely data will be essential for guiding the policy response. The government has already established systems to monitor COVID-19 cases and health system capacity in near real-time. It should also establish systems to regularly collect data at the household level through the use of a national household survey administered over the phone. Survey questions should focus on basic household welfare and access to basic services. In particular, the survey should include questions to gauge food security, access to essential health services, and access to education. These data would allow the government to make rapid, more informed decisions on the need for additional social assistance and how best to deliver essential health services and education.

Care should be taken to ensure that the survey sample is representative of the population at large. Ideally, the sample should be drawn as a subsample from the larger sample of households included in the Labor Force Survey or Social Weather Stations survey as these surveys use rigorous, well-tested sampling methods to construct their samples. If that is not possible, households should be sampled using a combination of random digit dialling and Facebook recruitment and careful post-stratification along the lines of that used in this study should be used to correct for bias. The sample need not be large as the objective of the survey is to detect very large changes in basic indicators (e.g., a very large change in food security).

**5.2. Social protection**

Nearly all households received food assistance (primarily from their LGU) and over two thirds received some form of cash assistance (including 4Ps). Table 2 shows the share of households receiving cash assistance by type of assistance. The most commonly received form of assistance was food from the LGU office, with 96 per cent of households reporting that they received food assistance from their LGU. In IDIs, several households mentioned that they had received relief goods from their LGU three or four times. By contrast, cash assistance was slightly less common. About a fifth (19 per cent) of households reported receiving cash from their LGU despite government orders not to use Bayanihan funds for cash assistance. Residents of Manila, Makati, Pasig, and Caloocan were significantly more likely to receive cash from LGUs than residents of other areas.

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Table 2. Proportion of households receiving assistance

<table>
<thead>
<tr>
<th>Programme</th>
<th>Share of households</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash assistance</strong></td>
<td></td>
</tr>
<tr>
<td>4Ps</td>
<td>12%</td>
</tr>
<tr>
<td>SAP</td>
<td>58%</td>
</tr>
<tr>
<td>Cash from LGU</td>
<td>19%</td>
</tr>
<tr>
<td>Cash from private individual (not family or friend)</td>
<td>2%</td>
</tr>
<tr>
<td>Cash from non-government organization</td>
<td>3%</td>
</tr>
<tr>
<td>Any cash assistance</td>
<td>71%</td>
</tr>
<tr>
<td><strong>Food assistance</strong></td>
<td></td>
</tr>
<tr>
<td>Food from LGU</td>
<td>96%</td>
</tr>
<tr>
<td>Food from private individual (not family or friend)</td>
<td>5%</td>
</tr>
<tr>
<td>Food from non-government organization</td>
<td>8%</td>
</tr>
<tr>
<td>Any food assistance</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Primary data from the SEIA.

A majority of households received SAP. A large share of 4Ps households reported that they did not receive SAP. When asked directly, 58 per cent of households reported receiving SAP. This figure may be an underestimate as a substantial (76 per cent) share of 4Ps beneficiary households reported that they did not receive SAP. According to Department of Social Welfare and Development policy, all 4Ps households should have received SAP. These households likely received SAP but were not aware that they received SAP as it was included as a top-up in their regular 4Ps payment. Assuming all 4Ps households did in fact receive SAP, the share of households receiving SAP increases to 67 per cent.

IDI responses suggest that there may also have been confusion regarding the SAP application process. One respondent claimed that “in this place, it’s really a patronage system. You can easily get financial assistance if you know someone (relatives) from the LGU. I was asked to sign the SAP document but until now I did not receive any amount. Not a single centavo.” It is unclear from this story what exactly happened, but it appears likely that the respondent submitted an application for SAP without understanding that the application did not guarantee him the programme. Among SAP beneficiary households, 62 per cent received 1 payment, 32 per cent received 2 payments, and a few claimed to have received more than 2 payments.

Households with members living with a disability and households with more children were more likely to receive SAP. By contrast, households which received cash from their LGU were much less likely to have received SAP. Regression analysis reveals that households with members living with a disability were 7.3 percentage points (ppts) more likely to receive SAP and each additional child 18 years old or under increased the probability of receiving SAP by 4.8 ppts. By contrast, households which received cash from their LGU were 17 ppts less likely to receive SAP. If Pasig City, where local officials conditioned receipt of benefits on not receiving SAP, is removed from this analysis the negative correlation increases in magnitude suggesting that this finding is not driven by Pasig City.
While the correlation between the presence of disabled household members and receipt of SAP provides tentative evidence of good targeting, the strong negative correlation between SAP receipt and receipt of cash from LGU is surprising. LGU officials, who oversaw the SAP application process, may have intentionally targeted needy households who did not receive SAP. Alternatively, this may suggest that one of the programs was poorly targeted. SAP was not correlated with the wealth index; however, this may be due to noise in the index.

**4Ps and assistance from private individuals and non-governmental organizations are less common among households in the sample.** 12 per cent of the sample receives 4Ps, slightly lower than the 20 per cent of households nationally which receive 4Ps. Less than 10 per cent of households received cash or food assistance from non-governmental organizations or private individuals.

In IDIs, respondents reported that they rely mainly on TV and Facebook for information on government programs. A few (4 out of 16) reported that they get information on government programs from their local government and a few mentioned government websites and friends and neighbours as sources of information. As noted above, figures for Facebook may be overstated due to the use of Facebook for sampling.

**Recommendations**

**Ensure clear communication on social protection programs.** The data reveals that many 4Ps households were likely unaware that they received SAP. In addition, IDIs revealed frustration at the application process for social protection programs. The IATF-TWG “We Recover as One” notes that “the most important information that must be provided immediately are Response measures, namely: (a) general COVID-19 situation, spread, and treatment; and (b) ongoing social protection and support measures or interventions. More than the basic information and general statements on these topics, people need to know the details of how they can access treatment and avail of social protection measures.” The “We Recover as One” document also provides several useful suggestions for how to ensure clear communication. Adoption of these recommendations would help ensure that NCR residents understand what social protection programs are available and the process for applying for them.

**Assess targeting of social protection programmes.** Survey data show a strong negative correlation between SAP receipt and receipt of cash from LGU offices. This data point is not sufficient to prove that either SAP or LGU was poorly targeted but strongly suggests that either LGU deliberately provided cash to needy households who did not receive SAP or that one of the two programmes was poorly targeted. A more detailed household survey, with questions on income and food security, would allow analysts to assess the targeting of each of these programmes.

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49 IATF-TWG, We Recover as One, Pasig, <insert URL here>, accessed day month year.
Parents and guardians are very concerned about the switch to remote learning. In IDIs, when asked about their biggest concern regarding the children in their household, 8 out of 14 respondents mentioned school. For comparison, only 2 out of 14 mentioned that their biggest concern is a child falling ill. Similarly, when asked what effect the crisis has had on children, 11 out of 17 mentioned a school-related effect, far more than any other topic. Respondents expressed varied concerns regarding the switch to remote learning including money for phone load, lack of gadget (or enough up-to-date gadgets for each child to use), bad internet, difficulty understanding lessons taught online, parents’ lack of time to spend with children on schoolwork, inability for children to focus during online classes, and parents’ lack of familiarity with lessons. See Box 2 for an example of one parent’s concerns. No one concern dominated others in the IDIs. Despite several news articles about errors in modular learning materials,\textsuperscript{50} none of the respondents mentioned the quality of modules as a concern.

Box 2. A parent’s concerns regarding online learning

In IDIs, many respondents expressed concerns about the switch to online learning. In the transcript below, a mother of three children, two of whom are of school-going age, relates her frustration at the mixed messages being sent by the government and schools with regard to whether children will be able to participate in classes without access to the internet. “The teacher informed me that we have to choose the approach for my children, whether online or module. I really chose module because I cannot afford online. However, when we get their school material, the teacher told me that we should not be dependent on the module because there will still be online classes. This is what they told me. What they told me is really different from what you hear on the television. In the TV news, they said that it is going to be modular so nothing to worry about mobile phone load. But when you personally go to the school, what they told me is different. But there are still online classes. They even asked us to download Google Classroom. It is through this facility that the teachers provide the seatwork of the students. If we don’t have load, then we cannot join in the classroom. I need to load 50 pesos and that is good for three days.”

Despite concerns with remote learning, enrolment for school year 2020/21 is only slightly lower than for 2019/20. Among children in the sample, 96 per cent were enrolled in school in the previous academic year and 93 per cent were enrolled in school for the current academic year. Given earlier results from a nationwide survey showing that 20 per cent of parents did not plan on enrolling their children in school, these findings are encouraging.\textsuperscript{51} Regression analysis reveals that students who attended public school in the previous year were slightly (9 ppts) more likely be enrolled but there was little association between enrolment status and gender, wealth, or age. Overall, girls were slightly more likely to be enrolled in the previous year and are still slightly more likely to be enrolled this year. The most common reasons given for not enrolling a child were lack of money (27 per cent) and lack of gadget (23 per cent). Child labour (outside of the household) does not appear to be a major driver of dropout. Few households mentioned this as a reason for dropout and the rate of child labour among dropouts, while higher than the rate among non-dropouts (7 per cent versus 2 per cent), is still relatively low.

\textsuperscript{50}See, for example, https://newsinfo.inquirer.net/1346930/errors-found-in-modules-tv
Ownership of mobile phones and TVs is high, yet a minority of students plan on using these gadgets for school. The need to share smartphones, cost of phone load, and awareness of educational TV programs appear to be limiting use of gadgets for education. DepEd’s Basic Education-Learning Continuity Plan prescribes a blended learning approach in which students rely primarily on printed self-learning materials, or “modules,” but also participate in online classes and activities if they have access to an internet-enabled gadget. According to DHS 2017, among NCR households with at least one member 17 or under, 98 per cent owned a mobile phone, 95 per cent owned a TV, 60 per cent owned a radio, and 40 per cent owned a computer. Despite high ownership of gadgets, only 41 per cent of children plan on using a smartphone and 20 per cent plan on using a TV for classes. Thirty-seven per cent of students plan on not using a gadget at all. In IDIs, respondents mentioned the cost of phone load, old phones, and the need to share phones as barriers to using gadgets. In addition, when asked what information was shared by schools and teachers, only one household mentioned educational television (ETV) programming suggesting that schools and teachers are not sharing information about ETV. While the government has maintained that students will be able to study completely offline, several IDI respondents (such as the one profiled in Box 2) mentioned that schools expect students to participate in at least some online classes.

By the end of the survey, parents of approximately 30 per cent of students still had not been contacted by the school. Overall, schools had provided information to guardians of 55 per cent of enrolled children in the sample. The low overall outreach rate was partly due to the fact that survey operations commenced on 7 September, well before the start of classes on 5 October. By the end of the survey operations on 27 September, schools had provided information to guardians of approximately 70 per cent of enrolled children in the sample. Assuming similar outreach levels in the final week before the start of school, outreach would have reached 80 per cent of enrolled children. Students at private schools were significantly more likely to have received information from the school. According to IDIs of households with enrolled children, schools typically provided basic information about how blended learning would work when reaching out to student guardians. No IDI respondents mentioned being provided information about ETV or radio programming or how to support children’s learning. Several (3 out of 13) IDI respondents mentioned that schools had reached out via Facebook group chat, though this figure is likely biased due to the use of Facebook for sampling.

The amount of time spent by children and adults on education-related activities varied dramatically in the month before resumption of classes. Figure 2 presents data on the time spent by children on educational activities, either by themselves or with parents, in the month prior to the resumption of classes. The figures reveal enormous variation in educational time per child: 16 per cent of children spent no time on educational activities either by themselves or with parents in the previous 7 days while 22 per cent of children spent 21 or more hours on educational activities. These figures change little if the sample is restricted to public or private school students.
In IDIs, parents with more than one young child reported the lack of sufficient time to supervise educational activities; while older parents reported insufficient familiarity with technology to aid online learning. Older children with more siblings attending public schools spent less time on educational activities. Children in households with members living with a disability and children in female-headed households spent about the same amount of time on educational activities as other children.

Figure 2. Time spent on educational activities

If these trends continue after the start of classes, it will likely lead to severely widening inequality in learning outcomes. For comparison, in the UK, children from the wealthiest households spend approximately 5.8 hours a day on educational activities compared to 4.5 hours for children from the poorest households, a much smaller gap than observed in this sample.53

Parents reported that children are bored and restless. In IDIs, when asked about the impact of the crisis on children, several respondents mentioned that the children in the household were bored and restless and missed interacting with their friends. In many cases, the children spend a large amount of time playing online games. This restlessness has also taken a toll on parents. When asked about the effect on children, one respondent said “They are very annoying. They always ask if they can go out. But they are not allowed to go out because its prohibited.”

Recommendations

Consider face-to-face classes, especially for primary school. These data reveal that many households in the NCR are ill-prepared for remote learning and that the shift to remote learning will likely lead to a severe increase in inequality in learning outcomes due to high inequality in time spent on education. These data are limited but corroborate other recent evidence which suggest that the current round of school closures around the world will likely have severe effects on learning and other outcomes. In the Netherlands, national exams were conducted just before and after school closures allowing researchers to rigorously estimate the impact of the closures on learning effects. Researchers found that, on average, students lost out on a fifth of a year’s worth of learning with children from poorer households suffering the greatest losses. These results were for older students in a country with nearly ubiquitous internet access. The effects are likely much more severe for younger students in poorer countries. Further, not only do school closures lead to lower learning which in turn leads to lower lifetime earnings, but they also lead to increased risk of child violence, teenage pregnancy, and many other negative outcomes.

Recent evidence also suggests that schools, especially primary schools, are not a significant driver of COVID-19 infections in most areas. Data from the US, where local boards have broad discretion on when to reopen, shows that infection levels in high schools are similar to infection levels of the community at large, suggesting that community spread is the main driver of infections, and infection levels in primary schools are significantly lower than the community at large. Analyses of similar data from Europe by the European Centre for Disease Prevention and Control and for 191 countries by Insights for Education yielded similar conclusions: schools are not drivers of infection. These macro-level epidemiological studies are supported by more detailed studies which show that young children, especially those of primary school age, are far less likely to catch the virus and may also be less likely to transmit the virus if infected. This evidence has led several experts, including Dr. Ashish Jha, Dean of the Brown University School of Public Health, and UNICEF itself, to advocate for school openings even in areas such as the US, with very high infection rates.

An important caveat to these findings is that few countries have lockdowns as strict as the NCR. While school opening or closure may have little effect on virus transmission in the context of a lenient lockdown, this may not be true in areas with severe lockdowns where the alternative to being in school is being at home with little contact among neighbours. Extrapolating from the evidence cited above to the context of the NCR is beyond the scope of this report and should be undertaken by qualified epidemiologists.

If face-to-face classes are allowed to resume, strong mitigation measures should be put in place to minimize the risk of virus transmission, and protocols for these need to be established with clear roles and responsibilities for LGUs. Examples of mitigation measures include wearing of masks by students and staff at all times, limiting group sizes to 25 or fewer, and temperature checks on entry. A comprehensive list of mitigation measures in place in US schools has been compiled by economist Emily Oster at the COVID-19 School Dashboard. Schools should also be aware that children in the same grade may be at very different learning levels due to potentially large differences in the amount of time spent on educational activities while classes are held remotely.

Provide parents guidance on how to support their children’s learning. The data reveal huge variance in how much time parents spend with their children on educational activities. In some cases, low parental involvement may be due to lack of time but responses to IDIs suggest that in many cases it is because parents do not know how to support their child’s learning and have not been provided guidance on how to do so by schools or teachers. Parental involvement has been shown to increase child learning during normal school operations. While classes are held remotely, parental support will likely be even more important for student learning. Further, recent studies suggest that parents can help their children learn even if they themselves are illiterate or cannot read the language the child is studying. Schools and teachers should provide parents basic tips on how they can support their children’s learning. Ideally, this guidance should be tailored to parents’ learning level, sophistication with technology, and availability; and occur early in the academic year while students are still more open-minded about remote learning. The Education Endowment Foundation in the UK has created a curated list of suggestions for engaging with parents of learners. Though many of the recommendations are not relevant for the Philippines, many are or could be customized to the Filipino context.

Promote DepEd TV and radio and other educational TV programming. In response to school closures, DepEd has created its own ETV and radio programming and is working with TV stations to promote additional ETV stations. These efforts have great potential to stem learning losses as many households are unable to provide children an up-to-date gadget with internet access to engage in online classes. Further, interactive radio, and, to a lesser extent, ETV, has been shown to lead to significant increases in learning. Yet, at the time of the survey, awareness of DepEd TV appeared to be low and awareness of DepEd radio appeared to be even lower. DepEd should ask schools and teachers to share information about DepEd TV and radio as well as other ETV programming.

Consider “zero rating” additional educational websites. In IDIs, many respondents with smartphones mentioned that they do not have sufficient money to pay for load for online classes. The IATF-TWG “We Recover as One” report recommends subsidizing load for students and faculty. Alternatively, the government could make it easier for households to access online educational resources by working with telecoms to “zero rate” educational websites. A “zero rated” website is one that internet users can visit without incurring data charges. DepEd has already made the DepEd commons site zero rated but should consider additional sites such as Google Classroom or selected educational websites.

Target outreach and communication to households with multiple young children. Analysis of time spent on educational activities reveals that children with many siblings attending public schools are most at risk of being left behind in their schooling. In addition, in IDIs, parents with multiple young children expressed concern about being able to provide enough gadgets, load, and time for their children to learn. In many cases, these concerns were significant enough that they appeared to affect parents’ overall mental health. Even if it is not possible to provide gadgets or load to these households, providing additional support and communication may help parents in households with many young children better understand how to divide their time and track their children’s learning.

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5.4. Health

Pregnant women are receiving fewer ANC check-ups and are less likely to take iron and folic acid tablets. Previous WHO, and current DOH, guidelines for prenatal care recommend that pregnant women receive at least 4 ANC check-ups while the newly revised WHO guidelines recommend that pregnant women receive 8 ANC check-ups.\(^{65}\) Figure 3 shows the share of pregnant women in the sample on track to receive 4 and 8 ANC check-ups by their delivery date along with the share of pregnant women in the NCR who received 4 and 8 ANC check-ups from the most recent DHS.\(^{66}\) The figure shows that there has been a sharp drop in the share of women receiving the prescribed number of ANC check-ups (both differences are statistically significant at the p < .001 level). A regression of the number of ANC visits divided by months pregnant on various variables reveals that women from wealthier households with a more highly educated head of household receive more ANC check-ups but that there is little relationship between ANC check-ups and 4Ps status, whether the household had a suspected case of COVID-19, or whether the household was headed by a woman. Data from IDIs suggest that pregnant women are likely reducing face-to-face ANC visits out of fear of contracting COVID-19 at a health facility or mobility restrictions. The sample size is insufficient to investigate variation in ANC visits by geography within the NCR. The data also reveals a decrease in the share of pregnant women taking IFA tablets: 83 per cent of pregnant women in the sample were taking IFA tablets while 92 per cent of pregnant women in the NCR were taking IFA tablets in 2017 according to the DHS (p < .001).

**Figure 3. Share of pregnant women on track to receive recommended ANC visits**

![Figure 3](source: Primary data from the SEIA.)

Women are less likely to give birth at hospitals and more likely to give birth at other health facilities, but home births have not increased. Figure 4 shows the share of women giving birth at different locations for pregnant women in the sample versus the DHS. Women in the sample are much less likely to give birth at a hospital (p < .001) and more likely to give birth at another health facility (p < .001). In IDIs, one pregnant woman expressed a fear of being turned away from the hospital while two others expressed fear of catching COVID-19 at the

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\(^{66}\)We define a pregnant women to be on track to receive 8 ANC checks up if ANC, i≥MONTHS, i-1 and on track to receive 4 visits if ANC, i≥(MONTHS, i-1)/2 where ANC, i is the number of ANC visits to date for woman i and MONTHS, i is the number of months pregnant woman i is.
hospital while giving birth. Yet home births have not increased (p = .6). The continued low rate of home birth due to COVID-19 may be due more to fear of legal sanction (as home birth is illegal) than to a desire by pregnant women to give birth at a health facility.67 In terms of breastfeeding, 91 per cent of recent mothers reported that the facility where they gave birth allowed them to be with the baby to breastfeed.

Figure 4. Place of delivery for pregnant women

![Figure 4](image.jpg)

Source: Primary data from the SEIA.

**Breastfeeding rates have remained steady.** In the sample, 61 per cent of mothers of children 2 or under are currently breastfeeding. According to DHS data, 54 per cent of mothers of children two or under in the NCR were currently breastfeeding in 2017 (p = .13). The most commonly reported reasons for not breastfeeding were a) problems with breastfeeding such as a lack of milk or the child not latching (reported by 27 per cent of mothers), b) a preference for not breastfeeding (reported by 25 per cent of mothers), and c) returning to work (reported by 14 per cent of mothers).

Among mothers of children under 2, 10 per cent reported receiving donated formula, typically (in 53 per cent of cases) from a government office. While typically illegal to donate formula, the DOH allowed limited donations of formula during ECQ.68 Surprisingly, whether a mother received donated formula is not correlated with whether she currently breastfeeds, suggesting that the donations were likely not based on demand and did not cause a decrease in breastfeeding rates.

About half (56 per cent) of mothers of children under 2 reported hearing messages about breastfeeding, typically from a doctor, nurse, or healthcare professional (54 per cent of mothers who had heard messaging) or a social welfare agency (50 per cent of mothers who had heard messaging).

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A relatively small share of children under 5 have visited a health facility since the start of the crisis. Figure 5 shows the share of children under 5 who have visited a health facility since the start of the lockdown by the age of the child. While over two thirds of children under a year of age visited a health facility, a small minority of older children have visited a health facility. For reference, the 4Ps program requires beneficiaries to take children under 5 to a health centre at least once every two months (and every month as an infant) though this condition has been waived during the current crisis.\(^{69}\) Regression analysis revealed no correlation between wealth, presence of a household member living with a disability, or several other variables and the likelihood of a child under 5 visiting a health centre. Some children have not visited a health centre despite falling sick. Since the lockdown, 14 per cent of children under 5 have gotten sick and, of these sick children, only 62 per cent visited a health centre. Parents and guardians appear to be still taking young children to health facilities for serious medical needs though. When asked about vaccinations and care for diarrhoea, nearly all (96 per cent) respondents reported that infants under 1 year had received at least one vaccine and most (70 per cent) respondents reported that children who suffered from diarrhoea received appropriate care such as oral rehydration salts.\(^{70}\)

Figure 5. Share of children who have visited a health facility since start of lockdown by age

![Graph showing the share of children who have visited a health facility since start of lockdown by age.](source: Primary data from the SEIA.)

Nine per cent of households had a suspected case of COVID-19 within the household but only 2 per cent of households had a confirmed case. The share of households with a confirmed case is slightly lower than would be expected based on the total number of reported cases in the NCR.\(^{71}\) Households with an adult living with a disability were about 6 ppts more likely to report that a household member had COVID-19 symptoms.

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\(^{69}\)The share of children in 4Ps households who visited a health facility is similar to the share of children in non-4Ps households who visited a health facility.

\(^{70}\)The survey also asked about care for pneumonia but only 9 children in the sample suffered from pneumonia.

\(^{71}\)As of the start of the survey, the official case count for Metro Manila was roughly 1%. If we assume that all reported cases were among adults, and that each adult in Metro Manila has the same probability of infection 3% of households would have a member with a reported COVID case.
How households access health information has not changed much since the crisis. In IDIs, when asked how access to health information has changed since the start of the lockdown, 6 out of 13 responded that it has not changed at all. Several (3 out of 13) mentioned Facebook as a main source of health information though this may be biased due to use of Facebook for sampling. Nearly all respondents were aware that some news is not true and most had encountered fake news directly. A few reported that they attempt to verify the accuracy of news by checking with the original source or viewing the comments (in case the news was shared by Facebook).

**Box 3. One respondent’s financial and mental struggle during the crisis**

Nearly all of the IDI respondents had suffered severe income loss due to the crisis. In a few cases, the crisis had also led to severe mental health issues. For one respondent in particular, the crisis had caused a near complete breakdown in both her financial situation and mental health. The woman, who has no family members other than her husband and identified as a person living with a disability, spoke of the extreme steps she and her husband have taken to deal with the crisis and the mental toll it has taken on her. After the interview, the surveyor who spoke with her called her back to share information about local suicide hotlines. An edited version of her interview is included below:

“I am not really sure how am I doing in this pandemic. What is important though is I am still alive. I already exhausted all our finances. I came to a point that I borrow money from someone. Before, I am really frugal ever since. We were able to manage even up to March. Last April, we did not yet feel the impact. When we reached May, we were slowly realizing that we were getting out of cash. So we have to withdraw and then you fear because you will now see how much is left in your bank. By the time we reached June, we were slowly looking for coins, whatever we found in our house. Then we just cleaned the house hoping you will find cash or maybe you will suddenly remember that you had cash placed somewhere in the house. We were looking for stuff we could sell but nobody is interested in buying those. This is how COVID affected us. My husband is a freelancer. He had jobs before March but eventually our clients decided to let him go because they could no longer afford. We had good income because of my husband’s freelance work but everything stopped because of COVID. So we have to deal with what we have. We also have to let go of our staff. Now you really feel that you are tight on budget. In the past, I was not really extra frugal. I was not extravagant but I was not also very mindful of our supplies. But now, I even mind even the last drop of our shampoo. It is really difficult to be poor. I experienced this before when I left home when I was in college. I left without my parents’ knowledge and I did not have money at that time. I don’t want that to happen again. My experience in the past helped me to be frugal. And now, my past experiences seem to slowly happen again. This is really traumatic. You think about what we will have tomorrow, or just commit suicide. So you begin to think like this. I cannot work because I have disability. I have orthopedic disability and psychosocial disability. Since March, I have not visited my doctors for consultation. The last time I bought my medicine was last April, since then I could not buy because the drugstores no longer honor my prescription (outdated). That is why at the beginning of this interview, I shared with you that it is good that I am still alive because there were times that I really thought of committing suicide. Before my husband will show his affection to me so that I will not think of hurting myself. But now, my husband seems to be giving up. He even told me, ok you commit suicide.”
Recommendations

Use barangay health workers and telehealth to deliver maternal health services. The data shows that ANC visits have declined significantly. Barangay health workers (BHWs) and telehealth counselling can help fill this gap. United Nations Population Fund recommends that ANC be delivered through a combination of face-to-face and phone-based counselling in areas with high COVID-19 cases, with at least 4 face-to-face contacts. BHWs have demonstrated their capacity to deliver doorstep health services during COVID-19 and could be employed to help ensure all women receive at least 4 face-to-face contacts. BHWs have already been asked to perform additional duties such as contact tracing in several areas but in many areas BHWs likely still have spare capacity. BHWs should receive additional remote training on how to deliver maternal health services and a communication allowance to compensate for the cost of load and the increased effort.

An ANC counselling hotline could help ensure that all women receive at least 8 total ANC contacts and provide BHWs additional assistance in cases where they are unsure what advice to give a pregnant woman. If using telehealth counselling and BHWs to provide maternal health care, care should be taken to ensure continuity of care across providers so that, for example, a telehealth counsellor knows that a woman who is calling the hotline is at risk of pre-eclampsia. This may require using a product such as CommCare, which allows frontline workers to easily enter patient information using a mobile phone. During ANC visits, health officials should provide several months of IFA pills in case the pregnant woman does not receive another ANC contact in the near future.

5.5. Child protection

Respondents reported that approximately half of children in the sample were subject to physical or emotional violence. To gauge child violence, a simplified version of the Multiple Indicator Cluster Surveys 5/6 child discipline module, in which the 11 actions asked about in the survey’s child discipline module were collapsed into three main actions. The module was administered to respondents for all children ages 12 to 14. Among the sample, less than 1 per cent of children aged 12 to 14 were shaken in the last month, 43 per cent were shouted or yelled at, 15 per cent were beaten or spanked, and 47 per cent were subject to any of these measures. Unfortunately, we do not have data on violence against children in the Philippines from prior to COVID-19 with which to compare the figures to.

A regression of whether a child was subject to any violence on various variables including the age of child, number of children, wealth quintile, the education level of household head, and whether the household was headed by a female revealed no associations other than with age.

Child labour appears to be rare. Only 2 per cent of children aged 5 to 17 years worked in any job in the past 6 months. By contrast, according to the 2011 Survey on Children, between 3.3 and 6.3 per cent of children aged 5 to 17 years in the NCR worked at least one hour in the previous 12 months in 2011. Readers should interpret this finding with caution though as previous research has shown that a single question on child employment (such as the one used in the survey) may underestimate overall child labour. In addition, the Survey on Children used a different reference period (12 months rather than 6 months) and slightly different question wording than the study survey.

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13The recent report “National Baseline Study on Violence against Children” presents data on the proportion of 13-24-year-olds in the Philippines who were the victims of child violence during their entire childhood. The report also states that data on current prevalence (i.e. prevalence in the previous 12 months) but this data is not presented in the report for most forms of violence.


15The “2001 Survey of Children” report gives several different figures for prevalence of child labor. Table 1.2 reports that 4.2 per cent of children in the NCR worked. On page 9, the report states that 6.3 per cent of children worked. Also on page 9, the report states that about 88,000 children worked, corresponding to a child labor rate of 3.3 per cent. Elsewhere, in articles summarizing the findings, a figure of 10.1 per cent is given though this appears to be an inaccurate representation of the fact that 10.1 per cent of households have a working child.

Recommendations

Consider a partial relaxation of lockdown restrictions for youth. Currently, children under 15 in the NCR are not allowed to leave their homes. Data from the survey provides tentative but encouraging evidence that rates of violence and child labour have not increased since the lockdown but, as noted in the health section, the effects of the lockdown on children's social development may be considerable. As noted above, evidence suggests that younger children are less likely to contract COVID-19 and also may be less likely to transmit the virus if infected.\textsuperscript{77} A partial relaxation of lockdown restrictions for children under 15 would allow young children to socialize and parents some time alone. Whether such a relaxation is warranted given local conditions should be assessed by a trained epidemiologist. Moreover, if such a relaxation is given, clear protocols for supervised interaction with peers should be established (e.g., group size limits, procedures to enable rapid testing and tracing, and others).

5.6. Compliance with lockdown measures

In IDIs, all respondents reported adhering to lockdown restrictions, but several (3 out of 15) mentioned that their neighbours violate these restrictions. For example, one respondent stated that “people in our neighbourhood are really hard-headed. They are not supposed to stay in the streets. Children are still playing outside. Even with COVID, they are not afraid.” Another said “we really need to talk about this. My neighbours are hard-headed. Even if you tell them to follow physical distancing, they are idling outside chatting and gossiping. And they do not wear mask.” These responses suggest that responses to the compliance question may be subject to social desirability bias, i.e., respondents may report that they comply with lockdown measures because they know that is the socially acceptable thing to do.

Responses to IDIs suggests that enforcement of lockdowns varies by barangay. Two respondents mentioned that local enforcement is strict. For example, one aid “In our barangay, rules are strictly implemented. Children are strictly prohibited from going out of the house. If they will be caught, it will the parents that have to suffer the consequence.

They will put to jail the parents if they cannot pay the fine. You have to pay 1,000 pesos for the first offense.” On the other hand, one respondent (the same one quoted above complaining about hard-headed neighbours) mentioned that local enforcement of lockdowns was sporadic and ineffective, saying “Once they know that the barangay patrols are approaching, all of them suddenly disperse and go back to their houses. If there are no more patrols, then they go out again.”

\textsuperscript{77}Couzin-Frankel, Vogel, and Weiland, “School Openings across Globe Suggest Ways to Keep Coronavirus at Bay, despite Outbreaks.”
Conclusions

This report provides early evidence of the impact of the COVID-19 crisis on households with children in the NCR. Using data from a large household survey and qualitative in-depth interviews, the report documents substantial effects across a range of outcomes.

Data from the IDIs suggest that COVID-19 has led to large declines in income among households with children in the NCR. Nearly all households interviewed had suffered income losses. While our sample size is small and not representative, these data are corroborated by multiple other data points showing that COVID-19 has led to larger than anticipated declines in income for the poor. Earlier simulations of the impact of COVID-19 on poverty conducted by Albert et al forecast that, under a worst-case scenario of a 20 per cent income contraction, COVID-19 would lead to a 44 per cent increase in poverty. New simulations using updated, more conservative, assumptions reveal that the impact of COVID-19 is likely far higher than earlier estimated. These simulations suggest that, under the new worst-case scenario, COVID-19 will cause poverty to nearly double.
Fortunately, data show that the emergency social assistance measures implemented by the government successfully reached many households. LGUs successfully distributed food relief to nearly all households in our sample and a majority of households received SAP. The data also reveals potential issues with the awareness of SAP and targeting of either SAP or cash from LGUs. Most 4Ps households (all of whom should have received SAP) reported that they did not actually receive SAP, most likely due to poor communication of how SAP would be distributed. In addition, the data show a worrying negative correlation between SAP receipt and receipt of cash from LGUs, which may be a sign of poor targeting (though the data are far from conclusive).
With regard to education, in the Philippines, as in many countries across the world, COVID-19 has led to a dramatic change in how students learn. As of the date of publication, all classes are being held remotely and the government has announced that face-to-face classes will only resume once a vaccine is widely available. While parents have many concerns about remote learning, most parents in the sample have enrolled their children in school. Unfortunately, the findings suggest that, for many students, the quality of the education will likely be quite poor. Many households lack the money or time to provide the resources and support their children need to learn remotely. Further, the data show that the amount of time spent by students has already diverged widely, which will likely lead to substantial inequality.

In addition, the crisis has also caused a massive shift in the focus of the overall health system. With a large portion of the Philippines health system dedicated to the direct management of COVID-19 cases, survey data reveal that access to some essential health services has declined. In particular, we find that pregnant women are now less likely to receive the prescribed number of ANC contacts and children 5 and under are less likely to visit a health facility on a regular basis. Real concerns exist, furthermore, around issues of mental health. Lastly, survey data indicate that 47% of children ages 12–14 were either yelled at, shaken, or hit. The prevalence of other forms of violence, including sexual violence, online sexual abuse and exploitation, and commercial sexual exploitation among others were not assessed through this survey.

Overall, these data shed light on the impact of COVID-19 on households with children in the NCR. The data also point to the great need for further data on the impact of COVID-19 in the Philippines. Over the course of the next several months, central and local governments will be faced with many decisions which will likely have enormous effects well into the future. Accurate, timely data would allow the government to ensure that these decisions are based on the best available information. Only if such data becomes available will government be able to put forward evidence-based solutions that can help households recover from the losses observed, and put the country and its citizens back on a path toward prosperity.
Annex A. Descriptive statistics of survey data and FIES data for NCR

<table>
<thead>
<tr>
<th>Variable</th>
<th>FIES</th>
<th>Survey</th>
<th>Survey (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of household members</strong></td>
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<td>5.43</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Share households with child less than 5 years old</strong></td>
<td>0.57</td>
<td>0.78</td>
<td>0.77</td>
</tr>
<tr>
<td><strong>Share households with child 5-17 years old</strong></td>
<td>1.71</td>
<td>1.73</td>
<td>1.74</td>
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<tr>
<td><strong>Share households with TV</strong></td>
<td>100%</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Share households with washing machine</strong></td>
<td>95%</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Share of households with refrigerator</strong></td>
<td>94%</td>
<td>18%</td>
<td>14%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable / don’t know</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Light material (cogon, nipa, anahaw)</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Salvaged/makeshift materials</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed but predominantly light materials</td>
<td>3%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Mixed but predominantly salvaged materials</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Mixed but predominantly strong materials</td>
<td>12%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Strong material (galvanized, iron, al, tile, concrete, brick, stone, asbestos)</td>
<td>82%</td>
<td>69%</td>
<td>75%</td>
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<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Light material (cogon, nipa, anahaw)</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Salvaged/makeshift materials</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed but predominantly light materials</td>
<td>2%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Mixed but predominantly salvaged materials</td>
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<td>2%</td>
<td>2%</td>
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<tr>
<td>Mixed but predominantly strong materials</td>
<td>6%</td>
<td>16%</td>
<td>6%</td>
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<tr>
<td>Strong material (galvanized, iron, al, tile, concrete, brick, stone, asbestos)</td>
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<td>73%</td>
<td>88%</td>
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<td><strong>Main source of water supply</strong></td>
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<td></td>
</tr>
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<td>Other / don’t know</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Dug well</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Own use, faucet, community water system</td>
<td>76%</td>
<td>78%</td>
<td>78%</td>
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<tr>
<td>Own use, tubed/piped deep well</td>
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<td>2%</td>
<td>2%</td>
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<tr>
<td>Shared, faucet, community water system</td>
<td>15%</td>
<td>16%</td>
<td>16%</td>
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<tr>
<td>Shared, tubed/piped deep well</td>
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<td>4%</td>
<td>4%</td>
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<td><strong>Education level of head of household</strong></td>
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<tr>
<td>Other</td>
<td>0%</td>
<td>3%</td>
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<td>Some primary school</td>
<td>6%</td>
<td>2%</td>
<td>5%</td>
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<td>Completed primary school but no high school</td>
<td>10%</td>
<td>5%</td>
<td>9%</td>
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<td>Some high school</td>
<td>11%</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Completed high school but no higher school</td>
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<tr>
<td>College or higher</td>
<td>36%</td>
<td>37%</td>
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Annex B. Results from poverty simulations

Table 3 provides poverty forecasts from Albert et al from tables 9 and 10 of their working paper. TPL refers to the total poverty line and FPL refers to the food poverty line. Forecasts for the NCR in table 10 appear to contain an error as forecasted poverty rates are higher under the 5 per cent income contraction than under the 10 per cent and 20 per cent income contraction. The final column of the table provides corrected forecasts under the assumption that the authors made a transcription error and pasted the figures for the 5 per cent contraction to the 10 per cent contraction, the 10 per cent contraction to the 20 per cent contraction, and the 20 per cent contraction to the 5 per cent contraction. Attempts were made to confirm this correction with the authors but were unsuccessful.

Table 4 provides poverty forecasts from Navarro et al. Table 5 provides poverty forecasts which use 2015 FIES data and the updated assumptions. Table 6 provides scaled down versions of these figures to account for the decrease in poverty between 2015 and 2018.

Table 3. Poverty forecasts from Albert et al

<table>
<thead>
<tr>
<th>Region / poverty line</th>
<th>National (TPL)</th>
<th>National (FPL)</th>
<th>NCR (TPL)</th>
<th>NCR (TPL)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status quo: Baseline 2018 data</td>
<td>16.8%</td>
<td>5.3%</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Income contraction of 5%</td>
<td>19.2%</td>
<td>6.4%</td>
<td>14.4%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Income contraction of 5% with SAP and SBWS</td>
<td>15.5%</td>
<td>4.4%</td>
<td>11.5%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Income contraction of 10%</td>
<td>21.9%</td>
<td>7.7%</td>
<td>4.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Income contraction of 10% with SAP and SBWS</td>
<td>18.2%</td>
<td>5.6%</td>
<td>2.6%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Income contraction of 20%</td>
<td>28.0%</td>
<td>11.4%</td>
<td>6.8%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Income contraction of 20% with SAP and SBWS</td>
<td>24.2%</td>
<td>8.6%</td>
<td>4.8%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

Table 4. Poverty forecasts from Navarro et al

<table>
<thead>
<tr>
<th>Region / poverty line</th>
<th>National (TPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status quo: Baseline 2018 data</td>
<td>16.7%</td>
</tr>
<tr>
<td>2020 GDP contraction of 9%</td>
<td>23.8%</td>
</tr>
<tr>
<td>2020 GDP contraction of 9% with SAP</td>
<td>19.4%</td>
</tr>
<tr>
<td>2020 GDP contraction of 4.5%</td>
<td>19.3%</td>
</tr>
<tr>
<td>2020 GDP contraction of 4.5% with SAP</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

Table 5. Poverty forecasts using updated assumptions

<table>
<thead>
<tr>
<th>Region / poverty line</th>
<th>National (TPL)</th>
<th>National (FPL)</th>
<th>NCR (TPL)</th>
<th>NCR (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status quo: Baseline 2015 data</td>
<td>24.0%</td>
<td>9.4%</td>
<td>4.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Income contraction of 20%</td>
<td>35.6%</td>
<td>17.7%</td>
<td>9.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Income contraction of 20% with SAP</td>
<td>33.1%</td>
<td>15.1%</td>
<td>7.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Income contraction of 25%</td>
<td>39.0%</td>
<td>20.7%</td>
<td>11.4%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Income contraction of 25% with SAP</td>
<td>36.4%</td>
<td>17.9%</td>
<td>9.9%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Income contraction of 30%</td>
<td>42.5%</td>
<td>24.0%</td>
<td>14.2%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Income contraction of 30% with SAP</td>
<td>39.9%</td>
<td>20.9%</td>
<td>12.2%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Table 6. Poverty forecasts using updated assumptions scaled to 2018

<table>
<thead>
<tr>
<th>Region / poverty line</th>
<th>National (TPL)</th>
<th>National (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status quo: Baseline 2015 data</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Income contraction of 20%</td>
<td>28.5%</td>
<td>13.6%</td>
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<tr>
<td>Income contraction of 20% with SAP</td>
<td>26.0%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Income contraction of 25%</td>
<td>31.8%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Income contraction of 25% with SAP</td>
<td>29.3%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Income contraction of 30%</td>
<td>35.4%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Income contraction of 30% with SAP</td>
<td>32.8%</td>
<td>16.8%</td>
</tr>
</tbody>
</table>
References


