



LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD

FINAL REPORT

**Wave 4A (November Phone Tracking Survey)
Wave 5 (2021 Survey [by Phone])
Wave 5A (2022 Community Survey)**

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EXECUTIVE SUMMARY

Comparing data between pre-pandemic and pandemic surveys revealed that households experienced greater difficulty in socio-economic indicators, such as in meeting expenses and decreased food security during the pandemic. The index children experienced difficulties with distance learning which may have also contributed to increased anxiety levels among them during the pandemic. The mothers' stress levels likewise increased during the pandemic.

The COVID-19 global pandemic posed a serious challenge to the worldwide effort to achieve the targets set by the Sustainable Development Goals' agenda for 2030. It is a crisis situation that must be overcome if genuine sustainable development is to be achieved. In the Philippines, as in other countries, the COVID-19 pandemic tested the resources of the country at various levels, as well as the adaptive capacity of development systems currently in place. How well the country and its people responded to the COVID-19 pandemic reflects their chances of achieving sustainable development in the long run.

This crisis has not stopped our country's leading social research institutions from conducting the Longitudinal Cohort Study on the Filipino Child (LCSFC). This report covers three completed LCSFC data collection activities done during the time of the COVID-19 pandemic: a brief phone survey done in the early stage of the pandemic to touch base with the cohort (Wave 4A; November 2020), the fifth full survey round also done by phone (Wave 5; 2021) and its accompanying Community Survey (Wave 5A; 2022) done months after the full survey when face-to-face interviews of community informants were allowed. Due to the constraints brought about by COVID-19, data collection had to be adapted to the changed realities in the field: with shorter questionnaires, phone interviews, and survey components that usually go together now had to be administered in separate sections that were months apart from one another.

Data from Waves 4A and 5 cover the wide spectrum of the pandemic experience, from early onset to its later stages, and provide valuable insights on how the cohort fared during intense community lockdowns and as the country eased its safeguards and life gradually settled into the “new” normal. The topics covered by these Waves include socioeconomic conditions, the cohort’s educational experiences, general and mental health and the households’ experiences with COVID-19.

The most apparent pandemic-related consequences that came out of the data were reports of greater difficulty in meeting expenses, decreased food security, and difficulties with remote learning, among others, between the pre-pandemic and the pandemic period. In some of these pandemic-affected indicators, however, there were considerably higher rates in the earlier phase of the pandemic (Wave 4A) than the latter phase (Wave 5) potentially indicative of households having already adapted to the pandemic conditions and/or responding positively to government programs aimed at mitigating the effects of the pandemic.

Subsequent waves of the study are expected to gather more information on the cohort’s circumstances as the country adjusts to how the pandemic evolves in the remaining SDG implementation period. Whatever the challenges in the future, the LCSFC continues to be an important database for studying the well-being of growing adolescents and young people in the Philippines, within the context of country programs (such as the Ambisyon Natin 2040) and the Sustainable Development Goals global agenda. The LCSFC data obtained on this cohort of Filipinos from age 10 (2016) to 15 (2021) to date comprise an important evidence-based resource that can help the government and other stakeholders craft policies and programs to improve the well-being of young people, their households, and their communities, in this time of crises.

CHAPTER 1 INTRODUCTION

Study objectives

The Longitudinal Cohort Study on the Filipino Child (LCSFC) is an ongoing longitudinal study of a nationally representative cohort of Filipino children, followed from age 10 (2016) through age 24 (2030). An initiative of the United Nations Population Fund (UNFPA), the study is envisioned as a way by which the Philippine progress in achieving the Sustainable Development Goals (SDG) can be represented with a “human face” through the experiences of this cohort of Filipinos who transitions from childhood to their productive, working-age years in the course of the SDG Agenda implementation (2015-2030). Throughout the duration of the study, many of the life course milestones, such as puberty, education (primary, secondary and tertiary schooling), labor force participation, marriage and family formation will be documented. How the cohort fares in these events (such as school completion, teenage pregnancy, etc) defines their level of productivity in adulthood and consequently affects our country’s future.

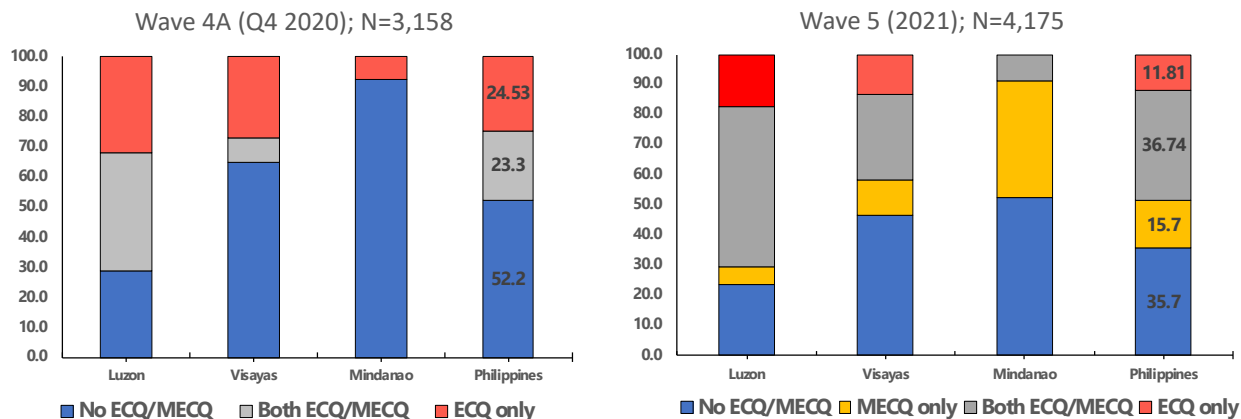
The LCSFC was launched in 2016, and as is now in its 6th year of operation¹. The study’s two-fold overall objectives are:

1. Contribute to the body of evidence on population dynamics and sexual and reproductive health and rights, with a special focus on the SDG related indicators.
2. Provide an evidence-based resource that will inform national policy making and development planning particularly on how the SDG agenda can contribute to maximizing the potentials of the Filipino youth.

¹ For more details on the survey design and methodology please refer to the LCSFC Baseline Technical Report (OPS, 2018).

This report documents the procedures and some of the key results of the LCSFC surveys done during the time of the pandemic. Specifically, it covers: a) Wave 4a, a brief phone survey done in November 2020 to track the status and whereabouts of the cohort in the early pandemic period; b) Wave 5, the full survey done from June-August 2021, initially designed as a regular in-person interview through home visits (just as in Waves 1-4) but eventually done by phone given the resurgence of COVID-19 cases in the country; and c) Wave 5A, the accompanying Community Survey for Wave 5, deferred until April-May 2022 when in-person interviews were eventually allowed. The data collection period covered in this report were the years when pandemic-related community changes (such as the community quarantines and the use of face mask and PPEs) were most felt by Filipinos. The extent to which COVID-19 has affected the sample areas is illustrated in Figure 1 which shows the distribution of LCSFC households exposed to enhanced community quarantine (ECQ) or modified ECQ (MECQ) indicating the areas most severely affected by COVID-19 since the start of the pandemic. In Wave 4a or in November 2020, while a little more than half of the households interviewed were subjected to general community quarantine (GCQ or neither ECQ/MECQ in the graphs) or less restrictive measures, about a quarter of the sample experienced ECQ only (most notably in Luzon and the Visayas). By Wave 5 or the later stage of the pandemic in 2021, only 12% were ever exposed to ECQ alone, with the rest having shifted to a blend of ECQ and MECQ. A portion of the GCQ areas in 2020 appear to have shifted to MECQ in 2021.

Figure 1.1 Distribution of LCSFC households by Enhance Community Quarantine (ECQ) and Modified ECQ exposure by island group.



Study team

The various waves featured in this report represent work involving the three renowned demographic research institutions in the country: the Office of Population Studies Foundation, Inc. (OPS) of the University of San Carlos (the study’s main implementing agency), the Demographic Research and Development Foundation (DRDF) of the University of the Philippines Population Institute, and the Research Institute for Mindanao Culture (RIMCU) of Xavier University. Also joining the team are well-known experts in their respective fields: Dr. Alejandro N. Herrin (Policy Adviser), Dr. Erniel B. Barrios (Sampling and Statistical Consultant) and Dr. Delia E. Belleza (Psychologist Consultant).

The OPS team designed the study, handled data collection training and supervision, data processing and report writing. Data collection and field work were conducted by DRDF (Luzon), OPS (Visayas) and RIMCU (Mindanao). The final report is reviewed by all collaborators. See Appendix 2 for more information on the collaborating research institutions.

Oversight and study direction are handled by the UNFPA, in consultation with the National Steering Committee comprised of lead government agencies and chaired by the National Economic Development Authority (see Appendix 1 for full list of NSC

members). The UNFPA Team is led by Dr. Charl Andrew Bautista (Project Coordinator), Dr. Rena Dona, Mr. Jose Roi Avena and Dr. Joseph Michael Singh with assistance from Ricca Katrina Bonales and Jose Nicomedes Castillo.

The UNFPA convenes a group of known experts from various disciplines (nutrition, psychology, child labor, adolescent sexuality, education) who periodically review the survey instruments and provide inputs on which new variables to add to the survey that would capture significant milestones in the lives of the cohort.

CHAPTER 2 WAVE 4A, WAVE 5 AND WAVE 5A SURVEY SAMPLES

2.1 Survey Sample and Inclusion Criteria

The Baseline Survey of the Cohort Study (2016) enrolled a nationally representative sample of 4,952 ten-year old Filipino children. This sample is representative at the domain level, or at the island group level of Luzon, Visayas and Mindanao. The study sample is not representative at the regional, provincial, or lower levels of aggregation, thus no estimates at these levels are presented. Baseline sample sizes of the different units of analysis, stratified by domain, are shown in Table 2.1 below. Characteristics of the children and their households at Baseline and earlier surveys were described in previous Cohort Study reports (see OPS, 2018, 2019, 2020, 2021).

Table 2.1 Wave 1 sample distribution by domain

| Survey statistics | Luzon | Visayas | Mindanao | TOTAL |
|---|-----------|---------|----------|-----------|
| Sample barangays, n | 115 | 115 | 115 | 345 |
| Households interviewed, n | 1,618 | 1,639 | 1,695 | 4,952 |
| Index children (10-year old sample) interviewed ^a , n | 1,600 | 1,639 | 1,688 | 4,927 |
| Population of 10-year old children per domain ^b in 2016, n | 1,134,854 | 414,228 | 561,308 | 2,110,179 |
| Weighted proportion of sample across domains, % | 53.8% | 19.6% | 26.6% | 100.0% |

^aThere were 25 index children not interviewed but with household interviews: 8 were with disabilities and incapable of being interviewed and 17 either refused to be interviewed (but parents consented to participate in study) or were not available for interviews]

^bEstimated based on the population of 9-year old children in 2015 Census Survey (age 10 in 2016)

Source: OPS, 2019

Recruitment criteria for index children (IC) at Baseline:

Recruitment at baseline (Wave 1), started by identifying households in sample barangays who had 10-year old children. Age was defined as age in years as of last birthday, verified if possible by birth certificates or supporting documents. For households identified, the mother or primary caregiver of the 10-year old child (referred to as index child) was asked for her or his consent to let the child participate in the baseline and in subsequent surveys. In addition to the consent of the mother or primary

caregiver, the verbal assent of the child was also obtained prior to the start of the interview.

Recruitment criteria in the phone surveys:

The Wave 4A and Wave 5 phone surveys attempted to reach out the households listed in the original baseline study except for the following: 1) those who had died, 2) those who had refused to participate anymore in the Cohort Study, and 3) those with no phone number listed in the study database. For the Wave 4A survey, the mother or primary caregiver was the only respondent for the study and verbal informed consent was required before the interview could begin. For Wave 5, both the mother or caregiver, and the index child were the respondents for the study, in separate interviews, and informed consent (for the mother/caregiver) and assent (for the child) were obtained before the interviews could begin.

For future surveys, contact numbers and residential addresses were updated during the Wave 4A and Wave 5 phone surveys. Index children who moved out of the sample areas or were classified as outmigrants (OMs) were noted for future tracking. They would be interviewed again as long as they had a working phone number (for phone survey), living in areas where follow-up was deemed logistically feasible, and had given their consent (or assent) to be interviewed.

2.2 Sample coverage and attrition

The first three survey rounds saw an increase in terms of area coverage for the study, with the number of sample barangays increasing from 345 in the baseline survey to 483 barangays in Wave 3. In Wave 4, however, the study was down to 385 barangays due to the stoppage of data collection because of the pandemic. Among the Wave 4 barangays, community survey information was only collected for 213 barangays, since data collection excluded barangays with only 1 or 2 interviewed children. Though

coverage is limited, the Wave 4 data is important in that it can provide information about the cohort participants and their households immediately prior to the start of the pandemic or community quarantines. Such data can be supplemented with data from prior surveys and subsequent data (such as the phone survey on the cohort sample done about 7 months after Wave 4) in order to get a clearer picture of how the pandemic has affected existing developmental trends in the cohort sample. The Wave 4A and Wave 5 surveys covered 537 and 555 barangays respectively.

Information on the sample distribution by area (barangays) in the different survey rounds stratified by domain is presented in Table 2.2. The Wave 4A survey covered 3,182 households distributed in 16 regions, 61 provinces and 303 municipalities. Among the households covered in Wave 4A, 1,025 were in Luzon, 1,028 were in Visayas, and 1,129 were in Mindanao. The households covered in the Wave 4A survey covered 64% of the originally targeted sample. The remaining percentage is considered lost to follow-up due mainly to failure in establishing phone connection and refusals (88% and 7% of attrited, respectively).

The Wave 5 survey covered 4,195 households distributed in 16 regions, 61 provinces and 306 municipalities. Of the households covered in Wave 5, 1,335 were in Luzon, 1,492 were in Visayas, and 1,368 were in Mindanao. About 85% of the originally targeted sample was covered in Wave 5.

Table 2.2 Waves 1-5 sample distribution and area coverage by domain

| Survey statistics | Luzon (n) | Visayas (n) | Mindanao (n) | TOTAL (n) |
|--|-----------|-------------|--------------|-----------|
| A. Sample area coverage | | | | |
| A.1 Number of barangays: | | | | |
| Wave 1 | 115 | 115 | 115 | 345 |
| Wave 2 | 141 | 141 | 132 | 414 |
| Wave 3 | 143 | 162 | 178 | 483 |
| Wave 4 | 124 | 135 | 126 | 385 |
| Wave 4A | 180 | 151 | 206 | 537 |
| Wave 5 | 188 | 163 | 204 | 555 |
| A.2 Number of municipalities covered in each wave: | | | | |
| Wave 1 | 74 | 84 | 85 | 243 |
| Wave 2 | 82 | 94 | 86 | 262 |
| Wave 3 | 80 | 102 | 99 | 281 |
| Wave 4 | 60 | 78 | 54 | 192 |
| Wave 4A | 99 | 97 | 107 | 303 |
| Wave 5 | 100 | 98 | 108 | 306 |
| A.3 Number of provinces covered in each wave: | | | | |
| Wave 1 | 15 | 14 | 25 | 54 |
| Wave 2 | 19 | 15 | 25 | 59 |
| Wave 3 | 18 | 16 | 25 | 59 |
| Wave 4 | 14 | 11 | 16 | 41 |
| Wave 4A | 20 | 15 | 26 | 61 |
| Wave 5 | 20 | 15 | 26 | 61 |
| A.4 Number of regions covered in each wave: | | | | |
| Wave 1 | 5 | 3 | 6 | 14 |
| Wave 2 | 8 | 3 | 6 | 17 |
| Wave 3 | 6 | 3 | 6 | 15 |
| Wave 4 | 6 | 3 | 6 | 15 |
| Wave 4A | 7 | 3 | 6 | 16 |
| Wave 5 | 7 | 3 | 6 | 16 |
| B. Number of households interviewed: | | | | |
| Wave 1 | 1,618 | 1,639 | 1,695 | 4,952 |
| Wave 2 | 1,492 | 1,610 | 1,633 | 4,735 |
| Wave 3 | 1,450 | 1,595 | 1,618 | 4,663 |
| Wave 4 | 935 | 1,281 | 863 | 3,079 |
| Wave 4A | 1,025 | 1,028 | 1,129 | 3,182 |
| Wave 5 | 1,335 | 1,492 | 1,368 | 4,195 |

2.3 Representativeness of the Wave 4A and Wave 5 samples

Starting at baseline in 2016, the Cohort Study is designed to follow a nationally representative sample of ten-year old Filipinos from Luzon, Visayas, and Mindanao. The

sample proportions at baseline by domain were 53.8% in Luzon, 19.6% in the Visayas, and 26.6% in Mindanao, reflecting the relative proportions of the approximately 2.1 million ten-year old Filipino children in these various domains.

Due to attrition or loss of cases because of refusals, outmigration, and other causes, sampling weights were adjusted and applied to the Wave 4A and Wave 5 datasets (please see Appendix 3 for more details on survey sampling design and sample weights). These adjusted weights were applied to the Wave 4A and Wave 5 households which remained in the baseline domain (whether still living in the same baseline barangay or have moved to another barangay within the same domain).

2.4 Retention and attrition patterns

Table 2.3 shows the retention rates from Wave 1 to Wave 5. The Wave 5 retention rate is significantly higher than in the first phone survey (Wave 4A), and we attribute this mainly to the application of strategies based on learnings from the previous phone survey. Additional measures to reach or contact the respondents (cleared by the ethics review board) included asking the assistance from key informants (mainly barangay officers/staff), reimbursing transportation expenses when needed, and having a longer data collection period.

Table 2.3. Surveys completed to date and retention rates, by Baseline domain ^a

| Surveys | Luzon n/% | Visayas n/% | Mindanao n/% | TOTAL n (%) |
|---|--------------|----------------|-----------------|----------------|
| Wave 1 (Baseline; Nov 2016-Jan 2017) ^b | 1,618 | 1,639 | 1,695 | 4,952 |
| Wave 2 (Feb-May 2018) | 1,489 (92.0) | 1,608 (98.1) | 1,637 (96.6) | 4,734 (95.6) |
| Wave 3 (Jan-Jun 2019) | 1,445 (89.3) | 1,594 (97.2) | 1,623 (95.8) | 4,662 (94.1) |
| Wave 4 (Jan-Mar 2020) ^c | 932 (57.6) | 1,282 (78.2) | 865 (51.0) | 3,079 (62.2) |
| Wave 4A Phone Survey ^d (Nov 2020) | 1,016 (62.8) | 1,038 (63.3) | 1,128 (66.6) | 3,182 (64.3) |
| Wave 5 Phone Survey ^e (Jun-Aug 2021) | 1,335 (82.5) | 1,492 (91.0) | 1,368 (80.7) | 4,195 (84.7) |

^a Stratified by domains at baseline (18 households changed domains by Wave 4A)

^b Waves 1 through 4 data collection were done through home visits (in-person interviews)

^c Wave 4 data collection would have ended in May-June 2020; terminated in March due to onset of pandemic and community quarantines; the Visayas teams were trained first and started data collection ahead of the other domains^d Wave 4A was a Supplemental short touch base phone interview done among the cohort participants

while the pandemic was underway in 2020. The questions focused mainly on pandemic-related issues; no index child interviews.

Table 2.4 shows the individual participation patterns and attrition profile throughout Waves 1 to 5. Considering that Wave 5 was a phone survey, with expected lower participation rates than in-person interviews, the study managed to retain about 85% of the baseline sample, with about 42% having participated in all six surveys and 54% in all five full surveys. Approximately 2% participated in the first 5 Waves but not the Wave 5 Survey and 4% participated in the first 4 surveys only. The early termination of field operations in Wave 4 due to the pandemic, resulting in a 64% retention rate, did not seem to severely affect subsequent survey enrollment. Thirty percent (30%) of the Baseline sample who were not recruited in Wave 4 were back in the study in either Wave 4A or Wave 5.

Table 2.4 Individual survey participation patterns and attrition profile by domain as of Wave 5^a

| Participation Patterns | Luzon n | Visayas N | Mindanao n | TOTAL n (%) |
|---|------------|--------------|---------------|----------------|
| 1. In Waves 1 thru 5 (all 6 surveys) | 601 | 853 | 612 | 2,066 (41.7) |
| 2. In Waves 1 thru 4A, not in 5 (5 consecutive surveys) | 37 | 23 | 47 | 107 (2.2) |
| 3. In Waves 1 thru 4, not in 4A & 5 (4 consecutive surveys) | 66 | 52 | 76 | 194 (3.9) |
| <u>Among those not recruited in Wave 4^b:</u> | | | | |
| 4. In Waves 4A and 5 | 298 | 144 | 411 | 853 (17.2) |
| 5. In Waves 4A but not in 5 | 21 | 5 | 37 | 63 (1.3) |
| 6. Not in Wave 4A but in Wave 5 | 221 | 149 | 219 | 589 (11.9) |
| 7. Not in Wave 4A and Wave 5 | 137 | 40 | 149 | 326 (6.6) |
| 8. Other patterns from W1-W4A, in W5 | 208 | 352 | 124 | 684 (13.8) |
| 9. Other patterns from W1-W4A, not in W5 | 25 | 19 | 16 | 60 (1.2) |
| 10. Index child died | 3 | 2 | 4 | 9 (0.2) |
| 11. Dropped out of study | 1 | 0 | 0 | 1 (0.02) |
| Total | 1,618 | 1,639 | 1,695 | 4,952 (100.0) |
| Total number of full surveys participated in ^d (N=4,951): | | | | |
| 1-2 | 109 (6.7) | 27 (1.6) | 52 (3.1) | 188 (3.8) |
| 3-4 | 754 (46.6) | 425 (25.9) | 929 (54.8) | 2,108 (42.6) |
| 5 | 754 (46.6) | 1,187 (72.4) | 714 (42.1) | 2,655 (53.6) |
| | 1,617 | 1,639 | 1,695 | 4,951 (100.0) |

^a Stratified by domains at baseline

^b Not recruited because field operations were terminated

^c Only 2 new reported deaths (7 reported in earlier waves), dropped out of study in earlier wave

^d Includes non-consecutive survey participation in five full surveys to date (Waves 1-5); excluding dropped case

Among the attrited sample, the main reasons cited in Wave 5 are shown in Table 2.5: (1) 521 or 69% of the attrited sample have available contact information on record but did not or were not able to respond to the repeated calls of the interviewers; (2) 6% were successfully contacted but refused to participate in the survey outright and another 20% were initially contacted but did not answer subsequent calls which may also be considered as refused; and (3) 3% has no available phone number since Wave 1. Among those that were tracked in W5, an additional 2 IC were reported to have died, making the total reported deaths since Baseline to 9.

Table 2.5 Reasons for Attrition, Wave 5^a

| Reasons | Luzon n | Visayas N | Mindanao N | TOTAL n (%) |
|---|------------|--------------|---------------|--------------------|
| Failed to establish phone connection | 176 | 96 | 249 | 521 (69.1) |
| No phone number available | 20 | 6 | 0 | 26 (3.4) |
| No response to follow-up calls (soft refusal) | 63 | 27 | 60 | 150 (19.9) |
| Refused interview, outright | 23 | 8 | 16 | 47 (6.2) |
| Dropped out of study ^b | 1 | 0 | 0 | 1 (0.1) |
| IC died ^b | 3 | 2 | 4 | 9 (1.2) |
| TOTAL attrited in Wave 5 | 286 | 139 | 329 | 754 (100.0) |

^a Stratified by domains at Baseline

^b Only 2 new reported deaths (7 reported in earlier waves), dropped out of study in earlier wave

Along with the in-person community survey, we tracked households who were not able to participate in both phone surveys (Wave 4A and Wave 5). Table 2.6 shows the household tracking survey (Wave 5A) response status by domain. Out of the 561 households tracked, 429 (77%) were interviewed, with the Visayas (83%) having the highest response rate among domains. Reasons for attrition included refusals, death, and movement of residence outside sample areas (beyond logistically reasonable to

visit) or to unknown locations, with no or non-working phone numbers (cannot be reached by phone).

Minimum public health standards, including physical distancing, wearing of face masks for both interviewers and respondents, and frequent handwashing, or hand sanitizing, were observed throughout the implementation of the in-person data collection during the pandemic. All field personnel were fully vaccinated against COVID-19 prior to the start of 2022 data collection.

Table 2.6 Household tracking survey (Wave 5A) response status, by domain

| | Luzon | | Visayas | | Mindanao | | TOTAL | |
|---|--------------|---------------|----------------|---------------|-----------------|---------------|--------------|---------------|
| | N | % | n | % | n | % | n | % |
| Interviewed | 150 | 69.8% | 91 | 82.7% | 188 | 79.7% | 429 | 76.5% |
| Refused | 11 | 5.1% | 6 | 5.5% | 8 | 3.4% | 25 | 4.5% |
| Died | 0 | 0.0% | 0 | 0.0% | 1 | 0.4% | 1 | 0.2% |
| Out-migrated, new address not known and cannot be contacted | 54 | 25.1% | 13 | 11.8% | 39 | 16.5% | 106 | 18.9% |
| TOTAL | 215 | 100.0% | 110 | 100.0% | 236 | 100.0% | 561 | 100.0% |

CHAPTER 3

WAVES 4A, WAVE 5 AND WAVE 5A SURVEY PROTOCOLS

3.1 Data collection teams

The Wave 4A and Wave 5 survey data collection rounds were carried out by teams of interviewers conducting phone interviews on sample respondents whose contact numbers were listed in the Cohort Study database. Each domain had 4-5 teams with each team comprising of a Team Leader and about 3-5 interviewers. The number of interviewers for each team varied according to the number and geographic location of barangays assigned to the team. For Wave 5A, teams were divided into two resulting to double the number of teams with less members per team (2-3 interviewers). The list of data collection teams per domain is shown in Appendix 2 of this report.

OPS recruited and hired office and field personnel for over-all monitoring, and for the Visayas data collection. The partner institutions, DRDF in Luzon and RIMCU in Mindanao, took charge of recruiting and hiring interviewers for their respective domains. As in previous surveys, fieldwork experience as either team leader or interviewer in previous Waves of the LCSFC, especially in recent Waves, was given preference. At Wave 5, 96% of the field personnel had conducted data collection in previous waves.

3.2 Survey training

All training sessions for Waves 4A, 5 and 5A were conducted virtually (Zoom), facilitated by the OPS training team, with the Computer-Assisted Telephone or Personal Interviewing (CATI or CAPI) and Psychology consultants. Training duration in Wave 4A was 1.5 days and 8 days in Wave 5 (please see Appendix 7 for more details on the training schedule and number of interviewers trained). The same process was followed in all waves: started with (1) sessions similar to pen-and-paper interviewing to make the interviewers familiarize with, review and understand the concepts and flow of the

questions, and grasp and appreciate the sequence and progression of the entire set of questionnaires; followed by (2) sessions discussing and using CAPI/CATI tools including program installation and data transmission. Study overview, general interviewing guidelines, relevant policies, screening and consenting procedures, and psychological first-aid were likewise discussed.

For Wave 5A, which was conducted in-person, the training sessions included training on COVID safety and health protocols. Constant communications with the teams were done via Facebook Messenger (chat group).

3.3 Data collection period

After the training sessions, finalization of the survey instruments and CAPI/CATI programming were done incorporating comments and suggestions raised during the training. Once the instruments were finalized and ethics review board approvals were obtained, data collection activities commenced. Wave 4A data collection was conducted in October to November 2020, W5 in June to August 2021, and Wave 5A in March to May 2022 (with few interviews that extended to June 2022).

Data collection method

Both the Wave 4A and Wave 5 surveys used computer-assisted telephone interviewing (CATI). In this setup, the interviewer calls the respondent and asks the questions by phone and inputs the responses in a questionnaire programmed in a tablet. The CATI components were collected and managed using CSEntry, a secure, web-based software platform specifically designed for surveys using tablet computers. In each of the two telephone survey waves, the questionnaire program was loaded to Samsung Tablets (Samsung TAB A 8.0 with S-Pen). The interviewers and team leaders were trained in the implementing the CATI survey, and how to securely transfer data from the interviewers' tablets to the secure cloud-based data repository maintained by OPS.

As decided by the Cohort Study project team, no community survey was conducted for Wave 4A and Wave 5 given the difficulty of collection community information through phone. The community survey (Wave 5A), along with the household tracking of those who were not interviewed in the phone surveys, was conducted through face-to-face interviews using CAPI. Same data entry and transmission methods were employed.

3.4 Cohort tracking protocol

Cohort masterlist. A masterlist containing the names of the ICs and household respondents (HR), with contact numbers and other relevant identifying information, was securely kept and maintained by the survey team. All research staff were trained to keep all personal information obtained in the study confidential, and all staff were required to sign the OPS Data Confidentiality Agreement (see Appendix 4).

In Wave 4A and Wave 5, information from the masterlist were programmed in the CATI tool and assigned to the interviewer to enable the interviewer to contact the respondent and ascertain the respondent's identity. Each interviewer contacted potential respondents through phone, and with the use of the masterlist information, ascertained their identity as respondents of the Cohort Study. Only after a successful screening could an interview continue. If the identities could not be established, the interviewer was instructed to report the matter to the domain-based research centers and to OPS.

The barangays included in the Wave 5A community survey were also listed in the masterlist of communities studied at baseline (2016). In addition to the baseline barangays, other sample barangays had been added to the community masterlist, which was being updated every survey round, but had been excluded in the Wave 5A survey as per study design.

Tracking protocol. The Wave 4A, Wave 5, and Wave 5A (household tracking) surveys continued the practice of tracking and locating the index child and his/her current household. It was determined whether the index child and her mother or caregiver in the earlier surveys were still living together in the same household (co-residence) or whether the index child was no longer living with the previous household respondent. In the latter case, a new household respondent was identified.

Phone Tracking. In tracking by phone, calls were made to all the listed households of the living ICs, using the cell phone numbers obtained in the most recent survey round. After the contact was made, the current address of the index child was determined and an eligible household respondent was identified. The Wave 4A and Wave 5 phone interviews sought to interview the illegible household respondent. Wave 5 also interviewed the index child in the household where he or she was currently in.

The interviewers were instructed to fill out an attrition form for those respondents who could not be tracked or scheduled for an interview, for whatever reason. The attrition form would also be filled up if the index child was dead. Outmigrants to other domains (such as those originally from Mindanao who migrated to Luzon) and information regarding their possible new location and contact information were reported to OPS. The OPS staff, in consultation with the domain research partner, assessed whether the outmigrants could still be possibly tracked in the domain of his or her destination. If yes, an arrangement was then made with the collaborating research center in the destination domain to handle the tracking and interview of the outmigrant child and his/her present household.

3.5 Survey components²

Consenting process.

²A list of all the variables collected in each survey wave is available upon request.

The interviewers were instructed to read the consent or assent form to the survey respondent, after verifying the person's identity. By Wave 5, many of the respondents were already familiar with the study, but there was still the need to explain the details of the present data collection to the respondents, without any exception. The aim of the consenting process was to get the respondent's consent for the conduct of the phone interview.

Interview components.

In Wave 4A and Wave 5, the interview was conducted through computer-assisted telephone interviewing (CATI) where the interviewer called the respondent by phone and used a tablet computer to input the responses. Due to the nature of the data collection method used, several survey components were absent in these two survey rounds. In particular, no self-administered and anthropometric modules were included in these two survey rounds.

At the end of the phone interview, tokens were provided to the respondents, the value of which corresponded to the estimated amount the respondents would have earned had he/she not spent time for the interview (the opportunity cost).

Monitoring:

Because Wave 4A and Wave 5 were phone surveys, the task of monitoring the progress of the data collection was overseen to the domain research coordinators. Monitoring involved reviewing and correcting possible errors in protocols, debriefing the field staff, and assisting in the CATI implementation. OPS assisted the domain partners in responding to issues that arose in the conduct of the field data collection for these surveys.

For Wave 5, OPS and domain investigators and coordinators, and the CATI consultant regularly monitored interviewer outputs and potential issues to be resolved. Call logs showing daily calling activities transmitted and were reviewed. Monitors conducted phone interview audits by contacting tracked respondents to verify interview status and some responses.

For Wave 5A, OPS Management teams, domain investigators, coordinators/assistants and the CAPI consultant regularly monitored interviewer outputs and addressed/resolved problems reported in the course of field operations.. Monitoring activities were done thru calls, virtual meetings, and group chat discussions. In addition, OPS conducted in-person monitoring in the Visayas areas while DRDF and RIMCU conducted in-person monitoring for their respective teams. OPS monitored synced and uploaded data for all domains.

Debriefing:

Debriefing meetings were conducted separately by the domains. The meetings allow sharing of data collection observations and experiences, particularly concerns, resolutions, and learnings among field personnel. These information feed to the enhancement of succeeding survey Waves.

3.6 Ethics review

The survey design, protocol and instruments were reviewed by the Single Joint Research Ethics Board of the Department of Health. Please see Appendix 5 for the SJREB Certificates of Approval, approved consent forms and IC assent scripts.

3.7 Data collation, processing and documentation

For the Wave 4A and Wave 5 survey rounds, all CATI interview data (individual and household interviews) were encoded through the CSEntry application in the

interviewers' tablets. The data from the individual tablets were sent to the project's secure Dropbox (a file-hosting service operated by Dropbox, Inc. that offers cloud storage and file synchronization), OPS staff and CATI consultant, Mr. Leo Ocampo, monitored the integrity and completion of the electronic data coming from the field.

For these surveys, validations with previously collected longitudinal data were done to check possible inconsistencies. Review of the most recent data started as soon as the first few interviews were transmitted from the field. The tracking and interview summary reports were regularly sent to the coordinators. Team leaders and interviewers were contacted for validation when necessary. As soon as all interview data had been synced, survey counts were summarized and were prepared for weights calculation. Additional cleaning, recoding, coding of non-numeric text (string) responses, and analyses of data followed.

The Wave 5A survey was the first community survey of the LCSFC that employed Computer-Assisted Personal Interviewing (CAPI). The programming had been more complicated than the CAPI or CATI used in household interviews since community surveys must allow for multiple respondents and interviewers simultaneously. Ideally, after each completed interview, collected data is synced or transmitted to the project cloud storage (Dropbox Inc., CA, USA).

3.8 Problems encountered in the Wave 4A, Wave 5, and Wave 5A survey implementation

Field survey data collection is a very challenging task and phone surveys as the mode of data collection also presented several important challenges. The difficulty of confirming the identity of the cohort study respondent was one of such challenges. Phone interview also limited the length of the interview and the number and type of questions that could possibly be asked of the respondent. These phone surveys were also done in the middle of the COVID 19 pandemic, and with the quarantines and community lock-downs, it was not always easy to send the tokens to the respondent.

Other problems and difficulties encountered during the Wave 4A, Wave 5, and Wave 5A field data collections were the following:

Waves 4A and 5 (phone surveys):

- *Slow/Unstable/Unavailability of internet connection in some areas.* This presented a challenge in program installation, updating and data transmission.
- *Weak or no Phone signal.* Phone signals were weak or even non-existent in some areas resulting to interview interruptions and/or unsuccessful contact attempts. Some respondents needed to travel a considerable distance to reach areas with adequate phone connectivity.
- *Data collection tools (Tablets).* Some survey tablets had frequent issues during data collection (e.g., “hang” or “freeze”). These tablets (2015 and 2019 models) will need to be upgraded or replaced with higher models to keep up with the CSEntry (data entry) upgrades.
- *Administering Likert-scale questions.* Challenging to administer the Youth Self-Report (YSR) or other Likert scale questions wherein responses are repeatedly read over the phone, as it lengthens the interview, prone to the IC getting distracted or bored

- *Others.* A small proportion had no phone numbers on record. Some phone numbers were also not working or “unattended”. Some respondents asked to be called back but did not answer the interviewers’ follow-up calls. Some respondents relayed that they would prefer face-to-face interviews given the length of the W5 interview.

Wave 5A (Face to face community survey and household tracking):

- *Difficulties in obtaining permission, courtesy visits.* Some LGUs had additional requirements, preferences and/or protocols that were not encountered in prior surveys. For example, there were LGUs or barangays that requested the original copies of courtesy letters, had questions on dates of letters, or required prior notice (i.e., sending letters in advance or thru e-mail) before the courtesy visits. The teams accommodated their preferences and complied with protocols. These contributed to delays in data collection.
- *Difficulties in scheduling community survey key informant interviews.* Some barangay officials were not available for interviews during the allotted duration of stay of the survey field personnel in the barangays. Since the survey was conducted close to or during the campaign period, many key informants (or LGUs/barangay offices) were quite busy with campaign-related rallies or activities. There were LGUs in Visayas and Mindanao that did not allow data collection in their areas before the elections. Field personnel were asked to return after the elections, thus extending completion of data collection in these domains. Security reasons may also have been a consideration for the denial and/or rescheduling demands. The field teams conducted multiple visits and calls, rescheduled, and patiently waited for their availability.

- *Difficulties in obtaining relevant information from community survey key informants.* Although most questions were not new and had been asked in prior surveys, some LGU and barangay officials hesitated to give some information (i.e., 4Ps, IRA, health data which had been asked since baseline). Some officials required additional documentations from other offices, a few key informants were not very cooperative, and some records were not easily found (i.e., crime statistics). Some records had to be compiled or sourced from other offices outside the sample barangays (i.e., municipal or regional offices). The field teams visited and/or contacted multiple offices and officials, and complied with documentary requirements when able, to obtain the necessary information.
- *Difficulties in locating or contacting IC Households.* Field personnel visited the last known addresses of the identified IC households for tracking, however some households or ICs had left these areas with no clear forwarding addresses or contact information. Some key informants (i.e., neighbors) provided contact information leads, which allowed us to establish contact with the ICs either by phone or home visit (for ICs who moved to areas adjacent to sample areas), However, a large proportion of those who moved were not reached even with the contact information leads (i.e., no response after multiple calls or visits). This accounted for 80% of attrition (106 of 132).
- *CAPI-related issues.* As indicated above, the programming requirements for the community survey had been complex compared to the household or IC interviews since community surveys must be able to accommodate multiple key informants (i.e., different informants per section) and interviewers. Some interviewers reported challenges in navigating the program as it does not allow skipping within a section. The study also encountered problems in data transmission (syncing). The programming consultant eventually succeeded in having the interviewers sync all data

after much troubleshooting and waiting period. Software compatibility with the server was identified as the main cause of the syncing troubles.

- *Signal/phone connectivity concerns.* Phone and internet connectivity were weak or non-existent in some areas. Connectivity is needed in transmitting data and contacting respondents/informants, field teams and the project management teams. Field teams had to locate and go to areas with better connectivity.
- *Transportation problems.* Some field personnel encountered difficulties in commuting to sample areas due to lack of available transportation services. In some instances, the transportation difficulties were worsened by political rallies that used the available vehicles in the areas. In addition, transportation cost, as well as accommodation and meals had significantly increased compared to prior years.
- *Bad weather.* Heavy rain, flooding, and typhoons hindered some teams in their fieldwork. Bad weather conditions limited access to the target communities and the interviewers had to wait for the weather to clear or they had to move to other accessible and safer locations. Some teams got stranded on their trips going home.
- *Expectations of communities and households.* Although the consent forms which are read and signed by the respondents state the significance and potential benefits (non-direct) that can be derived from the study, some households anticipate more direct benefits from the study (i.e., scholarships). The field personnel had to remind the respondents or explain again to them the study participation terms where the main benefit of their voluntary participation is that the information they provide contributes to improving the welfare and well-being of children.. Some community officials also had expectations (i.e., programs) from the project

and were less enthusiastic when no direct benefits were promised. A number of community officials also requested results of the study. Excerpts of the reports from prior waves were distributed.

- *Others.* Security checks were heightened in some areas causing some anxiety among field workers. For example, the Waray Team experienced being interrogated by the officers when they passed a PNP checkpoint going to one of the communities. The team just explained the purpose of their visit. New household set-ups brought about by the pandemic (i.e., recent migration of prior household respondent) caused some challenges in the household interviews. These were resolved in a case-to-case basis after consultation and discussion with the supervisors.

Over-all, the challenges experienced by the project teams contributed to delays or longer than expected data collection period. However, these were successfully resolved and overcome by the teams' hard work coupled with their dedication, passion, patience, and resourcefulness.

CHAPTER 4 COMMUNITY CHARACTERISTICS

Each LCSFC full survey round is designed to collect data from the index child, their households, and their barangays or communities of residence (Community Surveys) all within the same data collection period. For Wave 5, the first full survey done by phone, the community survey (Wave 5A) was administered months after the phone survey was conducted when in-person interviews of community respondents were allowed. Concurrent with the Community Survey, was the face-to-face household Tracking Survey aimed at following up the households that were not interviewed during the past two phone surveys, updating their contact information and location.

The two phone surveys, Waves 4A and the Wave 5 main household and child survey, did not gather information in the community (barangay) level. Due to logistical constraints brought about by the pandemic, the focus of the phone surveys became solely the index children and their households. Information on the Cohort Study sample barangay characteristics was provided in the previous Cohort Study results (OPS 2018, 2019, 2020) and it was expected that most of the sample children remained in the same barangay that they were living in before the pandemic. Due to the possibly great changes at community level caused by the pandemic, however, it is advisable to do community level assessment in the sample barangays covered by the study at the soonest possible time subsequent to the Wave 5 survey. Thus, a few months later, in March 2022, the Community Survey component of Wave 5 was implemented, designated as Wave 5A, using face-to-face mode of data collection. Concurrent with the Community Survey, was the face-to-face household Tracking Survey aimed at following up the households that were not interviewed during the past two phone surveys, updating their contact information and location.

4.1 Profile of Wave 5A sample barangays

The Wave 5A Community Survey collected information on the barangays that were originally in the baseline (2016) survey. The data set consisted of 345 barangays with collected community information, 115 in Luzon, 115 in the Visayas, and 115 in Mindanao. Table 4.1 compares the characteristics of the baseline sample barangays with those obtained during the Wave 5 community survey. There was a significant increase in average Internal Revenue Allotment, from 6,579,017 pesos (2016 value) to 32,689,312 pesos (2020 value). Between Wave 1 (2016) and Wave 5A (2020) there were also increases in the proportion of barangays with local waterworks (from 66.0% to 74.2%), with barangay health station or local health unit (from 86.1% to 90.4%), and the average number of 4Ps recipient households (from 208 to 219). There was a decrease, however, in the proportion of barangays with agriculture as main source of livelihood (62.6% to 58.3%), and barangays with indigenous peoples (from 37.0% to 35.6%)

Table 4.1 also shows that, comparing across domains, only population density and the Internal Revenue Allotment were not significantly different across domains during the Wave 5A community survey. The average population per barangay, as in Wave 1, remained largest in Luzon, followed by Mindanao, and Visayas. Agriculture as main source of livelihood in the barangay was highest for the Visayas, followed by Mindanao and Luzon. For some reason, there was a drastic drop in the proportion of barangays with agriculture as main source of livelihood in Mindanao, from 72.2% in Wave 1 to 58.3% in Wave 5A.

Several of the selected characteristics Table 4.1 had lowest levels in Visayas among the three domains. The proportion of barangays with local waterworks was lower in the Visayas (62.6%) compared to Luzon (80.9%) and Mindanao (79.1%). Similarly, the average number of 4Ps recipient households was also least for Visayas (only 128 compared to 228 in Luzon and 301 in Mindanao). The average number of 4Ps recipient households in the barangay had declined for Visayas (from 137 to 128) and Luzon (from 252 to 228) but increased in Mindanao (252 to 301) between Wave 1 and Wave 5A. As

in Wave 1, Visayas in Wave 5A also had the lowest proportion of barangays with barangay health station or local health unit, with only 86.1%, compared to 89.6% in Luzon and 95.6% in Mindanao. The relative paucity of indigenous peoples in the Visayas is also reflected in Table 4.1, with Visayas having only 5.2% of the barangays with indigenous peoples, compared to 19.1% in Luzon and the large 82.6% in Mindanao.

Table 4.2 shows some of the programs, policies, and facilities reported to be existing or in the barangays where the children lived. We can see that more than a third (36.2%) had poverty alleviation programs other than 4Ps. More than half of the barangays also had youth programs (64.4%), livelihood programs initiated by the government (68.1%), program or treatment for drug users (66.3%), and COVID-19 related programs (80.0% had those initiated by the barangay, and 55.4% had other COVID-19 programs not initiated by but implemented in the barangay). Less than half of the barangays had a reforestation program (45.5%), scholarship program (46.7%), livelihood programs sponsored by civil society (16.3%), and social housing program (7.8%).

Among the domains, Mindanao had the highest levels of programs related to poverty alleviation other than 4Ps (47.0%), social housing (13.9%), youth program (73.0%), reforestation (57.4%), program for drug users (71.3%), and COVID-19 (91.3% for those initiated by the barangay, and 80.9% for those not initiated by but implemented in the barangay). Luzon had the highest reported levels of having a livelihood program sponsored by the civil society (24.4%) and scholarship program (54.8%).

With regard to policies, ordinances and plans existing in the barangay, Table 4.2 shows while the great majority of the barangays had GAD-related ordinance (94.6%), less than a fourth had anti-discrimination policy (24.4%) or marine and coastal preservation (20.0%). About 3 out of 4 barangays had DRRM office or desk (77.1%), and about the same proportion or higher had DRRM plans for the most important disaster events. About 9 of 10 barangays had DRRM plan for tropical cyclones (90.4%), and about three-fourths had DRRM plans also for extreme rainfall (81.4%), fire (77.4%), and earthquake (73.3%).

Among the domains, Mindanao had the highest percentage of barangays with DRRM office or desk (85.2%), and with DRRM plan for extreme rainfall (87.0%). Mindanao also had the highest levels of having an anti-discrimination policy (33.9%) and having a marine and coastal preservation policy (27.0%). Luzon had the highest percentage of barangays with DRRM plans for tropical cyclone (92.6%), fire (87.0%), and earthquake (86.1%).

For facilities, three-fourths (75.4%) of the barangays had evacuation centers, while 12 percent had a COVID-19 testing facility. Among the domains, Visayas had the highest percentage of barangays with evacuation center, at 84.4%. Mindanao had the highest proportion of barangays with COVID-19 testing facility (at 18.3%).

Other characteristics listed in Table 4.2 pertain to having a Barangay Health Emergency Response Team (found in almost all of the barangays, especially in Luzon and Visayas), and having received an award for good governance (in 31.6% of the barangays) and Zero Open Defecation certification (in 18.0% of the barangays). Among the domains, Luzon had the highest percentage of barangays with award for good governance (36.5%); while Visayas had the greatest proportion of barangays with Zero Open Defecation certification (22.6%).

Table 4.1 Comparing selected barangay characteristics in Waves 1 (2016) and 5A (2020) by island group^a

| Selected community characteristics | Luzon | | Visayas | | Mindanao | | ALL | |
|--|--------------------------------------|----------------------------|---------------------------------------|----------------------------|--------------------------------------|----------------------------|---------------------------------------|----------------------------|
| | Wave 1 (n=115) | Wave 5A (n=115) | Wave 1 (n=115) | Wave 5A (n=115) | Wave 1 (n=115) | Wave 5A (n=115) | Wave 1 (n=345) | Wave 5A (n=345) |
| Population density (persons/km ²)*, mean±SD | 14,258.0± 26,590.4 (n=97) | 18,623.4± 29,450.9 n | 3,882.1± 13,358.2 (n=101) | 12,669.4± 81,665.4 | 4,323.0± 8,577.4 (n=109) | 4,575.8± 9,046.8 | 7,317.0± 18,123.4 (n=307) | 11,956.2± 50,576.8 |
| Internal Revenue Allotment (in pesos)*, #, mean±SD | 11,015,370+ 19,480,693 (n=99) | 24,364,325+ 49,448,740 | 3,948,215+ 7,185,689 (n=110) | 65,027,801+ 3.541e+08 | 5,253,258+ 7,629,480 (n=113) | 8,675,809+ 13,148,084 | 6,579,017+ 12,757,827 (n=322) | 32,689,312+ 2.073e+08 |
| Agriculture as main source of livelihood*, #, % | 48.7 | 47.8 | 67.0 | 68.7 | 72.2 | 58.3 | 62.6 | 58.3 |
| With local waterworks#, % | 62.3 (n=114) | 80.9 | 61.7 | 62.6 | 73.9 | 79.1 | 66.0 (n=344) | 74.2 |
| Households enrolled in 4Ps*, #, mean±SD (among barangays with 4Ps) | In 2016 251.9± 396.2 (n=65) | In 2020 227.5± 294.2 | In 2016 136.8± 121.2 (n=100) | In 2020 128.3± 124.6 | In 2016 252.1± 216.8 (n=95) | In 2020 301.1± 325.0 | In 2016 207.7± 254.2 (n=260) | In 2020 219.0± 271.8 |
| With barangay health station, rural/city health unit/office*, #, % | 87.8 | 89.6 | 80.9 | 86.1 | 89.6 | 95.6 | 86.1 | 90.4 |
| With indigenous peoples*, #, % | 21.9 (n=114) | 19.1 | 7.8 | 5.2 | 81.6 (n=114) | 82.6 | 37.0 (n=343) | 35.6 |

^aUnweighted results presented as percentage of barangays or mean ± SD; Wave 1 data presented for non-varying attributes; In some cases, values are set to missing if data were reported in a different format

*Significantly different at p<0.05 across domains in Wave 1, # across domains in Wave 5A; Test for significant differences were based on chi-squared test of independence, mean comparison tests, and one-way analysis of variance tests.

Table 4.2 Barangay programs, policies, awards and facilities, Wave 5A (2022)

| Characteristics | Luzon (n=115) | Visayas (n=115) | Mindanao (n=115) | ALL (N=345) |
|--|--------------------------|----------------------------|-----------------------------|------------------------|
| With poverty alleviation program other than 4Ps* | 28.70 | 33.04 | 46.96 | 36.23 |
| With social housing program* | 4.35 | 5.22 | 13.91 | 7.83 |
| With youth program** | 66.96 | 53.04 | 73.04 | 64.35 |
| With livelihood program sponsored by government | 68.70 | 63.48 | 72.17 | 68.12 |
| With livelihood program sponsored by civil society* | 24.35 | 12.17 | 13.91 | 16.81 |
| With reforestation program** | 35.65 | 43.48 | 57.39 | 45.51 |
| With scholarship program** | 54.78 | 34.78 | 50.43 | 46.67 |
| With program or treatment intervention for drug users*** | 70.80 (n=113) | 55.77 (n=104) | 71.30 | 66.27 (n=332) |
| With COVID-19 programs initiated by the barangay*** | 78.26 | 70.43 | 91.30 | 80.00 |
| With other COVID-19 programs implemented in the barangay | 46.96 | 38.26 | 80.87 | 55.36 |
| With DRRM office or desk in the barangay hall* | 69.57 | 76.52 | 85.22 | 77.10 |
| With DRRM plan for extreme rainfall** | 86.09 | 71.30 | 86.96 | 81.45 |
| With DRRM plan for tropical cyclone** | 92.65 | 92.17 | 83.48 | 90.43 |
| With DRRM plan for earthquake*** | 86.09 | 58.26 | 75.65 | 73.33 |
| With DRRM plan for fire*** | 86.96 | 62.61 | 82.61 | 77.39 |
| Has GAD related ordinance | 84.35 | 79.13 | 90.43 | 94.64 |
| Has anti-discrimination policy** | 23.48 | 15.65 | 33.91 | 24.35 |
| Has policies on marine and coastal preservation*** | 11.30 | 21.74 | 26.96 | 20.00 |
| With evacuation center* | 67.83 | 84.35 | 73.91 | 75.36 |
| With COVID-19 testing facility*** | 16.52 | 0.87 | 18.26 | 11.88 |
| With Barangay Health Emergency Response Team (BHERT)* | 100.00 | 100.00 | 96.52 | 98.84 |
| Has received award for good governance | 36.52 | 28.70 | 29.57 | 31.59 |
| Certified Zero Open Defecation (ZOD) status | 13.91 | 22.61 | 17.39 | 17.97 |

*p<.05, **p<.01, ***p<.001

CHAPTER 5 PROFILE OF THE FILIPINO CHILD AT AGES 13 AND 14

5.1 Basic profile of the index children

Table 5.1 shows the basic profiles of the index children at Waves 4A and 5. In Wave 4A, data were obtained from phone interviews of the index children mothers or caregivers, while in Wave 5, both the mother/caregiver and the IC were interviewed.

The two telephone surveys, Wave 4A and Wave 5, gathered data among the index children and their households during the time of pandemic, when the children were about 14 (Wave 4A) and 15 (Wave 5). In Wave 4A, the characteristics of the index children and their households came from the household interview of the mother or caregiver, while in Wave 5, both the mother/caregiver and the IC were interviewed.

IC age

The Cohort Study tracks a group of children who at baseline (2016) were age ten years old (aged 10.01 to 10.99 years). Age was based on interviewee report of age and birth date (please see Chapter 2 on inclusion and recruitment criteria). By Wave 4A, the children were on the average aged 14.0 years old and by Wave 5 they were 14.5 years old.

Household profile

Selected characteristics of IC households, stratified by domain, are presented in Table 5.1. About 8 out of 10 household respondents were mothers of the index child, indicating that for majority of the index children the mother were the primary caregivers. By Wave 5, about three-fourths of the index children had both parents residing within the household. About a tenth of the IC households had mother only, while about 9 percent had no parents in the household. The question on the presence of IC's parents in the household was not asked in the Wave 4A survey, the first phone survey, in the

interest of keeping the questionnaire as short as possible. The household size was about 6 persons at both Wave 4A and Wave 5, even if stratified by domain. About half of the households were 4Ps beneficiary, and there was a slight increase from Wave 4A (48%) to Wave 5 (51%).

IC profile

Table 5.1 also shows selected characteristics of the index children. As can be seen, the sample children were on the average 14.0 years old during the time of the Wave 4A and 14.5 years old at the time of the Wave 5 survey. There was also about an even split between males and females in the sample for these surveys, observed across all domains. Most of the index children (more than 9 out of 10) were enrolled in school, and the majority of the children in both surveys were either in Grade 8 or Grade 9.

In Wave 5, about 95.9% of the children were enrolled in school, which was a bit lower than the 97.1% proportion in Wave 3 and 97.3 in Wave 4A. There was also a bit higher grade repetition in Wave 4A, during the early pandemic period (2020), with 3.4% of the children having repeated a grade, compared to only 2.2 in the Wave 5 (2021).

Table 5.1 Basic characteristics of index children at Wave 4A and Wave 5#

| Characteristics | Wave 4A | | | | Wave 5 | | | |
|---|--------------------|-------------------|--------------------|-----------------------|-------------------|-------------------|-------------------|-------------------|
| | Luzon | Visayas | Mindanao | ALL | Luzon | Visayas | Mindanao | ALL |
| Age in years,n | 13.96 | 13.97 | 13.95 | 13.96 | 14.48 | 14.57 | 14.54 | 14.53 |
| Males,% | 51.02 | 49.42 | 50.93 | 50.47 | 50.72 | 49.76 | 50.45 | 50.29 |
| Main household respondent ^{####} , % | | | | ** | | | | |
| Mothers | 80.98 | 82.30 | 76.79 | 79.92 | 80.37 | 81.50 | 78.00 | 80.00 |
| Fathers | 5.46 | 6.61 | 7.35 | 6.51 | 6.97 | 6.57 | 6.87 | 6.79 |
| Grandmothers | 8.39 | 6.23 | 7.62 | 7.42 | 7.72 | 7.10 | 7.38 | 7.39 |
| Other household members | 5.17 | 4.86 | 8.24 | 6.16 | 4.94 | 4.83 | 7.75 | 5.82 |
| Parents in household ^{##} , %: | (NA) | (NA) | (NA) | (NA) | | | | |
| Both parents | | | | | 74.16 | 77.48 | 75.22 | 75.69 |
| Mother only | | | | | 12.28 | 10.19 | 9.80 | 10.73 |
| Father only | | | | | 4.87 | 3.75 | 4.31 | 4.29 |
| No parents | | | | | 8.69 | 8.58 | 10.67 | 9.30 |
| Household size, n | 6.12 | 6.06 | 6.39 (n=1,128) | 6.19** (n=3,181) | 6.08 | 6.18 | 6.43 | 6.23*** |
| 4Ps beneficiary household, % | 37.50 (n=1,024) | 52.04 | 55.23 (n=1,128) | 48.49*** (n=3,180) | 41.05 | 53.42 | 58.63 | 51.18*** |
| Currently in school,% | 97.15 (n=1,019) | 97.47 | 97.25 (n=1,127) | 97.29 (n=3,174) | 96.03 | 96.18 | 95.54 | 95.92 |
| Current grade ^{b,c} ,% | | | | *** | | | | *** |
| Grade 4 or below; SPED or none completed | 1.39 | 1.47 | 1.70 | 1.53 | 0.92 | 0.82 | 1.19 | 0.97 |
| Grade 5 | 0.80 | 0.68 | 1.70 | 1.08 | 0.84 | 1.02 | 1.71 | 1.19 |
| Grade 6 | 1.09 | 2.15 | 3.22 | 2.19 | 1.75 | 2.39 | 3.72 | 2.62 |
| Grade 7 | 5.77 | 3.91 | 7.25 | 5.69 | 5.72 | 4.58 | 8.40 | 6.19 |
| Grade 8 | 28.23 | 26.52 | 30.44 | 28.46 | 29.75 | 27.12 | 29.89 | 28.86 |
| Grade 9 | 60.74 | 64.58 | 54.70 | 59.84 | 58.81 | 62.91 | 52.19 | 58.11 |
| Grade 10 | 1.79 | 0.59 | 0.81 | 1.05 | 1.91 | 0.89 | 2.60 | 1.77 |
| Grade 11, K12, Senior High School | 0.10 | 0.10 | 0.00 | 0.06 | 0.00 | 0.14 | 0.07 | 0.07 |
| Alternative Learning System (ALS) | 0.10 (n=1,006) | 0.00 (n=1,022) | 0.18 (n=1,117) | 0.10 (n=3,145) | 0.31 (n=1,311) | 0.14 (n=1,464) | 0.22 (n=1,345) | 0.22 (n=4,120) |
| Repeated a grade in current school year, % | 3.14 | 4.28 | 2.84 | 3.40 | 1.80 | 2.55 | 2.34 | 2.24 |
| N (IC) | 1,025 | 1,028 | 1,129 | 3,182 | 1,319 | 1,481 | 1,348 | 4,148 |
| N (MOM/CAREGIVER) | | | | | 1,335 | 1,492 | 1,368 | 4,195 |

#Weighted results presented as percentages or mean ± standard error (SE). Tests for significant differences in weighted proportions and means were based on Pearson chi-square test for independence and adjusted Wald test respectively.

##Mother/father refers to biological or step/adoptive/foster

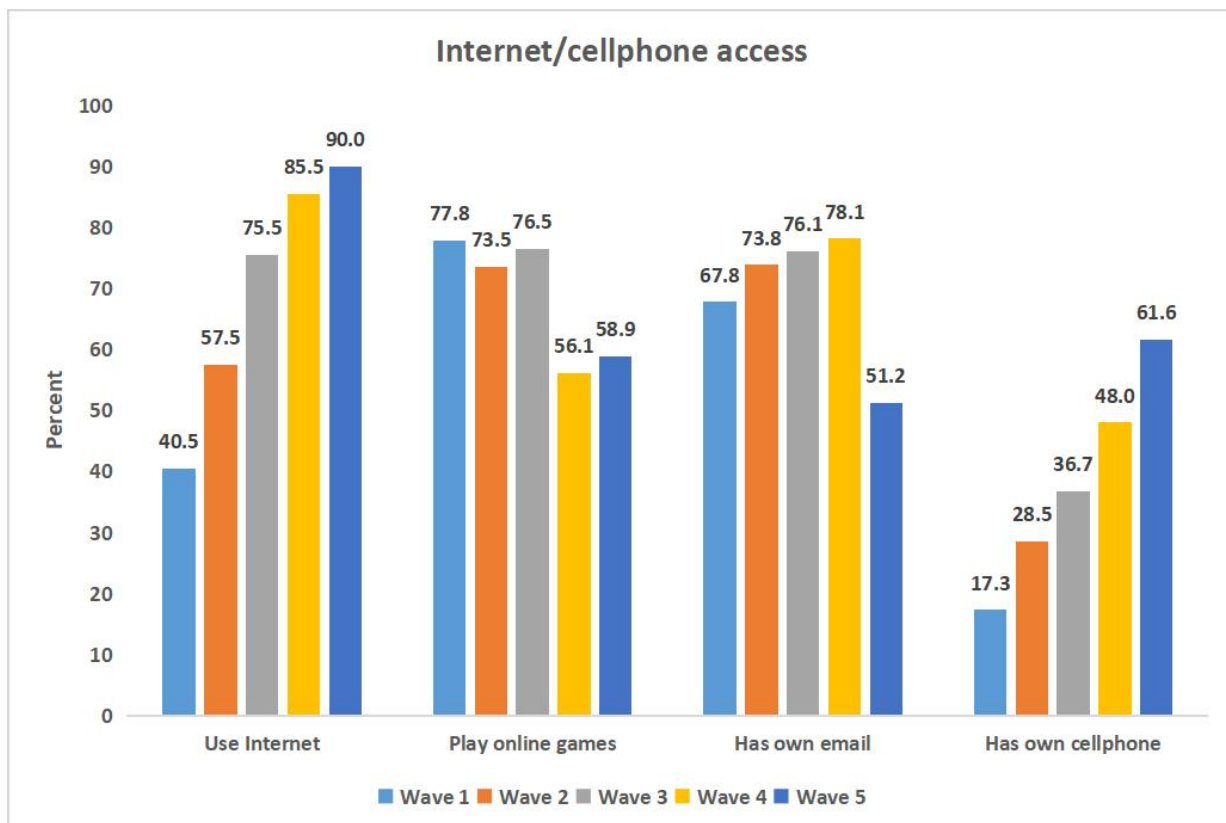
Current grade if in school; last grade completed if not in school

^a Significantly different at p<0.05 between Luzon and Visayas; ^b Luzon and Mindanao; ^c Visayas and Mindanao

5.2 Internet and Cellphone Use

Figure 5.1 illustrates the increasing access to the internet and increasing cellphone ownership among the cohort of children as they advance through their adolescent years. Since the baseline in 2016, the percentage of those who used the internet more than doubled, and those who owned cellphone more than tripled. These would indicate the importance of access to the onternet and cellphones in the lives of these young people, whether for school, social or other purposes. The proportion of children playing online games was highest in Wave 1, and considerably lower in Waves 4 and 5. The reason for this is not yet clear, but it may be possible that the global pandemic might have affected online gaming, especially those centered in internet cafes instead of in the respondents' homes. Reported ownership of email account, which might also be related to online gaming, decreased during the pandemic as reflected in the Wave 5 survey. These fluctuations could merit further analysis in the future.

Figure 5.1 Internet and cellphone access (Waves 1-5)



5.3 Vulnerabilities during the time of the COVID-19 Pandemic

As the LCSFC study aims to document and understand challenges to young people's development, data from the Wave 4A and Wave 5 survey rounds, in addition to data already previously collected, have been used to examine the possible impact of the COVID-19 pandemic on the Filipino youth of today. Trends of SDG-related indicators are presented in the Report on the Impact of COVID-19 on the Filipino Youth (OPS, 2023). The reported findings provide updated information and may reflect ongoing efforts of the Philippine government, the UNFPA and other stakeholders in dealing with the global pandemic. In addition to the trends in the abovementioned report which will mostly not be repeated here, some of the vulnerabilities and challenges observed the latest survey waves are listed below:

Economic difficulties in the household: The COVID-19 pandemic has brought about various forms of economic hardship in the households of the index children. In Wave 4A, several months after the onset of the pandemic, more than three-fourths of the sample households had considerable difficulty in meeting expenses (76%). Among domains, this was highest in Luzon, at 82% while lowest in Mindanao, at 64%. By Wave 5, 64% of the IC households had reported experiencing difficulty in meeting expenses. It was still lowest in Mindanao, at 54%, while the levels for Luzon and Visayas were now almost the same, at 68% and 67% respectively. Among those with difficulty in meeting expenses, a segment was also composed of those with "considerable" difficulty in meeting expenses (as opposed to those with only "some" difficulty). While the proportion of those with considerable difficulty in meeting expenses had decreased from 36% in Wave 4A to 19% in Wave 5, it was still higher compared to the prepandemic (Wave 4) level of 15%. Another hardship was the effect on the jobs or businesses. In the earlier phase of the pandemic (Wave 4A), about 76% of households had members who had either lost job, reduced number of working hours, or closed own business. The proportion significantly decreased in Wave 5, but still experienced by more than half of the households (55%).

Figure 5.2. Difficulty in meeting expenses, Wave 4A (2021).

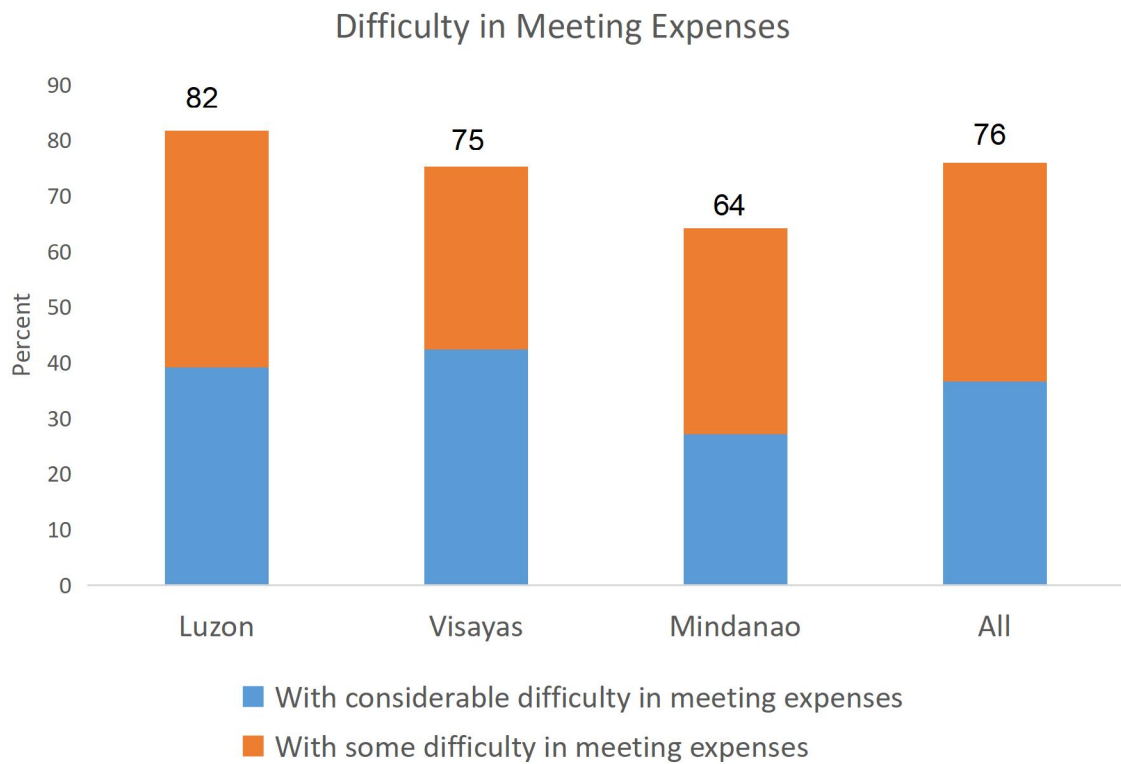


Figure 5.3 Difficulty in meeting expenses, Wave 5 (2022).

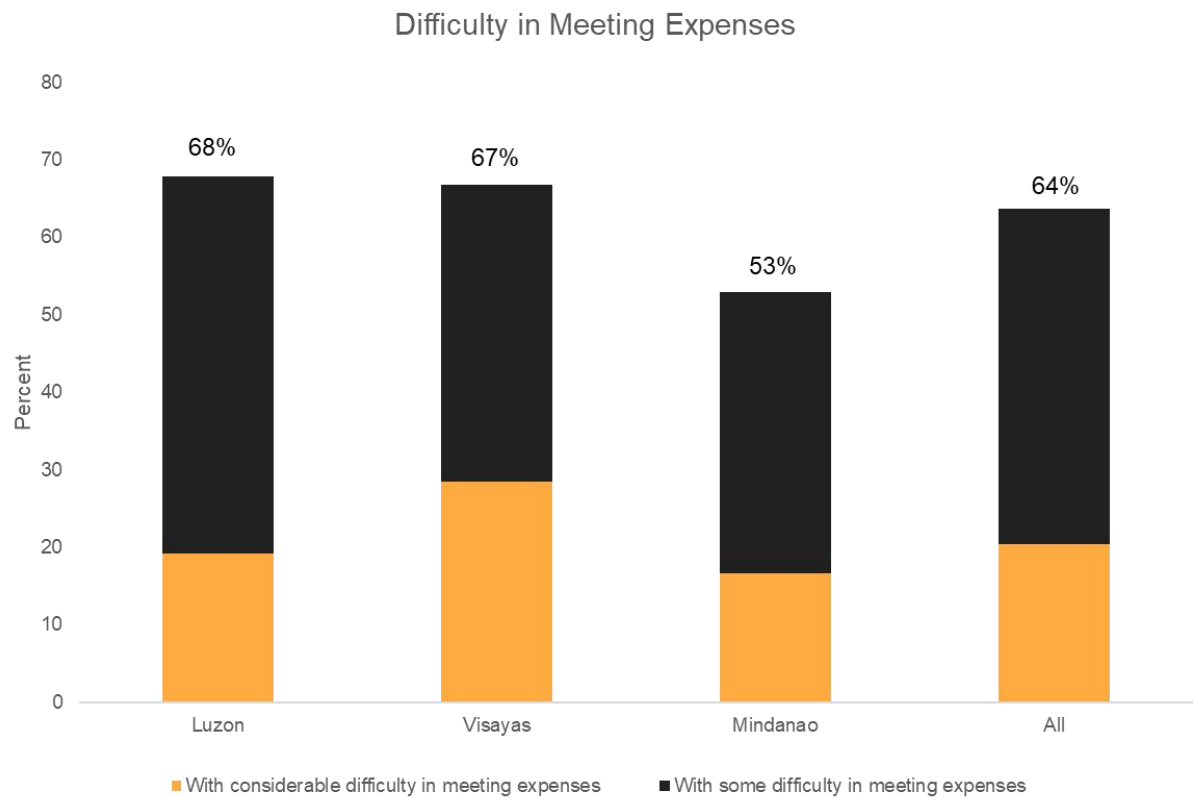
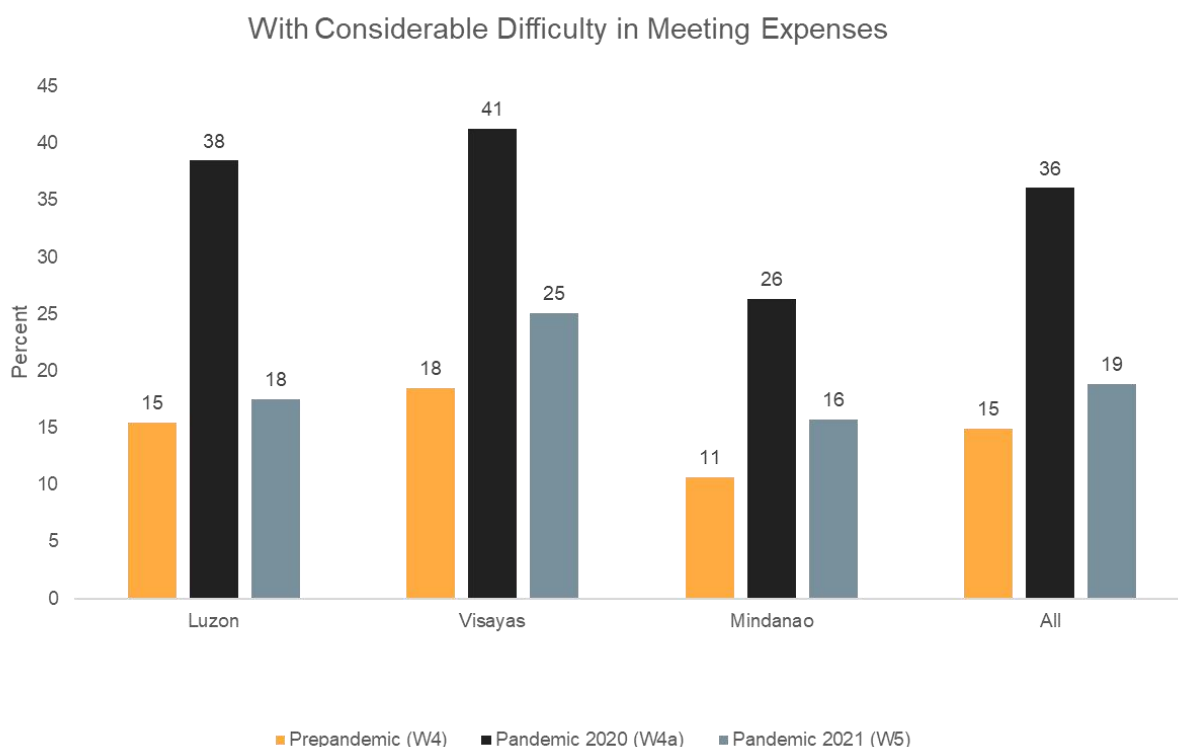
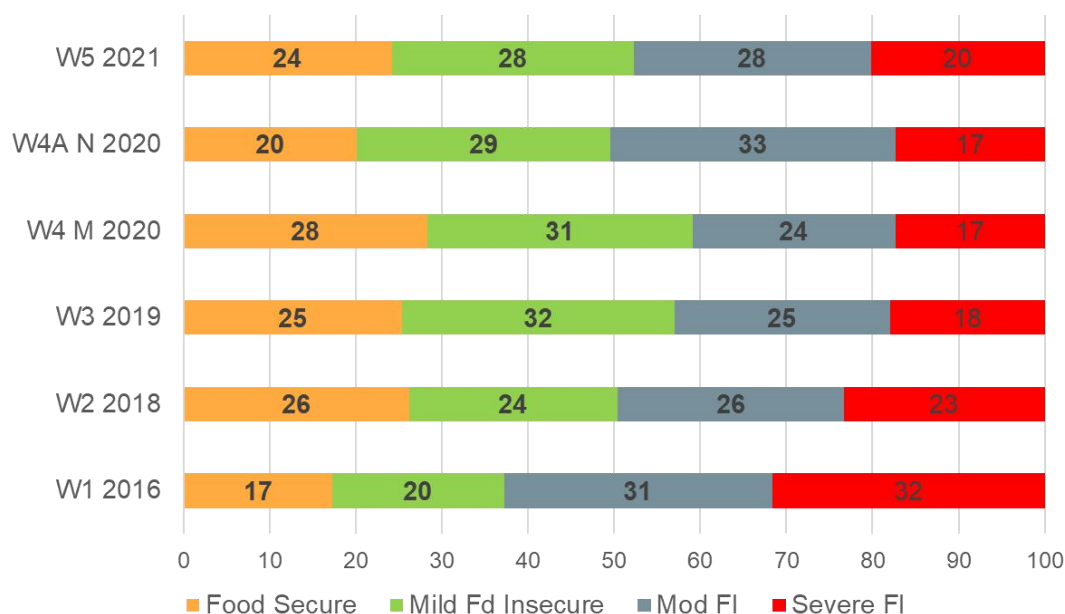


Figure 5.4. With considerable difficulty in meeting expenses, Waves 4 (2020), 4A (2020) and 5 (2021).



Food insecurity. While prepandemic data had indicated a general increase of food security in the sample, from 17% in Wave 1 to 28% in Wave 4, subsequent telephone surveys showed a slide in food security during the pandemic, back to 20% in Wave 4A. In Wave 5, food security recovered a bit (to 24%) but it still was lower compared to the situation prior to the pandemic. The observed level of severe food insecurity at Wave 5 (20%) was also higher compared to the levels in the past three surveys.

Figure 5.5 Food security, Waves 1 to 5.



Difficulties in remote learning. During the pandemic, Filipino shifted to remote learning, mostly through the use of printed modules distributed to students to study and work on at home, through online classes with the use of platforms like Google Meet or Zoom, or through a blend of modules and online classes. Remote learning introduced several difficulties, such as providing assistance to students in understanding the modules, internet connectivity for online classes, and how to manage the flow of modules between the school and the remote learners. LCSFC data at Wave 5 showed that 84.6% of the children reported having difficulty in remote learning, the levels a bit higher among females (86.7%) compared to males (82.7%). Among domains, the level for having difficulty in remote learning was higher for Luzon (87.0%) compared to Visayas (81.3%) or Mindanao (82.3%). When asked what learning modality would the children prefer, an overwhelming majority (86.1%) preferred face to face classes.

Table 5.2. Experiencing difficulty in classes, Wave 5 (2021).

| | Luzon | Visayas | Mindanao | ALL |
|-------------------------------|-------|---------|----------|------|
| Reported having difficulty, % | 87.0 | 81.3 | 82.3 | 84.6 |
| Males | 84.4 | 80.3 | 80.8 | 82.7 |
| Females | 89.8 | 82.3 | 83.9 | 86.7 |

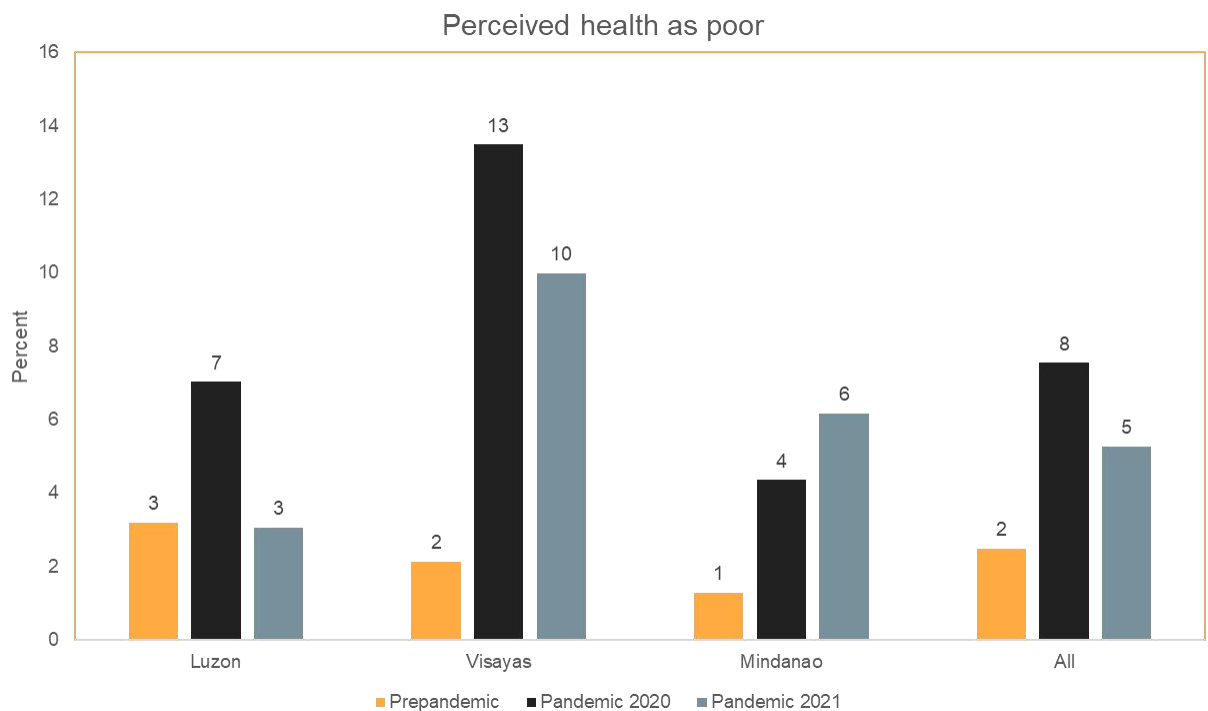
Table 5.3. Mode of learning preferred by students, Wave 5 (2021).

| | Luzon | Visayas | Mindanao | ALL |
|--|-------|---------|----------|------|
| Mode of schooling wanted by IC, % | | | | |
| Online/internet only - access videos, modules online | 1.5 | 0.8 | 1.7 | 1.4 |
| Printed modules picked-up from school/barangay or delivered to home only | 8.5 | 8.0 | 13.7 | 9.8 |
| Blended learning - combination of online and delivered modules | 4.4 | 1.0 | 0.6 | 2.7 |
| Face-to-face | 85.6 | 90.2 | 84.0 | 86.1 |

Experiencing COVID-19: A few children in the sample tested positive for COVID-19 and some reported experiencing COVID-19 symptoms. In Wave 4A, 118 index children were reported to have experienced COVID-19 symptoms and 2 children tested positive for COVID-19. By Wave 5, 279 had experienced COVID-19 symptoms, and 5 had tested positive for COVID-19.

Poor health. Aside from the threat of COVID-19, general health among the children was also a concern during the pandemic years. There was a general increase in the reporting of health as poor, from 2% in Wave 4 to 8% in Wave 4A. The level drop down to 5% in Wave 5, but among the domains poor reported health continued to increase in Mindanao (from 1% in Wave 4, to 4% in Wave 4A, to 6% in Wave 5. There was also had increase in the percentage of IC households with members who had non-COVID illness or injury in the past two years, from 26.2% in Wave 4A to 34.3% in Wave 5. Among the domains, however, there was a decrease for this variable in the Visayas, from 22.6% in Wave 4A to 19.5% in Wave 5.

Figure 5.6. Perceived health as poor, Waves 4, 4A and 5.



Lack of physical activity and weight gain. One of the challenges during the early months of the pandemic (2020), when health protocols imposed limitations to the mobility of many people, including children, was how to maintain an active physical lifestyle. Lack of physical activity might lead to weight gain, being overweight, and related health issues. Wave 4A results showed that about three-fourths of the index children had gained weight

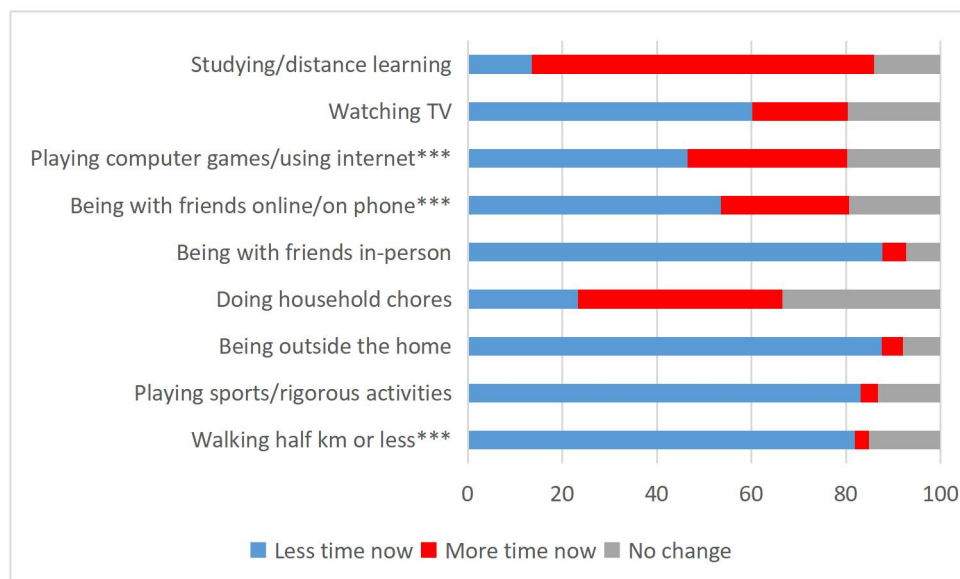
compared to the pre-pandemic period, according to the report of the mother or primary caregiver (see Table 5.4). About 8 out of 10 children also walked and played sports less compared to the pre-pandemic period. About a third of the children also spent more time online (playing games or interacting with friends).

Table 5.4. Health status of index children as reported by mothers/caregivers, Wave 4A (2021)[#]

| Health status description | Luzon (n=1,019) | Visayas (n=1,028) | Mindanao (n=1,129) | Philippines (n=3,176) |
|--|-----------------|-------------------|--------------------|-----------------------|
| Current weight (compared to pre-pandemic weight) ^{**, \$\$\$} | | | | |
| Weighs less now | 9.7 | 7.7 | 9.4 | 9.2 |
| Weight has not changed | 17.7 | 18.6 | 12.8 | 16.6 |
| Weighs more now | 72.6 | 73.7 | 77.8 | 74.2 |
| Compared to pre-pandemic period, spends LESS time/week: | | | | |
| Walking ≥ half kilometer distance ^{***, \$\$\$} | 83.8 | 85.0 | 75.9 | 81.9 |
| Playing sports or rigorous activities ^{***} | 87.1 | 83.7 | 74.1 | 83.1 |
| Compared to pre-pandemic period, spends MORE time/week: | | | | |
| Playing computer games/using internet ^{***, \$\$\$} | 40.2 | 23.9 | 27.1 | 33.7 |
| With friends on phone/online ^{***, \$\$\$} | 30.6 | 21.2 | 24.1 | 27.1 |

[#] Presented as weighted proportions. Significantly different across domains at ^{**} p<0.05 or ^{***} p<0.01; between urban and rural at ^{\$\$} p<0.05 or ^{\$\$\$} p<0.01. Test for significance based on Pearson’s chi-squared test.

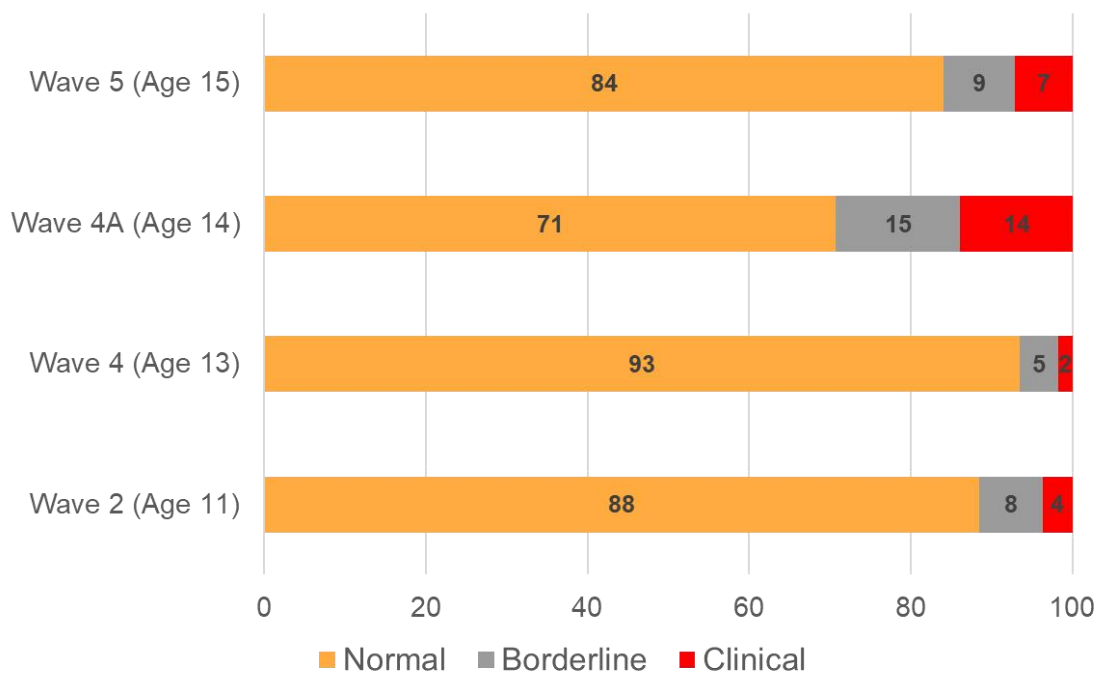
Figure 5.7. Comparing time spent pre- and during pandemic on selected activities, Wave 4A (2021)[#].



[#] Presented as weighted proportions of children spending less time, more time, same amount of time during the pandemic compared to prior times, (n=3,167). ^{***} Significant between urban and rural at p<0.01. Test for significance based on Pearson’s chi-squared test.

Anxiety. The onset of a global pandemic would understandably bring with it a possible increase in anxiety levels for many people. In the case of Filipino children, a marked increase in anxiety levels could be observed especially in Wave 4A (2020), using the DSM-5-Oriented Anxiety Problem Scale (Achenbach 2013, 2019; Achenbach & Descorla, 2001). While only 5% and 2% of Wave 4 (pre-pandemic) scores were classified in the borderline and clinical categories (respectively), the corresponding percentages in Wave 4A drastically increased to 15% in borderline and 14% in clinical categories. Although the percentages decreased by Wave 5, they were still higher compared to the pre-pandemic levels.

Figure 5.8. DSM-5-Oriented Anxiety Problem Scale scores classified as normal, borderline and clinical, Waves 2, 4, 4A and 5.



Increased perceived stress among mothers/caregivers. Another challenge that the sample children faced during the pandemic was the slightly increased perceived stress felt by their mothers or primary caregivers. These were the ones who usually helped them with their schooling and other needs. In the LCSFC, we measured stress using a modified version of the Cohen's

Perceived Stress Scale. Between Wave 4 (pre-pandemic) and Wave 4A (pandemic), there was a slight rise in perceived stress, with those reporting “high” perceived stress increasing from 2.2% to 3.2%. Moderate stress also increased from 87.3% in Wave 4 to 91.3% in Wave 4A.

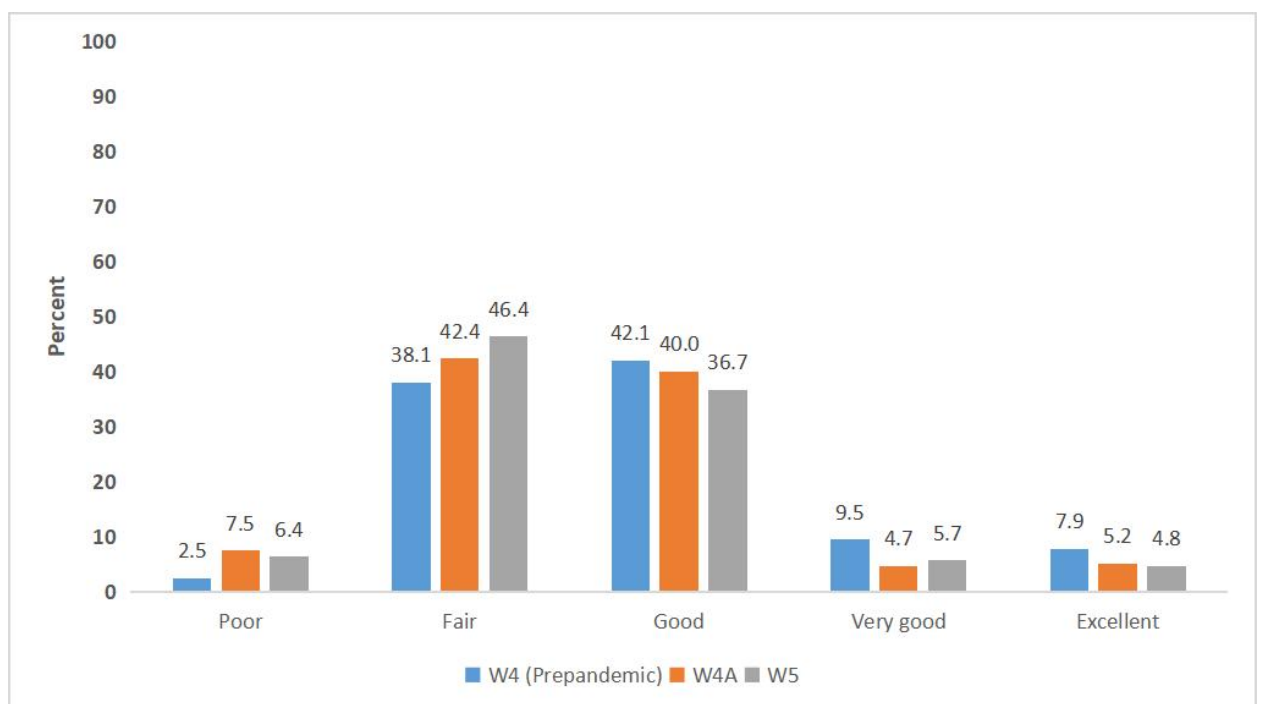
Table 5.5. Perceived stress among mothers/caregivers, Wave 4 (2020) and Wave 4A (2020)

| <i>Among all phone survey (W4A) respondents (IC caregivers), n = 3,060</i> | | | | |
|--|-------|---------|----------|------|
| | Luzon | Visayas | Mindanao | All |
| Low Stress | 7.3 | 5.0 | 3.7 | 5.9 |
| Moderate Stress | 90.1 | 91.7 | 91.1 | 90.7 |
| High Stress | 2.6 | 3.3 | 5.2 | 3.4 |
| <i>Among mothers who participated in both surveys, n = 1,653</i> | | | | |
| | Luzon | Visayas | Mindanao | All |
| Prepandemic W4 | | | | |
| Low Stress | 13.3 | 7.5 | 7.0 | 10.5 |
| Moderate Stress | 84.7 | 89.4 | 91.6 | 87.3 |
| High Stress | 2.1 | 3.1 | 1.3 | 2.2 |
| Pandemic W4A | | | | |
| Low Stress | 6.0 | 4.9 | 4.9 | 5.5 |
| Moderate Stress | 91.5 | 91.7 | 90.1 | 91.3 |
| High Stress | 2.5 | 3.4 | 5.0 | 3.2 |

Poor general health of mothers/caregivers. Related to increased stress is the possibility of poor health among the children’s mothers or caregivers. Figure 5.9 showed the increased self-reported poor general health among the mothers during the two pandemic phone surveys. While in Wave 4 only 2.5% of the mothers/caregivers rated their general health as “poor”, this percentage increased to 7.5% in Wave 4A, declining a bit to 6.4% in Wave 5, but still at a

level that was more than twice the pre-pandemic one. It can also be noted that there was a general decrease in the percentages of those who said their health was “very good” or “excellent” between the prepandemic survey (Wave 4) and the next two pandemic surveys (Wave 4A and Wave 5). Together with increased stress, a decline in health conditions among mothers or caregivers may also impact negatively on their capacity to provide necessities and assistance to the children under their care.

Figure 5.9. How mothers/caregivers describe their health, Wave 4 (2020) and Wave 5 (2021).



CHAPTER 6 IMPLICATIONS AND RECOMMENDATIONS

Since 2016, the Longitudinal Cohort Study on the Filipino Child continues to provide valuable information that can help the government and development institutions craft programs for Filipino children, their families, and their communities. The two phone surveys Wave 4A and Wave 5, as well as the Community and Household Tracking (Wave 5A) survey, extend the Cohort Study's usefulness into the time of the global pandemic, with all the attendant changes in the lives of individuals, households, and communities. The pandemic has accentuated the vulnerability of children and adolescents. The Wave 4A , Wave 5, and Wave 5A survey rounds of the Cohort Study provide a picture of Filipino adolescents caught in the middle of the pressures and risks caused by the threat of COVID-19. Such data can help address the emergent vulnerabilities at their early stages and suggest possible avenues that can help mitigate the impacts of such vulnerabilities. Among the pandemic-related challenges and difficulties mentioned here were economic difficulties in the household, food insecurity, difficulties in remote learning, experiencing COVID-19, poor health, lack of physical activity and weight gain, anxiety, and increased perceived stress and poor general health among parents and caregivers. There is therefore a need for programs and policies addressing these vulnerabilities.

The LCSFC Wave 5A Community Survey was not done simultaneously with the Wave 5 Survey, for logistical and health safety reasons since this had to be done thru face-to-face key informant interviews with possible review of community-level documents on site. Nonetheless, conducting the Community Survey was important since it gives information on the conditions of the communities where the children were located during the time of the pandemic. Data was gathered not only specific for the time of the community survey (2022), but also for the past three years (since March 2020). We knew for the community survey (2022) that about 8 out of 10 barangays had initiated

COVID-19 related projects, and more than half (55%) had other COVID-19 related programs being implemented in the barangay. About 12 percent of the barangays had a COVID-19 testing facility.

Perhaps the most important immediate contributions however, of the data from Wave 4A, Wave 5 and Wave 5A surveys was the series of presentations to government agencies and other stakeholders that contributed to the country's efforts during the COVID-19 pandemic and informing policies in the period 2020-2022. Many of the graphs and tables in this report started as presentations delivered to government, academe and other venues during the heat of the COVID-19 pandemic. They testify to the idea that social researchers can work side by side with the government and other development agencies during times of crises, providing a front-line of knowledge that paves the way for more effective interventions. Policy notes that help in elucidating the policy implications of emerging trends also continued to be written during this period. For a full list of these policy notes, please refer to Appendix 8. Lastly, the study team, with consultants and collaborators, put up together a volume focusing on the LCSFC, COVID-19, and the Sustainable Development Goals (the COVID-19 SDG Report). The findings in the COVID-19 SDG Report have not been fully covered in this volume, but those interested can access the publication through the UNFPA or OPS.

Further work in the LCSFC for 2023 includes the analysis of Wave 6 data (in the processing stage at the moment of this writing) and the continuing efforts to thresh out the implications of LCSFC with regard to the Sustainable Development Goals. Farther down the road, we hope to understand the development of young Filipino people situated in an environment that has (hopefully) passed the heat of a global crisis.

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APPENDICES

Appendix 1. National Steering Committee member agencies

| Agency |
|--|
| National Economic and Development Authority (NEDA) |
| Department of Health (DOH) |
| Department of Education (DepEd) |
| Department of Social Welfare and Development (DSWD) |
| National Youth Commission (NYC) |
| Philippine Statistics Authority (PSA) |
| Philippine Commission on Women (PCW) |
| Council for the Welfare of Children (CWC) |
| Philippine Statistical Research and Training Institute (PSRTI) |
| Commission on Population (POPCOM) |

APPENDIX 2. Collaborating research institutions



USC- Office of Population Studies Foundation, Inc.

W. Flieger Bldg., University of San Carlos
Talamban, Cebu City



History, Mission and Vision

The USC-Office of Population Studies Foundation, Inc. (OPS) is a non-stock and non-profit population and health research institute affiliated with the University of San Carlos (USC), Cebu City, Philippines. It was established in 1971 by a German demographer and SVD priest, Dr. Wilhelm Flieger, in response to the government's call for more academic involvement in national development and to formalize demographic and related-research activities at USC. From an extension office of the Sociology-Anthropology Department and later, of the university, OPS became a USC foundation in 2005 with links to various academic units in the interest of promoting multi- and inter-disciplinary research. Through the years, OPS has evolved into one of the country's leading population and health research institutions.

Our mission is to strengthen local, regional, and national development initiatives through the conduct of quality, multi-disciplinary and socially responsible research on population, health, nutrition, and all other aspects of human development. The OPS is also committed in enhancing research capacities at USC and in the greater community. We aim to disseminate our research findings to relevant stakeholders through publications, lectures, and policy briefs, and share our research expertise through teaching and extension work.

Our vision is to become a world-renowned research organization with a credible track record in relevant research and related activities that influence programs and policies for uplifting human and social development.

Research Staff

The OPS research core group consists of 9 locally and internationally trained Research Fellows and Associates with expertise in the fields of demography, economics, nutrition, epidemiology, sociology, and reproductive health. In addition, most are survey specialists with vast experiences in designing and implementing surveys. Many have risen from the ranks of field supervisors and data managers. Former Research Fellows/Associates continue to actively engage in OPS research as consultants. In support of research, OPS has a programmer/network administrator, GIS personnel, as well as a Data manager who takes charge of data processing (encoding, editing and validation), documentation, and storage. Administrative work is handled by a Human Resources Manager and a Finance/Grants Officer and their respective staff members. The OPS also has a pool of field research staff, office data editors, and encoders that are hired on a contractual basis for survey operations.

Research Services

The OPS has an established track record in conducting large-scale, multi-site, multi-level (person, household, community, facility, line agencies) surveys that require elaborate data collection protocols and the construction of complex, hierarchical data file structures. The OPS Research Fellows/Associates are also trained to analyze data, run statistical programs, and write research papers and grant proposals.

For more details on our governance, research portfolio and research collaborators, please visit the OPS website at: <http://opsusc.org>.



Demographic Research and Development Foundation (DRDF, Inc.)

About Us

The Demographic Research and Development Foundation, Inc. (DRDF), established in 1983, is a non-stock, non-profit organization registered with the Philippine Securities and Exchange Commission that aims to promote and undertake research, training and other related activities in population and development. More specifically, DRDF as a group of population and development specialists aims to: (1) undertake studies in the general area of population and development; (2) lend technical expertise in planning, policy formulation, project conceptualization, project implementation, human resource development in population and development; and (3) disseminate important, policy-relevant and research-based information.

In pursuing its mission and vision, DRDF works closely with the University of the Philippines Population Institute (UPPI), with whom it has special working relationship and arrangements. DRDF is temporarily housed in the UPPI premises. They share library resources (e.g. books, journals, electronic references), facilities and human resources, creating a synergistic environment for the improvement of the quality of demographic studies and research outputs.

DRDF is an active player in the Philippine demographic arena, working closely with other organizations. It is an active member of the Philippine Population Association (PPA), Philippine NGO Council on Population, Health and Welfare, Inc. (PNGOC), and Reproductive Health Advocacy Network (RHAN). It is accredited by the Department of Science and Technology.

ACTIVE MEMBER:



ACCREDITED:



CENTER FOR SOCIAL RESEARCH AND EDUCATION

Harnessing Research, Building Better Communities

The Center for Social Research and Education (CSRE) was established as the research arm, research coordinating body and grant-seeking center of the School of Arts and Sciences, University of San Carlos. It aims to establish strategic alliances and collaborative agreements with other research organizations and professional groups, and produce relevant, timely and interdisciplinary research that could be utilized in community development efforts. CSRE, formerly the Social Science Research Center, undertakes research and development work in areas that relate to: (i) environment (including disaster risk-reduction), water and sanitation; (ii) women, gender and health (including MCH, HIV and AIDS, reproductive health, ethno-medicine); (iii) food, culture and local knowledge; (iv) poverty, child labor and migration; and (v) other development-related concerns e.g. assessment and social acceptability. Technical assistance for community-based initiatives (community assessment, project planning, monitoring and evaluation) is also part of the services it offers. To do this, CSRE harnesses social science researchers and occasionally invites practitioners from other disciplines within and outside USC for endeavors that require their expertise. For many years now, the research associates and field personnel of CSRE have been involved in several collaborative undertakings, advocacy endeavors, consultancy, and networking activities.

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RIMCU Profile

The **Research Institute for Mindanao Culture (RIMCU)** was founded in 1957 by Rev. Francis C. Madigan, S.J., PhD. RIMCU's mandate is the pursuit of high-quality social science research to advance the development of the Philippines, in general, and Mindanao in particular. RIMCU envisions of becoming a leading research institute in the country that produces high-quality research that informs both policy and practice in the areas of socially just and sustainable development. It aims to: a) pursue academic and research excellence, professionalism, interaction with its network in an inclusive and empowering environment; b) contribute to societal transformation and development through research and training; and c) engage in socially and ethically responsible and evidence-based advocacy.

RIMCU has conducted a considerable number of locally, nationally, and internationally funded studies. Moreover, it established not only a track record in research but also as a social and cultural center where research findings are generated and shared to a wider audience of students, policy-makers, line agency executives, local government units, non-government organizations, and research respondents/participants. Included in these research studies conducted are its engagement with the IP communities as well as in health-related issues.

To date, more than 600 research undertakings have been successfully completed and disseminated and to some extent utilized by planners and decision-makers. These undertakings cover a wide range of interest, such as:

- conflict situations, peace, and ethnic relations
- preventing/countering violent extremism
- operations research on health
- development studies (socio-economic and cultural factors of the development process)
- violence against women and children, women's concern and gender relations/issues
- sexual and reproductive health and rights
- demographic studies on mortality, fertility, and migration
- natural disasters
- poverty and employment-related issues
- ecological and environmental concern
- evaluation studies
- anthropological studies
- governance and democratization

The research experiences and skills are closely intertwined with education and training, communication and advocacy, and networking endeavors. The twin-affiliation of senior research associates in both the Institute and the Department of Sociology & Anthropology fuels and feeds upon their research and teaching in the academe.

RIMCU envisions of becoming a leading research institute in the country that produces high-quality research that informs both policy and practice in the areas of socially just and sustainable development. It aims to: a) pursue research excellence, professionalism, and interaction with its network in an inclusive and empowering environment; b) contribute to societal transformation and development through research and training; and c) engage in socially and ethically responsible and evidence-based advocacy.

To fulfill its aim, RIMCU engages with policymakers, civil society, researchers and students to promote their use of RIMCU's research to strengthen their research capacity and to create opportunities for analysis, reflection and debate.

RIMCU conducts discussions and sharing of research outputs with stakeholders within and outside the university. Within the university, RIMCU shares research experiences and utilizes findings in appropriate courses/subjects. Doing so would increase students' awareness and appreciation of research and research utilization

Thus, it is reflected in its Strategic Plan for 2016-2018 under Mission 2 – “Contributes to societal transformation and development through Research and Teaching;” and under its Goal 3: Informed policymakers and practitioners. Its strategies are:

1. Popularize research outputs in tri-media through linkages with academic units with communication courses
2. Establish strong linkages and partnership with GOs, NGOs, POs, and CSOs
3. Establish strong linkages with policy-makers, planners and political leaders
4. Conduct capability building project/activities in utilizing research outputs in policy-making

At present, the Institute Staff is composed of 8 senior research associates, an experienced administrative staff headed by the Institute's Operations Manager, data processing unit, and a pool of field operation's personnel (survey specialists/field supervisors and data collectors/interviewers). It has also established a network of relationship and partnerships with the academe, LGUs, and NGOs.

RIMCU's research projects were funded locally, nationally, and internationally. International agencies include World Bank, USAID, DFAT (formerly AusAid), International Development Studies (IDS), UN agencies such UNICEF, UNFPA, ILO, WHO, and FAO, and Oxfam GB, among others; while local or national institutions include the Department of Health (DOH), the Philippine Commission for Health Research and Development (PCHRD), the National Commission for Culture and the Arts (NCCA), and the Philippine Center for Population and Development (PCPD).

APPENDIX 3. Sampling design

Samples are selected using two-stage sample selection. Barangays are considered the Primary Sampling Units (PSU) and are selected using probability proportional to size systematic sampling (PPS Systematic Sampling) with number of target children (age 4 in 2010, age 10 in 2016) per barangay as the size measure. In each sample barangays, sample children are selected using equal probability systematic sampling.

Sampling Domain and Frame

The survey considers three domains corresponding to the main island groups of Luzon, Visayas, and Mindanao, i.e., estimates for the key indicators will be generated for each of these domains. The frame is based on single digit age distribution in Census 2010 (children age 4). Children age 4 in 2010 are expected to be age 10 in 2016. The number of target children is aggregated at the barangay level, this serves as the size measure in the sample selection.

Selection of Barangays

To increase the likelihood of observing the target children, barangays are selected with probability proportional the number of children age 4 in systematic sampling (PPS Systematic Sampling). Some barangays with too many eligible respondents are included as certainty units.

Implicit Stratification

To ensure selection of sample barangays that includes certain subdomains (rural-urban, IP children, and PWD children), implicit stratification was used. In each domain, barangays are sorted by urban-rural classification, then by number of IP children, and by number of PWD children. PPS Systematic is then used with these subdomains as the control variable.

Selection of Sample Children

In each of the sample barangays, a listing operation was be conducted to enumerate children 10 years at that time, information on sex, IP/non-IP, with/without disability, etc., were included in the listing operation. From the list, sample children were selected using systematic sampling.

Sample Size and Margin of Error

The target of 5,000 respondents is divided into 3 to be allocated equally into the three domains. With a target of 15 sample children in each sample barangay, approximately 115 barangays were selected for total of 1,725 sample per domain.

Sampling Weights

The original weights are based on the inclusion probabilities based on the selection of PSU (barangays) through probability proportional to size. Since the households are selected using systematic sampling, the sample households have equal weights within the sample barangays.

Since the 2010 Census was used as the frame, further adjustments need to be done from the original base weights. The number of households in 2015 Census and the number of households screened, eligible, and those interviewed are used in further adjustment of the weights as follows:

$$\text{Adjusted Weights} = \text{Original} * \frac{2015HH}{\text{No. of HH Screened}} * \frac{\text{Eligible HH}}{\text{HH Interviewed}}$$

If the Eligible HH is missing or less than the HH interviewed, the last multiplier ($\frac{\text{Eligible HH}}{\text{HH Interviewed}}$) is deleted from the adjustment process.

With the availability of single-digit age population from the 2015 Census, the above weights are adjusted further as follows:

$$\text{Final Adjusted Weights} = \text{Adjusted Weights} * \frac{2015\text{ChildrenAge9}}{\text{Total Adjusted Weight Domain}}$$

There are 2,110,186 children age 9 in 2015 Census (age 10 in 2016), 1,134,767 are from Luzon, 414,166 are from Visayas, and 561,253 are from Mindanao. The idea of the final adjustment above is to make sure that the weights per domain sum up to the total of the target population (age 10).

The baseline weights are carried over to Waves 2 and 3 since the attrition rates are “negligible” enough to influence inclusion probabilities of the sample. For both Waves 2 and 3, weights of samples attrited in the previous wave are distributed proportionally to the responding samples in each domain.

Data collection for Wave 4 has been interrupted initially by the eruption of Taal for Luzon, while COVID-19 pandemic halted data collection in Luzon, Visayas, and Mindanao. Even subsamples cannot be collected in some barangays during the lockdown. The weights for samples lost due to attrition or those in barangays who were not enumerated due to volcanic eruption and the COVID-19 pandemic were distributed proportionally to all responding samples within each domain. The weights are further adjusted to approximate the projected population of the cohort group.

APPENDIX 4. OPS confidentiality and child protection agreement



USC-Office of Population Studies Foundation, Inc.

University of San Carlos

Talamban, Cebu City, Philippines

Phone #: (63-32) 346-0102, Fax #: (63-32) 346-6050

Website: <http://opsusc.org>

Data Confidentiality and Child Protection Agreement

This confidentiality agreement takes effect on this date: _____ between the USC-Office of Population Studies Foundation, Inc. (OPS), University of San Carlos, Talamban Campus, Cebu City, represented by its Director, Dr. Nanette L. Mayol and

Name of Researcher: _____

Residing at: _____

Affiliated with: Center for Social Research and Education, University of San Carlos

This agreement is to acknowledge that any data gathered in the conduct of the **Longitudinal Cohort Study on the Filipino Child** (Wave 4A Survey/Wave 5/Wave 5A Survey) including names, addresses, and contact information of study participants are confidential in compliance with the Data Privacy Act of 2012 (Republic Act No. 10173).

As a Researcher involved in this study, I agree to respect and preserve the privacy, confidentiality, and security of these information. I also fully understand that I am not allowed to disclose any of these information in writing, orally or otherwise to unauthorized study personnel or people who are not part of this OPS study including family members and friends of the study participants.

I further certify that I have read the OPS Child Protection Policy and have been briefed on its guidelines. I agree to abide by these guidelines throughout the conduct of this study.

The parties agree to this agreement by executing this below

Signature and Printed Name of Researcher

Date Signed

Nanette L. Mayol
OPS Director

The OPS Child Protection Policy

The OPS is an academic research institution that conducts data collection, other research-related and outreach activities involving direct contact with children and their caregivers. As an institution and as individuals, we advocate for the rights, protection and general welfare of children. Through the years, the OPS research activities have included studies that increase knowledge and inform policies on the improvement of children's nutritional status, physical and cognitive health, as well as their health and social capital potentials as adults.

We therefore abide by the Philippine government's stand regarding the rights and protection of children as mandated in Article XV, Section 3 of the 1987 Constitution², stating that the *"State shall defend... (2) The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;"*.

All OPS staff (see definition below) are asked to abide by this mandate in their professional and personal lives. All activities conducted in the name of OPS will ensure the general safety and protection of the children that OPS staff are in direct contact with, or have direct knowledge of by way of our data collection or outreach activities.

Definitions

1. *Children* refers to persons under the age of 18.
2. The term *OPS staff* refers to:
 - OPS management officers: OPS Board of Trustees, Director, and Management Council
 - OPS personnel: all OPS Fellows, Research Associates, and regular/contractual/daily office and field staff
 - OPS research collaborators: all local and international experts/researchers/consultants conducting research or related activities in the name of OPS.
3. The term *"OPS activity/ies"* refers to data collection, research-related, outreach or any other activities conducted in the name of OPS
4. The term *"child abuse"* refers to the neglect or physical, sexual, verbal or psychological abuse of a child and other forms of child cruelty or maltreatment specified in DepEd Order No. 40, s. 2012.
5. The term *"child exploitation"* includes sexual and economic exploitation and refers to any form of using a child (which often translates to child abuse) for someone's advantage or gratification as specified in DepEd Order No. 40, s. 2012.

CHILD PROTECTION POLICY GUIDELINES

1. All members of the OPS staff must:

- a) immediately report to authorized *barangay* officials **any verifiable evidence or justifiable concern that a child is a victim of abuse or exploitation;**
- b) upon consultation with authorized officials and whenever possible within their capacities, assist children who are victims of child abuse or exploitation with the children's general welfare and safety in mind;
- c) when called upon by authorized officials, cooperate fully and confidentially in any investigation of concerns and/or allegations of child abuse/exploitation;
- d) ensure that audio recording, photographs and videos of children that are used professionally and personally are decent and respectful, not sexually suggestive, and not subject to abuse by any irresponsible members of the public;
- e) avoid involving children in any activity or undertaking that presents any possibility of putting the children at risk of abuse/exploitation

2. All members of the OPS staff must **never**:

- a) physically hurt or abuse children;
- b) engage in any form of sexual activity or inappropriate behavior, or have sexual intercourse with children. Claiming being misinformed of the child's age is not an excuse;
- c) engage in a relationship with children that could in any way be deemed exploitative or abusive;
- d) treat children or behave in the presence of children in ways that may be inappropriate, sexually provocative or abusive;
- e) use language, make suggestions or offer advice which is inappropriate, offensive or abusive to children;
- f) spend an inappropriate time alone with children with whom they are working. **All data collection activities will be conducted within sight of mothers or responsible adult household members (but not within hearing distance).**
- g) sleep in the same room with children with whom they are working;
- h) condone or participate in any activity involving children that are illegal, unsafe, abusive or exploitative;
- i) behave in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse on children;
- j) discriminate against, show unfair differential treatment to, or favor particular children to the exclusion of others;
- k) engage or assist in the negotiation of any financial settlement between the family of a child victim of sexual abuse or exploitation and the perpetrator;

3. The following applies to all OPS activities:

- a) If any of the incidences cited in #1 and #2 above is encountered in the course of an OPS activity: **immediately report this to your direct supervisor** for proper assessment and action
- b) Notify your direct supervisor of any concerns regarding an OPS staff member violating any of the items in #1 and #2.
- c) All OPS activities that require direct contact with children **must be done with the consent of the children's parent(s) or legal guardian(s)**.
- d) The design, supervision and implementation of data collection activities involving children or households with children must comply with the OPS Child Protection Policy and the Institutional Review Board (IRB) child protection stipulations specific to a research grant/ project. All involved OPS staff must be trained on and monitored for compliance with said OPS/IRB stipulations.
- e) All physical assessments required in data collection (e.g. anthropometric measurements, biospecimen extraction) on children must be done under the supervision of a parent, caregiver or a responsible adult member of the household.
- f) **All data, whether quantitative, qualitative, voice (audio) or image (photographic or video)** involving children must be kept confidential, and used only for research purposes (without personal identifiers) by authorized researchers and in compliance with the OPS Child Protection policy.
- g) All OPS staff undertaking any new OPS activity involving children must undergo an OPS Child Protection policy briefing.

APPENDIX 5. Ethics review approval

Wave 4A



Republic of the Philippines
Department of Health
SINGLE JOINT RESEARCH ETHICS BOARD

22 September 2020

DR. NANETTE MAYOL
Coordinating Principal Investigator
USC-OPS

Dear **Dr. Mayol**,

We would like to inform you that the Single Joint Research Ethics Board reviewed your amendment report submission for the protocol entitled, "**Longitudinal Cohort Study on the Filipino Child (Wave 4)**" with the code **SJREB-2019-31**.

As a result of the review, the Board decided to **APPROVE** your amendment report. The following documents were reviewed:

1. Protocol version 4 dated 31 August 2020
2. Revised LCSF Wave 4 Form 1: Household Survey Questionnaire

Should you have any questions or clarifications regarding the abovementioned recommendations, please contact the undersigned through the **SJREB** Secretariat at (02) 651-7800 local 1326/1328 or sjreb@doh.gov.ph.

Very truly yours,


JACINTO BLAS V. MANTARING III, MD, MSC
Chairperson
Single Joint Research Ethics Board

Wave 5



Republic of the Philippines
Department of Health
SINGLE JOINT RESEARCH ETHICS BOARD

19 May 2021

DR. JUDITH RAFAELITA B. BORJA
Coordinating Principal Investigator

Dear **Dr. Borja**,


We would like to inform you that the Single Joint Research Ethics Board reviewed your amendment report submission for the protocol entitled, "**Longitudinal Cohort Study on the Filipino Child (Wave 5)**" with the code **SJREB-2019-31**.

As a result of the review, the Board decided to **APPROVE** your amendment report. The following documents were reviewed:

1. Study Overview including Wave 5 Survey Protocol_20210420 version
2. SJREB Form 8 (Application Form) with details attached

Should you have any questions or clarifications regarding the above mentioned recommendations, please contact the undersigned through the **SJREB** Secretariat at (02) 651-7800 local 1326/1328 or sjreb@doh.gov.ph.

Very truly yours,


JACINTO BLAS V. MANTARING III, MD, MSC
Chairperson
Single Joint Research Ethics Board

Wave 5A



Republic of the Philippines
Department of Health
SINGLE JOINT RESEARCH ETHICS BOARD

15 November 2021

DR. NANETTE L. MAYOL
Coordinating Principal Investigator

Dear **Dr. Mayol**:

We would like to inform you that the Single Joint Research Ethics Board reviewed your progress report and deviation report submission for the protocol entitled, "**Longitudinal Cohort Study on the Filipino Child**" with the code **SJREB-2019-31**.

The Board decided to **APPROVE** your progress report and extend your ethics approval for another year which will expire on **November 14, 2022**. On your deviation report the Board decided, **NO FURTHER ACTION REQUIRED**.

Should you have any questions or clarifications regarding the above mentioned recommendations, please contact the undersigned through the **SJREB** Secretariat at (02) 651-7800 local 1326/1328 or sjreb.doh@gmail.com.

Very truly yours,


JACINTO BLAS V. MANTARING III, MD, MSC
Chairperson
Single Joint Research Ethics Board

APPENDIX 6. Consent and Assent forms

CONSENT FORM

Longitudinal Cohort Study on the Filipino Child (LCSFC)

Wave 4A (Covid Survey)

Consent Form Approval Date: September 22, 2020

ICBASEID:

DATE OF CONSENT:

TIME OF CONSENT:

We are doing a study to learn about the experiences of Filipinos with the COVID-19 pandemic and how this has affected lives.

This is a continuation of the study which you and (NAME OF IC) have been participating in since 2016.

Before we begin, please understand that your participation is voluntary. You may choose to skip any question or end the survey at any point. Except for the researchers involved in this study, no one else will know about your responses and these will be kept confidential.

Participants in this study will NOT be identified in any report or publication about this study.

The phone interview will take about 30 minutes. This study is funded by the United Nations Population Fund and you will receive P150 after completing the interview.

Being a continuation of the previous surveys, just like what we've done in the past, we would like to once again ask for your latest phone numbers as well as the phone numbers of your nearest relatives or friends to help us reach you in future surveys.

Are you willing to participate in this interview?

IF YES: Thank you for agreeing to participate in our survey! PROCEED TO ID SECTION.

IF NOT: Thank you. We respect your decision and we hope you'll agree to participate in our future surveys. END PHONE CALL AND RECORD AS REFUSAL IN ATTRITION FORM

CERTIFICATION

I certify that I have read this consent section to the respondent. The respondent's responses above were given freely without any due influence from me.

** click to agree

**Longitudinal Cohort Study on the Filipino Child (LCSFC)
(Wave 5 Phone Survey)**

Consent Form Approval Date: May 19, 2021

CONSENT FORM (MOTHERS/CAREGIVERS)

ICBASEID:

DATE OF CONSENT:

TIME OF CONSENT:

This is a continuation of the study which you and (NAME OF IC) have been participating in since 2016.

Before we begin, please understand that your participation is voluntary. You may choose to skip any question or end the survey at any point. Except for the researchers involved in this study, no one else will know about your responses and these will be kept confidential. Participants in this study will NOT be identified in any report or publication about this study.

In this survey we will interview you and (NAME OF IC).

Our phone interview with you and with (NAME OF IC) will take about one hour and 30 minutes each.

If you can't complete the interview in one call, we can call you again to continue the interview.

In appreciation of your time, you will receive P300 after completing the interview. (NAME OF IC) will receive P200 after completing the interview.

This study is funded by the United Nations Population Fund.

Being a continuation of the previous surveys, just like what we've done in the past, we would like to once again ask for your latest phone numbers as well as the phone numbers of your nearest relatives or friends to help us reach you in future surveys.

Are you willing to participate in this interview?

IF YES: Thank you for agreeing to participate in our survey!

IF NOT: Thank you. We respect your decision and we hope you'll agree to participate in our future surveys. END PHONE CALL AND RECORD AS REFUSAL IN ATTRITION FORM

Do you give your consent for us to interview (NAME OF INDEX CHILD) on the phone?

YES

NO

PROCEED TO ID SECTION.

CERTIFICATION

I certify that I have read this consent section to the respondent. The respondent's responses

above were given freely without any due influence from me.

** click to agree

**Longitudinal Cohort Study on the Filipino Child (LCSFC)
(Wave 5 Phone Survey)**

CONSENT/ASSENT FORM (INDEX CHILDREN)

ICBASEID:

DATE OF CONSENT:

TIME OF CONSENT:

A. PRIOR TO ADMINISTERING THE PHONE INTERVIEW TO THE IC:

Hello, my name is _____ and I am a researcher from OPS/DRDF/RIMCU.

I am calling you because your household has been chosen to participate in a research study about the health and well-being of children your age.

In this survey we will interview you and your mother (IF NOT MOTHER INDICATE RELATIONSHIP OF HOUSEHOLD RESPONDENT TO IC).

I have already talked to your mother (IF NOT MOTHER MENTION RELATIONSHIP OF HOUSEHOLD RESPONDENT TO IC) to ask some questions about your household and your health.

I would like to ask you a few questions, too, about your schooling, your activities, the things you like to do, your friends, about yourself and other questions like these.

Before we begin, please understand that your participation is voluntary. You may choose to skip any question or end the survey at any point.

No one else except me and our researchers will know about your answers.

Our phone interview with you will take about hour.

If you can't complete the interview in one call, we can call you again to continue the interview.

In appreciation of your time, you will receive P200 after completing the interview.

Do you have any questions?

YES

NO

Are you willing to participate in this interview?

IF YES: Thank you for agreeing to participate in our survey! PROCEED TO ID SECTION.

IF NOT: Thank you. We respect your decision and we hope you'll agree to participate in our future surveys. END PHONE CALL AND RECORD AS REFUSAL IN ATTRITION FORM

CERTIFICATION

FOR INDEX CHILDREN 15 YEARS OLD OR OLDER:

I certify that I have read this consent section to the index child. His/her responses above were given freely without any due influence from me.

The index child has given consent to be interviewed

The index child did not give his/her consent to be interviewed

FOR INDEX CHILDREN 14 YEARS OLD OR YOUNGER:

I certify that I have read this consent section to the index child. His/her responses above were given freely without any due influence from me.

The index child has given his/her assent to be interviewed

The index child did not give his/her assent to be interviewed

** click to agree

**CONSENT FORM FOR MOTHERS AND CAREGIVERS
(2021 Cohort Tracking)**

Consent Form Approval Date: November 15, 2021

Title of Study: LONGITUDINAL COHORT STUDY ON THE FILIPINO CHILD (Wave 5A Survey)

Funded by: United Nations Population Fund (UNFPA) & National Economic Development Authority (NEDA)

Study Contact:

Nanette L. Mayol, PhD

Director

USC-Office of Population Studies Foundation (OPS), Inc.

Telephone number: 63-32-3460102

Email: opsfoundation@opsusc.org

ICBASEID: _____

DATE OF CONSENT: _____

TIME OF CONSENT: _____

This is a continuation of the study which you and (NAME OF IC) have been participating in since 2016.

Before we begin, please understand that your participation is voluntary. You may choose to skip any question or end the survey at any point. Except for the researchers involved in this study, no one else will know about your responses and these will be kept confidential. Participants in this study will NOT be identified in any report or publication about this study.

In this survey we will only interview you. This interview with you will take about 15 minutes. Hopefully, we can complete the interview in one call.

In appreciation of your time, you will receive P100 after completing the interview. In addition, you will also receive a mask and a ballpen. This study is funded by the NEDA/United Nations Population Fund.

Being a continuation of the previous surveys, just like what we've done in the past, we would like to once again ask for your latest phone numbers as well as the phone numbers of your nearest relatives or friends to help us reach you in future surveys.

Are you willing to participate in this interview?

_____ IF YES: Thank you for agreeing to participate in our survey!

PROCEED TO ID SECTION.

_____ IF NOT: Thank you. We respect your decision and we hope you'll agree to participate in our future surveys.

END INTERVIEW AND RECORD AS REFUSAL IN ATTRITION FORM.

CERTIFICATION

I certify that I have read this consent section to the respondent. The respondent's responses above were given freely without any due influence from me.

Printed name and signature of study staff obtaining consent

Date

APPENDIX 7. Training Schedules, Wave 4A, Wave 5 and Wave 5A

| Survey Wave | Domain | Number of interviewers trained | Training Date/s |
|-------------|----------|--------------------------------|--|
| Wave 4A | Luzon | 20 | Main: October 20-21, 2020 Initial: October 15, 2020 |
| | Visayas | 21 | Main: October 22-23, 2020 Initial: October 15, 2020 |
| | Mindanao | 22 | Main: October 21-22, 2020 Initial: October 15, 2020 |
| Wave 5 | Luzon | 25 | Main: April 12-22, 2021 Recap: June 1, 2021 |
| | Visayas | 21 | Main: April 6-19, 2021 Recap: May 31, 2021 |
| | Mindanao | 22 | Main: April 20-29, 2021 Recap: June 2, 2021 |
| Wave 5A | Luzon | 23 | Main: March 10-15, 2022 Recap: March 18, 2022 |
| | Visayas | 21 | Main: March 1-4, 2022 Recap: March 18, 2022 |
| | Mindanao | 22 | Main: March 7-10, 2022 Recap: March 18, 2022 |

APPENDIX 8. List of policy notes and survey reports

Policy Notes:

Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2019). **Mitigating the effects of undernutrition on schooling performance among 10-year-old children: What can be done?** Longitudinal Cohort Study on the Filipino Child. UNFPA-OPS Policy Notes Series_No. 1. USC-Office of Population Studies Foundation, Inc. Retrieved from <http://www.opsusc.org>.

Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2019). **Reducing the incidence of bullying and improving elementary school performance: Enhancing effectiveness of school programs.** Longitudinal Cohort Study on the Filipino Child. UNFPA-OPS Policy Notes Series_No. 2. USC-Office of Population Studies Foundation, Inc. Retrieved from <http://www.opsusc.org>.

Largo, F.M., Bacungan, C.C., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2019). **Mitigating the effect of children's disabilities on elementary education outcomes.**Longitudinal Cohort Study on the Filipino Child. UNFPA-OPS Policy Notes Series_No. 3. USC-Office of Population Studies Foundation, Inc. Retrieved from <http://www.opsusc.org>.

Largo, F.M., Alegado, J.L.G., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2020). **Early work/labor patterns of Filipino children and their implications on policy.**Longitudinal Cohort Study on the Filipino Child. UNFPA-OPS Policy Notes Series_No. 4. USC-Office of Population Studies Foundation, Inc. Retrieved from <http://www.opsusc.org>.

Alegado, J.L.G., Largo, F.M., Borja, J.B., Mayol, N.L., Bechayda, S.A.,Bautista, C.A.P., Herrin, A.N. (2020). **Closing the gender gap in schooling outcomes and cognitive ability among Filipino children.**Longitudinal Cohort Study on the Filipino Child. UNFPA-OPS Policy Notes Series_No. 5. USC-Office of Population Studies Foundation, Inc. Retrieved from <http://www.opsusc.org>.

Survey Reports:

USC-Office of Population Studies Foundation, Inc. (OPS). (2018). Longitudinal cohort study on the Filipino child. **Baseline survey technical report.** OPS Report Series No. 2. Retrieved from <http://www.opsusc.org>.

USC-Office of Population Studies Foundation, Inc. (OPS). (2019). Longitudinal cohort study on the Filipino child. **Baseline qualitative study report** . OPS Report Series No. 3. Retrieved from <http://www.opsusc.org>.

USC-Office of Population Studies Foundation, Inc. (OPS). (2019). Longitudinal cohort study on the Filipino child. **Wave 2 survey final report.** OPS Report Series No. 4. Retrieved from <http://www.opsusc.org>.

USC-Office of Population Studies Foundation, Inc. (OPS). (2020).
Longitudinal cohort study on the Filipino child. Wave 3 final report. OPS
Report Series No. 5. Retrieved from <http://www.opsusc.org>.